Harrogate and District NHS Foundation Trust

The meeting of the Board of Directors held in public will take place at 9.00am on Wednesday 29 January 2020 in the Boardroom, Trust HQ, Harrogate District Hospital, HG2 7SX

AGENDA			
Item No.	**Item**	**Lead**	**Paper No.**
9.00am – 9.20am			
Patient Story – audio presentation, introduced by Mr Alldred, Clinical Director, LTUC			
9.20am – 11.00am			
1.0	**Welcome and Apologies for Absence:** Mr Harrison	Mrs A Schofield, Chairman	-
2.0	**Declarations of Interest and Register of Interests** *To declare any interests relevant to the agenda and to receive any changes to the Register of Interests*	Mrs A Schofield, Chairman	2.0
3.0	**Minutes of the Board of Directors meeting held on 27 November 2019** *To review and approve the Minutes of the meetings*	Mrs A Schofield, Chairman	3.0
4.0	**Review Action Log and Matters Arising** *To provide updates on progress of actions* **4.1 Progress Report on recovery plans in ED to achieve 95% target** *To be considered and discussed*	Mrs A Schofield, Chairman Mr A Alldred, Clinical Director	4.0 4.1
Overview by the Chairman		Mrs A Schofield, Chairman	-
5.0	**Report by the Chief Executive** **5.1 Integrated Board Report** **5.2 Summary from Resources Committee meetings of 16 December 2019** (attached) **and 27 January 2020** (attached) *To be considered and discussed* **5.3 Finance Report** *To be considered and discussed* **5.4 Operational Performance Report** *To be considered and discussed* **5.5 Medical Director Report** *To be considered and discussed*	Mr S Russell, Chief Executive Mrs M Taylor, Chairman Non-Executive Director Mr J Coulter, Director of Finance Mr P Nicholas, Deputy Director of Informatics and Performance Dr D Scullion, Medical Director	5.0 5.1 5.2 5.3 5.4 5.5

You matter most

	5.6 Learning from Deaths Quarterly Report *To be considered and discussed*	Dr D Scullion, Medical Director	5.6
	5.7 Guardian of Safe Working Hours Report *To be considered and discussed*	Dr D Scullion, Medical Director	5.7
	5.8 NHS Resolution Reporting timescales *To be considered and agreed*	Dr Kat Johnson, Clinical Director	Verbal
	5.9 Chief Nurse Report *To be considered and discussed*	Mrs J Foster, Chief Nurse	5.9
	5.10 Infection Control Update *To be considered and discussed*	Mrs J Foster, Chief Nurse	5.10
	5.11 Freedom to Speak Up Board self-assessment *To be considered and discussed*	Mrs J Foster, Chief Nurse	5.11
	5.12 EDS2 Annual Report (to follow) *To be considered and discussed*	Mrs J Foster, Chief Nurse	5.12
	5.13 Workforce and Organisational Development Report *To be considered and discussed*	Ms A Wilkinson, Director of Workforce and Organisational Development	5.13
	To deliver high quality health care		
6.0	**Business Planning report** *To be considered and discussed*	Mr J Coulter, Director of Finance	6.0
11.00am – 11.15am			
Break			
11.15am – 12.30pm			
	To work with partners to deliver integrated care		
7.0	**West Yorkshire and Harrogate Partnership – First annual review of the Memorandum of Understanding** *To be considered and approved*	Mr Steve Russell, Chief Executive	7.0
	Governance		
8.0	**Waste Management Duty of Care compliance** *To be considered and discussed for approval*	Mr J Coulter, Director Finance	8.0
	8.1 Minutes of the Council of Governors' meeting of 6 November 2019 *To receive and note*	Mrs A Schofield, Chairman	8.1
	8.2 Summary from Audit Committee meeting of 5 December 2019 *To receive and note*	Mr C Thompson, Chairman, Non-Executive Director	8.2
	8.3 Minutes of the West Yorkshire ICS Partnership Board meeting on 4 June 2019 *To receive and note*	Mrs A Schofield, Chairman	8.3

9.0	**Any other relevant business** *By permission of the Chairman*	Mrs A Schofield, Chairman	-
	Board Evaluation	Mrs A Schofield, Chairman	-
Confidential Motion – the Chairman to move: *Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.*			

Harrogate and District NHS Foundation Trust

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

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

The register is maintained by the Company Secretary and was last updated in January 2020.

Name	Position	Interests Declared
Mr Andrew Alldred	Clinical Director LTUC	1. Chair of the Yorkshire and Humber Medicines Optimisation and Procurement Committee 2. Member of the Yorkshire and Humber Chief Pharmacist group 3. Member of the West Yorkshire and Harrogate ICS Pharmacy Leadership Group 4. Chair of the Procurement sub-committee of the West Yorkshire and Harrogate ICS and Regional Partners Regional Store Project and a member of the project board
Ms Sarah Armstrong	Non-Executive Director	1. Non-Executive Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) 2. Company director for the flat management company of current residence 3. Chief Executive of the Ewing Foundation
Mr Jonathan Coulter	Deputy Chief Executive/ Finance Director	1. Non-Executive Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Mr Jeremy Cross	Non-Executive Director	1. Chairman, Mansfield Building Society 2. Chairman, Headrow Money Line Ltd 3. Director and Shareholder, Cross Consulting Ltd (dormant) 4. Trustee – Forget me not children's hospice, Huddersfield 5. Governor – Grammar School at Leeds 6. Director, GSAL Transport Ltd
Mrs Jill Foster	Chief Nurse	None
Mr Robert Harrison	Chief Operating Officer	1. Charity Trustee of Acomb Methodist Church, York 2. Chair of Directors of Strategy and Operations WYAAT 3. Harrogate Place representative on the WY&H Cancer Alliance Board 4. Member of the Harrogate and Rural Alliance Board 5. Director of ILS and IPS Pathology Joint Venture (from 1 October)

Dr Kat Johnson	Clinical Director PSC	None
Dr Natalie Lyth	Clinical Director CCCC	1. Member of North Yorkshire Local Safeguarding Children's Board and sub-committees. 2. Chair of the Safeguarding Practice Review Group. 3. Chair of the North Yorkshire and York Looked After Children Health Professionals Network. 4. Member of the North Yorkshire and York Safeguarding Health Professionals Network. 5. Member of the national network of Designated Health Professionals. 6. Member of the Royal College of Paediatrics and Child Health Certificate of Eligibility of Specialist Registration (CESR) Committee and assessor of applications for CESR.
Ms Laura Robson	Non-Executive Director	1. Familial relationship with Alzheimer's Society
Mr Steve Russell	Chief Executive	None
Mrs Angela Schofield	Chairman	1. Member of WYAAT Committee in Common 2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership 3. Volunteer with Supporting Older People (charity). 4. Chair of NHSE Northern Region Talent Board
Dr David Scullion	Medical Director	1. Member of the Yorkshire Radiology Group 2. Familial relationship with Freedom to Speak Up Guardian
Mr Richard Stiff	Non-Executive Director	1. Director of (and 50% owner) Richard Stiff Consulting Limited 2. Director of NCER CIC (Chair of the Board from April 2019) 3. Director and Trustee of TCV (The Conservation Volunteers) 4. Chair of the Corporation of Selby College 5. Member of the Association of Directors of Children's Services 6. Member of Society of Local Authority Chief Executives 7. Local Government Information Unit Associate 8. Local Government Information Unit (Scotland) Associate 9. Fellow of the Royal Society of Arts
Mrs Maureen Taylor	Non-Executive Director	None

Mr Christopher Thompson	Non-Executive Director	1. Chairman of Harrogate Healthcare Facilities Management Limited (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) 2. Treasurer, Pro Chancellor and Member – Council of the University of York 3. Chair – NHS Audit Yorkshire Consortium 4. Chair – Tissue and Organ Donation Committee HDFT
Ms Angela Wilkinson	Director of Workforce and Organisational Development	None

Harrogate and District NHS Foundation Trust

Deputy Directors attending Board meetings as substitutes

Dr David Earl	Deputy Medical Director	1. Private anaesthetic work at BMI Duchy hospital
Dr Claire Hall	Deputy Medical Director	1. HDFT representative on WYAAT Pathology group 2. HDFT representative on WYAAT Non-Surgical Oncology group 3. Member, HDFT Transfusion Committee 4. Principal Investigator for haematology trials at HDFT
Mr Jordan McKie	Deputy Director of Finance	1. Familial relationship with NMU Ltd, a company providing services to the NHS
Mrs Alison Mayfield	Deputy Chief Nurse	1. Member, WYAAT Temporary Staffing Cluster Group
Mr Paul Nicholas	Deputy Director of Performance and Informatics	None
Ms Shirley Silvester	Interim Deputy Director of Workforce and Organisational Development	None
Dr Sylvia Wood	Deputy Director of Governance & Freedom to Speak Up Guardian	1. Familial relationship with Medical Director

Harrogate and District NHS Foundation Trust

Report Status: Open

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors' meeting held on Wednesday 27 November 2019 at 9.00am in the Boardroom, Trust Harrogate District Hospital, Lancaster Park Road, Harrogate, HG2 7SX

Present:	Ms Sarah Armstrong, Non-Executive Director Mr Jonathan Coulter, Deputy Chief Executive/Finance Director Mrs Jill Foster, Chief Nurse Mr Robert Harrison, Chief Operating Officer Ms Laura Robson, Non-Executive Director Mr Steve Russell, Chief Executive Mrs Angela Schofield, Chairman Dr David Scullion, Medical Director, Mr Richard Stiff, Non-Executive Director Mrs Maureen Taylor, Non-Executive Director Mr Chris Thompson, Non-Executive Director/Vice Chairman Mrs Lesley Webster, Non-Executive Director Ms Angela Wilkinson, Director of Workforce and Organisational Development
In attendance:	Mr Andrew Alldred, Clinical Director, Long Term and Unscheduled Care Directorate Dr Jenny Child, Director of Infection Prevention and Control (item 8 only) Mr Andrew Forsyth, Interim Company Secretary Dr Claire Hall, Deputy Medical Director Dr Kat Johnson, Clinical Director, Planned and Surgical Care Directorate Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services Directorate

Patient Story

Mrs Schofield introduced Matron Tammy Gotts, and Occupational Therapist Caroline Watkins from the Supported Discharge Service team, who told a story that the patient herself would not have been able to deliver.

Matron Gotts introduced the patient (Jenny) as a 79-year-old lady, with a number of co-morbidities, whose multiple complex discharges would illustrate the challenges faced by the hospital teams and the impact of the Supported Discharge Service (SDS).

Jenny was admitted on 16 May after a fall and long life at home. Jenny lives alone but has regular visits from a friend and has some support from a family member. District nurses visit regularly to dress legs and she has a twice daily package of care to assist with hygiene needs and prompt with medications.
On admission Jenny was diagnosed as a new Type 2 diabetic and started on an appropriate drug regime. Her case was reviewed in May and discharge arranged for the

next day. A family member had reservations about her ability to cope but it was explained that Jenny had capacity to make informed decisions re discharge and she was discharged as planned.

Jenny was next admitted in August due to not coping at home and with a confirmed Urinary Tract Infection for which she received oral antibiotics. There were further complications regarding her family's views on her ability to copy and her capacity to make decisions. Her behaviour became very difficult in hospital. After four weeks she was deemed fit to be discharged but following assessment 9 nursing homes declined to take her.
In mid-September Jenny's case was escalated to the SDS at the long stay meeting with a view to discharging her home. Matron Gotts had built a rapport with Jenny and, with Jenny's permission, she accompanied the SDS on an environmental visit to Jenny's home. As a result Jenny was discharged with Matron Gotts and the SDS team in attendance, but was readmitted the next day following overnight confusion and a misunderstanding with the ambulance team.

A month later Jenny was again discharged and there were notices placed around the house by the SDS indicating she should not be brought back to the hospital unless there was a clear *clinical*, rather than environmental, reason for the admission. Jenny was subsequently readmitted after a fall, discharged and then admitted again as the result of incontinence. Matron Gotts said that Jenny was currently an inpatient.

Matron Gotts listed 22 organisations and teams which had been involved in Jenny's case to date and indicated the multidisciplinary approach which had been taken throughout her complex case.

Mrs Schofield thanked Matron Gotts and Ms Watkins for the comprehensive nature of the story which they had told. She asked about a mental health assessment of Jenny; Matron Gotts said that she had not been diagnosed and had been assessed as having capacity. She said that without the involvement of the SDS, Jenny would probably have been an inpatient for the whole period. Ms Watkins said that support and assessment in the context of her own home had reduced Jenny's length of stay and bridged the gap between visits by care support workers. Mrs Foster said that the SDS expertise in risk assessment built confidence in the whole care team – Dr Hall said that what had appeared to be an impossible task had been achieved.

Mrs Schofield asked how Matron Gotts had persuaded her colleagues that Jenny should be discharged – she responded that it had been very challenging and that the important thing was to listen to the patient, who did not want to be brought to hospital.
Mr Stiff said that in his experience the third sector, and particularly the Red Cross, could be significant and Ms Watkins said that the relationship was being built slowly. Matron Gotts reassured Ms Robson, saying that Jenny was now thriving, in her own home, very strong-willed and in control, so there was no case for a safeguarding referral even though some agencies believed she should be in care.

In summary Mrs Schofield said that Jenny's case was a tremendous illustration of the worth of the SDS and that even though Jenny had been admitted again, staff knew enough about her to deal with the various situations which arose. She thanked Matron Gotts and Ms Watkins for telling the story and for their significant efforts in managing Jenny's discharge. Mr Alldred agreed to thank the SDS team and said that the story had illustrated the complexity of both home environments and care packages.

1.0 Welcome and Apologies for Absence

1.1 Mrs Schofield noted there were no apologies for absence. She welcomed Dr Hall and two Governors to the meeting.

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

2.0 Declarations of Interest and Board Register of Interests

2.1 It was noted Mr Coulter and Mr Thompson were Directors of Harrogate Integrated Facilities (HIF). No agenda items were planned which would present a conflict of interest. It was agreed that Mr Coulter and Mr Thompson could participate fully in any items which referred to HIF.

3.0 Minutes of the meetings of the Board of Directors on 25 September and 30 October 2019

3.1 The draft Minutes of the meeting held on 25 September were approved, subject to the following amendments:

Minute 7.6 line 2 **Delete:** 'from maternity payments rather than the provider.'
Insert: 'by different providers.'

Minute 9.5 line 3 **Delete:** 'included in the report.'
Insert: 'repeated in the report.'

3.2 The draft Minutes of the meeting held on 30 October were approved subject to the correct spelling of Mrs Schofield's name in Minute 3.1.

APPROVED:
The Board of Directors approved the Minutes of the meetings held on 25 September and 30 October 2019, subject to the amendments shown.

4.0 Review Action Log and Matters Arising

4.1 Action 81 – work continued. Review in January 2020.
4.2 Action 130 – the Post Project Evaluation would be considered by the Audit Committee and then brought to the Board. Review in January 2020.
4.3 Action 136 – approval for the merger had been give. Further discussion would take place in the private session of the Board meeting. Action CLOSED.
4.4 Action 148 - not discussed at October workshop. To be scheduled for future workshop.
4.5 Action 149 – Directorate HR Business Partners were discussing with Directorate Boards and a summary of the views would be considered during December. Review in January 2020.
4.6 Action 150 - Mr Harrison had discussed the report with Mr Kelly and it would be taken at the Providing a Safer Environment Group (PSEG). Mr Harrison noted that the Lone Working Policy was under review, with a focus on lone working on the acute site, following an incident. It would examine the training of porters and the police response report the outcomes to the Senior Management Team (SMT). Mr Harrison said that there had been no change in the number of reports of reported incidents. Mr Thompson said that the Audit Committee would continue to receive routine reports on security although action would lie normally with the PSEG. Board Action CLOSED.

5.0 Overview by the Chairman

- Mrs Schofield confirmed that the Board workshop on 18 December would now take place on site, with the bulk of the meeting focussing on finance issues, including capital planning; in future this would happen annually, to allow the Board as a whole to take stock and look forward. The Resources Committee would meet as normal in December but concentrate on benchmarking and strategic issues.
- The Board would attend the Schwartz round on 18 December.
- The appointment of three new Non-Executive Directors had been confirmed at the Council of Governors' meeting on 6 November. Mr Cross would take up office on 1 January 2020, followed by Mr Papworth and Mr Sampson on 1 March 2020.
- Ms Edgar, Mrs Jones and Mrs Lord would be leaving the Council of Governors on 31 December, the former two after the maximum terms of nine years, and she reflected on the tremendous contribution that they had made to the Trust. Elections were in progress with results declared on 18 December; Mr Sam Marshall had already been elected unopposed to the Staff Governor (Non-Clinical) post and Mr Treece had been returned unopposed in Wetherby and Harewood constituency.
- Mrs Schofield was delighted to congratulate Mr Alldred on his appointment as Chief Pharmacist at Leeds Teaching Hospital NHS Trust, although he would be a great loss to the Trust, and he confirmed that he would provisionally take up his new post on 16 March 2020.
- On winter pressures Mrs Schofield noted the position about demands on the service and resilience, as well as the financial position (without additional winter funding) and said that it was a focus for the Resources Committee.
- Finally Mrs Schofield reminded Board colleagues that Mrs Webster, after six years in post, would be standing down as both a Non-Executive Director and the Senior Independent Director at the end of December and her humour, warmth and rigour would be greatly missed. In response Mrs Webster thanked Mrs Schofield and colleagues and said that she had greatly enjoyed her time on the Board.

6.0 Report by the Chief Executive

6.1 Mr Russell's report was taken as read. He said that the context of his remarks was that the Trust was traditionally busy at this time of year, with high patient numbers, and this provided a challenging environment. The Trust was behind the financial plan at month 7, with significant risks in the remainder of the year. The recovery plans which have been developed themselves carry risk.

6.2 Mr Russell said that the Emergency Department (ED) was particularly busy, with high numbers of patients, which was causing challenges to patient flow and performance. Despite performance against the 4-hour target being top in West Yorkshire and Harrogate ICS the Trust was not satisfied and wanted performance to be back at 95%.

6.3 National expectations had been made clear in a recent letter from NHSI/E and these were being worked through with the A+E Delivery Board. The Trust had made a bid for more resources.

6.4 Included in the NHSI/E letter had been a position statement on pensions taxation. It had been decided that the tax charges of active registered clinicians (not just medical staff) would be met by the NHS (the Trust) for 2019-20 using the 'scheme pays' option from NHS Pensions, with the Trust entering into a contract with an individual to repay the deduction arising from scheme pays. The Trust was awaiting further guidance about implementation.

6.5 The s75 agreement with North Yorkshire County Council covering the 0-19

Children's Services had not yet been agreed and there would be a more comprehensive discussion during the private meeting.

6.6 Reporting on the first phase of the work being undertaken on medium-term financial sustainability by Carnall Farrar, Mr Russell said that six drivers had been identified as relevant to the Trust. He welcomed that fact that that joint understanding of these between all parties had been achieved and work to examine the right interventions and transformation was underway.

6.7 NHSE/I had announced that funding was available, over a two-year period, for diagnostic equipment that was over 10-years old and required replacing. The Trust will benefit from additional resource in respect of our mammography equipment.

6.8 Finally in his report Mr Russell congratulated the End of Life Volunteers from the Sir Robert Ogden centre on their win at the Harrogate Volunteering 'Oscars' and noted that plaques have been unveiled to honour members of the Trust community who have been touched by organ donation.

6.9 Mr Thompson, as Chairman of the Organ and Tissue Donation Committee, said that the Trust was doing well in identifying potential donation opportunities. Mrs Webster wondered about the financial and other effects of the short notice of the vacation of the Briary Wing. Mr Coulter said that planning and discussions were continuing; there would be a loss of income and the costs of running the facilities would be saved. Mr Harrison was concerned about the loss of the s136 suite; there were no suitable facilities in the ED and Dr Scullion said that had been the original driver for establishing a suite in the Briary Wing. Mr Harrison noted that waits for the Approved Social Worker could already exceed 10 hours.

6.10 Turning to the Board Assurance Framework, Ms Robson suggested that the assessment of BAF15 (Risk of misalignment of strategic plans) could change after completion of the Carnall Farrar work. On ED performance, she was concerned that the Quality Committee saw only one metric and wondered about others (eg trolley waits, ambulance delays, corridor treatments) which might have a clinical impact and sought more assurance. It was agreed that this would be reviewed at Directorate level with a view to taking a wider assurance report to the meeting of the Quality Committee in January. Mr Harrison said that there had been one 12-hour trolley wait in 12 years (for a mental health patient awaiting specialist action) and he was unaware of any corridor treatment. As far as ambulance delays were concerned the Trust was third lowest in Yorkshire and Humber, and in the upper decile nationally, and the position had not deteriorated.
Action: Mr Alldred to report reflecting trolley waits, corridors treatment, ambulance waits and giving wider assurance about patient delays to Quality Committee in January.

6.11 Mr Coulter noted that £1.0-1.5m of additional funding had been available in previous years for winter pressures but Trusts had been told there was none this year. A recovery plan was being developed to try and attain the target of 95%; Mrs Schofield said that the Board would examine progress of the recovery plan at the December workshop. Dr Scullion said that it was very tough and that supporting the staff would be important in improving the performance.

Action: Mr Harrison to update on progress of recovery plans in ED to achieve 95% target, at December Board workshop.

7.0 Summary from Resources Committee meetings of 28 October and 25 November 2019

7.1 Mrs Taylor's summaries had been circulated in advance and were taken as read. She said that although the Trust was in surplus in month 7 it was £200k behind plan at that stage. The Cost Improvement Plan had been delivered and recovery plans were in place, although they carried risk. Monthly Resource Review meetings for each Directorate were underway. Activity under the Aligned Incentive Contract was ahead of plan and the position with Leeds was improving. Workforce data showed that it was hard to fill vacancies. Whilst cash holdings were lower, payment periods to suppliers had improved.

7.2 At the October meeting Mrs Taylor said the Committee had considered the Post Project Evaluation of the establishment of HIF, the progress on Web V (which was good, although recruitment of staff was challenging) and the financial position of the ICS. There was also discussion of the protocol for changing the Trust's financial forecasts.

7.3 Mr Coulter said that the context of the financial situation was around the actions to be taken to year-end. He said that the achievement of the control total last year included a number of non-recurrent measures, which essentially meant the Trust started 2019-20 with a deficit of c£1.5m – and thereafter in-year had broken even. A number of specific costs had arisen and a further £2.7m of risk had been managed in-year; in addition to the £800k contract risk share to allow for, making a total of £4m in challenges and risk. He said it was not unusual to be behind plan at this stage but there were not the usual flexibilities this year. The risk share agreement with HaRD CCG was a significant risk. Board members would have the opportunity to explore some of these areas in depth at the workshop in December. If they had specific areas they wished to discuss then they should forward details to Mr Forsyth.

Action: Suggestions for December workshop resources 'deep dive' to be passed to Interim Company Secretary

7.4 Mr Thompson said that the Trust must stick to the signed agreement with the CCG notwithstanding the affordability issues it may have. Mrs Webster said that the Trust should flag up the risk early, whilst trying to live within its means – Mr Coulter assured her that he had shared the position with the CCG and they were fully aware of the situation. Mr Russell said that the risk share had been agreed as 50/50 as part of the aligned incentive contract and it was important the principles about how this would operate were followed.

7.5 Mr Alldred said that he was confident about the actions in his recovery plan. They included a reduction in high-cost locums and a deep dive into pathology non-pay costs. Mr Coulter confirmed that of the £434k difference around £190k had been identified;

7.6 Mrs Webster asked about the detail of the NHS Property Services debt. Mr Coulter said that this was a three-way dispute involving the Trust, NHS Property Services and the Department of Health and Social Care about payments – future payments would be made direct by HaRD CCG.

8.0 Infection Prevention and Control Annual Report

8.1 Dr Childs' report was taken as read. Dr Childs' noted that the way in which *Clostridium difficile* was reported changed from April 2019. She emphasised that MRSA screening was by means of focused testing only.

8.2 Moving on to flu, Dr Childs said that every season was different. This year there had been 28 confirmed cases to date, five of which were on Littondale ward; the cases had been polarised between patients over 70 and under 30 (30% of the total). Mr Thompson asked whether the Trust knew whether any of the cases matched the flu vaccine this year – Dr Childs said that samples had been sent off but the outcome was not yet known. She said that 49.5% of staff had been vaccinated to date through the Trust flu campaign.

8.3 Mrs Schofield said that the incidence of urinary tract infections recorded in the report reinforced the need for proper hydration in patients. Mrs Foster agreed and said that this was primarily in the community and that the 'Eat Move Improve' programme being put in place for inpatients would address any similar issues.

8.4 Dr Childs agreed with Ms Robson that the increase in the antibiotic index from 3 to 12 was on the high side. She said that the analysis would be run again and noted that the introduction of an app. covering antibiotic guidelines had given almost instant improvement.

[Dr Childs left the meeting]

9.0 Operational Performance Report

9.1 Mr Harrison's report was taken as read. Ms Robson asked about the current RTT time; Mr Harrison reminded the Board that he would respond during the private meeting because the Trust was involved in a trial.

9.2 Moving to symptomatic breast referrals, Mrs Webster asked whether the Trust was in line with other Trusts or an outlier. Mr Harrison said that it was too early to tell. The Trust was running the single mammography equipment at full capacity, with replacement unlikely before March 2020; the number of patients per month seen would usually be around 160 but 220 had been seen in the previous month.

9.3 Mrs Schofield asked whether the services in the community, for example SDS, were having an impact on the efficiency of the whole pathway. Mr Harrison said that length of stay was certainly being reduced. Resources had been moved into ED to reduce admissions and HARA and SDS meant that patients could be moved home quicker.

9.4 Mr Russell said that a reliable indicator would be the number of non-elective bed days per 1000 of population and Mr Harrison said on this measure the Trust had seen a reduction despite an increase of c10% in patients and between 30 – 40% of patients were sent home in the same day.

10.0 Medical Director Report

10.1 Dr Scullion's report was taken as read. He said that the National Patient Safety Strategy summary was helpful and that the Improving Patient Safety Group and Human Factors would discuss the requirements.

10.2 Dr Scullion said that there had been two Inquests recently, one of which had been particularly challenging; it had been difficult for the families, the friends and the staff involved. The staff had been extremely professional throughout, despite the adversarial approach adopted by Counsel. He thanked Mrs Leng and the Trust solicitors for their efforts.

10.3 Ms Robson highlighted the change of the HSMR in the Integrated Board Report from green to amber. Dr Scullion said that this predictable and cyclical, and structured judgement reviews would continue and the new Medical Examiner would concentrate on these. Dr Hall suggested that doctors in training should undertake case note reviews as part of their

professional development and Dr Scullion agreed. Mrs Webster asked to be assured about the absolute death rates, as a crude measure of mortality – Mr Harrison said that this was a rolling index and stood at 1.08, which was a reduction of 0.4 year on year. Mr Coulter said that comparison with other Trusts was important to note whether or not it was falling faster than peers.

10.4 Mr Thompson asked about the practical implications of the reduction in research funding. Dr Scullion said that the impact would not be at the clinical level but about staff costs.

11.0 Chief Nurse Report

11.1 Mrs Foster's report was taken as read. She said that her biannual nurse staffing report covered acute and community nurses and midwives. She was content that current staffing levels were appropriate but said that recruiting to establishment remained challenging. Her paper highlighted the measures on recruitment, retention and mitigation.

11.2 Mrs Schofield said that the Resources Committee considered these figures on a regular basis and Mrs Taylor noted that the benchmark should be care hours per bed per day per patient. She said it should be used alongside the length of stay figures to establish any trends. Mrs Webster said that the length of stay figures should be provided to the Quality Committee, and Mrs Taylor said this would be like the model hospital. Mr Alldred said the report should include other metrics including pressure ulcers, falls and complaints in a quality dashboard.

11.3 Mrs Schofield asked Ms Robson to examine opportunities to bring the various metrics together into a quality dashboard, including ways to show the relationship between staffing and quality metrics.

ACTION: Quality Committee to consider drawing together metrics to develop a Quality Dashboard.

12.0 Workforce and Organisational Development Report

12.1 Ms Wilkinson's report was taken as read. She said that despite winter pressures, two of the metrics had reduced. Sickness absence, however, had increased, most noticeably in the LTUC Directorate. Most of the increase was short-term and attributable to seasonal coughs and colds. Dr Johnson said that there had been a significant increase in flu, coughs and colds

12.3 Mr Stiff noted the burden on Directorate and HR management of short-term sickness absence and said that the different approach taken in local government might be worthy of review.

12.4 Turning to the first line leader training pilots Ms Wilkinson said that evaluation had been positive with confidence to use the available tools greatly increased – the formal sessions would now be supported by active learning sets.

12.5 Response rates to the national NHS Staff Survey currently stood at 36% of the whole workforce and active methods were underway to try and increase the response rate by the closing date. She felt that Trust staff could be suffering from 'survey fatigue'. Ms Armstrong asked whether there had been feedback to indicate why staff had not completed the survey - Ms Wilkinson said that some had not been convinced that their responses would be kept confidential. Mrs Schofield said that the 36% meant there was a larger absolute number of staff responding than in previous years.

13.0 Summary from Quality Committee meetings of 2 October and 3 November 2019

13.1 Ms Robson's summary reports were taken as read. She said that the November

meeting had considered the position in ED and the outcomes of the RPIW around Complaints. In October the discussion had centred on the Annual Safeguarding report and a review of acute stroke services, as well as the potential of working with Healthwatch. There no items to escalate to the Board.
14.0 Quality Committee Terms of Reference annual update
14.1 The revised Terms of Reference were taken as read. There were no further comments. **APPROVED: The Board of Directors approved the revised Terms of Reference of the Quality Committee**
15.0 Learning from Deaths Quarterly Report – Quarter 2
15.1 The report was taken as read. There were no comments from the Board.
Mrs Schofield asked whether there were any other matters arising from the monthly Integrated Board Report. Mr Russell said that the HR team was working hard on CSW recruitment but the position for nurses was more challenging and asked when there might be a step change. Ms Wilkinson replied that the recruitment events for nurses were now monthly and 19 nurses (including nine qualified nurses) had booked into the November event. She added that 25 trainee Nurse Associates were expected to complete their course in the first week of December. Ms Robson asked about progress with the Global Learner project and other schemes and it was agreed that since these were reported in detail to the Resources Committee, all Committee papers should be shared with all Board members. **AGREED: Mr Forsyth to ensure that all Board members are given access on Diligent to all Board and Committee papers**
16.0 West Yorkshire and Harrogate Partnership
16.1 Mr Russell said that the draft West Yorkshire and Harrogate ICS Five-year Strategy would be considered at the next Partnership Board meeting. He commended the WYAAT Annual report to colleagues and said that WYAAT had proved to be both important and successful. The Board would review proposals around Pathology in private session.
17.0 Minutes of the Council of Governors' meeting of 7 August 2019
17.1 The Minutes were taken as read. There were no comments.
18.0 Amendments to the Trust Constitution
18.1 The draft Constitution, showing proposed changes consequent on the change of title from Deputy Chairman of Governors to Lead Governor and the change of eligibility to be elected as Lead Governor, were taken as read. There were no comments. **APPROVED: The Board of Directors approved the proposed amendments unanimously.**
19.0 Treasury Management Policy
19.1 The draft revised Policy was taken as read. There were no comments. **APPROVED: The Board of Directors approved the proposed changes unanimously.**
20.0 Any Other Business
20.1 Mrs Foster informed the Board that the Maternity and Special Care Baby Unit had both been reaccredited as 'Baby Friendly', with Maternity being second nationally in the Gold

Standard; the Trust was the first in England to achieve Gold in both elements of care. She said that the staff had worked very hard to maintain the standards and Mrs Schofield said that an event should be organised to recognise this impressive achievement.

ACTION: Mr Forsyth to investigate dates for an event to recognise Maternity and SCBU 'Baby Friendly' achievements.

21.0 Evaluation of the meeting

21.1 Board members described the meeting as having the right level of detail; the patient story was regarded as having been both complex and simple and Mrs Schofield said that she had been anxious that the patient was not going to be in the room; however, the story had been powerful, and delivered in a way in which the patient herself would not have been able to do, as well as illustrating the deep involvement of staff.

21.2 Dr Lyth wondered whether there should be staff stories and Mrs Schofield said that this could be considered, although Dr Hall said that the Schwartz Rounds were where that was better reflected. Ms Wilkinson said that the Board should always acknowledge the staff element to any patient story and this had been a very good example.

22.0 Confidential Motion

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

The Board agreed the motion unanimously. The meeting closed at 12.10pm.

Harrogate and District NHS Foundation Trust

HDFT Board of Directors Actions Schedule
Action Log
January 2020

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Completion date	Detail of progress
81	January 2018	Further consideration to include additional metrics, change of style, inclusion of issues around AIC and patient experience in adult and children community services	Mr Harrison, Chief Operating Officer / Mr Alldred, Clinical Director LTUC / Dr Lyth, Clinical Director CCWCC	**January** 2020	
130	January 2019 (minute 17.2)	Post Project Evaluation of Supported Discharge Service to be considered by Board of Directors	Mr Harrison, Chief Operating Officer	**January** 2020	Complete [To be reported to Resources Committee]
148	September 2019 (minute 9.6)	Overview of Trust Learning Disabilities policies and application	Mrs Foster, Chief Nurse	**January** 2020	
149	September 2019 (minute 10.7)	Reflect on appraisal strategy and consider possible future restructuring and timescales	Ms Wilkinson, Director W&OD	**January** 2020	
151	November 2019 (minute 6.10)	Report reflecting trolley waits, corridor treatments, ambulance waits and wider assurance about patient delays to Quality Committee	Mr Alldred, Clinical Director, LTUC	**January** 2020	
152	November 2019 (minute 6.11)	Report at December Board workshop on progress of recovery plans in ED to achieve 95% target	Mr Harrison, Chief Operating Officer	**January** 2020	
153	November 2019 (minute 11.3)	Quality Committee to consider drawing together metrics to develop a Quality Dashboard	Ms Robson, Chairman, Quality Committee	**January** 2020	
154	November 2019 (minute 15.1)	Ensure that all Board members have access to all Board and Committee papers on Diligent	Mr Forsyth, Interim Company Secretary	**January** 2020	Complete
155	November 2019 (minute 20.1)	Investigate dates for an event to recognise Maternity and SCBU 'Baby Friendly' achievements	Mr Forsyth, Interim Company Secretary	**January** 2020	

NHS
Harrogate and District
NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	**4.1**
Report to:	Trust Board of Directors		
Title:	Progress report on recovery plans in the Emergency Department		
Sponsoring Director:	Mr Robert Harrison, Chief Operating Officer		
Author(s):	Dr Matt Shepherd, Consultant ED, Mr Andy Alldred, Clinical Director LTUC, Mr Mike Forster, OD LTUC		
Report Purpose:	**Decision** ☐ **Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓		
Executive Summary:	• Average attendances have increased by over 20% in the last 8 years • GIRFT Review identified significant amounts of good practice, but also highlighted areas where we are below expected, particularly the number of consultants and nurses • Performance in year has fallen below trajectory and significantly below the national standard • Recovery plans have been developed • It is planned to recover the position initially to get back above 90% delivery by end of March 2020 and with the aim to recover to 95% from May 2020 subject to finalising and implementing the ED business plan.		

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

Key implications	
Risk Assessment:	Failure to deliver National Standard
Legal / regulatory:	Failure of standard on the Single Oversight Framework
Resource:	To be identified in Business Plan
Impact Assessment:	Not completed
Conflicts of Interest:	None identified
Reference documents:	GIRFT ED Report
Assurance:	Plan to improve ED performance

Action Required by the Board of Directors:

It is **recommended** that the Board of Directors:

- **Note the impact of changes in attendances on performance in the ED**
- **Note significant reduction in in year performance**
- **Note planned improvements to achieve 90% in March 2020 and recover future position above 95%**

Emergency Department 4 Hour Performance

Improvement Actions and Assurance

1. Background

HDFT has consistently been one of the best performing Trusts against the Emergency Care standard which has been achieved by applying a consistent approach to improving efficiencies and processes.

During 2018/19 the Trust saw a stepped change in the volume of Emergency Department attendances but, as these presentations were of a lower acuity, the volume of non-elective admissions remained broadly in line with the previous year. In 2019/20 we have seen Emergency Department continue to increase but the attendance profile has changed with more patients presenting on a weekend and evening / night. The patients attending also have an acuity more in line with the years prior to 2018/19 which has resulted in a significant growth in non-elective admissions.

This change in acuity and presentation time has resulted in an increased volume of breeches due to staffing not matching workload and flow out of the Emergency Department linked to bed availability.

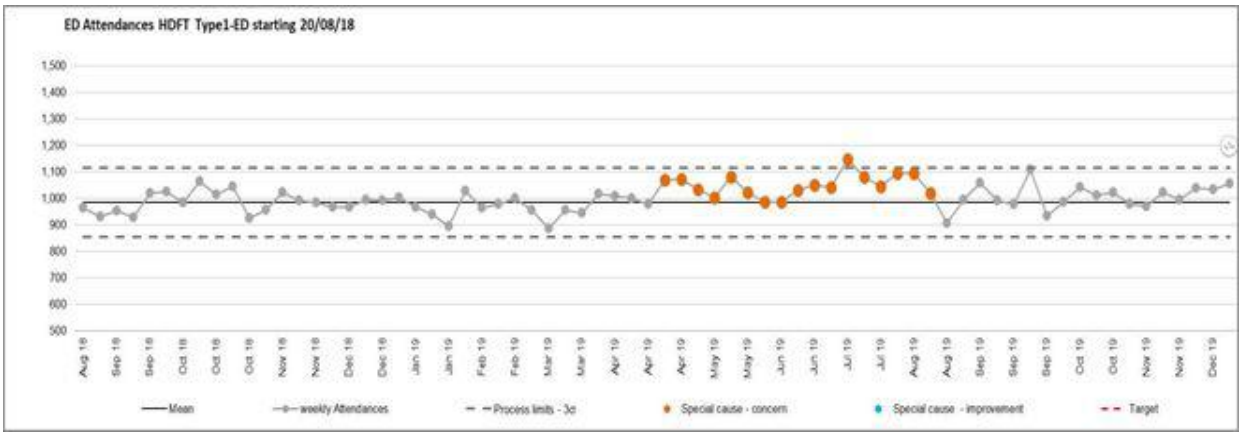
This paper will set out the reasons for the deterioration in performance, the actions that have been taken to improve performance, the potential impact on patients care and future actions required to deliver the target.

1.1 Increases in ED Attendances

Harrogate District Hospital ED has seen a consistent increase in attendances since 2012.

In 2012 the average attendances was 122 and by 2018 this had increased to 145.

Year	Total Attendances	Percentage Increase
2012/13	44579	----------
2013/14	44970	0.8%
2014/15	45953	2.1%
2015/16	46663	1.52%
2016/17	47408	1.57%
2017/18	49463	4.15%
2018/19	51711	4.34%



The planning assumption for 2019/20 was a further 2.3% growth in ED attendances. Unplanned growth is in line with this assumption but planned activity has reduced in line with the strategy to free up staff time from clinic based activities through improved efficiency in patient pathways.

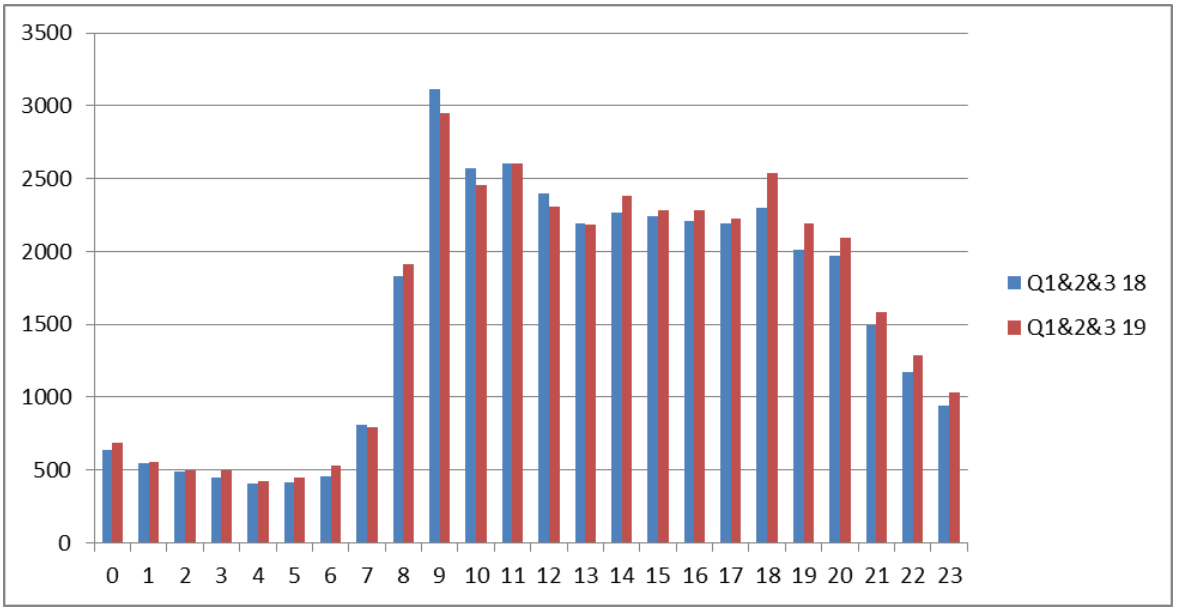
ED Activity - Plan based on 2.5% growth

	YTD				Dec			
All	Plan	Actual	Variance	%	Plan	Actual	Variance	%
Unplanned	38523	39194	671	1.7	4100	4129	29	0.7
Streaming	2762	2693	-69	-2.5	294	364	70	23.8
Planned Returns	1543	839	-704	-45.6	164	59	-105	-64.0
Total	42828	42726	-102	-0.2	4558	4552	-6	-0.1

	YTD				Dec			
HARD Only	Plan	Actual	Variance	%	Plan	Actual	Variance	%
Unplanned	26840	28547	1707	6.4	2857	2995	138	4.8
Streaming	2762	1940	-822	-29.8	267	294	27	10.1
Planned Returns	1543	614	-929	-60.2	164	37	-127	-77.4
Total	31145	31101	-44	-0.1	3288	3326	38	1.2

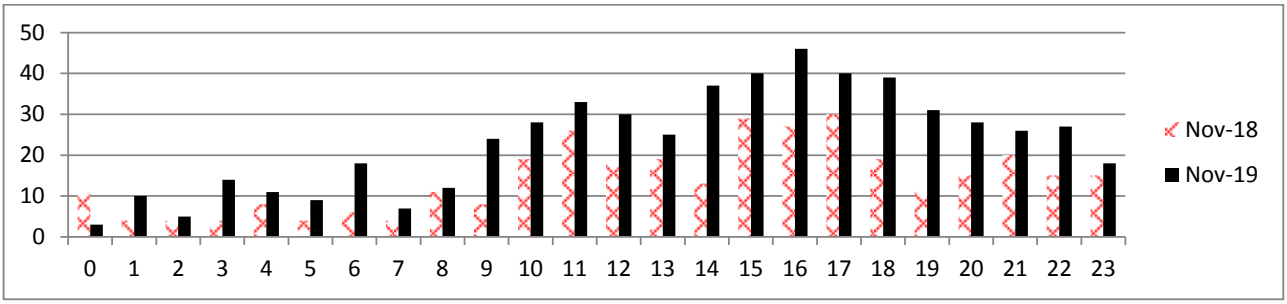
1.2 Changes in profile of ED attendances

Although activity has grown in line with plan there has been a shift in when people attend with a higher proportion of late afternoon and evening attendances.



