

Council of Governors' Meeting (held in PUBLIC)
Tuesday, 8 June 2021, from 4.30 – 6.00pm
(via Video Conferencing - MS Teams)

AGENDA

Time	Item No.	Item	Lead	Action	Paper
4.30	1.0	Welcome and apologies for absence	Angela Schofield Chairman	Note	Verbal
	2.0	Declarations of interest <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Angela Schofield Chairman	Note	Attached
	3.0	Minutes of the meeting held on 3 March 2021	Angela Schofield Chairman	Approve	Attached
	4.0	Matters arising and action log	Angela Schofield Chairman	Note/ Approve	Attached
4.40	5.0	Chairman's update Including Remuneration, Nominations and Conduct Committee Meeting from 25 May 2021	Angela Schofield Chairman	Note	Verbal
	5.1	<ul style="list-style-type: none"> Non-Executive Director Timetable and Governor Election Timetable 		Note	Attached
5.00	6.0	Non-Executive Director briefing	Maureen Taylor Non-Executive Director	Note/ Discuss	Verbal
5.15	7.0	Chief Executive and Executive Director strategic and operational update	Steve Russell Chief Executive	Note/ Discuss	Presentation
	7.1	<ul style="list-style-type: none"> Integrated Board Report 			Attached
5.40	8.0	Governor Development & Membership Engagement Committee Chair's Report	Clare Illingworth Lead Governor	Note	Attached
	8.1	<ul style="list-style-type: none"> Governor Training Day – NHS Providers GovernWell: Core Skills, 6 May 2021 			Presentation
5.45	9.0	Question and Answer Session for Governors and members of the public	Clare Illingworth Lead Governor	Note	Attached
5.55	10.0	Any Other Business <i>By permission of the Chairman</i>	Angela Schofield Chairman	Note	Verbal
6.00	11.0	Evaluation of Meeting	Clare Illingworth Lead Governor	Note	Verbal
Date and Time of Next Meeting – Monday, 6 September 2021 at 4.30pm					

You matter most

In light of the Government's guidelines in relation to COVID-19, Harrogate and District NHS Foundation Trust has taken a decision to not hold face to face meetings of the Council of Governors in Public whilst the guidance on social distancing is in place, these will instead take place via video conferencing.

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

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



You matter most

Council of Governors Declaration of Interests

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

Name	Governor Status	Interests Declared	
Angela Schofield	Chairman	A position of Authority in a charity or voluntary organisation in the field of health and social care	Volunteer with Helping Older People (charity).
Dr Pamela Bagley	Stakeholder	Other	Dean of the Faculty of Health Studies, University of Bradford. Deliver education for NHS Trust staff
Ian Barlow	Public elected	Other	Owner of non-profit website 'Harrogate Guide'
John Batt	Public Elected	Other	Member of the Conservative Party
Cath Clelland MBE	Public elected	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies) Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS A position of Authority in a charity or voluntary organisation in the field of health and social care	Owner/Director - Canny Consultants Ltd Non-Executive Director - York St John University, York Owner/Director - Canny Consultants Ltd Owner/Director – City Kipping Ltd (dormant) Non-Executive Director - York St John University (Involvement/Link with Mental Health Provision in York)

1 (updated June 2021)

You matter most

Name	Governor Status	Interests Declared	
Robert Cowans	Public elected		NONE
Martin Dennys	Public elected	Other	Employed by NHS Digital, The Health and Social Care Information Centre, an arms length body to the Department of Health and Social Care.
Tony Doveston	Public elected	A position of Authority in a charity or voluntary organisation in the field of health and social care	Volunteer for Yorkshire Air Ambulance
Sue Eddleston	Public elected		NONE
William Fish	Public elected	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)	Owner/Director – Manulytica Ltd
Clare Illingworth	Stakeholder		NONE
Samantha James	Public elected		NONE
Dr Loveena Kunwar	Staff elected		NONE
Cllr John Mann	Stakeholder	Position of authority in a local council or Local Authority	Harrogate Borough Council Councillor for Pannal North Yorkshire County Council for Harrogate Central
Sam Marshall	Staff Governor		NONE
Doug Masterton	Public elected	Position of authority in a local council or Local Authority	Member of Harewood Parish Council

2 (updated June 2021)


 You matter most

Name	Governor Status	Interests Declared	
Kathy McClune	Staff Governor	NONE	
Cllr Samantha Mearns	Stakeholder	<p>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)</p> <p>Position of authority in a local council or Local Authority</p> <p>Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services</p>	<p>Director of RHM Pension Trust Limited</p> <p>Councillor – Harrogate Borough Council Councillor – Knaresborough Town Council</p> <p>Self-employed consultant to Stockwell Road Surgery, Knaresborough</p>
Dave Stott	Public elected	Other	<p>Patient and Carer Representative at the Royal College of GP's</p> <p>Simulated patient involved in the training and assessment of trainee doctors in Norwich, Leeds and Liverpool Medical Schools</p>
Heather Stuart	Staff elected	NONE	
Steve Treece	Public elected	Other	<p>Chair of Institute of Risk Management Health and Care Special Interest Group (The IRM is a professional body, providing risk management qualifications, education etc.)</p>

3 (updated June 2021)



Council of Governors' Meeting (held in Public)

Minutes of the public Council of Governors' meeting held on 3 March 2021, at 16.30, via MS teams Video conference

- Present:**
- Angela Schofield, Chairman
 - Pam Bagley, Stakeholder Governor
 - Ian Barlow, Public Governor
 - John Batt, Public Governor
 - Martin Dennys, Public Governor
 - Tony Doveston, Public Governor
 - Sue Eddleston, Public Governor
 - William Fish, Public Governor
 - Clare Illingworth, Stakeholder & Lead Governor
 - Loveena Kunwar, Staff Governor
 - John Mann, Stakeholder Governor
 - Doug Masterton, Public Governor
 - Kathy McClune, Staff Governor
 - Dave Stott, Public Governor
 - Heather Stuart, Staff Governor
 - Steve Treece, Public Governor
- In attendance:**
- Jackie Andrews, Medical Director
 - Laura Angus, NeXT NHS Scheme (*from COG/03/2021/6 onwards*)
 - Sarah Armstrong, Non-Executive Director
 - Angie Colvin, Interim EDI Lead
 - Jonathan Coulter, Director of Finance/Deputy Chief Executive
 - Jeremy Cross, Non-Executive Director
 - Elaine Culf, Interim Corporate Affairs and Membership Manager
 - Lynn Hughes, Interim Company Secretary
 - Andy Papworth, Non-Executive Director
 - Laura Robson, Non-Executive Director
 - Steve Russell, Chief Executive
 - Matt Shepherd, Acting Chief Operating Officer
 - Richard Stiff, Non-Executive Director
 - Maureen Taylor, Non-Executive Director

COG/03/2021/1 **Welcome and apologies for absence**

- 1.1 The Chairman welcomed everyone to the meeting, including Angie Colvin who would return to her role as Corporate Affairs & Membership Manager on 1 April 2021. The Chairman thanked Elaine Culf for her contributions whilst seconded to this role since December 2019. The Chairman confirmed that Tim Gold was returning to his position at Bradford, and Matt Shepherd would cover the Chief Operating Officer role during March before Russell Nightingale joins the Trust on 1 April 2021. Laura Angus, who is on the NeXt Non-Executive Director programme, would attend Council meetings as a part of her development.
- 1.2 Apologies were received from: Jill Foster, Chief Nurse; Samantha James, Public Governor; Sam Marshall, Staff Governor; Samantha Mearns, Stakeholder Governor; Wallace Sampson, Non-Executive Director; Angela Wilkinson, Director of Workforce & Organisational Development.

COG/03/2021/2**Declarations of Interest**

- 2.1 There were no new interests declared in addition to those included in the register. It was noted that Sarah Armstrong and Jill Foster are Directors of Harrogate Healthcare Facilities Management trading as Harrogate Integrated Facilities (HIF). Jonathan Coulter is Interim Chief Executive of HIF and Clare Illingworth, Lead Governor, is the Stakeholder Governor of HIF.

COG/03/2021/3**Minutes of the last meeting held on 14 December 2020**

- 3.1 The minutes of the last meeting held on 14 December 2020 were agreed as an accurate record.

COG/03/2021/4**Matters Arising and Action Log**

- 4.1 There were no matters arising from the minutes of the last meeting.
- 4.2 The open actions on the Action Log were reviewed in turn:
Action COG/09/2020/4.1.2 Ophthalmology mobile testing facility. Matt Shepherd updated the meeting regarding the options. It was likely that the preferred option would be for space to be created within HDH for the service. He felt that the solution would be approved by April 2021. It was agreed that the action would remain open until confirmation was received.

COG/03/2021/5**Chairman's verbal update on key issues**

- 5.1 The Chairman acknowledged the continued demands over the last few months, with pressures and anxieties affecting everyone. The Trust had seen severe rates of infection, which affected patients, the working and home lives of colleagues, shielding, recovery and safeguarding. She sincerely thanked all colleagues for their great efforts. The start of the vaccination programme has provided an uplift to everyone, and the Chairman thanked everyone involved in the effective organisation of this. She also thanked the Executive team who have managed the pressures, worked diligently and supported colleagues effectively.
- 5.2 The Chairman confirmed that governor elections during the pandemic had been paused and these will now take place with a timetable leading up to, declarations in late July/early August. It was noted that the Trust is migrating to a new database for members, which will help to support the efficiency of the election process and member communication and engagement.
- 5.3 The Chairman confirmed that the Board Workshops were now being held face to face, and recent topics included training on HR policies and the processes to maintain high professional standards; there had been a deep dive into waiting list management; and updates from Jonathan Coulter and Mark Chamberlain, Chairman of HIF, on progress and potential future scope of HIF.
- 5.4 The Board had also discussed the Your Voice, Your Vision, Your Values programme.

- 5.5 The Chairman invited Jonathan Coulter to update the Governors on the process and timelines involved in the appointment of the external auditors, which governors are involved with. He confirmed that the desired specification would be drawn up over the next three to four months, with full detail and logistics shared at the next CoG meeting.

(Action: Angie Colvin to add to June Agenda)

- 5.6 It was noted that larger companies were not always prepared to engage with NHS organisations for external audit contracts, and they had recently increased charges. It was important to ensure that the specification can attract local medium sized companies in order to create as much interest as possible.

- 5.7 Governors were asked to confirm to Angie Colvin if they were interested in participating in the external auditor process.
(Action: Governors)

(Laura Angus joined the meeting at this point)

- 5.8 **Resolved:** The Chairman's report was noted.

COG/03/2021/6

Non-Executive Director Briefing

- 6.1 The Chairman reminded Governors of the process in place for Non-executive Directors who chair Committees to routinely provide an update at the Council of Governor meetings. Laura Robson, Non-Executive Director, Senior Independent Director and Chair of the Quality Committee provided an update on the work of the Quality Committee.

- 6.2 Laura Robson explained that the Quality Committee's purpose is to seek assurance on a wide range of quality, safety and patient experience issues, as well as the quality report and priorities. The Committee holds 10 meetings each year, with no meetings held in January and August.

- 6.3 In addition to Laura Robson, the other Non-Executive Directors on the Quality Committee were Andy Papworth, Richard Stiff and Sarah Armstrong, who all bring an excellent cross section of experience and balance to the group. The Committee had been supported by Dr Sylvia Wood, who was due to leave the Trust on 31 March. Additionally, the governor contributions from their observations have been welcomed

- 6.4 It was acknowledged that 2020 had been a difficult year, with routine reports not always available due to pressures of work during the pandemic. During the year, the Quality Committee had received minutes from the Clinical Advisory Group which had been established to support gold command. The Clinical Advisory Group had met weekly, undertaking excellent work on advice, guidance and security to colleagues making clinical decisions at pace. The Quality Committee had been able to provide assurance to the Board that sound decisions had been made.

