



**Board of Directors Meeting (to be held in public)**  
**will be held on Wednesday, 25 March 2020 from 9.00am**  
**in the Boardroom, Trust Headquarters**

**AGENDA**

Item No.	Item	Lead	Action	Paper
<b>Opening Items</b>				
1.0	<b>Welcome and Apologies for Absence</b>	Chairman	Note	Verbal
2.0	<b>Declarations of Interest and Register of Interests</b> <i>To declare any new interests and any interests in relation to open items on the agenda</i>	Chairman	Note	<b>Attached</b>
3.0	<b>Minutes of the Board of Directors meetings held on:</b>	Chairman	<b>Approve</b>	<b>Attached</b> <b>Attached</b>
3.1	29 January 2019 and			
3.2	12 February 2019			
4.0	<b>Matters Arising and Action Log</b>	Chairman	Discuss	Verbal <b>Attached</b>
<b>Performance Reports</b>				
5.0	<b>Emergency Preparedness, Resilience and Response (Covid-19 Assurance Report)</b>	Chief Executive	Discuss	Verbal
6.0	<b>Overview by the Chairman</b>	Chairman	Discuss	Verbal
7.0	<b>Report by the Chief Executive</b>	Chief Executive	Discuss	<b>Attached</b>
8.0	<b>Reports from Committee Chairs:</b>	Committee Chairs	Note Note Note <b>Approve</b>	<b>Attached</b> <b>Attached</b> <b>Attached</b> Verbal
8.1	Audit Committee, 4 February and 5 March 2020			
8.2	Quality Committee, 5 February and 4 March 2020			
8.3	Resource Committee, 24 February and 23 March 2020			
9.1	<b>Integrated Board Report</b>	Chief Executive	Note	<b>Attached</b>
9.2	<b>Operational Performance Report</b>	Chief Operating Officer	Note	<b>Attached</b>
9.3	<b>Finance Report</b>	Director of Finance	Note	<b>Attached</b>
9.4	<b>Operational Plan 2020/21</b>	Director of Finance	Note	<b>Attached</b>
9.5	<b>Medical Director Report</b>	Medical Director	Note	<b>Attached</b>

*You matter most*

9.6	Chief Nurse Report (to note)	Chief Nurse	Note	Verbal
9.7	Workforce and Organisational Development Report - Including National Staff Survey Results and Draft Action Plan	Director of Workforce and Organisational Development	Note	Attached
Governance				
10.1	Financial Governance in response to COVID-19	Deputy Chief Executive/Director of Finance	Approve	Attached
10.2	Guidance on Matters Reserved for the Formal Board Workshops/Meetings held in Private	Chief Executive	Approve	Attached
10.3	Gender Pay Gap Report	Director of Workforce and Organisational Development	Approve	Attached
10.4	Health Education England Annual Self-Assessment Report	Director of Workforce and Organisational Development	Approve	Attached
11.0	Any other Business By permission of the Chairman	Chairman	Note/ Discuss/ Approve	Verbal
12.0	Board Evaluation	Chairman	Discuss	Verbal
13.0	Date and Time of next meeting Wednesday, 27 May 2020 at 9.00am			
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.				

In light of the Government's guidelines in relation to COVID-19, Harrogate and District NHS Foundation Trust has taken a decision to not hold meetings of the Board of Directors in Public whilst the guidance on social distancing is in place. Board meetings will be held virtually and the Trust's Governors will have the opportunity to observe these meetings.

The minutes and papers will continue to be published on the Trust website. This decision will be reviewed as the guidance evolves with further communication published on the Trust's website in due course.

Details of the Government response can be found at: <https://www.gov.uk/government/topical-events/cooronavirus-covid-19-uk-government-response>

### 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 1 March 2020.

Name	Position	Interests Declared
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 2019)
Dr Kat Johnson	Clinical Director PSC	None

Dr Natalie Lyth	Clinical Director CCCC	<ol style="list-style-type: none"> <li>1. Member of North Yorkshire Local Safeguarding Children's Board and sub-committees.</li> <li>2. Chair of the Safeguarding Practice Review Group.</li> <li>3. Chair of the North Yorkshire and York Looked After Children Health Professionals Network.</li> <li>4. Member of the North Yorkshire and York Safeguarding Health Professionals Network.</li> <li>5. Member of the national network of Designated Health Professionals.</li> <li>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.</li> </ol>
Mr Andrew Papworth	Non-executive Director	1. Director of People Insight and Cost at Lloyds Banking Group
Ms Laura Robson	Non-Executive Director	1. Familial relationship with Alzheimer's Society
Mr Steve Russell	Chief Executive	None
Mr Wallace Sampson OBE	Non-executive Director	To be reported at first Board meeting on 25 March 2020
Mrs Angela Schofield	Chairman	<ol style="list-style-type: none"> <li>1. Member of WYAAT Committee in Common</li> <li>2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership</li> <li>3. Volunteer with Supporting Older People (charity).</li> <li>4. Chair of NHSE Northern Region Talent Board</li> </ol>
Dr David Scullion	Medical Director	<ol style="list-style-type: none"> <li>1. Member of the Yorkshire Radiology Group</li> <li>2. Familial relationship with Freedom to Speak Up Guardian</li> </ol>
Mr Richard Stiff	Non-Executive Director	<ol style="list-style-type: none"> <li>1. Director of (and 50% owner) Richard Stiff Consulting Limited</li> <li>2. Director of NCER CIC (Chair of the Board from April 2019)</li> <li>3. Director and Trustee of TCV (The Conservation Volunteers)</li> <li>4. Chair of the Corporation of Selby College</li> <li>5. Member of the Association of Directors of Children's Services</li> <li>6. Member of Society of Local Authority Chief Executives</li> <li>7. Local Government Information Unit Associate</li> <li>8. Local Government Information Unit (Scotland) Associate</li> <li>9. Fellow of the Royal Society of Arts</li> </ol>
Mrs Maureen Taylor	Non-Executive Director	None



Ms Angela Wilkinson	Director of Workforce and Organisational Development	1. Director of ILS and IPS Pathology Joint Venture (from 1 October 2019)
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### 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

**Board of Directors Meeting (held in Public)**

**29 January 2020 at 9am**

**in the Boardroom, Trust Headquarters, Harrogate District Hospital,**

**Lancaster Park Road, Harrogate HG2 7SX**

**Present**

Mrs Angela Schofield, Chairman  
Ms Sarah Armstrong, Non-executive Director  
Mr Jeremy Cross, Non-executive Director  
Ms Laura Robson, Non-executive Director/Senior Independent Director  
Mr Richard Stiff, Non-executive Director  
Mrs Maureen Taylor, Non-executive Director (*to item BoDC/01/02/20/7*)  
Mr Chris Thompson, Non-executive Director/Vice-Chairman (*to item BoDC/01/02/20/16*)  
Mr Steve Russell, Chief Executive  
Mr Jonathan Coulter, Finance Director/Deputy Chief Executive  
Mrs Jill Foster, Chief Nurse  
Dr David Scullion, Medical Director  
Ms Angela Wilkinson, Director of Workforce and Organisational Development

**In attendance**

Mr Andy Alldred, Clinical Director, Long Term and Unscheduled Care (LTUC)  
Ms Lynn Hughes, Interim Company Secretary  
Dr Kat Johnson, Clinical Director for Planned and Surgical Care Directorate  
Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services Directorate  
Mr Paul Nicholas, Deputy Director of Performance and Informatics  
  
Ms Cath Bamfield, Head of Nursing (*Patient Story only*)  
Ms Melanie Jackson, Patient Safety and Experience Manager (*Patient Story only*)

**Observing**

Mr Andy Papworth, Non-executive Director from 1 March 2020

**Patient Story**

Mr Alldred introduced the audio presentation. The story was supported by Cath Bamfield, and Mel Jackson who shared a very moving and inspiring presentation of the wife and family following the death of a patient. The patient had been a patient on Byland and Trinity wards and the family had raised a number of concerns with regards to the end of life pathway. The complaints that had been made by the family had been investigated and the outcome of the investigation had resulted in learning achieved. It was noted that work was ongoing to develop and embed the required improvements.

The Board were pleased to note that the team had met with the family on numerous occasions and they had expressed appreciation that their experience had been used to develop the service for patients and families.

**BoD/01/20/01**

1.1

**Welcome and Apologies for Absence**

The Chairman welcomed everyone to the meeting.

- 1.2 Apologies for absence were received from Mr Robert Harrison, Chief Operating Officer. It was noted that the meeting was quorate.
- BoD/01/20/02**
- 2.1 **Declarations of Interest and Register of Interests**  
 It was noted that Mr Coulter and Mr Thompson are Directors of Harrogate Integrated Facilities (HIF). Ms Wilkinson declared that she was now a Director of ILS and IPS Pathology Joint Venture which was agreed would be added to the Register. **ACTION (L Hughes)**
- 2.2 It was noted that no interests were declared in relation to open agenda items.
- BoD/01/02/3**
- 3.1 **Minutes of Private Board of Directors Meeting held on 27 November 2019**  
**Resolved:** the minutes of the meeting held on 27 November 2019 were approved as an accurate reflection subject to page 1. Long life should read long leigh at home; and page 4, para 7.6 should read Harrogate CCG and other Committees.
- BoD/01/02/4**
- 4.1 **Matters Arising and Action Log**  
 There were no matters arising in addition to those included on the agenda.
- 4.2 **The Action Log was discussed in turn:**  
 Action 81. IBR would be emailed to Mr A Papworth.  
 Action 148. Overview of Trust Learning Disabilities policies and application was agreed would be discussed at a Board workshop by the end of year.  
 Action 149. It was agreed no changes are required to the Trust's appraisal process. Agreed to close the action.  
 Action 151. It was noted that the Trust has not experienced any patients waiting in corridors and there is a process in place to report and escalate if the position changes going forward. Agreed to close the action.  
 Action 152. It was noted that the report was discussed at the December Board workshop with regards to progress of recovery plans in ED to achieve 95% target as well as a paper included on the agenda that day. Agreed to close action.  
 Action 153. It was noted that plans were in place for the Quality Committee to receive a Quality Dashboard. Agreed to close action.  
 Action 154. It was agreed all Board members would be granted access to all Board and Committee papers on Diligent. Agreed to leave open until completed.  
 Action 155. It was agreed an event would be arranged to recognise Maternity and SCBU 'Baby Friendly' achievements. Agreed to leave open until completed.
- BoD/01/02/5**
- 5.1 **Progress Report on Recovery Plans in Emergency Department to achieve 95% Target**  
 Mr Alldred spoke to the Progress Report on Recovery Plans in Emergency Department to achieve 95% Target. He highlighted that the Trust had consistently been one of the best performing Trusts against the Emergency Care standard and the Trust remained in the top decile for the four hour target. Mr Alldred explained that the Trust's

success had been achieved by a consistent approach which had been applied to improve efficiencies and processes. A step change with an increase in ED attendances was noted in 2018/19 with the increase continuing into 2019/20 which had over the past year seen the attendance profile changing with an increase in attendances at weekends and evenings. This has resulted in a significant increase in non-elective admissions and an increased number of breaches.

5.2 Discussion took place around the age profile of ED admissions and the increased workload which has had an impact on the ability of the department to continue to meet national standards. The Board noted the recovery plan which had been developed and implemented and the work ongoing to develop a business case taking into account the GIRFT data to incorporate nursing staffing and the College of Emergency Medicine standards on consultant presence.

5.3 The Board noted the current position and action plans in place to recover the position to meet 90% performance by 31 March 2020 and 95% by 2020.

5.4 Mr Cross queried the support offered by primary care. In response Mr Alldred explained that the Trust was working with primary care and the GP Out of Hours across the system to help to improve the current issues.

5.5 The Chairman queried if it was common for Trust's nationally to have this high number of breaches. In response Mr Alldred explained that breaches in this area were a common occurrence in Trusts nationally.

5.6 Mrs Armstrong queried what was required to improve partnership working to support Hospital at Home which initiated discussion around the work that was taking place with regards to PLACE across the region.

5.7 Ms Robson proposed that it would be helpful to include additional metrics in the IBP with supportive narrative by exception. It was agreed Mr Harrison would incorporate exception reporting into the 2020/21 reports to the Board. **ACTION (R Harrison)**

5.8 **Resolved:** the Progress Report on Recovery Plans in Emergency Department to achieve 95% Target was discussed and noted.

## BoD/01/02/6

### Overview by the Chairman

6.1 The Chairman welcomed Mr Cross to his first Board member as a Non-executive Director of the Trust. She also welcomed Mr Papworth who was observing the meeting that day in preparation of him commencing in his role as Non-executive Director with Mr Sampson OBE from 1 March 2020. The Chairman also welcomed Ms Hughes as interim Company Secretary who had joined the Trust earlier that week.

6.2 There had been a number of changes to the Non-executive Directors' portfolios which included Ms Robson covering the role of Senior Independent Director, Mrs Armstrong appointed as Director of

Harrogate Health Facilities Management (t/a Harrogate Integrated Facilities).

6.3 It was noted that it was Mr Thompson's last Board meeting. The Chairman thanked Mr Thompson for his commitment and professionalism whilst carrying out the role of Vice Chairman/Non-executive Director and carrying out his role with great pragmatism and wisdom. It was noted that Mr Thompson was covering the role of HIF Chair on an interim basis until 30 June 2020.

6.4 The Chairman reported on the staff and public Governor Elections and explained that the new Governors had attended their formal induction and the Board were very much looking forward to working with them.

6.5 It was noted that the Board Workshop would take place in Ripon on 26 February 2020.

6.6 On behalf of the Board the Chairman praised staff for their hard work and dedication through the winter pressure period.

6.7 **Resolved:** the Chairman's report was noted.

## BoD/01/02/7

### Report by the Chief Executive

7.1 Mr Russell presented the Chief Executive's report and drew attention to:

7.1.1 The Trust remains in the winter period and has seen significant pressures on teams across community services and Harrogate and Ripon hospitals. He paid tribute to the dedication of staff that has shown such commitment in providing patients and their families with kind, safe and compassionate care whilst working within a pressured system.

7.1.2 Delivering the operational and financial position was noted to be particularly challenging and a number of non-recurrent actions had taken place in quarter three. Directorate expenditure continues to be higher than planned but the Trust was working to meet the financial year-end control total which would be facilitated with ICS support of brokerage being made available. This was noted to be both positive for the year end position but posed a risk for 2020/21.

7.1.3 The risks that posed a threat to the Trust's strategic objectives and the mitigating actions in place were included in the Board Assurance Framework summary. The Corporate Risk Register included an additional risk around a mental health service for ED patients with minor changes to existing risks which had been approved by the Corporate Risk Review Group on 10 January 2020.

7.1.4 North Yorkshire CCG (NYCCG) is planned to be created on 1 April 2020 from the current Harrogate and Rural District CCG. NHS England has agreed that NYCCG is required to fit within one ICS. HaRD CCG is currently in West Yorkshire and Harrogate ICS along with the Trust. NHS England requires the new NYCCG to sit within Humber, Coast and Vale (HCV) instead of West Yorkshire and Harrogate which has raised queries about whether the Trust who is the

main acute provider for the new CCG should also sit within HCV. Mr Russell highlighted the Trust's concerns around the challenges of changing to a different ICS and it was noted that discussions were taking place to explore options and mitigate risks. The WYAAT Committee in Common discussed the Trust's position and they were strongly in favour of the Trust being part of their current ICS and described the Trust continuing to be an integral part of their plans going forward. The Carnall Farrar strategic work to support the development of a clinical strategy would be discussed in detail at the April Board of Directors workshop alongside the Operational Plans for 2020/21 and the development and refresh of the Board Assurance Framework.

7.2 **Resolved:** the Chief Executive's report was noted.

**BoD/01/02/8**

**Integrated Performance Report**

8.1 The Integrated Performance Report for the period ending 31 December 2019 was considered and noted to have been discussed in detail at the Resource Committee held earlier that month. It was noted that further discussion on the Trust's performance would take place throughout the meeting.

8.2 It was agreed that arrangements would be made to include exception reports on areas of underperformance or significant concern highlighted in IBR. **ACTION (R Harrison)**

**BoD/91/02/9**

**Summary from Resource Committee Meetings**

9.1 The summary reports from the Resource Committee meetings held on 16 December and 27 January 2020 were considered and noted. Reference was drawn to the Board Workshop which was held on 18 December 2019 which had provided opportunity for valuable discussion around budget strategy, operational planning and the Carnall Farrar work.

9.2 Mrs Taylor, Resource Committee Chair drew attention to the discussion that had taken place at the 27 January 2020 meeting on the financial position as at 30 December 2020 which reported a surplus of £1.24m, £662,000 ahead of plan. The year to date position was reported as a deficit of £254,000, £49,000 ahead of plan with quarter three Provider Sustainability Funding achieved.

9.3 CIP was reported to be on track to deliver the £8.4m target with the forecast outturn position is for a surplus of £823,000, £3.2m behind plan. Mrs Taylor explained it had been clearly explained that it is essential that the Trust maintains recovery plans and tight expenditure controls to achieve the control total at the end of quarter four.

9.4 **Resolved:** the summary reports from the Resource Committee meeting held on 18 December 2019 and 27 January 2020 were noted.

**BoD/01/02/10**

**Finance Report**

10.1 Mr Coulter spoke to the Finance Report as at 31 December 2020 which included an update on the Trust's finance, activity and workforce plans. In addition to the update provided from the Resource



Committee meeting he drew reference to: i) income from non-HaRD/non-Leeds commissioners and the discussions that had taken place around the potential changes to the Trust's ICS; ii) delivery of the HaRD transformation programme, the medical staffing expenditure pressures which had seen a £1m spend year to date above the funding available. He confirmed that work was ongoing to reduce high cost specialties with improvements noted in oncology which was on track to improve its position by February 2020; iii) ward expenditure which remains overspent and of some concern; iv) the improved CiP position with plans in place to achieve the year-end target; and v) theatre non-pay had seen an increase in December and work was underway to gain a greater understanding of the underlying issues.

10.2 Discussion took place around the opportunity of applying for a working capital loan which was noted would be discussed in more detail at a later meeting. Ms Robson queried the medical workforce expenditure and if that had been previously discussed. In response Mrs Taylor explained that there is a level of scrutiny on medical workforce expenditure by the Resource Committee.

10.3 **Resolved:** the financial position as at 31 December 2020 was noted.

#### BoD/01/02/11

#### Operational Performance Report

11.1 Mr Nicholas spoke to the Operational Performance Report and highlighted that four of the seven cancer waiting time standards were achieved within the 14 day standards and the 62 day screening standard below set standards. Performance against the A&E four hour standard was noted below the 95% standard at 85.7% in December, and 91.9% year to date. The Trust had no 52 week waiters on its referral to treatment (RTT) waiting list as at 31 December 2020.

11.2 Ms Armstrong queried the reasons for the mandatory training red indicator for staff safety and supervision in community services and fire training. It was noted that these were new indicators with fire mandatory training changing to a face to face requirement.

11.3 **Resolved:** the Operational Performance position as at 31 December 2020 was discussed and noted.

#### BoD/01/02/12

#### Medical Director Report

12.1 Dr Scullion spoke to the Medical Director report and drew reference to the working group that had been established to take forward advanced care planning; all reviews had been completed following the receipt of HED mortality alerts received in 2019; HSIB investigation into one still birth found no lapses in care identified which initiated discussion; the Trust has performed above the national average for four out of six National Hip Fracture KPIs; appointments have been made to the Rheumatology and Histopathology consultant vacancies; and one consented organ donation had been facilitated by the Trust between April and December 2019.

12.2 It was agreed that the Advanced Care Planning update report would be circulated to the Board.  
**ACTION (D Scullion)**

- 12.3 **Resolved:** the Medical Director Report was discussed and noted.
- BoD/01/02/13**  
13.1 **Learning from Deaths Quarterly Report**  
The quarterly Learning from Deaths report was presented. Dr Scullion explained that the learning from deaths process aimed to identify areas where improvements can be made to patient care which will reduce clinical risk. It was noted that during the quarterly period five structured judgement reviews (SJR) had been completed which contained descriptions of good and excellent care and practice. There had been no deaths of patients with learning disabilities reviewed by SJR and all appropriate deaths had been referred to the Learning Disabilities Mortality Review programme. The Board noted the information on processes for learning from external reports of mortality which were included in the report.
- 13.2 Mr Thompson queried the difference between SHMI and HSMR mortality indicators. In response Dr Scullion explained that there was a requirement that mortality data is used alongside other data and intelligence. Mr Russell explained that there is a difference with the place of death for each of the mortality indicators. SHMI data captured deaths in the community and SHMI captured deaths from the hospital setting.
- 13.3 It was agreed that discussion would take place at the Non-executive Director meeting to agree a Non-executive Director lead for Learning from Deaths.  
**ACTION (L Hughes)**
- 13.4 **Resolved:** the Learning from Deaths quarterly report was noted.
- BoD/01/02/14**  
14.1 **Guardian of Safe Working Hours Report**  
The quarterly report on the Safe Working hours for doctors and dentist in training was presented by Mr Scullion. He explained that the report aimed to provide assurance to the Board that issues of safety within the Guardian's remit are being managed appropriately. He advised that overall working hours across the Trust are satisfactory and there were no specific concerns in departments or directorates. The Guardian has agreed to extend the role to include non-training, non-career grade doctors as agreed by the Board previously.
- 14.2 **Resolved:** the quarterly Guardian of Safe Working Hours report was received and noted.
- BoD/01/02/15**  
15.1 **NHS Resolution Reporting Timescales**  
Dr Johnson provided a verbal update on the NHS Resolution reporting timescales. She advised that the Trust had 100% compliance last year and she would make the necessary arrangements to share the report with the Board.  
**ACTION (J Foster)**
- 15.2 The Board agreed the timetable for sign-off would include review and consideration by the Quality Committee in July 2020 prior to being submitted to the Board for approval at its September 2020 meeting for approval.  
**ACTION (J Foster/D Scullion)**

- 15.3 **Resolved:** i) the NHS Resolution Reporting timescales update was noted; and  
ii) the arrangements for the next NHS Resolution Board sign off would include submission to the Quality Committee prior to submission to Board at its July 2020 meeting for approval.

**BoD/01/02/16**

16.1

**Chief Nurse Report**

The Chief Nurse spoke to the report and provided assurance around the work to develop a continuing, innovation approach to recruitment and retention in mitigation of the natial demand for qualified nurses across England. The first cohort of Registered nurse Associates were on track to qualify by the end of January 2020 and it was noted that the Global Learner programme was continuing to be a huge success with 30 nurses completed the requirements to become a regrant with the NMC to date.

16.2

The Board were pleased to note the Trust had received the Special Care Baby Unit (SCBU) Baby Friendly Gold standard accreditation that month. The Trust is the first SCU in the country to achieve the standard. The staff involved had worked hard to achieve and improve levels of care for babies and their families to help babies to get off to the healthy start. Jo Orgles, the Infant Feeding Co-ordinator who lead on the work was praised for her dedication and leadership. Mr Russell explained that the national Chief Nursing Officer is interested in this work and plans to use it to inform national work.

16.3

- Resolved:** the Chief Nurse report was noted and the exception work being undertaken by SCBU was recognised and praised.

**BoD/01/02/17**

17.1

**Infection Prevention and Control Update**

The Infection and Prevention Control update report was presented by the Chief Nurse who drew reference to the Trust's objective of no more than 19 Clostridium difficile cases had been reached. Any additional cases would be reported as a breach which initiated discussion around the highest number of cases had notably been seen during the winter months.

17.2

The Chief Nurse and Medical Director provided a verbal update on the Coronavirus which was being taken very seriously. As a healthcare provider, the Trust will follow the national director from Public Health England with regards to what actions the Trust staff should take in the event of any suspected cases amongst patient groups.

17.3

- Resolved:** the Infection Prevention and Control update report was noted.

**BoD/01/02/18**

18.1

**Freedom to Speak Up Board Self-assessment**

Mrs Foster presented the Freedom to Speak Up (FTSU) Board Self-assessment which had been considered by the Board at its October 2019 workshop. The Chief Nurse explained that the FTSU guidance requires the Board to consider and agree outcomes and actions required to achieve full compliance which initiated discussion around the oversight require at Board Committee level as part of the Board's

governance structure. The Chairman explained that since the Company Secretary had commenced in post she had discussed the benefits of a Board Committee being established to oversee workforce, organisational development, including cultural areas of work to provide assurance up to the Board. The Chairman explained that the Trust was considering the establishment of a People Committee and Mr Papworth had agreed to take the lead Non-executive role in this area of work when he commenced in March 2020.

18.2 The Board thanked Mrs Foster and Dr Sylvia Wood, Deputy Director of Governance for the work undertaken.

18.3 **Resolved:** i) the outcome of the FTSU self-assessment and associated actions were approved; and plans were in place to review the self-assessment at the June 2020 Board workshop.

## BoD/01/02/19

### EDS2 Annual Report

19.1 Ms Foster explained that the Trust had agreed its equality objectives for 2018-20 in 2018 and progress against agreed objectives is overseen by the Learning and Patient Experience Group. It was noted that self-assessment is carried out annually with the assistance of key stakeholders to inform the EDS2 Annual Report.

19.2 Discussion took place around the self-assessment. Ms Armstrong queried 2.4 'how people's complaints about services are handled respectively and efficiently'. In response Mrs Foster explained that this requirement was to ensure people's protected characteristics were taken into account before a response is provided.

19.3 Mr Russell explained that the Trust was required to publish the Annual Report by 31 January 2020 and he proposed that there were a number of areas that required strengthening prior to the document being published. It was agreed that 1.4, 3.4, 4.3, 3.1 and 3.6 would be strengthened and further work was required to further develop the 2020 plan. An updated report would be presented to the Board at its May 2020 for consideration.

19.4 **Resolved:** i) the EDS2 Assessment report was noted;  
ii) the EDS2 Summary report would be updated prior to publication; and  
iii) further work would be undertaken to develop the 2020 plan.

## BoD/01/02/20

### Workforce and Organisational Development Report

20.1 Ms Wilkinson spoke to the report and drew reference to:

20.1.1 The Trust's sickness absence rate which had decreased in December to 4.85% from 5.38% in November 2019 against the 3.9% target. HR business partners were working with managers with the aim of continually reducing the absence rate to support managers and staff.

20.1.2 Progress made to immunise clinical staff with the influenza vaccine was marginally below the Trust's internal 75% target with 69.29% of

clinical staff and 65.72% non-clinical staff having received the vaccine with work continuing on the campaign.

- 20.1.3 The NHS Staff Survey 2019 results were due to be published on 29 February 2020 and the outcome of the survey would be reported to the March 2020 Board meeting.
- 20.1.4 Pension Taxation update had been communicated with consultants on 16 December 2019 and no applications had been received to date. It was noted that the Pension Working Group would continue to meet to consider long and short term solutions until the outcome of the national consultation. It was noted that Ms Wilkinson planned to ascertain if all clinical staff are included and not just consultants; and if individuals are required to opt in or opt out with clear guidance re-issued to staff concerned.
- 20.1.5 The ICS had been successful in its bid to secure funding for a RosterPro which will support rostering and job planning across the ICS.
- 20.2 **Resolved:** the Workforce and Organisational Development report was noted.
- BoD/01/02/21**
- 21.1 **Operational Plan 2020-21**  
Mr Coulter explained that the Board is required to approve the Operational Plan prior to submission to NHSE/I and he provided an update on the development of the Plan which was being overseen by the Resource Committee.
- 21.2 It was noted that the Trust was consulting with internal and external stakeholders on the priorities for quality improvement in 2020/21 and a proposal was planned to be presented to SMT at its March 2020 meeting.
- 21.3 One of the main issues for 2020/21 is the Trust's financial performance in 2019/20. Directorate expenditure run rates and income performance will determine the level of improvement required as the Trust enters 2020/21 which at present was noted to be a risk.
- 21.4 The approach to develop the efficiency programme for 2020/21 is based on a similar approach adopted for 2019/20. Challenges around delivery of the efficiency programme were discussed and contract negotiations noted.
- 21.5 Reference was drawn to the development of the workforce plan and the challenges in relation to medical staffing, ward staffing and certain geographical areas within community. As part of the planning process, plans are being developed to mitigate these risks which had been reported to the Resource Committee earlier that week. Work was ongoing to finalise the 2020/21 Capital programme.
- 21.6 The Board recognised that significant work continued to progress the Operational Plan with internal and external stakeholders and partners across the local and ICS system. Further would be undertaken to

finalise the Plan prior to it being presented to the Board for approval at its March 2020 meeting.

21.7 **Resolved:** the ongoing work in relation to the development of the Operational Plan 2020-21 was noted.

**BoD/01/02/22 West Yorkshire and Harrogate Partnership First Annual Review of the Memorandum of Understanding**

22.1 **Resolved:** the West Yorkshire and Harrogate Partnership First Annual Review of the Memorandum of Understanding was considered and approved.

**BoD/01/02/23 Clinical Waste Management Duty of Care Compliance**

23.1 Mr Coulter spoke to the Clinical Waste Management Duty of Care Compliance report. He explained that the update aimed to provide assurance to the Board on the work that has been undertaken by HIF to manage the operational and financial challenges in association with the national clinical waste issue. He reminded the Board of the background which included NHI writing to all NHS Trusts in August 2018 advising that clinical waste contracts could not continue and emergency contracts were put in place. This process highlighted concerns which the Trust asked HIF to look into. In November 2019 NHSE/I wrote to all Trusts requesting that a number of clinical waste issues were addressed and advised that they would be carrying out audits at waste treatment sites going forward.

