The next public meeting of the Board of Directors of Harrogate and District NHS Foundation Trust will take place:

On: Wednesday 22 April 2015
Start: 0900 Finish: 1215
In: The Boardroom, Trust Headquarters, Harrogate District Hospital

	AGENDA		
Item No	**Item**	**Lead**	**Paper Number**
0900 **Brief on Rapid Improvement Workshop Programme –** Mr David Plews, Deputy Director for Partnerships and Innovation			
0915 – 0945 General Business			
1.0	**Welcome and Apologies for absence:** *To receive any apologies for absence* – Mr Robert Harrison, Chief Operating Officer and Mr Andrew Alldred, Clinical Director, Acute and Cancer Care Directorate	Chairman – Mrs Sandra Dodson	
2.0	**Declarations of Interest and Board of Directors Register of Interests** *To declare any interests relevant to the agenda for the meeting and to receive any changes to the register of interests pursuant to section 6 of the Board Standing Orders*	Chairman – Mrs Sandra Dodson	2.0
3.0	**Minutes of Board of Directors meeting held on 25 March 2015** *To review and approve the Minutes*	Chairman – Mrs Sandra Dodson	3.0
4.0	**Review of Actions schedule and Matters Arising** *To review the actions schedule and provide updates on progress of actions to the Board of Directors.*	Chairman – Mrs Sandra Dodson	4.0
5.0	**Board of Directors – Terms of Reference** *To review and **approve** the Terms of Reference for the Board of Directors*	Chairman – Mrs Sandra Dodson	5.0
6.0	**Third Party Schedule** *To receive a list of those Third Parties with which the Trust has a duty to co-operate*	Chairman – Mrs Sandra Dodson	6.0
0945 – 1035 Putting Patients First			
7.0 *0955*	**Report by Chief Executive** *To be noted*	Chief Executive – Dr Ros Tolcher	7.0
8.0 *1005*	**Report by Medical Director** *To be noted*	Medical Director – Dr David Scullion	8.0
9.0 *1020*	**Report by Chief Nurse** *To be noted*	Chief Nurse – Mrs Jill Foster	9.0
10.0 *1035*	**Report by Chief Operating Officer** *To be noted*	Chief Operating Officer – Mr Robert Harrison	10.0
1035 – 1055 Break			

1055 - 1110 Managing Resources Efficiently			
11.0 *1110*	**Report by Director of Finance** *To be noted*	Director of Finance – Mr Jonathan Coulter	11.0
1110 – 1125 Valuing and Rewarding Staff			
12.0 *1125*	**Report by Director of Workforce and Organisational Development** *To be noted*	Director of Workforce and Organisational Development – Mr Phillip Marshall	12.0
1125 – 1135 Assurance			
13.0	**Report of Harrogate Health Transformation Board** *To receive the report*	Chief Executive – Dr Ros Tolcher	13.0
1135 – 1145			
14.0 *1145*	**Reports** *To receive any oral reports not covered elsewhere in the Agenda*	Chairman – Mrs Sandra Dodson	
15.0	**Serious Complaints / Incidents/matters relating to compliance with the Trust's Licence or other exceptional items to report or that have been reported to Monitor and/or the Care Quality Commission** *To receive an update on any matters reported to regulators.*	Chairman – Mrs Sandra Dodson	
16.0	**Any Other Relevant Business** *By permission of the Chairman*	Chairman – Mrs Sandra Dodson	
17.0 *1200*	**Board Evaluation**		
18.0	**Confidential Motion** **The Chairman to move:** *'That members of the public and representatives of the press be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'.*		

Harrogate and District NHS
NHS Foundation Trust

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

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

The register is maintained by the Foundation Trust Office.

Name	Position	Interests Declared
Mrs Sandra Dodson	Chairman	1. Partner in Oakgate Consultants 2. Trustee of Masiphumelele Trust Ltd (A charity raising funds for a South African Township.) 3. Trustee of Yorkshire Cancer Research
Dr Ros Tolcher	Chief Executive	Specialist Adviser to the Care Quality Commission
Mr Jonathan Coulter	Finance Director/Deputy Chief Executive	None
Mrs Jill Foster	Chief Nurse	None
Mr Robert Harrison	Chief Operating Officer	1. Appointed Voluntary Member of the Strategy and Resources Committee of the Methodist Church
Mr Phillip Marshall	Director of Workforce and Organisational Development	None
Professor Sue Proctor	Non-Executive Director	1. Director and owner of SR Proctor Consulting Ltd 2. Chair of LEAF Multi Academy Trust (Leeds) 3. Member – Council of University of Leeds 4. Member – Council of NHS Staff College (UCLH) 5. Associate – Good Governance Institute 6. Associate - Capsticks
Dr David Scullion	Medical Director	None
Mrs Maureen Taylor	Non-Executive Director	1. Director, Leeds Community Ventures Limited 2. Director – Leodis Community Ventures Limited 3. Director – Norfolk Property Services (Leeds) Limited 4. Director – Leeds Local Education Partnership 5. Independent Non Executive Member (Audit Group) – British Showjumping
Mr Christopher Thompson	Non Executive Director	1. Director/Trustee of Community Integrated Care Limited and Chair of the Finance Committee 2. Director of Nevill Holt Opera Limited
Mr Ian Ward	Non-Executive Director	1. Vice Chairman and Senior Independent non-Executive Director of Charter Court Financial Services Limited, Charter Court Financial Services Group Limited, Exact Mortgage Experts Limited, Broadlands Financial Limited and Charter Mortgages Limited 2. Chairman of the Board Risk Committee and a member of the Remuneration and Nominations Committee, the Audit Committee and the Funding

		Contingent Committee for the organisations shown at 1. above 3. Director of Newcastle Building Society, a wholly owned subsidiary company – Newton Facilities Management Limited 4. Member, Leeds Kirkgate Market Management Board
Mrs Lesley Webster	Non-Executive Director	None.

April 2015

Harrogate and District NHS
NHS Foundation Trust

Report Status: Open

BOARD OF DIRECTORS

Minutes of the Board of Directors meeting held on Wednesday 25 March 2015 at 8.45am in the Board Room, Harrogate District Hospital.

Present:
Mrs S Dodson, Chairman
Mr J Coulter, Director of Finance and Deputy Chief Executive
Mrs J Foster, Chief Nurse
Mr R Harrison, Chief Operating Officer
Mr P Marshall, Director of Workforce and Organisational Development
Professor S Proctor, Non-Executive Director
Dr Scullion, Medical Director
Mrs M Taylor, Non-Executive Director
Mr C Thompson, Non-Executive Director
Dr R Tolcher, Chief Executive
Mr I Ward, Non-Executive Director
Mrs L Webster, Non-Executive Director

In attendance:
Mr A Alldred, Clinical Director, Acute and Cancer Care Directorate
Dr P Hammond, Clinical Director, Integrated Care
Dr K Johnson, Clinical Director, Elective Care
Mr David Lavalette, Consultant Orthopaedic Surgeon, NCEPOD Ambassador (until after Item 10.1)

Mr A Forsyth, Interim Head of Corporate Affairs (Minutes)

Four Governors of the Trust, one member of staff

Brief on Research issues – Dr Alison Layton

Mrs Dodson gave a warm welcome to members and visitors to the meeting, and said that she was looking forward with great anticipation to the brief. Dr Layton outlined the position of the Trust in the research community and her personal role at a regional level. She asked the Board to note that the Trust was the sixth highest recruiting Trust in the region with particularly high numbers in reproductive medicine, diabetes, dermatology and ageing. There were currently 110 studies which were being actively recruited into and 2259 patients out of a target of 2750 for the year overall had been recruited – this was important because funding was activity-based.

Dr Layton was keen to embed research into clinical care rather than it being seen as separate. HDFT was more efficient in research terms than many of the bigger Trusts and was integrated, with permanent contracts for staff. However, in order to expand – and realise the potential for income generation – research needed more space, although she understood that this was at a premium throughout the Trust. There was also a need for more Principal Investigator capacity and capability.

Dr Layton drew the Board's attention to the new Research Community website, which had recently gone 'live'. It was unique in the region and she sought views from Board members when they had a chance to view it. She also asked the Board to note in particular the Acne study which was underway, designed to provide evidence-based guidance on the treatment of acne and a reduction in the use of antibiotics, to tackle the growth of antimicrobial resistance, which could be applicable across a much wider spectrum.

In drawing to a close Dr Layton presented a list of her priorities for the development of research in the Trust, including the need to spread the word about the successes of the programmes.

Mrs Dodson thanked Dr Layton for her presentation and she encouraged Board members to e-mail any questions direct to Dr Layton. She said that a successful research programme was essential to the quality of care which the Trust provided and improving it was about changing the culture around research. As Chairman of the Research Committee Dr Scullion said that it was one of the real good news stories within the Trust and Dr Tolcher said that the subject needed to have more visibility at Board level and information on research performance should be received on a regular basis.

1. Apologies for Absence

There were no apologies for absence.

2. Declarations of Interest

There were no declarations of interest relevant to items on the agenda for the meeting and one change to the register of interests. Mr Thompson was no longer a Director of Nottingham University Samworth Academy Trust Limited.

3. Minutes of the meeting of the Board of Directors on 25 February 2015

3.1 The Minutes of the meeting were accepted as a true record.

4. Review of Actions Schedule and Matters Arising

Action 4 – this was an agenda item at the meeting – complete

Action 6 – Dr Johnson reported that there had been progress on executing the Action Plan. There was a commitment to regular meetings and it had been agreed that local arrangements would be made for OOH cover. The Trust had one paediatric diabetes specialist but all the paediatric consultants can cover OOH emergencies. Links with Embrace and the consultant in Leeds were also in place, whilst Dr Hammond's expertise in adult diabetes provided a local resource. There would be another peer review in this specialty next year – meanwhile the Elective Care Directorate would strengthen knowledge; all junior doctors would cover the issue at their induction and although the nursing staff had not yet been trained (due to staffing challenges in Woodlands ward) a Training Needs Analysis would be required. The appointment of a Matron for paediatrics, under the new nursing structure from 1 April, would give a focus to taking the work forward. Meanwhile the Action Plan would be reviewed at the Elective Care Quality and Governance Group.

Mrs Dodson considered the Board Action to have been completed as the subject was receiving a high level of scrutiny at an operational level.

Action 7 – complete

Action 8 – complete

Action 9 – complete

Action 10 – complete

Action 11 – Dr Johnson said that she had only been able to find two complaints relating to Farndale ward and they concerned equipment issues which had been reported to the Estates team. Dr Scullion said that a spike had not been apparent at the Committee of Risk Management meeting either. Dr Johnson agreed to look further into the matter and report at the next meeting.

Action 12 – this was an agenda item at the meeting – complete

Action 13 – this was an agenda item at the meeting – complete

Action 14 – this was an agenda item at the meeting – complete

Action 15 – this was an agenda item at the meeting – complete

There were no other matters arising.

Putting Patients First

5. Report by the Chief Executive

5.1 Dr Tolcher's written report had been circulated in advance of the meeting and was taken as read.

5.2 Dr Tolcher said that she wanted to expand on only one item – the New Care Models (NCM) Programme. The Partnership bid to become a Vanguard Site had been successful and the Trust would be used as a test bed for work which to a large extent it had been intended to do already. At this stage she could not quantify the benefits, opportunities or risks involved but this should become clearer after a two-day site visit from the NCM team, at a date yet to be agreed. Working with the partners, it was intended to scope the help available through a support package and then sign a Memorandum of Understanding to cover the arrangements. The goal was to test new ideas which would be replicable and scaleable for use elsewhere in the NHS.

5.3 Mrs Dodson described the programme as an exciting development and she looked forward to reports on its progress. There were no comments or questions from Board members.

6. Trust Approach to Quality Impact Assessment of Efficiency Programme and Clinical Transformation

7. Efficiency Programme Quality Impact Assessment

6.1 Mrs Dodson wished these two items to be taken together as they both described the processes rather than the specific detail which, for the Efficiency Programme, would be scrutinised later in the meeting.

6.2 Mrs Foster said that a process detailed in the paper, which was taken as read, had taken place within the Directorates and the results were then examined by herself and the Medical Director.

6.3 Moving to paper 7.0, which was taken as read, Dr Scullion said that it was a short summary of some very long meetings, which represented the last layer of executive oversight of proposed measures. The Chief Operating Officer and Clinical Directors had been involved at an earlier stage of the process. It had been a matter of picking out items of high risk and issues for further debate. Mrs Foster said that she and Dr Scullion had looked at all the proposed schemes (over 200) especially those where the wording was not clear.

6.4 Professor Proctor asked if there was any further assurance about the effects of reducing funding to support study leave by 50%. Had the Elective and Integrated Care Directorates identified any hidden risks? Mrs Foster agreed that there could be some hidden risks and Mr Coulter said that this was transformational work which would consider whether or not there was a long-term effect on quality. Mrs Foster said that the scheme would deliver more equitable training in the first year and future years and there was some work to be done. Dr Tolcher pointed out that this was a reduction in financial provision not individual entitlement.

6.5 Mrs Taylor asked about items which were not approved, to which Mr Coulter replied that they would be dropped if there was insufficient mitigation of the risk to quality. The gap thus left would then need to be filled with another measure. Dr Scullion said that the sums of money involved in some of the schemes which had not been approved were modest compared with their impact. Mr Ward asked whether there was any benchmarking of study leave funding and Mr Marshall said that here was no regional or national benchmark. The package of Mandatory and Essential training had been carefully crafted over the last two or three years.

6.6 Mrs Webster asked for an explanation of the Waiting List Initiative. Dr Johnson said that this was extra payment made to clinicians for working out of normal hours to reduce waiting lists, at weekends for example. There was inequity across and within the specialities and the Clinical Directors were meeting to reach a more equitable arrangement – this would be contentious and there was risk attached. It was a matter of striking the right balance between activity and 'willingness to work'.

6.7 Mrs Dodson asked the Board to approve the process for undertaking Quality Impact Assessment of schemes within the Efficiency Programme and to note the sign off of schemes to date undertaken by the Chief Nurse and Medical Director. The Board **approved** the process *nem con.*

8. Report by the Medical Director

8.1 Dr Scullion's written report had been circulated in advance of the meeting and was taken as read.

8.2 Dr Scullion noted that the collaboration with the Tees, Esk and Weir Valley Mental Health Trust was proving to be valuable and a further meeting would held in June.

8.3 He reported that the Sign Up to Safety programme feedback would not now be received until April at the earliest but that work was already in hand to take it forward. A

Task and Finish Group had been set up and this would report into the new Patient Safety Group. He hoped to update the Board in April.

Action: Dr Scullion

8.4 Dr Scullion said that a very stringent anaesthetic accreditation visit had been concluded and the report was awaited. Only one Trust had been accredited to date, although the number inspected had been small to date.

8.5 Reporting on the Emergency Department Major Trauma Unit peer review, for which the lead was the Major Trauma Centre in Leeds, he said it had been a learning curve and the initial feedback was that the Major Trauma unit had made considerable progress. There were no Immediate Concerns and three Serious Concerns – the morbidity/mortality review, a lack of network guidance and Trauma and Accident Regional Network (TARN) data. There had been no clinical or safety concerns and, as Mr Coulter added, it was a 'good trauma unit' but better evidence was needed to support that assessment. Mr Harrison said that the Major Trauma Centre in Leeds had been operating for two years and HDFT passed on 60 – 70 cases per year. In the meantime it was important to maintain skills within the Major Trauma Unit. The Unit was evolving and this had been the first peer review – all the Serious Concerns identified had been recorded in the prior self- assessment, which was an important part of the review. The Trust had four weeks in which to reply to the report. It was accepted that good local guidance would suffice pending the development of network guidance. Dr Johnson said that the recommendations would be considered by the Better Trauma Steering Group.

8.6 Dr Scullion briefly touched on the Duty of Candour consultation in which it was proposed that the NHS Litigation Authority would incentivise the operation of the provision by imposing financial penalties. It was widely agreed that this had not been thought through properly and the Trust would respond along those lines. Mrs Dodson suggested seeking the view of NHS Providers and lobbying them to respond in a similar way and Dr Scullion said this was already underway.

8.7 Dr Scullion then moved to his Appendix concerning the Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI). He commended it to the Board as a straightforward explanation of the two measures, emphasising that it was historical information. However, he reflected that there was a range of views as to the utility of the measures and that the opinions towards the end of the Annex were not his own but shared by many others, including the King's Fund and Nuffield Trust. Applying the HSMR and SHMI to HDFT showed the figures slowly creeping upwards but the Trust was not a statistical outlier. There was more work to do within the Mortality Group to understand why the trend was upwards and if that proved to be inconclusive external assistance would be called upon.

8.8 Mr Harrison said that the rates under both measures had fallen significantly over the previous 10 years but had been steady over the last two. Dr Scullion said that the Mortality Group took a representative sample of cases which had resulted in death in the hospital and carried out a detailed review of the patient notes. The way the statistics are collected means that there is a two-month time lag between the event and the review of case notes. These deaths were mostly frail and elderly medical patients and Dr Scullion said that only a minute number of cases showed any clinical issues to be followed up. It was about the quality of death not whether it was avoidable or not. The aim was to identify any errors, fix them in the short term and thus try to prevent a recurrence.

8.9 Mrs Dodson said that these were key issues – the Mid-Staffordshire experience had demonstrated a lack of rigour and understanding of what the data was showing. The rise in mortality needed to be addressed with rigour and vigour.

8.10 Mr Thompson found the Appendix extremely helpful and he would await the outcome of the work of the Mortality Group. He wondered about the two-month time lag and Mr Harrison explained that because the data was comparative it could not be available until after national data had been added for completeness. In addition the SHMI included deaths up to 30 days after discharge from hospital.

8.11 Following Dr Scullion's description of HSMR and SHMI as 'smoke alarms' for potential problems, Mr Ward said that he had found the paper very helpful – was there a benchmark to show HDFT's position against other Trusts? Mr Harrison replied that the tools allowed this to happen – HDFT had a lower rate of palliative care coding than the national average and he felt that the case note review was the best way to approach the issue so that the data could not be used to explain away the current trend. Mr Coulter added that the national data is adjusted for casemix and the Trust's results were drifting upwards.

8.12 Mrs Dodson said that this was a fair indication that action needed to be taken to drive down the figures. Mrs Webster wondered whether the monthly meeting of the Mortality Group would be sufficient or whether additional work would be required outside the meetings; Dr Scullion agreed that more work would be needed, including possible external service review if there was no clear conclusion that could be drawn. Mrs Dodson asked that the Board receive a monthly report on the progress of the work.

Action: Dr Scullion

9. Report by the Chief Nurse

9.1 Mrs Foster's written report had been circulated in advance of the meeting and was taken as read.

9.2 She drew attention to the data on pressure ulcers, a welcome reduction both in February and March. She had set the target for the next year and was seeking true comparators to provide triangulation of the Trust data. A team was due to visit Coventry and Warwick Trust and Salford Royal Trust to help inform HDFT's position and inform future action. Mrs Foster noted the number of Category 2 pressure ulcers in December and said that 40 of the 67 admissions as medical patients were over 75 years of age and had significant co-morbidities.

9.3 Moving to pain management Mrs Foster was pleased to report that each of the four elements of the Friends and Family Test had achieved over 90% in responses and Directorates had been tasked by the Senior Management Team with examining the results to target further work.

9.4 Mrs Foster noted that a 25% 'inappropriate-prescription' of antibiotics had been identified by the Antimicrobial Stewardship Team. Mr Alldred said that this meant that 25% of prescriptions were not compliant with the Formulary for example this could mean prescribing the second choice antibiotic for pneumonia, which covers a broader spectrum and therefore a risk of the patient developing *Clostridium difficile*. Mr Alldred gave two other examples, (the triple antibiotic treatment for sepsis which has to be modified for those with kidney failure, and cephalosporins, where one doctor had prescribed an inappropriate drug twice. He believed that the point prevalence audit was reassuring as it showed a reduced volume of antibiotics being prescribed against the benchmark. In answer to question from

Mr Thompson, Mr Alldred said that there was a programme of rolling point prevalence audits, each of which flagged different things. Mrs Webster wondered whether EPMA could require the first choice antibiotic and the setting of an end-date for use: Mr Alldred said this was not possible as EPMA was protocol-driven.

9.5 Professor Proctor said that there were recurring themes of poor risk assessment and planning of care emerging from the Root Cause Analyses of pressure ulcers. Mrs Foster replied that the Pressure Ulcer Steering Group was examining the risk assessment process and auditing it as part of wider work on risk assessment of patients. It was, however, clear that some pressure ulcers were unavoidable.

9.6 Moving on to the report of the Morecambe Bay Inquiry, which she described as disturbing and horrific, Professor Proctor asked how staff had been made aware of the content and how a similar situation could be prevented at HDFT. Mrs Foster said that Dr Johnson and Ms Keogh (Superintendent of Midwives) were assessing HDFT against the report and considering options. Dr Johnson added that there had been a series of failures at Furness General Hospital around relationships, trust and patient interaction and the duty of candour had been abrogated. It was very different at HDFT where all staff are very open with mothers. She told a story of a family who had lost a baby as the result of injuries sustained during childbirth at HDFT but which maintained a relationship with the staff. Whilst the position was different, therefore, it was important not to be complacent and she was examining the position of supervising midwives in management roles, some of which was relevant elsewhere in the Trust. Mrs Dodson said that she hoped that the Board would receive a synopsis of the Action Plan in due course but as an example of what 'outstanding' looks like she exhorted Board members to read the Care Quality Commission report on the inspection of Frimley Park Hospital. **Action: Mrs Foster**

9.7 Dr Johnson thought that Mrs Webster's idea of a 'stop' time being required for all antibiotic prescriptions on EPMA could be taken forward outside the meeting.

9.8 Mr Ward suggested that the 17 pages of supporting data for the Chief Nurse dashboard were unnecessary; Professor Proctor said that it had been timely to review the detail but there was now a good summary and Mrs Taylor said that the Board needed to know the direction of travel and the hotspots. Mrs Dodson agreed that data at ward level was no longer required.

9.9 Dr Tolcher asked what was being done to expedite issues around the supply of pressure relieving equipment in the community – the service was very committed, as she had found on a service visit. Mrs Foster said that the service was now more responsive and that district nurses were checking back more regularly on the provision of such equipment. Mr Alldred agreed that response rates had improved dramatically and the equipment team needed to receive that positive feedback.

9.10 Mrs Webster was surprised that the Trust was below the required 40% response rate for the Friends and Family Test in February. Mr Harrison was pleased to report that the rate was 76% in March to date thanks to the huge effort from staff to offer survey opportunities. In welcoming this Mrs Webster hoped that this rate could be maintained – Mr Harrison said that, whilst there would be an affordability issue in continuing the effort at the same rate, he was confident that the 40% target would be reached both for the month and overall for the quarter and could be routinely delivered. The use of volunteers had not been very successful, unlike the telephone calls to patients after discharge, which had proved to be very effective.

9.11 In concluding this item Mrs Dodson said that she liked the new format of the Chief Nurse report. She requested that feedback on Directors' unannounced visits be added.

10. Report by the Chief Operating Officer

10.1 Mr Harrison's written report had been circulated in advance of the meeting and was taken as read.

10.2 Mr Harrison noted the previous discussion on the HSMR and SHMI indices. He said that general performance over the month had been good with one 62-day cancer indicator below standard; however, the standard would be achieved for the quarter. Referrals to Leeds were now being treated more quickly but were still outside the standard. As far as impact on the patient was concerned, there had been no clinical impact on nine patients; one patient had a history of not engaging or attending appointments and in the case of the other patient there had been issues relating to Leeds and the use of a robot. It was not clear in this final case whether harm had been caused, although it could have been. Dr Tolcher asked about the effectiveness of 'safety-netting' and Mr Harrison emphasised that the patients had never been 'lost' because the tracking system is very robust – there were around 1000 patients on the Tracker and all were carefully managed.

10.3 Moving to the Information Governance Toolkit, Mr Thompson asked what level should the Trust being aiming to reach, to which Mr Harrison replied that the aim was to progress year-on-year; having attained all level two the aspiration is attain all level three – the Trust is already well above compliance levels. Dr Tolcher noted that this was based on self-assessment and asked whether there had been any auditing. Mr Harrison said that there was an annual internal audit and an external audit of coding. The Board **approved** the Information Governance Final Submission.

10.4 Mr Ward drew attention to the elective admissions activity from Leeds North and Leeds West areas as being mainly day cases and wondered how this fitted with the Trust's strategy moving forward. Mr Harrison noted that there were higher volumes of endoscopy than planned (which were of low value) and that there had been a shift towards day surgery across the Trust especially in shoulder and laparoscopic cholecystectomy. These were, however, paid as a Best Practice pathway. There was a growing rate of conversion from Yeadon to surgery which Mr Coulter said would be reflected in the plans for 2015-16. Dr Johnson said that Dr Sherliker was leading a Day Surgery Group to ensure that the move to day surgery was made safely and Mr Harrison expected further reductions in the conversion rate from day surgery to admission. Dr Scullion emphasised the improved quality of the patient experience as a result of this change whilst Mrs Dodson said that, whilst quality came first, the financial implications were also positive.

10.5 Mrs Taylor wondered whether missing the 18-week Referral To Treatment target meant waiting 19 or 35+ weeks. Mr Harrison said that patients were monitored throughout the period and that fewer than 10 patients had waited a maximum of 36 weeks against a threshold for reporting of 52 weeks.

10.6 Mrs Dodson hoped to see a change from red on the dashboard for GP OOH services next year. Mr Alldred said that the removal of the Vale of York work would have an impact, as he expected would the change of triage arrangements with NHS 111 and the ability for Yorkshire Ambulance Service to book into the OOH GP service. He said that in April he would report on an audit of the clinical consequences of patients not being triaged or seen within 20 minutes. Dr Tolcher said that there needed to be a focus on both the systems and the well-being of patients. **Action: Mr Alldred**

10.1 Annual Report on progress against recommendations of the National Confidential Enquiries (NCEPOD)

10.1.1 Mr Lavalette's report had been circulated before the meeting and was taken as read.

10.1.2 Mr Lavalette said that staff had engaged well with submitting data and notes for his report. However, over the previous 12 – 24 months there had been increasing difficulty in obtaining data about and ownership of Action Plans. There had been some difficult discussions. He commended the work of the reporter (Mr England) who had compiled the report. Mr Lavalette's main concerns were therefore ownership and engagement with Action Plans.

10.1.3 Mrs Dodson said that Mr Lavalette's work was greatly appreciated and she endorsed his words about Mr England. She believed that it identified root causes and would lead to a change of culture in some areas. Dr Tolcher said that there were underlying issues to understand which go right to the heart of the challenges facing the Trust; there was a link with the Board Assurance Framework around the risk of the high level of frailty in the local population.

10.1.4 Mr Lavalette considered that the Directorates were struggling to achieve the actions required especially around the assessment of frail elderly patients on surgical wards. Dr Hammond said that there discussions underway about extending the orthogeriatric expertise into engagement with surgical cases and these must include how it would be delivered – he said that progress would be made.

10.1.5 Dr Scullion said that the NCEPOD work was important and clinicians must engage at an individual level. Action plans must be aimed at the clinical level within clinical teams and there must be a firm stance taken against backsliders. Dr Hammond said that under the new governance structure the NCEPOD would be considered by the Patient Safety Group. Dr Scullion described the revolutionary effect of NCEPOD changes with owned outcomes driving clinical change and better outcomes for patients. Mr Harrison believed that it should come under the same level of scrutiny as paediatric diabetes had done.

10.1.6 Mrs Dodson said that it was important that there was firm ownership of the NCEPOD work – in her view it was not about resources but was culturally key to the delivery of high quality care. Professor Proctor asked whether the Board could have a further report in six months' time and Mrs Dodson asked for a short written or verbal report on progress at the May Board meeting.

Action: Mr Lavalette

Valuing and Rewarding Staff

11. Report by the Director of Workforce and Organisational Development

11.1 Mrs Dodson amended the order of the agenda at this point and invited Mr Marshall to present his report (at paper 12.0), which had been circulated prior to the Board and was taken as read.

11.2 Mr Marshall commented on the first draft of the report of the Deanery visit in which paediatrics, obstetrics and gynaecology, surgery and medicine had been involved. Significant comments had been made on the draft and submitted to the Deanery by 24

March, as required, and further work would be necessary. The Trust continued to be recommended as a training provider. He would report further at the next meeting of the Board. **Action: Mr Marshall**

11.3 Mr Marshall reported that he had contributed an interview to Radio York around the subject of stress absence in the health workforce, which had been featured as the result of Freedom of Information request. He had emphasised the risk assessments and availability of resilience training for staff.

11.4 Considerable work had been undertaken to map the Freedom to Speak Up principles to the policies of the Trust and Mr Marshall would be taking proposals for consideration to his executive colleagues on 1 April.

11.5 Mr Marshall was very pleased to record that four HDFT staff had been shortlisted in the Talent For Care awards and congratulated Paul Fryer, from the catering department, who was an individual winner. It was a good reflection of the contribution of staff in Bands 1 – 4. The 'Get In – Get On' programme in which the Trust is involved is a good route into professional training.

11.6 In answer to question from Dr Tolcher, Mr Marshall confirmed that the Whole Time Equivalent data on page 16 of the report included all additional staff.

11.7 Mr Marshall wished the Board to note that the Deanery has agreed to share data on fill rates across the region, which would allow the Trust to look at options which might be available.

11.8 Mr Thompson said that he and Mr Coulter had attended a North Yorkshire Audit Service Board meeting on 24 March and heard about a new initiative around clinical audit training for junior doctors, which he thought would be helpful to the Trust. He was surprised to read in the results of the Staff Survey that 3% of staff had experienced physical violence from fellow staff members, although this was in line with the national position. Mr Marshall said that on checking there had been no such incidents reported and this was the only way the Trust would become aware of any cases and be able to take appropriate action. Mrs Dodson felt that this should be publicised and staff encouraged to report any physical violence from fellow staff to management rather than through the Staff Survey.

11.9 Mrs Webster asked about progress with immunisation screening for both existing staff and new recruits. Mr Marshall said that he was satisfied with the arrangements – new recruits were not adding to the backlog as their immunisation status was being established and action taking appropriately. As far as existing staff were concerned, priority was being given to patient-facing staff. He would provide a six-month update on the position in September. **Action: Mr Marshall**

Managing Resources Efficiently

12. Report by the Director of Finance

12.1 Mr Coulter's written report (paper 11.0) had been circulated in advance of the meeting and was taken as read. Mrs Dodson suggested that the report on the Efficiency Programme 2015-16 should be taken after the item on the Operational Plan, which it underpinned.

12.2 Mr Coulter noted that the financial summary for the end of February showed a deficit of £274,000 in line with the plans. In the final month of the year the Trust needed to achieve a surplus of £600,000 and, as at 23 March the income figure was running at c£900,000 more than the February forecast. This would be the highest income figure for the year and whilst delivering the March surplus was tight he believed that it was achievable. Dr Scullion was surprised that the difference in finances seemed to be disproportionate to the fewer number of days in February whilst Mrs Dodson was reassured by Mr Coulter that staff had been made aware on a number of occasions of the £300,000 daily cost of running the Trust. Mr Coulter emphasised that the Continuity of Service (Co S) rating was a stronger 3 than earlier in the year.

12.3 Moving on to the cash position, Mr Coulter reported that Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) and NHS England were up to date with payments, York Teaching Hospitals had reduced the sum outstanding (although this was a reciprocal arrangement) but that the overall position with North Yorkshire County Council (NYCC) was unresolved, although progress had been made. The Infection Prevention and Control debt would be paid by the CCGs concerned and the service had been commissioned for the year 2015-2016. As far as the health and social care element of the debt was concerned, NYCC had written to the HaRD CCG seeking confirmation that HDFT had disbursed the funding appropriately, which the CCG had confirmed and Mr McKie would be supplying details of the number of staff employed on the contract to NYCC to allow release of the funds by 27 March. It was clear that the process had not happened as it should have done, for a number of reasons, but it was important that the relationship with NYCC was properly managed in the future, especially in the light of the involvement in the Vanguard programme of both NYCC and HDFT as partners.

12.4 Dr Tolcher said that she was confident that the payment would be made. There would be honest conversations to be had with NYCC as the relationship moved forward. She praised the hard work of both Mr Coulter and Mr McKie in moving the issue towards a timely conclusion. Mr Coulter said that there was definitely learning to be drawn from the experience.

12.5 Mrs Taylor asked whether or not there was a written protocol between the two organisations and might this have prevented confusion. Mr Coulter said that there was no such a protocol and the Trust needed to recognise the different financial processes at NYCC. There would now be regular meetings between the Deputy Director of Finance and his equivalent at NYCC to try and avoid recurrence of the situation.

12.6 Moving on, Mrs Webster asked what the cash position of the Trust would be at 31 March. Mr Coulter said that would depend on what payments were made by the Trust but he expected the cash balance to be in the region of £3m. Mrs Webster asked where any Vanguard funding would be managed and Dr Tolcher said that was not yet clear.

12.7 Mr Thompson recognised the strategic change from last year-end, where the Trust had a cash balance of more than £5m. It involved a higher figure for creditors and higher borrowings. Whilst he was content that the situation was well in control the Balance Sheet for next year would look very different and issues around cash management would come to the fore. Mr Coulter agreed, noting that this was mirrored by the Income and Expenditure statement which would show a deficit against our plan of £2m – there was clear linkage.

12.8 Mrs Dodson then asked the Board to **endorse** the recommendation of both the Audit and Finance Committees that HDFT be declared as a 'Going Concern' which it did *nem con.*

Planning for the Future – Strategic issues

13. Operational Plan

13.1 Mr Coulter's paper on the Operational Plan had been circulated in advance of the meeting and was taken as read.

13.2 Mr Coulter confirmed that the draft financial plan would be submitted to Monitor by 7 April as required, with the final version being forwarded by 14 May. He said that the financial plan was predicated on the financial assumptions previously discussed. As far as contract negotiations were concerned there were some outstanding issues with HaRD CCG and another meeting was planned for 26 March. It was, however, clear that no contract could be agreed and signed by 31 March, which is the national deadline. It was hoped to conclude and sign the contract by the end of April. The contracting for the New Care Models would be different and the current plan is to cover non-elective admissions and community services within a separate hybrid contract. There would thus be three types of contract - the acute and community contracts excluding activity moved to the hybrid; and the hybrid contract which may be worth in the region of £22m.

13.1 Efficiency Programme 2015-16

13.1.1 Mr Coulter's paper on the Efficiency Programme 2015-16 (paper 11.1) had been circulated in advance of the Board and was taken as read.

13.1.2 Mr Coulter said that the target was £10.2m . To date plans to achieve £9.5m had been identified and subjected to quality impact assessment. This total falls to £7.7m after being risk adjusted for finance. There would be a quarterly report to the Finance committee and the Board to show progress that was being made against the Efficiency Programme and he would review progress monthly with the Directorates. He pointed out that if the programme stays as it is then the Trust could be £100,000 behind the programme as soon as the end of April - it was important that approved efficiency schemes started as soon as possible.

13.1.3 In her role as Chairman of the Finance Committee, Mrs Webster commented that her Committee had examined the Efficiency Programme in some detail, discussed the situation with contracting - especially with HaRD CCG - and scrutinised the draft financial plan. It had debated the high value schemes, how and by whom they would be delivered and the critical timing of some schemes. The Committee would be keeping track of the Efficiency Programme on a quarterly basis and considering the impact of transformational work. The Committee found the financial gap around the HaRD contract worrying. As far as the financial plan was concerned, the Committee agreed with the activity and income phasing as proposed by the Executive Team. Mrs Taylor added that there was further assurance to be taken in the fact that there was a much greater proportion of recurring, as opposed to non-recurring, schemes in the Efficiency Programme than in previous years.

13.1.4 Mr Thompson touched on the capital programme, where the presumption was that the working capital did not move. He considered that there needed to be careful management of both creditors and debtors. If the projected depreciation sum is applied and delivered then that would demonstrate that the Efficiency Programme was being managed.

13.1.5 Mrs Dodson sought and received the **approval** of the Board for the financial plan for submission to Monitor and for the capital plan. Mr Coulter thanked the Board and said that the final plan would need to be signed off in the week commencing 7 May and this could be

completed by a sub-Committee formed for the purpose. Mrs Dodson agreed that herself, Mr Thompson, Mrs Webster, Dr Tolcher, Mr Coulter and Mr Harrison would form the sub-Committee but other Directors would not be excluded if they wished to contribute.

14.0 Future Internal Governance Structure

14.1 Dr Tolcher's paper had been circulated in advance of the meeting and was taken as read.

14.2 Dr Tolcher said that the aim of the changes was to strengthen systems and processes and improve efficiency through best practice. Three core areas had been identified – the 'Big Picture', purposeful meetings and engagement and empowerment of staff - and a considerable volume of work had been executed around them. There needed to be wide involvement in embedding learning. She had also reflected on the responsibilities of the Audit Committee and the proposed Quality Committee in the new structure, a subject which had been covered extensively at the most recent Audit Committee meeting.

14.3 Mrs Webster welcomed the report as a 'fantastic job, into which a lot of work had been put. Mrs Dodson noted the intention for a phased introduction and Dr Tolcher said that the transition period (to 30 June) had been carefully thought through. There would need to be a review of the membership of each of the groupings and where it sits in the governance structure. Committees of the Board would be chaired by a Non-Executive Director and there would be both a clear difference and clear symbiosis between the Audit and Quality Committees. The former would scrutinise internal controls and seek assurance, for example that the Corporate Risk Register was running as a management tool rather than delving into the detail. The Quality Committee would be part of the system of control. Mrs Dodson thanked Dr Tolcher for her clear exposition of the situation.

14.4 Mr Thompson said that there had been long discussions at the recent Audit Committee meeting and it was felt that the Quality Committee would rely on the effective working of the other committees of the Board if it was to operate effectively.
Dr Tolcher said that it would be a matter of segmentation. The Quality Committee would spend more time on the scrutiny of clinical outcomes and involve the Clinical Directors to ensure that the right clinical outcomes were being delivered to maintain visibility. Mrs Webster emphasised that the role of the Quality Committee and the distinction between it and the Audit Committee would have to be very clear and Mr Coulter said that his view was that the Quality Committee would be the mirror image of the Finance Committee. Mrs Dodson said that the Audit Committee would continue to seek assurance on the effectiveness of systems and processes. The Quality Committee would be different, setting strategies and objectives and monitoring the progress and outcomes. The Quality Committee would seek assurances on the quality of care on behalf of the Board.

14.5 Dr Tolcher said that as a committee of the Board the Quality Committee would have delegated responsibility for the delivery of quality, which would be wider than an assurance role. She expected that the staff survey would show improvement in the quality of care once the Quality Committee was in operation fully. The strength of the Committee would depend to some extent on how it is represented at the Board so a reasonable period within the agenda will need to be set aside for its reports.

14.6 Professor Proctor welcomed the idea of an open invitation to Governors to attend committee meetings as observers, as had happened with the Audit Committee. She also encouraged the Chairs of the Board Committees to have regular and frequent dialogue to

prevent 'drift'. In her view the relationship between the committees would be a Venn diagram approach with operational linkage and a reasonable overlap. Mr Ward asked whether there were plans to change the Remuneration Committee. Mrs Dodson said that would need to be discussed and she would include it as a subject at a meeting she was planning to discuss the best use of the time of Non-executive Directors.

Action: Mrs Dodson

14.7 Mrs Dodson sought and received formal **approval** of the establishment of a Quality Committee of the Board of Directors and for the implementation of the new governance structure from 1 April 2015.

Assurance

15. Quarterly Review of the Board Assurance Framework

16. Quarterly Review of the Corporate Risk Register

15.1 Mrs Dodson invited Dr Tolcher to take these items together. Dr Tolcher's paper on the Board Assurance Framework (paper 15.0) and the Corporate Risk Register (paper 16.0) had been circulated in advance of the meeting and were taken as read.

15.2 Dr Tolcher said that the Board Assurance Framework had been completely refreshed and consistently rescored compatible with the risk appetite of the organisation. The Board needed to focus on the strategic risks with the highest score and on risks where there was a lack of progress against the Action Plan. She selected the risk on care for the frail and elderly which was multifactorial and there was a high level of activity. There were gaps in controls which were linked to the NCEPOD report discussed earlier, around medical support for elderly surgical patients. The risk would also include the New Care Models work. As far as failure to learn from feedback and Incidents there had a been a Rapid Programme Improvement Process undertaken to identify how more could be done to use feedback to redesign services.

15.3 Moving to the Corporate Risk Register Dr Tolcher said that the paper was a good update. There were five operational risks and all Action Plans were up to date and running to time. There was also a good monthly process in place to review mitigation of the risks.

15.4 In answer to a question about the contrast between the reduction in risk score on the Corporate Risk Register of 'the financial risk from ageing IT infrastructure' and the highest scoring risk on the Board Assurance Framework, 'the lack of an integrated IT infrastructure'. Mr Harrison explained that the risk on the Corporate Risk Register referred only to the financial risk, which would be mitigated by devoting £500,000 towards updating the IT, rather than the lack of an integrated IT infrastructure to enable streamlined communication across the whole of the Trust and partners, which was a strategic risk to the Trust achieving its objectives. Dr Tolcher said that the example showed very succinctly the difference between the Board Assurance Framework and the Corporate Risk Register.

15.5 Mrs Dodson agreed that there was a need to appreciate the difference between strategic and operational risk and it was intended to provide some training on risk management for the Board later in the year. **Action: Mr Forsyth**

15.6 The Board **confirmed** that the mitigating actions and target risk scores in the Corporate Risk Register were acceptable.

17.0 Compliance with Monitor Licence

17.1 Dr Tolcher's paper had been circulated in advance of the meeting and was taken as read.

17.2 Dr Tolcher said that the review was lengthy but necessary as part of good governance. It would also aid preparation for a third-party Well Led Review in Quarter 4, which would be preceded by a self-assessment. It provided assurance that the Trust continues to be compliant with the requirements of the Monitor Licence and it detailed areas for action. She noted that the Finance Committee has a role to play in ensuring continued compliance with the Monitor Licence. A further update on Licence compliance will be provided six-monthly.

17.3 The Board **noted** the outcome of the self-assessment.

18. Reports – Minutes of the Audit Committee meeting held on 30 January

18.0 The Minutes had been circulated in advance of the meeting and were taken as read.

18.1 As Chairman of the Audit Committee Mr Thompson noted that the Committee had agreed to recommend that the Trust be regarded as a 'Going Concern'. He also drew attention to the discussion about the lack of responses to internal audit recommendations, which Dr Tolcher and Mr Coulter had picked up subsequently at the Senior Management Team meeting. He noted the number of audits with Significant/Limited assurance, which suggested that the Trust was good at designing systems but not at implementing the change which went with that.

18.2 In replying Dr Tolcher said that, as the Accountable Officer, she selected subjects for internal audit where she wished to have some additional assurance and therefore it was highly likely that some audits would have limited assurance. Mr Coulter said that it was important to see the reaction to an assessment of Limited Assurance and the key was to follow these up through the annual review, to ensure that there are not two consecutive Limited Assurance assessments.

19. Serious Complaints/Incidents/matters that have been reported to Monitor and/or the Care Quality Commission

19.1 Mrs Dodson confirmed that only routine reports had been made to these bodies during the last month.

20. Any Other Business

20.1 There was no other business.

21. Board Evaluation

21.1 Mrs Dodson asked for views from Board members. She said that she felt the meeting had been rather rushed, with a big, important agenda. Mr Coulter thought that the early session had seemed rushed and there had been more relaxed discussion as the meeting proceeded.

21.2 Mrs Taylor had found the feedback from the Committee Chairmen valuable and their summarising had prevented duplication of effort. Dr Tolcher thought it had been unfortunate that there had been no time for questions for Dr Layton.

