COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Monday 7th March 2022 from 4.30pm to 6.30pm
To be held at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

AGENDA

Time	Item No.	Item	Lead	Action	Paper
4.30	1.0	**Welcome and apologies for absence** *Welcome to the public, set the context of the meeting and receive any apologies for absence.*	Angela Schofield, Chairman	Note	Verbal
	2.0	**Declarations of Interest** *To declare any interests relevant to the agenda and to receive any changes to the register of interests*	Angela Schofield, Chairman	Note	Attached
	3.0	**Minutes of the meeting held on 6th December 2021** *To review and approve the minutes*	Angela Schofield, Chairman	**Approve**	Attached
	4.0	**Matters arising and Action Log** *To receive updates on progress of actions*	Angela Schofield, Chairman	Note	Attached
4.40	5.0	**Chairman's update** *To note*	Angela Schofield, Chairman	Note	Verbal
4.45	6.0	**Non-Executive Directors Briefings** *To receive updates*	Non-Executive Directors	Note	Verbal
4.55	7.0 7.1 7.2	**Chief Executive and Executive Director strategic and operational update** **Integrated Board Report** **Corporate Risk Register** *To receive the update and reports for comment*	Jonathan Coulter, Acting CEO	Note	Presentation Attached Attached
5.10	8.0	**Remuneration, Nominations & Conduct Committee – Non-Executive Director Recruitment** *To receive an update*	Angela Schofield, Chairman	Note	Verbal
5.15	9.0 9.1 9.2 9.3	**Governor Development & Membership Engagement Committee:** • **Chair's Report for Meeting held 19th January 2022** • **Approved Minutes of GDMEC meeting held on 29th November 2021** *To receive the Chair's Report and minutes of the Governor Development & Membership Engagement Committee* • **NHS Providers Governor Effectiveness Survey** *To note and approve the use of an NHS Providers Effectiveness Survey*	Clare Illingworth, Lead Governor	Note Note **Approve**	Attached Attached Attached

5.25	**10.0**	**HDFT Constituencies Review** *To review and approve the updates*	Angela Schofield	**Approve**	Attached
5.45	**11.0**	**Council of Governors Workplan 2022**	Angela Schofield, Chairman	Note	Attached
5.50	**12.0**	**The Role of the Medical Examiner**	Dr Dave Earl, Medical Examiner	Note	Presentation
6.10	**13.0**	**Question and Answer Session for Governors and members of the public** *To receive and respond to questions submitted or from the floor*	Clare Illingworth, Lead Governor	Note	Attached
6.25	**14.0**	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Angela Schofield, Chairman	Note	Verbal
	15.0	**Evaluation of meeting**	Angela Schofield, Chairman	Note	Verbal
6.30	**16.0**	**Date and Time of Next Meeting** *Tuesday, 7th June 2022, 4.30 – 6.30pm*	Angela Schofield, Chairman	Note	Verbal
	17.0	**Close of meeting**			

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 554423

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).
Ian Barlow	Public elected	**Other**	Owner of non-profit website 'Harrogate Guide'. Volunteer with The Harrogate District Climate Change Coalition. Future NHS Collaboration Platform. Participation Platform of the Care Quality Commission.
Donald Coverdale	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	
Andrew Jackson	Staff elected	**Other**	Wife is employed by HDFT as Patient Safety Manager

Name	Governor Status	Interests Declared	
Samantha James	Public elected	NONE	
Cllr Sue Lumby	Stakeholder	**Position of authority in a local council or Local Authority** **Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)**	Harrogate Borough Council – Councillor for Coppice Valley Ward, Harrogate Parapromotions Ltd (UK Company) Manor Houses Limitada (Portuguese company)
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.
Doug Masterton	Public elected	**Position of authority in a local council or Local Authority**	Member of Harewood Parish Council.
Kathy McClune	Staff elected	NONE	
Richard Owen-Hughes	Public elected	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)**	Marketing Director at Driver Hire Group Services Ltd
Karen Stansfield	Stakeholder	Awaited	Dean of Health Studies, University of Bradford.
Dave Stott	Public elected	**Other**	Patient and Carer Representative at the Royal College of GP's. Simulated patient involved in the training and assessment of trainee doctors in Norwich, Leeds and Liverpool Medical Schools.
Steve Treece	Public elected	**Other**	Steering Committee member of the Institute of Risk Management Health and Care Special Interest Group (The IRM is a professional body, providing risk management qualifications, education etc.)

Harrogate and District NHS Foundation Trust

Council of Governors' Meeting (held in Public)

Minutes of the public Council of Governors' meeting held on 6th December 2021 at 4.30pm at The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

Present:
Angela Schofield, Chairman
Donald Coverdale, Public Governor
Tony Doveston, Public Governor
Sue Eddleston, Public Governor
Andrew Jackson, Staff Governor
Mary Kelly, Public Governor
Martin Dennys, Public Governor
Doug Masterton, Public Governor
Prof. Karen Stansfield, Stakeholder Governor
Dave Stott, Public Governor
Sue Lumby, Stakeholder Governor

In attendance:
Jackie Andrews, Medical Director
Sarah Armstrong, Non-Executive Director
Jeremy Cross, Non-Executive Director
Russell Nightingale, Chief Operating Officer
Andy Papworth, Non-Executive Director
Laura Robson, Non-Executive Director
Steve Russell, Chief Executive
Wallace Sampson, Non-Executive Director
Kate Southgate, Company Secretary
Maureen Taylor, Non-Executive Director
Angela Wilkinson, Director of Workforce & Organisational Development

COG/12/2021/1.0 Welcome and apologies for absence

The Chairman, Angela Schofield, welcomed everyone to the meeting.

Apologies were received from Ian Barlow, Public Governor, Kathy McClune, Staff Governor, Clare Illingworth, Stakeholder Governor & Lead Governor, Steve Treece, Public Governor, Mark Chamberlain, Chairman, Harrogate Integrated Facilities (HIF), Richard Stiff, Non-Executive Director, Emma Nunez, Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs) and Elaine Culf, Corporate Affairs & Membership Manager

COG/12/2021/2.0 Declarations of Interest

It was noted that Sarah Armstrong was a Director of HIF, Clare Illingworth was the nominated Stakeholder Governor of HIF and Mark Chamberlain was the Chairman of HIF. Wallace Sampson was Chief Executive of Harrogate Borough Council.

There were no further declarations noted in addition to those listed in paper 2.0.

COG/12/2021/3.0 Minutes of the last meeting held on 6th September 2021

Resolved: The minutes of the last meeting held on 6th September 2021 were agreed as an accurate record.

COG/12/2021/3.1 Minutes of the Annual Members' Meeting held on 6th September 2021

Resolved: The minutes of the Annual Members' Meeting held on 6th September 2021 were agreed as an accurate record.

COG/12/2021/4.0 Matters Arising and Action Log

The open actions on the Action Log were reviewed in turn:

- COG/06/2021/8.0 – Acute Stroke Services – the latest return had been received and no significant changes were noted. Agreed to close the action.
- COG/09/2021/10.0 – Medical Examiner Presentation – to be scheduled for before the next Council of Governors meeting. Agreed to close the action.

There were no further matters arising or actions to review.

COG/12/2021/5.0 Chairman's update

The Chairman commenced her update by welcoming Sue Lumby to the Council.

The Chairman updated the Council on the October 2021 Trust Board workshop that took place in Morpeth. The workshop focused on the 0 – 19 services. As a result of the discussions, it was agreed that a 0 – 19 task and finish group would be initialised. It was noted that the Company Secretary was also undertaking a review of the constitution to ensure that the constituencies were representative of the services the organisation provides. The Chairman updated the Council that a further meeting may be required to discuss the potential elections for Staff Governors due to the current level of vacancies.

National and regional focus was noted on recovery to restoring to pre pandemic levels, as well as reviewing and addressing inequalities in planning arrangements.

Significant pressures were highlighted across the sector, with high levels of pressure noted over the previous weekend. Thanks were expressed from the Chairman and the Council of Governors to colleagues for their service and dedication.

Resolved: *The Chairman's update was noted.*

COG/12/2021/6.0 Non-Executive Director Briefings

The Chairman reminded Governors of the process in place for Non-Executive Directors who chair sub-committees of the Board to routinely provide an update at the Council of Governor meetings. Jeremy Cross, Chairman of the People & Culture Committee provided an update. It was noted that the remit of the Committee focused on:

- presentations from a Team or Colleagues within the organisation for example colleagues on the leadership programme had recently presented to the Committee,
- the People Plan including relevant metrics such as sickness levels and turnover levels,
- the Cultural Programme,
- updates from Staff Networks including LGTBQ, BAME and Disability Networks as well as from the Freedom to Speak Up Guardian,
- Inpulse Surveys

- Deep dives as necessary, for example, safety in the Emergency Department, staff survey, racism experienced by staff, and a follow up on the Deloitte's Report have all been discussed in recent Committees.

A report from the Chairman of the Committee goes to the Trust Board for discussion and is also circulated in the governors bulletin.

Dave Stott queried with the amount and range of information available to the Committee, what was being learnt regarding areas of improvement and deterioration. Jeremy Cross noted that issues such as the level of racism experienced by staff was something that has been highlighted with further action being taken Trust wide. In terms of areas of potential concern, the pressures colleagues were under was highlighted.

Wallace Sampson noted that he was the Board Level equalities champion for the organisation and a round of meetings was taking place with key leads across the Trust.

Doug Masterton queried the levels of racism and where it had originated. Jeremy Cross noted that the discussion at the Committee was primarily focused on patients and members of the public towards colleagues in the Emergency Department.

Sarah Armstrong noted that she was the wellbeing guardian for both the Trust and HIF. She noted that there was an increased awareness of wellbeing issues and the level of support available. It was noted however, that uptake on accessing these services could be improved. Andrew Jackson agreed that whilst the services were available the uptake could be improved. Angela Wilkinson confirmed that nationally and regionally a theme was noted that services were available, but there was a lack of uptake. Martin Dennys suggested that colleagues who have used the service could champion the support the services can provide. Andy Papworth noted the importance of the cultural work to support colleagues.

The Chairman thanked the Non-Executive Director for their update.

Resolved: *The Non-Executive Director's update was noted.*

COG/12/2021/7.0 Chief Executive and Executive Director Strategic and Operational update

Steve Russell, Chief Executive, presented his strategic and operational update which incorporated responses to questions raised by Governors

It was noted that the sector was under increasing pressures, as well as significant pressures on colleagues across the organisation.

Areas highlighted within the report on the external environment and context to the end of 2021-22 were:

- Planning for Half 2 (H2) October 21 to March 22 were discussed in relation to the planning guidance issued at the end of September, The financial framework, the Elective Recovery Fund (ERF), winter capacity funding and the submission of the H2 plan
- Targeted Investment Fund
- Elective collaboration within WYAAT
- Social care

Areas highlighted on key priorities for 2021-22 were:

- Urgent and Emergency Care

- Elective Care
- 0-19 services
- Quality and Safety including safer staffing, safety incidents, complaints and learning from deaths
- Finance including delivering of the H1 plan, underlying financial pressures and the capital programme
- People and culture including sickness and turnover
- The development of new Trust and Clinical Strategies

Sue Eddleston queried why there had been an increase in echo cardiograph referrals. Steve Russell confirmed there had been no specific reasons noted as to why the increase in referrals has been seen.

Martin Dennys queried any specific performance challenges in relation to funding. Steve Russell confirmed that a block allocation had been received. The Elective Recovery Fund was noted as additional funding allocated by performance.

Tony Doveston noted that a friend had been in the Emergency Department and it was incredible busy over the prior weekend, but had received excellent care.

Andrew Jackson queried if the introduction of Cost Improvement Programmes (CIPs) would increase pressures on staffing. Steve Russell confirmed that vacancy control would not be a means by which CIP would be achieved. There would however, be a greater focus in the coming year on ensuring CIP was met across the organisation.

Dave Stott noted that the organisation had a senior leadership team that was outward facing working across the region and sector, as well as inward facing to focus on innovative ways of working. Performance was at a level above regional colleagues. Colleagues were under pressure, however the care they were providing was of a high quality. It was noted that the organisation was in delicate balance of outward and inward facing roles and priorities.

Doug Masterson queried the cause of the increase in attendances to the Emergency Department. Russell Nightingale noted that patients were arriving in ED that have longer standing conditions that had not presented in the pandemic, there was also an increase in pressures within primary care.

Karen Stansfield queried in relation to Safeguarding Opel level increase. Steve Russell noted that it was not safeguarding alone that impacted on the Opel level rating. The key pressures at the current time were in relation to colleagues required in the child age vaccination programme who would ordinarily be in the 0-19 team. Safeguarding referrals remain above pre pandemic levels, however, it appears to have plateaued. The colleagues returning to the team from the vaccination programme will have a significant impact on the Opel level reducing.

Councillor Sue Lumby queried if patients presenting at the ED would be referred to the GP if more appropriate. Russell Nightingale confirmed that this was a pathway that was utilised.

Resolved: *The Chief Executive's strategic and operational update was noted.*

NB: Jeremy Cross and Matt Graham left the meeting.

COG/12/2021/8.0 Remuneration, Nominations & Conduct Committee – New Chairman's Recruitment

The paper relating to the progress on the Recruitment Process for a new Trust Chairman, had been circulated and Laura Robson, Senior Independent Director, summarised the progress to date and noted the progress made towards longlisting of candidates. It was also noted that arrangements were in place for stakeholder sessions and final interviews.

Resolved: *The progress on the appointment of the new Chairman was noted.*

COG/12/2021/8.1 Remuneration, Nominations & Conduct Committee - Governor Code of Conduct

The paper relating to the updates to the Governor Code of Conduct and the Procedure for Management of Governor Conduct Concerns had been circulated. It was noted that these recommendations had been approved by the Remuneration, Nominations & Conduct Committee at its meeting held on 22nd November 2021, and the Council of Governors was asked to endorse the recommendations.

Tony Doveston noted the need to ensure governors have the correct IT equipment to ensure they are equipped to do their role. The Chairman noted that this should be included in the information for prospective governors.

Resolved: *The Council of Governors endorsed the recommendations to the changes in the Code of Conduct and the Procedure for the Management of Governor Code of Conduct Concerns. The Council approved the revised code.*

COG/12/2021/9.0 Governor Development and Membership Engagement Committee - Chair's Report

In the absence of Clare Illingworth, Lead Governor and Chair of the Governor Development and Membership Engagement Committee, the Chairman provided a verbal update from the meeting held on Monday 29th November 2021 as well as the minutes from the June 2021 meeting. It was noted that key issues discussed focused on a revised Medicine for Members programme, the forth coming elections, the revised Members Newsletter as well as discussions on the numbers of members with email addresses.

COG/12/2021/9.1 Approved Minutes of Governor Development & Membership Engagement Committee meeting held on 16th June 2021

The approved minutes of the Governor Development and Membership Engagement Committee held on 16th June 2021 were noted.

Resolved: *The Governor Development and Membership Engagement Committee Chair's Report and approved minutes from the meeting held on 16th June were noted.*

COG/12/2021/10.0 Question and Answer Session for Governors and members of the public

The Chairman thanked Governors for the questions they had submitted in advance of the meeting (Appendix 1).

Responses to those questions were:

Question 1 – Staff Vaccinations
In was noted that the government was introducing legal regulations, which will be enforced from 1st April 2022 subject to their passage through parliament. COVID19 vaccination would become a condition of deployment for providers of CQC regulated activities. Providers who deploy people (including volunteers) who may have contact with service users will have to be assured that they are vaccinated, and will not legally be allowed to deploy staff or volunteers who are unvaccinated to have contact with service users. HDFT are awaiting the DHSC Code of Practice which has not yet been published. Colleagues will have had to have a first dose by 3rd February 2022 in order to have second dose prior to 1st April 2022. Vaccination rates for HDFT were noted as the highest in the NEY region. It was confirmed that The Board would receive the Trust's plan for compliance in January 2022.

Question 2 and 3 – Glaucoma Waiting List
During the pandemic waiting times rose for the review of patients with glaucoma. Given the potential risks of deterioration, patients were risk assessed into three categories (known as Red, Amber and Green). During 2021 the Trust invested in a new service model which includes a virtual review and this has reduced the waiting list. It has also meant that there are no patients on a Red pathway who have not been reviewed. There have been workforce pressures in other parts of the service (Urgent Referral and IVT) and this has slowed the impact of the virtual service. The Quality Committee had requested further work is undertaken to reduce the risk and a review with the clinical team is taking place later this week. Some private sector capacity for surgical procedures has been identified through the WYAAT collaboration on elective activity, and will be further considered following a review of the impact of the current virtual service. The Trust reviews the waiting times for patients who are being monitored through a follow up pathway. Ophthalmology is the main area of risk. This is due to be included in the IBR to support additional scrutiny.

Question 4 – Seating Problems
It was confirmed that there had been no thematic concerns raised by patients within the department or to the Trust about concerns; and no incidents have been recorded through DATIX. Following the concern raised by a Governor the Matron has reviewed all the seating and all was clean and undamaged and there are a variety of different sized chairs. The Matron for the area has offered to have a discussion with the Governor directly about any concerns.

Question 5 – Delivery of Medicines
Following an incident a number of changes to processes were made including:

- Staff were reminded about the need to document the patient's details fully on the delivery document and have reclarified responsibilities of all those involved in the transport process including our drivers.
- A copy of the delivery document is now given to the driver for the patient to sign upon receipt.
- To maintain confidentiality any medication being delivered by pharmacy to a patients home is now in a sealed tamper proof bag with the patient details and HDFT pharmacy details printed on the outside.

There have been no reported incidents since and this will be monitored by the Department as part of the usual governance arrangements.

Question 6 – Delays in diagnostic tests for heat conditions
Diagnostic waiting times are reported in the Integrated Board Report and are also monitored by the Resources Committee. The national standard is for no more than 1% of patients to be waiting more than 6 weeks. The standard covers 15 diagnostic tests. At the end of October 20% of patients were waiting over 6 weeks (c500 patients). Across England 26% of patients

are waiting over 6 weeks. The majority of those waiting over six weeks at the time related to DEXA scans. All patients have been clinically prioritised. New equipment has been ordered and is due on site by the end of the calendar year. This will allow a 30% increase in capacity and we expect to reduce the waiting times rapidly in early part of 2022. There were also challenges in Echocardiography, driven by some workforce constraints and an increased in referrals. We have upgraded both the existing machines and purchased a new machine which was delivered in September which means the position is improving. Urgent referrals continue to be prioritised and the current waiting time for a routine echo is around 10 weeks. HDFT would expect to recover performance early in 2022, but are in the process of completing some demand and capacity work to confirm this.

Question 7 – Children's Services

The workforce pressures and the delivery in our 0-19 services are monitored by the Resources Committee, and form part of the routine Board reports. The risks are also included in the Corporate Risk Register. There are two key demand risks, which are the level of safeguarding and the demands of the 12-15 COVID vaccination programme. The Board has been assured that the statutory duties in respect of Safeguarding continue to be prioritised and met, and performance against the mandated contacts remains strong. However, the ability of the service to offer targeted preventative support is current constrained.

Action: *Glaucoma waiting times to remain on the agenda with further updates to take place on a regular basis at Informal Governor briefings.*

Action: *A meeting to be arranged between Sue Eddleston and the relevant matron to review seating arrangements.*

Resolved: *Responses to Governors' questions within the Chief Executive's presentation and following discussion with Non-Executive Directors was noted.*

COG/12/2021/11.0 Any other relevant business not included on the agenda

There were no other items of business raised at the meeting.

COG/12/2021/12.0 Evaluation of the Meeting

The updates and discussion had been extremely informative, open and beneficial.

COG/12/2021/13.0 Date and Time of Next Meeting

The next meeting would take place on Monday, 7th March 2022 with venue and timings to be confirmed.

The meeting closed at 18:40.

Appendix 1

Council of Governors Meeting
6th December 2021

Governor questions

NHS Staff Covid Vaccinations:

1. The Government has decided that all 'front line care workers must be inoculated against Covid to continue working. Similarly, NHS 'front line' staff must also be inoculated before April 2022 to continue working in the sector. How can Governors be assured that those staff not prepared to receive the vaccine for other that genuine health reasons are not just re-assigned away from the 'front line'?

   Tony Doveston, Public Governor, Harrogate and Surrounding Villages

Glaucoma Treatments:

2. At a recent meeting between senior management, NEDs and Governors we were advised that the waiting list at HDHT for Glaucoma treatment exceeded 4,000 which must result in lengthy delays in obtaining consultant appointments. Unfortunately, if treatment is delay permanent sight loss can result. What assurance and action plan can be given to Governors to resolve this totally unacceptable waiting list situation?

   Tony Doveston, Public Governor, Harrogate and Surrounding Villages

3. It was reported at the October of the Quality Committee that there were more than 4000 patients currently waiting for glaucoma procedures. I was advised that systems of triage were in place to ensure that anyone badly needing an operation to prevent possible blindness would be treated. My concern is that the accumulation of cases might mean that current capacity becomes insufficient even to deal with urgent cases. Has the Trust measures to activate other routes for treatment, eg use of the private sector or appeal to other trusts, in such circumstances. Are there other areas as well as glaucoma that are at risk of becoming critical?

   Doug Masterton, Public Governor, Wetherby & Harewood and Alwoodley, Adel and Wharfedale and Otley and Yeadon Wards

Diagnostic Tests:

4. There has been recent press coverage about significant delays in diagnostic and similar tests for heart and associated conditions on a national basis. Could we please have an update on the current position in Harrogate Foundation Trust, in particular any identified risks and pressure points, other areas where there are delays in diagnostic tests and risk mitigation plans in place. Could NEDs please advise what assurance they have received on the management of these risks and how they will obtain assurance on their ongoing management?

   Steve Treece, Public Governor, Wetherby & Harewood and Alwoodley, Adel and Wharfedale and Otley and Yeadon Wards

Delivery of Medicines:

5. What assurances can the Non-Execs offer the Governors that safe processes of the delivery of medicines are in place for patients discharged back into the community and that the lapses in normal processes that have occurred are unlikely to happen again?"

Sue Eddleston, Public Governor, Ripon & West District

Outpatient Seating:

6. Please would the non-execs provide us with assurance that they are satisfied that historic and ongoing seating problems are not putting patients and visitors at any undue risk and that there is an action or replacement plan with timings in place to rectify any unsuitable seating?

Sue Eddleston, Public Governor, Ripon & West District

Children's Services:

7. Could we please have an update on the status of children's services delivery, any identified risks to service delivery and mitigation plans in place to manage these risks? Could NEDs please advise what assurance they have received on the management of these risks and how they will obtain assurance on their ongoing management?

Steve Treece, Public Governor, Wetherby & Harewood and Alwoodley, Adel and Wharfedale and Otley and Yeadon Wards

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Paper 4.0

HDFT Council of Governors' Meeting Action Log – March 2022

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/12/2021/10.0	6 December 2021	Q & A Session	Glaucoma waiting times to remain on the agenda with further updates to take place on a regular basis at Informal Governor briefings	Chief Operating Officer	March 2022		Open
			Meeting to be arranged between Sue Eddleston, Public Governor, and relevant matron to review seating arrangements	Director of Nursing, Midwifery & AHPs	March 2022		Open

HDFT Council of Governor Meeting Closed Action Log

COG/09/2020/4.1.2	29-09-2020	Ophthalmology Services	Agreed the Interim Chief Operating Officer would investigate provision of an Ophthalmology mobile testing facility and provide an update to the next meeting	Chief Operating Officer	14 December 2020 3 March 2021 8 June 2021	Update provided	Closed
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 provided	Closed
COG/06/2021/8.0	8 June 2021	Update on Deloitte Report	Further update would be provided after People and Culture Committee had received a full update (next meeting – 12 July 2021)	Chief Executive	6 September 2021	Update provided	Closed
COG/06/2021/7.0	8 June 2021	Major quality priority for 2021/22	Update on quality priority based work to be provided at the next Council of Governors meeting	Chief Executive	6 September 2021	Update provided	Closed
COG/09/2021/10.0	6 Sept 2021	Questions & Answers	Chair's report from People & Culture Committee to be added to Bulletin once through Board	Corporate Affairs & Membership Manager	December 2021	September reports circulated, ongoing after each Board.	Closed
COG/06/2021/8.0	8 June 2021	Acute stroke services	Trust level outcome data was yet to be published	Medical Director	December 2021	The latest return had been received and no significant changes were noted. Agreed to close the action.	Closed
COG/09/2021/10.0	6 September 2021	Questions & Answers	A presentation to Governors relating to Serious Incident investigations and Medical Examiner role to be arranged	Director of Nursing/Corporate Affairs & Membership Manager	December 2021	Medical examiner scheduled for March 2022 meeting. Agreed to close the action.	Closed

Council of Governors Meeting (Public)
7th March 2022

Title:	***Integrated Board Report***
Responsible Director:	Executive Directors
Author:	Head of Performance & Analysis

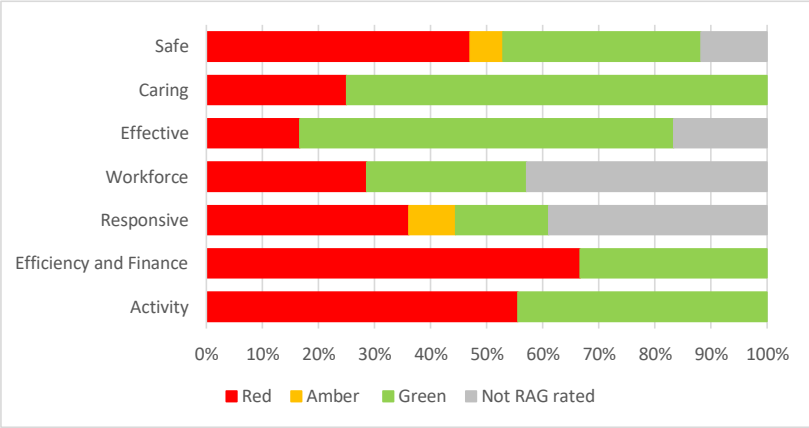
Purpose of the report and summary of key issues:	The Council of Governors is asked to note the items contained within this report. This month's report presents data for the set of indicators proposed for the new style Integrated Board Report. This month's report includes charts and narrative for each indicator as previously agreed with Trust Board.	
BAF Risk:	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	✓
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	✓
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	✓
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	✓
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	✓
	BAF3.2 To provide a high quality service	✓
	BAF3.3 To provide high quality care to children and young people in adults community services	✓
	BAF3.5 To provide high quality public health 0-19 services	✓
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	✓
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	✓
	BAF4.4 To be financially stable to provide outstanding quality of care	✓
Corporate Risks	None	
Report History:	This report was presented to the Board at the Workshop on 23rd February 2022, and a draft version of this report was presented to Senior Management Team on 16th February, and .	
Recommendation:	The Council of Governors is asked to note the items contained within this report.	