23.2 The Board noted the summary of actions that had been achieved to date and the plans in place to deliver final actions. HIF Board at its last meeting had received a detailed action plan and the Dangerous Goods Safety Advisor is scheduled to carry out an audit at the end of January 2020. Actions highlighted from the audit would be overseen by HIF Board and the Trust's governance processes that are in place.

23.3 **Resolved:** the Clinical Waste Management Duty of Care Compliance update report was noted including HIF Board's oversight on the delivery of the action plan.

**BoD/01/02/24 Minutes of the Council of Governors Meeting**

24.1 **Resolved:** the minutes of the Council of Governors meeting held on 6 November 2019 were received and noted.

**BoD/01/02/25 Summary of the Audit Committee Meeting**

25.1 **Resolved:** the Chair's Summary report from the Audit Committee meeting held on 5 December 2019 was noted.

**BoD/01/02/26 Minutes of the West Yorkshire ICS Partnership Board Meeting**

26.1 **Resolved:** the minutes of the West Yorkshire ICS Partnership Board meeting held on 4 June 2019 were received and noted.

**BoD/01/02/27 Any Other Business**

27.1 There was no other business.



**BoD/01/02/28**  
28.1

**Board Evaluation**

The Board agreed that the patient story set a very good tone for the meeting with a balance of strategic and operational discussion.

**Confidential Motion**

**Resolved:** to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.

DRAFT



**Board of Directors Meeting (held in Public)**

**12 February 2020 at 2pm**

**in the Boardroom, Trust Headquarters, Harrogate District Hospital**

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**Present**

Mr Chris Thompson, Non-executive Director/Vice-Chairman (Chair of the Meeting)  
Mr Jeremy Cross, Non-executive Director  
Ms Laura Robson, Non-executive Director/Senior Independent Director  
Mr Richard Stiff, Non-executive Director  
Mrs Maureen Taylor, Non-executive Director  
Mr Steve Russell, Chief Executive  
Mr Jonathan Coulter, Finance Director/Deputy Chief Executive  
Mr Robert Harrison, Chief Operating Officer  
Dr David Scullion, Medical Director  
Ms Angela Wilkinson, Director of Workforce and Organisational Development

**In attendance**

Ms Lynn Hughes, Interim Company Secretary  
Dr Kat Johnson, Clinical Director for Planned and Surgical Care Directorate  
Ms Suzanne Lamb, Head of Service 0-19  
Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services Directorate  
Mrs Alison Mayfield, Deputy Chief Nurse  
Mr Paul Widdowfield, Communications and Marketing Manager

**Observing**

Dr Stephanie Aiken, Operational Manager, RCN Yorkshire and Humber Region  
Ms Fiona Beckett, Member of Staff  
Ms Clare Cressey, Lead Governor  
Mr Tony Doveston, Public Governor  
Mr Doug Masterton, Public Governor  
Mr David Munday, Lead Professional Officer (Mental Health), Unite the Union

**BoD/12/20/01**

**Welcome and Apologies for Absence**

1.1 Mr Thompson welcomed everyone to the meeting. He explained that the meeting had been arranged to cover one item. Mr Thompson thanked members of the Board for their attendance and welcome observers.

1.2 Apologies for absence were received from Mrs A Schofield, Chairman; Ms S Armstrong, Non-executive Director and Mrs J Foster, Chief Nurse. It was noted that the meeting was quorate.

**BoD/12/20/02**

**Declarations of Interest and Register of Interests**

2.1 Mr Cross', term of office as a Non-executive Director ended on 31 January 2020. It was noted that the register would be updated accordingly. There were no interests declared in relation to open agenda items.

**BoD/12/02/20/3**

**North Yorkshire Healthy Child Programme Option Appraisal**

3.1 Mr Coulter presented the report and highlighted that North Yorkshire County Council (NYCC) are the commissioners for the Healthy Child

Programme (HCP) as part of their public health commissioning responsibilities. He drew reference to the background of the North Yorkshire Healthy Child Programme and the current contract value and noted that the contracts currently in place for the 0-5 and 5-19 services were due to end in March 2020.

- 3.2 The Board noted that in April 2019 NYCC had indicated that they wished to enter into a 10 year partnership with the Trust but at a reduced financial envelope to reflect the reductions in the Public Health grant over recent years. In response to this the Trust has undertaken a modelling exercise to review the current services and identify options for the provision of a future service delivery model in the context of the NYCC specified resource envelope.
- 3.3 Ms Lamb was invited to provide and update on the work undertaken to date, she described the principles used to define a clinically safe service and confirmed that the principles had been discussed and agreed with NYCC. The Board discussed the options that had been considered and reference was drawn to the preferred option which included the majority of changes to the school nursing service. It was noted that the model of care that has been developed is considerably different to the current service model and the Trust recognises that there are risks with the proposed model but it believes that the risks can be sufficiently mitigated to provide the model safely.
- 3.4 It was noted that there are plans in place to discuss the proposed changes with staff, partners and key stakeholders; and the Trust is committed to ensure that the impact on the reduction of staffing numbers is minimised as far as possible through engagement and consultation with staff and Trade Union partners to minimise redundancies.
- 3.5 Mr Cross queried if the Trust would be fulfilling its legal obligations in delivering the proposed model which initiated discussion. Mr Harrison explained that the Trust have obtained legal advice throughout the option appraisal process and has been advised the proposed changes meet legal requirements. NYCC as commissioners of the service are required to carry out a formal public consultation exercise and the Trust is required to consult with staff on any proposed changes to their terms and conditions of employment. It was noted that the Trust had already commenced engagement with staff and Trade Unions.
- 3.6 Ms Robson queried if there had been discussions with NYCC over an extension to the current contract. In response Mr Harrison explained that NYCC had informed the Trust that an extension to the contract may be required to cover the public consultation exercise that they are required to carry out.

- 3.7 The Board agreed that the proposed model would only be affordable if inflationary costs are funded by NYCC within the new agreement which includes the current and future staff pay awards.
- 3.8 **Resolved:** the Board unanimously agreed '*in principle*' to provide the preferred option model for the Healthy Child Programme subject to:
- i) A decision from NYCC that, as the organisation with statutory responsibility for commissioning this service, the service model they wish to commission is as described;
  - ii) Board approval of a transitional plan which will include how the Trust will maximise redeployment opportunities and how the new service model will be mobilised to ensure successful delivery, taking account of the planned retrospective audit;
  - iii) Confirmation that the financial baseline will be amended to include the 19/20 and 20/21 pay award funding and future inflationary/pay award costs and this is clearly written into agreements because without this the service would be unviable;
  - iv) A Board approved Section 75 agreement, supported by legal advice on the service model and respective roles and responsibilities;
  - v) Trust Board and NYCC approval of a joint risk assessment and impact assessment, and mitigations to the risks.
  - vi) Final Board approval of the service model that NYCC will commission following the outcome of NYCC's Public Consultation; and
  - vii) Engagement and Consultation with impacted staff, and the Trust's recognised Trade Unions.

**BoD/12/02/20/4**  
4.1

**Any other Business**

There was no other business.

**BoD/12/02/20/5**  
5.1

**Risks**

It was noted that the risks discussed throughout the meeting were being taken forward according to the Trust's risk management processes.

**BoD/12/02/20/6**  
6.1

**Board Evaluation**

It was noted that the meeting had enabled discussion and debate before any decision was reached.

*The Chair of the meeting agreed to take questions from observers:*

Mr Mundy queried if the Board would make a different decision if it was found that the legal advice that had been provided on mandated contacts was incorrect. In response the Board confirmed that throughout the process it had followed legal advice that had been received.

**Confidential Motion**

**Resolved:** to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.

### Board of Directors Actions Schedule Action Log as at March 2020

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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  • IBR to be emailed to Mr A Papworth	Mr Harrison, Chief Operating Officer	26 February 2020	Completed at February Board workshop
148	September 2019 (minute 9.6)	Overview of Trust Learning Disabilities policies and application.  Agreed would be discussed at a Board workshop by the end of year. To be added to the Board workshop forward plan.	Mrs Foster, Chief Nurse  Ms L Hughes, Interim Company Secretary	November 2020	Open  (included on Board Workshop workplan for October 2020)
154	November 2019 (minute 15.1)	Ensure that all Board members have access to all Board and Committee papers on Diligent.  All Board members to be granted access to Quality Committee, Resource Committee and Audit Committee on Diligent.	Mr Forsyth, Interim Company Secretary  Ms L Hughes, Interim Company Secretary	26 February 2020	Completed
155	November 2019 (minute 20.1)	Investigate dates for an event to recognise Maternity and SCBU 'Baby Friendly' achievements	Mr Forsyth, Interim Company Secretary  Ms L Hughes, Interim Company Secretary	26 February 2020	Completed

Actions from 29 January 2020 Meeting					
8.2	29 January 2020 <i>IBR Report</i>	Explore arrangement to include exception reports on areas of underperformance or significant concern highlighted in IBR. Board members to inform R Harrison prior to Board Workshop.	Mr R Harrison, Chief Operating Officer	26 February 2020	Completed
12.2	29 January 2020 <i>Medical Director Report</i>	Advanced Care Planning update report would be circulated to the Board.	Dr D Scullion, Medical Director	25 March 2020	Open
13.3	29 January 2020 <i>Learning from Deaths Q3 19/20 Report</i>	Learning from Deaths Lead NED to be discussed at next NED meeting. Ms L Hughes to remind the Chairman and NEDs.	Ms L Hughes, Interim Company Secretary	25 March 2020	Update to be provided at the meeting
13.2	29 January 2020 <i>NHS Resolution Report</i>	NHS Resolution Report to be presented to the July 2020 Quality Committee prior to submission to Board for sign-off. Dr Johnson/ Dr Scullion to inform Ms Hughes of intension to present to July or September 2020 Board meeting.	Mrs Foster/Dr D Scullion, Medical Director	30 September 2020	On track Included on workplans
17.3	29 January 2020 <i>EDS2 Report</i>	It was agreed that 1.4, 3.4, 4.3, 3.1 and 3.6 would be strengthened and further work was required to further develop the 2020 plan. An updated report would be presented to the Board at its 27 May 2020 for consideration.	Mrs J Foster, Chief Nurse	31 May 2020	On track
9.	29 January 2020 <i>Pension Taxation</i>	Ms Wilkinson to confirm if i) all clinical staff are included and not just consultants; and ii) individuals are required to opt in or opt out with clear guidance re-issued to staff concerned.	Ms Wilkinson, Director of Workforce and Organisational Development	25 March 2020	Completed  Update included in Workforce and OD Board report

<b>Date of Meeting:</b>	25 March 2020	<b>Agenda item:</b>	7.0								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Chief Executive's Report										
<b>Sponsoring Director:</b>	Chief Executive										
<b>Author(s):</b>	Chief Executive and Interim Company Secretary										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>Discussion/ Consultation</td> <td>Assurance</td> <td>Information</td> </tr> <tr> <td></td> <td></td> <td>✓</td> <td>✓</td> </tr> </table>			Decision	Discussion/ Consultation	Assurance	Information			✓	✓
Decision	Discussion/ Consultation	Assurance	Information								
		✓	✓								
<b>Executive Summary:</b>	This report sets out key points and activities from the Chief Executive.										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	Updated Corporate Risk Register and Board Assurance Framework included within the report.										
<b>Legal / regulatory:</b>	Trust Licence NHSE/I The Equality Act 2010 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.										
<b>Resource:</b>	Not applicable										
<b>Impact Assessment:</b>	Not applicable										
<b>Conflicts of Interest:</b>	None identified										
<b>Reference documents:</b>	Not applicable										
<b>Assurance:</b>	Senior Management Team Directors Team										
<b>Action Required by the Board of Directors:</b>											
The Board is asked to note the content of this report.											

## Chief Executive's Report March 2020

### 1.0 COVID-19

- 1.1 COVID-19 is a new illness that affects lungs and airways. It is caused by a virus called coronavirus. It is likely to affect a significant proportion of the population and during the course of the pandemic the NHS will come under very significant pressure.
- 1.2 The Trust has put in place an Incident Management Team and is using a command and control structure to prepare for and manage the Incident. Preparations are being made to increase bed capacity supported by oxygen, critical care capacity and for patients to be appropriately assessed and managed according to their clinical needs. There is a substantial amount of work in place to train and redeploy staff to areas that are likely to come under pressure and to support staff who are working incredibly hard and flexibly under difficult circumstances.
- 1.3 This issue affects everyone. I and other Executive Team colleagues have been overwhelmed by the way in which every member of HDFT has stepped up to help us do our bit as part of managing this national emergency. This is likely to be an incident which will last some time and resilience in all of our colleagues will be very important for us to pay attention to as the incident unfolds.
- 1.4 The vast majority of routine work within the Trust has been stood down to free up resources to dedicate to the Incident. We are focusing significant resource on preparing for the Incident, but we also must be mindful that we continue to have patients receiving care for other reasons. We are prioritising resources outside of the Incident to focus on risks to patient safety, our people and business continuity and recovery. All other work has been de-prioritised.
- 1.5 It is important to pay particular tribute to our Chief Operating Officer who is leading the Trust's response to the Incident and who is acting as Gold Command. A more detailed brief on the preparations will be provided by the Medical Director on behalf of the COO.

### 2.0 Our Integrated Care System

- 2.1 From 1 April 2020, there are changes in the structure of Clinical Commissioning Groups within North Yorkshire. This has a subsequent impact on the way that Harrogate and Rural District works with local health and care partnerships, in particular which regional Integrated Care Partnership the Trust is a part of.
- 2.2 The Trust will move from the West Yorkshire and Harrogate Health and Care Partnership to the Humber, Coast and Vale Health and Care Partnership on 1 April 2020. Earlier this month the Chairman and I attended a meeting with the Chief Executive of West Yorkshire and Harrogate ICS, Humber Coast and Vale STP, the Managing Director of NHSE and NHSI for the North East and Yorkshire and the Chief Officer of North Yorkshire CCG. This meeting was arranged to consider the proposed arrangements for the new CCG and HDFT to become part of the Humber Coast and Vale STP from 1 April 2020. The Chairman and I were reassured about



the acknowledgement by those present of the importance of the relationships between HDFT and organisations within West Yorkshire.

### **3.0 2019/20 Operational and Financial Performance**

- 3.1 As 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. The Trust will not achieve its control total in 2019/20, but this will be managed through offsets across the ICS and as such West Yorkshire & Harrogate ICS will meet its aggregate control total and the Q4 PSF will be available to the Trust.
- 3.2 There are important implications for 2020/21 which are being considered as part of the operational planning process.

### **4.0 NHS Funding Bill**

- 4.1 In January the Secretary of State for Health and Social Care introduced the NHS Long Term Plan funding Bill to Parliament, the first stage of the Government's health-related legislative agenda. The Bill sets out funding levels that the NHS must be legally provided by Government, rising to £148.5bn by 2023/24 from £127.0bn in 2020/21. There is no specification as to where the allocation will be spent at this time.

### **5.0 2020/21 Planning**

- 4.2 Since the last Board meeting there has been two workshops held with Trust's senior managers to develop the 2020/21 operational plan as well as a Board Workshop held in February 2020.
- 4.3 The NHS has recently paused the planning round for 2020/21 in the context of preparing for and managing COVID-19. A brief on the approach now being taken will be provided by the Deputy Chief Executive.

### **5.0 Medium Term Financial Sustainability**

- 5.1 The clinical workshop took place in February 2020 to support the development of a clinical vision, and a clinical strategy for the place of Harrogate, focusing in on the strategy to respond to the unique demographic of our place which was identified in the Carnall Farrar work.
- 5.2 This has enable work to continue to refresh a clinical strategy for the Trust and priorities for our place in 2020/21.

### **6.0 Senior Management team (SMT)**

- 7.1 At its most recent meeting on 18 March 2020, SMT's discussions focussed on:
  - COVID-19
  - An update on the RPIWs for Care After Deaths
  - Our Operational Plan 2020/21
  - Our Staff Survey Results and associated Action Plans

- Our Gender Pay Gap report
- The financial position and recovery plans
- Update on the North Yorkshire 0-19 service

## 8.0 Shadow SMT

- 8.1 Twelve colleagues have commenced their development to participate in 'Shadow SMT' with the programme starting on 22 January as part of the new and emerging senior leaders development programme. The aim is a Senior Management environment will give delegates an insight and experience into the discussions that take place at Senior Management Team and how decisions are made. The three modules of development for members are supported by the UK inspiring Leadership Network and the NHS Leadership Academy and we continue to be very grateful for their support.

## 9.0 North Yorkshire Healthy Child Programme

- 9.1 At the additional Board meeting held in Public on 12 February 2020, the Board agreed in principle to support the preferred future service model of the Healthy Child Programme in partnership with North Yorkshire County Council. There remains further work to do on the joint impact assessments and for NYCC to complete the formal consultation exercise as the commissioner of the service. Arrangements are being put in place to ensure continuity of service during the period of public consultation.

## 10.0 Some things to celebrate....

### 10.1 LGBT+ Staff Network

Thank you to colleagues who came along to the LGBT+ Staff Network Launch in February which proved to be a good session with attendees having a passionate discussion about the benefits of staff networks for staff and the organisation.



The first Trust's formal LGBT+ Staff Network meeting will take place on Thursday, 2 April.

### 10.2 Congratulations to the Special Care Baby Unit

A massive, very well-deserved congratulations to the Special Care Baby Unit (SCBU) at Harrogate District Hospital - the very first neonatal unit in the country to be awarded the UNICEF Baby Friendly Gold Award!

Baby Friendly is a global programme which provides a practical and effective way for health services to improve the care provided for mothers and babies. It's based on standards designed to provide parents with the best possible care to build close and loving relationships with their baby, and to feed their baby in ways which will support optimum health and development.

To meet the independent standard, our SCBU was judged against a set of criteria including supporting parents to have a close and loving relationship with their baby; and enabling babies to receive breast milk and to breastfeed when possible.

### 10.3 Well done to the rA charity fundraising team

The rA charity fundraising team raised a fantastic £24,794 to improve Rheumatology patient care at Harrogate District Hospital. The plan is that the money raised will pay for a session a week of psychology and two extra sessions a week of hydrotherapy for patients. Some patients find psychology support really helpful to adjust to their diagnosis, pain and accepting drug therapy. Thank you and well done to the fundraising team: Richard, Melanie, Caroline, Jane, Elaine, Samantha.

### 11.0 Sealed Documents

11.1 Since the January 2020 Board of Directors meeting the following documents have been signed and sealed:

- Deed of Variation of Licence to occupy part of Footsteps Children Centre, Ochill Terrace Billingham between Stockton on Tees Council and Harrogate and District NHS Foundation Trust.
- Deed of Variation (2) to the Contract for the provision of Public Health Services, 01- Healthy Child Service between Stockton on Tees Council and Harrogate and District NHS Foundation Trust.

### 12.0 Risks

#### 12.1 Corporate Risk Register Summary

The Corporate Risk Register was reviewed at the Corporate Risk Review Group meeting on 13 February 2020. All changes agreed at the meeting are highlighted in red font.

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; no-deal EU Exit (added 08/03/2019); <b>impact of Covid-19 (added 13/03/2020).</b>	16	↑	2	Jun-20	<b>Likelihood score increased</b>
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, local shortages in some areas e.g. Stockton, <b>and impact of Covid-19 (added 13/03/2020).</b>	16	↑	2	Oct-20	<b>Likelihood score increased</b>
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. <b>NB Impact of no-deal EU Exit on annual financial plan added 08/03/2019</b>	12	↔	2	Mar-20	

Ref	Description	Current risk score	Risk move-ment	Current progress score	Target date for risk reduction	Notes
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, <b>including as a result of the impact of Covid 19 (added 13/03/2020)</b>	15	↑	tbc	tbc	<b>Likelihood score increased</b>
CR44	ED 4 hour standard Risk of failure to meet the 4 hour standard and poor patient experience <b>including as a result of the impact of Covid 19 (added 13/03/2020)</b>	15	↑	2	Jun-20	<b>Likelihood score increased</b>
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	Oct-20	
CR48	Mental health services for ED patients	12	↔	tbc	Jun-20	
CR49	ED Imaging Risk of delayed imaging causing potential extended waiting in ED department due to risk of x ray equipment failure(1998).	12	↔	5	tbc	
CR50	<b>Risk associated with Covid-19 pandemic Risk of workforce pressures as a result of infection or requirements to isolate, rapid changes to normal working practices, patient safety as a result of having to make clinical decisions about use of limited treatment options, and fatigue within command and control structure</b>	16	New	tbc	tbc	

### 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

## 12.2 Board Assurance Framework Summary

The summary of strategic risks to the Trust, as reflected in the Board Assurance Framework is under development and is planned to be discussed and approved at the Board Workshop in April 2020. A copy of the current BAF can be found below:

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

## 13. Recommendation

The Board of Directors is asked to note this report.

## Board Committee report to the Board of Directors

<b>Committee Name:</b>	Audit Committee
<b>Committee Chair:</b>	Chris Thompson
<b>Date of last meeting:</b>	Tuesday, 4 February 2020
<b>Date of Board meeting for which this report is prepared</b>	Wednesday, 25 March 2020
<b>Summary of live issues and matters to be raised at Board meeting:</b>	
<ol style="list-style-type: none"> <li>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.</li> <li>2. The most recent version of the Corporate Risk Register was reviewed, with the Committee discussing the mechanisms that are in place for risks to be identified and addressed at both a directorate and Trust level.</li> <li>3. The Committee confirms that there are no matters relating to regulatory compliance to be brought to the attention of the Board.</li> <li>4. The timetable for the preparation and finalisation of the Trust's financial statements for 2019/20 were discussed and agreed. In addition, the Committee received a presentation on the implementation of IFRS 16, and its impact on the 2019/20 financial statements. It was recognised that there would be a great deal of additional work required to build the necessary database of asset details, and that there would be close liaison with KPMG as the work was undertaken.</li> <li>5. The Periodic Internal Audit Report considered at the meeting contained details of 3 audits that had been finalised during the period under review. All of these audits provided significant assurance. In addition, the Committee discussed and agreed the reasons for 2 changes having been made to the 2019/20 internal audit plan. The Internal Audit Manager confirmed that there should be sufficient resource available within the plan to complete the remaining planned audits for the year.</li> <li>6. The Committee received a presentation on some benchmarking that had been undertaken by the Audit Yorkshire Counter Fraud team. The work had shown that the resources committed to counter-fraud services at the Trust and the number of potential frauds identified and reported were very much in line with experienced across the region.</li> <li>7. KPMG presented their Audit Plan for the 2019/20 audit. This identified the anticipated impact in respect of the new accounting standards (IFRS16) and the outcomes of the risk analysis that they had undertaken. They anticipated that there would need to be a focus on the currently outstanding business rates debtor and the basis on which the Trust had taken credit for Provider Sustainability Funding (PSF). It was agreed by all that the decision by the Trust's ledger provider, NEP, to provide a Type 2 audit certificate, should result in a smoother and more efficient year end audit process. There was discussion around the audit fee proposed for the year. The financial statements audit fee was proposed to increase from £48,940 to £60,000 as a result of the significant additional regulatory and reporting requirements that KPMG are now having to meet. After some discussion, the Committee agreed to the revised level of fees that are now proposed.</li> <li>8. The Committee noted that after a period of significant progress in the completion and submission of post-project evaluations, progress appeared to have stalled. Following discussion, it was noted that the January PPE meeting had not taken place but that any outstanding PPE's should be submitted in advance of the next planned meeting.</li> </ol>	

**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:**

The Board is asked to note the considerations that took place at the meeting of the Audit Committee on the 4<sup>th</sup> February, and also the decisions taken by the Committee in respect of the external auditor fee for 2019/20.



## Board Committee report to the Board of Directors

<b>Committee Name:</b>	Audit Committee
<b>Committee Chair:</b>	Richard Stiff
<b>Date of last meeting:</b>	Thursday, 5 March 2020
<b>Date of Board meeting for which this report is prepared</b>	Wednesday, 25 March 2020

<b>Summary of live issues and matters to be raised at Board meeting:</b>
<ol style="list-style-type: none"> <li>1. The Audit Committee reviewed the minutes of the Corporate Risk Register Review Group and the Corporate Risk Register itself. There was a brief discussion about how Covid19 implications and risks could be accommodated in Risk Registers.</li> <li>2. The Committee considered and confirmed the Trust's fitness to register with the CQC.</li> <li>3. A report and presentation on site security were received. The report noted a small number of relatively low-cost improvements to security arrangements and equipment, the committee supported these proposed investments and commend them to the Executive Team.</li> <li>4. The Trust's financial situation was considered and the Committee agreed the proposition that the Trust's accounts should be prepared on a "going concern" basis.</li> <li>5. The Internal Audit and Counter Fraud annual plans were considered and approved. The Committee also noted progress in the implementation of recommendations included in previous Internal Audit reports.</li> <li>6. The Committee agreed minor amendments in the Audit Committee annual programme to better align the committee's meetings with the timetable for the preparation and sign off of the 2019/20 final accounts.</li> </ol>
<b>Are there any significant risks for noting by Board? (list if appropriate)</b>
There were no new risks identified and discussed by the Committee which are to be brought to the attention of the Board.
<b>Matters for decision</b>
There are no matters for decision by the Board.
<b>Action Required by Board of Directors:</b>
The Board is asked to note the considerations that took place at the meeting of the Audit Committee on the 5 <sup>th</sup> March.

## Board Committee report to the Board of Directors

<b>Committee Name:</b>	Quality Committee (QC)
<b>Committee Chair:</b>	Laura Robson NED
<b>Date of last meeting:</b>	5 February 2020
<b>Date of Board meeting for which this report is prepared</b>	25 March 2020

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

#### Hot Spots:

The Quality Committee has previously highlighted to the Board the fragility of the respiratory service. We received an update on recruitment and the changes that had been made to provide support to the consultant team. An experienced registrar is in post who is about to seek a consultant appointment and therefore makes a valuable contribution to the team. An experienced ACP is in post and a new general manager has been appointed. The consultant vacancies have not been appointed to and this remains a priority to provide sustainability to the team. The Committee was assured by the work to date but will continue to seek assurance that the team are well supported. We were assured that the team was in a better position than previously highlighted although significant challenges still exist.

The committee received its first comprehensive briefing on COVID -19 and the steps in place in the Trust to plan for the consequences of the spread of the virus. The committee was encouraged and assured by the briefing. An update on the flu campaign was received on the day of the committee the immunisation rate in the organisation was 71.6%.

#### Board Request for QC to seek assurance:

The board had requested that the committee consider the quality dashboard to identify if links could be made between the quality metrics and the staffing levels. A lengthy discussion took place. Quality dashboard data is available at ward and directorate level as well as at Trust level. The Quality Committee reviews the data at directorate and whole trust level. Heads of Nursing consider the data with the staffing information and this is discussed with the Chief Nurse at routine monthly meetings. It was agreed that the Quality Committee could not review the data at ward level and would need to seek assurance from the Heads of Nursing. The Quality Committee receives a Directorate governance report on a rolling monthly basis, the level of detail is variable but it was agreed that the Heads of Nursing should provide assurance when their directorate governance report is presented that any links to quality and staffing levels are being managed and the Chief Nurse identify any concerns to the committee. On a quarterly basis the Quality Committee will receive ward level data to enable more detailed scrutiny if it is necessary.

**Reports Received:****Quality improvement project**

Ms Sara Moore, Principal Pharmacist Clinical Services, joined the committee to give a briefing on her silver quality of care project. The project was focussed on patient discharge and improving the experience of patients by reducing the time to provide discharge prescriptions. Two wards had been the focus of the pilot and significant improvement had been demonstrated. The work is still underway but will be written up and presented in appropriate places when complete. The project demonstrated a real drive to improve patient experience.

Mr Plews provided a briefing on the improvement work going on in the Trust and the ambition to go further faster.

**Quarterly Directorate Governance report****Directorate Governance report – Children and County Wide Children's services**

The committee received the governance report from the Directorate. The report detailed a range of Quality indicators as well as providing comments from patients regarding their experience. The report provided a level of assurance to the committee and many positive experiences were reported. Waits for Autism assessment remain a challenge despite changes made to the process. Whilst the improvement was slow the Directorate were on track to achieve the targets of the RPIW which would be reviewed again shortly. Complaints response times were again discussed as a result of this report.

**Quality Dashboard and IBR**

These were reviewed. No new quality concerns were highlighted. Sepsis screening recording remains a concern and will be discussed at the March meeting

**Reports Received****NCEPOD – 'Know the score' – a review of the care provided to patients with Pulmonary Embolism**

The report highlighted to the committee demonstrated the need for a VTE practitioner to improve care and outcome for patients. It was noted that this business case had been presented on a number of occasions but to date had not reached the level for investment. The current consultant is part time and cannot do everything required to achieve the national standard. It was agreed the committee would raise this at the board for discussion of the way forward.

A variety of other reports were received and discussed. Details will be included in the minutes presented to the Board in March

The committee were requested to explain how the agenda and content of the meeting related to the CQC Key Lines of Enquiry. Dr Wood explained how the governance processes in the Trust had been developed and link to the KLOE. It was agreed that the Quality Committee would consider this further when it undertook its annual review.

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

The Board is asked to note the lack of a VTE practitioner and seek assurance that the Executive will review the business case in order for the Trust to achieve the national standards.

**Matters for decision**

None

**Action Required by Board of Directors:**

Note the summary of the meeting and confirm that they are assured that the staffing situation and quality indicators have been discussed and systems in place will identify any concerns.

