

Council of Governors' Meeting (held in PUBLIC)
Wednesday, 3 March 2021, from 4.30 – 6.00pm
(via Video Conferencing - MS Teams)

AGENDA

Time	Item No.	Item	Lead	Action	Paper
4.30	1.0	Welcome and Apologies for Absence	Angela Schofield Chairman	Note	Verbal
	2.0	Declarations of Interest <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Angela Schofield Chairman	Note	Attached
	3.0	Minutes of the meeting held on 14 December 2020	Angela Schofield Chairman	Approve	Attached
	4.0	Matters Arising and Action Log	Angela Schofield Chairman	Note/ Approve	Attached
4.40	5.0	Chairman's Update	Angela Schofield Chairman	Note	Verbal
4.50	6.0	Non-Executive Director Briefing (Chair of Quality Committee)	Laura Robson	Note/ Discuss	Verbal
5.00	7.0	Chief Executive and Executive Director Strategic and Operational Update	Steve Russell Chief Executive	Note/ Discuss	Presentation
	7.1	• Integrated Board Report			Attached
5.35	8.0	Stakeholder Governor Vacancies	Angela Schofield	Note/ Approve	Attached
5.40	9.0	Governor Development & Membership Engagement Committee	Clare Illingworth (Cressey) Lead Governor	Note	
	9.1	Chair's Report <i>From meeting held on 23 February 2021</i>			Attached
	9.2	Approved Minutes of Meeting <i>held on 7 December 2020</i>			Attached
5.45	10.0	Question and Answer Session for Governors and members of the public	Clare Illingworth (Cressey) Lead Governor	Note	Attached
5.55	11.0	Draft Workplan	Angela Schofield Chairman	Approve	Attached
	12.0	Any other Business <i>By permission of the Chairman</i>	Angela Schofield Chairman	Note	Verbal
	13.0	Evaluation of Meeting	Clare Illingworth (Cressey) Lead Governor	Note	Verbal

You matter most

Date and Time of Next Meeting - Tuesday, 8 June 2021 at 4.30pm

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

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

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



You matter most

Council of Governors Declaration of Interests

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

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

1 (updated February 2021)

You matter most

Name	Governor Status	Interests Declared	
Robert Cowans	Public elected	NONE	
Clare Illingworth (Cressey)	Stakeholder	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
Samantha James	Public elected	NONE	
Dr Loveena Kunwar	Staff elected	NONE	
Neil Lauber	Staff elected	NONE	
Cllr John Mann	Stakeholder	Position of authority in a local council or Local Authority	Harrogate Borough Council Councillor for Pannal North Yorkshire County Council for Harrogate Central
Sam Marshall	Staff Governor	NONE	
Doug Masterton	Public elected	Position of authority in a local council or Local Authority	Member of Harewood Parish Council

2 (updated February 2021)

You matter most

Name	Governor Status	Interests Declared	
Kathy McClune	Staff Governor	NONE	
Cllr Samantha Mearns	Stakeholder	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies) Position of authority in a local council or Local Authority Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Director of RHM Pension Trust Limited Councillor – Harrogate Borough Council Councillor – Knaresborough Town Council Self-employed consultant to Stockwell Road Surgery, Knaresborough
Heather Stuart	Staff elected	NONE	
Dave Stott	Public elected	Other	Patient and Carer Representative at the Royal College of GPs Lay Member at the Academy of Medical Royal Colleges (Involved as a simulated patient in the training and assessment of trainee doctors in the following Medical Schools: Norwich, Leeds, Liverpool, Hull and York)
Steve Treece	Public elected	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services Other	Employee of NHS Digital (until 30/06/2020) Chair of Institute of Risk Management Health and Care Special Interest Group (The IRM is a professional body, providing risk management qualifications, education etc.)

3 (updated February 2021)

You matter most

Council of Governors' Meeting (held in Public)

Minutes of the public Council of Governors' meeting held on 14 December 2020 at 16.30,
 via MS teams Video conference

Present: Angela Schofield, Chairman
 Pam Bagley, Stakeholder Governor
 Ian Barlow, Public Governor
 John Batt, Public Governor
 Clare Cressey, Stakeholder & Lead Governor
 Martin Dennys, Public Governor
 Tony Doveston, Public Governor
 Sue Eddleston, Public Governor
 William Fish, Public Governor
 Loveena Kunwar, Staff Governor
 Doug Masterton, Public Governor
 Kathy McClune, Staff Governor
 Samantha Mearns, Stakeholder Governor
 Dave Stott, Public Governor
 Steve Treece, Public Governor

In attendance: Jackie Andrews, Medical Director
 Sarah Armstrong, Non-Executive Director
 Jonathan Coulter, Director of Finance/Deputy Chief Executive
 Jeremy Cross, Non-Executive Director
 Elaine Culf, Interim Corporate Affairs and Membership Manager
 Jill Foster, Chief Nurse
 Tim Gold, Interim Chief Operating Officer
 Lynn Hughes, Interim Company Secretary
 Andy Papworth, Non-Executive Director
 Laura Robson, Non-Executive Director
 Steve Russell, Chief Executive
 Richard Stiff, Non-Executive Director
 Maureen Taylor, Non-Executive Director
 Angela Wilkinson, Director of Workforce & Organisational Development

COG/12/2020/1

Welcome and apologies for absence

1.1 The Chairman welcomed everyone to the meeting.

1.2 Apologies were received from: Cath Clelland, Public Governor; Samantha James, Public Governor; Neil Lauber, Staff Governor; Sam Marshall, Staff Governor; Wallace Sampson, Non-Executive Director

COG/12/2020/2

Declarations of Interest

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

COG/12/2020/3
3.1

Minutes of the last meeting held on 29 September 2020

The minutes of the last meeting held on 29 September 2020 were agreed as an accurate record, subject to a minor typographical date error to Item 11.1.

COG/12/2020/4
4.1

Matters Arising and Action Log

There were no matters arising from the minutes of the last meeting.

4.1.1

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

4.1.2

Action COG/11/2019/7.0 Podiatry Service appointments. Tim Gold confirmed that both urgent and routine appointments had resumed, there were no further concerns or complaints raised by patients. The service is indicating an effective booking service, and he is confident Trust is not missing urgent appointments. This action to be closed.

4.1.3

Action COG/03/2020/3.0 Patient Feedback Meeting. The original meeting dates had to be postponed owing to Covid-19 and Laura Robson confirmed that concerns initially raised by Dave Stott would be discussed during the current governance review. This action to be closed.

4.1.4

Action COG/01/2020 HIF Financial Benefits. Mr Coulter confirmed the proposal under way includes a basic infrastructure with some success in areas around catering, with a more detailed plan being developed for 2021/22. It was noted that the Chairman of HIF, Mark Chamberlain, would be presenting an update at the next Informal Governor Briefing in February 2021, this action can then be closed.

4.1.5

Action COG/09/2020/4.1.1 Clare Cressey confirmed that she had joined Team Talk, and in addition, a Staff Governor is observing on the People & Culture Committee. This action to be closed.

4.1.6

Action COG/09/2020/4.1.2 Ophthalmology mobile testing facility. Tim Gold confirmed that there is an option to expand the service internally, including the suggestion of a mobile unit. A concise paper setting out plans should be available early in the new year, and he would report back at the next meeting. Action remains open.

COG/12/2020/5
5.1

Chairman's verbal update on key issues

The Chairman firstly congratulated Clare Cressey on her recent marriage. From the New Year, she will be known as Clare Illingworth.

5.1.1

The Chairman confirmed that Laura Angus, Chief Pharmacist for North Yorkshire CCG, will be joining the Board early in 2021, as part of the NHS NExT programme for those interested in becoming a Non-Executive Director.

5.1.2

Governors will be invited to participate in the meeting concerning the proposed new legislation which is likely to establish Integrated Care Systems as statutory bodies on the 6 January 2021, via MS Teams.

5.1.3

Lead Governor, Clare Cressey, has been nominated to stand on the NHS Providers Governor Advisory Committee, which is an opportunity for HDFT to connect to national networks.

5.1.4

There had been two very recent Governor resignations; Chris Mitchell, elected governor for Ripon, has resigned with immediate effect, and Carolyn Heaney, stakeholder governor for patient experience, has

also resigned owing to work commitments. Consideration will be given to replacements in the New Year.

- 5.1.5 There have been recent changes in the support team in Trust HQ, Lynn Parsons is retiring after many years with the Trust. Her replacement is Jo Rochester, and Maureen Raho also joined the team recently.
- 5.1.6 Dates for meetings involving Governors for 2021 have been circulated.
- 5.1.7 The colleague recognition awards scheme is now live, Governors were invited to nominate colleagues for awards, judging will take place in February 2021.
- 5.1.8 The Chairman closed by acknowledging the tremendous work by staff during these relentlessly difficult times, recognising that everyone throughout the Trust is part of the most amazing organisation, demonstrating professionalism and care whilst under enormous pressure.
- 5.1.9 In answer to a question from Martyn Dennis relating to the available governor posts, Angela Schofield confirmed there are now two stakeholder governor posts vacant, in patient experience and the voluntary sector. She confirmed number of stakeholder governors is limited, and it was important to ensure the profile for these governors was relevant for the Trust.
- 5.1.10 **Resolved:** The Chairman's report was noted.

5.2 **Governor Elections Update – Arrangements to Postpone Governor Elections during Covid-19**

- 5.2.1 The Governor Elections Update Arrangements to postpone elections during Covid-19 had been circulated. The Chairman sought approval for the arrangements for the extension to the term of office for Cath Clelland, Public Governor, giving her the opportunity to attend and contribute to meetings, until the governor elections could take place in Summer 2021.
- 5.2.2 **Approved:** The meeting approved the arrangements.

COG/12/2020/6

- 6.1 **Non-Executive Director Briefing**
The Chairman reminded Governors of the process that is in place for Non-executive Directors who chair Committees to routinely provide an update at the Council of Governor meetings. Jeremy Cross, Chair of the People & Culture Committee provided the update today.
- 6.1.1 Jeremy Cross described the background to the People & Culture committee, including the membership of both Non-Executive and Executive directors, colleagues from across the Trust, including the staff networks, and Kathy McClune, Staff Governor.
- 6.1.2 Key headlines from the current work programme were shared with Governors, including the review of the Deloitte work, the people plan, culture programme and updates from the staff networks. In particular, Jeremy Cross drew attention to the specific issue surrounding

- recruitment highlighted from the BAME network, with a deep dive planned to understand the experiences of BAME members of staff.
- 6.1.3 Development events around the Trust were highlighted, including leadership circles and the staff survey data.
- 6.1.4 Angela Schofield thanked the Chair of the People & Culture committee for the update.
- 6.1.5 **Resolved:** The Non-executive Director report was noted.