This change in profile has resulted in the evening workforce being unable to manage demand resulting in an increase in breaches for those patients in the afternoon.

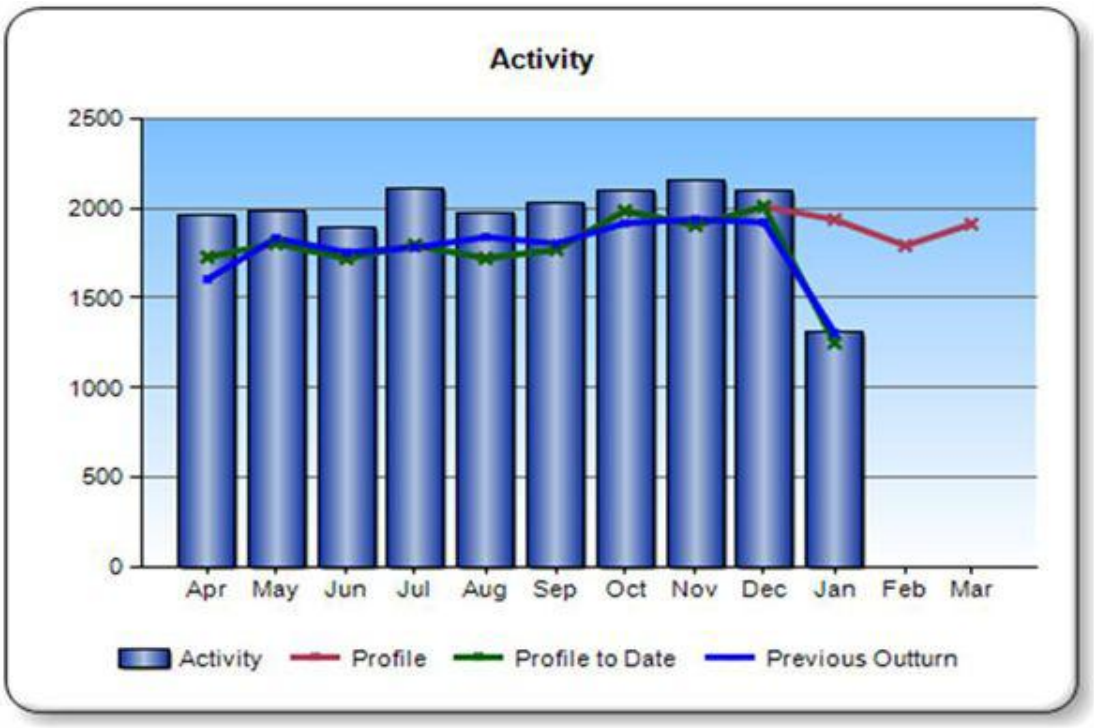
Breaches by Arrival time- Nov 18 vs Nov 19



1.3 Increased in NEL Admission

An increase in the acuity of patients presenting at ED has driven a significant growth in Non-Elective admissions in 2019/20 which is currently 11.5% ahead of plan. This activity has been managed through the same maximum bed base available overall in 2018/19, however, there has this has reduced the CIP achievement which was planned as part of an expected reduction in summer bed occupancy. The ability to manage this demand within the overall bed base has been due to reductions in long stay patients, Delayed Transfers of Care (DTOC) and average length of stay, along with an increase in the number of patients managed as a same day emergency care (SDEC) episode. However, this has impacted on flow through the hospital and therefore resulted in longer delays for admitted patients through the ED

NEL activity 2019-20



1.4 Case mix - Age profile of ED Admissions

The recent GIFT (Getting it right first time) Emergency Care review showed that Harrogate has a much older attendance profile than the national average. These patients are more complex to discharge as they often have more complex care support needs which in turn impacts on time spent in the ED, how quickly we can turn over available space, the use of nursing and care support resources and timely flow out.

2. Previous Developments and Improvements

In order to manage current activity a number of improvements have been implemented to increase capacity and efficiency to support the increasing number of attenders and maintain quality and safety.

1. Building 5 additional cubicles to increase the space available to assess patients, thus reducing queuing and crowding of the waiting area. This proved to be successful initially but the impact has been reduced due to the continued growth in ED attendances'.

2. Development of an Intensive Assessment Team (IAT) who direct urgent attenders to a designated space for fast track work up by a senior nurse and Care Support Worker to ensure the patient is 'doctor ready' and can be seen and have a senior decision made rapidly.

3. Development of a See & Treat stream, run by a senior clinical who can quickly review and treat category 2 patients (minors) and discharge without the need to access the main department thus leaving the team to focus on patients of higher priority.

4. Primary Care Streaming which directs patients with primary care needs directly to a GP straight from triage, reducing the amount of senior clinical time dedicated to those patients who can be safely managed by a GP.

5. Re-location of Ambulatory Care (CAT) so it is adjacent to ED in order to increase the number of patients who can be safely signposted to the service without the need for a nurse escort. Further ambulatory care (Same Day Emergency Care) pathways have been developed and embedded e.g. DVT pathway, AF pathway, PEG feed pathway, 'hot joints' pathway.

6. Development and implementation of an Acute Referral Team to take all acute GP referrals for admission and ensure they are directed to the right place first time reducing the volume of attendances to ED.

7. Review of the nursing establishment and the recruitment of 2.6 additional nurses to support a redeveloped rota which provides a flatter nurse establishment across the week (previously lower on Tuesdays, Wednesdays and Thursdays).

8. Non Elective Care Transformation program focussed on reducing long stay patients, DTOCs and improving the volume of NEL patients managed on the same day.

3. Performance

These service improvements have all been embedded in the department and have delivered benefits, allowing the majority of the increase in attenders to be managed within the expected standard; however, the department has now become saturated and capacity to see patients within the 4 hours is no longer consistently feasible, particularly in periods of surge. This is regularly evidenced on evenings and weekends when staffing is lower than during the day.

While we continue to be one of the best performing Trusts nationally our performance has deteriorated with the most recent position nearly 10% below the expected standard.

Financial year: F2019/2020

Type 1

	Q1				Q2				Q3				Q4		YTD
	Apr 19	May 19	Jun 19	Total Qtr	Jul 19	Aug 19	Sep 19	Total Qtr	Oct 19	Nov 19	Dec 19	Total Qtr	Jan 20	Total Qtr	
Seen	4425	4526	4405	13356	4842	4445	4334	13621	4421	4327	4500	13248	1665	1665	41890
Breaches	328	295	283	906	390	446	310	1146	504	524	747	1775	205	205	4032
Performance (%)	92.59	93.48	93.58	93.22	91.95	89.97	92.85	91.59	88.60	87.89	83.40	86.60	87.69	87.69	90.37

Type 3

	Q1				Q2				Q3				Q4		YTD
	Apr 19	May 19	Jun 19	Total Qtr	Jul 19	Aug 19	Sep 19	Total Qtr	Oct 19	Nov 19	Dec 19	Total Qtr	Jan 20	Total Qtr	
Seen	739	837	791	2367	905	841	830	2576	792	673	683	2148	230	230	7321
Breaches	0	0	0	0	1	0	0	1	1	0	0	1	0	0	2
Performance (%)	100.00	100.00	100.00	100.00	99.89	100.00	100.00	99.96	99.87	100.00	100.00	99.95	100.00	100.00	99.97

Overall Performance (Types 1 & 3)

	Q1				Q2				Q3				Q4		YTD
	Apr 19	May 19	Jun 19	Total Qtr	Jul 19	Aug 19	Sep 19	Total Qtr	Oct 19	Nov 19	Dec 19	Total Qtr	Jan 20	Total Qtr	
Seen	5164	5363	5196	15723	5747	5286	5164	16197	5213	5000	5183	15396	1895	1895	49211
Breaches	328	295	283	906	391	446	310	1147	505	524	747	1776	205	205	4034
Performance (%)	93.65	94.50	94.55	94.24	93.20	91.56	94.00	92.92	90.31	89.52	85.59	88.46	89.18	89.18	91.80

Traffic light criteria: Green if >= 95% (improvement trajectory/ national standard), Red if below 95%.

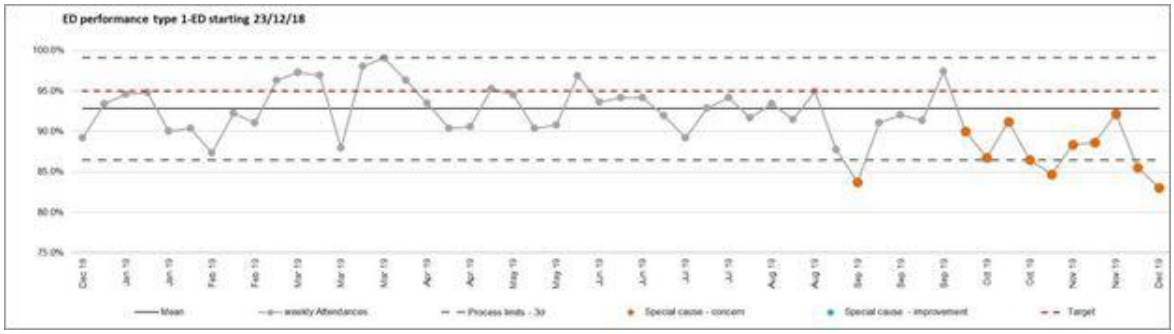
Top 10 Acute Providers (By Performance)

		Performance	Attendances	Breaches
1	Sheffield Children's NHS Foundation Trust	96.0%	5,165	206
2	Yeovil District Hospital NHS Foundation Trust	92.6%	5,255	377
3	Homerton University Hospital NHS Foundation Trust	91.6%	11,307	952
4	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	89.4%	10,620	1,123
5	Northumbria Healthcare NHS Foundation Trust	87.1%	9,286	1,200
6	Alder Hey Children's NHS Foundation Trust	86.1%	5,578	775
7	Western Sussex Hospitals NHS Foundation Trust	85.5%	12,911	1,872
8	Surrey and Sussex Healthcare NHS Trust	84.1%	9,053	1,438
9	James Paget University Hospitals NHS Foundation Trust	83.5%	6,536	1,076
10	Harrogate and District NHS Foundation Trust	83.5%	4,500	742

The total number of patients seen and treated in less than 4 hour has increased suggesting that the measures put in place have had the desired effect; however the demand has gone beyond the capacity of the department/site to deliver with greater numbers of patients breaching 4 hours than last year.

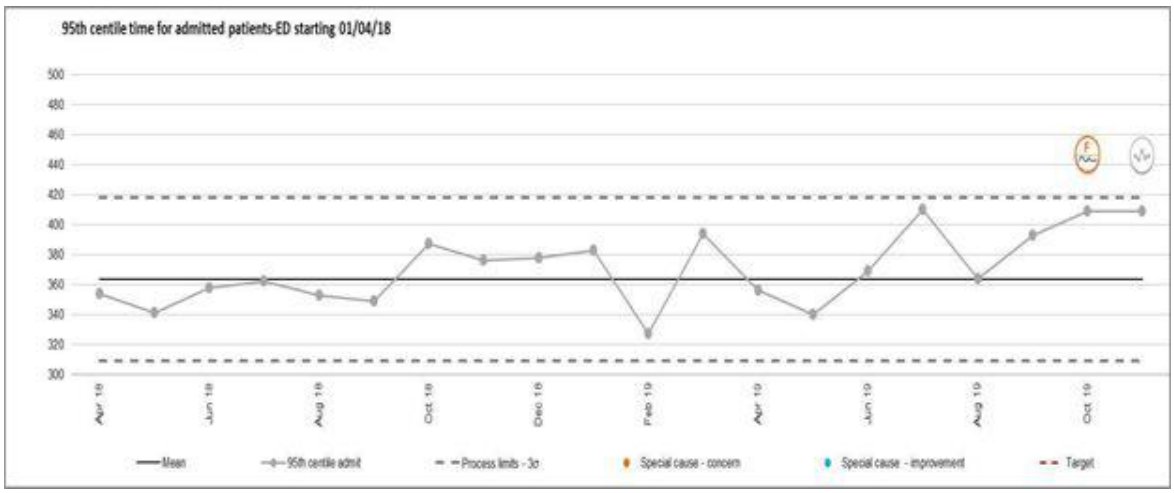
TOTAL PATIENTS SEEN AND TREATED IN ED WITHIN 4 HOURS 2018 VS 2019

	2018	2019
NOV	3895	3803
OCT	4232	3917
SEPT	3998	4024
AUG	3923	3999
JUL	4341	4452
JUN	4123	4122
MAY	4375	4231
APRIL	3875	4097
MARCH	3878	4119
FEB	3440	3563
JAN	3660	3913
TOTAL	43740	44240

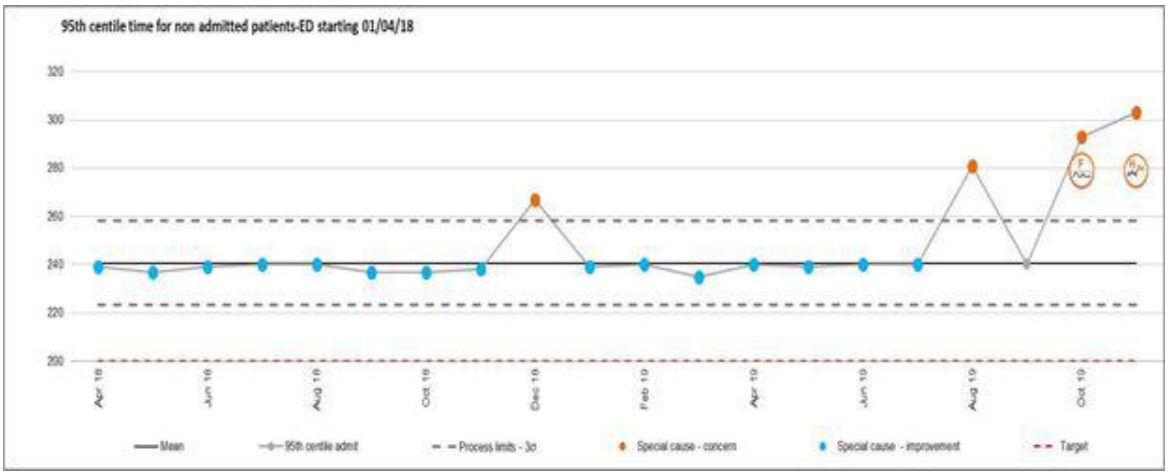


The SPC chart above shows the weekly type 1 four hour performance for Harrogate for the last 12 months. The week to week variation was within normal limits but has deteriorated from September (a single

exceptional week during world cycling championships skews the picture a little (high staffing and low demand). This deterioration mirrors the pressure on inpatient beds and the increased acuity of patients present since the autumn. It also reflect the position nationally.

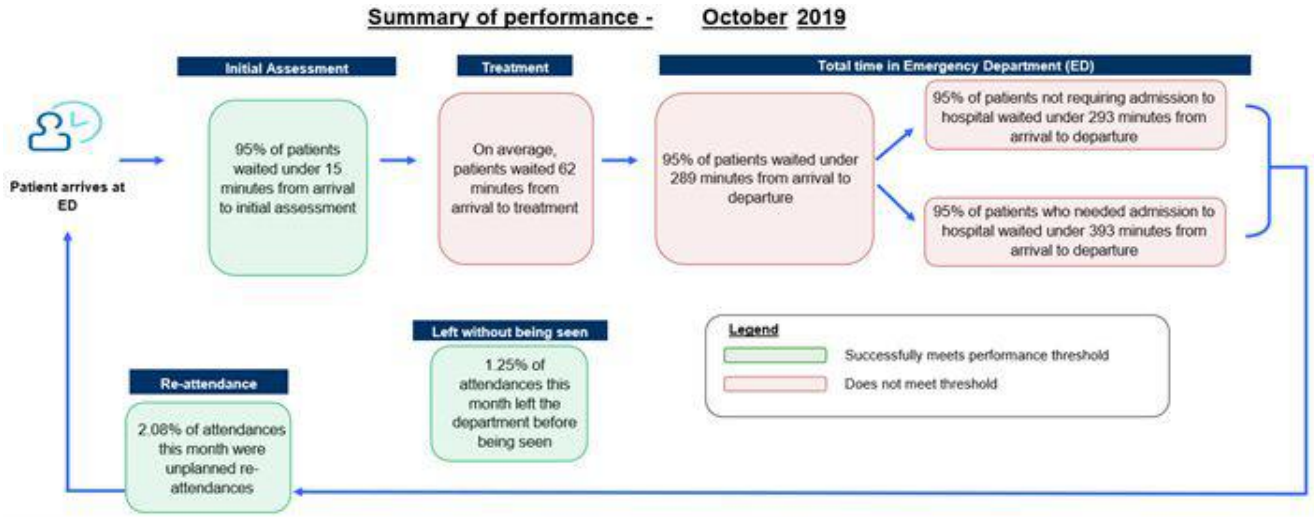


The above chart shows out 95th centile time in minutes for admitted patients. The last 3 months show a trend towards the upper control limit reflecting deterioration in flow out from the emergency department since September – this impacts on the available space to see new patients and how quickly nursing and medical staff are able to see the next new patient.



This above graph shows the mirroring metric for non-admitted patients in the ED- the performance in this group of patients has usually been good enough to elevate total performance to the 95% standard (with type 3 activity included) and has been exceptionally consistent. There has been a significant deterioration in this over the last 3 months. This is fuelled by the later evening surge in conjunction with high acuity patients consuming the limited senior doctor resource in the department – these doctors are the ones able to manage the higher volumes of lower acuity patients more effectively. It also reflects the pressures during weekend days where the clinical capacity of the department is lower than on a weekday but with higher activity to manage – a by-product of working time directives.

The data below shows a broader set of measures relating to the delivery of quality care in the emergency department. As can be seen for the month of October, three out of five headline measures were achieved, with time to treatment average 2 minutes above the expected level and the 95th percentile for waits 49 minutes above the expected standard (Both admitted and non-admitted streams were above target)



3.1 Benchmarking – GIRFT (Getting it right first time)

Our 2019 GIRFT review (2017-18 data) and national weekly performance dashboards identified that HDFT remains in the top 10% of trusts for achievement of the 4 hour standard.

The Trust is in the bottom 10% for non-elective admissions via ED with a 22% conversion rate against a national average of 30%. With the exception of 2018-19, when we saw a decrease in conversion rate linked to acuity, the conversion rate has remained surprisingly static despite the population of Harrogate being one of the oldest in the country. It is also worth noting that in Harrogate a proportion of non-elective admissions continue to be direct to wards (specialties) from GP's rather than all through the ED.

Further, our ED has been voted number one and number two in the county for two consecutive years by the CQC public opinion survey and consistently receives positive feedback via the Friends and Family Test.

The GIFT review highlighted the following areas of focus for the Trust:

- HDFT emergency nurse numbers are significantly lower than the average with a WTE utilisation figure of 1649 attendances versus a national average of 1465.
- Harrogates age profile is a major outlier in comparison to the rest of the country.
- Our Consultant body is smaller than the majority of other hospitals of a similar size and the impact of sickness/absence is more evident. (We have recently had 2 of our 6.2 consultants on long term sick).
- Our nurse staffing establishment in the ED is significantly lower than other ED's
- Our spend on community services is much lower than in other comparable areas, reducing options for discharge to non-hospital based services
- Access to transport out of hours remains problematic and leads to a higher than expected number of single night admissions

4. Recovery Plan

The Board have been previously informed about the 4 hour recovery meetings chaired by the COO, as part of these meetings an action plan has been developed and the key areas are summarised below:

The full action plan and Unplanned Transformation programme details can be found in Appendix 1 and 2.

The key elements of the action plans are:

1) Evening non admitted resilience – Plans in place to support increase in middle grade staffing. Recruitment and consultation process mean this will be in place form March 20. Business Case being developed for sustainable staffing model to be discussed at Directors Meeting in Jan 20.

2) Weekend resilience – Winter plan money being used to introduce additional medical middle grade in ED since January 20. Progressing plan to staff and open CAT (ambulatory care) on weekends. Recruitment and consultation process mean this will be in place from May 20. Business Case being developed for sustainable staffing model to be discussed at Directors Meeting in Jan 20.

3) Flow – NEL Transformation schemes impacting on LOS and NEL activity – ongoing

It is predicted that each action will broadly improve performance by 1.5 to 2% so a cumulative impact of 5 to 6%.

Scheme	Performance Impact	Target Date
Weekend resilience	1.5%	During Jan to March 2020 as funded non recurrently from Winter funding
NEL Flow	2%	From 1st March 2020 with improved bed occupancy rates
Evening resilience	1.5%	From 31st March 2020 following Implementation of Middle Grade changes
Long term business case	1.5% initially rising to 3% through implementation	From 1st May 2020 based on agreement and implementation of the business case for ED currently being developed

5. Conclusion

There has been a consistent approach to improving efficiencies and processes, which has allowed HDFT to be one of the best performing Trusts nationally. Despite a decline in performance the Trust continues to perform in the top decile for the 4 hour standard in England. This however, is below the expected standard and the level the Trust has achieved in previous years. It can be demonstrated that the department is achieving 3 other measures associated with the quality of service provision expected. GIRFT and other measures show we have an efficient department which has delivered good outcomes.

The changing profile of attendances and increase in workload has impacted on the ability of the department to consistently achieve the expected standards. Although there remains confidence currently in the safety of the care provided even if experience is not what we would want, it is clear that it is becoming more challenging to maintain a high quality service with the ability to maintain safety increasingly dependent on unsustainable efforts from individuals.

The service saw a step change in ED presentations from May 18, but with flat NEL in that year, the internal efficiencies broadly held performance up, however the NEL growth in 19/20 has created pressures on beds, and changes in timing of presentation have meant performance has dropped in non-admitted as we've prioritised sicker patients. The service continues to develop and has implemented a number of actions to mitigate the growth in attendances, which has enabled the team to see and treat more patients each year within the standard, however, this has now reached a plateau and therefore additional actions have been identified and are being developed and implemented.

As part of the action plan a new workforce plan for the department is being developed in the form of a business case, which will take into account the GIRFT data on nurse staffing levels and the College of Emergency Medicine standards on consultant presence in the department 7 days per week. Any implications on financial resource requirements will need to be considered as part of the Trust Annual Business Plan.

We are not satisfied with the current performance and have a wide ranging action plan, from which the Key elements have been described. These are planned to recover the position initially to get back above 90% delivery by end of March 2020 and with the aim to recover to 95% from May 2020 subject to finalising and implementing the ED business plan.

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	5.0
Report to:	Board of Directors		
Title:	Chief Executive's Report		
Sponsoring Director:	Chief Executive		
Author(s):	Chief Executive		
Report Purpose:	**Decision**		**Discussion/ Consultation**		**Assurance**	✓	**Information**	✓
Executive Summary:	This report sets out key points and activities from the Chief Executive.		

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

Key implications	
Risk Assessment:	Updated Corporate Risk Register and Board Assurance Framework included within the report.
Legal / regulatory:	Trust Licence NHSE/I The Equality Act 2010 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Resource:	Not applicable.
Impact Assessment:	Not applicable.
Conflicts of Interest:	None identified.
Reference documents:	Not applicable.
Assurance:	Resource Committee Senior Management Team

Action Required by the Board of Directors:
The Board is asked to note the content of this report.

You matter most

Chief Executive's Report – January 2020

1.0 Winter

1.1 Whilst this is our first Board meeting of 2020, we remain in the Winter period and there have been significant pressures on teams across community services and Harrogate and Ripon Hospitals, and I would like to recognise the considerable commitment and efforts of all of our colleagues in providing patients and their families with kind, safe and compassionate care at a time when they are under particular pressure.

1.2 There has been a concentrated effort to encourage and support the uptake of the flu vaccination, which continues although is now in the later phase. To date, 69.05% of 'front-line' colleagues have had the vaccination.

2.0 Our Integrated Care System

2.1 North Yorkshire CCG (which includes the current Harrogate & Rural District CCG) will be created on 1 April 2020. NHS England has decided that the new CCG must sit within one Integrated Care System (ICS). HaRD CCG is currently in West Yorkshire & Harrogate ICS, as is HDFT. NHS England has decided the new CCG should sit within Humber, Coast & Vale (HCV) instead of West Yorkshire & Harrogate. This has led to a question about whether HDFT, who are the main acute provider for the new CCG, should also sit within HCV.

2.2 The Trust is concerned about such a change, and is in discussion with WYH ICS about the strategic implications and risks of a change. There is a recognition of the challenges that a change in ICS poses and discussions are currently taking place to explore options, and how to mitigate the risk of a move should it happen.

3.0 2019/20 Operational and financial performance

3.1 As is detailed within the reports from Executive Director colleagues, the operational and financial position is particularly challenging at the present time. The Board will receive a more detailed report later in the meeting.

3.2. In summary, whilst delivering our financial plan at the end of Q3 this has been supported by some non-recurrent actions. The expenditure run rate of the directorates continues to be higher than planned. It remains possible for the Trust, and the CCG to meet control totals, and this remains our forecast. In part this would be facilitated by flexibility within the ICS and brokerage being made available, which is positive but presents a further risk for 2020/21. The Board will discuss this in more detail in the private session.

3.3 In terms of performance it has been a challenging two months within the Emergency department, which is a barometer of the pressure on services and people across HDFT as a whole – both in the hospital and importantly in our community services. Activity continues to be higher than plan, most notably in emergency admissions which are 10% higher than plan.

3.4 As a consequence of this, our delivery of the four-hour standard has fallen to 88.5% for the month of December. At the end of December, our year to date performance was 91.2%. The Board will receive a summary of the improvement plan following the Board Workshop later in the meeting. HDFT continues to be one of the better performers regionally and nationally, such is the pressure across the country. National performance in December was 91.9% and HDFT was the highest performing Trust} in West Yorkshire & Harrogate ICS in December.

4.0 2020/21 Planning

4.1 The planning process for 2020/2021 has commenced, and is viewed as being year one of the previous five year long term plan delivery submission that was made at an ICS level.

4.2 The Board will receive a more detailed paper as part of the meeting, but there are likely to be significant challenges for the Trust, and the place given the over-performance in 2019/20 which will impact on the start point (ie the assumptions originally made in the five year submission) and the financial constraints the local economy suffers from.

4.3 The process of planning is complicated this year by the ongoing discussions about which ICS North Yorkshire CCG and the Trust should sit in. It has been agreed that there will therefore need to be a joined up approach between the two ICS teams.

5.0 Medium Term Financial Sustainability

5.1 A clinical workshop is due to take place in February to support the development of the clinical vision, and a clinical strategy for the place of Harrogate, focusing in particular on the strategy to respond to the unique demographic of our place which was identified in the Carnall Farrar work.

5.2 This will inform both a refreshed clinical strategy for the Trust and priorities for our place in 2020/21.

5.3 The Trust has started, with colleagues in West Yorkshire, to scope potential areas for medium term partnerships in some clinical services following the Carnall Farrar review. This is at a very early stage, but initial discussions in respect of opportunities have been positive.

6.0 Senior Management team (SMT)

6.1 At its most recent meeting on 22 January 2020, SMT's discussions focussed on:

- The success of our Active against cancer programme and next steps, placing exercise and psychological support at the centre of what we do
- An update on the RPIWs for #cleartheclutter and Speech & Language Therapy, and the positive progress on considering key aspects of end of life care
- Our draft improvement projects for 2020
- Our self-assessment on EDS2
- The financial position and recovery plans
- Our approach to CAS alerts
- The North Yorkshire 0-19 service

6.2 Twelve colleagues who will make up our 'Shadow SMT' started the programme on 22 January, with the first meeting of the shadow SMT taking place in February. The three modules of development for members are supported by the UK inspiring Leadership Network and the NHS Leadership Academy and we are very grateful for their support.

7.0 North Yorkshire Healthy Child Programme

7.1 Work continues with North Yorkshire County Council to consider the future service model for the Healthy Child Programme and the potential implications. There remains further work to do before the Board will be asked to consider a proposal but an update will be provided in the private session.

8.0 First line leaders programme

8.1 Over 100 colleagues have now completed the first line leaders' programme which continues to evaluate well. Consideration is now being given to our approach to talent management more broadly in the Trust.

9.0 Some things to celebrate….

9.1 A new Facebook page (@HDFTjobs) for careers at teamHDFT has launched and there is an upcoming recruitment event for registered nurses and care support workers on 28th January.

9.2 Lyndsey Turnbull, one of our Gateshead Health Visitors won the Queen's Nursing Institute's Dora Royland's prize having studied at Northumbria University and being nominated by her tutors for being positive, enthusiastic and always supporting others.

9.3 Following their Christmas Nativity performances, Saltersgate School raised an amazing £500 which they donated to Woodlands Ward and groups from Rosset School years 7 – 9 donated presents for children.

9.4 Harrogate's Army Foundation College donated over £1,200 to our Special Care Baby Unit which they raised from their Christmas Jumper day, and the Finan family concluded a year fundraising which included a bed race, three half marathons, the Yorkshire three peaks and Yorkshire Warrior, a coast to coast and a sky dive – all of which led to them donating 8.5k which was used for a cardiac monitor for Woodlands.

9.5 Colleagues from Co-op visited the Trust and kindly gave out presents to people who were in hospital over Christmas

9.6 A number of teams across our 0-19 services supported food banks over the Christmas period, including our Durham team who collected nearly 160kg of food, providing nearly 200 meals to people in need, and the Sedgefield team delivered 34 hampers of food and toys. Our Middlesborough team each bought a couple of presents for young people in kinship care. Teesside has the highest concentration of kinship carers with around 2,000 children growing up in kinship.

9.7 Teams also took part in the reverse advent calendar challenge, with our palliative care team using it to donate to a local foodbank, and the Sir Robert Ogden team donated to a local Hostel supported by Harrogate Homeless.

9.8 Ethos asset finance donated two electric mini Tesla cars for children to use to travel from the ward to their operation.

9.9 Harrogate Harlow ran their first education event on MSK issues which attracted colleagues from across the Region. This is the first in a series of educational sessions that are planned.

10.0 Licences signed

10.1 Since the November meeting of the Board of Directors the following documents have been signed and sealed:

- Section 75 Partnership Agreement with North Yorkshire County Council for Health Care, Public Health and Adult Social Care in the Harrogate and Rural District
- Deed of Variation with Darlington Council. Term extended to 31 March 2022 and associated costs of the extended term confirmed.

10.2 In addition the Trust renewed the Licence to Occupy the original emergency egress access point for Harrogate Football Club. This was renewed for a period of 12 months and now means they have two emergency egress points across land at Heatherdene with the second Licence having been signed during the summer.

11.0 Risks

11.1 Corporate Risk Register Summary

The Corporate Risk Register was reviewed at the Corporate Risk Review Group 27. meeting on 10 January 2020. One new risk was added (CR48) and there were minor changes to the existing risks, mainly around progress scores, as shown in the following table.

Corporate risk register summary of changes: Updated January 2020

Ref	Description	Current risk score	Risk movement	Current progress score	Target date for risk reduction	Notes
CR2	Risk to the quality of service delivery in Medicine due to gaps in rotas; reduction in trainee numbers; agency cap rate; quality control of locums; and no-deal EU Exit *(added 08/03/2019)* .	12	↔	2	*Mar-20*	*Progress score improved from 3 to 2*
CR5	Risk to the quality of service delivery and patient care due to failure to fill registered nurse, ODP and health visitor vacancies due to the national labour market shortage and local shortages in some areas e.g. Stockton.	12	↔	*2*	*Oct-20*	
CR14	Risk of financial deficit and impact on the quality of service delivery due to failure to deliver the Trust annual plan by having excess expenditure or a shortfall in income. *NB Impact of no-deal EU Exit on annual financial plan added 08/03/2019*	12	↔	*2*	*Mar-20*	
CR18	Risk to provision of service and not achieving national standards in cardiology due to potential for lab equipment breaking down	12	↔	*1*	*Aug-20*	
CR34	Risk to quality of care by not meeting NICE guidance in relation to the completion of autism assessment within 3 months of referral.	12	↔	*1*	*May-20*	
CR41	CR41 Summary RTT risk - Risk to patient safety, performance, financial performance and reputation due to increasing waiting times across a number of specialties	12	↔	tbc	tbc	*Work to be done to define risk mitigation, gaps and target date for risk reduction*
CR42	Risk that staff are not able to access IT systems due to Cyber Security attacks or issues with the WIFI network	4	↓	*3*	*Jan-20*	*Risk reduced following completion of works. To be removed from CRR*
CR44	ED 4 hour standard Risk of failure to meet the 4 hour standard and poor patient experience	12	↔	*2*	tbc	
CR45	MAU/CAT Clinic. Risk to service provision due to current service being covered by single consultant. No provision to cover the service in his absence. MAU consultant is a locum.	12	↔	*2*	tbc	
CR46	Risk of not achieving national standards due to FIT roll-out June 2019.	12	↓	tbc	*Mar-20*	*Risk to be reviewed and breast risk amalgamated with FIT risk.*
CR47	Risk to patient safety due to unable to provide scanning service for patients with potential breast cancer.	8	↓	*1*	tbc	*Risk reduced as no known impact on patient safety. To be removed from CRR*
CR48	Mental health services for ED patients	12	New	tbc	tbc	*Risk escalated to the CRR in light of increase risk to patient and staff safety.*

Progress key

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

11.2 Board Assurance Framework Summary

The summary of strategic risks to the Trust, as reflected in the Board Assurance Framework, is unchanged as follows:

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

Steve Russell
29 January 2020
Chief Executive

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Integrated board report - December 2019

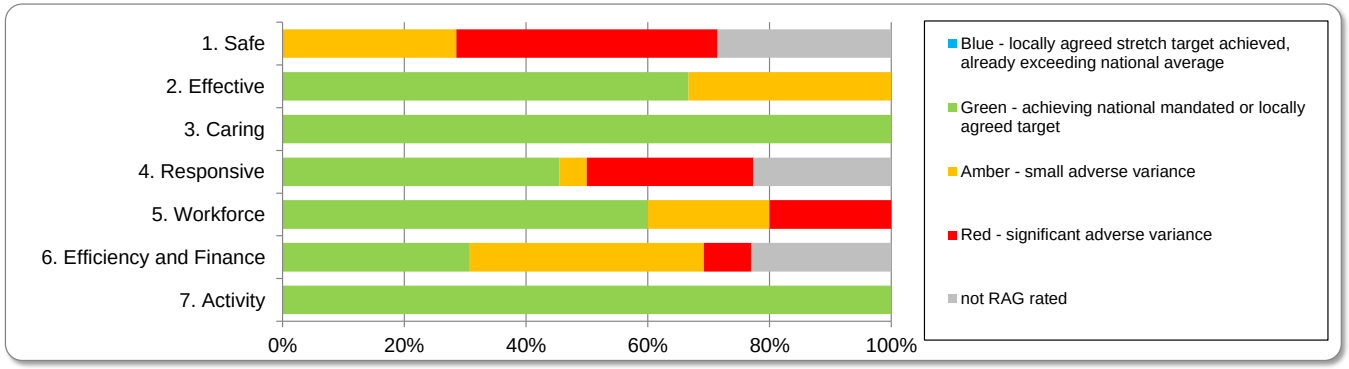
Key points this month

1. In December, the Trust has reported a significant surplus in month, recovering the adverse position accumulated in the previous months. The year to date position reported is a deficit of £254k, £49k favourable to plan.

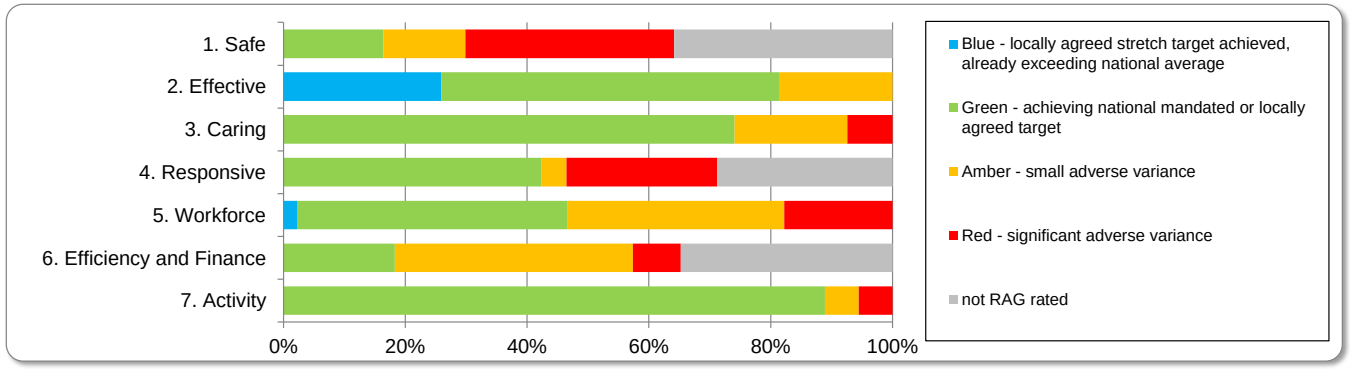
2. HDFT's performance against the A&E 4-hour standard was below 95% in December (85.7%), a deterioration on previous months.

3. Provisional data indicates that 4 of the 7 applicable cancer waiting times standards were achieved in December, with both 14 day standards and the 62 day Screening standard not delivered (further details contained in this report).