7.1

Integrated Board Report - Summary of indicators - January 2022

1. This report presents data for the set of indicators proposed for the new style Integrated Board Report.
2. As with the previous report, the indicators have been grouped into sections based largely around the domains defined by CQC.
3. Some indicators are still in the development phase and so data is not available at this stage.
4. The list of indicators will continue to be refined, in discussion with Executive Team members, in the coming weeks including agreeing RAG rating thresholds.
5. The report includes charts and narrative sections for all indicators as previously agreed.

		RAG ratings			
Domain	**Total indicators**	**Red**	**Amber**	**Green**	**Not RAG rated**
Safe	17	8	1	6	2
Caring	4	1	0	3	0
Effective	6	1	0	4	1
Workforce	7	2	0	2	3
Responsive	36	13	3	6	14
Efficiency and Finance	12	8	0	4	0
Activity	9	5	0	4	0
Total	**91**	**38**	**4**	**29**	**20**



NHS System Oversight Framework (SOF) 2021/22

1. The NHS System Oversight Framework (SOF) provides clarity to Integrated Care Systems (ICSs), Trusts and Commissioners on how NHS England and NHS Improvement will monitor performance; sets expectations on working together to maintain and improve the quality of care; and describes how identified support needs to improve standards and outcomes will be co-ordinated and delivered.

2. It will be used by NHS England and NHS Improvement's regional teams to guide oversight of ICSs at system, place-based and organisation level as well as decisions about the level and nature of delivery support they may require.

3. It describes how NHS England and NHS Improvement will work with the Care Quality Commission (CQC) and other partners at national, regional and local level to ensure our activities are aligned.

4. It introduces a new integrated and system focused Recovery Support Programme (RSP) that replaces the previously separate quality and finance 'special measures' regimes for provider trusts.

5. In total, there are 81 metrics in this year's framework, 47 of which are applicable to Trusts. The technical guidance documents that provide the detail around these metrics were expected in August but have not yet been published.

6. We have recently received confirmation from NHS England and NHS Improvement that HDFT has been placed in **Segment 2**. This indicates that there are targeted areas of challenges with plans in place that have the support of system partners.

Integrated Board Report - Summary of Jan-22 performance

Domain	Indicator number	Indicator name	Latest position
Safe	1.1	Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days	0.50
Safe	1.2	Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts	0.88
Safe	1.3	Inpatient falls per 1,000 bed days	8.0
Safe	1.4	Infection control - C.diff hospital acquired cases due to a lapse in care	0
Safe	1.5	Infection control - MRSA hospital acquired cases due to a lapse in care	0
Safe	1.6	Incidents - ratio of low harm incidents	24.86
Safe	1.7.1	Incidents - comprehensive serious incidents (SI)	6
Safe	1.7.2	Incidents - Never events	1
Safe	1.8.1	Safer staffing levels - fill rate	81.2%
Safe	1.8.2	Safer staffing levels - CHPPD	7.1
Safe	1.9	Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d	95.7%
Safe	1.10	Maternity - % women with Continuity of Care pathway	
Safe	1.11	Infant health - % women smoking at time of delivery	6.6%
Safe	1.12	Infant health - % women initiating breastfeeding	83.5%
Safe	1.13	VTE risk assessment - inpatients	95.9%
Safe	1.14.1	Sepsis screening - inpatient wards	89.3%
Safe	1.14.2	Sepsis screening - Emergency department	91.9%

Domain	Indicator number	Indicator name	Latest position
Caring	2.1.1	Friends & Family Test (FFT) - Patients	94.7%
Caring	2.1.2	Friends & Family Test (FFT) - Adult Community Services	96.6%
Caring	2.2.1	Complaints - numbers received	11
Caring	2.2.2	Complaints - % responded to within time	53%
Effective	3.1	Mortality - HSMR	105.86
Effective	3.2	Mortality - SHMI	1.07
Effective	3.3.1	Readmissions to the same specialty within 30 days - following elective admission	1.5%
Effective	3.3.2	Readmissions to the same specialty within 30 days - following non-elective admission	7.4%
Effective	3.4	Returns to theatre	
Effective	3.5	Delayed Transfer of Care	20.8%
Workforce	4.1	Staff appraisal rate	56.3%
Workforce	4.2	Mandatory training rate	85.0%
Workforce	4.3	Staff sickness rate	6.67%
Workforce	4.4	Staff turnover rate	14.3%
Workforce	4.5	Children's Services - 0-19 Services - vacancies	66.64
Workforce	4.6.1	Workforce Race Equality Standard (WRES) - Relative likelihood of staff being shortlisted across all posts	
Workforce	4.6.2	Workforce Race Equality Standard (WRES) - Relative likelihood of staff being appointed from shortlisting across all posts	

Domain	Indicator number	Indicator name	Latest position
Responsive	5.1.1	RTT Incomplete pathways performance - median	10
Responsive	5.1.2	RTT Incomplete pathways performance - 92nd centile	43
Responsive	5.1.3	RTT Incomplete pathways - total	23323
Responsive	5.1.4	RTT Incomplete pathways - 52-<104 weeks	1086
Responsive	5.1.5	RTT Incomplete pathways - 104+ weeks	52
Responsive	5.2.1	RTT waiting times - by ethnicity	
Responsive	5.2.2	RTT waiting times - by level of deprivation	
Responsive	5.2.3	RTT waiting times - learning disabilities	
Responsive	5.3	Diagnostic waiting times - 6-week standard	78.7%
Responsive	5.4	Outpatients lost to follow-up - number of follow up patients past due date	
Responsive	5.5	Data quality on ethnic group - inpatients	92.5%
Responsive	5.6	A&E 4 hour standard	71.5%
Responsive	5.7	Ambulance handovers - % within 15 mins	92.9%
Responsive	5.8	A&E - number of 12 hour trolley waits	4
Responsive	5.9.1	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	78.8%
Responsive	5.9.2	Cancer - 62 day wait for first treatment from urgent GP referral to treatment - number of 104 days waiters	1
Responsive	5.10	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	84.6%
Responsive	5.11	Cancer - 28 days faster diagnosis standard (suspected cancer referrals)	75.6%
Responsive	5.12	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	97.8%

Domain	Indicator number	Indicator name	Latest position
Responsive	5.13.1	Children's Services - 0-12 months caseload	1871
Responsive	5.13.2	Children's Services - 2-3 years caseload	1784
Responsive	5.14	Children's Services - Safeguarding caseload	992
Responsive	5.15	Children's Services - Ante-natal visits	75.3%
Responsive	5.16	Children's Services - 10-14 day new birth visit	95.6%
Responsive	5.17	Children's Services - 6-8 week visit	91.4%
Responsive	5.18	Children's Services - 12 month review	91.4%
Responsive	5.19	Children's Services - 2.5 year review	91.5%
Responsive	5.20	Children's Services - % children with all 5 mandated contacts	
Responsive	5.21	Children's Services - Delivery of Immunisation trajectory	
Responsive	5.22	Children's Services - OPEL level	2/3
Responsive	5.23	Community Care Adult Teams - performance against new timeliness standards	
Responsive	5.24	Community Care Adult Teams - Number of virtual beds delivered in Supported Discharge Service	
Responsive	5.25	Community Care Adult Teams - Number of cancelled routine visits	
Responsive	5.26	Community Care Adult Teams - OPEL level	3
Responsive	5.27	Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation	39.1%
Responsive	5.28	Home visit: Face to face consultations started for URGENT cases within 2 hrs	92.9%

Domain	Indicator number	Indicator name	Latest position
Efficiency and Finance	6.1	Agency spend	£ 685
Efficiency and Finance	6.2	Surplus / deficit and variance to plan	-
Efficiency and Finance	6.3	Capital spend	£ 14,559
Efficiency and Finance	6.4	Cash balance	£ 44,921
Efficiency and Finance	6.5.1	Long stay patients - stranded (>7 days LOS)	162
Efficiency and Finance	6.5.2	Long stay patients - superstranded (>21 days LOS)	71
Efficiency and Finance	6.6	Occupied bed days per 1,000 population	61.8
Efficiency and Finance	6.7.1	Length of stay - elective	3.17
Efficiency and Finance	6.7.2	Length of stay - non-elective	5.37
Efficiency and Finance	6.8	Avoidable admissions	218
Efficiency and Finance	6.9	Theatre utilisation (elective sessions)	81.3%
Efficiency and Finance	6.10	Day case conversion rate	1.3%

Domain	Indicator number	Indicator name	Latest position
Activity	7.1	GP Referrals against 2019/20 baseline	99.9%
Activity	7.2.1	Outpatient activity (consultant led) against plan (new and follow up)	93.5%
Activity	7.2.2	Outpatient activity (consultant led) against 2019/20 baseline (new and follow up)	83.6%
Activity	7.3.1	Elective activity against plan	95.6%
Activity	7.3.2	Elective activity against 2019/20 baseline	72.6%
Activity	7.4.1	Non-elective activity against plan	84.4%
Activity	7.4.2	Non-elective activity against 2019/20 baseline	84.8%
Activity	7.5.1	Emergency Department attendances against plan	95.6%
Activity	7.5.2	Emergency Department attendances against plan, 2019/20 baseline	98.3%

Integrated Board Report - List of indicators

Domain	Indicator number	Indicator name	Clinical Directorate(s) metric is applicable to	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Exec Lead	Committee reported to:	Monthly RAG thresholds: Red	Amber	Green
Safe	1.1	Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days	PSC, LTUC	0.37	0.00	0.61	0.34	0.55	1.06	0.61	0.74	0.80	0.50	EN	Quality	>0		0
Safe	1.2	Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient	LTUC	1.38	1.36	0.61	1.01	1.25	0.66	0.56	0.89	1.51	0.88	EN	Quality	>0		0
Safe	1.3	Inpatient falls per 1,000 bed days	PSC, LTUC	5.1	6.1	4.9	5.9	7.4	8.6	6.0	7.6	8.0	8.0	EN	Quality	above HDFT average for 2020/21 (7.7)	0-20% below HDFT average for 2020/21 (7.7)	>20% below HDFT average for 2020/21 (6.2)
Safe	1.4	Infection control - Hospital acquired C.difficile cases, lapse in care identified	All	0	0	1	0	0	1	1	1	1	0	EN	Quality	>29 YTD (total cases)		<=29 YTD (total cases)
Safe	1.5	Infection control - Hospital acquired MRSA cases, lapse in care identified	All	0	0	0	0	0	0	0	0	0	0	EN	Quality	>0 YTD		0 YTD
Safe	1.6	Incidents - ratio of low harm incidents	All	16.49	21.29	19.98	27.63	19.58	25.29	50.76	66.71	43.38	24.86	EN	Quality	HDFT in bottom 25% of Acute Trusts	HDFT in middle 50% of Acute Trusts	HDFT in top 25% of Acute Trusts
Safe	1.7.1	Incidents - comprehensive serious incidents (SI)	All	3	1	4	1	3	0	0	1	2	6	EN	Quality	>0		0
Safe	1.7.2	Incidents - Never events	All	0	1	0	0	0	0	0	0	0	1	EN	Quality			
Safe	1.8.1	Safer staffing levels - fill rate	All	93.8%	93.1%	92.5%	92.6%	90.1%	85.9%	86.2%	89.6%	88.0%	81.2%	EN	Quality	<80%	80% - 95%	>=95%
Safe	1.8.2	Safer staffing levels - CHPPD	All	8.6	8.4	8.6	8.0	7.9	7.8	7.2	7.5	7.4	7.1	EN	Quality	tbc		
Safe	1.9	Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d	PSC	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	99.3%	95.7%	EN	Quality	<90%		>=90%
Safe	1.10	Maternity - % women with Continuity of Care pathway	PSC											EN	Quality			
Safe	1.11	Infant health - % women smoking at time of delivery	PSC	6.6%	2.9%	7.4%	5.2%	3.0%	4.3%	3.0%	7.2%	4.6%	6.6%	EN	Quality	>15%		<=15%
Safe	1.12	Infant health - % women initiating breastfeeding	PSC	83.6%	82.6%	84.8%	83.8%	79.2%	87.4%	81.1%	88.2%	85.9%	83.5%	EN	Quality	<75%		>=75%
Safe	1.13	VTE risk assessment - inpatients	PSC, LTUC	96.7%	97.1%	96.9%	96.3%	96.6%	95.7%	97.1%	96.8%	96.3%	95.9%	EN	Quality	<95%		>=95%
Safe	1.14.1	Sepsis screening - inpatient wards	All	91.8%	96.1%	93.2%	93.5%	92.5%	90.8%	91.5%	89.8%	92.3%	89.3%	EN	Quality	<90%		>=90%
Safe	1.14.2	Sepsis screening - Emergency department	LTUC	85.9%	89.2%	88.9%	86.6%	88.0%	88.8%	89.3%	92.5%	92.9%	91.9%	EN	Quality	<90%		>=90%
Caring	2.1.1	Friends & Family Test (FFT) - Patients	All	94.2%	92.7%	93.7%	93.7%	92.8%	93.3%	93.4%	92.7%	94.0%	94.7%	EN	Quality	<90%		>=90%
Caring	2.1.2	Friends & Family Test (FFT) - Adult Community Services	CC	94.7%	95.5%	96.5%	96.1%	95.3%	96.0%	90.5%	90.5%	95.4%	96.6%	EN	Quality	<90%		>=90%
Caring	2.2.1	Complaints - numbers received	All	14	24	18	20	31	19	13	9	18	11	EN	Quality	above HDFT average for 2020/21 (16)		On or below HDFT average for 2020/21 (16)
Caring	2.2.2	Complaints - % responded to within time	All		50%	35%	56%	56%	48%	50%	53%	53%	53%	EN	Quality	<95%		>=95%
Effective	3.1	Mortality - HSMR	All	94.45	95.61	91.58	95.56	98.45	99.68	102.34	105.86			JA	Quality	Higher than expected		Within expected range or below expected
Effective	3.2	Mortality - SHMI	All	0.964	0.978	0.988	1.008	1.021	1.047	1.066				JA	Quality	Higher than expected		Within expected range or below expected
Effective	3.3.1	Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions	All	1.8%	1.6%	1.6%	1.8%	2.1%	1.6%	2.0%	1.5%	1.5%		RN	Resources	> 3%	2% - 3%	<= 2%
Effective	3.3.2	Readmissions to the same specialty within 30 days - following non-elective admission - as % of all non-elective admissions	All	9.5%	8.2%	7.3%	8.2%	8.4%	7.9%	8.0%	7.4%	7.4%		RN	Resources	> 10%	8% - 10%	<= 8%
Effective	3.4	Returns to theatre	PSC											RN	Resources	tbc		
Effective	3.5	Delayed Transfer of Care - % inpatients not meeting the criteria to reside	LTUC	22.0%	14.5%	20.6%	24.0%	10.6%	21.9%	24.7%	7.4%	20.4%	20.8%	RN	Resources	> 17.5%	15% - 17.5%	<= 15%
Workforce	4.1	Staff appraisal rate	All	56.3%	58.3%	58.9%	55.9%	55.2%	54.0%	52.8%	58.2%	59.8%	56.3%	AW	People and Cultu	<70%	70% - 90%	>=90%
Workforce	4.2	Mandatory training rate	All	91.7%	92.1%	92.0%	92.0%	87.0%	86.0%	86.0%	85.0%	85.0%	85.0%	AW	People and Cultu	<50%	50% - 75%	>=75%
Workforce	4.3	Staff sickness rate	All	3.74%	3.94%	4.04%	4.77%	5.02%	5.26%	6.04%	5.53%	5.42%	6.67%	AW	People and Cultu	>3.9%		<=3.9%
Workforce	4.4	Staff turnover rate	All	12.9%	13.0%	13.3%	13.5%	14.2%	14.5%	14.6%	13.8%	13.7%	14.3%	AW	People and Cultu	>15%		<=15%

Domain	Indicator number	Indicator name	Clinical Directorate(s) metric is applicable to	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Exec Lead	Committee reported to:	Monthly RAG thresholds: Red	Amber	Green
Workforce	4.5	Children's Services - 0-19 Services - vacancies	CC			33.99	33.54	36.94	35.33	36.21	37.28	66.64		AW	People and Cultu	tbc		
Workforce	4.6.1	Workforce Race Equality Standard (WRES) - Relative likelihood of staff being	All											AW	People and Cultu	tbc		
Workforce	4.6.2	Workforce Race Equality Standard (WRES) - Relative likelihood of staff being	All											AW	People and Cultu	tbc		
Responsive	5.1.1	RTT Incomplete pathways performance - median	All	8	8	8	9	9	10	10	9	10	10	RN	Resources	>10	08 - 10	<=8
Responsive	5.1.2	RTT Incomplete pathways performance - 92nd centile	All	44	43	41	40	40	41	41	41	42	43	RN	Resources	>24	18 - 24	<=18
Responsive	5.1.3	RTT Incomplete pathways - total	All	18156	19476	20631	21785	22168	22648	22423	22714	23464	23323	RN	Resources	>15,000	14,000 - 15,000	<=14,000
Responsive	5.1.4	RTT Incomplete pathways - 52-<104 weeks	All	1196	1082	993	968	932	1008	1037	1063	1130	1086	RN	Resources	>0		0
Responsive	5.1.5	RTT Incomplete pathways - 104+ weeks	All	3	5	13	20	23	24	33	34	47	52	RN	Resources	>0		0
Responsive	5.2.1	RTT waiting times - by ethnicity	All											RN	Resources			
Responsive	5.2.2	RTT waiting times - by level of deprivation	All											RN	Resources			
Responsive	5.2.3	RTT waiting times - learning disabilities	All											RN	Resources			
Responsive	5.3	Diagnostic waiting times - 6-week standard	All	79.7%	85.4%	79.2%	75.1%	74.0%	80.5%	79.7%	86.1%	82.4%	78.7%	RN	Resources	<99%		>=99%
Responsive	5.4	Outpatients lost to follow-up - number of follow up patients past due date	All											RN	Resources			
Responsive	5.5	Data quality on ethnic group - inpatients	All	93.0%	95.3%	94.6%	94.3%	94.8%	93.6%	94.3%	94.5%	92.8%	92.5%	RN	Resources	<97%		>=97%
Responsive	5.6	A&E 4 hour standard	LTUC	86.3%	82.7%	82.6%	79.4%	80.6%	83.7%	75.9%	76.0%	68.9%	71.5%	RN	Resources	<90%	90-95%	>=95%
Responsive	5.7	Ambulance handovers - % within 15 mins	LTUC	92.8%	91.8%	86.5%	87.6%	89.1%	92.8%	86.1%	89.2%	88.5%	92.9%	RN	Resources	<90%	90-95%	>=95%
Responsive	5.8	A&E - number of 12 hour trolley waits	LTUC	0	0	0	0	0	0	8	2	23	4	RN	Resources	>0		0
Responsive	5.9.1	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	LTUC	85.5%	87.1%	93.5%	84.1%	91.7%	89.1%	81.8%	79.6%	84.6%	78.8%	RN	Resources	<85%		>=85%
Responsive	5.9.2	Cancer - 62 day wait for first treatment from urgent GP referral to treatment - number of 104 days waiters	LTUC	3	2	2	5	2	6	3	3	3	1	RN	Resources	>0		0
Responsive	5.10	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect	LTUC	81.7%	85.8%	88.2%	83.4%	86.0%	92.2%	83.8%	82.5%	87.3%	84.6%	RN	Resources	<93%		>=93%
Responsive	5.11	Cancer - 28 days faster diagnosis standard (suspected cancer referrals)	LTUC	69.6%	71.7%	68.7%	70.3%	73.9%	73.4%	78.7%	77.0%	78.0%	75.6%	RN	Resources	<70%	70-75%	>= 75%
Responsive	5.12	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	LTUC	97.0%	96.6%	100.0%	100.0%	98.9%	94.6%	99.0%	100.0%	97.3%	97.8%	RN	Resources	<96%		>=96%
Responsive	5.13.1	Children's Services - 0-12 months caseload	CC	1457	1455	1459	1453	1545	1503	1876	1698	1871		RN	Resources	tbc		
Responsive	5.13.2	Children's Services - 2-3 years caseload	CC	1625	1591	1496	1583	1476	1536	1662	1762	1784		RN	Resources	tbc		
Responsive	5.14	Children's Services - Safeguarding caseload	CC	951	1026	1118	1006	727	1002	992	947	986	992	RN	Resources	tbc		
Responsive	5.15	Children's Services - Ante-natal visits	CC	85.9%	86.7%	89.8%	88.3%	89.4%	86.8%	86.0%	80.1%	80.0%	75.3%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.16	Children's Services - 10-14 day new birth visit	CC	95.4%	95.4%	95.4%	95.7%	95.4%	93.2%	94.0%	92.6%	95.7%	95.6%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.17	Children's Services - 6-8 week visit	CC	91.9%	92.4%	93.3%	93.3%	92.7%	90.1%	89.7%	89.7%	90.7%	91.4%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.18	Children's Services - 12 month review	CC	93.1%	91.2%	92.6%	94.0%	95.0%	93.5%	95.1%	93.8%	92.5%	91.4%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.19	Children's Services - 2.5 year review	CC	91.5%	91.7%	93.4%	92.3%	92.8%	92.2%	90.9%	91.7%	92.3%	91.5%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.20	Children's Services - % children with all 5 mandated contacts	CC											RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.21	Children's Services - Delivery of Immunisation trajectory	CC											RN	Resources			
Responsive	5.22	Children's Services - OPEL level	CC									2/3	2/3	RN	Resources	tbc		

