COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Tuesday, 6th September 2022 from 4.30pm to 6.00pm
To be held at the Cedar Court, Harrogate

AGENDA

Item No.	Item	Lead	Action	Paper
1	**Welcome and apologies for absence** *Welcome to the public, set the context of the meeting and receive any apologies for absence.*	Sarah Armstrong Chair	Note	Verbal
2	**Declarations of Interest** *To declare any interests relevant to the agenda and to receive any changes to the register of interests*	Sarah Armstrong Chair	Note	Verbal
3	**Minutes of the meeting held on 7th March 2022** *To review and approve the minutes*	Sarah Armstrong Chair	To Approve	Attached
4	**Matters arising and Action Log** *To receive updates on progress of actions*	Sarah Armstrong Chair	Note	Attached
5	**Chairman's update** *To note*	Sarah Armstrong Chair	Note	Verbal
6	**Non-Executive Directors Briefings** *To receive updates*	Non-Executive Directors	Note	Verbal
7.0 7.1 7.2	**Chief Executive and Executive Director strategic and operational update** **Integrated Board Report** **Questions from Governors**	Executive Directors Executive Directors & NEDs	Note	Verbal Attached Attached and Verbal
8	**Governor Development & Membership Engagement Committee update**	Clare Illingworth, Lead Governor	Note	Verbal
9	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Sarah Armstrong Chair	Note	Verbal
10	**Evaluation of meeting**	Sarah Armstrong Chair	Note	Verbal
11	**Date and Time of Next Meeting** *Monday,5th December 2022*	Sarah Armstrong Chair	Note	Verbal

Council of Governors' Meeting (held in Public)

Minutes of the public Council of Governors' meeting held on 7th March 2022 at 4.30pm at The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

Present:
Angela Schofield, Chairman
Clare Illingworth, Stakeholder Governor & Lead Governor
Donald Coverdale, Public Governor
Tony Doveston, Public Governor
Sue Eddleston, Public Governor
Andrew Jackson, Staff Governor
Sue Lumby, Stakeholder Governor
Doug Masterton, Public Governor
Kathy McClune, Staff Governor
Richard Owen-Hughes, Public Governor
Prof. Karen Stansfield, Stakeholder Governor
Dave Stott, Public Governor
Steve Treece, Public Governor

In attendance:
Jackie Andrews, Medical Director
Sarah Armstrong, Non-Executive Director
Jonathan Coulter, Acting Chief Executive Officer
Elaine Culf, Corporate Affairs & Membership Manager (Minutes)
Emma Edgar, Clinical Director, Long term & Unscheduled Care Directorate (LTUC)
Matt Graham, Director of Strategy
Jordan McKie, Acting Director of Finance
Russell Nightingale, Chief Operating Officer
Emma Nunez, Acting Deputy CEO & Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs)
Andy Papworth, Non-Executive Director
Laura Robson, Non-Executive Director
Kate Southgate, Company Secretary
Richard Stiff, Non-Executive Director
Maureen Taylor, Non-Executive Director
Shirley Silvester, Deputy Director of Workforce & Organisational Development

COG/03/2022/1.0 Welcome and apologies for absence

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

Apologies were received from Ian Barlow, Public Governor, Martin Dennys, Public Governor, Angela Wilkinson, Director of Workforce & Organisational Development, Natalie Lyth, Clinical Director, Community and Children's Directorate; Mark Chamberlain, Chairman, Harrogate Integrated Facilities (HIF); Jeremy Cross, Non-Executive Director; and Wallace Sampson, Non-Executive Director

COG/03/2022/2.0 Declarations of Interest

It was noted that Sarah Armstrong was a Director of HIF, Clare Illingworth was the nominated Stakeholder Governor of HIF and Mark Chamberlain was the Chairman of HIF. Wallace

Sampson was Chief Executive of Harrogate Borough Council. In addition, Andrew Jackson, Staff Governor, declared an Interest in Pathology Services.

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

COG/03/2022/3.0 Minutes of the last meeting held on 6th December 2021

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

COG/03/2022/4.0 Matters Arising and Action Log

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

- COG/12/2021/10.0 – Governor Question & Answer session:
  - Glaucoma waiting times, regular updates provided in Informal Governor Briefings, together with updates in COO report; this action to be closed.
  - Outpatient seating arrangements; meeting is being arranged between Sue Eddleston and the Matron to discuss further, action remains open.

There were no further matters arising or actions to review.

COG/03/2022/5.0 Chairman's update

The Chairman expressed warmest congratulations to Sarah Armstrong on her appointment as Chairman of HDFT, commencing on 1st April 2022. She noted that Sarah will be relinquishing her role as Non-Executive Director, Wellbeing Champion and Non-Executive Director for HIF, with options currently being examined.

The Chairman also updated Council on the recent secondment of Chief Executive, Steve Russell, now working with NHSE for a period of 6-12 months. The Trust is grateful to Jonathan Coulter, stepping in to the role of Acting CEO, together with Emma Nunez who is now Acting Deputy CEO, and Jordan McKie, Acting Director of Finance. In addition, Emma Edgar, known to many Council colleagues thanks to her role as Governor, has been appointed Clinical Director for LTUC.

In relation to HIF, due to his new appointment, Jonathan Coulter will no longer act as interim CEO, Angie Gillett who has been Managing Director for HIF for a year will continue in this role. In addition, HIF have now appointed a Deputy Director for Estates & Facilities.

The Chairman updated Council on the February 2022 Trust Board workshop. The workshop focused on NHS Humber & North Yorkshire systems and structures, and the Trust's role within these systems. The Board were joined by colleagues from North Yorkshire County Council, Humber Coast & Vale Collaboration of Acute Providers, and North Yorkshire CCG, for a series of discussions. In addition, the Executive Medical Director and Director of Nursing, Midwifery & AHPs, updated the Board on the progress of the Caring At Our Best programme, as well as workstreams, digital working and quality governance.

The Chairman updated Council on the requirement for the Board to have Non-Executive Director Champions for some areas, and confirmed that nationally it has been determined that Trusts should have one for Maternity Safety (Andy Papworth), Wellbeing (currently Sarah Armstrong), Freedom to Speak Up (Laura Robson), Doctor Disciplinary processes and Security Management. It was noted that Non-Executive Directors are assigned to individual cases for Disciplinary issues, and Security Management is reviewed regularly by the Audit Committee, and Richard Stiff has taken on the role of champion, as well as Chair of Audit Committee. In addition, Wallace Sampson acts as the Non-Executive Champion for EDI, and the Trust will also be including a Children's Champion. It was further confirmed that Laura Robson will now become Chair of the Organ & Tissue Donation Committee.

The Chairman confirmed that Dr Dave Earl, Deputy Medical Director and Medical Examiner, would be attending today's Council meeting to give a presentation about the role of Medical Examiner.