21.3 Mr Ward said that it had been an effective meeting although he noted that there had been less comment from the Clinical Directors; he welcomed their comments. Mrs Webster said that at the previous meeting there had been feedback on a particular subject from their directorate meetings and Mr Alldred said that was as the result of the way the agenda had worked out.

21.4 Mrs Dodson said that she felt there had been more opportunity for cross-discussion and the Committee structure had been seen to be used effectively.

21.5 In closing the meeting Mrs Dodson thanked the remaining Governors for attending and then moved the Confidential Motion.

22. Confidential Motion

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

The Board agreed the motion unanimously.

The meeting closed at 12.10pm.

Signed……..Chairman

Dated……

Harrogate and District NHS
NHS Foundation Trust

HDFT Board of Directors Actions Schedule – April 2015

Completed Actions

This document logs actions Completed items agreed for action at Board of Director meetings. Completed items will remain on the schedule for three months and then be removed.

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

Meeting Date	Item Description	Director/ Manager Responsible	Date due to go to Board or when a confirmation of completion/progress update is required	Confirm action Complete or detail progress and when item to return to Board if required
October 2014	Submission to the Sign Up for Safety campaign to be circulated to the Board for information	Dr Scullion, Medical Director	January 2015	Complete
July 2014	Organise staff briefing sessions on the findings of the Leeds Savile review	Mrs Foster, Chief Nurse/ Prof Proctor, Non-Executive Director/ Mr Watt, Head of Communications	November 2014 (January 2015)	Complete
October 2014	Arrange briefing on Fit and Proper Person Test, Fundamental Standards of Care and Duty of Candour by Trust solicitors	Mr Forsyth, Interim Head of Corporate Affairs	January 2015	Complete
November 2014	Update Mr Ward's declaration of interests in summary sheet	Mr Forsyth, Interim Head of Corporate Affairs	December 2014 (January 2015)	Complete
November 2014	Write to organisers of Celebrating Success Ball	Mrs Dodson, Chairman	December 2014 (January 2015)	Complete
November 2014	Amend Terms of Reference of Finance Committee	Mr Forsyth, Interim Head of Corporate	December 2014 (January 2015)	Complete

		Affairs		
November 2014	Report to Board on meeting about mental health issues	Dr Scullion, Medical Director	January 2015	Complete
October 2014 & November 2014	Update Board on progress of review of complaints governance process	Clinical Directors	February 2015	Complete
October 2014 & November 2014	Update reports on improving complaints processing	Clinical Directors	February 2015	Complete
January 2015	Report to Board on review of readmissions data	Mr Harrison, Chief Operating Officer	February 2015	Complete
January 2015	Discuss financial implications of changes in casemix with Mr Ward	Mr Harrison, Chief Operating Officer ad Mr Alldred, Clinical Director, Elective Care	February 2015	Complete
January 2015	Arrange for medical staff to be briefed on use of correct terminology for doctors in training	Dr Scullion, Medical Director	February 2015	Complete
January 2015	Chief Operating Officer's report to be placed in 'Putting Patients First' section of Board agenda	Mr Forsyth, Interim Head of Corporate Affairs	February 2015	Complete
January 2015	Local MPs to be briefed on progress of Vanguard applications	Dr Tolcher, Chief Executive	February 2015	Complete
January 2015	Course of action over contracting of IPC service to be agreed	Dr Tolcher, Chief Executive and Mr Coulter, Director of Finance	February 2015	Complete
September 2014	Update the Board on resilience of Paediatric Diabetes service	Dr Johnson, Clinical Director, Directorate of Elective Care	March 2015	Complete
February 2015	Ensure CCG and GPs are aware of NHS Change Day Twitter site (Minute 6.15)	Mr Marshall, Director of Workforce and Organisational Development	March 2015	Complete
February 2015	Write letter to Nursing Times re maternity staffing (8.7)	Mrs Foster, Chief Nurse	March 2015	Complete
February 2015	Circulate anonymised Safer Staffing report to Board members	Mrs Foster, Chief Nurse	March 2015	Complete

	(8.8)			
February 2015	Investigate spike in pressure ulcers on Farndale Ward (8.14)	Mrs Foster, Chief Nurse	March 2015	Complete
February 2015	Update on cash position (10.7)	Mr Coulter, Director of Finance	March 2015	Complete
February 2015	Include number of temporary staff/locums in Board report (10.8)	Mr Marshall, Director of Workforce and Organisational Development	March 2015	Complete
February 2015	Update on staff screening (11.9)	Mr Marshall, Director of Workforce and Organisational Development	March 2015	Complete
February 2015	Inform Monitor that the Trust has opted to take up the Enhanced Tariff Option (12.7)	Dr Tolcher, Chief Executive	March 2015	Complete

Harrogate and District NHS
NHS Foundation Trust

HDFT Board of Directors Actions Schedule – Outstanding Actions

April 2015

This document logs items agreed at Board meetings that require action following the meeting. Where necessary, items will be carried forward onto the Board agenda in the relevant agreed month. 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.

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date due to go to Board or when a confirmation of completion/ progress update is required	Detail progress and when item to return to Board if required
1	July 24 2013	Report any future complaints about the LCP to the Board via the Chief Nurse report	Mrs Foster, Chief Nurse	Ongoing	Ongoing
2	November 2014	Comment on potential link between night staffing levels and number of patient falls	Mrs Foster, Chief Nurse	**April 2015** (January & /March 2015)	
3	January 2015	Update the Board on progress of Sign Up to Safety application	Dr Scullion – Medical Director	**April 2015** (March 2015)	
4	January 2015	Report on actions following Midwifery inspection and Healthwatch visit	Mrs Foster, Chief Nurse	**April 2015**	
5	February 2015	Report on analysis of spike in complaints in Trauma and Orthopaedics (8.20)	Dr Johnson, Clinical Director, Elective Care	**April 2015** (March 2015)	
6	February 2015	Report to the Board on progress with improving the Trust position on catheter and cannula care (8.4)	Mrs Foster, Chief Nurse	**April 2015**	
7	March 2015	Report on work to reduce mortality indices (8.2)	Dr Scullion, Medical Director	**April 2015**	
8	March 2015	Report on audit of possible delays in triage of OOH patients (10.6)	Mr Alldred, Clinical Director Acute and Cancer Care	**April 2015**	
9	March 2015	Arrange sub-Committee meeting to approve Operational Plan (13.1.5)	Mr Forsyth, Interim Head of Corporate Affairs	**April 2015**	

10	September 2014	Update to Board on progress of safeguarding review	Mrs Foster, Chief Nurse	May 2015 (November 2014)	
11	March 2105	Report on progress of NCEPOD work (10.1.6)	Mr Lavalette, NCEPOD Ambassador	May 2015	
12	February 2015	Report on communications campaign around nurse and midwife revalidation (8.16)	Mrs Foster, Chief Nurse	June 2015	
13	March 2015	Update on immunisation screening of staff (11.9)	Mr Marshall, Director of Workforce and Organisational Development	September 2015	
14	February 2015	Brief Board on emerging models at next BDD (6.14)	Dr Tolcher, Chief Executive	*Date to be confirmed*	
15	March 2015	Possible changes to the Remuneration Committee to be discussed by NEDs (14.6)	Mrs Dodson, Chairman	*Date to be confirmed*	
16	March 2015	Action Plan following Morecambe Bay Inquiry	Chief Nurse – Mrs Foster	*Date to be confirmed*	

Report to the Trust Board of Directors: 22 April 2015	**Paper number: 5.0**

Title	**Board of Director Terms of Reference**
Sponsoring Director	Chairman
Author(s)	Chairman, Deputy Director of Corporate Affairs
Report Purpose	To conduct the annual review of the Board of Director's Terms of Reference
Previously considered by	Board of Directors, 23 April 2014

Executive Summary
The Board is required to undertake an annual review of its Terms of Reference to ensure that it is conducting its business in accordance with them and also ensure they are up to date with the current Board structure and relevant legislation. The suggested changes to the document relate to the number of voting directors, the quorum and the proposed minimum number of meetings to be held annually.

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	
4. Continue to expand our secondary care services into Leeds and maximise income.	

Risk and Assurance	The Terms of Reference provide assurance that the Board is in agreement with its role and responsibilities and is clear about the nature of the business it conducts.
Legal implications/ Regulatory Requirements	This review complies with the statutory requirement to examine the Terms of Reference on an annual basis

Action Required by the Board of Directors
That the Board of Directors review and approve the updated Terms of Reference

Harrogate and District NHS
NHS Foundation Trust

HDFT Board of Directors

Terms of Reference

Harrogate and District NHS Foundation Trust is independent organisation with accountable relationships including the Foundation Trust membership, public, regulatory bodies and commissioners. The Board of Directors reports to the Council of Governors that represents the membership of the Trust.

The general duty of the Board, and of each director individually, is to promote the success of the organisation so as to maximise the benefits for the members of the organisation as a whole and for the public.

These terms of reference describe the role and working of the Board of Directors and are for the guidance of the Board and for the information of the Trust as a whole. Within this document the following references apply:

- 'The Trust' means Harrogate and District NHS Foundation Trust; and
- 'The Board' means the Board of Directors of Harrogate and District NHS Foundation Trust.

Membership

The Trust has a unitary Board of Directors which exercises all the powers of the Trust on its behalf, but the Board may delegate any of those powers to a Committee of Directors or to an Executive Director.

In accordance with the Trust's Constitution, the composition of the Board of Directors shall be:

- The Chair of the Trust
- A minimum of six Non-Executive Directors (including the Vice Chair and the Senior Independent Director of the Trust)

Executive Directors including:

- The Chief Executive (the Chief Accountable Officer)
- The Finance Director (the Chief Finance Officer)
- The Medical Director (who shall be a registered medical or dental practitioner)
- The Chief Nurse (who shall be a registered nurse or midwife)
- Two other Executive Directors (currently the Chief Operating Officer and Director of Workforce and Organisational Development)
- A Deputy Chief Executive who will be one of the above.

All Executive and Non-Executive Directors hold a vote.

Quorum

A quorum is at least five of the whole number of the Directors present including at least two Executive Directors and three Non-Executive Directors, one of whom is the Chair and as such has a casting vote.

An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

Frequency

The Board meets on a monthly basis.

There will be a minimum of ten meetings of the Board per year.

Additional meetings of the Board may be called in accordance with the Trust's Standing Orders

Responsibilities

The Board is responsible for decision making associated with:

- The strategic direction of the Trust.
- The provision of high quality and safe healthcare services, healthcare delivery, education, training and research.
- Overall performance of the Trust in relation to standards set by the Department of Health, Monitor, the Care Quality Commission and other relevant bodies.
- Ensuring the Trust exercises its functions effectively, efficiently and economically.
- Effective governance measures.
- Compliance with the Trust's Licence.
- Compliance with the Trust's Constitution.

Duties

As a unitary Board, Directors will work in a way that makes the most effective use of all its skills.

The duties of the Board can be categorised as follows:

Leadership and Culture

The Board:

- Ensures there is a clear vision and strategy for the Trust that people know about and that is being implemented, within a framework of prudent and effective controls which enable risk to be assessed and managed.
- Sets values, ensuring they are widely communicated and that the behaviour of the Board is entirely consistent with those values.
- Ensures a strong duty of candour is embedded across the organisation.
- Ensures the Trust is an excellent employer through the development of a workforce strategy and its appropriate implementation and operation.
- Ensures that Directors and staff adhere to any codes of conduct adopted or introduced from time to time.

Strategy

The Board:

- Sets and maintains the Trust's strategic vision, aims and objectives ensuring the necessary financial, physical and human resources are in place for it to meet its objectives.
- Develops and maintains an annual business plan and ensures its delivery as a means of taking forward the strategy of the Trust to meet the expectations and requirements of stakeholders.
- Ensures that national policies and strategies are effectively addressed and implemented within the Trust.
- Ensures that the Trust delivers its strategy within the available resources.

Quality

The Board:

- Ensures that the Trust operates effectively, efficiently and economically.
- Sets the annual quality priorities for the Trust.
- Monitors the delivery of quality performance.
- Monitors feedback relating to the experiences of people who use our services and the processes for proactive engagement.
- Promotes a culture of safety.
- Reviews performance, identifying opportunities for improvement and ensuring those opportunities are taken to ensure the delivery of high quality services.
- Ensures the proper management of resources and that financial and quality of service responsibilities are achieved.

Finance

The Board:

- Ensures the continuing financial viability of the organisation.
- Reviews performance, identifying opportunities for improvement and ensuring those opportunities are taken to ensure the delivery of high quality services.
- Ensures the proper management of resources and that financial and quality of service responsibilities are achieved.
- Acts as corporate Trustee for the Trust's charitable funds.

Governance

The Board:

- Ensures that the Trust has comprehensive governance arrangements in place that enable the Trust's resources to be appropriately managed and deployed, that key risks are identified and effectively managed and that the Trust fulfils its accountability requirements in line with the requirements of the Trust's licence
- Ensures that the Trust complies with its governance and assurance obligations in the delivery of safe clinically effective services taking account of people who use our services and carer experiences.
- Oversees both the delivery of planned services and the achievement of objectives, monitoring performance to ensure corrective action is taken when required.
- Monitors and reviews strategy to ensure the Trust's objectives are met.
- Ensures delivery of national and local standards.
- Ensures compliance with the principles of corporate governance and with appropriate

codes of conduct, accountability and openness applicable to Foundation Trusts.

- Formulates, implements and reviews standing orders and standing financial instructions as a means of regulating the conduct and transactions of Trust business.
- Ensures that the statutory duties of the Trust are effectively discharged.
- Ensures appointments are made to statutory roles.
- Engages with partners and stakeholders, for example staff, Governors, and Commissioners.
- Ensures an effective system of integrated governance, risk management and internal control across the whole of the Trust's clinical and corporate activities.
- Ensures that there are sound processes and mechanisms in place to ensure effective patient and carer involvement with regard to development of care plans, the review of quality of services provided and the development of new services.
- Ensures there are appropriately constituted appointment arrangements for senior positions such as Consultant medical staff and Executive Directors.
- Establishes appeals panels as required by employment policies particularly to address appeals against dismissal and final stage grievance hearings.

Ethics and integrity

The Board:

- Ensures that high standards of leadership and culture and personal integrity are maintained in the conduct of Trust business.
- Abides by the seven principles of public life: selflessness, integrity, objectivity, accountability, honesty, transparency and leadership.

Communication

The Board:

- Ensures an effective and transparent communication channel exists between the Trust, its Governors, Members, staff and the local community.
- Ensures the effective dissemination of information on organisational strategies and plans and also provides a mechanism for feedback.
- Ensures that those Board proceedings and outcomes that are not confidential are communicated publically, primarily via the Trust's website.
- Publishes an annual report and annual accounts.

Committees

The Board is responsible for establishing and maintaining committees with delegated powers as prescribed by the Trust's Standing Orders and/or by the Board.

Role of the Chair

The Chair is responsible for leading the Board and for ensuring that it successfully discharges its overall responsibilities for the Trust.

The Chair is responsible for the effective running of the Board and Council of Governors. The Chair is responsible for ensuring that the Board as a whole plays a full part in the development and determination of the Trust's strategy and overall objectives.

The Chair oversees the Board's decision-making processes.

Role of the Chief Executive

The Chief Executive is the Accountable Officer of the Trust and is responsible to the Board for running the Trust's business and for proposing and developing the Trust's strategy and overall objectives for approval by the Board.

The Chief Executive is responsible for implementing the decisions of the Board and its committees, providing information and support to the Board and Council of Governors. The Chief Executive is also responsible for implementing robust succession plans to ensure continuous delivery of high quality services.

The Chief Executive reports to the Chair.

Other matters

The Trust Board shall be supported administratively by the Deputy Director of Corporate Affairs whose duties in this respect will include:

- Agreement of the agenda for Board meetings with the Chair and Chief Executive
- Collation of reports and papers for Board meetings
- Ensuring that suitable minutes are taken, keeping a record of matters arising and issues to be carried forward
- Advising the Board on governance matters.

A full set of papers comprising the agenda, minutes and associated reports and papers will be sent within the timescale set out in Standing Orders to all Directors and others as agreed with the Chair and Chief Executive.

The Board shall self-assess its performance following each Board meeting and carry out an annual formal assessment of its processes and the performance of its individual Directors.

Review

These terms of reference for the Board will be reviewed annually.

April 2015

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 22 April 2015	**Paper number 6.0**

Title	**Third Party Schedule**
Sponsoring Director	Chief Executive
Author(s)	Interim Head of Corporate Affairs
Report Purpose	To update the Board with the Trust Third Party Schedule
Previously considered by	N/A

Executive Summary
The Board of Directors is required, under the Foundation Trust Code of Governance, to maintain a schedule of the specific third party bodies in relation to which the NHS Foundation Trust has a duty to cooperate.

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	Yes
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	Yes
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	
4. Continue to expand our secondary care services into Leeds and maximise income.	

Risk and Assurance	None
Legal implications/ Regulatory Requirements	The Trust is required to maintain this schedule of third parties.

Action Required by the Board of Directors
The Board is asked to receive the updated Third Party Schedule.

Third parties with roles in relation to Harrogate and District NHS Foundation Trust
April 2015

This list is indicative and not exhaustive and is split into third parties with a specific remit in healthcare and those with a more general remit. The list may change from time to time and will be added to as appropriate.

Third parties with statutory enforcement powers with a statutory remit specific to healthcare:

Bodies with statutory enforcement powers include, for example, the Health and Safety Executive, the regulators of health professionals such as the General Medical Council, the Nursing and Midwifery Council and the fire authorities. Monitor does not reasonably expect to be involved in the resolution of issues covered by such bodies, except where persistent failures may indicate fundamental governance failings and a breach of the Licence.

Care Quality Commission
Monitor

Regulators of individual health professionals:-

General Chiropractic Council
General Dental Council
General Medical Council
General Optical Council
General Osteopathic Council
General Pharmaceutical Council
Health Professions Council
HM Inspectorate of Prisons
Nursing and Midwifery Council

Each of the above regulators has the power to demand the release of information where it relates to a hearing about the fitness to practise of health professional. Some regulators may also have powers in relation to the accreditation of courses, education or training for health professionals wishing to register.

Third parties with a general statutory remit:

Charities Commission
Environment Agency
Equality and Human Rights Commission
Fire Authorities
Health and Safety Executive
HM Coroner
Human Tissue Authority
Information Commissioner
Public Accounts Committee
Secretary of State for Health (may issue directions applicable to Foundation Trusts)

Third parties with statutory role but no enforcement powers with a remit specific to healthcare:

Bodies that have a statutory role in setting or monitoring compliance with health care standards, but no direct enforcement powers, include commissioners and scrutiny of health committees.

Commissioners
Health and Wellbeing Boards
Public Health England
NHS Blood and Transplant
Parliamentary and Health Service Ombudsman
NHS Information Centre for Health and Social care
Overview and scrutiny committees of local authorities
Healthwatch North Yorkshire and Healthwatch England
North Yorkshire County Council Scrutiny of Health Committee

Third parties with a general remit:

Ofsted
HM Inspectorate of Prisons
National Audit Office

Third parties with no statutory role but a legitimate interest:

There are bodies with no statutory powers over NHS Foundation Trusts which may have a legitimate interest in their operations. Monitor expects that NHS Foundation Trusts will generally cooperate with such bodies and a failure to cooperate may, under certain circumstances, constitute a breach of the governance licence condition and grounds for action.

These bodies include nationally recognised accreditation services, such as Clinical Pathology Accreditation (UK) Ltd, committees, working groups and forums advising the Department of Health on topics across health and social care such as the National Specialised Commissioning Group, some arm's length bodies such as the National Institute for Health and Clinical Excellence (NICE), and the medical Royal Colleges.

Monitor expects such bodies to influence NHS foundation trusts through the advice they give and NHS foundation trusts to report to Monitor any issues raised by such bodies that could indicate a breach of their governance condition. Monitor will review any reports of non-cooperation, failure to take account of relevant advice or serious or persistent concerns from such third parties with the NHS foundation trust and make its own judgment on how to proceed. Monitor may choose to intervene if it believes this to be necessary.

Clinical Pathology Accreditation Ltd
Committees, working groups and forums advising Department of Health on topics across health and social care
Confidential Enquiries
Criminal Records Bureau
Health Education England
NHS Business Services Authority
NHS Litigation Authority
Royal Colleges, including:-
Royal College of Anaesthetists
Royal College of General Practitioners

Royal College of Midwives
Royal College of Nursing
Royal College of Obstetricians and Gynaecologists
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Speech and Language Therapists
Royal College of Surgeons

Universities and Post Graduate Deaneries

Report to the Trust Board of Directors: 22 April 2015	**Paper number: 7.0**

Title	**Report from the Chief Executive**
Sponsoring Director	Chief Executive – Dr Ros Tolcher
Author(s)	Chief Executive
Report Purpose	To receive and note the contents of the report.
Previously considered by	N/A

Executive Summary

This is my monthly report summarising key operational and strategic issues across the organisation. This report includes key messages from the Trust's Senior Management Team and the Quality and Governance Group.

The Trusts ends 2014/15 having sustained consistently strong performance across all national key indicators on quality and access.

The year-end position is of a marginal surplus (a shortfall of c£1.7m against plan) and an improved cash position.

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	Yes
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	Yes
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	Yes
4. Continue to expand our secondary care services into Leeds and maximise income.	Yes

Risk and Assurance	
Legal implications/ Regulatory Requirements	No additional risks

Action Required by the Board of Directors

The Board of Directors is asked to discuss and note the report.

1.0 MATTERS RELATING TO QUALITY AND PATIENT EXPERIENCE

1.1 Patient Safety Visits

There have been three Patient Safety Visits since the last meeting of the Board and a further visit is scheduled for 23 April. The visits so far have been to the Pre-Admission Assessment Unit, the podiatry service at Scarborough and Woodlands Ward.

1.2 Complaints monitoring

The Trust received 23 complaints during March 2015, compared with 21 complaints in the prior month and 18 in March 2014. Of the new complaints this month, two are graded amber, 15 are graded yellow and the remaining six are graded Green.

1.3 Operational update

The Trust has maintained its strong operational performance through to the year end and staff should be congratulated on sustaining consistently high standards throughout a year of exceptional challenge. Full details are provided in the update from the Chief Operating Officer and summarised below.

Elective admissions during 2014/15 have been 9.5% higher than in 2013/14, including a 20.1% increase in activity from Leeds. A relatively small increase in follow-up appointments (2.4%) in the context of a 4.7% overall increase in new appointments is evidence of the Trust's commitment to improving follow-up ratios. Our community services also experienced significant growth in demand with a 12% increase in District Nursing activity for the period October to March when compared with the same period last year.

Provisional data indicates that the Trust achieved all cancer waiting times standards for each quarter of 2014/15.

The combined performance for the Trust Emergency Department (including the two Minor Injury Units) was above the 95% standard for each quarter of 2014/15.

The stroke performance standard (the percentage of stroke patients who spend over 90% of their stay on the stroke unit) and the TIA standard were both delivered for each quarter of 2014/15.

HDFT achieved all 18 week standards throughout 2014/15.

No cases of hospital acquired MRSA were reported in 2014/15. There were nine hospital acquired C-Difficile reported during 2014/15 meaning that the Trust has achieved its annual trajectory of remaining below 15 cases.

HDFT has now demonstrated compliance with requirements regarding access to healthcare for patients with learning disabilities. This means that HDFT's Risk Assessment Framework Governance rating for 2014/15 was Green.

2.0 STRATEGIC UPDATE

2.1 Systems leadership-local vision

Following a successful bid for national funding last year we are participating in a systems leadership developmental project, working with NHS, local authority and voluntary sector partners in Harrogate. The challenge of making changes across a complex health and social care system requires a different style of collective leadership and the project enables us to develop new ways of working while tackling a shared goal. The challenge we have selected for this work is 'how to make Harrogate dementia friendly' which aligns with HDFT's ambition to become a centre of excellence in caring for older people. The learning we take from this will also underpin our shared work on new models of care.

2.2 Harrogate Health Transformation Board.

This newly formed group met for the first time on 31 March. Core members are the accountable officers from HDFT, Harrogate and Rural District CCG, Harrogate Borough Council, North Yorkshire County Council and Tees, Esk and Weir Valley NHS FT. The remit of the group is to oversee delivery of schemes which cut across organisations. It encompasses both the new models of care work (Vanguard) and the Ripon Project. It also provides governance for systems resilience work. A monthly report out to SMT will be provided with 'Board ready' papers for each member Board of Directors/governing body as appropriate.

2.3 Sign Up To Safety success (SUTS).

The Trust was successful in bidding for funding to support a patient safety initiative under the SUTS scheme run by the NHSLA. We will receive £23,100 to support the work we described using human factors training to reduce high cost claims in maternity. There were 243 bids of which 67 were successful.

2.4 Vanguard site next steps.

Our site visit is confirmed for 28/29 May. The visit will be used to show NHS England our current position, our plans and where we hope to get to during 2015/16. An Memorandum of Understanding will be agreed after the visit to cover the help they will offer, and the outcomes we will deliver.

3.0 FINANCIAL POSITION

The Trust delivered a year end surplus of £10k for the financial year. This is a significant improvement on the £601k deficit that was reported in February. Although this is a significant improvement on the position from earlier in the year, it represents an adverse variance of c£1.7m compared with our annual plan. The improvement in financial controls and delivery of cost improvement plans will need to be sustained from month one in order to ensure safe delivery of the 2015/16 plan.

The Trust ended the year with an improved cash position following resolution of some longstanding issues. The reported position at the year-end is £4.9m compared with £2.3m at the end of February.

Further detail is contained within the report of the Finance Director.

4.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 15 April, chaired in my absence by Jonathan Coulter. The meeting reviewed the year end position in relation to operational performance and finance and routinely reviewed the Corporate Risk Register.

In addition:

- The CIP position for 2015/16 was reviewed and discussion to ensure momentum of financial performance is continued into the new financial year
- The Deanery report was shared and reviewed
- The internal audit report in relation to requesting medical locums was discussed
- Updates were received from clinical directorates in relation to the governance and Board meetings that report to SMT
- There was discussion in relation to the quality impact assessment outcome in respect of the use of Hydrogen Peroxide Vapour as part of our infection control processes

5.0 COMMUNICATIONS RECEIVED AND ACTED UPON

NHS England has published a revised Never Events Policy and Framework and Serious Incident Framework. The key changes to the Never Event (NE) list relate to definitions and types of incidents. The list has been reduced from 25 to 14. The emphasis is on events that arise from failure (or failure to implement) strong systemic protective barriers. Several previous Never Events have therefore been removed from the list. Changes will be incorporated into existing policy documents within the Trust.

More detail on the changes is contained in the Medical Director's report.

6.0 BOARD ASSURANCE AND CORPORATE RISK

The summary position of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) at the end of March is presented below.

6.1 Board Assurance Framework (BAF)

There are 12 Risks recorded on the BAF and all were reviewed and updated, where appropriate, on 13 April by the Executive Directors. All BAF entries now have action plan progress scores of 1 or 2 which provides assurance that actions are being progressed. There are no risks where the actions are either not defined or are delayed. This represents an improved position since last month.

No new risks have been added to the BAF since last month and no risks have been removed.

The strategic risks, and changes since last month, are as follows:

Ref	Description	Risk score	Movement since last month and progress score
BAF#1	Lack of Medical, Nursing and Clinical staff	Amber 9	unchanged at 2
BAF#2	High level of frailty in local population	Red 12	**Improved** from 3 to 2
BAF#3	Failure to learn from feedback and Incidents	Amber 9	**Improved** from 3 to 2
BAF#4	Lack of integrated IT structure	Red 16	unchanged at 2
BAF#5	Service Sustainability	Red 12	unchanged at 2
BAF#6	Understanding the market	Red 12	unchanged at 2

BAF#7	Lack of robust approach to new business	Amber 8	unchanged at 2
BAF#8	Visibility and reputation	Red 12	unchanged at 2
BAF#9	Risk to current business	Green 4	**Improved** from 2 to 1
BAF#10	Failure to deliver the Operational Plan	Red 12	unchanged at 2
BAF#11	Loss of Monitor Licence to operate	Amber 5	unchanged at 2
BAF#12	External funding constraints	Red 12	unchanged at 2

Progress Score on Actions:

1 Fully on plan across all actions
2 Actions defined - some progressing, where delays are occurring interventions are being taken
3 Actions defined - work started
4 Actions defined - but work not started/behind plan

6.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 10 April. There were no new risks to add to the register and one was removed as follows:

Risk description	Commentary
CR1/PA-GP-24 - Risk of loss of accreditation due to non-conformity with ISO 15198 CPA standard in the transfusion laboratory	Work has taken place and an annual maintenance contract has been arranged. The Risk score was reduced to 4

The highest scoring risk with current risk score of 15 or above remains:
Risk to business objectives due to non-delivery of locality-wide IT system – 16.

Mitigating actions have been identified for all risks and executive leads have been identified to ensure accountability for the delivery of action plans.

There is one risk with a progress score of three – Risk of patient harm due to failure to identify and manage mental health and mental capacity needs.

7.0 COMMUNICATIONS

GP Open Event.

We held our first open event dedicated to GPs on 25 March. GPs from across the area were invited to come along and meet with consultants and senior clinicians. There were presentations on maternity, urology, orthopaedics and pathology services and stands from almost all of our clinical areas, manned by consultants. We are now planning further events to reach out to GPs in the wider area.

8.0 OTHER MATTERS

8.1 Documents Signed/Sealed

The Contract with Imtech and the Carbon Energy Fund for the Energy Management Infrastructure was signed and sealed by the Chairman and myself on 31 March 2015. There have been some delays in agreement of minor details with Imtech but the Trust solicitors have advised that these will not have a material effect on implementation.

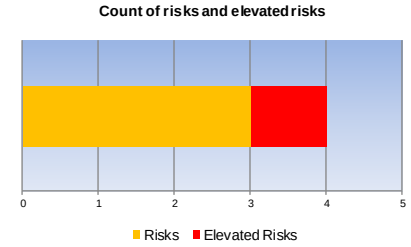
Dr Ros Tolcher
Chief Executive
April 2015

Board of Directors Overview - Mar 15

Harrogate and District NHS
NHS Foundation Trust

Quality

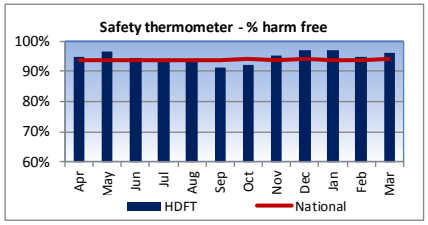
CQC Intelligent Monitoring



Priority banding for inspection	5
Number of Risks	3
Number of Elevated Risks	1
Overall Risk Score	**5**
Number of appplicable indicators	95
Maximum Possible Risk Score	190

	Description
Elevated Risk	Composite of Central Alerting System (CAS) safety alerts indicators
Risk	Potential under-reporting of patient safety incidents
Risk	Composite of hip related PROMS indicators
Risk	Consistency of reporting to the National Reporting and Learning System (NRLS)

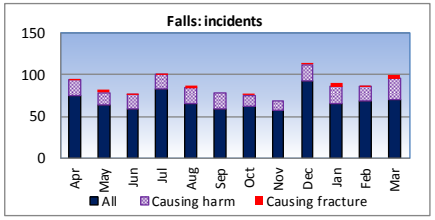
Safety Thermometer - % harm free



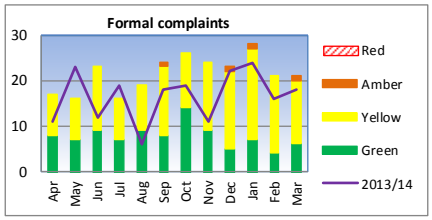
Pressure Ulcers

Hospital acquired	MAR	YTD	Trend
Grade 2	15	216	
Grade 3	1	28	
Grade 4	0	0	
Community acquired	**MAR**	**YTD**	**Trend**
Grade 2	8	83	
Grade 3	1	31	
Grade 4	0	2	

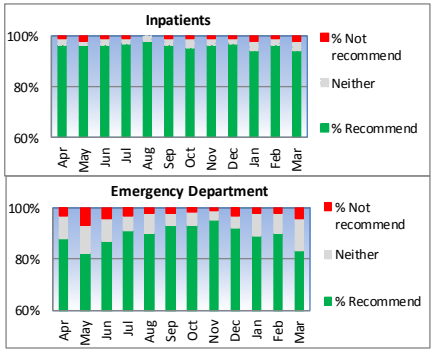
Falls



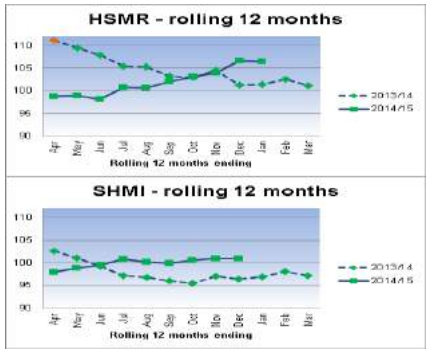
Complaints



Friends and Family - % recommend/not recommend



Hospital Mortality Information

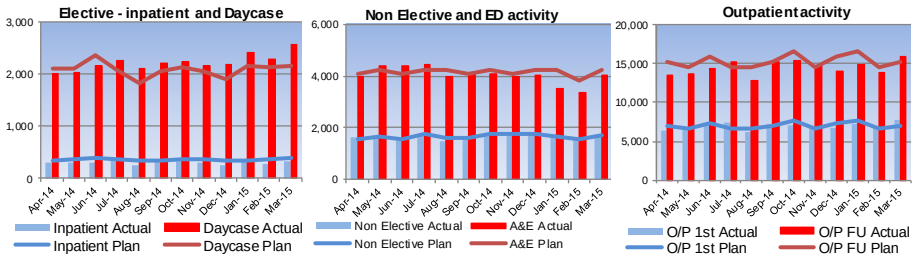


Performance

Monitor Governance Rating	Green

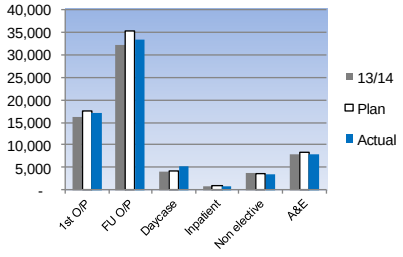
Indicator description		Target	Q1	Q2	Q3	Q4 (prov)
RTT	Admitted pathways (% within 18 weeks)	>=90%	95%	94%	94%	94%
	Non-admitted pathways (% within 18 weeks)	>=95%	97%	97%	97%	97%
	Incomplete pathways (% within 18 weeks)	>=92%	97%	97%	97%	97%
A&E	Total time spent in A&E	>=95%	97%	98%	96%	96%
Cancer	Maximum waiting time or 14 days from urgent GP ref to date first seen for all urgent suspect cancer referrals	>=93%	99%	98%	98%	96%
	Maximum waiting time of 14-days for symptomatic breast patients (cancer not initially suspected)*	>=93%	97%	96%	96%	97%
	31 day wait for second or subsequent treatment: Surgery*	>=94%	100%	97%	100%	96%
	31 day wait for second or subsequent treatment: Anti-Cancer drug*	>=98%	100%	100%	100%	100%
	31 day wait for second or subsequent treatment: Radiotherapy*	>=94%	NA	NA	NA	NA
	Maximum waiting time of 31 days from diagnosis to treatment for all cancers (%)*	>=96%	100%	100%	100%	100%
	62 day wait for first treatment from urgent GP ref to treatment: all cancers*	>=85%	94%	91%	90%	89%
	62 day wait for first treatment from consultant screening service referral: all cancers*	>=90%	100%	100%	89%	100%
C-Difficile	<= 11 cases in year		3	3	2	1
Community Services	RTT information	>=50%	80%	80%	81%	81%
	Referral information	>=50%	71%	72%	71%	71%
	Treatment activity information	>=50%	86%	83%	82%	82%

Performance against activity plans



	YTD Plan	YTD Actual	YTD Variance	13/14 YTD
Inpatient	4,372	3,712	-660	3,763
Daycase	25,090	26,664	1,574	23,987
O/P 1st	84,492	83,788	-704	80,004
O/P FU	183,303	173,668	-9,635	169,611
A&E	49,810	48,280	-1,530	47,562
Non Elective	20,053	19,814	-239	19,960

Activity relating to Leeds Locality



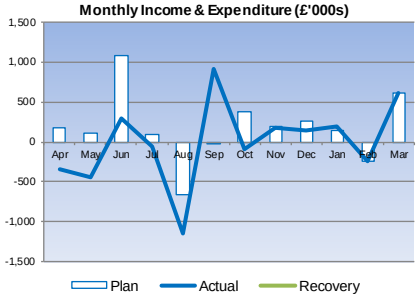
Board of Directors Overview - Mar 15

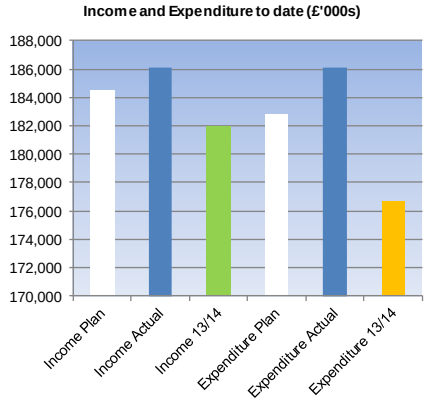
Harrogate and District NHS Foundation Trust

Finance

Continuity of Services Risk Rating	Q3	Q4
Planned Rating	4	4
Actual Rating – Capital Service Cover	2	3
Actual Rating – Liquidity	3	3
Actual Rating – Consolidated Rating	**3**	**3**

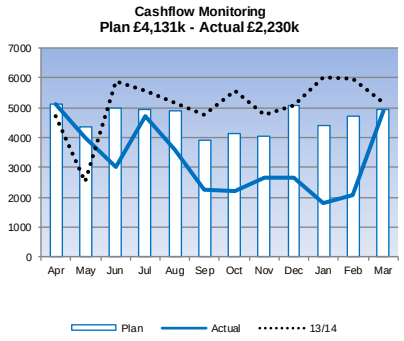
Income & Expenditure	£'000s
YTD Plan	1,739
YTD Actual	10
Variance	**-1,729**
Planned Outturn	1,739
Forecast Outturn	0
Variance	**-1,739**

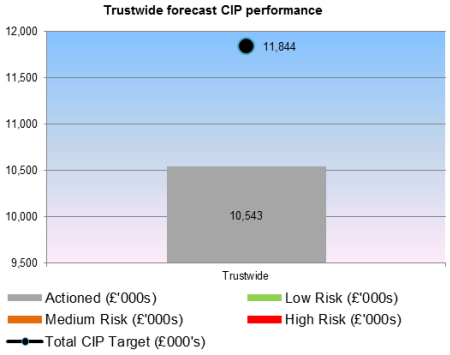




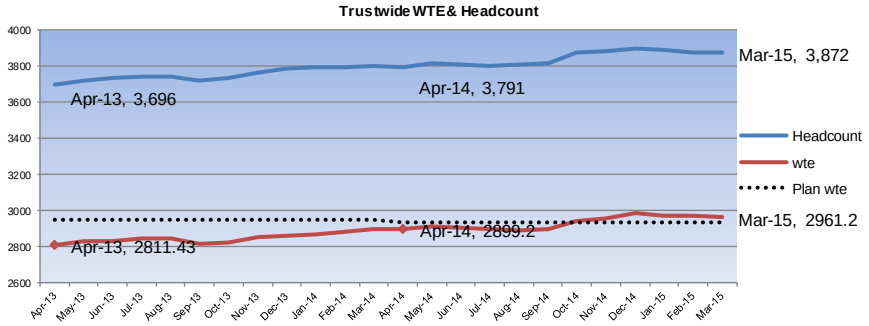
Income	Plan	Actual	Variance	13/14
Feb (£'000s)	16,305	17,201	**896**	16,394
YTD (£'000s	184,523	186,119	**1,596**	181,990

Expenditure	Plan	Actual	Variance	13/14
Feb (£'000s)	16,051	16,591	**540**	15,273
YTD (£'000s	182,784	186,109	**3,325**	176,673





Workforce



Staff Sickness Rates

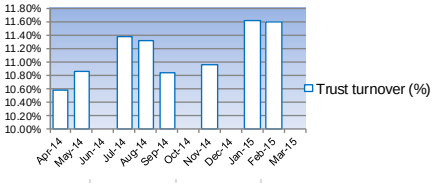
Absence Rates	Feb-15	YTD	Trend
Trustwide	4.21%	4.05%	

Type	Short Term Sickness	Long Term Sickness
Trustwide	89.74% ⬇	10.26% ⬆

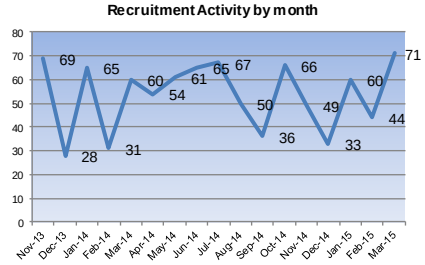
Top 5 Absence Reasons per episode for sickness in Feb 15	% of total sickness
Cold, Cough, Flu - Influenza	25.81%
Gastrointestinal Problems	17.09%
Anxiety/Stress/Depression/Other Psychiatric Illnesse	7.35%
Other Musculoskeletal Problems	6.15%
Other Known Causes - Not Elsewhere Classified	5.81%

Turnover

	Ave Headcount	Leavers	Turnover %
Trustwide	**3,392**	**393**	**11.59%**
*excludes jnr doctors, fixed term contracts and zero hour			



Recruitment



Appraisal

Directorate	No. of Assignme	Running Total	% Complete	Trend
ACC	639	515	80.60%	
Corporate	560	448	80.00%	
Elective	853	619	72.60%	
Integrated	974	617	63.30%	
Trustwide	**3026**	**2199**	**72.70%**	

Safer Staffing Information

Time of day	Nursing group	Current Month	Trendline (+/-100%)
Day	Registered	104%	
	Unregistered	108%	
Night	Registered	103%	
	Unregistered	123%	

Report to the Trust Board of Directors: 22 April 2015	Paper number: **8.0**

Title	Report from the Medical Director
Sponsoring Director	Medical Director
Author(s)	Medical Director
Report Purpose	To update the Board on clinical matters for the month of April 2015
Previously considered by	N/A

Executive Summary
This paper provides a summary of key issues that I wish to bring to the Board's attention for the month of April 2015.

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	Yes
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	Yes
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	Yes
4. Continue to expand our secondary care services into Leeds and maximise income.	Yes

Risk and Assurance	The paper provides a measure of assurance to the Board.
Legal implications/ Regulatory Requirements	None

Action Required by the Board of Directors
The Board is requested to note the information in the report.

REPORT BY THE MEDICAL DIRECTOR – APRIL 2015

1. **Sign up to safety:**

I am delighted to report that the Trust has now received written confirmation of our successful bid from the NHSLA. 126 members submitted 243 bids. Of these 67 were successful. The Trust bid of £23,100 was approved in full. The stipulation is that the monies will be used to improve safety and team working in maternity (not in general surgery), though the utilisation of human factors training and practice will provide learning that cross cuts clinical specialties, hence surgeons, and indeed others, will not miss out on learning opportunities. A number of conditions were placed upon the Trust prior to release of funds. These are detailed below and are not contentious.