- 6.5 She confirmed that recently, the Quality Committee had contributed to the new quality governance structure with the Medical Director and Chief Nurse. The Quality Committee will remain to provide assurance but in a more streamlined way.

- 6.6 In particular, Laura Robson drew attention to the comprehensive safeguarding report, acknowledging the challenges in the 0-19 services where there have been significant changes.
- 6.7 In summary, Laura Robson commented that the Committee had been as adaptable as possible, with the desire to ensure patients received the best possible care and experience of our services. She thanked Governors for their assistance and contribution to the Committee, and hoped governors are confident that the Non-Executive Directors are fulfilling their roles.
- 6.8 In response to a question from Kathy McClune, Staff Governor, it was confirmed that there are two Deputy Medical Directors. It was also confirmed that the position held by Dr Wood is part of the review examining clinical and quality governance.
- 6.9 In response to a comment from Dave Stott on the quality priorities and quality improvement work, Sarah Armstrong confirmed that all the Quality Committee meetings commence with the opportunity to hear from teams who have led improvements within their services. Andy Papworth further commented that regular updates from directorates are most helpful to support the effective working of the Committee.
- 6.10 Sue Eddleston commented that she very much enjoyed attending Quality Committee meetings, which she feels are well chaired, the quality of reports are excellent. She welcomed the assurance she gains and thanked everyone for their hard work.
- 6.11 **Resolved:** The Non-Executive Director report was noted.

COG/03/2021/7 Chief Executive and Executive Director Strategic and Operational update

- 7.1 Steve Russell, Chief Executive, spoke to a presentation which had been circulated, which incorporated responses to the questions raised by Governors, (Appendix 1). He echoed the Chairman's comments, on behalf of the Executive Team, thanking Tim Gold as Chief Operating Officer, and welcoming Matt Shepherd to the role during March.
- 7.2 The Chief Executive provided an update on the current oviposition, including the overall downward trend of cases and the positive and encouraging numbers of lower hospital acquired infection cases. It was noted that ITU occupancy was still high at that time, currently running at 95%, and noted that flexing wards is both difficult and time consuming, with colleagues being redeployed from areas such as endoscopy and theatres. This is only possible by pausing some elective cases. He confirmed that 98% of waiting list patients were now clinically prioritised.
- 7.3 The Chief Executive echoed comments made by Laura Robson surrounding the 0-19 services, and the difficulties faced with supporting families during lockdown periods. Due to social interactions, families may have seen fewer professionals, and the Trust had seen a rise in safeguarding activity during this period. There was an immense amount of work reported to address pressures in these services. He confirmed that similar arrangements to the

- weekly Clinical Advisory Group meetings were in place in the community.
- 7.4 The Chief Executive provided an update on the covid vaccination programme, and confirmed that in the first twenty five day period, a total of 7181 first dose vaccines had been achieved, which was a positive achievement. This included 85% of patient facing staff being vaccinated. He reminded everyone that the vaccination is voluntary, no-one is compelled to have it, and there has been some hesitancy in some groups.
- 7.5 The Chief Executive provided an update on the recovery programme phase, and noted that although performance had been affected by covid, the impact is in line with projections. It was noted that HDFT was 20th out of all Trusts nationally, and second in WYAAT (West Yorkshire Association of Acute Trusts) for performance against the Emergency Department standard.
- 7.6 The Chief Executive drew attention to three key areas moving forwards, the A&E four and six hour standards; outpatient recovery which was running at 86% at that time, in line with plan; day case endoscopy and elective surgical operations, which were below plan due elective cancellations. He highlighted that the Trust is continuing to use more telephone and digital appointments. He reminded colleagues that the situation changed by the day, and there is a planned roadmap for recovery of services.
- 7.7 The Chief Executive provided an update on the Health and Wellbeing initiatives for staff, including the Employee Assistance Programme, which provides support for colleagues and families. This is supported by a newly appointed psychologist holding drop in sessions for colleagues, initially across the hospital. There is additional support for home working colleagues and specific leadership support for management and senior colleagues. He confirmed that absence rates are slightly higher than the rates nationally, and acknowledged that covid isolation and sickness increased the pressure for teams.
- 7.8 The Chief Executive highlighted the financial performance of the Trust, confirming that the Trust continued to perform within budget, currently spending less than the total allocation. He confirmed the year to date deficit was lower than planned, whilst the efficiency programme of £1.9m of schemes was being taken forward. Planning for 2021/22 was underway, with further guidance for the second half of the year due in April.
- 7.9 The Chief Executive confirmed that the NHS had published its response to the engagement on Integrated Care, to put Integrated Care Systems on a statutory arrangement.
- 7.10 The work undertaken by the Harrogate Hospital and Community Charity was noted to have new initiatives to support colleagues, including the pop-up shop, deliveries of fruit to departments, sparkle awards and numerous other offerings.
- 7.11 The Chief Executive drew attention to the changes to the Corporate Risk Register, particularly the increased referral to treatment time risk, and also the change to the Board Assurance Framework.
- 7.12 The Chief Executive provided an update on the structure of Harrogate Integrated Facilities (HIF), and the governance arrangements within

HIF. He confirmed that an annual update from the Chair of HIF will be provided at a Council of Governors meeting, as well as further updates at informal governor briefings in future.

- 7.13 The Chairman thanked Steve Russell for the comprehensive briefing, which included answers to questions raised by Governors during his presentation.
- 7.14 **Resolved:** The Chief Executive's report was noted.

COG/03/2021/8 Stakeholder Governor Vacancies

- 8.1 Stakeholder Governor Vacancies update was received and noted. It was noted that the Trust's Constitution currently allows up to six Appointed Stakeholder Governors and there were currently two vacancies.
- 8.2 The Chairman explained the proposal to consider filling with a representative who understood the range of 0-19 services. It is proposed that arrangements are made to contact the seven Directors of Public Health who are responsible for commissioning the 0-19 services to ask them if they would nominate a representative to join the Council as a Stakeholder Governor.
- 8.3 Heather Stuart suggested that there should be an additional staff governor from the 0-19 services, as this is a rapidly expanding area for the Trust. The Chairman responded that the number of staff governors was fixed and it may be sensible to review how they were configured.
- 8.4 Martin Dennys commented that in his experience service users have a great deal to offer. It was agreed to keep this under review.
- 8.5 **Resolved:** It was agreed that the commissioners would be approached to consider joining the CoG as Stakeholder Governor.

COG/03/2021/9 Governor Development & Membership Engagement Committee

- 9.1 **Chair's Report from the meeting held on 23 February 2021.**
- The Governor Development and Membership Engagement Committee Chair's Report from the meeting held on 23 February 2021 was noted.
- 9.1.1 The summary provided further information relating to the forthcoming NHS Providers Governors training day, to be held on 6 May 2021. All Governors were encouraged to attend the event. The next newsletter for members, together with new arrangements for the membership database, and a relaunch of the member events has also been considered by the Committee.
- 9.1.2 **Resolved:** the Governor Development and Membership Engagement Committee Chair's Log from the meeting held 23 February 2021 was noted
- 9.2 **Governor Development & Membership Engagement Committee minutes**

- 9.2.1 **Resolved:** the Governor Development and Membership Engagement Committee minutes held on 7 December 2020 were noted.

COG/03/2021/10 Question and Answers from Governors and members of the public

- 10.1 The Chairman thanked Governors for the questions they had submitted in advance of the meeting (Appendix 1) and noted there were no additional questions from members of the public.
- 10.2 Clare Illingworth, Lead Governor, thanked the Chairman and Executive team for the excellent, thorough briefing and asked Governors if they had any additional comments. Steve Treece noted the target scores on the Corporate Risk Register, which the Trust expected to achieve in March and April, and queried how confident the Trust was to achieve this in the current environment. In response, Steve Russell explained that the focus now is ensuring the risk is described properly prior to actions, and confirmed that the Risk Register would be further reviewed and updated as part of the ongoing governance arrangements reviewed by the Corporate Risk Review Group monthly before reporting to Board.
- 10.3 The Chairman invited Non-executive Directors to comment on the assurance they received.
- 10.4 Jeremy Cross focused on the support for colleagues, confirming that the People and Culture Committee had covered a huge area since its formation. He mentioned the first drop-in Listening Events with Non-executive Directors meeting with Trust colleagues. He explained there is no agenda or presentations, it is purely a discussion and the Committee felt the engagement with colleagues in this way would be the most effective. Feedback received from colleagues would help Non-executive's to triangulate information more effectively.
- 10.5 Richard Stiff confirmed that assurance is provided through the responsiveness of the Executive team to issues raised by the Audit Committee, which had been particularly important during the last twelve months particularly with emerging risks as situations had changed rapidly.
- 10.6 Andy Papworth commented that the information flow through frequency of reporting and contact with Executives had provided assurance, he thanked the team for increasing contact and providing real time information.
- 10.7 Sarah Armstrong agreed with her Non-executive Director colleagues, and explained that the assurance she received through her role with HIF, improvements to governance with meeting schedules, supporting assurance Committees and workshops had been strengthened in the last twelve months.
- 10.8 Maureen Taylor agreed with her colleagues, she confirmed assurance was received at the Resources Committee with papers being scrutinised fully. She highlighted the deep dive exercise held recently on waiting lists at a Board workshop, which had been excellent and provided assurance on the plans in place to move forward. She

complimented the Executive team who respond positively to scrutiny, always providing additional information asked of them.

10.9 Clare Illingworth thanked colleagues for their input.

COG/03/2021/11 Draft Workplan

11.1 A draft workplan for Council of Governors meetings was approved. It was agreed that the Chair and Chief Executive of HIF would be invited annually to a meeting with Governors, and this would be scheduled at the most appropriate time.

Resolved: the draft Council of Governor workplan was approved.

COG/03/2021/12 Any Other Business

12.1 Clare Illingworth raised a question from Cath Clelland relating to issues surrounding vaccinations in the community. The Chief Executive confirmed the arrangements for these.

COG/03/2021/13 Evaluation of the Meeting

13.1 It was agreed that the meeting had been extremely informative and beneficial. Governors confirmed their appreciation of receiving updates from all the Non-Executive Directors who Chair Board Committee meetings.

COG/03/2021/14 Date and Time of Next Meeting

14.1 The next meeting is scheduled to take place on Tuesday 8 June 2021, at 4.30pm

**Council of Governors Meeting
3 March 2021**

Governor Questions

Topics Raised:

- **Elective Care**
- **Staff:**
 - **Wellbeing**
 - **Redeployment**
 - **Covid Vaccinations**
- **2021/22**
- **Harrogate Integrated Facilities**

Elective Care:

Martin Denny:

1. What are the plans for building up and delivering the urgent and elective care requirements for the community safely, and what assurance do you have that it can be delivered?

Sue Eddleston:

2. What is the current situation regarding outpatient Clinics, both at Harrogate District and Ripon Hospitals, including those functioning as normal and those which are still operating with Consultant Led appointments, and how does this impact on Patient Care? For example, how does this affect referrals and waiting times by various specialties?
3. Would there be any instance where telephone appointments could in fact be regarded as normal instead of patients having to come to the hospital and all that entails? Is there any feedback from patients receiving telephone appointment calls, or from the Consultants themselves?
4. Medical emergencies arriving by ambulance - how is A&E coping with urgent cases other than Covid?