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

COG/03/2022/6.0 Non-Executive Director Briefings

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

- A wide ranging scrutiny role with Finances
- Comprehensive view of the activities throughout the organisation, such as:
  - Pre-employment checks
  - Clinical waste
  - Charities Fund
  - Medicines management
  - Data security

Richard Stiff confirmed to Council that the vast majority of the various committee reports received have offered significant or good assurance, limited assurance reports are rare. He acknowledged that the committee had previously had concerns over unactioned recommendations, with a pinnacle reached during the pandemic. This had been reflected within the Executive Team and a newly created Executive Risk Review Group was established, to assure any highlighted issues are not overlooked. The number of outstanding recommendations had significantly reduced from 9-12 months ago, with no very long term outstanding recommendations.

Richard Stiff confirmed that the Trust is well served by a specialist audit fraud team, with a robust system in the Trust to ensure key officers are aware of new and emerging threats, and continued awareness of challenges, such as in IT. He confirmed that the Trust received good service from Internal Audit as well as KPMG. The Committee plays a key role in delivering standing items of Trust business, particularly around finance, single tender actions and year end processes, which can be challenging particularly around national financial frameworks and timelines.

It was noted that there have been recent changes within the internal audit team, with Helen Kemp Taylor taking retirement and Tom Watson moving on to a role in another internal audit provider.

Richard Stiff acknowledged the strong support from Governors who attend the Audit Committee as observers, and thanked them for the work undertaken to support the committee.

Steve Treece commented that he takes a good level of assurance from meetings, particularly recognising the scope of what is covered by the committee, and is very supportive of work undertaken, as well as the attention given to risk management over the last few months.

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

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

COG/03/2022/7.0 Chief Executive and Executive Director Strategic and Operational update

Jonathan Coulter began his update by acknowledging the support he is receiving during the transition to the role of Acting CEO. He then presented his comprehensive strategic and operational update which incorporated responses to questions raised by governors.

Areas highlighted within the report were:

- Planning Guidance, including the key priorities contained within the NHS Planning Guidance for 2022/23;
- Key components of the financial framework for 2022/23
- HDFT key programmes and development of activity plans
- Planning across the system, working with colleagues across HCV and West Yorkshire to develop plans

Current performance across the Trust was also highlighted:

- Urgent and Emergency Care
- Elective Care
- 0-19 services – Safeguarding
- 0-19 services
- Quality and Safety
- People and Culture
- Finance

There were no questions from Council members for the CEO.

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

COG/03/2022/7.1 Integrated Board Report

The Integrated Board Report for February 2022 had been circulated. The report presents data for the new style IBR, with indicators grouped into sections based around the domains defined by the CQC.

Dave Stott shared his observations about the IBR, and also the Quality Report, commenting that it was not always easy to understand the detail that comes from tonnes of information. He asked whether the data could be summarised to give conclusions on the indicators, as to how well the Trust is performance. He also commented that we should highlight the area of how well led this Trust is.

In response, Jonathan Coulter commented that the IBR is used in different forums and for a number of audiences, including Board and management meetings with Directors, and it is not expected that Governors will read the IBR in full. Like the Annual Report, the format is prescribed though going forwards provision of a summary document, which was more public facing, would be an option. Laura Robson commented that Kate Southgate, Company Secretary, had produced a draft Quality Report based on CQC domains, and this would be shared with him.

The Chairman commented that the full IBR was needed for Board, and acknowledged Governors' commitment in reading through it.

In relation to the Well Led aspects, Jonathan Coulter confirmed that, as changes are not made each month, the detail is not sufficient to be included in the IBR, with different processes through assessment and the well led domain. The Well Led review can be shared with governors.

Action: *Draft Quality Report (February 2022) to be shared with Governors*

Action: *Well Led Review to be shared with Governors*

Resolved: *The IBR was noted.*

COG/03/2022/7.2 Corporate Risk Register

The Corporate Risk Register for January 2022 had been circulated and was taken as read. It was noted that this is reviewed monthly at the Directorate Performance Reviews and at the Executive Risk Management Group. This report was presented to the Board at the January 2022 meeting.

Resolved: *The Corporate Risk Register was noted.*

Richard Owen-Hughes and Tony Doveston left the meeting.

COG/03/2022/8.0 Remuneration, Nominations & Conduct Committee – Non-Executive Director Recruitment

The Chairman provided a verbal update to the Council on the recruitment of additional Non-Executive Directors, following Sarah Armstrong's appointment as the new Chairman of the Trust, and the upcoming retirement of Maureen Taylor during the latter part of 2022.

The Chairman reminded Council that, at their additional Private meeting held on the 17th January 2022, responsibility for the recruitment to Non-Executive Directors had been delegated to the Remuneration, Nominations & Conduct Committee (RNCC). She confirmed

that when the process was complete, Council of Governors will be required to approve appointments.

The Chairman noted that the Trust would seek to recruit two substantive Non-Executive Directors, and, in addition, an associate Non-Executive Director to gain experience. She explained that many Trusts include this position as part of succession planning, as well as giving experience and participation in a range of responsibilities. The Chairman confirmed that RNCC had agreed the skills focus to complement the current Board would include public health, health and equalities, and potentially someone with a medical background, and candidates with protected characteristics would certainly be encouraged.

The RNCC had further agreed that Gatenby Sanderson should support the process of recruitment.

In terms of the Non-Executive appraisal process, a meeting is being arranged for RNCC members to agree the survey questions for the appraisals.

Resolved: *The progress on the appointment of the new Non-Executive Directors was noted.*

Resolved: *The progress on the NED appraisal process was noted.*

COG/03/2022/9.1 Governor Development and Membership Engagement Committee - Chair's Report

The Chair's report from the meeting held on 19th January 2022 was noted.

Resolved: *The Governor Development and Membership Engagement Committee Chair's Report from the meeting held on 19th January 2022 was noted.*

COG/03/2022/9.2 Approved Minutes of Governor Development & Membership Engagement Committee meeting held on 29th November 2021

The approved minutes of the Governor Development and Membership Engagement Committee held on 29th November 2021 were noted.

Resolved: *The Governor Development and Membership Engagement Committee approved minutes from the meeting held on 29th November 2021 were noted.*

COG/03/2022/9.3 NHS Providers Governor Effectiveness Survey

The paper relating to the use of an NHS Providers Council of Governors Effectiveness Survey had been circulated and was taken as read. Clare Illingworth, Lead Governor, summarised the value of implementing the survey, and it was confirmed that, if approved, this will take place during 2022.