Summary of indicators - current month

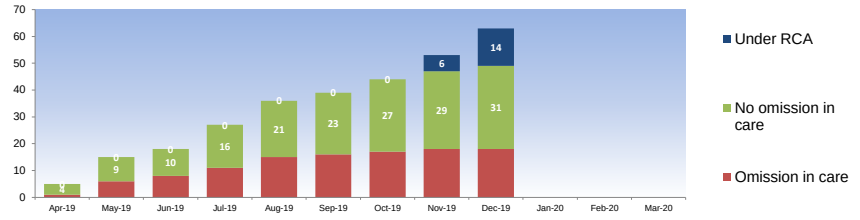
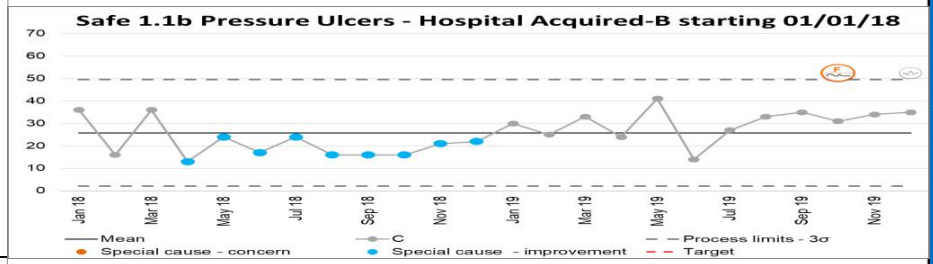
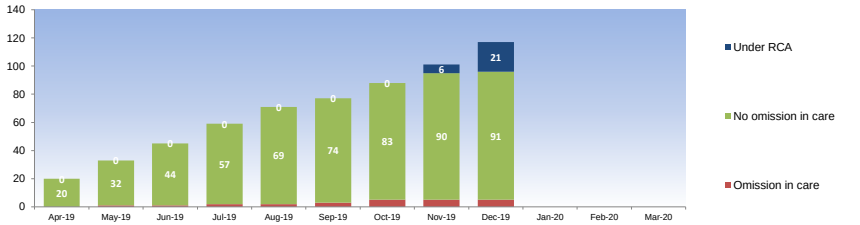
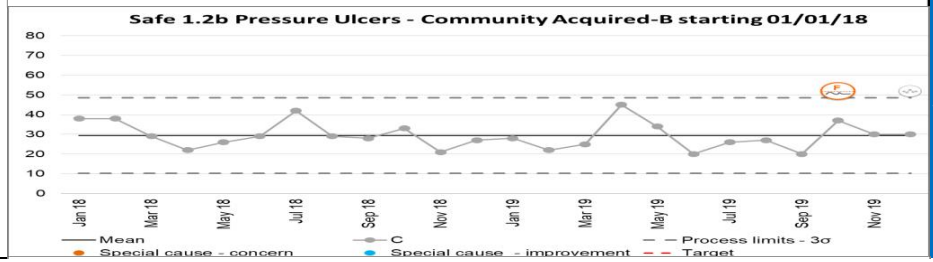


Summary of indicators - year to date



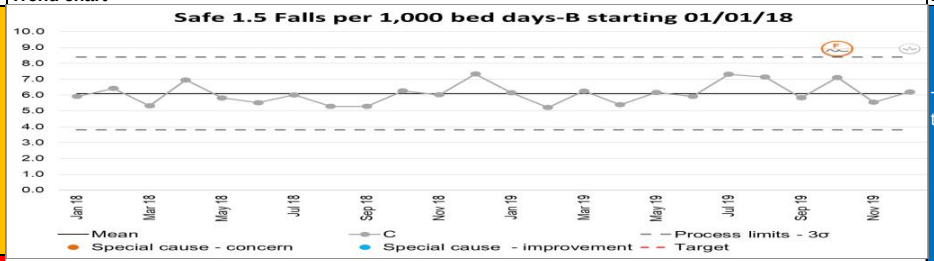
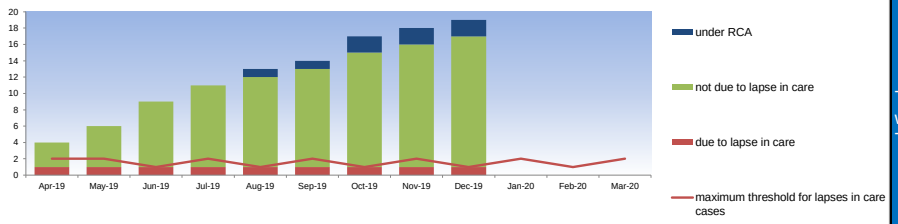
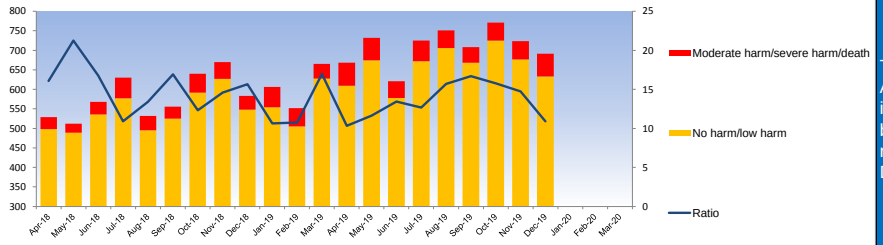
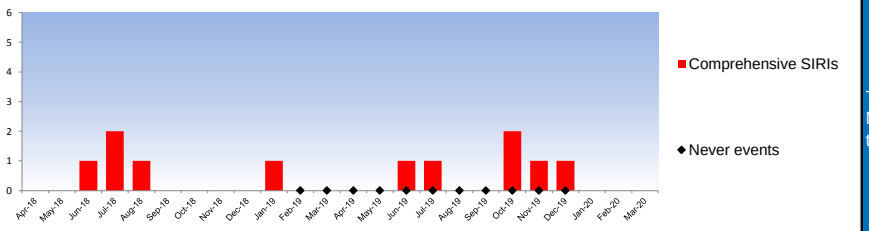
Harrogate and District NHS Foundation Trust

Section 1 - Safe - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.1a	Pressure ulcers - hospital acquired		There were 10 hospital acquired category 3 and above pressure ulcers reported in December (including device related and device related mucosal). This is higher than last year with an average of 6 per month reported in 2018/19. Of the 10 reported there were 2 no omission in care and 8 under RCA.
1.1b			The number of hospital acquired category 2 and above pressure ulcers reported in December was 35. The reported number is inclusive of device related and device related mucosal pressure ulcers.
1.2a	Pressure ulcers - community acquired		There were 16 community acquired category 3 and above pressure ulcers reported in December (including device related and device related mucosal). The average per month reported in 2018/19 was 11. Of the 16 reported there were 15 under RCA and 1 no ommission in care.
1.2b			The number of community acquired category 2 and above pressure ulcers reported in December was 30. The number reported is inclusive of device related and device related mucolsal pressure ulcers.

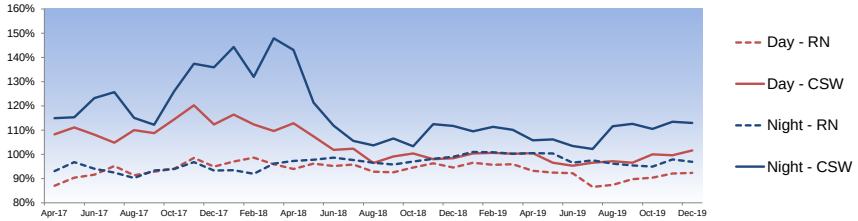
Harrogate and District NHS Foundation Trust

Section 1 - Safe - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.3	Falls		The rate of inpatient falls was 6.2 per 1,000 bed days in December. This is higher than the average HDFT rate for 2018/19 (6.01)
1.4	Infection control		There was 1 case of hospital apportioned C. difficile reported in December, which was not due to a lapse in care. No MRSA cases have been reported in 19/20. The annual maximum threshold for lapses in care cases for 2019/20 is 19.
1.5	Incidents - all		The latest published national data (for the period Oct 18 - Mar 19) shows that Acute Trusts reported an average ratio of 49 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 20, a decrease on the last publication and remaining in the bottom 25% of Trusts nationally. HDFT's latest local data for December gives a ratio of 10, a decrease on the November position of 14.
1.6	Incidents - SIRIs and never events		There was one comprehensive SIRI in June, one in July, two in October, one in November and one in December but no Never Events were reported for the year-to-date. No Never Events were reported in 2017/18 or 2018/19.

Harrogate and District NHS Foundation Trust

Section 1 - Safe - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.7	Safer staffing levels 		In December staff fill rates were reported as follows: Registered Nurses Day 92.4% and Night 97.0%, Care Staff Day 101.6% and Night 113.0%. Reported care hours per day per patient was 7.6 hours per day.

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Section 1 - Safe - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation

Safer staffing

The table below summarises the average fill rate on each ward during December 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 October was 7.58 hours per patient per day.

Dec-19	% Fill Rate				Care hours per patient day		
	Day		Night				
Ward Name	RN	CSW	RN	Care Staff	RN	CSW	Overall
Byland	85.6%	100.8%	80.6%	130.1%	2.4	3.5	6.0
Farndale	85.6%	84.9%	100.0%	95.2%	3.0	2.8	5.9
Granby	100.9%	146.0%	100.0%	106.5%	2.9	3.2	6.0
Harlow	113.7%	95.2%	103.2%	-	6.8	2.4	9.2
ITU/HDU	93.3%	-	95.5%	-	22.9	2.1	25.0
Jervaulx	89.4%	110.9%	80.0%	128.0%	2.5	3.7	6.2
Lascelles	98.8%	92.9%	100.0%	100.0%	5.0	4.4	9.4
Littondale	97.8%	104.8%	100.0%	158.1%	3.8	2.6	6.3
Maternity	94.3%	58.9%	95.4%	69.4%	18.8	3.8	22.5
Medical Assessment Unit	96.0%	124.2%	106.5%	104.0%	4.4	2.9	7.2
Medical Short Stay	92.7%	95.9%	99.2%	117.2%	4.1	2.6	6.7
Nidderdale	90.9%	95.2%	96.8%	106.5%	3.5	2.1	5.6
Oakdale	88.3%	96.0%	98.9%	111.8%	3.0	3.3	6.4
Special Care Baby Unit	88.6%	25.8%	95.2%	-	15.0	1.4	16.4
Trinity	107.3%	98.1%	100.0%	100.0%	3.9	4.2	8.1
Wensleydale	85.9%	124.2%	103.2%	124.2%	3.3	2.8	6.1
Woodlands	79.2%	90.3%	94.6%	83.9%	9.9	2.9	12.8
Total	**92.4%**	**101.6%**	**97.0%**	**113.0%**	**4.5**	**3.0**	**7.6**

Section 1 - Safe - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation

Further information to support the December safer staffing data

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

On Granby, MAU and Harlow Suite the increase in; day duty care staff hours (Granby),daytime RN hours (Harlow) and daytime care staff and night time RN hours (MAU) above plan was to support the opening of additional escalation beds in December, as required.

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

The planned staffing levels on the Delivery Suite and Pannal ward (maternity wards) have been combined to reflect the close working relationship of these two areas and the movement of staff between the wards in response to fluctuating occupancy and activity levels. Some of the Registered Midwife and care staff gaps were due to sickness in December however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity.

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

For the Special Care Baby Unit (SCBU) although the day and night time RN and daytime care staff hours appear as less than planned in December, 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.

On Woodlands ward the day and night time RN and care staff hours are less than 100% in December, 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.

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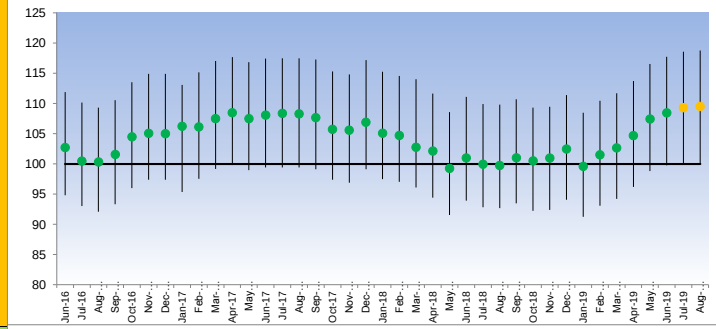
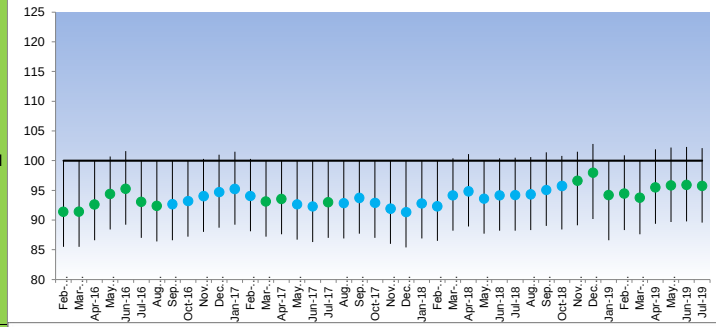
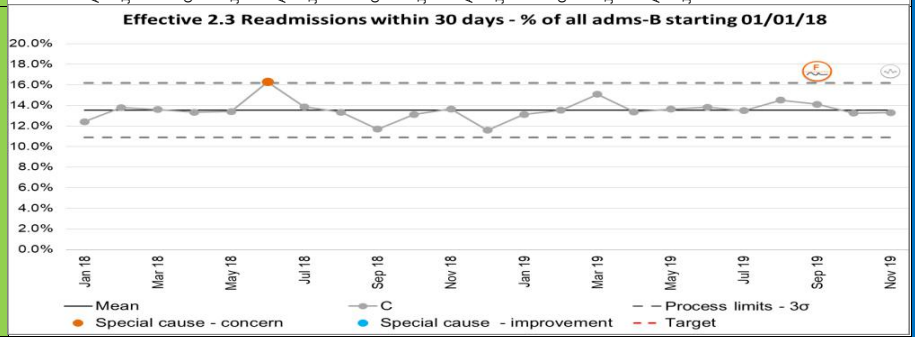
Section 2 - Effective - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
2.1	Mortality - HSMR		HDFT's HSMR has decreased to 108.91 for the rolling 12 months ending September 2019 . Three specialties have a higher than expected standardised mortality rate: Anaesthetics, Geriatric Medicine and General Medicine. Analysis on the data with HED and auditing the notes of affected specialties/diagnostic groups is taking place. HED is investigating and seeking clarification on how risk is allocated for those care spells where the admitting provider is different from the provider of care at the time of death. Examples of this type of pathway includes Stroke and Vascular patients who receive the acute phase of the care at a specialist centre and then are transferred to Harrogate for remaining care.
2.2	Mortality - SHMI DQ		HDFT's SHMI for the rolling 12 months ending July 2019 is 95.73, remaining below expected levels. At specialty level, five specialties (Trauma and Orthopaedics, Gastroenterlogy, Respiratory Medicine, Geriatric Medicine, and General Medicine) have a standardised mortality rate above expected levels.
2.3	Readmissions DQ		Emergency Readmissions increased from 13.2% in October to 13.3% in November. This is slightly below the 2018/19 average of 13.5%.

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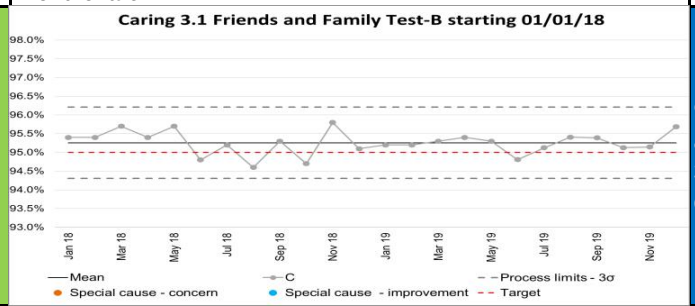
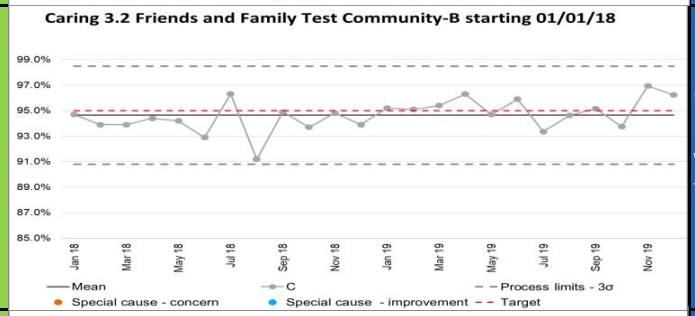
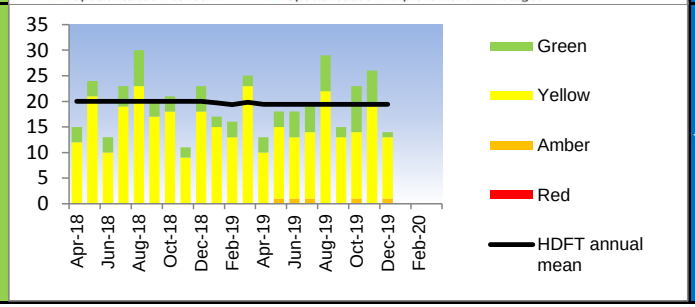
Section 3 - Caring - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients DQ		95.7% of patients surveyed in December would recommend our services remaining above the latest published national average (93.6%). 3,991 patients responded to the survey this month of which 3,819 would recommend our services.
3.2	Friends & Family Test (FFT) - Adult community services DQ		96.2% of patients surveyed in December would recommend our services, a decrease on last month (96.9%). Current national data (March) shows 95% of patients surveyed would recommend the services. 292 patients from our community services responded to the survey this month of which 281 would recommend our services.
3.3	Complaints DQ		14 complaints were received in December which is 12 less than November and below the average for 2018/19 of 20. There was 1 amber complaint, 12 yellow and 1 green.

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Section 4 - Responsive - December 2019

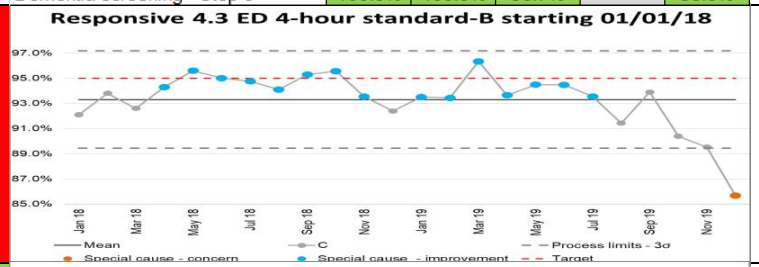
NHS Improvement Single Oversight Framework

4.1 **NHS Improvement Single Oversight Framework**

Standard	Q1	Q2	Q3	Q4	YTD
RTT incomplete pathways					
A&E 4-hour standard	94.2%	92.8%	88.5%		91.9%
Cancer - 62 days	85.5%	84.5%	91.8%		87.2%
Diagnostic waits	99.4%	98.96%	99.2%		99.2%
Dementia screening - Step 1	93.4%	94.7%	90.4%		92.7%
Dementia screening - Step 2	96.6%	100.0%	97.3%		98.0%
Dementia screening - Step 3	100.0%	100.0%	96.7%		98.5%

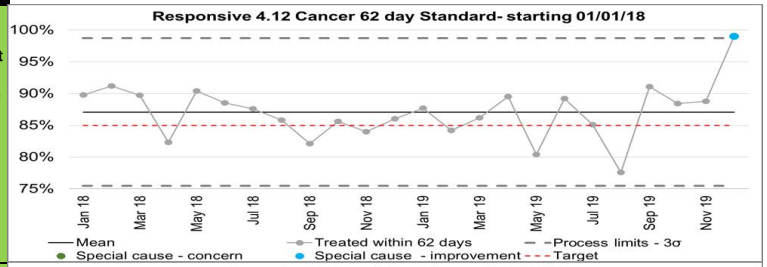
4.2 **RTT Incomplete pathways performance**

4.3 **A&E 4 hour standard**



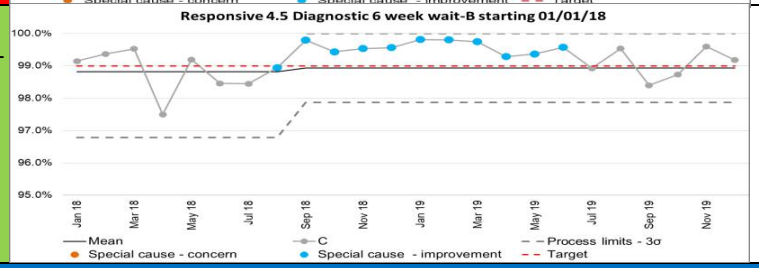
4.4 **Cancer - 62 day wait for first treatment from urgent GP referral to treatment**

DQ



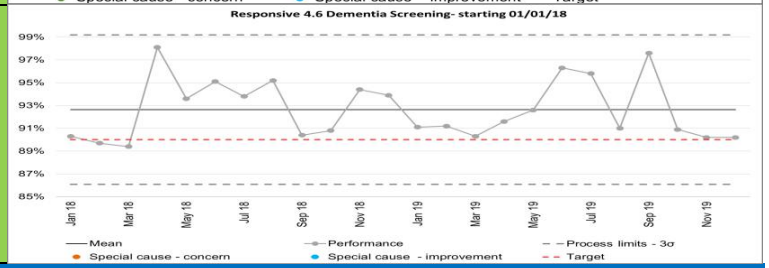
4.5 **Diagnostic waiting times - 6-week standard**

DQ



4.6 **Dementia screening**

DQ



Narrative

Performance against the A&E 4-hour standard was below 95% in December (85.7%), a deterioration on previous months.

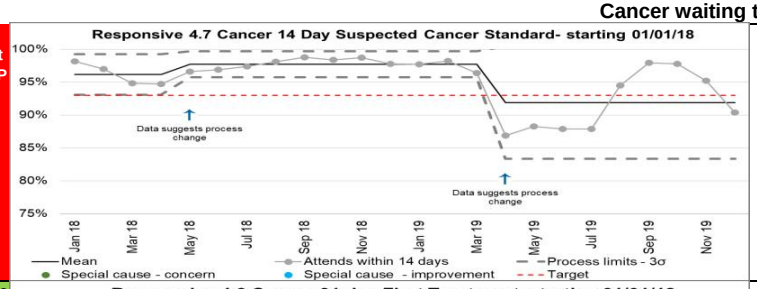
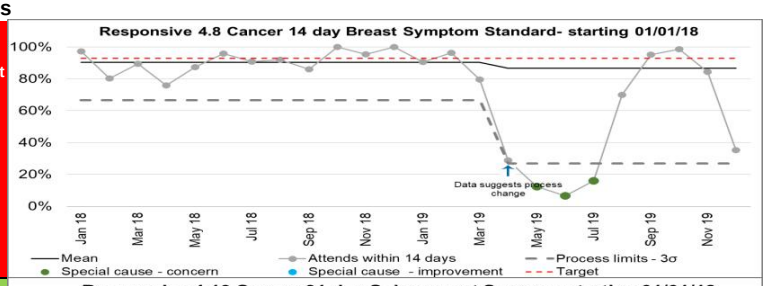
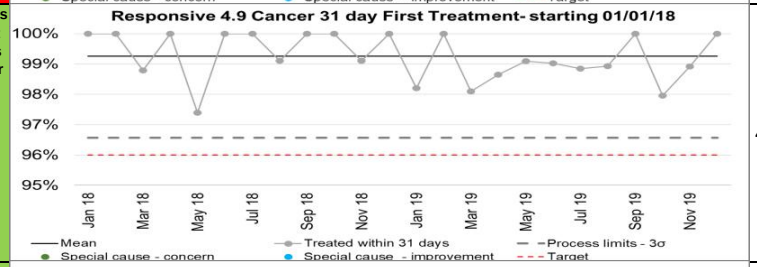
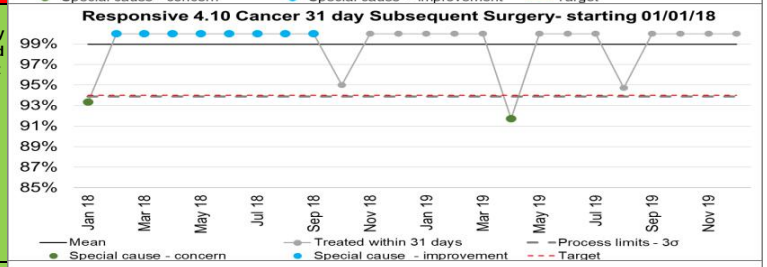
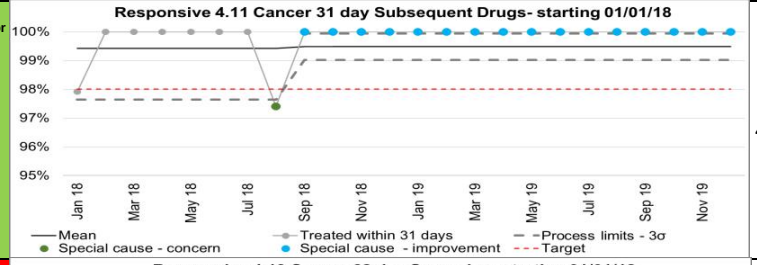
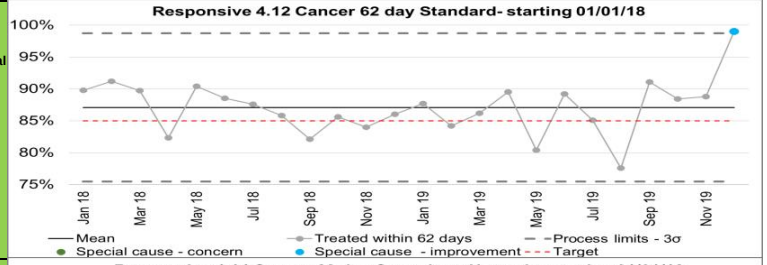
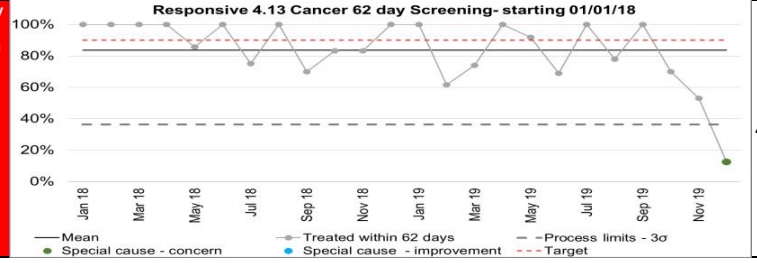
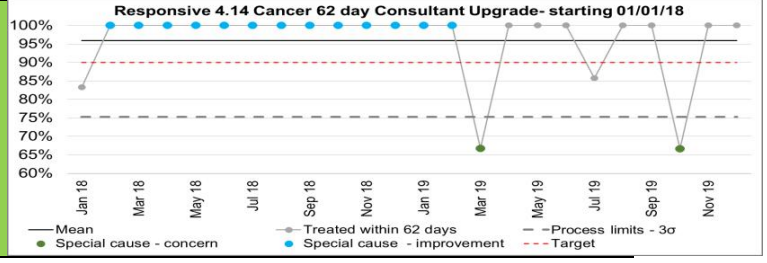
Performance against the 62 day cancer standard was exceptional in December 99.0% treated within 62 days (see a more detailed summary below).

Diagnostic waiting times were delivered in December with 99.2% of patients waiting less than 6 weeks at month end.

Dementia Screening - provisional data indicates that all steps will be delivered for December and Q3.

Section 4 - Responsive - December 2019

Cancer waiting times standards

4.7	Cancer - 14 days max wait from urgent GP referral for suspected cancer		4.8	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	
4.9	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers DQ		4.10	Cancer - 31 day wait for second or subsequent treatment: Surgery DQ	
4.11	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug DQ		4.12	Cancer - 62 day wait for first treatment from urgent GP referral to treatment DQ	
4.13	Cancer - 62 day wait for first treatment from screening service		4.14	Cancer - 62 day wait for first treatment from consultant upgrade DQ	

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Section 4 - Responsive - December 2019

Narrative

Provisional data indicates that 4 of the 7 applicable cancer waiting times standards were achieved in December, with both 14 day standards and the 62 day Screening performance below the operational standard.

The spike in breast referrals in October and November led to a deterioration in performance for the 14 day standards. Both standards were not achieved in December, and the 2WW breast symptomatic standard was not delivered for the second consecutive month with performance at 35.2% (46 patients waiting over 14 days). Recovery of this position is expected in January with current forecasts indicating the suspected cancer standard will be delivered. However, delivery of the breast symptomatic standard will still be a challenge and this is being closely monitored despite a considerable improvement in recent weeks.

Delivery of the 62 day Screening standard for bowel patients continues to be a huge challenge. 7 bowel patients have confirmed/scheduled treatment dates in December, all outside 62 days (1 Harrogate, 3 Leeds, 3 York). This translates to an accountable denominator of 3.5 and is therefore below the de minimus. The long waits are largely due to patient choice but this is exacerbated by limited colonoscopy capacity at Leeds and York, and the availability of accredited Endoscopists across the region.

Provisionally there were 48.5 accountable treatments in December with 0.5 accountable over 62 days, meaning performance was exceptional at 99.0%. Of the 8 tumour sites treated in December, all had performance above 85%. No patients waited over 104 days for treatment in December - the accountable shared breach was treated on day 104 and the delay was due to a combination of pathway complexity and waits for diagnostics.

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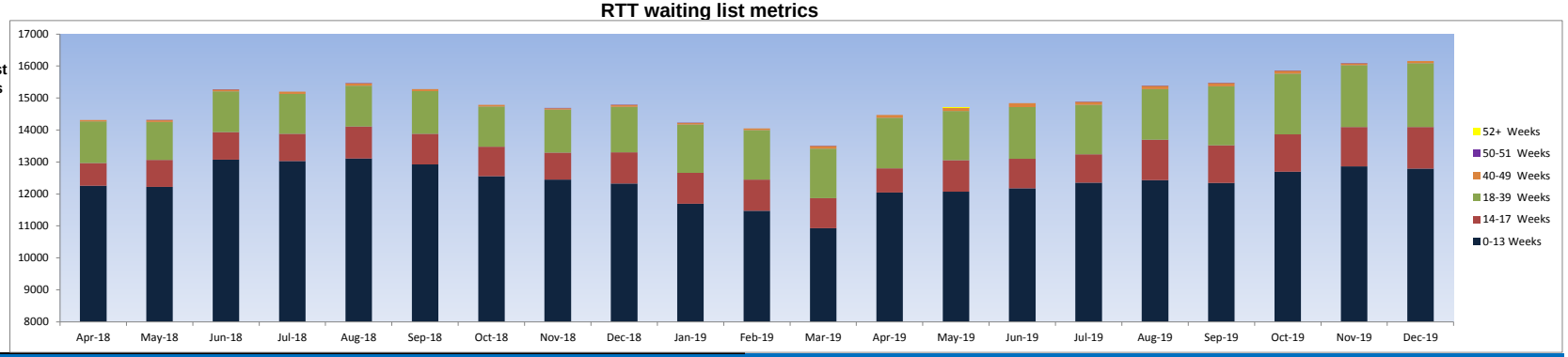
Section 4 - Responsive - December 2019

4.15	RTT waiting list split by weeks	DQ



Narrative

There were a total of 16,157 patients on the RTT waiting list at the end of December, this is 206 above our agreed trajectory of 15,951. There were no patients waiting over 52 weeks at the end of the month.

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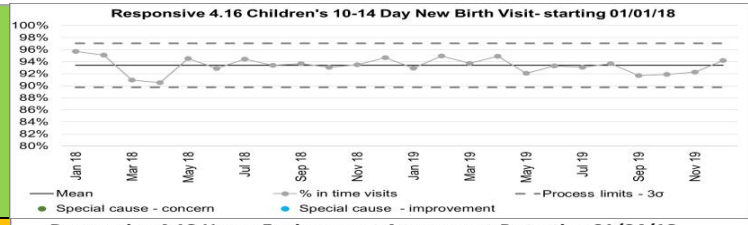
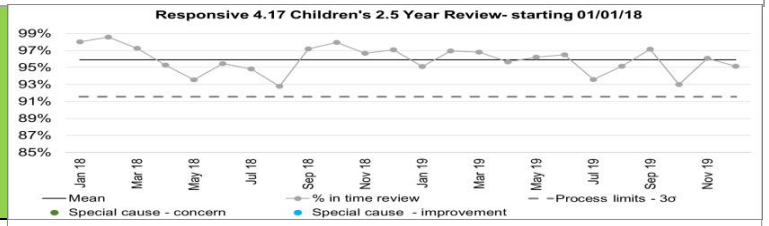
Section 4 - Responsive - December 2019

Children's Services metrics

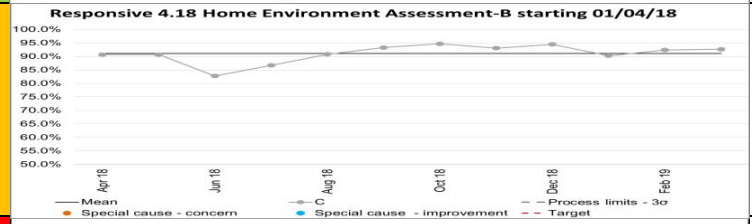
4.16 Children's Services - 10-14 day new birth visit



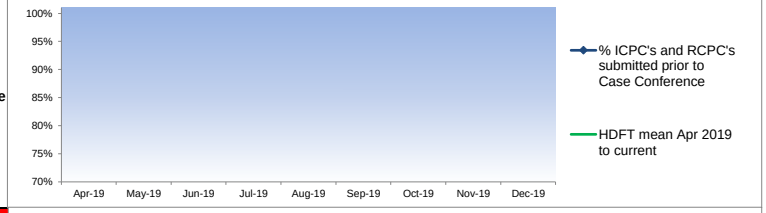
4.17 Children's Services - 2.5 year review



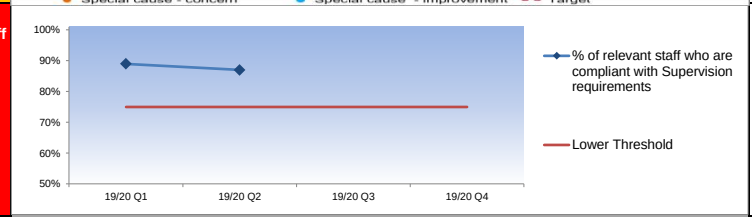
4.18 Children's Services - Use of the Home Environment Assessment Tool



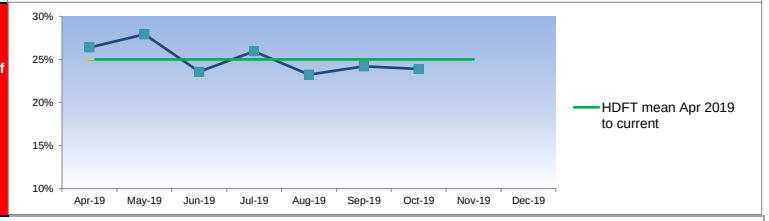
4.19 Children's Services - Reports for Initial and Review Child Protection Case Conferences



4.20 Children's Services - Staff compliance with Safeguarding Supervision.

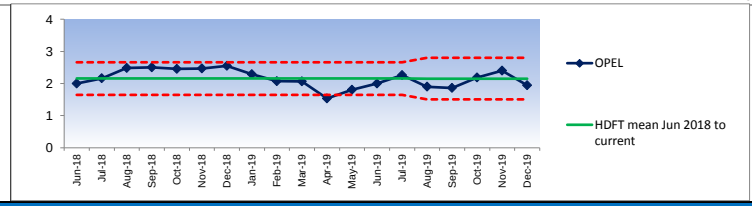


4.21 Children's Services - Reports for Achievement of KPI for Breast Feeding Prevalence.

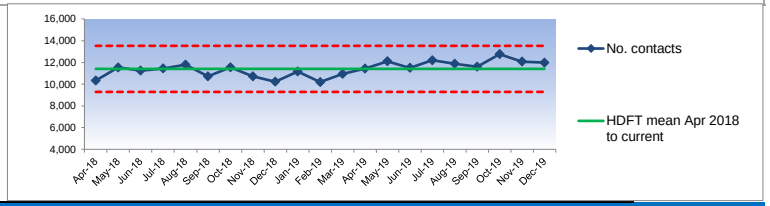


Adult Community Services metrics

4.22 OPEL level - Community Care Teams



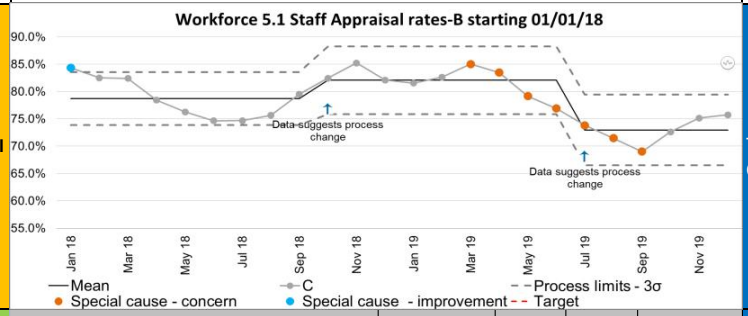
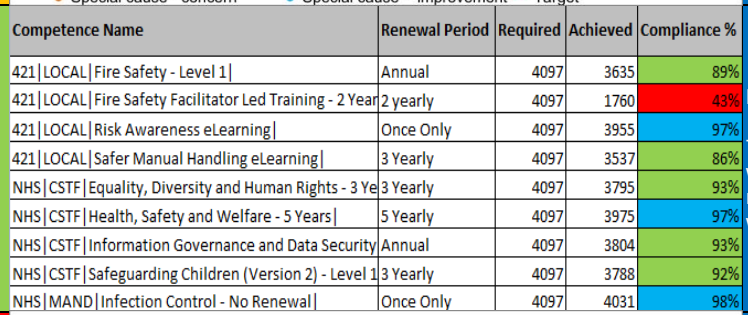
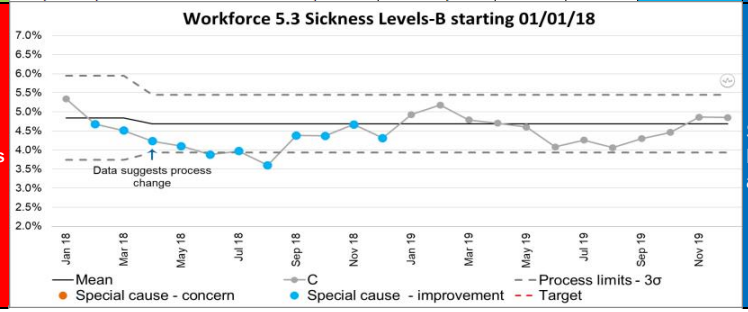
4.23 Community Care Teams - patient contacts



Narrative

The Children's Services and Adult Community Services metrics are currently showing no adverse variance.

Section 5 - Workforce - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
5.1	Staff appraisal rates		The completion of Staff Appraisals has been steadily increasing over the past 3 months; this will include CCCW staff who are not tied to the appraisal window.
5.2	Mandatory training rates DQ		Mandatory % Report – Trust exc HIF 01.01.20 The data shown is for the end of December 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 88% which is a higher rate than the last reporting cycle where we scored 87%.
5.3	Sickness rates		Staff Absence has remained fairly static for the past two months at 4.86% in November and 4.85% in December The top reasons for absence remain as Anxiety/Stress and Depression for Long Term absence and Cough/Colds and Flu for short term absence.

Competence Name	Renewal Period	Required	Achieved	Compliance %
421|LOCAL|Fire Safety - Level 1|	Annual	4097	3635	89%
421|LOCAL|Fire Safety Facilitator Led Training - 2 Year	2 yearly	4097	1760	43%
421|LOCAL|Risk Awareness eLearning|	Once Only	4097	3955	97%
421|LOCAL|Safer Manual Handling eLearning|	3 Yearly	4097	3537	86%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Ye	3 Yearly	4097	3795	93%
NHS|CSTF|Health, Safety and Welfare - 5 Years|	5 Yearly	4097	3975	97%
NHS|CSTF|Information Governance and Data Security	Annual	4097	3804	93%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1	3 Yearly	4097	3788	92%
NHS|MAND|Infection Control - No Renewal|	Once Only	4097	4031	98%

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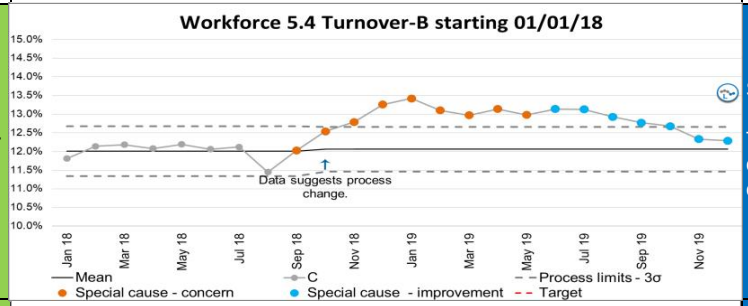
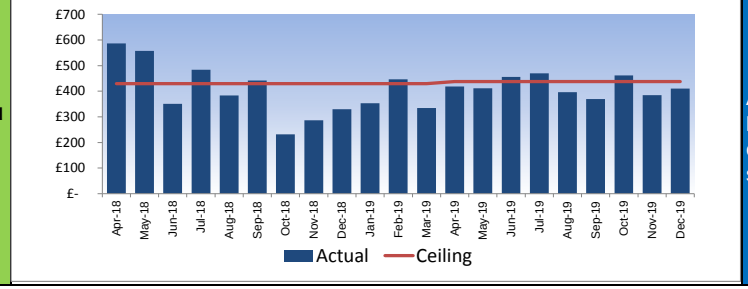
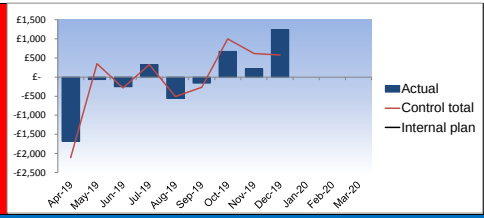
Section 5 - Workforce - December 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
5.4	Staff turnover rate DQ		Staff turnover is continuing to slowly reduce. The Disciplinary and Grievance polices that have recently been reviewed are now in draft format for consideration; work on Managing Attendance & Promoting Health &Wellbeing is continuing for completion in March
5.5	Agency spend in relation to pay spend		Agency spend remains below ceiling which is positive, reflected in the green rating. Temporary staffing has increased by 17% between years. Initial work suggests a combination of greater usage of bank and expensive locum cover, increased fill rates of bank, as well as greater visibility of bank medical staffing shifts following the establishment of the internal bank.

Section 6 - Efficiency and Finance - December 2019

Finance

6.1 **Surplus / deficit and variance to plan**



6.2 **NHS Improvement Single Oversight Framework - Use of Resource Metric**

Element	Plan	Actual
Capital Service Cover	3	3
Liquidity	1	1
I&E Margin	2	2
I&E Variance From Plan		1
Agency	1	1
UoR Rating	2	2

6.3 **Capital spend**

Narrative

In December, the Trust has reported a significant surplus in month, recovering the adverse position accumulated in the previous months. The year to date position reported is a deficit of £254k, £49k favourable to plan.

In order to achieve the position the following recovery plans were actioned:
- Winter Funding has been incorporated into the position.
- Additional commissioner income of £1.7m has been recognised, in line with the Trust's agreement with HaRD CCG/the West Yorkshire and Harrogate ICS.
- Central Actions to support the Trust's wider position, including the first element of a review of capital charges.

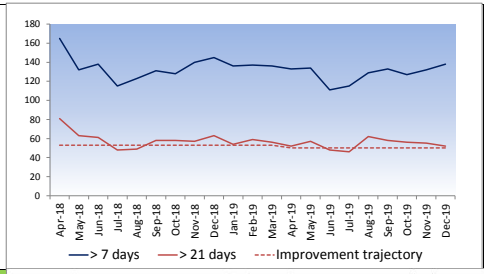
These actions result in an improvement from what would have been a £2.8m deficit to the actual outturn of £0.3m deficit.