Staff Wellbeing:

Doug Masterton:

5. I am conscious that there has been a great deal of public and media sympathy and concern towards the front-line staff, doctors and nurses, working so valiantly to care for patients and contain the virus pandemic. Even through the small window into Trust activity that being a governor offers, I am conscious that staff at all levels have gone all out to help, working long hours and extra days often in situations causing emotional distress. I am also very sure that directors and senior managers, some of whom we meet, have risen amazingly to the challenge and solved so many problems. Their work has enabled the Trust to do so much. What I am getting round to express is my concern that their welfare should also be on the radar and I would like some reassurance that stress, exhaustion and even infection is not taking its toll at the level of management on which the success of the whole organisation so critically depends. Please could Angela Wilkinson give us her assessment of the resilience of the senior trust managers at this critical time.

Steve Treece:

6. What information is the Trust able to provide on the current status of staff wellbeing and morale, particularly in respect of the impact of Covid, what plans are in place to support staff and how do the NEDs get assurance on the progress of these plans and their impacts?

Redeployment:

Sue Eddleston:

7. Given that medical personnel can be deployed from their normal working department to help with Covid patients, how does this
 - a. affect the member of staff having to work in an unknown setting and,
 - b. impact on patients needing care of the department they have left which is then running below medical capacity

Vaccinations:

Martin Dennys:

8. What is the state of staff (including HIF) Covid vaccination and what protection is being provided to account for those either refusing the vaccine or delaying the vaccine?
9. What is being done to encourage staff vaccine take up and conversely not allow those delaying or refusing from being ostracised?

2021/22

Steve Treece:

10. What is the current position and timetable for the funding and planning processes for 2021/22?
11. Could we please have an update on the progress in discussions on Integrated Care Systems and the recent proposals for NHS restructuring?

Harrogate Integrated Facilities:

Tony Doveston:

12. Since the establishment of HIF in 2018, Governors have received only two briefings on its development and performance. The HIF Board is primarily made up of Trust senior management and NEDs, but as it is seen as independent of the Trust, governors are not able to attend any HIF meetings. Do the NEDs believe that Governors are receiving sufficient HIF briefings and also whether any consideration has or should be given to governor attendance at certain HIF meetings in the future?

Paper 4.0

HDFT Council of Governor Meeting Actions Log – March 2021

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

Ref	Meeting Date	Subject	Action Description	Director/Manager Responsible	Date due at CoG meeting or date when completion/ progress update is required	Comments	Status - completed is defined as confirmation that the action is completed as described
COG/09/2020/4.1.2	29-09-2020	Ophthalmology Services	Agreed Mr Gold would investigate provision of an Ophthalmology mobile testing facility and provide an update to the next meeting	Acting Chief Operating Officer Chief Operating Officer	14 December 2020 3 March 2021 8 June 2021	Update to be provided at the meeting	Open
COG/03/2021/5.7	03-03-2021	External Audit Process	Governors to confirm to Angie Colvin if they are interested in participating in the external auditor process	Interim Company Secretary / Corporate Affairs and Membership Manager	8 June 2021	Update to be provided at the meeting	Open

**Council of Governors
8 June 2021**

**Non-Executive Director Appraisals 2020/21 Timetable and
Governor Election Timetable**

5.1

Agenda Item Number:		5.1
Presented for:	To note	
Report of:	Angela Schofield, Chairman	
Author (s):	Interim Company Secretary Corporate Affairs and Membership Manager	
Report History:	None	
Publication Under Freedom of Information Act:	This paper can be made available upon request under the Freedom of Information Act 2000	
Links to Trust's Objectives		
To deliver high quality care		√
To work with partners to deliver integrated care		√
To ensure clinical and financial sustainability		√

Recommendation:
The Council of Governors is asked to note the Non-Executive Director Appraisals 2020/21 timetable and the Governor Election timetable.

Non-Executive Director Appraisals 2020/21 Timetable

Date/Time	Action	Comments
5 May 2021	Governors on RNCC to review questions used in Survey Monkey for NED appraisals (action from February 21 RNCC RNCC/02/21/6.3)	Complete
5 May 2021	Chairman to review and agree proposed questions used in Survey Monkey for NED appraisals	No further changes, agreed.
25 June 2021	Circulate Survey for NED appraisals to Governors and Board including NED objectives and responsibilities	
25 June 2021	NEDs complete self-assessment	
29 June 2021	Collective discussion for Governors re NED appraisals	Alternative option to survey
9 July 2021	Chairman and Lead Governor to receive survey results in preparation for NED appraisals	
Week commencing 26 July and 2 August	Chairman and Lead Governor to undertake NED appraisals	
Week commencing 16 August 2021	RNCC to receive outcome of NED appraisals	
6 September 2021	Council of Governors' Meeting to receive RNCC Chair Report on NED appraisals	
Deadline 30 September 2021	Completed Non-Executive Director appraisal documents to be returned to NHS England/Improvement for the NHS E/I Framework for conducting annual appraisals	

Please find below the Governor Election Timetable, which delivers an election result on Monday 30 August 2021.

ELECTION STAGE	Timetable – 41 Days
Trust to send nomination material and data to CES	Monday, 21 Jun 2021
Notice of Election / nomination open	Monday, 5 Jul 2021
Nominations deadline	Tuesday, 20 Jul 2021
Summary of valid nominated candidates published	Wednesday, 21 Jul 2021
Final date for candidate withdrawal	Friday, 23 Jul 2021
Electoral data to be provided by Trust	Tuesday, 27 Jul 2021
Notice of Poll published	Friday, 6 Aug 2021
Voting packs despatched	Monday, 9 Aug 2021
Close of election	Friday, 27 Aug 2021
Declaration of results	Monday, 30 Aug 2021

5.1

**Council of Governors
8 June 2021
Integrated Board report – April 2021**

Agenda Item Number:		7.1
Presented for:	Information	
Report of:	Executive Directors	
Author (s):	Head of Performance & Analysis	
Report History:	None	
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000	
Links to Trust’s Objectives		
To deliver high quality care		✓
To work with partners to deliver integrated care		✓
To ensure clinical and financial sustainability		✓

7.1

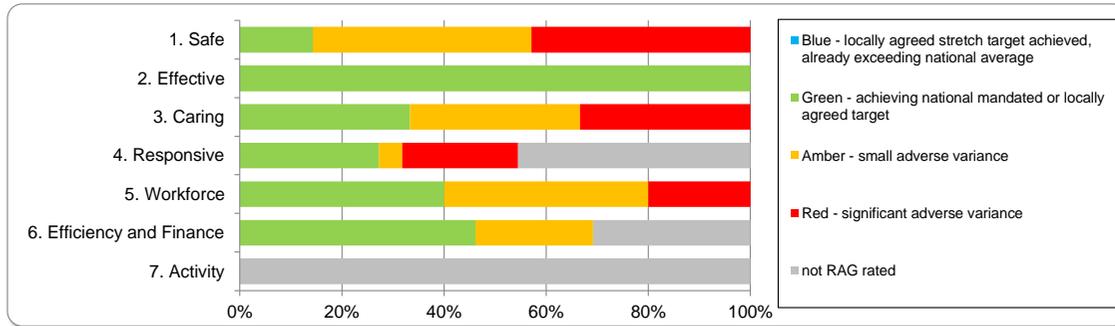
Recommendation:
<p>It is recommended that the Council of Governors note the following items of concern contained within this report:</p> <ul style="list-style-type: none"> • There were 3 serious incidents (SI) reported this month. However the number of hospital acquired pressure ulcers and inpatient falls both decreased. • There was a decrease in the number of complaints received this month. • HDFT's performance against the A&E 4-hour standard remained below 95% in April (86.3%). Provisional data indicate that the cancer 62 day standard was delivered in April, but all other cancer standards were not achieved for the month. For RTT, the number of patients waiting over 52 weeks is now 1,200, compared to 1,350 last month.

Integrated board report - April 2021

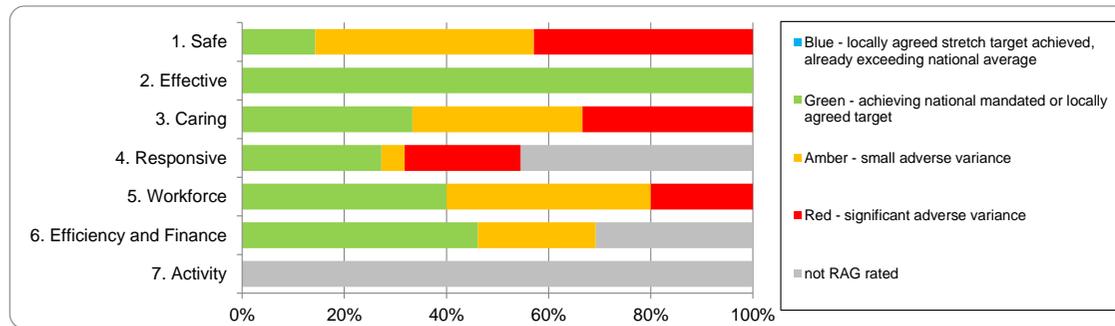
Key points this month

1. The 4 key areas of concern this month relate to the Safety, Caring, Responsiveness and Workforce domains.
2. There were 3 serious incidents (SI) reported this month. However the number of hospital acquired pressure ulcers and inpatient falls both decreased.
3. There was a decrease in the number of complaints received this month.
4. HDFT's performance against the A&E 4-hour standard remained below 95% in April (86.3%). Provisional data indicate that the cancer 62 day standard was delivered in April, but all other cancer standards were not achieved for the month. For RTT, the number of patients waiting over 52 weeks is now 1,199, compared to 1,350 last month.
5. Within Workforce, staff appraisal rates are increasing but remain well below the Trust's target of 90%.

Summary of indicators - current month



Summary of indicators - year to date



Section 1 - Safe - April 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.1a	Pressure ulcers - hospital acquired	<p>Stacked bar chart for April 2021 showing 2 Under RCA (blue) and 1 No omission in care (green). The x-axis shows months from Apr-21 to Mar-22. The y-axis ranges from 0 to 5.</p>	<p>There were 3 hospital acquired category 3 and above pressure ulcers reported in April (including device related and device related mucosal), taking the total requiring RCA YTD to 3. This is lower than last year with an average of 5 per month reported in 2020/21. Of the 3 reported this month, there was 1 with no omission in care and 2 still under RCA (root cause analysis).</p> <p>The number of hospital acquired category 2 and above pressure ulcers reported in April was 35. This is decrease on previous months. The reported number is inclusive of device related and device related mucosal pressure ulcers.</p> <p>There were 15 community acquired category 3 and above pressure ulcers reported in April (including device related and device related mucosal), taking the total requiring RCA YTD to 15. The average per month reported in 2020/21 was 13. Of the 15 reported this month, there was 1 no omission in care and 14 under RCA.</p> <p>The number of community acquired category 2 and above pressure ulcers reported in April was 52. The number reported is inclusive of device related and device related mucosal pressure ulcers.</p>
1.1b		<p>Line chart showing hospital acquired pressure ulcers from Apr-19 to Apr-21. The y-axis ranges from 10 to 50. A blue line shows the monthly count, with a dashed blue line at 30 and a dashed red line at 45. The April 2021 data point is at 35.</p>	
1.2a	Pressure ulcers - community acquired	<p>Stacked bar chart for April 2021 showing 14 Under RCA (blue) and 1 No omission in care (green). The x-axis shows months from Apr-21 to Mar-22. The y-axis ranges from 0 to 16.</p>	
1.2b		<p>Line chart showing community acquired pressure ulcers from Apr-19 to Apr-21. The y-axis ranges from 14 to 59. A blue line shows the monthly count, with a dashed blue line at 34 and a dashed red line at 54. The April 2021 data point is at 52.</p>	