Resolved: *The implementation of the NHS Providers Effectiveness Survey was approved.*

COG/03/2022/10.0 HDFT Constituencies review

The paper regarding the proposed HDFT Constituencies Review had been circulated and was taken as read. The Chairman noted that since HDFT had achieved Foundation Trust status in 2005, many changes had been made, including a range of services for health visiting and school nursing the in the North East of England, and an increase in Staff numbers employed by the Trust. The Chairman then summarised the current vacancies within both Public and Staff Constituencies, and the recommendations detailed in the paper.

The Council of Governors discussed the merits of staff governors for particular areas and/or directorates, though it was acknowledged that not all professional groups could be represented if that method was used. It was however noted that recruitment to the vacant Nursing and Midwifery seat could target the community, including the 0-19 services. It was also noted that it was not proposed for numbers of staff governors to be increased, despite the fact that there are now twice as many members of staff of the Trust. Jonathan Coulter commented that the size of the Council of Governors for HDFT was larger than other comparable sized Trusts at the time of FT status being granted, and this was now more balanced. The Chairman agreed, and commented that other organisations of similar status had similar numbers of staff Governors.

Governors discussed the current level of vacancies for staff Governors, noting the possible difficulties of pattern of meetings, and the management support needed to enable colleagues to have the time to undertake the role. The Chairman commenting that recruitment had not previously been an issue, though the last round of elections had come around at a difficult time given the pressures the NHS faced particularly during the pandemic and it was important that for the next round of elections, the level of communications should be increased, with colleagues encouraged to come forward.

The Council then discussed the proposed change to the North Yorkshire and York Constituency to become the North of England Constituency, and also the merits of retaining the Rest of England Constituency. The Chairman commented that though it was not necessary to retain the Rest of England Constituency, this does allow the Trust to keep members who move away from the catchment area. It was confirmed that members who wished to stand as a Public Governor would have to live in that constituency.

It was felt that, as there is an existing Governor in the public constituency that may be affected, other options should be explored, whilst progressing with staff governor vacancies and current public governor vacancies.

Resolved: *Elections to the vacant staff governor seats should be progressed, including targeting the recruitment of the vacant Nursing and Midwifery seat on community services, including 0-19 services.*

Elections to the vacant Public governor seats should be progressed, and it was agreed to revisit the question of changes to the Rest of North Yorkshire & York and/or Rest of England seats at a later time.

COG/03/2022/11.0 Council of Governors Workplan 2022

The draft workplan for 2022/23 had been circulated, no changes/additions were made.

Resolved: *The Workplan for 2022/23 was approved.*

COG/03/2022/12.0 The Role of the Medical Examiner

Dr Dave Earl, Deputy Medical Director and Medical Examiner gave an interesting presentation relating to his role of Medical Examiner for the Trust, and explained the aims, concerns and progress to be made nationwide in both the short and medium turn.

The Chairman thanked Dr Earl for the update on the current situation, and also for taking on this role.

Resolved: *The presentation on the Role of the Medical Examiner was noted.*

COG/03/2022/13.0 Question and Answer Session for Governors and members of the public

The Chairman thanked Governors for the questions they had submitted in advance of the meeting (Appendix 1). The responses to the questions were included in the presentation by the Acting CEO, and are noted below.

Theatres:

The quality of care and outcomes for patients are absolutely linked to the culture within the theatre teams.

Following some concerns raised in respect of the culture within theatres, a dedicated team has been working for the past three months to understand and improve the culture within theatres. This work has included time outs with staff and listening events.

An establishment review has been undertaken to assess skill mix, training and education capacity, and to explore means of filling staffing gaps.

Operational processes have been examined with a view to improving theatre utilisation, and weekend lists have been introduced to tackle the elective care backlog.

Asset replacement and IT capacity has also been examined, with a view to ensuring that staff within theatres have the tools to do the job effectively.

All of these interventions are a part of improving the culture within theatres, improving staff recruitment and retention and ultimately improving patient outcomes.

These interventions are discussed through Board Committees such as the People and Culture Committee and the Resources Committee, and have also been the subject of discussion and oversight at the Board of Directors.

In addition, Laura Robson confirmed that members of the Quality Committee had received a detailed presentation and update at their last meeting from the newly appointed Senior Nurse, and good improvements have been seen. Updates to Quality Committee from the Senior Nurse will continue.

In relation to the cultural issues which were highlighted above, the Chairman commented that many improvements are now in place, including additional recruitment and the intervention and actions taken by the Executive Team.

Pathology Joint Venture:

The joint venture began shortly before the outbreak of the COVID pandemic and therefore has had to work through some exceptional times. The response of our pathology services through the JV with respect to the pandemic has been fantastic

with the exceedingly high demands placed on them to support testing of both patients, staff and often the wider population.

During this period we have managed some difficult supply issues, the mutual aid and support offered by JV partners was essential for both Covid testing and also to get through the supply shortages affecting blood bottles and reagents.

As we emerge from the pandemic we are working on a full evaluation of the JV scheme to date. Financially it has continued to deliver savings and there have been some successes in respect of quality and procurement, but there remains work to do to gain the wider benefits of joint working. Specifically, in relation to greater service resilience, joined up learning and greater economies of scale.

We will be reporting in to our HDFT board the quality markers from both Harrogate and other JV sites to ensure that there is ongoing oversight of the JV performance, and a Board workshop will review the progress in the new year**.**

Safeguarding Children:

The Quality Committee received the annual Children's Safeguarding Report recently and there was good discussion on the safeguarding surge and how the service/workforce has flexed to enable meeting of demand. The Committee were assured that the risk assessment and associated governance that had been put in place to manage and mitigate risk was to be commended.

The monitoring of this remains in place and the themes identified for 0-19 services was reflective of that seen nationally.

Feedback from partner agencies in relation to HDFT's role in safeguarding children has been positive, particularly the accessibility of meetings with the use of Teams creating more capacity for attendance than face to face allowed. We expected to see an increase in cases of neglect once lockdown ceased, however this is not yet evident with cases reducing overall – this is something we continue to monitor through Directorate reviews, SMT, and the Quality Committee.

Security:

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

Staff body cams scheduled to be piloted in the Emergency Department in Feb 2022.

Emergency Security Response training (PMVA Level 2 equivalent) now completed for all Charge-hands and Deputy Charge-hands. Progressive roll out/refresher of Conflict resolution & De-escalation training continuing for both Portering and other HDFT colleagues.

The incidence of security incidents within the Emergency Department has reduced, but this is monitored through the executive governance structure and through the People and Culture Committee.

Andrew Jackson thanked Jonathan Coulter for the update on steps being taken and the ongoing work, and asked about dedicated security staff. Russell Nightingale confirmed that a group to review the situation across all Trusts in the area was underway.

Vaccinations:

Regulations to implement vaccination as a Condition of Deployment (VCOD) were paused at the end of January subject to a consultation on revoking the legislation. This consultation ended on 16th February, with the outcome being that the legislation will be revoked and VCOD requirements removed.