### Board Committee report to the Board of Directors

<b>Committee Name:</b>	Quality Committee (QC)
<b>Committee Chair:</b>	Laura Robson NED
<b>Date of last meeting:</b>	4 March 2020
<b>Date of Board meeting for which this report is prepared</b>	25 March 2020

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

##### Hot Spots:

A recent audit into patients requiring **Non-invasive ventilation** had indicated that the Trust was an outlier for patient management. The current arrangements result in patients being managed on a number of different wards and not cohorted together. This results in less responsive management and inability of staff to provide enhanced care. The senior management team had discussed the issue and plans were being drawn up to ensure patients could be managed together in one place and have higher nurse staffing level. The issue is to be added to LTUC risk register. The Board will receive an update its meeting in March.

The committee had a full briefing and detailed discussion on the current plans to deal with **COVID-19**. The Trust Major Incident team are developing plans but changes happen on a daily/hourly basis to which they need to respond. Mr Harrison is the Incident Commander and is working with the Medical Director. The committee was assured that staff were being kept informed as much as possible and resources were available should they be required. As this is a very live and changing issue detail will be provided at the Board meeting and not repeated in this summary.

An issue regarding the **quality of patient meals** had recently been raised through a HIF audit. The PLACE (Patient-Led Assessments of the Care Environment) outcomes had indicated that the meals were not as hot as they should be when the meal service was coming to an end. It was suggested that a member of the catering team be asked to accompany the meal service and identify a process whereby this could be avoided. Mr Harrison will take this up with the Catering Manager and report back.

##### Board Request for QC to seek assurance:

No issues identified for this meeting

##### Reports Received:

##### Quality improvement project.

Ms Emma Oxtoby attended the committee to talk about her quality improvement journey moving from Bronze level to Gold. Emma joined the organisation 9 years ago and had little knowledge of service improvement or of the health service. She completed Bronze and Silver training and was now embarking on the Gold level. She works within the Planned and Surgical Care Directorate and has an ambition to train 40% of staff in improvement methodology. She also supports team

accreditation. The importance of staff engagement in service improvement was highlighted. The importance of the work undertaken by Emma and her colleagues cannot be over-estimated, evidence shows that where there is real awareness and engagement then quality improves. The committee appreciated this story from a member of staff and were impressed by her enthusiasm and dedication to improving care for patients and the experience of staff at work.

#### **Quarterly Directorate Governance report**

##### **Directorate Governance report – Planned and Surgical care.**

This report was received by the committee and a number of issues highlighted and discussed. Complaints related predominantly to delays in treatment and waiting times. There were many positive comments. The family and friends test had a 25% response rate, this is apparently a reasonable response in line with the national situation. New guidance on the test is to be implemented from the 1<sup>st</sup> April. The report format requires review by the directorate as there is a feeling that it does not meet their needs. The Trust is considering a new reporting tool InPhase which will make gathering and presentation of data more effective if its purchase is supported.

##### **Quality Dashboard and IBR**

The HSMR and SHIMI data in the IBR was August 2019. This was an unusual and lengthy delay. The COO will follow up why there appears to be an interruption in service. Child Protection data regarding the number of conferences attended is still not available for the IBR. The committee were assured that the figure is monitored locally and the Trust would be made aware if reports were not submitted in a timely manner.

The Quality Dashboard presented was from December and the committee required more up to date information. Further discussion around the presentation of the data took place and a number of committee members felt that run charts would be better than the colour coded information currently provided. The senior nursing team were to be asked to highlight any concerns and changes to the dashboard be considered if InPhase is supported. Issues discussed were Grade 3 hospital acquired pressure ulcers and ward staff sickness which was at its highest for the year.

**Influenza Vaccination** – A verbal up date was received. Take-up overall was at 73% just short of the 75% target. The committee were pleased with the improvement and congratulated the team. It was noted that a debrief will take place shortly and the campaign for 20/21 will begin in May.

##### **Patient Experience Report Q3.**

A comprehensive report was received and a detailed discussion took place. Although the overall response rate was disappointing there were a number of sustained improvements. Particularly the number of days that a complaint was late had dropped by an average of 9 days. The RPIW report out is due to take place at the end of March and this will identify the improvements and the next stage to achieving the targets. The committee agreed it was important to ensure improvement was acknowledged and celebrated.

##### **Patient Safety Report Q3**

The Trust is now in the top 15% of NRLS reporters. This is a significant improvement.

##### **NICE Compliance report Q2 and Q3**

This is a complex process with vast amounts of guidance being published by NICE. The team were commended for their excellent work keeping track of all responses,

achievements and actions. The level of detail is exceptional. Some of the responses to guidance has changed as the result of service reconfiguration – for example stroke rehabilitation where the risk has reduced. The committee will continue to scrutinise and challenge this information.

#### **Sepsis Progress**

The sepsis screening report was presented to the committee. The current clinical IT system does not encourage accurate reporting. Therefore the information reported to the Quality Committee is of concern. An upgrade to the system is due mid-March. Also implementation of the ASCOM devices should bring about improvement. The committee was assured that patients are well managed and mortality for Sepsis is low. The committee is anticipating improvement in next quarters figures.

#### **Quality Assurance**

The committee was notified of a number of external reports received. This included the Patterson report which will be reviewed by the Trust Medical Advisory Committee. Dr Wood will keep the committee informed of their findings.

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

There were a number of risks discussed at the committee the key issues for the Board to note are preparation for COVID-19, Management of NIV patients, Sepsis screening, consideration of the Patterson report.

#### **Matters for decision**

None

#### **Action Required by Board of Directors:**

Note the summary of the meeting.



## Board Committee report to the Board of Directors

<b>Committee Name:</b>	Resources Committee
<b>Committee Chair:</b>	Maureen Taylor
<b>Date of last meeting:</b>	24 February 2020
<b>Date of Board meeting for which this report is prepared</b>	25 March 2020

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

1. The committee received information on the financial position in January 2020 which was a deficit of £150k, £1.6m behind plan. The year to date position is a surplus of £1.2m, £1.6m behind plan.
2. The in-month key drivers for adverse variances were medical staffing and income from non-HaRD commissioners.
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. There is confidence that the CIP target will be met.
4. The current forecast outturn position is for a surplus of £896k, £3.2m behind plan. Recovery plans are in place to deliver the control total of £4m surplus but these remain extremely challenging. Discussions are ongoing with HaRD CCG and the ICS to agree an outturn funding solution that enables achievement of the control total.
5. Trust total activity for January 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 £1.55m.
6. The transfer of patients back to HDFT from Leeds has continued and the in-month position with Leeds activity was on plan. This is encouraging for 2020/21 planning. A longer term solution is being sought which will reduce the need for the transactional manual processes currently required.
7. The workforce position in January showed substantive staffing ahead of plan by 1.52 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 21wtes. The recruitment plan for both registered nurses and care support workers looks encouraging and the step-change in forecast nurse numbers due to Nurse Associates and the Global Learners Programme was noted. 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 £5.2m. Receivables overdue total £12.7m of which over £5m is more than 90 days old. Work needs to progress to collect sums due. An exceptional working capital loan of £8m was requested in February which will assist in clearing outstanding

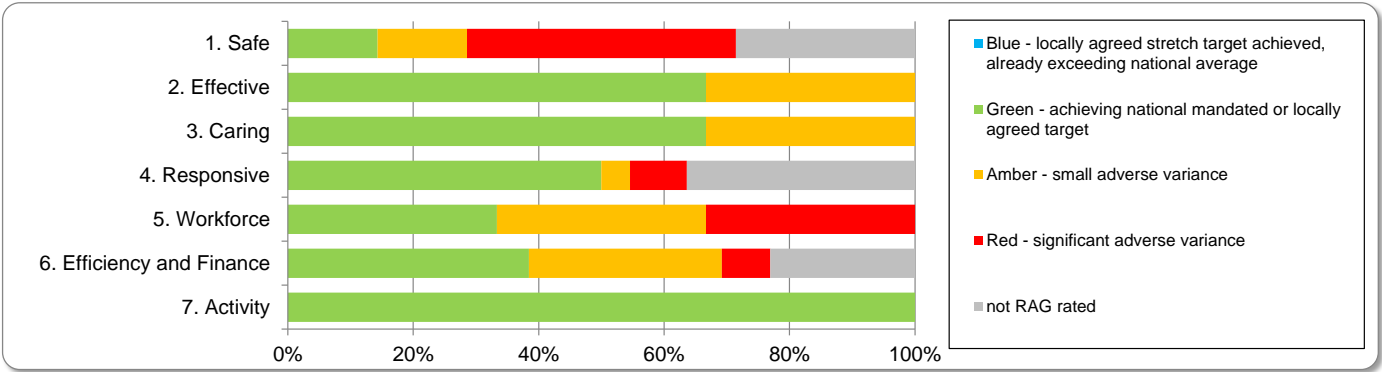
payments.
9. Our Use of Resources rating stands at 2 but is forecast to be 1 at the year end.
10. The latest budget strategy information was presented showing the latest HaRD CCG and Trust figures for 2020/21 together with planned activity levels and efficiency programme. There is work to do to bridge the gap. The focus areas highlighted by the PA Consulting review were highlighted. These need to be brought together with the Carnell Farrar work and Model Hospital to develop a programme of work for 2020/21.
11. A number of emerging planning risks were presented which could impact on the financial position in 2020/21. The capital planning position was presented showing priorities for 2020/21.
12. The Committee welcomed a detailed update on the Digital Transformation programme. This included a number of initiatives in relation to staff, patient records and ICT infrastructure. Good progress is being made in a number of areas which will deliver efficiency and service improvements.
13. The Committee received a late item in relation to a business case for the replacement of computer devices across the Trust which are required to enable the transition from Windows 7 to Windows10. The cost of these can be spread over this and next financial years. Licencing will be provided by NHS Digital provided Windows 10 is delivered by December 2020.
<b>Are there any significant risks for noting by Board? (list if appropriate)</b>
<ul style="list-style-type: none"> <li>• The AIC continues to over-trade and presents financial risk should this continue in Q4.</li> <li>• Recovery plans and tight expenditure controls need to be maintained through Q4.</li> </ul>
<b>Matters for decision</b>
None

**Integrated board report - February 2020**

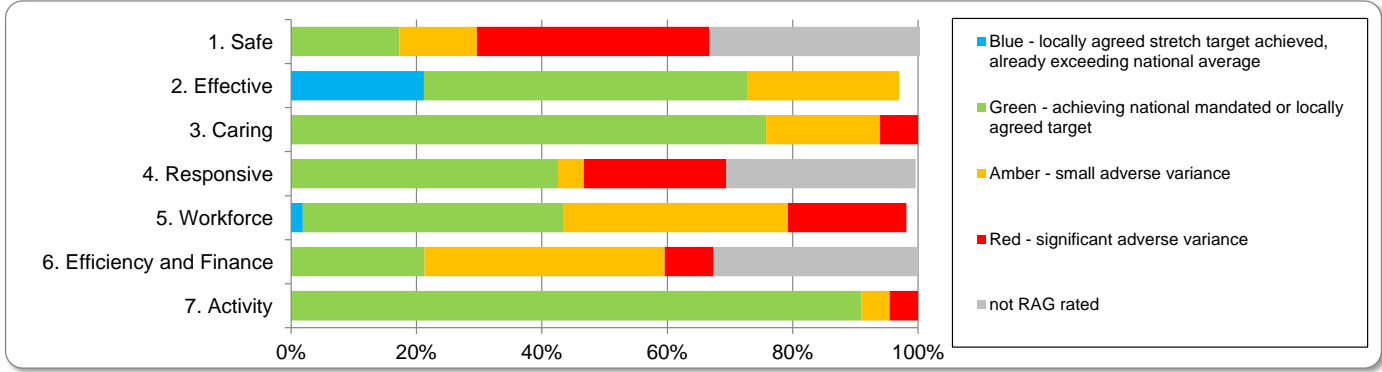
**Key points this month**

1. Finance update pending.
2. HDFT's performance against the A&E 4-hour standard was below 95% in February (85.8%), a deterioration on last month.
3. Provisional data indicates that 6 of the 7 applicable cancer waiting times standards were achieved in February, with the 62 day Screening standard not delivered (further details contained in this report).

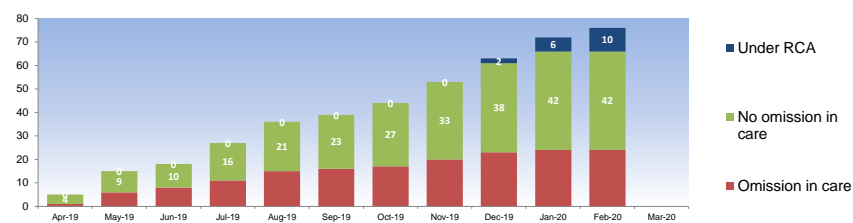
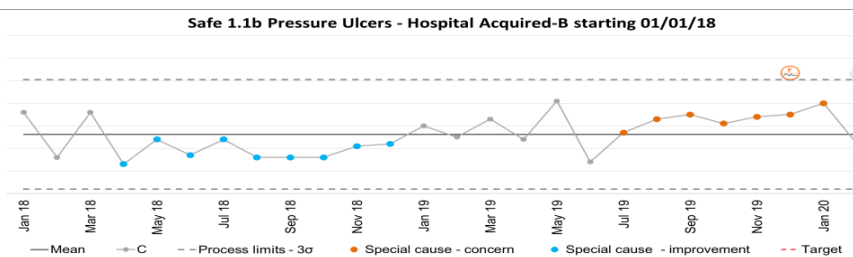
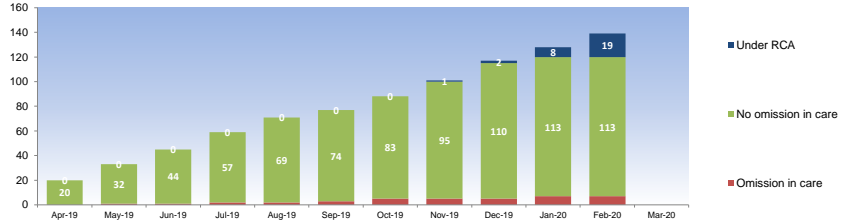
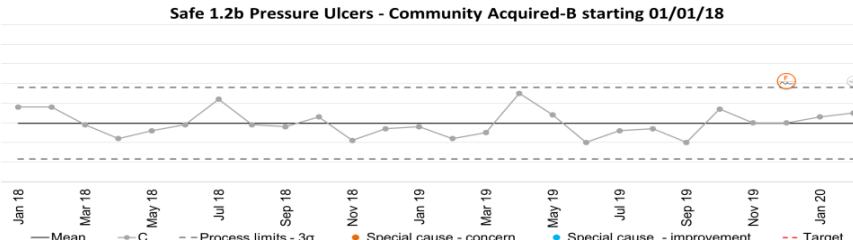
**Summary of indicators - current month**



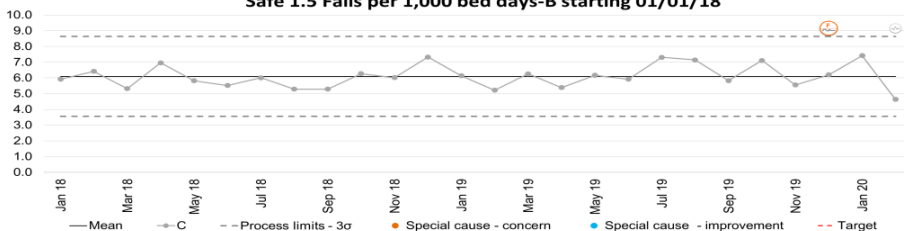
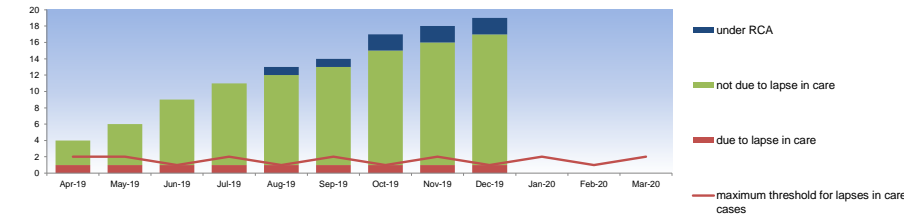
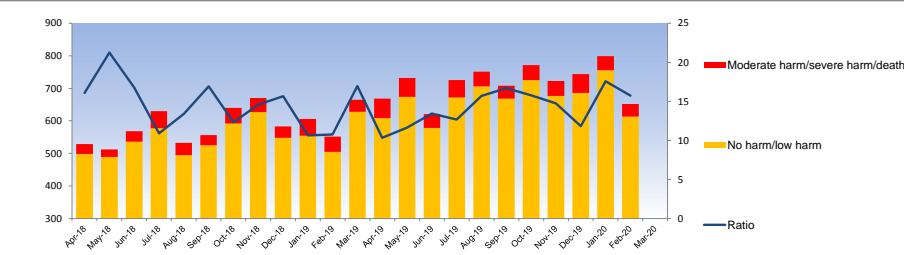
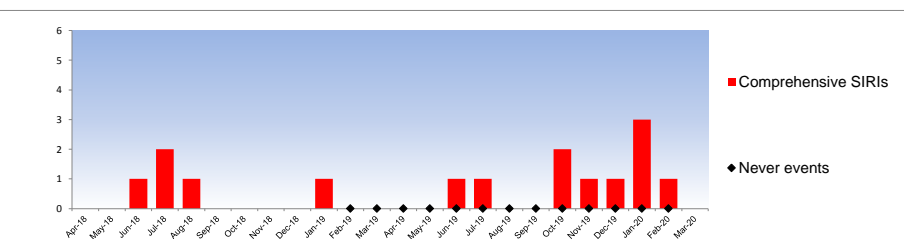
**Summary of indicators - year to date**




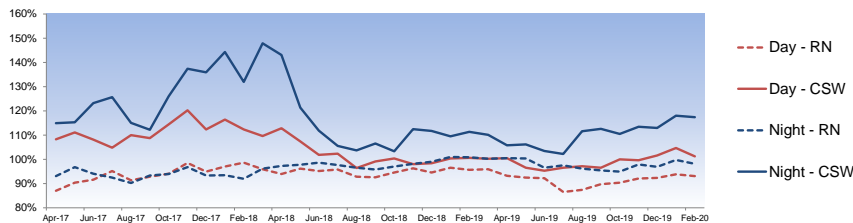
## Section 1 - Safe - February 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation																																																
1.1a	Pressure ulcers - hospital acquired	 <table><caption>1.1a Pressure ulcers - hospital acquired</caption><thead><tr><th>Month</th><th>Omission in care</th><th>No omission in care</th><th>Under RCA</th></tr></thead><tbody><tr><td>Apr-19</td><td>4</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>5</td><td>9</td><td>0</td></tr><tr><td>Jun-19</td><td>6</td><td>10</td><td>0</td></tr><tr><td>Jul-19</td><td>16</td><td>16</td><td>0</td></tr><tr><td>Aug-19</td><td>21</td><td>21</td><td>0</td></tr><tr><td>Sep-19</td><td>23</td><td>23</td><td>0</td></tr><tr><td>Oct-19</td><td>27</td><td>27</td><td>0</td></tr><tr><td>Nov-19</td><td>33</td><td>33</td><td>0</td></tr><tr><td>Dec-19</td><td>38</td><td>38</td><td>2</td></tr><tr><td>Jan-20</td><td>42</td><td>42</td><td>6</td></tr><tr><td>Feb-20</td><td>42</td><td>42</td><td>10</td></tr></tbody></table>	Month	Omission in care	No omission in care	Under RCA	Apr-19	4	0	0	May-19	5	9	0	Jun-19	6	10	0	Jul-19	16	16	0	Aug-19	21	21	0	Sep-19	23	23	0	Oct-19	27	27	0	Nov-19	33	33	0	Dec-19	38	38	2	Jan-20	42	42	6	Feb-20	42	42	10	<p>There were 9 hospital acquired category 3 and above pressure ulcers reported in February (including device related and device related mucosal). This is higher than last year with an average of 6 per month reported in 2018/19.</p> <p>Of the 9* reported there were 4 under RCA.</p> <p>*from 01/01/2020 DTI subcategories are reported as LOW harm, no RCA required</p>
Month		Omission in care	No omission in care	Under RCA																																															
Apr-19	4	0	0																																																
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Dec-19	38	38	2																																																
Jan-20	42	42	6																																																
Feb-20	42	42	10																																																
1.1b	 <p>Safe 1.1b Pressure Ulcers - Hospital Acquired-B starting 01/01/18</p>	<p>The number of hospital acquired category 2 and above pressure ulcers reported in February was 22. The reported number is inclusive of device related and device related mucosal pressure ulcers.</p>																																																	
1.2a	Pressure ulcers - community acquired	 <table><caption>1.2a Pressure ulcers - community acquired</caption><thead><tr><th>Month</th><th>Omission in care</th><th>No omission in care</th><th>Under RCA</th></tr></thead><tbody><tr><td>Apr-19</td><td>20</td><td>0</td><td>0</td></tr><tr><td>May-19</td><td>32</td><td>32</td><td>0</td></tr><tr><td>Jun-19</td><td>44</td><td>44</td><td>0</td></tr><tr><td>Jul-19</td><td>57</td><td>57</td><td>0</td></tr><tr><td>Aug-19</td><td>69</td><td>69</td><td>0</td></tr><tr><td>Sep-19</td><td>74</td><td>74</td><td>0</td></tr><tr><td>Oct-19</td><td>83</td><td>83</td><td>0</td></tr><tr><td>Nov-19</td><td>95</td><td>95</td><td>1</td></tr><tr><td>Dec-19</td><td>110</td><td>110</td><td>2</td></tr><tr><td>Jan-20</td><td>113</td><td>113</td><td>8</td></tr><tr><td>Feb-20</td><td>113</td><td>113</td><td>19</td></tr></tbody></table>	Month	Omission in care	No omission in care	Under RCA	Apr-19	20	0	0	May-19	32	32	0	Jun-19	44	44	0	Jul-19	57	57	0	Aug-19	69	69	0	Sep-19	74	74	0	Oct-19	83	83	0	Nov-19	95	95	1	Dec-19	110	110	2	Jan-20	113	113	8	Feb-20	113	113	19	<p>There were 19 community acquired category 3 and above pressure ulcers reported in February (including device related and device related mucosal). The average per month reported in 2018/19 was 11.</p> <p>Of the 19* reported there were 11 under RCA</p> <p>*from 01/01/2020 DTI subcategories are reported as LOW harm, no RCA required</p>
Month		Omission in care	No omission in care	Under RCA																																															
Apr-19	20	0	0																																																
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Feb-20	113	113	19																																																
1.2b	 <p>Safe 1.2b Pressure Ulcers - Community Acquired-B starting 01/01/18</p>	<p>The number of community acquired category 2 and above pressure ulcers reported in February was 35. The number reported is inclusive of device related and device related mucosal pressure ulcers.</p>																																																	

## Section 1 - Safe - February 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.3	Falls	<p><b>Safe 1.5 Falls per 1,000 bed days-B starting 01/01/18</b></p> 	<p>The rate of inpatient falls was 4.6 per 1,000 bed days in February. This is lower than the average HDFT rate for 2018/19 (6.01)</p> <p>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.</p> <p>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 February gives a ratio of 15, an decrease on the January position of 17.</p> <p>There was one comprehensive SIRI in June, one in July, two in October, one in November, one in December, three in January and one in February but no Never Events were reported for the year-to-date. No Never Events were reported in 2017/18 or 2018/19.</p>
1.4	Infection control		
1.5	Incidents - all		
1.6	Incidents - SIRIs and never events		

**Section 1 - Safe - February 2020**

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.7	<b>Safer staffing levels</b> 		<p>In February staff fill rates were reported as follows: Registered Nurses Day 93.1% and Night 98.1%, Care Staff Day 101.2% and Night 117.4%. Reported care hours per day per patient was 7.45 hours per day.</p>

## Section 1 - Safe - February 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
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## Safer staffing

The table below summarises the average fill rate on each ward during February 2020. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

In addition we are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the “Care Hours per Patient Day” (CHPPD) metric. Our overall CHPPD for February was 7.45 hours per patient per day.


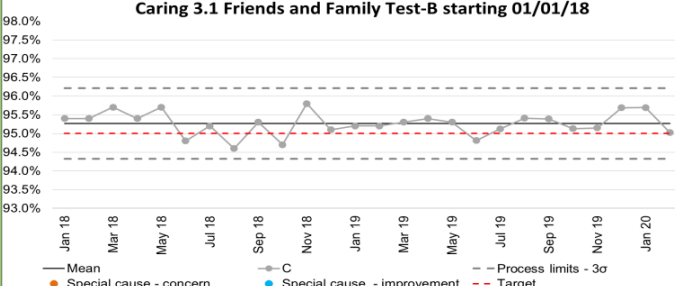
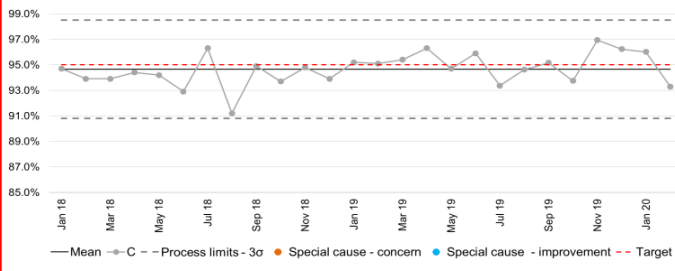

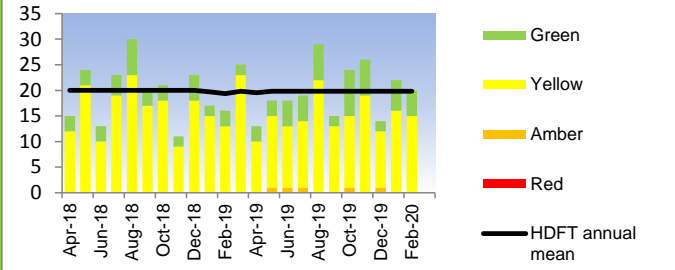
Feb-20							
	% Fill Rate				Care hours per patient day		
	Day		Night				
Ward Name	RN	CSW	RN	Care Staff	RN	CSW	Overall
Byland	85.3%	103.0%	80.0%	125.3%	2.5	3.6	6.2
Farndale	87.6%	94.8%	100.0%	105.2%	3.0	3.1	6.1
Granby	112.1%	135.3%	100.0%	113.8%	3.0	3.0	6.1
Harlow	101.7%	113.8%	100.0%	-	3.6	2.5	6.2
ITU/HDU	100.7%	-	102.8%	-	22.9	2.3	25.2
Jervaulx	91.2%	106.9%	83.4%	133.3%	2.6	3.7	6.3
Lascelles	98.3%	94.5%	100.0%	100.0%	4.5	4.0	8.6
Littondale	95.5%	94.3%	98.9%	137.9%	3.9	2.4	6.4
Maternity	88.4%	66.4%	96.3%	66.4%	18.6	4.0	22.6
Medical Assessment Unit	98.3%	122.4%	111.2%	105.2%	4.4	2.8	7.1
Medical Short Stay	96.2%	95.1%	98.3%	119.5%	4.2	2.7	6.9
Nidderdale	92.2%	98.3%	93.1%	124.1%	3.3	2.1	5.4
Oakdale	82.2%	99.1%	97.7%	102.3%	2.9	3.3	6.2
Special Care Baby Unit	90.3%	24.1%	94.8%	-	18.9	1.7	20.6
Trinity	99.2%	97.9%	100.0%	100.0%	3.6	4.1	7.7
Wensleydale	93.9%	107.8%	110.3%	113.8%	3.2	2.2	5.4
Woodlands	82.3%	91.4%	96.6%	72.4%	13.8	3.7	17.5
<b>Total</b>	<b>93.1%</b>	<b>101.2%</b>	<b>98.1%</b>	<b>117.4%</b>	<b>4.4</b>	<b>3.0</b>	<b>7.5</b>