Domain	Indicator number	Indicator name	Clinical Directorate(s) metric is applicable to	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Exec Lead	Committee reported to:	Monthly RAG thresholds: Red	Amber	Green
Responsive	5.23	Community Care Adult Teams - performance against new timeliness	CC											RN	Resources	tbc		
Responsive	5.24	Community Care Adult Teams - Number of virtual beds delivered in Supported	CC											RN	Resources			
Responsive	5.25	Community Care Adult Teams - Number of cancelled routine visits	CC											RN	Resources			
Responsive	5.26	Community Care Adult Teams - OPEL level	CC									3	3	RN	Resources			
Responsive	5.27	Out of hours - telephone clinical assessment for URGENT cases within 20	LTUC	36.7%	35.5%	39.9%	38.6%	34.5%	40.6%	40.3%	38.5%	28.5%	39.1%	RN	Resources	<95%		>=95%
Responsive	5.28	Home visit: Face to face consultations started for URGENT cases within 2 hrs	LTUC	78.6%	86.2%	75.9%	79.2%	88.5%	97.4%	90.5%	86.7%	83.3%	92.9%	RN	Resources	<95%		>=95%
Efficiency and Finance	6.1	Agency spend	All	£ 419	£ 307	£ 414	£ 517	£ 453	£ 429	£ 389	£ 485	£ 745	£ 685	JC	Resources	>3% of pay bill	1% - 3%	<= 1%
Efficiency and Finance	6.2	Surplus / deficit and variance to plan	All	£ -	£ -	£ -	-	-	-	-	-	-	-	JC	Resources	>1% behind plan	0 - 1% behind plan	On plan
Efficiency and Finance	6.3	Capital spend	All	£ 518	£ 834	£ 1,856	£ 2,330	£ 3,188	£ 4,274	£ 8,006	£ 10,861	£ 11,503	£ 14,559	JC	Resources	>25% behind plan	10% - 25% behind plan	On plan or <10% behind plan
Efficiency and Finance	6.4	Cash balance	All	£ 39,900	£ 34,587	£ 32,007	£ 32,386	£ 33,600	£ 42,000	£ 40,738	£ 40,119	£ 46,027	£ 44,921	JC	Resources	>10% behind plan	0 - 10% behind plan	On plan
Efficiency and Finance	6.5.1	Long stay patients - stranded (>7 days LOS)	All	119	114	103	119	129	121	146	151	152	162	RN	Resources	>90	70-90	<=70
Efficiency and Finance	6.5.2	Long stay patients - superstranded (>21 days LOS)	All	48	44	40	42	51	47	56	67	65	71	RN	Resources	>40	30-40	<=30
Efficiency and Finance	6.6	Occupied bed days per 1,000 population	All	50.8	53.9	50.7	55.3	56.4	52.8	60.5	58.4	61.6	61.8	RN	Resources	>60	55-60	<=55
Efficiency and Finance	6.7.1	Length of stay - elective	All	2.26	2.60	2.57	2.66	2.76	2.31	2.22	2.35	2.78	3.17	RN	Resources	>2.75	2.5-2.75	<=2.5
Efficiency and Finance	6.7.2	Length of stay - non-elective	All	4.69	4.27	4.49	3.99	4.81	4.82	4.72	5.26	5.76	5.37	RN	Resources	>4.5	4-4.5	<=4.0
Efficiency and Finance	6.8	Avoidable admissions	All	189	219	242	263	227	206	239	265	218		RN	Resources	>270		<=270
Efficiency and Finance	6.9	Theatre utilisation (elective sessions)	PSC	81.2%	83.9%	83.4%	82.0%	83.7%	82.4%	80.4%	81.0%	84.7%	81.3%	RN	Resources	<85%	85%-90%	>=90%
Efficiency and Finance	6.10	Day case conversion rate	PSC	2.2%	1.7%	1.9%	1.6%	1.6%	1.5%	1.9%	1.1%	1.7%	1.3%	RN	Resources	>2%	1.5%-2%	<=1.5%
Activity	7.1	GP Referrals against 2019/20 baseline	All	95.4%	94.1%	113.1%	99.6%	101.1%	112.0%	97.1%	109.1%	111.5%	99.9%	RN	Resources	<95%		>=95%
Activity	7.2.1	Outpatient activity (consultant led) against plan (new and follow up)	All	113.7%	106.9%	123.2%	84.2%	87.0%	93.3%	103.2%	111.6%	104.8%	93.5%	RN	Resources	<95%		>=95%
Activity	7.2.2	Outpatient activity (consultant led) against 2019/20 baseline (new and follow	All	90.8%	86.5%	98.7%	85.3%	88.6%	95.2%	80.1%	100.6%	95.9%	83.6%	RN	Resources	<95%		>=95%
Activity	7.3.1	Elective activity against plan	All	102.5%	97.3%	109.3%	77.4%	75.4%	84.9%	99.4%	104.1%	105.2%	95.6%	RN	Resources	<95%		>=95%
Activity	7.3.2	Elective activity against 2019/20 baseline	All	74.8%	80.6%	90.4%	73.9%	69.6%	80.7%	72.9%	79.7%	84.9%	72.6%	RN	Resources	<95%		>=95%
Activity	7.4.1	Non-elective activity against plan	All	96.5%	97.4%	105.2%	104.3%	94.5%	93.5%	95.2%	87.1%	89.4%	84.4%	RN	Resources	<95%		>=95%
Activity	7.4.2	Non-elective activity against 2019/20 baseline	All	89.9%	98.6%	104.8%	98.3%	92.7%	90.6%	94.1%	84.1%	88.8%	84.8%	RN	Resources	<95%		>=95%
Activity	7.5.1	Emergency Department attendances against plan	LTUC	98.9%	106.6%	111.2%	103.4%	104.0%	105.7%	101.5%	99.2%	91.9%	95.6%	RN	Resources	<95%		>=95%
Activity	7.5.2	Emergency Department attendances against plan, 2019/20 baseline	LTUC	98.9%	106.6%	110.8%	103.7%	104.1%	105.7%	106.5%	104.3%	96.6%	98.3%	RN	Resources	<95%		>=95%

Integrated Board Report - January 2022

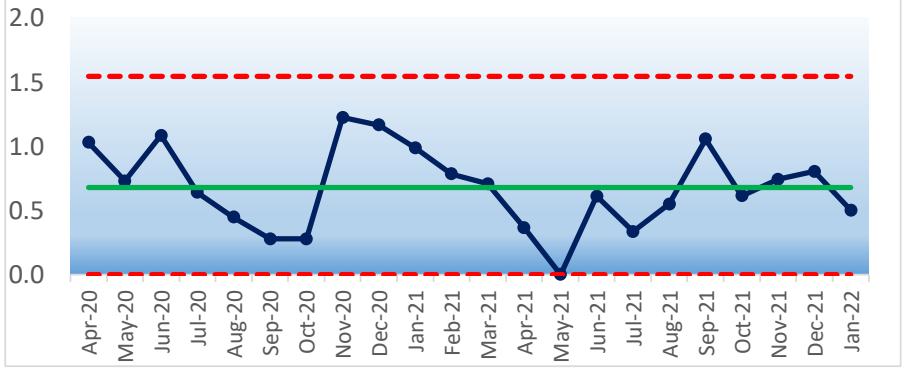
Domain 1 - Safe

Indicator	**1.1 - Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	0.50

Indicator description

The number of hospital acquired category 3 and above pressure ulcers reported (including device related and device related mucosal) expressed as a rate per 1,000 bed days.

SPC chart



Narrative

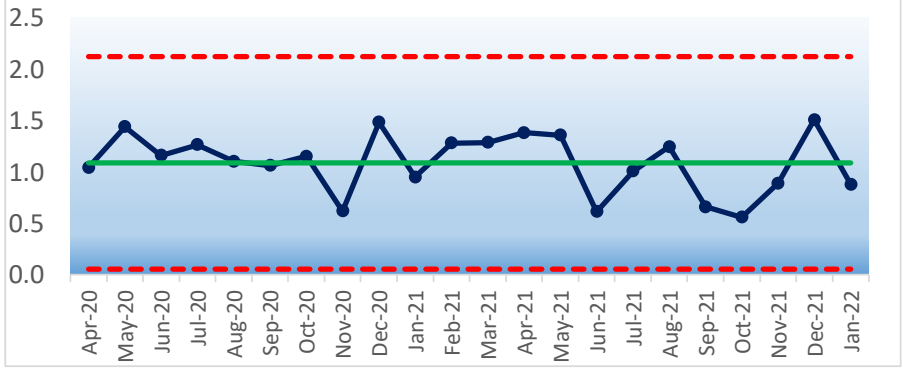
January has seen a reduction in hospital acquired category 3 or above pressure ulcers. Targeted work continues to support improvement in pressure ulcer prevention and the Tissue Viability Team have been deployed to areas of highest risk during the staffing pressures throughout December and January. The Tissue Viability Team are undertaking work to review the validation process on category 2 pressure ulcers (as some traumatic wounds have been incorrectly identified as pressure damage) to ensure correct categorisation and treatment plans.

Indicator	**1.2 - Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	0.88

Indicator description

The number of community acquired category 3 and above pressure ulcers reported (including device related and device related mucosal) expressed as a rate per 1,000 community patient contacts.

SPC chart



Narrative

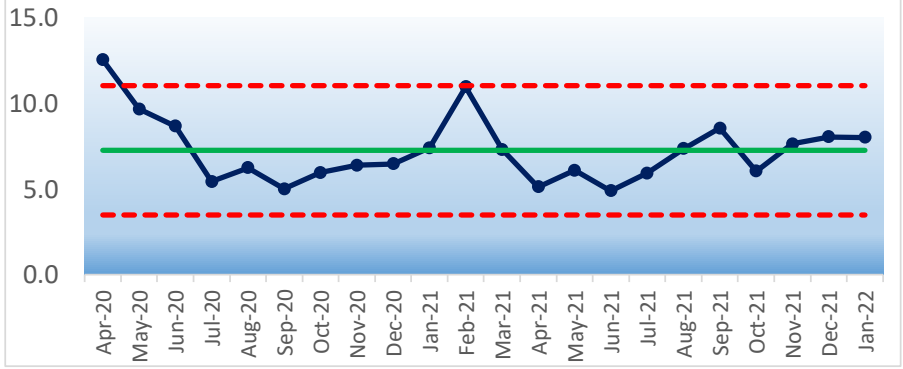
Community acquired category 3 and above pressure ulcers in the community also reduced for January. Following last month's sharp increase, a deep dive was undertaken which identified no omissions in care. The increase from the previous month was reflected nationally and some issues have been identified with incorrect categorisation of traumatic wounds as pressure damage. Therefore the Tissue Viability Team are now reviewing every category 2 to validate these across community services and inpatient areas.

Indicator	**1.3 - Inpatient falls per 1,000 bed days**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	8.01

Indicator description

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.

SPC chart



Narrative

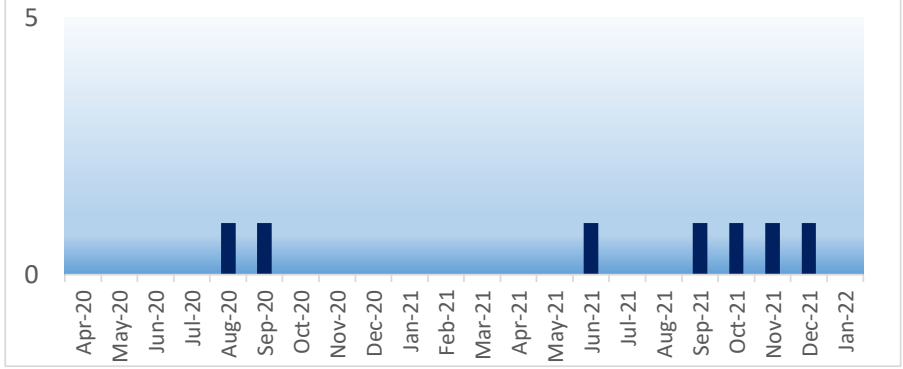
Inpatient falls have remained static for January, predominantly due to increased acuity/dependancy, staffing challenge,s as well as longer lengths of stay for those patients awaiting discharge. A Trustwide Falls improvement plan is in development which will support ongoing improvement in falls prevention.

Indicator	**1.4 - Infection control - Hospital acquired C.difficile cases, lapse in care identified**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	0

Indicator description

The number of hospital acquired C.difficile cases where root cause analysis has identified a lapse in care. HDFT's C. difficile trajectory for 2021/22 is 19 cases. Cases where a lapse in care has been deemed to have occurred would count towards this.

Trend chart



Narrative

Note - although no avoidable hospital acquired cases were reported in January, this indicator is flagging as red due to the total of 33 hopsital acquired case reported year to date against a maximiun trajectory of 29 for 2021/22.

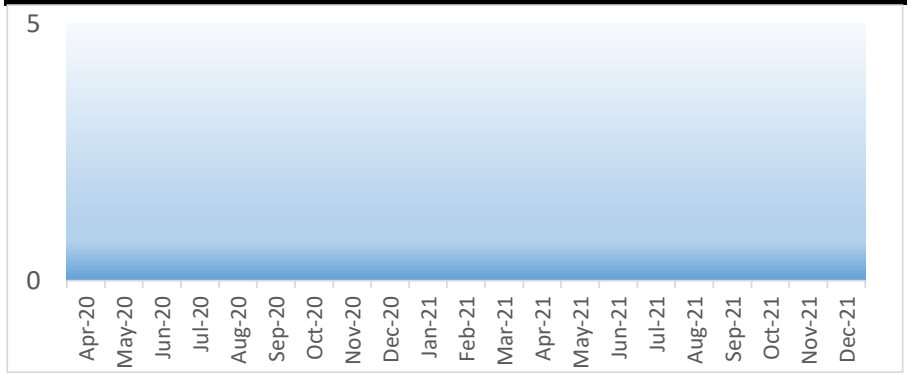
Learning themes identified from the review of C.Diff cases (including those identified as unavoidable) are timeliness of stool sampling and timeliness of isolation. Operational challenges with Covid isolation may have impacted on some of the wider IPC isolation decisions. Regionally, three Trusts have seen increases in C.Diff cases taking them above trajectory which includes HDFT (due to low threshold based on previous low reporting position). Despite this increase in cases, the number of avoidable cases (as categorised by the CCG) remains low.

Indicator	**1.5 - Infection control - Hospital acquired MRSA cases, lapse in care identified**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	0

Indicator description

The number of hospital acquired MRSA cases where root cause analysis has identified a lapse in care. HDFT's MRSA trajectory for 2021/22 is 0 cases. Cases where a lapse in care has been deemed to have occurred would count towards this.

Trend chart



Narrative

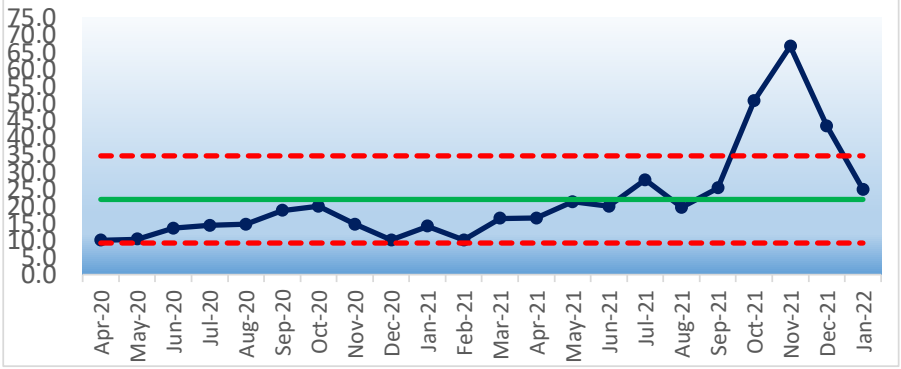
No hospital acquired MRSA cases where lapses in care identified for January.

Indicator	**1.6 - Incidents - ratio of low harm incidents**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	24.9

Indicator description

The number of incidents reported within the Trust each month. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture.

SPC chart



Narrative

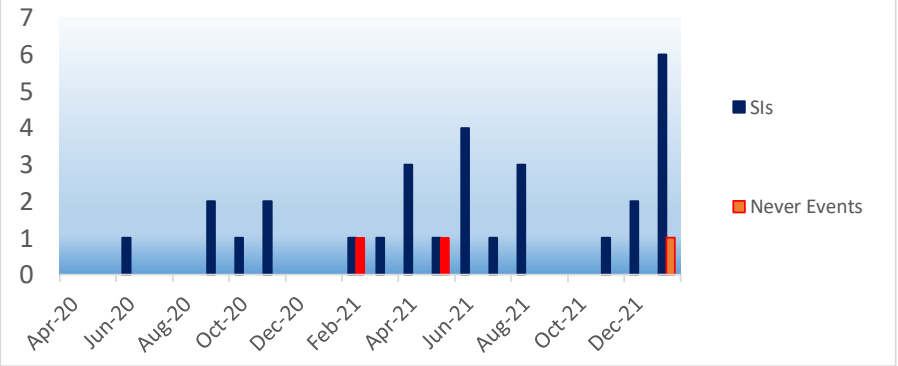
January position continues the gradual return to the expected levels of reported low harm incidents, following reclassification of incidents of pressure ulcers present on admission. The overall increasing reporting is positive, however it is noted that January was a particularly challenging month re: staffing and therefore the decrease seen this month could be associated with prioritisation of patient care.

Indicator	**1.7 - Incidents - comprehensive serious incidents (SI) and Never Events**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	6 (SI), 1 (Never Events)

Indicator description

The number of Serious Incidents (SI) and Never Events reported. 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.

Trend chart



Narrative

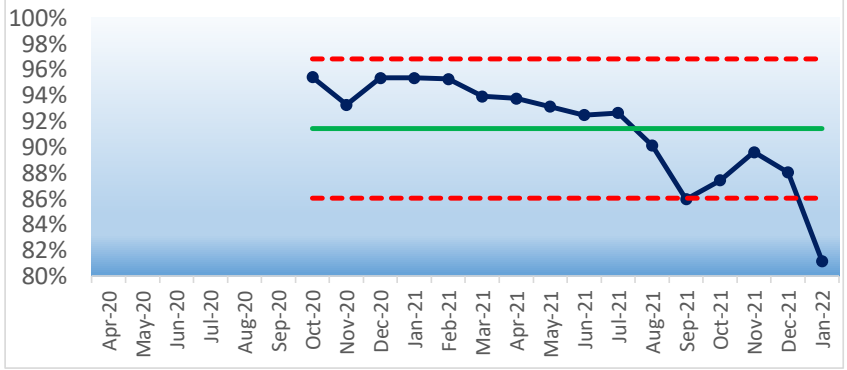
January has seen the biggest increase in Serious Incident reporting, which includes 1 Never Event. Significant work has been implemented to support Directorate and Clinical Leaders to identify those incidents potentially meeting the SI criteria and a robust 48 hour review process is in place to identify these early and ensure appropriate reporting. In addition, further work is underway with a peer Trust to review learning from Never Events.

Indicator	**1.8.1 - Safer staffing - fill rate**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	81.2%

Indicator description

The chart shows the overall fill rate at HDFT for registered nurses/midwives (RN) and care support workers (CSW) for day and night shifts on inpatient wards. The fill rate is calculated by comparing planned staffing with actual levels achieved.

SPC chart



Narrative

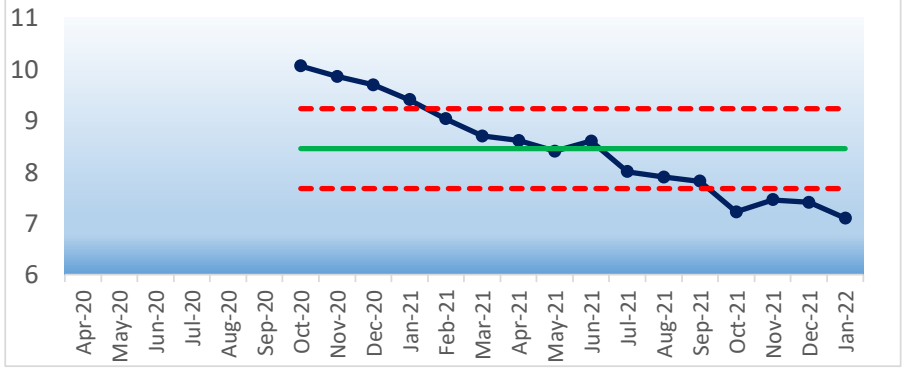
The fill rate for registered and unregistered nursing staff has decreased to 82% for the month of January and reflects the impact of increased sickness absence and isolation amongst clinical teams as a result of the Omicron variant. Nurse staffing is reviewed at the daily bed meetings where mitigation is put in place by Matrons and the site management team. Each morning the Matrons carry out an assurance walkaround that includes validation of enhanced care requests and this helps inform where mitigation support is needed most. The bi-weekly meetings attended by the Matrons, Heads of Nursing and Clinical Site Operations Manager continues and reviews nurse staffing for the current week and projected rostering for the following week. Fill rate continues to be more challenging as the flexible workforce pool has reduced for similar reasons. The Corporate Nursing Team continue to explore ways to help attract flexible workers including an increased bank rate and engagement with new nursing agencies. Work is commencing to increase the Clinical Support Worker workforce to provide additional hands on care for patients and to support front line staff. A succesful HCSW event held has resulted in 57 offers of employment.

Indicator	**1.8.2 - Safer staffing - care hours per patient per day (CHPPPD)**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	7.1

Indicator description

The chart shows the care hours per patient per day (CHPPPD). This is caclulated by comparing the total hours worked by reigstered and unregistered nurses and midwives and comparing these to the number of patients on the wards during the month.

SPC chart



Narrative

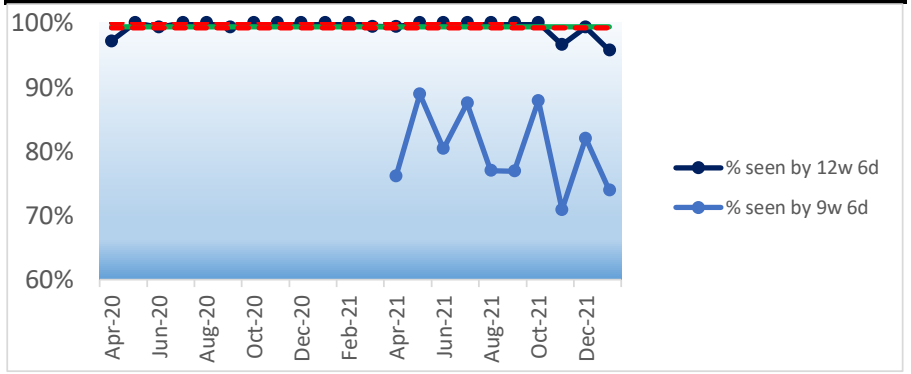
CHPPPD has fallen from 7.6 to 7.1 for the month of January due to a reduction in the number of registered and unregistered nursing staff available to deliver care due to an increase in Omicron staff sickness and isolation. Acuity of patients continued to be consistently high and this has been reflected in the rise of enhanced care requests made, particularly across our elderly and complex care wards. A successful HCSW recruitment event held on 14/02/22 has resulted in offers of 57 additional HCSWs to provide hands on clinical care in the ward teams.

Indicator	**1.9 - Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	95.7%

Indicator description

The % of pregnant women seen by a midwife (or healthcare professional) by 12 weeks 6 days gestation.

SPC chart



Narrative

Slight decrease in the % of pregnant women seen by a midwife by 12 weeks and 6 days gestation. This has been impacted by the significant staffing challenges in Maternity services through January as seen elsewhere across the Trust due to the Omicron variant.

Indicator	**1.10 - Maternity - % women with Continuity of Care pathway**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	
Value / RAG rating	

Indicator description

This indicator is under development.

SPC chart

Narrative

We continue to submit 0% compliance with this model, as we are providing continuity during the antenatal and postnatal periods but not intrapartum care to women. This is due to reduced midwifery staffing levels and the need to maintain safe staffing levels across the unit.

A new CofC project lead midwife has now started in post in November and we plan to implement one integrated team in March 2022 who will aim to provide continuity for the whole patient journey. This team will consist of existing CofC midwives who are able to work in all areas of the department.

The department are having weekly CofC meetings and implementing a plan for CofC to be the default model of care for all women by March 2023 providing safe staffing levels allow this.

Indicator	**1.11 - Maternity - % women smoking at time of delivery**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	6.6%

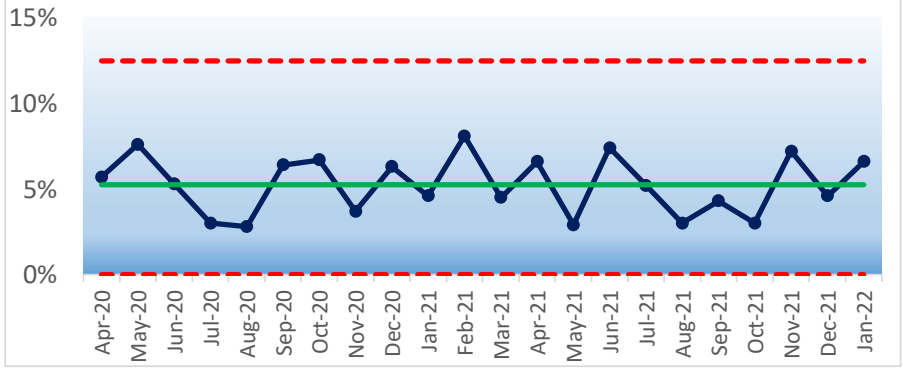
Indicator description

The % of pregnant women smoking at the time of delivery.

Narrative

HDFT continue to see low levels of pregnant women smoking at the time of delivery.