Section 1 - Safe - April 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.3	Falls		<p>The rate of inpatient falls was 5.11 per 1,000 bed days in April. This is a decrease on recent months and lower than the average HDFT rate for 2020/21 (7.7).</p> <p>There were 2 cases of hospital apportioned <i>C. difficile</i> reported in April bringing the year to date total to 2 cases. The annual maximum threshold for lapses in care cases for 2021/22 is 19.</p> <p>This graph shows cumulative data YTD.</p> <p>No MRSA cases have been reported in 2019/20 or 2020/21 or 2021/22 to date.</p> <p>The latest published national data (for the period Oct 19 - March 20) shows that Acute Trusts reported an average ratio of 45.8 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's published ratio was 14.9, an increase on the last publication and remaining in the bottom 25% of Trusts nationally. HDFT's latest local data for April gives a ratio of 17.6.</p> <p>3 SI's were verified in April, with a position YTD at 3.</p> <p>0 Never Events were reported in April, with the YTD position at 0 cases. There was 1 Never Event reported in 2020/21 and none reported in 2017/18, 2018/19 or 2019/20.</p>
1.4	Infection control		
1.5	Incidents - all		
1.6	Incidents - Serious incidents (SI) and never events		

Section 1 - Safe - April 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.7	Safer staffing levels	<p>The chart displays four data series: Day - RN (dashed red line), Day - CSW (solid red line), Night - RN (dashed blue line), and Night - CSW (solid blue line). The X-axis represents time from April 2017 to April 2021. The Y-axis represents percentage from 75% to 155%. Night - CSW peaks at approximately 145% in early 2018. All series drop significantly in early 2020, with Night - CSW reaching its lowest point around 85% in late 2020. By April 2021, Night - CSW has recovered to approximately 107%, Day - CSW to 89%, Night - RN to 94%, and Day - RN to 92%.</p>	<p>After being suspended due to Covid-19, this indicator has now resumed.</p> <p>In April, staff fill rates were reported as follows: - Registered Nurses Day 92% and Night 94% - Care Staff Day 89% and Night 107%</p>

Section 2 - Effective - April 2021

Indicator number	Indicator name	Trend chart	Interpretation
2.1	Mortality - HSMR		<p>HDFT's HSMR increased to 98.00 for the rolling 12 months ending February 2021, but remains below the national average and within expected levels.</p> <p>*The delay in calculating and publishing is linked to the requirement that all episodes are clinically coded and therefore there is at least a 2 month delay before they can start to look at the data.</p>
2.2	Mortality - SHMI		<p>HDFT's SHMI for the rolling 12 months ending November 2020 is 94.13, remaining below the national average and within expected levels. NHS Digital have advised that Covid-19 related activity and deaths is now excluded from the SHMI. They advised that the SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included.</p> <p>*The delay in calculating and publishing is linked to the requirement that all episodes are clinically coded and therefore there is at least a 2 month delay before they can start to look at the data. SHMI is slightly later than HSMR as it includes deaths within 30-days of discharge from hospital that will cause a further delay to the publication</p>
2.3	Readmissions		<p>Emergency readmissions increased to 13.5% in March, but remain below the 2019/20 average of 14.0%.</p>

Section 3 - Caring - April 2021

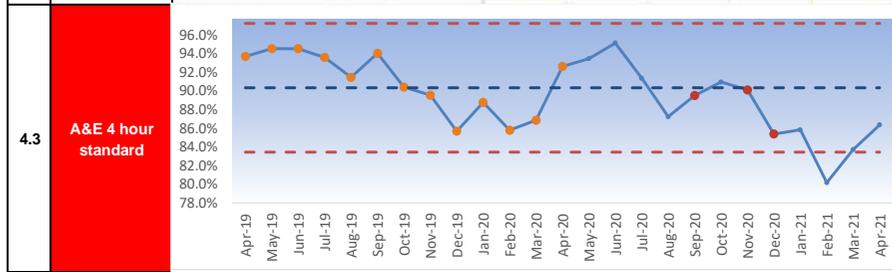
Indicator number	Indicator name	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients		<p>94.2% of patients surveyed in April rated our services as good or very good, remaining above the latest published national average (93.3%, February 2020). Trusts are now required to submit this data to NHS England again on a monthly basis. Updated national benchmarking data is expected in the coming months.</p> <p>2,804 patients responded to the survey this month, of which 2,640 would recommend our services.</p>
3.2	Friends & Family Test (FFT) - Adult community services		<p>94.7% of patients surveyed in April rated our services as good or very good, an increase on last month (87.5%). The latest published national data (February 2020) shows 95.6% of patients surveyed would recommend the services. Trusts are now required to submit this data to NHS England again on a monthly basis. Updated national benchmarking data is expected in the coming months.</p> <p>57 patients from our community services responded to the survey this month, of which 54 would recommend our services.</p>
3.3	Complaints		<p>16 complaints were received in April (1 green, 14 yellow and 1 amber) which is 22 less than March, in line with the average for 2020/21 of 16 per month.</p>

Section 4 - Responsive - April 2021

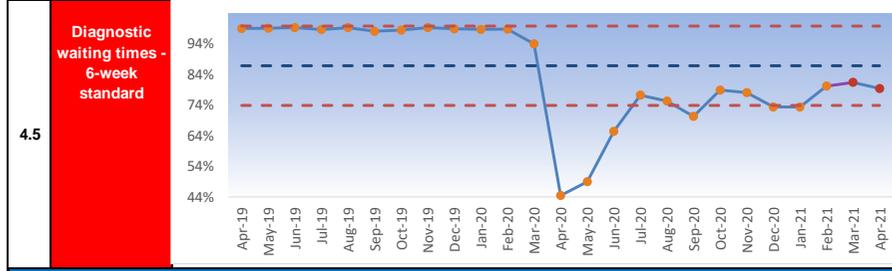
NHS Improvement Single Oversight Framework

4.1	NHS Improvement Single Oversight Framework	Standard	Q1 to date	Q2	Q3	Q4	YTD
		RTT incomplete pathways					
	A&E 4-hour standard	86.3%					86.3%
	Cancer - 62 days	85.1%					85.1%
	Diagnostic waits	79.7%					79.7%
	Dementia screening - Step 1	95.5%					95.5%
	Dementia screening - Step 2	100.0%					100.0%
	Dementia screening - Step 3	100.0%					100.0%

4.2	RTT Incomplete pathways performance
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4.4	Cancer - 62 day wait for first treatment from urgent GP referral to treatment
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4.6	Dementia screening
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Narrative

Performance against the A&E 4-hour standard improved in April but remains below the 95% standard at 86.3%.

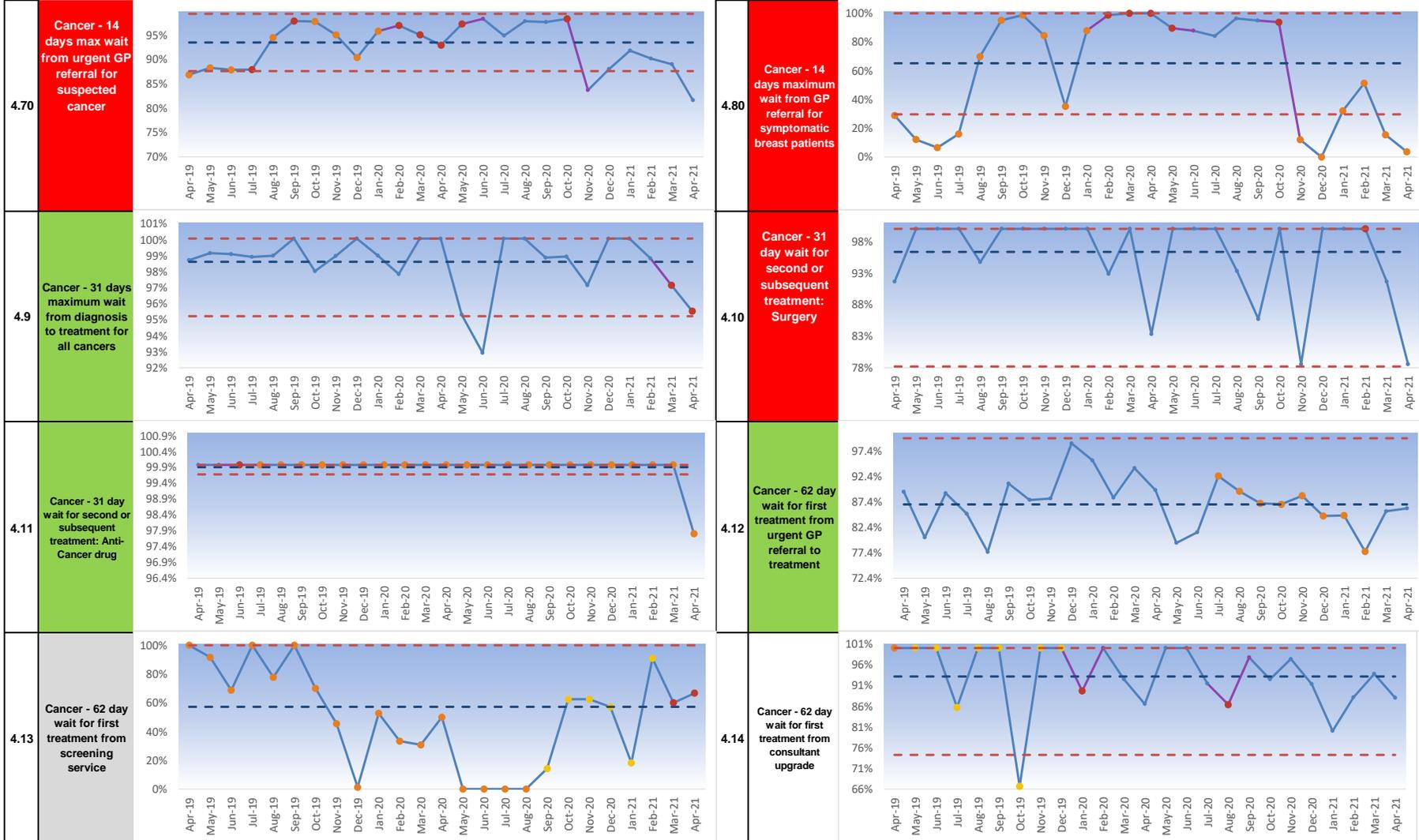
Provisional data indicate that the cancer 62 day standard was delivered in April with performance at 86.2% – see further details below.

Data shows the performance on diagnostic waiting times decreased with 79.7% waiting less than 6 weeks at the end of April, remaining below the performance standard of 99%. The increase in patients waiting beyond 6 weeks are a result of the appointments being deferred following the stepping down of elective services in response to Covid-19.

Dementia Screening - provisional data suggests Steps 1, 2 and 3 were achieved in April.

Section 4 - Responsive - April 2021

Cancer waiting times standards



Section 4 - Responsive - April 2021

Narrative

Provisional data indicates that 6 of the 7 applicable cancer waiting times standards were not achieved in April with only the 62 day standards delivered (86.2%).

The number of breast 2WW and non-cancer related breast symptomatic referrals received continue to be higher than the number of weekly appointment slots, and the average wait for a 2WW breast appointment in April was around 24 days, compared to 18 days last month. Of 805 first attendances for suspected cancer, 148 were seen after day 14 (81.6%) and of these, 129 were breast referrals. 2WW Breast symptomatic performance deteriorated further in April with performance at 3.6%, compared to 15.5% last month. Additional clinic capacity is being provided and discussions are also progressing with an external provider for additional support.