COG/12/2020/7**Chief Executive and Executive Director Strategic and Operational update**

- 7.1 Mr Steve Russell, Chief Executive, spoke to a presentation which had been circulated, this included the circulated papers providing updates on:
- Integrated Board Report
 - Recovery Plan/Emergency Care Intensive Support Team (ECIST)
 - Financial Performance
 - Board Assurance Framework / Corporate Risk Register.
- 7.1.1 The Chief Executive referred to the ongoing Covid-19 situation, highlighting in particular the transmission rates, winter pressures and the social distancing required which means fewer beds are available.
- 7.1.2 The Chief Executive gave assurance that the Trust is working with other Trusts across WYAAT, coordinating and sharing the current situation and offering mutual aid where appropriate, and explained the decision to cancel some elective work in order to expand critical care capacity to enable the offer of mutual aid, noting that 90% of the our planned activity went ahead.
- 7.1.3 The Chief Executive drew attention to the absence rates for staff, and confirmed the successful roll out of asymptomatic testing for colleagues.
- 7.1.4 The Chief Executive welcomed the news of the licence for use of one of the proposed vaccines, with news about supplies and priority groups to be shared early in the New Year.
- 7.1.5 The Chief Executive drew attention to the RTT waiting times and cancer services, and highlighted that the 62 day referral to treatment for patients was achieved, although the two week waiting times for breast services were longer than the standard, with work ongoing with Directorates to improve the situation. He confirmed that Tim Gold, Chief Operating Officer is working with Directorates to produce a more sustainable solution.
- 7.1.6 The Chief Executive noted that the ECIST review had been extremely helpful, and drew out key areas for focus. He commented that the team had been impressed with the Trust's discharge arrangements, so much so that they plan to write this up as an exemplary model nationally.
- 7.1.7 The Chief Executive drew attention to the financial performance, and noted that the position is in line with plan, including an efficiency

programme of £1.8 million. The Trust has invested £8.1 million in capital schemes, with the full year plan being around £14 million. He confirmed that the financial framework is now to break even, discussions are ongoing surrounding loan repayments relating to previous schemes.

- 7.1.8 The Chief Executive confirmed that the BAF and Corporate Risk Register had been circulated and reviewed at Board, Audit Committee and the Corporate Risk Review Group.
- 7.1.9 The Chief Executive drew attention to arrangements and planning for Brexit, including the support for EU colleagues who wish to apply for the settlement scheme.
- 7.1.10 The Chief Executive drew attention to the additional information in the presentation focusing on the Health and Wellbeing of staff, in particular the update on the “At our Best” work and ongoing work to refine values and behaviours, as well as recruitment, appraisal and retention of staff. The also highlighted the ongoing success of the First Line Leaders programme.
- 7.1.11 The Chief Executive provided an update on the HIF and radiology review and next steps in those processes.
- 7.1.12 The Chief Executive highlighted work in the Harrogate Hospital & Community Charity, including hampers for 1100 families, gifts for children, supported by Queen Ethelburga’s College, and support for patients who may be isolated via the podiatry team.
- 7.2 The Chairman thanked the Chief Executive for his detailed briefing, and for providing answers to the questions raised by Governors during his presentation.

COG/12/2020/8.0 Governor Development & Membership Engagement Committee

- 8.1 **Chair’s Log from the meeting held on 7 December 2020.**
Clare Cressey, Chair of the Committee provided a summary from the meeting, which had taken place on 7 December 2020. It was noted that the meeting had been most useful with focussed discussion on Governor training, guidelines for observers at Board sub committees, the Membership Newsletter and Membership Database.

- 8.1.1 **Resolved:** The Governor Development and Membership Engagement Committee Chair’s Log from the meeting held on 7 December 2020 was noted

8.2 Governor Development & Membership Engagement Committee minutes

- 8.2.1 **Resolved:** the minutes of the Governor Development and Membership Engagement Committee meeting held on 21 September 2020 were noted.

COG/12/2020/9.0 Appointment of External Auditors

- 9.1 The Chairman confirmed it is the Council of Governors responsibility to appoint External Auditors for the Trust, and the paper outlining the

process had been circulated. The Chairman invited Mr Coulter to speak to the paper.

9.1.1 Mr Coulter confirmed the stages in the process, which included agreement of the specification, inviting bids from interested parties and interviewing potential candidates. He confirmed that governors will be part of the process, and he would look to engage assistance as needed.

9.1.2 **Resolved:** The process for appointment of the External Auditors was noted.

COG/12/2020/10
10.1 **Question and Answers for Governors and members of the public**
The Chairman thanked Governors for the questions they had submitted in advance of the meeting, at Appendix 1. She then sought Governor feedback over the content of papers and discussion that had taken place during the meeting.

10.2 In response, Clare Cressey commented that questions had been dealt with well, and felt it beneficial for questions to be incorporated into reports provided.

10.3 Governors agreed that answers to all questions had been covered through the content of the papers and during discussions throughout the meeting. In particular, they thanked Steve Russell for his thorough report, both in content and presentation.

COG/12/2020/11
11.1 **Any Other Business**
Dr Loveena Kunwar raised midwifery staffing and Jill Foster confirmed that discussions were taking place with Alison Pedlingham about midwifery staffing, particularly around shift patterns.

There was no other business.

COG/12/2020/12
12.1 **Evaluation of the Meeting**
Clare Cressey, Lead Governor sought feedback from Governors, who agreed that the meeting had been positive one, and on schedule.

12.2 The Chairman acknowledged the enormous amount of work relating to the capital spend figure of £14million, particularly as originally geared up to spend £5m, and this highlights the remarkable amount of work from a team of people.

12.3 The Chairman encouraged everyone to have the Covid vaccination, which she felt would make a huge difference to the health of the country.

COG/12/2020/13
13.1 **Date and Time of Next Meeting**
The next meeting is scheduled to take place on Wednesday 3 March 2021, at 4.30pm

Council of Governors Meeting 14 December 2020

Governor Questions

Questions Submitted In Advance:

1. Governors and members of the public are aware that the pandemic has placed healthcare professionals in unprecedented situations over some months now, and having to work under these circumstances and with extreme pressures can reduce morale. As we move into the difficult winter phase what assurance can be offered to demonstrate that managers are proactively taking steps to protect both the morale and mental wellbeing of staff.
2. This question concerns the exciting possibility that the Trust will be able to contribute to a process of mass vaccination against Covid in the weeks to come. We know the Trust will be making preparations but what measures will the Trust be using to publicise its vaccination service and crucially if there is anything that public governors might do to help underline key messages to sections of the population. For example:
 - The imperative to be vaccinated as soon as it becomes possible for your age group or with your medical condition.
 - Avoidance of being influenced by rumour and scare stories about vaccine safety.
 - Being assured that the vaccine offered to you is the most appropriate for your age / medical condition (ie no silly supermarket choosing of which vaccine you would like)
 - Faithfully adhering to schedules for receiving a second dose if your allocated vaccine requires one.
 - Being fully aware of the on-going need for any social distancing / face protection etc after vaccination.

Lay persons expressing key messages on notices, web sites and social media etc, can reinforce publicity spoken by obvious- looking health professionals.

Update request:

- The Recovery plan, in particular actions being taken to reduce the numbers of "long term waiters" and an overview of the ED review by ECIST
- Financial plan for the second half of 2020/21, in particular more detail on the efficiency plan and capital programme.
- IT Strategy (report on the activities of the Digital Strategy Board).
- The Trust's strategic and operational risks and mitigation actions

Questions/Responses During The Meeting:

1. Doug Masterton thanked Steve Russell for the presentation, and extra detail on the treatment of Covid-19. He asked about the mortality rate, and Steve Russell confirmed it was lower in the second wave, and broadly in line with other Trusts. Jackie Andrews confirmed second wave mortality rates are lower, and commented that our rates are equivalent to national rates. She pointed out that mortality rates are usually higher if a patient received mechanical ventilation, and it was important to continue to develop use of new drugs.
2. John Batt referred to the Covid outbreak on Oakdale, and visiting guidance where visitors were not aware of why visiting was restricted. Steve Russell confirmed that when cases rose generally, not specifically directly from Oakdale, the Trust had reverted back to original visiting restrictions introduced during the first wave, and it was important that visitors were receiving that information.
3. Referring to Brexit, John Batt asked what will happen after the transition period for treatment of non UK citizens, and whether they would be treated or charged? Steve Russell confirmed that the NHS will continue to treat people who present in an emergency as they always would, but it would depend on the deal agreed between the UK and the EU as to whether changes would occur on charges on elective work.
4. Dave Stott raised a question on the People & Culture committee, commenting that he was impressed with the amount of work so far, but asked about the issues and challenges that have been raised. Steve Russell summarised three areas:
 - Importance of work on consistency, particularly where groups of colleagues have had a consistently worse experience (such as religious preferences, or sexual or gender preferences), including fairness in recruitment and career progression
 - Level of poor behaviours from patients
 - Sense of value in the organisation – the same high quality experience for everyone.

Andy Papworth agreed, and added that he has seen a real desire in the Trust to uncover the issues and take actions. The P&C committee is aiming to improve the culture and demonstrate consistency of behaviour, measuring how the Trust will change over time.
5. Steve Treece asked about the forecast performance in November in Endoscopy, and the additional support to increase capacity that has previously been mentioned. Tim Gold confirmed that level is slightly down in November, additional weekend capacity through Medinet on Saturday/Sunday is improving this and should provide an extra 80 – 100 procedures per month. Additionally there are plans to open a fifth Endoscopy room and with both those interventions, he was confident that the gap should close significantly.
6. Steve Treece also asked for a brief update on the staff flu vaccination campaign. Jill Foster reported that Trust wide figures are running at 76%, and with a further 140 vaccinations, level will be up to 80%. Peer vaccinators are working extremely hard. She has had reports of first bouts of flu coming in to neighbouring Trusts.
7. Angela Schofield confirmed that the detailed IT Strategy would be covered in another Council of Governors meeting. Jackie Andrews confirmed that priority areas were the need for connectivity for remote working, work on the Outpatients 'paperlight' project and Dragon 1 medical.

Paper 4.0

HDFT Council of Governor Meeting Actions Log – March 2021

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

Ref	Meeting Date	Subject	Action Description	Director/Manager Responsible	Date due at CoG meeting or date when completion/ progress update is required	Comments	Status - completed is defined as confirmation that the action is completed as described
COG/09/2020/4.1.2	29-09-2020	Ophthalmology Services	Agreed Mr Gold would investigate provision of an Ophthalmology mobile testing facility and provide an update to the next meeting	Interim Chief Operating Officer	14 December 2020 3 March 2021	Update to be provided at the meeting	Open



Harrogate and District
NHS Foundation Trust

Council of Governors (held in Public)
3 March 2021
Integrated Board Report (January 2021)

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

Recommendation:
<p>It is recommended that the Council of Governors note the following items of concern contained within this report:</p> <ul style="list-style-type: none"> • The number of hospital acquired pressure ulcers and the number of inpatient falls are both increasing and our incident reporting rate remains low. • HDFT's performance against the A&E 4-hour standard remained below 95% in January (85.8%). Provisional data indicates that all 62 day cancer standards were not delivered in January with provisional performance at 76.5% for the main 62 day standard. For RTT, the number of patients waiting over 52 weeks is now 1,083. • Staff sickness increased to 5.4% in January.