SPC chart



Indicator	**1.12 - Maternity - % women initiating breastfeeding**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	83.5%

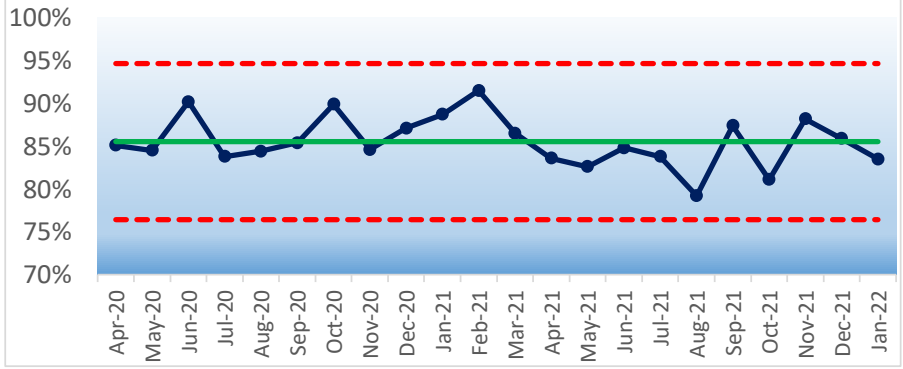
Indicator description

The % of women initiating breastfeeding

Narrative

A slight decrease in the % of women initiating breastfeeding for January

SPC chart

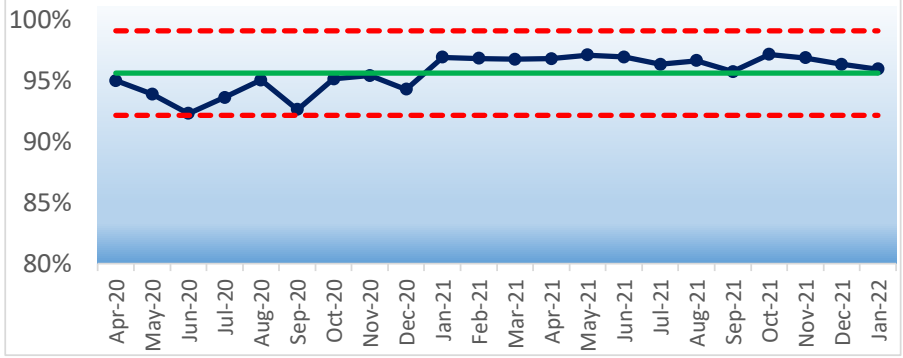


Indicator	**1.13 - VTE risk assessment - inpatients**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	95.9%

Indicator description

The percentage of eligible adult inpatients who received a VTE risk assessment.

SPC chart



Narrative

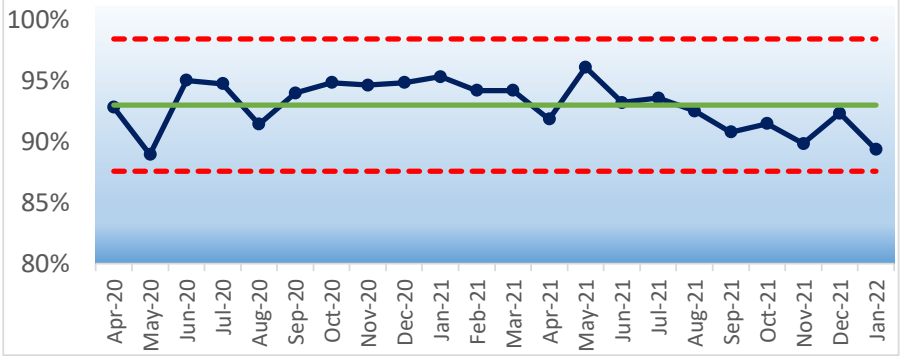
VTE risk assessment compliance remains above the 95% standard.

Indicator	**1.14 - Sepsis screening - inpatient wards**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	89.3%

Indicator description

The percentage of eligible inpatients who were screened for sepsis.

SPC chart



Narrative

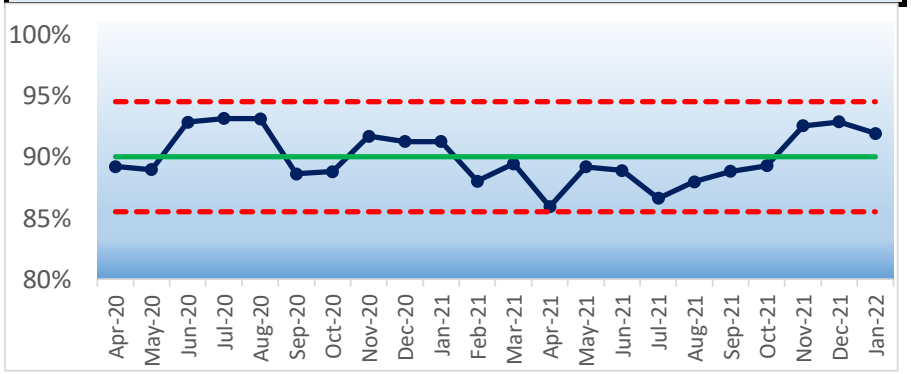
The Quality Matron is currently reviewing the inpatient sepsis screening due to a further decrease for January. Histroically this reduced compliance was related to the time of the risk assessment being recorded, however further work to gain assurances on this is underway.

Indicator	**1.15 - Sepsis screening - Emergency department**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	91.9%

Indicator description

The percentage of eligible Emergency Department attendances who were screened for sepsis.

SPC chart



Narrative

Although a slight decrease in January, ED has maintained an overall improvement on sepsis screening following implementation of the reviewed process for screening and immediate clinical actions.

Integrated Board Report - January 2022

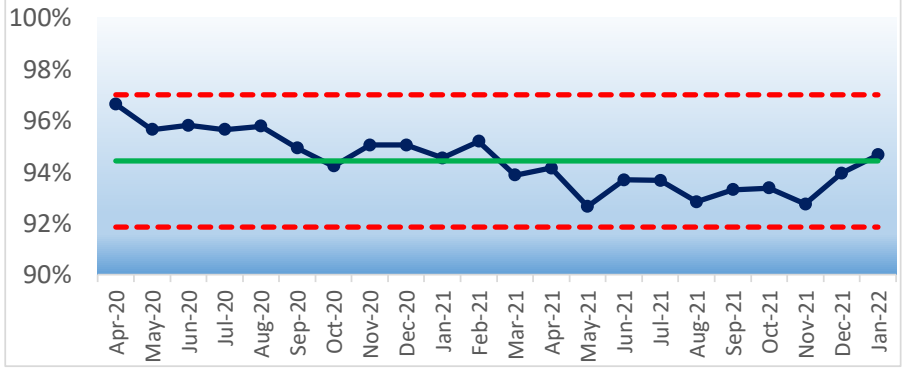
Domain 2 - Caring

Indicator	2.1.1 - Friends & Family Test (FFT) - Patients
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	94.7%

Indicator description

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.

SPC chart



Narrative

Continued improvement in FFT responses which is positive.

Indicator	**2.1.2 - Friends & Family Test (FFT) - Adult Community Services**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	96.6%

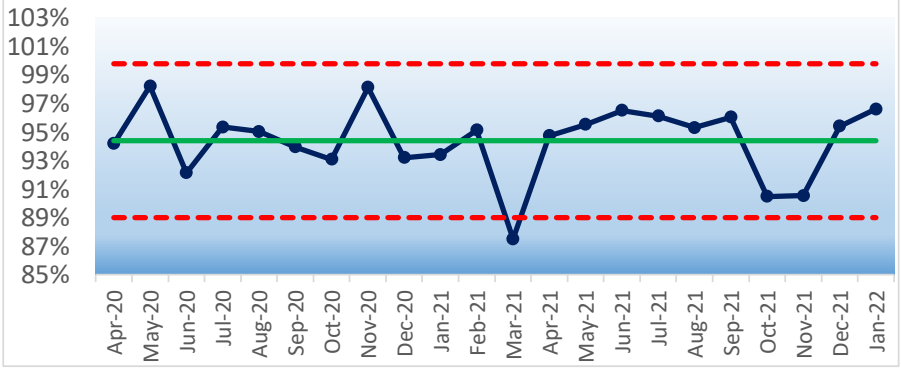
Indicator description

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.

Narrative

FFT response for community services is positive and continues to improve in January. Monitoring of FFT is via Making Experience Count Forum and linked to the Patient Experience benchmarking work.

SPC chart

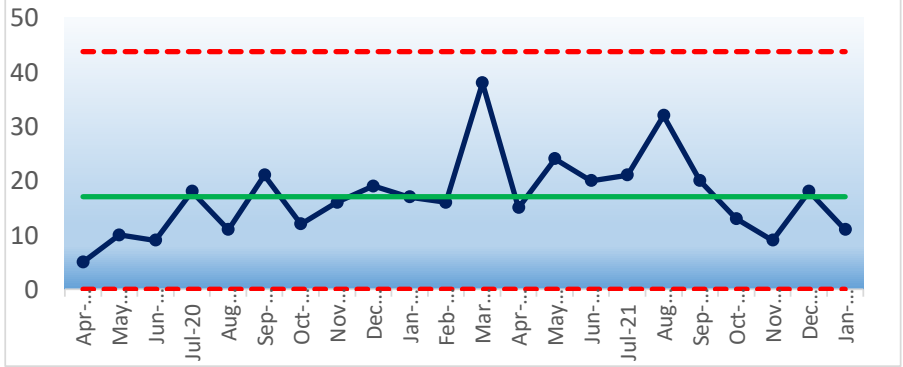


Indicator	**2.2.1 Complaints - numbers received**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	11

Indicator description

The number of complaints received by the Trust, shown by month of receipt of complaint. The data includes complaints relating to both hospital and community services.

SPC chart



Narrative

The Trust saw a decrease in the number of complaints received in January.

Indicator	**2.2.2 Complaints - % responded to within time**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jan-22
Value / RAG rating	53%

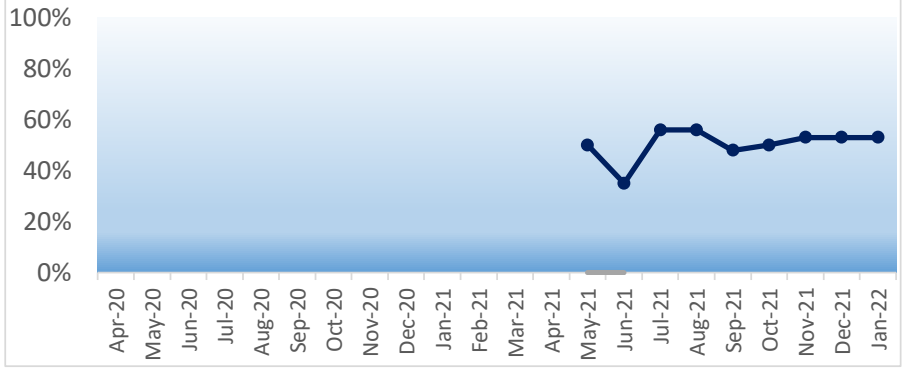
Indicator description

The number of complaints responded to within 25 days, shown as the year to date position. The Trust's improvement trajectory for 2021/22 is to respond to 95% of non-multi-agency complaints on time by December 2021.

Narrative

Due to overall staffing challenges and operational pressures, achievement of the 95% response rate has been significantly challenging for January. Focus continues on ensuring timely and high quality responses to patients and their families despite this.

Trend chart



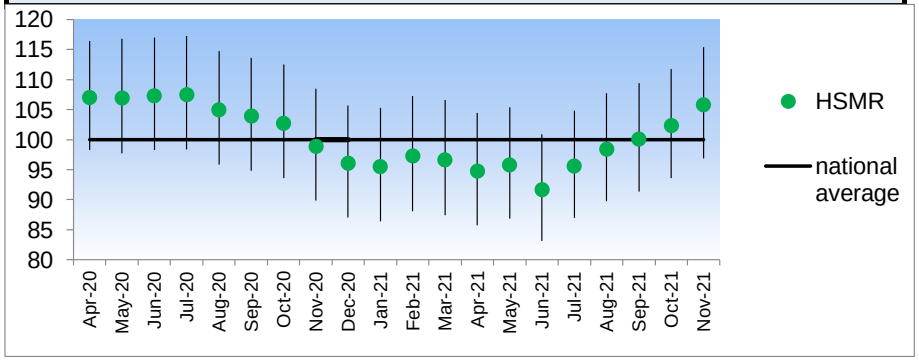
Integrated Board Report - January 2022
Domain 3 - Effective

Indicator	**3.1 - Hospital Standardised Mortality Ratio (HSMR)**
Executive lead	Jacqueline Andrews, Medical Director
Board Committee	Quality Committee
Reporting month	Nov-21
Value / RAG rating	105.86

Indicator description

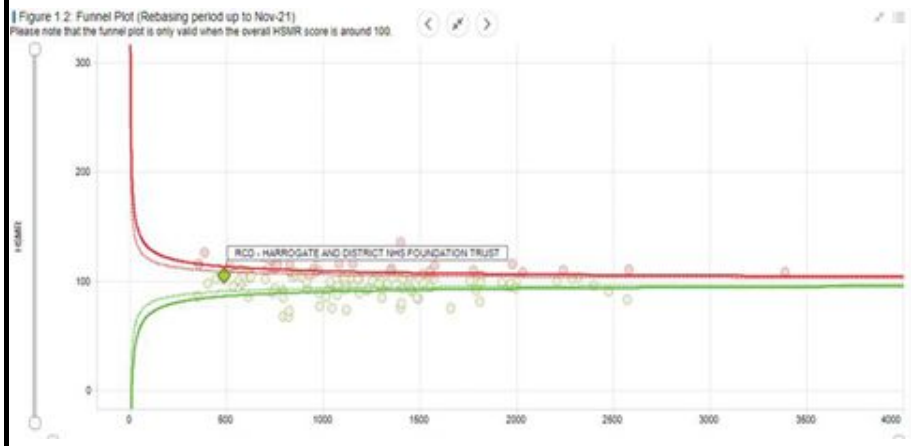
The HSMR looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care.

Trend chart



Narrative

National average is 100. HDFT remains within the expected range. The funnel plot below shows HDFT as the diamond compared to similar Trusts (shown as a cross) and all other Trusts.

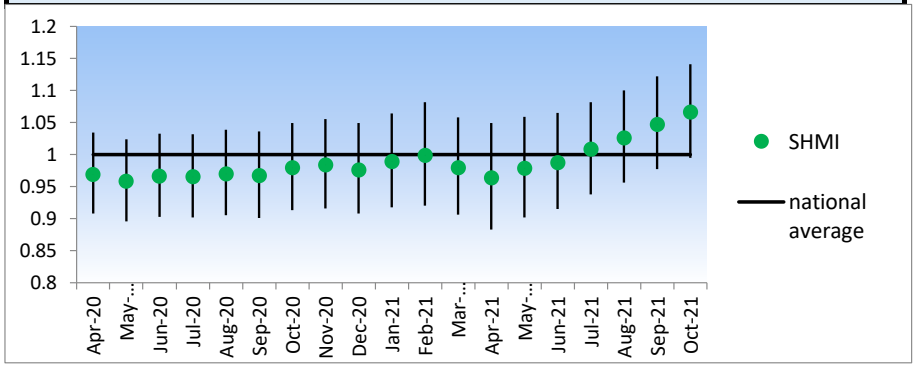


Indicator	**3.2 - Summary Hospital Mortality Index (SHMI)**
Executive lead	Jacqueline Andrews, Medical Director
Board Committee	Quality Committee
Reporting month	Oct-21
Value / RAG rating	1.07

Indicator description

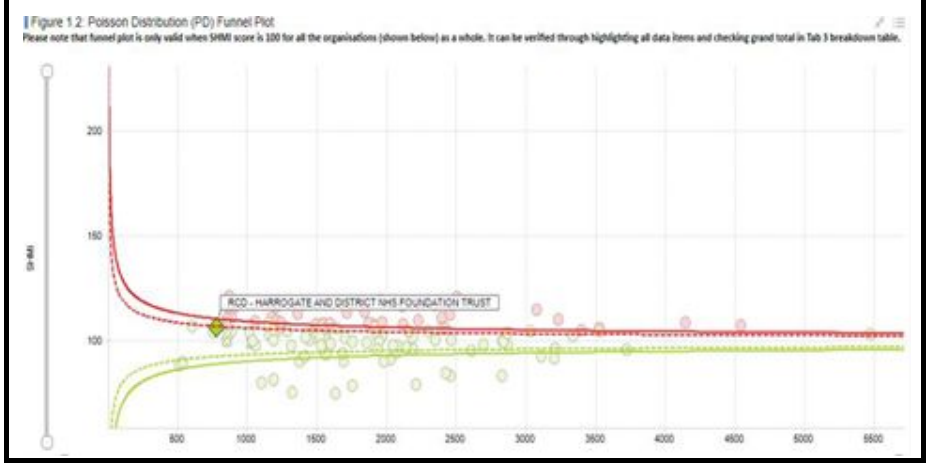
The SHMI looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care.

Trend chart



Narrative

National average is 1. HDFT remains within the expected range. The funnel plot below shows HDFT as the diamond compared to similar Trusts (shown as a cross) and all other Trusts.

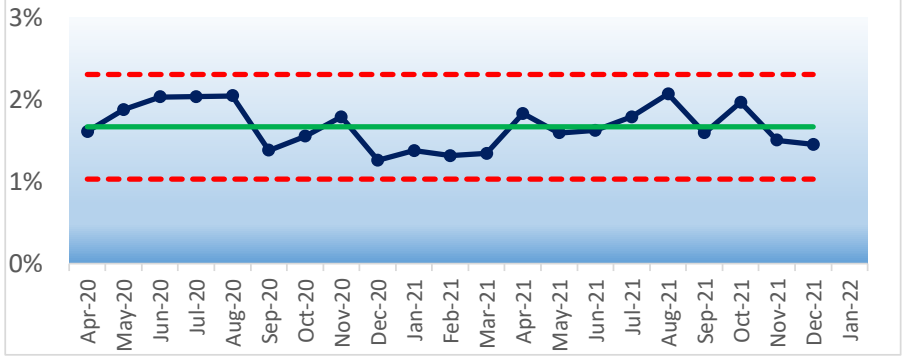


Indicator	**3.3.1 - Readmissions to the same specialty within 30 days - following elective admission**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Dec-21
Value / RAG rating	1.5%

Indicator description

The percentage of patients readmitted to the same specialty as an emergency within 30 days of discharge of an elective admission. This data is reported a month behind so that any recent readmissions are captured in the data.

SPC chart



Narrative

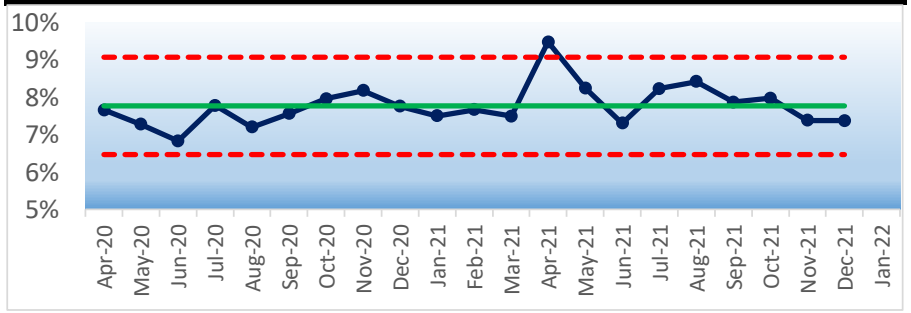
Readmissions following an elective admission remained at 1.5% in December. This remains within control limits and less than national average.

Indicator	**3.3.2 Readmissions to the same specialty within 30 days - following non-elective admission**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Dec-21
Value / RAG rating	7.4%

Indicator description

The number patients readmitted to the same specialty as an emergency within 30 days of discharge of an emergency admission. This data is reported a month behind so that any recent readmissions are captured in the data.

SPC chart



Narrative

Readmissions following a non-elective admission remained at 7.4% in December. This remains within control limits and less than national average.

Indicator	**3.4 - Returns to theatre**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description
This indicator is under development.

SPC chart

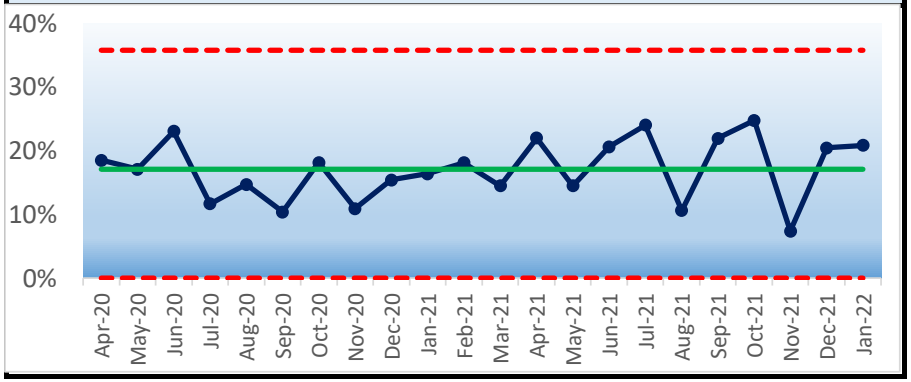
Narrative

Indicator	3.5 - Delayed transfers of care
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	20.8%

Indicator description

The percentage of inpatients not meeting the criteria to reside as reported on the daily discharges sitrep.

SPC chart



Narrative

Delayed transfer of care remained stable in January. The Trust have now purchased a system using funding from NHSE that will allow the ward teams to electronically capture the criteria to reside of every patient. Roll out and training commenced in February 2022.

This will enable real time viewing of delayed patients, however the major blockage with hospital outflow currently is the social care crisis. 20% of MFFD (medically fit for discharge) patients are waiting for PoC or Care home placements. The reduction reflects higher acuity of patients thus more meeting criteria to reside rather than a significant change in 'delays'.

Integrated Board Report - January 2022

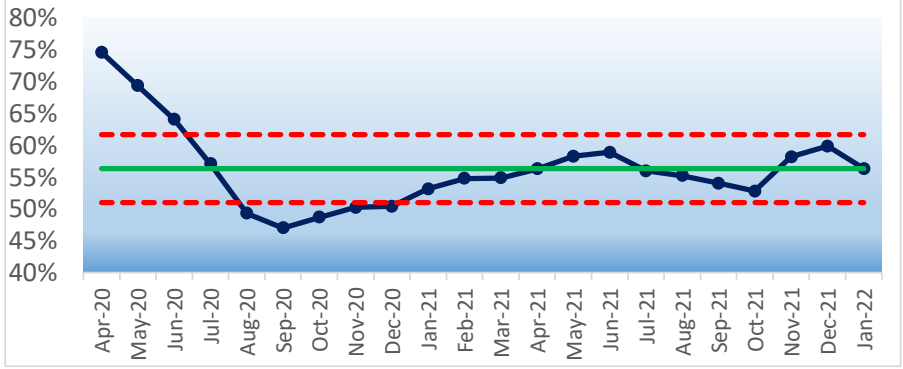
Domain 4 - Workforce

Indicator	**4.1 - Staff appraisal rate**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jan-22
Value / RAG rating	56.3%

Indicator description

The number of staff who had an appraisal within the last 12 months. The Trust aims to have 90% of staff appraised.

SPC chart



Narrative

The appraisal rate in January is 56.3% compared to 59.8% for December.

- Non-Medical appraisal = 55.2% (previous month 59.6%)
- Medical appraisal = 68.0% (previous month 62.6%)

Indicator	**4.2 - Mandatory training rate**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jan-22
Value / RAG rating	85.0%

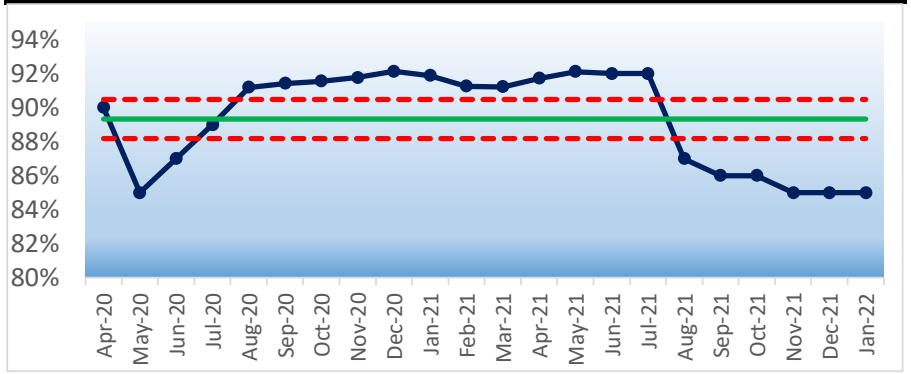
Indicator description

Latest position on the % of substantive staff trained for each mandatory training requirement

Narrative

The overall training rate for mandatory elements for substantive staff is 85% and has remained the same since the previous month.

SPC chart

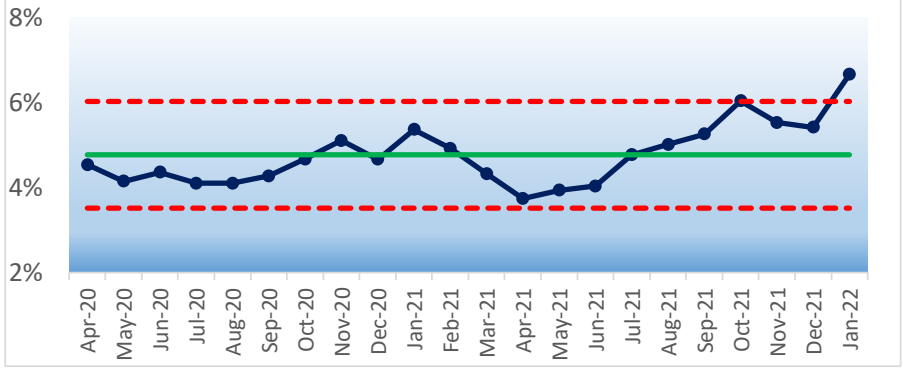


Indicator	**4.3 - Staff sickness rate**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jan-22
Value / RAG rating	6.7%

Indicator description

Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%.