The Trust reported a UoR rating of 2 in December.

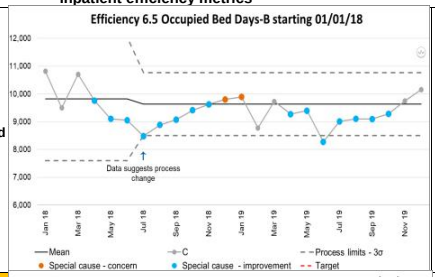
Further changes in relation to capital resources have been communicated, with the lifting of the previously communicated control total to the Trusts original planned level of expenditure. While this is positive, there remains a risk of being able to manage within this level of resource given proposed additions to the programme.

Inpatient efficiency metrics

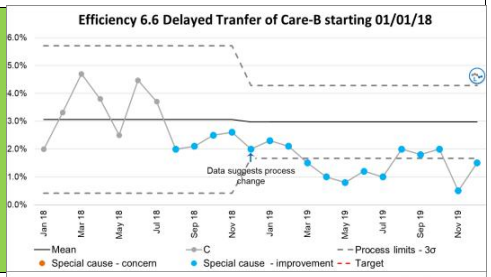
6.4 **Long stay patients**



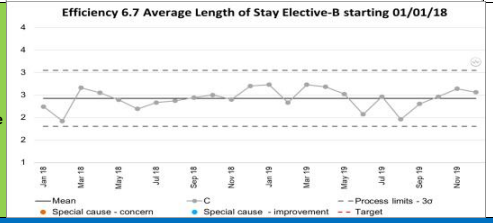
6.5 **Occupied bed days**



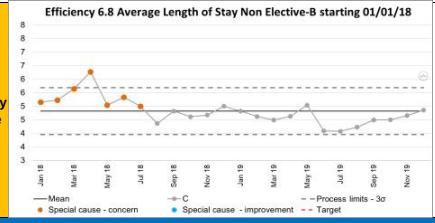
6.6 **Delayed transfers of care**



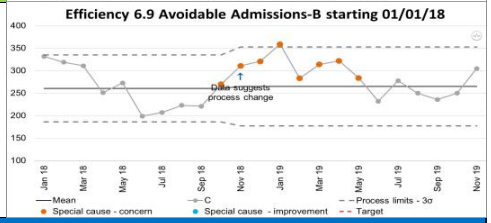
6.7 **Length of stay - elective**



6.8 **Length of stay - non-elective**



6.9 **Avoidable admissions**



Narrative

Elective Length of stay increased to slightly above the Trust mean. Non electivelength of stay and avoidable admissions both remain below the Trust mean.

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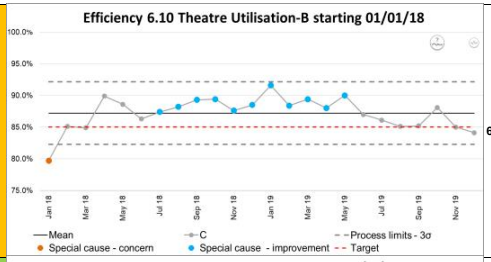
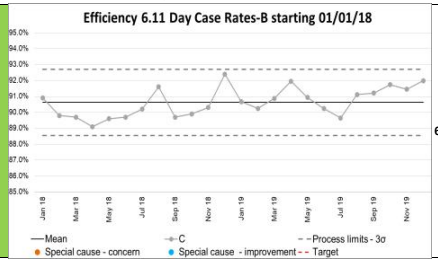
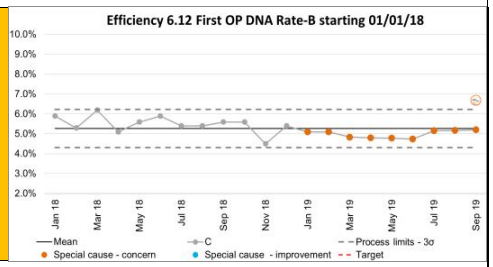
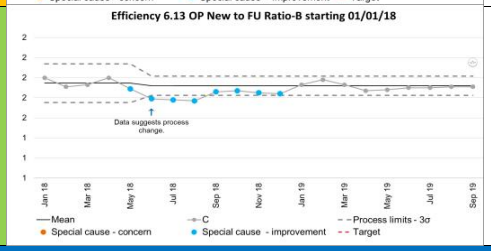
Section 6 - Efficiency and Finance - December 2019

Productivity metrics

6.10	Theatre utilisation		6.11	Day case rate		6.12	Outpatient DNA rate	
6.13	Outpatient new to follow up ratio							

Narrative

Theatre utilisation decreased in December to below the target and Trust mean position. Daycase rates have increased this month and remain above the trust mean and OP DNA rates remain below the Trust mean.
New to Follow Up ratio remains below the Trust mean of 1.94.

Section 7 - Activity - December 2019

Narrative

The tables below show activity by Point of Delivery by Contract Type: HaRD AIC; All Other CCGs (PbR); NHSE, Yorkshire Hub Cost per Case.
Trust total activity remains above commissioned levels, with elective activity in general in line with capacity available. When broken down to contract level, the HaRD AIC contract is significantly over-performing and other PbR / cost per case contracts under-performing against elective commissioned levels. This continues to remain a concern as a result of the risk associated with significantly over-performing against an AIC contract.

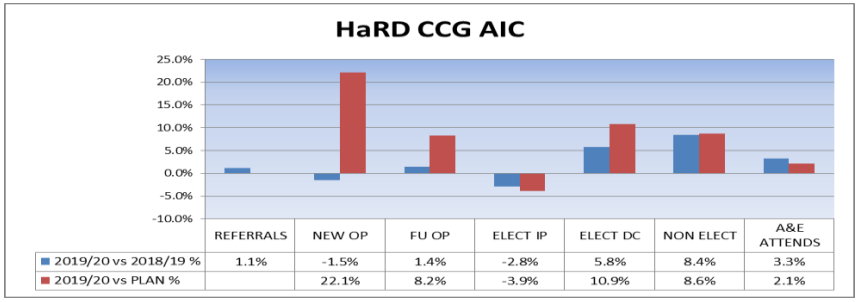
Work continues on the transfer of patients back to HDFT from Leeds, and also a longer term solution that ensures the future flow of work from the Leeds area. Patients transferring to HDFT from LTHT continue in Colorectal Surgery, Rheumatology, Dermatology, Gynaecology and Urology.

Non elective activity is above plan and also the same period last year.

Activity Summary

HaRD CCG AIC

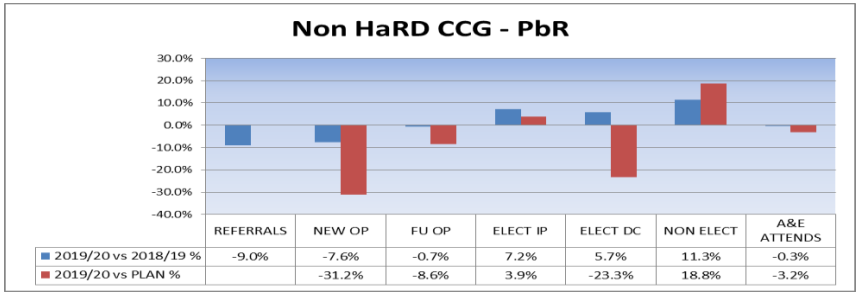
GROUP	2018/19 DEC	2019/20 DEC PLAN	2019/20 DEC ACTUAL	2018/19 YTD	2019/20 YTD PLAN	2019/20 YTD ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %	2019/20 vs PLAN %
REFERRALS	2,705		2,797	28,445		28,759	314		1.1%	
NEW OP	4,952	4,102	5,153	51,030	41,172	50,267	-763	9,095	-1.5%	22.1%
FU OP	9,469	9,209	10,113	99,027	92,786	100,422	1,395	7,636	1.4%	8.2%
ELECT IP	144	171	130	1,618	1,636	1,572	-46	-64	-2.8%	-3.9%
ELECT DC	1,637	1,568	1,692	15,472	14,766	16,370	898	1,604	5.8%	10.9%
NON ELECT	1,489	1,566	1,604	12,842	12,810	13,917	1,075	1,107	8.4%	8.6%
A&E ATTENDS	3,272	3,151	3,262	28,343	28,659	29,275	932	616	3.3%	2.1%



Non-HaRD CCG - PbR*

GROUP	2018/19 DEC	2019/20 DEC PLAN	2019/20 DEC ACTUAL	2018/19 YTD	2019/20 YTD PLAN	2019/20 YTD ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %	2019/20 vs PLAN %
REFERRALS	1,381		1,321	15,147		13,779	-1,368		-9.0%	
NEW OP	2,104	3,073	2,091	22,170	29,778	20,496	-1,674	-9,282	-7.6%	-31.2%
FU OP	3,499	3,990	3,463	36,539	39,699	36,289	-250	-3,410	-0.7%	-8.6%
ELECT IP	64	98	96	909	937	974	65	37	7.2%	3.9%
ELECT DC	683	899	614	6,174	8,502	6,524	350	-1,978	5.7%	-23.3%
NON ELECT	467	447	489	3,899	3,655	4,341	442	686	11.3%	18.8%
A&E ATTENDS	1,229	1,222	1,214	10,799	11,120	10,762	-37	-358	-0.3%	-3.2%

*Non-HaRD CCGs: Hambleton and Richmondshire CCG, Leeds CCG, Vale of York CCG, All Other CCGs



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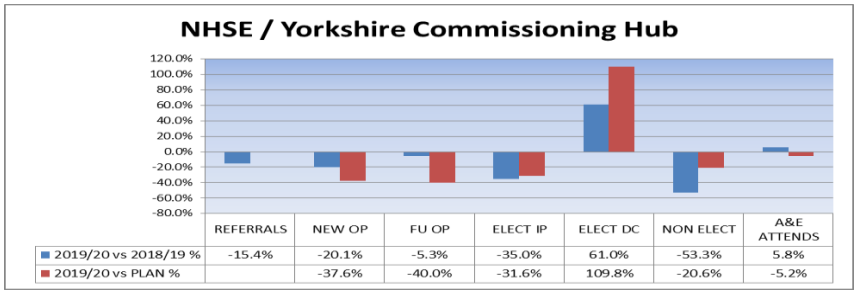
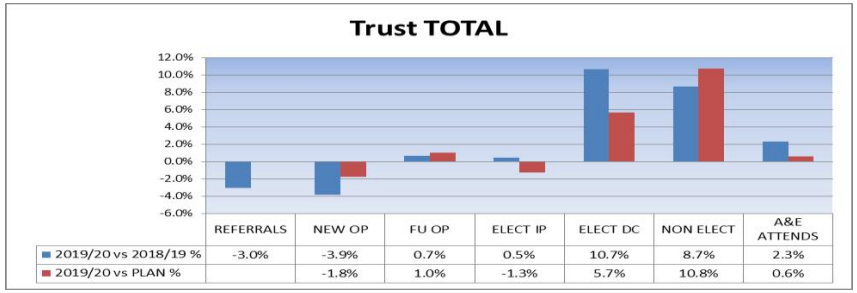
NHSE / Yorkshire Commissioning Hub

GROUP	2018/19 DEC	2019/20 DEC PLAN	2019/20 DEC ACTUAL	2018/19 YTD	2019/20 YTD PLAN	2019/20 YTD ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %	2019/20 vs PLAN %
REFERRALS	229		182	2,145		1,814	-331		-15.4%	
NEW OP	214	300	143	2,368	3,035	1,893	-475	-1,142	-20.1%	-37.6%
FU OP	385	692	381	4,435	7,008	4,202	-233	-2,806	-5.3%	-40.0%
ELECT IP	0	2	1	20	19	13	-7	-6	-35.0%	-31.6%
ELECT DC	204	177	306	2,118	1,625	3,409	1,291	1,784	61.0%	109.8%
NON ELECT	13	8	2	107	63	50	-57	-13	-53.3%	-20.6%
A&E ATTENDS	15	21	17	171	191	181	10	-10	5.8%	-5.2%



Trust Total

GROUP	2018/19 DEC	2019/20 DEC PLAN	2019/20 DEC ACTUAL	2018/19 YTD	2019/20 YTD PLAN	2019/20 YTD ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %	2019/20 vs PLAN %
REFERRALS	4,315		4,300	45,737		44,352	-1,385		-3.0%	
NEW OP	7,270	7,475	7,387	75,568	73,985	72,656	-2,912	-1,329	-3.9%	-1.8%
FU OP	13,353	13,891	13,957	140,001	139,493	140,913	912	1,420	0.7%	1.0%
ELECT IP	208	271	227	2,547	2,592	2,559	12	-33	0.5%	-1.3%
ELECT DC	2,524	2,567	2,708	23,764	24,893	26,303	2,539	1,410	10.7%	5.7%
NON ELECT	1,969	2,021	2,095	16,848	16,528	18,308	1,460	1,780	8.7%	10.8%
A&E ATTENDS	4,516	4,394	4,493	39,313	39,970	40,218	905	248	2.3%	0.6%

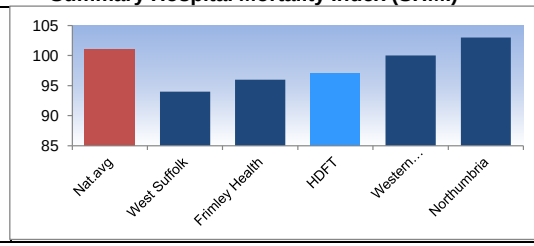


Harrogate and District NHS Foundation Trust

Section 8 - Benchmarking - December 2019

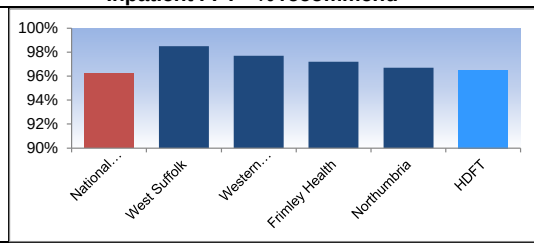
Summary Hospital Mortality Index (SHMI)

8.1



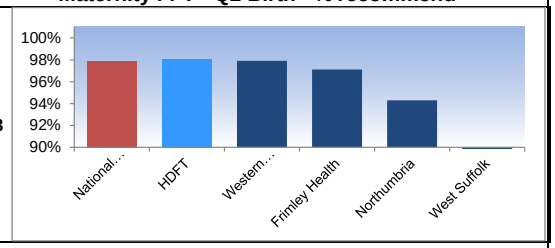
Inpatient FFT - % recommend

8.2



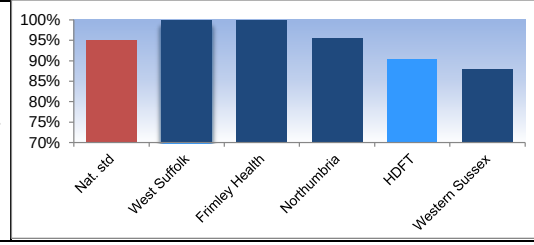
Maternity FFT - Q2 Birth - % recommend

8.3



Emergency Department 4 hour standard

8.4

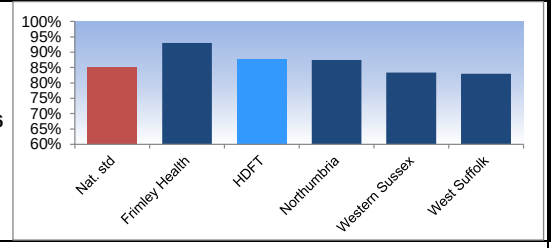


RTT incomplete pathways

8.5

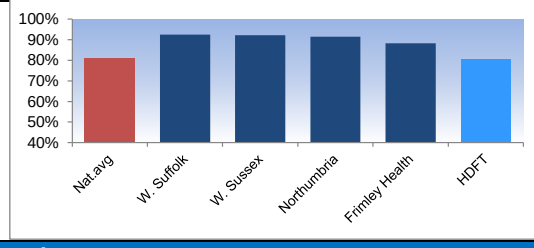
Cancer 62 days

8.6



Staff FFT - % recommend (place to work)

8.7

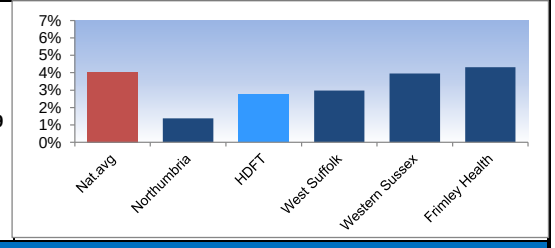


Sickness absence

8.8

Proportion of temporary staff

8.9



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.

Harrogate and District NHS Foundation Trust

Integrated board report - November 2019

Key for SPC charts

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)

Icon	Description
	Special cause variation - improvement (indicator where low is good)
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

Harrogate and District NHS Foundation Trust

Data Quality - Exception Report

Domain	Indicator	Data quality rating	Further information
Safe	Pressure ulcers - community acquired - grades 2, 3 or 4	**Amber** 	The observed increase in reported cases over the last two years may be partly due to improvements in incident reporting during the period.
Caring	Friends & Family Test (FFT) - Adult Community Services	**Amber** 	The number of patients surveyed represents a small proportion of the community based contacts that we deliver in a year.
Efficiency and Finance	Theatre utilisation	**Amber** 	This metric has been aligned with the new theatre utilisation dashboard from December 2017. Further metrics from the new dashboard are being considered for inclusion in this report from April 2018. The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. There are some known data quality issues with the utilisation data but it is anticipated that increased visibility of the data via the new dashboard will help to resolve these in the coming months.
Responsive	OPEL level - Community Care Teams	**Amber** 	This indicator is in development.
Activity	Community Care Teams - patient contacts	**Amber** 	During 2017/18, there were a number of restructures of the teams within these services and a reduction to baseline contracted establishment as the Vanguard work came to an end. This will have impacted upon the activity levels recorded over this period. Therefore caution should be exercised when reviewing the trend over time.

Indicator traffic light criteria

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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
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, category 3, category 4, unstageable and DTI hospital acquired pressure ulcers, including device related and device related mucosal for 2019/20. The data includes hospital teams only.		
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
1.2	Safe	Pressure ulcers - community acquired	The chart shows the number of category 2, category 3, category 4, unstageable and DTI community acquired pressure ulcers, including device related and device related mucosal for 2019/20. The data includes community teams only.		
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 2018/19, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2018/19, Amber if YTD position is a reduction of up to 20% of HDFT average for 2018/19, Red if YTD position is on or above HDFT average for 2018/19.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
1.6	Safe	Infection control	HDFT's C. difficile trajectory for 2019/20 is 19 cases, an increase of 8 on last year's trajectory. This increase takes into account the new case assignment definitions. 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 2019/20. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, NHS Improvement and contractual requirement
1.7	Safe	Incidents - all	The number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
1.8	Safe	Incidents - comprehensive SIRIs and never events	The number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the presure ulcer / falls indicators above.	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
1.9	Safe	Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is provided in the narrative section and published on the Trust website.	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
2.1	Effective	Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
2.2	Effective	Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.		
2.3	Effective	Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.	Blue if latest month rate < LCL, Green if latest month rate < HDFT average for 2018/19, Amber if latest month rate > HDFT average for 2018/19 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
3.1	Caring	Friends & Family Test (FFT) - Patients	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
3.2	Caring	Friends & Family Test (FFT) - Adult Community Services	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of adult community services including specialist nursing teams, community care teams, community podiatry and GP OOH. A high percentage is good.		

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Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
3.3	Caring	Complaints	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2017/18, Amber if on or above HDFT average for 2017/18, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
4.1	Responsive	NHS Improvement governance rating	NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section. From 1st April 2018, dementia screening perfromance forms part of this assessment.	As per defined governance rating	
4.2	Responsive	RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.	Green if latest month >=92%, Red if latest month <92%.	NHS England
4.3	Responsive	A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.	Blue if latest month >=97%, Green if >=95% but <97%, amber if >= 90% but <95%, red if <90%.	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
4.4	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.5	Responsive	Diagnostic waiting times - 6-week standard	Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.6	Responsive	Dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.	Green if latest month >=90% for Step 1, Step 2 and Step 3, Red if latest month <90% for any of Step 1, Step 2 or Step 3.	NHS England, NHS Improvement and contractual requirement
4.7	Responsive	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.8	Responsive	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.9	Responsive	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.10	Responsive	Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.	Green if latest month >=94%, Red if latest month <94%.	NHS England, NHS Improvement and contractual requirement
4.11	Responsive	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.12	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.13	Responsive	Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.	Green if latest month >=90%, Red if latest month <90%.	NHS England, NHS Improvement and contractual requirement
4.14	Responsive	Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.15	Responsive	RTT waiting list split by weeks	Number of referred patients waiting for treatment broken down into weeks.	tbc	tbc
4.16	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
4.17	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
4.18	Responsive	Children's Services - Use of the Home Environment Assessment Tool	The % of eligible children in Durham who had a HEAT assessment. The performance target is 95%.	Green if latest month >=95%, Amber if between 90% and 94%, Red if <90%.	Contractual requirement
4.19	Responsive	Children's Services - Reports for Initial and Review Child Protection Case Conferences	The % of reports submitted prior to Case Conferences (where reports are reqeusted earlier than 48 hours before Case Conference.)	Green if latest month >=95%, Red if <95%.	Contractual requirement
4.20	Responsive	Children's Services - staff compliance with Safeguarding Supervision.	% of community staff achieving 80% compliance for Safeguarding Supervision.	Green if latest month >=100%, Red if <100%.	Locally agreed metric
4.21	Responsive	Children's Services - % achievement against KPI for Breast Feeding Prevalence at 6-8 weeks.	% of children breast fed at the 6-8 week review. Charted against Prevalence targets for all 0-5 services.	Green if latest month >=100%, Amber if between 90% and 99%, Red if <90%.	Contractual requirement
4.22	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
4.23	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

Harrogate and District NHS Foundation Trust

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
5.4	Workforce	Staff turnover	The staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
5.5	Workforce	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
6.1	Efficiency and Finance	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
6.2	Efficiency and Finance	NHS Improvement Financial Performance Assessment	From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by NHS Improvement
6.3	Efficiency and Finance	Capital spend	Cumulative Capital Expenditure by month (£'000s)	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
6.4	Efficiency and Finance	Long stay patients	This indicator shows the average number of patients that were in the hospital with a length of stay of over 7 days (previously defined as stranded patients by NHS Improvement) or over 21 days (previously super-stranded patients). The data excludes children, as per the NHS Improvement definition. A low number is good.	tbc	as defined by NHS Improvement
6.5	Efficiency and Finance	Occupied bed days	Total number of occupied bed days in the month.	tbc	Locally agreed targets.
6.6	Efficiency and Finance	Delayed transfers of care	The proportion of bed days lost due to being occupied by patients who are medically fit for discharge but are still in hospital. A low rate is preferable. The maximum threshold shown on the chart (3.5%) has been agreed with HARD CCG.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
6.7	Efficiency and Finance	Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
6.8	Efficiency and Finance	Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		
6.9	Efficiency and Finance	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.	tbc	tbc
6.10	Efficiency and Finance	Theatre utilisation	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
6.11	Efficiency and Finance	Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.	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 pateints 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
Red	New data quality issue/on-going major data quality issue with no improvement as yet/ data confidence low/ figures not reportable

Board Committee report to the Board of Directors

Committee Name:	Resources Committee
Committee Chair:	Maureen Taylor
Date of last meeting:	16 December 2019
Date of Board meeting for which this report is prepared	27 January 2020

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

1. The in-month scrutiny of the Trust's financial position was not done at this meeting as it was included on the agenda for a full Board discussion at the Board Strategy Day on 18th December 2019. The meeting focussed around budget strategy and operational planning.
2. An update on a number of confidential items was given:
   - North Yorkshire 0 -19 services
   - Forecast Outturn and discussions with the Integrated Care System
   - The Business Rates Court decision
3. Progress on the Budget Strategy/Operational Planning was outlined. Top down (from long term planning work) and bottom up (from directorates) assumptions were presented. This highlighted work still to do on classification issues and variances within specialties. Of particular concern is an anomaly on non-elective growth which needs to be worked through.
4. The assumptions in terms of pay and prices and surplus expectation were outlined. This includes the Trust's contribution in respect of Clinical Negligence claims.
5. The main message for Directorates is again 'live within your means'. Using this approach results in an efficiency requirement for each Directorate. The Committee discussed the ability of some Directorates to hit the efficiency requirement.
6. In terms of developing a programme of efficiency schemes for the future, the Committee received the latest information on the Model Hospital and also areas of focus from the Carnell Farrar review. It is imperative that Clinicians are involved in looking at this area of work. Data and reports need to be meaningful for Directorates and 'champions' in Directorates would help to take this work forward.

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

None

Matters for decision None

Board Committee report to the Board of Directors

Committee Name:	Resources Committee
Committee Chair:	Maureen Taylor
Date of last meeting:	27th January 2020
Date of Board meeting for which this report is prepared	29th January 2020

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

1. The committee received information on the financial position in December 2019 which was a surplus of £1.241m, £662k ahead of plan. The year to date position is a deficit of £254k, £49k ahead of plan. Q3 Provider Sustainability Funding has been achieved.
2. The in-month key drivers for adverse variances were medical staffing, theatres pay and non-pay and income from non-HaRD commissioners. The month 9 position recognises winter funding, the impact of initial capital charges work and commissioner income as agreed with HaRD CCG and the WY&H Integrated Care System.
3. The CIP target for the year is £8.4m. Risk adjusted plans in LTUC and PSC fall short of their targets but are more than compensated for by plans in CCCC and Corporate directorates.
4. The current forecast outturn position is for a surplus of £823k, £3.2m behind plan. It is important that we maintain recovery plans and tight expenditure controls. The control total is achievable but extremely challenging in Q4.
5. Trust total activity for December was ahead of commissioned levels. The HaRD Aligned Incentive Contract is significantly over performing, whilst other contracts are under performing. For HaRD CCG, all activity types, except elective in-patients, were ahead of plan. This over-trade results in a calculation of the risk share for the Trust of £1.75m.
6. Work continues on the transfer of patients back to HDFT from Leeds in Colorectal Surgery, Rheumatology, Dermatology, Gynaecology and Urology. A longer term solution is being sought that ensures the future flow of work from the Leeds area.
7. The workforce position in December showed substantive staffing ahead of plan by 13.09 whole time equivalents (wte), although it was noted that the plan is below the establishment we are aiming to recruit to. Both bank and agency also exceeded plan by 19 and 13 wtes respectively. Using the cohort style recruitment, we are making progress with Care Support Worker (CSW) recruitment. There is a joint Nursing and CSW recruitment event planned for 28th January. Detailed analysis of the areas driving temporary staffing usage was presented as well as recruitment and retention plans. The Trust was under the

agency cap in December.

8. The consolidated cash position (Trust and HIF) for December is £400k behind plan. This has been helped by commissioner prepayments of £3m. Performance against the better payment code has improved but there is still some way to go. There was a discussion about the merits of requesting a working capital loan to improve this position and also to clear outstanding payments to NHS Property Services. Work must continue of collecting outstanding debts.
9. Progress against the current year capital programme was presented. Some planned spend has slipped to 2020/21 and replaced with alternative schemes (largely equipment schemes). Some additional schemes bring funding, e.g. Scan for Safety and the replacement of mammography equipment.
10. Our Use of Resources rating stands at 2 but is forecast to be 1 at the year end.
11. The Service Line Reporting overview was noted.
12. The latest budget strategy information was presented showing the latest HaRD CCG and Trust figures for 2020/21. There is work to do to bridge the gap. There is some concern about the layers of efficiency already built into the plans before we set our own Cost Improvement Programme. We will need to give careful consideration to whether the Trust accepts the proposed control total for 2020/21.
13. Draft workforce plan information was presented. Plans will be firmed up in early February with a view to finalising the plan by the end of February. Areas of focus will include reducing the need for temporary medical staffing. There was discussion about sickness levels and the split between long and short term absence.
14. The Committee received an update on the planned care Primary/Secondary care work-plan showing progress against the target savings for the year. Forecast savings for 2019/20 are £326k against the £1m target but forecast to deliver £1227k in 2020/21.
15. The Q3 ICS financial position was reported. At Q3 there are a number of organisations with variances to plan, but there is sufficient flexibility across the ICS to forecast delivery across WY&H at the year end.
16. A Post Project Evaluation report on the Supported Discharge Service was presented showing planned outcomes are being achieved. It was agreed this should be reviewed again later in the year.
17. A business case report for replacement of mammography equipment in Radiology was presented. This is supported by NHSI capital funding and will be presented to the Board of Directors for approval.

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

- The AIC continues to over-trade and presents financial risk should this continue in Q4.
- Recovery plans and tight expenditure controls need to be maintained through Q4.

Matters for decision

None

NHS
Harrogate and District
NHS Foundation Trust

Finance Report

Board of Directors – 29th January 2020

Executive Summary

NHS
Harrogate and District
NHS Foundation Trust

The following paper details the Trustwide performance in relation to the Finance, Activity and Workforce plans to the end of December 2019. Key areas of pressure are outlined below, positive variances being adverse to plan.

Issue	Comments	YTD Variance (£'000s)
Income from non-Hard / non-Leeds commissioners	Although there have been positive discussions to mitigate the current income variance with Leeds CCG, there remains a number of smaller variances with other commissioners. This is a mix of activity and casemix resulting in an adverse variance. We need to ensure we improve this position both for the year end and to reduce the contract income risk in 2020/21.	433
Delivery of HaRD transformation programme	The current assessed position following detailed review is that against a target of £2.0m, the current forecast is that £0.99m of efficiency improvement will be delivered. Unplanned care is forecast to manage £0.5m of pressures as planned, prescribing is forecast to deliver a further £0.15m (against a target of £0.5m) and planned care to deliver £0.34m (against a target of £1.0m). This is subject to ongoing work and scrutiny through the joint system governance arrangements. This is unchanged from last month, and whilst we have agreed as part of our risk share to receive additional income of £1.7m, this funding is a proportion of cost and is being supported by the ICS.	-
Medical Staffing Expenditure Pressures	The year to date variance is flattening as a result of proactive work in relation to WLI expenditure, with the runrate reducing by £300k by the year end. However, we have spent approaching £1m year to date above the funding available, which includes a reserve of £1.5m. Specific high cost specialties and agency staff are being targeted for actions, with positive action in relation to oncology forecast to improve the position from February. This is to be an area of focus for the workforce and efficiency plan for 2020/21.	966
Ward Expenditure	Previously overspends in relation to Care Support Workers (CSW) were described as a risk, and actions continue in relation to controlling the requirements for enhanced care as well as closing the current recruitment gap. The position in December was improved as a result of winter funding, however our ytd overspend remains a concern and is in excess of the reserve of £270k.	482
CIP Delivery	CIP is an improved position with plans now in place for the full value of CIP this year. Currently not developed to directorate level, there is also the further risk share agreed as part of the HaRD contract of £800k.	183
Theatre non-pay	There has been an increase in non-pay during the month of December, even allowing for the increased ordering before Christmas. Analysis needs to be undertaken at a more granular level to understand the key drivers, given that activity in month was not a significant pressure within theatres. It is clear that an improved theatre stock system would assist in control, and this will be part of the Scan for Safety programme. In the meantime this is an area of increased scrutiny.	515

Financial Position

Harrogate and District NHS Foundation Trust

During October and November the Trust reported an adverse position to plan, as outlined below.

In December, the Trust has reported a significant surplus in month, recovering the adverse position accumulated in the previous months. The year to date position reported is a deficit of £254k, £49k favourable to plan.

HDFT Monthly Financial Performance (£'000s)

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Actual	-1,677	-67	-256	326	-554	-158	674	217	1,241			
Internal Plan	-2,111	349	-286	328	-508	-270	1,003	613	579	1,479	1,049	1,833

HDFT Cumulative Financial Performance (£'000s)

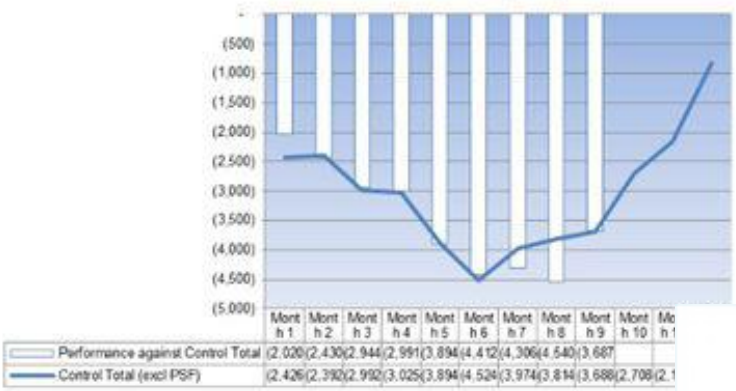
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Actual	-1,677	-1,744	-2,000	-1,674	-2,228	-2,386	-1,712	-1,495	-254			
Internal Plan	-2,111	-1,762	-2,048	-1,720	-2,228	-2,498	-1,495	-882	-303	1,176	2,225	4,058

Performance against the control total is outlined below.

HDFT Monthly Control Total Performance (£'000s)

	Mont h 1	Mont h 2	Mont h 3	Mont h 4	Mont h 5	Mont h 6	Mont h 7	Mont h 8	Mont h 9	Mont h 10	Mont h 11	Mont h 12
Performance against Control Total	(2,020)	(410)	(514)	(47)	(903)	(518)	107					
Control Total (excl PSF)	(2,426	34	(600)	(33)	(869)	(630)	550	160	126	980	550	1,334

HDFT Cumulative Control Total Performance (£'000s)



	Mont h 1	Mont h 2	Mont h 3	Mont h 4	Mont h 5	Mont h 6	Mont h 7	Mont h 8	Mont h 9	Mont h 10	Mo h 1
Performance against Control Total	(2,020)	(2,430)	(2,944)	(2,991)	(3,894)	(4,412)	(4,306)	(4,540)	(3,687)		
Control Total (excl PSF)	(2,426	(2,392)	(2,992)	(3,025)	(3,894)	(4,524)	(3,974)	(3,814)	(3,688)	(2,708)	(2,1

As demonstrated, the above position is positive and will result in the Trust achieving the control total for Q3 and associated Provider Su
Funding (PSF). This will benefit the Trusts stretched cash position.

This position is supported by a number of actions, and the underlying position is discussed on the following slide.

Financial Position

NHS
Harrogate and District
NHS Foundation Trust

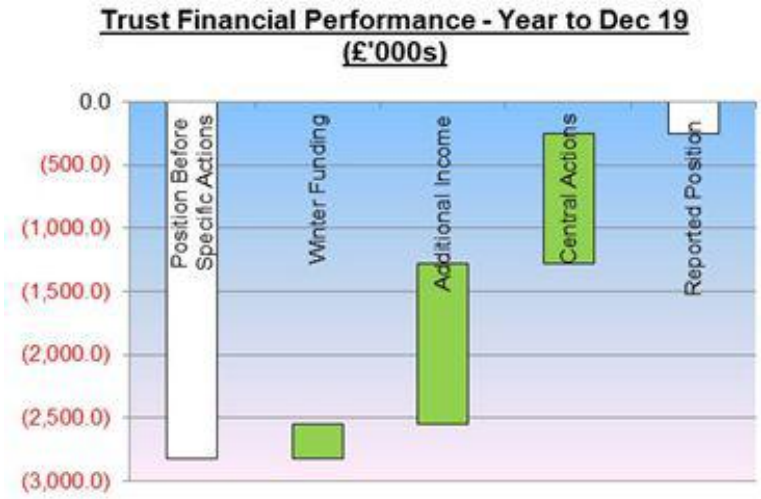
As outlined on the previous slide, whilst the overall position is aligned to plan the underlying performance is adverse. This is outlined in the graph to the right.

In order to achieve the position the following recovery plans were actioned –

1. Winter Funding has been incorporated into the position.

2. Additional commissioner income of £1.7m has been recognised, in line with the Trust's agreement with HaRD CCG/the West Yorkshire and Harrogate ICS.

3. Central Actions to support the Trust's wider position, including the first element of a review of capital charges.



These actions result in an improvement from what would have been a £2.8m deficit to the actual outturn of £0.3m deficit. Whilst the CCG agreement reflects the cost of the additional work and is therefore wholly appropriate, the winter funding was unplanned for as were the central actions. We therefore need to focus on the runrate improvements as previously discussed.

The drivers for the position are described on the following slide.

This continues to be a concerning position, and in particular the impact on our year end forecast, which is discussed in more detail on slide 4.

The other key concerns here are related to planning for 2020/21, including –

1. The level of demand within the system

2. The balance of this demand between commissioners

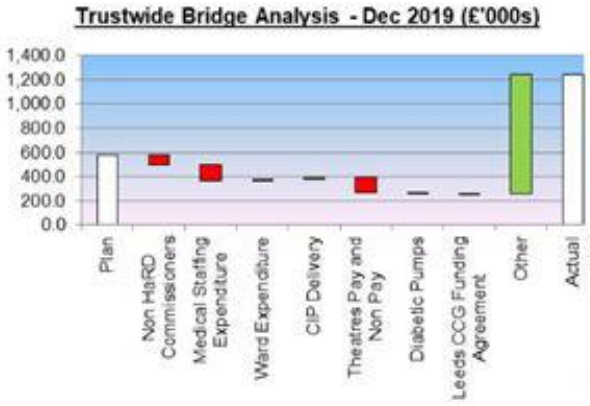
3. The underlying expenditure run rate related to this

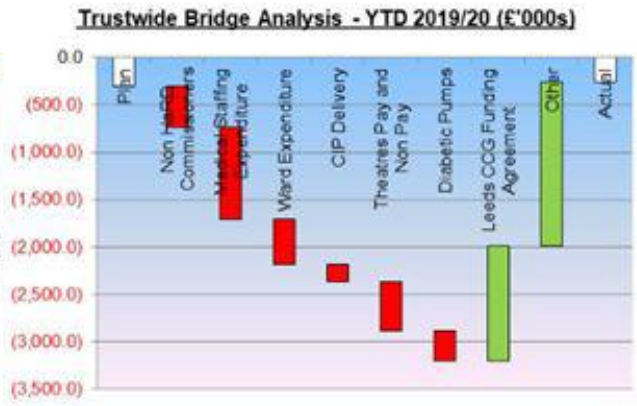
Financial Position

NHS
Harrogate and District
NHS Foundation Trust

The information below highlights the key drivers for the in month and year to date financial position.

Variance to Budget	Dec (£'000s)	YTD (£'000s)
Plan	**579**	**(303)**
Non HaRD Commissioners	(83)	(433)
Medical Staffing Expenditure	(134)	(966)
Ward Expenditure	10	(482)
CIP Delivery	23	(183)
Theatres Pay and Non Pay	(122)	(515)
Diabetic Pumps	(9)	(324)
Leeds CCG Funding Agreement	-	1,216
Other	977	1,736
Actual	**1,241**	**(254)**





It should be noted that the Medical Staffing and Ward Expenditure positions already account for provisions put in place to manage cost pressures in these areas. To date these are £1,500k and £270k respectively. Key points to note from the above –

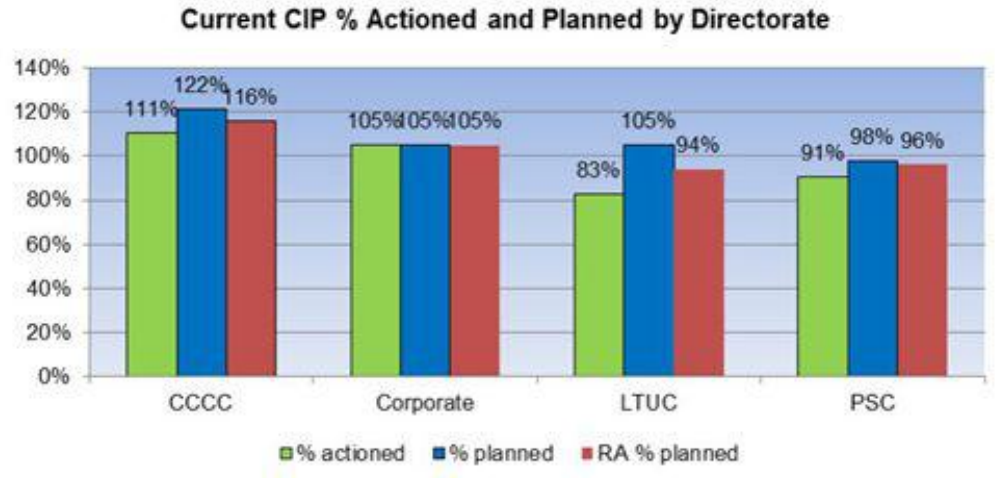
- As outlined on slide 5, additional income has been associated with the risk share agreement from HaRD CCG. This equates to £1.7m in full year terms. The contract is forecast to overtrade at £3.5m.
- The position reported for CIP is gradually improving, with plans in place for the full target this year.
- Theatres is highlighted as a pressure, with the non pay position being a significant element of the in month pressure. Work is ongoing to establish reporting from the stock system that may help with better supporting this.
- Earlier in the year Leeds income was fixed at contracted levels, following the material disruption in referrals at the start of the year. Activity is improving in this area, and developments are progressing, however, the fixed agreement has had some unintended consequences, resulting in a pressure in an area such as diabetic pumps.