There were plans in place to discuss the impact of VCOD on 46 staff across HDFT who might have been affected, but these were paused at the end of January. There has been no loss of staff due to the VCOD regulations therefore.

Whilst upsetting for those impacted initially, there has been no operational impact and we are not aware of any staff who left HDFT in advance or because of the regulations.

Government Policy:

The financial settlement for 2022/23 has been shared through the national NHS planning guidance. This allocates significant funds to the NHS specifically to deliver elective recovery and reduce the numbers of people waiting for NHS treatment.

We are working across the system in West Yorkshire and Humber, Coast and Vale to plan the use of resources that maximises the impact this resource can have.

These plans are overseen by the Resources Committee and we have re-introduced the Governor working group on planning to ensure Governor engagement in our planning for the future.

Recovery:

Learning and process changes during the covid-19 pandemic have been factored into our Emergency Preparedness, Resilience and Response (EPRR) plan, there is planning for a reflection day and ensure all good practice is covered once the pandemic is over. Many changes have been embedded during the last year, such as changes to flow meeting and closer working with HIF and IPC. All of our work on EPRR will also be a part of the Regional and National planning for future pandemics.

HDFT are already ahead of many other providers with the 104 week waits reducing to zero by March 2022. The current modelling highlights a 40% reduction in 52 week waiters by March 2023 which is ahead of the NHSI/E covid recovery planning target of March 2024. We are working to achieve compliance with the RTT target in line with the target date of March 2025. the elective recovery plan is reviewed and overseen by the Resources Committee each month.

Virtual appointments now provide over 27% of our follow up activity and 10% of our new activity. There has also been a rollout of PIFU (patient initiated follow ups) which now have over 500 patients moving to this way of working and reducing unnecessary appointments. Scheduling process have been revamped and now the Trust is compliant with 6-4-2 scheduling processes which has increased theatre throughput in the months of January and February.

The Chairman thanked Governors for the questions, and hoped everyone was re-assured by the responses. She commented that Non-Executive Directors are very much engaged from an assurance point of view, and matters are escalated where necessary.

Additional Questions raised:

Sue Eddleston asked about missed appointments, owing to the fact that she had received a text message relating to a F2F appointment the following day, which she had been unaware of. Russell Nightingale asked for further details to investigate.

Tony Doveston asked for an update on the number of patients who remain in hospital beds awaiting discharge. Jonathan Coulter confirmed there were 50 beds occupied, and acknowledged the difficulties, he confirmed the Trust is working with partners to assess the impact. Doug Masterton noted that in some areas social services managers may not work weekends, and it was noted that Leeds City Council only offer a Monday – Friday service. Emma Edgar confirmed this issue was high on everyone's list.

Action: *Sue Eddleston to provide appointment details to Russell Nightingale.*

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

COG/03/2022/14.0 Any other relevant business not included on the agenda

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

COG/03/2022/15.0 Evaluation of the Meeting

The updates and discussion had been extremely informative, open and beneficial. It was agreed that this had been a positive meeting, and Non-Executive Directors further noted the excellent questions that Governors had raised.

COG/03/2022/16.0 Date and Time of Next Meeting

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

The meeting closed at 19:27

Appendix 1

Operating Theatre Practice within HDFT:

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

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

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

Dave Stott, Public Governor, Harrogate and Surrounding Villages

Pathology Joint Venture:

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

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

NHS Vaccination Policy:

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

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

Government Policy:

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

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

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

Safeguarding:

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

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

HDFT Recovery Plans:

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

Martin Dennys, Public Governor, Harrogate and Surrounding Villages

HDFT Security Issues:

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

Andrew Jackson, Staff Governor

Paper 4.0

HDFT Council of Governors' Meeting Action Log – March 2022

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

Ref	Meeting Date	Subject	Action Description	Director/Manager Responsible	Date due at CoG meeting or date when completion/ progress update is required	Comments	Status - completed is defined as confirmation that the action is completed as described
COG/12/2021/10.0	6 December 2021	Q & A Session	Glaucoma waiting times to remain on the agenda with further updates to take place on a regular basis at Informal Governor briefings	Chief Operating Officer	March 2022	Update provided	Open
			Meeting to be arranged between Sue Eddleston, Public Governor, and relevant matron to review seating arrangements	Director of Nursing, Midwifery & AHPs	March 2022		Open

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HDFT Council of Governor Meeting Closed Action Log

COG/09/2020/4.1.2	29-09-2020	Ophthalmology Services	Agreed the Interim Chief Operating Officer would investigate provision of an Ophthalmology mobile testing facility and provide an update to the next meeting	Chief Operating Officer	14 December 2020 3 March 2021 8 June 2021	Update provided	Closed
COG/03/2021/5.7	03-03-2021	External Audit Process	Governors to confirm to Angie Colvin if they are interested in participating in the external auditor process	Interim Company Secretary / Corporate Affairs and Membership Manager	8 June 2021	Update provided	Closed
COG/06/2021/8.0	8 June 2021	Update on Deloitte Report	Further update would be provided after People and Culture Committee had received a full update (next meeting – 12 July 2021)	Chief Executive	6 September 2021	Update provided	Closed
COG/06/2021/7.0	8 June 2021	Major quality priority for 2021/22	Update on quality priority based work to be provided at the next Council of Governors meeting	Chief Executive	6 September 2021	Update provided	Closed
COG/09/2021/10.0	6 Sept 2021	Questions & Answers	Chair's report from People & Culture Committee to be added to Bulletin once through Board	Corporate Affairs & Membership Manager	December 2021	September reports circulated, ongoing after each Board.	Closed
COG/06/2021/8.0	8 June 2021	Acute stroke services	Trust level outcome data was yet to be published	Medical Director	December 2021	The latest return had been received and no significant changes were noted. Agreed to close the action.	Closed
COG/09/2021/10.0	6 September 2021	Questions & Answers	A presentation to Governors relating to Serious Incident investigations and Medical Examiner role to be arranged	Director of Nursing/Corporate Affairs & Membership Manager	December 2021	Medical examiner scheduled for March 2022 meeting. Agreed to close the action.	Closed

Council of Governors (held in Public)
6th September 2022

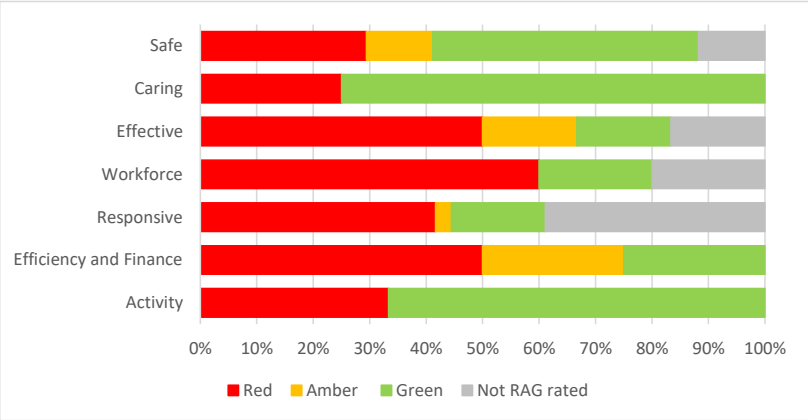
Title:	***Integrated Board Report***
Responsible Director:	Executive Directors
Author:	Head of Performance & Analysis