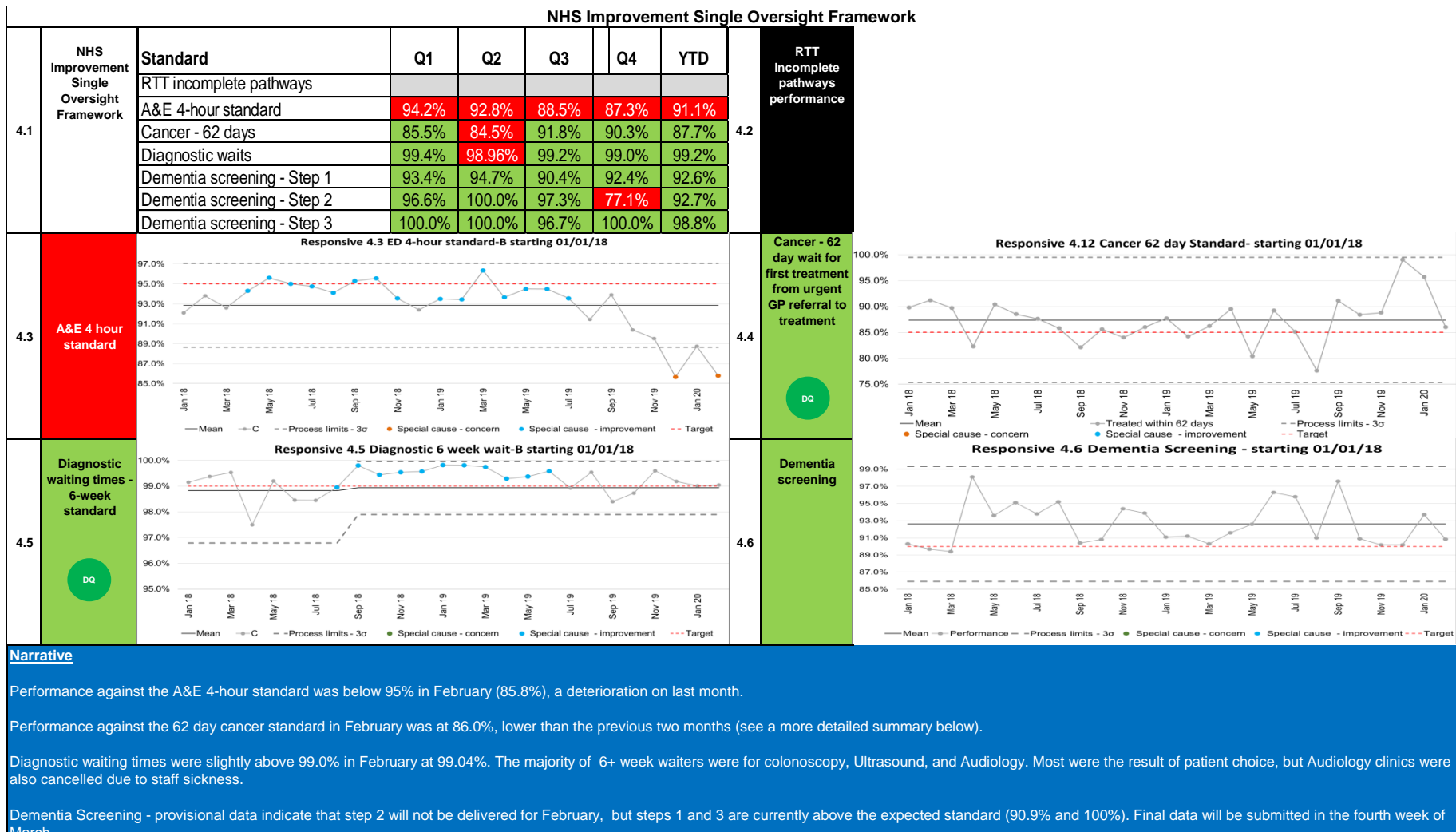
## Section 2 - Effective - February 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
2.1	Mortality - HSMR <div> <div></div> <div>DA</div> </div>		<p>HDFT's HSMR has decreased to 107.44 for the rolling 12 months ending November 2019 .</p> <p>Three specialties have a higher than expected standardised mortality rate: Geriatric Medicine, Respiratory Medicine and Paediatrics.</p> <p>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.</p>
2.2	Mortality - SHMI <div> <div></div> <div>DA</div> </div>		<p>HDFT's SHMI for the rolling 12 months ending September 2019 is 95.75, remaining below expected levels.</p> <p>At specialty level, five specialties (Trauma and Orthopaedics, Gastroenterology, Respiratory Medicine, Geriatric Medicine, and General Medicine) have a standardised mortality rate above expected levels.</p>
2.3	Readmissions <div> <div></div> <div></div> </div>	<p><b>Effective 2.3 Readmissions within 30 days - % of all adms-B starting 01/01/18</b></p>	<p>Emergency Readmissions stayed the same at 13.7% in December and January. This is slightly above the 2018/19 average of 13.5%.</p>

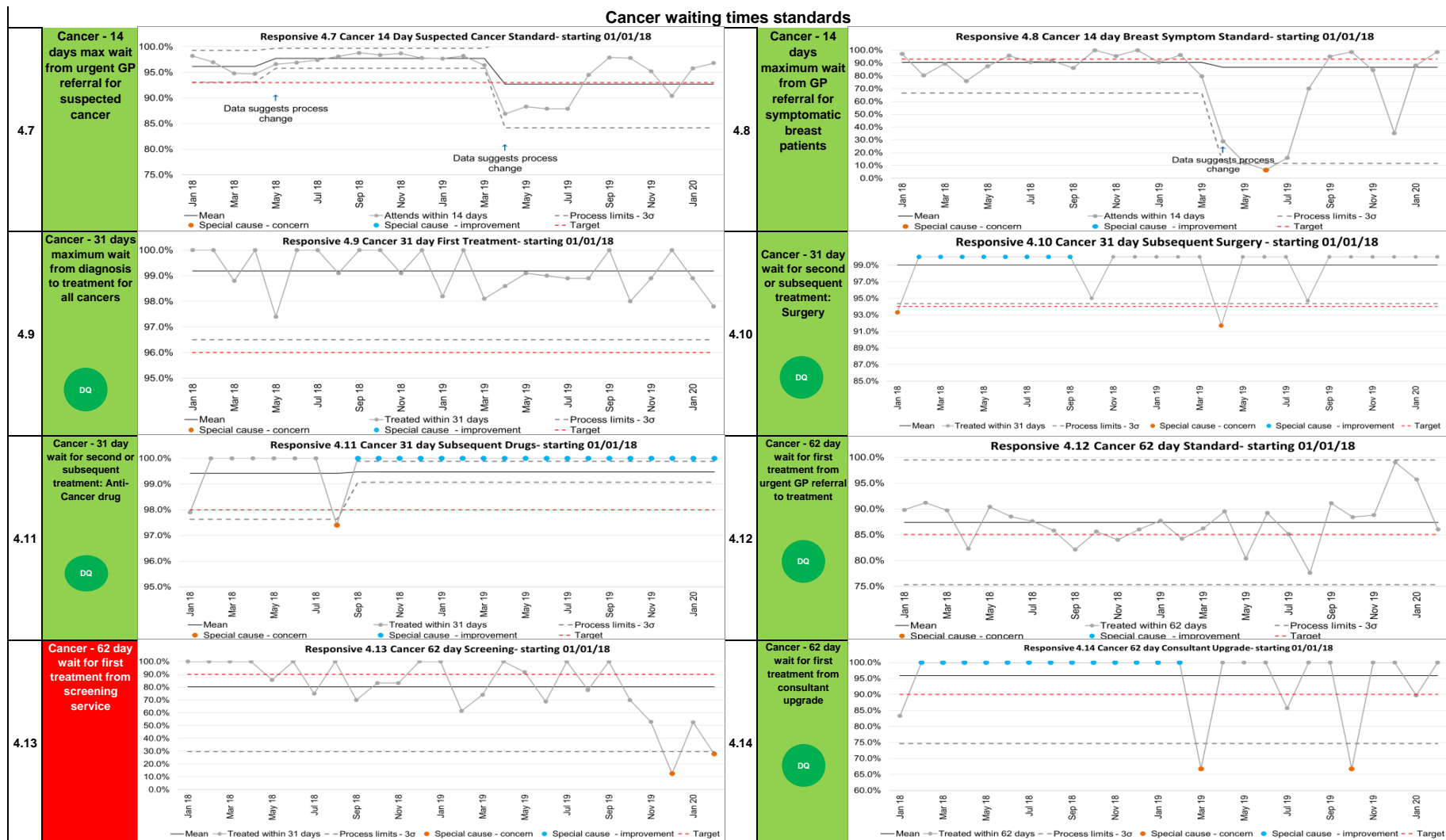
## Section 3 - Caring - February 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
3.1	<b>Friends &amp; Family Test (FFT) - Patients</b> 	<b>Caring 3.1 Friends and Family Test-B starting 01/01/18</b> 	<p>95% of patients surveyed in February would recommend our services remaining above the latest published national average (93%).</p> <p>4,704 patients responded to the survey this month of which 4,470 would recommend our services.</p>
3.2	<b>Friends &amp; Family Test (FFT) - Adult community services</b>	<b>Caring 3.2 Friends and Family Test Community-B starting 01/01/18</b> 	<p>93.3% of patients surveyed in February would recommend our services, a decrease on last month (96%). Current national data (December) shows 95.4% of patients surveyed would recommend the services. 372 patients from our community services responded to the survey this month of which 347 would recommend our services.</p>
3.3	<b>Complaints</b> 		<p>20 complaints were received in February which is 2 less than January and the same as the average for 2018/19 of 20. There were 15 yellow complaints and 5 green.</p>

**Section 4 - Responsive - February 2020**



## Section 4 - Responsive - February 2020



#### Section 4 - Responsive - February 2020

##### Narrative

Provisional data indicates that 6 of the 7 applicable cancer waiting times standards were achieved in February, with 62 day Screening performance below the operational standard.

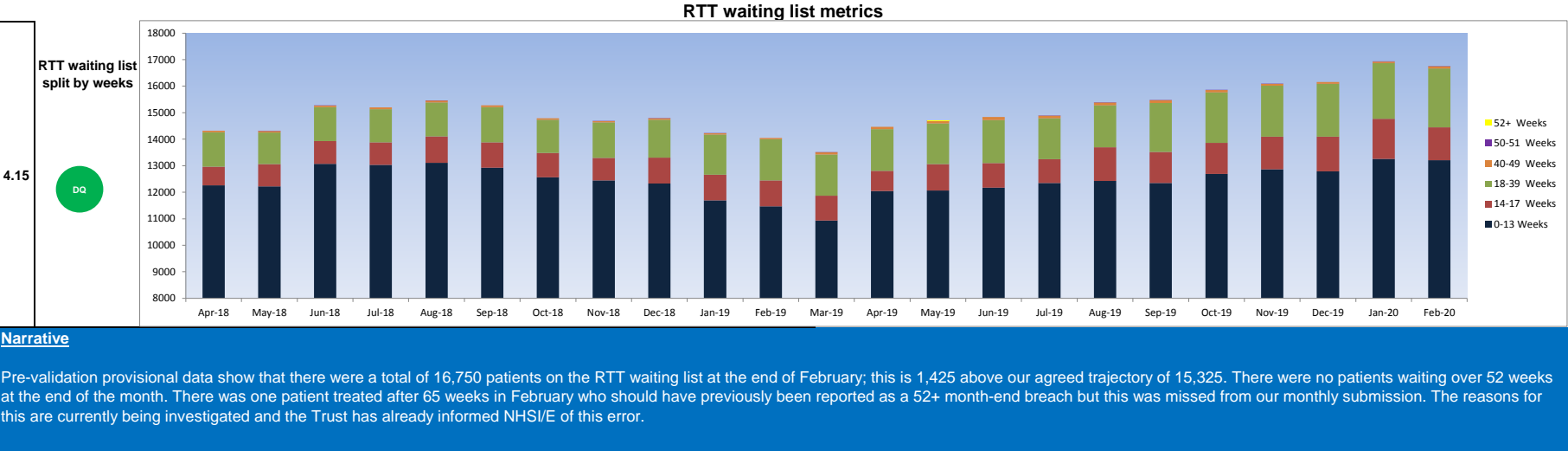
62 day standard performance is expected to be delivered in February, although performance has deteriorated slightly after the previous two exceptional months (99.0% and 95.7%). Provisionally there were 56.5 accountable treatments in February with 8.0 accountable over 62 days, meaning performance was at 86.0%. Of the 9 tumour sites treated in February, performance was above 85% for all but 4 (Breast – 12 treatments and 2 breaches; Gynaecology – 3 treatments and 2 breaches; Haematology - 3 treatments and 1 breach; Upper GI – 5 treatments and 4 breaches). 2 patients waited over 104 days for treatment in February, and these delays were due to a combination of pathway complexity, medical complications, and patient choice.

Provisional data indicates that 58.3% of tertiary patients treated in February were transferred by day 38. Delays are mainly due to diagnostic capacity.

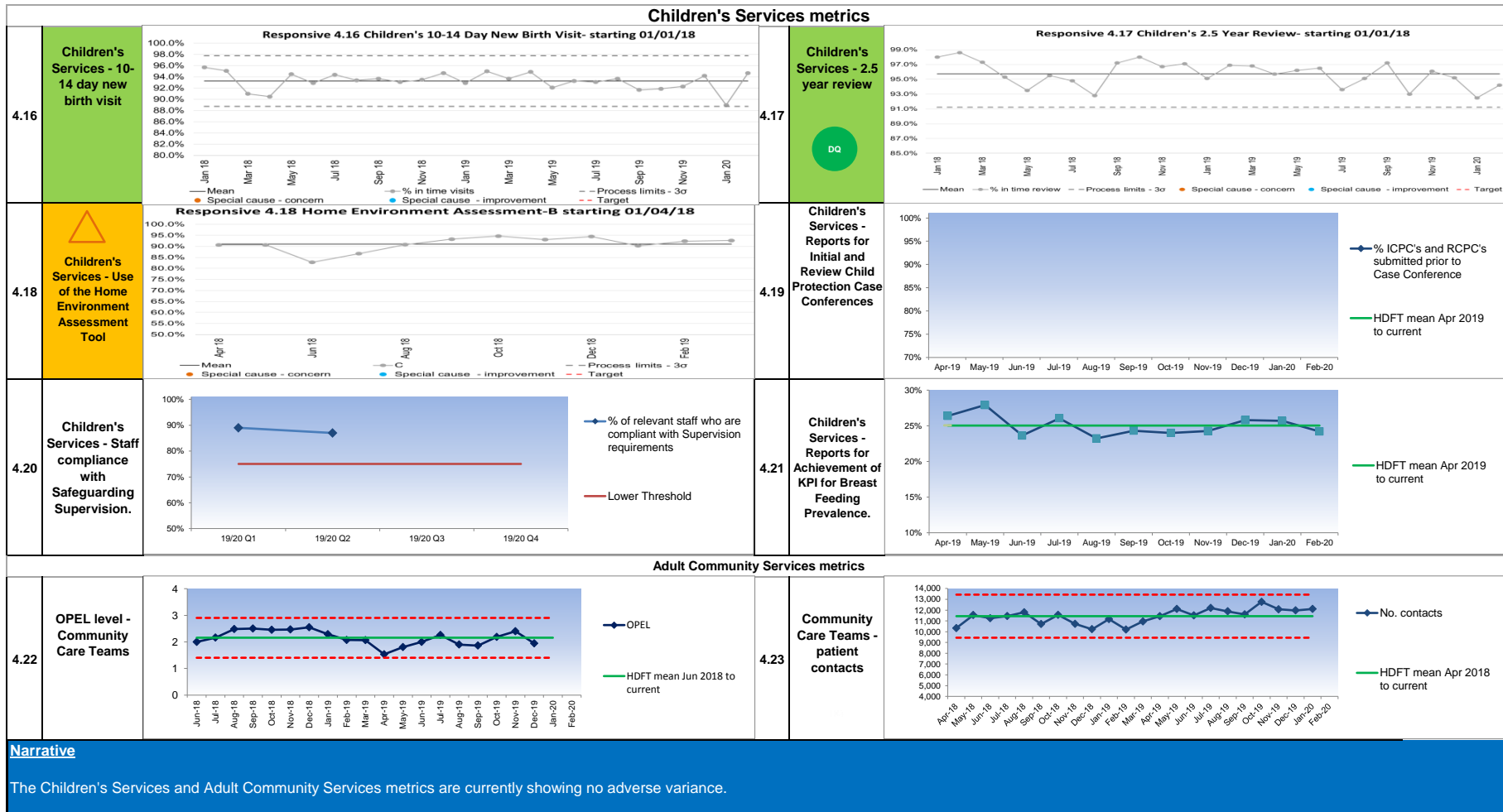
Delivery of the 62 day Screening standard for bowel patients continues to be a significant challenge. 17 bowel patients have confirmed/scheduled treatment dates in February, with 12 outside 62 days (6 Harrogate, 5 Leeds, 6 York). This translates to an accountable denominator of 12.5 with 9.0 outside 62 days (28%). The long waits are largely due to the increase in uptake following the introduction of FIT in October and patient choice but this is exacerbated by limited colonoscopy capacity at Leeds and York, and the availability of accredited Endoscopists across the region. HDFT is developing a recovery plan to increase workforce capacity for endoscopy, and since October SSP and colonoscopy waiting times have gradually improved - 100% of patients were seen by an SSP in February within 14 days, and for the same month 98.9% of patients had a colonoscopy within 2 weeks of SSP appointment, compared to 8.53% in October.

Breast 2WW performance has recovered in February and both 14 day standards were delivered for the month (98.7% for breast symptomatic). This is being closely monitored to ensure capacity is available to accommodate any further spikes in the number of referrals and also a planned reduction of capacity in March.

Section 4 - Responsive - February 2020


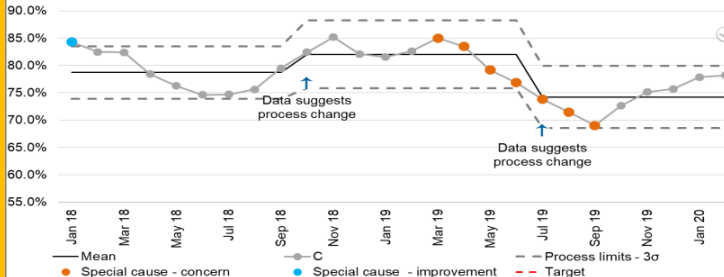

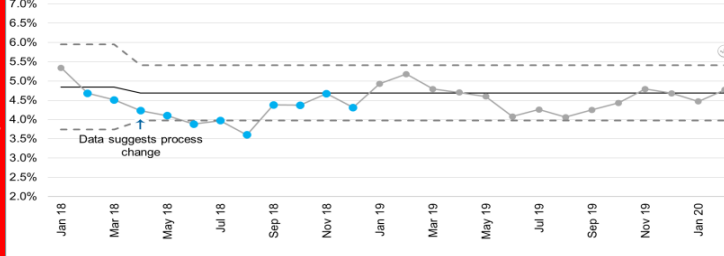


**Section 4 - Responsive - February 2020**


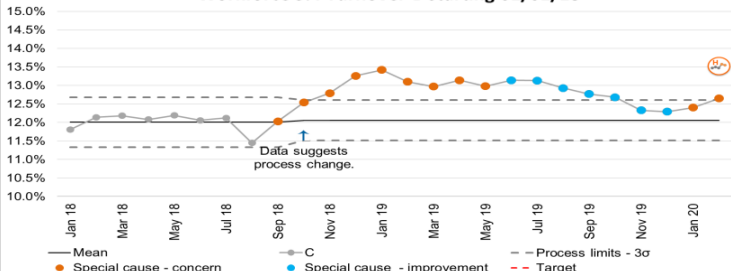

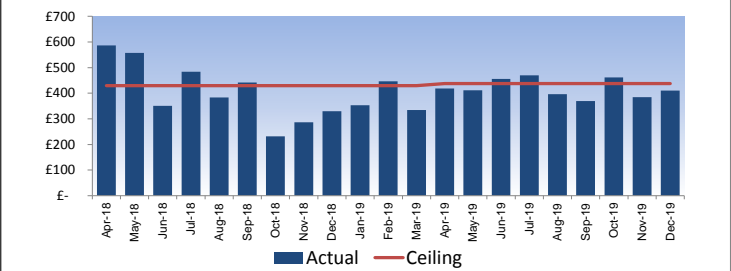




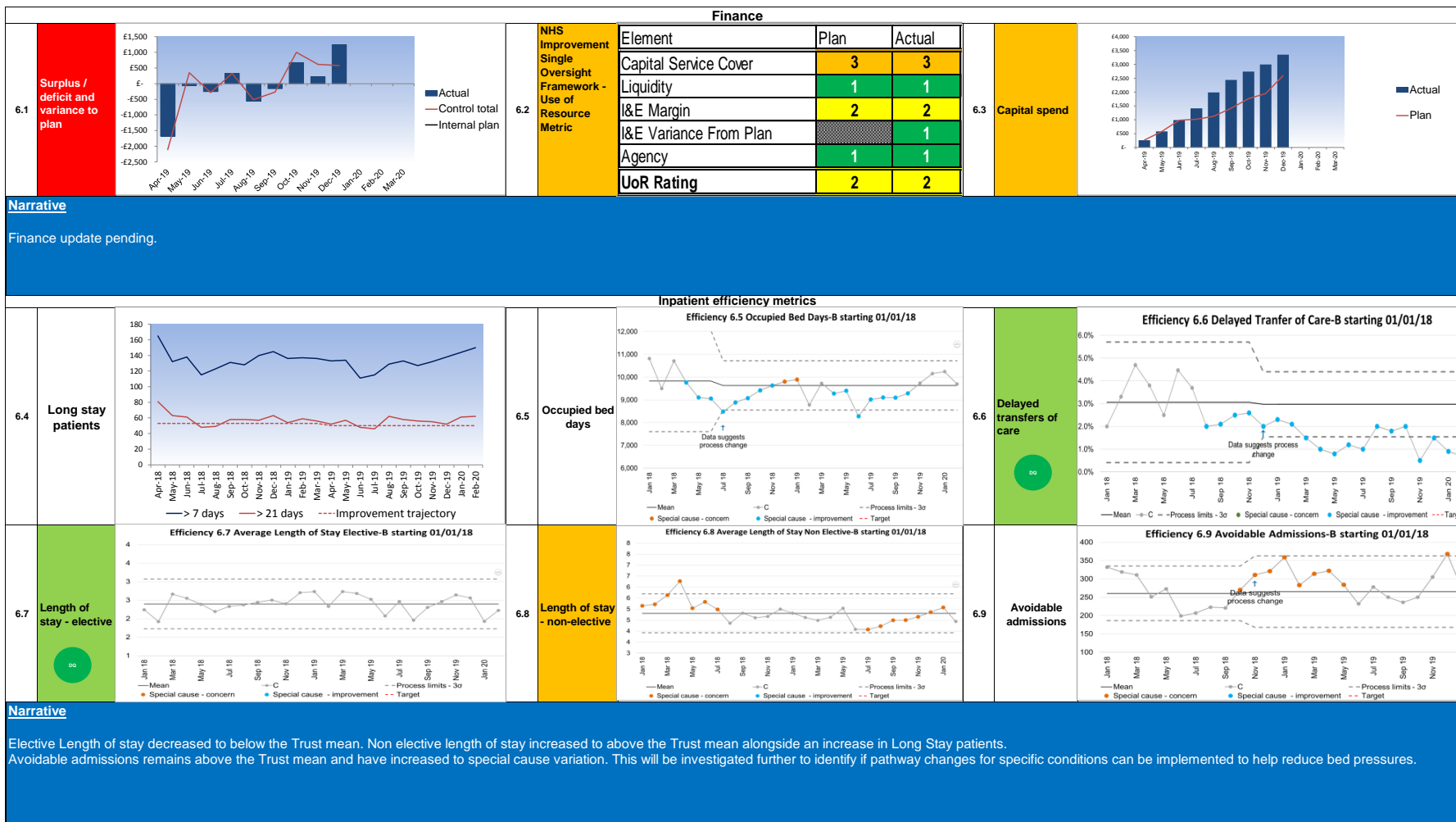
## Section 5 - Workforce - February 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation																																																		
5.1	Staff appraisal rates 	<p><b>Workforce 5.1 Staff Appraisal rates-B starting 01/01/18</b></p>  <p>— Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target</p>	Staff Appraisal compliance has continued to increase. Discussions with respect to the effectiveness of the appraisal window are still on-going																																																		
5.2	Mandatory training rates 	<table><thead><tr><th>Competence Name</th><th>Renewal Period</th><th>Required</th><th>Achieved</th><th>Compliance %</th></tr></thead><tbody><tr><td>421   LOCAL   Fire Safety - Level 1  </td><td>Annual</td><td>4094</td><td>3658</td><td>89%</td></tr><tr><td>421   LOCAL   Fire Safety Facilitator Led Training - 2 Year</td><td>2 yearly</td><td>4094</td><td>2181</td><td>53%</td></tr><tr><td>421   LOCAL   Risk Awareness eLearning  </td><td>Once Only</td><td>4094</td><td>3952</td><td>97%</td></tr><tr><td>421   LOCAL   Safer Manual Handling eLearning  </td><td>3 Yearly</td><td>4094</td><td>3611</td><td>88%</td></tr><tr><td>NHS   CSTF   Equality, Diversity and Human Rights - 3 Year</td><td>3 Yearly</td><td>4094</td><td>3853</td><td>94%</td></tr><tr><td>NHS   CSTF   Health, Safety and Welfare - 5 Years  </td><td>5 Yearly</td><td>4094</td><td>3988</td><td>97%</td></tr><tr><td>NHS   CSTF   Information Governance and Data Security</td><td>Annual</td><td>4094</td><td>3760</td><td>92%</td></tr><tr><td>NHS   CSTF   Safeguarding Children (Version 2) - Level 1</td><td>3 Yearly</td><td>4094</td><td>3824</td><td>93%</td></tr><tr><td>NHS   MAND   Infection Control - No Renewal  </td><td>Once Only</td><td>4094</td><td>4028</td><td>98%</td></tr></tbody></table>	Competence Name	Renewal Period	Required	Achieved	Compliance %	421   LOCAL   Fire Safety - Level 1	Annual	4094	3658	89%	421   LOCAL   Fire Safety Facilitator Led Training - 2 Year	2 yearly	4094	2181	53%	421   LOCAL   Risk Awareness eLearning	Once Only	4094	3952	97%	421   LOCAL   Safer Manual Handling eLearning	3 Yearly	4094	3611	88%	NHS   CSTF   Equality, Diversity and Human Rights - 3 Year	3 Yearly	4094	3853	94%	NHS   CSTF   Health, Safety and Welfare - 5 Years	5 Yearly	4094	3988	97%	NHS   CSTF   Information Governance and Data Security	Annual	4094	3760	92%	NHS   CSTF   Safeguarding Children (Version 2) - Level 1	3 Yearly	4094	3824	93%	NHS   MAND   Infection Control - No Renewal	Once Only	4094	4028	98%	<p>Mandatory % Report – Trust exc HIF 01.03.20</p> <p>The data shown is for the end of February 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 89% which is just higher than the last reporting cycle where we scored 88%.</p>
Competence Name	Renewal Period	Required	Achieved	Compliance %																																																	
421   LOCAL   Fire Safety - Level 1	Annual	4094	3658	89%																																																	
421   LOCAL   Fire Safety Facilitator Led Training - 2 Year	2 yearly	4094	2181	53%																																																	
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NHS   CSTF   Equality, Diversity and Human Rights - 3 Year	3 Yearly	4094	3853	94%																																																	
NHS   CSTF   Health, Safety and Welfare - 5 Years	5 Yearly	4094	3988	97%																																																	
NHS   CSTF   Information Governance and Data Security	Annual	4094	3760	92%																																																	
NHS   CSTF   Safeguarding Children (Version 2) - Level 1	3 Yearly	4094	3824	93%																																																	
NHS   MAND   Infection Control - No Renewal	Once Only	4094	4028	98%																																																	
5.3	Sickness rates	<p><b>Workforce 5.3 Sickness Levels-B starting 01/01/18</b></p>  <p>— Mean — C — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target</p>	Staff absence is currently at 4.77% which is still considerably higher than the Trust threshold of 3.25%. Areas of high sickness have been identified for each Directorate and continues on interventions to reduce absence within each Directorate.																																																		

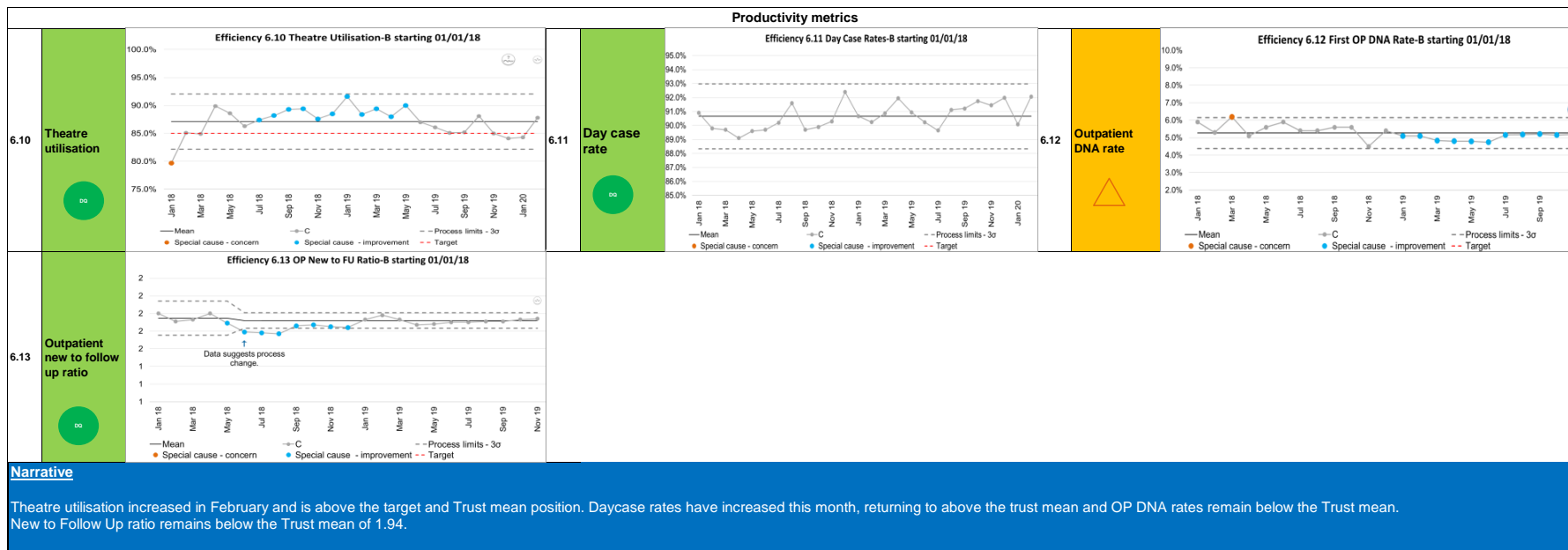
**Section 5 - Workforce - February 2020**

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
5.4	Staff turnover rate 	<p><b>Workforce 5.4 Turnover-B starting 01/01/18</b></p>  <p>15.0% 14.5% 14.0% 13.5% 13.0% 12.5% 12.0% 11.5% 11.0% 10.5% 10.0%</p> <p>Jan 18 Mar 18 May 18 Jul 18 Sep 18 Nov 18 Jan 19 Mar 19 May 19 Jul 19 Sep 19 Nov 19 Jan 20</p> <p>— Mean ● Special cause - concern ● Special cause - improvement — Process limits - 3σ - - Target</p>	Staff turnover continues to increase and is now at 8.80%. Managers are being asked to encourage individuals to complete exit forms.
5.5	Agency spend in relation to pay spend 	 <p>£700 £600 £500 £400 £300 £200 £100 £-</p> <p>Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19</p> <p>■ Actual — Ceiling</p>	Update from finance pending.