SPC chart



Narrative

The Trust's sickness rate in January was 6.7%. This increase is due to the greater level of Covid sickness in January. The Trust sickness rate (excluding Covid) for January is 4.1%, which is a decrease from 4.7% last month.

Long term sickness has seen a further decrease from 3.7% to 3.3%, however short term sickness has seen an increase to 3.3% from 1.8%.

All Directorates have seen an increase in sickness rates this month. The CC Directorate has the greatest sickness levels, with a rate of 7.3% in January. The areas with the greatest increase in sickness in January are Pathology, Cancer Services and Dental Services.

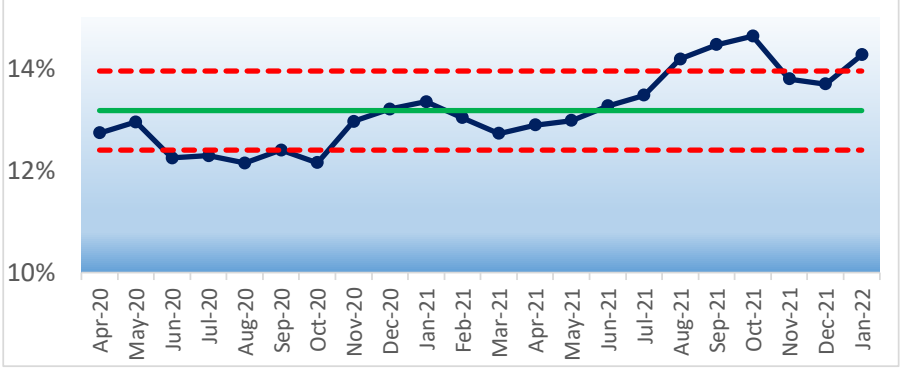
"S15 Chest & respiratory problems"(which is also used for Covid related sickness) is the top reason for sickness in January and this reason equates to 40% of the overall sickness in the month. "S10 Anxiety/stress/depression/other psychiatric illnesses" which accounts for 18.6% of sickness has historically been the top recording reason, however this month it has dropped to second most recorded reason.

Indicator	**4.4 Staff turnover rate**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jan-22
Value / RAG rating	14.3%

Indicator description

The staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%.

SPC chart



Narrative

The Trust has unfortunately seen an increase to turnover this month from 13.7% to 14.3%. However this remains below the Trust threshold of 15%.

The breakdown of turnover in January is 3.3% for involuntary terminations, which remains static from the previous month, and 10.6% is for voluntary terminations, which has increased from the previous month.

Turnover has increased across all Directorates, however it is the PSC and LTUC Directorates that have seen the greatest increase. The 'Additional Clinical Services' and 'Nursing and Midwifery Registered' are the staff groups with the greatest turnover rates, with turnover levels of 16.8% and 16.5% respectively. The services which have seen the greatest increase in turnover in January are Radiology, Maternity Services and Children's Services – Gateshead.

Indicator	**4.5 - Children's Services - 0-19 Services - vacancies**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Dec-21
Value / RAG rating	66.64

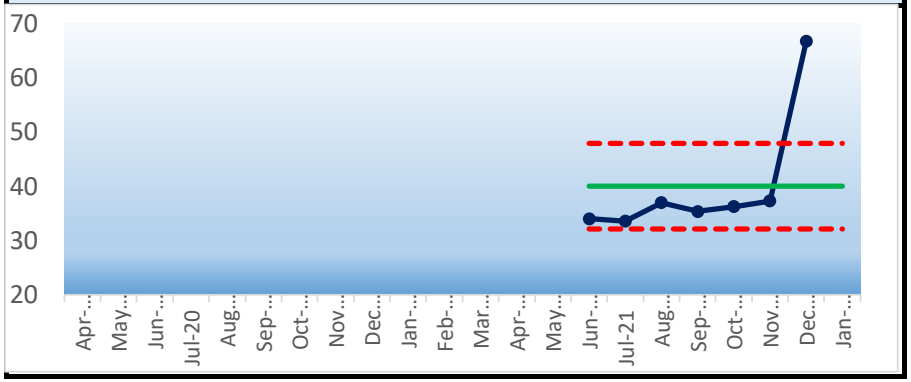
Indicator description

The chart shows the total number of vacancies across all localities of the Trust's 0-19 Children's Services. This data is provided a month in arrears.

Narrative

The Northumberland staff numbers are included within the data set for the first time. Targeted recruitment campaigns have recently been successful with candidates dropping into the pipeline within the next 4 - 6 weeks.

SPC chart



Indicator	**4.6 - Workforce Race Equality Standard (WRES) - Relative likelihood of staff being shortlisted across all posts**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	
Value / RAG rating	

Indicator description
This indicator is under development.

SPC chart

Narrative

Indicator	**4.7 - Workforce Race Equality Standard (WRES) - Relative likelihood of staff being appointed across all posts**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	
Value / RAG rating	

Indicator description
This indicator is under development.

SPC chart

Narrative

Integrated Board Report - January 2022

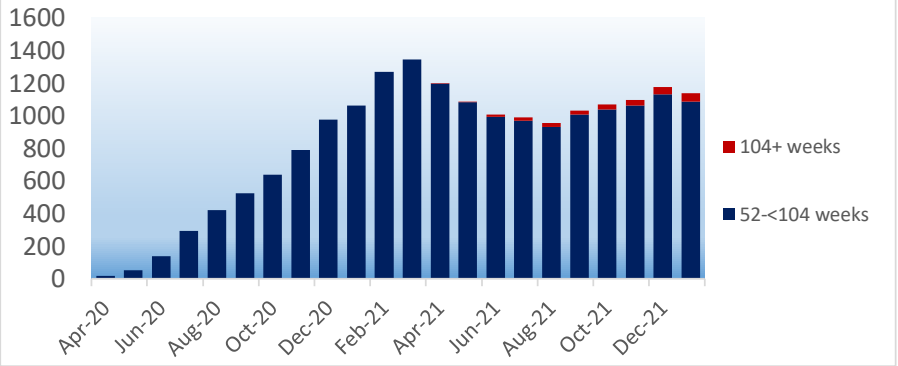
Domain 5 - Responsive

Indicator	**5.1 - RTT Incomplete pathways - 52+ weeks**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	1138

Indicator description

The number of incomplete pathways waiting over 52 weeks.

Trend chart



Narrative

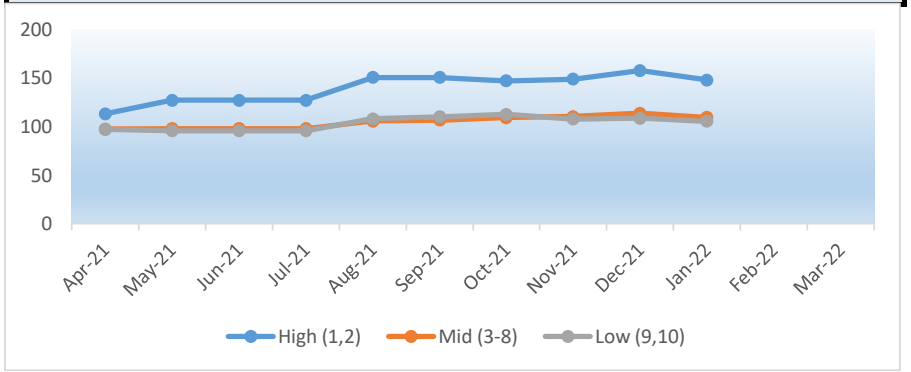
Due to the Covid-19 pandemic and the ceasing of elective work, waiting times have risen significantly. The over 52 weeks waiters peaked in March 2021. Risks remain in two main specialties of T&O and Community Dental (which together account for 78% of the over 52 week waiters). Current end of financial year target is to reduce this figure to below 950 patients. Plans in place to reduce this number to 500 by March 2023.

Indicator	**5.2 - RTT waiting times - by level of deprivation**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	

Indicator description

The average RTT waiting time by level of deprivation.

Trend chart



Narrative

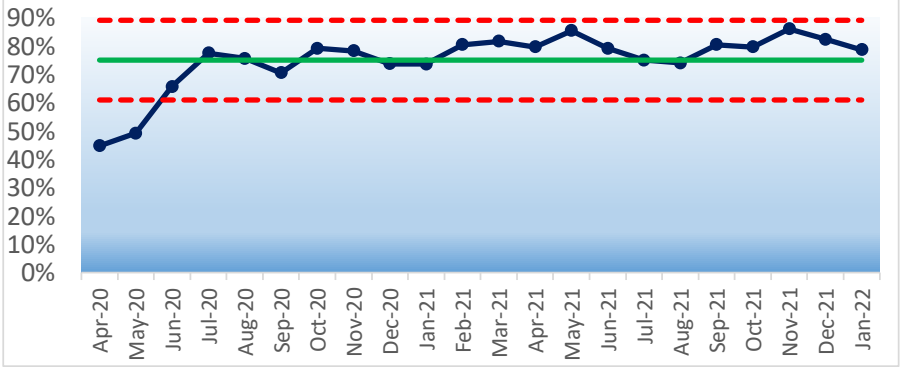
The Trust has carried out an analysis of waiting times by ethnicity, by deprivation and for patients with learning disabilities. There does not appear to be any inequity in waiting times by ethnicity or for patients with learning disabilities but these will continue to be tracked on a monthly basis. There does appear to be a difference in waiting times by deprivation with patients from the most deprived postcodes waiting longer. A further analysis of this is being carried out looking at the data by clinical priority and by specialty.

Indicator	**5.3 - Diagnostic waiting times - 6-week standard**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	78.7%

Indicator description

Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%.

SPC chart



Narrative

79% of patients were waiting less than 6 weeks for a diagnostic test at end January against a 99% target.

There were 881 over 6 week breaches, of which 486 were waiting for a Dexa scan. Bone density scanner ordered and arrived, installation works underway in the Briary Wing due to be finished early March. Dual running of two machines to start once installed.

Indicator	**5.4 - Outpatients lost to follow-up - number of follow up patients past due date**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description

This indicator is under development.

SPC chart

Narrative

A data quality exercise is underway to review the follow up outpatient waiting list data and to understand the full scope of this problem and determine how many patients still require a follow up appointment. This work includes reviewing the way that we store and retain information from our follow up waiting lists to enable easier reporting of historical data. It is likely that we will refine the metric for reporting in this report as part of this work.

Indicator	5.5 - Data quality on ethnic group - inpatients
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	92.5%

Indicator description

The number of inpatients with a valid ethnic group recorded on the Trust's PAS system.

SPC chart

Narrative

The Trust remains below the required standard of 97%. A revised focus on ethnicity data collection is underway, this measure is monitored at Trust weekly access meetings.

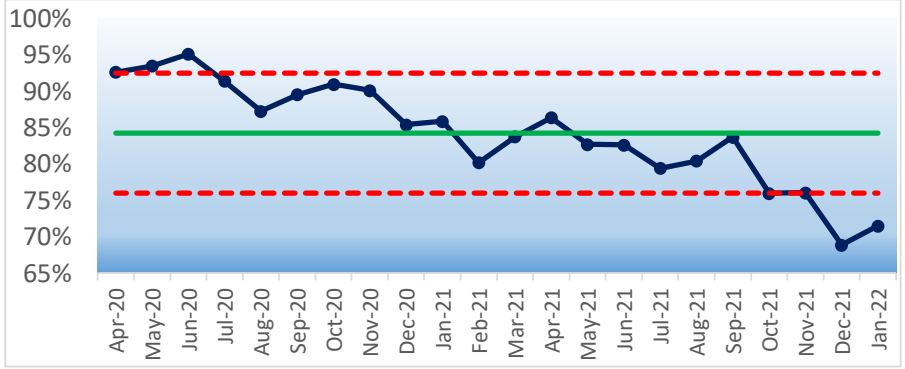
- Made contact with the lead at Central London Community NHS Trust (CLCH) who have improved their ethnicity recording rates on their patient records – they are organising a webinar to talk through their actions that we will join once details shared
- Reminded staff of the process regarding the collection of this data including reception staff aware that they should be collecting ethnic category, if not already there, as part of the demographic check.
- Progress of new Kiosks – previously electronic check in kiosks included a step to complete / update ethnic category. Removed as a result of COVID, awaiting new kiosks to re-introduce process.
- Exploring option of sending electronic forms to patients for completion and return.

Indicator	**5.6 - A&E 4 hour standard**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	71.5%

Indicator description

Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The data includes all A&E Departments, including Minor Injury Units (MIUs). The operational standard is 95%.

SPC chart



Narrative

Performance against the A&E 4-hour standard remains well below the 95% standard but improved in January. Performance reflects the continuing significant pressures with high bed occupancy relating to discharge challenges and staff absenses. Current work underway to improve this posisiton:

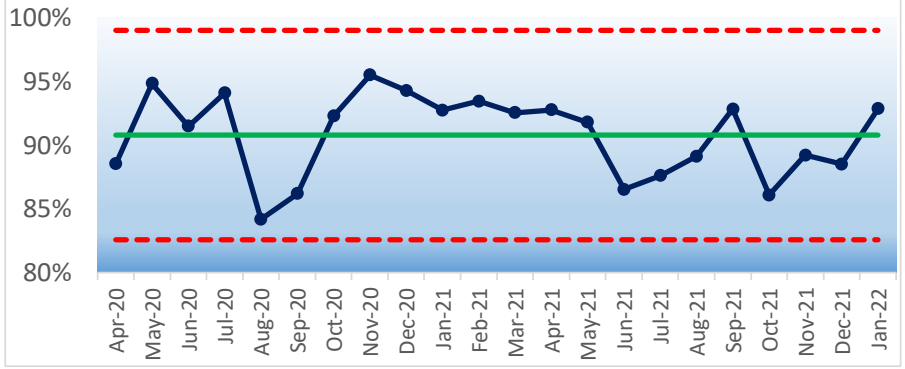
- delivering 7 day SDEC to provide alternatives to ED attendance;
- agreed a direct to SDEC pathway with YAS to divert patients to the right place, first time rather than unnecessary ED contacts;
- staffing a minors stream wherever possible to reduce the bottle neck at the front door and release senior clinicians to see patients with higher level treatment needs;
- ran a Perfect Fortnight at the beginning of January to enable admin and managers to support the wards to facilitate flow;
- utilising Criteria to Reside flow software to identify patients no longer requiring hospital care;
- developing a 2 hour crisis response service, expanding ARCH in-reach to ED and maximising SDEC opportunities;
- educating other specialties to avoid using ED as their triage and assessment service;
- increased GP Out of Hours provision to avoid Primary Care attendance.

Indicator	**5.7 - Ambulance handovers - % within 15 mins**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	92.9%

Indicator description

The percentage of ambulance patients who were handed over to Emergency Department staff within 15 mins.

SPC chart



Narrative

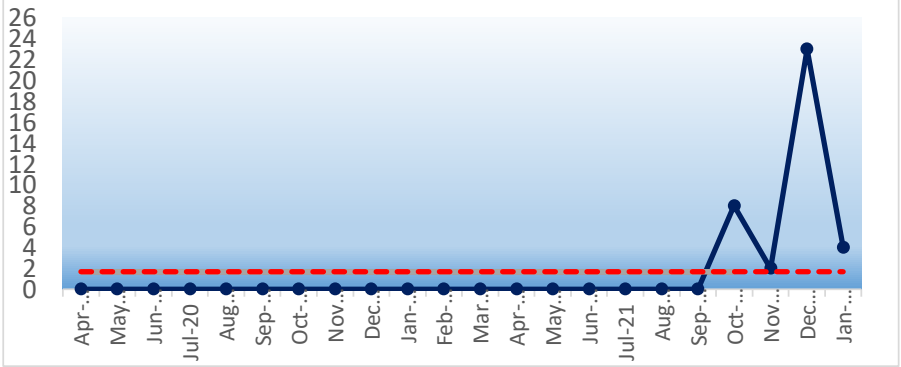
93% of ambulance handovers took place within 15 minutes in January, an improvement on recent months. There were 7 over 30-minute handover breaches including 2 over 60-minute breaches in January.

Indicator	**5.8 A&E - number of 12 hour trolley waits**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	4

Indicator description

The number of patients spending more than 12 hours in the Emergency Department between a decision to admit and being admitted.

SPC chart



Narrative

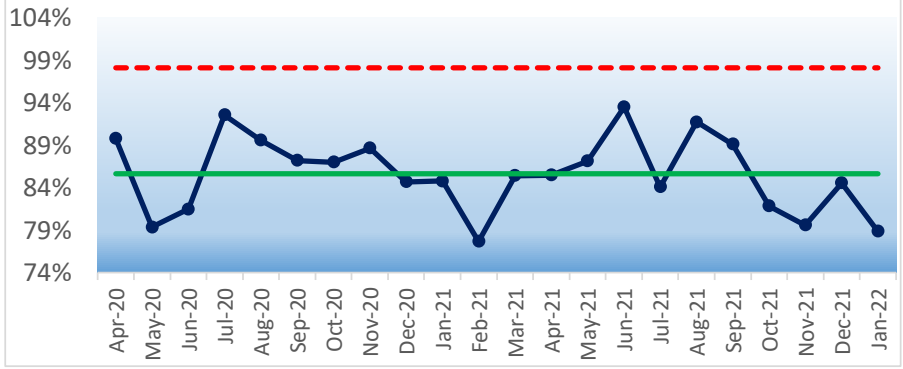
4 over 12 hour trolley waits were reported in January. RCAs completed and reviewed at internal quality and performance meetings. No harm came to the patients and all patients were transferred from trollies to beds within ED2 and cared for appropriately.

Indicator	**5.9.1 - Cancer - 62 day wait for first treatment from urgent GP referral to treatment**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	78.8%

Indicator description

Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%.

SPC chart



Narrative

Provisional data indicates that the 62 day standard was not delivered in January for the fourth consecutive month (78.8%). There were 52.0 accountable treatments (62 patients) in January with 11.0 treated outside 62 days. Of the 12 tumour sites treated in January, performance was below 85% for 4 (Colorectal, Gynaecology, Head and Neck, Other). All pathway delays will be reviewed by the breach panel at the end of February.

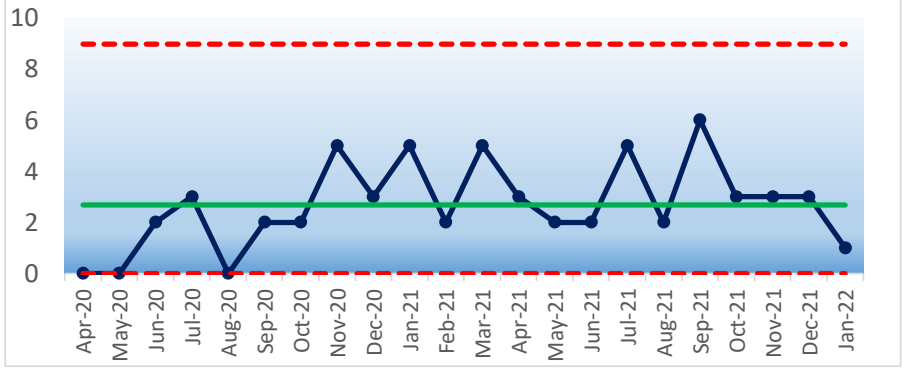
Provisional data indicates that 50% (7/14) of patients treated at tertiary centres in January were transferred for treatment by day 38, which is a deterioration on last month (70%).

Indicator	**5.9.2 - Cancer - 62 day standard - number of 104 days waiters**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	1

Indicator description

The number of cancer patients waiting 104 days or more since urgent GP referral.

SPC chart



Narrative

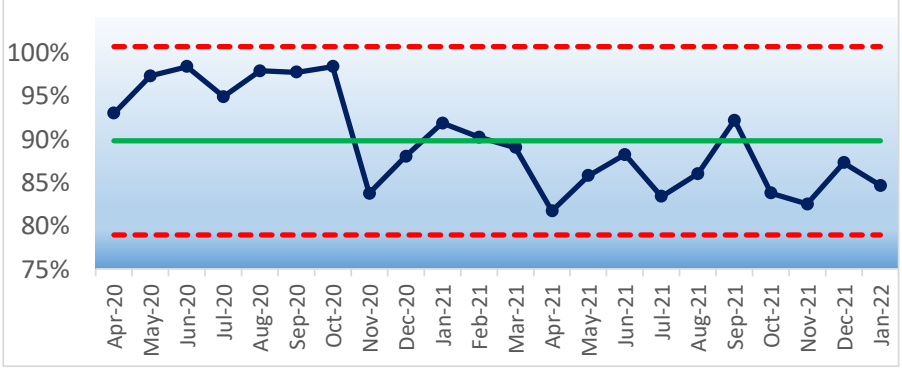
1 patient waited 104+ days for treatment in January (1 x Leeds renal). This patient was transferred on day 118 and the primary reason for the delay was due to diagnostic complexity. The patient has now received treatment and their pathway will be reviewed by the breach panel at the end of February.

Indicator	**5.10 - Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	84.6%

Indicator description

Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%.

SPC chart



Narrative

787 patients attended their first appointment for suspected cancer in January - 121 patients were seen after day 14 (compared to 118 last month), and of these 59 were Lower GI referrals and 36 were Urology referrals. The key issues affecting our ability for patients to attend urology first appointments continue to be staffing and lack of outpatient capacity.

The breast 2WW standard has improved significantly in January with performance above the operational standard (98.5%).

Indicator	**5.11 - Cancer - 28 days faster diagnosis standard (suspected cancer referrals)**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	75.6%

Indicator description

From October 2021, Trusts are required to deliver the new 28 days faster diagnosis standard for all suspected cancer referrals. The proposed operational standard is 75%.

Narrative

Provisional data indicates that in January combined performance for the three 28 days standards (2WW suspected cancer, 2WW non-cancer breast symptoms, Screening) has remained above the proposed operational standard of 75%.

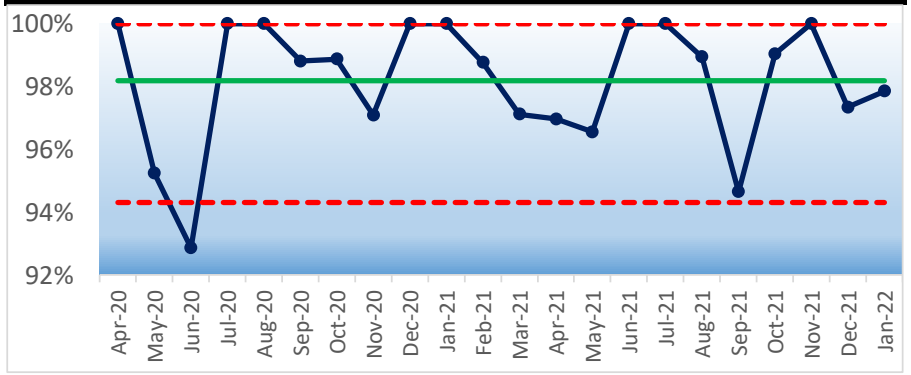
SPC chart

Indicator	**5.12 - Cancer - 31 days maximum wait from diagnosis to treatment for all cancers**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	97.8%

Indicator description

Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%.

SPC chart



Narrative

Provisional data indicate that 93 patients received First Definitive Treatment for cancer at HDFT in January which is slightly lower than the number of patients treated in recent months. 2 patients were treated outside 31 days of decision to treat (both colorectal) but overall peformance was above the expected standard of 96%. Challenges continue for colorectal surgery resulting in 31 day breaches, both in terms of theatre and staffing capacity.

Indicator	**5.13 - Children's Services - 0-12 months and 2-3 years caseload**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

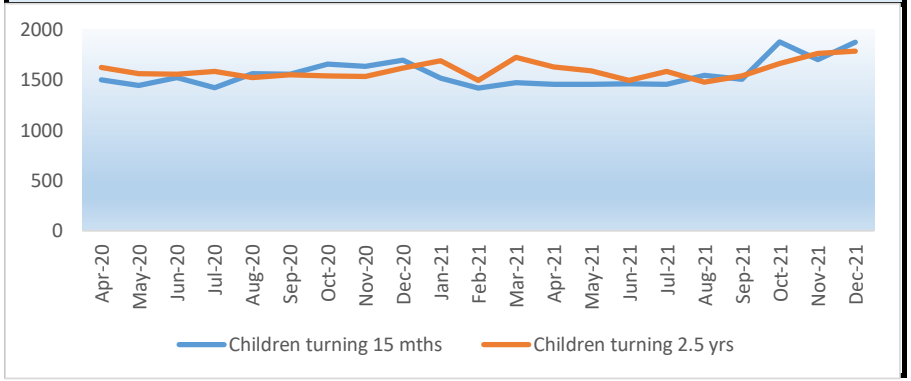
Indicator description

The chart shows the number of children turning 15 mths and 2.5 yrs across the full footprint of HDFT's 0-19 Services.