- *The Chief Executive is asked to provide confirmation that the funds allocated will be used only in relation to the submitted bid;*
- *The Trust is asked to publish a summary of their successful bid, including details of the anticipated outcomes, on their public website;*
- *The Trust will provide details of their successful bid(s) to their Trust Board and their local commissioners and provide regular updates on the monitoring of their progress;*
- *The Trust will provide feedback and share safety and learning themes with external partners and directly with the Safety and Learning team at the NHS LA;*
- *The Trust will agree to collaborate with the NHS LA and Royal Colleges in the progress of implementation of the bid and in particular for all maternity bids with relevant Royal Colleges as regards maternity claims and outcomes from the bid. More details will follow.*
- *The Trust will agree to 'buddy' with an unsuccessful bidder in terms of sharing best practice to support quality improvements to those requiring additional support;*
- *The Trust will agree to coordinate with Trusts requesting the same specific equipment or training to ensure procurement benefits from economies of scale and value for money – NHS LA will be in contact to provide details of those Trusts with shared purposes, equipment and training.*

A SUTS task and finish group is in place, led by Dr Earl, which will report to the new Improving Patient Safety Steering Group (created as part of the new Governance structure and chaired by the MD). I would like to offer my congratulations to those who worked furiously to produce this successful bid against very challenging timescales.

2. **Mortality update**:

The hospital crude mortality rate fell in March to 1.29%. It was 1.45% in February and 1.36% in March 2014. This figure represents the total number of deaths in a given period of time compared to the total number admitted for care in that same period. This slow fall over time reflects a National trend. Care should be taken when interpreting this statistic (the clue is in the title). It is not a reliable predictor of good or poor care and, like other indices, should be taken in the context of additional sources of information and case based reviews.
Dr Earl has recently attended a regional study day on hospital mortality and will be providing a summary of learning to the MD.

I will provide a verbal "snapshot" of March mortality statistics to the Board. Following on from last month's discussion, Board might find the link below helpful reading.

http://www.apho.org.uk/resource/view.aspx?RID=95932

3. **Revised Never Events Policy and Framework and Serious Incident Framework.**

NHS England has published the above documents. Changes will be incorporated into existing policy documents within the Trust.

The key changes to the Never Event (NE) list are around definitions and types of incidents. The list has been reduced from 25 to 14. The emphasis is on events that arise from failure (or failure to implement) strong systemic protective barriers. Several previous NEs have therefore been removed from the list, as follows:

- Opioid overdose of an opioid/opiate-naïve patient;
- Escape of a transferred prisoner;
- Wrong gas administered;
- Failure to monitor and respond to oxygen saturation;
- Air embolism;
- Misidentification of patients;
- Wrongly manufactured high-risk injectable medication; and
- Maternal death due to post-partum haemorrhage after elective caesarean section.

Some have been merged for simplicity:

- 'Wrong route chemotherapy'; 'Wrong route oral/enteral treatment'; and 'Intravenous administration of epidural medication' have been merged into a single **'***Wrong route administration of medication***'** Never Event; and
- 'Transfusion of ABO incompatible blood components'; and 'Transplantation of ABO incompatible organs'; have been merged as a **'***Transfusion or transplantation of ABO-incompatible blood components or organs***'** Never Event.

The key changes to the Serious Incident (SI) Framework reflects the importance of a whole system approach. The fundamental principles are unchanged and the focus remains on reflecting, learning and improving. The new guidance describes the following:

- The roles and responsibilities of those involved in the management of SIs within a complex commissioning landscape. Tools are included to support organisations in describing and agreeing their responsibilities;
- The key principles and fundamental purpose of the Serious Incident Framework, which is to support learning to prevent recurrence;
- The importance of patient, victim and their families involvement in order to support openness, honesty and transparency, and to improve the quality of investigations; The interface with investigations conducted by partner organisations;
- The elements commissioners should be checking for in their assessment of good quality investigations;
- The definition of a serious incident to ensure that common principles are applied rather than blanket reporting rules which can overburden organisations by enforcing the reporting and investigation of incidents that do not meet the threshold of a serious incident;

- The levels of investigation that are employed within healthcare including specific guidance relating to independent investigations; and
- In order to simplify the process and reduce bureaucracy two key operational changes have been made:

Removal of grading – in the past incidents have been graded without a clear rationale and this has led to incidents being managed in an inconsistent way. Under the new framework, serious incidents are not defined by grade. All incidents which meet the threshold of a serious incident must be managed in line with all key principles outlined in this framework.

Timescale - all investigations must be completed within 60 working days. Previously there were two different timescales; 45 days and 60 days. This change aims to simplify the process and the longer timescale has been retained to provide the time needed to complete good quality investigations (particularly where input from professionals across different organisations is required).

4. **Meeting with Airedale Medical Director**

I met with Mr Karl Mainprize to discuss issues of common interest and potential collaboration. This was a useful and productive meeting, building on already established collaborative working between the two organisations. Amongst a number of subjects discussed were & day working, joint service appointments, collaboration and information sharing in lieu of future regulatory inspections and sharing of expertise for investigative and disciplinary functions. Possible opportunities for MD networking in the region were also discussed. I will also be meeting with the MD in Doncaster, Mr Sewa Singh, later this month to discuss common themes in organisational change management.

5. **Alexander House, Knaresborough**

TEWV is undertaking a programme of estate upgrades across NY sites. The current upgrading of AH will provide a community hub for mental health services for older people and those with learning disabilities. When complete it will operate a 7 day per week service. The 3 phase project is scheduled for completion in February 2016. In order to facilitate the works, some clinical services have been temporarily locate to the Briary Wing.

6. **Vale of York OOH GP services**:

As of 1 April 2015 Vale of York GP out of hours services will no longer be provided by HDFT. Planned transfer of provision to Yorkshire Doctors Urgent Care has now taken place. Following extensive discussion internally and consultation with staff the Trust elected not to bid for the re-tendered service.

7. **Director of Medical Education:**

Dr Helen Law has announced her intention to step down from this role having served for 5 years. This is an important role, and one which Dr Law has undertaken with no small measure of skill, diplomacy and when necessary, a firm line. It is largely due to Helen's stewardship that the reputation of the Trust for postgraduate training remains consistently high, educational training facilities widely praised and our relationship with the Deanery strong. I would like to personally thank Dr Law for her efforts. The Trust will be seeking to recruit a replacement for the role.

8. **Cancer Taskforce 5 year strategy for England:**

NHS England will publish the full 5 year strategy in the summer. The taskforce is charged with delivering the vision for cancer services set out in the 5 year plan.

The key elements that the strategy will focus upon are summarised below :

- Greater emphasis on prevention efforts, including secondary prevention;
- A multi-faceted approach to detecting many more cancers earlier, including a step-change in capacity and a shift in culture around investigative testing;
- Reductions in variability of access to optimal diagnosis and treatment and in inequalities in outcomes;
- Integration of health and social care such that all aspects of patients care are addressed, particularly at key transition points in the system;
- Patients feeling better informed, and more involved and empowered in decisions around their care;
- A system that recognises the critical importance of cancer research and is primed to innovate, with cost-effective technological advances rapidly adopted and plans to embed stratified approaches in all elements of care;
- A system that provides better and more immediate access to data and intelligence, as a key driver of improvement;
- Commissioning based around health and wellbeing outcomes, with a population focus;
- Clearer leadership and accountability for driving improvements, across the system.

A link to the Cancer Taskforce statement is given below. The Trust will need to evaluate the content of this plan not only in relation to current service provision, but any future developments.

http://www.cancerresearchuk.org/sites/default/files/statement_of_intent_-final_0.pdf

9. **The Montgomery Ruling: a new legal test for consent to medical treatment:**

Following a landmark Supreme Court ruling (Montgomery vs Lanarkshire Health Board), it is now for patients to decide whether treatment options, risks and benefits have been adequately discussed. The onus has moved away from medical paternalism and is now heavily focused on full informed consent, with the patient choosing their preferred method of treatment. Doctors now have to take “reasonable care to ensure the patient is aware of any material risk involved in any particular treatment option, and also of any alternative or variant treatments”. Instead of “a reasonable body of medical opinion”, the judgment of choice rests with “a reasonable person in the patient’s position”.
The purpose will be to improve the consent process, though there is little doubt some will view this move as impractical and controversial. Unfortunately for them, the law is now clear. I have sent this information to all Consultants. Professor Paul marks (Coroner for Hull and East Yorks) has kindly offered to provide a series of medico legal lectures to senior medical staff on this and other recent developments in medico legal matters, which I will arrange.

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 22 April 2015	Paper No: 9.0

Title	Chief Nurse Report
Sponsoring Director	Chief Nurse
Author(s)	Mrs Jill Foster, Chief Nurse
Report Purpose	To update the Board on quality and safety of patient care and to brief the Board on national, local and organisational nursing and midwifery developments.
Previously considered by	

Executive Summary
This report provides the Board with an update of ongoing work in relation to the safety, effectiveness and quality of patient care and supports the operational reports.

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	YES
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	YES
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	YES
4. Continue to expand our secondary care services into Leeds and maximise income.	YES

Risk and Assurance	The paper provides assurance on the quality monitoring systems in use and identifies risks and challenges.
Legal implications/ Regulatory Requirements	The contents of this report reflect the focus on quality and safety standards which are integral to the Trust's regulatory framework.

Action Required by the Board of Directors
To read and discuss the content of this report and with regard to the recommendations, to provide direction, approval and authorisation to the Chief Nurse.

Chief Nurse Report

This report is an update of ongoing work in relation to safe and quality care that supports the operational performance reports offering supplemental supporting information in relation to the delivery of quality and safe patient care. In addition, this report provides the Board with regular updates on national and local developments influencing nursing and midwifery.

Fundamental Standards of Care/Patient

In my previous reports I have provided the Board with an update on work delivered and the ongoing actions and approach being taken to enable safe, effective, high quality care across the organisation. These briefing notes provide our results to date. For this report I have continued to provide key performance metrics that are proxy indicators for quality care with benchmarking against other organisations and a narrative to describe my ambition for improving the quality of care and experience including targets for reducing harm.

Pressure Ulcers

Pressure ulcers acquired in receipt of HDFT care - April 2014 – March 2015

Pressure ulcers acquired in receipt of HDFT care	Apr-14			May-14			Jun-14			Jul-14			Aug-14			Sep-14			Oct-14			Nov-14			Dec-14			Jan-15			Feb-15			Mar-15			All		
	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4
Acute Medical Unit Bolton	1	1								1						2	2		3	1		1			2			1			2						13	4	0
Acute Medical Unit Fountains													1			1	2		2				1					3			1						8	3	0
Byland Ward	1	1		6	1		1			6			6			6			5			3			4	1		8	1		3			3			52	4	0
Farndale Ward	4			3			1			1			1			2			1			1			6	1		2			1						23	1	0
Granby Ward	2	1		1			1			1			2			2									1						1			2			13	1	0
ITU/ HDH				1																		1			1						1			1			5	0	0
Jervaulx Ward	5			3			1			3			4	2		4	1		5			4						2	2					2			33	5	0
Littondale Ward	1				1											1				1		1			4			3			1			3			14	2	0
Nidderdale Ward																													1		1						1	1	0
Oakdale Ward	1			4			2			2			2	1			1					1						1						2			15	2	0
Ripon Hospital - Trinity Ward		1		4			2				1								1	1		2				1											9	4	0
Wensleydale Ward							1			1						1			3			2			3						1			1			13	0	0
Swaledale	1																																				1	0	0
Lascelles	1						1															1															3	0	0
Harlow																																					0	0	0
Other	1			1			1															3			3			1			2			1			13	0	0
Total	18	4	0	23	2	0	11	0	0	15	1	0	16	3	0	19	6	0	20	3	0	20	1	0	24	3	0	21	4	0	14	0	0	15	0	0	216	27	0

Community acquired pressure ulcers - April 2014 – March 2015

Community acquired pressure ulcers	Apr-14			May-14			Jun-14			Jul-14			Aug-14			Sep-14			Oct-14			Nov-14			Dec-14			Jan-15			Feb-15			Mar-15			All		
	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4
Acute Medical Unit Bolton																1																	1			2	0	0
Acute Medical Unit Fountains																	2																			0	2	0
Byland Ward	1															1																			2	0	0
Community Fast Response & Rehab Team																1						1	1													2	1	0
Farndale Ward										1																										1	0	0
Granby Ward																												1								1	0	0
Harrogate FRT	1																																	1			2	0	0
ITU/HDU																																					0	0	0
Jervaulx Ward																																					0	0	0
Littondale Ward																																					0	0	0
Nidderdale Ward																																					0	0	0
Oakdale Ward																																					0	0	0
Ripon Hospital - Trinity Ward				1																																	1	0	0
Theatres																																					0	0	0
HARROGATE INTEGRATED COMMUNITY CARE TEAM							2	1		2	2	1	3	1		2	2		1			2	2		2	1		2	1	1	4			5			25	10	2
KNARESBOROUGH & BOROUGHBRIDGE INTEGRATED COMMUNITY CARE TEAM		1		2	1		2	1		3			3	1		1			2	1									1		1	1			2		14	9	0
RIPON & RURAL INTEGRATED COMMUNITY CARE TEAM	3	1			1		2			5	1		3	1		3	1		4	2		4	1		4	2		2			2			1			33	10	0
Wensleydale Ward																																					0	0	0
Grand Total	5	2	0	3	2	0	6	2	0	11	3	1	9	3	0	9	5	0	7	3	0	7	4	0	6	3	0	5	2	1	7	1	0	8	2	0	83	32	2

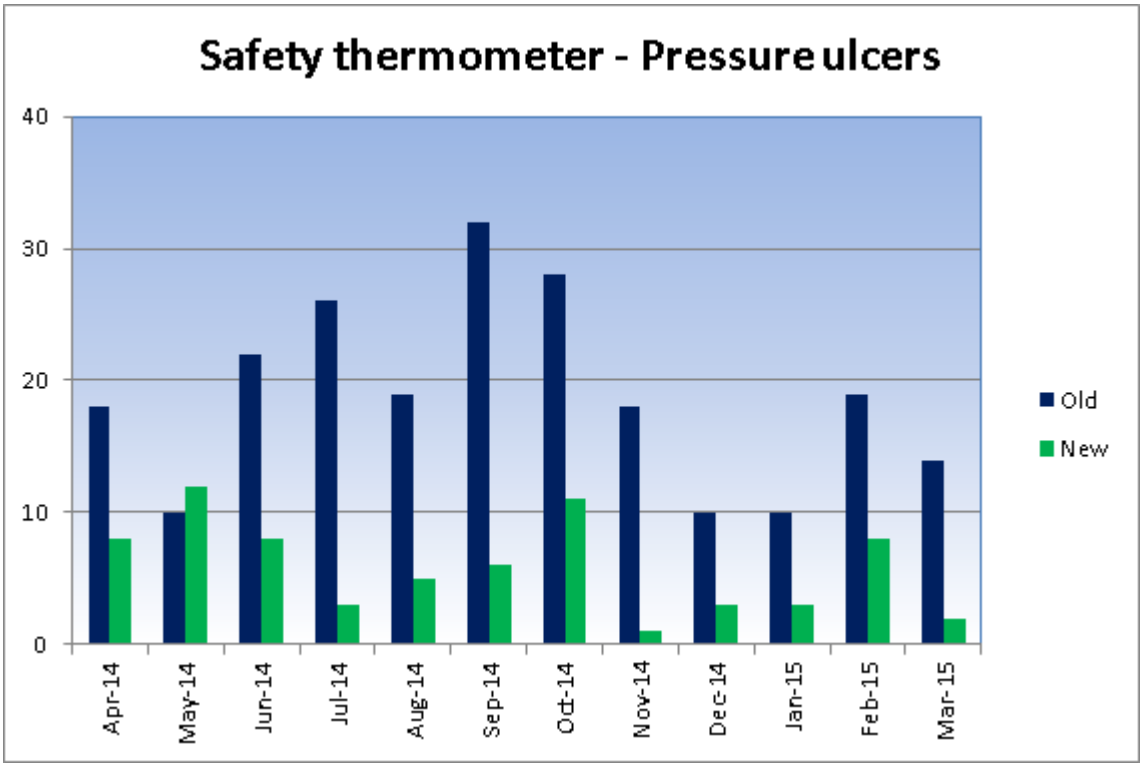
Ambition for 2015/2016

The overall target for the Trust is to eliminate all avoidable hospital acquired category 3 and 4 pressure ulcers. The ambition for 2015/16 is

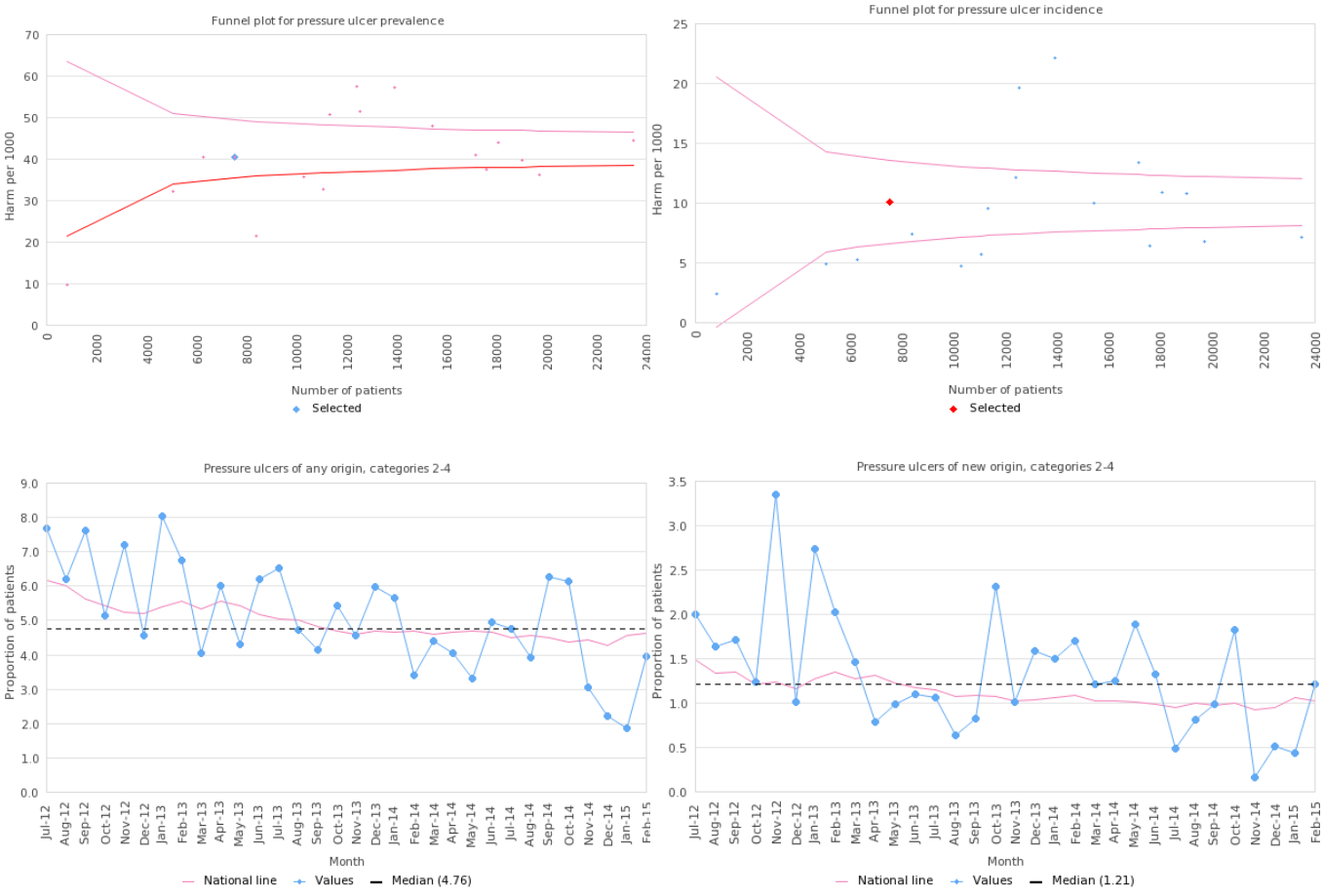
- 50% reduction in category 3 and 4 avoidable hospital acquired pressure ulcers – target 14 or less
- 20% reduction in all category 2, 3 and 4 hospital acquired pressure ulcers based on 2014/15 outturn – target 195 or less

Targets for the community will be agreed at the next Pressure Ulcer Steering Group meeting.

HDFT Safety thermometer point prevalence data 2014-15:



NHS Safety Thermometer Data – Pressure Ulcers: ***to note that this has not been updated since last month's data**



Falls

Falls numbers for March 2015 are as follows:

- 71 falls in total
- 46 were no harm
- 25 caused harm
- Of the 25 harmful falls 5 were moderate severity (4 fractures / 1 other moderate harm)
- No severe falls or death due to fall

Of the falls causing fracture or moderate harm in March 2015 three were on Oakdale, 1 on Bolton and 1 on Wensleydale. The falls on Oakdale occurred during the rehabilitation phase of the patients recovery and all patients had been assessed as independent by the physiotherapist. Further information is required from Bolton.

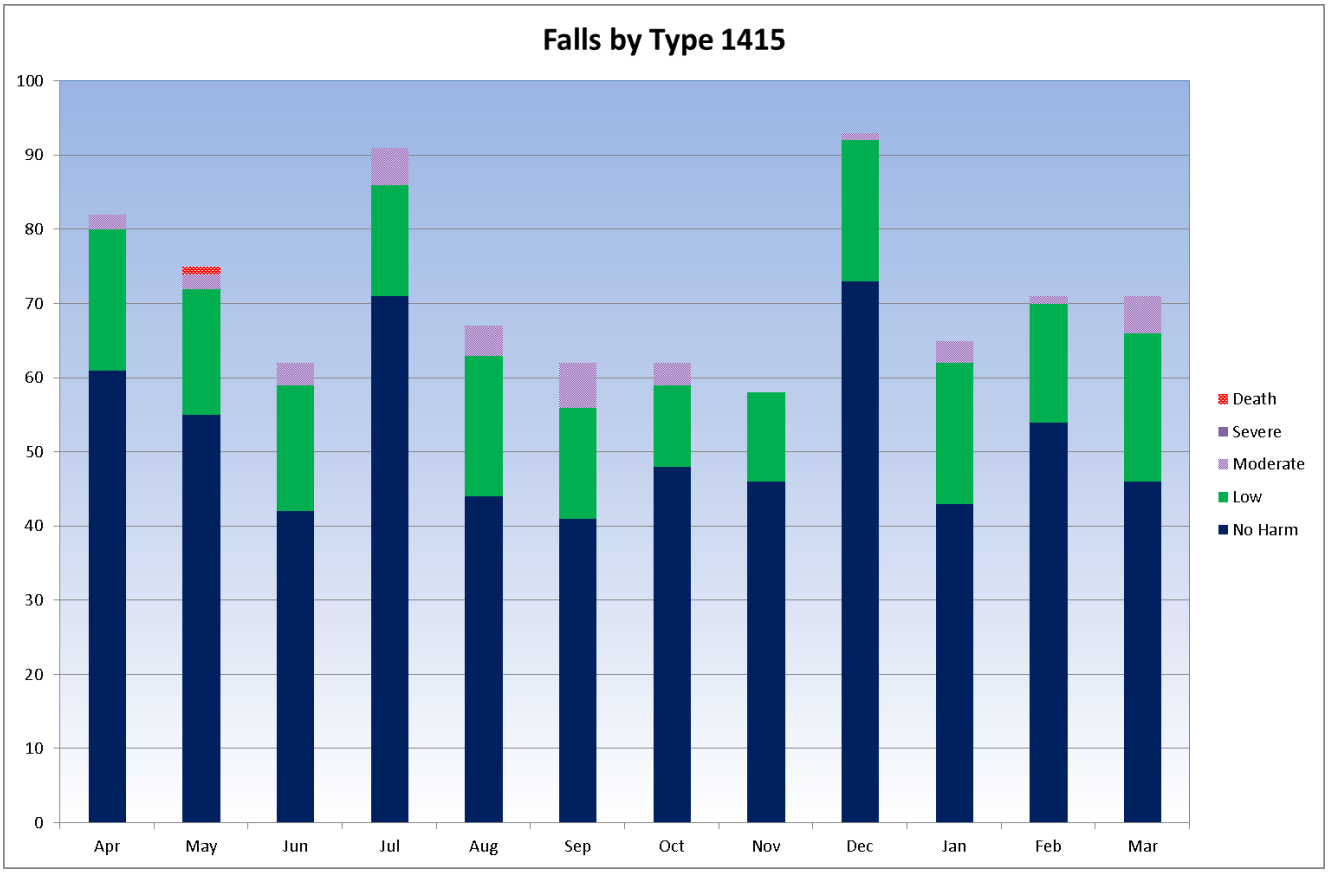
I am concerned about the patient on Wensleydale had two falls 11 days apart. Each fall resulted in the patient having to return to theatre. This patient is improving slowly and has 1:1 nursing in place.

In terms of the numbers for the whole financial year, the figures are as follows:

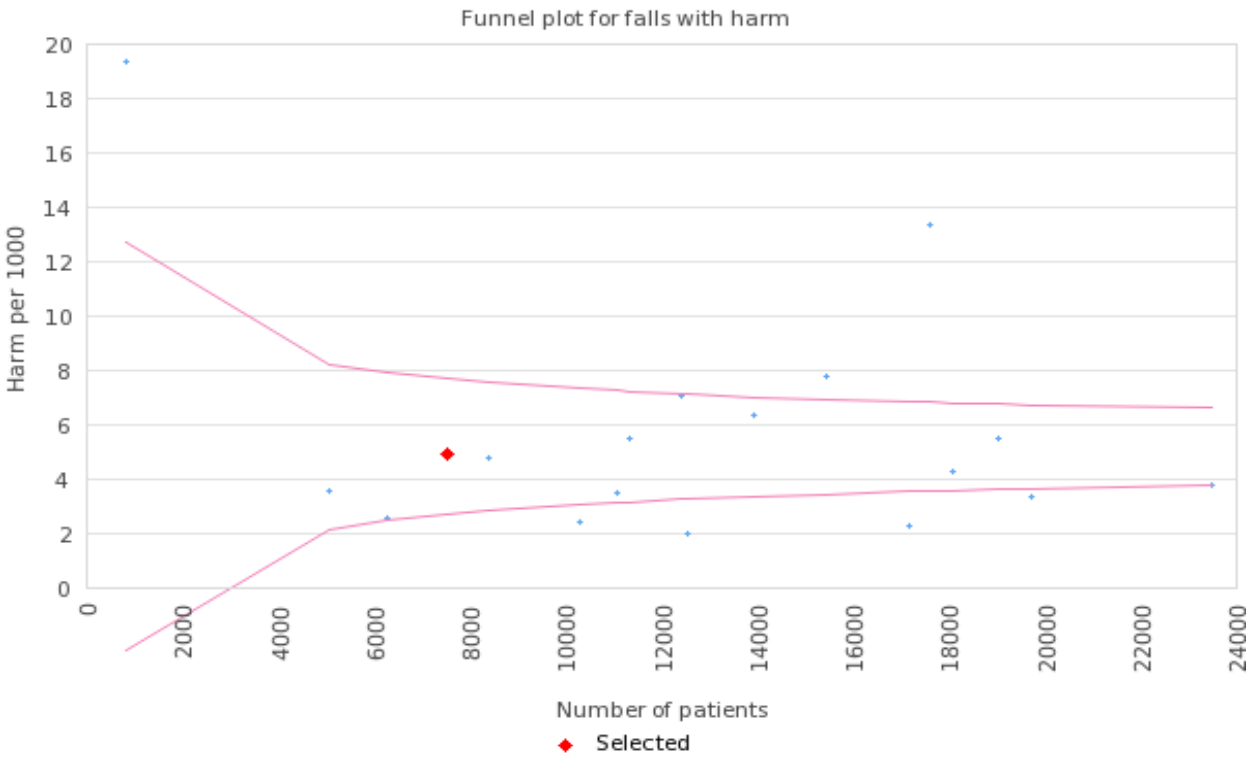
2014-2015	**No Harm**	**Low**	**Moderate**	**Severe**	**Death**	**Totals:**
Apr	61	19	2	0	0	82
May	55	17	2	0	1	75
Jun	42	17	3	0	0	62
Jul	71	15	5	0	0	91
Aug	44	19	4	0	0	67
Sep	41	15	6	0	0	62
Oct	48	11	3	0	0	62
Nov	46	12	0	0	0	58
Dec	73	19	1	0	0	93
Jan	43	19	3	0	0	65
Feb	54	16	1	0	0	71
Mar	46	20	5	0	0	71
Total	624	199	35	0	1	859

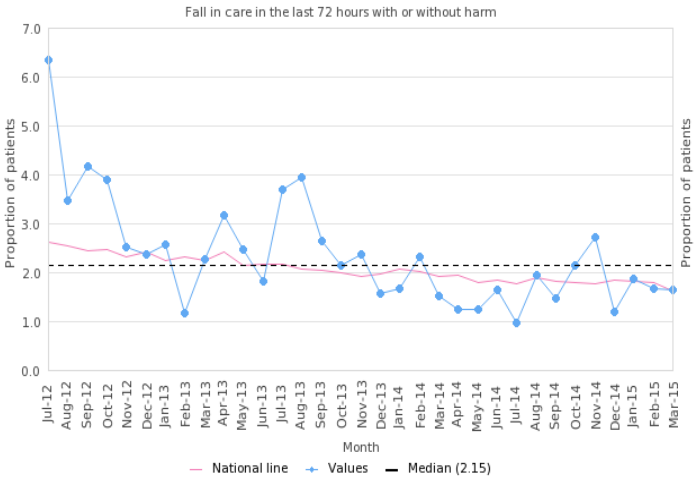
Year	2012/13	2013/14	2014/15
All Falls	991	1022	859

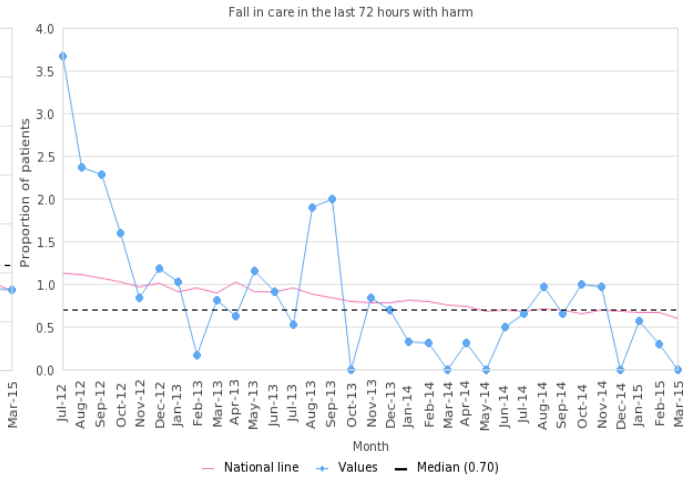
Falls by type – 2014/15



NHS Safety Thermometer Data – Falls:





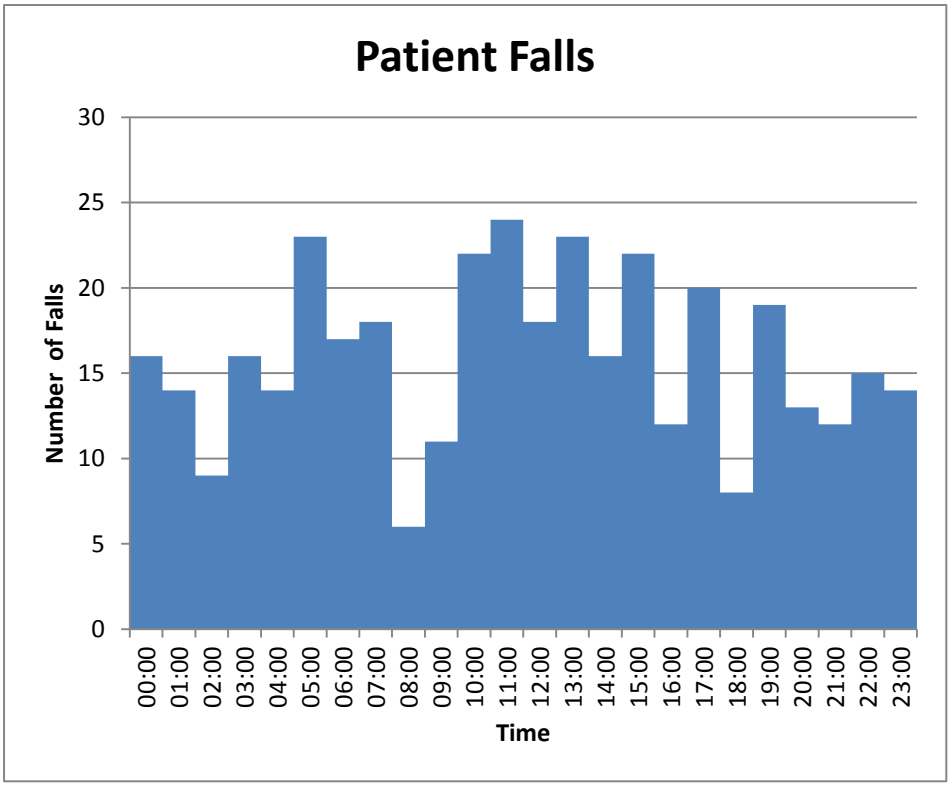


Falls comparison data against other Trusts – per 1000 bed days:

Hospital	Moderate	Severe	Death	Rate per 1000 bed days
Newcastle Upon Tyne FT				
Dec 2014	3	3	0	0.16
Jan 2015	4	2	0	0.15
Feb 2015	6	6	0	0.33
Barnsley FT				
Dec 2014	No data	No data	No data	No data
Jan 2015	1	1	0	0.20
Feb 2015	0	1	1	0.20
Rotherham FT				
Dec 2014	0	3	0	0.21
Jan 2015	1	3	0	0.29
Feb 2015	No data	No data	No data	No data
Hull & East Yorkshire Trust				
Dec 2014	6	0	0	0.19
Jan 2015	1	0	0	0.03
Feb 2015	2	0	0	0.07
North Lincolnshire and Goole FT				
Dec 2014	0	0	3	0.13
Jan 2015	0	0	1	0.04
Feb 2015	0	0	0	0.00
County Durham and Darlington FT				
Dec 2014	5	1	0	0.26
Jan 2015	2	0	0	0.08
Feb 2015	2	0	0	0.08
Harrogate and District FT				
Dec 2014	1	0	0	0.10
Jan 2015	3	0	0	0.28
Feb 2015	1	0	0	0.11
March 2015	5	0	0	0.50

Please note data is taken from the NHS England Open and Honest reporting website and does state that data “cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses”.

Falls 01 09 14 to 17 02 15 by time (Total Falls – 383)



In February 2015 I reported a potential emerging theme from the root cause analysis of falls causing fracture is a number of falls with fractures are happening early in the morning. The graph above show the times of all falls from September through to February which indicate there are key times of the day when falls are likely to occur. I believe this information require further work and analysis following the completion of all the RCA's from 2014/15. The falls coordinator is currently targeting work on Jervaulx regarding early morning activity and falls prevention.

Action

- Falls prevention coordinator appointed – Dec 2014
- Ongoing falls prevention training
- Since June 2014 RCA's are undertaken on all falls causing fractures and individual action plans for learning developed. Learning is widely disseminated
- More benchmarking against other organisations
- Review of NICE guideline 161 – Gaps and Impacts on current service
- Re-energise fallsafe project
- Further analysis of the timings of falls and development of mitigating actions
- Falls month on Jervaulx
- Yorkshire Improvement Academy has commenced a pilot project on Jervaulx regarding the introduction of safety huddles and the prevention of falls

Pain

Since October 2014 included in the Friends and Family test questions, patients have been asked four questions relating to pain management

1. Does our staff ask you about pain regularly?
2. If you have pain are you offered pain relief?
3. If you were offered pain relief did the staff give that in a reasonable time?
4. If you had pain relief was it effective?

Family and Friends Test results, October 2014 – March 2015:

Number responding yes

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Q1) Do our staff ask you about pain regularly?	353	275	226	230	263	592	**1939**
Q2) If you have pain, are you offered pain relief?	290	216	184	185	186	490	**1551**
Q3) If you were offered pain relief, did the staff give that in reasonable time?	270	198	156	172	172	437	**1405**
Q4) If you had pain relief, was if effective?	252	192	154	164	160	420	**1342**
Total	**1165**	**881**	**720**	**751**	**781**	**1939**	**6237**

% responding yes

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	YTD
Q1) Do our staff ask you about pain regularly?	98.6%	98.2%	97.8%	96.6%	97.0%	97.4%	**97.6%**
Q2) If you have pain, are you offered pain relief?	98.6%	97.3%	100.0%	98.4%	97.4%	97.4%	**98.0%**
Q3) If you were offered pain relief, did the staff give that in reasonable time?	97.5%	94.7%	94.5%	94.0%	96.1%	95.8%	**95.6%**
Q4) If you had pain relief, was if effective?	94.7%	94.1%	95.7%	93.2%	92.5%	95.2%	**94.4%**
Total	**97.5%**	**96.3%**	**97.2%**	**95.7%**	**95.9%**	**96.6%**	**96.6%**

Each of the directorates have been tasked with looking at their results to target further work

Cannula Care

In February I reported I was concerned that cannula management within the organisation is not at the standard of care we would like to see for our patients. The internal audit report for IV Cannula Care January 2015 provided **significant assurance** for the majority of wards tested with **limited assurance** for Woodlands and Farndale wards in relation to documentation of IV Cannula insertion and on-going care, and Byland ward in relation to on-going care.

In response to this audit, the Matrons have looked at processes to monitor the ongoing compliance with IV Cannula prescribing.

Actions being taken in Integrated Care

- Initially ensure all Registered Nursing staff are trained to prescribe cannulas on the EPMA system
- An aide memoir is being produced to remind staff how to do this.
- Each Band 6 or 7 nurse to audit the prescribing of cannulas in their area on a frequent basis or at least weekly.
- Staff will be reminded initially if they fail to prescribe a cannula however sanctions may be applied if they are non-compliant.

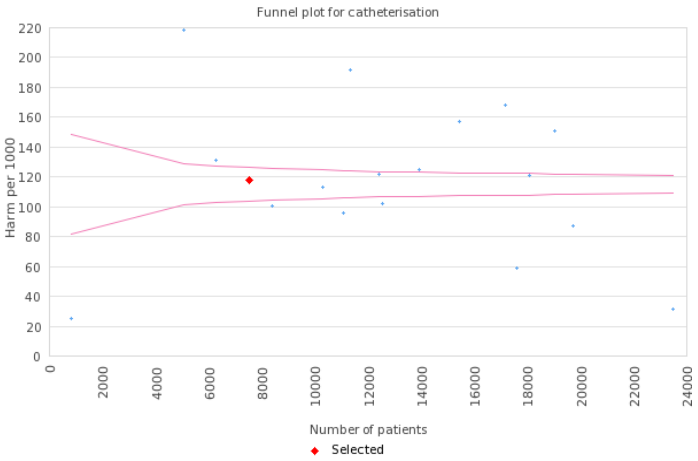
If has been agreed the approach will be adopted by the other directorates in all specialities
A further spot check audit by matrons is being developed.

Continence

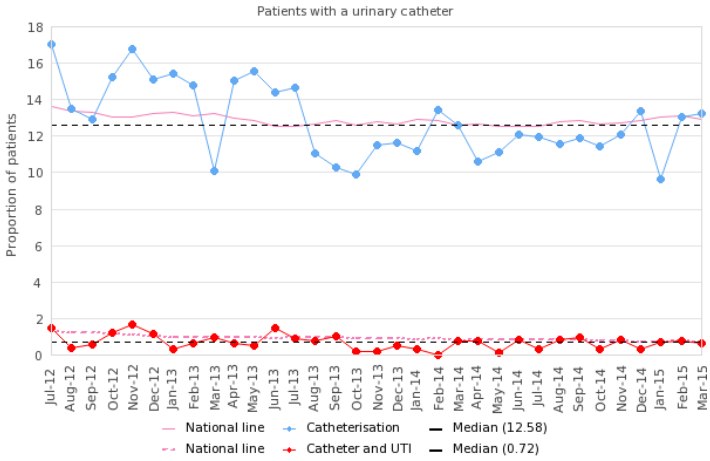
Also in February I reported I was concerned about continence within the organisation and primarily about the use of catheters.

NHS Safety Thermometer Data – Catheters

Comparison against 17 Integrated Trust's



Comparison against all providers



Numbers and % of Catheters and Catheters & UTI's where a new UTI is defined as a patient receiving treatment for a Urinary Tract Infection where the diagnosis was made after admission to the organisation.

Hospital Wards (including Lascelles & Trinity Ward)

Date	Total Surveyed	Number with a Catheter	Number with a Catheter & UTI	Number with a Catheter & NEW UTI	Number with a Catheter & OLD UTI
Jan-14	323	62	1	1	
Feb-14	340	79			
Mar-14	344	73	3	2	1
Apr-14	288	55	3	2	1
May-14	310	67	1		1
Jun-14	328	60	5	2	3
Jul-14	304	61	2	1	1
Aug-14	310	60	5	1	4
Sep-14	289	58	4		4
Oct-14	308	59	1		1
Nov-14	342	66	5	1	4
Dec-14	338	67	1		1
Jan-15	353	66	5		5
Jan 14 - Jan 15 Total	4177	833	36	10	26

Date	Number with a Catheter	Number with a Catheter & UTI	Number with a Catheter & NEW UTI	Number with a Catheter & OLD UTI
Jan-14	19.20%	0.31%	0.31%	0.00%
Feb-14	23.24%	0.00%	0.00%	0.00%
Mar-14	21.22%	0.87%	0.58%	0.29%
Apr-14	19.10%	1.04%	0.69%	0.35%
May-14	21.61%	0.32%	0.00%	0.32%
Jun-14	18.29%	1.52%	0.61%	0.91%
Jul-14	20.07%	0.66%	0.33%	0.33%
Aug-14	19.35%	1.61%	0.32%	1.29%
Sep-14	20.07%	1.38%	0.00%	1.38%
Oct-14	19.16%	0.32%	0.00%	0.32%
Nov-14	19.30%	1.46%	0.29%	1.17%
Dec-14	19.82%	0.30%	0.00%	0.30%
Jan-15	18.70%	1.42%	0.00%	1.42%
Jan 14 - Jan 15 Total	19.94%	0.86%	0.24%	0.62%

Catheter Prevalence – January 2014 - 2015

Ward	No of Patients	No of Patients with Catheter	Prevalence (%)	Clinically Indicated	Documented Review
AMU Bolton	379	41	11	98%	68%
AMU Fountains	273	51	19	100%	90%
Byland	396	62	16	98%	95%
Farndale	262	54	21	100%	98%
Granby	231	35	15	100%	89%
Harlow	102	20	20	100%	80%
ITU/HDU	60	52	87	100%	60%
Jervaulx	230	43	19	95%	91%
Lascelles	150	37	25	100%	86%
Littondale	358	85	24	91%	99%
Nidderdale	368	83	23	95%	99%
Oakdale	322	63	20	100%	97%
Swaledale	15	1	7	100%	100%
Trinity	253	25	10	100%	72%

Wensleydale	246	15	6	100%	93%
Trust Wide Jan 2014 - 2015	**3645**	**667**	**18**	**98%**	**88%**

Our current point prevalence data indicates that our prevalence is 18% for catheter use within the Trust in the past 12 months Jan 2014- Jan 2015. The data also indicates 98% of these catheters were clinically indicated and 68% of these had a documented review date.

Unfortunately, I have been unable to establish whether our prevalence is high. Six trusts in Yorkshire have been contacted to request how they record their catheter use and incidence of CAUTI (catheter associated UTI's). We have had responses from three trusts. The trust that was most helpful reported they recorded all catheters within their Hospital Trust. They did not document their prevalence of catheters as a percentage, only their incidence of CAUTI, which was at 2%. Following a piece of work from the IPC department in this Trust, they saw a reduction in catheter use and CAUTI by 16% as part of a CQUIN initiative.

It is my belief that both documentation and catheter removal can better.