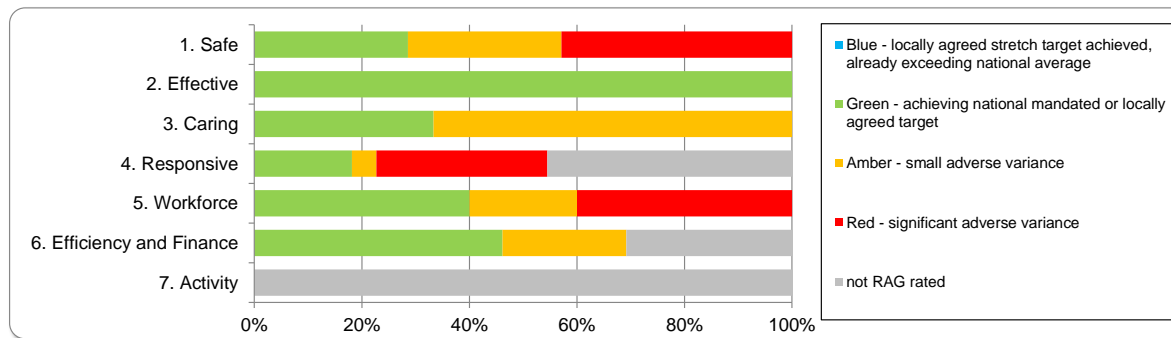
7.1

Integrated board report - January 2021

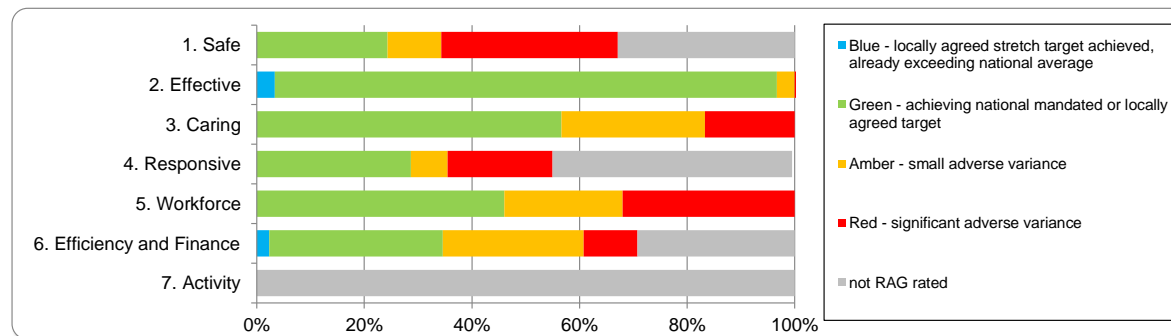
Key points this month

1. The 3 key areas of concern this month relate to the Safety, Responsiveness and Workforce domains.
2. Within Safety, the number of hospital acquired pressure ulcers and the number of inpatient falls are both increasing and our incident reporting rate remains low.
3. Within Responsiveness, HDFT's performance against the A&E 4-hour standard remained below 95% in January (85.8%). Provisional data indicates that all 62 day cancer standards were not delivered in January with provisional performance at 76.5% for the main 62 day standard. For RTT, the number of patients waiting over 52 weeks is now 1,083.
4. Within Workforce, staff sickness increased to 5.4% in January.

Summary of indicators - current month



Summary of indicators - year to date



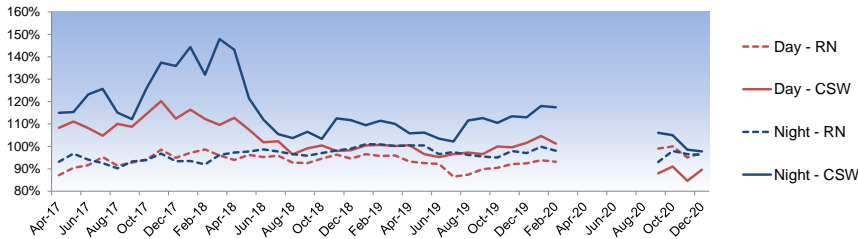
Section 1 - Safe - January 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.1a	Pressure ulcers - hospital acquired		<p>There were 15 hospital acquired category 3 and above pressure ulcers reported in January (including device related and device related mucosal). This is higher than last year with an average of 8 per month reported in 2019/20. 9 of these require RCA, taking the total requiring RCA YTD to 53.</p> <p>Of the 15* reported, there were 3 omission in care, 2 no omission in care and 4 under RCA.</p> <p>*from 01/01/2020 DTI subcategories are reported as LOW harm, no RCA required</p>
1.1b			
1.2a	Pressure ulcers - community acquired		
1.2b			

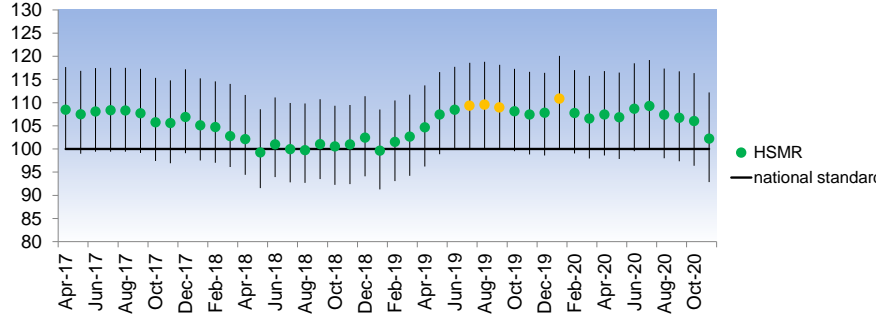
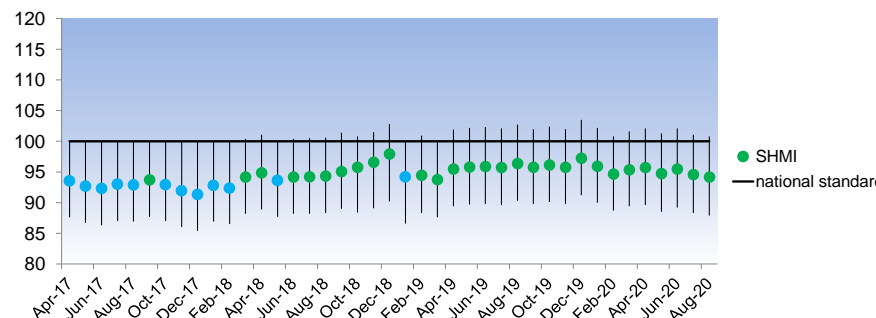
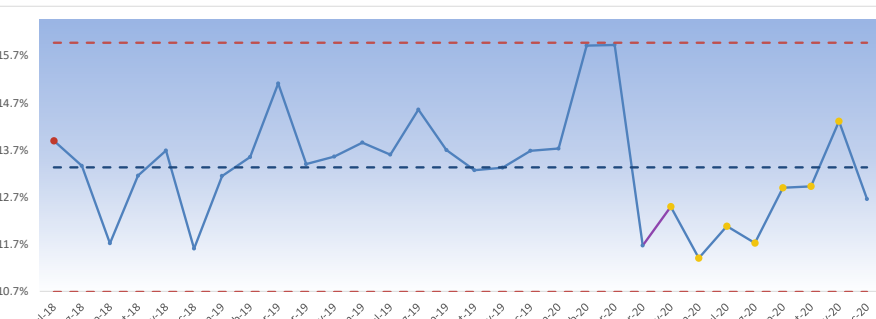
Section 1 - Safe - January 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.3	Falls		<p>The rate of inpatient falls was 6.9 per 1,000 bed days in January. This is a slight increase on recent months and higher than the average HDFT rate for 2019/20 (6.2).</p>
1.4	Infection control		<p>There were 2 cases of hospital apportioned C. difficile reported in January bringing the year to date total to 16 cases. No MRSA cases have been reported in 2019/20 or 2020/21 to date.</p> <p>The annual maximum threshold for lapses in care cases for 2020/21 is 19.</p> <p>This data is yet to be finalised by Infection Control.</p> <p>This graph shows cumulative data YTD.</p>
1.5	Incidents - all		<p>The latest published national data (for the period Oct 19 - March 20) shows that Acute Trusts reported an average ratio of 45.8 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's published ratio was 14.9, an increase on the last publication and remaining in the bottom 25% of Trusts nationally. HDFT's latest local data for January gives a ratio of 13.9.</p>
1.6	Incidents - SIRIs and never events		<p>No SIRIs were reported in January, with the YTD position now at 6 reported cases.</p> <p>No Never Events have been reported YTD. No Never Events were reported in 2017/18, 2018/19 or 2019/20.</p>

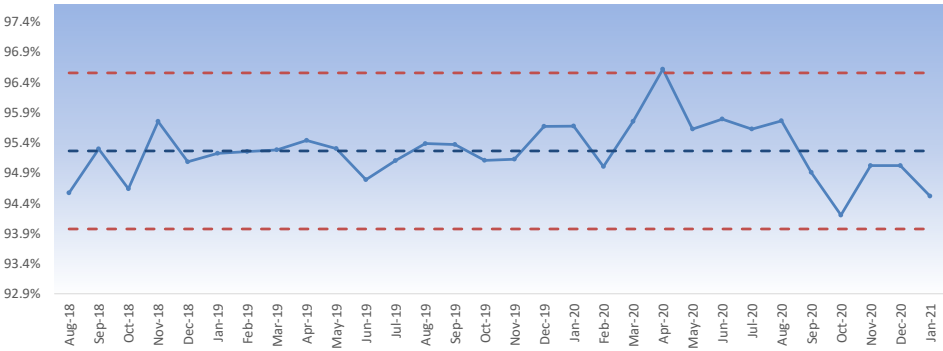
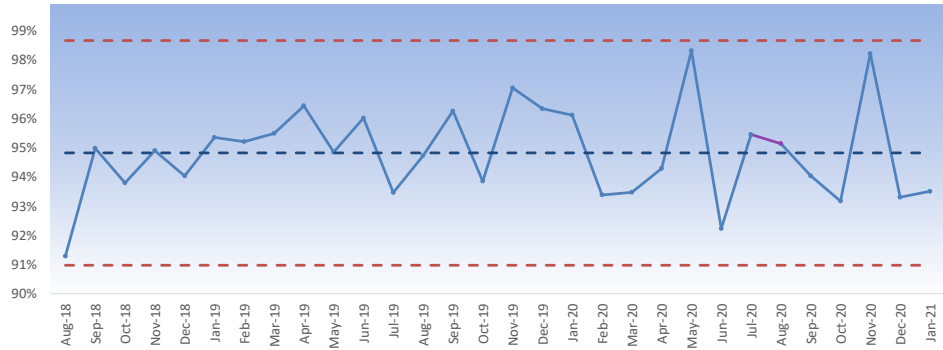
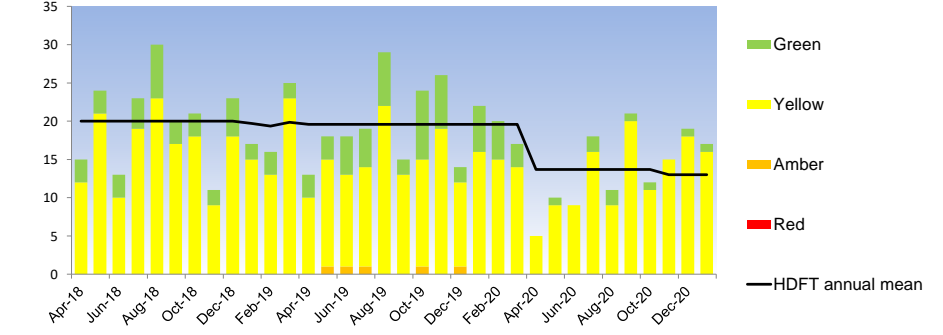
Section 1 - Safe - January 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.7	Safer staffing levels	 <p> --- Day - RN --- Day - CSW --- Night - RN --- Night - CSW </p>	<p>After being suspended due to Covid-19, this indicator has now resumed.</p> <p>In December, staff fill rates were reported as follows:</p> <ul style="list-style-type: none"> - Registered Nurses Day 97% and Night 96% - Care Staff Day 90% and Night 98% <p>January data is being finalised and will be reported in next month's report.</p>