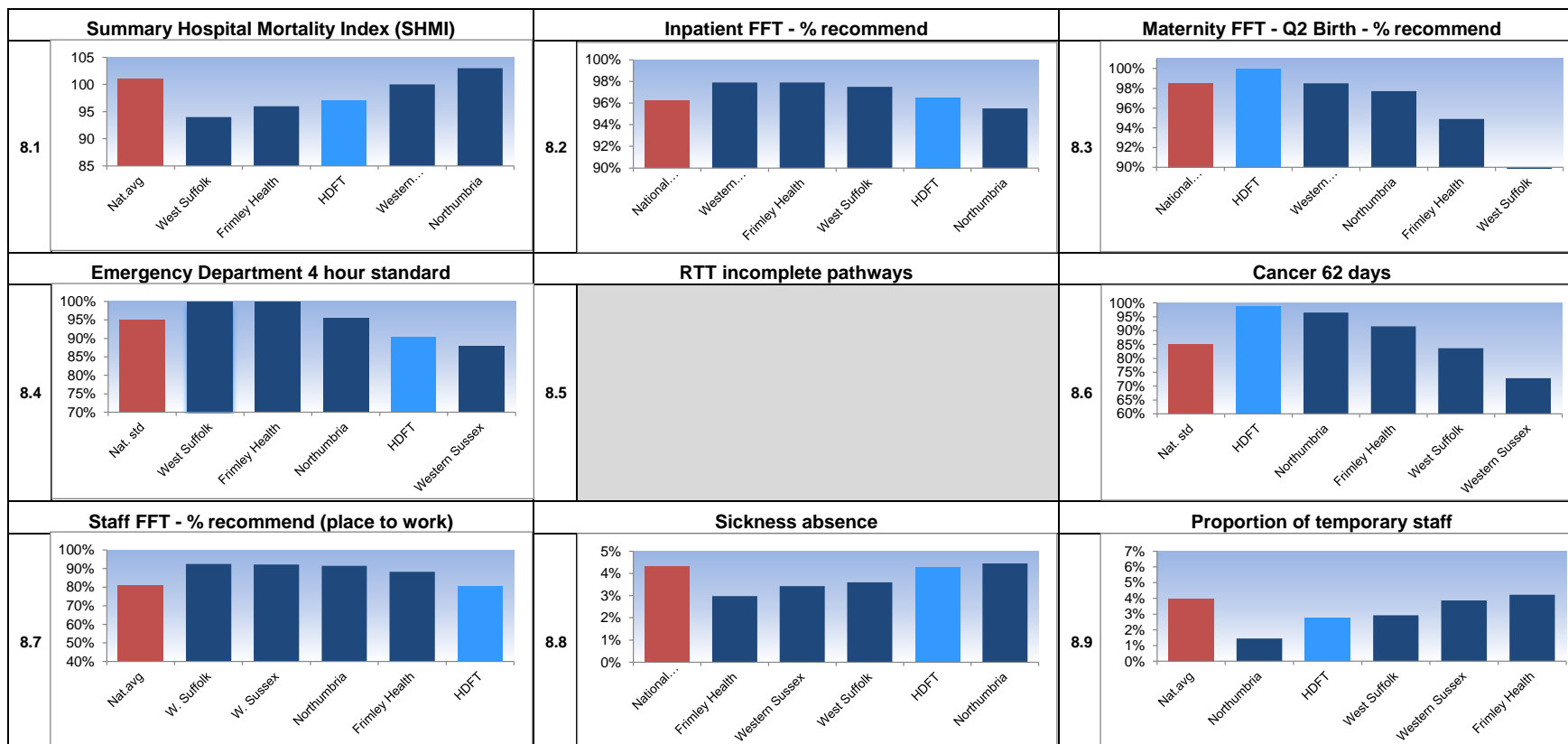
**Section 6 - Efficiency and Finance - February 2020**



Section 6 - Efficiency and Finance - February 2020



## Section 8 - Benchmarking - February 2020



### 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.

## Section 7 - Activity - February 2020

### Narrative

The tables above show activity by Point of Delivery by Contract Type: HaRD AIC; All Other CCGs (PbR); NHSE, Yorkshire Hub Cost per Case.

Trust total activity continues to remain above commissioned levels with the exception of new outpatients that is slightly under. 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.

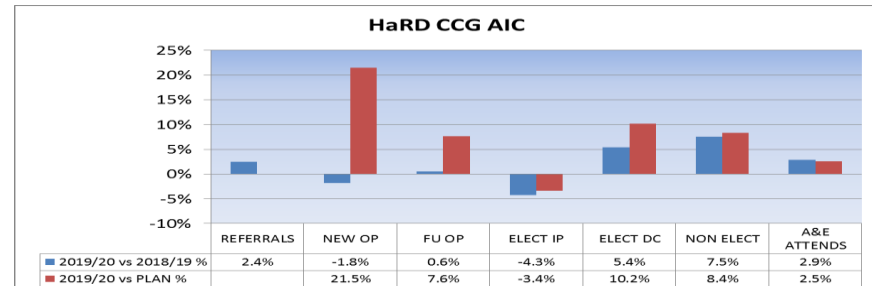
We continue to work on the transfer of patients back to HDFT from Leeds, and also the longer term solution that ensures the future flow of work from the Leeds area. Patients transferring to HDFT from LHT continue in Colorectal Surgery, Rheumatology, Dermatology, Gynaecology and Urology.

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

### Activity Summary

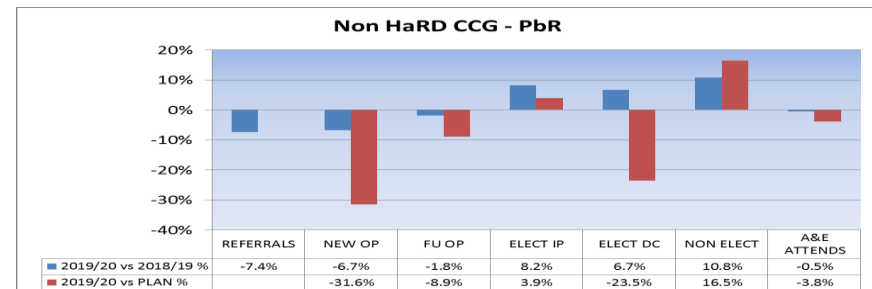
#### HaRD CCG AIC

GROUP	2018/19 FEB	2019/20 FEB PLAN	2019/20 FEB 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	2,974		3,360	34,668		35,517	849		2.4%	
NEW OP	5,500	4,473	5,268	62,651	50,621	61,504	-1,147	10,883	-1.8%	21.5%
FU OP	10,952	10,072	10,227	122,131	114,102	122,819	688	8,717	0.6%	7.6%
ELECT IP	206	176	151	2,014	1,995	1,928	-86	-67	-4.3%	-3.4%
ELECT DC	1,717	1,654	1,846	19,062	18,238	20,098	1,036	1,860	5.4%	10.2%
NON ELECT	1,432	1,397	1,529	15,837	15,718	17,032	1,195	1,314	7.5%	8.4%
A&E ATTENDS	2,841	2,798	2,962	34,298	34,422	35,291	993	869	2.9%	2.5%



#### Non-HaRD CCG - PbR\*

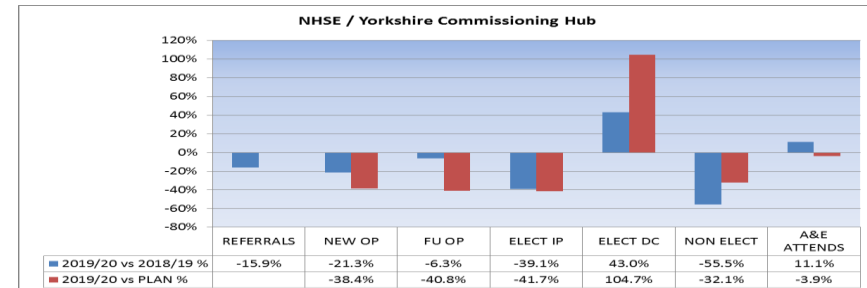
GROUP	2018/19 FEB	2019/20 FEB PLAN	2019/20 FEB ACTUAL	2018/19 YTD	2019/20 YTD PLAN	2019/20 YTD ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %	2019/20 vs PLAN %
REFERRALS	1,361		1,336	17,934		16,611	-1,323		-7.4%	
NEW OP	2,026	3,258	2,106	26,811	36,545	25,009	-1,802	-11,536	-6.7%	-31.6%
FU OP	3,913	4,320	3,736	45,279	48,787	44,455	-824	-4,332	-1.8%	-8.9%
ELECT IP	80	101	90	1,097	1,142	1,187	90	45	8.2%	3.9%
ELECT DC	676	953	905	7,608	10,614	8,120	512	-2,494	6.7%	-23.5%
NON ELECT	385	398	397	4,716	4,483	5,223	507	740	10.8%	16.5%
A&E ATTENDS	985	1,086	985	12,905	13,356	12,845	-60	-511	-0.5%	-3.8%



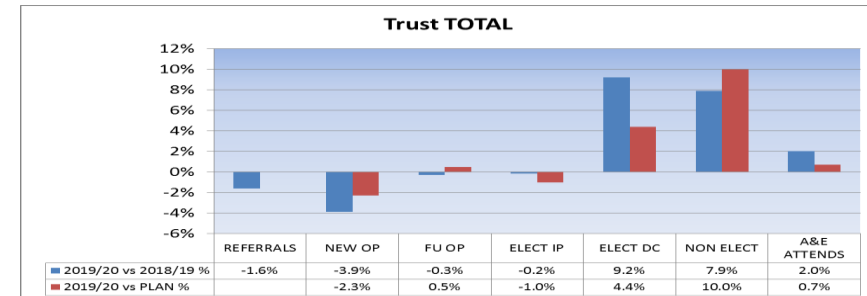
\*Non-HaRD CCGs: Hambleton and Richmondshire CCG, Leeds CCG, Vale of York CCG, All Other CCGs

**NHSE / Yorkshire Commissioning Hub**

GROUP	2018/19 FEB	2019/20 FEB PLAN	2019/20 FEB 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	231		197	2,616		2,199	-417		-15.9%	
NEW OP	243	329	176	2,923	3,733	2,299	-624	-1,434	-21.3%	-38.4%
FU OP	497	760	377	5,440	8,620	5,100	-340	-3,520	-6.3%	-40.8%
ELECT IP	5	2	0	23	24	14	-9	-10	-39.1%	-41.7%
ELECT DC	298	181	46	2,713	1,895	3,879	1,166	1,984	43.0%	104.7%
NON ELECT	8	7	1	119	78	53	-66	-25	-55.5%	-32.1%
A&E ATTENDS	18	19	14	198	229	220	22	-9	11.1%	-3.9%









**Trust Total**

GROUP	2018/19 FEB	2019/20 FEB PLAN	2019/20 FEB 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	4,566		4,893	55,218		54,327	-891		-1.6%	
NEW OP	7,769	8,060	7,550	92,385	90,899	88,812	-3,573	-2,087	-3.9%	-2.3%
FU OP	15,362	15,152	14,340	172,850	171,509	172,374	-476	865	-0.3%	0.5%
ELECT IP	291	279	241	3,134	3,161	3,129	-5	-32	-0.2%	-1.0%
ELECT DC	2,691	2,567	2,708	29,383	30,747	32,097	2,714	1,350	9.2%	4.4%
NON ELECT	1,825	1,802	1,927	20,672	20,279	22,308	1,636	2,029	7.9%	10.0%
A&E ATTENDS	3,844	3,903	3,961	47,401	48,007	48,356	955	349	2.0%	0.7%










Integrated board report - January 2020
Key for SPC charts

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

## Data Quality - Exception Report

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




## Harrogate and District NHS Foundation Trust




### Indicator traffic light criteria

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, category 3, category 4 or unstageable hospital acquired pressure ulcers in 2018/19. The Trust has set a local trajectory for 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.	tbc	tbc
1.1	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 pressure ulcer / falls indicators above.	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
1.9	Safe	Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is provided in the narrative section and published on the Trust website.	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
2.1	Effective	Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.	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.		

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 COC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section. From 1st April 2018, dementia screening performance forms part of this assessment.	As per defined governance rating	
4.2	Responsive	RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.	Green if latest month >=92%, Red if latest month <92%.	NHS England
4.3	Responsive	A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.	Blue if latest month >=97%, Green if >=95% but <97%, amber if >= 90% but <95%, red if <90%.	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
4.4	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.5	Responsive	Diagnostic waiting times - 6-week standard	Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.6	Responsive	Dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.	Green if latest month >=90% for Step 1, Step 2 and Step 3, Red if latest month <90% for any of Step 1, Step 2 or Step 3.	NHS England, NHS Improvement and contractual requirement
4.7	Responsive	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.8	Responsive	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.9	Responsive	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.10	Responsive	Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.	Green if latest month >=94%, Red if latest month <94%.	NHS England, NHS Improvement and contractual requirement
4.11	Responsive	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.12	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.13	Responsive	Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.	Green if latest month >=90%, Red if latest month <90%.	NHS England, NHS Improvement and contractual requirement
4.14	Responsive	Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.15	Responsive	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.	Target to be reviewed by CCC Directorate	tbc
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 requested 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.	Target to be reviewed by CCC Directorate	tbc
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.	Target to be reviewed by CCC Directorate	tbc
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

<div>  </div>				Traffic light criteria	Rationale/source of traffic light criteria
Indicator number	Domain	Indicator	Description		
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.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	Locally agreed targets.
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.		
7.2	Activity	Elective activity against plan	The position against plan for elective activity. The data includes inpatient and day case elective admissions.		
7.3	Activity	Non-elective activity against plan	The position against plan for non-elective activity (emergency admissions).		
7.4	Activity	Emergency Department attendances against plan	The position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E and patients who are streamed to primary care.		Locally agreed targets.

## Data quality assessment

Green		No known issues of data quality - High confidence in data
Amber		On-going minor data quality issue identified - improvements being made/ no major quality issues
Red		New data quality issue/on-going major data quality issue with no improvement as yet/ data confidence low/ figures not reportable

<b>Date of Meeting:</b>	25 March 2020	<b>Agenda item:</b>	9.2								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Operational Performance Report										
<b>Sponsoring Director:</b>	Mr Robert Harrison, Chief Operating Officer										
<b>Author(s):</b>	Mr Jonathan Green, Principal Information Analyst										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table>			Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓
Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓				
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>The Trust has plans and preparations in place to manage the Covid-19 outbreak and is closely monitoring the situation in order to minimise the impact on provision of care and to ensure the safety of patients and staff.</li> <li>6 of the 7 applicable Cancer Waiting Times standards were achieved for February, with the 62 day Screening Standard below the operational standard.</li> <li>HDFT's performance against A&amp;E 4-hour standard was 85.8% in February and year-to-date is at 91.1%. These are below the 95% standard and trajectory.</li> <li>Pre-validated provisional data shows that there were a total of 16,864 patients waiting on the list; this is above our agreed trajectory of 15,325.</li> </ul>										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	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;										
<b>Legal / regulatory:</b>	Risk to segmentation based on the Single Oversight Framework										
<b>Resource:</b>	None identified.										
<b>Impact Assessment:</b>	Not applicable.										
<b>Conflicts of Interest:</b>	None										
<b>Reference documents:</b>											
<b>Assurance:</b>											
<b>Action Required by the Board of Directors:</b>											
It is recommended that the Board note items included in the report.											

## OPERATIONAL PERFORMANCE REPORT

### 1.0 COVID-19 PLANNING AND PREPARATIONS

A significant amount of operational and clinical leadership time has been focused on the response to the Covid-19 Pandemic in the last few weeks. Further information will be provided to the Board verbally on the most up to date situation.

### 2.0 SERVICE ACTIVITY

Trust total activity continues to remain above commissioned levels with the exception of new outpatients that are slightly under. 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 the run rate going into next year presents a risk to system affordability.

Elective activity for the year-to-date is 8.3% higher than the same period last year – there has been a 4.5% increase in HaRD elective activity (21,076 vs 22,026), and a 15.4% increase in non-HaRD elective activity (11,441 vs 13,200), although the latter remains very slightly below plan (13,200 vs 13,675).

At the end of February non-elective activity is above plan and also 7.9% above the same period last year.

The number of long stay patients (>21 days) increased in February with an average of 65 patients in the month and 83 in the first week of March, which is significantly above the 2019/20 improvement trajectory of 50. One explanation for this is likely to be the impact of both Oakdale and Trinity being closed for a period of time in late February due to Norovirus. In the first week of March all patients over 50 days had an action plan. Work is ongoing to ensure actions are undertaken to reduce the number of acute admissions and in order to facilitate earlier discharge where appropriate, especially as plans to manage the impact of Coronavirus through the creation of dedicated isolation facilities which need to be facilitated by a reduction in general bed occupancy.

The number of primary care referrals from Leeds CCG has increased slightly in February to 38 per day following the January increase to 36 per day. Year-to-date referrals from Leeds are down by 7.4% when compared to the same period last year. We continue to work on the transfer of patients back to HDFT from Leeds, and also a longer term solution that ensures future flow of work from the Leeds areas. Patients transferring to HDFT from LTH continue in Colorectal Surgery, Rheumatology, Dermatology, Gynaecology and Urology. Primary care referrals from Leeds to Gynaecology and Dermatology (two of the largest groups of patients referred from Leeds) have now increased by 8.5% and 4.3% respectively when compared to last year.

### 3.0 RTT WAITS

Pre-validation provisional data shows that there were a total of 16,864 patients on the RTT waiting list at the end of February; this is above our agreed trajectory of 15,325 and is an increase of 66 from last month.

During February a patient was identified as having waited 65 weeks for treatment following the closure of their 18 week pathway in error. The team are undertaking an investigation as to how this has occurred and what actions need to be put in place to minimise the potential for this to occur again. The COO has informed NHSE/I Locality lead and will share the outcome of the review with them.



Additional funding has been secured to support a reduction in waiting times in Community Dental Service this will enable additional surgery in Harrogate and York with the caveat to funding being that the waiting list for GA must reduce to 6 weeks or repay 50% of funding.

The Trust continues to focus on the delivery of the March waiting list performance target with outpatient challenges in Trauma & Orthopaedics, Neurology, and Respiratory. However, this target still represents a significant challenge. The locum in Neurology continues to make good progress, and it is anticipated that the backlog will be cleared by April. However, funding for the locum is only provided to the end of the financial year and discussions are taking place with Leeds around a joint appointment. The Trust is also investigating options to increase outpatient capacity in T&O and Respiratory, although much of this may now be affected by the impact of Coronavirus.

The Trust has recently engaged with an NHS England supported RTT validation programme, and this programme will support our internal validators until the end of March in order to aid the delivery of the waiting list target.

We continue to participate in the RTT national trial and adapt to the new performance target.

#### **4.0 EMERGENCY DEPARTMENT PERFORMANCE**

HDFT's Trust level performance against the 4-hour standard was 85.8% in February, below the required 95% standard and below the trajectory of 89.7%. 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 at the end of February with a Trust level performance of 91.1%.

The department is beginning to experience a higher volume of attendances and longer waits due to the impact of patients presenting to the department with suspected Covid-19. A dedicated overnight deep-clean team is in place in ED to ensure cleaning happens in a timely fashion so that patients can be assessed safely on bays that have been occupied by suspected Coronavirus cases.

#### **5.0 CANCER WAITING TIMES**

Provisional data indicates that 6 of the 7 applicable cancer waiting times standards were achieved in February, with 62 day Screening performance below the operational standard.

62 day standard performance is expected to be delivered in February, although performance has deteriorated slightly after the previous two high performing months (99.0% and 95.7%). Provisionally there were 56.5 accountable treatments in February with 8.0 accountable over 62 days, meaning performance was at 86.0%. Of the 9 tumour sites treated in February, performance was above 85% for all but 4 (Breast – 12 treatments and 2 breaches; Gynaecology – 3 treatments and 2 breaches; Haematology - 3 treatments and 1 breach; Upper GI – 5 treatments and 4 breaches). 2 patients waited over 104 days for treatment in February, and these delays were due to a combination of pathway complexity, medical complications, and patient choice.

Provisional data indicates that 58.3% of tertiary patients treated in February were transferred by day 38. Delays are mainly due to diagnostic capacity.

Delivery of the 62 day Screening standard for bowel patients continues to be a significant challenge. 17 bowel patients have confirmed/scheduled treatment dates in February, with



12 outside 62 days (6 Harrogate, 5 Leeds, 6 York). This translates to an accountable denominator of 12.5 with 9.0 outside 62 days (28%). The long waits are largely due to the increase in uptake following the introduction of FIT in October and patient choice but this is exacerbated by limited colonoscopy capacity at Leeds and York, and the availability of accredited Endoscopists across the region. HDFT is developing a recovery plan to increase workforce capacity for endoscopy, and since October SSP and colonoscopy waiting times have gradually improved - 100% of patients were seen by an SSP in February within 14 days, and for the same month 98.9% of patients had a colonoscopy within 2 weeks of SSP appointment, compared to 8.53% in October.

Breast 2WW performance has recovered in February and both 14 day standards were delivered for the month (98.7% for breast symptomatic). This is being closely monitored to ensure capacity is available to accommodate any further spikes in the number of referrals and also a planned reduction of capacity in March.

## 6.0 NURSING HOMES

Approval has been granted for two further local care homes in Harrogate, providing an additional 202 beds between them. Analysis is underway to establish the potential number and frequency of admissions from similar care homes to better understand the likely impact on non-elective admissions.

<b>Date of Meeting:</b>	25 March 2020	<b>Agenda item:</b>	9.3								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Finance Report										
<b>Sponsoring Director:</b>	Deputy Chief Executive/Director of Finance										
<b>Author(s):</b>	Deputy Chief Executive/Director of Finance Deputy Director of Finance										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>Discussion/ Consultation</td> <td>Assurance</td> <td>Information</td> </tr> <tr> <td></td> <td></td> <td>✓</td> <td>✓</td> </tr> </table>			Decision	Discussion/ Consultation	Assurance	Information			✓	✓
Decision	Discussion/ Consultation	Assurance	Information								
		✓	✓								
<b>Executive Summary:</b>	This report provides an update on the Trust's financial position since the last meeting.										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	-										
<b>Legal / regulatory:</b>	Trust Licence NHS Act 2006 as amended by the Health and Social Care 2012 Act NHSE/I										
<b>Resource:</b>	-										
<b>Impact Assessment:</b>	Not applicable										
<b>Conflicts of Interest:</b>	None identified										
<b>Reference documents:</b>	Not applicable										
<b>Assurance:</b>	Financial position is reported and discussed at the Resource Committee, Senior Management Team and Directors Team										
<b>Action Required by the Board of Directors:</b>											
The Board is asked to note the content of this report.											



**Harrogate and District**  
NHS Foundation Trust

# Finance Report

Board of Directors – 25th March 2020

# Executive Summary

The Trust reported a small surplus in February, moving the year to date deficit to £278k. Whilst this remains behind the Trust annual plan, discussions in relation to the system financial position have resulted in a reduced control total. The reduction equates to £2m.

Key variances continue from the previous trend. Significantly, adverse variances in relation to medical staffing and ward staffing are causing a pressure across the Trust.

Activity trends have continued the trend from earlier in the year.

Cash remains a pressure for the organisation, with the recent application for exceptional working capital of £4.8m accepted and received in March.

In relation to CoVid costs, a national process has been introduced to collect these costs and reimburse Providers quickly. An interim cash payment is due on 20<sup>th</sup> March, with a further return due on 24<sup>th</sup> March of forecast costs to the end of this financial year to enable rapid movement of cash out to Providers.

We are reviewing our reporting processes and requirements as part of the CoVid response, with the key actions being to ensure resilience in our ability to pay people, get supplies and pay suppliers. Nationally, systems are being put in place to ensure cash is transacted quickly and is not a barrier to our operational response.



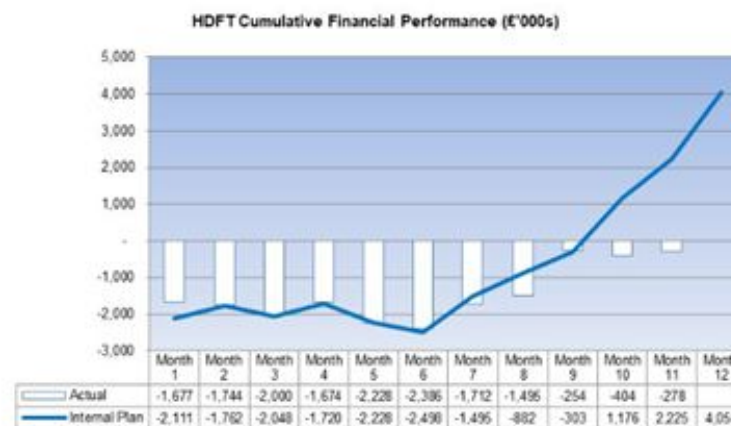


**Harrogate and District**  
NHS Foundation Trust

# Financial Summary

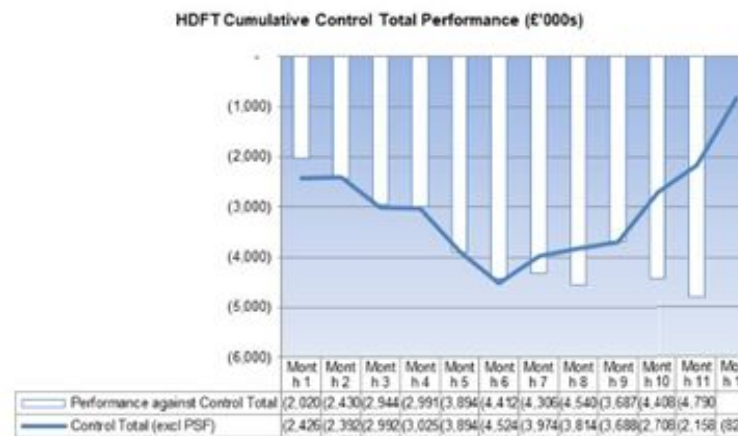
# Financial Position

The position reported in February was a £126k surplus, reducing the year to date deficit to £278k. This position is now £2,503k adverse to plan and the drivers for this are described in more detail later in the report.



Whilst this is a significant variance to plan, it is balanced to the directorate forecast position for month 11.

Performance against the original control total is outlined below.



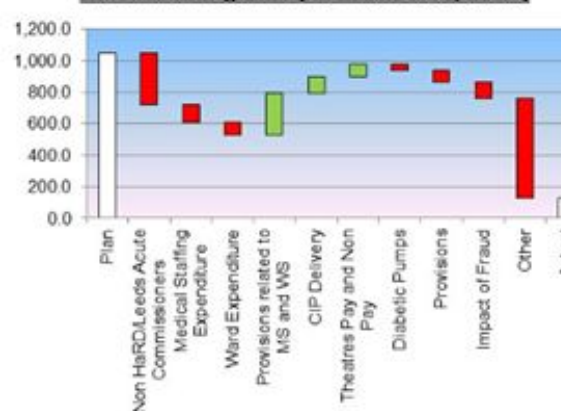
Removal of PSF and MRET exaggerates this variance, however, it should be noted that MRET income is not dependant on financial performance in 2019/20. The outcome of system discussions are described later in the report.

# Financial Position

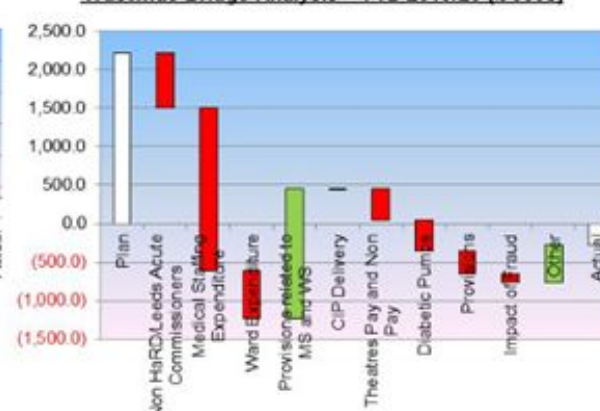
The information below highlights the key drivers for the in month and year to date financial position.

Variance to Budget	Feb (£'000s)	YTD (£'000s)
<b>Plan</b>	<b>1,049</b>	<b>2,225</b>
Non HaRD/Leeds Acute Commissioners	(328)	(717)
Medical Staffing Expenditure	(116)	(2,119)
Ward Expenditure	(77)	(617)
Provisions related to MS and WS	263	1,680
CIP Delivery	109	(2)
Theatres Pay and Non Pay	79	(402)
Diabetic Pumps	(42)	(400)
Provisions	(72)	(300)
Impact of Fraud	(104)	(104)
Other	(635)	478
<b>Actual</b>	<b>126</b>	<b>(278)</b>

Trustwide Bridge Analysis - Feb 2020 (£'000s)



Trustwide Bridge Analysis - YTD 2019/20 (£'000s)



For clarity, the provisions in relation to medical staffing and ward pay have been split out to show the position against substantive budgets.