Current Actions

- The catheter steering task and finish group was has now been incorporated into the HCAI Operations group.
- A document has produced by the IPCNs to make catheter removal more proactive and there have been discussions with urology to make this more nurse-led. Their suggestion was we seek advice from the medical physicians and surgeons as catheterisation for Urology Patients was different- this is working progress.
- Discharge planning can be better- following discussion it is proposed all patients with a catheter should be discharged to the care of the community nursing team so they have emergency contact if needed.
- An inpatient leaflet for patients with catheters is also being produced to support 'patient empowerment' for catheter removal for patients with short term catheters- the first draft has been completed and amendments currently being made prior to submission to the readers group.
- The catheter policy is in the process of being updated and time has been put aside by the continence team to look at all policies and competencies for catheterisation.
- The Clinical Skills Educators were approached and asked to incorporate care and management of catheters into their education sessions which they said they would do.

Two further pieces of work are being proposed

- To look at the documented evidence of catheter use in the hospital and to have a focused piece of work to look at the incidence of catheter use and cauti rather than prevalence to see if it can be improved further.
- A review of how catheter intervention is recorded and documentation reviewed.

Infection Prevention and Control

- *C. difficile* infection (CDI) YTD: 0; 2015-16 objective: 12 cases. In 2014-15 there were 9 cases against an objective of 15. The most recent CDI RCA identified missed opportunities to isolate a patient with loose stool. PatientTrack is being investigated as a trigger to isolate a patient when loose stool is identified.

- MRSA bacteraemia YTD: 0; 2015-16 objective: 0 avoidable cases. There were no cases in 2014-15.
- MSSA bacteraemia YTD: 0. No specific objective. There are still outstanding RCAs for 2014-15 MSSA bacteraemias.
- Community issues: There was a MRSA bacteraemia in a community patient on 18 March 2015. The patient had recent outpatient contact with HDH. Investigation of the antimicrobial policies and procedures followed in outpatients is ongoing.
- Carbapenemase-producing *Enterobacteriaceae* (CPE) CPE screening commenced on 16th February 2015. No cases of CPE in HDH/RCH patients have been identified since the last report.

Complaints

For month of March 2015 there are **23** complaints:

- Medical = 11
- Nursing = 2
- Medical/Nursing = 7
- Medical/Nursing/Other = 2
- Other = 1

2 complaints were graded Amber

15 complaints were graded Yellow

6 complaints were graded Green

Total number of Complaints for 2014/15:

- Amber = 8
- Yellow = 162
- Green = 94
- Total = 264

4 of the 8 Amber complaints were declared as SIRIs

Serious Incidents Requiring Investigation (SIRI'S)

Total number of SIRI's 2014/15

Comprehensive SIRI's – 11

Pressure Ulcers (Cat 3 & 4) – 60 total 49 reported (3 still open)

Falls causing fractures - 18 total 15 reported (5 still open)

The reporting requirements SIRI reports are established and dictate that no more than 15% of all reports can have extensions requested or be submitted over time by the end of March 2015.

There is also a requirement that all SIRI incidents are reported to the CCG within 2 days of confirmation of the SIRI status.
Compliance with reporting deadlines for 2014/15 is 92.5% of all SIRI's reported to the CCG via STEIS within 2 days and 91.5% of all final reports submitted on time.

A summary of the nursing dashboard can be found in Appendix One.

Actual versus Planned Staffing Levels

The table below summarises the average fill rate on each ward during **March 2015.** The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

Mar - 2015	Day		Night	
Ward name	**Average fill rate - registered nurses/midwives**	**Average fill rate - care staff**	**Average fill rate - registered nurses/midwives**	**Average fill rate - care staff**
AMU-Bolton	100%	102%	155%	106%
AMU-Fountains	102%	99%	106%	99%
Byland	97%	110%	102%	139%
Farndale	119%	115%	102%	171%
Granby	131%	110%	100%	139%
Harlow	105%	98%	98%	-
ITU/HDU	93%	-	87%	-
Jervaulx	101%	117%	100%	146%
Lascelles	99%	81%	100%	100%
Littondale	108%	124%	100%	139%
Maternity Wards	99%	137%	106%	145%
Nidderdale	105%	101%	117%	74%
Oakdale	109%	95%	101%	100%
Special Care Baby Unit	100%	98%	100%	-
Trinity	114%	97%	103%	126%
Wensleydale	105%	117%	103%	131%
Woodlands	100%	102%	100%	97%
Trust total	**104%**	**108%**	**103%**	**123%**

Further information on this month's data

On Granby ward the increase in Registered Nurses (RN) and care staff hours above plan is to support the opening of additional winter pressures beds.

The planned staffing levels on the Delivery Suite and Pannal ward have been combined from this month to reflect the close working relationship of these two areas and the movement of staff between the wards in response to fluctuating occupancy and activity levels. In addition the planned care staff hours have been reviewed and adjusted to better reflect the day to day staffing requirements of the unit.

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

In some wards the actual care staff hours show additional hours used for 1:1 care for those patients who require intensive support. In March this is reflected on Byland, Farndale, Jervaulx, Littondale, Trinity and Wensleydale wards.

The actual daytime care staff hours on the Lascelles Unit were less than planned in March due to sickness and vacancies; however the number of staff on duty was sufficient to meet the dependency needs of the patients at that time.

On Nidderdale ward where the night duty care staff hours were less than planned, this was compensated for in RN hours. Similarly on Oakdale ward where the daytime care staff hours were less than planned, this was compensated for in RN hours.

Local Supervising Authority Report

I reported in January 2015 we were in receipt of the written report from Yorkshire and Humber Local Supervising Authority(LSA) annual audit for monitoring the standards of supervision and midwifery practice at HDFT. The written report confirmed the positive verbal feedback received on the day. I circulated a copy of the report separately and assured the Board an action plan was being developed to deliver the recommendations. A copy of the action plan can be found in Appendix Two.

I also discussed in January that the action plan for the LSA would possibly encompass the recommendations from King's Fund report published in February 2015. It is now not possible to do this. The Parliamentary and Health Service Ombudsman in England published a report in December 2013 raising concern about midwifery regulation from a public protection perspective. The Nursing and Midwifery Council accepted there was a structural flaw in the current framework and commissioned the report from the King's Fund to make recommendations for the future. The NMC has formally made the request for legislative changes to the Department of Health. With the election nothing will happen quickly. If the new government brings forward a regulatory reform bill it could still take up to two years. This provides the opportunity for planned transition but for the moment it is business as usual and the current statutory arrangement will apply for the foreseeable future

Healthwatch: Enter and View Report

Also in January 2015 I circulated the Enter and View report following the Healthwatch visit in November 2014 and reported action plan was being developed regarding the recommendations. The action plan can be found in Appendix Three.

Quality Priorities 2015/16

The Trust has identified three key priorities for quality improvement in 2015/16. These have been informed by the discussions and suggestions from the stakeholders identified above, as well as reviews of data and reports relating to the quality of care delivered during 2014/15. The priorities are

1. Creating the conditions for safety by improving communication.

Poor communication is an underlying root cause of many patient safety incidents and complaints. The focus of the work will include:

- Prioritising time to talk to patients and relatives
- Empowering staff to have confidence when holding difficult discussions
- "Hello, my name is …"
- Our safety improvement plan developed for the national "Sign up to Safety" campaign which is focused on using awareness of human factors in patient care, to improve communication, team working and leadership.

2. Improving patients' experience of using our services.

This will focus particularly on arrangements for admission, discharge and delivery of community services, and will include:

- Patient flow, as evidence suggests that enhancing patient flow also increases patient safety and is essential to ensuring that patients receive the right care, in the right place, at the right time, all of the time
- Pathways of care
- Effective discharge processes and avoiding readmission/avoidable transfers
- Outpatient management.

3. Becoming a centre of excellence for the care of the frail elderly.

We have just started on the journey towards creating a centre of excellence on Jervaulx and Byland wards, for the inpatient care of older people with frailty, and we aspire to provide excellent care to the increasing number of complex elderly patients on every ward.

Older people living with frailty are at risk of dramatic deterioration in their physical and mental wellbeing after an apparently small event which challenges their health (e.g. infection, new medication, fall, constipation or urine retention).

The responsibility for ensuring detailed work is developed and progressed to support the delivery of improvements in relation to these areas will be embedded in our new quality governance structures and processes. There will be identified leads, together with robust accountability for ensuring engagement with staff and effective monitoring of progress.

I am now seeking formal approval for the proposed Quality Priorities 2015/16 from the Board of Directors

Jill Foster

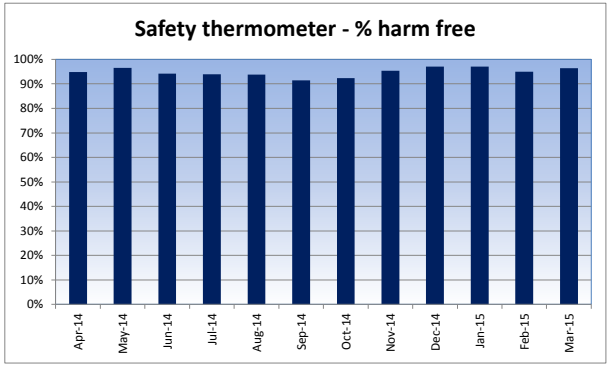
Chief Nurse

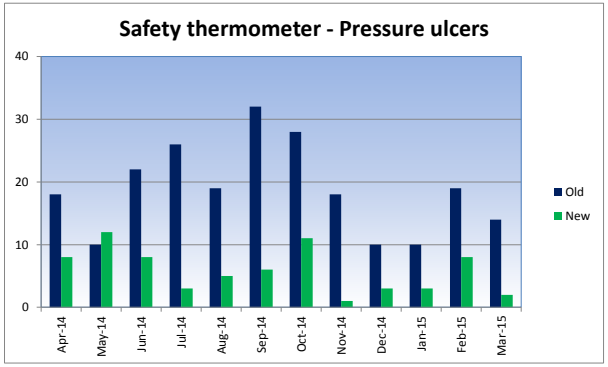
April 2015

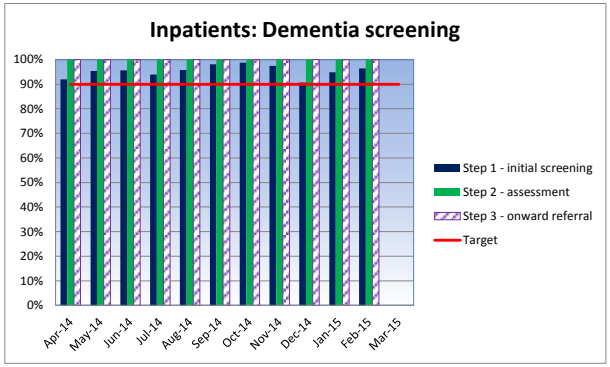
Appendix 1 Quality and Safety Dashboard - March 15

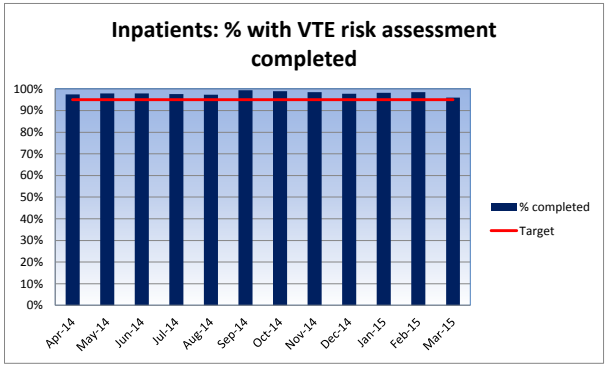
Select location: All locations

National CQUIN indicators









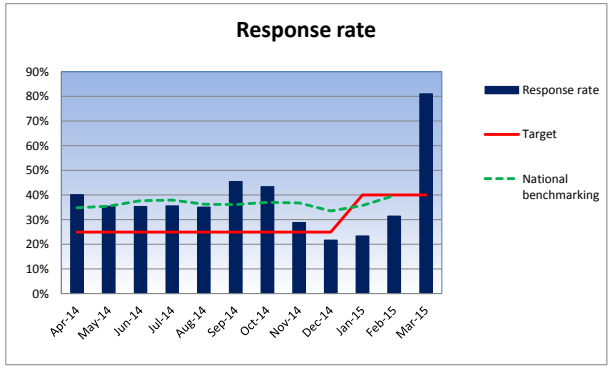
Safety thermometer - Harm free care measured using the NHS Safety Thermometer shows a slight improvement in March with only 4% of measured care associated with a harm, largely pressure ulcers. The Pressure Ulcer Steering Group are leading the local work to reduce pressure ulcers.

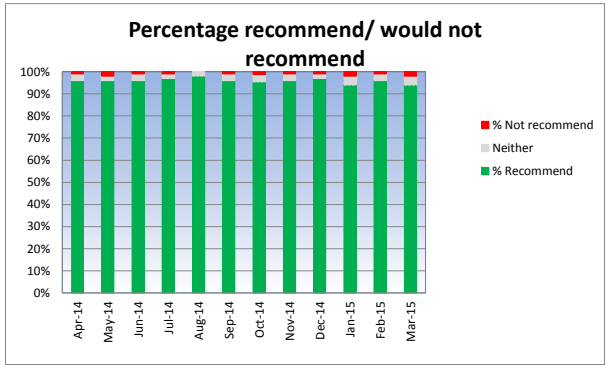
The national CQUIN for the safety thermometer requires a 50% reduction in new avoidable acute pressure ulcers reported by hospital wards by the end of 2014/15. During the baseline period in Q4 2013/14 there were six grade 3 or 4 hospital acquired pressure ulcers. During the first 3 months of Q4, we have had two category 3 pressure ulcers (safety thermometer prevalence data).

Dementia screening - The Trust achieved all three indicators in February and provisional data suggests that all three will be continued to be met in March.

VTE- Provisional data suggests that VTE risk assessment compliance was at 96% in March against the target of 95%.

Friends and family survey: Inpatients



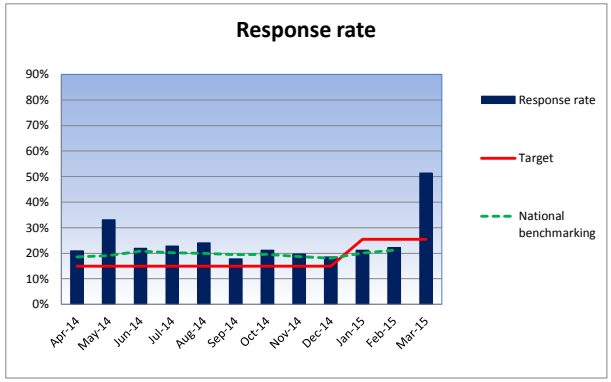


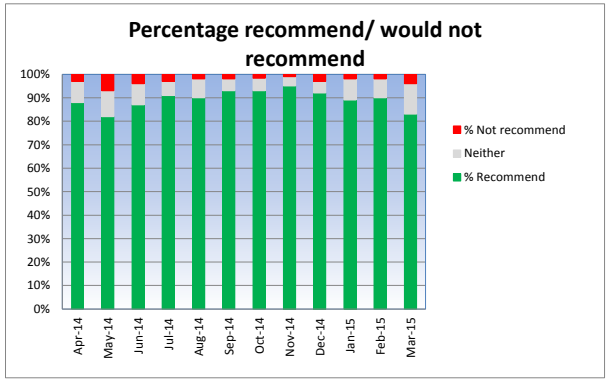
The target for inpatients is either:
(i) A baseline response rate in Q1 of at least 25% and by Q4 a response rate that is both (a) higher than the response rate for Q1 and (b) 30% or over; or (ii) maintaining a response rate that is over 30%. A significant proportion of funding is dependant on achieving a response rate of at least 40% for the month of March 2015. Target lines have been updated to reflect Q1 performance.

Response rate: The FFT inpatient response rate in March was 81.1%. This was sufficient to meet the Q4 response rate required of the national CQUIN.

FFT score: The national benchmarking % would/would not recommend score for February 2015 has been published and shows that we performed better than average for inpatients (national average 95%/2%, HDFT 96%/2%). The FFT % would/would not recommend score for inpatients in March 15 is 94%/2%. Work continues to use feedback to improve patient experience.

Friends and family survey: Emergency department



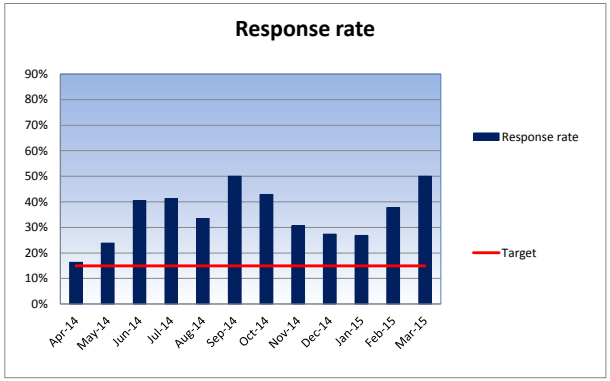


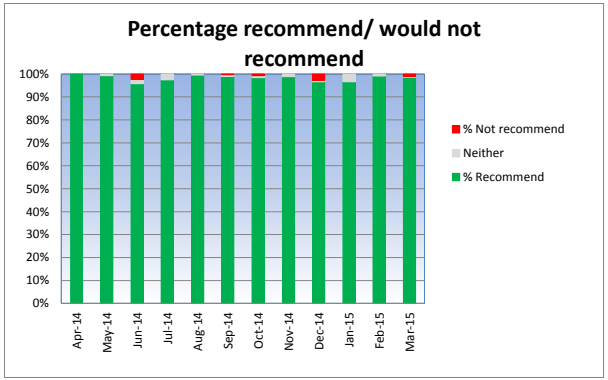
The target for the Emergency Department is either:
(i) A baseline response rate of at least 15% in Q1 and by Q4 a response rate that is both (a) higher than the response rate for Q1 and (b) 20% or over.
or (ii) maintaining a response rate that is over 20%. Target lines have been updated to reflect Q1 performance.

Response rate: The FFT Emergency Department response rate in March was 51.4%. This was sufficient to meet the Q4 response rate required of the national CQUIN.

FFT score: The national benchmarking % would/would not recommend score for February 2015 shows that we performed better than average for the Emergency Department (national average 88%/6%, HDFT 90%/2%). The FFT % would/would not recommend score for Emergency Department in March is 83%/4%. Work continues to use feedback to improve patient experience.

Friends and family survey: Maternity

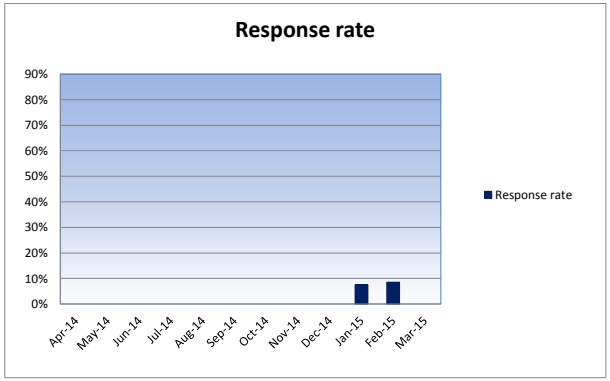


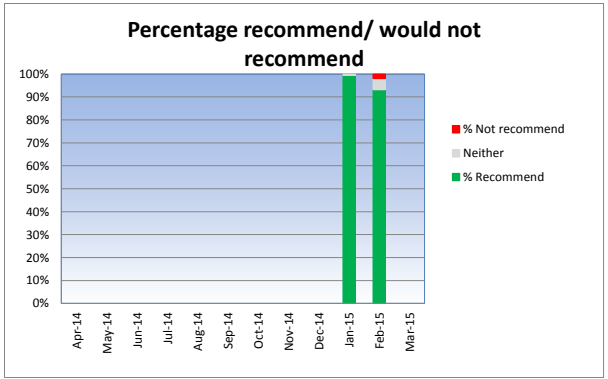


During March the combined maternity response was 50%. The percentage of respondents who would/would not recommend the service was 98.6%/1%. The results for each area are as follows:
1) Antenatal: response rate = 27.3%, % would/would not recommend =98%/0%
2) Birth: response rate = 67.9%, % would/would not recommend= 99%/1%
3) Postnatal ward: response rate 67.7%, % would/would not recommend= 98%/2%
4) Postnatal community: response rate 38.2%, % would/would not recommend= 100%/0%

The national benchmarking % would/would not recommend score for February 2015 shows that we performed better than average in all of the 4 of the areas: Antenatal (national average 95%/1%, HDFT 98%/0%), birth (national average 97%/1%, HDFT 100%/0%), postnatal ward (93%/2%, HDFT 99%/0%) and postnatal community (98%/1%, HDFT 100%/0%).

Friends and Family - Community



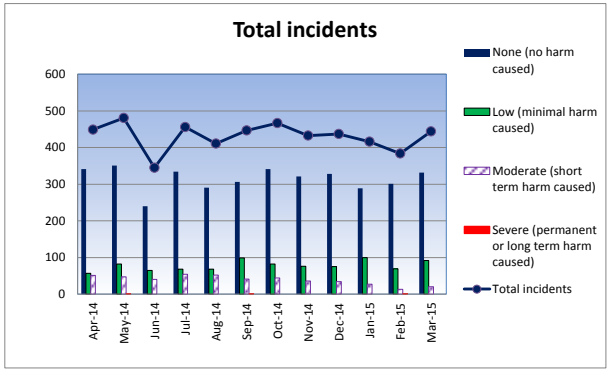


From January 2015 the FFT has been expanded to include patients seen in the community.

During February 2015 the combined community response was 8.6%. The percentage of respondents who would/would not recommend the service was 93.1%/2.0%. The results for each area are as follows:
1) Inpatient services response rate = 25%, % would/would not recommend =100%/0%
2) Nursing services: response rate = 0.6%, % would/would not recommend= 100%/0%
3) Rehabilitation & therapy services : response rate 9.5%, % would/would not recommend= 93%/2%
4) Specialist services: no responses were received
5) Children & family services: not currently included
6) Healthcare other: not currently included

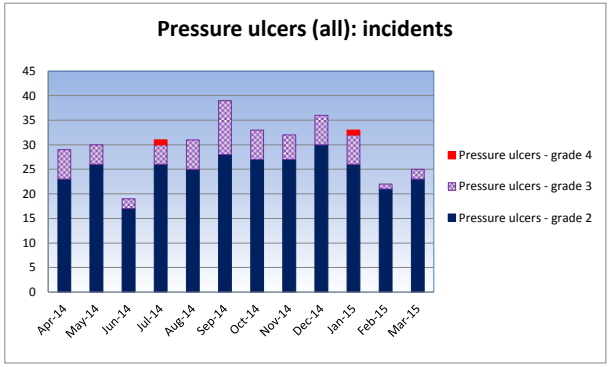
Due to reporting deadlines data for March is not yet available and will be included in next months dashboard.

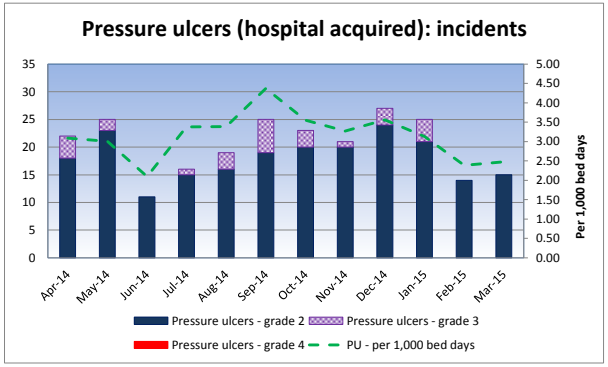
Incident reporting

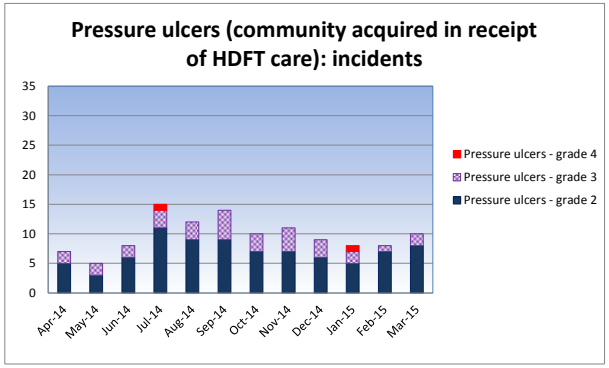


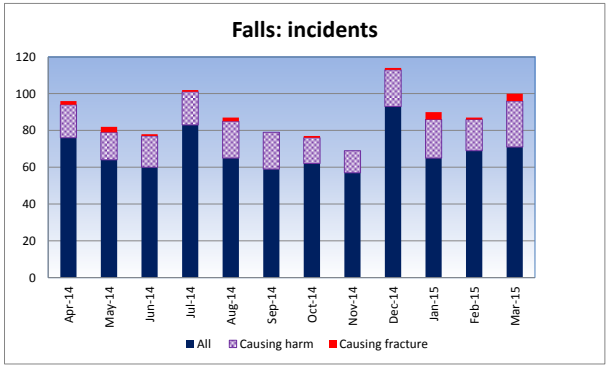
The top 5 incidents types at sub-category level, during March 15

	Incident	
1	Inadequate Staff for workload	20
2	Category 2 ulcer/Hospital acquired	15
3	Fall (found on floor) Day	15
4	Fall/Trip/Slip while mobilising alone - Day	13
5	Fall (found on floor) Night	12









The total number of incidents reported this month has increased from 384 to 444 which is higher than the previous two months. There have been no incidents reported as causing severe harm. The proportion of incidents graded as moderate (short term harm) remains around the same as last month at 4.5% from 4.4% in February.

Falls, pressure ulcers and workload staffing feature in the top 5 sub categories again this month with inadequate staff for workload being the top category.

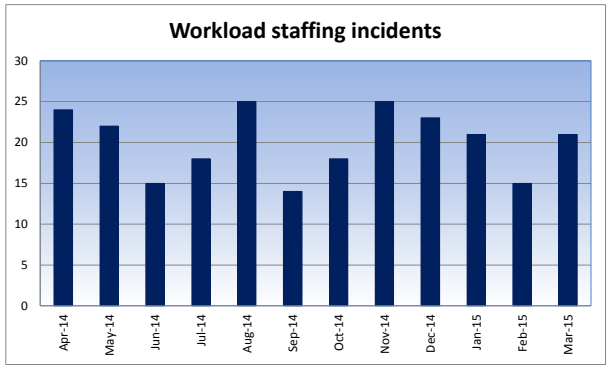
The total number of all pressure ulcers reported this month has increased slightly from 22 in February to 25 this month (15 were hospital acquired and 10 were community acquired). There were 23 Grade 2 pressure ulcers (15 Hospital acquired and 8 community acquired) and 2 grade 3 ulcers this month, both community acquired.

The data comes from Datix but the tissue viability nurses review all the grade 3 and 4 pressure ulcers to validate the data.
Root cause analysis is undertaken by the ward sisters/team leaders for grades 3 and 4 pressure ulcers and learning and improvement actions fed back to the teams. Themes for learning identified will also be reviewed at the pressure ulcer steering group.

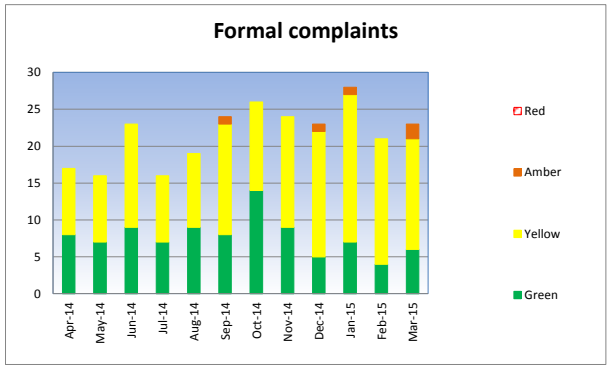
The proportion of falls causing harm has increased from 24.6% in January to 35.2%. There has been an increase in the number of moderate harm caused with 4 fractures this month that are currently being investigated via root cause analysis.

There has been an increase in workload staffing incidents reported for this month with inadequate staff for workload featuring at the top subcategory. All of these incidents are reviewed at CORM and the appropriate escalation measures were put into place.

Incident reporting cont.



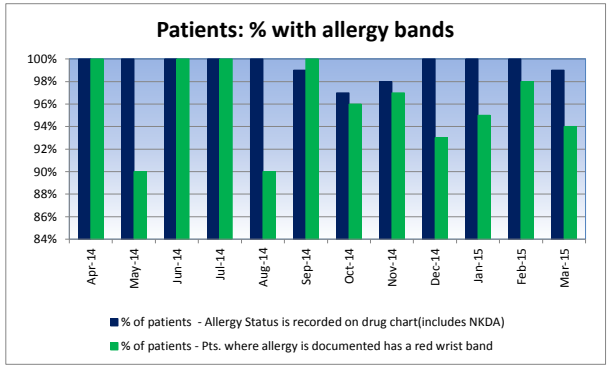
Formal complaints

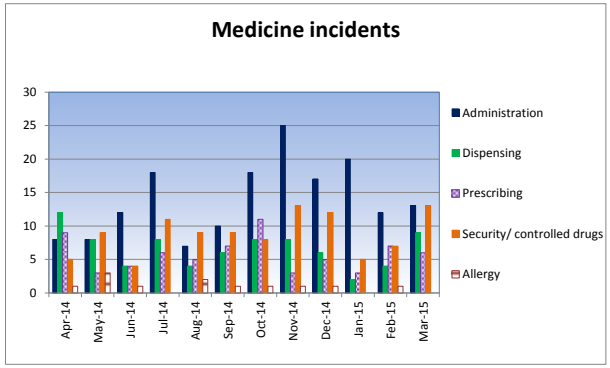


Of the 23 complaints received in March:
Medical = 11
Nursing = 2
Medical/Nursing = 7
Medical/Nursing/Other = 2
Other = 1

2 complaints were graded Amber
15 complaints were graded Yellow
6 complaints were graded Green

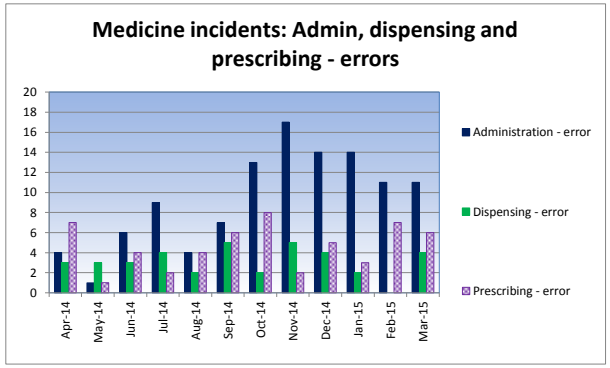
Pharmacy



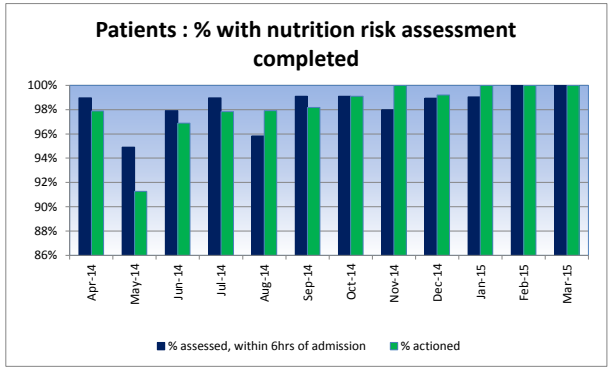


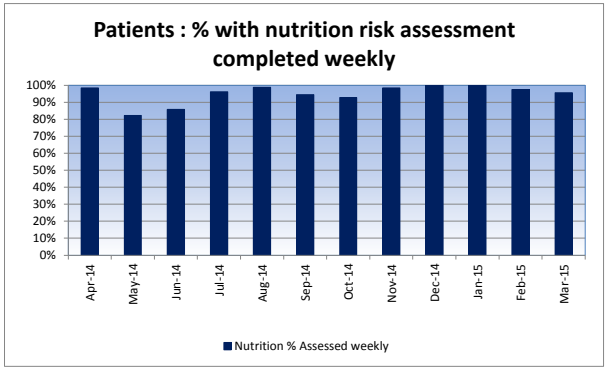
Allergies – This data identified one patient on SCBU who did not have their allergy status recorded though as this patient will have been a newborn baby then they would be unlikely to have exhibited any allergies yet. The data also showed that there was one patient who did have an allergy documented on the medicine chart but who was not wearing a red wrist band and this was on the Medical Day Unit.

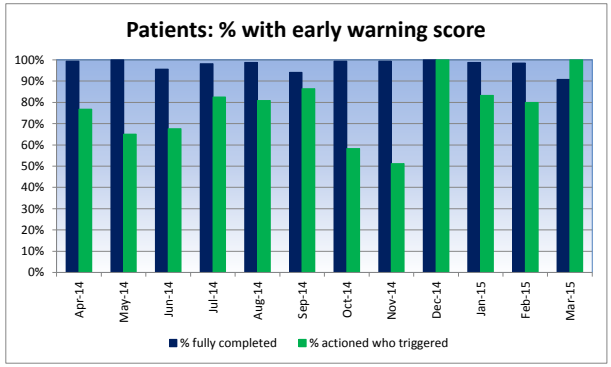
Medication Incidents – The total number of incidents has increase again this month with only a small increase in the total number of errors. There were no incidents regarding the lack of documentation of allergy status. All incidents are discussed at CORM and reviewed at the Medication Safety Review Group.

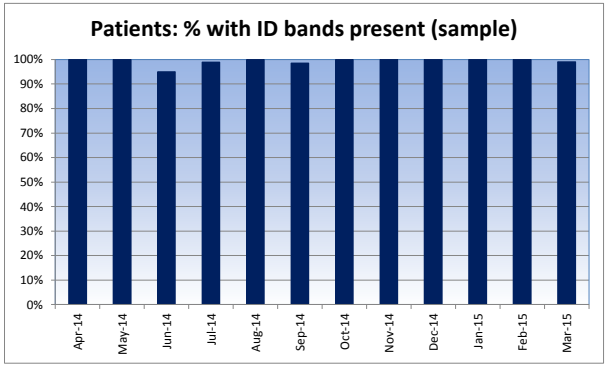


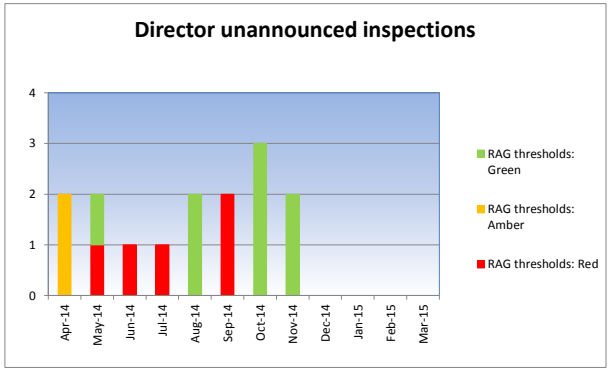
Matrons checks











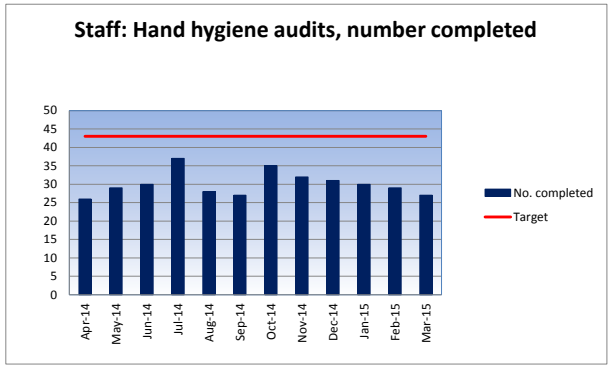
Nutrition Assessment completed and actioned- For those areas submitting data the nutritional metrics of assessments being completed within 6 hours of admission to the ward and actions taken in response to the nutritional assessments were 100% this month. Nutritional assessments being repeated for patients staying in hospital one week or longer remain good.

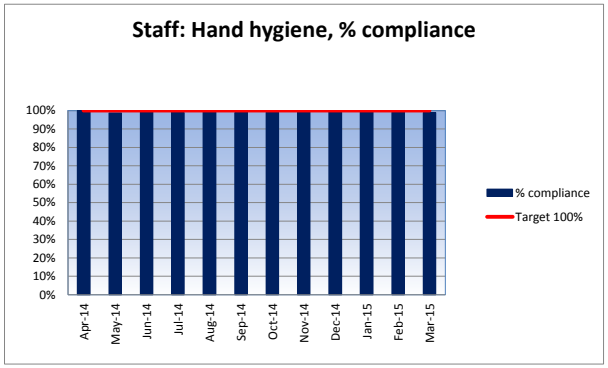
Early Warning scoring ((NEWS/MEOWS/PAWS) The adult medical and surgical wards at HDH site have recently introduced the patientrack electronic observation and escalation system however manual escalation is currently still in operation in these ward areas. The electronic sending and recording of responses has not yet being fully automated and therefore the data on News completion and escalation response is not available, however when the next stage is introduced the data will be available. For the remaining wards that have not currently introduced patientrack the figures for completed this month did not achieve 100% in all areas.

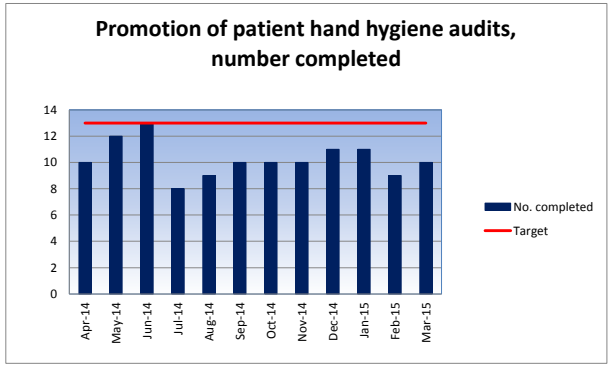
ID band checks- were good across all areas with the exception of Trinity ward (2 Patients).

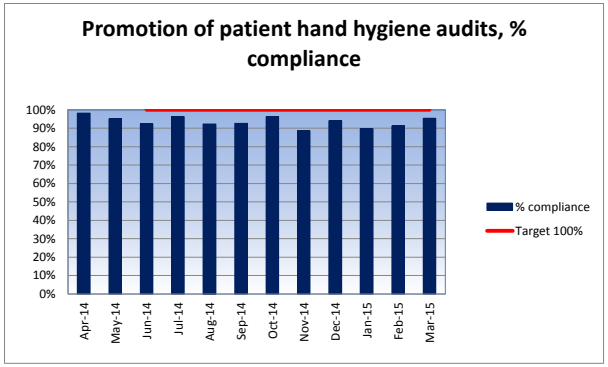
Director unannounced inspections - In March 0 inspections were undertaken.

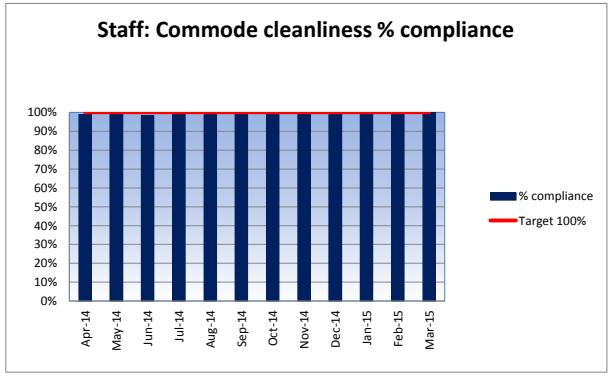
Hygiene standards

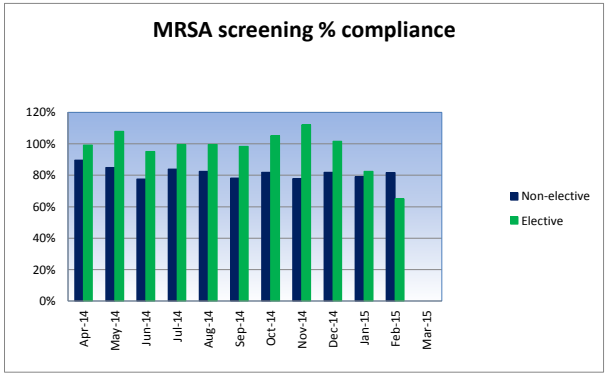












Staff Hand Hygiene and Patient Hand Hygiene: The HCAI Operational Group and IPC Team continue to support submission of both staff and patient hand hygiene audits with variable success.

MRSA- Since January 5th the Trust no longer screens low risk surgical day case admissions. Patients with a history of MRSA within the previous 12 months continue to be screened. Patients are also still screened upon their own request, or on the request of their Consultant or a Consultant Microbiologist.

Action Plan Owner	Local Supervisory team, HDFT
Project Sponsor	LSA
Audit Lead	A.Pedlingham (Contact SOM's)

Action Plan							Progress Monitoring - 6 months					
ID number	Issue	Initial Risk (H/M/L)	Action/s	Operational Lead	Responsible Lead	Target Date	Risk at review(H/M/L)	Progress	Further action/s	Operational Lead	Responsible Lead	Target Date
1	Introduction of "SOM's" of the day	H	allocate one SOM's one day a week for SOM's of the day, agree set agenda of roles during the day, not in uniform and ensure wearing pink supervisors badge	All SOM's	Contact SOM's	31/01/2015	C		Rota and names on rota agreed and commenced w/c 19/1/15. Buddy up initially and agree roles/responsibilities for the day to ensure consistency in approach.			Complete review April 2015
2	Clear role of SOM's at maternity meetings (not substantive role)	M	Allocate named SOM's at start of each meeting, rotate this role between all SOM's at all maternity meetings, ensure clear on minutes who SOM's is and not substantive role	All SOM's	Contact SOM's	Jan-15	C		SOM's agreed at the start of each meeting, named on minutes of meeting as a SOM's - will feed back information to supervisory team. Can incorporate meetings within SOM's of the day role.			Complete January 2015
3	Ensure dedicated time to fulfill supervisory role (especially clinical midwives)	L	Clear allocation of hours on roster to perform supervisory duties, no clinical work to be performed during these hours	Clinical midwifery managers	All SOM's	Review March 2015	C		Allocation of hours on roster now happening, especially with SOM's working on community and DS coordinator role			Completed March 2015
4	Development plans to ensure PREP requirements for supervisory role. Place on LSA database. Discussion re leadership requirements for the team for 2015	L	Agree attendance at network meetings. Individual SOM's to have key roles to attend LSA meetings and forums to represent HDFT. Standing agenda item on SOM;'s monthly meetings to check progress and ensure feedback from meetings to supervisory team	All SOM's	Contact SOM's	Review March 2015	C		Due to changes in the LSA region and increased workload for the LSAMO (now combined with North East) some meetings at the LSA are no longer happening. All local SOM's will have attended an LSA conference in the last 12 months - feedback provided to rest of team from conference attended.			Will be Complete in June 2015

5	Develop improved communication strategy with service users to enhance role of Supervisors of Midwives	M	Continue to raise profile of supervision in the department as well as the wider Trust. Review of information for women on supervision and ensure they know who, how and when to contact a SOM's from the team. Ensure supervision notice boards are up to date and prominent in the department as well as the wider Trust	All SOM's	Contact SOM's	Review progress March 2015	L		Further user event will be planned for Summer. Notice boards will be updated in maternity department (SOM's will be allocated to do this) and consider raising profile in the wider Trust.	All SOM's	Contact SOM's	Review June 2015
6	Provide appropriate challenge for midwives to improve clinical skills and promotion of normality	M	SOM's to work clinically with own supervisees. All SOM's to be involved in mandatory training presentation on supervision and review of feedback from midwifery staff.	All SOM's	Contact SOM's	Review progress March 2015	L		supervisory presentation updated and started in January 2015. Regular review via Practice Development Midwife and discussed at SOM's meetings	All SOM's	Contact SOM's	Review June 2015
7	Sustainable succession plan for attendance of midwives on supervisors course	M	One midwife almost completed course. Further midwife to attend either September 2015 or January 2016. Regular review of the supervisory team and discussion on plans for the future so that training of midwives can be appropriately managed and adequate support for new SOM's.	All SOM's	Contact SOM's	Review progress March 2015	L		Flyer displayed in maternity department for midwives interested in the course . Ensure midwives receive continued support to put their names forward for the course. Next course September 2015			Review May 2015
8	Ensure regular and consistent communication with women	M	Completion of action plan from last user event then plan a further user event. Supervisors walkabouts and other forums. Consider CQC maternity patient satisfaction survey and how supervisiors can enhance communication with women.	All SOM's	Contact SOM's	Review progress March 2015	L		Action plan from last user event has now been updated (progress has been made)and will be available on website. Review of SOM's of the day and role/responsibility to ensure consistency			Review June 2015
9	Continue to raise the profile of supervision in all settings	M	Ensure supervisors notice boards are up to date. Banners and information in more public places within the Trust - main entrance to hospital	All SOM's	Contact SOM's	Review progress April 2015	L		SOM's has been allocated to update the notice boards on the supervisors rota			Review May 2015

Monitoring committee:			Maternity Risk Management Group									
Date work plan approved at committee:			Feb-2015									
Planned review at committee:			Jun-2015									
			Updated 15/4/15									

Appendix 3

Action Plan - Healthwatch Visit 7th November 2014
Action Plan Owner - Jill Foster
On 7 November 2014, Healthwatch North Yorkshire carried out an enter and view visit to HDFT making some recommendations for improvement.
The Trust responded to these recommendations and this paper provides a further update.