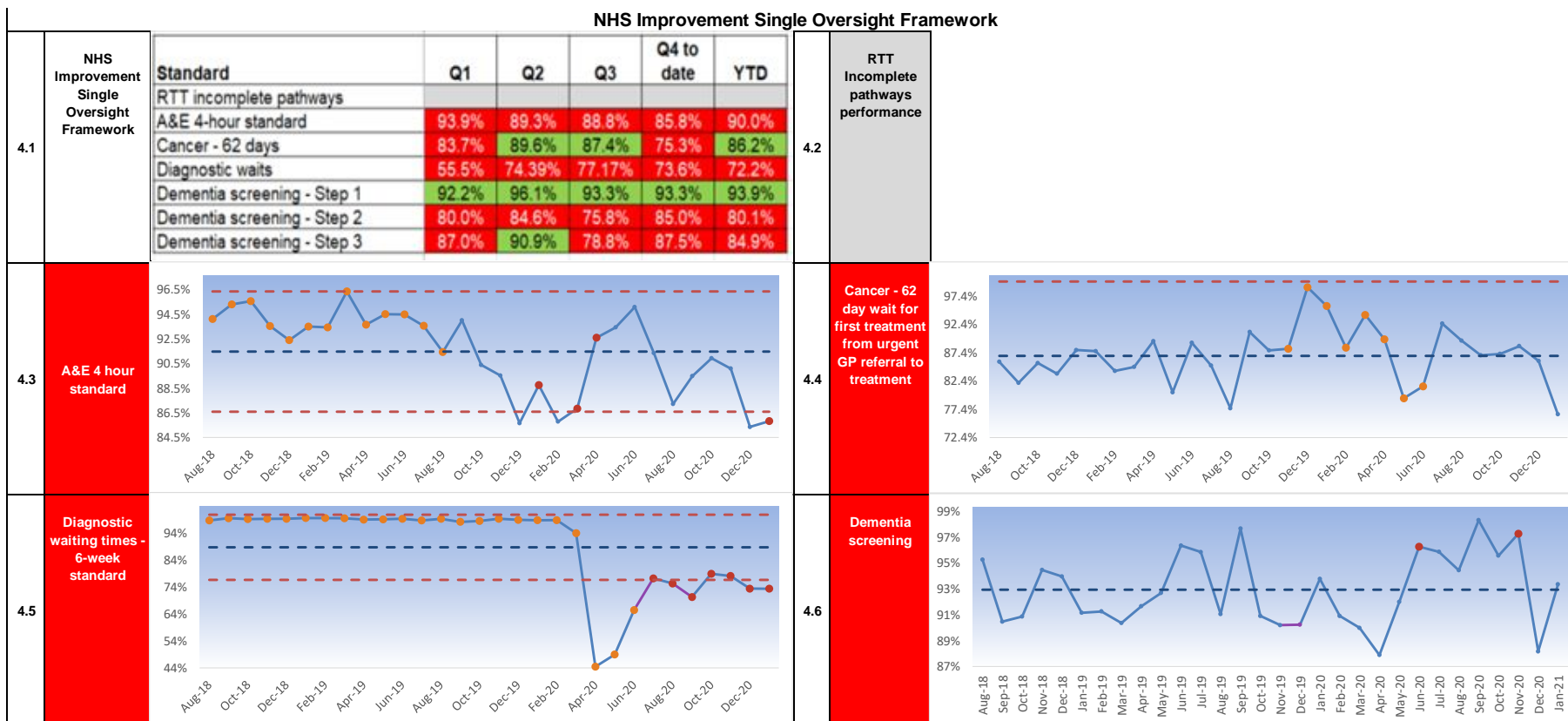
Section 2 - Effective - January 2021

Indicator number	Indicator name	Trend chart	Interpretation
2.1	Mortality - HSMR	 <p>● HSMR — national standard</p>	<p>HDFT's HSMR has decreased to 102.2 for the rolling 12 months ending November 2020, remaining within expected levels. At specialty level, one specialty (Gastroenterology) has a standardised mortality rate above expected levels.</p> <p>*The delay in calculating and publishing is linked to the requirement that all episodes are clinically coded and therefore there is at least a 2 month delay before they can start to look at the data.</p>
2.2	Mortality - SHMI	 <p>● SHMI — national standard</p>	<p>HDFT's SHMI for the rolling 12 months ending August 2020 is 94.16, remaining within expected levels. At specialty level, one specialty (Gastroenterology) had a standardised mortality rate above expected levels. NHS Digital have advised that Covid-19 related activity and deaths is now excluded from the SHMI. They advised that the SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included.</p> <p>*The delay in calculating and publishing is linked to the requirement that all episodes are clinically coded and therefore there is at least a 2 month delay before they can start to look at the data. SHMI is slightly later than HSMR as it includes deaths within 30-days of discharge from hospital that will cause a further delay to the publication</p>
2.3	Readmissions		<p>Emergency readmissions decreased to 12.6% in December, below the 2019/20 average of 14.0%.</p>

Section 3 - Caring - January 2021

Indicator number	Indicator name	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients		<p>94.5% of patients surveyed in January would recommend our services remaining above the latest published national average (93.3%, February 2020). From last month, Trusts are now required to submit this data to NHS England again on a monthly basis.</p> <p>3,131 patients responded to the survey this month, of which 2,960 would recommend our services.</p>
3.2	Friends & Family Test (FFT) - Adult community services		<p>93.4% of patients surveyed in January would recommend our services, an increase on last month (93.2%). The latest published national data (February 2020) shows 95.6% of patients surveyed would recommend the services. From this month, Trusts are now required to submit this data to NHS England again on a monthly basis.</p> <p>91 patients from our community services responded to the survey this month, of which 85 would recommend our services.</p>
3.3	Complaints		<p>17 complaints were received in January (16 yellow, 1 green) which is 2 less than December but remaining above the average for 2019/20 of 13 per month.</p>

Section 4 - Responsive - January 2021

**Narrative**

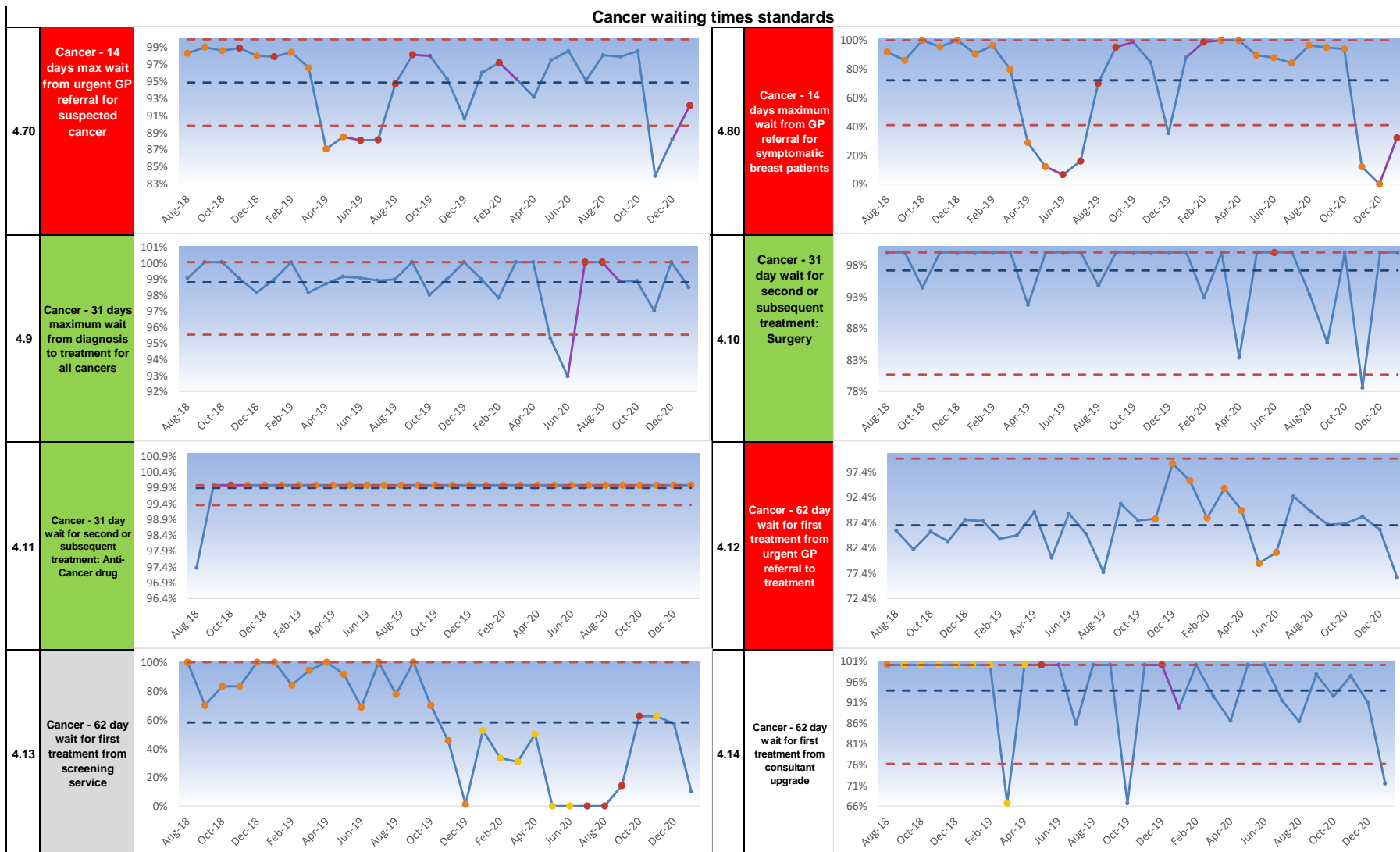
Performance against the A&E 4-hour standard remains below the 95% standard in January (85.8%).

Provisional data suggests that the cancer 62 day standard was not delivered in January with performance at 76.5%. Provisional data indicates that performance for both 2WW standards were also not delivered in January and work is ongoing to clear the backlog of 2WW breast patients following the surge of referrals in November and December. Breast symptomatic performance was slightly improved on last month but continues to be significantly below the expected standard at 32.2%. All cancer 31 day standards were delivered in January.

Data shows the performance on diagnostic waiting times decreased slightly with 73.6% waiting less than 6 weeks at the end of January, remaining below the performance standard of 99%. The increase in patients waiting beyond 6 weeks are a result of the appointments being deferred following the stepping down of elective services in response to Covid-19.

Dementia Screening - provisional data suggests that Step 1 was achieved in January, but Steps 2 and 3 were not.

Section 4 - Responsive - January 2021



Section 4 - Responsive - January 2021

Narrative

Provisional data indicates that 3 of the 7 applicable cancer waiting times standards were achieved in January with both 2WW standard and all 62 day standards below the operational standard.