CIP Performance

Harrogate and District NHS Foundation Trust

Directorate Level CIP Performance is highlighted below –

	CCCC	Corporate	LTUC	PSC	Total
Target	**1,700**	**2,206**	**2,255**	**2,245**	**8,406**
High	100	-	273	27	400
Medium	57	-	76	42	175
Low	30	-	156	90	276
Actioned	1,879	2,314	1,866	2,040	8,099
Total	**2,066**	**2,314**	**2,371**	**2,199**	**8,950**
RA Total	1,971	2,314	2,122	2,160	8,568



Forecast Outturn

NHS Harrogate and District NHS Foundation Trust

The forecast position is summarised in the table below, with movements described between the previous month forecast and against the control target.

	Forecast @ Month 9	Expectation at Month 7 to hit plan	Variance to Expectation
Commissioner Income	226,015	226,791	-776
CCCC	-53,675	-53,715	40
Corporate	-36,254	-36,044	-210
LTUC	-71,800	-71,422	-378
PSC	-71,160	-70,403	-757
HIF	200	200	0
Capital Charges	-4,684	-5,184	500
Central	12,572	14,335	-1,763
Agency	-391	-500	109
Total	**823**	**4,058**	**-3,235**

Key changes described above are –

- Central, Agency and Capital Charges need to viewed collectively as initially the targeted change was allocated to this as a group. As outlined on slide 2, some changes have already been implemented here, however, further work is being undertaken on asset lives following the output of recent internal audit findings.

- The CCCC directorate continue to maintain their positive performance.

- In relation to PSC and LTUC –

    - Both directorates had an improvement of £400k/£500k to make
    - Both have made strides towards this
    - LTUC have had to deal with an emergent £320k pressure in expenditure related to diabetic pumps
    - PSC have seen the run rate on high cost drugs change since month 7, with a change of about £150k per month on average

As a result of the above it is important that we continue to maintain recovery plans and tight expenditure controls across the Trust. Improvements here, alongside ICS support and central measures mean that the control total is still achievable, despite being stretching and significantly challenging.

Cashflow, Balance Sheet and UoR Rating

Harrogate and District NHS Foundation Trust

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Plan	1,238	843	1,574	1,317	4,418	4,350	4,895	4,826	6,478	6,813	6,482	9,682
18/19 Actual	976	2,674	2,878	3,905	3,257	395	2,243	1,312	4,171	1,545	626	2,912
Actual	1,550	1,325	2,900	8,950	7,448	6,518	3,407	1,059	6,075			

Statement of financial position summary	Current month			
	Plan £000s	Actual £000s	Variance £000s	%
Non-current assets	100,979	94,241	(6,738)	(6.7%)
Current assets	26,477	41,155	14,678	55.4%
Current liabilities - borrowings	(2,162)	(2,157)	5	0.2%
Current liabilities - other	(14,409)	(24,430)	(10,021)	(69.5%)
Total assets less current liabilities	**110,885**	**108,809**	**(2,076)**	**(1.9%)**
Non-current liabilities - borrowings	(15,739)	(15,739)	0	0.0%
Non-current liabilities - other	(136)	(106)	30	22.1%
Total net assets employed	**95,010**	**92,964**	**(2,046)**	**(2.2%)**

Finance and use of resources rating	Expected Sign	03AUDITPY Audited PY 31/03/2019 Year ending Number	03PLANYTD Plan 31/12/2019 YTD Number	03ACTYTD Actual 31/12/2019 YTD Number	03VARYTD Variance 31/12/2019 YTD Number	03PLANCY Plan 31/03/2020 Year ending Number	03FOTCY Forecast 31/03/2020 Year ending Number
Capital service cover rating	+	1	3	3		2	2
Liquidity rating	+	1	1	1		1	1
I&E margin rating	+	1	2	2		1	1
I&E margin: distance from financial plan	+	1		1			1
Agency rating	+	1	1	1		1	1

Overall finance and use of resources risk rating	Expected Sign	03AUDITPY Audited PY 31/03/2019 Year ending Number	03PLANYTD Plan 31/12/2019 YTD Number	03ACTYTD Actual 31/12/2019 YTD Number	03VARYTD Variance 31/12/2019 YTD Number	03PLANCY Plan 31/03/2020 Year ending Number	03FOTCY Forecast 31/03/2020 Year ending Number
Overall rating unrounded	+	1		1.60			1.20
If unrounded score ends in 0.5	+	0		0.00			0.00
Risk ratings before overrides	+	1		2			1
Risk ratings overrides:							
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here	Text	No trigger		No trigger			No trigger
Any ratings in table 6 with a score of 4 override - maximum score override of 3 if any rating in table 6 scored as a 4	+	1		2			1
Control total override - Control total accepted	Text	Yes		Yes			Yes
Control total override - Planned or Forecast deficit	Text	No		No			No
Control total override - Maximum score (0 = N/A)	+	0		0			0
Is Trust under financial special measures	Text	No		No			No
Risk ratings after overrides	+	1		2			1

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	5.4
Report to:	Board of Directors		
Title:	Operational Performance Report		
Sponsoring Director:	Mr Robert Harrison, Chief Operating Officer		
Author(s):	Mr Jonathan Green, Principal Information Analyst		

Report Purpose:

Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓

Executive Summary:

- Four of the seven applicable Cancer Waiting Times standards were achieved for December, with both the 14-day standards and the 62-day Screening Standard below the operational standard.
- HDFT's performance against A&E 4-hour standard was 85.7% in December and year-to-date is at 91.9%. These are below the 95% standard.
- The Trust had no one waiting longer than 52 weeks on the RTT waiting list at the end of December. There were a total of 16,157 patients waiting on the list; this is above our agreed trajectory of 15,951.

Related Trust Objectives

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

Key implications

Risk Assessment:	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 9: risk of a failure to deliver the operational plan; BAF 10: risk of a breach of the terms of the NHS Provider licence;
Legal / regulatory:	Risk to segmentation based on the Single Oversight Framework
Resource:	None identified.
Impact Assessment:	Not applicable.
Conflicts of Interest:	None
Reference documents:	
Assurance:	

Action Required by the Board of Directors:

It is recommended that the Board of Directors:

- **Notes** items included in the report.

OPERATIONAL PERFORMANCE REPORT

1.0 SERVICE ACTIVITY

Trust total activity remains above commissioned levels, with elective activity in general in line with capacity available. When broken down to contract level, the HaRD AIC contract is significantly over-performing and other PbR/cost per case contracts under-performing against elective commissioned levels. This continues to remain a concern as a result of the risk associated with significantly over-performing against an AIC contract.

Elective activity for the year-to-date is 9.7% higher than the same period last year – there has been a 5% increase in HaRD elective activity (17,090 vs 17,942), and a 18.4% increase in non-HaRD elective activity (9,221 vs 10,920), although the latter remains very slightly below plan (10,920 vs 11,083).

At the end of December Non-Elective Activity is 8.7% above the same time period last year, across all commissioners, and consequently the hospital site has had to maintain escalation capacity beyond the plan for this year. The number of long stay patients (>21 days) fell slightly in December with an average of 52 patients in the month which is slightly above the 2019/20 improvement trajectory of 50. However, in first few weeks of January there has been an increase of long stay patients in the hospital and work is ongoing to ensure actions are undertaken to reduce the number of acute admissions and in order to facilitate earlier discharge where appropriate.

The number of referrals from Leeds CCG has fallen slightly following a 9.9% increase in October with 1,010 referrals in December and 1,042 in November – this compares to 1,233 in October. Year-to-date referrals from Leeds are down by 10.1% when compared to the same period last year. Work continues on the transfer of patients back to HDFT from Leeds, and also a longer term solution that ensures the future flow of work from the Leeds area. Patients transferring to HDFT from LTHT continue in Colorectal Surgery, Rheumatology, Dermatology, Gynaecology and Urology.

2.0 RTT WAITS

There were a total of 16,157 patients on the RTT waiting list at the end of December; this is above our agreed trajectory of 15,951 and is an increase of 63 from last month. There were no patients waiting over 52 weeks at the end of the month. The in-year change to consultant led services for Community Dental services has currently added 603 patients to the RTT waiting list – in month this was an additional 174, therefore when excluded this demonstrates a small reduction in the total waiting list to plan of 111.

Due to workforce gaps within Neurology the waiting times for new appointments are now in excess of 30 weeks. The directorate have finally managed to identify and engage a locum who will commence in February and this will ensure the waiting times are reduced back to expected levels.

There were no patients waiting over 52 weeks at the end of the month.

3.0 EMERGENCY DEPARTMENT PERFORMANCE

HDFT's Trust level performance against the 4-hour standard was 85.7% in December, below the required 95% standard and below the trajectory of 91.1%. This includes data for the Emergency Department at Harrogate and Ripon MIU. The Trust is therefore currently below the required standard for the year-to-date with a Trust level performance of 91.9%. The Board are receiving a separate update on the ED recovery plan from the Directorate.

4.0 CANCER WAITING TIMES

Provisional data indicates that 4 of the 7 applicable Cancer Waiting Times standards were achieved in December, with both 14 day standards and the 62 day Screening performance below the operational standard.

The spike in breast referrals in October and November led to a deterioration in performance for the 14 day standards. Both standards were not achieved in December, and the 2WW breast symptomatic standard was not delivered for the second consecutive month with performance at 35.2% - 46 patients waited over 14 days and the longest wait was 33 days (patient cancelled earlier appointment due to holiday). Recovery of this position is expected in January with current forecasts indicating the suspected cancer standard will be delivered. However, delivery of the breast symptomatic standard will still be a challenge and this is being closely monitored despite a considerable improvement in recent weeks.

Delivery of the 62 day Screening standard for bowel patients continues to be a significant challenge. 7 bowel patients have confirmed/scheduled treatment dates in December, all outside 62 days (1 Harrogate, 3 Leeds, 3 York). This translates to an accountable denominator of 3.5 and is therefore below the *de minimus*. The long waits are largely due to patient choice but this is exacerbated by limited colonoscopy capacity at Leeds and York, and the availability of accredited Endoscopists across the region. As the lead for the screening programme HDFT is developing a recovery plan and has more Endoscopists going through the training programme to provide more workforce capacity going forward.

In relation to the 62 day standard for all cancer treatments, provisionally there were 48.5 accountable treatments in December with 0.5 accountable over 62 days, meaning performance was exceptional at 99.0%. Of the 8 tumour sites treated in December, all had performance above 85%. No patients waited over 104 days for treatment in December - the accountable shared breach was treated on day 104 and the delay was due to a combination of pathway complexity and waits for diagnostics.

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	**5.5**
Report to:	Board of Directors		
Title:	Medical Director Report		
Sponsoring Director:	Dr David Scullion, Medical Director		
Author(s):	Dr David Scullion, Medical Director		

Report Purpose:

Decision		Discussion/ Consultation	✓	Assurance	✓	Information	✓

Executive Summary:

- A working group has been established to take forward work on advanced care planning
- Following HED mortality alerts in 2019 case note reviews have been completed
- HSIB has investigated one stillbirth case and no lapses of care were identified
- In four of six national KPIs on the National Hip Fracture Database, the Trust has performed above the national average
- Consultant appointments in Rheumatology and Histopathology have been made
- The Trust facilitated one consented organ donation between April and September 2019

Related Trust Objectives

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

Key implications	
Risk Assessment:	None identified
Legal / regulatory:	None identified
Resource:	None identified
Impact Assessment:	Not applicable
Conflicts of Interest:	None identified.
Reference documents:	Not applicable
Assurance:	Not applicable

Action Required by the Board of Directors:

It is recommended that the Board of Directors:

- **Notes** items included within the report
- **Considers** whether it wishes to receive HSIB reports in the same way as SI reports

Harrogate and District NHS Foundation Trust

Medical Director Report for Public Board of Directors Meeting 29 January 2019

1. Advanced Care Planning update:

The Board will be aware of a number of previous discussions on this matter. Following the most recent discussion and further thoughts on how consensus might be reached, it was decided to employ quality improvement methodology in the form of a Rapid Process Improvement Workshop. I am very grateful for the assistance of David Plews and his team in facilitating this.

The precursor to this was a meeting, chaired by me, which called together a number of key stakeholders from within and outside the Trust to commit to collective responsibility and plot a way forward. This meeting took place on Thursday 16 January. It was never the intention that this meeting would achieve a solution, more an opportunity to all involved to convene and openly air their views on the subject matter in a positive manner. The meeting achieved this purpose. I am content that there is a collective responsibility amongst those stakeholders to move towards an agreed and comprehensive package of advanced care planning that can be piloted and rolled out across the Trust. DNACPR, ReSPECT, EPACS and both malignant and long term conditions were all agreed to be in scope. It is important to emphasise that no single document has yet been accepted. The final format is to be decided.

A small working group have agreed to an interim meeting to discuss the current documentation in existence and any other materials deemed relevant. There will then follow a RPIW (probably over two days) sometime in early March to devise the pathway that best suits.

The scope of the group will also be extended to include specialist nurses, community nursing, general medical and surgical specialties and ideally representatives of Doctors in training.

I have made it clear to the group that I am looking to experts to design the process. It is not for the MD to dictate one. I will update Board on progress.

2. Mortality update:

Following on from two separate HED mortality alerts in 2019 (period June 2018-May 2019, anaesthetics and neonatal disorders), I have now received information on the case note reviews that have taken place.

Two cases were identified in anaesthetics. Both were patients who died as a direct result of large acute strokes. Each had some input from the anaesthetic service, but in neither case was death directly or indirectly attributable to any lapses of care, anaesthetic or otherwise.

Thus the specialty code was incorrect.

Of the eight neonatal cases, one was a direct result of a neonatal infection, previously investigated as a significant event. Input from the CCG was also required as primary care were included in the investigation into the incident.

The remaining seven cases were stillbirths. These are investigated routinely through internal obstetric quality assurance processes. No lapses of care were identified. One case fulfilled the criteria for a HSIB investigation (intrapartum stillbirth). The report has since been received by the Trust and no lapses of care were highlighted.

The numbers of HSIB investigations are predicted to be low. Board should consider whether they wish to receive these reports in the same manner as SI reports.

Further discussions have taken place regarding the appointment of the medical Examiner and Medical Examiner Officers. A regional ME has been appointed and some ideas regarding indicative costs are beginning to emerge. Two Consultants within the Trust have completed the on line training. It is anticipated that appointments will be made by April 1st deadline.

The exact mechanism which links the ME role to the national learning from deaths process is yet to be finalised.

3. National Hip Fracture Database:

This is a summary of recent data received, much of which is of high quality. The data comprises a one page dashboard for the Trust and more focused benchmarked performance against six national key performance indicators.

In four of the KPIs the Trust performs above the national average.

Areas of improvement include:

- Acute length of stay
- Discharge to original residence within 120 days
- Proportion of arthroplasties which are cemented
- Surgery supervised by consultant surgeon and anaesthetist

The improvement work cuts across specialities. I will be liaising with the directorate and lead for Orthogeriatrics to progress this.

4. Organ donation performance metrics:

In the period April-September 2019, the Trust facilitated one consented organ donation resulting in successful solid organ donation to two recipients.

The Trust referred 9 potential donors in the same period, 6 of whom fulfilled the criteria. Specialist nurse support was available to the bereaved families in all cases.

In the first six months of 2019/20, 135 people benefited from a solid organ transplant in Yorkshire and Humber. However, 19 people died on the transplant waiting list during this time and 490 people were still waiting as of the 30 September 2019.

I am grateful for the ongoing efforts of Dr Sarah Marsh, clinical lead for OD and Chris Thompson, current chair of the OD committee, and for the continued support of the NHS Blood and Transplant Team.

5. WY Medical Directors update:

Highlights from the most recent meeting on Friday 10 January are as follows:

- Discussion regarding pan-WYAAT learning following never event, serious incidents (potentially including HSIB reports). A discussion took place as to current progress and future initiatives.

- Pressure in microbiology service in Mid-Yorks Trust. A discussion around how the WYAAT Trusts could support local manpower pressures.

- A presentation from the adult eating disorders team and a request for assistance in clinical engagement within individual Trusts.

- An excellent presentation from the ambulatory paediatric care team in Bradford regarding transformation of acute children's services, supported care closer to home and admission avoidance.

6. Recent appointments:

I am delighted to announce the recent appointment of Dr Gui Tran as a Consultant in Rheumatology. Dr Tran is currently working as a senior trainee in the department and is well known to staff. This is an outstanding appointment. He brings a number of skills to the post and is well suited to continue the strong track record of research and innovation for which the department is well known.

An equally impressive substantive appointment is that of Dr Nicola Maughan, currently working as a locum Consultant in Histopathology. Nicola is an experienced practitioner at Consultant level and is a welcome addition to the substantive workforce.

Future appointments are planned in Paediatrics, Respiratory Medicine, and Trauma and Orthopaedics.

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	**5.6**
Report to:	Board of Directors		
Title:	Learning from deaths report Q3 2019/20		
Sponsoring Director:	Dr David Scullion, Medical Director		
Author(s):	Dr Sylvia Wood, Deputy Director of Governance		
Report Purpose:	**Decision**		**Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓
Executive Summary:	During Q3 2019/20 five structured judgement reviews (SJRs) were completed. 100% (5/5) patients reviewed had good or excellent overall care. 25/27 (93%) phases of care were rated as good or excellent. There were no concerns about overall care and no second reviews required. The structured judgement reviews contained descriptions of good and excellent care and practice. There were no deaths of patients with learning disabilities reviewed by SJR during Q3. All appropriate deaths are referred to the national Learning Disabilities Mortality Review (LeDeR) programme. An update regarding cases has been included. The Q2 and Q3 report of post cardiac arrest case note reviews is included in this report. Information has been included about the processes for learning from external reports of mortality. The report is discussed at the Improving Patient Safety Steering Group and End of Life Operational Group to agree any actions, and to ensure themes and learning is shared appropriately across the organisation.		
Related Trust Objectives			
To deliver high quality care ✓	**To work with partners to deliver integrated care:** ✓	**To ensure clinical and financial sustainability:** ✓	
Key implications			
Risk Assessment:	The learning from deaths process aims to identify areas where improvements can be made to patient care which will reduce clinical risk.		
Legal / regulatory:	There is a requirement to collect and publish specified information on deaths including learning points every quarter with a paper and agenda item to public Board meetings from Q3 2017/18 onwards.		
Resource:	There is a time resource required to undertake the case note reviews, data collection and analysis.		

Impact Assessment:	Not applicable.
Conflicts of Interest:	None identified.
Reference documents:	HDFT Learning from Deaths Policy
Assurance:	Learning from quarterly reports are reviewed at the Improving Patient Safety Steering Group and End of Life Operational Group.

Action Required by the Board of Directors:

It is recommended that the Board:

- **Notes** items included within the report and the current processes for ensuring learning from deaths.

Harrogate and District NHS Foundation Trust

Introduction

For those patient deaths meeting the criteria for a detailed review of case notes, the Medical Director appoints a clinician with appropriate expertise to undertake a structured judgement review (SJR). Whenever possible, the clinician will not have been involved in the care of the patient who died. A case note review is to determine not only examples of good practice, but also whether there were any problems in the care provided to the patient who died in order to learn from what happened.

The Trust has adopted the RCP National Mortality Review Tool which is hosted on Datix. This enables easy access to the information gathered but is not an easy tool for reporting and there is some potential for error when historic cases are being reviewed at the same time as current cases.

All structured case note reviews undertaken during Q3 2019/20 have been included in this report.

All hospital cardiac arrests are reported to the National Cardiac Arrest Audit (NCAA) to monitor and report on the incidence of, and outcome from, in-hospital cardiac arrest in order to foster improvements in the prevention, care delivery and outcomes from cardiac arrest. It is a joint initiative between the Resuscitation Council (UK) and ICNARC (Intensive Care National Audit & Research Centre) and is included in the Department of Health Quality Accounts. Further learning is sought by case notes reviews of all in-hospital cardiac arrests which are reviewed by the Resuscitation Committee to identify any areas of learning to share and determine whether the resuscitation is deemed appropriate or inappropriate; the information for Q2 and Q3 has been included in this report.

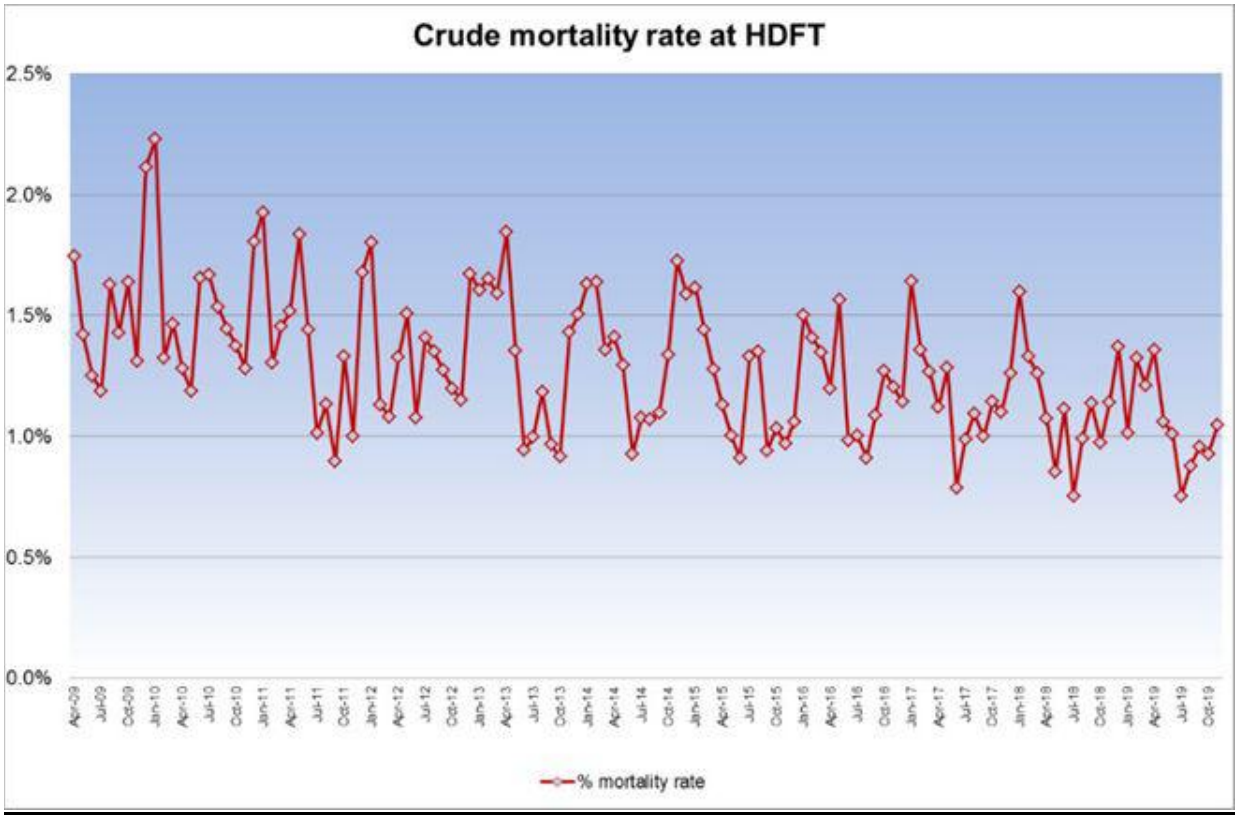
The report also includes updated information about the LeDeR Programme and the outcome of reviews.

Information has been included this quarter about the processes for using external reports of mortality to ensure appropriate review of cases where appropriate and learning.

Crude mortality data

The crude mortality data is given to give some content to the number of the deaths reviewed quarterly.

Inpatient deaths - quarterly trend									
Q1 2016/17	167		**Q1 2017/18**	145		**Q1 2018/19**	142	**Q1 2019/20**	177
Q2 2016/17	133		**Q2 2017/18**	140		**Q2 2018/19**	140	**Q2 2019/20**	139
Q3 2016/17	167		**Q3 2017/18**	167		**Q3 2018/19**	177	**Q3 2019/20**	177
Q4 2016/17	199		**Q4 2017/18**	205		**Q4 2018/19**	182	**Q4 2019/20**	
Total	666			657			641		493



Structured case reviews

Summary of inpatient deaths and structured case note reviews

The table below shows the number of inpatient deaths by quarter since 2017/18, and the number of structured judgement reviews (SJRs) undertaken since 2014/15, by the year in which the review was undertaken and the year and quarter in which the death occurred. During 2018/19 60 SJRs were undertaken, 31 related to deaths during 2017/18 and 29 related to deaths during 2018/19.

During Q1 2019/20 11 SJRs were undertaken, 9 related to deaths during 2018/19 and 2 related to deaths during Q1 2019/20. During Q2 2019/20 7 SJRs were undertaken, 3 related to deaths during 2018/19 and 4 related to deaths in 2019/20. During Q3 2019/20 5 SJRs were undertaken, all related to deaths during this year.

		Quarter or year in which the death occurred																
					2017/18					2018/19					2019/20				
		2014/15	2015/16	2016/17	Q1	Q2	Q3	Q4	2017/18	Q1	Q2	Q3	Q4	2018/19	Q1	Q2	Q3	2019/20	
	No of inpatient deaths				145	140	167	205	657	142	140	177	182	641	177	139	177	493	
																			Total undertaken
Number of structured judgement reviews (SJRs)	SJRs previously reported	4	27	40	3	8	14	6	31	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	102
	Total SJRs undertaken during 2018/19 by year of death								31					29	N/a	N/a	N/a	N/a	60
	Total SJRs undertaken during Q1 2019/20 by year and Q of death										2	3	4	9	2	N/a	N/a	2	11
	Total SJRs undertaken during Q2 2019/20 by year and Q of death											1	2	3	2	2	N/a	4	7
	Total SJRs undertaken during Q3 2019/20 by year and Q of death														0	1	4	5	5
	Total number of SJRs undertaken relating to deaths in the period	4	27	40					62	0	2	4	6	41	4	3	4	11	185

Assessment of care

The table below shows the assessment of care for the identified stages of care provision for each of the five case reviews completed during Q3. 100% (5/5) patients reviewed had good or excellent overall care. The care is rated for each of up to seven phases or elements of care. Out of 35 possible phases or elements of care, 8 were not applicable, and 25/27 (93%) phases of care were rated as good or excellent.

Care scores summary 2019/20 Q3

	Good or excellent care (score 4-5)	Average care (score 3)	Poor care (score 1-2)	N/a	Total
Admission and initial management	4	1	0	0	5
On-going care	5	0	0	0	5
Care during procedure	1	0	0	4	5
Peri-operative care	1	0	0	4	5
End of life care	4	1	0	0	5
Overall assessment of care received	5	0	0	0	5
Overall assessment of patient record	5	0	0	0	5

There were no concerns about overall care identified.

Problems with care

The SJR proforma has a section that enables the identification of problems in care. No problems in care were identified in any cases in Q3.

Problems with care: 2019/20 Q3				
	Degree of harm if problems identified			Total
	No harm	Uncertain harm	Harm	
No problems with care identified				5
Problems in care identified	0	0	0	0
Total				5

Deaths of patients with learning disabilities

One patient with learning disabilities died in Q3 (during December) and a LeDeR notification was sent. The SJR has not yet been completed.

During Q3 we were advised of a death at home in August 2018 as the patient had regular input from district nursing. The LeDeR reviewer approached the Community LD Team for information regarding the nature of district nursing involvement which we have provided.

2 LeDeR reviews of deaths of HDFT patients were completed in Q3; one cannot be shared until it has been signed off. The one that has been shared identified the following learning and best practice:

- Overall, care was categorised as 'excellent'
- One area of learning was for the maxillo-facial team to complete LD awareness training; this is being progressed. Currently:
    - LD level 2 training 100% compliant (requirement for 1 staff member)
    - LD level 1 training 83% compliant (completed by 5 out of 6 staff that require this).
    - CPD for the surgeons is managed by York so they are not included in this data.
- There were also some identified areas of best practice from HDFT which have been shared with departments:
    - Service from Community Dental Team described by the family as 'excellent'
    - Service from Palliative Care Team described as 'timely and sensitive'
    - DNACPR completed appropriately.

Results of case notes reviews of in-hospital cardiac arrests

This report includes the cardiac arrest case note reviews for Q2 and Q3 as well as historical data for reference.

	2017/18						2018/2019					TOTAL
	Q1	Q2	Q3	Q4	**2017/18 Total**		Q1	Q2	Q3	Q4	**2018/19 Total**	
No of inpatient cardiac arrests	8	11	16	9	**44**		12	7	17	13	**49**	93
No of case note reviews	8	11	16	9	**44**		12	7	17	13	**49**	93
No of appropriate cardiac arrests	4	3	13	4	**24**		10	3	12	6	**31**	55
No of inappropriate cardiac arrests	4	8	3	5	**20**		2	4	5	7	**18**	38

	2019/20				
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	**2019/20 Total to date**
No of inpatient cardiac arrests	17	13	17		**47**
No of case note reviews	17	13	17		**47**
No of appropriate cardiac arrests	9	8	9		**26**
No of inappropriate cardiac arrests	8	5	8		**21**

The cardiac arrest case note reviews show that the care provided prior to and during resuscitation calls continues to be of a high standard, following national guidelines and hospital policy.

The Resuscitation Committee deemed 38% of Q2 and 47% of Q3 resuscitation attempts as inappropriate. The reasons for deeming resuscitation inappropriate are detailed below for Q2 and Q3:

Patient had a DNACPR decision in place but not known of or not found	Resuscitation stopped quickly due to futility therefore DNACPR should have been considered pre arrest	Patient had life limiting illness so a DNACPR should have been considered	DNACPR put in place post arrest therefore should have been considered prior to arrest
4	4	4	2

The total number of reasons is greater than the number of cases as there have been more than one reason for being deemed inappropriate in some case note reviews. There were also a number of reasons which did not fall into any of the above categories: one patient had a plan that they would not be escalated to ITU level care, but still remained for resuscitation (patients who are successfully resuscitated from a cardiac arrest are likely to need intensive care post resuscitation so if it had already been agreed that intensive care was not appropriate for the patient then resuscitation is likely to have not been appropriate). One DNACPR decision was made during the cardiac arrest, and another patient was delirious so a discussion regarding resuscitation was not possible with the patient so the decision was not made as the patient's son was not available.

External reviews of mortality

The Trust receives detailed mortality date from a number of sources:

- Hospital Episode Statistics (HES)
- Healthcare Evaluation Data (HED)
- Dr Foster

This data is also reflected in the CQC Insight dashboard.

As noted in the Medical Director's report, case note reviews have been completed relating to two separate HED mortality alerts received in 2019 (period June 2018-May 2019, for anaesthetics and neonatal disorders. In neither of the relevant anaesthetics cases was death directly or indirectly attributable to any lapses of care, anaesthetic or otherwise. Therefore the specialty code was incorrect.

Of the 8 neonatal cases, one was a direct result of a neonatal infection which was previously investigated as a significant event. The remaining 7 cases were stillbirths and investigated routinely through internal obstetric quality assurance processes. No lapses of care were identified. One case fulfilled the criteria for a HSIB investigation (intrapartum stillbirth). The report has since been received by the Trust and no lapses of care were highlighted.

The CQC Insight dashboard in October 2019 highlighted worsening trust-wide performance data related to deaths in low-risk diagnosis groups from Dr Foster - Mortality in low risk conditions (17 Jul 2019). The performance is showing as stable in November and December dashboards. The October dashboard also showed worsening performance in the core specialty of medical care for in-hospital mortality: Acute myocardial infarction from HES Mortality (29 May 2019). This has continued to show worsening performance; in December this compared outcome data for Jul 17 - Jun 18 with data for Jul 18 - Jun 19. This data is to be analysed further to identify any learning.

The December CQC Insight dashboard also shows that both the SHMI and HSMR for the 12-month period from Apr 18 - Mar 19, were within expected range.

Reflection and learning identified

The numbers of deaths in hospital that can be unequivocally shown to be truly avoidable are fortunately rare. The mortality review process provides a rich seam of learning which, albeit not necessarily affecting outcomes, will allow us to improve end of life care for many patients. The SJRs undertaken continue to emphasise the frailty and complexity of medical elderly patients in particular, and confirm the excellent care received by the great majority of patients whose death in hospital is expected.

The number of deaths being reviewed by SJR however is dwindling and it is hoped that the introduction of the Medical Examiner role will result in more deaths being reviewed, which would provide a larger sample of cases to ensure learning.

There were no specific learning points identified by this process in Q3 2019/20 only examples of really good care, including:

- "This gentleman had good overall care as an inpatient. His problems were identified early and he received appropriate treatment. There was very good attention paid to his ability to make decisions and appropriate best interest decisions discussed in timely manner".
- "The recognition of advanced dementia by ED was good and trying to establish best interest decision early re: trial of fluids excellent. Decision to introduce CPLD (Care Plan for Last Days of Life) when fluids did not appear to have been of benefit was excellent".
- "The decision to treat conservatively seemed reasonable based on the overall assessment of the patient rather than simply going on inflammatory markers. The deterioration was quite sudden and acted upon promptly. There was good note keeping and excellent senior input by a total of three Consultants during the admission. I can see no evidence this fragmented the patient's care. There was agreement on management".
- "Excellent. Appropriate information /examination and investigations all done in timely manner. Discussions with family to obtain collateral (*information*) done early as well as escalation plans and updates. Anticipatory *medications prescribed* and syringe driver done when patient in distress".
- "Overall very good. ED/MAU thinking about discharge, but listened to family".

LeDeR reviews of deaths of continue to identify areas of excellent care and best practice, and a few areas where we can learn and improve.

External reviews of mortality date are reviewed in order to identify any concerns but no lapses of care have been identified.

Regarding in-hospital cardiac arrests, it remains a concern to see so many prevalent reasons to deem a resuscitation attempt inappropriate. However they are all linked to a need for better communication with patients about treatment escalation and resuscitation alongside an infrastructure to make it easy to share information with patients, colleagues at HDFT and across primary and secondary care. This highlights the need for better education regarding discussions around treatment escalation and DNACPR so that colleagues are knowledgeable and feel able to have these discussions. The Resuscitation Committee have recommended that there is provision for dedicated training for this. The Trust is working towards agreeing which tool will be used and which patients must be prioritised for these discussions. Once this is agreed work can progress to support this. During a recent workshop clinicians highlighted that having an appropriate tool and education are only part of the requirement for success; the main obstacle is insufficient time to have these complex and time consuming discussions with patients and their families. An RPIW is planned this year to progress some of these recommendations.

NHS
Harrogate and District
NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	5.7
Report to:	Board of Directors		
Title:	Guardian of Safe Working Hours - tenth quarterly report		
Sponsoring Director:	Dr D Scullion, Medical Director		
Author(s):	Dr C Gray, Guardian of Safe Working Hours		
Report Purpose:	**Decision**		**Discussion/ Consultation**		**Assurance**	✓	**Information**	
Executive Summary:	The Board of Directors is asked to note: • The Guardian has no on-going concerns. • The number of Exception Reports is below the national average • There is a continuing national recruitment crisis in trainee doctors but vacancies in this Trust continue comparatively low. • A new contract deal is in implementation for trainee doctors in England.		

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

Key implications	
Risk Assessment:	Risks associated with the content of the report are reflected in the Board Assurance Framework
Legal / regulatory:	None identified.
Resource:	None identified.
Impact Assessment:	Not applicable.
Conflicts of Interest:	None identified.
Reference documents:	None.
Assurance:	

Action Required by the Board of Directors:

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

Board of Directors 29 January 2019

Quarters 2 & 3 2019/20 : quarterly report on Safe Working Hours: Doctors and Dentists in Training

Report from: **Dr Carl Gray, Guardian of Safe Working Hours**

Report Purpose: **For Information**

Executive summary

This is the tenth quarterly report of the Guardian of Safe Working Hours. Its purpose is to report to the Board of Directors the state of safe working of doctors in training ('junior doctors') in relation to their working hours, gaps in rotas and their educational experience. This report covers the period 1 July to 30 December 2019 which is two quarters.

The orderly stream of quarterly reports was interrupted by the Board's instruction to change the periodicity of written reports to four-monthly intervals. This is out of synchronization with the regional quarterly reporting pattern. The Trust's reports were following alternately in and out of phase with the quarters. Lately, the Guardian has been advised to continue to submit quarterly reports and the Board will fit them into its business as required.

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

The Trust now has all trainee doctors employed on the 2016 Terms and Conditions of Service (TCS) contract. These will now move to Version 5 of the contract according to its Outline Implementation Table over the period 2019 to December 2020.

53 [Q2] and 44 [Q3[] (31 in Q1)] exception reports have been received from trainees and dealt with. This is a slightly increasing trend. These have mainly concerned over-runs of working hours ('hours and rest') owing to the busy state of the wards and to individual patient matters in General Medicine. There were 3 reduced educational opportunity exception reports in each of Q2 and Q3. Exception reporting remains comparatively low in this Trust although highly variable across the region.

There having been no breach of the European Working Time Directive, no fine has yet been levied. National trends in medical post-graduate training and indeed medical workforce numbers overall continue to be adverse.

There has been no regional meeting for guardians in the last quarter. Three trainee doctors' fora have been held jointly with the Director of Medical Education. These will continue bi-monthly.

The Guardian attended the national guardians conference in Leeds on 30th September 2019.

On-going national developments include the newly agreed Version 5 of the 2016 Contract by NHS Employers and BMA in the process of implementation 2019-20.

This is the key quality assurance statement for the Board:

'The Board is advised that overall working hours across the organisation are satisfactory and that there are presently no unaddressed specific concerns in departments or directorates.'

The Trust Board has requested that the Guardian enlarges his role: in addition to the existing role to doctors in training grades, the Guardian will embrace the remaining non-training, non-career grade doctors in his system and responsibility. The Guardian has agreed to this change. The Guardian has discussed implementation of this process with the medical workforce department. There has been no progress with this implementation.

BMA and NHS Employers have concluded their dispute from 2016 with a new juniors' contract (2016 TCS Version 5). This offers numerous detailed improvements to the trainees in their employment which are under implementation in the year to March 2020.

1 Introduction

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

Its purpose is to report to the Board of Directors the state of safe working of doctors in training ('junior doctors') in relation to their working hours, gaps in rotas and their educational experience. The quarterly report is a contractual duty upon the employer under the 2016 TCS.

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

2 High level data

In September 2019:

Trainee posts: the position is un-changed from the last report. At any time there are rota gaps around 5% in established NHS training posts. These from time to time include maternity and other leave, resigners and vacant posts not filled. The Medical Workforce Department continuously seeks recruitment to vacant posts. There is a major rotation in February 2020: all except two posts have nominees expected to take up their posts.

3 Exception reports

Exception reports are individual notifications by trainee doctors who have had a problem occasion causing them to vary their working hours from the contracted rota by more than ½ hour. Exception reports have a time-limited process for response by the Trust. At any one time there may be a few reports awaiting attention by individual clinical supervisors.

Clinical supervisors are in most cases poor at responding to exception reports. This task was dropped on consultants without their agreement by the 2018 Trainees new contract and has never had an enthusiastic response. The Guardian has to review and agree outstanding reports. This role change has been agreed in the V5 Terms and Conditions.

This report presents Quarters 2 & 3 2019/20.

Q2: 1.6.2019-30.9.2019 Exception reports by department: hours/rest				
Specialty [five top]	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General Medicine	0	46	46	0
General Surgery	0	4	4	0
Anaesthetics	0	1	1	0
Urology	0	2	2	0
Total	0	53	53	0

Q3: 1.10.2019-31.12.2019 Exception reports by department: hours/rest				
Specialty [five top]	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General Medicine	0	39	39	0
General Surgery	0	2	2	0
O&G	0	2	2	0
Anaesthetics	0	1	1	0
Total	0	44	44	0

These also include three ‘education’ exceptions in each quarter which were each combined with an ‘hours and rest’ exception. Reports are up on Q1 (31). Nearly all reports are of over-working at the end of the day when clinical workload, acutely ill patients and too few colleagues demand working beyond normal hours. This is especially true in general medicine. To put this in rough context, if 150 trainee doctors work about 20 days per month, then the 40-50 exception reports have occurred in less than 1% of the c9000 doctor-days worked in the quarter. [Exception reports are known to under-report over-working].

If a doctor has overworked their contracted hours on an occasion, then they are entitled under the TCS to over-time pay or time off in lieu. If the over-work is caused by rota gaps, then time off is not appropriate if it will compound the shortage situation. The doctor is entitled to overtime pay even if their overtime commitment followed from their own inefficiency or misjudgment. Clinical supervisors are expected to guide their trainees in efficient working, prioritizing clinical activities and making timely hand-overs to over-night teams. The Trust will incur a small cost each month in some hours’ over-time pay; but this is offset somewhat by vacant posts owing to rota gaps. But overall, the Trust is heavily over-spent on medical locum costs for consultants and trainees.

The job of filling posts, balancing rotas and workloads properly belongs to clinical directorates with professional support from the HR function. Individual trainees’ employment experiences are managed by their individual clinical supervisor - a clinical consultant usually in the same or a related specialty. Clinical supervisors are intended to respond to each exception report. Despite repeated advice some never do and the report has to be managed by the Guardian. The Guardian has no actual managerial power over individuals in directorates.

Of course, ideal conditions of employment for trainee doctors are one obligation amongst many in the Trust, particularly in periods of winter pressures.

4 Work schedule reviews and interventions

4a Work schedule review

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

4b Interventions

One specific issue has arisen in this last quarter. A trainee doctor had difficulties overnight and was too tired to work next day. This was good practice not to attend when unfit. The rota concerned has been adjusted to ameliorate the underlying problem. This was not a situation deserving a fine.

5 Vacancies

The vacancies are not significantly changed. The Guardian has not achieved access to the trainee database this month.

The successful filling of rota gaps is of course a measure of the diligence and ingenuity of the Medical Workforce and Recruitment team but challenged by the availability and willingness of suitable doctors to apply.