ID number	Issue / Audit Finding / Theme	Action/s	Operational Lead	Responsible Lead	Target Date
1	Regular communication with patients about their treatment/diagnosis could be improved and also keeping relatives or carers informed when they visit."	The Trust is exploring the opportunity of how communication can be improved with patients and their families. There are different initiatives in progress on the inpatient wards. In integrated care a "Lets Talk" campaign is focusing on communication. On Bolton and Fountains ward volunteers are trialling being present on some evenings to meet and greet visitors to the ward. Hello my name initiative is being rolled out across the Trust as part of the organisational values and behaviours work. Discharge Information leaflet called "Planning for home" produced as part of the patient transport RPIW and is currently being trialled on 4 inpatient wards.	Matrons	Chief Nurse	ongoing
2	Consider asking all patients on admission and discharge whether they currently look after anyone (family, friend, neighbour etc.), and use this information to identify appropriate support within the community for the cared for person.	There is an opportunity within the admission documentation to ask this question.	No further actions		complete
3	The benefits that your nutrition assistants bring to the care of patients is invaluable, and hence it is worth considering increasing coverage beyond 3pm on weekdays by creating a potential job share post, to match out of hours and weekend hospital admissions.	Care Support Workers cover the duties of the Nutritional Assistants out of hours and at weekends and we have 45 mealtime volunteers who predominately work at teatime and more are being recruited.	Fiona Tomlinson	Chief Nurse	Complete
4	A possible re-introduction of the end of life care facilitator would greatly provide the much needed expert support for nursing staff, and ensure that patients nearing the end of their lives have the very best care possible tailored to their needs.	End of life care facilitator role is being reviewed and will be reintroduced. This post has now been recruited to with a commencement date of April 27th 2015.	No further actions	Chief Nurse	Complete
5	A dedicated discharge lounge would greatly aid the patient flow (freeing up bed space) through the hospital and out into the community. It would also greatly improve patient experience as they prepare to return back to their homes and communities now that they are deemed medically fit.	The management of the Trust are aware of a number of Frustrations and improving discharge is a current improvement priority of HDFT. The environment, staffing and use of the discharge lounge are under consideration. A recent Patient transport RPIW included a review of the discharge lounge and in response to this certain environmental changes have already taken place within the current area to create a better patient experience. Further work regarding access to a visual management system in the discharge lounge and staffing model of the facility is ongoing.	Kirsty Stead	Jill Foster/ Rob Harrison	ongoing
6	Improved communication between wards and the discharge lounge in order to improve patient experience of discharge and enable a smooth patient flow. It is worth hearing the views of the duty nurse in the discharge lounge about how this can be improved.	The management of patient flow including discharge processes is a current focus as part of HDFT's current Quality Improvement priorities. The information leaflet for patient and relatives "planning for home" highlights the use of the discharge lounge (This leaflet is currently being trialled on 4 inpatient wards). A discharge checklist for nursing staff was introduced as part of the patient transport RPIW and this is currently being trialled on two inpatient wards. The checklists asks if the patient is suitable to attend the discharge lounge.	Kirsty Stead	Jill Foster/ Rob Harrison	ongoing
7	Explore the suggestion of using the 'back door' of the hospital for discharging elderly patients to care homes to avoid blocking the ambulance bays, which are always busy. And to avoid elderly patients being confused and distressed, as much as possible, only transfer patients to care homes during daylight hours.	The use of an alternative exit is not being considered at present. Our aim is for all patients to be discharged as early as possible.	No further actions	Chief Nurse	complete

8	Your innovative use of volunteers to support meal times is very highly commended, but should be proactively increased as the demand for this service far exceeds the number of volunteers available to help. Harrogate and Rural Community and Voluntary Services will be best placed to assist you with recruiting the right volunteers.	As previously stated, there are 45 active volunteers at present with more being recruited. Finally, the care of dementia patients including the use of the Butterfly scheme is being reviewed. The Trust will continue to use volunteers innovatively	Fiona Tomlinson	Jill Foster	ongoing
9	Environment (including premises) The report states that "the space within the Emergency Department presents significant challenges at times of high demand".	The difficulty of the environment within ED is recognised by the Trust and there are a number of mitigations in place to maximise efficiency in times of high demand. The Trust also has plans for a rebuild.	No further actions at this time		
10	Patient Care (Wellbeing, Dignity, Respect and Safety) The report states that "a patient described their weekend experience as 'poor' due to skeleton staff. In one instance a patient claimed he was not given appropriate pain relief as no prescribers were available on site at the weekend".	This is an anecdotal and unsubstantiated claim and is not accurate as staffing levels do not significantly change and medical prescribers are available throughout the Trust.	No further actions		
11	Patient Care (Wellbeing, Dignity, Respect and Safety) The report states that "a patient in the Coronary Care Unit… commented that 'things were now delayed', as he had to wait until Monday for an angiogram, and did not know why there was such a delay for an angiogram".	The patient would have been clinically risk assessed to determine if an angiogram was required immediately or within a number days. – This patient would have benefited from a more comprehensive explanation.	No further actions		
12	Food (including nutrition and feeding) The report states that "the hospital is believed to be the first in the country to introduce a Nutritional Assistant role… However, this is only a part time post covering the hours between 7am and 3pm weekdays only… The hospital has also recruited a number of meal time volunteers to assist patients with feeding where needed, however there are not enough of these valuable helpers to go round".	The nutritional assistants are full time posts and are employed on all in patient areas. Outside their hours of employment their duties are undertaken by the care support workers. We currently have 45 active mealtime volunteers and are continuing to recruit.	Fiona Tomlinson	Chief Nurse	ongoing
13	Many of the patients we spoke to complained about the cost of the TV system, and most didn't use it as a result. In fact we did not come across anyone, patient or staff who had anything positive to say about the system.	Each inpatient bed space has a personal TV and phone system this is managed by hospedia and independent contractor. The Trust does not have any influence on the prices charged. Registration to receive incoming calls and radio is free of charge.	No further actions		
14	Interesting method of gathering feedback on the Friends and Family Test using tokens, however it isn't clear how this feedback is validated and what is done with the results.	Re: ED, In addition to token collection, suggestion slips, and phone calls were used to gain more objective feedback. The use of tokens was discontinued at the end of March 2015. Automated message service has commenced alongside use of suggestion slips comments / feedback.	S Davis	Chief Nurse	Complete

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 22 April 2015	Paper number 10.0

Title	Performance Management Report Summary
Sponsoring Director	Robert Harrison, Chief Operating Officer
Author(s)	Rachel McDonald, Head of Performance & Analysis Jonathan Green, Information Analyst
Report Purpose	For information
Previously considered by	n/a

Executive Summary

This report summarises HDFT's latest performance position – based on key performance indicators used by the Department of Health, Monitor and the Care Quality Commission. The report also includes mortality indicators, activity levels and locally defined performance measures.

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	Yes
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	Yes
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	Yes
4. Continue to expand our secondary care services into Leeds and maximise income.	Yes

Risk and Assurance	The report provides assurance on the delivery of national performance standards, including the Monitor Risk Assessment Framework and identifies risks to delivery.
Legal implications/ Regulatory Requirements	The Trust is required to report its performance against the Monitor Risk Assessment Framework on a quarterly basis and to routinely submit performance data to NHS England and Harrogate & Rural District CCG.

Action Required by the Board of Directors

That the Board of Directors note the information provided in the report.

Performance Framework 2014/15

- The key performance indicators are based on the Department of Health 2014/15 performance framework, the 2014/15 Monitor Risk Assessment Framework and a number of supporting performance measures.

Performance Highlights

- HDFT has now demonstrated compliance with requirements regarding access to healthcare for patients with learning disabilities. This means that HDFT's Risk Assessment Framework Governance rating for 2014/15 was Green.

- Provisional data indicates that the Trust achieved all 7 applicable Cancer Waiting Times standards for Quarter 4, meaning that the Trust achieved all cancer waiting times standards for each quarter of 2014/15.

- Performance at Harrogate ED was above the 95% in standard in March, with 96.3% of patients spending less than 4 hours in the department but below the standard (94.9%) for Quarter 4 overall. However the combined performance for the Trust (including the two Minor Injury Units) was above the expected standard for each quarter of 2014/15.

- There have been no ambulance handover delays of more than 60 minutes in 2014/15. There were 78 ambulance handover delays of more than 30 minutes at Harrogate ED in 2014/15 which compares to 116 for the previous financial year. ED attendances are 1.5% higher than for the same period last year.

- Activity levels at HDFT for outpatients and elective admissions have increased in 2014/15 compared to last year. Elective admissions were 9.5% higher than in 2013/14, and of these, there was a 20.1% increase in activity from Leeds. The relatively small increase in follow-up appointments (2.4%) indicates an improvement in follow-up ratios in view of a 4.7% increase in new appointments.

- In 2014/15 there has been a 12% increase in District Nursing activity for the period October to March when compared to the same period last year.

- Provisional data suggests that the stroke performance standard (the percentage of stroke patients who spend over 90% of their stay on the stroke unit) was achieved for March and for Quarter 4. Delivery of the TIA standard for the month of March was at 69.2% against the 60% national standard. Both standards were delivered for each quarter of 2014/15.

- HDFT achieved all 18 week standards throughout 2014/15.

- No cases of hospital acquired MRSA were reported in 2014/15. There were 9 hospital acquired C-Difficile reported during 2014/15 meaning that the Trust has achieved its annual trajectory of remaining below 15 cases. NHS England have now published the C-Difficile trajectories for 2015/16 – HDFT's annual trajectory for 2015/16 is 12 cases.

Glossary of acronyms/terminology

Harrogate and District NHS
NHS Foundation Trust

A&E/ ED	Accident and emergency department
Acute ward	A ward in which patients with an illness that is of short duration and rapidly progressive are given urgent care.
Admission	The act of admitting a patient for a day case or inpatient procedure.
Admission - inpatient	An admission to the hospital for diagnosis and/or treatment which requires at lease one overnight stay.
Admission - day case	A planned admission to the hospital for diagnosis and/or treatment where the patient is discharged on the same day without an overnight stay.
Admission - elective	A procedure that is chosen (elected) by the patient or consultant and arranged in advance.
Admission - non-elective	An admission to hospital which is unplanned and at short notice because of clinical need. For example, this will include patients being seen in CAT having emergency surgery and admitted to a hospital bed via A&E.
Admitted pathway	A pathway that ends in a clock-stop for admission (day case or inpatient).
Clinical Assessment Team (CAT)	A consultant led rapid assessment of medical and surgical patients. Conditions assessed include cardiac chest pain, strokes, and deep vein thrombosis (DVT's).
Choose and Book	A national electronic referral service that gives patients a choice of place, date and time for their first consultant outpatient appointment in a hospital or clinic.
Consultant-led	A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
Decision to admit	Where a clinical decision is taken to admit the patient for either a day case or inpatient treatment.
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.
Delayed transfer of care	When the patient is ready to be discharged from hospital however they remain in a bed.
DNA – Did Not Attend	DNA (sometimes known as an FTA – Failed to attend). In the context of consultant-led waiting times, this is defined as where a patient fails to attend an appointment/ admission without prior notice.
First definitive treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention.
Follow-up appointment	Any subsequent attendances in an outpatient clinic following a first attendance.
General ward	A ward in which patients with many different types of ailments are given care.
MRSA	Meticillin Resistant Staphylococcus aureus
MSA	Mixed sex accommodation
MSSA	Methicillin Sensitive Staphylococcus aureus
New appointment	A patient's first attendance in a specific outpatient clinic
Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'.
OOH	Out of hours
Outpatient	A patient who comes to the hospital, clinic, or dispensary for diagnosis and/or treatment who does not require an overnight stay.
Referral to treatment period	The part of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other clock stop that is covered by the 18 week target.
RTT	Referral to treatment
TIA	Transient ischaemic attack

Useful documents

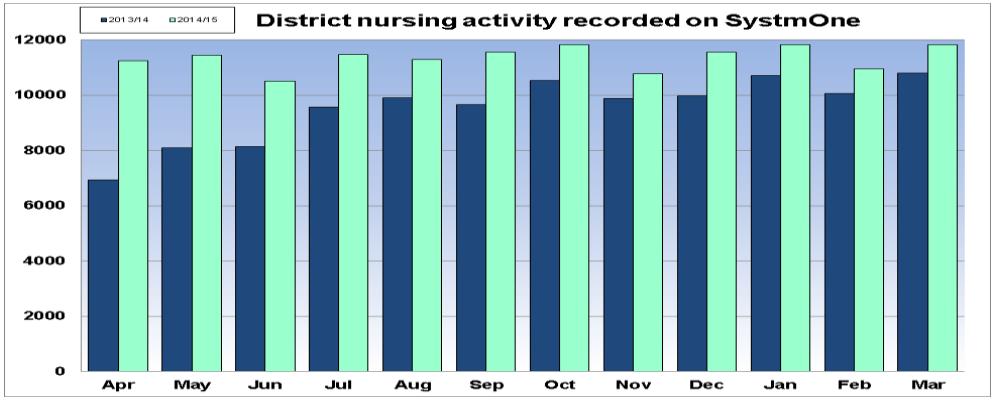
Outcomes Framework: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf

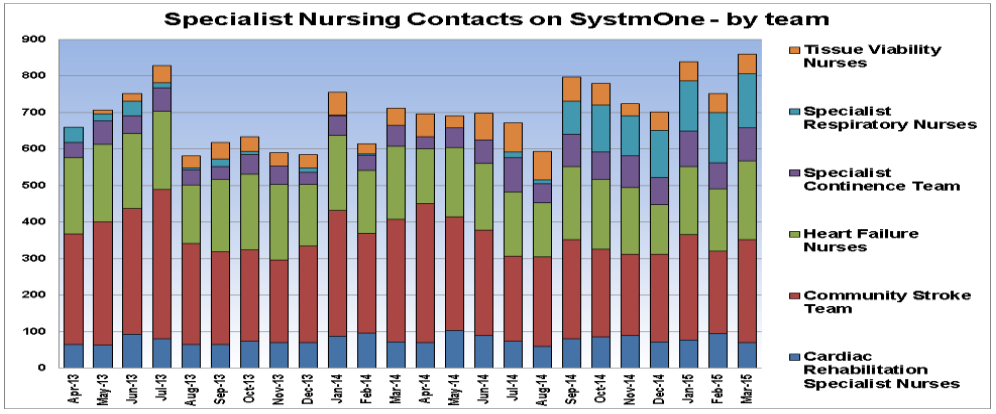
Risk Assessment Framework: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299929/RAF_Update_AppC_1April14.pdf

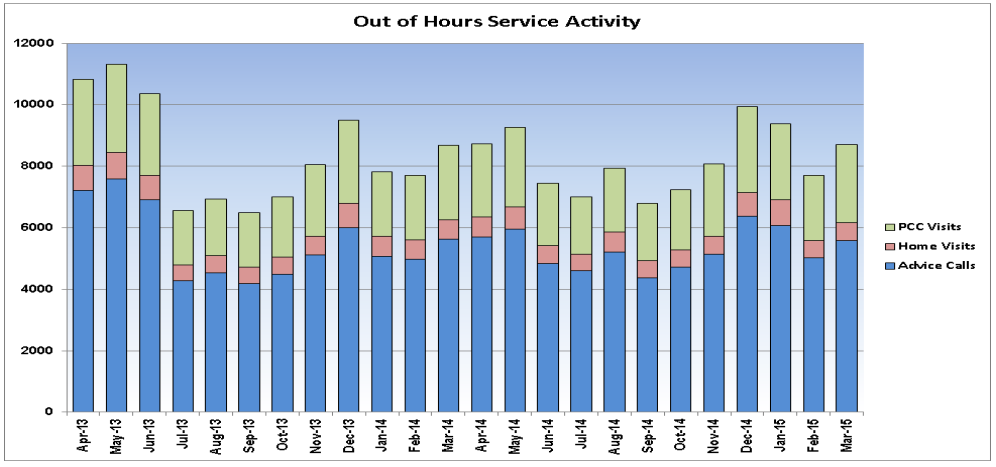
2014/15 Performance Framework

Section	Performance Indicator Description	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	YTD	Monthly RAG thresholds: Red	Amber	Green
18 weeks	RTT - admitted - 90% in 18 weeks	94.5%	94.8%	94.4%	94.6%	94.7%	94.3%	93.7%	94.2%	94.9%	91.5%	95.0%	93.8%	93.5%	93.9%	93.8%	93.7%	94.1%	<90%	NA	>=90%
	RTT - non-admitted - 95% in 18 weeks	97.4%	97.1%	97.0%	97.2%	97.1%	97.2%	96.7%	97.0%	97.2%	96.7%	97.4%	97.1%	96.7%	97.5%	97.1%	97.1%	97.1%	<95%	NA	>=95%
	RTT - incomplete - 92% in 18 weeks	97.7%	97.5%	97.2%	97.5%	97.3%	97.0%	97.2%	97.1%	97.0%	97.2%	96.9%	97.1%	97.1%	97.1%	96.9%	97.0%	97.2%	<92%	NA	>=92%
	RTT - delivery in all specialties - no. where standard not delivered (admitted, non-admitted and incomplete)	0	0	0	0	0	0	0	0	0*	2*	0	0	0	0		0	0	>0	NA	0
	RTT - Patients waiting >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	>0	NA	0
	Diagnostic waiting times - maximum wait of 6 weeks	0.04%	0.07%	0.14%	0.08%	0.38%	0.17%	0.62%	0.39%	0.12%	0.00%	0.04%	0.05%	0.14%	0.00%	0.00%	0.05%	0.14%	>=1%	NA	<1%
Cancer waiting times	All Cancers: 14 Days Target	98.6%	98.7%	98.5%	98.6%	98.0%	97.9%	98.7%	98.2%	97.4%	98.4%	97.1%	97.6%	95.0%	97.3%	96.3%	96.3%	97.6%	<93%	NA	>=93%
	All Cancers: 14 Days Target All Breast Referrals	93.1%	100.0%	100.0%	97.4%	95.5%	97.0%	95.6%	96.0%	97.4%	96.0%	95.1%	96.1%	95.8%	94.9%	98.8%	96.6%	96.5%	<93%	NA	>=93%
	All Cancers: 31 Day Target - 1st Treatment	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	<96%	NA	>=96%
	All Cancers: 31 Day Target - Subsequent Treatment - Surgery	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	93.8%	97.4%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%	96.3%	98.4%	<94%	NA	>=94%
	All Cancers: 31 Day Target - Subsequent Treatment - Drug treatment	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	<98%,	NA	>=98%
	All Cancers: 62 Day Target	94.0%	92.5%	94.8%	93.8%	90.5%	90.9%	91.2%	90.9%	95.3%	88.6%	85.4%	89.8%	93.8%	86.7%	87.8%	89.5%	90.9%	<85%	NA	>=85%
	All Cancers: 62 Day Target Screening	100.0%	NA	NA	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	95.7%	<90%	NA	>=90%
	All Cancers: 62 Day Target Cons Upgrade	100.0%	100.0%	NA	100.0%	NA	66.7%	NA	66.7%	NA	NA	NA	NA	100.0%	NA	100.0%	100.0%	88.9%	<85%	NA	>=85%
Emergency Department and Minor Injury Units	Trust total - Total time in A&E - % within 4 hours	97.6%	96.5%	97.6%	97.2%	98.2%	98.1%	96.9%	97.8%	96.6%	96.4%	95.9%	96.3%	96.0%	96.0%	97.0%	96.3%	96.9%	<95%	NA	>=95%
	Type 1 A&E - Harrogate ED - Total time in A&E - % within 4 hours	96.4%	94.6%	96.3%	95.8%	97.2%	96.9%	95.3%	96.5%	94.98%	94.8%	94.2%	94.6%	94.1%	94.2%	96.3%	94.9%	95.5%	<95%	NA	>=95%
	Type 1 A&E - Harrogate ED - trolley waits > 12 hours	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>0	NA	0
	Type 1 A&E - Harrogate ED - ambulance handovers > 30 mins	0	5	0	5	9	2	9	20	10	10	15	35	10	3	5	18	78	>0	NA	0
	Type 1 A&E - Harrogate ED - ambulance handovers > 60 mins	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>0	NA	0
	Type 3 A&E - Ripon MIU - Total time in A&E - % within 4 hours	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%	99.9%	100.0%	99.8%	100.0%	99.9%	99.9%	<95%	95% <98%	>=98%
	Type 3 A&E - Selby MIU - Total time in A&E - % within 4 hours	99.9%	99.9%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	<95%	95% <98%	>=98%
Patient Safety and Clinical Quality	Incidence of avoidable hospital acquired MRSA Bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>6 YTD	1.6 YTD	0 YTD
	Incidence of hospital acquired C-Difficile	0	2	1	3	1	0	2	3	0	1	1	2	0	1	0	1	9	>15 YTD	NA	<=15 YTD
	Incidence of hospital acquired MSSA	0	0	0	0	1	1	1	3	0	0	1	1	0	0	0	0	4	tbc	tbc	tbc
	General & Acute bed occupancy	84.0%	87.8%	81.5%	84.4%	79.6%	78.9%	82.1%	80.2%	82.9%	85.8%	89.9%	86.2%	86.4%	84.8%	85.3%	85.5%	84.1%	tbc	tbc	tbc
Data quality (quarterly reporting)	Community services data completeness - RTT information				79.9%				80.2%				80.9%				80.6%	80.4%	<50%	NA	>=50%
	Community services data completeness - Referral information				71.0%				71.8%				71.2%				71.0%	71.3%	<50%	NA	>=50%
	Community services data completeness - Treatment activity information				85.6%				83.4%				82.2%				81.7%	83.2%	<50%	NA	>=50%
Patient experience	Mixed Sex Accommodation breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	>0	NA	0
	Delayed Transfer of Care	1.3%	1.8%	2.6%	1.9%	1.3%	4.0%	1.2%	2.2%	1.9%	1.3%	2.5%	1.9%	2.8%	1.1%	3.2%	2.3%	2.1%	>3.5%	NA	<=3.5%
Stroke care	Stroke Care - 90% of time on Stroke Unit	90.5%	83.3%	88.0%	87.9%	96.9%	85.2%	84.6%	89.4%	91.3%	80.0%	78.6%	82.7%	92.6%	92.6%	100.0%	95.1%	88.8%	<80%	NA	>=80%
	Stroke Care - TIA Patients with a high risk of stroke seen and treated within 24 hours	73.3%	56.3%	82.4%	70.6%	83.3%	81.0%	54.5%	72.9%	46.2%	100.0%	64.3%	70.1%	73.3%	66.7%	69.2%	69.7%	70.9%	<60%	NA	>=60%
	Sentinel Stroke National Audit Programme (SSNAP) – overall level				D				C				D					D	D,E	C	A,B
Out of hours	Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation	56.5%	59.1%	59.5%	58.3%	57.9%	57.1%	59.7%	58.2%	58.3%	60.7%	56.4%	58.4%	56.4%	51.9%	56.5%	54.9%	58.3%	<95%	NA	>=95%
	Home visit: Face to face consultations started for URGENT cases within 2 hrs	84.1%	86.7%	79.5%	83.4%	88.4%	86.4%	89.8%	88.2%	85.7%	90.9%	84.3%	87.0%	82.9%	94.0%	78.4%	85.1%	86.2%	<95%	NA	>=95%
	Out of hours initial telephone call - Identification of immediately life threatening at PCC , GP or patient called 999	99.2%	99.0%	99.1%	99.1%	98.6%	98.9%	99.1%	98.9%	98.9%	98.9%	99.2%	99.0%	99.2%	99.2%	99.1%	99.2%	99.0%	<95%	NA	>=95%
	Out of hours - telephone clinical assessment for NON-URGENT cases within 60 minutes of call prioritisation	77.1%	79.0%	82.8%	79.6%	83.7%	81.4%	83.2%	82.7%	81.4%	83.9%	71.5%	78.9%	79.5%	75.0%	75.9%	76.8%	80.4%	<95%	NA	>=95%
	Out of hours - Face to face - Identification of immediately Life Threatening Conditions & pass to 999 < 3 Mins	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	<95%	NA	>=95%
	Out of hours - Face-to-face clinical assessment for URGENT cases started within 20 mins	66.7%	None	50.0%	58.4%	75.0%	0.0%	None	37.5%	None	100.0%	62.5%	81.3%	50.0%	75.0%	100.0%	75.0%	59.0%	<95%	NA	>=95%
	Out of hours - Face-to-face clinical assessment for NON-URGENT cases started within 60 mins	85.0%	91.3%	95.0%	90.4%	82.4%	72.2%	94.1%	82.9%	94.1%	84.2%	87.0%	88.5%	82.4%	100.0%	90.5%	90.9%	87.3%	<95%	NA	>=95%
	PC Centre: Face to face consultations started for EMERGENCY cases within 1 hr	None	None	None	None	100.0%	None	None	100.0%	None	None	None	None	None	None	None	None	100.0%	<95%	NA	>=95%
	PC Centre: Face to face consultations started for URGENT cases within 2 hrs	93.7%	89.6%	94.4%	92.6%	93.6%	90.2%	96.2%	93.3%	93.5%	94.1%	83.4%	90.3%	91.4%	85.7%	98.3%	91.8%	92.1%	<95%	NA	>=95%
	PC Centre: Face to face consultations started for LESS URGENT cases within 6 hrs	97.7%	98.3%	97.7%	97.9%	98.0%	97.8%	97.7%	97.8%	98.3%	98.4%	97.0%	97.9%	97.5%	97.8%	97.7%	97.7%	97.9%	<95%	NA	>=95%
	Home visit: Face to face consultations started for EMERGENCY cases within 1 hr	None	None	0.0%	0.0%	20.0%	100.0%	None	60.0%	None	None	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	53.3%	<95%	NA	>=95%
	Home visit: Face to face consultations started for LESS URGENT cases within 6 hrs	98.3%	98.6%	99.0%	98.6%	99.1%	97.8%	99.2%	98.7%	99.00%	99.8%	93.3%	97.4%	98.2%	98.5%	97.9%	98.2%	98.2%	<95%	NA	>=95%
Community services	Health Visiting – number of WTE in post	96.25	96.25	94.97	94.97	93.31	92.03	94.93	94.93	107.60	107.72	103.73	103.73	105.25	103.93	103.13	103.13	103.13	<2013/14 outturn	>= 2013/14 outturn but < 105.86	>=105.86 outturn
	Health Visiting – % of infants receiving a new born visit within 14 days of birth	36.0%	42.6%	45.0%	41.2%	51.6%	55.6%	52.4%	53.2%	62.4%	65.6%	77.6%	68.5%	76.2%	75.2%	80.7%	76.2%	59.8%	tbc	tbc	tbc
	Health Visiting - % of children receiving a 12 month review	55.3%	55.6%	55.8%	55.6%	65.5%	67.7%	62.6%	65.3%	65.2%	63.2%	59.2%	62.5%	59.0%	54.6%	61.7%	59.0%	60.6%	tbc	tbc	tbc
	Community equipment – % of standard orders delivered within 7 days**	92.2%	93.6%	95.3%	93.7%	88.4%	89.4%	93.3%	90.4%	93.6%	89.4%	95.7%	92.9%	97.0%	97.2%	97.1%**	97.1%	93.5%	<90%	>=90% - <95%	>=95%

Please note that Stroke, RTT, and Cancer figures are provisional as at 15/04/2015.
*RTT – delivery in all specialties –Trusts were not assessed on specialty level performance during Oct-14 and Nov-14 due to the national initiative around reducing 18 weeks backlogs.
**Excludes York data as Community equipment stores are currently unable to access York's data







Harrogate and District NHS
NHS Foundation Trust

District Nursing activity

The first chart shows the number of face to face patient contacts recorded on Systmone from April 2013 to March 2015 for the district nursing teams. Overall activity has risen in March but the number of contacts per day has decreased slightly when compared to last month - there were 381 contacts per calendar day in March, compared to 391 per day in February. Comparing to the same month last year, this is an increase, with 346 contacts per calendar day in March 2014.

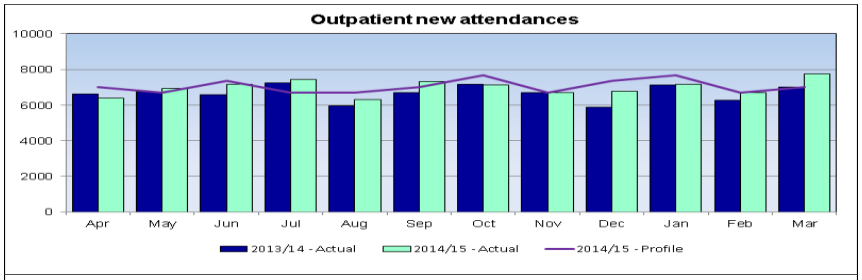
Feedback from the district nursing teams is that these increases in recorded activity were initially due to improved data capture, however, it is now due to increased activity in the teams this year. For the period October to March there has been a 12% increase in face-to-face contacts in 2014/15 when compared to the same period last year.

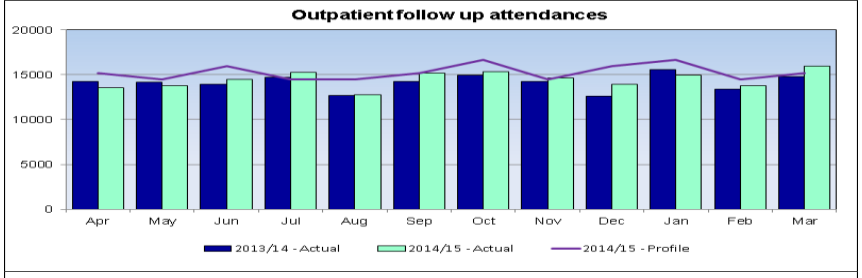
Specialist nursing activity

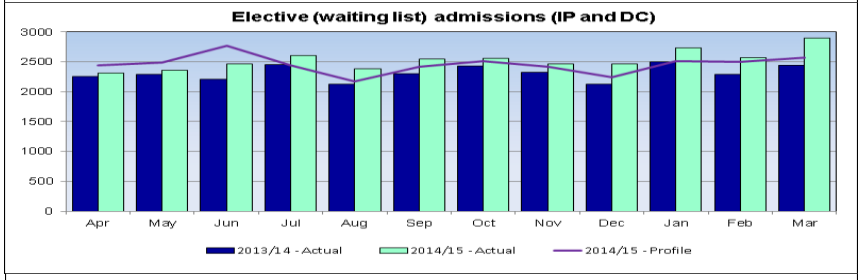
The second chart to the left shows a summary of the face to face patient contacts for each of the Specialist Nursing Teams on Systmone. As can be seen, increased activity has been reported since September 2014. In March 2015, there were 28 contacts per calendar day, compared to 27 contacts per day in January and February.

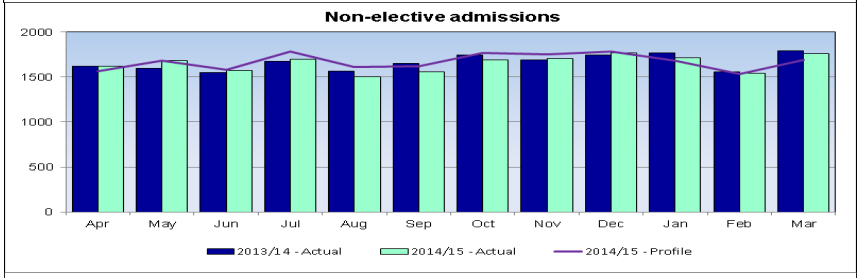
Out of Hours (OOH) Reporting

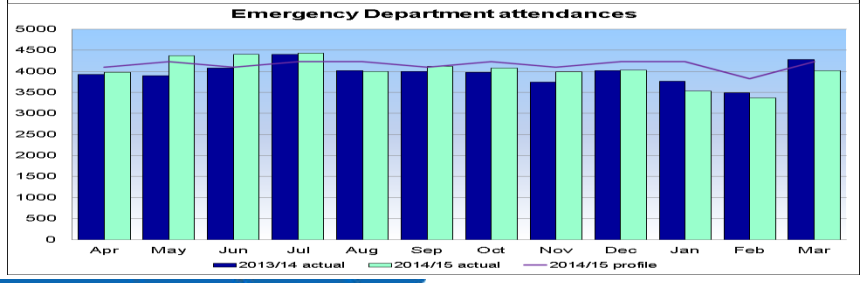
The third chart to the left shows trends in OOH activity over recent months. The reduction in activity since the local introduction of NHS 111 in July 2013 can be seen in the months following. However, activity levels are now returning back to planned levels.











Service Activity (2)

Harrogate and District NHS
NHS Foundation Trust

New Outpatients

New outpatient attendances in March were 10.8% above plan (7,768 vs. 7,013) and 0.8% below plan at the end of the financial year. There has been a 4.7% increase in activity this year when compared to 2013/14.

Follow Up Outpatients

Follow-up outpatient attendances were 5.1% above plan in March (15,987 vs. 15,215) and 5.3% below plan for the year. When compared to last year, there has been a 2.4% increase in activity for 2014/15.

Elective Admissions

Overall, elective admissions were 12.9% above plan in March (2,899 vs. 2,567). Elective inpatients were 14.3% under plan, and elective day cases were 17.9% above plan. In 2014/15, elective admissions were 3.1% above plan (30,376 vs. 29,463) and 9.5% higher than in 2013/14 (30,376 vs. 27,750).

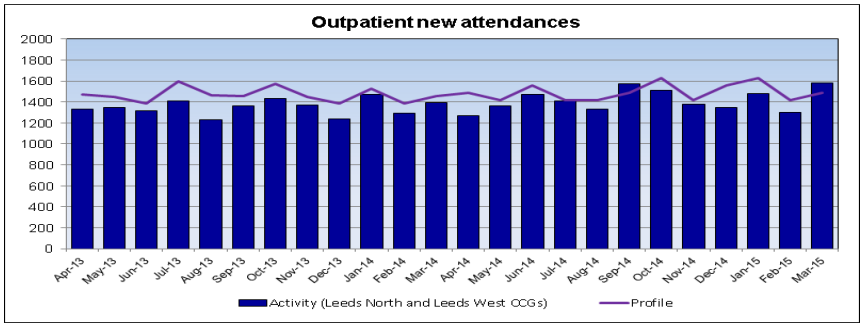
Non Elective Admissions (including CAT)

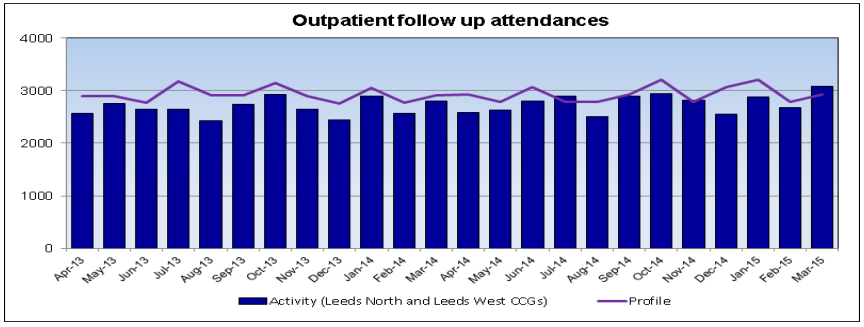
Non elective admissions were 4.1% above plan in March (1,757 vs. 1,687) and 1.2% below plan for the year. In 2014/15, non-elective admissions are 0.7% lower than in 2013/14 (19,814 vs. 19,960).

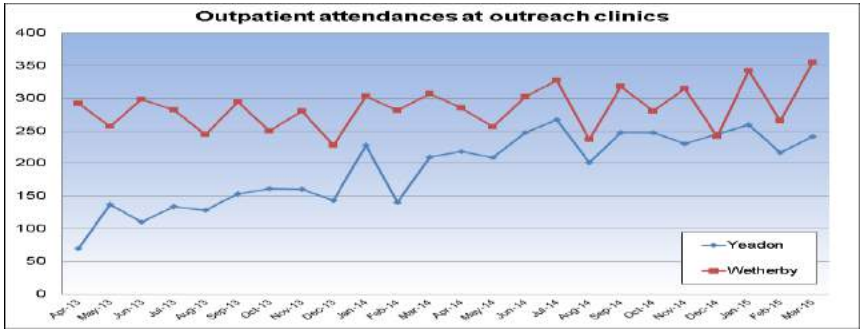
Emergency Department Attendances

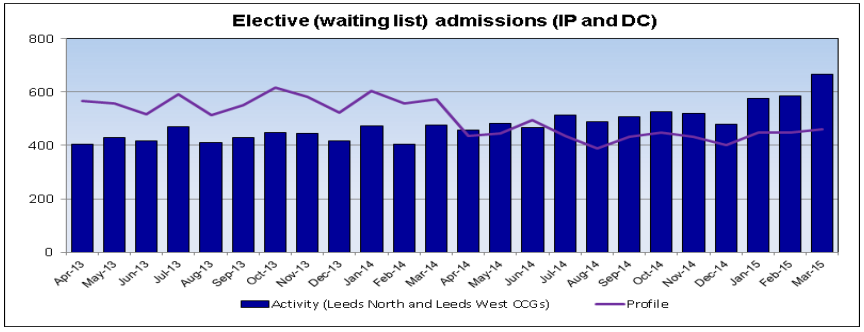
Emergency Department attendances were 5.1% below plan in March (4,016 vs. 4,230). For this financial year, attendances were 3.1% below plan but 1.5% higher than in 2013/14. Of 48,280 ED attendances (planned and unplanned) in 2014/15, 21.4% resulted in an admission to hospital. This compares to 19.5% in 2013/14.

Service Activity (3)









Activity for Leeds North and Leeds West CCGs

New Outpatients

New outpatient attendances in March were 6.5% above plan (1,580 vs. 1,484) and 4.8% below plan for the year. There was a 5.1% increase in activity in 2014/15 compared to the previous financial year.

Follow Up Outpatients

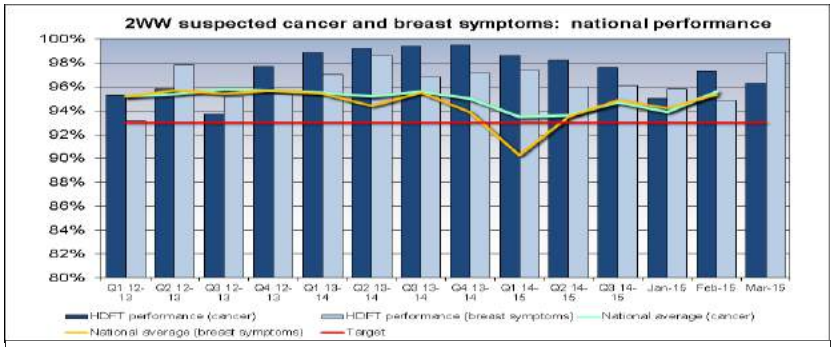
Follow-up outpatient attendances were 5.1% above plan in March (3,079 vs. 2,930) and 5.8% below plan in 2014/15. When compared to 2013/14, there has been a 3.8% increase in activity this year.

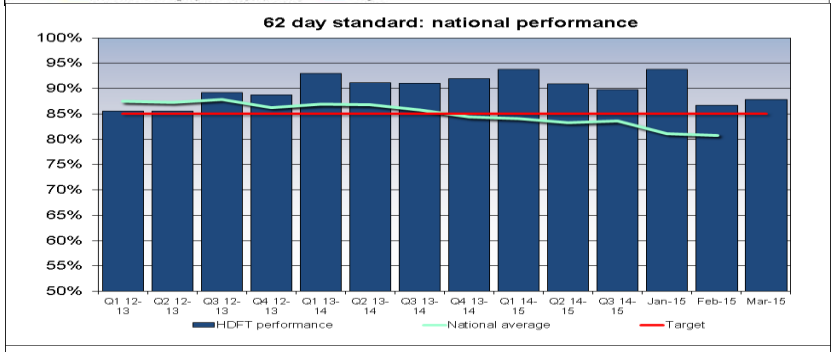
Outpatient attendances at Wetherby and Yeadon clinics

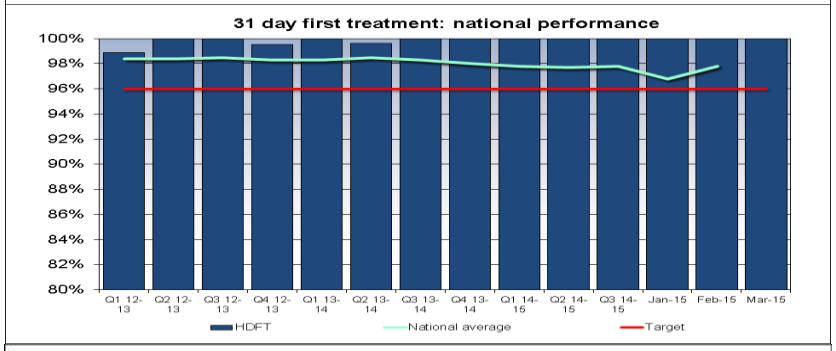
The Trust now offers outpatient clinics in Wetherby and Yeadon in a variety of specialties including orthopaedics, general surgery, dermatology and urology. Antenatal and pre-op assessment appointments are also provided at Yeadon. The third chart to the left shows monthly attendances at these clinics since April 2013. In 2014/15, the average number of attendances at these outreach services was around 530 patients per month, compared to around 425 per month in 2013/14.

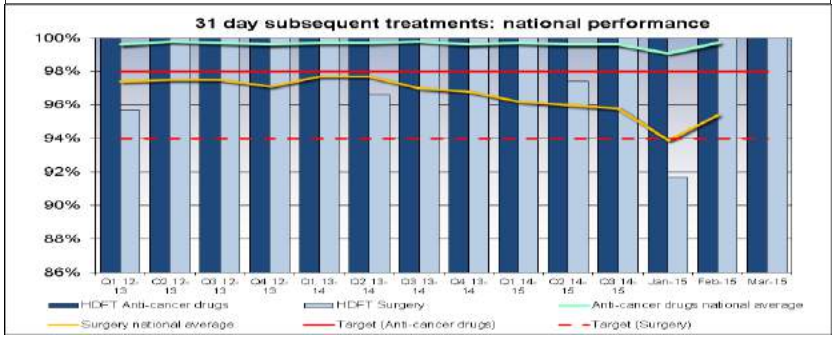
Elective Admissions

Overall, elective admissions were 44.9% above plan in March (667 vs. 460). Elective inpatients were 24.8% below plan, and elective day cases were 62.9% above plan. For the year, elective admissions were 19% above plan and 20.1% higher than in 2013/14 (6,275 vs. 5,226).