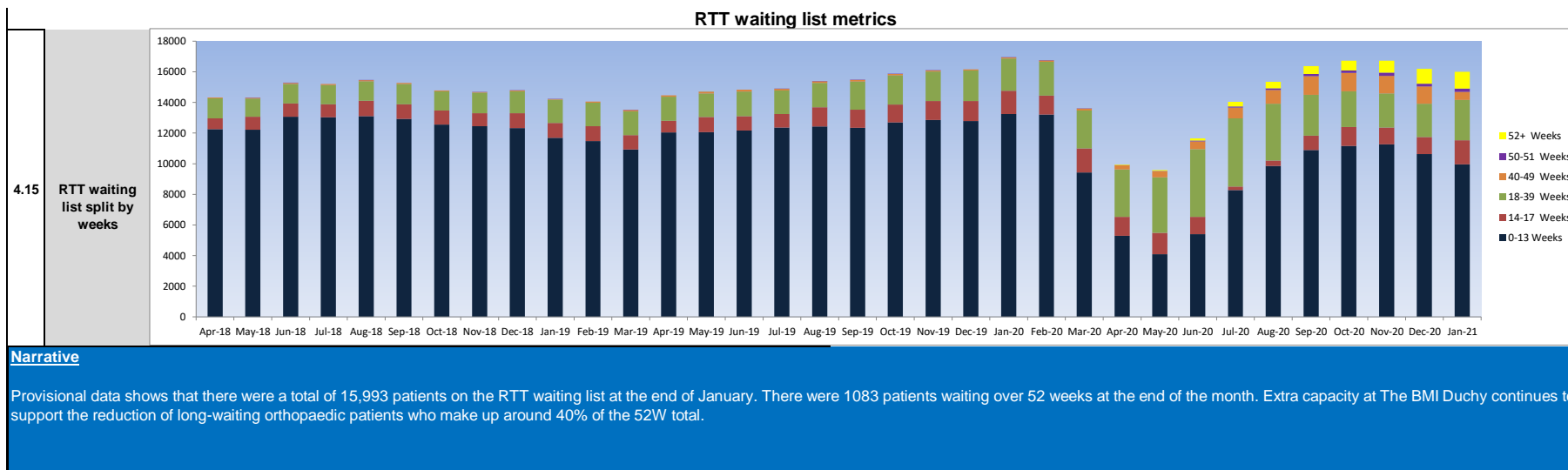
14 day performance for suspected cancer and non-cancer related breast symptoms was below the operational standard in January - of 87 non-cancer related breast referrals first seen in the month, 59 were seen after day 14 (32.2%) and 92% of suspected cancer referrals seen by day 14, an improvement on last month but slightly below the 93% standard. A total of 49 patients were first seen after day 14, 40 of which were breast referrals. The current average wait for a 2WW breast appointment is around 20 days, which demonstrates a slight improvement when compared to last month. Referrals are currently being triaged in order to ensure patients with a higher level of urgency are prioritised, and work is also being done to manage the impact of these delays on delivery of treatment for those patients diagnosed with cancer.

The 62 day standard was delivered in December, but is expected to be below 85% in January at 76.5%. Provisionally there were 40.5 accountable treatments (50 patients) in January with 9.5 over 62 days - this equates to a 24% reduction in activity compared to last month which reflects the impact on services caused by the significant increase in Covid-19 admissions just after Christmas. Of the 10 tumour sites treated in January, performance was below 85% for all but 3 (Breast, Gynaecology, Head and Neck, Colorectal, Head and Neck, Lung, Upper GI and Urology). 5 patients waited over 104 days for treatment in January – these delays were due to a combination of medical/diagnostic complexity, patient choice, and radiotherapy capacity at Leeds. All pathway delays will be reviewed by the breach panel at the end of February.

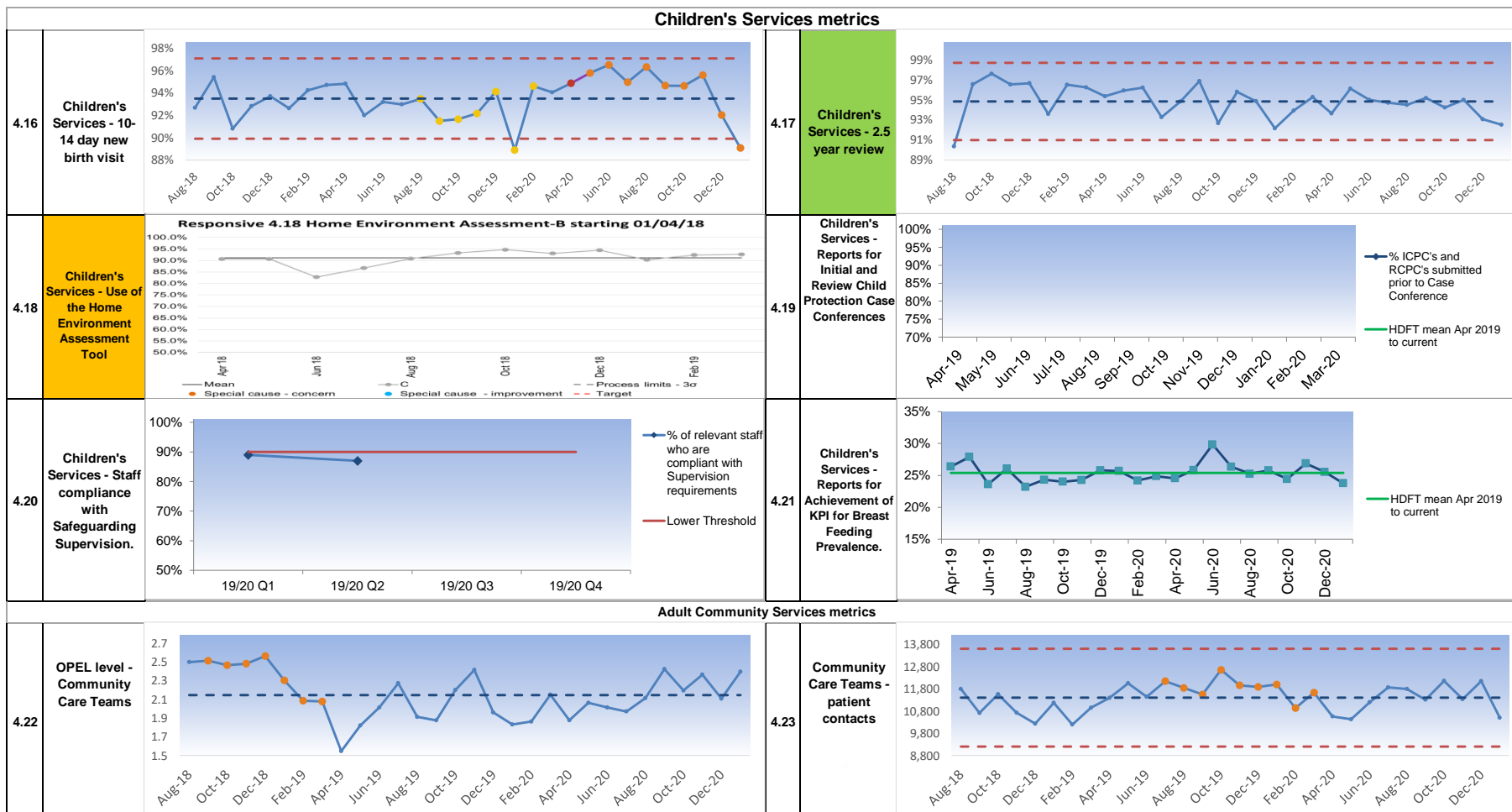
Provisional data indicates that 50% (7/14) of patients treated at tertiary centres in January were transferred by day 38, a deterioration compared to last month (66.7%).

62 day Screening performance was below the standard of 90% with 7 patients treated after 62 days (10%). Activity levels were equal to the de minimus for the month with 8 patients attributable to HDFT (equivalent to 5.0 accountable treatments).

Section 4 - Responsive - January 2021



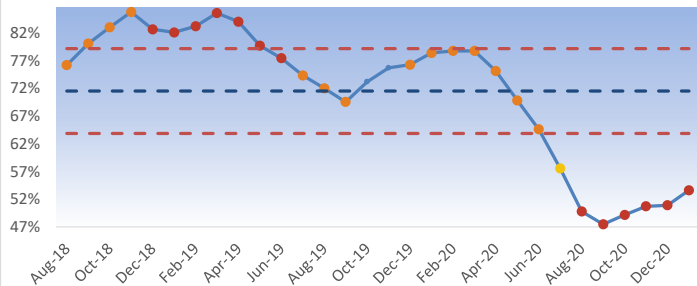
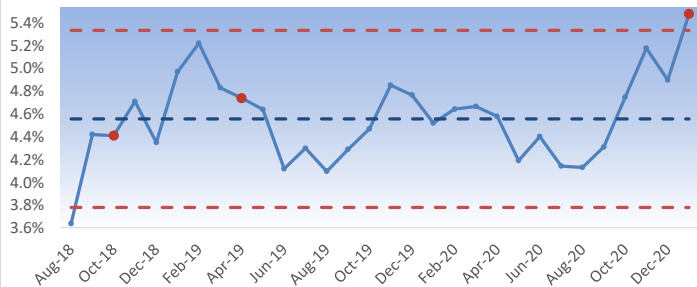
Section 4 - Responsive - January 2021



Narrative

The Children's Services and Adult Community Services metrics are currently showing no adverse variance. Following discussions at the Quality Committee, the Trust has increased the standard for the Safeguarding Supervision indicator to 90%, previously 75%.