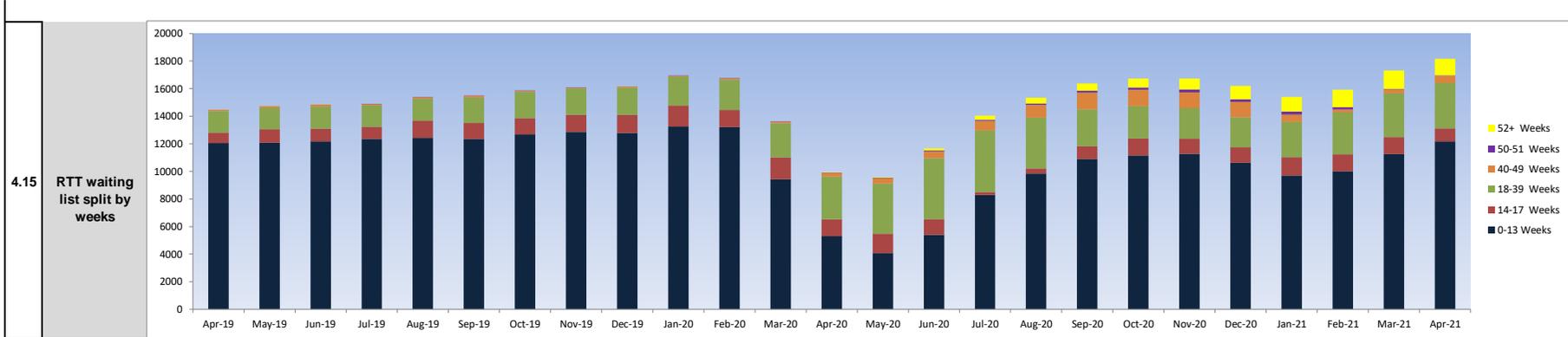
Provisional data indicates that the 62 day standard was delivered in April with performance at 86.2%. Provisionally there were 61.0 accountable treatments (70 patients) in April with 8.0 treated outside 62 days. Of the 10 tumour sites treated in April, performance was below 85% for 3 (Colorectal, Gynaecology, and Upper GI). 3 patients waited over 104 days for treatment in April (all treated at Leeds) – delays were due to medical/diagnostic complexity and diagnostic capacity for prostate biopsy. Provisional data indicate that 55.6% (10/18) of patients treated at tertiary centres in April were transferred by day 38, which is slightly lower than last month (62.5%).

62 day Screening performance was below the 90% standard in April, and activity levels were above the de minimus for the month with 10 patients attributable to HDFT (equivalent to 6.0 accountable treatments), and of these 3 patients was treated after day 62 (1 x Breast; 2 x Bowel) – when re-allocation rules are applied this equates to 66.7% of patients treated within 62 days.

88 first definitive treatments were delivered in April and 4 patients received their surgical treatment after day 31 (2 x Breast; 2 x Colorecta), and 6 surgical subsequent treatments were delivered in April after day 31 – these delays were largely due to a combination of reduced surgical capacity and patient safety considerations relating to Covid-19. One patient's subsequent chemotherapy treatment was delivered after day 31 in April - this was not related to any capacity constraints in oncology. With a total of 46 anti-cancer drug subsequent treatments in April and 1 over 31 days, provisional performance for the month was at 97.8% against the 98% operational standard.

All pathway delays will be reviewed by the breach panel at the end of May.

Section 4 - Responsive - April 2021



Narrative

Provisional data shows that there were a total of 18,156 patients on the RTT waiting list at the end of April. There were 1,199 patients waiting over 52 weeks at the end of the month. Extra capacity at The BMI Duchy continues to support the reduction of long-waiting orthopaedic patients who make up around 40% of the 52W total.

Section 4 - Responsive - April 2021

Children's Services metrics	
4.16	<p>Children's Services - 10-14 day new birth visit</p>
4.17	<p>Children's Services - 2.5 year review</p>
4.18	<p>Children's Services - Reports for Achievement of KPI for Breast Feeding Prevalence.</p>
Adult Community Services metrics	
4.19	<p>OPEL level - Community Care Teams</p>
4.20	<p>Community Care Teams - patient contacts</p>
<p>Narrative These indicators have not been updated yet for this month. The number of children receiving a 2 year review by age 2.5 has reduced in recent months but remains above the 90% threshold.</p>	

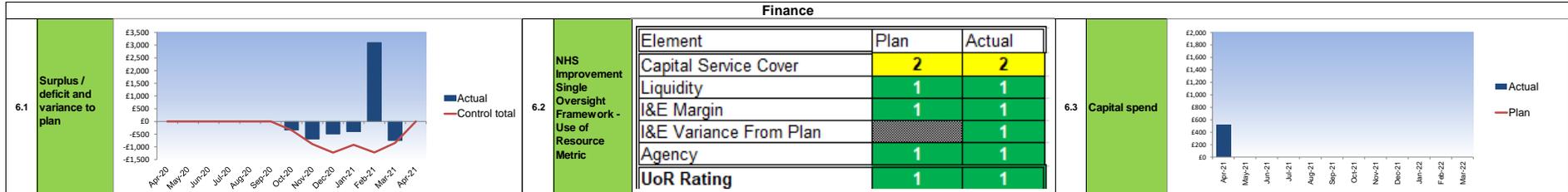
Section 5 - Workforce - April 2021

Indicator number	Indicator name	Trend chart	Interpretation																																																		
5.1	Staff appraisal rates		<p>Although appraisals were put on hold during the peak of Covid-19, our current completion rate stands at 56.3%.</p>																																																		
5.2	Mandatory training rates	<table border="1"> <thead> <tr> <th>Competence Name</th> <th>Renewal Period</th> <th>Required</th> <th>Achieved</th> <th>Compliance %</th> </tr> </thead> <tbody> <tr> <td>Information Governance and Data Security</td> <td>Annual</td> <td>4126</td> <td>3654</td> <td>89%</td> </tr> <tr> <td>Equality, Diversity and Human Rights</td> <td>3 Yearly</td> <td>4126</td> <td>3864</td> <td>94%</td> </tr> <tr> <td>Fire Safety</td> <td>Annual</td> <td>4126</td> <td>3536</td> <td>86%</td> </tr> <tr> <td>Health, Safety and Welfare</td> <td>5 Yearly</td> <td>4126</td> <td>3952</td> <td>96%</td> </tr> <tr> <td>Infection Control</td> <td>Once Only</td> <td>4126</td> <td>4032</td> <td>98%</td> </tr> <tr> <td>Safeguarding Children</td> <td>3 Yearly</td> <td>4126</td> <td>3785</td> <td>92%</td> </tr> <tr> <td>Safer Manual Handling</td> <td>3 Yearly</td> <td>4126</td> <td>3771</td> <td>91%</td> </tr> <tr> <td>Risk Awareness</td> <td>Once Only</td> <td>4126</td> <td>3933</td> <td>95%</td> </tr> <tr> <td>Fire Safety Facilitator Led Training</td> <td>2 Yearly</td> <td>4126</td> <td>3535</td> <td>86%</td> </tr> </tbody> </table>	Competence Name	Renewal Period	Required	Achieved	Compliance %	Information Governance and Data Security	Annual	4126	3654	89%	Equality, Diversity and Human Rights	3 Yearly	4126	3864	94%	Fire Safety	Annual	4126	3536	86%	Health, Safety and Welfare	5 Yearly	4126	3952	96%	Infection Control	Once Only	4126	4032	98%	Safeguarding Children	3 Yearly	4126	3785	92%	Safer Manual Handling	3 Yearly	4126	3771	91%	Risk Awareness	Once Only	4126	3933	95%	Fire Safety Facilitator Led Training	2 Yearly	4126	3535	86%	<p>The data shown is for the end of April. The overall training rate for mandatory elements for substantive staff is 92% and has increased since the last reporting cycle.</p>
Competence Name	Renewal Period	Required	Achieved	Compliance %																																																	
Information Governance and Data Security	Annual	4126	3654	89%																																																	
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Safer Manual Handling	3 Yearly	4126	3771	91%																																																	
Risk Awareness	Once Only	4126	3933	95%																																																	
Fire Safety Facilitator Led Training	2 Yearly	4126	3535	86%																																																	
5.3	Sickness rates		<p>The overall sickness rate has decreased in April 2021 to 3.9% and is below average. Non-Covid-19 related sickness was 3.7% this month.</p>																																																		

Section 5 - Workforce - April 2021

Indicator number	Indicator name	Trend chart	Interpretation
5.4	Staff turnover rate		Staff turnover remains within expected levels. Voluntary turnover increased this month, whilst involuntary turnover decreased.
5.5	Agency spend in relation to pay spend		Month 1 agency expenditure increased to £419k. The drivers for this are being reviewed.

Section 6 - Efficiency and Finance - April 2021

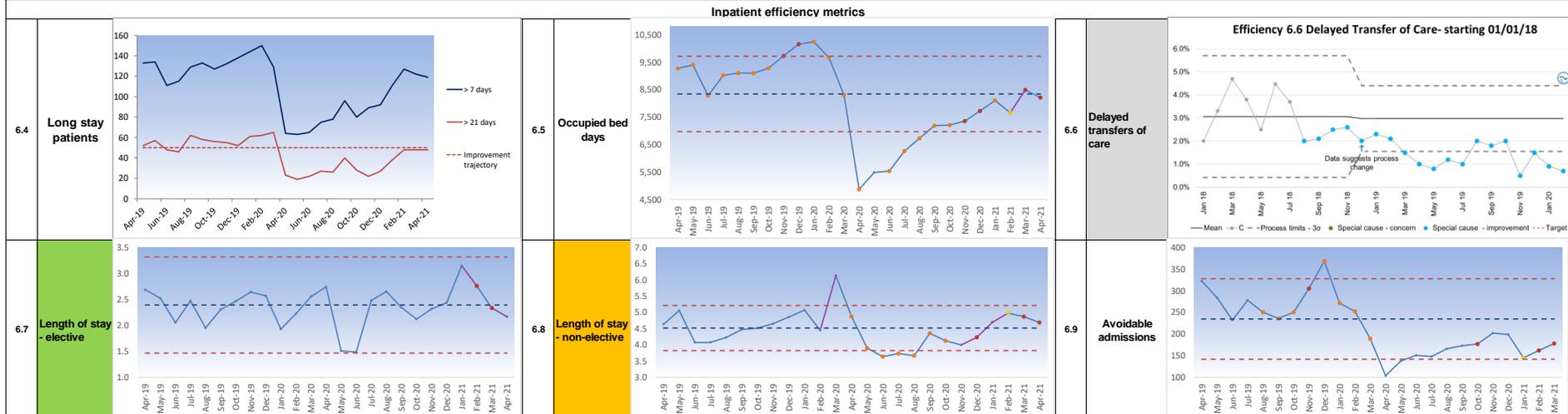


Narrative

The Trust reported a breakeven position for month 1, aligned with the financial plan for the month.

The Use of Resources metric is currently reported as a 1. It should be noted that this rating is currently not being formally reported to NHSEI.