Narrative

Data is presented for the first time this month. Northumberland data is included from Oct-21.

SPC chart



Indicator	**5.14 - Children's Services - Safeguarding caseload**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	992

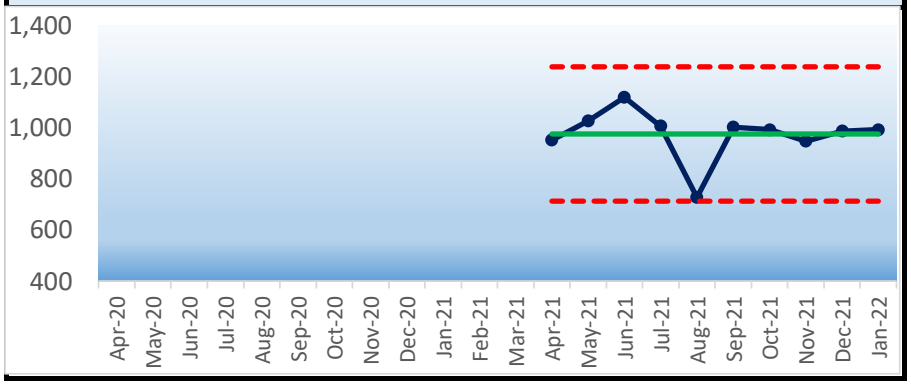
Indicator description

The chart shows the number of Child Protection strategies as an estimate for Safeguarding caseload.

Narrative

Data is presented for the first time this month. The chart shows the number of Child Protection strategies as an estimate for Safeguarding caseload.

SPC chart

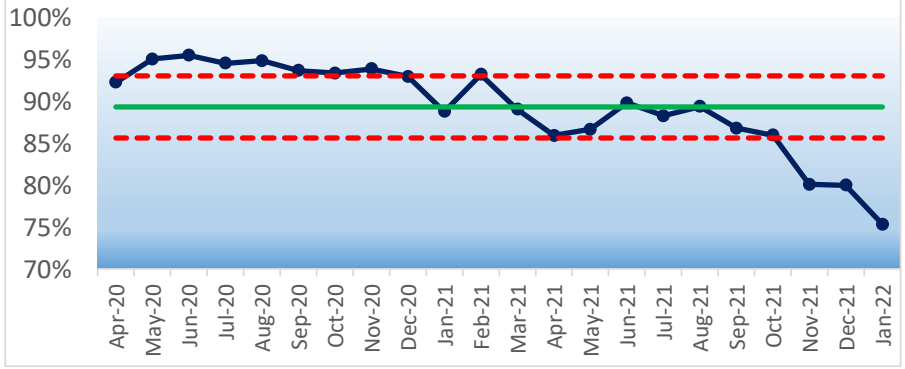


Indicator	**5.15 - Children's Services - Ante-natal visits**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	75.3%

Indicator description

The number of mothers receiving a first face to face antenatal contact at 28 weeks or above before birth.

SPC chart



Narrative

75% of eligible pregnant women received an initial antenatal visit in January. The deterioration in performance is due to the Middlesbrough provision and a fall from 90% performance to 33%. Staff isolation, sickness and vacancies contributed to this decline. Remidial actions in place to return to previous activity levels.

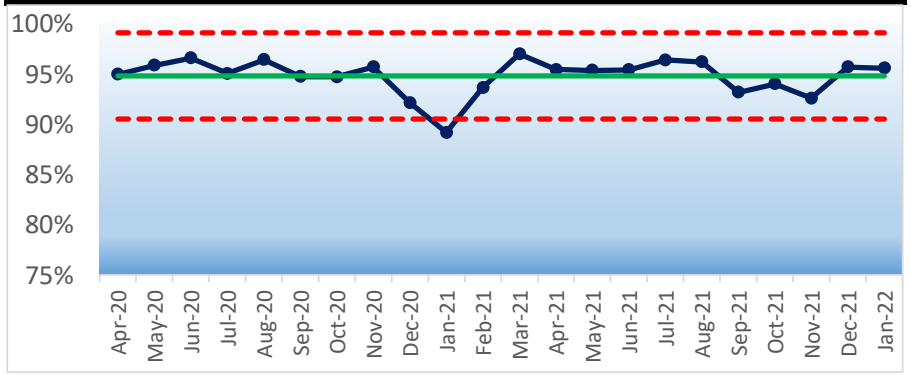
Data for Northumberland is now included from Oct-21 onwards.

Indicator	**5.16 - Children's Services - 10-14 day new birth visit**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	95.6%

Indicator description

The number of eligible infants who received a face-to-face Health Visitor new birth visit undertaken within 14 days from birth.

SPC chart



Narrative

96% of infants received a new birth visit within 10-14 days of birth during January.

Data for Northumberland is now included from Oct-21 onwards.

Indicator	**5.17 - Children's Services - 6-8 week visit**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	91.4%

Indicator description

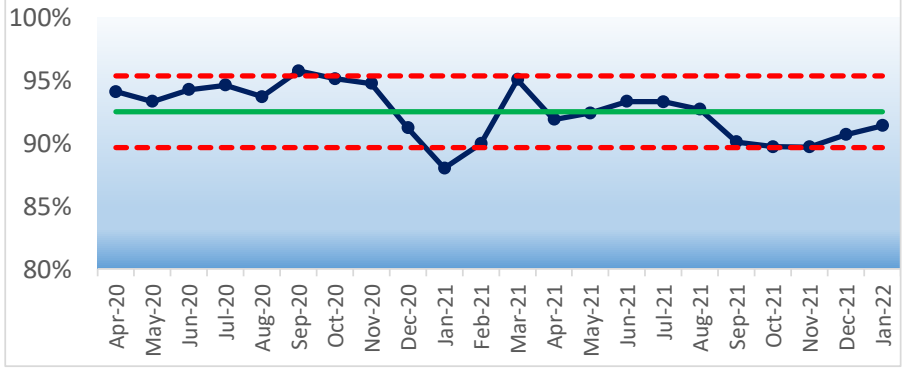
The number eligible infants who received 6-8 week review by 8 weeks of age.

Narrative

91% of infants received a 6-8 week visit by 8 weeks of age during January.

Data for Northumberland is now included from Oct-21 onwards.

SPC chart



Indicator	**5.18 - Children's Services - 12 month review**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	91.4%

Indicator description

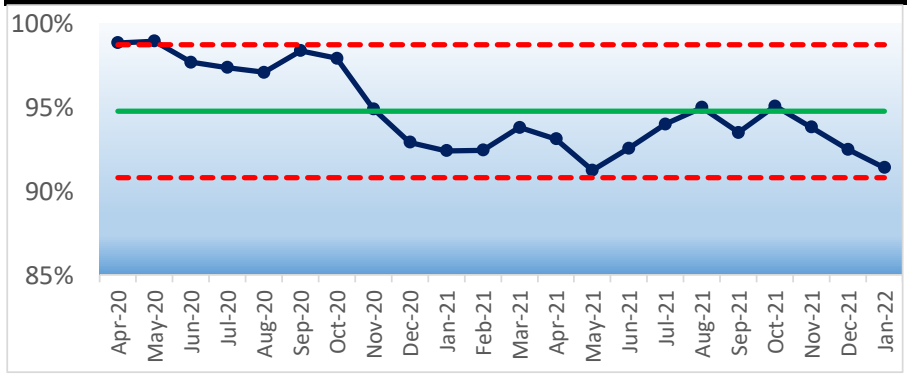
The number of children that received a 12 month review by 15 months of age.

Narrative

91% of eligible children received a 12 month review by 15 months of age during January.

Data for Northumberland is now included from Oct-21 onwards.

SPC chart



Indicator	**5.19 - Children's Services - 2.5 year review**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	91.5%

Indicator description

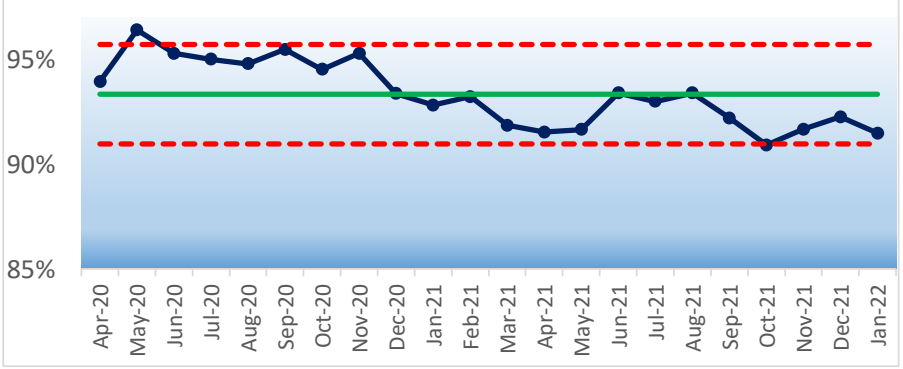
The number of eligible children receiving a 2-2.5 year review by the time they were 2.5 years.

Narrative

92% of eligible children received a 2-2.5 year review by 2.5 years of age during January.

Data for Northumberland is now included from Oct-21 onwards.

SPC chart



Indicator	**5.20 - Children's Services - % children with all 5 mandated contacts**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description

This indicator is under development.

SPC chart

Narrative

A one-off audit was carried out on North Yorkshire data in 2021 which looked at children born in 2017/18 and how many mandated contacts they had received. This showed that 62% of children had received all mandated contacts. 0.4% of children were recording as not having had any mandated contacts. A list of these children was shared with service managers to follow up.

The intention is to repeat this audit annually and extend to include all localities covered by HDFT's Children's Services.

Indicator	**5.21 - Children's Services - Delivery of Immunisation trajectory**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description
This indicator is under development.

SPC chart

Narrative

Indicator	**5.22 - Children's Services - OPEL level**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description

This indicator is under development.

SPC chart

Narrative

CC Directorate have started to discuss and record OPEL levels for 0-19 Services at their Safety and Governance huddles. The overall position for January was the following services were reporting level 2 - Northumberland 0-19 Services and Acute Paediatrics. The following services were reporting level 3 - Darlington, Stockton, Sunderland, Gateshead, Durham, Middlesbrough and North Yorkshire 0-19 Services and Safeguarding.

Indicator	**5.23 - Community Care Adult Teams - performance against new timeliness standards**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description

This indicator is under development.

SPC chart

Narrative

The NHS Operational Planning and Contracting Guidance 2021/22 set out the first stage for implementing the community two-hour crisis response standard in England by March 2022. All integrated care systems (ICSs) in England must ensure that crisis response care is available to all people within their homes or usual place of residence, including care homes, within two hours.

The Trust is currently preparing to be able to report this data from March 2022 onwards.

Indicator	**5.20 - Community Care Adult Teams - Number of virtual beds delivered in Supported Discharge Service**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description
This indicator is under development.

SPC chart

Narrative

Indicator	**5.25 - Community Care Adult Teams - Number of cancelled routine visits**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description
This indicator is under development.

SPC chart

Narrative

Indicator	**5.26 - Community Care Adult Teams - OPEL level**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	
Value / RAG rating	

Indicator description

This indicator is under development.

SPC chart

Narrative

CC Directorate have started to discuss and record OPEL levels for Adult Community Services at their Safety and Governance huddles. The overall position for January remained at level 3.

Indicator	**5.27 - GPOOH - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	39.1%

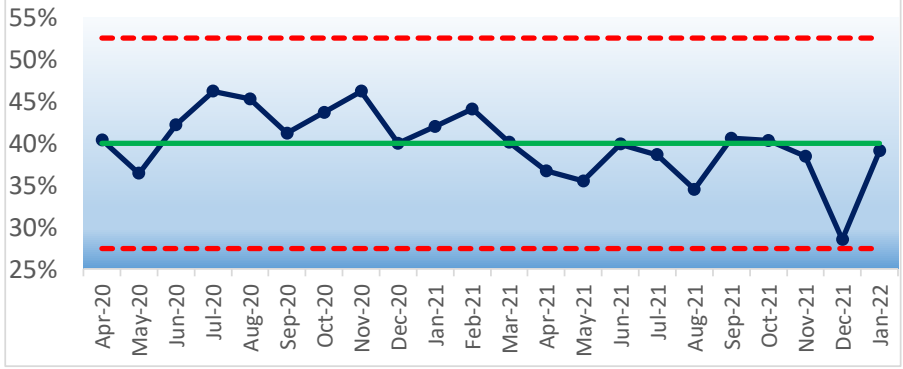
Indicator description

The percentage of telephone clinical assessment for URGENT cases carried out within 20 minutes of call prioritisation.

Narrative

In January, 39% of urgent GPOOH cases received a telephone clinical assessment within 20 minutes of call prioritisation, remaining below the 95% target.

SPC chart

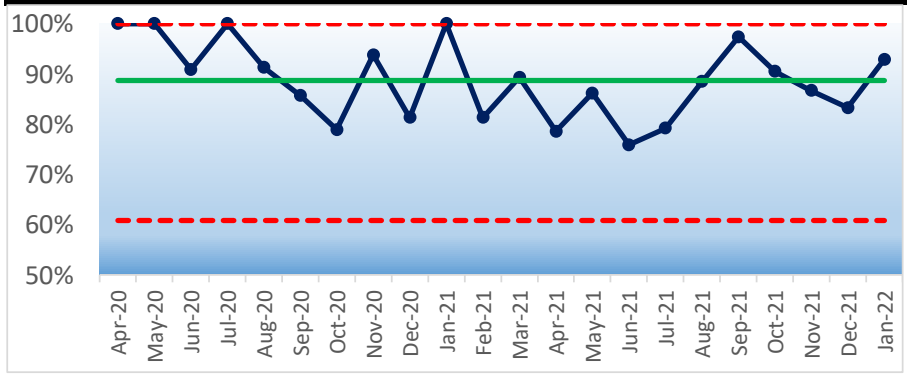


Indicator	**5.28 - GPOOH - Home visit: Face to face consultations started for URGENT cases within 2 hrs**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	92.9%

Indicator description

The percentage of home visit face to face consultations started for URGENT cases within 2 hrs.

SPC chart



Narrative

In January, 93% of urgent GPOOH cases received a home visit face to face consultation within 2 hours. There has been an increase in the number of face to face consultations requested as the country moves out of the most recent Covid wave and demand and capacity planning is underway looking to see if the 95% target is achievable with the increase.

Integrated Board Report - January 2022

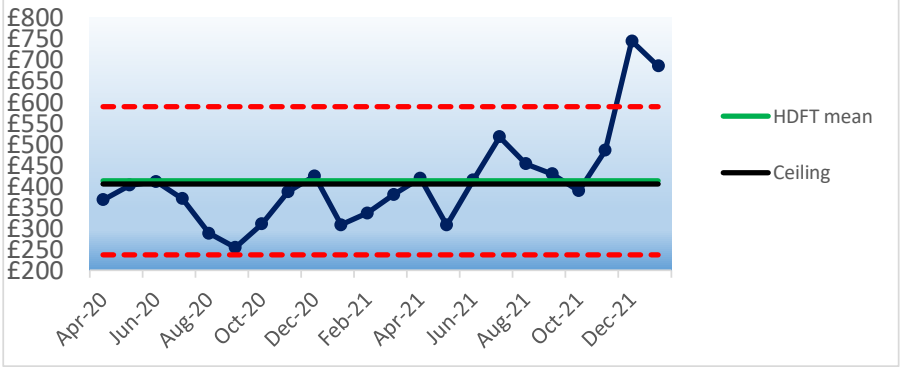
Domain 6 - Efficiency and Finance

Indicator	**6.1 - Agency spend**
Executive lead	Jonathan Coulter, Finance Director
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	£685

Indicator description

Expenditure in relation to Agency staff (£'000s). The Trust aims to have less than 3% of the total pay bill on agency staff.

SPC chart



Narrative

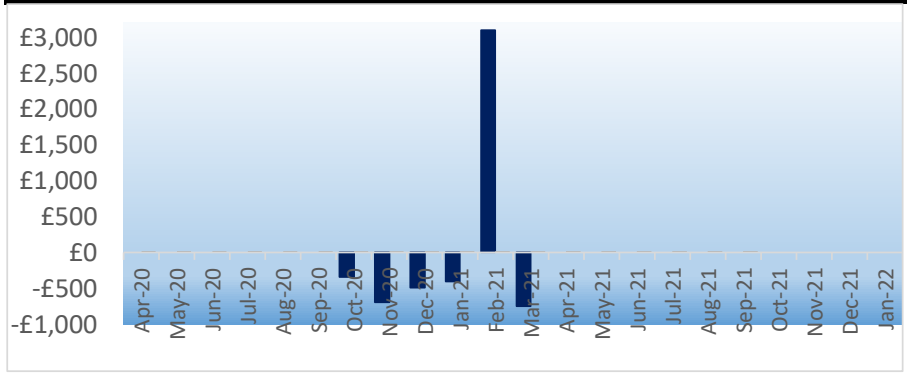
Agency spend continues to be above the ceiling. This largely relates to medical agency spending, where we have 9 agency medical staff that exceed the agency cap, and our use of Gutcare to provide staffing as part of our elective recovery response. Discussions continue through the planning process and the clinical strategy development work to get sustainable options for our medical workforce.

Indicator	**6.2 - Surplus / deficit and variance to plan**
Executive lead	Jonathan Coulter, Finance Director
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	£0

Indicator description

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.

Trend chart



Narrative

The current I&E position is at break-even, and this will also be achieved at the end of this financial year. Work ongoing in relation to ensuring our run rate going into a more challenging year is sustainable.

Indicator	**6.3 - Capital spend**
Executive lead	Jonathan Coulter, Finance Director
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	£14,559

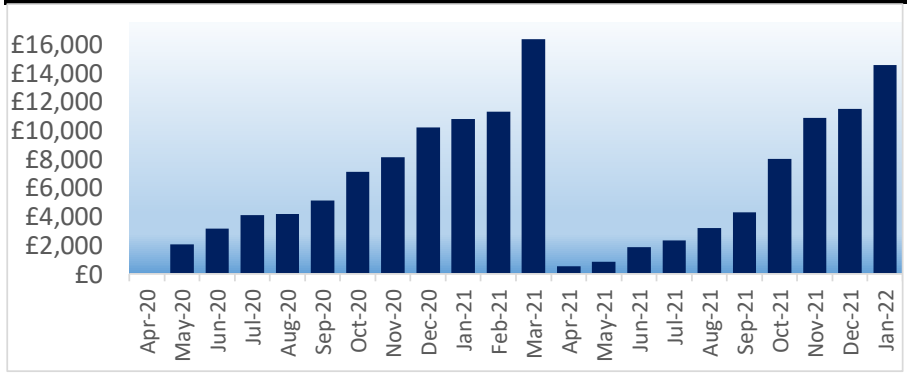
Indicator description

Cumulative Capital Expenditure by month (£'000s)

Narrative

Our capital spend is at £14.5m. We have plans in place to deliver the year end CDEL of £31m. These plans include repayment of loans (to be complete in February), delivering schemes as planned this year where possible, and bringing forward equipment replacement from 2022/23.

Trend chart



Indicator	**6.4 Cash balance**
Executive lead	Jonathan Coulter, Finance Director
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	£44,921

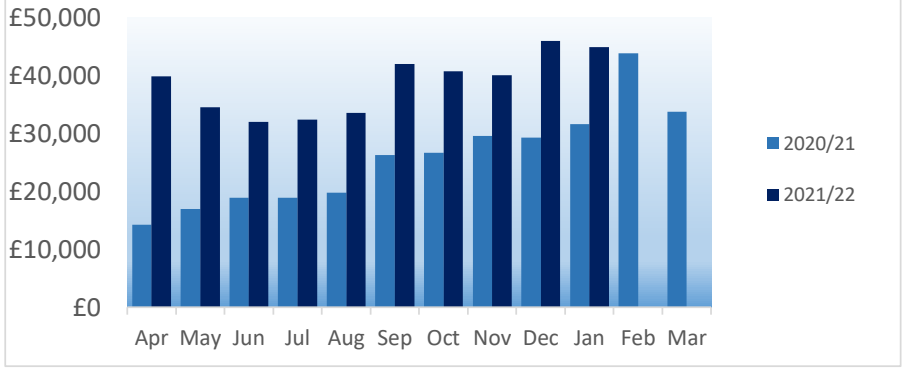
Indicator description

The Trust's cash balance by month (£'000s)

Narrative

The cash balance continues to be strong.

Trend chart

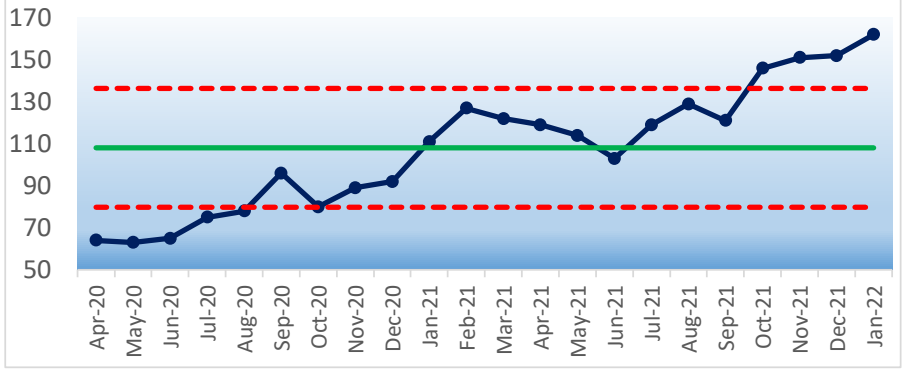


Indicator	**6.5.1 - Long stay patients - stranded (>7 days LOS)**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	162

Indicator description

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). The data excludes children, as per the NHS Improvement definition.

SPC chart



Narrative

The number of long stay patients (> 7 days) increased to 162 in January.

Indicator	**6.5.2 - Long stay patients - superstranded (>21 days LOS)**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	71

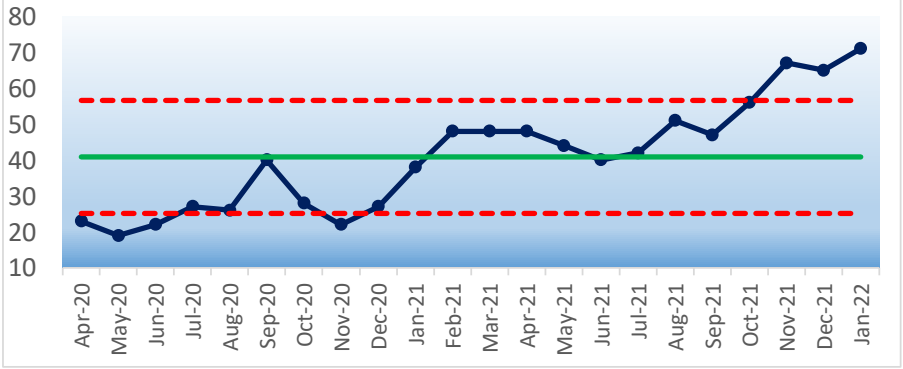
Indicator description

The average number of patients that were in the hospital with a length of stay of over 21 days (previously defined as super-stranded patients by NHS Improvement). The data excludes children, as per the NHS Improvement definition.

Narrative

The number of long stay patients (> 21 days) increased to 71 in January.

SPC chart

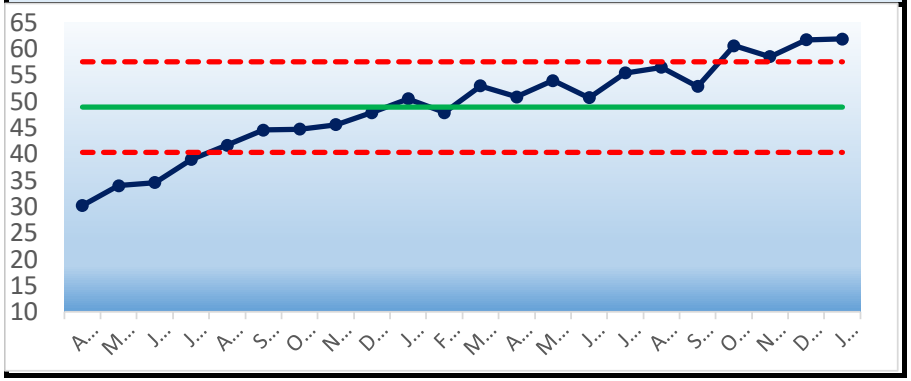


Indicator	**6.6 - Occupied bed days per 1,000 population**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	61.8

Indicator description

The number of occupied bed days expressed per 1,000 population, using the mid-2020 population estimate for Harrogate.