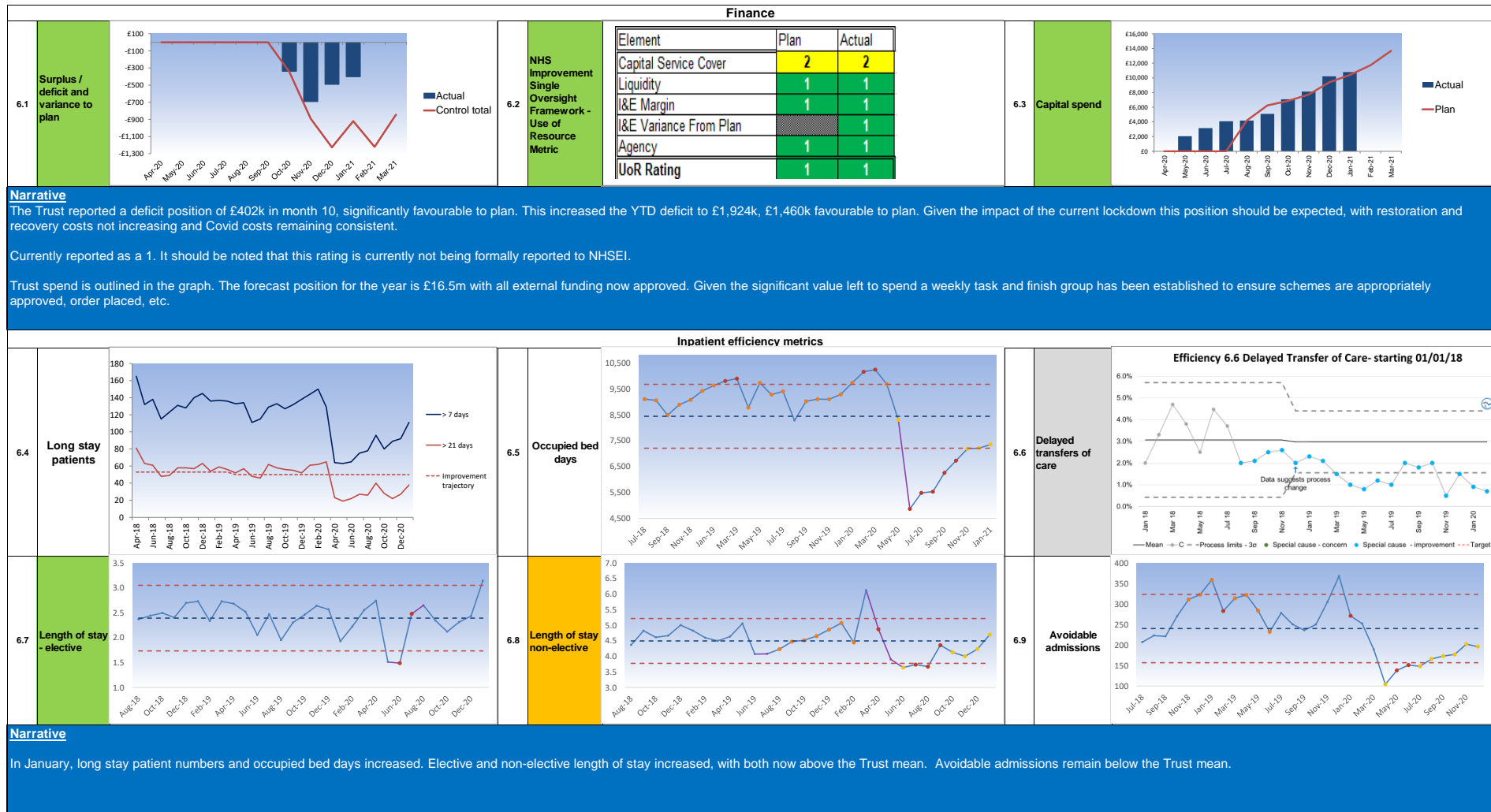
Section 5 - Workforce - January 2021

Indicator number	Indicator name	Trend chart	Interpretation																																																		
5.1	Staff appraisal rates		Although appraisals were put on hold during the peak of Covid-19, our current completion rate stands at 53.1%.																																																		
5.2	Mandatory training rates	<table><thead><tr><th>Competence Name</th><th>Renewal Period</th><th>Required</th><th>Achieved</th><th>Compliance %</th></tr></thead><tbody><tr><td>Information Governance and Data Security</td><td>Annual</td><td>3990</td><td>3421</td><td>86%</td></tr><tr><td>Equality, Diversity and Human Rights</td><td>3 Yearly</td><td>3990</td><td>3793</td><td>95%</td></tr><tr><td>Fire Safety</td><td>Annual</td><td>3990</td><td>3429</td><td>86%</td></tr><tr><td>Health, Safety and Welfare</td><td>5 Yearly</td><td>3990</td><td>3857</td><td>97%</td></tr><tr><td>Infection Control</td><td>Once Only</td><td>3990</td><td>3904</td><td>98%</td></tr><tr><td>Safeguarding Children</td><td>3 Yearly</td><td>3990</td><td>3716</td><td>93%</td></tr><tr><td>Safer Manual Handling</td><td>3 Yearly</td><td>3990</td><td>3660</td><td>92%</td></tr><tr><td>Risk Awareness</td><td>Once Only</td><td>3990</td><td>3849</td><td>96%</td></tr><tr><td>Fire Safety Facilitator Led Training</td><td>2 Yearly</td><td>3990</td><td>3368</td><td>84%</td></tr></tbody></table>	Competence Name	Renewal Period	Required	Achieved	Compliance %	Information Governance and Data Security	Annual	3990	3421	86%	Equality, Diversity and Human Rights	3 Yearly	3990	3793	95%	Fire Safety	Annual	3990	3429	86%	Health, Safety and Welfare	5 Yearly	3990	3857	97%	Infection Control	Once Only	3990	3904	98%	Safeguarding Children	3 Yearly	3990	3716	93%	Safer Manual Handling	3 Yearly	3990	3660	92%	Risk Awareness	Once Only	3990	3849	96%	Fire Safety Facilitator Led Training	2 Yearly	3990	3368	84%	The data shown is for the end of January. The overall training rate for mandatory elements for substantive staff is 92% and has remained the same since the last reporting cycle.
Competence Name	Renewal Period	Required	Achieved	Compliance %																																																	
Information Governance and Data Security	Annual	3990	3421	86%																																																	
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Fire Safety Facilitator Led Training	2 Yearly	3990	3368	84%																																																	
5.3	Sickness rates		The overall sickness rate has increased in January 2021 to 5.44%. Non-Covid-19 related sickness was 4.28% this month.																																																		

Section 5 - Workforce - January 2021

Indicator number	Indicator name	Trend chart	Interpretation
5.4	Staff turnover rate	<p>Staff turnover, both voluntary and involuntary, increased this month.</p>	
5.5	Agency spend in relation to pay spend	<p>Month 10 saw agency expenditure drop to £308k, 2% of pay expenditure. The reduction in expenditure relates to reduced medical staffing expenditure and premium spend within HIF in month.</p>	

Section 6 - Efficiency and Finance - January 2021



Section 6 - Efficiency and Finance - January 2021

6.10	<div>Theatre utilisation</div> 	6.11	<div>Day case rate</div> 	<div>Outpatient DNA rate</div> 
6.13	<div>Outpatient new to follow up ratio</div> 			
<div>Narrative</div> <div>Theatre utilisation increased in January but remains below the target and Trust mean position.</div> <div>Outpatient DNA rates increased and the new to follow up ratio continued to increase.</div>				

Section 7 - Activity - January 2021

Narrative

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

All activity types are below the levels experienced in 2019/20 as a result of Covid-19. The Trust has now submitted the acute recovery plan base case and step up activity profiles to NHSE/I as detailed in this month's Operational Performance Report to board.

North Yorkshire CCG AIC

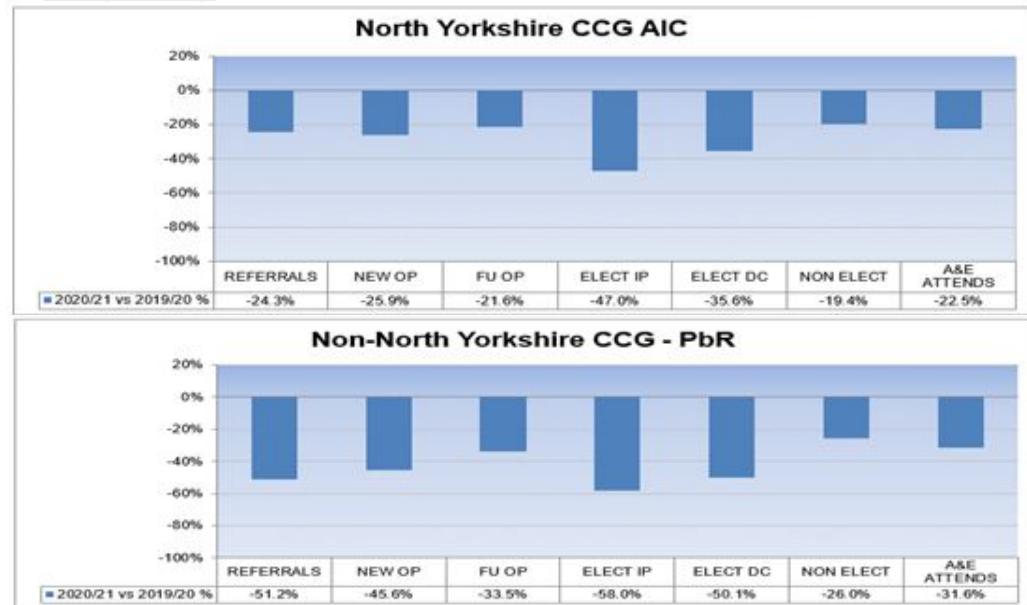
GROUP	2019/20 JAN	2020/21 JAN	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %
REFERRALS	3,446	2,318	32,643	24,721	-7,922	-24.3%
NEW OP	6,044	4,705	57,103	42,294	-14,809	-25.9%
FU OP	12,427	10,557	114,637	89,904	-24,733	-21.6%
ELECT IP	207	81	1,812	961	-851	-47.0%
ELECT DC	1,915	1,396	18,554	11,950	-6,604	-35.6%
NON ELECT	1,618	1,264	15,700	12,653	-3,047	-19.4%
A&E ATTENDS	3,147	2,432	32,854	25,477	-7,377	-22.5%

Non-North Yorkshire CCG - PbR*

GROUP	2019/20 JAN	2020/21 JAN	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %
REFERRALS	1,496	765	15,293	7,457	-7,836	-51.2%
NEW OP	2,390	1,345	22,902	12,456	-10,446	-45.6%
FU OP	4,379	2,966	40,715	27,059	-13,656	-33.5%
ELECT IP	125	28	1,098	461	-637	-58.0%
ELECT DC	694	458	7,215	3,600	-3,615	-50.1%
NON ELECT	482	334	4,824	3,572	-1,252	-26.0%
A&E ATTENDS	1,075	650	11,880	8,125	-3,755	-31.6%