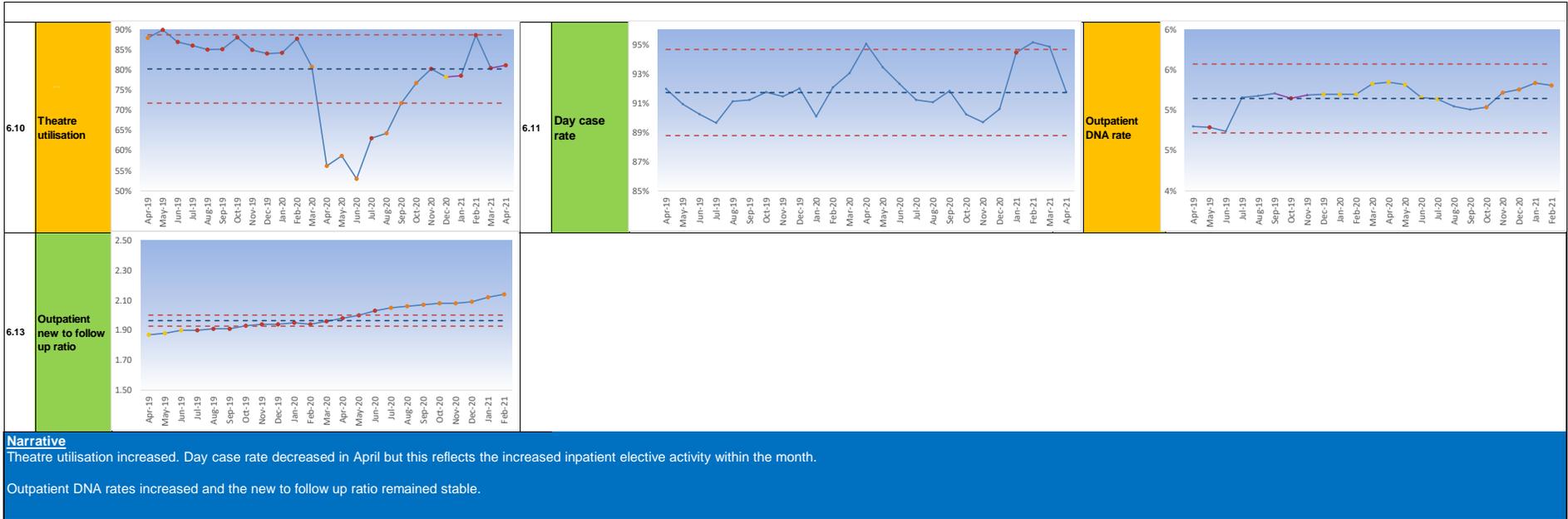
The Trust reported a £518k spend in month 1, significantly behind the £1,779k plan. It should be noted the plan needs to be updated to reflect the phasing of Salix works.



Narrative

In April, long stay patient numbers and occupied bed days remained stable. Elective and non-elective length of stay decreased. Avoidable admissions remain below the Trust mean.

Section 6 - Efficiency and Finance - April 2021



Section 7 - Activity - April 2021

Narrative

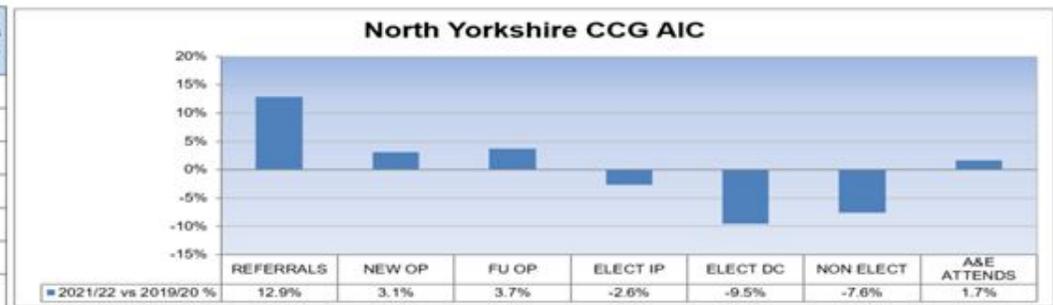
The tables below show activity by Point of Delivery by Contract Type: North Yorkshire AIC; All Other CCGs (PbR); NHSE, Yorkshire Hub Cost per Case.

In line with the comparisons made in the national planning requirements for 2021/22, the charts below compare 2021/22 activity to the equivalent period in 2019/20, rather than 2020/21

Activity Summary

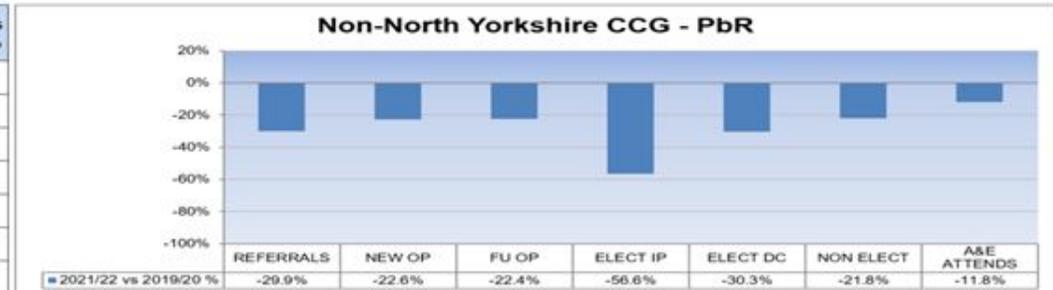
North Yorkshire CCG AIC

GROUP	2019/20 APR	2021/22 APR	2019/20 YTD	2021/22 YTD	2021/22 vs 2019/20	2021/22 vs 2019/20 %
REFERRALS	3,203	3,615	3,203	3,615	412	12.9%
NEW OP	5,452	5,620	5,452	5,620	168	3.1%
FU OP	11,060	11,474	11,060	11,474	414	3.7%
ELECT IP	153	149	153	149	-4	-2.6%
ELECT DC	1,802	1,630	1,802	1,630	-172	-9.5%
NON ELECT	1,495	1,382	1,495	1,382	-113	-7.6%
A&E ATTENDS	3,241	3,296	3,241	3,296	55	1.7%



Non-North Yorkshire CCG - PbR*

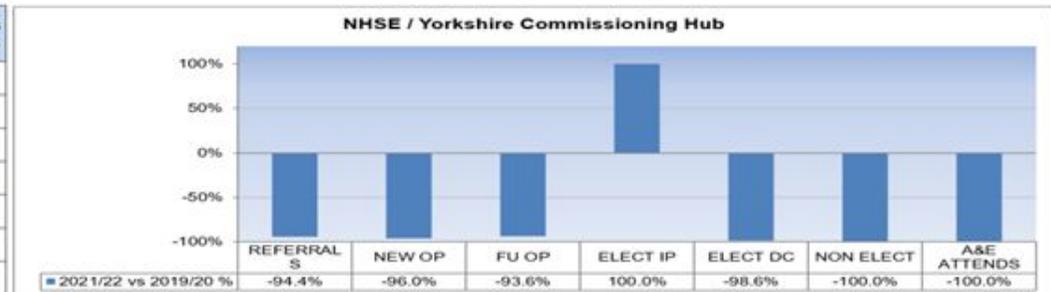
GROUP	2019/20 APR	2021/22 APR	2019/20 YTD	2020/21 YTD	2021/22 vs 2019/20	2021/22 vs 2019/20 %
REFERRALS	1,564	1,097	1,564	1,097	-467	-29.9%
NEW OP	2,104	1,629	2,104	1,629	-475	-22.6%
FU OP	4,002	3,107	4,002	3,107	-895	-22.4%
ELECT IP	99	43	99	43	-56	-56.6%
ELECT DC	753	525	753	525	-228	-30.3%
NON ELECT	487	381	487	381	-106	-21.8%
A&E ATTENDS	1,224	1,079	1,224	1,079	-145	-11.8%



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

NHSE / Yorkshire Commissioning Hub

GROUP	2019/20 APR	2021/22 APR	2019/20 YTD	2020/21 YTD	2021/22 vs 2019/20	2021/22 vs 2019/20 %
REFERRALS	234	13	234	13	-221	-94.4%
NEW OP	252	10	252	10	-242	-96.0%
FU OP	468	30	468	30	-438	-93.6%
ELECT IP	1	2	1	2	1	100.0%
ELECT DC	367	5	367	5	-362	-98.6%
NON ELECT	2	0	2	0	-2	-100.0%
A&E ATTENDS	10	0	10	0	-10	-100.0%

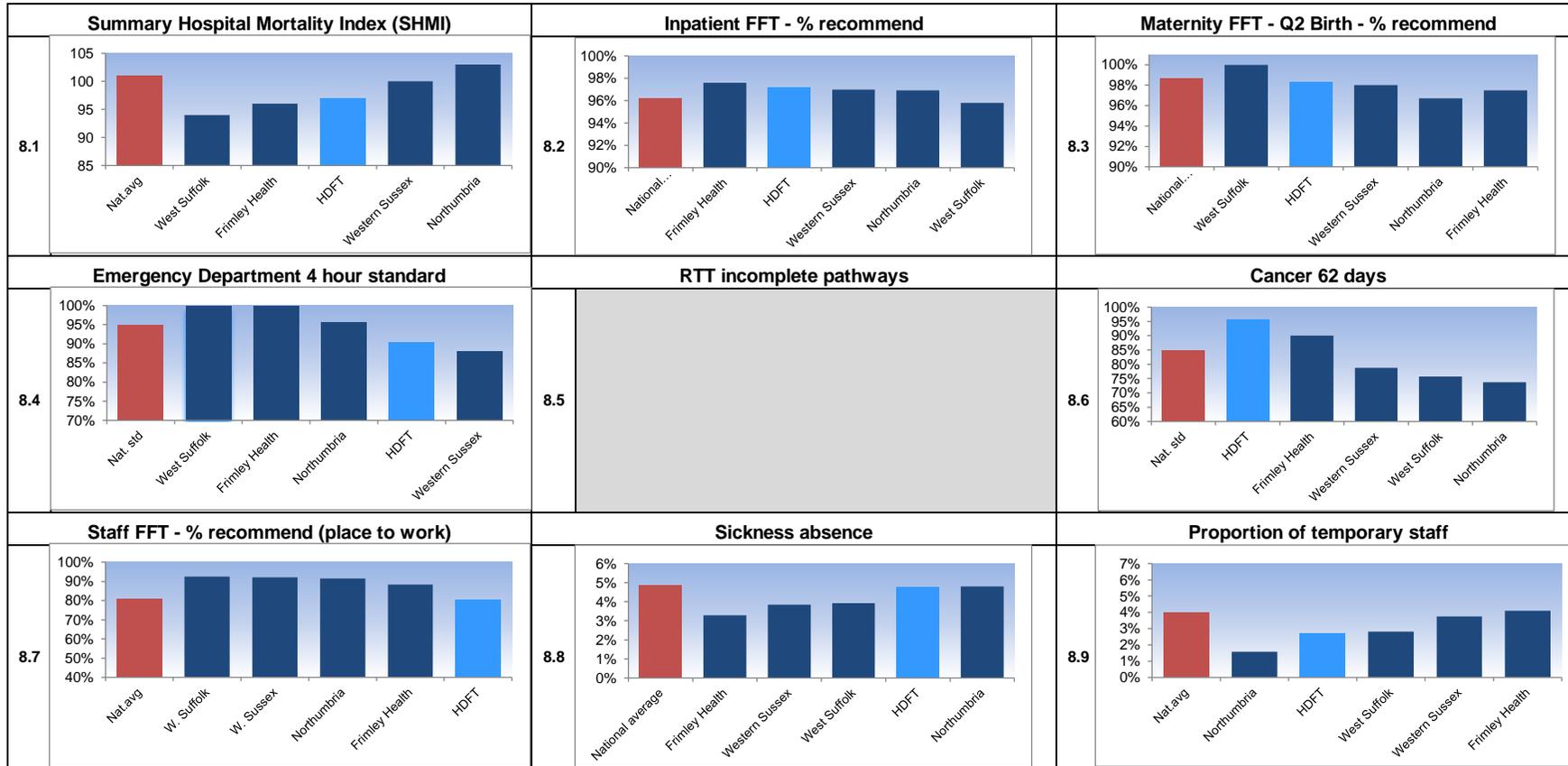


Trust Total

GROUP	2019/20 APR	2021/22 APR	2019/20 YTD	2020/21 YTD	2021/22 vs 2019/20	2021/22 vs 2019/20 %
REFERRALS	5,001	4,725	5,001	4,725	-276	-5.5%
NEW OP	7,808	7,259	7,808	7,259	-549	-7.0%
FU OP	15,530	14,611	15,530	14,611	-919	-5.9%
ELECT IP	253	194	253	194	-59	-23.3%
ELECT DC	2,922	2,160	2,922	2,160	-762	-26.1%
NON ELECT	1,984	1,763	1,984	1,763	-221	-11.1%
A&E ATTENDS	4,475	4,375	4,475	4,375	-100	-2.2%