SPC chart



Narrative

As can be seen on the chart, occupied bed days have steadily increased since the start of the pandemic period. By comparison, in the 2 years prior to the pandemic, occupied bed days per 1,000 population averaged 57.8 and now the Trust are at 61.8 highlighting some of the flow issues.

Indicator	**6.7.1 Length of stay - elective**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	3.2

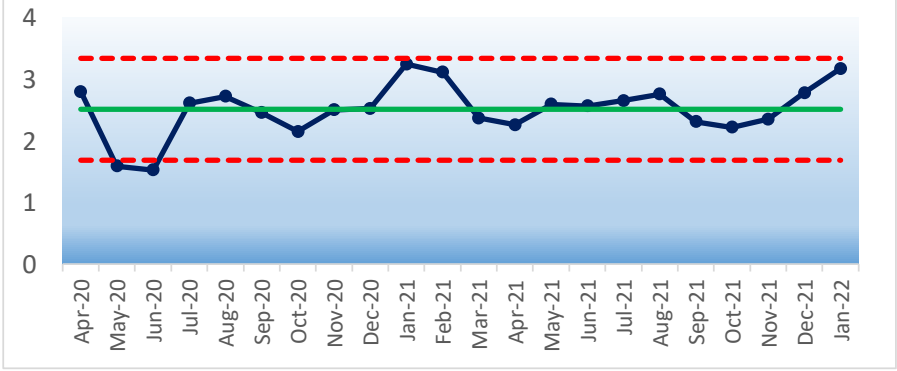
Indicator description

Average length of stay in days for elective (waiting list) patients. The data excludes day case patients.

Narrative

Elective length of stay increased in January, remaining above our local stretch target of 2.5 days.

SPC chart



Indicator	**6.7.2 Length of stay - non-elective**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	5.4

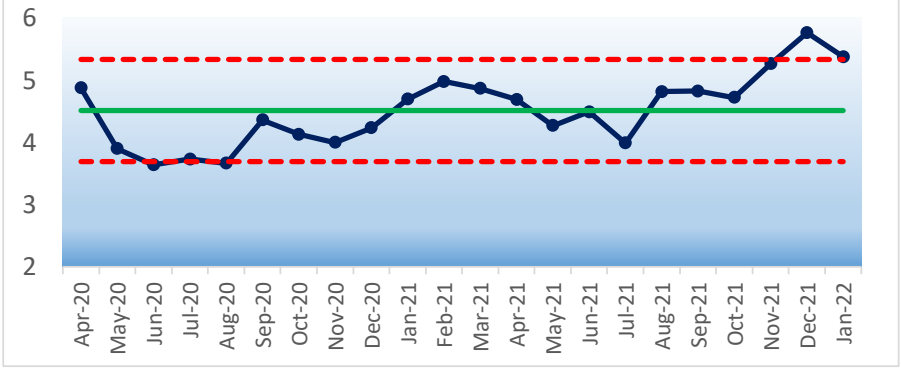
Indicator description

Average length of stay in days for non-elective (emergency) patients.

Narrative

Non-Elective length of stay decreased in January, but remains above our local stretch target.

SPC chart

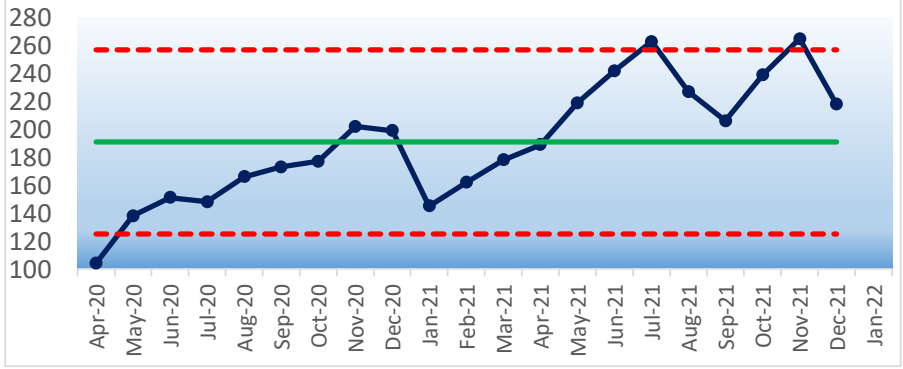


Indicator	**6.8 - Avoidable admissions**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Dec-21
Value / RAG rating	218

Indicator description

The number of avoidable emergency admissions as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission.

SPC chart



Narrative

There were 218 avoidable admissions in December, a reduction on the previous month. The most common diagnoses remain as urinary tract infections and pneumonia. Excluding children and admissions via CAT/SDEC, the figure was 137.

This is below pre-Covid levels - the average per month in 2018/19 was 270.

Indicator	**6.9 - Theatre utilisation (elective sessions)**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	81.3%

Indicator description

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.

SPC chart

Narrative

Theatre utilisation remains below the local intermediate target of 90%.

Indicator	**6.10 - Day case conversion rate**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	1.3%

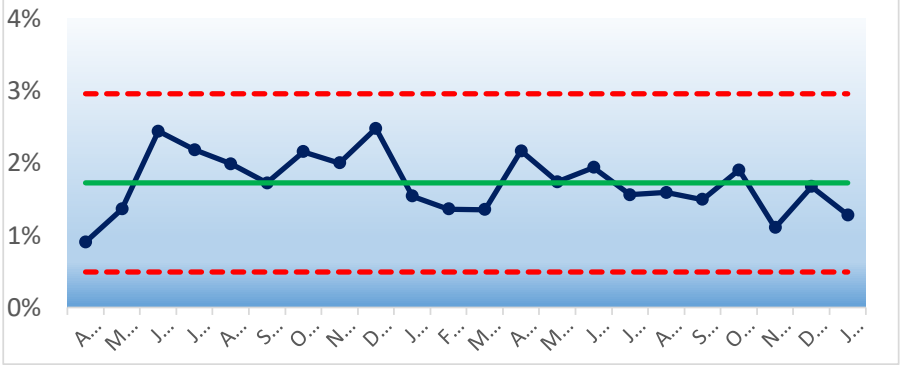
Indicator description

The percentage of intended elective day case admissions that ended up staying overnight or longer.

Narrative

1.3% (29 patients) of intended day cases stayed overnight or longer in January.

SPC chart



Integrated Board Report - January 2022

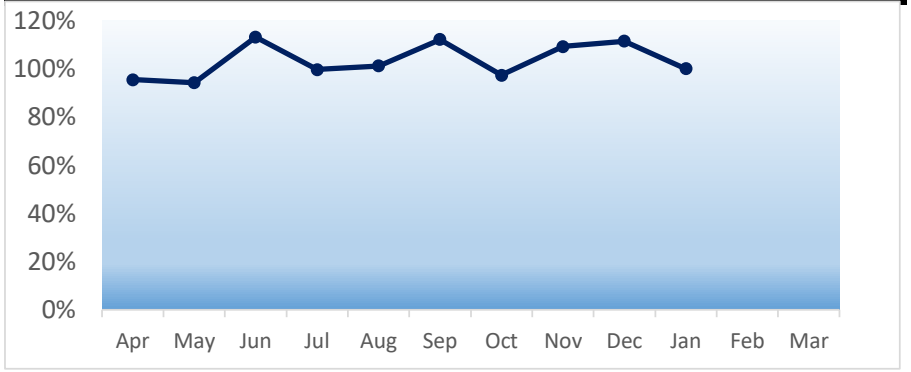
Domain 7 - Activity

Indicator	**7.1 - GP referrals against 2019/20 baseline**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	99.9%

Indicator description

GP referrals against 2019/20 baseline.

SPC chart



Narrative

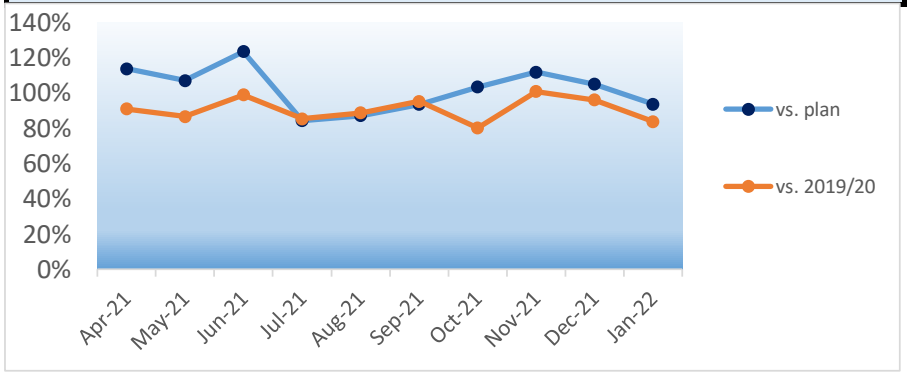
In January, GP referrals were in line with the equivalent month in 2019/20. On a year to date basis, GP referrals are 3% above 2019/20 levels.

Indicator	**7.2 - Outpatient activity (consultant led) against plan**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	93.5%

Indicator description

Outpatient activity (consultant led) against plan and 2019/20 baseline. The data includes new and follow up attendances.

Trend chart



Narrative

Outpatient activity was 6% below plan in January.

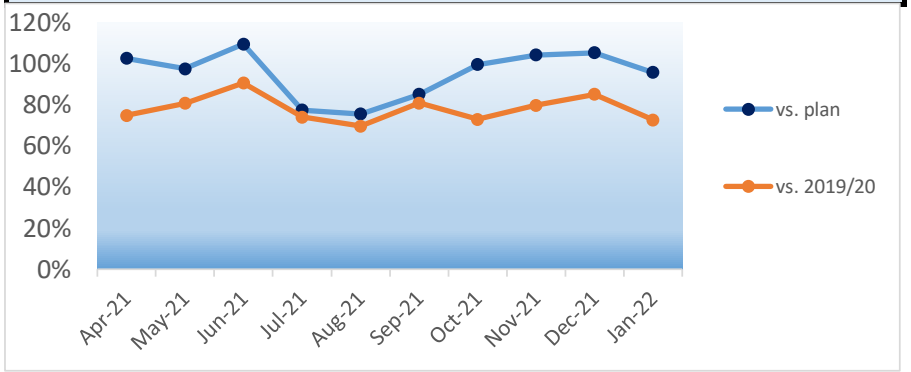
Please note that the plan figures have been updated to reflect the updated H2 plans submitted to NHSE/I in early November.

Indicator	**7.3 - Elective activity against plan**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	95.6%

Indicator description

Elective activity against plan and 2019/20 baseline. The data includes both elective inpatient and elective day case admissions.

Trend chart



Narrative

Elective admissions were 4% below plan in January.

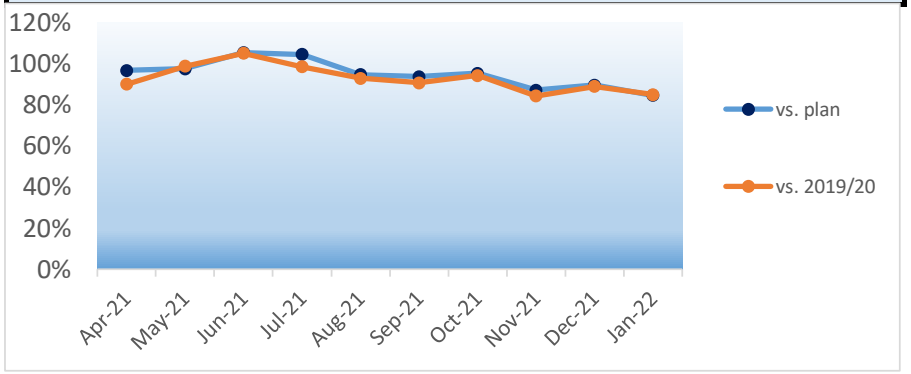
Please note that the plan figures have been updated to reflect the updated H2 plans submitted to NHSE/I in early November.

Indicator	**7.4 - Non-elective activity against plan**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	84.4%

Indicator description

Non-elective activity against plan and 2019/20 baseline.

Trend chart



Narrative

Non-elective activity was 16% below plan in January.

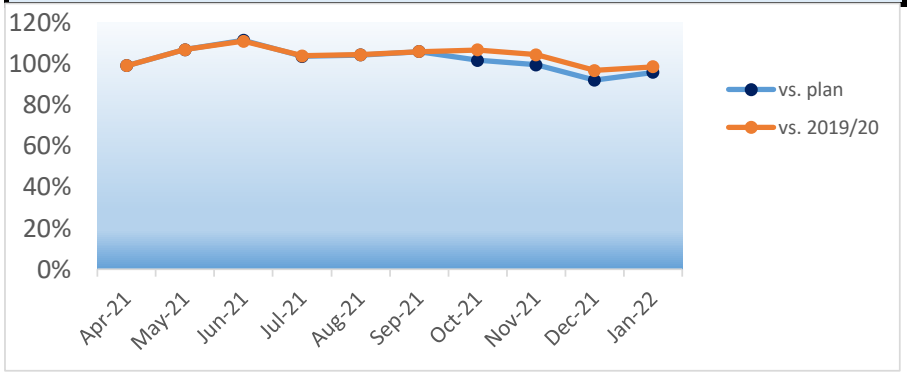
Please note that the plan figures have been updated to reflect the updated H2 plans submitted to NHSE/I in early November.

Indicator	**7.5 - Emergency Department attendances against plan**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jan-22
Value / RAG rating	95.6%

Indicator description

Emergency Department attendances against plan and 2019/20 baseline.

Trend chart



Narrative

Emergency Department attendances were 4% below plan in January.

Please note that the plan figures have been updated to reflect the updated H2 plans submitted to NHSE/I in early November.

Board of Directors (Public)
26th January 2022

Title:	**Corporate Risk Register**
Responsible Director:	Chief Executive
Author:	Company Secretary

Purpose of the report and summary of key issues:	The report provides the Trust Board with key updates and actions since the previous meeting held in on 24th November 2022. All Corporate Risks have been reviewed via the Directorate Review Meetings, the Executive Risk Review Meeting and the Senior Management Team meeting. Details of key indicators, mitigation, target risk ratings and current risk ratings are detailed in the report.	
BAF Risk:	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	X
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	X
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	X
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	X
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	X
	BAF3.2 To provide a high quality service	X
	BAF3.3 To provide high quality care to children and young people in adults community services	X
	BAF3.5 To provide high quality public health 0-19 services	X
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	X
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	X
	BAF4.4 To be financially stable to provide outstanding quality of care	X
Corporate Risks	All	
Report History:	Previous updates submitted to Public Board meetings. The January 2022 report has been reviewed at the Executive Risk Review Meeting (January 2022) and the Senior Management Team meeting (January 2022).	
Recommendation:	The Board is asked to note this report, and identify any areas in which further assurance is required, which is not covered in the Board papers.	

HARROGATE AND DISTRICT NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)
JANUARY 2022

CORPORATE RISK REGISTER

1.0 INTRODUCTION

The Corporate Risk Register consist of operational risk scoring 12 or above. It is reviewed monthly at the Directorate Performance Reviews and at the Executive Risk Management Group. This report provides a summary of the position in January 2022, and was presented to the Board at the January meeting..

2.0 CORPORATE RISKS

2.1 CRR5 – Nursing Shortages

The current position regarding Registered Nurses is as follows:

Month	Vacancy WTE	Vacancy %
Nov 21	94.36	5.86%
Oct 21	102.28	6.39%
Sep 21	98.93	6.62%
Aug 21	107.93	7.27%

The current position regarding Care Support Workers is as follows:

Month	Vacancy WTE	Vacancy %
Nov 21	93.25	17.7%
Oct 21	56.80	11.4%
Sep 21	74.32	14.5%
Aug 21	63.78	12.5%

Of note is that budgets were increase in November 2021, which is the overriding reason for the vacancy increase compared to previous months for Care Support Workers.

In terms of mitigation, it is noted that HDFT had a successful bid with NHSE/I to recruit additional Care Support Workers which will assist in bringing the figures to zero vacancies, with additional over recruitment proposed into the next financial year (2022-23).

Further the Care Support Worker Development Programme has been redesigned and increased clarity of career progression from a Care Support Worker to a Registered Nurse and the points between. Preceptorship programmes are also in place to retain newly qualified and new starters.

The Target Risk is 9 (3x3) – revised to March 2022 (from October 2021).

The Current Risk is 12 (3x4) – January 2022. This is the same rating as December 2021.

2.2 CRR6 – Wellbeing of Staff

Work continues with the support and development programme to assist in colleagues wellbeing. Of note is that a Mental Health Nurse and a Colleague Wellbeing Programme Lead role have both been recruited to and are due to commence in Quarter 4 2021-22

During December, in response to the Covid Omicron variant surge, all Trusts were asked by NHSE/I to revisit our colleague wellbeing offer to ensure a focus of activity into supporting the wellbeing of those working in critical care settings was available. In response to this the following actions were taken:

- We are developing a quiet room in the Education Centre (Enterprise Room)
- Refreshed Trust Wellbeing webpage & intranet with updated support offers & in-the-moment self-help
- Enhanced promotion around support offers with updated emails and poster circulation
- Re-promote EAP offer (now online/telephone/face-to-face) and NHS Wellbeing Hubs
- Mental Health Champions asked to enhance out-reach where they can & scheme re-promoted via Champion specific posters around site
- Thrive wellbeing conversations promoted & guidance provided
- A reminder sent via OMG about lessons learnt from Wave 1 and a reminder about End Well - checking out at the end of a shift as a process to support wellbeing
- Psychology drop-in/easy book sessions to be offered on main site from 21/12/2021
- Wider psychology staffing pool being approached to see if additional support is feasible via other specialities/TEWV if needed.

The Target risk 8 (2x4) has been amended from July 2021 to September 2022.

Current risk is 12 (3x4) – January 2022 this is the same rating as December 2021

2.3 CRR34 – Autism Assessment

The numbers on the waiting list is currently 464 (down from 590 in May 2021). The longest wait is current 60 weeks (down from 71 weeks in May 2021). The referral rate for a 6 month rolling average is now 50.

Based on the current additional funding being available for 12 months and with the continued high rates of referral, the projecting waiting list of 362 children at the end of the 12 months with the longest wait predicated at 24 weeks.

A capacity scheduler is in development to assist in the reducing pressures.

The Target Risk is 6 (3x2) – March 2023 from March 2022

The Current Risk is 12 (3x4) – January 2022. This is the same rating as December 2021.

2.4 CRR41 – RTT

Elective recovery work continues to be a major focus, and we continue to, where possible, increase elective admissions to reduce the gap to pre-COVID levels. The trust have implemented and resourced dedicated project support in theatres that commenced in October 2021 to aid elective recovery.

To mitigate the WLI changes and annual leave rollover dynamic, clinical sessions are in place to ensure most clinically pressured activity is covered. There has been increased beds on the Elective Surgical Unit; these remain in place to help mitigate increased activity levels over the winter period. The 5th room to support capsule endoscopy remains operational and Endoscopy lists are available seven days per week.

Clinical prioritisation and review continues for elective patients with 99% of patients waiting having been allocated a P1-6 national classification. The majority of those yet to be classified have been waiting <=2 weeks and work is progressing to ensure these are rapidly coded.

104+ week waiters
Through Quarter 3, we have been working collectively with our partner Trusts across WYAAT to understand how each Trust could support pressures on waiting lists, redesigning pathways and agreeing governance for identifying capacity to support the treatment of long waiting patients and ensuring consistent communication.

As part of this process HDFT have supported both Bradford Trust and Leeds HT in the treatment of both ENT and Max Fax paediatric long waiting patients. The patients/carers were contacted and consented to transfer their care to Harrogate and will now receive their treatment before the end of March '22. Capacity offered for the specialty areas has not had a detrimental impact on our ability to treat patients waiting for treatment in the same specialties. Our support continues to be monitored carefully with the clinical and managerial teams.

Internally the trust continue to review all patients on the Admitted pathway over 80 weeks and have initiated a weekly PTL meeting. With the service manager, admissions manager and 18-week lead each patient is reviewed to ensure that there are clear plans in place.

The specialties of concern are currently Urology (33 patients waiting) due to increased demand and Gynaecology (32 patients most with a date for treatment but very close to the end of March leaving little flexibility) due to capacity.

Conversations have already been initiated with colleagues across WYAAT and independent providers to source support for capacity and potential transfer of patients. Further to this Locum consultant support for undertaking additional, work on a Saturday.

Additional theatre lists at a weekend
Significant progress has been made in engaging with clinicians to undertake additional work on a weekend, with lists now being booked for Community Dentistry Paediatric sessions, General Surgery and Urology. The first theatre lists will start on Saturday the 15th January. Staffing in theatres continues to be challenging with vacancies gaps and covid related sickness but there is now a greater up take for covering additional theatre lists in the evening and at weekends.

The Target Risk is 6 (3x2) – March 2023, amended from March 2021

The Current Risk is 12 (3x4) – January 2022. This is the same rating as December 2021

2.5 CRR57 – Safeguarding Demand

The levels of activity in relation to safeguarding have remained at the raised levels identified in the Covid Recovery period. There have been no significant further increases other than a recent increase in the number of strategies in the Middlesbrough area.
The OPEL level process was introduced and piloted in Quarter 2-3 and has now been formalised and rolled out across 0-19/ safeguarding. All areas are at OPEL level 3 other than Darlington which is at OPEL level 2

Pressures remain within the workforce however the robust systems and processes that are now embedded into service delivery, pressures in relation to safeguarding have not escalated. Due to the uncertainty regarding the national policy in relation to further lockdowns, the risk level remains the same.

Of note is that national guidance of safeguarding in relation to high profile cases (Artur and Star) note that there should be no further deployment of 0-19 / safeguarding staff. The National Review of Safeguard in Infants advices further endorsement of ICON principles at 3-5 weeks and by GPs at 6-8 weeks. As such the 0-19 teams will utilise push notifications through text messages at 3-5 weeks and 6-8 weeks to reinforce ICON information to be compliant with advice.

Target risk is 8 (2x4) with an amended date of March 2022 (originally July 2021)

Current risk is 16 (4x4) – January 2022. This is the same rating as December 2021.

2.6 CRR61 – ED 4-hour Standard

A&E 4-hour standard remained below the 95% standard in December 2021. Significant improvement in 6-hour harm indicator was seen (790>6 hour stays total for December) which equates to 7.7 harms due to longer stay in December. 12 hour breaches did occur in December 2021 over 3 days in December with 6-8, 12 hour breaches each day. With regards to Ambulance handover performance, there were an average of 1 > 60-minute handover per day, and 4 > 30 minute delays in December.

A deterioration was noted in November and December as bed occupancy and COVID numbers increased. Pressures were also noted due to workforce challenges.

In terms of further mitigation, a business case for a new walk in streaming model is in development. A full action plan developed from the kaizen event is in the process of being implemented. Hospital flow programme to support ED flow has also commencing. In was noted that capital works over next 6 months had been initiated to centralise acute services at the front door and provide enhanced access to diagnostics.

The Target Risk is 6 (3x2) – March 2022. This is a change in target risk from 8 (4x2)

The Current Risk is 15 (3x5) – January 2022. This is the same rating as December 2021.

2.7 CRR63 – Violence and Aggression (ED)

The number of incidents relating to violence and aggression were:

- Datix incidents for aggression in the ED – 31 episodes through July
- Datix incidents for aggression in the ED – 28 episodes through August.
- Datix incidents for aggression in the ED – 12 episodes through September.
- Datix incidents for aggression in the ED – 8 episodes through October.
- Datix incidents for aggression in the ED – 11 episodes through November.
- Datix incidents for aggression in the ED – 9 episodes in December.

A review of security has taken place, and the following controls have been introduced – body cameras, CCTV, additional training for portering staff, the creation of a designated security responder, a structured 'threat response' standard operating procedure and a more structured approach to follow up with patients. The Trust has also engaged with the police to seek advice on the organisational approach. This should address the majority of the current gaps in control.

Staff body cams have been scheduled to be piloted in the ED January 2022 and the ED Manager is currently looking at an adapted SOP and will confirm the date to proceed supported by the LSMS Managers.

Emergency Security Response training (PMVA Level 2 equivalent) has now been completed for all Charge-hands and Deputy Charge-hands. A progressive roll out/refresher of Conflict resolution & De-escalation training is also continuing for both Healthcare Portering and HDFT colleagues.

The Target Risk is 8 (2x4) – February 2022 - target risk rating changed from September 2021

The Current Risk is 12 (3x4) – January 2022 this is the same as December 2021

2.9 Health and Safety

Following discussions at the November 2021 Trust Board the Director of Finance and the Company Secretary agreed to undertake a gap analysis of the governance arrangements regarding Health and Safety. This is due to be submitted to the January 2022 Trust Board in Private. Initial recommendations, include a revised agenda for the Health and Safety Committee that includes discussions on RIDDOR, COSH, Risk Assessments and training compliance.

In addition, a Health and Safety Manager job description has been drafted and is currently being reviewed for banding. Once this has been completed the post will be advertised.

In addition, the Deputy Director of Estates commences in post on 10th January 2022. This will provide additional expertise to develop an action plan to reduce the levels of risk.