Acute Indicators – Cancer Performance

Achievement of waiting times standards

Provisional data indicates that the Trust achieved all 7 applicable Cancer Waiting Times standards for Quarter 4, meaning that the Trust achieved all standards for each quarter of 2014/15. Provisional data indicates that 89.5% of patients were treated in the quarter within 62 days following a suspected cancer referral.

All applicable standards were achieved for each month of the year, with the exception of two months when the surgical subsequent treatment standard was not met. However, this was due to one breach per month against a low denominator, both of which were the result of patient choice.

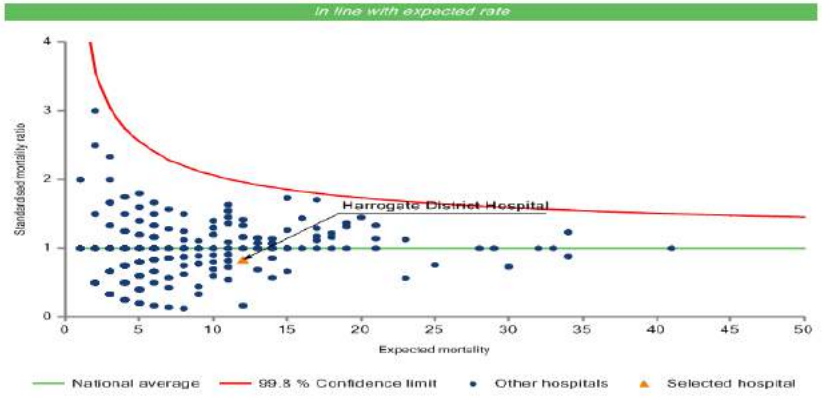
The graphs on the left show the published national cancer performance for the period April 2012 to February 2015, along with HDFT's provisional performance for March. HDFT has maintained a consistently high level of performance against each standard. National 62 day performance fell below the 85% standard in Quarter 4 of 2013/14 and has continued to fall since this time. Despite the national downward trend, HDFT's performance has remained above the 85% standard.

PPM (Patient Pathway Manager) and COSD (Cancer Outcomes Dataset)

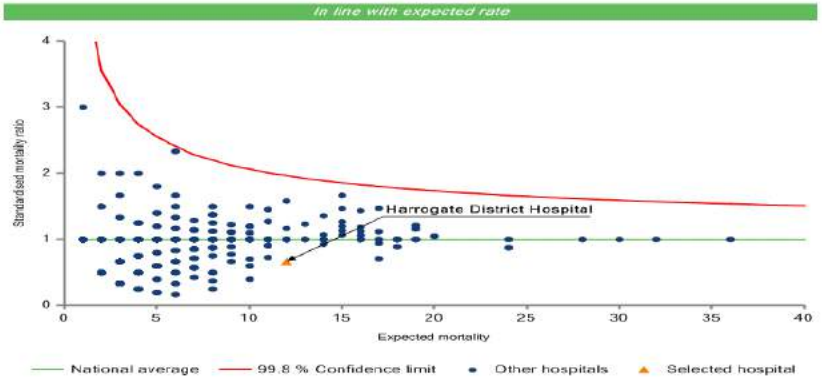
A PPM project team at HDFT is currently working alongside the cancer team at Leeds Teaching Hospitals in order to ensure the successful implementation of PPM version 1. This application will function as HDFT's primary cancer data collection resource and reporting tool, and will enable the Trust to fulfil the requirements of the full Cancer Outcomes and Services Dataset (COSD), and also all national cancer audits.

From March 2015, HDFT have been required to provide a COSD submission in XML format. However, HDFT will not be compliant with this requirement until PPM has been fully implemented. A provisional date for live implementation has been set for the start of July 2015. The Trust continues to submit COSD data, and in the most recent data completeness report published by the cancer registry (NCRS) HDFT was the top performing provider in the region for completeness of staging information for all stageable invasive cancers.

Hip replacement – 90 day risk adjusted mortality rate (2003 to 2014)



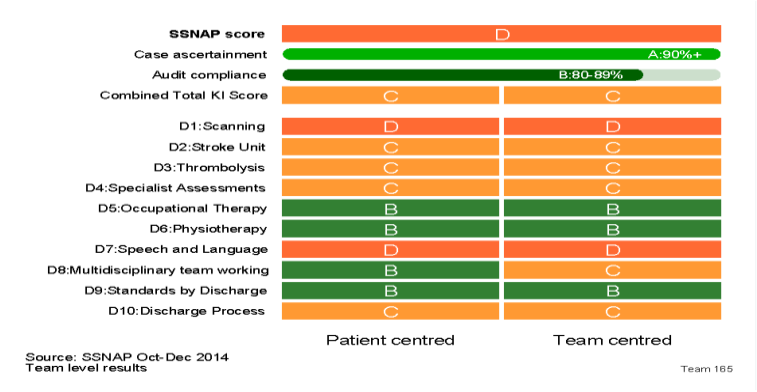
Knee replacement – 90 day risk adjusted mortality rate (2003 to 2014)



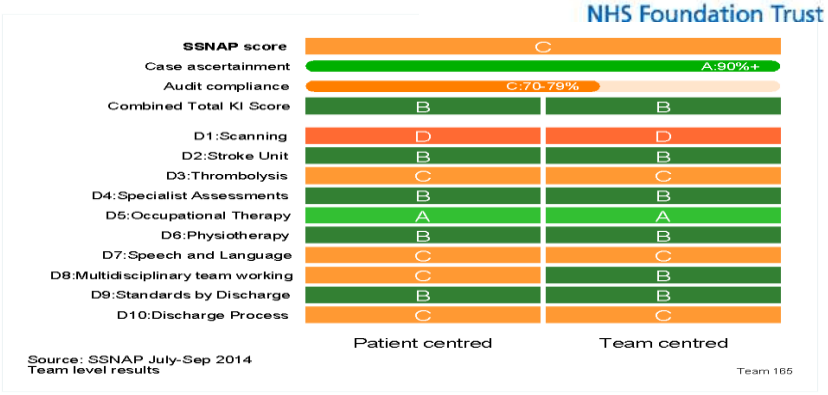
Standardised joint replacement revision ratio - 2009 to 2014

	HDFT	National average
Hip replacements	0.95	1.00
Knee replacements	1.00	1.00

- The National Joint Registry (NJR) was set up in 2002 and collects information on hip, knee, ankle, elbow and shoulder joint replacement surgery and monitors the performance of joint replacement implants across the NHS. HDFT participates and submits data to the Registry.
- The Registry published additional hospital level data at the end of March which enables Trusts to benchmark how they perform on a variety of quality and outcome measures related to hip and knee replacements, including mortality rate, revision rate and PROMs (Patient Reported Outcomes Measures).
- HDFT's scores are within the expected range for all published quality and outcomes measures.
- The top two charts to the left show HDFT's 90 day risk adjusted mortality rate for hip and knee replacements. As can be seen, HDFT's mortality is within the expected range and below the national average for both procedures.
- The table to the bottom left shows HDFT's standardised joint replacement revision ratio over the last 5 years. As can be seen, HDFT's standardised ratio is below the national average for hip replacements and the same as the national average for knee replacements.
- The PROMs data published is in line with previous benchmarking of this data and indicates that HDFT's average health gains are above the national average for knee replacements but slightly below the national average for hip replacements. The Clinical Directorate are continuing work to understand this better.
- Patient demographic information is also presented. This shows that HDFT's patients are slightly older than the national average but have slightly lower incidence of complex comorbidities such as osteoarthritis and obesity.



Scores for HDFT this quarter



Scores for HDFT last quarter

- The Quarter 3 (October to December 2014) Sentinel Stroke National Audit Programme (SSNAP) data was shared with participating trusts in late March. Results are presented in 10 Domains covering 45 key indicators and looking at all aspects of stroke patients' care in hospital.

- Each participating Trust is given an overall SSNAP score (a banding from A to E). Overall HDFT has been assigned a D rating this quarter, compared to C last quarter.

- Winter bed pressures have impacted on several indicators this quarter including a reduction in the number of patients being admitted directly to the stroke unit and the timeliness of initial clinical assessments. However this is expected to improve in the coming months and early data indicates that more patients were admitted directly to the stroke unit during Quarter 4.

- The tables above compare HDFT's score in each domain this quarter and last quarter. Four domains have seen a reduction in score this quarter:
- Stroke unit (B to C)
- Specialist assessments (B to C)
- Occupational therapy (A to B)
- Speech & Language (C to D)

- All eligible patients were thrombolysed this quarter but the proportion thrombolysed within an hour has decreased to 25% (43% last quarter).

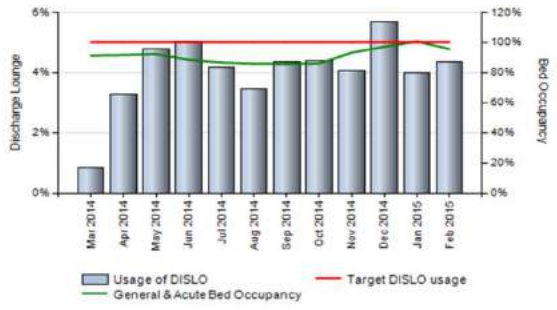
- HDFT's score this quarter has again been slightly impacted by one of the data quality measures that are used to adjust the overall SSNAP score - the audit compliance measure, which looks at the completeness of several key fields within the data set. However this has improved since last quarter.

Discharge dashboard

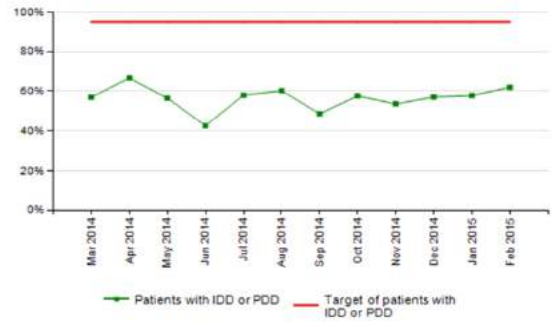
Harrogate and District NHS
NHS Foundation Trust

The charts below show the Trust's overall performance trend in each of the discharge performance indicators agreed by the Discharge steering group.

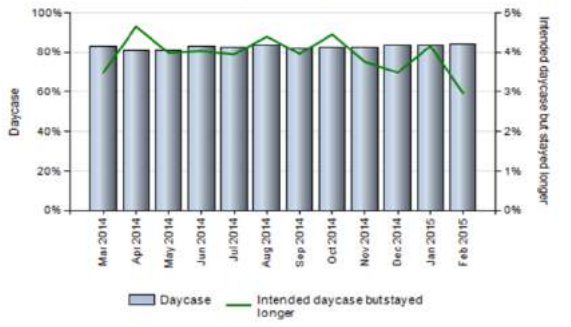
1. Use of the discharge lounge for patients discharged to usual place of residence



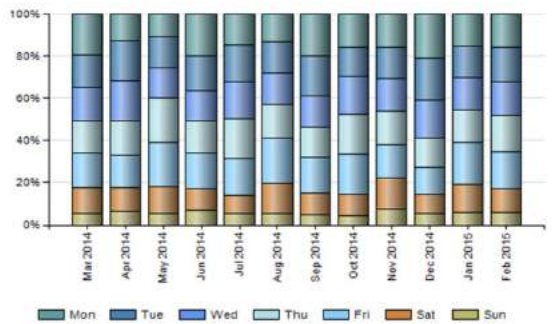
2. Snapshot use of intended discharge / planned discharge date



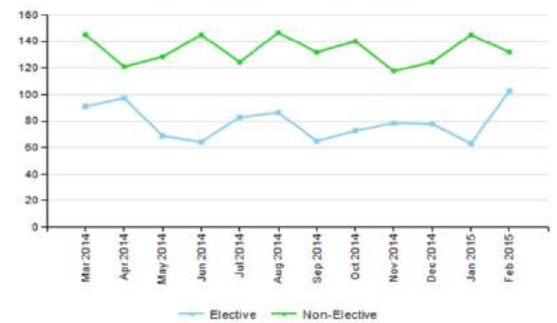
3. Daycase Rates



4. Discharges by day of week

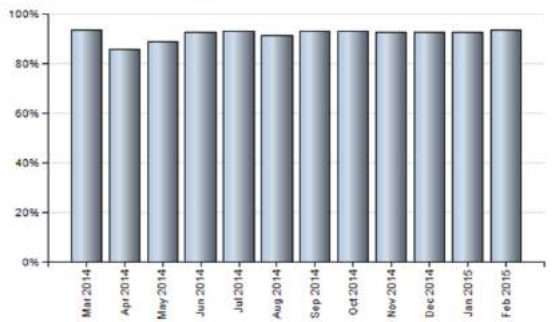


5. Average length of stay (hours)



6. Number of emergency readmissions within 30 days of discharge

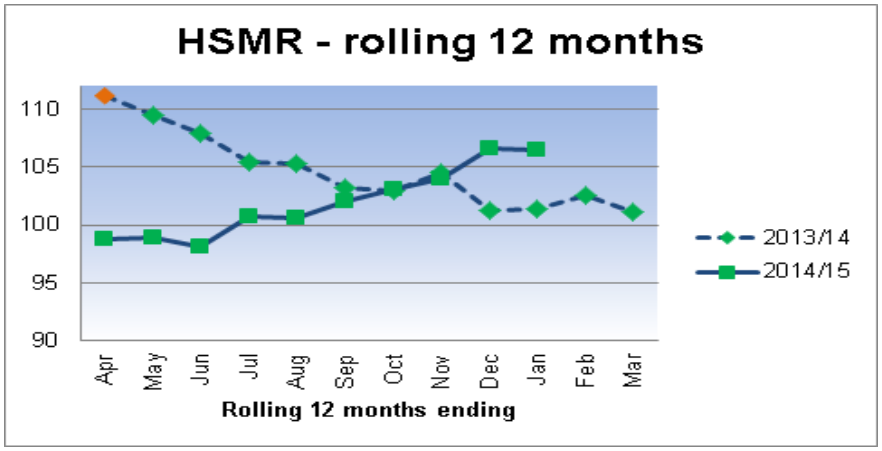
7. Patients discharged with electronic discharge summary

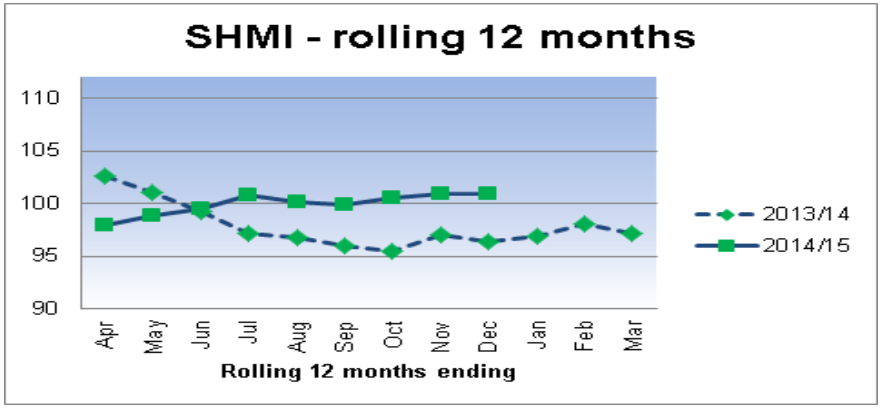


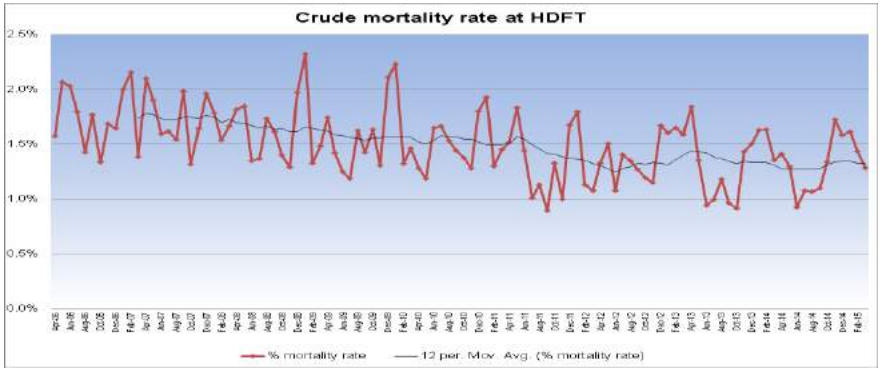
Explanatory notes:

- Due to a staffing vacancy, the discharge lounge was operating on reduced capacity in early 2014. This is reflected in the low usage seen in Jan-Mar 2014.
- Emergency Readmissions are categorised by the date of readmission and are assigned to a patient's last ward/specialty/directorate of their initial admission.
- Average length of stay (hours) is calculated based on date/time of admission and date/time of discharge and not on the care spell duration field.
- Intended discharge date target is 95%.
- Use of discharge lounge target is based on a 2% increase on the last financial year for each ward/specialty/directorate.
- The following areas have been excluded from the electronic discharge figures: Endoscopy, Ophthalmology, Pannal, Delivery Suite and Special Care Baby Unit.
- The following wards have been excluded from the IDD/PDD figures: Day Surgery Unit, Intensive Therapy / High Dependency, Outpatients Ward, Lascelles, Pannal, Special Care Baby Unit, Delivery Suite and Woodlands.

Harrogate and District NHS
NHS Foundation Trust







- HDFT's HSMR for the most recent 12 months is **106.52**, which is a decrease on the previous month's position.
- The latest SHMI is **100.89**, which has also decreased since last month.
- The first two charts to the left track HDFT's HSMR and SHMI over 2013/14 and 2014/15. Each point on the chart shows the score for the most recently available 12 months.
- Both measures remain within expected levels at Trust level.
- At specialty level, there are two specialties with a standardised mortality rate above expected levels for both the HSMR and SHMI – Geriatric Medicine and Respiratory Medicine. These are the same specialties that have been highlighted in previous months.
- The third chart shows HDFT's crude mortality rate since 2006. The black line shows the 12 month rolling average mortality rate. As can be seen, HDFT's crude mortality has reduced in recent years, in line with the national trend of in-hospital mortality, and stands at 1.3% for the most recent 12 months. The crude mortality rate reported in March 2015 was 1.29% which is lower than the same month in the previous year (1.36%).

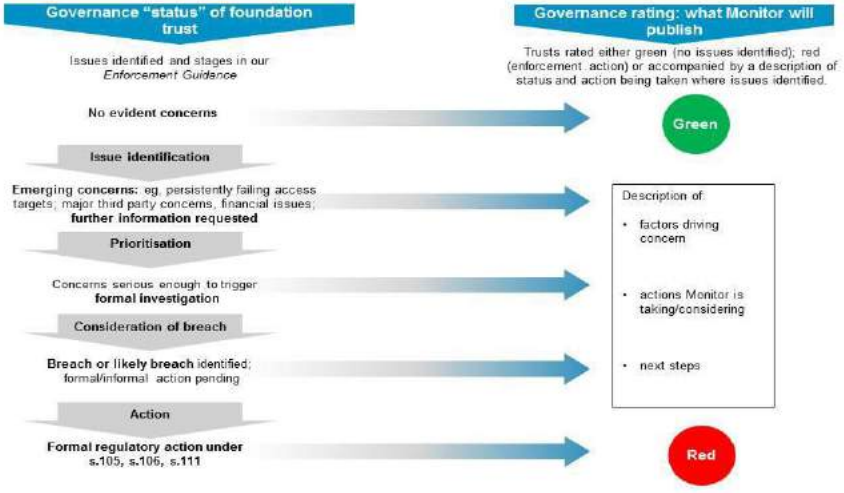
Monitor – 2014/15 Risk Assessment Framework

Category	Metrics	Governance concern triggered by
CQC information	• CQC judgments	• CQC warning notice issued • Civil and/or criminal action initiated
Access and outcomes metrics	For **acute trusts**, metrics including: • referral to treatment within 18 weeks • A&E waits (4 hours) • cancer waits (62 days) For **ambulance trusts**, Category A response times For **mental health trusts**, metrics including CPA follow-up and psychosis outreach	• Three consecutive quarters' breaches of a single metric or a service performance score of 4 or greater[1]
	For **acute trusts**, metrics including: • C. difficile – national target	• Breaching pre-determined annual C. difficile threshold (either three-quarters' breach of the year-to-date threshold or breaching the full year threshold at any time in the year)
	For **mental health trusts**, metrics including tracking accommodation/employment status (data completeness only) For providers of community services, data completeness against selected elements of the CIDS dataset	• Breaching the A&E waiting times target in two quarters over any four-quarter period and in any additional quarter over the subsequent three quarters
Third party reports	• Ad hoc reports from GMC, the Ombudsman, commissioners, Healthwatch England, auditor reports, Health & Safety Executive, patient groups, complaints, whistleblowers, medical Royal Colleges etc.	• Judgment based on the severity and frequency of reports
Quality governance indicators	• Patient metrics • patient satisfaction	• Material reductions in satisfaction, or increases in sickness or turnover rates

	• Staff metrics
	  • high executive team turnover
	  • satisfaction
	  • sickness/absence rate
	  • proportion temporary staff
	  • staff turnover
		• Material increases in proportion of temporary staff

	• Aggressive cost reduction plans	• Cost reductions in excess of 5% in any given year
Financial risk	• Continuity of services risk rating	• Breaching any continuity of services licence condition as a result of governance • Inadequate planning processes

[1] For example a service performance score as per the metrics in Appendix A



- Monitor's Risk Assessment Framework replaced the Compliance Framework from October 2013. The new framework assesses Foundation Trust's continuing compliance with the licence and focuses on financial sustainability and governance requirements. The table to the left shows the information used by Monitor to assess governance concerns.
- HDFT's performance against the national performance standards in the "Access and outcomes metrics" are shown in the table below.
- The diagram at the bottom left illustrates how Monitor assigns a governance rating to Foundation Trusts.
- **HDFT's governance rating for Q4 is Green.**

Weightings and thresholds for targets and national core standards

Targets - weighted 1.0	Q3	Jan	Feb	Mar	Q4	Q4 expected	Q4 variance	Threshold	Weighting	Q4 score
RTT admitted pathways (% within 18 weeks)*	0.0	93.5%	93.9%	93.8%	93.7%	90%	3.7%	90%	1.0	0.0
RTT non-admitted pathways (% within 18 weeks)*	0.0	96.7%	97.5%	97.1%	97.1%	95%	2.1%	95%	1.0	0.0
RTT incomplete pathways (% within 18 weeks)*	0.0	97.1%	97.1%	96.9%	97.0%	92%	5.0%	92%	1.0	0.0
A&E: Total time spent in A&E (% within 4 hours)	0.0	96.0%	96.0%	97.0%	96.3%	95%	1.3%	95%	1.0	0.0
Cancer - 62 day wait for first treatment from urgent GP ref to treatment: all cancers*	0.0	93.8%	86.7%	87.8%	89.5%	85%	4.5%	85%	1.0	0.0
Cancer - 62 day wait for first treatment from Screening service referral: all cancers*	0.0	100.0%	100.0%	100.0%	100.0%	90%	10.0%	90%		
Cancer - 31 day wait for second or subsequent treatment: Surgery*	0.0	91.7%	100.0%	100.0%	96.3%	94%	2.3%	94%	1.0	0.0
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug*	0.0	100.0%	100.0%	100.0%	100.0%	98%	2.0%	98%		
Cancer - 31 day wait for second or subsequent treatment: Radiotherapy*	N/A	NA	NA	NA	NA	N/A	NA	NA	N/A	N/A
Cancer - Maximum waiting time of 31 days from diagnosis to treatment for all cancers (%)*	0.0	100.0%	100.0%	100.0%	100.0%	96%	4.0%	96%	1.0	0.0
Cancer - Maximum waiting time of 14 days from urgent GP ref to date first seen for all urgent suspect cancer referrals (%)*	0.0	96.0%	97.3%	96.3%	96.3%	93%	3.3%	93%	1.0	0.0
Cancer - maximum waiting time of 14 days for symptomatic breast patients (cancer not initially suspected)*	0.0	96.8%	94.9%	96.8%	96.6%	93%	3.6%	93%		0.0
C-Difficile	0.0	0	1	0	1	4	-2	0	1.0	0.0
Compliance with requirements regarding access to healthcare for patients with learning disabilities	1.0				Y	Y		Y/N	1.0	0.0
Community services data completeness - RTT information	0.0				80.6%	50%		50%	1.0	0.0
Community services data completeness - Referral information	0.0				71.0%	50%		50%		0.0
Community services data completeness - Treatment activity information	0.0				81.7%	50%		50%		0.0
Score	0.0	Rating: GREEN								0.0
Governance concern triggered? (Y/N)	N									N

*Reporting month figures are provisional

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 22 April 2015	Paper No: 11.0

Title	Monthly Finance Report
Sponsoring Director	Director of Finance
Author(s)	Finance Department
Report Purpose	Review of monthly financial position

Executive Summary

The Trust reported The Trust reported a surplus of £611k for the month of March, resulting in a year end position of £10k surplus.

This position results in a Monitor Continuity of Services risk rating of 3.

The Trust cash position significantly improved in March.

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	Yes
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	Yes
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	Yes
4. Continue to expand our secondary care services into Leeds and maximise income.	Yes

Risk and Assurance	There is a risk to delivery of the 2014/15 financial plan if budgetary control is not improved. Mitigation is in place through regular monthly monitoring, and discussions on improving this process are ongoing.
Legal implications/ Regulatory Requirements	

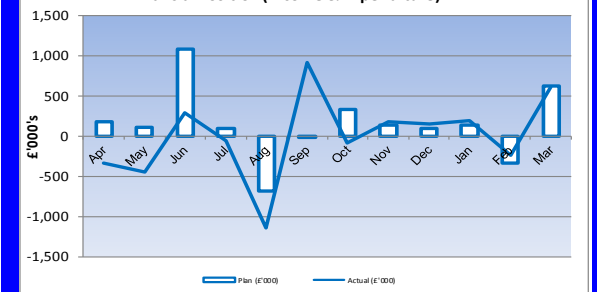
Action Required by the Board of Directors

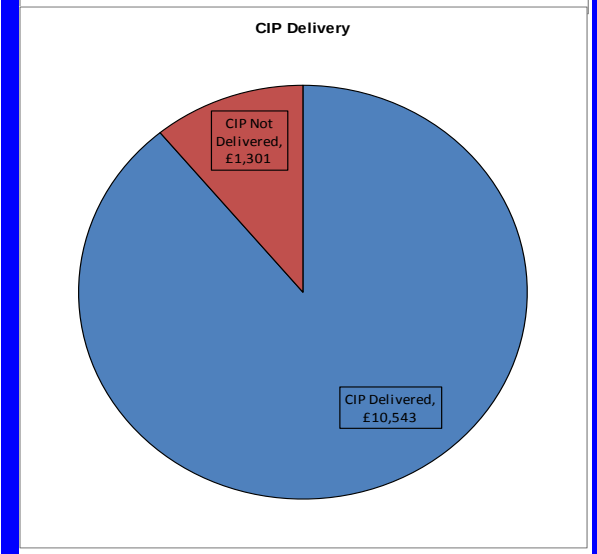
The Board of Directors is asked to note the contents of this report

Trustwide Finance Overview as at 31st March 2015

Income & Expenditure (£'000)

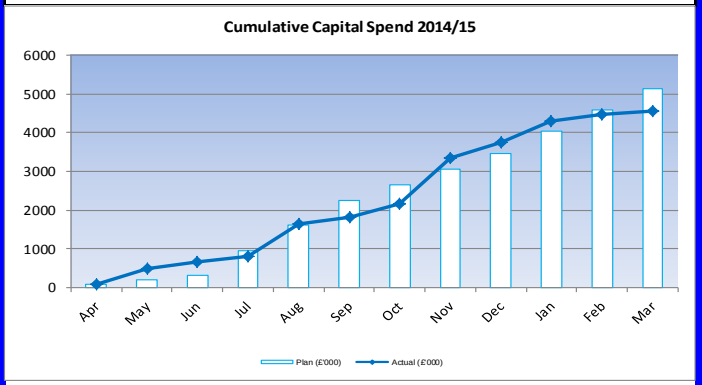
In Month Variance to Plan	YTD Variance to Plan
(6)	(1,729)



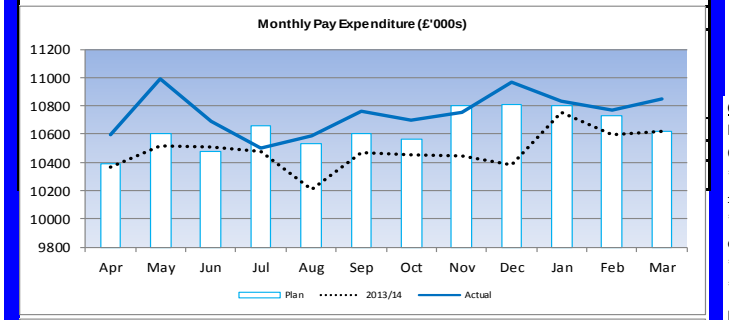


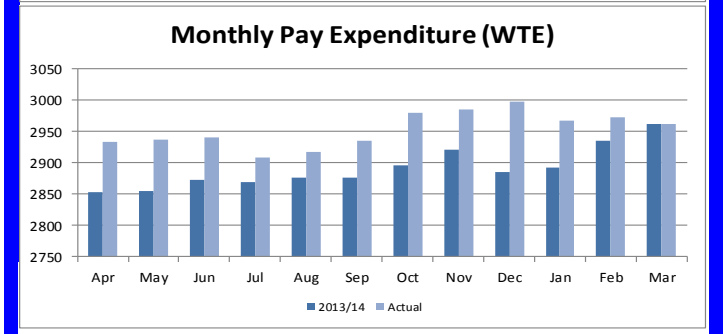
CIP Target (£'000)	**11,844**
CIP Achieved (£'000)	**10,543**
Over-achievement/Shortfall (£'000)	**(1,301)**

Balance Sheet



Cash (£'000)	
Cash in Hand	4,898
Planned Cash	1,696





Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month Var to date
Total Income:		1,596	699
Commissioner Income		1,485	772
Other Income		111	(73)
Total Expenditure		(3,844)	(2,978)
Pay:	Nursing	(322)	(372)
	Medical Staff	(1,092)	(1,211)
	Other Pay	277	408
Drugs		(388)	(384)
Clinical Supplies		(678)	(640)
CIP		(1,300)	(1,224)
Other Non-Pay		(341)	446
Var to planned EBITDA		(2,248)	(2,279)
Finance Costs		520	446
Total Var to Plan		(1,728)	(1,833)

Variance to plan by Directorate

Integrated Care	(1,615)	(1,519)
Elective Care	(1,916)	(1,609)
Acute Care & Cancer Services	(1,043)	(840)
Corporate Services	(358)	(470)

Comments: Directorate Overspends

Integrated Care:

Overspend against budget of £96k in March

* Wards - £54k overspend £26k related to Pay. Escalation costs in month were £36k, pressure on Ripon Trinity £22.4k.
* Med Staff - Overspends in Dermatology (£37k), CAT vacancies (£6k), gaps in elderley meds (£18k) and gastro agency costs plus covering on call £32k.
* Stock - £35k benefit of the year end stock adjustment.
* CIP total unidentified in 14/15 was £505k of which £30k phased in March

Elective Care:

Overspend against budget of £307k in March. Main financial issues:

• CIP – £15k unmet phased in.

* Private patients - £46k under recovered, mainly Orthopaedics.
* Endoscopy £52k - Wharfedale activity
* Theatres - £175k overspend. Activity increased by 14% above Feb levels, position includes a £67k stock adjustment.
* Medical staffing - £44k temp cover for vacancies, mainly Orthopaedics

Acute & Cancer Care:

Overspend against budget of £203k in March. Pressures occurred in the following areas:

*Year end stock £207k overspend. Pathology reagents (£171k)

*Radiology - £94k overspend. Agency in post £17k, Van hire £51k, cons £23k

*Medical Staffing £30k due to overspends in ED & Radiology reporting.

These overspends are offset by pharmacy reserves (£66k) and income from community equipment for Continuing Healthcare service provision (£70k)

Corporate:

Underspend against budget of £111k in the month of March

Income - underspent by £65k.

£23k in estates due to research overhead & £30k IT SLA income

Pay - Underspent by £47k

£24k Domestics, £13k one to one team budget & £7k medical dir vacancies

Non-pay - Break even overall, however costs within Estates for Carbon Energy Fund (£50k) Hotel Services (£25k) and Finance (£30k) were offset by £100k underspend within community facilities & corporate reserves.

Comments:

The Trust reported a surplus of £611k for the month, £6k behind plan. The year end position is therefore a surplus of £10k, a significant improvement following the first half of the financial year.

Comments:

Trust income for March was £896k ahead of plan. This was largely due to a favourable variance in relation to commissioner income.

Key Financial Overview

March Financial Position

- The Trust will be reporting an underlying surplus of £10k for the financial year. This is a significant improvement on £601k deficit that was reported in February.
- The position in March was a result of the following –
    - March Activity levels increased over planned levels. This increase resulted in monthly income rising from an average of £15.4m for the first 11 months of the year, to £17.1m for March.
    - Pay Expenditure remained consistent to that reported in previous months.
    - Other costs remained at controlled levels.
    - Drug and consumable expenditure increased, however, this is expected due to the significant increase in activity.
- The year end position is summarised below –

14/15 Financial Position	February £'000s	March £'000s	15/16 Plan £'000s
Income	168,918	186,119	185,836
Operating Expenditure	-163,718	-179,810	-176,350
EBITDA	**5,200**	**6,309**	**9,486**
Depn, Interest, Dividend	-6,141	-6,691	-7,686
Surplus/Deficit before donated asset income	**-941**	**-382**	**1,800**
Donated Asset Income	340	392	0
Underlying Surplus/Deficit	**-601**	**10**	**1,800**

- Page 4 outlines the Trust-wide waterfall diagram for 2014/15, showing the key drivers that make up the financial position.
- Income and expenditure run charts can be seen on pages 5 and 6 showing trends from the past two financial years.
- The Efficiency Programme planning for 2015/16 is summarised on page 9. Plans are in place for 95% of the Trust internal target of £10.2m. Once risk adjusted this figure falls to 77%. In 2014/15, Directorates have collectively actioned £10.5m of savings. Therefore £1.3m was unachieved.

Key Financial Overview Cont.

- Page 14 and 15 outline the current cash and debtors position. The Trust cash balance is reported at £4,898k.
- Clearly throughout the financial year the cash position has been lower than originally planned. To end the financial year £56k behind the planned cash profile submitted to monitor at the start of 14/15 represents a significant improvement. This will continue into the new financial year.

Quarterly Monitor Return

- The Monitor Continuity of Services (CoS) risk rating is made up of two components, liquidity and capital service cover. An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns).

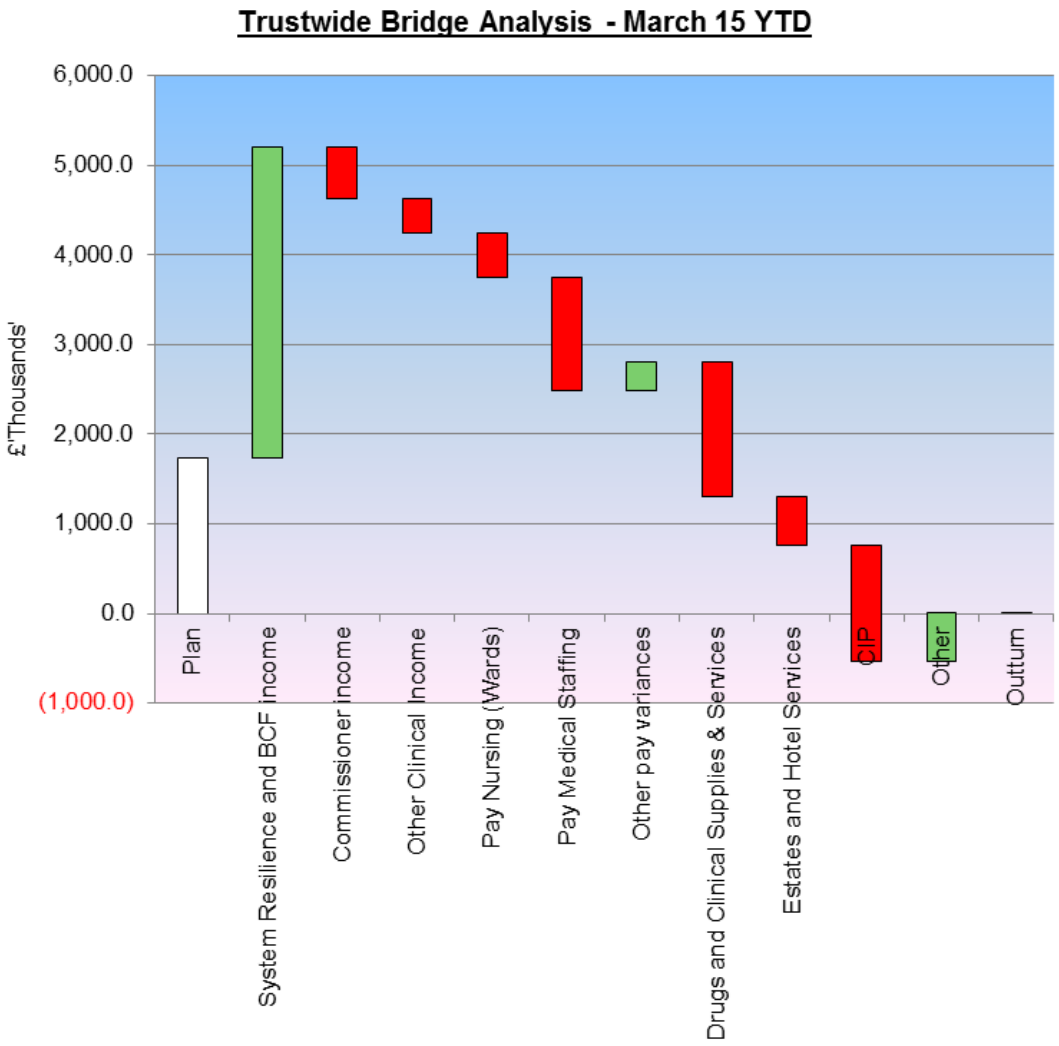
- The table below shows the quarterly plan and performance of the Trust-

	Q1	Q2	Q3	Q4
Planned Rating	**3**	**4**	**4**	**4**
Actual Rating – Capital Service Cover	2	2	2	3
Actual Rating – Liquidity	3	3	3	3
Actual Rating – Consolidated Rating	**3**	**3**	**3**	**3**

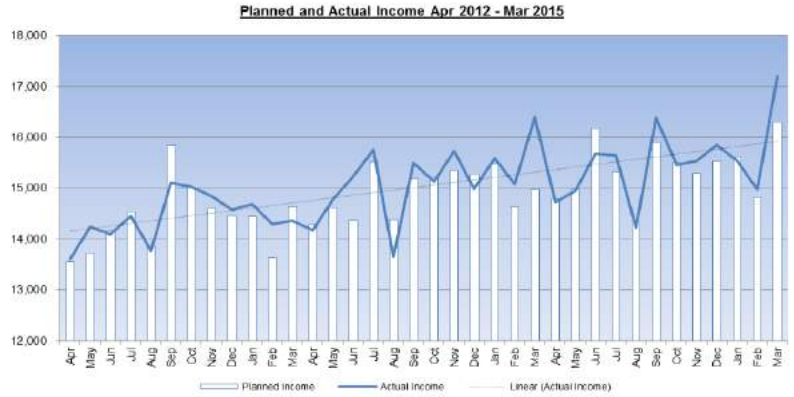
- The Board is asked to approve the submission of the Monitor return and CoS of **3** for quarter 4.

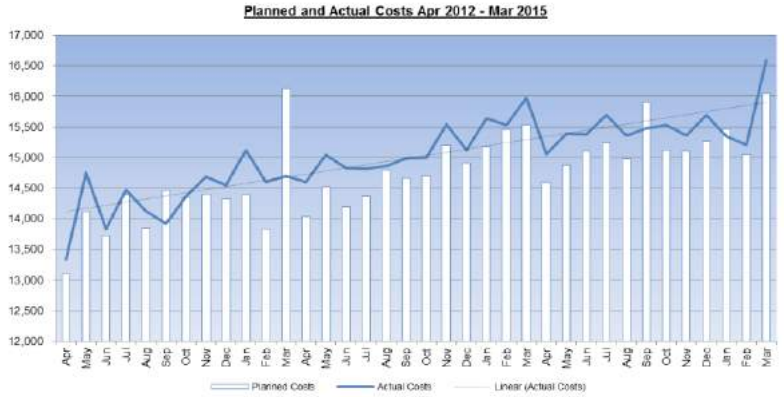
- There has been clear improvement in the financial position of the Trust since November. Performance in March has ensured a small surplus for 2014/15 which is very positive when compared to the position reported in the first half of the year. This momentum must continue into the new financial year in order to meet the financial plan. Meetings with the directorates have therefore focused on starting 2015/16 positively.