Of course, any rota gaps will add to the strain on the trainees in post and add to the Trust's workforce costs by necessitating locum and other temporary employees and working down of senior grades of staff.

The percentage of vacancies is worse in other Trusts: we are doing relatively well.

The Guardian has access to the HR database of trainee doctors which is up-dated monthly.

There are also 12 Trust posts for doctors not in training schemes who participate in the same rotas as trainees. There are about 60 SAS grade doctors in the Trust.

6 Fines

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

No fine has been necessary to date. There have been no identified breaches of the Working Time Directive caused by the Trust. Fines have been levied in other trusts in the thousands of pounds.

Working time rules may of course change after BREXIT.

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

7 Meetings

The Guardian has had no regional meetings to attend in the quarter but the National Conference for Guardians of Safe Working Hours was on 30th September 2019 conveniently in Leeds: the Guardian attended this. The content was largely discussion of the amended terms and conditions from V5 which are a multitude of detailed adjustments but no big thing. A bid by NHS Education to demand even more 'granulated' data from Guardians – monthly, not quarterly, and more data items - was unwelcome and was rebuffed by the body of Guardians. They felt that they did not have the resources to deliver this and that the data would have no particular value. Guardians are accountable to Trust Boards and not Health Education England.

8 Trainees' Forum

The importance of exception reporting has been canvassed to the trainees.

9 Disclosure

These regular Guardian reports are submitted to Health Education England at their request and by standing consent of the Trust Board of Directors. A regional summary is assembled and discussed at the regional meeting each time. Guardians assume that their quarterly reports to their boards of directors are open to the public domain. The change in periodicity of reporting to the Board has disrupted the flow of reports to Health Education England.

Health Education England will receive periodical download of the entire database of exception reports for the purpose of research by the mining of big data. The Board has agreed to this. They are sent this whenever they ask.

10 Confidentiality

Given that Guardians' reports may be in the public domain, the identities of any specialties, doctors and supervisors are concealed in the Guardian's quarterly report. Full data are available to the Board of Directors in private session on request.

11 CQC

The Guardian has had no further contact with CQC inspectors in these quarters.

12 New contract deal for junior doctors in England

This is under implementation.

13 Inclusion of SAS doctors within the scope of the Guardian

The Trust Board has requested that the Guardian enlarges his role: in addition to the existing responsibility to doctors in training grades, the Guardian will embrace the remaining SAS (non-

training, non-consultant grade) doctors within his system and responsibility. Strictly, this has no contractual or statutory basis, but the Trust has agreed – in an exchange of letters with the Medical Director - that it will honour agreements and determinations made by the Guardian as if these doctors were training grade doctors covered by the 2016 TCS V5. The Guardian has agreed to this change. The Guardian has discussed implementation of this process with the medical workforce manager. The workload and IT implications of this change are still to be determined.

14 Change of Guardian

The Guardian intends to apply for a different role in the Trust. If this is successful he would demit the office of Guardian and a new Guardian would need to be appointed. Naturally, the Guardian will assist in the induction of the new Guardian when appointed.

15 Issues arising

a. The Trust continues in comparatively good standing. We have had a below-average rate of exception reporting but there is an increasing trend.
b. There is an on-going problem of sporadic over-work and reduced educational opportunity for trainee doctors owing to colleagues off sick and rota gaps. This is especially true in general medicine. The clinical directorate is actively managing the situation.
c. Reluctance in trainees to report exceptions exists regionally and nationally.
d. Exception reports are being received and processed.
e. There are gaps in rotas owing to failed recruitment. This a worsening issue throughout medical specialties especially in the North of England, but this Trust is doing relatively well.
f. No national Guardian meeting has yet been announced for 2020.
g. NHS Employers and BMA have agreed an amended national junior doctors' contract following the 2018 review. The 2016 TCS V5 make numerous detailed improvements to the employment of doctors in training. The Guardian and the medical workforce department will be studying the changes and implementing them.
h. The Trust Board has requested that the Guardian enlarges his role in relation to SAS doctors. This is agreed: the Guardian will discuss implementation of this process with the medical workforce department.

16 Actions taken to resolve issues

a. No fine has been necessary this quarter.
b. A minor intervention has been necessary this quarter to investigate a single trainee's complaint about a rota circumstance. This has been eased.
c. At the date of reporting, the Board of Directors is assured from the evidence available that:
    i. The exception reporting system is operational for all trainees; they are now all to be converted to 2016 TCS Version 5.
    ii. Overworking owing to pressure of work and rota gaps is a chronic problem in medicine. This is under active management by the directorate.
    iii. The Guardian can only intervene on notified problems.
    iv. The Guardian will continue to attend regional and national meetings.

17 Questions for consideration by the Board of Directors

a. The Board is asked to receive the combined quarterly report and to consider the assurances provided by the Guardian. The Board has changed its requirement for written reports: future reports will be to cover quarters in ones or twos as requested.
b. There are presently no issues outlined in the report which are not being (or cannot be) tackled.
c. The Guardian makes no request for escalation, internally, externally or both, which might be recommended in order to ensure that safe working hours would not be compromised in the future.
d. Issues of medical [and indeed all healthcare professional] workforce planning are an urgent strategic challenge to the Trust and to the entire NHS. The Trust always has vacancies gaps in trainee doctor posts; these currently run at 5 per cent.
e. The Guardian may leave office and therefore may need replacing this year.

Dr Carl Gray

Guardian of Safe Working Hours
22nd January 2020

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	**5.9**
Report to:	Trust Board of Directors		
Title:	Chief Nurse Report		
Sponsoring Director:	Jill Foster		
Author(s):	Jill Foster		

Report Purpose:

Decision		Discussion/ Consultation	✓	Assurance	✓	Information	✓

Executive Summary:

- The risk remains high regarding Registered Nurse vacancies on in-patient wards. The first cohort of Registered Nurse Associates at HDFT have qualified this month
- The Global Learners programme continues to provide high quality registered nurses
- The Special Care Baby Unit (SCBU) has become the first in the country to receive the UNICEF Baby Friendly Gold Award

Related Trust Objectives

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

Key implications

Risk Assessment:	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 1: risk of a lack of medical, nursing and clinical staff; BAF 3: BAF 13: risk of insufficient focus on quality in the Trust.
Legal / regulatory:	None identified.
Resource:	None identified.
Impact Assessment:	Not applicable.
Conflicts of Interest:	None identified.

Action Required by the Board of Directors:

- Be **assured** by the work being undertaken to improve of nurse recruitment.
- **Recognise** the exceptional work being undertaken on SCBU

Harrogate and District NHS Foundation Trust

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

Nurse Recruitment

As the Board is aware there are thousands of Registered Nurse (RN) Vacancies across England. Nationally demand for qualified nurses is likely to exceed supply for the foreseeable future. In these challenging conditions the registered nurse vacancies in the in-patient areas at HDFT is one of the highest risks on the Corporate Risk Register. The Trust has developed a continuing, innovative approach to recruitment and retention in mitigation of these severe challenges.

I am pleased to report the first cohort of 8 Registered Nurse Associates at HDFT have qualified this month. They are taking up posts on
MSS - 2
MAU -2
Oakdale - 1
Farndale - 1
Nidderdale - 1
Wensleydale - 1

The Global Learner Programme continues with significant success. To date 30 nurses have successfully completed the requirements to become a registrant with the NMC and 4 more a waiting to take their final OSCE exam in February 2020.

UNICEF Baby Friendly Programme

The Special Care Baby Unit (SCBU) received Baby Friendly Gold standard accreditation this month. They are the first SCBU in the country to achieve this standard. The staff have worked hard to achieve improve levels of care for babies and their families so that babies can get off to the healthiest possible start. Particular congratulations and thanks should go to Jo Orgles, the Infant Feeding Coordinator, who leads this work.

Jill Foster
Chief Nurse
January 2020

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	**5.10**
Report to:	Board of Directors		
Title:	Infection Control Update		
Sponsoring Director:	Mrs Jill Foster, Chief Nurse		
Author(s):	Dr Jenny Childs, Infection Control Doctor		
Report Purpose:	**Decision** ☐ **Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓		
Executive Summary:	• The Trust has now reached the objective of 19 cases of *Clostridium difficile* • Any further cases will be a breach • Winter months often see the highest number of cases • The number of 'flu cases appears to be abating • There has been no 'flu B so far this season		

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

Key implications	
Risk Assessment:	Not applicable
Legal / regulatory:	None identified
Resource:	None identified
Impact Assessment:	Not applicable
Conflicts of Interest:	None identified
Reference documents:	Not applicable
Assurance:	Quality Committee.

Action Required by the Board of Directors:

The Board of Directors is **recommended** to:

- **Note** items included within the report;

You matter most

Harrogate and District NHS
NHS Foundation Trust

INFECTION PREVENTION AND CONTROL REPORT for SMT **January 17th 2020**

Dashboard 2019/2020

	C difficile					MSSA BSI		MRSA BSI		*E.* coli BSI		Klebsiella BSI		*P. aeruginosa* BSI	
Month	**Trust**	**HOHA**	**COHA**	**COIA**	**COCA**	**HAI**	**CAI**	**HAI**	**CAI**	**HAI**	**CAI**	**HAI**	**CAI**	**HAI**	**CAI**
April	4	2	2	0	4	0	3	0	0	0	16	1	4	0	0
May	2	0	2	0	1	1	1	0	0	1	10	2	4	0	0
June	3	3	0	0	0	0	3	0	0	0	7	0	0	0	1
July	2	2	0	1	0	0	1	0	0	0	10	0	2	0	1
August	2	1	1	0	0	0	1	0	0	6	16	0	0	0	2
September	1	1	0	0	0	1	1	0	0	5	13	1	1	0	0
October	3	3	0	0	0	1	0	0	0	1	8	0	1	0	1
November	1	1	1*	0	0	1	2	0	0	1	15	0	2	0	1
December	1	1	0	0	0	0	4	0	0	1	11	1	5	0	1
January	(2)	(2)	(0)	(0)	(0)	(0)	(1)	(0)	(0)	(1)	(3)	(0)	(2)	(0)	(0)
February															
March															
Running total	21	16	5*	1	5	4	17	0	0	16	109	4	21	0	7

*includes one case with a recent admission to LGI; attributable to LGI, not HDFT

C difficile cases 2019/2020

Case	Category	Hospital ID	Type	Date	Location	DOA	Last admission date	Last discharge date	Speciality	Team	Directorate	RCA?	Lapses in care	Notes
	COCA	77526	New infection	02/04/2019	Jervaulx	01/04/2019	14/08/2018	21/08/2018	Elderly Care	MacCreanor	LTUC			
1	COHA	84016	Relapse	03/04/2019	A&E	03/04/2019	18/03/2019	19/03/2019	Acute Medicine	Smith	LTUC		None	Prev post Feb 19
2	HOHA	228764	New infection	07/04/2019	Oakdale	29/03/2019	26/03/2019	26/03/2019	Haematology	Haematology Team	LTUC	16/05/2019	None	N
3	HOHA	O15483	Relapse	15/04/2019	Nidderdale	07/04/2019	29/01/2019	14/02/2019	General Surgery	Farooq	P&SC	11/06/2019	Yes	NB was case 14 in 2018/2019; should have taken previous CDI into account
4	COHA	641958	New infection	18/04/2019	Woodlands	18/04/2019	09/04/2019	11/04/2019	General Surgery	Farooq	P&SC	11/06/2019	None	Post appendicetomy, transferred to Leeds
A	COCA	282781	New infection	20/04/2019	MSS	19/04/2019	None	None	Acute Medicine	Acute Medicine	LTUC			
B	COCA	706005	New infection	24/04/2019	Harlow	23/04/2019	23/10/2013	25/10/2013	Endocrinology	Maguire	LTUC			
C	COCA	O48143	New infection	29/04/2019	Kingswood Surgery	Community	14/03/2018	14/03/2018	General Practice		HaRD			
D	COCA	304507	New infection	14/05/2019	Boston Spa Surgery	Community	23/01/2017	24/01/2017	General Practice		Leeds North CCG			
5	COHA	171410	New infection	23/05/2019	Ripon Spa Surgery	Community	09/05/2019	17/05/2019	T&O	Farndon	P&SC	No	None	Previous clindamicin, but appropriate Rx
6	COHA	142767	New infection	29/05/2019	Park Parade Surgery	Community	08/05/2019	10/05/2019	O&G	Altanis	P&SC	No	None	Previous cephalexin and metz- appropriate
7	HOHA	O43156	New infection	03/06/2019	Wensleydale	29/05/2019	11/02/2019	19/02/2019	T&O	Conroy	P&SC	No	None	Laxatives. Incidental finding, not treated
8	HOHA	246068	New infection	10/06/2019	Littondale	07/06/2019	19/05/2019	30/05/2019	General Surgery	Farooq	P&SC	No	Appropriate use of cephalosporins	
9	HOHA	171410	Relapse	26/6/19	Farndale	03/06/2019	3/6/19	1/7/19	Orthogeriatrics	Fardon	P&SC	No	None.	NB was case 5 as well Treated with fidaxomycin
E	COIA	025471	new	24/7/19	Harlow	23/7/19	23/4/19	15/5/19	General medicine	Elnasri	LTUC	No	none	

10	HOHA	011674	new	25/7/19	Farndale	16/4/19	19/8/17	20/8/17	T&O	Copas	P&SC	No	None	
11	HOHA	181057	new	26/7/19	Farndale	7/7/19	10/2/14	14/2/14	T&O	Copas	P&SC	No	None	
12	COHA	005472		23/8/19	MAU	22/8/19	02/7/19	30/7/19	medicine		LTUC	No	Decision yet to be made	Patient tool self discharge. Notes awaited,
13	HOHA	004052	new	27/8/19	Farndale	28/6/19			T&O		P&SC	No	None	NB previous C diffiicile colinised
14	HOHA	585690	relapse	5/9/19	MSS	7/8/19	17/5/19	17/5/19	cardiology	Odeleska	LTUC	Yes	None	Case reviewed with cardiologists. Unavoidable
15	HOHA	011674	relapse	2/10/2019	Farndale	16/4/19			orthoaedics		P&SC	No	None	NB was also case 10. Incidental finding- not treated
16	HOHA	805953	? incidental finding	11th - 15/10/19	community	8/10/19	8/10/19	11/10/19	obstetrics		P&SC	No		Sample received after patient discharged; resolved by time result available, never treated
17	HOHA	347002	New infection	29/10/2019	Farndale	5/10/19	2/1/19	3/1/19	orthopaedics		P&SC	YES- to be arranged	tbc	
F	COCA	008595	relapse	1/11/19	MAU	31/10/19	5/6/19	5/6/19	Acute Medicine		LTUC	no	none	This is actually a COHA, but the case is associated with LUH, not HDFT. Recently treated for CDI in Leeds
18	HOHA	347002	relapse	28/11/19	Farndale	5/10/19	2/1/19	3/1/19	orthopaedics		P&SC	no	none	
19	HOHA	029299	new	6/12/19	Nidderdale	26/11/19	26/12/18	2/1/19	urology		P&SC	no	none	
20	HOHA	508108	new	5/1/20	Lascelles**	10/12/19			Elderly care/rehab		LTUC	yes		Both cases 20 & 21 associated with Jervaulx, A joint RCA ia being arranged; cross-transmission is not thought lilkely.
21	HOHA	552113	new	6/1/20	Jervaulx	25/12/19			Elderly care		LTUC	yes		

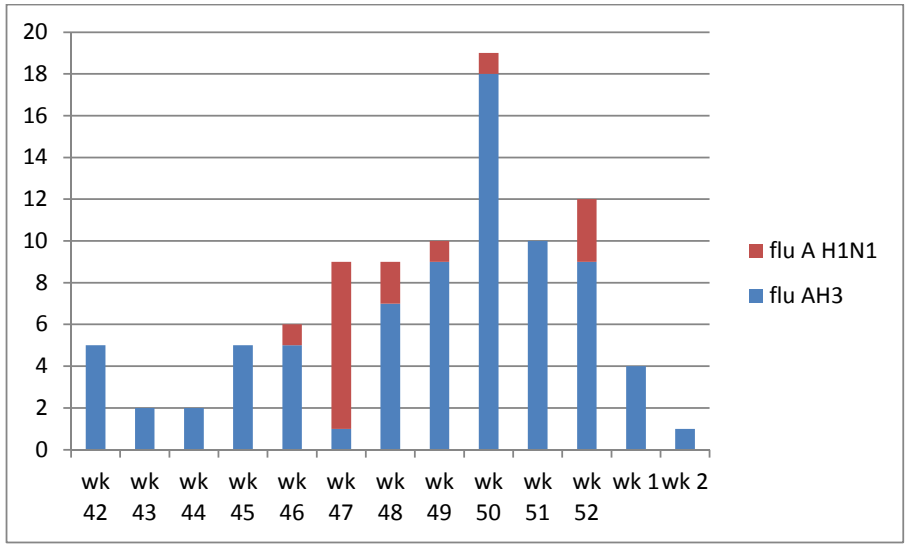
Unfortunately, we have now reached our objective of 19 for the year, and any further cases will be a breach. The winter months often see the highest numbers of C difficile cases.

Respiratory Virus Summary as of Monday January 13th 2019

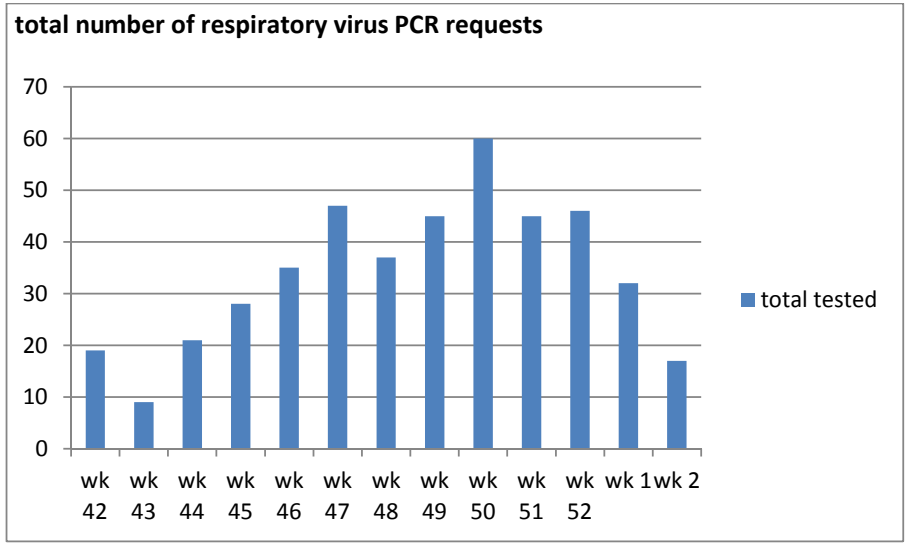
The number of 'flu cases seems to be abating, with only one case detected in week 2 of 2020.

There has so far been no 'flu B at all this season.

Figure 1, number of laboratory confirmed 'flu cases, 2019/2020 season, up until the end of week 2



The number of respiratory virus tests requested, which serves as an indicator for the overall respiratory virus workload is shown in Figure 2


total number of respiratory virus PCR requests
70
60
50
40
30
20
10
0
wk 42
wk 43
wk 44
wk 45
wk 46
wk 47
wk 48
wk 49
wk 50
wk 51
wk 52
wk 1
wk 2
total tested

Influenza and RSV by location

Respiratory viruses in Hospital Inpatients, date up to Monday 6th January 2020

	Flu A unspecified	Flu AH3	flu H1N1 2009	RSV	paraflu	corona virus	rhinovirus/enterovirus	metapneumovirus	*M. pneumoniae*	*adenovirus*	*B.pertussis*
AE		3	1			1	1				
BY		3		1			3				
FAR											
GRA		2	2				2				
HA	1								1		
HIST											
ITUHDU		4			1		2				
JE		2		4				1			
LA		5		1			1				
LIT		2	5		1		1				
MAC		1									
MAU		22	3	20	2	1	16	10	1	2	2
MSS		8		2	2	4	9	1			
NID				1							
OAK		1		1		1					
PAN							1				
SAU				1							
WOO		13	3	17	4		6	1	1	16	

Dr J Child. Infection Control Doctor, 19th January 2019

NHS
Harrogate and District
NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	5.11
Report to:	Board of Directors		
Title:	Freedom to Speak Up Board self-assessment		
Sponsoring Director:	Mrs Jill Foster, Chief Nurse		
Author(s):	Dr Sylvia Wood, Deputy Director of Governance		
Report Purpose:	**Decision** ✓ **Discussion/ Consultation** ✓ **Assurance** ✓ **Information**		
Executive Summary:	• The Board of Directors considered the attached self-assessment at the October Board workshop • The Board needs to consider the agreed outcomes and the actions required to achieve full compliance • The FTSU guidance requires the Board to repeat the self-assessment exercise at regular intervals • The results of the updates should be discussed in the public session of the Board of Directors at least every six months • It is proposed that the self-assessment is reviewed and updated at the June Board workshop		

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

Key implications	
Risk Assessment:	None identified
Legal / regulatory:	None identified
Resource:	Some resource, as yet unquantified, may be required to achieve compliance
Impact Assessment:	Not applicable
Conflicts of Interest:	As declared by Medical Director and Freedom to Speak Up Guardian
Reference documents:	Freedom to Speak Up review tool for NHS Trusts and Foundation Trusts - July 2019
Assurance:	Not applicable

Action Required by the Board of Directors:

It is **recommended** that the Board of Directors:

- **Approves** the outcome of the Board self-assessment as agreed at the Board workshop, the evidence supporting this, and actions required to achieve compliance
- **Approves** the proposal that the Freedom to Speak Up Guardian progresses actions as shown and **agrees** who should take forward remaining actions
- **Endorses** the proposal to review the self-assessment at the June Board workshop

You matter most

Freedom to Speak Up review tool for NHS trusts and foundation trusts

July 2019

NHS England and NHS Improvement

This is a tool for the boards of NHS trusts and foundation trusts to accompany the *Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts* (cross referred with page numbers in the tool) *and the Supplementary information on Freedom to Speak Up in NHS trusts and NHS foundation trusts* (cross referred with section numbers).

We expect the executive lead for Freedom to Speak Up (FTSU) to use the guidance and this tool to help the board reflect on its current position and the improvement needed to meet the expectations of NHS England and NHS Improvement and the National Guardian's Office.

We hope boards will use this tool thoughtfully and not just as a tick box exercise. We also hope that it is done collaboratively among the board and also with key staff groups – why not ask people you know have spoken up in your organisation to share their thoughts on your assessment? Or your support staff who move around the trust most but can often be overlooked?

Ideally, the board should repeat this self-reflection exercise at regular intervals and in the spirit of transparency the review and any accompanying action plan should be discussed in the public part of the board meeting. The executive lead should take updates to the board at least every six months.

It is not appropriate for the FTSU Guardian to lead this work as the focus is on the behaviour of executives and the board as a whole. But getting the FTSU Guardian's views would be a useful way of testing the board's perception of itself. The board may also want to share the review and its accompanying action plan with wider interested stakeholders like its FTSU focus group (if it has one) or its various staff network groups.

We would love to see examples of FTSU strategies, communication plans, executive engagement plans, leadership programme content, innovative publicity ideas, board papers to add them to our Improvement Hub so that others can learn from them. Please send anything you would specifically like to flag to nhsi.ftsulearning@nhs.net

How to use this tool

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		October 2019	Insert review date		
Behave in a way that encourages workers to speak up					
Individual executive and non-executive directors can evidence that they behave in a way that encourages workers to speak up. Evidence should demonstrate that they: • understand the impact their behaviour can have on a trust's culture • know what behaviours encourage and inhibit workers from speaking up • test their beliefs about their behaviours using a wide range of feedback • reflect on the feedback and make changes as necessary • constructively and compassionately challenge each other when appropriate behaviour is not displayed	Section 1 p5	Partially		All aware of role in "setting the tone". Included in executive introduction to corporate induction Raise profile on ward visits Fair and just culture work initiated by Board 2018 The appraisal processes including 360 reviews supports reflection, challenge and the identification of development areas. Lots of opportunities for staff to feedback concerns Deloitte review Board strategy days have focused on the culture and how we want to everyone to treat each other.	To encourage and assess feedback from Trust staff. Continue to learn from situations that have / might not have been handled well. Consider staff stories at Board
Demonstrate commitment to FTSU					
The board can evidence their commitment to creating an open and honest culture by demonstrating: • there are a named executive and non-executive leads responsible for speaking up • speaking up and other cultural	p6 Section 1 Section 2 Section 3	Partially		Named executive and non-executive leads for FTSU Ongoing action plans relating to the outcomes of staff surveys; target issues such as B&H. Patient Safety Visits as an integral part of	Consider staff stories at Board Consider a review of the communications strategy to incorporate feedback from Trust staff

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		October 2019	Insert review date		
issues are included in the board development programme • they welcome workers to speak about their experiences in person at board meetings • the trust has a sustained and ongoing focus on the reduction of bullying, harassment and incivility • there is a plan to monitor possible detriment to those who have spoken up and a robust process to review claims of detriment if they are made • the trust continually invests in leadership development • the trust regularly evaluates how effective its FTSU Guardian and champion model is • the trust invests in a sustained, creative and engaging communication strategy to tell positive stories about speaking up.				engaging with staff across the Trust Investing in leadership programmes Schwartz rounds Board strategy days	
Have a strategy to improve your FTSU culture					
The board can evidence it has a comprehensive and up-to-date strategy to improve its FTSU culture. Evidence should demonstrate: • as a minimum – the draft strategy was shared with key stakeholders • the strategy has been discussed and agreed by the board	P7 Section 4	Partially		FTSU Guardian attends conferences - best practice is presented to Board. Strategy in development within Fair and Just Culture work - to be finalised at October 2019 Board workshop. High priority for the Board - openly supported in Board meetings.	Document a strategy to improve FTSU culture, share with key stakeholders, agree with the Board (FTSUG) Link or embed in other strategies, provide progress updates to the Board based on qualitative and quantitative measures. Communicate the strategy and enable the

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		October 2019	Insert review date		
• the strategy is linked to or embedded within other relevant strategies • the board is regularly updated by the executive lead on the progress against the strategy as a whole • the executive lead oversees the regular evaluation of what the strategy has achieved using a range of qualitative and quantitative measures.					strategic aims of the trust to be easily recounted by all staff
Support your FTSU Guardian					
The executive team can evidence they actively support their FTSU Guardian. Evidence should demonstrate: • they have carefully evaluated whether their Guardian/champions have enough ringfenced time to carry out all aspects of their role effectively • the Guardian has been given time and resource to complete training and development • there is support available to enable the Guardian to reflect on the emotional aspects of their role • there are regular meetings between the Guardian and key executives as well as the non executive lead.	p7 Section 1 Section 2 Section 5	Partially		The role and support for the FTSU Guardian is well embedded The FTSU Guardian has ready access to the Chief Executive, Chairman and Board members. Board members want to support Guardians and Fairness Champions to promote a fair and inclusive culture. Recent internal audit to confirm operating in optimal way	Concern that Guardians do not have enough protected time to carry out duties, attend training, regional workshops - review protected time for FTSU Guardians Prior to further recruitment there needs to be clarity about the Trust commitment to resource the role Establish patient safety and employee relations data for triangulation

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		October 2019	Insert review date		
• individual executives have enabled the Guardian to escalate patient safety matters and to ensure that speaking up cases are progressed in a timely manner • they have enabled the Guardian to have access to anonymised patient safety and employee relations data for triangulation purposes • the Guardian is enabled to develop external relationships and attend National Guardian related events					
Be assured your FTSU culture is healthy and effective					
Evidence that you have a speaking up policy that reflects the minimum standards set out by NHS Improvement. Evidence should demonstrate: • that the policy is up to date and has been reviewed at least every two years • reviews have been informed by feedback from workers who have spoken up, audits, quality assurance findings and gap analysis against recommendations from the National Guardian.	P8 Section 8 National policy	**Fully**		Policy in place and reviewed in 2019 Update given in Board report Ratified autumn 2019 Policy on the intranet for all staff. Policy has been informed by those who had spoken up in past Separate policy for Harrogate Integrated Facilities	

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		October 2019	Insert review date		
Evidence that you receive assurance to demonstrate that the speaking up culture is healthy and effective. Evidence should demonstrate: • you receive a variety of assurance • assurance in relation to FTSU is appropriately triangulated with assurance in relation to patient experience/safety and worker experience. • you map and assess your assurance to ensure there are no gaps and you flex the amount of assurance you require to suit your current circumstances • you have gathered further assurance during times of change or when there has been a negative outcome of an investigation or inspection • you evaluate gaps in assurance and manage any risks identified, adding them to the trust's risk register where appropriate.	P8 Section 6	Partially		Assurance from; staff survey, Fairness Champions, Team Talk and regular reporting from sources such as Quality Committee. More work to do to achieve full assurance about a healthy culture. Processes in place to capture the culture of the organisation We receive information from variety of sources - provides considerable assurance. However - difficult to be completely assured about systematic triangulation. Internal audit reviews FTSU Guardian reports to Board	More work required to understand gaps in assurance More work to triangulate patient experience, safety and worker experience – and establish measures of culture
The board can evidence the Guardian attends board meetings, at least every six months, and presents a comprehensive report.	P8 Section 7	Fully		All agreed that the FTSU Guardian regularly attends Board meetings and they were able to evidence this	
The board can evidence the FTSU Guardian role has been implemented using a fair recruitment process in accordance with the example job description (JD) and	Section 1 NGO JD	Fully		First appointment was not via recruitment – logical and pragmatic - but latest appointments have been Most were assured that the FTSU	

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		October 2019	Insert review date		
other guidance published by the National Guardian.				Guardian role had been implemented in line with a fair recruitment process. For those that responded as partially assured, this was due to them not being involved in the initial post however all in agreement that the process for the recruitment of additional guardians was transparent.	
The board can evidence they receive gap analysis in relation to guidance and reports from the National Guardian.	Section 7	Partially		A gap analysis in relation to guidance was provided to Board in the form of a report Each report from the National Guardian has been reviewed and a gap analysis included in the Board reports	FTSU Guardian to create a formal gap analysis of all recommendations for evidence (FTSUG)
Be open and transparent					
The trust can evidence how it has been open and transparent in relation to concerns raised by its workers. Evidence should demonstrate: • discussion with relevant oversight organisation • discussion within relevant peer networks • content in the trust's annual report • content on the trust's website • discussion at the public board • welcoming engagement with the National Guardian and her staff	P9	Partially		Discussion surrounding issues raised held in the public section of the Board and noted in the minutes. Approach to date appropriate and transparent. Information included in the annual report Trust is focused on developing a fair and just culture and is developing methods and systems to evidence the journey being taken to deliver this Discussions had with NGO; CQC; Board report goes to CCG	Establish engagement with Regional Lead More detail in annual report (FTSUG) Consider discussion with peer networks Review information on the Trust website (FTSUG)

Summary of the expectation	Reference for complete detail Pages refer to the guidance and sections to supplementary information	How fully do we meet this now?		Evidence to support a 'full' rating	Principal actions needed in relation to a 'not' or 'partial' rating
		October 2019	Insert review date		
Individual responsibilities					
The chair, chief executive, executive lead for FTSU, Non-executive lead for FTSU, HR/OD director, medical director and director of nursing should evidence that they have considered how they meet the various responsibilities associated with their role as part of their appraisal.	Section 1	Partially		Responsibilities are regularly reviewed but cannot evidence that this is part of the appraisal process for all roles specified	To ensure evidence is available from appraisals

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	5.12
Report to:	Board of Directors		
Title:	Equality Delivery System (EDS2) Assessment January 2020		
Sponsoring Director:	Jill Foster, Chief Nurse		
Author(s):	Angie Colvin – Equality, Diversity and Inclusion Lead		
Report Purpose:	**Decision** ☐ **Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓		
Executive Summary:	In 2018, the Trust defined its equality objectives for 2018-20; a plan was then established to progress work to deliver these objectives. This plan is overseen by the Learning from Patient Experience Group (LPEG). At the end of each year there is a review of progress and analysis of relevant data to evidence for self-assessment against the Equality Delivery System goals and outcomes. We are required to agree our objectives and self-assessment with stakeholders. The EDS2 Summary Report was presented to stakeholders by email to enable them to review the Trust's progress with our equality objectives and agree the re-grading of the outcomes defined within EDS2. Following this, the HDFT annual summary report is completed and presented to Senior Management Team and the Board of Directors for approval prior to publication at: Equality and diversity - Harrogate and District NHS Foundation Trust		

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

Key implications	
Risk Assessment:	The use of the EDS2 helps NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010 and therefore reduces the risk of breaching the Equality Act.
Legal / regulatory:	The Equality Act 2010
Resource:	Resource may be required for specific work plans.
Impact Assessment:	Not applicable.
Conflicts of Interest:	None identified.
Reference documents	NHS England » Equality Delivery System
Assurance:	This report describes the assurance provided by stakeholder engagement and Senior Management Team.

Action Required by the Board of Directors:
It is recommended that the Board: • **Notes** items included within the report; • **Supports** the approach taken to meet the requirements of EDS2 • **Approves** the summary report (circulated by email) for publication and • **Supports** the plan of work for 2020/21.

Introduction

The main purpose of EDS2 is to help NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010.[1]

Organisations are required to assess their performance in relation to the four goals and 18 outcomes (see Appendix A), and to consider for each whether people whose characteristics are protected by the Equality Act, fare as well as people overall. EDS2 can also be readily applied to people from other disadvantaged groups. The goals and outcomes, together with our associated equality objectives, are provided in this report. The grading to be used in assessing performance is:

In 2018, the Trust defined its equality objectives for 2018 - 20; a plan was then established to progress work to deliver these objectives. This plan is overseen by the Learning from Patient Experience Group (LPEG). At the end of each year there is a review of progress and analysis of relevant data to evidence for self-assessment against EDS2.

We are required to agree our objectives and self-assessment with stakeholders. The EDS2 Summary Report was presented to stakeholders by email to enable them to review the Trust's progress with our equality objectives and agree the re-grading of the outcomes defined within EDS2.

In 2018 we defined equality objectives for a two-year period for each of the four goals:

Equality Objectives 2018 – 2020

Better health outcomes

- To ensure that our services provide effective and safe treatment and care that is sensitive to people's personal and cultural needs as well as appropriate to their clinical condition.

Improved patient access and experience

- To strengthen our systems and processes to meet the requirement of the Accessible Information Standard, to continue to work with patients with

learning disabilities to provide even better patient access and experience, and to introduce the Patient Participation Strategy.

A representative and supported workforce

- To utilise the workforce equality group to deliver action plans focused on improving the availability of workforce equality information to assess our progress towards ensuring we have a representative and supported workforce.

Inclusive leadership

- To ensure that Trust leaders have the right information and skills to promote equality within and beyond the organisation and to support their staff to work in a fair, diverse and inclusive environment.

Self-assessment results

Equality work streams have been progressed during 2019; some of which are highlighted in the EDS2 Summary Report as headlines of good practice:

- Reviewing and strengthening governance arrangements to ensure we have our equality objectives embedded in other business and the work and progress has enough visibility throughout the organisation.
- Launched Policy for supporting Transgender patients, service users and staff, quick guide poster and resources on the intranet and staff training.
- Launched NHS Rainbow Badge to promote HDFT as an open, non-judgemental and inclusive place for people that identify as LGBT+.
- Ongoing work to progress a consistent process to meet all requirements of the Accessible Information Standard. Outpatient letters available in Braille and other languages as required.
- Video remote interpreting for British Sign Language and ten core languages.
- Evidence of learning from complaints related to protected characteristics.
- Active engagement with members (general public) on service reviews in Orthopaedics and Ophthalmology to seek feedback and views on patient experience.
- Working with Youth Forum in delivering Hopes for Healthcare - making healthcare services even better for children and young people.
- Regular transition meetings between Children's Community Learning Disability (LD) Team, Specialist LD Liaison Nurse and Adult Community LD Team at Tees, Esk and Wear Valley NHS Foundation Trust (TEWV).
- Incorporate 'Ask Listen Do' into Easy Read Friends and Family Test.
- Rapid Process Improvement Workshop (RPIW) to focus on recruitment and selection processes.
- First Line Leadership Programme - staff training for line managers to support their staff.
- Introduction of new Equality, Diversity and Inclusion (EDI) Lead (December 2019) to coordinate all activities relating to the EDI agenda for service delivery and workforce.
- EDI Lead participation in NHS England's Workforce Race Equality Standard (WRES) Experts Programme - ongoing work to address the WRES Action Plan.
- Focus on Fair and Just Culture/Fairness Champions and Staff Networks.

- Working with stakeholders including disabled patients and staff, and Capital Planning, to improve access and support.
- Completing and implementing the HDFT Patient and Public Participation Strategy.
- Completing and embedding robust impact assessment processes.

Based on the work done and analysis of data including the staff survey, staff Friends and Family Test (FFT), and patient feedback including local and national patient surveys, we have self-assessed as follows:

Better health outcomes		Improved patient access and experience		A represented and supported workforce		Inclusive leadership	
1.1	Achieving	2.1	Achieving	3.1	Achieving	4.1	Achieving
1.2	Achieving	2.2	Achieving	3.2	Achieving	4.2	Achieving
1.3	Achieving	2.3	Achieving	3.3	Achieving	4.3	Achieving
1.4	Achieving	2.4	Achieving	3.4	Developing		
1.5	Achieving			3.5	Achieving		
				3.6	Achieving		

The overall self-assessment remains the same as published last year. There has been a considerable amount of work undertaken across the Trust throughout 2019 however, we strive to continue making further improvements in our equality performance for our patients, community and workforce – making sure everyone counts.

The outcome which is assessed and remains as 'developing' is 3.4 - 'When at work, staff are free from abuse, harassment, bullying and violence from any source'. This is because of the evidence from the 2018 staff survey; 33.3% of BAME staff reported harassment from patients, relatives and the public in the last 12 months (24% for white staff). This has increased significantly compared to 27.78% for BAME staff (21.97 for white staff) the previous year. The proportion of BAME staff reporting harassment, bullying or abuse from staff continues to reduce (31.2% compared to 34% in 2018) however this percentage remains significantly higher than reports from white staff (24%).[2] An action plan is in place and work is progressing but further evidence of improvement is required.

Plan of work for 2020/21

Many of the work streams will continue to progress throughout 2020 and support the EDI quality priority in the Quality Report.

The EDI Lead will drive the focus for all activities relating to the EDI agenda for service delivery and workforce. This will include national reporting requirements such as Workforce Race Equality Standard, Workforce Disability Standard and the refreshed EDS3 (guidance for EDS3 is awaited). They will play a key role in the Trust's understanding and response to the needs of its diverse communities, developing key alliances and engaging with communities and external stakeholders

to improve the experience of the diverse groups who access and work within our services.

Following communication of the EDS2 Summary Report sent out to stakeholders including: Harrogate and Rural District Clinical Commissioning Group, HDFT Council of Governors, Stakeholder Equality Group, Patient Voice Group, Harrogate and Ripon Centres for Voluntary Services, Trade Union Representatives, Youth Forum, and the local LGBT+ Youth Group, overall support has been received for the self-assessment and equality objectives for 2020.

Summary

The Board of Directors is asked to support the approach taken to meet the requirements of EDS2, to approve the EDS2 Summary Report for publication and to support the plan of work for 2020/21.

1. https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf
2. Workforce Race Equality Standard Board Report, July 2019.

Appendix A

EDS2 Goals and Outcomes and HDFT Equality Objectives 2018 - 20	
Goal : Better health outcomes	
Objective 2018-20 To ensure that our services provide effective and safe treatment and care that is sensitive to people's personal and cultural needs as well as appropriate to their clinical condition	
1.1	Services are designed and delivered to meet the health needs of local communities
1.2	Individual people's health needs are assessed and met in appropriate and effective ways
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Goal: Improved patient access and experiences	
Objective 2018-20: To strengthen our systems and processes to meet the requirements of the Accessible Information Standard, to continue to work with patients with learning disabilities to provide even better patient access and experience, and to introduce the Patient Participation Strategy.	
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
2.3	People report positive experiences of the NHS
2.4	People's complaints about services are handled respectfully and efficiently
Goal: A representative and supported workforce	
Objective 2018-20 To utilise the workforce equality group to deliver action plans focused on improving the availability of workforce equality information to assess our progress towards ensuring we have a representative and supported workforce	
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
3.3	Training and development opportunities are taken up and positively evaluated by all staff
3.4	When at work, staff are free from abuse, harrassment, bullying and violence from any source
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
3.6	Staff report positive experiences of their membership of the workforce
Goal: Inclusive leadership	
Objective 2018-20: To ensure that Trust leaders have the right information and skills to promote equality within and beyond the organisation and to support their staff to work in a fair, diverse and inclusive environment	
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Equality Delivery System for the NHS
EDS2 Summary Report

Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: **http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf**

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:

Harrogate and District NHS Foundation Trust

Organisation's Board lead for EDS2:

Jill Foster, Chief Nurse

Organisation's EDS2 lead (name/email):

Angie Colvin, Equality, Diversity and Inclusion Lead (angie.colvin@nhs.net)

Level of stakeholder involvement in EDS2 grading and subsequent actions:

Stakeholders invited to review, comment and agree EDS2 grading included this year:

HDFT Learning from Patient Experience Group - includes members of staff across Directorates.
HDFT Stakeholder Equality Group - includes stakeholders representing protected characteristics and from disadvantaged groups.
HDFT Workforce Equality Group.
HDFT Council of Governors.
HDFT Youth Forum.
Trade Union Representatives.