The Target Risk is 8 (4x2) – March 2022 – revised from December 2021

The Current Risk is 16 (4x4) – January 2022, this rating is the same as December 2021.

2.10 Pharmacy Aseptic

It was agreed at the January 2022 Executive Risk Management Group that a Pharmacy Aseptic risk would be submitted onto the corporate risk register.

It was noted that there is a risk to service delivery that the Trust is not able to provide some cancer and other treatments because HDFT have to close (or external regulators direct us to close) the Aseptic Production Unit at short notice because we are unable to maintain QA standards because the transfer hatches, air handling unit do not meet the required standards. Due to capacity constraints in NHS and private sector aseptic production units it is unlikely that we would be able to source all products externally.

There is a risk to patient safety because QA standards for the aseptic production of medicines may not be met because the transfer hatches and air handling unit do not meet the required standards.

There is a risk to staff safety due to exposure to substances harmful to health because the transfer hatches and air handling unit do not meet the required standards.

There is a financial risk if the unit has to close because we would have to seek external provision of medicines which is likely to be at increased cost.

The Target Risk is 4 (1x4) – March 2023

The Current Risk is 12 (3x4) – January 2022 (New Risk)

3.0 RECOMMENDATIONS

It is recommended that the information is noted for assurance.

Kate Southgate
Company Secretary

January 2022

Council of Governors (Public)

7th March 2022

Governor Development & Membership Engagement Committee

Committee Name:	Governor Development & Membership Engagement
Committee Chair:	Clare Illingworth, Lead Governor
Date of last meeting:	19th January 2022
Date of meeting for which this report is prepared	7th March 2022
Summary of Key Issues: The summary below provides information from the last meeting on the 19th January 2022, held by the Governor Development & Membership Engagement Committee.	
• The minutes of the 29th November 2021 were approved • Ruth Hill gave a presentation on the HDFT Strategy work and encouraged Governors to be involved and that the outcomes would be shared at a future meeting with them • Giles Latham reviewed the structure of the Trust website • Membership database training has now taken place with further work on reporting being undertaken • The GDMEC are pursuing some NHS finance training in light of the implementation of the ICS' • Governors were thrilled to be presented with the draft Governor resources handbook, it is expected that this will be available for all Governors at the March CoG meeting • A list of topics for the 'Health & Wellbeing for Members' (previously Medicine for Members) has been agreed and its hoped in place for summer 2022 when face to face meetings will resume	
Are there any significant risks for noting by CoG? (list if appropriate)	
None	
Any matters of escalation for decision or noting (list if appropriate)	
None	

9.1

COUNCIL OF GOVERNORS
GOVERNOR DEVELOPMENT AND MEMBERSHIP ENGAGEMENT COMMITTEE
APPROVED MINUTES OF MEETING HELD ON 29TH NOVEMBER 2021
VIA MS TEAMS

Present: Clare Illingworth, Chair of meeting and Lead Governor
Ian Barlow, Public Governor
Martin Dennys, Public Governor
Tony Doveston, Public Governor
Sue Eddleston, Public Governor
Doug Masterton, Public Governor
Steve Treece, Public Governor
Angela Schofield, Trust Chairman
Kate Southgate, Company Secretary
Giles Latham, Marketing & Communications Manager
Elaine Culf, Corporate Affairs (Minutes)
Matt Graham, Director of Strategy (Item 6.3)

1.0 OPENING ITEMS:	
GDMEC/11/21/1.0	**Welcome and Apologies for Absence** Clare Illingworth welcomed everyone to the meeting, including Matt Graham, Director of Strategy, attending to speak about Item 3.4 on the agenda, HDFT Strategy. It was also noted that Martin Dennys would arrive late.
GDMEC/11/21/2.0	**Declarations of Interest** Martin Dennys and Tony Doveston declared an interest in Item 2.1. There were no further new declarations of interest.
GDMEC/11/21/3.0	**Minutes of Last Meeting** The minutes of the meeting held on 28th September 2021 were approved as an accurate record.
GDMEC/11/21/4.0	**Matters Arising and Action Log** Outstanding actions on the action log were reviewed, and the action log was updated. In relation to the outstanding action (**GDMEC/02/21/5.3)** on Finance training, Doug Masterton felt it was important to include an update on NHS Finance when the imminent changes from CCGs to an ICS were implemented. Tony Doveston added that, in the past, when Governors met in the Trust Library, a specific speaker was invited to provide an overview on a topic, such as managing accounts, and hoped this could be revisited. In relation to the action relating to the Membership Area on the Trust Website (**GDMEC/02/21/7.1**), an example from Frimley Park NHS Foundation Trust's website had been shared, and all agreed that this was a particularly good example of the desired content.
2.0 GOVERNOR DEVELOPMENT	
GDMEC/11/21/2.1	**Elections Update** *(Declarations of interest noted at Item 2.0).* It was confirmed that nominations for the forthcoming elections had now closed, with numbers of candidates confirmed as: Harrogate & Surrounding Villages - 6 candidates Knaresborough & East District - 3 candidates

	It was further noted that nominations close on Thursday, 16 December, at 5.00pm, with candidates notified as soon as possible thereafter.
3.0 MEMBERSHIP ENGAGEMENT	
GDMEC/11/21/3.1	**Member Events** The paper relating to the relaunch of Member Events, including the title of future events and topics for inclusion in the programme had been circulated and was taken as read. It was noted that the previous events title, "Medicine for Members" was recognised as limiting and the suggested new title of "Health & Wellbeing for Members" was approved. The topics for inclusion in a 2022 programme were noted, and the committee discussed the benefits of face to face events versus MS Teams or Zoom. It was acknowledged that face to face events would be the preferred option, though virtual events mean more people could attend. It was agreed that this will be revisited early in 2022 dependent on the latest Government guidelines relating to the pandemic. Sue Eddleston asked the committee to note that, in relation to an event around Organ & Tissue Donation, automatic donation of organs is now in force, unless a person opts out. **Resolved: i) Health & Wellbeing for Members was approved as the new Member Events title.** **ii) The list of topics for future Health & Wellbeing for Members events was approved.**
GDMEC/11/21/3.2	**Membership Communications** The Chair led a brief discussion relating to membership communications. Kate Southgate confirmed that once training has been completed on the use of the new membership database, the Trust will be able to use this to communicate with members. It was noted that, with the exception of ballot papers for elections, members are currently communicated with only by email, with members on postal services do not receive the same amount of information. Elaine Culf provided the breakdown of members with/without email addresses, these are:

Email Type Breakdown	Email Recipient	No Email	Total
Public Constituencies	**3,056**	**9,387**	**12,443**
Out of Trust Area	16	38	54
Harrogate and surrounding villages	1,413	4,332	5,745
Knaresborough and East District	481	1,437	1,918
Rest of North Yorkshire and York	130	308	438
Ripon and West District	447	1,167	1,614
Wetherby, Harewood, Otley and Yeadon, Adel and Wharfedale, Alwoodley	368	1,455	1,823
Rest of England	201	650	851

The costs of postal communications to members were highlighted, and it was felt that further discussions about a postal communication to all members to encourage use of email services was important.

9.2

GDMEC/11/21/3.3	**Membership Newsletter** Giles Latham, Communications and Marketing Manager, shared the draft Newsletter that is to be circulated during the Election period with the committee. The committee all agreed that this issue looks excellent and thanked all concerned for the input and effort.
GDMEC/11/21/6.3	**HDFT Strategy – Staff and Public Engagement** Matt Graham, Director of Strategy, confirmed that the 5 year Trust Strategy plan had been due for update in 2019, and though work was underway, it was then delayed by the Covid pandemic. He confirmed that the current plan is to embark on a refresh of both the Trust and Clinical Strategy, via a number of surveys. It is important that patients, families, the public and our members of staff are involved, and in order to gather the views of as many people as possible, he requested support from Governors as part of the process. The committee agreed that these surveys were extremely valuable to the organisation, noting that it was important that the strategy needs to be realistic, particularly in terms of the workforce plan. It was further noted that there is a lot of work involved in producing the strategy, with Matt Graham confirming that his team, Executives and the Project Management team will be involved. Angela Schofield noted that, without the restrictions of the pandemic, members of the public would be invited to attend workshops to contribute to the development of the strategy, but this is not currently possible. She further noted that a core function of governors is to engage with members, and this was an important opportunity to contribute. Matt Graham confirmed that he would be happy to look at online sessions for engagement with members, and Healthwatch have confirmed use of their contacts and groups as well. An update on progress will be provided at the next meeting.
4.0 GOVERNANCE	
GDMEC/11/21/4.0	**Annual Review – Effectiveness of Council of Governors** The Chair reminded the committee about the effectiveness survey that had been circulated, and discussed the options relating to whether NHS Providers should be used to carry out an independent effectiveness survey, which will cost c.£2,000. The committee briefly discussed the use of a survey, with Sue Eddleston commenting that this should be carried out, so that any perceived weaknesses can be addressed, and strengths can be acknowledged. Doug Masterton also commented that duties of governors include providing links to the community and liaison with the board. It was agreed that the Chair would produce a paper to support use of an independent effectiveness survey, for discussion/approval at the March 2022 Council of Governors meeting. **Action: Clare Illingworth**
5.0 CLOSING ITEMS	
GDMEC/11/21/5.1	**Any Other Business** Angela Schofield informed the committee that Dr Loveena Kunwar, Staff Governor for the Medical Practitioners Constituency had resigned as a governor and the seat will remain vacant until the next round of elections.

GDMEC/11/21/5.2	**Evaluation of Meeting** The committee agreed that the updates and information provided had been extremely useful.
GDMEC/11/21/5.3	**Date and Time of Next Meeting** As agreed during the meeting, future meetings will take place on Wednesday, instead of Tuesday. The schedule for 2022 is as follows: 19 January 2022 — 23 March 2022 18 May 2022 — 20 July 2022 21 September 2022 — 16 November 2022 Meetings would commence at 4:00pm and close at 5:30pm.

Council of Governors (Public)
7th March 2022

Governor Effectiveness Survey

Agenda item number:	9.3
Presented for:	Discussion and Approval
Report of:	Lead Governor
Author (s):	Lead Governor Corporate Affairs & 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:

1. Note the details of the Governor Effectiveness Survey proposal
2. Approve the implementation of the NHS Providers Effectiveness Survey, to take place during 2022.

9.3

Council of Governors
7th March 2022

NHS Providers: Governor Effectiveness Survey

Introduction:

1. The Council of Governors has various statutory roles including the appointment of the Non-Executive Directors and the Chair. The Council provides the Board of Directors with an informed view on how it may carry out its business in ways consistent with the needs of the Members and wider community. The Council of Governors also acts as a guardian to ensure that the Foundation Trust operates in a way that fits with its statement of purpose and complies with the Terms of Authorisation and Licence.

2. The Lead Governor noted when attending an NHS Providers conference that they provided a CoG effectiveness review service. HDFT have previously undertaken their own Effectiveness Surveys for Council of Governors, with limited participation and success, this has not been undertaken on a more formal basis.

3. The detail of the NHS Providers Council of Governors Effectiveness Survey is attached as Appendix 1. NHS Providers introduced the Council of Governors Effectiveness Survey in 2020, in recognition that formal committees of an NHS Foundation Trust should be reviewed on a frequent basis.

Process:

4. The Survey will be carried out by NHS Providers, and the use of an online survey, containing standard questions, though there is also an opportunity to incorporate particular questions to focus on local issues. This is followed by meetings with three Non-Executive Directors and ends with a 60-90 minute virtual workshop for all governors, and Non-Executive Directors if this is the desire of the Council. There will be a shared diagnosis and actions set for the following year. The whole process will be undertaken over a period of approximately two months.

Costs:

5. The cost of provision by NHS Providers is £2322 (excluding VAT), and includes all elements detailed above.

Recommendation:
The Council of Governors is asked to:

i. Note the details of the Governor Effectiveness Survey proposal
ii. Approve the implementation of the NHS Providers Effectiveness Survey, to take place during 2022.

Clare Illingworth

Lead/Stakeholder Governor

September 2020

GOVERNOR SUPPORT TEAM

Council of Governors Effectiveness Surveys

In corporate governance it is good practice to review all formal committees on a frequent and specified basis to assess their effectiveness and answer the fundamental question are they doing what they were set up to do? The FT Code of Governance states that 'The council of governors should assess its own collective performance and its impact on the NHS foundation trust.' Many trusts do this for their Council of Governors (CoG) but not always in a regular, transparent or systematic way.

Over the last year we have introduced effectiveness surveys for CoGs backed up with a workshop for all governors. We have the benefit of a strong Analysis team at NHS Providers supporting our policy work for members who have advised on the structure and language of the survey. It has a core bank of questions across six sections with some trusts requesting additional questions to tease out particular local issues. It is sent via an electronic link to all governors to complete on an anonymous basis across a two week period and we aim for a minimum response rate of two thirds of the CoG members.

In addition to responses to specified questions governors are invited to submit freetext comments on each section which can be illuminating both in explaining high/low scores and in how governors are feeling about their role.

We share the findings of the survey and plan the workshop via a call with trust representatives which usually comprises a combination of the chair, company secretary, lead governor and officer who acts as first point of contact for the CoG. We are briefed on any current or sensitive issues and also look at papers from the latest CoG meeting and if one is scheduled ahead of the workshop we try to attend the meeting.

We encourage trusts to share the survey report in full with governors ahead of the workshop, which is scheduled for one and a half to two hours. Target audience for the workshop is all governors but some trusts have chosen to invite NEDs too. Here we present a high level summary of the findings, check whether this is in line with governor expectations and seek to build a consensus on the areas for development. The ideal outcome is a clear set of actions designed to strengthen the effectiveness of the CoG. Some workshops have been followed up by a series of training and development sessions on specific themes either led by us or run internally by the trust. Examples are holding to account,

developing the lead governor role, organisation and conduct of meetings and representing members and the public.

When we first offered the workshops last year we went to the trust premises and delivered them face to face. Since the onset of Covid-19 we have just delivered our second workshop using virtual technology, in both cases using the trusts preferred platform. As the workshop lasts a maximum of two hours with the survey report and questions to consider circulated in advance these have worked well on a virtual basis. Some of the platforms feature "breakout rooms" which we have used to enable small group working.

A clear benefit of this process, which we can evidence from verbal and written feedback , is that governors really appreciate that the trust is taking them seriously, investing in their development and seeking to improve the relationship between the council and the board.

As we have gradually increased the size of our database from the surveys we are able to provide more comparative analysis to assess the relative strengths and areas for development of each CoG. Experience to date suggests some trusts come to us as they see value in an independent source undertaking the survey but all recognise our expertise in delivering governor training and development via the GovernWell programme since 2013.

We always seek user feedback and Susan Simpson, Director of Corporate Governance and Company Secretary at Kingston Hospital NHS FT, stated –

"We engaged NHS Providers to lead an interactive workshop session to help bring clarity regarding the role of the Council of Governors and to prepare for any future work on governance we may do. Mark Price and Kim Hutchings led an interactive workshop session for our governors based on information gathered anonymously in a survey prior to the session. Mark and Kim were approachable, knowledgeable, thoughtful and thorough from beginning to end. The use of the survey ensured all voices could be heard in the discussion and we had some excellent feedback from governors about the event. It was also great to get some clear tangible actions for implementation afterwards. I was totally satisfied with the whole experience."

Mark Price, member development manager mark.price@nhsproviders.org

Council of Governors
7th March 2022

Constituencies Review

Agenda item number:		10.0
Presented for:	Discussion and Approval	
Report of:	Chairman	
Author (s):	Chairman	
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 approve:

1. The change of the North Yorkshire and York Constituency to Northern England
2. The targeting of the recruitment to the vacant Nursing and Midwifery staff governor on community services, including 0-19 services.
3. The organisation of elections at the earliest opportunity

10

HARROGATE AND DISTRICT NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

7 MARCH 2022

Constituency Review

Public Constituencies

There are currently two vacant public governor positions. This therefore presents an opportunity to consider the potential options to review the public governor constituencies of the Council of Governors to better reflect the Trust's footprint.

HDFT achieved Foundation Trust status in 2005 when the Trust almost exclusively served the population of the current constituencies. Since that time HDFT has taken on a range of different services, particularly services commissioned by local authorities for health visiting and school nursing in the North East of England. Members of the community in these areas and staff who provide these services are not currently reflected in the composition of the Council of Governors.

The number constituencies and governors is usually related to patient flow. However the 0-19 services do not provide services to patients, but contacts with families and children. A proxy to give an indication of the scale of the services is the number of staff which is around 36% of the Trust's staff complement. This suggests that these services are not sufficiently represented on the Council and it is proposed that the North Yorkshire and York constituency should become the North of England constituency. The elected governor is Ian Barlow.

The current constituencies are:

- 5 x Harrogate and surrounding villages
- 2 x Ripon and West District;
- 2 x Knaresborough and East District – 1 seat currently vacant
- 2 x Wetherby and Harewood including Otley and Yeadon, Adel and Wharfedale and Alwoodley Wards
- 1 x rest of North Yorkshire and York; and
- 1 x Rest of England. – 1 seat currently vacant

Staff Constituencies

The current make up is:

- 2 x Nursing and Midwifery – 1 vacant seat
- 1 x Medical – 1 vacant seat
- 1 x Other Clinical
- 1 x Non-Clinical – 1 vacant seat

The current breakdown of nurse staffing numbers is 1/3rd Maternity/Acute nursing, 1/3rd Care Support Workers and 1/3rd are community. The biggest group in community are health visitors and school nurses who represent 20% of the nursing staff in the Trust. There is therefore an argument for targeting recruitment for the vacant staff governor for Nursing and Midwifery on community which includes 0-19 services.

The Council is asked to approve:

1. The change of the North Yorkshire and York Constituency to Northern England
2. The targeting of the recruitment to the vacant Nursing and Midwifery staff governor on community services, including 0-19 services.
3. The organisation of elections at the earliest opportunity

Angela Schofield
Chairman
February 2022

APPENDIX 1: MEMBERSHIP INFORMATION:

(Excluding Staff members)

Member Type Breakdown Report

Table | Graphs

Category or Consituency	Active	Inactive	Suspended	Total
Total Membership	**16435**	**0**	**0**	**16435**
Public Constituencies	**12360**	**0**	**0**	**12360**
Out of Trust Area	54	0	0	54
Harrogate and surrounding villages	5705	0	0	5705
Knaresborough and East District	1907	0	0	1907
Rest of North Yorkshire and York	437	0	0	437
Ripon and West District	1601	0	0	1601
Wetherby, Harewood, Otley and Yeadon, Adel and Wharfedale, Alwoodley	1806	0	0	1806
Rest of England	850	0	0	850

Council of Governors Workplan - 2022				
Dates of Meetings	Monday 7 March	Tuesday 7 June	Tuesday 6 September	Monday 5 December
Final Reports required by:	24/02/22	26/05/22	25/08/22	23/11/21
Opening Items				
Welcome and apologies	✓	✓	✓	✓
Declaration of interests	✓	✓	✓	✓
Minutes of previous meeting	✓	✓	✓	✓
Matters arising and Action log	✓	✓	✓	✓
Routine Items				
Chairman's Report	✓	✓	✓	✓
Chief Executive Report (including finance, performance and quality/patient safety)	✓	✓	✓	✓
Non-executive Director (Committee Chair) Update (rotate)	✓	✓	✓	✓
Feedback from Governor Committee/Group Reports and minutes: (Remuneration, Nomination and Conduct Committee, Governor Development & Membership Engagement, External Auditor Working Group)	*	*	*	* - decision on EA to be ratified
Annual Plan	*	*	*	*
Annual Governor Feedback Report			✓	
Approval of Quality Indicator for Audit (not applicable due annual reporting change due to COVID)				
Annual Quality Report (not applicable due annual reporting change due to COVID)				
Annual Report and Accounts			✓	
External Auditor Report to Governors (not applicable due annual reporting change due to COVID)				
Governor Events, Feedback	*	*	*	*
Register of Interests		✓		
Appointment of Lead Governor	*	*	*	*
Annual Review of Committee/Group Membership				✓
Membership Strategy approval (then annual review)			✓	
Elections Update Report	*	*	*	*
Election Results	*	*	*	*
Annual Review of Terms of Reference (Remuneration, Nomination and Conduct Committee; and Governor Development & Membership Engagement Committee)			✓	
Calendar of Governor Activities	*	*	*	*
Constitution Annual Review		✓		
Annual Review of the Effectiveness of the Council of Governors			✓	
Bi-annual Update on Harrogate Healthcare Facilities Management Limited (t/a Harrogate Integrated Facilities (HIF))		✓		✓
Closing Items				
Any Other Business	*	*	*	*
Evaluation of Meeting	✓	✓	✓	✓

*As and when required

Appendix 1

Council of Governors Meeting
7th March 2022

Governor questions

Operating Theatre Practice within HDFT:

Patient Dignity and Respect, Quality of Patient Care and Surgical Outcomes for Patients

Context: I recently underwent surgery at Harrogate Hospital. I was very aware how vulnerable I felt about having surgery, especially with a general anaesthetic. However, I needn't have worried as my experience overall was just so positive. From the moment I walked into the Unit until the moment I left it, everyone– from support staff, nurses, doctors, anaesthetists and surgeons -treated me with such dignity, kindness, compassion and great care. I also believe my health problem has been sorted too. From what I could see, the staff treated every other patient with equally high standards of personalised, professional healthcare. I willingly gave feedback to the Trust with a request that it be shared with all relevant staff. Coincidently, whilst recuperating at home I happened to see a TV documentary series based upon patient and staff experiences in operating theatres at the Queen Elizabeth Hospital, King's Lynn, Norfolk ('Inside the Operating Theatre', W Channel). There I witnessed plenty of what I thought seemed a positive staff culture and good healthcare too. That said, I'm sure there were also some lessons to learn for its staff as well. That got me thinking more generally about operating theatre practice in our Trust.

1. Can NEDS tell us whether our Trust regularly monitors operating theatre practices and both patient and staff experiences of them?
2. If so, do NEDS know whether the Trust routinely identifies and appropriately disseminates both good practice and addresses effectively areas for improvement?
3. If (1) and (2) above does happen, can NEDS share these with Governors?

Dave Stott, Public Governor, Harrogate and Surrounding Villages

Pathology Joint Venture:

4. Can we please have an update on the current status of and future plans for the Pathology Joint Venture in which the Trust is involved; whether this is on track to meet the planned objectives for this activity; and mitigation actions being taken or planned to address identified risks to delivery? Can NEDs please advise how they get assurance on this activity and the management of the associated risks?

Steve Treece, Public Governor, Wetherby & Harewood and Alwoodley, Adel and Wharfedale and Otley and Yeadon Wards

NHS Vaccination Policy:

5. Now that the government has dropped the requirement for front line staff in the NHS to be fully vaccinated against Covid, what impact will this have on Trust operations and has potential loss of staff been avoided? Are there staff who might have resigned from the Trust in anticipation of the requirement to be vaccinated who might usefully be able to work for us again?

Doug Masterton, Public Governor, Wetherby & Harewood and Alwoodley, Adel and Wharfedale and Otley and Yeadon Wards

Government Policy:

Context: The government policy to raise National Insurance in order to boost NHS (and subsequently social care) expenditure should lead to extra resources being available for Trust operations but with expectations linked to achievements of targets and new methods of working.

6. What forward planning will be undertaken to respond to this challenge?
7. Can governors be involved in studying how ideas for any operational changes might be perceived by the patient community (eg patient-initiated follow up consultations)?

Doug Masterton, Public Governor, Wetherby & Harewood and Alwoodley, Adel and Wharfedale and Otley and Yeadon Wards

Safeguarding:

8. Can we please have an update on the position regarding safeguarding demand, any constraints to the Trust's capacity to meet this demand and measures being taken to deal with these constraints? We were informed the risk was high, what assurance can we be offered that shows these risks are being monitored, and that the remedial or mitigating actions are taken in a timely manner to ensure no children are harmed?

Steve Treece, Public Governor, Wetherby & Harewood and Alwoodley, Adel and Wharfedale and Otley and Yeadon Wards

HDFT Recovery Plans:

9. What assurance can the NEDs provide that HDFT has a viable documented strategy & plans for the next pandemic? (a Corona virus or a n other pandemic) incl PPE and staff health protection
10. What assurance can the NEDs provide that the HDFT recovery plans for elective care will recover the extended backlog of patients?
11. What learning on new ways of delivering care and recovering backlog are being used to permanently improve care efficiency?

Martin Dennys, Public Governor, Harrogate and Surrounding Villages

HDFT Security Issues:

12. Governors are aware that increased security measures have recently been implemented. Could we please have assurance that the improved policies, de-escalation training and body cameras that were put in place to reduce the amount of security incidents in ED have resulted in a measurable reduction in aggression and violence to staff in ED including porters. In addition, how can we be assured that staff safety concerns have been addressed so far as is reasonably practicable?

Andrew Jackson, Staff Governor