Purpose of the report and summary of key issues:	The Council of Governors is asked to note the items contained within this report.	
BAF Risk:	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	Y
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	Y
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	Y
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	Y
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	Y
	BAF3.2 To provide a high quality service	Y
	BAF3.3 To provide high quality care to children and young people in adults community services	Y
	BAF3.5 To provide high quality public health 0-19 services	Y
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	Y
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	Y
	BAF4.4 To be financially stable to provide outstanding quality of care	Y
Corporate Risks	None	
Report History:	A draft version of this report was presented to Senior Management Team and Trust Board in August 2022.	
Recommendation:	The Council of Governors is asked to note the items contained within this report.	

Integrated Board Report - Summary of indicators - June 2022

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

		RAG ratings			
Domain	**Total indicators**	**Red**	**Amber**	**Green**	**Not RAG rated**
Safe	17	5	2	8	2
Caring	4	1	0	3	0
Effective	6	3	1	1	1
Workforce	5	3	0	1	1
Responsive	36	15	1	6	14
Efficiency and Finance	12	6	3	3	0
Activity	9	3	0	6	0
Total	**89**	**36**	**7**	**28**	**18**



Integrated Board Report - Summary of Jun-22 performance

Domain	Indicator number	Indicator name	Latest position
Safe	1.1	Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days	0.32
Safe	1.2	Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts	1.32
Safe	1.3	Inpatient falls per 1,000 bed days	6.5
Safe	1.4	Infection control - C.diff hospital acquired cases due to a lapse in care	0
Safe	1.5	Infection control - MRSA hospital acquired cases due to a lapse in care	0
Safe	1.6	Incidents - ratio of low harm incidents	50.11
Safe	1.7.1	Incidents - comprehensive serious incidents (SI)	3
Safe	1.7.2	Incidents - Never events	1
Safe	1.8.1	Safer staffing levels - fill rate	89.2%
Safe	1.8.2	Safer staffing levels - CHPPD	7.6
Safe	1.9	Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d	96.6%
Safe	1.10	Maternity - % women with Continuity of Care pathway	
Safe	1.11	Infant health - % women smoking at time of delivery	3.7%
Safe	1.12	Infant health - % women initiating breastfeeding	81.8%
Safe	1.13	VTE risk assessment - inpatients	95.6%
Safe	1.14.1	Sepsis screening - inpatient wards	93.8%
Safe	1.14.2	Sepsis screening - Emergency department	92.6%

Domain	Indicator number	Indicator name	Latest position
Caring	2.1.1	Friends & Family Test (FFT) - Patients	92.2%
Caring	2.1.2	Friends & Family Test (FFT) - Adult Community Services	90.6%
Caring	2.2.1	Complaints - numbers received	9
Caring	2.2.2	Complaints - % responded to within time	70%
Effective	3.1	Mortality - HSMR	114.09
Effective	3.2	Mortality - SHMI	1.07
Effective	3.3.1	Readmissions to the same specialty within 30 days - following elective admission	2.1%
Effective	3.3.2	Readmissions to the same specialty within 30 days - following non-elective admission	6.8%
Effective	3.4	Returns to theatre	
Effective	3.5	Delayed Transfer of Care	28.1%
Workforce	4.1	Staff appraisal rate	60.8%
Workforce	4.2	Mandatory training rate	90.0%
Workforce	4.3	Staff sickness rate	4.96%
Workforce	4.4	Staff turnover rate	16.3%
Workforce	4.5	Vacancies	6.25%

Domain	Indicator number	Indicator name	Latest position
Responsive	5.1.1	RTT Incomplete pathways performance - median	11
Responsive	5.1.2	RTT Incomplete pathways performance - 92nd centile	44
Responsive	5.1.3	RTT Incomplete pathways - total	25134
Responsive	5.1.4	RTT Incomplete pathways - 52-<104 weeks	1260
Responsive	5.1.5	RTT Incomplete pathways - 104+ weeks	1
Responsive	5.2.1	RTT waiting times - by ethnicity	
Responsive	5.2.2	RTT waiting times - by level of deprivation	
Responsive	5.2.3	RTT waiting times - learning disabilities	
Responsive	5.3	Diagnostic waiting times - 6-week standard	68.7%
Responsive	5.4	Outpatient follow-up waiting list - number of follow up patients past due date	
Responsive	5.5	Data quality on ethnic group - inpatients	92.5%
Responsive	5.6	A&E 4 hour standard	71.5%
Responsive	5.7	Ambulance handovers - % within 15 mins	83.2%
Responsive	5.8	A&E - number of 12 hour trolley waits	15
Responsive	5.9.1	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	78.0%
Responsive	5.9.2	Cancer - 62 day wait for first treatment from urgent GP referral to treatment - number of 104 days waiters	5
Responsive	5.10	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	73.5%
Responsive	5.11	Cancer - 28 days faster diagnosis standard (suspected cancer referrals)	80.4%
Responsive	5.12	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	96.2%

Domain	Indicator number	Indicator name	Latest position
Responsive	5.13.1	Children's Services - 0-12 months caseload	1726
Responsive	5.13.2	Children's Services - 2-3 years caseload	1628
Responsive	5.14	Children's Services - Safeguarding caseload	1103
Responsive	5.15	Children's Services - Ante-natal visits	87.6%
Responsive	5.16	Children's Services - 10-14 day new birth visit	95.5%
Responsive	5.17	Children's Services - 6-8 week visit	94.9%
Responsive	5.18	Children's Services - 12 month review	93.1%
Responsive	5.19	Children's Services - 2.5 year review	92.9%
Responsive	5.20	Children's Services - % children with all 5 mandated contacts	
Responsive	5.21	Children's Services - Delivery of Immunisation trajectory	
Responsive	5.22	Children's Services - OPEL level	1/2/3
Responsive	5.23	Community Care Adult Teams - performance against new timeliness standards	
Responsive	5.24	Community Care Adult Teams - Number of virtual beds delivered in Supported Discharge Service	
Responsive	5.25	Community Care Adult Teams - Number of cancelled routine visits	
Responsive	5.26	Community Care Adult Teams - OPEL level	3
Responsive	5.27	Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation	32.0%
Responsive	5.28	Home visit: Face to face consultations started for URGENT cases within 2 hrs	93.1%