- 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 £3.1m.
- The position reported for CIP is gradually improving, with plans in place for the full target this year.
- The Theatres position again improved, in particular around non pay. Management of stock is a key area of focus here.
- 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.
- Catering provisions had a significant variance in month. Whilst this relates to HIF, the consolidated position highlights this issue.
- The impact of the fraud from earlier in the year has been phased into the position.

# Forecast Outturn

As mentioned earlier in the papers, agreement has been made with the West Yorkshire and Harrogate ICS in relation to adjustments to control totals for 2019/20. This has resulted in the Trusts control total reducing by £2m. Whilst this is positive, the trust still has work to do to meet this reset level. This is described in the table below.

£'000s	Year End Forecast as at Jan 2020	Year End Forecast with actions	Changes
Commissioner Income	225,269	226,969	1,700
CCCC	-53,534	-53,534	0
Corporate	-38,952	-38,852	100
LTUC	-72,000	-71,800	200
PSC	-70,400	-70,300	100
Other	8,497	9,397	900
<b>Trust Position</b>	<b>-1,120</b>	<b>1,880</b>	<b>3,000</b>
HIF Surplus	200	200	0
<b>Group Position</b>	<b>-920</b>	<b>2,080</b>	<b>3,000</b>
<b>Control Total (incl. donated asset adj)</b>	<b>2,058</b>	<b>2,058</b>	<b>0</b>
<b>Variance</b>	<b>-2,978</b>	<b>22</b>	<b>3,000</b>

No impact related to Coronavirus is included in the above.







**Harrogate and District**  
NHS Foundation Trust

# Cashflow and Balance Sheet

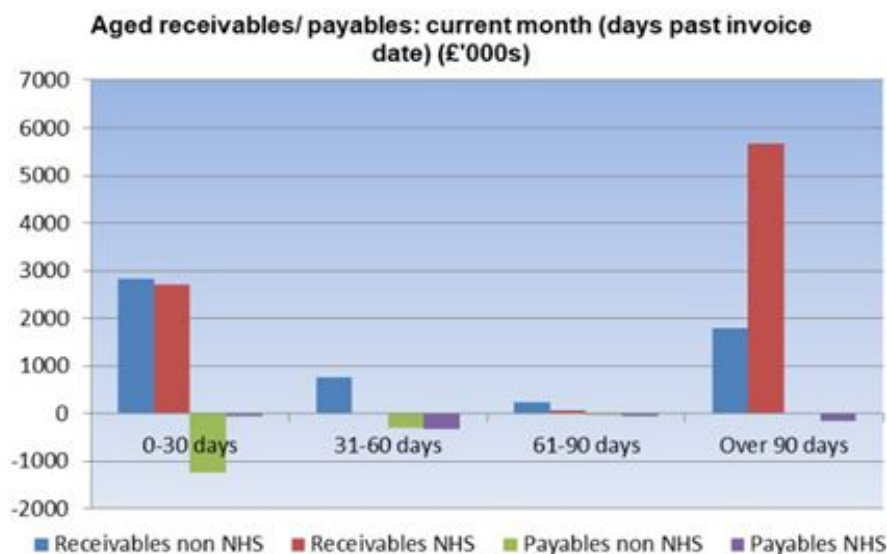
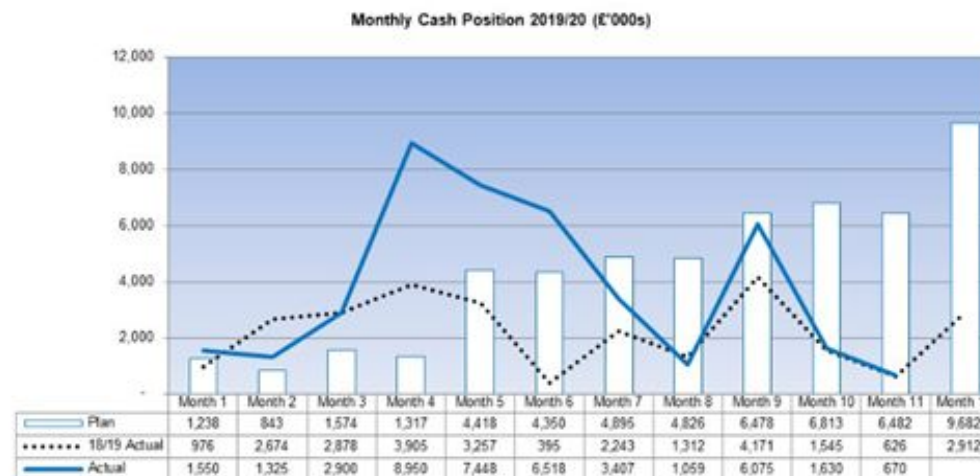
# Cashflow, Debtors and Creditors

As anticipated last month, the Trust cash position deteriorated to a balance of £670k at the end of month 11.

The Trust submitted had the exceptional working capital request in February approved, with the cash received in March. The full request was £8, however, a value of £4.8m was approved.

In relation to receivables, it should be noted that the total overdue from NHS and Non NHS organisations is £14.1m.

Payment practice is still less than where we would target, however, as the graph below demonstrates there has been some month to month improvements.



	Year to date		
	Current month	Previous month	Movement
<b>BPPC % of bills paid in target</b>			
<b>Non NHS</b>			
- By number	12.4%	11.5%	0.9%
- By value	11.4%	10.8%	0.6%
<b>NHS</b>			
- By number	11.0%	10.0%	1.0%
- By value	41.7%	39.7%	2.0%

# Balance Sheet and Use of Resources

The table to the right outlines a summary balance sheet position as at February 2020.

The impact of the year end valuation of the site was not accounted for in the plan, and therefore non current assets will continue to have a variance during the year.

Statement of financial position summary	Current month			
	Plan £000s	Actual £000s	Variance £000s	%
Non-current assets	101,657	94,168	(7,489)	(7.4%)
Current assets	26,481	32,195	5,714	21.6%
Current liabilities - borrowings	(2,170)	(2,181)	(11)	(0.5%)
Current liabilities - other	(13,209)	(15,898)	(2,689)	(20.4%)
<b>Total assets less current liabilities</b>	<b>112,759</b>	<b>108,284</b>	<b>(4,475)</b>	<b>(4.0%)</b>
Non-current liabilities - borrowings	(15,101)	(15,101)	0	0.0%
Non-current liabilities - other	(120)	(90)	30	25.0%
<b>Total net assets employed</b>	<b>97,538</b>	<b>93,093</b>	<b>(4,445)</b>	<b>(4.6%)</b>

The Trust Use of Resources Risk Rating is outlined below.

Finance and use of resources rating			03AUDITPY	03PLANYTD	03ACTYTD	03VARYTD	03PLANCY	03FOTCY
			Audited PY 31/03/2019 Year ending	Plan 29/02/2020 YTD	Actual 29/02/2020 YTD	Variance 29/02/2020 YTD	Plan 31/03/2020 Year ending	Forecast 31/03/2020 Year ending
		Expected Sign	Number	Number	Number	Number	Number	Number
Capital service cover rating		+	1	2	4		2	2
Liquidity rating		+	1	1	1		1	1
I&E margin rating		+	1	1	2		1	2
I&E margin: distance from financial plan		+	1		3			2
Agency rating		+	1	1	1		1	2

Overall finance and use of resources risk rating			03AUDITPY	03PLANYTD	03ACTYTD	03VARYTD	03PLANCY	03FOTCY
			Audited PY 31/03/2019 Year ending	Plan 29/02/2020 YTD	Actual 29/02/2020 YTD	Variance 29/02/2020 YTD	Plan 31/03/2020 Year ending	Forecast 31/03/2020 Year ending
		Expected Sign	Number	Number	Number	Number	Number	Number
Overall rating unrounded		+	1		2.20			1.80
If unrounded score ends in 0.5		+	0		0.00			0.00
Risk ratings before overrides		+	1		2			2
Risk ratings overrides:								
Any ratings in table 6 with a score of 4 override - if any 4s "trigger" will show here								
Text			No trigger		Trigger			No trigger
+			1		3			2
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								
Text			Yes		Yes			Yes
Text			No		No			No
+			0		0			0
Control total override - Control total accepted								
Control total override - Planned or Forecast deficit								
Control total override - Maximum score (0 = N/A)								
Is Trust under financial special measures								
Text			No		No			No
Risk ratings after overrides		+	1		3			2

<b>Date of Meeting:</b>	25 March 2020	<b>Agenda item:</b>	9.4								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Operational Plan 2020/21										
<b>Sponsoring Director:</b>	Deputy Chief Executive/Director of Finance										
<b>Author(s):</b>	Deputy Chief Executive/Director of Finance										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>Discussion/ Consultation</td> <td>Assurance</td> <td>Information</td> </tr> <tr> <td></td> <td></td> <td>✓</td> <td>✓</td> </tr> </table>			Decision	Discussion/ Consultation	Assurance	Information			✓	✓
Decision	Discussion/ Consultation	Assurance	Information								
		✓	✓								
<b>Executive Summary:</b>	<p>The Board has previously discussed the development of the Operational Plan for 2020/21 at both Board meetings and Board Workshops. Work has been ongoing to develop the financial, activity, capital, and workforce plans and as at the middle of March these plans were being finalised as per our internal and external requirements.</p> <p>Clearly, the outbreak of CoVid 19 has completely changed the situation for the health service, and communication has been received that has suspended the operational planning process and sets out how the arrangements will work for 2020/21.</p>										
<b>Related Trust Objectives</b>											
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To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	Corporate Risk Register										
<b>Legal / regulatory:</b>	Trust Licence NHSE/I NHS Act 2006 as amended by the Health and Social Care Act 2012										
<b>Resource:</b>	Covered in paper										
<b>Impact Assessment:</b>	-										
<b>Conflicts of Interest:</b>	None identified										
<b>Reference documents:</b>	Not applicable										
<b>Assurance:</b>	Directors Team										
<b>Action Required by the Board of Directors:</b>											
The Board is asked to <b>note</b> the suspension of the planning process and to <b>approve</b> the budgets for the organisation.											

**Board of Directors****25 March 2020****Report from: Jonathan Coulter, Deputy Chief Executive / Finance Director****Operational Plan 2020/21****Introduction**

The Board has previously discussed the development of the Operational Plan for 2020/21 at both Board meetings and Board Workshops. Work has been ongoing to develop the financial, activity, capital, and workforce plans and as at the middle of March these plans were being finalised as per our internal and external requirements.

Clearly, the outbreak of CoVid 19 has completely changed the situation for the health service, and communication has been received that has suspended the operational planning process and sets out how the arrangements will work for 2020/21.

**Overview of arrangements**

The new arrangements have been put in place to ensure that we free up time to maximise operational effort to CoVid preparations and response and to ensure that financial issues and processes do not become a barrier to managing this critical situation. The arrangements in summary are:

- Moving to block contract payments, paid on account, for all Trusts at least until 31<sup>st</sup> July, with the suspension of the PbR payment mechanism and associated processes
- Payments from Commissioners are not dependent upon performance or activity levels, and all contract sanctions suspended
- Payments values to be determined centrally and organisations informed on 23<sup>rd</sup> March, based upon recent runrate of costs uplifted for inflation
- The tariff efficiency requirement is removed, and there will no funding for growth. Effectively the value will be 19/20 costs uplifted to 20/21 rates
- Additional funding available to cover the additional costs (capital and revenue) of responding to CoVid
- Deferring the publication of the NHS People Plan and the NHS Long Term Plan Implementation Framework

**CoVid costs**

All reasonable costs related to CoVid are to be claimed and reimbursed each month. These costs include:

- Increases in staffing costs due to additional activity
- Increased temporary staffing to cover sickness or caring responsibilities

- Payments to bank staff in line with Government policy in respect of sickness absence
- A range of non-pay costs, including assessment pods, equipment, and supplies
- Capital costs related to CoVid including IT equipment to enable home-working, infrastructure and facilities to increase the number of beds with oxygen supply, and medical equipment required to ensure resilience

### Expenditure budgets

As part of the planning process we have set budgets for each Directorate. These are attached in the tables below. Whilst the arrangements for funding flows and efficiency requirements are changing, budget holders will still require a budget to allow them to commit expenditure within the governance framework that gives them that authority. Therefore the budgets need to be approved for issue to budget holders.

As part of these unusual arrangements, we need to authorise, monitor and report financial commitments and expenditure in a clear and streamlined way.

### Summary

The planning process has been suspended and new arrangements are being put in place to ensure in particular that financial flows are not barriers to managing the current CoVid response.

### Board Approval

The Board is asked to **note** the suspension of the planning process and to **approve** the budgets for the organisation.

		2019/20 Exit Position	
Directorate	Division	Budget WTE	2020/21 Budget (£'s)
Long Term and Unscheduled Care Budget Upload 2020/21			
	ADULT COMMUNITY SERVICES		0
	CANCER SERVICES		-125,400
	CONTROL OF INFECTION		-93,500
	DISCHARGE PLANNING		0
	EMERGENCY MEDICINE		-8,600
	MANAGEMENT TEAM - LONG TERM AND UNSCHEDULED CARE		-15,500
	MEDICAL DEVICES		0
	MEDICAL STAFFING - LONG TERM AND UNSCHEDULED CARE		-412,600
	MINOR INJURY UNITS AND WALK IN CENTRES		0
	OUT OF HOURS		-409,700
	PATHOLOGY		-4,882,500
	PHARMACY		-49,100
	RADIOLOGY		-8,600
	RESUSCITATION TEAM		-5,200
	SPECIALIST NURSING - LONG TERM AND UNSCHEDULED		-1,200
	THERAPY SERVICES - LONG TERM AND UNSCHEDULED		-46,700
	WARDS - LONG TERM AND UNSCHEDULED CARE		0
<b>Income Sub total</b>		<b>0.00</b>	<b>-6,058,600</b>
	ADULT COMMUNITY SERVICES	141.28	5,107,900
	CANCER SERVICES	65.66	2,478,200
	CONTROL OF INFECTION	18.35	671,900
	DISCHARGE PLANNING	4.02	183,200
	EMERGENCY MEDICINE	58.22	2,463,400
	MANAGEMENT TEAM - LONG TERM AND UNSCHEDULED CARE	47.77	2,030,800
	MEDICAL DEVICES		
	MEDICAL STAFFING - LONG TERM AND UNSCHEDULED CARE	156.16	16,464,300
	MINOR INJURY UNITS AND WALK IN CENTRES	18.23	851,400
	OUT OF HOURS	46.14	4,319,000
	PATHOLOGY	88.91	3,555,200
	PHARMACY	57.39	2,259,800
	RADIOLOGY	91.05	3,973,400
	RESUSCITATION TEAM	3.62	161,600
	SPECIALIST NURSING - LONG TERM AND UNSCHEDULED	41.20	1,756,100
	THERAPY SERVICES - LONG TERM AND UNSCHEDULED	61.48	2,436,300
	WARDS - LONG TERM AND UNSCHEDULED CARE	305.50	11,527,100
<b>Pay Sub Total</b>		<b>1,204.98</b>	<b>60,239,600</b>
	ADULT COMMUNITY SERVICES		487,000
	CANCER SERVICES		5,279,000
	CONTROL OF INFECTION		19,200
	DISCHARGE PLANNING		600
	EMERGENCY MEDICINE		424,200
	MANAGEMENT TEAM - LONG TERM AND UNSCHEDULED CARE		28,700
	MEDICAL DEVICES		0
	MEDICAL STAFFING - LONG TERM AND UNSCHEDULED CARE		89,900
	MINOR INJURY UNITS AND WALK IN CENTRES		183,400
	OUT OF HOURS		183,100
	PATHOLOGY		7,647,000
	PHARMACY		500,400
	RADIOLOGY		1,308,600
	RESUSCITATION TEAM		12,600
	SPECIALIST NURSING - LONG TERM AND UNSCHEDULED		1,961,700
	THERAPY SERVICES - LONG TERM AND UNSCHEDULED		43,400
	WARDS - LONG TERM AND UNSCHEDULED CARE		1,333,100
<b>Non Pay Sub Total</b>		<b>0.00</b>	<b>19,501,900</b>
<b>Total</b>		<b>1,204.98</b>	<b>73,682,900</b>

		2019/20 Exit Position	
Directorate	Division	Budget WTE	2020/21 Budget (£'s)
Planned & Surgical Care Budget Upload 2020/21			
	BOWEL SCREENING		0
	CRITICAL CARE AND THEATRES		0
	MANAGEMENT TEAM - PLANNED AND SURGICAL		-21,000
	MATERNITY SERVICES		-15,300
	MEDICAL STAFFING - SURGICAL		-347,700
	OUTPATIENTS		-14,200
	SURGICAL ADMISSIONS		0
	SURGICAL WARDS		-1,900
	THERAPY SERVICES - PLANNED AND SURGICAL		-12,500
<b>Income Sub total</b>		<b>0.00</b>	<b>-412,600</b>
	BOWEL SCREENING	24.22	955,800
	CRITICAL CARE AND THEATRES	177.13	7,427,700
	MANAGEMENT TEAM - PLANNED AND SURGICAL	81.92	2,925,500
	MATERNITY SERVICES	80.76	3,808,100
	MEDICAL STAFFING - SURGICAL	173.85	21,376,800
	OUTPATIENTS	122.08	4,219,700
	SURGICAL ADMISSIONS	90.36	3,462,200
	SURGICAL WARDS	163.38	5,850,200
	THERAPY SERVICES - PLANNED AND SURGICAL	39.27	1,543,500
<b>Pay Sub Total</b>		<b>952.97</b>	<b>51,569,500</b>
	BOWEL SCREENING		1,549,200
	CRITICAL CARE AND THEATRES		7,074,300
	MANAGEMENT TEAM - PLANNED AND SURGICAL		28,100
	MATERNITY SERVICES		470,200
	MEDICAL STAFFING - SURGICAL		120,200
	OUTPATIENTS		9,489,600
	SURGICAL ADMISSIONS		1,378,100
	SURGICAL WARDS		847,200
	THERAPY SERVICES - PLANNED AND SURGICAL		448,200
<b>Non Pay Sub Total</b>		<b>0.00</b>	<b>21,405,100</b>
<b>Total</b>		<b>952.97</b>	<b>72,562,000</b>



		2019/20 Exit Position	
Directorate Division		Budget WTE	2020/21 Budget (£'s)
Children's & County-Wide Budget Upload 2020/21			
ADULT SLT - COMMUNITY			0
CHILDRENS DARLINGTON			0
CHILDRENS DURHAM			0
CHILDRENS GATESHEAD			0
CHILDRENS IMMUNISATION			0
CHILDRENS MIDDLESBROUGH			0
CHILDRENS NORTH YORKSHIRE			0
CHILDRENS SAFEGUARDING			-36,000
CHILDRENS STOCKTON			0
CHILDRENS SUNDERLAND			0
CHRONIC PAIN AND FATIGUE SERVICES			0
DENTAL SERVICES			-67,000
HAMBLETON & RICHMONDSHIRE SPEC CHILD SERVICES			-48,100
HARROGATE & RURAL SPEC CHILD SERVICES			-59,700
MANAGEMENT TEAM - CHILDRENS AND COUNTY WIDE COMMUNITY			0
MEDICAL STAFFING - CHILDRENS AND COUNTY WIDE COMMUNITY			0
PAEDIATRIC SERVICES			0
PODIATRY SERVICES			-282,200
PSYCHOLOGY SERVICES			0
<b>Income Sub total</b>		<b>0.00</b>	<b>-493,000</b>
ADULT SLT - COMMUNITY		18.70	885,600
CHILDRENS DARLINGTON		44.73	1,792,000
CHILDRENS DURHAM		228.77	9,263,800
CHILDRENS GATESHEAD		77.27	3,387,600
CHILDRENS IMMUNISATION		29.22	1,093,300
CHILDRENS MIDDLESBROUGH		71.68	2,953,900
CHILDRENS NORTH YORKSHIRE		178.47	6,863,600
CHILDRENS SAFEGUARDING		37.10	1,748,800
CHILDRENS STOCKTON		73.22	2,894,600
CHILDRENS SUNDERLAND		120.97	5,203,800
CHRONIC PAIN AND FATIGUE SERVICES		4.58	255,000
DENTAL SERVICES		50.43	2,485,400
HAMBLETON & RICHMONDSHIRE SPEC CHILD SERVICES		29.29	1,115,700
HARROGATE & RURAL SPEC CHILD SERVICES		28.15	1,098,200
MANAGEMENT TEAM - CHILDRENS AND COUNTY WIDE COMMUNITY		12.04	831,400
MEDICAL STAFFING - CHILDRENS AND COUNTY WIDE COMMUNITY		28.05	2,856,800
PAEDIATRIC SERVICES		56.48	2,172,800
PODIATRY SERVICES		70.45	2,788,000
PSYCHOLOGY SERVICES		6.14	393,100
<b>Pay Sub Total</b>		<b>1,165.74</b>	<b>50,083,400</b>
ADULT SLT - COMMUNITY			36,900
CHILDRENS DARLINGTON			162,100
CHILDRENS DURHAM			913,500
CHILDRENS GATESHEAD			226,600
CHILDRENS IMMUNISATION			145,500
CHILDRENS MIDDLESBROUGH			172,700
CHILDRENS NORTH YORKSHIRE			485,300
CHILDRENS SAFEGUARDING			32,900
CHILDRENS STOCKTON			1,092,700
CHILDRENS SUNDERLAND			0
CHRONIC PAIN AND FATIGUE SERVICES			43,300
DENTAL SERVICES			411,900
HAMBLETON & RICHMONDSHIRE SPEC CHILD SERVICES			70,700
HARROGATE & RURAL SPEC CHILD SERVICES			67,300
MANAGEMENT TEAM - CHILDRENS AND COUNTY WIDE COMMUNITY			63,000
MEDICAL STAFFING - CHILDRENS AND COUNTY WIDE COMMUNITY			10,800
PAEDIATRIC SERVICES			276,900
PODIATRY SERVICES			404,500
PSYCHOLOGY SERVICES			1,300
<b>Non Pay Sub Total</b>		<b>0.00</b>	<b>4,617,900</b>
<b>Total</b>		<b>1,165.74</b>	<b>54,208,300</b>

		2019/20 Exit Position	
Directorate	Division	Budget WTE	2020/21 Budget (£'s)
Corporate Budget Upload 2020/21			
CHAIRMAN AND CHIEF EXECS OFFICE			-4,600
FACILITIES - COMMUNITY SERVICES			0
FINANCE			-169,500
HHFM CONTRACT MANAGEMENT			-2,410,000
HOTEL SERVICES			0
HUMAN RESOURCES			-454,100
INFORMATION SERVICES AND INFORMATION TECHNOLOGY			-47,400
MEDICAL DIRECTORATE TEAM			0
NURSING AND MIDWIFERY			0
OPERATIONAL DELIVERY			0
PCT RECHARGES			0
PLANNING			-700
PRIVATE PATIENTS AND OVERSEAS INCOME			-1,928,400
RESEARCH ACCOUNTS			0
RESEARCH ACCOUNTS - PLANNED & SURGICAL			0
Income Sub total		0.00	-5,014,700
CHAIRMAN AND CHIEF EXECS OFFICE		14.60	641,600
FACILITIES - COMMUNITY SERVICES		0.00	0
FINANCE		41.97	1,582,600
HHFM CONTRACT MANAGEMENT		0.00	0
HOTEL SERVICES		0.00	0
HUMAN RESOURCES		60.18	2,539,000
INFORMATION SERVICES AND INFORMATION TECHNOLOGY		158.94	4,999,300
MEDICAL DIRECTORATE TEAM		15.31	823,300
NURSING AND MIDWIFERY		11.26	699,800
OPERATIONAL DELIVERY		12.36	753,200
PCT RECHARGES		0.00	0
PLANNING		14.27	578,500
PRIVATE PATIENTS AND OVERSEAS INCOME		4.60	190,600
RESEARCH ACCOUNTS		2.12	91,200
RESEARCH ACCOUNTS - PLANNED & SURGICAL		0.00	13,500
Pay Sub Total		335.61	12,912,600
CHAIRMAN AND CHIEF EXECS OFFICE			238,500
FACILITIES - COMMUNITY SERVICES			2,132,300
FINANCE			547,800
HHFM CONTRACT MANAGEMENT			15,653,200
HOTEL SERVICES			307,400
HUMAN RESOURCES			711,500
INFORMATION SERVICES AND INFORMATION TECHNOLOGY			3,654,900
MEDICAL DIRECTORATE TEAM			5,969,800
NURSING AND MIDWIFERY			209,800
OPERATIONAL DELIVERY			11,700
PCT RECHARGES			23,000
PLANNING			226,800
PRIVATE PATIENTS AND OVERSEAS INCOME			60,600
RESEARCH ACCOUNTS			-60,600
RESEARCH ACCOUNTS - PLANNED & SURGICAL			0
Non Pay Sub Total		0.00	29,686,700
Total		335.61	37,584,600

<b>Date of Meeting:</b>	25 March 2020	<b>Agenda item:</b>	9.5								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Medical Director Update Report										
<b>Sponsoring Director:</b>	Dr David Scullion, Medical Director										
<b>Author(s):</b>	Dr David Scullion, Medical Director										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>Discussion/ Consultation</td> <td>Assurance</td> <td>Information</td> </tr> <tr> <td></td> <td></td> <td>✓</td> <td>✓</td> </tr> </table>			Decision	Discussion/ Consultation	Assurance	Information			✓	✓
Decision	Discussion/ Consultation	Assurance	Information								
		✓	✓								
<b>Executive Summary:</b>	This report provides and update on key points and activities from the Medical Director.										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	Risks are escalated from ward to Board through the Corporate Risk Register and Board Assurance Framework.										
<b>Legal / regulatory:</b>	NHSE/ CQC Fundamental Standards										
<b>Resource:</b>	Not applicable										
<b>Impact Assessment:</b>	Not applicable										
<b>Conflicts of Interest:</b>	None identified										
<b>Reference documents:</b>	Not applicable										
<b>Assurance:</b>	Senior Management Team Directors Team										
<b>Action Required by the Board of Directors:</b>											
The Board is asked to note the content of this report.											

## Medical Director Report for Board of Directors

25 March 2020

### 1. Covid-19 (corona virus pandemic) update:

Given the fast moving and constantly changing pace of the outbreak and the Trust's planning response to it, a verbal report will be given to Board at the meeting in alongside the parallel report of the Chief Operating Officer in his role as Accountable Emergency Officer.

### 2. Consultant appointments:

The Trust has appointed Dr Christopher Philbey as a Consultant in adult diabetes and general medicine. This is an impressive appointment, not least because of Dr Philbey's obvious enthusiasm for his continued role as an acute Physician.

An equally impressive appointment is that of Mr Joshua Pilling, appointed as Consultant in Ophthalmology with a specialist interest in glaucoma. The service is a cross site one, though Mr Pilling will be based almost solely on the Harrogate site.

### 3. Public consultation on vascular services reconfiguration across West Yorkshire.

This is a flagship clinical transformation project arising in the former WYandH STP overseen by the WYAAT group.

NHS England has taken all the information presented in the consultation analysis report into account.

Analysis shows that support for the proposal of having specialised vascular services delivered at two centres across West Yorkshire varies significantly depending on where respondents live. This is likely to be because of the perceived impact for the respondent i.e. the majority of respondents from the Huddersfield population oppose the proposal, whereas the majority of respondents from the Bradford population support the proposal. Feedback specific to vascular patients shows 57% of respondents support the proposal for two centres.

The main driver for this proposed change is to commission services to meet the standards set out in the vascular service specification and address significant workforce pressures. This is to ensure that high quality care and good outcomes are delivered for patients and that this is sustainable into the future.

Under the current arrangements between Bradford and Huddersfield the out-of-hours service is shared, with each hospital providing out-of-hours care for periods of 14 days in turn. This is not supported as an acceptable or long-term solution by NHS England or Yorkshire and Humber Clinical Senate and adds unnecessary complexity to the pathway for emergency transport.

In view of this, as part of the consultation process, NHS England set out clear criteria against which it considered options for the future delivery of specialised vascular services, which included an assessment of whether the proposed option would:

- Stabilise workforce pressures;
- Meet NHS standards for vascular services;
- Cover an appropriate population size;
- Provide a clear pathway for Yorkshire Ambulance Service;
- Support continued co-location with current major regional trauma services;
- Maintain access to existing dedicated renal inpatient services;
- Impact on travel by car and public transport;
- Be deliverable in terms of ease of implementation.

Following the consultation feedback, NHS England has applied an assessment of the same criteria to the alternative options put forward by respondents and ruled out any of those suggested as being viable or suitable for taking forward

Further comments and concerns raised by respondents as part of the consultation feedback have also been reviewed by NHS England. This work has identified a series of actions that NHS England will now take forward including:

- A requirement for West Yorkshire Association of Acute Trusts (WYAAT) to develop a regionally robust solution around Non-Vascular Interventional Radiology to ensure cover for this service is provided safely and effectively.
- A commitment to write to the CEO of Bradford Teaching Hospitals NHS Foundation Trust to share details of the parking concerns raised by respondents, as well as writing to transport authorities to notify them of any planned service change.
- A commitment to continued engagement with vascular patients and wider stakeholders throughout any transition phase, with further assurances provided on quality and performance metrics as well as patient experience of services.

The wider consideration of the feedback provided shows that many of the comments received focus on issues previously identified or anticipated by NHS England and WYAAT, with plans aimed at mitigating the disadvantages either being in place or identified for development as part of any transition phase.

Proposals ensure that only patients requiring specialised vascular surgery that requires an overnight stay would be transferred to the specialised service at Bradford Royal Infirmary. This would potentially affect up to 800 patients per year who would have previously been treated at Huddersfield Royal Infirmary.

Patients will continue to access vascular day-case surgery, diagnostics, outpatient appointments and rehabilitation services in local hospitals throughout West Yorkshire. This minimises travel for patients and their relatives and friends.