Trust wide Bridge Analysis



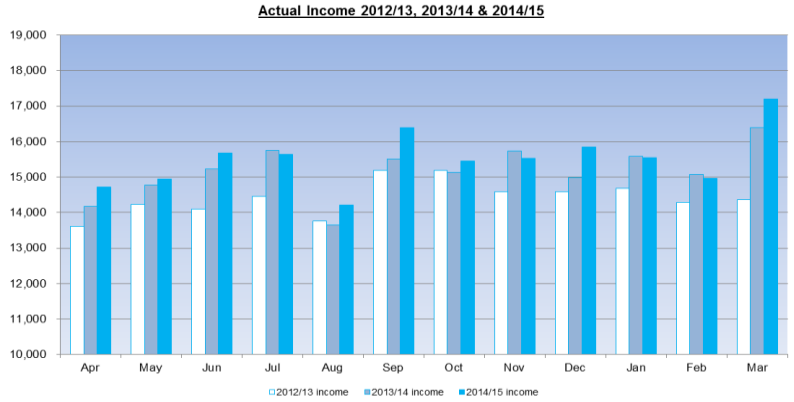
Income & Expenditure Run Charts

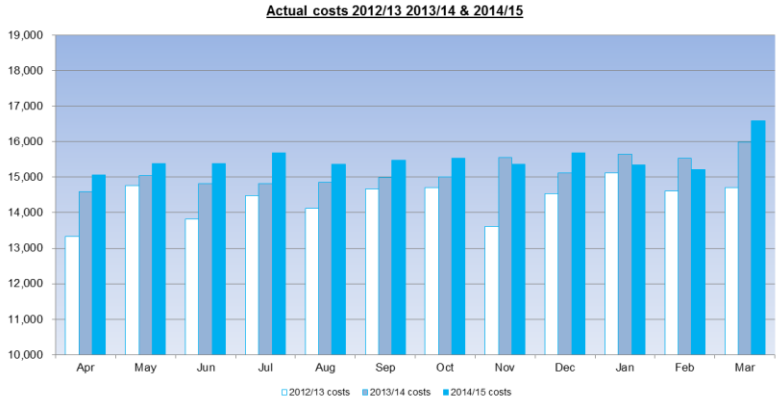




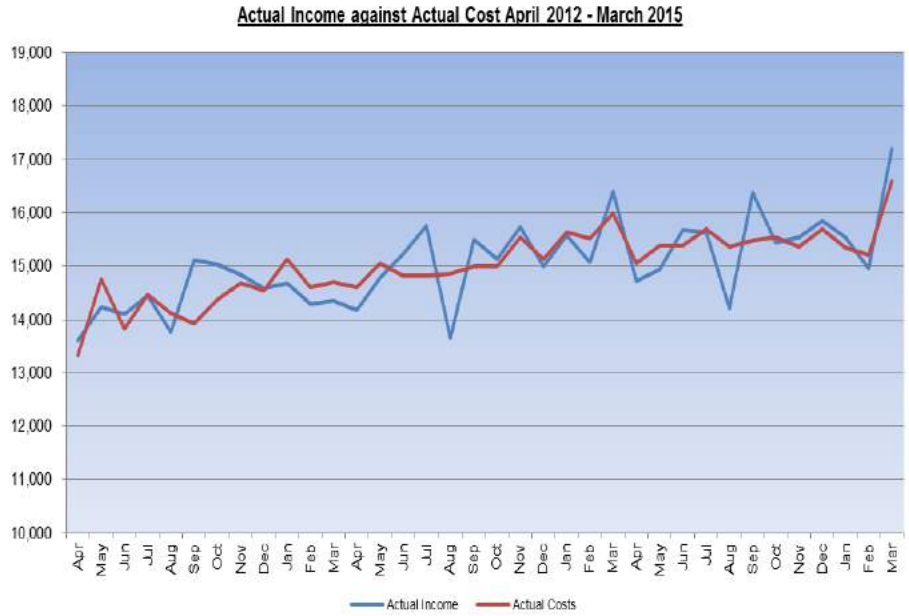
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13 income plan	13,555	13,720	14,166	14,528	13,859	15,843	15,007	14,594	14,452	14,438	13,626	14,633
2012/13 income actual	13,605	14,238	14,099	14,453	13,770	15,107	15,030	14,843	14,586	14,688	14,286	14,356
2012/13 variance	**50**	**518**	**-67**	**-75**	**-89**	**-736**	**23**	**249**	**134**	**250**	**660**	**-277**
2012/13 % variance	0.4%	3.8%	-0.5%	-0.5%	-0.6%	-4.6%	0.2%	1.7%	0.9%	1.7%	4.8%	-1.9%
2013/14 income plan	14,287	14,617	14,369	15,513	14,383	15,188	15,199	15,349	15,277	15,473	14,637	14,978
2013/14 income actual	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395
2013/14 variance	**-116**	**161**	**858**	**242**	**-730**	**314**	**-69**	**382**	**-290**	**115**	**436**	**1,417**
2013/14 % variance	-0.8%	1.1%	6.0%	1.6%	-5.1%	2.1%	-0.5%	2.5%	-1.9%	0.7%	3.0%	9.5%
2014/15 income plan	14,779	14,981	16,165	15,325	14,332	15,901	15,506	15,293	15,523	15,606	14,809	16,305
2014/15 income actual	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201
2014/15 variance	**-62**	**-36**	**-491**	**312**	**-111**	**487**	**-55**	**240**	**322**	**-67**	**158**	**896**
2014/15 % variance	-0.4%	-0.2%	-3.0%	2.0%	-0.8%	3.1%	-0.4%	1.6%	2.1%	-0.4%	1.1%	5.5%

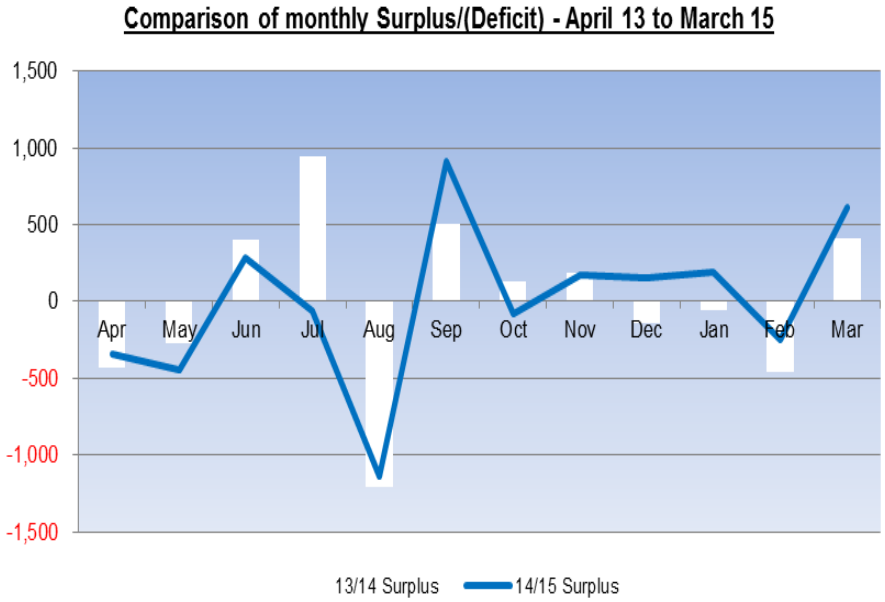
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13 expenditure plan	14,368	14,808	14,665	14,700	15,203	14,908	15,172	15,450	15,535	14,602	14,875	15,107
2012/13 expenditure actual	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983	15,058	15,394	15,387
2012/13 variance	**446**	**53**	**329**	**301**	**343**	**218**	**469**	**80**	**448**	**456**	**519**	**280**
2012/13 % variance	3.1%	0.4%	2.2%	2.0%	2.3%	1.5%	3.1%	0.5%	2.9%	3.1%	3.5%	1.9%
2013/14 expenditure plan	14,039	14,523	14,197	14,368	14,808	14,665	14,700	15,203	14,908	15,172	15,450	15,535
2013/14 expenditure actual	14,598	15,051	14,825	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983
2013/14 variance	**559**	**528**	**628**	**446**	**53**	**329**	**301**	**343**	**218**	**469**	**80**	**448**
2013/14 % variance	4.0%	3.6%	4.4%	3.1%	0.4%	2.2%	2.0%	2.3%	1.5%	3.1%	0.5%	2.9%
2014/15 expenditure plan	14,602	14,875	15,107	15,236	14,983	15,912	15,128	15,105	15,268	15,465	15,052	16,051
2014/15 expenditure actual	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2014/15 variance	**456**	**519**	**280**	**459**	**379**	**-436**	**405**	**253**	**427**	**-119**	**162**	**540**
2014/15 % variance	3.1%	3.5%	1.9%	3.0%	2.5%	-2.7%	2.7%	1.7%	2.8%	-0.8%	1.1%	3.4%





Income & Expenditure Run Charts





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13 income	13,605	14,238	14,099	14,453	13,770	15,188	15,199	14,593	14,586	14,688	14,286	14,356
2013/14 income	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395
2014/15 income	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201
2012/13 costs	13,330	14,759	13,828	14,471	14,124	14,665	14,700	13,613	14,543	15,126	14,605	14,699
2013/14 costs	14,598	15,051	14,825	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983
2014/15 costs	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
12/13 Surplus	275	-521	271	-18	-354	523	499	980	43	-438	-319	-343
13/14 Surplus	-427	-273	402	941	-1,208	508	129	185	-139	-53	-457	412
14/15 Surplus	-341	-449	287	-58	-1,141	912	-82	175	150	193	-247	610

Overview Income & Expenditure Position

Summary Income & Expenditure 2014/15
For the month ending 31st March 2015

2013/14 Actual £000	2014/15 Plan £000		Budget: Annual Budget £000	Budget: Proportion To Date £000	Actual To Date £000	Cumulative Variance £000	Change in Variance £'000
		INCOME					
		NHS Clinical Income (Commissioners)					
126,300	128,072	NHS Clinical Income - Acute	128,519	128,519	127,628	(891)	159
39,203	37,869	NHS Clinical Income - Community	38,438	38,438	38,756	317	279
0	0	System Resilience			2,059	2,059	275
0	0	Better Care Funding	1,400	1,400	1,400	0	0
		Non NHS Clinical Income					
1,743	1,977	Private Patient & Amenity Bed Income	1,944	1,944	1,606	(339)	(68)
418	544	Other Non-Protected Clinical Income (RTA)	473	473	438	(35)	(39)
		Other Income					
13,992	8,983	Non Clinical Income	13,282	13,282	13,747	465	288
334	0	Hosted Services	466	466	486	20	3
181,990	**177,444**	**TOTAL INCOME**	**184,523**	**184,523**	**186,119**	**1,596**	**896**
		EXPENSES					
		Pay					
(125,755)	(119,651)	Pay Expenditure	(127,578)	(127,578)	(128,850)	(1,272)	29
		Non Pay					
(11,646)	(3,078)	Drugs	(13,254)	(13,254)	(13,605)	(352)	(11)
(18,509)	(15,294)	Clinical Services & Supplies	(17,336)	(17,336)	(18,493)	(1,157)	(474)
(19,200)	(13,160)	Other Costs	(16,258)	(16,258)	(18,307)	(2,049)	(168)
0	(2,716)	**Reserves :** Pay	128	128	0	(128)	(256)
0	0	Pay savings targets	0	0	0	0	0
0	(12,817)	Other Reserves	(2,448)	(2,448)	0	2,448	1,639
0	(9,401)	High Cost Drugs	1,261	1,261	0	(1,261)	(1,261)
0	7,211	Non Pay savings targets	78	78	0	(78)	(78)
(14)	(18)	**Other Finance Costs**	(18)	(18)	(11)	7	1
(414)	0	**Hosted Services**	(540)	(540)	(543)	(3)	1
(175,538)	(168,924)	**TOTAL COSTS**	(175,965)	(175,965)	(179,810)	(3,844)	(576)
6,452	**8,520**	**EBITDA**	**8,557**	**8,557**	**6,309**	**(2,249)**	**320**
0	0	Profit / (Loss) on disposal of assets	0	0	(34)	(34)	(30)
(4,125)	(4,379)	Depreciation	(4,379)	(4,379)	(4,092)	287	28
(45)	(59)	Interest Payable	(59)	(59)	(55)	4	(14)
21	20	Interest Receivable	20	20	20	1	15
(2,283)	(2,400)	Dividend Payable	(2,400)	(2,400)	(2,530)	(130)	20
20	1,702	**Net Surplus/(Deficit) before donations and impairments**	**1,739**	**1,739**	**(381)**	**(2,120)**	**339**
5,297	0	Donated Asset Income	0	0	392	392	(55)
(1,305)	0	Impairments re PCT assets	0	0	0	0	0
4,012	**1,702**	**Net Surplus/(Deficit)**	**1,739**	**1,739**	**10**	**(1,728)**	**284**
(3,340)	0	Impairments	0	0	(587)	(587)	(587)
457	0	Consolidation of Charitable Fund Accounts	0	0	(102)	(102)	0
1,129	**1,702**	**Consolidated Net Surplus/(Deficit)**	**1,739**	**1,739**	**(679)**	**(2,417)**	**(303)**

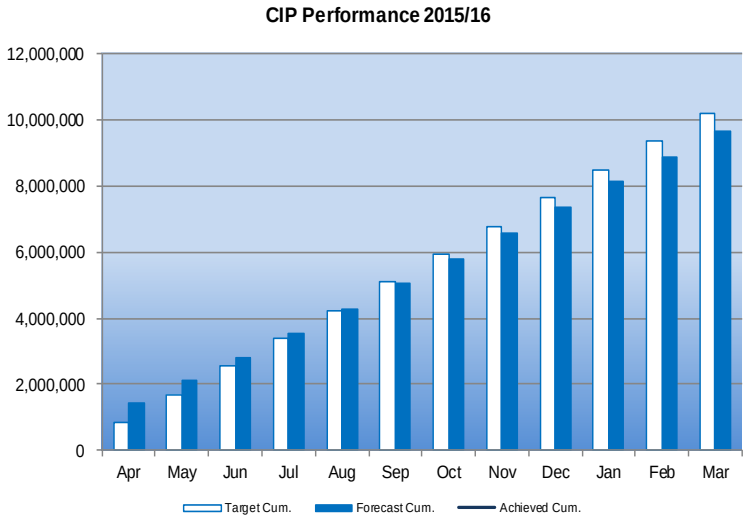
Overview Total Directorate Position

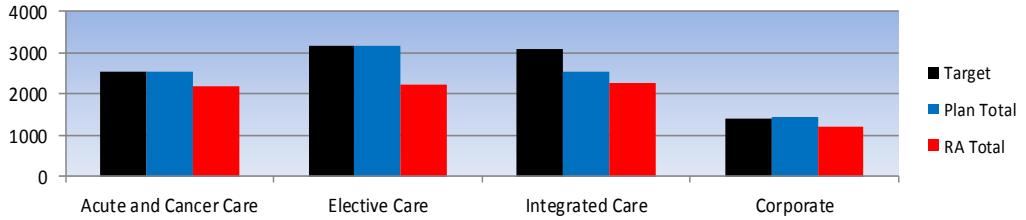
2013/14 Actual £000	Opening Budget £000		Annual Budget £000	Workforce			In Month			Cumulative		Variance (o.s)/u.s £000
				Budget wte	Contracted wte	Actual wte	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	
2,169	1,274	Non-Comissioner Income	1,987				177	183	6	1,987	1,999	13
(36,721)	(34,989)	Pay	(37,804)	1000.63	971.14	954.22	(3,191)	(3,247)	(56)	(37,804)	(38,510)	(706)
(9,172)	(2,947)	Non-Pay	(8,733)				(814)	(861)	(47)	(8,733)	(9,654)	(922)
(43,724)	**(36,662)**	**Total Integrated Care Directorate**	**(44,549)**	**1000.63**	**971.14**	**954.22**	**(3,828)**	**(3,924)**	**(96)**	**(44,549)**	**(46,165)**	**(1,615)**
3,180	1,764	Non-Comissioner Income	3,039				339	433	94	3,039	3,112	73
(29,388)	(28,642)	Pay	(29,299)	617.37	558.18	550.86	(2,511)	(2,425)	87	(29,299)	(29,236)	63
(12,671)	(7,202)	Non-Pay	(12,354)	.			(1,179)	(1,563)	(384)	(12,354)	(13,533)	(1,179)
(38,879)	**(34,080)**	**Total Acute & Cancer Care Services Directorate**	**(38,614)**	**617.37**	**558.18**	**550.86**	**(3,352)**	**(3,555)**	**(203)**	**(38,614)**	**(39,657)**	**(1,043)**
1,360	1,457	Non-Comissioner Income	1,636				140	92	(48)	1,636	1,422	(214)
(43,027)	(40,216)	Pay	(42,678)	900.90	897.72	894.34	(3,608)	(3,656)	(48)	(42,678)	(43,325)	(646)
(13,347)	(9,307)	Non-Pay	(12,702)				(1,086)	(1,297)	(211)	(12,702)	(13,757)	(1,055)
(55,014)	**(48,066)**	**Total Elective Care Directorate**	**(53,745)**	**900.90**	**897.72**	**894.34**	**(4,554)**	**(4,861)**	**(307)**	**(53,745)**	**(55,660)**	**(1,916)**
(19,852)	**(18,471)**	**Corporate (Clinical)**	**(20,158)**	**460.14**	**423.62**	**439.45**	(1,867)	(1,731)	135	(20,158)	(20,692)	(534)
(157,469)	(137,279)	**Total Clinical Spend**	(157,066)	2979.04	2850.66	2838.87	(13,601)	(14,072)	(471)	(157,066)	(162,174)	(5,108)
(7,626)	**(7,802)**	**Corporate (inc. CNST)**	(7,782)	**145.23**	**145.93**	**144.81**	(784)	(808)	(24)	(7,782)	(7,605)	176
(27,478)	**(26,273)**	**Total Corporate Position**	**(27,939)**	**605.37**	**569.55**	**584.26**	**(2,650)**	**(2,539)**	**111**	**(27,939)**	**(28,297)**	**(358)**
165,503	165,941	**Commissioner Income**	166,958				14,619	15,332	713	168,357	169,843	1,485
(388)	(19,158)	**Central**	(371)		(20.51)	(21.51)	276	108	(168)	(1,771)	(444)	1,327
21	**1,702**	**Total before donations & impairments**	**1,739**	**3,124.27**	**2,976.08**	**2,962.17**	**510**	**560**	**50**	**1,739**	**(381)**	**(2,120)**
5,297	0	**Donations for Capital Expenditure**	0				106	51	(56)	0	392	392
(1,305)		**Impairments on PCT assets**	0				0	0	0	0	0	0
672	**1,702**	**Trust reporting position**	**1,739**	**3,124.27**	**2,976.08**	**2,962.17**	**617**	**611**	**(6)**	**1,739**	**10**	**(1,728)**
(3,340)	0	**Impairments on Donated assets**	0				0	(587)	(587)	0	(587)	(587)
457		**Charitable funds consolidation**	0				0	113	113	0	(102)	(102)
1,129	**1,702**	**Total Trust reported position**	**1,739**	**3,124.27**	**2,976.08**	**2,962.17**	**617**	**137**	**(480)**	**1,739**	**(679)**	**(2,417)**

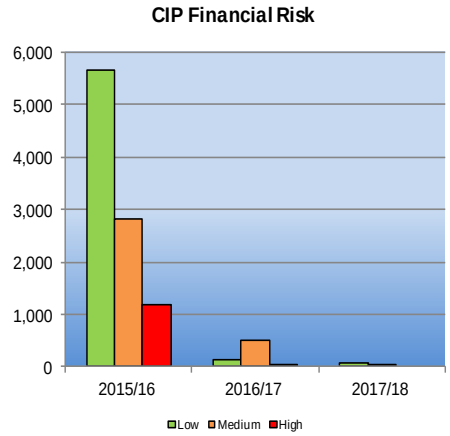
Efficiency Update

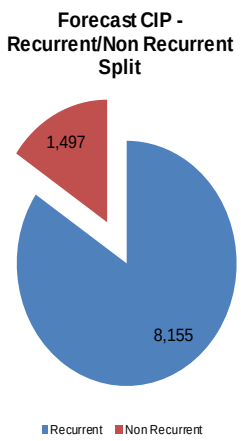
TRUSTWIDE CIP SCHEDULE 2015/16

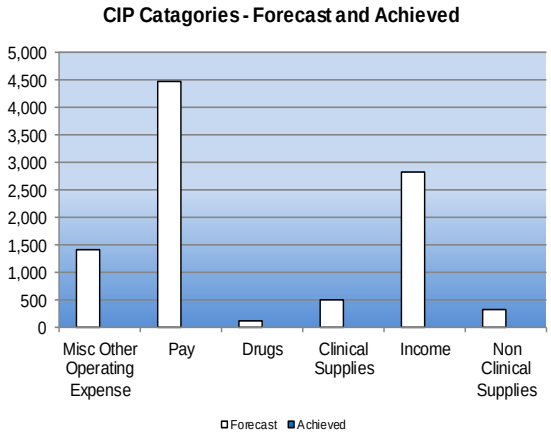
Summary	Target	Actioned	Low	Medium	High	Total	%	Risk Adjust	%
Acute and Cancer Care	2,521,000	0	1,466,086	961,581	93,333	2,521,000	100%	2,180,713	87%
Elective Care	3,165,000	0	1,647,482	595,026	932,235	3,174,743	100%	2,227,576	70%
Integrated Care	3,103,000	0	1,758,200	722,800	41,700	2,522,700	81%	2,256,870	73%
Corporate	1,390,000	0	782,040	545,882	116,100	1,444,022	104%	1,202,864	87%
Total	**10,179,000**	**0**	**5,653,808**	**2,825,289**	**1,183,368**	**9,662,465**	**95%**	**7,868,022**	**77%**
Target						10,179,000		10,179,000	
Variance						**-516,535**	**95%**	**-2,310,978**	**77%**
Target less ETO benefit						8,779,000		8,779,000	
Variance						**883,465**	**110%**	**-910,978**	**90%**

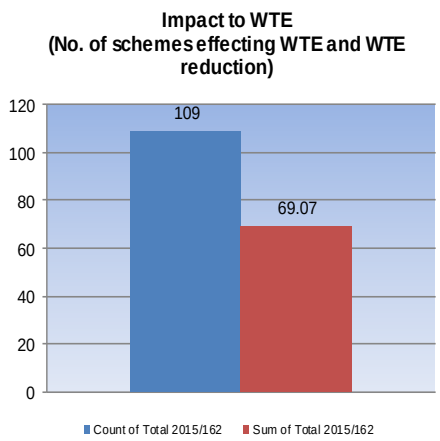








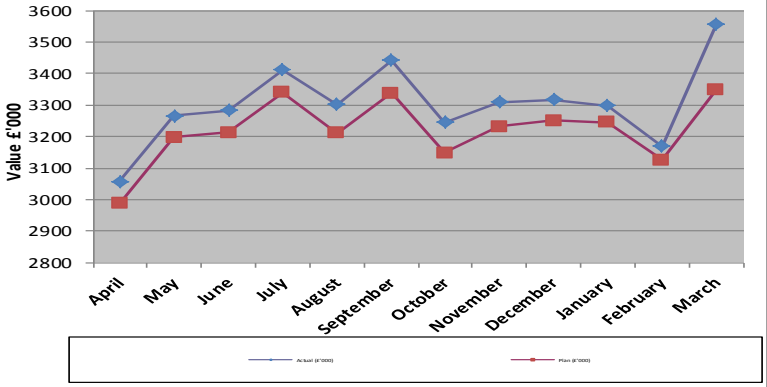


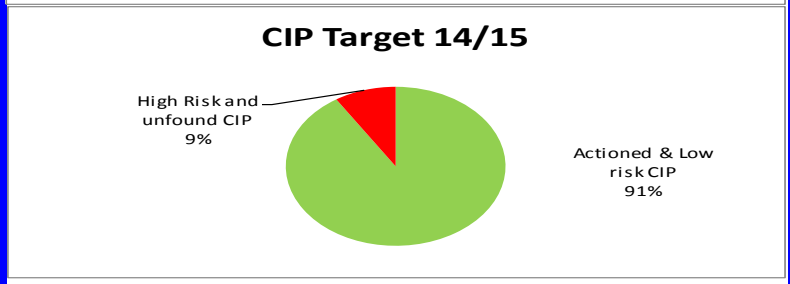


Acute & Cancer Care Directorate 31st March 2015

Directorate Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
(203)	(1,043)





Cumulative CIP Target to Date (£'000)	**3,414**
Cumulative CIP Achieved to Date (£'000)	**3,103**
Over-achievement/(Shortfall) (£'000)	**(311)**

Comments:

The Acute & Cancer Care Directorate reported an in-month over spend against total budget of £203k. Of the overspend, pressures occurred in the following areas:

*Year end stock take £207k overspend - due mainly to reduction in Pathology reagents (£171k) and Wheelchairs (£24k)

* Unfound/high risk CIP £24k overspend

*Radiology (£94k overspend) – due to agency staff in post covering vacancies (£17k) and hire of the MRI van (£51k) plus radiology consumables (£23k).

*Medical Staffing (£30k) due to overspends in ED Medical staff due to agency straff covering vacancies (£17k) and additional reporting costs in Radiology (£11k)

* These overpends are offset by phasing in of reserves in Pharmacy (£66k) and income from Community Equipment Services for provision of services to Continuing Healthcare patients(£70k)

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month YTD (£'000)
Total Income:		**73**	**(21)**
Private Patient Income		(68)	(49)
Other Income		141	29
Total Expenditure		**(1,117)**	**(819)**
Pay:	Nursing	138	111
	Medical Staff	(280)	(254)
	Other Pay	205	119
Drugs		(78)	(68)
Clinical Supplies		(288)	(227)
Year End Stock Adjusment		(207)	0
Other Non Pay		(606)	(501)
Net Position		**(1,043)**	**(840)**

ACTIONS AGREED

CIP

The Directorate will not achieve its CIP plans for 2014/15, there is likely to be a shortfall of £311k in the year. The Directorate is focussed on achieving its CIP for 2015/16, plans have been identified to find 100% of the CIP target (this includes some transformational schemes).

Emergency Department

The ED Medical Staff position showed an overspend of £17k in the month, £210k year to date. 2 middle grade posts requiring cover (one of these is a member of staff of unpaid career break), with additional cover required for sickness. The member of staff on career break returned to work on 31st March.

The project to review the Middle Grade rota is progressing – a rota has been agreed by ED Consultants, a revised job description has being agreed and other specialities have agreed to provide CESR training. Middle Grades have agreed the proposals being put forward and a meeting with the Executive Team to discuss and agree the proposals is being set up.

Radiolog

Medical staff position:

There is a target to reduce spend on additional reporting by £10k per month compared to October 2014. This has been achieved in each month since November and is expected to continue in April.

Radiology Department position:

The Radiology Department budget shows a year to date overspend of £269k

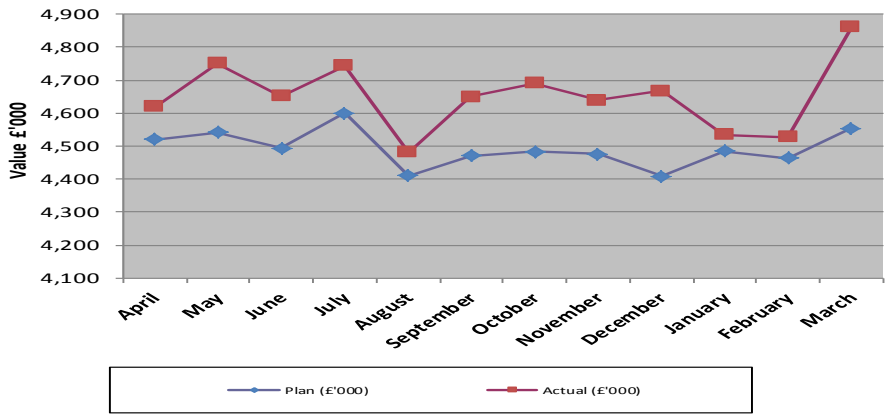
This is mainly due to the overspend on hiring an MRI van to meet demand (£193k overspend ytd). In line with the Business Case agreed by Trust Board the van was used for 4 days per week in March.

Elective Services Directorate Finance Overview as at 31st March 2014/15

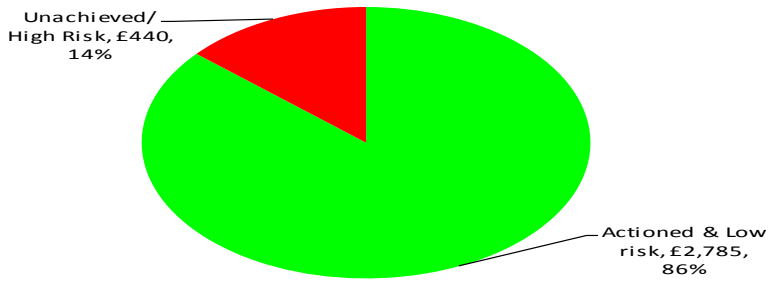
Directorate Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
(306.8)	(1,916.0)

Monthly Financial Position



Performance Against CIP 2014/15



Cumulative CIP Target to Date (£'000)	**3,225**
Cumulative CIP Achieved to Date (£'000)	**2,785**
Over-achievement/Shortfall (£'000)	**(440)**

Comments:

The elective directorate had an overspend of **£307k** in the month of March. This was significantly higher than previous months, largely due to increased Theatre costs in response to activity levels and the stock adjustment. The main factors were:

* CIP – £15k unmet CIP phased in.
* Private patients - £46k under recovered against the target, mainly relating to Orthopaedics for the second month in a row.
* Endoscopy £52k – the majority of this relates to Wharfedale activity which is generating additional income through activity.
* Theatres - 175k - activity increased by 14% over the February levels, plus the position includes a £67k stock adjustment.
* Medical staffing - £44k for temporary cover of vacancies, in particular within Orthopaedics at middle grade level.

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month YTD (£'000)
Total Income:		**(214.2)**	**(166.1)**
Private Patient Income		(177.1)	(129.9)
Other Income		(37.0)	(36.1)
Total Expenditure		**(1,701.9)**	**(1,442.7)**
Pay:	Nursing	(354.7)	(318.7)
	Medical Staff	(442.5)	(387.3)
	Other Pay	150.7	107.7
Drugs		(83.4)	(71.9)
Clinical Supplies		(494.0)	(320.6)
Other Non Pay		(478.1)	(451.7)
Net Position		**(1,916.1)**	**(1,608.8)**

Actions Agreed:

* Increase activity levels as per the activity recovery plans with particularly attention on Leeds activity in Yeadon, Wharfedale

* Theatre efficiencies such as a reduction in loan equipment to be explored.

* Sickness discussions around return to work completion with all depts
* Cover as much of medical vacancies internally as possible through clinical engagement

* CIP target identified, initiatives agreed with timescales in place.

* Explore premium rate savings through purchase of new equipment
* Further expodite 15/16 CIP initiatives to commence prior to April.

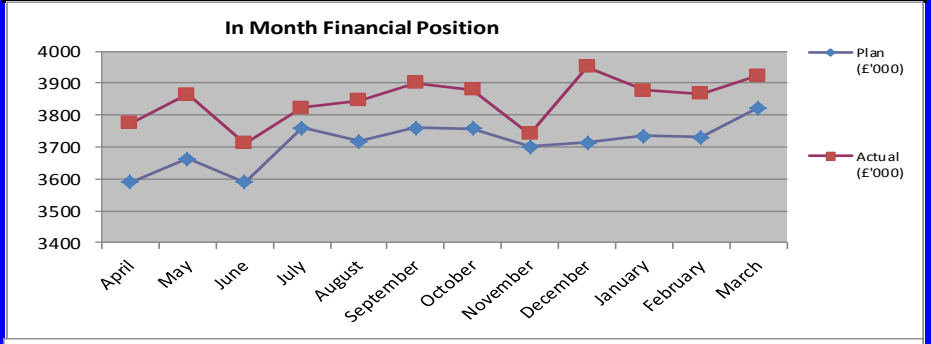
Progress on Actions Agreed:

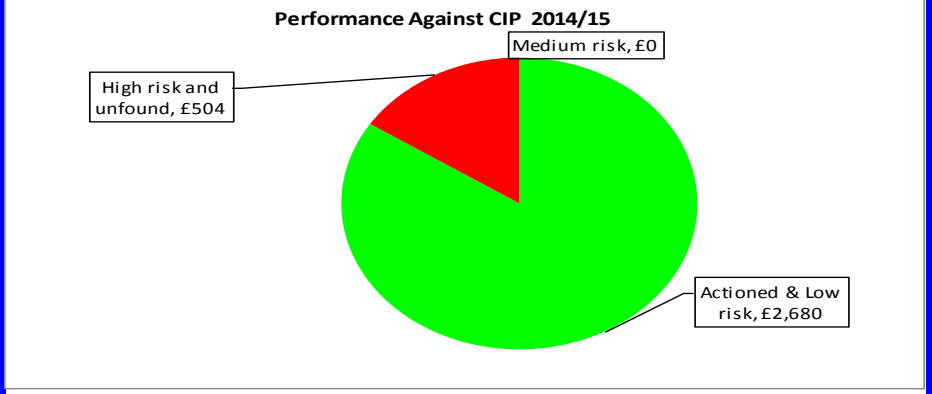
* Activity levels at Wharfedale have increased significantly, with options under consideration about increasing this further.
* Business case drafted for purchase of stacker to enable more in week Endoscopy lists.
* 3 items of loan equipment identified and purchase made to enable rental savings. Audit performed on all loan costs to identify themes to further reduce costs.
* Business in progress to agree the appropriate Endoscopy staffing levels.
* Transformational groups in place for specialties to identify efficiency opportunities, with the aim being to close the gap between the target and current plans.
* Project intiation documents received for the majority of relevant efficiency schemes.

Integrated Care Directorate Finance Overview as at 31st March 2015

Directorate Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
(96)	(1,615)





Cumulative CIP Target to Date (£'000)	**3,184**
Cumulative CIP Achieved to Date (£'000)	**2,680**
Over-achievement/Shortfall (£'000)	**(504)**

Comments:

The financial performance for the month ending March 14/15 was one of £96k overspent:

* Overall the main pressure was around short term staffing costs coping with winter pressures and associated consumable spend relating to increased volume of non elective activity.

* Wards - the wards were £54k overspent of which £26k related to pay. Escalation costs in month were around £36k with other pressures on Ripon Trinity ward which was £22.4k overspent in month
* Medical Staffing - in month pressures still remain in dermatology (£37k) however this will be massively reduced in 15/16 with the agency locum coming on NHS terms and conditions and funding allocated for the GP post. Other pressures in month relate to covering CAT vacancies (£6k), gaps in elderly medicine (£18k) and gastro agency costs and costs covering tier 3 of the on call rota (£32k)
* Stock - the benefit of the year end stock count in integrated care was £35k
* CIP total unidentified in 14/15 was £505k of which £30k was phased in March

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month YTD (£'000)
Total Income:		**13**	**6**
Private Patient Income		(105)	**(102)**
Other Income		118	**109**
Total Expenditure		**(1,628)**	**(1,526)**
Pay:	Nursing	23	**14**
	Medical Staff	(697)	**(619)**
	Other Pay	(32)	**(45)**
Drugs		(192)	**(202)**
Clinical Supplies		(110)	**(106)**
Other Non Pay		(620)	**(567)**
Net Position		**(1,615)**	**(1,519)**

Actions Agreed:

* GP appointment started in January to bring down TAL and increase income.

* Cease all additional hours and overtime payments in out of hospital children's services

* Assess all non patient safety vacancies to see if both non recurrent and recurrent savings can be made by holding the posts

* Improve protocols and processes for ordering pacemakers

* Significantly reduce bank and agency spend on wards and cope with increased requirements for specials
* Bring Dermatology consultant agency member of staff onto NHS terms and conditions

Activity:

• Activity was up against plan by £26k in month with non elective activity being nearly £63k above plan and elective activity being £24k down

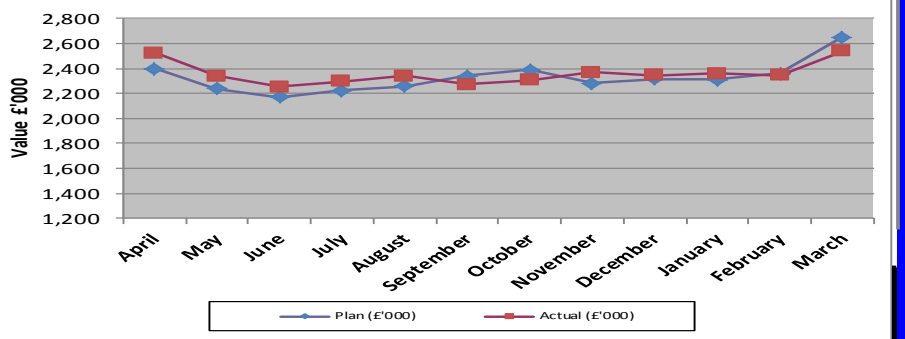
* Although non elective was only £62k above plan it was £108k above plan in relation to volume (geriatric medicine) and down £46k in relation to case mix
• Much improved run rate on elective activity with most specialities activity in line with 15/16 plan

Corporate Directorate Finance Overview March 2014/15

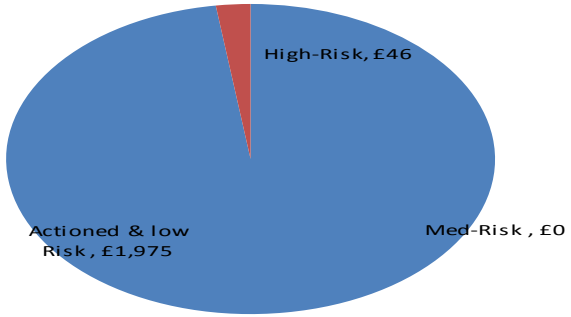
Directorate Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
111	(358)

Monthly Financial Position



Performance Against CIP 2014/15



Cumulative CIP Target to Date (£'000)	**2,021**
Cumulative CIP Achieved to Date (£'000)	**1,975**
Over-achievement/Shortfall (£'000)	**(46)**

Comments:

* Corporate Services reported an underspend against budget of **£111k** in the month of March. The Significant transactions were:

Income - Underspent by £65k
*£23k within Estates, mainly related to Research overhead income
*£30k within IT related to the 14/15 ICE SLA with CCG.
Pay - Underspent by £47k
*£24k related to Hotel Services domestics pay, agency adjustment.
*£13k related to operational delivery one to one team budget
*£7k within medical directorate team due to vacancies
Non-pay - Break even overall
*£50k Estates costs relating to Carbon Energy Fund
*£25k overspend within hotel services & £30k within finance offset by
*£100k underspend within community facilities & chairman budgets

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month YTD (£'000)
Total Income:		**127**	**62**
Total Expenditure		**(485)**	**(531)**
Pay:	Clinical Corporate	(81)	(118)
	Non Clinical Corporate	101	90
Non Pay:	Clinical Corporate	(472)	(535)
	Non Clinical Corporate	(32)	32
Net Position		**(358)**	**(469)**

Actions Agreed:

* The 15/16 Corporate CIP target of £1.4m has now got 100% of plans identifeied, however the risk adjusted position is only at 86%. This is reflective of the high level of medium risk schemes within the plan.

* In addition to this there are £395k of non-recurrent CIP schemes to be delivered again recurrently in 15/16. These are identified and ready to be actioned.

* Work is now ongoing to generate further ideas that can be translated into viable schemes that will help to close the gap where there are currently high risk plans in place.

* Regular meetings are to be held as a Corporate Services forum to monitor the progress of CIP delivery.

Cash Flow – Receipts & Payments

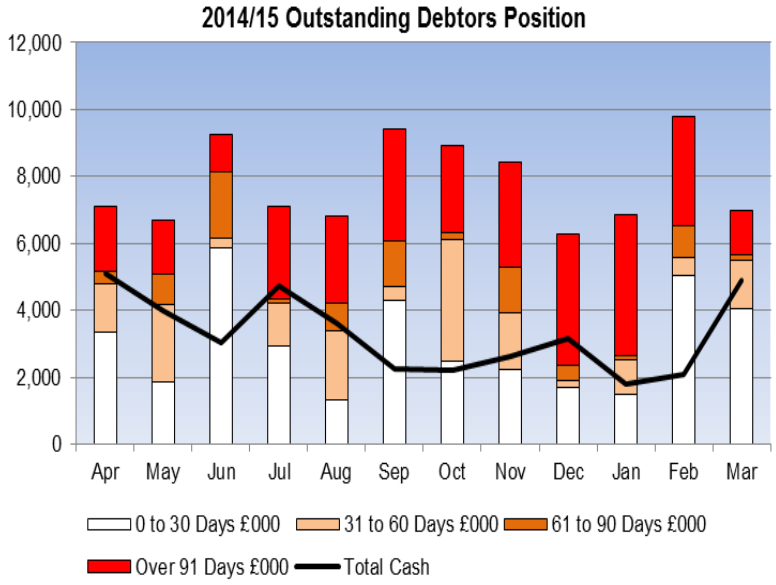
CASH FLOW FORECAST 2014-15

	APRIL	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Plan	Actual
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	5,178	5,105	3,988	3,017	4,710	3,612	2,244	2,230	2,638	3,159	1,811	2,090	2,090
Receipts													
New public Dividend Capital draw	0	267	0	0	0	0	0	0	547	0	457	0	0
NHS patient care - HaRD CCG	7,276	7,276	7,276	9,127	7,249	7,898	9,383	9,293	9,132	7,893	7,776	7,250	8,627
NHS patient care	5,386	5,712	4,777	7,149	5,239	5,421	5,714	5,603	5,518	5,246	5,368	5,839	7,629
Other income	1,599	1,417	2,075	2,448	1,722	2,024	1,819	1,835	1,511	2,151	1,190	2,200	3,848
Investment interest	2	1	2	2	1	1	1	2	2	2	2	2	2
Macmillan Contribution	349	0	0	0	0	0	0	0	0	0	0	0	0
Loan finance	0	0	0	0	0	0	0	0	0	0	0	0	0
Total cash receipts	**14,612**	**14,673**	**14,130**	**18,726**	**14,211**	**15,344**	**16,917**	**16,733**	**16,710**	**15,292**	**14,793**	**15,291**	**20,106**
Payments													
Cash spend - payroll	(6,000)	(6,106)	(6,064)	(5,946)	(6,052)	(6,051)	(6,059)	(6,165)	(6,159)	(6,130)	(6,100)	(6,030)	(6,164)
PAYE & Pensions	(4,036)	(4,169)	(4,168)	(4,183)	(4,021)	(4,054)	(4,106)	(4,073)	(4,157)	(4,187)	(4,181)	(4,179)	(4,134)
Cash spend - Accounts Payable	(4,563)	(4,721)	(4,781)	(6,758)	(4,410)	(5,124)	(6,415)	(4,610)	(5,453)	(5,791)	(4,060)	(3,719)	(5,624)
Cash spend - AP - Capital	(86)	(490)	(88)	(146)	(826)	(168)	(351)	(1,177)	(420)	(532)	(173)	(557)	(105)
Dividend paid	0	0	0	0	0	(1,315)	0	0	0	0	0	(1,200)	(1,271)
Loan repayments	0	(304)	0	0	0	0	0	(300)	0	0	0	0	0
Total cash spend	**(14,685)**	**(15,790)**	**(15,101)**	**(17,033)**	**(15,309)**	**(16,712)**	**(16,931)**	**(16,325)**	**(16,189)**	**(16,640)**	**(14,514)**	**(15,685)**	**(17,298)**
Closing cash balance	**5,105**	**3,988**	**3,017**	**4,710**	**3,612**	**2,244**	**2,230**	**2,638**	**3,159**	**1,811**	**2,090**	**1,696**	**4,898**

Monitor plan quarter-end cash balance			**4,989**			**3,929**			**5,064**				**4,954**

Debtors

	0 to 30 Days £000	31 to 60 Days £000	61 to 90 Days £000	Over 91 Days £000	Total £000
NHS Debts	3,718	1,326	89	1,245	6,378
Insurance Companies	81	36	63	15	195
Other	247	81	3	69	400
Totals	4,046	1,443	155	1,329	6,973



Outstanding Invoices Over 61 Days & £10,000 - MARCH 2015

	Debtor Name	Invoice Number	Invoice Description	Total £000
	North Yorkshire County Council	H161350	Enablement Fundiing for Specialist Nurses	68
	York Teaching Hospitals	H167362	York Podiatry SLA	28
	NHS Harrogate & Rural District CCG	H168538	HMDS Recharge February 2014	10
	North Yorkshire County Council	H168895	Health & Scial Care Funding Allocation 2013/14	400
	NHS Airedale & Wharfedale	H168901	2013/14 Ante-Natal Care for Women	14
	York Teaching Hospitals	H170878	York Podiatry SLA Q1 2014/15	28
	NHS Scarborough & Ryedale	H171581	Rent for the Street Scarborough per SLA 2014/15	32
	NHS Harrogate & Rural District CCG	H172032	HV Team Rental Costs re The Street	32
	NHS Airedale & Wharfedale	H172718	2013/14 Acute Contract Final SUS Reconcilliation	64
	NHS England	H172721	2013/14 Acute Contract Final SUS Reconcilliation	14
	York Teaching Hospitals	H173436	Podiatry SLA Q2	28
	Roche Diagnostics	H173517	Trust Procured Hardware	23
	NHS Harrogate & Rural District CCG	H174079	Recharge Community FPI	100
	NHS Harrogate & Rural District CCG	H174688	For use of ICE Requesting & Reporting System 2013/14	21
	NHS Vale of York CCG	H175146	Recharge Higher Value Equipment October 2014	11
*	Leeds Teaching Hospitals	H175338	Regional Cancer Group Legacy Funding	15
	NHS Harrogate & Rural District CCG	H175529	Community FP110 Drugs Aug/Sept 2014	42
*	NHS England	H175552	Bowel Screening Q2 14/15	182
	York Teaching Hospitals	H175646	Podiatry SLA Q3	41
	Brewer	H176261	Private Patient	13
	NHS Leeds South & East	H176326	Service Agreement	26
	Beagrie	H176385	Private Patient	22
	University College London	H176825	Contributions to FSD Communications Service	11
	NHS Harrogate & Rural District CCG	H176962	Funding of Community FP10 Drugs	20
	Total			1,245

* **Now paid**

Report to the Trust Board of Directors: 22 April 2015	Paper number: 12.0

Title	**Workforce and Organisational Development Update**
Sponsoring Director	Director of Workforce and Organisational Development
Author(s)	Director of Workforce and Organisational Development
Report Purpose	To provide a summary of performance against key workforce matters.
Previously considered by	Certain key Workforce Performance Indicators included in this report have been considered by Directorate Management Teams, the Performance Management Group and the Senior Management Team.