Domain	Indicator number	Indicator name	Latest position
Efficiency and Finance	6.1	Agency spend	£ 890
Efficiency and Finance	6.2	Surplus / deficit and variance to plan	£ 157
Efficiency and Finance	6.3	Capital spend	£ 1,506
Efficiency and Finance	6.4	Cash balance	£ 43,156
Efficiency and Finance	6.5.1	Long stay patients - stranded (>7 days LOS)	147
Efficiency and Finance	6.5.2	Long stay patients - superstranded (>21 days LOS)	67
Efficiency and Finance	6.6	Occupied bed days per 1,000 population	57.9
Efficiency and Finance	6.7.1	Length of stay - elective	2.56
Efficiency and Finance	6.7.2	Length of stay - non-elective	5.05
Efficiency and Finance	6.8	Avoidable admissions	240
Efficiency and Finance	6.9	Theatre utilisation (elective sessions)	85.0%
Efficiency and Finance	6.10	Day case conversion rate	2.4%

Domain	Indicator number	Indicator name	Latest position
Activity	7.1	GP Referrals against 2019/20 baseline	111.1%
Activity	7.2.1	Outpatient activity (consultant led) against plan (new and follow up)	119.9%
Activity	7.2.2	Outpatient activity (consultant led) against 2019/20 baseline (new and follow up)	90.2%
Activity	7.3.1	Elective activity against plan	111.0%
Activity	7.3.2	Elective activity against 2019/20 baseline	78.4%
Activity	7.4.1	Non-elective activity against plan	104.4%
Activity	7.4.2	Non-elective activity against 2019/20 baseline	100.7%
Activity	7.5.1	Emergency Department attendances against plan	91.3%
Activity	7.5.2	Emergency Department attendances against plan, 2019/20 baseline	106.2%