The recommendation that will be made to NHS England is the preferred option that has been consulted upon: Two specialised vascular centres instead of three, one at Leeds General Infirmary due to its status as a major trauma centre and the other at Bradford Royal Infirmary due to its co-location with renal care. Calderdale and Huddersfield Foundation Trust will continue to provide vascular day-case surgery, diagnostics, outpatient appointments and rehabilitation services.

The Joint Health Overview & Scrutiny Committee Members are asked to note the content of the feedback report and the recommendations for decision by NHS England. Members are

also asked if there are any further recommendations for NHS England to consider in light of this report, ahead of a final decision being reached by NHS England regarding vascular services in West Yorkshire.

#### **4. GIRFT update:**

The Trust has recently received the coding data pack for the Trust. Data from December 2018 to April 2019 was harvested following an on line survey of all NHS Trusts. The data pack provides Trust level metrics which can be benchmarked against others. It is not intended for publication but to be used as to support peer to peer discussion around best practice.

GIRFT has released a follow up report in Orthopaedics, the flagship GIRFT quality improvement project. Highlights are:

- 26,880 metrics shared with Trusts
- 3064 actions agreed
- £696m operational and financial opportunities released to date
- Increased use of ring fenced beds
- “Hot and cold site” transformation
- Significant reduction in procedures of limited value
- Training opportunities to futureproof the workforce
- Greater transparency in pricing schedules and clinical outcome data
- Falls in average length of stay.

#### **5. Infected Blood Inquiry:**

This is a public inquiry launched to investigate why infected blood products were administered to NHS patients prior to 1992. The inquiry aims to establish what support was provided to patients following infection and the impact caused to the families of those infected.

The Trust has recently been made aware of a witness statement that criticises the Trust. The witness alleges he was infected with Hepatitis C virus following a blood transfusion in 1981. The statement of the witness and the Trust’s response to it constitute documents that are published on the IBI website.

The Trust was aware of this case and had previously responded in the form of a complaint response. Unfortunately the patient was previously given inaccurate information for which the Trust has apologised. This inconsistency has, not surprisingly fuelled a sense of disbelief on the part of the patient to the Trust’s response.

I have investigated this matter again and sent a statement to the IBI on behalf of the Trust. The investigation concludes that the patient did not receive any blood products as alleged, and that the infection was acquired by other means.

#### **6. Retirements:**

The Rev David Payne, lead for Chaplaincy Services has announced his intention to retire from 1<sup>st</sup> September 2020. Plans are afoot to appoint a replacement, though the intended timings may be diverted a little by the current Corona virus outbreak.

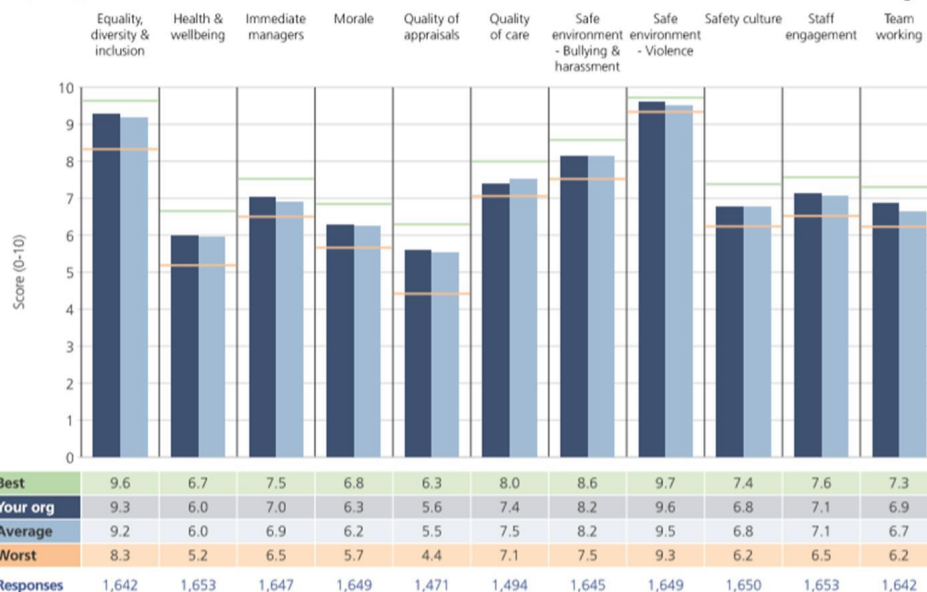
<b>Date of Meeting:</b>	25 March 2020	<b>Agenda item:</b>	9.7								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Workforce and Organisational Development Report										
<b>Sponsoring Director:</b>	Mrs Angela Wilkinson, Director of Workforce and Organisational Development										
<b>Author(s):</b>	Mrs Angela Wilkinson, Director of Workforce and Organisational Development										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table>			Decision		Discussion/ Consultation	✓	Assurance	✓	Information	✓
Decision		Discussion/ Consultation	✓	Assurance	✓	Information	✓				
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>National Staff Survey Results and draft Action Plan</li> <li>Working Carers Passport update</li> <li>Covid19 Workforce Frequently Asked Questions</li> <li>Legislative up-dates               <ul style="list-style-type: none"> <li>- Parental Bereavement Leave</li> <li>- Written Statements</li> </ul> </li> <li>Medical Director Recruitment update</li> </ul>										
<b>Related Trust Objectives</b>											
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To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	Any identified risks are included in the Directorate and Corporate Risk Registers and the Board Assurance Framework.										
<b>Legal / regulatory:</b>	Health Education England and the Local Education and Training Board have access to the Trust's workforce data via the Electronic Staff Records system. Providing access to this data for these organisations is a mandatory requirement for the Trust.										
<b>Resource:</b>	None identified										
<b>Impact Assessment:</b>	Not applicable										
<b>Conflicts of Interest:</b>	None identified										
<b>Reference documents:</b>	None appropriate										
<b>Assurance:</b>	Not applicable										
<b>Action Required by the Board of Directors:</b>											
The Board of Directors is requested to note the content of the report and comment as required.											

<b>1. 2019 National Staff Survey Results and Draft Action Plan</b>	<p><b>1.1 HDFT 2019 National Staff Survey Results</b></p> <p>The 2019 National Staff Survey results were released from embargo on 18 February 2020. The overview of our feedback is shown below:</p> <p><b>HDFT Survey – Organisation Details</b></p> <div> <div> <p><b>Organisation details</b></p> <p>Completed questionnaires <b>1,654</b></p> <p>2019 response rate <b>41%</b></p> <p><b>Survey details</b></p> <p>Survey mode <b>Mixed</b></p> <p>Sample type <b>Census</b></p> </div> <div> <p><b>This organisation is benchmarked against:</b></p> <p>Combined Acute and Community Trusts</p> <p><b>2019 benchmarking group details</b></p> <p>Organisations in group: <b>48</b></p> <p>Median response rate: <b>46%</b></p> <p>No. of completed questionnaires: <b>127,403</b></p> </div> </div> <p><b>Results by Theme</b></p> <p>Our results are grouped into 11 themes and have been benchmarked nationally against other Combined Acute and Community Trusts for fair comparisons between organisations</p>
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**Survey  
Coordination  
Centre**

**2019 NHS Staff Survey Results > Theme results > Overview**



**2018 to 2019 Comparison of Theme Scores**

Theme	2018	2019	Move ment
Equality Diversity & Inclusion	9.4	9.3	↓
Health & Wellbeing	6.0	6.0	↔
Immediate Managers	7.0	7.0	↔
Morale	6.3	6.3	↔
Quality of Appraisals	5.7	5.6	↓
Quality of Care	7.4	7.4	↔
Safe Environment (Bullying & Harassment)	8.3	8.2	↓
Safe Environment (Violence)	9.6	9.6	↔
Safety Culture	6.9	6.8	↓
Staff Engagement	7.2	7.1	↓
Team working	6.9	6.9	↔

If you would like to read the full survey results, please follow the link below:  
<https://www.nhsstaffsurveys.com/Page/1056/https://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2019/>

### **1.2 First Line Leaders 2019 Staff Survey 2019 Draft Action Planning Event Outcome**

A HDFT staff survey engagement event was held on 3<sup>rd</sup> March 2020 at the Pavilions, Harrogate. The rationale for the event was to invite people who have attended the First Line Leaders Programme, staff governors and trade union partners to look at the results of the 2019 Staff Survey and for the workforce to be involved in the ideas generation and agreement of action planning as a result of the survey.

Forty people attended this engagement event. This included staff who had completed the Thrive First Line Leaders Programme, Governors and Trade Union/LNC members. Forty delegates attended on the day.

Delegates were asked to consider the following areas of staff survey reporting;

- Your Job
- Your Managers
- Your Health, Wellbeing and Safety at Work
- Your Personal Development
- Your Organisation
- Your Leadership and Career Development
- The Culture

Delegates were asked to work in a World Café style and to analyse the Capita Staff Survey results. They were also encouraged to think of their own personal thoughts around the above areas and how they would implement change and improvement.

From each area the delegates fed back and offered their top 2 areas that they wanted to see action taken. The key points highlighted are shown below, and will be used to further develop an Action Plan to address the feedback from the 2019 Staff Survey:

<b>Key Finding</b>
<b>My Managers</b>
Ward Managers to have protected time to carry out the role of manager.
Team Talk
Staff want to know who the senior managers are.
<b>My job</b>
Job descriptions are out of date.
Competency Frameworks
Managers to ask how people are.
<b>My Organisation</b>
"Who matters the most"? There is not a sense of "belonging". We want staff to know that they matter.
This is a large organisation. We feel like square apples on an apple tree. We want to feel valued and nurtured.
<b>My Health, Well-being and Safety and work</b>
IT Equipment
Training
Increase support for staff – health and wellbeing
Complaints process – review how staff are treated through this, specifically apologising to patients, when staff have not been at fault feels uncomfortable

	<b>Leadership &amp; Career Development</b>	
	Appraisal/RPIW	
	Social Media Training	
	<b>My Personal Development</b>	
	Appraisal – current appraisal processes require review	
	Pathway to Management Course – could this be run on a modular basis	
	<b>HDFT Culture comments</b>	
	<p>Clinically based line managers do not have the time to carry out the role of manager.</p> <p>Staff asking for a Safe Space to talk (Appraisal).</p> <p>Staff would like to feel welcomed and valued at work - Staff would like to be treated as a person and be asked “Are you ok”?</p> <p>Trust Values “We do not feel connected to these” – Staff reported that they do not feel that they matter the most. Staff feel remote, not valued in their roles and not inclusive.</p> <p>Staff refer to Trust HQ and stated that there is separation and a hierarchy in the organisation.</p>	
	<p><b>Next Steps</b></p> <p>The same type of event will be held with PARTnerhsip Forum and staff network colleague in addition to Directorate reports being shared to all local management teams to identify their key priorities and areas for action.</p>	
<b>2. Working Carers Passport</b>	<p><b>2.1 Working Carers Passport - Unpaid Carers Programme, West Yorkshire &amp; Harrogate Health &amp; Care Partnership</b></p> <ul style="list-style-type: none"> <li>• Every day 6,000 people in the UK become carers (there are 3 million carers in the UK).</li> <li>• 3 in 5 of us will become carers at some stage in our lives.</li> <li>• Around 1 in 9 people in any workplace are caring for older, ill or disabled loved ones (majority aged 50-64 – 1 in 5 in this age group, 1 in 4 women, 1 in 6 men (census 2011)).</li> </ul> <p>In the light of this data, WY&amp;H Health and Care Partnership has teamed up with Carers UK to give carers in WY&amp;H free access to a wide range of online tools and essential resources. This information would also be useful to support leader who manage carers. Access to Employers for Carers/Carers UK is free as the Partnership had paid for membership.</p> <p>All Chief Executives in WY&amp;H are currently considering signing up to a minimum of Carer Confident Level 1 – Active in addressing carer support (Employers for Carers). Carer Confident has three levels designed to support organisations throughout the journey towards building a positive and inclusive workplace for all staff who are, or who will become, carers.</p> <p><b>2.2 Implementation of the Working Carers Passport</b></p> <p>A passport is a tool which can help create a supporting working culture where</p>	

	<p>staff feel they have 'permission' to talk about their circumstances in a safe environment. A conversation about the flexibility needed to combine work and care; balancing the needs of the individual with the needs of the business within existing company policies. HDFT are currently implementing the working carers passport, which will be in place by 30 April 2020. This work is being led by Angie Colvin, Lead for Equality, Diversity and Inclusion.</p> <p>The minimum requirements to comply with Carer Confident Level 1 requirements are:</p> <ul style="list-style-type: none"> <li>▪ Policy review</li> <li>▪ Development of a working carers' passport (digital or paper).</li> <li>▪ Ability to identify, flag employees and report on employees who also have caring responsibilities.</li> <li>▪ Engagement – communications, screensavers, posters etc.</li> <li>▪ Management training/guidance – working with carers.</li> <li>▪ Carer friendly sentence in recruitment paperwork.</li> </ul>
<b>3. COVID19 Information for Workforce</b>	<p><b>3.1 Covid19 – Information for Workforce</b></p> <p>A Frequently Asked Questions document has been developed to provide line managers and colleagues with responses to frequently asked questions relating to Covid19. The latest version of the document is shown below. This is to be updated on a daily basis. Regionally the Human Resources Directors and Deputy Human Resources Directors are in regular contact, to ensure that regionally Trusts are taking similar measures in preparedness for the Covid19 progression.</p> <p>National Guidance is to be provided by NHSE on how to handle the workforce issues arising from a pandemic – some elements of this will be prescriptive and others left to individual Trust discretion. These guidelines are due to be published on Friday 19 March at the latest.</p> <p><b>3.2 Covid19 - Frequently Asked Questions</b></p> <p>Our primary focus is looking after the health and wellbeing of our staff, it is therefore vital that staff follow the national guidance regarding Coronavirus so all staff are directed to this and line managers and HR staff are encouraged to do this too rather than attempt to interpret advice. There are some practical issues related to notification and recording of absence so we have included manager guidance and staff information in the FAQ.</p> <p>Some key elements for noting are:</p> <p><b>Self-isolation</b></p> <p>The staff member needs to contact their line manager as soon as possible, who will notify a generic HR inbox for recording purposes. HR will then issue a letter</p>

	<p>with further details. Absence will be treated as a medical suspension, and staff will be suspended for up to 14 days. Staff must maintain contact with their line manager for welfare purposes to ensure that you are best supported.</p> <p><b>What happens if symptoms develop whilst self-isolating?</b> The staff member must follow the advice on 111 and then update their line manager of their sickness. Absence will now be treated as sickness, and a fit note to be provided as normal.</p> <p><b>Working from home</b> There is currently no requirement for staff not to attend work and make alternative arrangements to work from home as is reported widely in other sectors across the media. Requests should therefore be handled in the normal way in accordance with our policy until further notice.</p> <p><b>Carer's responsibilities</b> Requests for Carer's leave to look after children or other dependants will be considered in line with the Trust's Special leave policy as normal.</p> <p><b>Workforce shortages and redeploying or redistributing staff</b> Business continuity plans should be used to form the basis of assessing staffing levels and contingency plans in the event of loss of numbers of key skill. . If cases rise suddenly will cause additional pressures and the Trust may ask people to work in different ways and may ask staff to move from one area to another area for a finite period and with appropriate support and oversight.</p> <p>A skills audit template has been developed by Senior Clinical staff which will be used if we need to ask staff to complete temporary alternative duties.</p> <p>There is no change for Doctor's in training at this time.</p> <p><b>Annual leave</b> At this time there are no changes to annual leave request or plans to cancel leave requests that have already been authorised.</p>
<b>4. Legislative up-date</b>	<p><b>4.1 Legislative Up-date</b></p> <p>There are two new items of legislation to raise awareness of which take effect on 6 April 2020:</p> <p><b>4.2 Parental Bereavement Leave and Pay</b></p> <p>Under new legislation, parents who have tragically suffered the loss of a child will be entitled to two weeks' statutory parental bereavement leave and, if they have 26 week's service, statutory bereavement leave pay at the rate of £148.68 per week. The new statutory right is available to the parents of a child under the age of 18 who dies on or after the 6 April 2020 and parents who experience a stillbirth at 24 weeks.</p> <p>The NHS Staff Council has set out the minimum standards of leave and pay in these circumstances, which goes beyond the statutory provisions to include</p>

	<p>extending the entitlement of paid leave to all staff as a day one right and the level of pay. Pay will be calculated on the basis of what the individual would have received had he/she been at work. There is no requirement for the child to be under 18 years of age.</p> <p>The Trust currently offers compassionate leave of up to 3 days paid leave within the Trust's Special Leave Policy, this will now be reviewed and updated to take account the introduction of new standards set by the NHS staff council.</p> <p><b>4.3 Written Statement of Particulars</b></p> <p>In its Good Work Plan, published in December 2018, the government announced several changes in respect of the written statement of particulars (i.e. contract of employment) which will come into force on 6 April 2020. The information that employers must give to new starters is changing along with timescales for issue. The current legal position dictates that the written statement of particulars need only be given to employees and must be provided no later than two months from the employee starting employment. Under the new arrangements the written statement is required on day one or before the individual commences work and should be issued to all employees and workers. In addition there are a number of new requirements for inclusion in the written statement which are now required as a legal minimum.</p> <p>In readiness a full review of the Trusts current contract has been undertaken. 2 areas were identified which required updating which include requirements for training and arrangements for special leave. These changes have been made and will be in place before 6<sup>th</sup> April. For Medical and Dental staff, national template contracts are used so guidance from NHS Employers is awaited in relation this, however an initial review indicates that no changes are required. As part of current processes the Trust issues all contracts prior to an individual starting work and contracts are issued to employees and workers and therefore no change is required.</p>
<b>5. Medical Director Recruitment up-date</b>	<p><b>5.1 Medical Director Recruitment up-date</b></p> <p>The recruitment campaign is underway using a combination of Executive Search (via Gatenby Sanderson) and advertising on NHS Jobs. The post is attracting a lot of attention and candidates are actively speaking to colleagues and making contact as part of their due diligence which is encouraging. The closing date is 22<sup>nd</sup> March and the selection and interview activities are currently scheduled for 15/16<sup>th</sup> April. A wide range of HDFT and external colleagues are invited to join these activities to maximise engagement in the process of recruitment to this key role.</p>
<b>6. Pension Tax Issues - Raising the annual allowance taper</b>	<p><b>6.1 Pension Tax Issues - Raising the annual allowance taper</b></p> <p>In his budget announcement on 11 March, the chancellor announced a policy change with effect from 6 April 2020 designed to solve the pension tax issues affecting senior NHS (clinical and nonclinical) staff.</p> <p>This issue has been a source of frustration for trusts and senior NHS staff over</p>



	<p>the last 18 months. Concerns about tax liabilities incurred as a result of pension growth exceeding the annual allowance have manifested in a range of ways across the NHS with senior clinicians across the NHS and at HDFT taking the following actions;</p> <ul style="list-style-type: none"> <li>• taking decisions to reduce their working hours</li> <li>• opting out of the NHS pension scheme</li> <li>• taking early retirement</li> <li>• Trusts have reported larger gaps in rotas</li> <li>• higher spending on agency staff and locums</li> <li>• growing waiting lists as a result of a reduction in the amount of extra work senior staff have been willing to take on.</li> </ul> <p>Some senior consultants have been effectively 'paying to go to work' as the cliff-edge effect in the annual allowance tax and tapering system has led to tax increases outweighing the additional income they earned. Annual allowance tax issues have not just affected senior doctors however, with senior leaders and some Agenda for Change staff also receiving large, and often unexpected, tax bills.</p> <p><b>The Key pensions tax policy changes are as follows;</b></p> <ul style="list-style-type: none"> <li>• The income "threshold" allowance has been increased from £110,000 to £200,00</li> <li>• The adjusted income allowance has been increased from £150,000 to £240,000 (an individual must exceed both of these thresholds to be affected by annual allowance tapering)</li> <li>• The minimum annual allowance has been reduced from £10,000 to £4,000</li> <li>• Pension contribution flexibilities consulted on by DHSC will no longer be taken forward</li> </ul> <p>The government's decision to raise both the threshold allowance and adjusted income allowance by £90,000 is a welcome and significant step towards solving the pensions issues set out above. This will remove the relevance of annual allowance tapering for many.</p> <p><b>The lifetime allowance -</b> The lifetime allowance of 'tax free' pensions savings is indexed to the consumer price index (CPI) and will therefore rise to £1,073,000 from 1 April 2020.</p>
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## Harrogate and District NHS Foundation Trust

<b>Date of Meeting:</b>	23 March 2020	<b>Agenda item:</b>	10.1								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Financial Governance Arrangements (in response to COVID-19)										
<b>Sponsoring Director:</b>	Jonathan Coulter, Deputy Chief Executive/Director of Finance										
<b>Author(s):</b>	Jonathan Coulter, Deputy Chief Executive/Director of Finance Lynn Hughes, Interim Company Secretary										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>√</td> <td>Discussion/ Consultation</td> <td></td> <td>Assurance</td> <td>√</td> <td>Information</td> <td></td> </tr> </table>			Decision	√	Discussion/ Consultation		Assurance	√	Information	
Decision	√	Discussion/ Consultation		Assurance	√	Information					
<b>Executive Summary:</b>	<p>The Chancellor has committed extra resources to the NHS to cope with Coronavirus and whilst noting this and recognising the significant operational and clinical challenges that we are facing currently, maintaining financial control and stewardship of financial resources will remain crucial during this time.</p> <p>Under the Trust's licence and constitutional requirements the Board and Chief Executive have legal responsibilities that need to be complied with and the current crisis does not mean a relaxation of the responsibilities for financial management.</p> <p>As part of the CoViD-19 response have reviewed our financial governance processes to ensure that decisions to commit resources remain robust and also that such necessary decisions can be approved quickly. Financial process cannot be a barrier to any necessary expenditure as part of our response to CoViD-19.</p> <p>As part of financial governance, we are also reviewing resilience in key areas of finance, namely payroll, supplies and payments, as well as our counter-fraud arrangements.</p>										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>√</td> <td>To work with partners to deliver integrated care:</td> <td>√</td> <td>To ensure clinical and financial sustainability:</td> <td>√</td> </tr> </table>				To deliver high quality care	√	To work with partners to deliver integrated care:	√	To ensure clinical and financial sustainability:	√		
To deliver high quality care	√	To work with partners to deliver integrated care:	√	To ensure clinical and financial sustainability:	√						



<b>Key implications</b>	
<b>Risk Assessment:</b>	-
<b>Legal / regulatory:</b>	Trust's Licence Conditions Constitution NHS Act 2006 and as amended by the 2012 Health and Social Care Act
<b>Resource:</b>	-
<b>Impact Assessment:</b>	Not applicable
<b>Conflicts of Interest:</b>	None
<b>Reference documents:</b>	-
<b>Assurance:</b>	The process outlined is to give the Board assurance on its financial governance processes during COVID-19
<b>Action Required by the Board of Directors:</b>	
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>i) Approve the revised financial authorisation process in order that the Trust can cope with Coronavirus.</li> <li>ii) Discuss and approve the revised delegated limits and proposed arrangements to revise the scheme of delegation.</li> <li>iii) Approve the proposed arrangements for Resource Committee oversight and scrutiny of approved expenditure.</li> <li>iv) Note that the use of any Emergency Powers will be reported to the Board following signoff for ratification.</li> </ul>	

**Board of Directors Meeting  
25 March 2020  
Financial Governance Arrangements**

**Introduction**

1. The Chancellor has committed that “whatever extra resources our NHS needs to cope with Coronavirus – it will get”
2. Whilst noting this and recognising the significant operational and clinical challenges that we are facing currently, maintaining financial control and stewardship of financial resources will remain crucial during this time.
3. Under the Trust’s licence and constitutional requirements the Board and Chief Executive have legal responsibilities that need to be complied with and the current crisis does not mean a relaxation of the responsibilities for financial management.
4. As part of the CoViD-19 response we are reviewing our financial governance processes to ensure that decisions to commit resources remain robust and also that such necessary decisions can be approved quickly. Financial process cannot be a barrier to any necessary expenditure as part of our response to CoViD-19
5. As part of financial governance, we are also reviewing resilience in key areas of finance, namely payroll, supplies and payments, as well as our counter-fraud arrangements.

**Process**

6. Using our existing approval limits for expenditure, we have designed a two page template that:
  - Gives an brief statement of the proposal
  - States the reason for the request
  - Confirms that it is CoVid related
  - Explains the financial impact
  - Confirms authorisation
7. In terms of authorisation, these will be quickly reviewed by the Deputy Director of Finance and the Deputy Director of Planning at a fixed time each day.
8. Any proposed commitments will be reviewed each day and authorised as appropriate.
9. In a change from our current process the Chief Operating Officer will be excluded from the approval process, as this will be the route for requests to be made to commit resource. We will therefore maintain a separation of duties and provide sufficient oversight.

### **Delegated Limits and Role of Resources Committee**

10. As part of reviewing our financial governance and approvals process, we have reviewed the scheme of delegation, in particular in relation to approval of investments.
11. The proposal is that limits are set for executive approval and Board of Directors' approval, but also that we insert a step where the Resources Committee have a role of approving investments.
12. The proposal for discussion is:
  - Up to £500,000 – Executive / SMT approval
  - From £500,000 to £1m – Resources Committee
  - Over £1m – Board of Directors
13. These limits (in 12 above) are more closely aligned to other organisations.
14. The proposed limits will not preclude the Board or Resources Committee receiving and discussing proposals that are below these limits but the limits set out the financial governance and authorisation process.
15. If the proposal is agreed, the pragmatic solution in these extreme circumstances is to update the scheme of delegation to incorporate the above limits (as outlined in 12 above) and circulate to the Board of Directors outside of the Board meeting. This will enable changes to be made with immediate effect.

### **Arrangements for the Exercise of Functions by Delegation**

16. In accordance with the Trust's Licence/Constitution, the Trust has provisions within its Standing Orders to use Emergency Powers:

#### **Emergency Powers**

17. *The powers which the Board of Directors has retained to itself within these Standing Orders (SO 2.2) may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board of Directors for ratification.*

#### **Approved Expenditure**

18. It is proposed that the approved expenditure will be captured and recorded which will allow us to claim back the costs from the DHSC.
19. The approved expenditure will then be reported to Resources Committee:
  - the Resource Committee will have a role in oversight of the financial spend in this extreme situation; and
  - the arrangements proposed allow urgent approvals by the use of individual delegated limits or the use of Emergency Powers for sign-off of any urgent spend required outside of Board meetings.
  - All spend will be reported to Resource Committee.

20. The use of any Emergency Powers following signoff will also be reported to the Board at its next routine meeting for ratification.

**Recommendation**

21. The Board is asked to:

- i) Approve the revised financial authorisation process in order that the Trust can to cope with Coronavirus.
- ii) Discuss and approve the revised delegated limits and proposed arrangements to revise the scheme of delegation.
- iii) Approve the proposed arrangements for Resource Committee oversight and scrutiny of approved expenditure.
- iv) Note that the use of any Emergency Powers will be reported to the Board following signoff for ratification.

<b>Date of Meeting:</b>	25 March 2020	<b>Agenda item:</b>	10.2								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Guidance on Matters Reserved for the Formal Board Workshop										
<b>Sponsoring Board Member:</b>	Mr S Russell, Chief Executive										
<b>Author(s):</b>	Ms L Hughes, Interim Company Secretary										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>√</td> <td>Discussion/ Consultation</td> <td></td> <td>Assurance</td> <td>√</td> <td>Information</td> <td></td> </tr> </table>			Decision	√	Discussion/ Consultation		Assurance	√	Information	
Decision	√	Discussion/ Consultation		Assurance	√	Information					
<b>Executive Summary:</b>	<p>Harrogate and District NHS Foundation Trust (HDFT) is governed by the rules and regulations defined within its Licence, Constitution and its Standing Orders (SO), Standing Financial Instructions (SFIs) and Scheme of Delegation. As an NHS statutory body, funded by public money, there is a duty placed on the Board of Directors, where possible to consider business within its public Board meetings.</p> <p><i>The Board will hold private workshops and meetings in private during the course of the year and in keeping with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) it will exclude members of the press and public, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.</i></p> <p>Guidance on matters reserved to formal Board Workshops (Private) meetings has been developed and agreed across West Yorkshire Acute Association of Trusts (WYAAT) for Boards to consider when deciding if items shall be discussed in public or a workshop/private meeting.</p>										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>√</td> <td>To work with partners to deliver integrated care:</td> <td>√</td> <td>To ensure clinical and financial sustainability:</td> <td>√</td> </tr> </table>				To deliver high quality care	√	To work with partners to deliver integrated care:	√	To ensure clinical and financial sustainability:	√		
To deliver high quality care	√	To work with partners to deliver integrated care:	√	To ensure clinical and financial sustainability:	√						
<b>Key implications</b>											
<b>Risk Assessment:</b>	Not applicable										
<b>Legal/regulatory:</b>	<ul style="list-style-type: none"> <li>Freedom of Information Act (FOI) 2000</li> <li>Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012)</li> <li>Trust's Licence with NHSI/E</li> </ul>										
<b>Resource:</b>	Not applicable										



<b>Impact Assessment:</b>	Not applicable
<b>Conflicts of Interest:</b>	Not applicable
<b>Reference documents:</b>	Not applicable
<b>Assurance:</b>	Working principles set out in this paper have been agreed across the West Yorkshire Acute Association of Trusts (WYAAT).
<b>Action Required by the Board of Directors:</b>	
The Board of Directors is asked to approve the guidance on matters reserved to formal Board Workshops (Private) meetings.	