Executive Summary

This report provides information on the following areas:

a) Workforce Performance Indicators
b) Training, Education and Organisational Development
c) Service Improvement and Innovation

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	Yes, through the pro-active management of workforce matters, including recruitment, retention and staff engagement.
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	Yes, by working with NHS England and the Yorkshire and Humber LETB on standards of education, training and leadership at the Trust.
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	Yes, by the delivery of multi-disciplinary learning and development interventions. Also, via service innovation and improvement initiatives.
4. Continue to expand our secondary care services into Leeds and maximise income.	Yes, by ensuring we have the right number of staff with the right skills in place to continue with the delivery of high quality services.

Risk and Assurance	Any identified risks are included in the Directorate and Corporate Risk Registers.
Legal implications/ Regulatory Requirements	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.

Action Required by the Board of Directors

The Board is asked to note the update on matters specific to Workforce, Training and Education, Service Improvement and Innovation and Organisational Development.

Key Messages for April 2015

a) Health Education Yorkshire and the Humber Quality Management Visit

As part of Health Education Yorkshire and the Humber (HEYH) Quality Management process the Trust is annually inspected regarding postgraduate medical training delivered at HDFT. Representatives from HEYH visited Harrogate and District NHS Foundation Trust on 3rd February 2015 and reviewed the training delivered to foundation trainees, core, higher and GP trainees in Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics. The team assessed HDFT as a provider using the General Medical Council's seven generic standards for training domains.

The visiting team were given a presentation from Dr Helen Law regarding the delivery of medical education at HDFT. Following this the Deanery panel interviewed separately foundation, core and higher trainees and met independently with the Consultant Supervisors from the aforementioned specialties/grades.

A draft report has been submitted to the Trust on 7 April 2015, with eight draft conditions for continued training listed. This report is currently the subject of consideration by the Trust and some minor amendments to the details of the report have been requested. A final copy of the report will be submitted to the Board in May 2015.

b) Review of pre-existing immunisation records, update

This project aims to review the immunisation records of pre-existing staff against current Department of Health (DH) guidance on communicable disease screening and immunisation for healthcare workers. The reason for the project is that DH standards and guidance have changed over the years and it was known that long-serving staff would not have been screened to the same level as newer staff are now screened, in particular in relation to Measles/Mumps/Rubella.

The first phase of the project was to review the records of Harrogate District Hospital based staff. We have yet to commence reviewing community based staff records.

Update reporting on progress to date on this project is outlined below. It should be noted that continued refinement of the data will follow as more records are reviewed and those employees with no immunisation requirement are identified as "not applicable".

4128 record lines in employee list
2900 identified as HDH based: 263 identified as not applicable to date 523 identified as not patient facing roles = 2114 for review (previously 2157)

1039 marked as complete up to date immunisation record
115 marked as reviewed but tests/vaccinations outstanding
456 patient-facing still to review 134 of these are new staff since start of project therefore will have been entered into current screening procedures = 322 outstanding
523 non-patient facing still to review: staff who require immunisations for personal protection e.g. laboratory staff

Summary:

- More staff have been identified as not applicable for immunisations thus reducing number needing review of record (further will be identified as the staff list is worked through)
- 49% of Harrogate District Hospital based staff who may be patient-facing are marked as complete i.e. immunisation record is complete as per Department of Health guidance
- 2% increase in number marked as complete
- 4% reduction in outstanding review of patient-facing staff records

c) SHU Wellness

We are delighted to confirm that the Trust has been successful in obtaining some external funding to purchase the equipment required to launch the SHU Wellness programme. Work is currently being undertaken in relation to developing the Job Description for this role and we hope to be in a position to advertise this post within the next few weeks. We hope to be in a position to launch this programme in summer 2015.

d) Mental Health and Resilience Training

The Workforce Development Team alongside the Health and Wellbeing Team have jointly commissioned a new programme of training to support staff and managers to improve their personal resilience. This programme is being externally funded and will be piloted for a period of three months. Following this a full evaluation of the programme will be undertaken to determine whether future investment should be made in this area to support our staff.

e) Job planning

The Job Planning policy for consultant and middle grade doctors was reviewed by the Local Negotiating Committee (LNC) in March. Suggested amendments were proposed and these are being considered with the aim of reaching agreement and ratification by the end of April

2015.

f) Attendance

Sickness absence has continued the downward trajectory to 4.2%; which is above both the Trust's threshold of 3.9% and the levels seen this time last year.
There has been a noted decrease in absence due to cough/cold/flu and gastrointestinal issues following the winter period. However, absence due to musculoskeletal and back problems has increased over the past three months and combined now accounts for 17% of absence. Anxiety, stress and depression absence increased during February to around 16% and the Trust is currently promoting a number of courses and training sessions aimed at improving staff resilience, so it is anticipated that in the coming months we will begin to see the benefits of this in reduced stress related absence.

A net increase in staff entering the attendance management process has been seen during the month.

March has seen an unprecedented number of cases where employment has ended as a result of progressing through all stages of the attendance process. Further long term absence cases are likely to be concluded in April.

g) Mary Seacole Programme

The following members of staff have been allocated a place on the current intake of the Mary Seacole Programme.

Eric Barnes, Team Leader Children's Services, Scarborough
Lucy Jenkinson, Advanced Biomedical Scientist, Microbiology

Congratulations to both members of staff.

h) NHS Pension scheme 2015

New pension arrangements were introduced from 1 April 2015. The main features of the new NHS Scheme include:

- A Career Average Revalued Earnings (CARE) scheme, with benefits based on a proportion of pensionable earnings each year during their career;
- A build up rate of 1/54th of each year's pensionable earnings with no limit on the number of years that can be taken into account. This is a higher build up rate than both the 1995 and 2008 sections of the NHS Scheme;
- Revaluation of active members' benefits in line with inflation, currently the Consumer Price Index (CPI), plus 1.5 percent per annum;
- A normal pension age at which benefits can be claimed without reduction for early payment linked to the same age staff are entitled to claim their State Pension.

i) HR Cost Improvement Plan

The Human Resources Department has ended the financial year with a £27,679 underspend. As a Department, Human Resources has achieved our cost improvement target for 2015/16 and has commenced reviewing the savings to be achieved in 2016/17.

j) New Redundancy arrangements

From 1st April 2015 new redundancy arrangements came into force for staff on Agenda for Change terms and conditions. For those earning less than £23,000 per year (full time equivalent), the redundancy payment will be calculated using notional full-time annual earnings of £23,000, pro-rata for employees working less than full time. For those earning over £80,000 per year (full time equivalent) the redundancy payment will be calculated using notional full-time annual earnings of £80,000, pro-rata for employees working less than full time. No redundancy payment will exceed £160,000 (pro-rata).

The terms and conditions of employment for medical and dental staff remain unchanged and therefore any redundancy payment would not be subject to a cap.

k) Non -Executive Director Appointment

Four candidates were shortlisted and invited to attend the formal selection process on Thursday 16th April 2015. One candidate withdrew from the process giving personal reasons for their decision. The remaining three candidates attended a 30-minute focus group and a 60-minute interview. An extraordinary Council of Governors meeting will convene on 17th April 2015 to consider and ratify the appointment.

l) Advanced Clinical Practitioners

There are three remaining Trainee Advanced Clinical Practitioner (ACP) posts currently out to advert; one post in Elderly Medicine and two in General Surgery. Interviews are planned for 1st May 2015 with a start date of September 2015 to coincide with the start date of the academic programme at the University of Leeds.

The current cohort of trainees is having a very positive experience at the University of Leeds so the university will remain the preferred education provider for future trainees. Clinical supervisors have all been identified for the three new posts.

For future cohorts of trainee ACP posts, a meeting was held with the LETB on the 13th April 2015 to establish their future funding arrangements. In the meantime, we are currently linking with other services to explore whether there will be any significant future workforce issues which could be resolved through alternative workforce models such as the introduction of ACPs. The future specialities identified are; Obstetrics and Gynaecology, Palliative Care and Community Paediatrics for which options will be explored.

m) International Nursing recruitment

There are currently national recruitment pressures for registered nurse vacancies and therefore international nursing recruitment is once again being considered by the Trust. Should the Trust purse international recruitment; the intention would be to select candidates in June in preparation for full establishment for winter.

n) Health People Management Association Awards (HPMA)

The Trust has been shortlisted for a HPMA award for our innovative Incremental Pay Progression Policy. This policy remains unique to the NHS because it is employee driven. Polly McMeekin, Deputy Director of Workforce and Organisational Development and Chris Mannion, HR Business Partner will be presenting our application to a judging panel in London on 29th April 2015. I will be attending the Award Ceremony with a member of the Operational HR Team on Thursday 18th June 2015.

o) Director of Medical Education

Dr Helen Law has resigned from her post as Director of Medical Education after 5 years. I would like to thank Helen for her strong leadership and dedication in her role as Director which has ensured continued improvements in the quality of education for junior doctors at Harrogate during her tenure. The education centre team will now commence with the recruitment process to appoint a replacement. The vacancy will be emailed to all substantive consultants in the Trust. Dr Law has agreed to remain in post until her replacement has been appointed.

p) Student tariff

April 2015 has seen the introduction of 100% tariff funding for non-medical student placements within HDFT. It has also seen the requirement for the Trust to record all students' placements hours in order to ensure appropriate tariff funding is received by the Trust from the Local Education and Training Board (LETB). Along with the introduction of 100% tariff there has been a drive to ensure improved compliance in relation to the placement quality standards set down within the Learning and Development Agreement between the LETB and HDFT.

q) Emergency Department Roster

Work has been on-going for a number of months into the development of a sustainable rota model for Middle Grades within the ED department All the current Middle Grades within the Emergency Department have been consulted on the proposal , which is due to be ratified by the Director Team in April. It is anticipated that following approval we will be able to activity recruit to new posts within the ED department to support the implementation phase. We are currently testing the Middle Grade labour market and advertising a Middle Grade post including a CESR rotation.

r) Consultant in Cardiology

The job description for a Consultant Cardiologist has now been approved by the Trust's Medical Director and the Royal College and the recruitment process is underway with an interview date to be set for early June 2015. The post will be advertised internally, within the Cardiology Department.

s) Professor Kerr and Chris Skeels, Charge Nurse

Professor Kevin Kerr retired from the Trust on 1 April 2015. A very well-attended tea party took place in Herriot's restaurant with colleagues from across the Trust. I would like to take this opportunity to thank Kevin for his hard work and dedication to the Trust over the years.

Mr Chris Skeels, Charge Nurse retired from the Trust on 10 April 2015. During his 40 years working for the Trust, Chris has been a valued member of the Emergency Department providing outstanding care to patients and the Trust recognises the commitment and valuable contribution Chris has made.

t) Service Improvement and Innovations

Department of Health visits

As part of a programme of work being carried out by the Trust with the Clinical Commissioning Group and North Yorkshire County Council (NYCC) to support 'care outside of the hospital', eight senior leaders and analysts from the Department of Health will be visiting the Trust in April to undertake analysis of how patients use and move through our health and social care services. They will use this information to help us design and test models of care which aim to reduce admissions, particularly for older, more frail adults.

The following areas are important points of care and treatment for older adults, and have therefore been selected as areas which they will spend time in:

- Acute Medical Unit
- Discharge Liaison
- Emergency Department
- Fast Response Team
- Trinity Ward
- START team (NYCC)

Improvement Workshop Leader Training

The next cohort of nine trainee leaders began In March 2015. These colleagues, from across directorates, will be trained to lead rapid improvement using the North East Transformation System (NETS), which is a lean-based approach to improvement in healthcare. Trainees are taught 21 modules over four days, covering content including:

- Value Stream Mapping
- World Class Management
- The Eight Flows of Medicine
- Visual Controls
- Standard Operations

The first phase of the training concludes in a “module marathon” verbal assessment, before trainees go on to apply the knowledge they have acquired by leading rapid process improvement workshops. The training is delivered in partnership with the improvement team at Tees, Esk and Wear Valleys Mental Health NHS Foundation Trust.

NHS Change Day

The 11th March 2015 was NHS Change Day; a day which asks everyone in the NHS to make a change for the better, and to then share what we have done to inspire others. This year Change Day was geared towards action as opposed to pledges, and the Partnerships and Innovation Team led a number of activities.

In the lead up to the day, the Team launched a campaign with Head of Communications to promote the day, share commitments to an action other NHS staff have made, and encourage staff to share their commitments. On the day the Team displayed commitments from across the Trust on a ‘Share and Inspire’ wall in the main reception of Harrogate Hospital. Teams were able to pin their commitments to the wall and discuss their ideas with Directors in the afternoon. In total, 26 different actions were displayed, coming in from a wide variety of our services, and from across North Yorkshire. Many patients and staff were taking time to read through the commitments and for that reason, the ‘Share and Inspire’ wall remained in place for 5 days.

The Team also launched a twitter account as part of the lead up to Change Day, and to help connect our Improvement Network members. The aims of @HDFT_Innovation will be:

- To link members of the Innovation Network who use Twitter to current ideas, trends and discussions about innovation and improvement
- To promote conversations and encourage participation with wider HDFT Twitter users about topics related to innovation and improvement
- To promote the improvement activities of the Trust internally and externally, and generate curiosity about improvement

Through Twitter we were able to engage with staff from across the region about Change Day, and nearly half of all the commitments made in the lead up to Change Day were Tweeted to @HDFT_Innovation.

Endoscopy/Histopathology 365 day report-out

A year on from the rapid process improvement workshop in endoscopy/histopathology, the report-out demonstrated that all newspaper actions were now complete and that a fifty percent improvement on key cycle times had been maintained.

Radiology Vision Workshop

In March, the Deputy Director of Partnerships and Innovation worked with colleagues in Radiology to facilitate a visioning workshop with frontline staff. The purpose of the session was to give shape and content to a summary vision for the future of radiology services as part of the Review of Radiology Services. Three alternate visions (but with a high number of common elements) were pitched in a high-energy workshop by engaged and passionate workshop participants. The next step is to feed these into a debate with the Review of Radiology Services Steering Group in order to arrive at a vision which will chime with patients, staff and the wider Trust alike.

BOARD OF DIRECTORS' HR REPORT – APRIL 2015
February 2015 data

Sickness Absence

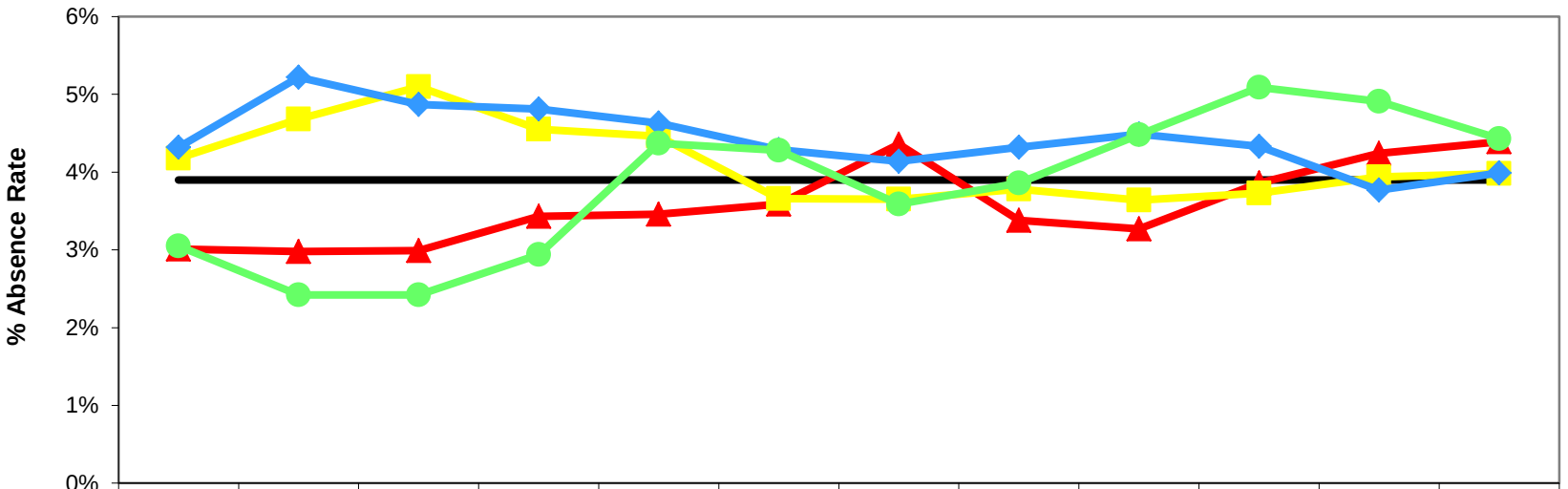
The following table shows the sickness percentage rates for the last three months of the current financial year.

	DEC 2014	JAN 2015	FEB 2015	Cumulative % Abs Rate (FTE) FINANCIAL YEAR TO DATE 14/15 (APR to FEB)
	% Abs Rate (FTE)	% Abs Rate (FTE)	% Abs Rate (FTE)	
Acute and Cancer Care	3.86%	4.24%	4.39%	**3.63%**
Corporate Services	3.73%	3.94%	3.98%	**4.11%**
Elective Care	4.33%	3.77%	3.99%	**4.44%**
Integrated Care	5.09%	4.91%	4.43%	**3.90%**
TRUST TOTAL	**4.37%**	**4.26%**	**4.21% (*)**	**4.05%**

*The planned long term sickness accounted for 0.06% of the overall absence rate for February 2015. If the planned absence rate was removed, the total would be 4.15%.

Data on sickness absence rates for other Trusts is being reported up to December 2014. Upon comparison of the Trust's rates for December 2014 our absence percentage rate was 0.71% below the rate for the Yorkshire and Humber region for that month.

Actual Absence



	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Threshold Rate	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%
Acute and Cancer Care	3.01%	2.98%	2.99%	3.43%	3.46%	3.59%	4.36%	3.38%	3.27%	3.86%	4.24%	4.39%
Corporate Services	4.18%	4.68%	5.10%	4.55%	4.46%	3.66%	3.65%	3.78%	3.64%	3.73%	3.94%	3.98%
Elective Care	4.32%	5.22%	4.87%	4.81%	4.63%	4.29%	4.14%	4.32%	4.49%	4.33%	3.77%	3.99%
Integrated Care	3.05%	2.42%	2.42%	2.94%	4.37%	4.28%	3.59%	3.86%	4.48%	5.09%	4.91%	4.43%

- The graph shows the absence rate for each Directorate for a rolling 12 months.
- The black line represents the Trust threshold of 3.9%.

Short/Long Term Sickness

The following table shows the percentage difference between short and long term sickness for each Directorate based on the total number of episodes of sickness in the month.

	Short Term Sickness February 2015	* Long Term Sickness February 2015
Acute and Cancer Care	87.39%	12.61%
Corporate Services	94.55%	5.45%
Elective Care	92.53%	7.47%
Integrated Care	85.79%	14.21%
TRUST TOTAL	**89.74%**	**10.26%**

*Long term sickness is any absence where the employee is absent for 28 consecutive days.

Sickness Reasons

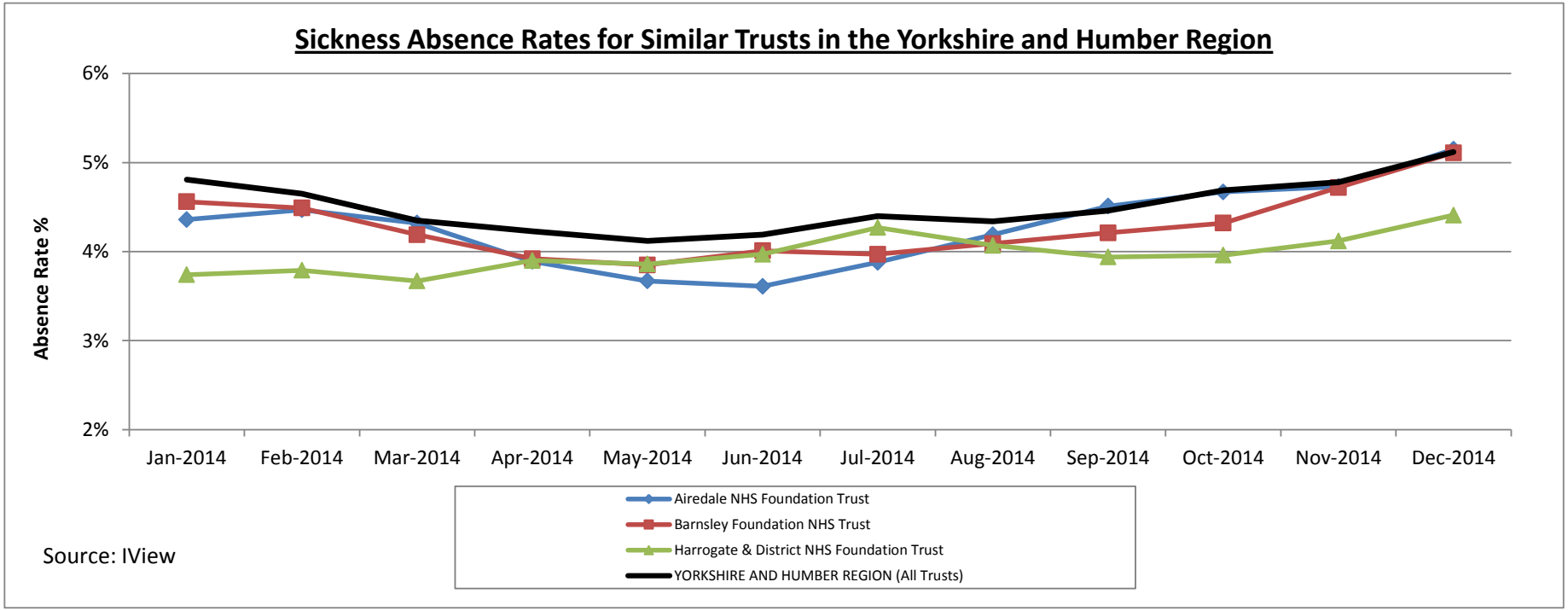
The table below shows the top 5 reasons for sickness across the Trust for the month based on the number of episodes. The table is sorted in descending order, displaying the reasons with the highest number of episodes at the top. In February the Trust saw 585 episodes of sickness, of which 'Cold, Cough, Flu - Influenza' was the main known reason of absence which accounted for 25.81% of the total sickness episodes. 5.81% of absences in February were recorded as 'Unknown Causes / Not Specified'.

NB. Data has been compiled using the number of episodes rather than FTE Days Lost as it demonstrates the impact of short term sickness in the Trust.

Top 5 Absence Reasons for sickness in February 2015	% of Total Sickness Episodes
Cold, Cough, Flu - Influenza	25.81%
Gastrointestinal Problems	17.09%
Anxiety/Stress/Depression/Other Psychiatric Illnesses	7.35%
Other Musculoskeletal Problems	6.15%
Other Known Causes - Not Elsewhere Classified	5.81%

Sickness Rate Comparison with other Similar Trusts in the Yorkshire and Humber Region

The graph below shows the sickness rates for similar Trusts in the Yorkshire and Humber region for the last 12 months of available data on IView, taken from the NHS Information Centre. The black line denotes the overall Yorkshire and Humber sickness rate, which includes all Trusts in the region. The data shows throughout the period that Harrogate and District NHS Foundation Trust generally has the lowest rates in comparison. December 2014 saw Airedale NHS FT, Barnsley NHSFT and Harrogate and District NHS FT all increase in sickness in comparison to the previous month and in addition the region as a whole also saw an increase; however, Harrogate and District NHS Foundation Trust continues to show a sickness rate difference of more than 0.5% lower than the other cited Trusts and the region.
The data also shows that for the rolling 12 month period, Harrogate and District NHS Foundation Trust sickness rates were below the Yorkshire and Humber region figures.



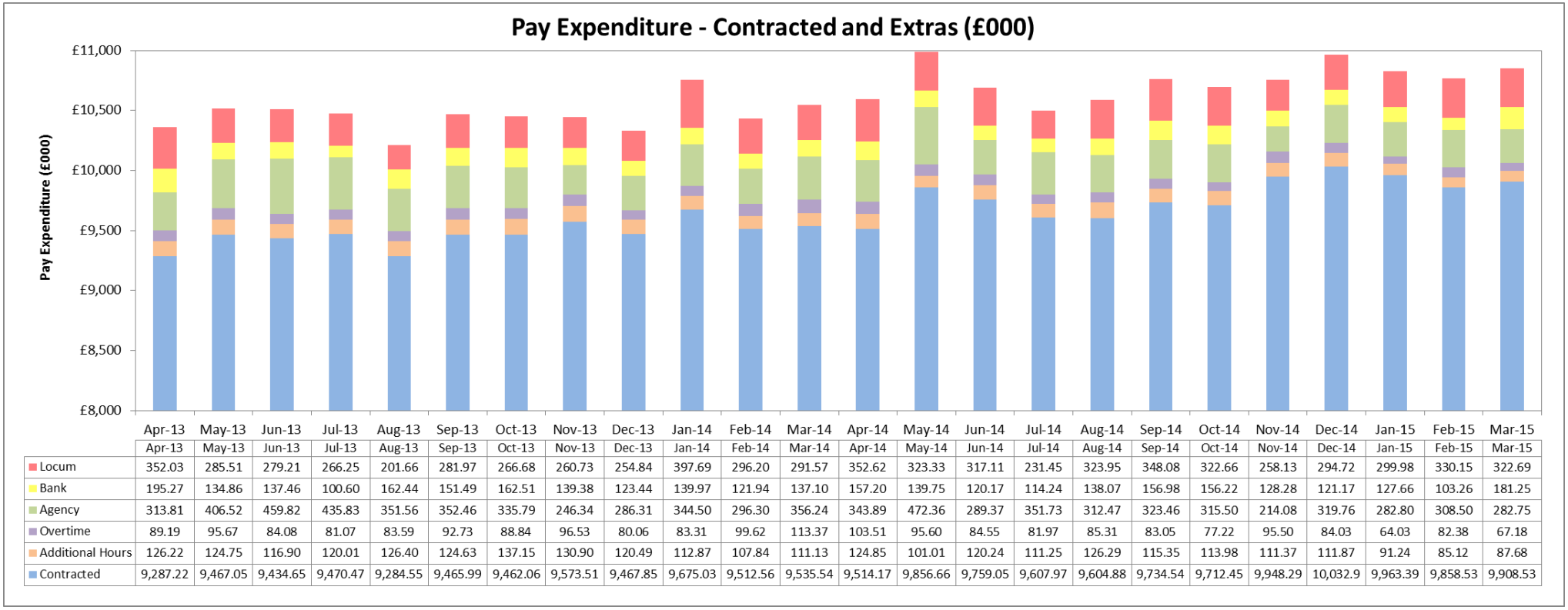
	Jan-2014	Feb-2014	Mar-2014	Apr-2014	May-2014	Jun-2014	Jul-2014	Aug-2014	Sep-2014	Oct-2014	Nov-2014	Dec-2014
Airedale NHS Foundation Trust	4.36%	4.47%	4.32%	3.89%	3.67%	3.61%	3.88%	4.19%	4.51%	4.67%	4.73%	5.15%
Barnsley Foundation NHS Trust	4.56%	4.49%	4.19%	3.92%	3.85%	4.01%	3.97%	4.09%	4.21%	4.32%	4.72%	5.11%
Harrogate & District NHS Foundation Trust	3.74%	3.79%	3.67%	3.90%	3.86%	3.97%	4.27%	4.07%	3.94%	3.96%	4.12%	4.41%
YORKSHIRE AND HUMBER REGION (All Trusts)	4.81%	4.65%	4.35%	4.23%	4.12%	4.19%	4.40%	4.34%	4.46%	4.69%	4.78%	5.12%

Staff in Post

The following graphs illustrate pay expenditure and the staffing levels of the workforce over the previous and current financial year, with contracted FTE figures taken as at the 1st of each month.

Pay Expenditure

The graph below shows the pay expenditure each month, broken down by type of cost, such as contracted salary, locum spend and spend on additional hours and overtime.

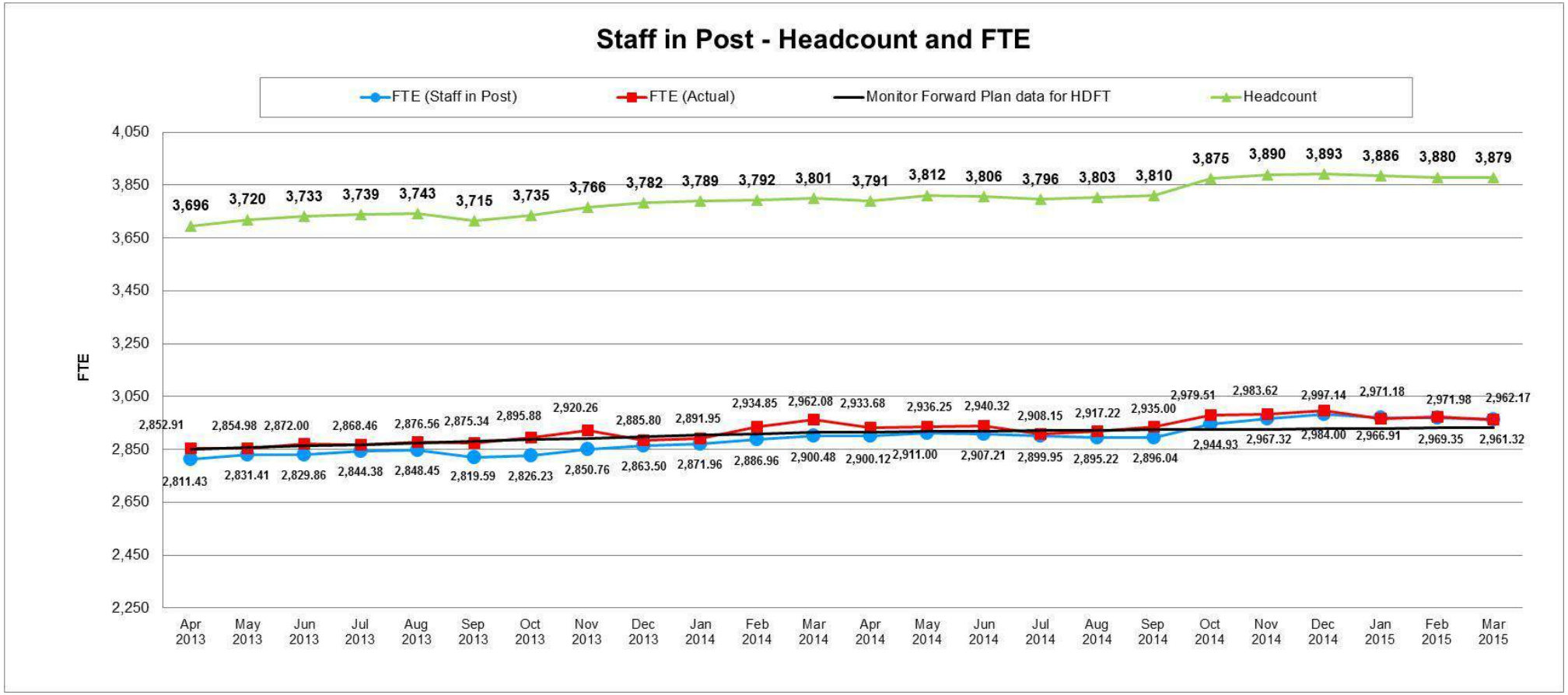


	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Locum	352.03	285.51	279.21	266.25	201.66	281.97	266.68	260.73	254.84	397.69	296.20	291.57	352.62	323.33	317.11	231.45	323.95	348.08	322.66	258.13	294.72	299.98	330.15	322.69
Bank	195.27	134.86	137.46	100.60	162.44	151.49	162.51	139.38	123.44	139.97	121.94	137.10	157.20	139.75	120.17	114.24	138.07	156.98	156.22	128.28	121.17	127.66	103.26	181.25
Agency	313.81	406.52	459.82	435.83	351.56	352.46	335.79	246.34	286.31	344.50	296.30	356.24	343.89	472.36	289.37	351.73	312.47	323.46	315.50	214.08	319.76	282.80	308.50	282.75
Overtime	89.19	95.67	84.08	81.07	83.59	92.73	88.84	96.53	80.06	83.31	99.62	113.37	103.51	95.60	84.55	81.97	85.31	83.05	77.22	95.50	84.03	64.03	82.38	67.18
Additional Hours	126.22	124.75	116.90	120.01	126.40	124.63	137.15	130.90	120.49	112.87	107.84	111.13	124.85	101.01	120.24	111.25	126.29	115.35	113.98	111.37	111.87	91.24	85.12	87.68
Contracted	9,287.22	9,467.05	9,434.65	9,470.47	9,284.55	9,465.99	9,462.06	9,573.51	9,467.85	9,675.03	9,512.56	9,535.54	9,514.17	9,856.66	9,759.05	9,607.97	9,604.88	9,734.54	9,712.45	9,948.29	10,032.9	9,963.39	9,858.53	9,908.53

Staff in Post - FTE and Headcount

The FTE tracker graph will monitor the contracted FTE and actual FTE against a target rate, which is represented by the black line. The actual FTE includes hours worked on the bank and through NHSP.

The data shows that currently the FTE of staff in post is above the Monitor plan, however, the actual FTE in March 2015 was below this figure.



Trust Turnover

Turnover helps determine if the Trust has any retention issues. Trust turnover is calculated as follows:-

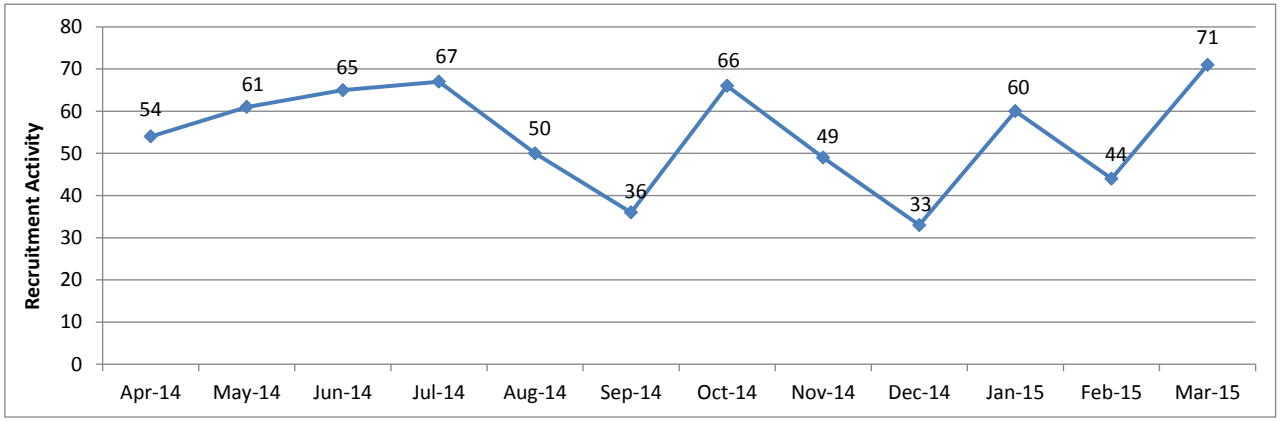
$$\frac{\text{Total Number of Staff Leaving}}{\text{Average Total Number of Staff Employed}} \times 100$$

The report indicates whether there is a change in staff numbers. This can help identify how the working patterns of the Trust's workforce are changing. The table below shows the average headcount for the period 1st March 2014 to 28th February 2015 and the turnover percentage for the last 12 months.

	Average Headcount Excluding Junior Doctors, Fixed Term Contracts and Zero-hour Contracts (March 14 – February 15)	Leavers Excluding Junior Doctors, Fixed Term Contracts and Zero-hour Contracts (March 14 – February 15)	Turnover Percentage Excluding Junior Doctors, Fixed Term Contracts and Zero-hour Contracts (March 14 – February 15)
Acute and Cancer Care	711	69	9.70%
Corporate Services	614	71	11.56%
Elective Care	978	106	10.84%
Integrated Care	1,089	147	13.50%
TRUST TOTAL	**3,392**	**393**	**11.59%**

Recruitment Activity

The graph below shows the recruitment activity for the rolling 12 month period April 2014 to March 2015.



Appraisals

The table below shows the number of completed reviews for the period 1st April 2014 to 31st March 2015.

Directorate	No. of Assignments (*) (01-Oct-14)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Running total	Percentage completed
Acute and Cancer Care	**639**	33	34	34	34	36	59	40	50	21	43	78	53	**515**	**80.6%**
Corporate Services	**560**	47	64	29	50	40	32	46	65	25	15	20	15	**448**	**80.0%**
Elective Care	**853**	32	41	41	54	60	69	37	75	63	60	50	37	**619**	**72.6%**
Integrated Care	**974**	61	62	48	51	54	38	38	55	44	70	36	60	**617**	**63.3%**
TOTALS	**3,026**	**173**	**201**	**152**	**189**	**190**	**198**	**161**	**245**	**153**	**188**	**184**	**165**	**2,199**	**72.7%**

(*) The 'Assignment Count' is based on the number of assignments active as at 1st October 2014 and excludes bank staff and new starters within the last 12 months. Employees who have had an absence, (such as long term sickness and maternity), of longer than 6 months in the rolling 12 month period prior to 1st October have also been removed from the assignment count to take into account absences.

Completed Appraisals by Directorate for 12 month period (01 Apr. 2014 - 31 Mar. 2015)

The table below shows the number of assignments and number of assignments appraised in the last 12 months, as at 31st March 2015.
Please note the figures differ from the table above as the headcount for the static table April to March shown above has a constant average assignment count at a given time in the year, whereas the table below is a rolling 12 month table, with an assignment count as at the end of the month, this month being to the end of March 2015.

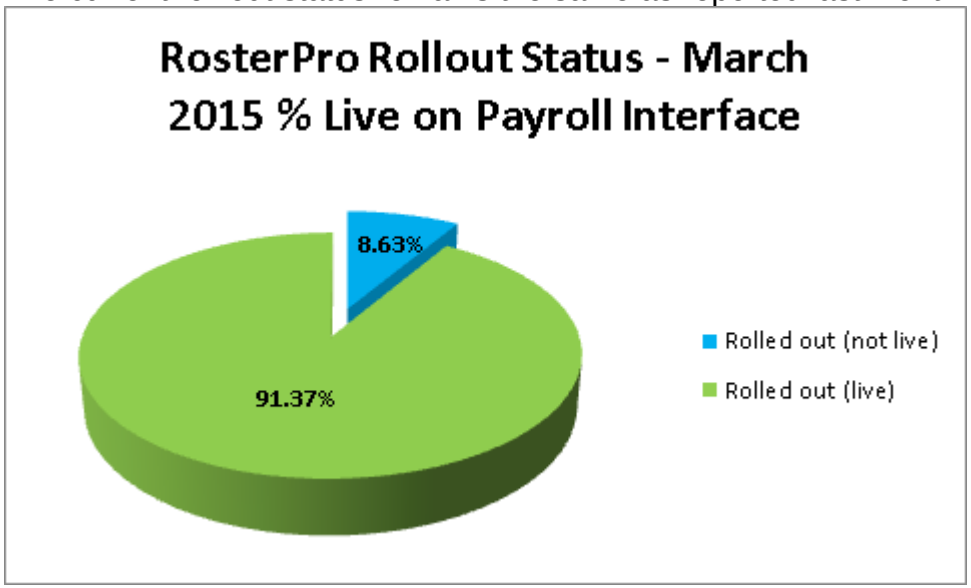
Directorate	No. of Assignments Appraised	No. of Assignments (*)	% Appraised
Acute and Cancer Care	515	644	79.97%
Corporate Services	448	559	80.14%
Elective Care	619	877	70.58%
Integrated Care	617	980	62.96%
TOTAL	**2,199**	**3,060**	**71.86%**

(*) The 'Assignment Count' is based on the number of assignments active as at 31st March 2015 and excludes bank staff and new starters within the last 12 months. Employees who have had an absence, (such as long term sickness and maternity), of longer than 6 months in the rolling 12 month period prior to 31st March 2015 have also been removed from the assignment count to take into account absences.

Time, Attendance and E-Rostering System

The new version of RosterPro is currently being internally tested. It is anticipated that barring any unknown issues, this version will be rolled out at the end of April/ beginning of May.

The current roll out status remains the same as reported last month



Rolled out (not live) = 17

Rolled out (live) = 180

Total rosters = 197

Glossary of commonly used terms:

ACCS- Acute Care Common Stem Training

ACP – Advanced Clinical Practitioner

BMA - British Medical Association

CNST - Clinical Negligence Scheme for Trusts

CPC – Commercial Procurement Collaborative

CQC - Care Quality Commission- An independent regulator of health services

E-Learning - electronic learning**-** learning delivered through the use of IT

FTE - Full time equivalent

GMC - General Medical Council

HCW - Healthcare Worker

HEYH – Health Education Yorkshire and the Humber

HDFT- Harrogate and District NHS Foundation Trust

HSE - Health and Safety Executive

IiP - Investors in People

LETB - Local Education and Training Board

LNC - Local Negotiating Committee

LTS - Long term sick - an absence for more than 28 days

NHS Employers - The representative body for all NHS employers in England

NICE - National Institute for Clinical Excellence

PAG - Policy Advisory Group

RosterPro - an electronic rostering system used to create rosters

SIRI- Serious Incident Requiring Investigation

STS - Short term sick**-** absence of less than 28 days

The Trust - Harrogate and District NHS Foundation Trust

Report to the Trust Board of Directors: 22 April 2015	**Paper No: 13.0**

Title	Report of Harrogate Health Transformation Board
Sponsoring Director	Chief Executive – Dr Ros Tolcher
Author(s)	External
Report Purpose	For information

Executive Summary The report is a record of the inaugural meeting of the Harrogate Health Transformation Board held on 2 April 2015

Related Trust Vision	
1. Drive forward improvements in the quality of services to improve patient safety, outcomes and experience for people who use our services.	YES
2. Work with our partners to develop and implement the joint service strategy across the health communities we serve.	YES
3. Develop more integrated community based services, enabling people who use our services to be treated closer to home, or at home.	YES
4. Continue to expand our secondary care services into Leeds and maximise income.	YES

Risk and Assurance	The report notes the agreed governance arrangements for the new Board
Legal implications/ Regulatory Requirements	

Action Required by the Board of Directors
The Board is requested to note the report

Harrogate Borough Council
Working for you

NHS
Harrogate and Rural District
Clinical Commissioning Group

North Yorkshire
County Council

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Harrogate and District NHS
NHS Foundation Trust

Harrogate Health Transformation Board (HHTB)

Report Out

2 April 2015

1. The Accountable Officers of the HHTB held the inaugural meeting on 31 March 2015.

2. The following were agreed:

- Governance framework
- HHTB Terms of Reference
- New Models of Care group Terms of Reference
- Proposal to establish a Nursing home Task & Finish group
- HHTB approach to the Programme Management Office

3. Objectives of the HHTB were discussed, to be developed further and are summarised as:

- An Urgent Care Centre to be established at Harrogate District Hospital
- Co-located teams in the community
- A Single Point of Access for those teams and an additional Single Point of Access for both the Voluntary and Community sectors
- Embedded use of care plans
- The Ripon project – noting that some decisions were awaited around estates
- A shared understanding of patient data and value
- Evidence on benefits realisation – patient's story and patient's experience - measurable metrics
- A route-map in place to deliver safe information sharing - access to information / sharing of patient index / data – shared records / key information available to all.