Integrated Board Report - List of indicators

Domain	Indicator number	Indicator name	Clinical Directorate(s) metric is applicable to	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Exec Lead	Committee reported to:	Monthly RAG thresholds: Red	Amber	Green
Safe	1.1	Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days	PSC, LTUC	0.37	0.00	0.61	0.34	0.55	1.06	0.61	0.74	0.80	0.50	0.75	0.58	1.21	1.28	0.32	EN	Quality	>0		0
Safe	1.2	Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts	LTUC	1.38	1.36	0.61	1.01	1.25	0.66	0.56	0.89	1.51	0.88	1.24	0.74	1.11	0.56	1.32	EN	Quality	>0		0
Safe	1.3	Inpatient falls per 1,000 bed days	PSC, LTUC	5.1	6.1	4.9	5.9	7.4	8.6	6.0	7.6	8.0	8.0	6.7	9.1	6.9	6.1	6.5	EN	Quality	above HDFT average for 2021/22 (7.0)	0-20% below HDFT average for 2021/22	>20% below HDFT average for 2020/21
Safe	1.4	Infection control - Hospital acquired C.difficile cases, lapse in care identified	All	0	0	1	0	0	1	1	1	1	0	0	0	0	0	0	EN	Quality	>29 YTD (total cases)		<=29 YTD (total cases)
Safe	1.5	Infection control - Hospital acquired MRSA cases, lapse in care identified	All	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	EN	Quality	>0 YTD		0 YTD
Safe	1.6	Incidents - ratio of low harm incidents	All	16.49	21.29	19.98	27.63	19.58	25.29	50.76	66.71	43.38	37.50	56.65	39.91	27.62	41.78	50.11	EN	Quality	HDFT in bottom 25% of Acute Trusts	HDFT in middle 50% of Acute Trusts	HDFT in top 25% of Acute Trusts
Safe	1.7.1	Incidents - comprehensive serious incidents (SI)	All	3	1	4	1	3	0	0	1	2	6	1	1	5	5	3	EN	Quality	>0		0
Safe	1.7.2	Incidents - Never events	All	0	1	0	0	0	0	0	0	0	1	1	1	0	1	1	EN	Quality			
Safe	1.8.1	Safer staffing levels - fill rate	All	93.8%	93.1%	92.5%	92.6%	90.1%	85.9%	86.2%	89.6%	88.0%	81.2%	80.8%	81.5%	81.1%	87.0%	89.2%	EN	Quality	<80%	80% - 95%	>=95%
Safe	1.8.2	Safer staffing levels - CHPPD	All	8.6	8.4	8.6	8.0	7.9	7.8	7.2	7.5	7.4	7.1	6.8	6.8	6.9	7.4	7.6	EN	Quality	tbc		
Safe	1.9	Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d	PSC	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.6%	99.3%	95.7%	99.2%	100.0%	98.6%	97.6%	96.6%	EN	Quality	<90%		>=90%
Safe	1.10	Maternity - % women with Continuity of Care pathway	PSC																EN	Quality			
Safe	1.11	Infant health - % women smoking at time of delivery	PSC	6.6%	2.9%	7.4%	5.2%	3.0%	4.3%	3.0%	7.2%	4.6%	6.6%	5.6%	4.2%	5.8%	6.4%	3.7%	EN	Quality	>15%		<=15%
Safe	1.12	Infant health - % women initiating breastfeeding	PSC	83.6%	82.6%	84.8%	83.8%	79.2%	87.4%	81.1%	88.2%	85.9%	83.5%	81.7%	86.2%	82.9%	84.6%	81.8%	EN	Quality	<75%		>=75%
Safe	1.13	VTE risk assessment - inpatients	PSC, LTUC	96.7%	97.1%	96.9%	96.3%	96.6%	95.7%	97.1%	96.8%	96.3%	95.9%	95.7%	95.5%	96.1%	96.3%	95.6%	EN	Quality	<95%		>=95%
Safe	1.14.1	Sepsis screening - inpatient wards	All	91.8%	96.1%	93.2%	93.5%	92.5%	90.8%	91.5%	89.8%	92.3%	89.3%	90.6%	87.7%	88.6%	93.0%	93.8%	EN	Quality	<90%		>=90%
Safe	1.14.2	Sepsis screening - Emergency department	LTUC	85.9%	89.2%	88.9%	86.6%	88.0%	88.8%	89.3%	92.5%	92.9%	91.9%	94.6%	94.8%	94.0%	92.2%	92.6%	EN	Quality	<90%		>=90%
Caring	2.1.1	Friends & Family Test (FFT) - All Patients	All	94.2%	92.7%	93.7%	93.7%	92.8%	93.3%	93.4%	92.7%	93.9%	94.7%	92.0%	91.8%	94.8%	92.7%	92.2%	EN	Quality	<90%		>=90%
Caring	2.1.2	Friends & Family Test (FFT) - Adult Community Services	CC	94.7%	95.5%	96.5%	96.1%	95.3%	96.0%	90.5%	90.5%	95.4%	96.6%	98.7%	97.3%	94.4%	91.9%	90.6%	EN	Quality	<90%		>=90%
Caring	2.2.1	Complaints - numbers received	All	14	24	18	20	31	19	13	9	18	11	14	22	17	10	9	EN	Quality	above HDFT average for 2021/22 (18)		On or below HDFT average for 2021/22 (18)
Caring	2.2.2	Complaints - % responded to within time	All		50%	35%	56%	56%	48%	50%	53%	53%	53%	55%	58%	72%	79%	70%	EN	Quality	<95%		>=95%
Effective	3.1	Mortality - HSMR	All	94.45	95.61	91.58	95.56	98.45	99.68	102.34	105.86	108.72	113.26	113.15	114.09				JA	Quality	Higher than expected		Within expected range or below expected
Effective	3.2	Mortality - SHMI	All	0.964	0.978	0.988	1.008	1.021	1.047	1.066	1.062	1.073	1.077	1.074					JA	Quality	Higher than expected		Within expected range or below expected
Effective	3.3.1	Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions	All	1.8%	1.6%	1.6%	1.8%	2.1%	1.6%	2.0%	1.5%	1.5%	1.5%	1.9%	1.5%	1.9%	2.1%		RN	Resources	> 3%	2% - 3%	<= 2%
Effective	3.3.2	Readmissions to the same specialty within 30 days - following non-elective admission - as % of all non-elective admissions	All	9.5%	8.2%	7.3%	8.2%	8.4%	7.9%	8.0%	7.4%	7.4%	8.9%	7.2%	8.5%	8.6%	6.8%		RN	Resources	> 10%	8% - 10%	<= 8%
Effective	3.4	Returns to theatre	PSC																RN	Resources	tbc		
Effective	3.5	Delayed Transfer of Care - % inpatients not meeting the criteria to reside	LTUC	22.0%	14.5%	20.6%	24.0%	10.6%	21.9%	24.7%	7.4%	20.4%	20.8%	25.0%	12.0%	30.9%	24.5%	28.1%	RN	Resources	> 17.5%	15% - 17.5%	<= 15%
Workforce	4.1	Staff appraisal rate	All	56.3%	58.3%	58.9%	55.9%	55.2%	54.0%	52.8%	58.2%	59.8%	56.3%	63.0%	63.9%	56.9%	63.7%	60.8%	AW	People and Cultu	<70%	70% - 90%	>=90%
Workforce	4.2	Mandatory training rate	All	91.7%	92.1%	92.0%	92.0%	87.0%	86.0%	86.0%	85.0%	85.0%	85.0%	85.0%	86.0%	85.0%	87.0%	90.0%	AW	People and Cultu	<50%	50% - 75%	>=75%
Workforce	4.3	Staff sickness rate	All	3.74%	3.94%	4.04%	4.77%	5.02%	5.26%	6.04%	5.53%	5.42%	6.67%	5.74%	5.54%	5.90%	4.44%	4.96%	AW	People and Cultu	>3.9%		<=3.9%
Workforce	4.4	Staff turnover rate	All	12.9%	13.0%	13.3%	13.5%	14.2%	14.5%	14.6%	13.8%	13.7%	14.3%	14.8%	15.7%	15.7%	16.0%	16.3%	AW	People and Cultu	>15%		<=15%
Workforce	4.5	Vacancies	CC	4.98%	6.06%	6.40%	6.53%	6.25%	6.23%	5.61%	6.98%	8.89%	8.16%	8.05%	7.22%	5.84%	6.04%	6.25%	AW	People and Cultu	tbc		
Responsive	5.1.1	RTT Incomplete pathways performance - median	All	8	8	8	9	9	10	10	9	10	10	10	9	10	10	11	RN	Resources	>10	08 - 10	<=8
Responsive	5.1.2	RTT Incomplete pathways performance - 92nd centile	All	44	43	41	40	40	41	41	41	42	43	43	43	44	43	44	RN	Resources	>24	18 - 24	<=18
Responsive	5.1.3	RTT Incomplete pathways - total	All	18156	19476	20631	21785	22168	22648	22423	22714	23464	23323	23900	23931	24714	25384	25134	RN	Resources	>15,000	14,000 - 15,000	<=14,000
Responsive	5.1.4	RTT Incomplete pathways - 52-<104 weeks	All	1196	1082	993	968	932	1008	1037	1063	1130	1086	1107	1118	1176	1193	1260	RN	Resources	>0		0
Responsive	5.1.5	RTT Incomplete pathways - 104+ weeks	All	3	5	13	20	23	24	33	34	47	52	50	22	11	3	1	RN	Resources	>0		0
Responsive	5.2.1	RTT waiting times - by ethnicity	All																RN	Resources			
Responsive	5.2.2	RTT waiting times - by level of deprivation	All																RN	Resources			