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

Activity Summary

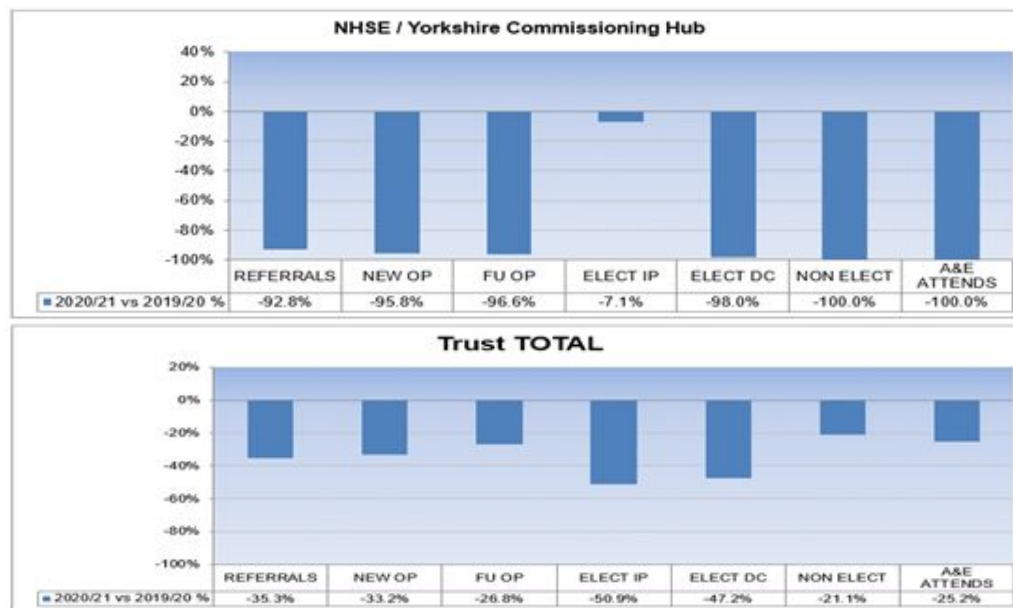


NHSE / Yorkshire Commissioning Hub

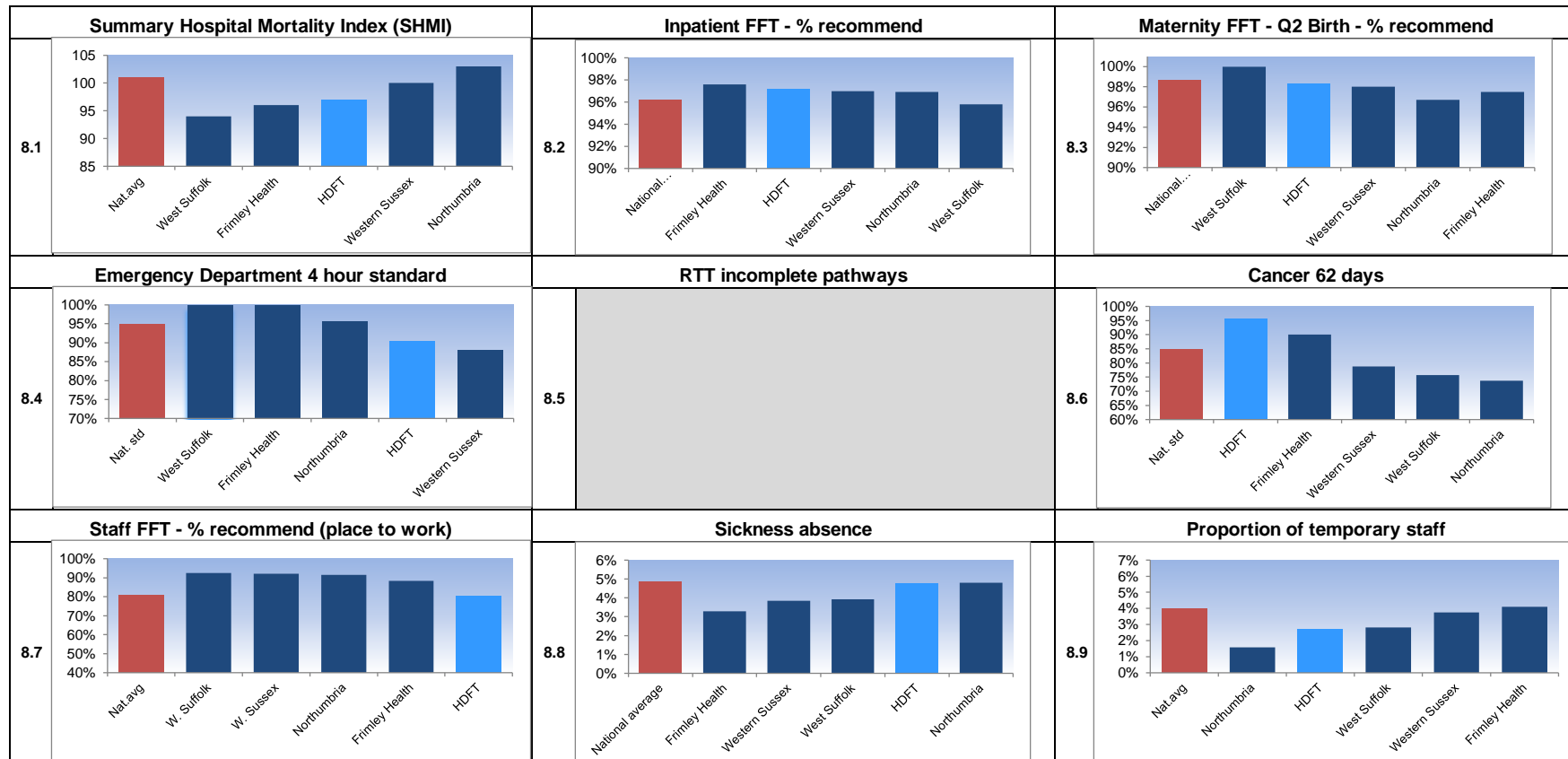
GROUP	2019/20 JAN	2020/21 JAN	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %
REFERRALS	187	10	1,995	143	-1,852	-92.8%
NEW OP	210	11	2,123	90	-2,033	-95.8%
FU OP	506	16	4,685	161	-4,524	-96.6%
ELECT IP	2	1	14	13	-1	-7.1%
ELECT DC	419	1	3,835	75	-3,760	-98.0%
NON ELECT	2	0	52	0	-52	-100.0%
A&E ATTENDS	25	0	207	0	-207	-100.0%

Trust Total

GROUP	2019/20 JAN	2020/21 JAN	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %
REFERRALS	5,129	3,093	49,931	32,321	-17,610	-35.3%
NEW OP	8,644	6,061	82,128	54,840	-27,288	-33.2%
FU OP	17,312	13,539	160,037	117,124	-42,913	-26.8%
ELECT IP	334	110	2,924	1,435	-1,489	-50.9%
ELECT DC	3,028	1,855	29,604	15,625	-13,979	-47.2%
NON ELECT	2,102	1,598	20,576	16,225	-4,351	-21.1%
A&E ATTENDS	4,247	3,082	44,941	33,602	-11,339	-25.2%



Section 8 - Benchmarking - January 2021



Narrative

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








Integrated board report - October 2020

Key for SPC charts

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

Data Quality - Exception Report

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



Harrogate and District NHS Foundation Trust

Indicator traffic light criteria

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, category 3, category 4 or unstageable hospital acquired pressure ulcers in 2018/19. The Trust has set a local trajectory for 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.	Red if latest month > UCL, amber if latest month between HDFT historical average and UCL, green if latest month on or below HDFT historical average.	Locally agreed improvement trajectory based on comparison with HDFT historical performance.
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, category 3, category 4, unstageable and DTI hospital acquired pressure ulcers, including device related and device related mucosal for 2019/20. The data includes hospital teams only.		
1.2	Safe	Pressure ulcers - community acquired	The chart shows the number of category 2, category 3, category 4 or unstageable community acquired pressure ulcers in 2018/19. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact. The Trust has set a local trajectory for 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes community teams only.	Red if latest month > UCL, amber if latest month between HDFT historical average and UCL, green if latest month on or below HDFT historical average.	Locally agreed improvement trajectory based on comparison with HDFT historical performance.
1.2	Safe	Pressure ulcers - community acquired	The chart shows the number of category 2, category 3, category 4, unstageable and DTI community acquired pressure ulcers, including device related and device related mucosal for 2019/20. The data includes community teams only.		
1.3	Safe	Falls	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.	Blue if YTD position is a reduction of >=50% of HDFT average for 2019/20, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2019/20, Amber if YTD position is a reduction of up to 20% of HDFT average for 2019/20, Red if YTD position is on or above HDFT average for 2019/20.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
1.4	Safe	Infection control	HDFT's C. difficile trajectory for 2019/20 is 19 cases, an increase of 8 on last year's trajectory. This increase takes into account the new case assignment definitions. Cases where a lapse in care has been deemed to have occurred would count towards this. Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2019/20. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, NHS Improvement and contractual requirement
1.5	Safe	Incidents - all	The number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as 'no harm'. The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
1.6	Safe	Incidents - comprehensive SIRIs and never events	The number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the pressure ulcer/falls indicators above.	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
1.7	Safe	Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is provided in the narrative section and published on the Trust website.	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
2.1	Effective	Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.		
2.2	Effective	Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
2.3	Effective	Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.	Blue if latest month rate < LCL, Green if latest month rate < HDFT average for 2019/20, Amber if latest month rate > HDFT average for 2019/20 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
3.1	Caring	Friends & Family Test (FFT) - Patients	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.	Green if latest month >= national average % recommended, Amber if latest month <= 5 percentage points below national average, Red if latest month greater than 5 percentage points below national average.	Comparison with national average performance.
3.2	Caring	Friends & Family Test (FFT) - Adult Community Services	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of adult community services including specialist nursing teams, community care teams, community podiatry and GP OOH. A high percentage is good.		
3.3	Caring	Complaints	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2019/20, Amber if on or above HDFT average for 2019/20, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
4.1	Responsive	NHS Improvement governance rating	NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section. From 1st April 2018, dementia screening performance forms part of this assessment.	As per defined governance rating	



Harrogate and District

NHS Foundation Trust

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
4.2	Responsive	RTT incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.	Green if latest month >=92%, Red if latest month <92%.	NHS England
4.3	Responsive	A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.	Blue if latest month >=97%, Green if >=95% but <97%, amber if >= 90% but <95%, red if <90%.	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
4.4	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.5	Responsive	Diagnostic waiting times - 6-week standard	Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%. A high percentage is good.	Green if latest month >=99%, Red if latest month <99%.	NHS England, NHS Improvement and contractual requirement
4.6	Responsive	Dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.	Green if latest month >=90% for Step 1, Step 2 and Step 3, Red if latest month <90% for any of Step 1, Step 2 or Step 3.	NHS England, NHS Improvement and contractual requirement
4.7	Responsive	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.8	Responsive	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.9	Responsive	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.10	Responsive	Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.	Green if latest month >=94%, Red if latest month <94%.	NHS England, NHS Improvement and contractual requirement
4.11	Responsive	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.12	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.13	Responsive	Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.	Green if latest month >=90%, Red if latest month <90%.	NHS England, NHS Improvement and contractual requirement
4.14	Responsive	Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.15	Responsive	RTT waiting list split by weeks	Number of referred patients waiting for treatment broken down into weeks.	tbc	tbc
4.16	Responsive	Children's Services - 10-14 day new birth visit	The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Target to be reviewed by CCC Directorate	tbc
4.17	Responsive	Children's Services - 2.5 year review	The percentage of children who had a 2.5 year review. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
4.18	Responsive	Children's Services - Use of the Home Environment Assessment Tool	The % of eligible children in Durham who had a HEAT assessment. The performance target is 95%.	Green if latest month >=95%, Amber if between 90% and 94%, Red if <90%.	Contractual requirement
4.19	Responsive	Children's Services - Reports for Initial and Review Child Protection Case Conferences	The % of reports submitted prior to Case Conferences (where reports are requested earlier than 48 hours before Case Conference.)	Green if latest month >=95%, Red if <95%.	Contractual requirement
4.20	Responsive	Children's Services - staff compliance with Safeguarding Supervision.	% of community staff achieving 80% compliance for Safeguarding Supervision.	Green if latest month >=90%, Red if <90%.	tbc
4.21	Responsive	Children's Services - % achievement against KPI for Breast Feeding Prevalence at 6-8 weeks.	% of children breast fed at the 6-8 week review. Charted against Prevalence targets for all 0-5 services.	Target to be reviewed by CCC Directorate	tbc
4.22	Responsive	OPEL level - Community Care Teams	The OPEL (Operational Pressures Escalation Level) is a measure of operational pressure being experienced by the community care teams. A value of 1 to 4 is agreed each day, with 1 denoted the lowest level of operational pressure and 4 denoting the highest. The chart will show the average level reported by adult community services during the month.	tbc	Locally agreed metric
4.23	Responsive	Community Care Teams - patient contacts	The number of face to face patient contacts for the community care teams.	tbc	Locally agreed metric
5.1	Workforce	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good.	Annual rolling total - 90% green. Amber between 70% and 90%, red<70%.	Locally agreed target level based on historic local and NHS performance
5.2	Workforce	Mandatory training rate	Latest position on the % substantive staff trained for each mandatory training requirement	Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
5.3	Workforce	Staff sickness rate	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.	Green if <3.9%, amber if between 3.9% and regional average, Red if > regional average.	HDFT Employment Policy requirement. Rates compared at a regional level also
5.4	Workforce	Staff turnover	The staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
5.5	Workforce	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
6.1	Efficiency and Finance	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
6.2	Efficiency and Finance	NHS Improvement Financial Performance Assessment	From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by NHS Improvement
6.3	Efficiency and Finance	Capital spend	Cumulative Capital Expenditure by month (£'000s)	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.