Section 8 - Benchmarking - April 2021



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

Integrated board report - April 2021

Key for SPC charts

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

Data Quality - Exception Report

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



Harrogate and District
NHS Foundation Trust

Indicator traffic light criteria

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, category 3, category 4 or unstageable hospital acquired pressure ulcers. The data includes hospital teams only.	Red if latest month > UCL, amber if latest month between HDFT historical average and UCL, green if latest month on or below HDFT historical average.	Locally agreed improvement trajectory based on comparison with HDFT historical performance.
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, category 3, category 4, unstageable and DTI hospital acquired pressure ulcers, including device related and device related mucosal for 2020/21 onwards. The data includes hospital teams only.		
1.2	Safe	Pressure ulcers - community acquired	The chart shows the number of category 2, category 3, category 4 or unstageable community acquired pressure ulcers. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact. The data includes community teams only.	Red if latest month > UCL, amber if latest month between HDFT historical average and UCL, green if latest month on or below HDFT historical average.	Locally agreed improvement trajectory based on comparison with HDFT historical performance.
1.2	Safe	Pressure ulcers - community acquired	The chart shows the number of category 2, category 3, category 4, unstageable and DTI community acquired pressure ulcers, including device related and device related mucosal for 2020/21 onwards. The data includes community teams only.		
1.3	Safe	Falls	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.	Blue if YTD position is a reduction of >=50% of HDFT average for 2020/21, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2020/21, Amber if YTD position is a reduction of up to 20% of HDFT average for 2020/21, Red if YTD position is on or above HDFT average for 2020/21.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
1.4	Safe	Infection control	HDFT's C. difficile trajectory for 2020/21 is 19 cases, an increase of 8 on last year's trajectory. This increase takes into account the new case assignment definitions. Cases where a lapse in care has been deemed to have occurred would count towards this. Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2020/21. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, NHS Improvement and contractual requirement
1.5	Safe	Incidents - all	The number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
1.6	Safe	Incidents - comprehensive serious incidents (SI) and never events	The number of Serious Incidents (SI) and Never Events reported within the Trust each month. The data includes hospital and community services. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the pressure ulcer / falls indicators above.	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
1.7	Safe	Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is provided in the narrative section and published on the Trust website.	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
2.1	Effective	Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.		
2.2	Effective	Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
2.3	Effective	Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PDR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.	Blue if latest month rate < LCL, Green if latest month rate < HDFT average for 2020/21, Amber if latest month rate > HDFT average for 2020/21 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
3.1	Caring	Friends & Family Test (FFT) - Patients	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.	Green if latest month >= national average % recommended, Amber if latest month <= 5 percentage points below national average, Red if latest month greater than 5 percentage points below national average.	Comparison with national average performance.
3.2	Caring	Friends & Family Test (FFT) - Adult Community Services	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of adult community services including specialist nursing teams, community care teams, community podiatry and GP OOH. A high percentage is good.		
3.3	Caring	Complaints	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2020/21, Amber if on or above HDFT average for 2020/21, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
4.1	Responsive	NHS Improvement governance rating	NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section. From 1st April 2018, dementia screening performance forms part of this assessment.	As per defined governance rating	
4.2	Responsive	RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.	Green if latest month >=92%, Red if latest month <92%.	NHS England





Harrogate and District

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
4.3	Responsive	A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.	Blue if latest month >=97%, Green if >=95% but <97%, amber if >= 90% but <95%, red if <90%.	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
4.4	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.5	Responsive	Diagnostic waiting times - 6-week standard	Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%. A high percentage is good.	Green if latest month >=99%, Red if latest month <99%.	NHS England, NHS Improvement and contractual requirement
4.6	Responsive	Dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.	Green if latest month >=90% for Step 1, Step 2 and Step 3. Red if latest month <90% for any of Step 1, Step 2 or Step 3.	NHS England, NHS Improvement and contractual requirement
4.7	Responsive	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.8	Responsive	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.9	Responsive	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.10	Responsive	Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.	Green if latest month >=94%, Red if latest month <94%.	NHS England, NHS Improvement and contractual requirement
4.11	Responsive	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.	Green if latest month >=98%, Red if latest month <98%.	NHS England, NHS Improvement and contractual requirement
4.12	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.13	Responsive	Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.	Green if latest month >=90%, Red if latest month <90%.	NHS England, NHS Improvement and contractual requirement
4.14	Responsive	Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.15	Responsive	RTT waiting list split by weeks	Number of referred patients waiting for treatment broken down into weeks.	tbc	tbc
4.16	Responsive	Children's Services - 10-14 day new birth visit	The percentage of babies who had a new birth visit by the Health visiting team within 14 days of birth. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Target to be reviewed by CCC Directorate	tbc
4.17	Responsive	Children's Services - 2.5 year review	The percentage of children who had a 2.5 year review. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
4.18	Responsive	Children's Services - % achievement against KPI for Breast Feeding Prevalence at 6-8 weeks.	% of children breast fed at the 6-8 week review. Charted against Prevalence targets for all 0-5 services.	Target to be reviewed by CCC Directorate	tbc
4.19	Responsive	OPEL level - Community Care Teams	The OPEL (Operational Pressures Escalation Level) is a measure of operational pressure being experienced by the community care teams. A value of 1 to 4 is agreed each day, with 1 denoting the lowest level of operational pressure and 4 denoting the highest. The chart will show the average level reported by adult community services during the month.	tbc	Locally agreed metric
4.20	Responsive	Community Care Teams - patient contacts	The number of face to face patient contacts for the community care teams.	tbc	Locally agreed metric
5.1	Workforce	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good.	Annual rolling total - 90% green. Amber between 70% and 90%, red<70%.	Locally agreed target level based on historic local and NHS performance
5.2	Workforce	Mandatory training rate	Latest position on the % substantive staff trained for each mandatory training requirement	Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
5.3	Workforce	Staff sickness rate	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.	Green if <3.9%, amber if between 3.9% and regional average, Red if > regional average.	HDF1 Employment Policy requirement. Rates compared at a regional level also
5.4	Workforce	Staff turnover	The staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
5.5	Workforce	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
6.1	Efficiency and Finance	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
6.2	Efficiency and Finance	NHS Improvement Financial Performance Assessment	From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by NHS Improvement
6.3	Efficiency and Finance	Capital spend	Cumulative Capital Expenditure by month (£'000s)	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
6.4	Efficiency and Finance	Long stay patients	This indicator shows the average number of patients that were in the hospital with a length of stay of over 7 days (previously defined as stranded patients by NHS Improvement) or over 21 days (previously super-stranded patients). The data excludes children, as per the NHS Improvement definition. A low number is good.	tbc	as defined by NHS Improvement
6.5	Efficiency and Finance	Occupied bed days	Total number of occupied bed days in the month.	tbc	Locally agreed targets.
6.6	Efficiency and Finance	Delayed transfers of care	The proportion of bed days lost due to being occupied by patients who are medically fit for discharge but are still in hospital. A low rate is preferable. The maximum threshold shown on the chart (3.5%) has been agreed with HRD/CCG.	Red if latest month >3.5%, Green <3.5%	Contractual requirement
6.7	Efficiency and Finance	Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		





Harrogate and District

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
6.8	Efficiency and Finance	Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
6.9	Efficiency and Finance	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.	tbc	tbc
6.10	Efficiency and Finance	Theatre utilisation	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
6.11	Efficiency and Finance	Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		
6.12	Efficiency and Finance	Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
6.13	Efficiency and Finance	Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		
7.1	Activity	Outpatient activity against plan (new and follow up)	The position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		Locally agreed targets.
7.2	Activity	Elective activity against plan	The position against plan for elective activity. The data includes inpatient and day case elective admissions.		Locally agreed targets.
7.3	Activity	Non-elective activity against plan	The position against plan for non-elective activity (emergency admissions).		Locally agreed targets.
7.4	Activity	Emergency Department attendances against plan	The position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E and patients who are streamed to primary care.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	Locally agreed targets.

Data quality assessment

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

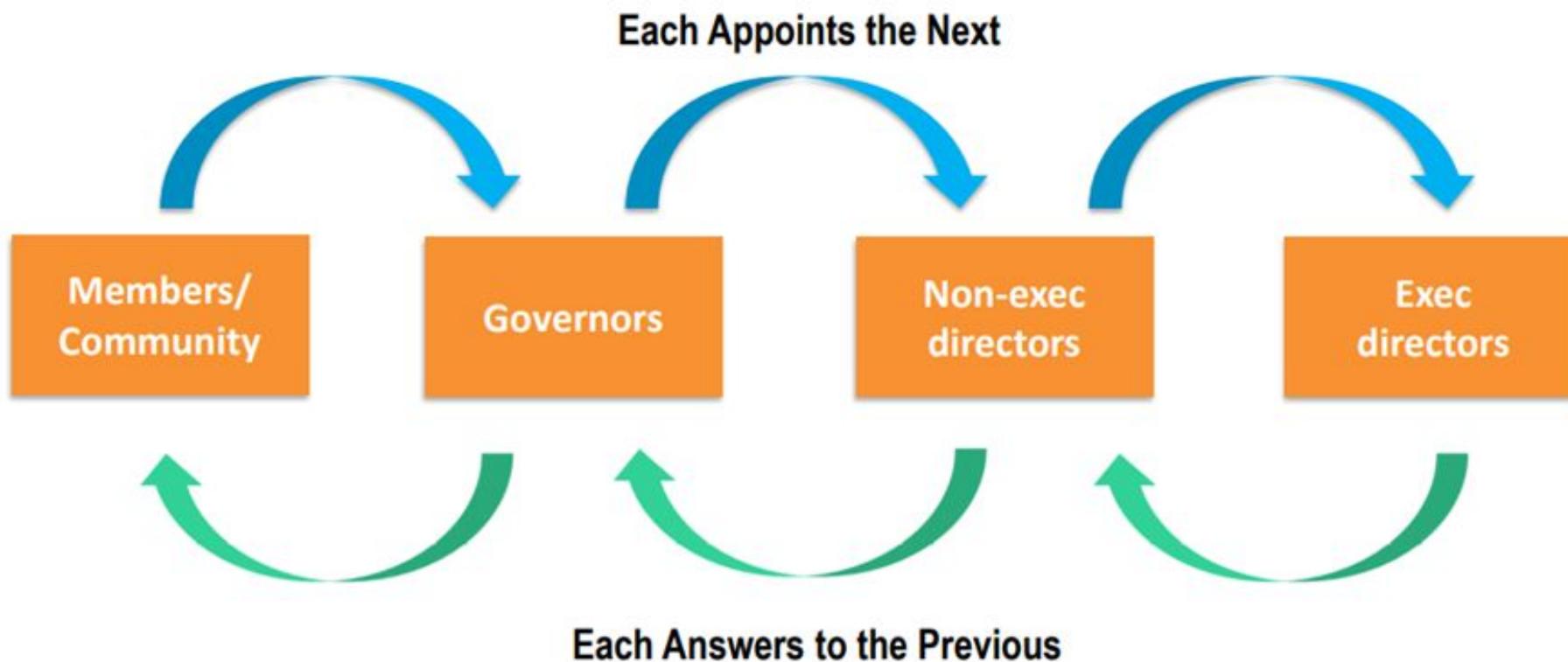
Chair’s report to the Public Council of Governors