## **Guidance on Matters Reserved for the Formal Board Workshop**

### **Public Board**

#### **1. Summary**

- 1.1 Harrogate and District NHS Foundation Trust (HDFT) is governed by the rules and regulations defined within its Licence, Constitution and its Standing Orders (SO), Standing Financial Instructions (SFIs) and Scheme of Delegation. As an NHS statutory body, funded by public money, there is a duty placed on the Board of Directors, where possible to consider business within its public Board meetings.

*The Board will hold private workshops and meetings in private during the course of the year and in keeping with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) it will exclude members of the press and public, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.*

#### **2. Guidance on Matters Reserved to a Formal Board Workshop (Private Meeting)**

- 2.1 As a matter of principle, the Board intends for all matters to be discussed in public unless there is a special reason as outlined below:
- Discussion of any matter which contains confidential, personally identifiable information relating to a member of staff or a service user or carer.
  - Discussion of any matter which contains commercially sensitive information relating to the Trust of a third party.

#### **3. Determination**

- 3.1 Within the NHS Providers' guidance *The Foundations of Good Governance: A Compendium of Best Practice 2011* and NHS Leadership Academy's *The Healthy NHS Board 2013 – Principles for Good Governance*, it recommends that when determining which matters should be reserved for Workshop (Private) consideration, the Trust should consider whether the information to be discussed would be exempt from disclosure under the Freedom of Information Act (FOI) 2000.
- 3.2 The final decision on whether items shall be discussed in public or Workshop/private meetings shall be made by the Chair, having taken advice from the Chief Executive, the Company Secretary and the Data Protection Officer/Freedom of Information Lead, and in accordance with the principles set out in this paper and agreed working practices across the West Yorkshire Acute Association of Trusts (WYAAT). The below table outlines the exemptions most likely to apply to information considered by the Board, as a point of reference.

FOI section	Reason for exemption
Section 14 14(1) Vexatious Requests	The Act does not oblige the Trust to comply with a request for information if the request is vexatious.  Section 14(1) may be used in a variety of circumstances where a request, or its impact on a public authority, cannot be justified.
Section 22* Information intended for future publication	Drafts of documents not in final form that have firm plans for future publication that can be advised to the requestor e.g. <ul style="list-style-type: none"> <li>- The Annual Report and accounts which can only be made public once has been laid before parliament</li> <li>- Draft consultation documents</li> </ul>
Section 24 Safeguarding National Security	The information is exempt if it is required for the purposes of safeguarding national security e.g. Cyber
Section 31 31(1)(a), (b), (c) and (f) 31(1)(g)*, 31(2)(b) * or (j) Law enforcement	<ul style="list-style-type: none"> <li>- Disciplinary or legal investigations of members of staff or the Trust.</li> <li>- Processes for identifying any improper conduct.</li> <li>- Serious incident reports.</li> </ul>

FOI Section	Reasons for exemption
Section 32 Information contained in court records	Information that we hold that was created explicitly for or was used in any court proceedings.
Section 36 36(2)(b)(i)*, (b)(ii)* and (c)(*) Free and frank discussion and the effective conduct of public affairs	Exemption may only be considered if the Trust's qualified person (Chief Executive) has provided a written opinion that disclosing the information would prejudice the Trust's affairs. Information discussed could include: <ul style="list-style-type: none"> <li>- Matters in the initial stages of enquiry.</li> <li>- Early stages of strategic thinking.</li> <li>- Sensitive 'live' issues.</li> <li>- Draft minutes of meetings.</li> <li>- Recommendations from external organisations.</li> <li>- Professional advice obtained.</li> <li>- Options papers.</li> <li>- Discussions about future public consultations</li> <li>-</li> </ul>
Section 38 Health & Safety	Matters in relation to the health and safety of staff members, service users, carers or other members of the public.
Section 40 40(2) Personal data	Information containing the personal data of including staff members, service users, carers or other members of the public where the disclosure would not be fair to that person. This exemption only applies to the living, and consent to the disclosure being considered will not have been given and that the other legal bases for disclosure, as set out in the Data Protection Act, will need to be considered.
Section 41 Information provided in confidence	Information provided in confidence from another person or organisation, if releasing that information would lead to a claim for breach of confidence.



Section 42* Legal professional privilege	Legal advice including communications with law firms.
Section 43* 43(2)* Commercial interests	Disclosure of the information would be likely to damage the Trust's commercial interests or those of a third party. The Trust must be able to demonstrate exactly how the requested information would prejudice the Trust's or another party's interests.
Section 44 Prohibitions on disclosure	Information which is prohibited to be disclosed by law, stating which law prohibits the release of the information and why.

#### **4. Communication and Involvement**

- 4.1 Authors of Board papers will be provided with the guidance set out above on matters reserved for consideration in the Board Workshop/Meetings (private agenda) as guidance for them to consider when drafting papers.

#### **5. Equality Analysis**

- 5.1 This guidance will also be made readily available to all staff.

#### **6. Publication Under Freedom of Information Act**

- 6.1 This paper has been made available under the Freedom of Information Act 2000.

#### **7. Recommendation**

- 7.1 The Board is asked to:

Approve the guidance on matters reserved to formal Board Workshops (Private) meetings.

Date of Meeting:	25 March 2020	Agenda item:	10.3													
Report to:	Board of Directors															
Title:	Gender Pay Gap Report															
Sponsoring Director:	Angela Wilkinson Director of Workforce and Organisational Development															
Author(s):	Shirley Silvester, Head of Learning and Organisational Development Angie Colvin, Equality, Diversity and Inclusion Lead															
Report Purpose:	<table><tr><td>Decision</td><td>✓</td><td>Discussion/ Consultation</td><td>✓</td><td>Assurance</td><td>✓</td><td>Information</td><td>✓</td></tr></table>								Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓
Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓									
Executive Summary:	<p>Government departments are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which came into force on the 31 March 2017. These regulations underpin the Public Sector Equality Duty and require the Trust to publish its Gender Pay Gap data by 30 March 2020.</p> <p>The mean and median gender pay gap data in hourly pay and bonus pay have both improved since the submission in 2018.</p> <p>It is recognised that the actions taken in the last 12 months have had a positive effect. The Gender Pay Gap Report will be shared with our staff networks, Workforce and Organisational Development Steering Group and Trust Board, to make informed decisions on the actions that are required to further improve the gender pay gap.</p>															
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:	<p>The actions listed are recommended to enhance the Trusts positive commitment on tackling the Gender Pay Gap.</p> <p>To not take action may see an increase in the pay gap outside of organic changes.</p> <p>The reputational and employment implications of not tackling the gap may be negative for the Trust.</p>															
Legal / regulatory:	Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 Public Sector Equality Duty															
Resource:	None identified															
Impact Assessment:	Relevant as detailed in the report. Positive impact anticipated with further evaluation required as part of the action plan.															

<b>Conflicts of Interest:</b>	None identified.
<b>Reference documents:</b>	<a href="https://www.nhsemployers.org/your-workforce/pay-and-reward/job-evaluation/equal-pay-for-equal-value/gender-pay-gap-reporting">https://www.nhsemployers.org/your-workforce/pay-and-reward/job-evaluation/equal-pay-for-equal-value/gender-pay-gap-reporting</a>
<b>Assurance:</b>	Senior Management Team March 2020 Director Team February 2020
<b>Action Required by the Board of Directors:</b>	
The Board is asked to note the contents of the report and approve for publication to the external website for uploading onto UNIFY as per legal obligations by 30 March 2020.	

## Gender Pay Gap Report As at 31 March 2019

### 1. Gender pay gap reporting

Legislation has made it statutory for organisations with 250 or more employees to report annually on their gender pay gap. Government departments are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which came into force on the 31st March 2017. These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their gender pay gap data annually, including:

- Mean gender pay gap in hourly pay.
- Median gender pay gap in hourly pay.
- Mean bonus gender pay gap.
- Median bonus gender pay gap.
- Proportion of men and women receiving a bonus payment.
- Proportion of men and women in each pay quartile.

The gender pay gap is different to equal pay. Equal pay means that men and women in the same employment who are performing equal work must receive equal pay, as set out in the Equality Act 2010. It is unlawful to pay people unequally because they are a man or a woman.

The Trust pays most employees, excepting some medical and dental staff, on the Agenda for Change pay system, and this framework provides assurance that equal pay for equal work is recognised i.e. someone entering the band 5 scale with the same level of qualifications and experience would be paid the same irrespective of gender; they would then have the opportunity to progress up the pay scale annually.

### 2. Harrogate and District NHS Foundation Trust

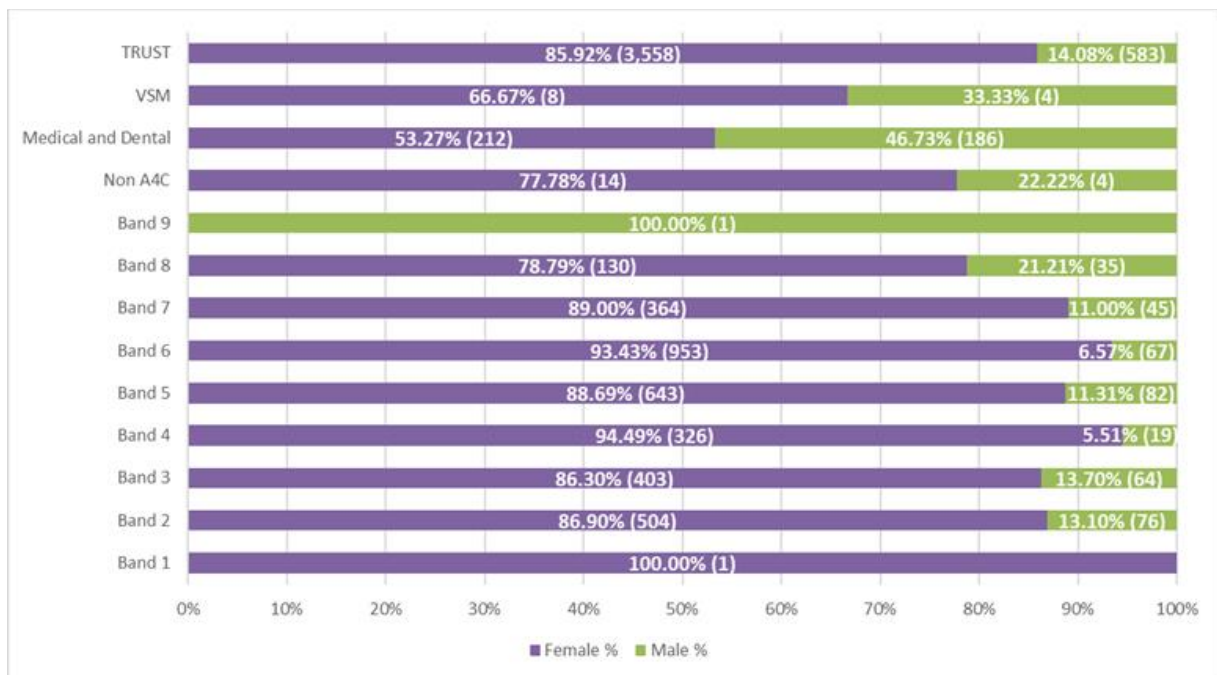
Harrogate and District NHS Foundation Trust (the Trust) employs more than 4,000 members of staff to provide essential hospital treatment as well as community health services to the population of Harrogate and the local area, across North Yorkshire and Leeds, and children's services in North Yorkshire and the North East in County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Gateshead and Sunderland.

The total number of staff eligible for inclusion in this report was 4,141.

	31 March 2019		31 March 2018	
	Headcount	%	Headcount	%
Female	3,558	86%	3,070	84%
Male	583	14%	570	16%
<b>TOTAL</b>	<b>4,141</b>		<b>3,640</b>	

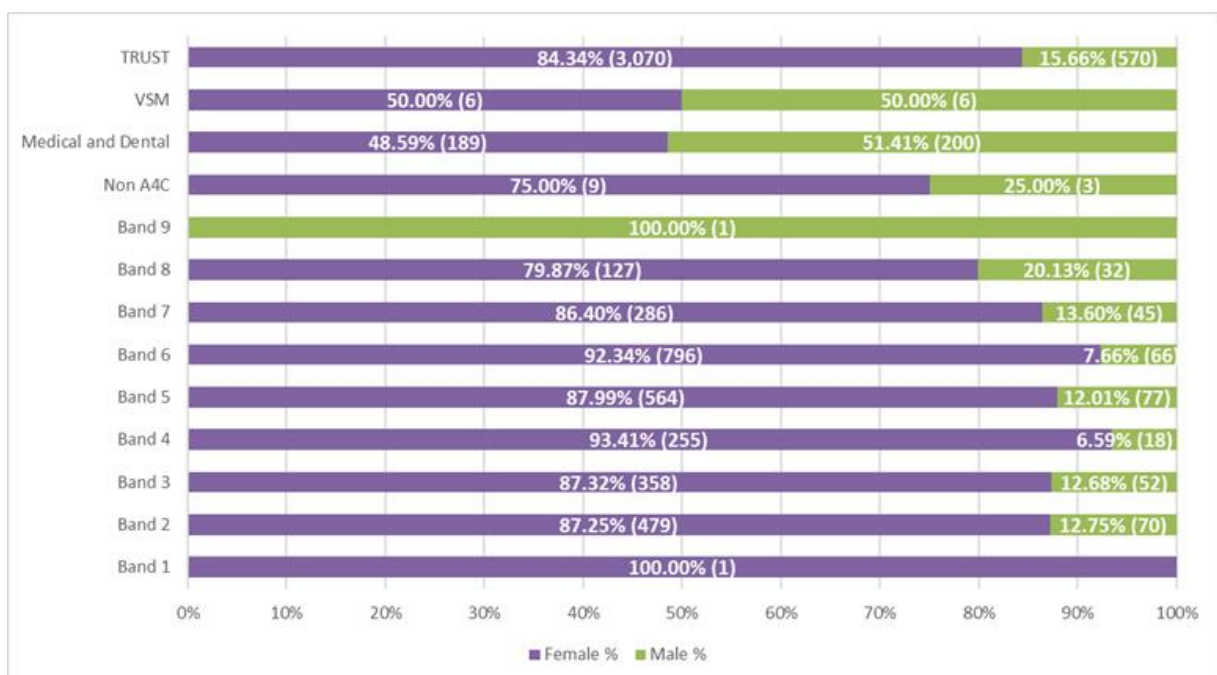
Note - There has been an increase in the number of staff since 2018 due to the transfer of Children's Services in Stockton-on-Tees, Gateshead and Sunderland staff, which accounted for an increase of 370 staff that were split 1.35% male and 98.65% female.

Figure 1 illustrates the gender distribution within the Trust at 31 March 2019



Note - As part of the 2018 pay deal, Band 1 closed to new entrants with effect from 1 December 2018 and all existing staff on a Band 1 contract at the Trust transitioned over to Band 2 from April 2019. The data above shows that prior to the transition there was 1 employee in a Band 1 position.

Figure 2 illustrates the gender distribution within the Trust at 31 March 2018



### 3. Definitions and scope

The gender pay gap is a measure that shows the difference in average earnings between men and women across an organisation. It is expressed as a percentage of men's earnings. For example, 'women earn 15% less than men per hour'.

The mean pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women, i.e. the hourly gap divided by the average for men equates to the mean gender pay gap.

The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle-most salary.

The report is based on rates of pay for the financial year 2018/19. It includes all workers in scope at 31 March 2019. A positive figure indicates a gender pay gap disadvantageous to women; a negative figure indicates the gender pay gap disadvantageous to men:

### 4. Mean and median gender pay gap in hourly pay

Gender	Mean Hourly Rate 2019	Median Hourly Rate 2019	Mean Hourly Rate 2018	Median Hourly Rate 2018
Male (£)	23.54	17.35	23.80	17.35
Female (£)	16.62	15.14	16.23	14.70
Difference (£)	6.92	2.21	7.57	2.64
Pay Gap %	29.40	12.72	31.80	15.24

- As highlighted in Figure 1, the proportion of female to male staff is much higher in lower bands, which would explain why there is a gender pay gap.
- As shown the Trust is reporting a 29.4% gender pay gap, meaning that based on an average hourly rate men are paid 29.4% more than women.
- The figures also demonstrate that the Trust has a 12.72% median gender pay gap, which was a decrease of 2018's figure of 15.24%.

### 5. Mean and median bonus gender pay gap

The Trust pays out two types of bonuses, Clinical Excellence Awards (CEA) and Long Service Awards. Long Service Awards include a £40 bonus paid to both men and women in recognition of 25, 30, 35, 40 and 50 years' service at the Trust. As this bonus is paid out equally to both men and women it has no influence on the figures.

CEA are awarded based on the performance of a consultant. The CEA process requires the consultant to apply for the award and their application is then reviewed by a Panel.

The Trust currently employs 140 consultants of whom 68 are male and 72 are female (as at 31.3.19). Of the total workforce, 48 male consultants which are 8.23% of all men employed, 70.59% of male consultants received a CEA payment and 41 female consultants, which are 1.15% of all females employed, 56.94% of female consultants, received a CEA payment.

<b>Gender</b>	<b>Mean Bonus 2019 (£)</b>	<b>Median Bonus 2019 (£)</b>	<b>Mean Bonus 2018 (£)</b>	<b>Median Bonus 2018 (£)</b>
Male	10,555.55	6,032.04	11,164.04	6,051.97
Female	9,111.66	5,780.70	9,034.83	5,542.72
Difference	1,443.90	251.34	2,129.21	509.25
Pay Gap %	13.68	4.17	19.07	8.41

- This shows a positive reduction in both the mean and median gender bonus gap differential by 5.39% and 4.24% respectively from 2018 to 2019.
- Male consultants receive a higher level of payment despite there being fewer male consultants.
- The continuing gap in the bonus pay is linked to the fact that the medical workforce has traditionally been male dominated, and the positive change is a recent reflection there is now a more balanced gender representation.
- This means that there are lower numbers of female employees who are eligible to apply for the higher levels of reward. It is therefore anticipated that the bonus pay gap will continue to reduce over time as more senior female medical staff become eligible for these higher level awards.
- In 2019 a part-time representative was on the CEA Panel.
- In 2019 the CEA payment rules were changed – part-time consultants (mostly female) who were awarded a CEA received the full award payment rather than a pro-rata payment based on their working hours.

#### The Influence of Medical and Dental Staff

Medical and Dental staff have a substantial impact on the Trusts Gender Pay Gap, as individuals in this staff group tend to be paid higher wages than other Trust employees. Although the Trust currently has 68 male consultants and 72 female consultants, because the Trust employs fewer men overall, the number of male consultants as a proportion of the overall male workforce at 11.66% is higher than that of female consultants 2.02% of the female workforce.

#### **6. Proportion of men and women receiving a bonus payment**

Taking both CEA and Long Service Awards into account, as a proportion, 5.3% of females (187) received a bonus compared to 11.5% of males (67). This is again influenced by the ratio of males in receipt of bonus to the overall number of males.

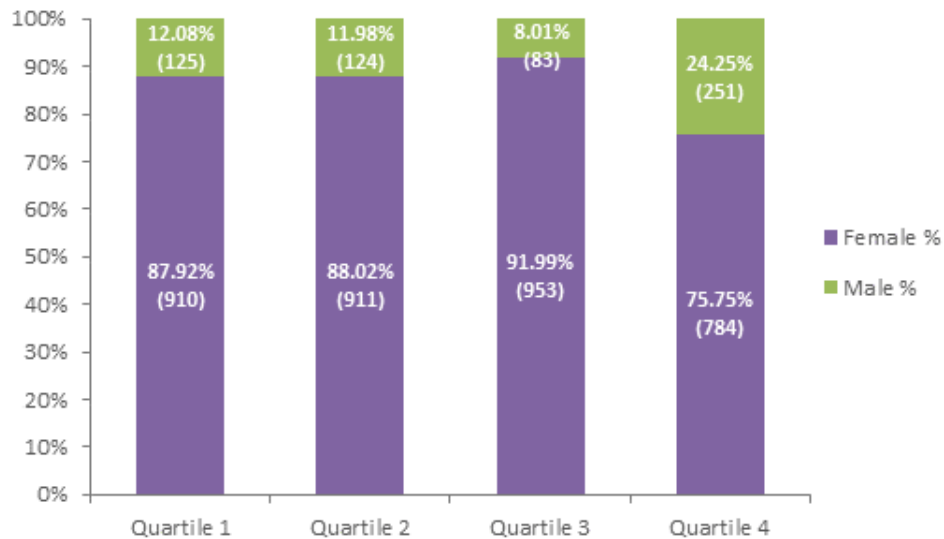
#### **7. Proportion of men and women in each pay quartile**

A quartile is where you take the range of data and divide it up. In this case it would be the range of hourly earners divided into four groups. Therefore, Quartile 1 is the lower 25% of staff hourly wages.

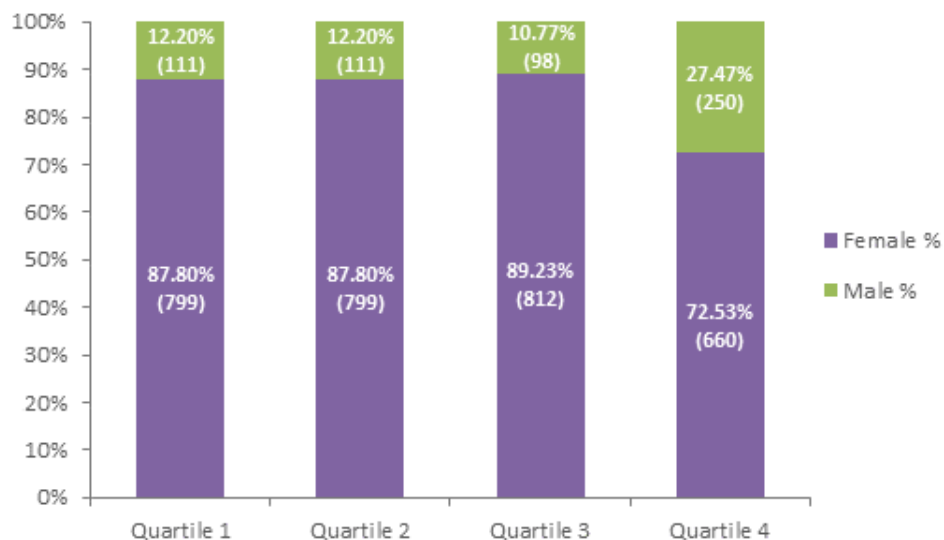
- Quartile 2 – lower middle
- Quartile 3 – upper middle
- Quartile 4 - upper

The graph below shows that the highest proportion of males is found in the upper quartile. In contrast, the lowest proportion of females is found in the upper quartile compared with other quartile. This is influenced by the large proportion of male doctors and dentists within the Trust, however the percentage of females in the upper middle and upper quartiles has increased from the 2018 figures.

#### 2019



#### 2018





## 8. Reducing the Gender Pay Gap

The Trust is passionate about promoting workforce equality and reducing the gender pay gap. It is recognised that the actions taken in the last 12 months have had a positive effect. The Gender Pay Gap Report will be shared with our staff networks, Workforce and Organisational Development Steering Group and Trust Board, to make informed decisions on any actions that are required to improve the gender pay gap.

Further impact assessment and analysis is required to support the development of an action plan, and as part of this, is recommended that the Trust continues with the following actions:

- Continue in its efforts to encourage more female applicants, both internal and external, to senior medical positions. There has been an improvement since 2018 in the number of female consultants who now are the majority.
- Continue work in relation to encouraging more applications for CEA from women and providing support for individuals who have submitted unsuccessful applications in the past. The 2019 CEA submission shows the larger number of females being awarded a CEA but these are still at a lower level than the number of males being awarded a CEA.

<b>Date of Meeting:</b>	25 March 2020	<b>Agenda item:</b>	10.4								
<b>Report to:</b>	Board of Directors										
<b>Title:</b>	Health Education England Annual Self-Assessment Report										
<b>Sponsoring Director:</b>	Ms Angela Wilkinson, Director of Workforce and Organisational Development										
<b>Author(s):</b>	Ms Pamela Dunn, Medical Educational Manager										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion/ Consultation</td> <td></td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion/ Consultation		Assurance	✓	Information	
Decision	✓	Discussion/ Consultation		Assurance	✓	Information					
<b>Executive Summary:</b>	<p>The Trust is required to complete an annual self-assessment report (SAR) covering all learners for which funds are provided to the Trust under the Learner Development agreement; a wide range of individuals across the organisation contribute to the report.</p> <p>The SAR will be reviewed by HEEYH at the Management of the Learning Environment (MLE) meetings, held between HEEYH quality teams and the trust education leads on a six-monthly basis.</p>										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	Any identified risks are included in the Directorate and Corporate Risk Registers										
<b>Legal / regulatory:</b>	NHSE/I Health Educational England										
<b>Resource:</b>	Not applicable										
<b>Impact Assessment:</b>	Not applicable										
<b>Conflicts of Interest:</b>	None identified										
<b>Reference documents:</b>	Not applicable										
<b>Assurance:</b>	-										
<b>Action Required by the Board of Directors:</b>											
The Board is asked to approve the Health Education England Annual Self-assessment Report.											

## **Health Education England Yorkshire and Humber (HEEYH) Annual Self-Assessment Report, 2019-2020; Harrogate and District NHS Foundation Trust**

### **Summary**

#### **Background**

The Trust is required to complete an annual self-assessment report (SAR) covering all learners for which funds are provided to the trust under the Learner Development agreement; a wide range of individuals across the organisation contribute to the report.

The SAR will be reviewed by HEEYH at the Management of the Learning Environment (MLE) meetings, held between HEEYH quality teams and the Trust education leads on a six-monthly basis.

#### **Current key areas of concern**

The Trust has many areas of good practice and considerable successes, but the following areas of concern:

- IT provision for learners as specified by HEE is challenging due to workload involved in providing log-ins for all learners to all necessary systems; new Trust staff do not receive these on the first day of work in the Trust. Action plan in place.
- HEE condition 15/0057 has been in place since 2015 regarding medical handover in Medicine and Surgery. The condition required that “a clear, formal, recorded and auditable internal handover system is developed to include senior involvement” Considerable progress has been made using a variety of methods, but the implementation of an electronic handover system via the WebV system has been subject to a number of delays. Action plan in place.
- The undergraduate medical placement programme has a number of challenges centring around medical staff availability and workload impacting on time available to teach medical students. Small specialties in some areas make placement provision across the syllabus challenging. Medical school targets to provide extra placements are also providing extra pressure. A review is currently underway and an action plan is in place.
- Human factors and simulation training is currently under-coordinated, with no time job-planned for Human Factors leadership. It is hoped that the new Educational Governance group will have some impact in this area.
- The Trust has a number of operational and staffing challenges which impact across all areas when providing placements and managing learning opportunities and assessment frameworks.

#### **Recommendation**

The Board is asked to approve the Health Education Annual Self-assessment Report 2019-20 which is provided to them in their supplementary pack.

## GLOSSARY OF ABBREVIATIONS

**A**

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

**B**

<b>BAF</b>	<i>Board Assurance Framework</i>
<b>BME</b>	<i>Black and Minority Ethnic</i>
<b>BoD</b>	<i>Board of Directors</i>

**C**

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

**D**

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

You matter most

**E**

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

**F**

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

**G**

<b>GIRFT</b>	<i>Get it right first time</i>
<b>GPOOH</b>	<i>GP Out of Hours</i>
<b>GWG MD&amp;C</b>	<i>Governor Working Group – Membership Development and Communications</i>
<b>GWG V&amp;E</b>	<i>Governor Working Group – Volunteering and Education</i>

**H**

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

**I**

<b>ICU or ITU</b>	<i>Intensive Care Unit or Intensive Therapy Unit</i>
<b>IG</b>	<i>Information Governance</i>
<b>IBR</b>	<i>Integrated Board Report</i>
<b>IT or IM&amp;T</b>	<i>Information Technology or Information Management &amp; Technology</i>

*You matter most*

## K

<b>KPI</b>	<i>Key Performance Indicator</i>
<b>KSF</b>	<i>Knowledge &amp; Skills Framework</i>

## L

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

## M

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

## N

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

## O

<b>OD</b>	<i>Organisational Development</i>
<b>ODG</b>	<i>Operational Delivery Group</i>
<b>OSCE</b>	<i>The Objective Structured Clinical Examination</i>

## P

<b>PACS</b>	<i>Picture Archiving and Communications System – the digital storage of x-rays</i>
<b>PbR</b>	<i>Payment by Results</i>
<b>PEAT</b>	<i>Patient Environment Action Team</i>

*You matter most*

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

## Q

<b>QIA</b>	<i>Quality Impact Assessment</i>
<b>QIPP</b>	<i>The Quality, Innovation, Productivity and Prevention Programme</i>
<b>QPR</b>	<i>Quarterly Performance Review</i>

## R

<b>RCA</b>	<i>Route Cause Analysis</i>
<b>RTT</b>	<i>Referral to Treatment. The current RTT Target is 18 weeks.</i>

## S

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

## T

<b>TOR</b>	<i>Terms of Reference</i>
<b>TU</b>	<i>Trade Union</i>
<b>TUPE</b>	<i>Transfer of Undertakings (Protection of Employment) Regulations 2006</i>

## V

<b>VC</b>	<i>Vice Chairman</i>
<b>VSM</b>	<i>Vey Senior Manager</i>
<b>VTE</b>	<i>Venous Thromboembolism</i>

W

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

Y

YTD	<i>Year to Date</i>
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**Further information can be found at:**  
NHS Providers – Jargon Buster –  
<http://nhsproviders.org/programmes/governwell/information-and-guidance/jargon-buster>