Harrogate and District

NHS Foundation Trust

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
6.4	Efficiency and Finance	Long stay patients	This indicator shows the average number of patients that were in the hospital with a length of stay of over 7 days (previously defined as stranded patients by NHS Improvement) or over 21 days (previously super-stranded patients). The data excludes children, as per the NHS Improvement definition. A low number is good.	tbc	as defined by NHS Improvement
6.5	Efficiency and Finance	Occupied bed days	Total number of occupied bed days in the month.	tbc	Locally agreed targets.
6.6	Efficiency and Finance	Delayed transfers of care	The proportion of bed days lost due to being occupied by patients who are medically fit for discharge but are still in hospital. A low rate is preferable. The maximum threshold shown on the chart (3.5%) has been agreed with HARD CCG.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
6.7	Efficiency and Finance	Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
6.8	Efficiency and Finance	Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		
6.9	Efficiency and Finance	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.	tbc	tbc
6.10	Efficiency and Finance	Theatre utilisation	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
6.11	Efficiency and Finance	Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
6.12	Efficiency and Finance	Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		
6.13	Efficiency and Finance	Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	Locally agreed targets.
7.1	Activity	Outpatient activity against plan (new and follow up)	The position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		
7.2	Activity	Elective activity against plan	The position against plan for elective activity. The data includes inpatient and day case elective admissions.		
7.3	Activity	Non-elective activity against plan	The position against plan for non-elective activity (emergency admissions).		
7.4	Activity	Emergency Department attendances against plan	The position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E and patients who are streamed to primary care.		

Data quality assessment

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

Council of Governors (held in Public)
3 March 2021
Stakeholder Governor Vacancies

Agenda Item Number:		8.0
Presented for:	Discussion/Approval	
Report of:	Angela Schofield, Chairman	
Author (s):	Angela Schofield, Chairman	
Report History:	None	
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000	
Links to Trust's Objectives		
To deliver high quality care		✓
To work with partners to deliver integrated care		✓
To ensure clinical and financial sustainability		✓

Recommendation:
<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> 1. Note that the Trust's Constitution currently allows up to six Appointed Stakeholder Governors and there are currently two vacancies; and 2. Consider the proposal to fill one of the vacancies for the Voluntary Organisation seat with arrangements made to contact the seven Directors of Public Health who are responsible for commissioning the 0-19 services to ask them if they can nominate one of their number to join the Council as a Stakeholder Governor.

**Council of Governors
3 March 2021**

Stakeholder Governor Vacancies

Report of the Chairman

The Trust's Constitution currently allows up to six Appointed Stakeholder Governors from each of the following:

- A Patient Experience Stakeholder Governor
(*Currently Vacant*)
- A Governor appointed by North Yorkshire County Council
(John Mann)
- A Governor appointed by Harrogate Borough Council
(Samantha Mearns)
- A Governor appointed by a local university or research institution
(Pam Bagley, University of Bradford)
- A Voluntary Organisation Governor appointed by the Council of Voluntary Services
(Harrogate and Ripon)
(*Currently Vacant*)
- A Governor appointed by Harrogate Healthcare Facilities Management Limited, t/a
Harrogate Integrated Facilities (HIF)
(Clare Illingworth (Cressey))

The positions for the Patient Experience Stakeholder Governor and Voluntary Organisation Governor are currently vacant. The Voluntary Organisation position has not been in use for three years. NHS Foundation Trusts are permitted to create the Appointed Stakeholder Governor positions, which reflect their needs. For example, in 2018, HDFT created a Stakeholder Governor position for Harrogate Healthcare Facilities Management Limited (Harrogate Integrated Facilities).

HDFT was established as a Foundation Trust before we won the contracts for 0-19 services in the North-East. This was therefore not taken into account in the composition of the Council of Governors. The possibility of having a Staff Governor was explored some time ago but it was not possible to identify the "electorate" easily. The Staff Governors have contact with the colleagues in the 0-19 services and bring forward their issues as required. However, we could invite the commissioners of the 0-19 services to nominate an Appointed Stakeholder Governor to join the Council. This would support the Council to have access to the expertise to seek the assurances regarding these services.

It is therefore recommended to the Council that we contact the seven Directors of Public Health who are responsible for commissioning the 0-19 services to ask them if they can nominate one of their number to join the Council as a Stakeholder Governor. This would replace the Voluntary Organisation position.

This still leaves one Stakeholder Governor position vacant. It is suggested that the Council keeps this under review for the time being.

Chair's report to the Public Council of Governors

Committee Name:	Governor Development & Membership Engagement
Committee Chair:	Clare Cressey, Lead Governor
Date of last meeting:	23 February 2021
Date of meeting for which this report is prepared	3 March 2021
Summary of Key Issues; The summary below provides information following the meeting held by the Governor Development & Membership Engagement Committee.	
<ol style="list-style-type: none"> 1. The Committee discussed governor development, and it was noted that a bespoke training day for Governors had been arranged to take place on 6 May 2021, facilitated by NHS Providers. 2. The next edition of the Membership Newsletter was discussed and agreed it would be finalised for circulation by mid-March. 3. It was noted that transitional arrangements were taking place to move from the in-house Membership Database to an externally supported arrangement. Moving over to the new arrangement will include a data cleanse and arrangements to increase the number of email addresses held. Data cleanse will also take place on a monthly basis following the transition to the new system. 4. Members events were going to be re-instated with arrangements put in place during COVID and non-COVID, which would commence in the Summer. 	
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	

Council of Governors
APPROVED Governor Development and Membership
Engagement Committee

Minutes of Meeting held on Monday 7 December 2020
Via Ms Teams Video Conference

Present: Clare Cressey, Chairman of meeting and Lead Governor
 Ian Barlow, Public Governor
 Elaine Culf, Interim Corporate Affairs & Membership Manager
 Tony Doveston, Public Governor
 Lynn Hughes, Interim Company Secretary
 Samantha James, Public Governor
 Doug Masterton, Public Governor
 Kathy McClune, Staff Governor
 Angela Schofield, Trust Chairman
 Steve Treece, Public Governor

Item No.	Item
1.0	Opening Items
1.1	Welcome and Apologies for Absence Clare Cressey welcomed everyone to the meeting. Apologies were noted from Martin Dennys, Sue Eddleston and Paul Widdowfield.
1.2	Declarations of Interest There were no new declarations of interest, nor conflicts of interest declared.
1.3	Minutes of Last Meeting The minutes of the meeting held on 21 September 2020 were approved as an accurate record.
1.4	Matters Arising and Action Log There were no matters arising. The action log was reviewed and updated: Action 4.0 July 20: Work on provision of a Governor handbook is ongoing. Action remains open. Action 2.1 September 20: Governor Development, and course costs. Agenda item for discussion at the meeting today, this action closed. Action 3.1 September 20: Angela Schofield commented that she continues to monitor Harrogate Advertiser to determine right time to pursue opportunity for further articles relating to membership. Action remains open.
2.0	Governor Development
2.1	Observing Board Sub-Committees The paper outlining the proposed guidelines for governor attendance at board sub-committees was noted.

You matter most

2.2	<p>Tony Doveston reminded the meeting he attends the Quality of Care meetings at SROMC. It was confirmed by Angela Schofield that the guidelines circulated do not apply to that meeting, which is not a board committee. She further explained that some services ask for a lay person to join them in an informal capacity, whilst a Governor can be invited, this is an informal arrangement and not considered as part of Governor duties.</p> <p>It was agreed that the Governor Guidelines would be shared with all Governors at the next Council of Governors meeting on 14 December 2020.</p> <p style="text-align: right;">(Action: Elaine Culf)</p> <p>NHS Provider Courses 2021</p> <p>The paper outlining available NHS Provider events for Governors during the first quarter in 2021 was noted, and Governors discussed their preferences for attendance at particular events.</p> <p>Governors agreed that the Core Skills, Effective Questioning and Challenge and NHS Finance and Business skills sessions would be particularly beneficial, which would be helpful for all Governors including new Governors.</p> <p>Tony Doveston felt it is essential that new Governors attend the Core Skills programme, and also confirmed that HDFT had previously held joint sessions with other Trusts, such as York in previous years.</p> <p>It was agreed that an NHS Providers course would be arranged to focus on Effective Questioning and Challenging and new Governors would be offered the opportunity to attend Core Skills training going forward.</p> <p style="text-align: right;">(Action: Lynn Hughes / Elaine Culf)</p>
2.3	<p>NHS Governor Advisory Committee</p> <p>The Chairman updated the Committee on the vacancy for the NHS Providers Governor Advisory Committee, and NHS Foundation Trusts had been contacted to ask if any Governors would be interested in putting themselves forward for elections to the vacant seats.</p> <p>It was noted that there had been interest from Doug Masterton, Tony Doveston and Clare Cressey. Nominations were required to be received by 18th December. It was agreed that the Chairman would confirm the Trust's candidate with all information being submitted to the Company Secretary at each Foundation Trust.</p> <p style="text-align: right;">(Action: Lynn Hughes)</p>
3.0	<p>Membership</p>
3.1 3.1.1 3.1.2	<p>Membership Development Strategy</p> <ul style="list-style-type: none"> • Newsletter December 2020 It was noted that the final draft of the newsletter was being finalised and arrangements were in place to circulate to Members via email by 18th December 2020. <p>Elaine Culf provided an update on the content of the newsletter, including Governor details for the Harrogate constituency, and various news items such as the Harrogate Hospital and the Community Services.</p> <ul style="list-style-type: none"> • Following a question from Tony Doveston in relation to the membership database, Lynn Hughes explained that alternative options were being looked at to replace the membership database, which was currently managed in-house. It was noted that an update on this would be provided to the next meeting. <p style="text-align: right;">(Action: Lynn Hughes)</p>

3.1.3	<ul style="list-style-type: none"> Tony Doveston shared his ideas on how the membership and Governor information on the Trust's website could be further improved. It was agreed that as previously discussed a link would be provided on the Trust's website to provide members and members of the public the opportunity of contacting Governors within constituent areas. Any messages received would be directly linked to the Trust's HDFT Foundation Trust designated email address, which is managed by the Corporate Affairs and Membership Manager who would arrange for questions to be answered having consulted Executive Director Leads, the Head of Communications and Marketing and Governors. An update on this would be provided to the next meeting. <p style="text-align: right;">(Action: Elaine Culf/Paul Widdowfield)</p>
4.0	Closing Items
4.1	Any Other Business There was no other business.
4.2	Evaluation of Meeting It was noted that the meeting enabled interesting discussions with progress being made on the Committee's area of interest. The Chairman thanked everyone for attending and for their contributions.
4.3	Date and Time of Next Meeting To be advised. <p style="text-align: right;">(Action: Elaine Culf / Clare Cressey)</p>

**Council of Governors Meeting
3 March 2021**

Governor questions

Topics Raised:

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

Elective Care:

Martin Dennys:

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

Sue Eddleston:

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

Staff Wellbeing:

Doug Masterton:

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

Steve Treece:

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

Redeployment:

Sue Eddleston:

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

Vaccinations:

Martin Dennys:

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

2021/22

Steve Treece:

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

Harrogate Integrated Facilities:

Tony Doveston:

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

Council of Governors Workplan 2021				
Dates of Meetings	3 March	8 June	6 September	6 December
Final Reports required by:	23/02/21	31/05/21	27/08/21	26/11/21
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, Membership and Engagement, External Auditor Working Group)	*	*	*	*
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 Membership and Engagement Committee)			✓	
Calendar of Governor Activities	✓	✓	✓	✓
Constitution Annual Review		✓		
Annual Review of the Effectiveness of the Council of Governors		✓		
Closing Items				
Any Other Business	*	*	*	*
Effectiveness of Meeting	✓	✓	✓	✓

*As and when required