Organisation's Equality Objectives (including duration period):

These are our objectives for 2018-2020:
1. To ensure that our services provide effective and safe treatment and care that is sensitive to people's personal and cultural needs as well as appropriate to their clinical condition.
2. To strengthen our systems and processes to meet the requirements of the Accessible Information Standard, to continue to work with patients with learning disabilities to provide even better patient access and experience, and to introduce the Patient Participation Strategy.

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

We have this year progressed work in relation to:
Launched Policy for supporting Transgender patients, service users and staff, quick guide poster and resources on the intranet and staff training.
Launched NHS Rainbow Badge to promote HDFT as an open, non-judgemental and inclusive place for people that identify as LGBT+.
Ongoing work to progress a consistent process to meet all requirements of the Accessible Information Standard. Outpatient letters available in Braille and other languages as required.
Video remote interpreting for British Sign Language and ten core languages.
Evidence of learning from complaints related to protected characteristics.

Publication Gateway Reference Number: 03247

Date of EDS2 grading January 2020 **Date of next EDS2 grading** January 2021

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes	1.1	**Services are commissioned, procured, designed and delivered to meet the health needs of local communities** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ☐ Disability; ✓ Gender reassignment; ☐ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ☐ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: Work progressing with meeting all requirements of the Accessible Information Standard. Outpatient letters available in Braille and other languages as required. Video remote interpreting for British Sign Language and ten core languages. Launched Policy for supporting Transgender patients, service users	✓
	1.2	**Individual people's health needs are assessed and met in appropriate and effective ways** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ☐ Disability; ✓ Gender reassignment; ☐ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ☐ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: As above	✓
	1.3	**Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ☐ Disability; ✓ Gender reassignment; ☐ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ☐ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: Regarding young people entering adult health services - Commenced 'Ready Steady Go' programme (initially introduced at University Hospital Southampton NHS Trust) - a suite of resources designed to deliver high-quality transition for young people across all sub-specialties. Children's Community LD Team hold regular transition meetings	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes, continued	1.4	**When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ☐ Disability; ☐ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: All patient safety work - safety alerts; Datix RPIW; learning from events and deaths; ChatterMatters - safety focused newsletter for staff published regularly. New and updated policies Policies on a page Work to integrate Human Factors into patient safety work.	✓
	1.5	**Screening, vaccination and other health promotion services reach and benefit all local communities** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: Public health work continues to reduce inequalities in health with Gypsy, Roma and Traveler population with specialist health promotion. Active community health promotion at community events.	✓
Improved patient access and experience	2.1	**People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ☐ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: Work progressing with meeting all requirements of the Accessible Information Standard Changing Places facility Impact Assessment Policy	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Improved patient access and experience	2.2	**People are informed and supported to be as involved as they wish to be in decisions about their care** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ☐ Age; ☐ Disability; ☐ Gender reassignment; ☑ Marriage and civil partnership; ☑ Pregnancy and maternity; ☑ Race; ☑ Religion or belief; ☑ Sex; ☑ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: Work progressing with meeting all requirements of the Accessible Information Standard Launched Patient Participation Strategy Policy to support Transgender patients, service users and staff	✓
	2.3	**People report positive experiences of the NHS** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ☑ Age; ☐ Disability; ☐ Gender reassignment; ☑ Marriage and civil partnership; ☑ Pregnancy and maternity; ☑ Race; ☑ Religion or belief; ☑ Sex; ☑ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: Continue to analyse information from recent patient surveys - national and local	✓
	2.4	**People's complaints about services are handled respectfully and efficiently** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ☑ Age; ☑ Disability; ☑ Gender reassignment; ☑ Marriage and civil partnership; ☑ Pregnancy and maternity; ☑ Race; ☑ Religion or belief; ☑ Sex; ☑ Sexual orientation Evidence drawn upon for rating: Evidence from previous years and: Evidence of learning from complaints related to protected characteristics RPIW Complaints process. EDI Lead available for advice and guidance.	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.1	**Fair NHS recruitment and selection processes lead to a more representative workforce at all levels** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ☐ Disability; ✓ Gender reassignment; ☐ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ☐ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** See evidence from previous years. Rapid Process Improvement Workshop to focus on recruitment and selection processes. Some improvements noted in the 2019 WRES submission in relation to BAME colleagues being appointed following shortlisting.	✓
	3.2	**The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** See evidence from previous years. WRES and Pay Gap information published Action plans for Pay Gap, WRES and EDS2 to be taken forward	✓
	3.3	**Training and development opportunities are taken up and positively evaluated by all staff** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** See evidence from previous years. WRES data Staff survey Appraisal process and monitoring All indicate good uptake Commenced pilot of First Line Leadership Progamme with positive evaluation.	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.4	**When at work, staff are free from abuse, harassment, bullying and violence from any source** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ☐ Disability; ☐ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ☐ Race; ☐ Religion or belief; ✓ Sex; ☐ Sexual orientation Evidence drawn upon for rating: Evidence from previous years. Staff survey data Fair and Just Culture work / Fairness Champions Staff Networks being progressed. Participation in NHS England's Workforce Race Equality Standard (WRES) Experts Programme	✓
	3.5	**Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: See evidence from previous years. Flexible working policy and appeal process No central data so limited evidence Bigger departments - annual review of flexible working No evidence of concerns related to protected groups	✓
	3.6	**Staff report positive experiences of their membership of the workforce** Grade: Undeveloped / Developing / Achieving / Excelling Which protected characteristics fare well: ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation Evidence drawn upon for rating: See evidence from previous years. Staff survey results Staff FFT results Listening events Freedom to speak up	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Inclusive leadership	4.1	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Evidence from previous years and: Fair and Just culture work Youth Forum CQC inspection Patient and Public Participation Strategy EDI role Participation in WRES Experts programme	✓
	4.2	**Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ✓ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ✓ Race; ✓ Religion or belief; ✓ Sex; ✓ Sexual orientation **Evidence drawn upon for rating:** Evidence from previous years and: Front sheet with impact assessment introduced October 2017	✓
	4.3	**Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination** **Grade:** Undeveloped / Developing / Achieving / Excelling **Which protected characteristics fare well:** ✓ Age; ✓ Disability; ☐ Gender reassignment; ✓ Marriage and civil partnership; ✓ Pregnancy and maternity; ☐ Race; ✓ Religion or belief; ✓ Sex; ☐ Sexual orientation **Evidence drawn upon for rating:** Evidence from previous years and: Fair and just culture work Pathway to management First Line Leadership Programme Values and behaviours embedded and linked to appraisal Managers appraisal linked to staff appraisal and pay progression Coaching support network and mentoring being developed	✓

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	5.13
Report to:	Board of Directors		
Title:	Report by the Director of Workforce and Organisational Development		
Sponsoring Director:	Mrs Angela Wilkinson, Director of Workforce and Organisational Development		
Author(s):	Mrs Angela Wilkinson, Director of Workforce and Organisational Development		
Report Purpose:	**Decision**		**Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓
Executive Summary:	• **Recruitment of Company Secretary Update** • **Staff Survey Update** • **Flu Campaign Update** • **Pensions Taxation Update**		

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

Key implications	
Risk Assessment:	Any identified risks are included in the Directorate and Corporate Risk Registers and the Board Assurance Framework.
Legal / regulatory:	Not applicable
Resource:	None identified
Impact Assessment:	Not applicable
Conflicts of Interest:	None identified.
Reference documents:	None appropriate
Assurance:	Not applicable.

Action Required by the Board of Directors:

The Board of Directors is requested to:

- **Note** the content of the report and comment as required

Harrogate and District NHS Foundation Trust

1. Sickness Absence

The Trust sickness absence rate in December 2019 was 4.85% which is a decrease from November's rate of 5.38%. This remains above the Trust target of 3.9%. HR Business partners are working in partnership with their Directorate management teams to ensure they are sighted on the causes and the main areas of absence, and individual absences are being proactively managed through local sickness absence recovery/management plans. The HR review of the Managing Attendance policy is nearing completion, and is being conducted in close collaboration with our stakeholder groups.

2. Retention

Turnover for December shows a slight decrease to 12.29% from 12.68% in November. This has remained fairly static and the recruitment and retention group continue to meet on a monthly basis to discuss a number of initiatives. A new process is being implemented to consult with new starters to HDFT three months into their employment. The purpose of the consultation is to establish the positives about their first three months and the areas where we could improve on the new starter employee experience. This will be facilitated through focus groups and the feedback from this process will be fed into the Workforce & Organisational Development Steering Group.

3. Appraisal Rate

There has been an increase in appraisal rates to 75.74% in December from 72.64% in the previous reported month. A review of appraisal arrangements is underway to seek ways we can enhance the appraisal process and employee experience of this.

4. Recruitment of Company Secretary Update

We have recently appointed Lynn Hughes as an Interim Company Secretary for a period of 12 months. Lynn is an experienced Company Secretary and is joined us from South Tees Foundation Trust on Monday 20 January 2020.

5. 2019 NHS Staff Survey

The NHS Staff Survey 2019 launched on 7 October 2019 and was live for 8 weeks. A communications campaign was in action throughout the period the survey was open for. The overall Trust final return rate was 41%. This is a 2% improvement on last year's return rate of 39%. The benchmark return rate for our sector was 46%. Methods of increasing our return rate for the 2020 staff survey are being investigated. It is intended to liaise with Trusts who had a high return rate to identify the actions they took which had the greatest impact.

The results from the 2019 survey are due by 31 January 2020, and are embargoed until the 29 February 2020.

It is planned to involve those of the First Line Leader Programme alumni (cohorts 1 to 6 comprising of 119 leaders) who wish to be involved in the shaping of the Action Plan to be developed arising from the results of the 2019 Staff Survey. This will enable the Action Plan to be co-produced by clinical and non-clinical leaders from across the Trust

and ensure that the Action Plan supports improvements to the lived experience of teamHDFT colleagues.

6. Flu Vaccination Campaign Up-date

The national target for uptake of flu vaccination has been set at 80%.

The Flu Campaign launched on 10 October 2019, at HDFT with vaccination sessions being run across the Trust.

As at 15 January 2020 the uptake of the flu vaccine is 68.11% of clinical staff having received the vaccine and 65.72% of non-clinical staff.

We continue to actively promote and encourage our workforce to have the flu vaccine.

7. Pensions Taxation Up-date

In December 2019, NHS Employers/Improvement announced a time limited initiative to allow front line clinical staff to undertake additional clinical activity over the winter period without facing additional taxation as a result, the main driver was to reintroduce additional capacity into the system which had previously been declined due to taxation concerns. The initiative allows Clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold to have this charge paid by the NHS Pension Scheme (through scheme pays). Alongside this, as the employer, the Trust will make a contractually binding commitment to pay them a corresponding amount on retirement, ensuring that individuals are fully compensated in retirement for the effect of the 2019/20 Scheme Pays deduction on their income from the NHS Pension Scheme in retirement.

Details of the scheme were shared with consultant colleagues on 16 December and to date no applications have been received. The Trust is awaiting the outcome of a national consultation in relation to a longer term solution, in the meantime the Pension Working Group will continue to meet to consider any other scenarios which need to be considered as a either a short term or long term solution.

A Wilkinson
Director of Workforce and Organisational Development
January 2020

NHS
Harrogate and District
NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	**6.0**
Report to:	Board of Directors		
Title:	Operational Plan 2020-21		
Sponsoring Director:	Jonathan Coulter, Deputy Chief Executive/Finance Director		
Author(s):	Jonathan Coulter, Deputy Chief Executive/Finance Director Angela Gillett, Deputy Director of Planning and Business Development		
Report Purpose:	**Decision**		**Discussion/ Consultation**		**Assurance**	✓	**Information**	✓		
Executive Summary:	The Board of Directors has the responsibility for signing off the Final Operational Plan before submission to NHSI. The purpose of this paper is to set out the process to be followed and provide assurance to the Board in relation to the development of the Operational Plan for 2020/21.									

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

Key implications	
Risk Assessment:	Current risk on the CRR related to delivery of the Operational Plan
Legal / regulatory:	It is an NHSI requirement for the Trust to submit an Operational Plan
Resource:	Board and managerial input
Impact Assessment:	Not Applicable
Conflicts of Interest:	None Identified
Reference documents:	Specific Planning guidance for 2020/21 from NHSI

Action Required by the Board of Directors:

The Board of Directors is asked to **note:**-

- Ongoing work in relation to the development of the Operational Plan
- The work of the Resources Committee in overseeing the Planning process.

You matter most

Board of Directors Meeting 29 January 2020

Harrogate and District NHS Foundation Trust

Business Planning 2020/21
Operational Plan

Report from: Jonathan Coulter Deputy Chief Executive

Report Purpose: For Discussion

1. Introduction

1.1. The Board of Directors previously discussed the development of the Operational Plan at the Board workshop in December 2019.

1.2. The purpose of this report is to update the Board of Directors of progress regarding the development of the Operational Plan since that meeting.

2. Operational Plan 2019/20

- **Current Position**

2.1. Planning guidance was due to be issued week commencing 20 January 2020 and will be considered once details have been made available. I attended a national workshop with Finance Directors on 22 January 2020 and the guidance has been delayed until next week. In addition to the expectation in relation to service improvement in a number of areas, key points within the guidance will reflect the financial challenges set out as part of the long term plan namely

  - Delivering financial balance
  - Improving productivity
  - Managing demand
  - Reducing variation
  - Utilising capital funds to best effect

2.2. In addition, the manifesto pledges in relation to investment in community and primary care, recruitment of nurses, resolving pension tax issues, and hospital car parking are expected to feature.

2.3. In relation to performance trajectories, there is a national expectation that waiting list numbers will reduce, that there will be a material improvement in the emergency care standard performance, and that cancer standards will be delivered. This national expectation will need to be considered both internally and with the local system to agree an approach.

2.4. Throughout the guidance there will be an increasing emphasis on system working. We are well placed in this respect but will need to consider the guidance when it is issued next week to understand whether there are any practical changes to underpin the stated philosophy. As the Board is also aware, there are discussions in progress with both the WY&H ICS and the HCV STP about our planning footprint next year.

- **Quality Priorities**

2.5. The Trust is consulting with internal and external stakeholders on the priorities for quality improvement in 2020/21; these could be the continuation of some or all of the current quality priorities if appropriate. A proposal will be prepared for discussion and agreement at SMT in March.

- **2019/20 Outturn**

2.6. Clearly one of the main issues for 2020/21 will be the Trusts financial performance in 2019/20. In particular, the directorate expenditure run rates and income performance will determine the level of improvement required as we enter 2020/21. At present this remains a risk.

- **Efficiency programme**

2.7. The approach for developing the efficiency programme for 2020/21 is based on a similar approach adopted last year. Budgets will be rolled forward and the only adjustments being made for the national pay award and a few central pressures. The Efficiency Programme requirement will be firmed up as we assess the impact of the national assumptions and discuss with Commissioners the impact of any plans to reduce costs.

2.8. Detailed discussions regarding the development of our efficiency programme will continue to be a key focus at Resources Committee on 27 January and these discussions will be given at the Board meeting. Of particular importance are the internal discussions we are having in respect of prior year under and over spending areas, and whether we reset the start point for the four Directorates. This would result in an approach that prioritised reduction in current spending regardless of whether the current spending was above or below the current budget.

2.9. At present there remain challenges in relation to the delivery of the necessary efficiency programme, and we are in the process of setting some expectations in relation to key areas across the trust. These include specialties where are reference costs are high (eg maternity), areas where variable costs are high such as agency spend and WLI costs, areas where improving quality can reduce cost, such as a focus on reducing sickness, and whether there are further opportunities through the provision of services through different arrangements, as we have with HIF over the last two years.

- **Contract negotiations with HaRD CCG**

2.10. Discussions are continuing with the CCG in relation to our contract and plans for next year. It is fair to say that at present there will be a challenge to reach an acceptable contract value with the new NY CCG. Discussions are amicable and transparent and the principles that we agreed for 2019/20 have been restated, and both organisations recognise the challenges, but the financial position of the system (extended to the North Yorkshire system) means that some significant efficiency savings would need to be delivered for financial improvement trajectories to be met. Realistically this may not be possible.

2.11. We are meeting the CCG on 28th January, and I will update the Board at the Board meeting.

- **Activity and Capacity Planning**

2.12. Work has now been completed and reviewed by each of the clinical directorates. This work is being triangulated with both the workforce and financial planning work. As referenced above, an assessment against our performance trajectories will need to be undertaken in the light of any expectation in the planning guidance.

- **Workforce Planning**

2.13. Work is ongoing to develop the workforce plan and in particular ensuring that as we work through the financial and activity assumptions these are clearly triangulated with the workforce indications.

2.14. There continues to be a number of workforce challenges related to medical staffing, ward staffing and certain geographical areas within the community. As part of the planning process, plans are being developed to mitigate these risks. The workforce plan will be discussed in detail at the Resource Committee on 27 January 2020.

- **Capital Programme**

2.15. Significant work has been undertaken with the Clinical Directorates to review their asset registers and identify the key capital priorities for 2020/21. Detailed work has focussed on IT and replacing medical equipment. As the Board will be aware following the Board Workshop December 2019 the level of capital resources available will not be sufficient to meet all the priorities that have been identified across the organisation. Work is continuing to refine the capital priorities and a final prioritised list will be agreed in the coming weeks.

2.16. A number of projects however have been identified and these include:

- Upgrading of the Cath Lab and Heart Centre
- Provision of a second CT Scanner
- Upgrade of ED X-Ray Room
- Web V

3. Next Steps

3.1. Over the coming weeks work will continue in order to:

- Agree activity, finance and workforce plans to submit to NHSI.
- Complete efficiency plans
- Continue discussions with CCG regarding agreement of contract.
- Develop the Operational Plan for 2020/21 for submission to NHSI taking account to national guidance once it is issued.

3.2. This work will continue to be discussed at Resource Committee in February/March 2020 to inform further discussion at the Board of Directors meetings.

3.3. Although this is to be confirmed in the planning guidance, the expectation is that the first draft of the plan will need to be submitted in early March, with a final version submitted at the end of April.

4. Conclusion

4.1. Significant work continues to be progressed internally and externally with partners across the local and ICS system. Further work will be undertaken to develop a final plan for approval by the Board of Directors in March, subject to confirmation following receipt of the planning guidance.

5. The Board of Directors is asked to note:

- Ongoing work in relation to the development of the Operational Plan
- The work of the Resources Committee in overseeing the Planning process.

Harrogate and District NHS Foundation Trust

Date of Meeting:	29 January 2020	**Agenda item:**	7.0
Report to:	Board of Directors		
Title:	First annual review of the West Yorkshire and Harrogate Partnership Memorandum of Understanding		
Sponsoring Director:	Mr Steve Russell, Chief Executive		
Author(s):	Stephen Gregg, Governance Lead, WY&H Health and Care Partnership		
Report Purpose:	**Decision** ✓ **Discussion/ Consultation** ✓ **Assurance** ✓ **Information**		

Executive Summary:	• Following extensive engagement, the Partnership Memorandum of Understanding (MoU) was signed off by all partners in December 2018. The MoU describes how we organise ourselves at West Yorkshire & Harrogate level to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve. The MoU includes a requirement that it is reviewed within its first year of operation and then annually, to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System (ICS).
	• The MoU formalised many of our existing ways of working, such as the System Leadership Executive and the programme approach to delivery. It also established a number of new arrangements, including the Partnership Board, System Oversight and Assurance Group (SOAG), peer review process and mutual accountability framework.
	• Twelve months on, many of these arrangements are still in the process of 'bedding in'. In view of this, the WY&H System Leadership Executive agreed that the first review should take a 'light touch' approach, focusing on:
	  • Learning to date from operationalising the MoU.
	  • Changes in Partnership arrangements which should be reflected in the MoU.
	  • A gap analysis against the NHS Long Term Plan expectations for ICSs as set out in the Plan, the Implementation framework and the ICS maturity matrix.
	• The review found that the Partnership's arrangements align well with the NHS Long Term Plan expectations and most of the proposed changes to the MoU are administrative in nature. The main substantive changes proposed are to:		

	• reflect the revised priorities and programmes set out in the Partnership's five year plan. • highlight the Partnership's arrangements for involving patients and the public. • recognise the establishment of the Finance Forum and the Quality Surveillance Group. • At its meeting on 3 December 2019, the Partnership Board noted the review findings and approved the revised MoU for agreement by individual Partners. The revised MoU is attached at Annex A. It is proposed that a more comprehensive review is carried out in Autumn 2020.

Related Trust Objectives

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

Key implications	
Risk Assessment:	Not applicable
Legal / regulatory:	None identified
Resource:	Not applicable
Impact Assessment:	Not applicable
Conflicts of Interest:	None identified
Reference documents:	West Yorkshire and Harrogate Partnership Memorandum of Understanding – Board paper September 2018
Assurance:	Senior Management Team

Action Required by the Board of Directors:

The Board of Directors is **recommended to approve** the revised MoU and **authorise** the Chief Executive to sign the final version.

Harrogate and District NHS Foundation Trust

First annual review of the Partnership Memorandum of Understanding

Introduction

1. This report sets out the findings of the first annual review of the Partnership Memorandum of Understanding (MoU).

2. Following extensive engagement, the Partnership MoU was signed off by all partners in December 2018. The MoU describes how we organise ourselves at West Yorkshire & Harrogate level to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

3. The MoU includes a requirement that it is reviewed within its first year of operation to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System. Following that, it will be subject to an annual review by the Partnership Board

Approach

4. The MoU formalised many of our existing ways of working, such as the System Leadership Executive and the programme approach to delivery. It also established a number of new arrangements, including the Partnership Board, System Oversight and Assurance Group (SOAG), peer review and mutual accountability framework. Many of these arrangements are still in the process of 'bedding in' and the WY&H System Leadership Executive agreed at its meeting on 5th November that the first review of the MoU take a 'light touch' approach and be followed by a more comprehensive review in Autumn 2020.

5. The review was been carried out by seeking comments on the MoU from a representative group of partners from across our places, sectors and programmes. Staff from the Partnership core team supplemented this with a 'desk top' review.

6. The review focused on:
   - Learning to date from operationalising the MoU.
   - Changes in Partnership arrangements which need to be reflected.

- The NHS Long Term Plan expectations for Integrated Care Systems as set out in the Plan itself, the Implementation framework and the ICS maturity matrix.

7. The next section presents the findings of the review against each of the main chapters of the MoU and includes comments by the Partnership Board at its meeting on 3rd December 2019.

Introduction and context

8. This section sets out the context for Partnership working and includes the following key paragraph:

"The Memorandum is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration

9. The context for why we work as a Partnership remains unchanged, as does our commitment to promote integration and collaboration.

Substantive amendments to the MoU
- *None.*

How we work together in WY&H

10. This section outlines the Partnership's vision, values and leadership principles together with its objectives and approach to delivery improvement.

11. The Partnership's broad vision and values and its approach to leadership remain unchanged and continue to guide all of our arrangements. To support delivery improvement, the 'check and confirm' process has been established successfully and has sought to ensure rigour and delivery focus in all of our programmes.

12. The Partnership's ambitions for improving health outcomes have been reviewed as part of the development of our five year plan and we will have a refreshed set of objectives once the plan has been formally agreed.

13. The Partnership team carried out a gap analysis of the Partnership's arrangements against the expectations for ICSs as set out in the Long Term Plan, the Implementation framework and the ICS maturity matrix. The analysis showed that the Partnership's arrangements align well with the NHS Long Term Plan expectations, but that the MoU did not include a clear enough statement of the Partnership's approach to involving patients, service users and the public and the role of key governance groups in this. There is also a need to recognise Primary Care Networks in the MoU.

14. Discussion at the Partnership Board highlighted the need to recognise the role of the voluntary and community sector in the MoU.

Substantive amendments to the MoU

- *Arrangements for involving patients and the public added at paragraphs 3.4–3.8. New responsibility added to Terms of Reference of Partnership Board (3.1.iii) and System Leadership Executive (3.1.ii).*
- *Paragraphs 3.9-3.10 outline the role of the voluntary and community sector.*
- *Paragraph 3.12 reflects the revised priorities set out in the five year plan.*
- *References to the role of Primary Care Networks added at 2.9 and 4.32.*

Partnership Governance

15. This section formalises the governance arrangements at place, programme, sector and Partnership level, including the role of groups such as the System Leadership Executive, Clinical Forum and sector collaborative forums. It also established the Partnership Board and System Oversight and Assurance Group (SOAG) as new forums.

16. The Partnership Board had its first meeting in June 2019 and the SOAG in October 2018. Whilst these governance structures are the right ones to meet our Partnership's needs, at this relatively early stage there is still work to do to refine how they operate in practice. To inform a more comprehensive review of the operation of the MoU in Autumn 2020, it is

proposed that each Partnership governance forum will undertake a self-assessment.

17. The Finance Forum was established in 2019 to replace the Directors of Finance group and strengthen the governance of financial matters. The MoU has been updated to reflect this. The WY&H Quality Surveillance Group (QSG) convened by NHS England, has been established to bring together a range of partners from across the health and care system, to share intelligence about risks to quality. NHS England and NHS Improvement came together to act as a single organisation in April 2019. The MoU has been updated to reflect these organisational and administrative changes.

Substantive amendments to the MoU

- *Summary of the role of the Quality Surveillance Group added at paragraph 4.27.*
- *Paras 4.28-4.31 added to reflect the establishment of the Finance Forum.*
- *Partnership governance schematic at Annex 2 updated to reflect revised structures.*

Mutual accountability framework

18. This section establishes a consistent approach for assurance and accountability between partners on WY&H system-wide matters.
19. The agreed approach has been operationalised by monitoring performance against key standards and plans in each place and across programmes. The arrangements for ensuring this include SOAG, Peer Review and the check and confirm process.

20. As with wider Partnership governance, these arrangements are still 'bedding' in and work is ongoing to ensure that they operate effectively in practice.

Substantive amendments to the MoU

- *None.*

Decision making and resolving disagreements

21. This section sets out the Partnership's overall approach to making decisions, following the principle of subsidiarity. It also sets out the Partnership's dispute resolution process. The Partnership Board aims to

make decisions by consensus. The Chair will seek to resolve the disagreement, but if a consensus decision cannot be reached, the matter will be referred to the dispute resolution process. Financial matters will be decided on a 75% majority vote.

22. Comments from some partners and questions from members of the public have highlighted a lack of clarity about the relationship between the Board, other Partnership forums and statutory organisations. Discussion at the September Partnership Board on transformation funding highlighted the lack of an agreed mechanism for taking urgent decisions in between meetings of the Board.

Substantive amendments to the MoU

- *Partnership Board Terms of Reference updated to make provision for the Board to delegate urgent decisions (5.4).*
- *Table appended to the MoU at Annex 3, which summarises the roles and responsibilities of each Partnership governance forum and sits alongside the Partnership governance schematic at Annex 2.*

Financial Framework

23. The establishment of the Finance Forum has strengthened financial management arrangements and is reflected in paras 4.28-4.31.

Substantive amendments to the MoU

- *None.*

NHS
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Date of Meeting:	29 January 2020	**Agenda item:**	8.0
Report to:	Board of Directors		
Title:	Clinical Waste Assurance		
Sponsoring Director:	Robert Harrison, Chief Operating Officer		
Author(s):	Phil Sturdy, Managing Director, Harrogate Integrated Facilities (HIF) Robert Harrison, Chief Operating Officer		
Report Purpose:	**Decision**		**Discussion/ Consultation**		**Assurance**	✓	**Information**	✓
Executive Summary:	• Emergency clinical waste management contract arrangements were put in place in October 2018 • The Trust looked to HIF to provide advice and direction on clinical waste compliance • HIF subsequently contracted with a Dangerous Goods Safety Adviser and has fully revised the waste policy for both HDFT and HIF • In November 2019 NHSE/I wrote to all Trusts affected by the National clinical waste issue detailing a number of local matters that it required Trusts to address • This paper summarises the actions taken and the areas for future focus • The Environment Agency may make a visit to assess Trust compliance with the regulations • The HIF Board will continue to monitor progress and the Trust Board will be updated in due course		

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

Key implications:	
Risk Assessment:	The risks associated with clinical waste disposal are recorded in the Corporate Risk Register
Legal / regulatory:	Environmental Protection Act 1990
Resource:	HIF manages the resourcing of the clinical waste stream
Impact Assessment:	Not applicable
Conflicts of Interest:	None identified
Reference documents:	HTM07-01: The Safe Management of Healthcare Waste Environmental Protection Act 1990
Assurance:	HIF Board's oversight of the action plan

Action Required by the Board of Directors:

The Board of Directors is **requested** to:

- **Note** the report and the assurance on the progress to date and the HIF Board's oversight of the action plan

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Harrogate and District NHS Foundation Trust

CLINICAL WASTE

On the 8 August 2018 Trusts were advised by NHSI that current clinical waste contracts could not continue, this placed HDFT along with other Trusts in the Yorkshire region into contingency planning with existing contracts cancelled mid-October 2018 and emergency contracts put in place by NHSI.

The process highlighted issues around clinical waste compliance for which HDFT looked to HIF to provide advice and direction. In order to provide external scrutiny and advice on waste management processes HIF subsequently contracted with a Dangerous Goods Safety Adviser (DGSA) and have fully revised the waste policy for both HDFT and HIF these were both ratified in May 2019.

The DGSA also carried out a pre-acceptance audit in May 2019 the findings and required actions of which were shared with the HIF Directors in June 2019. Since then a significant amount of work has been undertaken to address the actions required, this is summarised on the updated action plan included below. The DGSA is scheduled to undertake a follow up audit on the 16th January the outcome of which will be shared when it is available.

In November 2019 NHSE/I wrote to all Trusts affected by the National clinical waste issue detailing a number of local matters that it required Trusts to address these are detailed below as is the current position for HDFT/HIF.

1. Competent Waste Manager; every NHS organisation is to have an appointed competent and qualified manager responsible for their clinical waste;

   HDFT/HIF position – HIF employ a waste and contract specialist, site specific training has been provided to staff involved in the management of waste by the Dangerous Goods Safety Advisor as the training courses identified by NHSE/I were too generic in their nature.

2. Waste segregation; waste is to be segregated into three core streams as determined in HTM07-01; The Safe Management of Healthcare Waste. Broadly they are:

   a. Waste destined for high temperature incineration (HTI) [hazardous];
   b. Waste destined for alternative treatment (AT) (e.g. steam sterilisation) [infectious]; and
   c. Waste destined for low temperature domestic incineration [no- hazardous and non-infectious];

   The percentage split of the above three streams should broadly constitute 20% destined for high temperature incineration, 20% destined for alternative treatment and 60% destined for low temperature domestic incineration. Note: no NHS waste should be sent to landfill.

   HDFT/HIF position – Before the National issue of clinical waste arose the HDFT streaming was 45% HTI, 55% AT and 0% domestic incineration of clinical waste. Current position is 13% HTI, 87% AT, HIF are currently preparing a tender which will divert a percentage of the AT stream through to domestic incineration.

3. Annual pre-acceptance audits; detailed annual audits required to be carried out, signed off by the organisation and logged with the Waste Contractor; The next annual pre acceptable audits are due in May, we do not anticipate any issues due to the work undertaken with the DGSA on this matter

4. Accurate Data and record keeping; organisations are to ensure that accurate records are kept of every consignment; ensuring waste is traced to point of destruction. Accurate volume data is to be kept and reported centrally on an annual basis through the Estates Return Information Collection (ERIC);

   The consignment notices are now being provided by MITIE although there were issues in the early months of the contract NHSE/I are aware of this have advised the EA accordingly.

5. Remove plastics from high temperature incineration; move toward UK approved reusable containers or non-plastic sharps and pharmaceutical packaging.

   This will be a significant element of work due to the arrangements currently in place for the procurement and storage of plastic sharps bins, the matter will be progressed with IPC and procurement.

Actions to date

A significant amount of work has been undertaken by HIF to manage the operational and also financial challenges associated with the national clinical waste matter whilst there is still work to be done improvements have been made.

These include:

- The Trust delegates its Waste Management to HIF, which has employed a DGSA and identified key senior staff for additional training, which has been completed.
- HIF have led the work to ensure the Trust has fully integrated principles set down in the Department of Health Guidance ‘The Safe Management of Healthcare Waste', the HTM and WM3 requirements into its policy
- HIF have led the transition to Tiger bag waste, reducing the Orange bag (HTI) waste. Blue pharma waste has been introduced into Pharmacy and will be rolled out across wards/departments.

The most important areas for focus now are detailed below and this will require significant engagement from all staff in the Trust and HIF involved in clinical waste.

- There must be a focus on healthcare waste training to ensure correct segregation at source we would suggest annual mandatory training for all are involved in the generation, storage and transportation of clinical waste.
- The Trust must move away from the use of purple lidded sharps bin to yellow in most areas, the main exception to this will be SROMC which would stay purple.
- Space requirements for correct storage of segregated waste

The recent NHSE/I letter advised that the Environment Agency will be undertaking audits at waste treatment sites in the very near future, they will review waste consignment notes and compare these with the waste actually received if these do not match they will then visit HDFT/HIF to assess what is being done to manage clinical waste correctly.

The HIF Board have received a detailed action plan, which provides assurance of the actions being taken and this has been shared with the Chief Operating Officer.

The DGSA will be repeating their audit in late January and the results of which will enable the Waste team to update the action plan and continue to focus on the residual gaps.

This issue will continue to be monitored by the HIF Board and through the Trust internal governance arrangements with HIF and the Board will be updated in due course.

Harrogate and District NHS Foundation Trust

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 6 November 2019 at 1715 at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

Present:	Angela Schofield, Chairman Sarah Armstrong, Non-Executive Director Ian Barlow, Public Governor Jonathan Coulter, Deputy Chief Executive/Finance Director Robert Cowans, Public Governor Clare Cressey, Stakeholder Governor Tony Doveston, Public Governor Emma Edgar, Lead/Staff Governor Samantha James, Public Governor Pat Jones, Public Governor Neil Lauber, Staff Governor Dr Chris Mitchell, Public Governor Doug Masterton, Public Governor Laura Robson, Non-Executive Director Steve Russell, Chief Executive Dr David Scullion, Medical Director Richard Stiff, Non-Executive Director Dave Stott, Public Governor Heather Stuart, Staff Governor Maureen Taylor, Non-Executive Director Chris Thompson, Non-Executive Director Steve Treece, Public Governor
In attendance	Angie Colvin, Corporate Affairs and Membership Manager Elaine Culf, Observer Andrew Forsyth, Interim Company Secretary

1. Welcome and apologies for absence

Angela Schofield welcomed members of the Council of Governors and noted that no members of the public were present. The meeting was quorate.

Apologies were received from Dr Pam Bagley (Stakeholder Governor), John Batt (Public Governor), Cath Clelland (Public Governor), Martin Dennys (Public Governor), Sue Eddleston (Public Governor), Jill Foster (Chief Nurse), Carolyn Heaney (Stakeholder Governor), Mikalie Lord (Staff Governor), Dr Loveena Kunwar (Staff Governor), Cllr John Mann (Stakeholder Governor), Samantha Mearns (Stakeholder Governor), Lesley Webster (Non-Executive Director) and Angela Wilkinson (Director of Workforce and Organisational Development).

2. Declarations of Interest

There were no further declarations of interest in addition to those in paper 2.

It was noted Mr Coulter and Mr Thompson were Directors of Harrogate Healthcare Facilities Management (HHFM), trading as Harrogate Integrated Facilities (HIF).

3. Minutes of the last meeting held on 7 August 2019

The minutes of the last meeting held on 7 August 2019 were agreed as a true and accurate record, subject to an amendment on the final line of page 7 to replace 'manager' with 'manner'.

4. Matters arising and review of action log

Steve Russell referred to the Governor Briefing (Actions Update) circulated prior to the meeting which reflected an up to date position on the issues outstanding. The following points were discussed and the Action Log would be updated accordingly.

- Item 1: Wheelchairs – the assessment of wheelchair types had taken place and there had been a strong alignment of views. There were around 60 in total across the Trust of which 13 were the Bristol Maid type, which was considered to be functional if clunky, Sponsorship of new purchases was being explored to move towards a 50/50 split of types.

- Item 4: Work was ongoing to reduce the time between job offer and start date, which would be supported by technology and the process for internal moves, had changed. Heather Stuart noted that it was important feedback from current line managers was important and Clare Cressey felt that the time to hire should be measured from the date of interview.
  ACTION: Angela Wilkinson to report timescale from interview to conditional offer, as well as conditional offer to start date

Heather Stuart asked about the consultant vacancies in acute medicine and Rob Harrison said that there were two new posts and that even though this was a difficult area for recruitment there had been some interest.

- Item 5: HARA – Angela Mrs Schofield noted that the presentation for Governors had been very interesting and that it was good to see the new arrangements making good progress.

- Item 6: Induction - A meeting to discuss induction of Governors would be added to the end of the Board with Council meeting on 27 November; any thoughts from Governors unable to attend should be passed to Angie Colvin in advance.

- Item 7: Newsletter – a date for a meeting of the Membership Development Working Group would be agreed and the Group would look at dates for a Newsletter.

- Item 8: NED Appraisal – Emma Edgar had met Angela Wilkinson and Lesley Webster and it had been agreed that all Governors would be surveyed for their views confidentially and comments would be collated to support the appraisal process. Angela Schofield noted that NHSE/I had issued guidance about chair competence

and remuneration, bringing NHS Trusts and Foundation Trusts into greater alignment. The Remuneration, Nominations and Conduct Committee would meet to discuss the implications for HDFT.

- Item 9: Saturday and North East Council meetings – Angie Colvin reported that a majority of Governors had indicated they wished to keep a Saturday meeting and that a meeting in the North East would be welcomed. It was agreed that the January meeting would take place in Harrogate on 22 January and subsequent dates for meetings in May, August and November would be arranged, with one of them on a Saturday morning.

5. Chairman's verbal update on key issues

Angela Schofield reminded Governors that following the calling of a General Election, the Trust was in 'purdah' and was limited in any public comment until after the election.

Three of the CCGs in North Yorkshire, Harrogate and Rural District, Hambleton, Richmond and Whitby and Scarborough & Ryedale, would merge formally on 1 April to form a North Yorkshire CCG. Emma Edgar asked how this would affect funding for the Trust and Steve Russell advised that there needed to be a conversation about the implications of the merger within the framework of the Integrated Care Systems. Jonathan Coulter added that it wouldn't change the national financial framework but that there could be efficiencies within the new CCG as the result of economies of scale.

Angela Schofield drew attention to the Governors elections which were underway and due to conclude on 17 December with the election of five new Governors.

The Harrogate Hospital and Community Charity was very active and Angela encouraged Governors to visit the Pop-Up Christmas Market on 1 December.

Turning to those Governors and Non-Executive Directors leaving the Council, Angela wished Mikalie Lord well in her forthcoming maternity leave. She said that Pat Jones had always put patients at the forefront during her nine years as a Governor and that she would continue her links by volunteering with the Trust. Emma Edgar had also served for a full nine years and had been an outstanding representative for staff, whilst making a real difference to the effectiveness of the Council in her latter role as Lead Governor. Lesley Webster was concluding six years as a Non-Executive Director and Angela thanked her for her contribution to the Trust.

Angie Colvin was moving to a new post as the Trust's Equality, Diversity and Inclusion Officer and Angela said that the Council of Governors owed her a huge thank you for the way in which she had managed the Governors in a well-informed and well-organised way.

Finally Clare Cressey was welcomed to her new role as Lead Governor from 1 January 2020.

6. Chief Executive's Strategic and Operational update

Steve Russell gave a presentation that covered the Trust's position at the end of Quarter 2, update on the Carnall Farrar work to examine clinical and financial sustainability, the Trust's performance, and key strategic and operational risks. The following key points were noted:

i. West Yorkshire and Harrogate was one of the biggest integrated care systems in England and Wales. Following publication of the NHS 10-year plan the ICS was working on 10 big ambitions over the next five years. It was clearly work in progress but he had listed the 10 ambitions in the presentation.

ii. He had outlined in his presentation the Carnall Farrar work on sustainability of the Harrogate system. There were emerging themes and six drivers, which were listed in the presentation. The work will feed into operational planning for 2020/21 and subsequent years.

iii. The Trust had been busy in Q2 and activity had been higher than planned. Work on restoring the referrals from Leeds was resolving the associated issues. The vacancy level was reducing very slightly. All cancer standards had been met in September, following a lot of work by Rob Harrison and the team. Financially there had been a deficit plan for the first half of the year and a surplus plan for the second half. After some adjustment the capital plan remained as originally developed. As the Trust moved into winter, it was trying to recover ED performance and there was increased use of the Supported Discharge Service. To date 35% of the staff had received flu vaccination, slightly better than last year largely due to increased efforts of peer vaccinators. Planned care transformation was continuing with a focus on the management of outpatients. There was a short discussion on the top three strategic and top three operational risks.

iv. Clare Cressey asked how assured the Trust was about processes to recover the £6m owed to it. Jonathan Coulter said that of the £6m a large proportion was owed by York Teaching Hospital NHS Foundation Trust and this was being managed. An RPIW was planned to improve the processes but the level of debtors to the Trust was reasonably typical and long-term debtors had been reduced.

v. Tony Doveston asked whether the Trust was meeting the 30-day payments standard to suppliers. Jonathan said that it wasn't, and never had done; it was usually 45 days but had deteriorated over the past 18 months; processes were in place to judge where priorities for payment should lie. Maureen Taylor said that the Resources Committee was kept up to date on cashflow and the payments position. She was concerned about the pressure on the payments team and said that it was always a delicate issue to balance cash

vi. Neil Lauber wondered whether mandating flu vaccination had been discussed and Steve Russell replied that it had been considered at national level as well as locally. It was difficult for one organisation to do this in isolation.

vii. Dave Stott was impressed with the detail in the IBR. He thought a top sheet which provided headlines around big issues and trends could aid engagement with communities. The structure should follow Key Lines of Enquiry around Well Led, financial and operational detail. He thought it was important that all responsibilities were subject to regular monitoring, including well-led to measure cultural change.