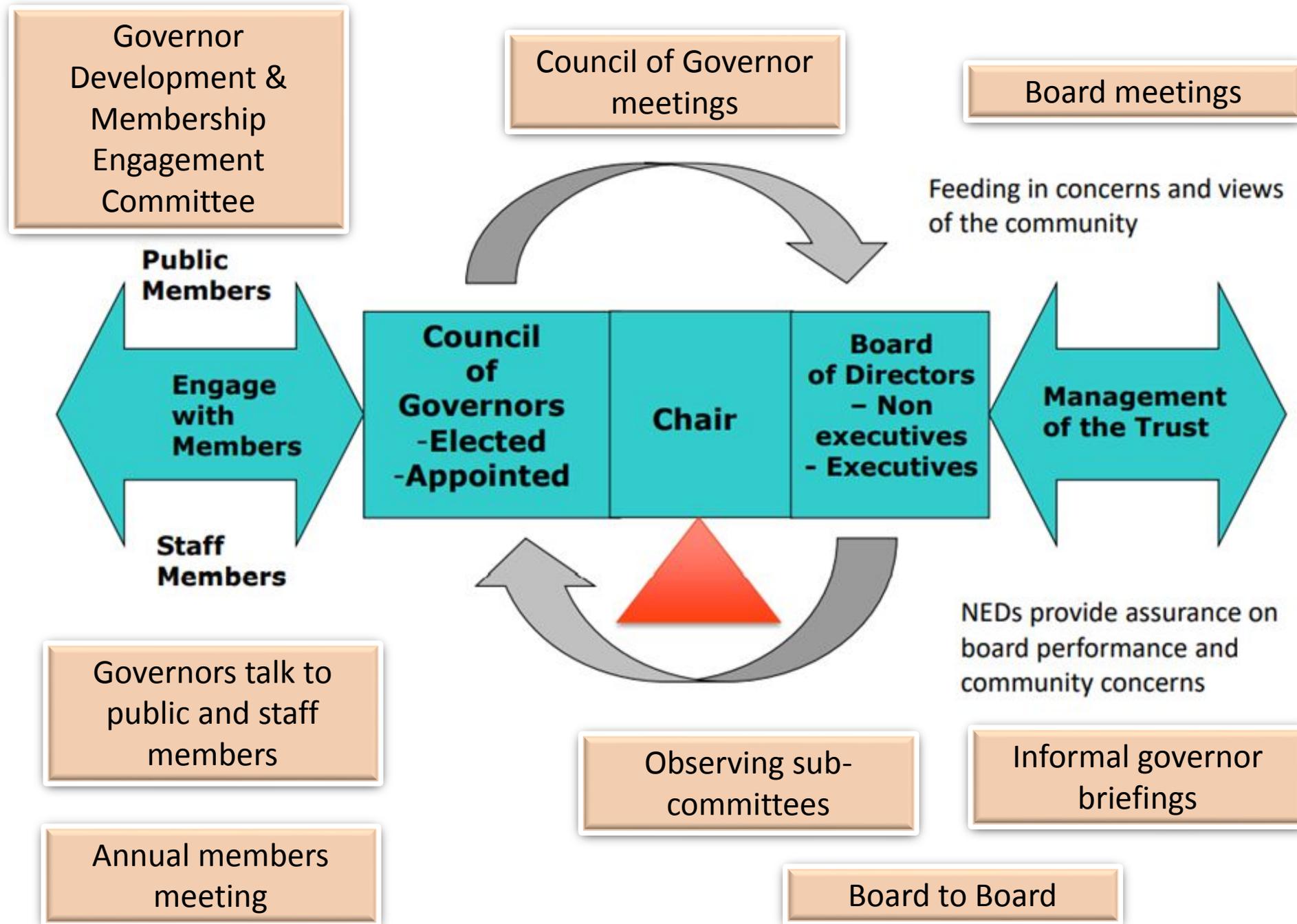
Committee Name:	Governor Development & Membership Engagement
Committee Chair:	Clare Illingworth, Lead Governor
Date of last meeting:	23 February 2021
Date of meeting for which this report is prepared	8 June 2021
Summary of Key Issues;	
The summary below provides information since the last meeting held by the Governor Development & Membership Engagement Committee.	
<ol style="list-style-type: none"> 1. The bespoke training day for Governors took place on 6 May 2021, facilitated by NHS Providers – presentation 2. The next edition of the Membership Newsletter was discussed and agreed it would be finalised for circulation as soon as possible 3. The new membership database has now been built and the contract signed. The cleanse will be in time for the pending elections and will be used to communicate with members electronically 4. The elections will conclude by the end of August 2021 5. The next council meeting will be held face to face 1st September 2021 6. The next GDMEC meeting 16th June 2021 	
Are there any significant risks for noting by CoG? (list if appropriate)	
There was a one off delay in the GDMEC which was due to be held in April and no newsletter published to members	
Any matters of escalation for decision or noting (list if appropriate)	
<p>To recommend that all Governors attend the Core Skills NHS Providers training within the first year of being appointed</p> <p>To establish a set structure table for the members newsletter</p> <p>To consider increasing frequency of GDMEC</p>	

Core skills training

- To understand governors' statutory duties
- To understand the concepts and methods of holding the board to account
- To inform governors of key topics/issues that affect their role
- To practise formulating effective questions
- To provide a forum for governors to meet and learn from each other

Connection between the board & members

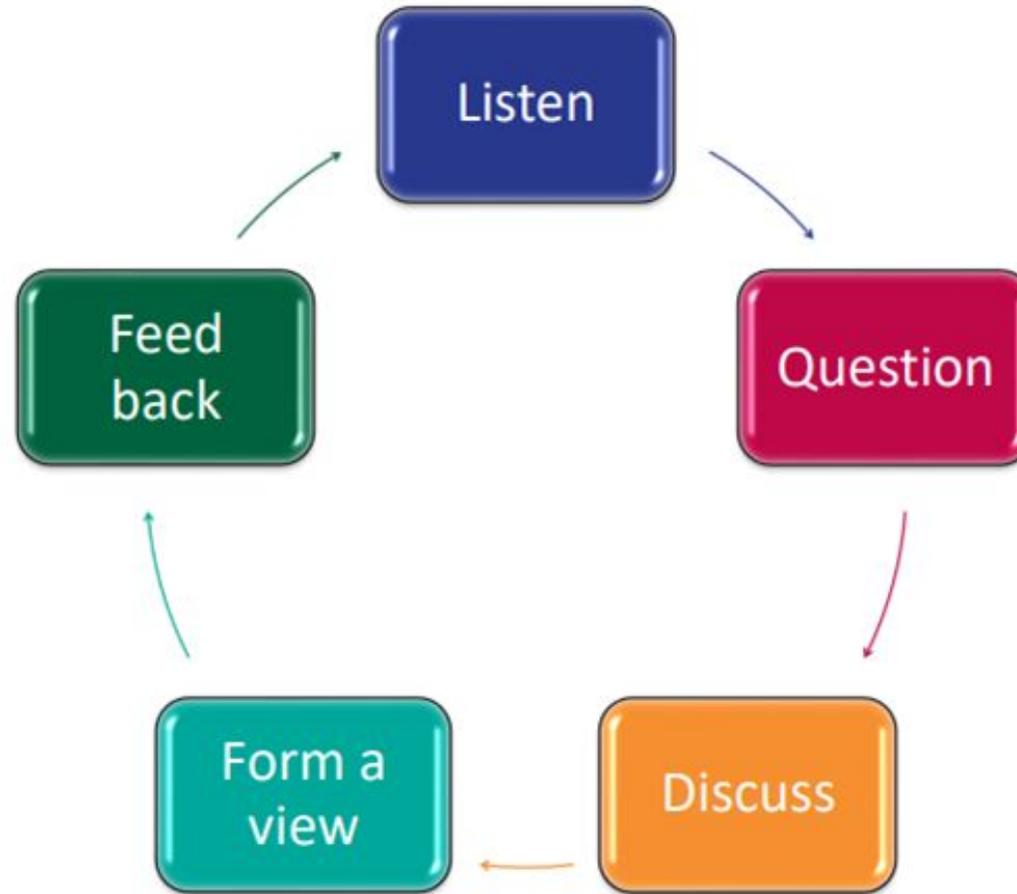




The
performance
of the board
is the
business of
the council

The
performance
of the trust
is the
business of
the board

Holding to account is a process:



What being a Governor is not:

- About the performance of the individual NED
- A chance to give the board a hard time
- Putting someone in their place
- About inspecting the trust.

**Council of Governors Meeting
8 June 2021**

Governor questions

Topics Raised:

- **Corporate Risk Register**
- **Patient Safety at HDFT**
- **Recovery Plans – workforce**
- **0-19 Services**
- **Acute Stroke Services**
- **Outpatient Appointments**
- **Staff Turnover**
- **Update on the progress of actions following the Deloitte Report**

Corporate Risk Register

Doug Masterton:

1. Given the many and varied risks on the Corporate Risk Register, including 13 with scores of 12 or greater, are Non-Executive Directors confident that as much progress as possible is being made to reduce their number and gravity? In the summary of the Corporate Risk Register dated February 2021, in only one category had the score reduced, in one category (staff morale) the risk had increased and in 10 others there had been no movement. Are Non-Executive Directors confident that key directors, particularly the Chief Operating Officer, have enough capacity, time and support personnel to bring about improvement to key areas of the Trust's work?

Patient Safety at HDFT

Dave Stott:

Context: Over the past twenty or so years, the public have been informed of patient safety 'scandals' in various hospital trusts nationally. Formal enquiries have catalogued how many patients have needlessly died or unnecessarily come to harm in these trusts. On occasions rogue individual staff have been found negligent whilst at others, wider poor practice, inadvertent or otherwise has been exposed not just in terms of individual patient care but also because of failings at many organisational levels within these Trusts, including their leadership.

Examples include Mid-Staffordshire, Alder Hey, Gosport, Bristol, Solihull, Shrewsbury/Telford and Morecombe.

HDFT is a very well regarded Trust and it is unthinkable that anything like the above could ever happen here.

Or could it?

Governors would like reassurance from the Non-Executive Directors that:

2. Under their 'watch' no such unexposed 'scandal' or similar patient safety issues have happened, gone unrecorded or are even likely to happen at HDFT.

3. Non-Executive Directors are confident that the Trust has various systems in place to identify quickly and deal effectively with any untoward patient safety concerns.

Recovery Plans – workforce

Steve Treece:

4. What assurances can the Council of Governors be provided with on the nature of any significant constraints to the Trust's recovery plans (e.g. regarding workforce) and the effectiveness of how these will be mitigated?

0-19 Services

Steve Treece:

5. Following the continuing discussions over the North Yorkshire 0-19 contract and the number of vacancies in the Community and Childrens directorate, what assurances can the Council of Governors be provided with on the mitigation of these and any other significant risks to the delivery and quality of community services provided by the Trust?

Acute Stroke Services

Steve Treece:

6. What assurance can the Council of Governors be provided with on how the 2019 changes to acute stroke services, to focus these in Leeds, are progressing and whether these have resulted in improved patient outcomes?

Outpatient Appointments

Sue Eddleston:

7. When do we envisage all normal face to face outpatients' appointments resuming. Also do we have any feedback how patients have coped with telephone appointments- have they found it helpful. Would there be a possibility of giving patients a choice of either attending the hospital for a face to face Consultation or be given an option to have a telephone appointment.

This could be seen to benefit the patient not having to travel to hospital and cut down the need for hospital transport being needed to come to the hospital for patients not able to get about easily.

However this is all well and good if you have a computer but what about elderly people without a computer and complex medical problems - how have their needs been met?

Staff Turnover

Clare Illingworth:

8. Could you tell us what the turnover rate of Trust staff has been over the last couple years, is this in line with other Trusts and are the Non-Executive Directors assured that there are no trends identified in the reasons for leaving data?

Update on the progress of actions following the Deloitte Report

The Council of Governors would like an update on the progress of actions following the Deloitte Report and the impact on staff morale.