Angela Schofield said that the IBR review was considering the metrics so that oversight was more accessible.

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

The Chairman moved to the questions from Governors which had been submitted prior to the meeting. There were no questions from members of the public. Emma Edgar confirmed Governors had met on 16 October and everyone had the opportunity to discuss and agree the questions to be submitted. In addition to the responses which were part of the papers for the meeting the following points were made in discussion of each question:

- *How do the Non- Executive Directors gain assurance regarding the progress in the various collaborative arrangements that the Trust is part of (e.g. Integrated Care System, WYAAT etc.), in particular the co-ordination of these initiatives to ensure that they are consistent with and do not distract from the Trust's core objectives?*

It was noted that the Chairman had chaired the WYAAT Committee in Common and was Deputy Chairman of the Partnership Board of the ICS. The Executive Directors are all active participants in WYAAT and ICS programmes. The Board received regular reports from the Chief Executive and other Executive Directors on WYAAT and ICS programmes and the board also received performance information on the all the Trusts. Heather Stuart asked about the effect on the health and wellbeing of the executive team of the work they undertook for WYAAT and the ICS. In discussion it was noted that the programmes did result in additional work for Trust colleagues but that overall the collaboration with partners had a very positive impact for staff and patients.

- *Has the Trust experienced over the last few months a shortage of Medicines and if so what are the plans to handle this. I have spoken to people who have experienced over the last two months a waiting time of up to and over three weeks for certain medicines some urgent, and Boots one of the largest chemists in the UK seem to have particular problems. People are also being told to try other chemists as the chemists they usually use are unable to give a date for supply of their usual medication. Obviously this is a very worrying situation.*

Rob Harrison advised that fluctuations in supply were not unusual, and that shortages of a number of medicines over the last few years but this pre-dates any issues which could relate to EU Exit. The Trust participates in both regional and national arrangements in place to manage supply issues which were effective.

Rob assured the Council that there have not been any incidents where the Pharmacy team have been unable to provide a suitable alternative medicine, and that the Quality Committee oversaw these issues.

- *Reflecting upon feedback from patients, carers, families and friends:*

(i) How well does the Trust judge it has sought, analysed and used such feedback?
(ii) In what ways does the Trust believe it could have done better?
(iii) What are the Trust's plans for seeking and making better use of this feedback such that both the quality and perceptions of patient healthcare are further enhanced?

Laura Robson said that at Quality Committee used a variety of sources of information including the monthly IBR, and Quality dashboard. The quarterly report of Learning from

Patient Experience was a comprehensive report that triangulated information from multiple sources and examined trends; it includes complaints, comments, compliments and the Friends and Families Test. The Quality Committee Directorate reports allowed the Committee to drill down into issues and be assured that things were happening as a result of learning that was identified. The Board considered a Patient story at the beginning of each meeting, which always provided valuable learning. Rob Harrison said that the Trust was also developing a more proactive approach – such as the community engagement event for HARA. Sarah Armstrong said that the Quality Committee understood that balancing culture and processes is essential and that the Trust needed to be open about to listening to patients and communities. Dave Stott expressed his disappointment with the written answers he had received. Tony Doveston described the role of the Quality of Care meetings, using SROMC as an example and Heather Stuart felt that the Patient Voice Group could be used more effectively.

- *With the ever increasing workload on A & E services (10% increase nationally) are the Non-Executive Directors being assured that the Trust is in a position to cope with these increases together with the seasonal increases such as Christmas and New Year?*

Tony Doveston noted the importance of comparing changes over a longer period of time and to reviewing the impact of previous actions that had been agreed and Chris Thompson noted the importance of work with CCG colleagues to deliver better preventative care and reduce the number of admissions to hospital and attendances at A&E.

Richard Stiff noted that there had been an in-depth discussion at Quality Committee because it was an important issue. He advised that he had been impressed with the approaches discussed during a lengthy discussion which included, for example, timings of shift and/or patients. There was a clear attempt to meet the challenge with a vigorous response.

- *Since 2018, the podiatry services provided by the Trust have been radically changed and downgraded requiring patients to make their own follow-up appointments via telephone. For diabetic patients require 3 monthly checks are now required to make appointment some 10 weeks before to ensure they receive their necessary quarterly checks. After appointments a short rather terse note is given to the patients with follow-up instructions. This current situation is considered particularly detrimental to the elderly and vulnerable patients. Can the NEDs provide assurances that the service is meeting the needs of our local community and not increasing costs to the Trust in remedial treatment resulting from the lack of regular routine checks?*

Rob Harrison advised that the detailed response provided assurance that the service had not been downgraded and that overall improvements had been made.

Tony Doveston asked if there were any risks that it changed the onus back on to vulnerable patients. Rob Harrison said that the changes would bring Harrogate into line with York and Scarborough and confirmed that the arrangements did not apply to those who were assessed as being vulnerable or at high risk. Ian Barlow noted that the same system had been adopted in Bradford.
ACTION: Podiatry service to evaluate new way of booking appointments and report outcome.

- *What is the present position concerning the need to use locum consultants in order to meet essential service requirements? Is this problem becoming more severe and what level of additional costs is being incurred each month? Does the Workforce Strategy adequately respond to the position the Trust must confront in employing appropriately qualified and experienced senior practitioners and thus secure permanent staffing in critical areas*?

Maureen Taylor said that where a Consultant vacancy exists the Trust would seek to continue to run the service within existing resource until the post can be filled through recruitment. Where this is not possible we would seek to fill gaps with temporary staff, including bank and agency workers.

The Trust is currently recruiting to 10 Consultant posts. There are three speciality areas reliant on Locum consultants to maintain the service due to vacancies and long term sickness. This has been the case for a number of years in these specialities, due to the shortages in consultant numbers nationally in these areas.

The Trust's workforce strategy includes developing clinical alliances or outreach models with tertiary providers which offer candidates the benefits of working in HDFT whilst having access to specialist work in the tertiary provider which many new Consultants seek in some specialities and cannot be offered within the Trust.

This is likely to be the solution for Oncology and Cardiology as it will enable the appointment of consultants with sub-speciality interests which are only carried out in larger centres. For Acute Medicine, the service has been redesigned and as part of this the Trust has invested in the senior consultant posts and it is anticipated that the move to having 4 full time Consultants will be more attractive than the historic 2.5 consultant model.

Alongside this work, there has been extensive work in the development of other practitioners to provide resilience in service delivery which includes a highly specialised Acute Oncology Specialist nursing team and Advanced Clinical Practitioners in Acute Medicine. We continue to develop Advanced Practitioners in a number of specialities.

Bob Cowans was concerned that the approach was more expensive and that only some of the expenditure was budgeted, although he was pleased that the Trust had remained below the ceiling figure despite this.

Angela Schofield thanked Governors for their questions and Directors for their comprehensive answers. The questions and responses would be published on the Trust's website.

[*Dr Chris Mitchell left the meeting at this point*]

8. Resources Committee update

Maureen Taylor outlined the role of the Resources Committee, which met on the Monday before each Board of Directors. The Committee considered Income & Expenditure, cashflow, business development and investments. Recently the Committee had been benchmarking against the Model hospital and considering the proposals for digital transformation. It would turn its attention to the developing operational plan from November onwards. Following a review of the scope of the Committee Angela Wilkinson, Director of Workforce, had joined

the Committee to provide a better balanced agenda which now included reports on workforce issues such as recruitment and vacancies as well as expenditure on workforce. This provided better assurance about the processes of monitoring expenditure related to workforce. Other subjects which were discussed as appropriate included the private patient offer, the new endoscopy unit, clinical transformation and property arrangements.

At the October meeting the Committee had reviewed the month 6 position, Directorate level spending and the CIP, cashflow and the Better Payments Code, capital and priorities. Service Level Reporting was being developed to help measure performance at specialty level. There had been consideration of the forthcoming tender process for children's services in Durham, project reports including phase 1 of the Carnall Farrar review and a Post-Project Evaluation of Harrogate Integrated Facilities. The Committee had received and discussed an update on the WebV project as well as a quarterly update on ICS finances and implications for the Trust. Ian Barlow had attended the meeting and remarked that it had been very thorough.

9. Constitution Review 2019 – Update

The paper had been circulated before the meeting and was taken as read. The changes to the Constitution which had been approved at the August meeting of the Council of Governors (ie any Governor to stand as Lead Governor and Deputy Chairman of Governors to be renamed Lead Governor) had been approved by the appropriate majority by the Board of Directors on 25 September. They had now been incorporated into a revised version of the Constitution which the Council approved. It would be considered by the Trust Board on 27 November for approval.

Approved: The Council of Governors approved the amended Constitution.

10. Draft Minutes of the Annual Members' Meeting held on 24 July 2019

The draft Minutes were approved, subject to rearrangement of the attendees and noting that Emma Edgar was a Staff Governor.

Approved: The Council of Governors approved the draft Minutes.

11. Any other relevant business not included on the Agenda

There were no other items of business.

12. Close of meeting

Angela Schofield closed the meeting at 19:42, thanking everyone for attending and confirmed the next public meeting would take place on Wednesday, 22 January 2020 (venue to be confirmed).

Harrogate and District NHS
NHS Foundation Trust

Board Committee report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Chris Thompson
Date of last meeting:	5 December 2019
Date of Board meeting for which this report is prepared	29 January 2019

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

1. **The Audit Committee undertook its regular programme of work and review during the course of the meeting. This has included reviews of the minutes of Corporate Risk Review Group and the Quality Committee.**

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

3. **The Committee confirms that there are no matters relating to regulatory compliance to be brought to the attention of the Board.**

4. **The Committee reviewed its terms of reference and noted some minor changes that had been made around terminology and numbering.**

5. **The Committee considered the report on the self-assessment of the Audit Committee's effectiveness. Following detailed consideration of those areas where the assessment showed movement from 12 months earlier. Whilst it was agreed that there were no fundamental changes required to the committee's programme of work, there were a number of specific areas where improvements could be made and these would be referred to the new chair of the committee. These include:**
   a. **Setting formalised objectives for the year**
   b. **A more robust approach to obtaining 3rd party assurances**
   c. **More regular evaluation of meeting outcomes**

6. **The Trust's Standing Orders and Standing Financial Instructions were reviewed and the Committee confirmed acceptance of a number of changes that reflected changes in the range of organisations with which the Trust now works.**

7. **The Committee received a presentation from Chris Slater, Associate Director of Procurement at Leeds Teaching Hospitals, who provided an excellent analysis of the progress that has been made following the decision to introduce much stronger links between the Harrogate and Leeds procurement operations – benefits are now being achieved.**

8. **The Periodic Internal Audit Report considered at the meeting contained details of 11 audits that had been finalised during the period under review. Of these audits, 2 reports provided only limited assurance with the remaining reports all providing significant assurance. The 2 limited assurance reports were as follows:**
    a. **Cloud Storage**
    b. **ASCribe / General ledger interface**

    Both of these audits had been undertaken at the request of management and the recommendations in both cases had proved to be very helpful in resolving control weaknesses. The committee were reassured that significant progress should have been made in both areas ahead of the follow-up audits that would now take place late in 2020.

9. **The annual review of Internal Audit effectiveness confirmed that the service is well regarded by colleagues across the Trust and continues to operate on an effective and efficient basis.**

10. **The proposed protocol for Non-Audit services to be undertaken by KPMG was agreed by the Committee.**

11. **The evaluation of External Audit effectiveness had initially been undertaken in April 2019, but had been repeated due to the protracted process of finalising the audit of the annual financial statements, due largely to the impacts of the restricted scope audit being undertaken of the Trust's ledger provider NEP. A revised assessment had been undertaken in September and this had confirmed that whilst the overall assessment of KPMG's performance had been positive, there were some learning points that should be addressed for the 2020 audit. The members of the Committee confirmed that they were satisfied that KPMG should be reappointed for the 2019/20 audit. It has now been agreed that the NEP audit scope will revert to a more acceptable level for 2020 and that the evaluation of external audit effectiveness will in future take place for consideration at the September Committee meeting.**

12. **The Committee was very pleased to note the continuing progress being made by the Post Project Evaluation Committee in ensuring that evaluations are both worthwhile to project sponsors and are submitted to the committee on time. The value and importance of the PPE process is now far better established across the Trust, and this is very much to the credit of the PPE Committee, and their persistence.**

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

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

Matters for decision

There are no matters for decision by the Board

Action Required by Board of Directors:

oard is asked to note the considerations that took place at the meeting

Audit Committee on the 5th December, and also the decisions taken by the Committee in respect of the re-appointment of the external auditors.

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West Yorkshire and Harrogate Health and Care Partnership

DRAFT Minutes of the WY&H Partnership Board Meeting held on Tuesday 4 June 2019

Members and Deputies Present *(By place and then alphabetical by first name)*

Bradford, Airedale and Craven

- Andrew Gold, Airedale NHS Foundation Trust
- Dr Andy Withers, NHS Bradford Districts CCG and Chair of the WY&H Clinical Forum
- Brendan Brown, Airedale NHS Foundation Trust
- Brent Kilmurray, Bradford District Care NHS Foundation Trust
- James Drury, Bradford Metropolitan District Council *(Deputy for Kersten England)*
- John Holden, Bradford Teaching Hospitals NHS Foundation Trust
- Julie Lawrenuik, NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG & NHS Bradford Districts CCG *(Deputy for Helen Hirst)*
- Michael Smith, Bradford District Care NHS Foundation Trust
- Cllr Richard Foster, Craven District Council
- Cllr Susan Hinchcliffe, Bradford Metropolitan District Council

Calderdale

- Dr Matt Walsh, NHS Calderdale CCG
- Philip Lewer, Calderdale and Huddersfield NHS Foundation Trust
- Robin Tuddenham, Calderdale Council
- Dr Steven Cleasby, NHS Calderdale CCG
- Cllr Tim Swift ,Calderdale Council ***(Chair)***

Harrogate

- Alistair Ingram, NHS Harrogate & Rural District CCG
- Amanda Bloor, NHS Harrogate & Rural District CCG
- Angela Schofield, Harrogate and District NHS Foundation Trust ***(Vice Chair)***
- Louise Wallace, North Yorkshire County Council *(Deputy for Richard Flinton)*
- Steve Russell, Harrogate and District NHS Foundation Trust
- Wallace Sampson, Harrogate Borough Council

Kirklees

- Richard Parry, Kirklees Council *(Deputy for Jacqui Gedman)*
- Cllr Viv Kendrick, Kirklees Council
- Carol McKenna, NHS North Kirklees CCG and NHS Greater Huddersfield CCG
- Dr Steve Ollerton, NHS Greater Huddersfield CCG
- Karen Jackson, Locala Community Partnerships
- Diane McKerracher, Locala Community Partnerships

Leeds

- Dawn Hanwell, Leeds and York Partnership NHS Foundation Trust *(Deputy for Dr Sara Munro)*
- Dr Gordon Sinclair, NHS Leeds CCG
- Julian Hartley, The Leeds Teaching Hospitals NHS Trust
- Neil Franklin OBE, Leeds Community Healthcare NHS Trust
- Cllr Rebecca Charlwood, Leeds City Council
- Professor Sue Proctor, Leeds and York Partnership NHS Foundation Trust
- Tony Cooke, Leeds City Council *(Deputy for Tom Riordan*)
- Tim Ryley Chief Executive NHS Leeds CCG

Wakefield

- Dr Adam Sheppard, NHS Wakefield CCG
- Angela Monaghan, South West Yorkshire Partnership NHS Foundation Trust
- Anna Hartley, Wakefield Council *(Deputy for Merran McRae)*
- Cllr Faith Heptinstall, Wakefield Council
- Keith Ramsey , The Mid Yorkshire Hospitals NHS Foundation Trust
- Martin Barkley, The Mid Yorkshire Hospitals NHS Foundation Trust
- Rob Webster, South West Yorkshire Partnership NHS Foundation Trust

Other Partnership Board members *(alphabetical by first name)*

- Andy Clow, Co-opted Member
- Anthony Kealy, NHS England and NHS Improvement (North East and Yorkshire)
- Emma Stafford, Co-opted Member
- Helen Hunter, West Yorkshire & Harrogate Healthwatch organisations representative
- Mike Curtis, Health Education England (Yorkshire and the Humber)
- Dr Mike Gent, Public Health England (Yorkshire and the Humber)
- Jackie Dolman, Co-opted Member
- Rod Barnes, Yorkshire Ambulance Service NHS Trust
- Stephen Featherstone, Co-opted Member
- Tony Jamieson, Yorkshire and Humber Academic Health Science Network *(Deputy for Richard Stubbs)*

Additional attendees *(alphabetical by first name)*

- Dr Ian Cameron, Director of Public Health, Leeds City Council *(Item 06/19)*
- Ian Holmes, Director, WY&H Health and Care Partnership
- Jonathan Webb Lead Director of Finance, WY&H Health and Care Partnership
- Karen Poole, Programme Lead for the WY&H Local Maternity System *(Item 06/19)*
- Lauren Phillips, Head of Programmes, WY&H Health and Care Partnership (Secretariat)
- Dr Peter Davies, Regional Ambassador for West Yorkshire and Harrogate, Royal College of General Practitioners
- Dr Soo Nevison, Chief Executive Officer, Community Action Bradford & District (representing WY&H Voluntary and Community Sector organisations)
- Sue Rumbold, Chief Officer for Partnerships and Health, Leeds City Council *(Item 06/19)*

Apologies *(alphabetical by first name)*

- Dr Akram Khan, NHS Bradford City CCG
- Cllr Bob Metcalfe, Calderdale Council
- Colin Martin, Tees, Esk and Wear Valleys Foundation NHS Trust
- Dr David Kelly, NHS North Kirklees CCG
- Helen Hirst, NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG and NHS Bradford Districts CCG
- Jacqui Gedman, Kirklees Council
- Dr James Thomas, NHS Airedale, Wharfedale and Craven CCG
- Jo Webster, NHS Wakefield CCG
- Cllr Judith Blake, Leeds City Council
- Kathryn Lavery, Yorkshire Ambulance Service NHS Trust
- Kersten England, Bradford Metropolitan District Council
- Linda Pollard CBE DL Hon.LLD, The Leeds Teaching Hospitals NHS Trust
- Dr Maxwell McLean, Bradford Teaching Hospitals NHS Foundation Trust
- Merran McRae, Wakefield Council
- Cllr Michael Harrison, North Yorkshire County Council
- Cllr Mike Chambers MBE, Harrogate Borough Council
- Mrs Miriam Harte, Tees, Esk and Wear Valleys Foundation NHS Trust
- Owen Williams, Calderdale and Huddersfield NHS Foundation Trust

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- Paul Shevlin, Chief Executive, Craven District Council
- Cllr Peter Box CBE, Wakefield Council
- Dr Phil Earnshaw, NHS Wakefield CCG
- Richard Flinton, North Yorkshire County Council
- Richard Stubbs, Y&H Academic Health Science Network
- Dr Sara Munro, Leeds and York Partnership NHS Foundation Trust
- Cllr Sarah Ferriby, Bradford Metropolitan District Council
- Cllr Shabir Pandor, Kirklees Council
- Thea Stein, Leeds Community Healthcare NHS Trust
- Tom Riordan, Leeds City Council

Item	Agenda Item
01/19	**Welcome**
	The Chair welcomed members, deputies and attendees to the first meeting of the West Yorkshire and Harrogate (WY&H) Health and Care Partnership Board, in particular the four Co-Opted Members: Andy Clow; Jackie Dolman; Stephen Featherstone; and Emma Stafford. The Chair explained that a Council Chamber had been selected as the venue of the meeting both to afford the best opportunity for members of the public to attend and observe the meeting and to emphasise the partnership nature of the Board, bringing together local government and health partners across WY&H. He thanked Leeds City Council for the use of its Council Chamber, in particular Lord Mayor Cllr Eileen Taylor. Members noted the commitment of the Partnership Board to make the papers and discussions as accessible as possible, avoiding the use of jargon where possible. The Chair explained that the meeting was being webcast as part of the Partnerships' commitment to transparency and accountability. The Chair reminded members of the Partnership's shared mission to join up our services and investment to meet the current and future needs of the people of WY&H.
02/19	**Questions and public deputations**
	The Chair advised that as part of the Partnership Board's commitment to transparency and accountability, there would be an opportunity for members of the public to ask questions and make deputations/statements at each of the Partnership Board meetings. Members noted that the Healthwatch organisations within WY&H had been invited to develop a proposition for how public questions and statements should be handled by the Partnership Board, and this would be considered later on the agenda as Item 06/19. The Chair explained that for the first meeting, an approach to statements and questions which built on existing practice in member organisations and places had been taken. Members noted that on this occasion, no questions had been received in advance of the meeting.
03/19	**Declarations of Interest**
	The Chair explained that the Partnership Board takes conflicts of interest seriously and that declarations of interest would be a standing item on all agendas.

Item	Agenda Item
	He highlighted that, as set out in the Partnership Board's Terms of Reference, members and those in attendance must abide by all policies of the organisation that they represent in relation to interests. Members noted that the WY&H Partnership Team were currently preparing a composite register which would bring together, into one place, the declarations that members and attendees have submitted to their own organisation. The Chair advised that once completed, this would be published on the Partnership's website. The Chair invited members and those in attendance to declare any interests relevant to the agenda – none were raised.
04/19	**Introduction to the WY&H Health and Care Partnership**
	The Chair invited Rob Webster, South West Yorkshire Partnership NHS Foundation Trust (FT) and Chief Executive Lead for the WY&H Health and Care Partnership to provide an introduction to the Partnership, including an overview of the vision, values and ways of working. He advised that this would be followed by a perspective from each of the six places of their contribution to, and expectations of, the Partnership. Rob explained that the genesis of the Partnership was in 2016, when WY&H was invited to prepare a plan that set out how to develop a sustainable health and care partnership for the people of WY&H. Members noted that the starting point had been to set out a shared ambition and agree a set of guiding principles that would shape everything that Partnership would do: • *We will be ambitious for the populations we serve and the staff we employ* • *The WY&H Health and Care Partnership belongs to commissioners, providers, local government, NHS and communities* • *We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.* • *We will undertake shared analysis of problems and issues as the basis of taking action* • *We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible* Rob reminded members of the Partnership's shared vision: • *Places will be healthy - you will have the best start in life, so you can live and age well.* • *If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.* • *If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.* • *If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible* • *Local hospitals will be supported by centres of excellence for services such as cancer and stroke* • *All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.* • *Communities and staff will be involved in the development and design of plans so that*

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	everyone truly owns their health care services. Rob reminded members that the Partnership works together at a WY&H level when local partners agree the need to do so, considering three key tests: • *Do we need a critical mass beyond the local level to achieve the best outcomes?* • *Will sharing and learning from best practice and reduce the variation in some outcomes for people across different areas?* • *Can we achieve better outcomes for people overall by applying critical thinking and innovation to 'wicked issues'?* The Chair invited perspectives from each of the six places as follows: • Cllr Susan Hinchcliffe, Bradford Council on behalf of Bradford District and Craven • Robin Tuddenham, Calderdale Council and Dr Matt Walsh, NHS Calderdale CCG on behalf of Calderdale • Cllr Rebecca Charlwood, Leeds City Council on behalf of Leeds • Amanda Bloor, NHS Harrogate CCG on behalf of Harrogate • Cllr Viv Kendrick, Kirklees Council on behalf of Kirklees • Anna Hartley, Wakefield Council on behalf of Wakefield The Chair thanked colleagues for their contributions.
05/19	**Partnership Board's Terms of Reference**
	The Chair invited Ian Holmes, Director, WY&H Health and Care Partnership to introduce the paper which asked the Partnership Board to formally approve its draft Terms of Reference (attached at Annex A). Ian explained that the Partnership Board formed a key element of the Partnership's leadership and governance arrangements – bringing together all partners to provide the formal leadership for the Partnership. He explained that the Board was responsible for setting strategic direction and providing oversight of all Partnership business and provided a forum for partners to make decisions together, in public. He advised that the draft Partnership Board Terms of Reference were an Annex to the WY&H Health and Care Partnership Memorandum of Understanding (MoU). Members noted that the MoU sets out the Partnership's commitment to work together to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services. Ian explained that in late 2018, the MoU and its Annexes were agreed by the Governing Bodies and Boards of all constituent organisations, together with the Health and Wellbeing Boards in each of our places. The MoU was formally approved by the Partnership in December 2018 and was attached at Annex B. Members noted that Clause 1.5 of the MoU requires that it is reviewed within its first year of operation to ensure it remains consistent with the evolving requirements of the Partnership. Subsequently, the Partnership Board will be responsible for an annual review of the MoU, together with the Board's Terms of Reference. Ian highlighted the following points in respect of the draft Terms of Reference (ToRs):

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	• As per, paras 1.4 and 1.5 –The Partnership Board has *no formal / statutory delegated powers* from the organisations in the Partnership. It works by bringing organisations together to agree and define shared priorities and then to oversee the delivery of those shared priorities. • There are a number of references in the ToRs to the Partnership Board taking on responsibility for decisions relating to *regulatory and oversight functions* in the future, currently exercised from outside the system. This is consistent with the direction of travel all Integrated Care Systems are taking nationally to become self-improving and self-governing systems. • In respect of *quoracy* - the Partnership Board will be quorate when 75% or more of Partner organisations are present, including at least one representative from each place. • In regard to *voting,* the Partnership Board will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. However, should a vote be required the ToRs do include a provision that the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members present at a quorate meeting and in such cases, each eligible Partner organisation shall have one vote. The Partnership Board: a) **requested** amendments to the Terms or Reference as follows: • provision for the Partnership Board to include Voluntary and Community Sector (VCS) representatives as members, rather than as "in attendance" and further consideration with VCS representatives of how the VCS can be involved appropriately; and • clarification of the role of the four Co-opted members b) **noted** the WY&H Health and Care Partnership Memorandum of Understanding (Annex B); and c) **noted** that the Partnership Board would be responsible for reviewing the operation of the Partnership MoU in December 2019.
ACTION 05/19-1	**Terms of Reference to be updated to reflect the amendments requested by the Partnership Board.**
06/19	**Proposition on Public Questions and Statements**
	The Chair invited Helen Hunter, Healthwatch representative to summarise the work carried out by the Healthwatch organisations in WY&H to set out proposals on how public questions and statements ought to be conducted at future meetings of the Partnership Board. Helen added that though WY&H Healthwatch partner organisations were keen that all the proposals were accepted by the Partnership Board, it would be helpful to review how the recommendations are working after two meetings held in public. Helen explained that the Local Healthwatch organisations across WY&H had been asked to consider their experience of public questions at Council and NHS meetings, and to review examples of good practice. She explained that the process had included: • gathering data through a survey shared with Healthwatch volunteers;

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	• completing an online data gathering exercise to look at the delivery of public questions across the area and any examples of guidance or good practice; and • discussions regarding the Healthwatch experience of observing and being involved in meetings at which there is allocated time for public questions. Helen highlighted the following key points: • *Accessibility of the meeting* – this applies to logistics (such as venue selection, time of meeting, webcasting), accessibility of information (how information is presented, use of jargon etc.) and also a recognition by members of how daunting it can feel for a member of the public to ask a question in a forum such as the Partnership Board. • *Ability to ask questions outside of the meeting* **-** including questions that are not necessarily related to a specific agenda item. • *Broader public involvement* - public questions are a useful, but small part of the wider public involvement that the Partnership, and those partners within it, need to have with people. The following comments were raised during the discussion: • the Partnership Board should consider how to ensure the voice of children and young people, people with learning disabilities and those without English as a first language is heard; • the power of technology should be harnessed to increase accessibility for questions and statements to be made at meetings; • the recognition of how valuable and important public voice is, both at formal meetings of the Partnership Board and any potential development sessions, including hearing an individual's story – for example, an individual's experience of health and care services; • it is vital that all members continue to have meaningful conversations and effective engagement with staff and communities to engage people in the design, development and delivery of plans – both at a WY&H level and in each of the six places that make up our partnership; • existing networks, for example members organisation's Youth Forums should continue to be utilised as a key route for engagement within the Partnership; • it would be helpful and important to consider the Partnership's approach to broader engagement at a future meeting of the Partnership Board. The Chair noted his thanks to Helen and all six Healthwatch organisations within WY&H for their contribution to the proposal. The Partnership Board **agreed to:** a) **support** proposals relating to: • *principles:* Adoption of a set of principles which demonstrate clear commitment to receiving and responding appropriately to public questions and statements; which provide clear means by which this can be done; and which ensure that questions relate directly to the business agenda for the meeting. • *preparation:* Ensuring accessibility of venues; clarity of reports; and clear communications about arrangements for public questions and statements. • *delivery:* Ensuring that there are specific processes for dealing with questions before; during and after the Partnership Board meeting itself. • *wider considerations:* Emphasising the importance of using peoples' stories;

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	reviewing arrangements as the Partnership Board develops; and providing arrangements outside of the Partnership Board itself to respond to public questions. b) **review** how the proposals are working after two meetings held in public.
ACTION 06/19-1	**An opportunity to reflect on, and review how the implemented recommendations have worked to be scheduled for the meeting on 3 March 2020.**
ACTION 06/19-2	**The WY&H Partnership's approach to broader engagement to be considered at a future meeting of the Partnership Board.**
07/19	**Developing our Five Year Strategy**
	The Chair invited Ian Holmes, Director, WY&H Health and Care Partnership to introduce the paper. Ian explained that the purpose of the paper was to set out a proposed approach to developing the WY&H Five Year Strategy, including the scoping and development of new priorities relating to children young people and families and improving health and tackling inequalities. The NHS Long Term Plan (LTP) was published in January 2019. This sets out the strategic direction for NHS services for the next 10 years. All Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs) will develop a five year strategy by the end of October 2019. Ian highlighted that from a WY&H perspective there was broad agreement that: • There is good alignment between the long term plan and our regional ambitions, as we set out in our 'Next Steps' document last year (2018). We have a good platform to build from. • The NHS LTP is a framework not a blueprint and there would be flexibility to tailor the WY&H response to local needs and priorities. • The strategy will be "ours": It will articulate our collective ambitions for the people of WY&H and it will remain true to our model of distributed leadership, subsidiarity and democratic accountability. It will also reflect the breadth of our partnership, not just the NHS elements. • We continue to focus on collaboration to improve outcomes locally – working better together at every level and putting the person at the centre of all we do. • In carrying out our assessment of priorities against the long term plan we have identified children, young people and families and improving health and tackling inequalities as gaps in our WY&H priorities. The paper develops proposals for addressing this. Ian acknowledged that the NHS LTP only relates to the NHS elements of the WY&H Partnership and it is clear that the WY&H Five Year Strategy will need to reflect the breadth of ambition across all partners. In parallel we continue to make the case for comparable investment in social care. Members noted that NHS England / NHS Improvement would be providing an NHS Long Term Plan Implementation Framework imminently. Ian advised that it was expected that this document would set out the requirements for certain aspects of our plan although at this point it was unclear how detailed and specific these requirements would be. He added

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	that the WY&H Partnership Team would continue to argue that this Implementation Framework should be a high level framework, rather than a set of detailed requirements. Ian explained that there is an established set of WY&H priorities set out in our *'Next Steps'* document which map well to the priorities in the NHS Long Term Plan. All programmes have reviewed their objectives against the long term plan to identify whether any objectives should be added, whether any work should be de-prioritised, and whether there are any additional capacity requirements. Members noted that the two priorities in the NHS LTP where the focus could be strengthened in WY&H were : Children, young people and families and Improving health and tackling health inequalities. Ian highlighted the proposed timeline for developing the Five Year Strategy which would include an early first draft of the document being considered at the Partnership Board Meeting on 3 September 2019. Sue Rumbold and Karen Poole introduced the proposition on Children, Young People and Families (Annex A) and Dr Ian Cameron introduced the proposition on improving population health and tackling inequalities (Annex B). The potential opportunities to be realised by working together at a WY&H level in these areas were described, along with the key interdependencies with existing WY&H programmes. The following comments were raised during the discussion: • the WY&H Five Year Strategy must primarily meet the needs of the WY&H Health and Care Partnership and the people it serves, meeting the requirements of national bodies is secondary; • as a Partnership, we should use our advocacy and influencing role to push back on national initiatives that we do not believe are the most effective use of resources for the people in WY&H (some examples might include the national child measurement programme); • increasing healthy life expectancy (linked to employment and economy) should be a key objective for the Partnership, in the context of health inequalities; • it would be helpful to agree some high-level macro indicators to measure the impact of the Partnership Board in future years (this might include preventable years of life lost, educational attainment at 18 years old); • we must be mindful that in establishing new / additional programmes there may be an unintended consequence for capacity and resources for already established WY&H wide programmes; • the ambition for the Partnership to work to reduce the impact of climate change and increase the health contribution to the inclusive growth as part of the Improving Population Health proposition was welcomed; • it was noted that the rate of hospital admissions for dental caries (0-5 years) per 100,000 is 64% higher in WY&H compared to England – members agreed that the Partnership should facilitate the sharing of good practice across WY&H in addressing this, along with considering how it can influence changes on a larger footprint; • a report had been published earlier in the day by the Institute for Fiscal Studies on the impact of "Sure Start" services on children and families; • the transition for young people, from children's to adult services should be considered

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	as a focus for the proposed programme on children, young people and families; and • close working by the children, young people and families programme with the mental health, learning disabilities and autism programme would be very important. The Partnership Board: a) **noted** the process for developing the Five Year Strategy; and b) **supported** the proposals to strengthen WY&H working on children, young people and families and improving population health and tackling inequalities.
ACTION 07/19-1	**WY&H programmes to be established on children, young people and families and improving population health.**
ACTION 07/19-2	**A first draft of the WY&H Five Year Strategy to be considered by the Partnership Board at its meeting on 3 September 2019**
08/19	**Integrated Care System (ICS) Transformation Funding 2019 / 20**
	The Chair invited Jonathan Webb, Lead Director of Finance, WY&H Health and Care Partnership to set out the principles, approach and proposed prioritisation for the Integrated Care System (ICS) flexible transformation funding that would be allocated to WY&H in 2019/20. Jonathan highlighted that the WY&H Health and Care Partnership spends around £5.8bn on the commissioning and delivery of health and care services; this relates to services commissioned by the NHS (clinical commissioning groups and NHS England / Improvement) and those commissioned by local authorities across social care and public health services. Members noted that in addition to this core expenditure, there are a number of other funding streams that are received directly by the ICS to support transformation and change across WY&H. Jonathan explained that in 2018/19, the Partnership had received non-recurrent funding from NHS England / NHS Improvement to support transformation and change. This comprised two main elements: a) "Hypothecated" national transformation funding to support specific national priority areas (£8.5m); and b) "Flexible" national transformation funding which was provided directly as a result of achieving ICS status (£8.75m). Jonathan advised that for 2019/20, the hypothecated transformation funding expected to be received by WY&H is between £15m and £20m. To date, notification of funding had been received as follows: for cancer (£6.6m), GP forward view (£2.1m), maternity (£1.7m) and personalisation of care (£0.3m). The value of flexible transformation funding anticipated for 2019/20 is £8.75m as a result of WY&H signing up to the Integrated Care System financial framework in 2019/20. Jonathan explained that each of the six places in WY&H had been asked to provide a view of the top three priorities where this non-recurrent flexible transformational funding should be utilised that, in their view, would best deliver transformational change and impact on positive health and wellbeing. As a result of the place responses, an initial, high-level proposition had been put forward for discussion at today's meeting, predicated on a

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	further process (also set out in this paper) as to how more detailed proposals would be developed and overseen. The following comments were raised during the discussion: • as a Partnership it is important to have an agreed a set of principles to guide how transformational funding should be deployed (i.e. ensuring additionality); • though there is clarity on how the transformation funding in 2018/19 was spent and a narrative on the positive impacts it had had on things such as reducing delayed transfers of care and loneliness, there had not been a detailed evaluation on the specific returns on this investment – this is something that the Partnership should look to do in the future; • there is a risk that if the transformational funding is deployed into a large number of small pots, the opportunity to transform services / improve outcomes will be reduced; • each of the WY&H wide programmes has identified a number of interventions which would support the delivery of its objectives – should transformation funding become available; • by considering priorities for the deployment of funding together at WY&H, it may transpire that there are instances where some funding should be targeted / deployed in one or two places, rather than across the Partnership for example to reduce health inequalities (similar to the approach the West Yorkshire Combined Authority uses when deploying funding on transport infrastructure); • there is a tension between the desire to discuss the proposition further within respective places before making a final decision on the apportionment of the funding and the recognition that the money would need to be spent within this financial year and so a decision as soon as possible to provide clarity to programmes was important; • having already agreed (*Item 07/19*) that children, young people and families should be established as a WY&H programme, some of the £8.75m should be allocated to support this; • there had been some priority areas only identified by one place which had not been included in the proposition (for example pathology services) and consideration would need to be given as to whether these could be funded from the proposed allocated of £850k for "programme capacity/system issues"; • the decision as to how to deploy the £8.75m in 2019/20 is important, but should be seen in the context of the £5.8bn spent within WY&H on the commissioning and delivery of health and care services each year; • whilst also seeking further national funding in future years, the Partnership should seek opportunities to create its own "transformational funding pots" from the existing £5.8bn health and care budgets; and • it would be important to take any lessons to be learned from this process to inform the Partnership's approach to the deployment of transformational funding in 2020/2021 and beyond, including a process to evaluate the transformational impact of any funding spent. The Partnership Board **agreed** that: a) a limited sum of funding should be allocated to support the newly established children, young people and families programme recognising the state of readiness around transformational investment proposals within this programme; b) a revised proposition should be shared with Partnership Board members to enable

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	further discussion during June 2019, including discussion with Health and Wellbeing Boards); c) based on those discussions, a revised proposition should be considered at the WY&H System Leadership Executive Group Meeting on 2 July 2019; d) a recommendation should be made by the WY&H System Leadership Executive Group to the Chair and Vice-Chair of the Partnership Board for decision; and e) that the decision should be reported to the WY&H Partnership Board Meeting on 3 September 2019.
ACTION ***08/19-1***	**Agreed actions in respect of a revised proposition for allocation of funding to be carried out, with the outcome to be reported to the next WY&H Partnership Board Meeting on 3 September 2019**
09/10	**AOB and Close**
	The Chair thanked all members and attendees for their participation, and the WY&H Partnership Team for their co-ordination and preparation of the meeting papers and logistics. There was no further business.
Date of next meeting:	3 September 2019, 2pm – 5pm, Wakefield

GLOSSARY OF ABBREVIATIONS

A

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

B

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

C

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

D

Datix	*National Software Programme for Risk Management*
DBS	*Disclosure and Barring Service*
DNA	*Did not attend*
DoH	*Department of Health*
DoLS	*Deprivation of Liberty Safeguards*
Dr Foster	*Provides health information and NHS performance data to the public*
DToC	*Delayed Transfer of Care*

E

E&D	*Equality and Diversity*
EDS2	*Equality Delivery System 2*
eNEWS	*National Early Warning Score*
ENT	*Ear, Nose and Throat*
ERCP	*Endoscopic Retrograde Cholangiopancreatography*
ESR	*Electronic Staff Record*
EWTD	*European Working Time Directive*

F

FFT	*Friends and Family Test*
FC	*Finance Committee*
FIMS	*Full Inventory Management System*
FOI	*Freedom of Information*
FT	*NHS Foundation Trusts*
FY DR	*Foundation Year doctor*

G

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

H

HaRD CCG	*Harrogate and Rural District Clinical Commissioning Group*
HaRCVS	*Harrogate and Ripon Centres for Voluntary Service*
HBC	*Harrogate Borough Council*
HDFT	*Harrogate and District NHS Foundation Trust*
HDU	*High Dependency Unit*
HEE	*Health Education England*
HFMA	*Healthcare Financial Management Association*
HHFM	*Harrogate Healthcare Facilities Management Ltd*
HIF	*Harrogate Integrated Facilities*
HR	*Human Resources*
HSE	*Health & Safety Executive*
HSMR	*Hospital Standardised Mortality Ratios*

I

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

K

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

L

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

M

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

N

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

O

OD	*Organisational Development*
ODG	*Operational Delivery Group*
OSCE	*The Objective Structured Clinical Examination*

P

PACS	*Picture Archiving and Communications System – the digital storage of x-rays*
PbR	*Payment by Results*
PEAT	*Patient Environment Action Team*

PET	*Patient Experience Team*
PET SCAN	*Position emission tomography scanning system*
PHSO	*Parliamentary and Health Service Ombudsman*
PMO	*Project Management Office*
PROM	*Patient Recorded Outcomes Measures*
PSC	*Planned and Surgical Care Directorate*
PST	*Patient Safety Thermometer*
PSV	*Patient Safety Visits*
PVG	*Patient Voice Group*

Q

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

R

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

S

SALT	*Speech and Language Therapy*
SAS DR	*Speciality and associate specialist doctors*
SCBU	*Special Care Baby Unit*
SHMI	*Summary Hospital Mortality Indicator*
SI	*Serious Incident*
SID	*Senior Independent Director*
SIRI	*Serious Incidents Requiring Investigation*
SLA	*Service Level Agreement*
SMR	*Standardised Mortality rate – see Mortality Rate*
SMT	*Senior Management Team*
SpR	*Specialist Registrar – medical staff grade below consultant*
ST DR	*Specialist trainee doctors*
STEIS	*Strategic Executive Information System*
STP	*Sustainability and Transformation Plan*

T

TOR	*Terms of Reference*
TU	*Trade Union*
TUPE	*Transfer of Undertakings (Protection of Employment) Regulations 2006*

V

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

You matter most

W

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

Y

YTD	*Year to Date*

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