Domain	Indicator number	Indicator name	Clinical Directorate(s) metric is applicable to	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Exec Lead	Committee reported to:	Monthly RAG thresholds: Red	Amber	Green
Responsive	5.2.3	RTT waiting times - learning disabilities	All																RN	Resources			
Responsive	5.3	Diagnostic waiting times - 6-week standard	All	79.7%	85.4%	79.2%	75.1%	74.0%	80.5%	79.7%	86.1%	82.4%	78.7%	81.9%	76.5%	66.0%	69.2%	68.7%	RN	Resources	<99%		>=99%
Responsive	5.4	Outpatient follow-up waiting list - number of follow up patients past due date	All																RN	Resources			
Responsive	5.5	Data quality on ethnic group - inpatients	All	93.0%	95.3%	94.6%	94.3%	94.8%	93.6%	94.3%	94.5%	92.8%	92.5%	92.9%	92.5%	93.7%	93.4%	92.5%	RN	Resources	<97%		>=97%
Responsive	5.6	A&E 4 hour standard	LTUC	86.3%	82.7%	82.6%	79.4%	80.6%	83.7%	75.9%	76.0%	68.9%	71.5%	65.6%	61.9%	66.2%	68.1%	71.5%	RN	Resources	<90%	90-95%	>=95%
Responsive	5.7	Ambulance handovers - % within 15 mins	LTUC	92.8%	91.8%	86.5%	87.6%	89.1%	92.8%	86.1%	89.2%	88.4%	92.9%	89.8%	87.2%	90.3%	89.2%	83.2%	RN	Resources	<90%	90-95%	>=95%
Responsive	5.8	A&E - number of 12 hour trolley waits	LTUC	0	0	0	0	0	0	8	2	23	4	37	25	43	18	15	RN	Resources	>0		0
Responsive	5.9.1	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	LTUC	85.5%	87.1%	93.5%	84.1%	91.7%	89.1%	81.8%	80.7%	84.8%	79.8%	83.2%	87.6%	78.3%	86.1%	78.0%	RN	Resources	<85%		>=85%
Responsive	5.9.2	Cancer - 62 day wait for first treatment from urgent GP referral to treatment - number of 104 days waiters	LTUC	3	2	2	5	2	6	3	3	3	2	3	6	8	4	5	RN	Resources	>0		0
Responsive	5.10	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	LTUC	81.7%	85.8%	88.2%	83.4%	86.0%	92.2%	83.8%	82.5%	87.3%	84.6%	92.5%	87.9%	85.9%	89.6%	73.5%	RN	Resources	<93%		>=93%
Responsive	5.11	Cancer - 28 days faster diagnosis standard (suspected cancer referrals)	LTUC	69.6%	71.7%	68.7%	70.3%	73.9%	73.4%	78.7%	77.0%	77.7%	74.6%	79.5%	80.6%	79.0%	76.1%	80.4%	RN	Resources	<70%	70-75%	>= 75%
Responsive	5.12	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	LTUC	97.0%	96.6%	100.0%	100.0%	98.9%	94.6%	99.1%	100.0%	97.5%	98.0%	98.1%	98.1%	97.3%	98.1%	96.2%	RN	Resources	<96%		>=96%
Responsive	5.13.1	Children's Services - 0-12 months caseload	CC	1457	1455	1459	1453	1545	1503	1876	1698	1871	1779	1642	1658	1531	1591	1726	RN	Resources	tbc		
Responsive	5.13.2	Children's Services - 2-3 years caseload	CC	1625	1591	1496	1583	1476	1536	1662	1762	1784	1857	1708	1918	1701	1806	1628	RN	Resources	tbc		
Responsive	5.14	Children's Services - Safeguarding caseload	CC	951	1026	1118	1006	727	1002	992	947	986	992	980	1278	910	1177	1103	RN	Resources	tbc		
Responsive	5.15	Children's Services - Ante-natal visits	CC	85.9%	86.7%	89.8%	88.3%	89.4%	86.8%	86.0%	80.1%	80.0%	75.3%	78.7%	75.9%	83.1%	86.2%	87.6%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.16	Children's Services - 10-14 day new birth visit	CC	95.4%	95.4%	95.4%	95.7%	95.4%	93.2%	94.0%	92.6%	95.7%	95.6%	95.4%	93.5%	95.4%	94.7%	95.5%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.17	Children's Services - 6-8 week visit	CC	91.9%	92.4%	93.3%	93.3%	92.7%	90.1%	89.7%	89.7%	90.7%	91.4%	93.3%	93.4%	92.1%	93.8%	94.9%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.18	Children's Services - 12 month review	CC	93.1%	91.2%	92.6%	94.0%	95.0%	93.5%	95.1%	93.8%	92.5%	92.8%	93.7%	90.9%	89.9%	91.2%	93.1%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.19	Children's Services - 2.5 year review	CC	91.5%	91.7%	93.4%	92.3%	92.8%	92.2%	90.9%	91.7%	92.3%	91.5%	92.0%	91.7%	92.7%	91.6%	92.9%	RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.20	Children's Services - % children with all 5 mandated contacts	CC																RN	Resources	<75%	75% - 90%	>=90%
Responsive	5.21	Children's Services - Delivery of Immunisation trajectory	CC																RN	Resources			
Responsive	5.22	Children's Services - OPEL level	CC									2/3	2/3	1/2/3	2/3	1/2/3	1/2/3	1/2/3	RN	Resources	tbc		
Responsive	5.23	Community Care Adult Teams - performance against new timeliness standards	CC																RN	Resources	tbc		
Responsive	5.24	Community Care Adult Teams - Number of virtual beds delivered in Supported Discharge Service	CC																RN	Resources			
Responsive	5.25	Community Care Adult Teams - Number of cancelled routine visits	CC																RN	Resources			
Responsive	5.26	Community Care Adult Teams - OPEL level	CC									3	3	3	3	3	3	3	RN	Resources			
Responsive	5.27	Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation	LTUC	36.7%	35.5%	39.9%	38.6%	34.5%	40.6%	40.3%	38.5%	28.5%	39.1%	41.1%	32.5%	30.8%	33.6%	32.0%	RN	Resources	<95%		>=95%
Responsive	5.28	Home visit: Face to face consultations started for URGENT cases within 2 hrs	LTUC	78.6%	86.2%	75.9%	79.2%	88.5%	97.4%	90.5%	86.7%	83.3%	92.9%	94.4%	93.5%	97.2%	93.6%	93.1%	RN	Resources	<95%		>=95%
Efficiency and Finance	6.1	Agency spend	All	£ 419	£ 307	£ 414	£ 517	£ 453	£ 429	£ 389	£ 485	£ 745	£ 685	£ 630	£ 829	£ 654	£ 752	£ 890	JC	Resources	>3% of pay bill	1% - 3%	<= 1%
Efficiency and Finance	6.2	Surplus / deficit and variance to plan	All	£ -	£ -	£ -	-	-	-	-	-	-	-	-	-	-£ 265	-£ 471	£ 157	JC	Resources	>1% behind plan	0 - 1% behind plan	On plan
Efficiency and Finance	6.3	Capital spend	All	£ 518	£ 834	£ 1,856	£ 2,330	£ 3,188	£ 4,274	£ 8,006	£ 10,861	£ 11,503	£ 14,559	£ 17,301	£ 29,657	£ 500	£ 905	£ 1,506	JC	Resources	>25% behind plan	10% - 25% behind plan	On plan or <10% behind plan
Efficiency and Finance	6.4	Cash balance	All	£ 39,900	£ 34,587	£ 32,007	£ 32,386	£ 33,600	£ 42,000	£ 40,738	£ 40,119	£ 46,027	£ 44,921	£ 44,615	£ 42,004	£ 40,077	£ 40,671	£ 43,156	JC	Resources	>10% behind plan	0 - 10% behind plan	On plan
Efficiency and Finance	6.5.1	Long stay patients - stranded (>7 days LOS)	All	119	114	103	119	129	121	146	151	152	162	177	162	167	165	147	RN	Resources	>90	70-90	<=70
Efficiency and Finance	6.5.2	Long stay patients - superstranded (>21 days LOS)	All	48	44	40	42	51	47	56	67	65	71	86	79	83	79	67	RN	Resources	>40	30-40	<=30
Efficiency and Finance	6.6	Occupied bed days per 1,000 population	All	50.8	53.9	50.7	55.3	56.4	52.8	60.5	58.4	61.6	61.8	57.8	63.7	61.2	62.6	57.9	RN	Resources	>60	55-60	<=55
Efficiency and Finance	6.7.1	Length of stay - elective	All	2.26	2.60	2.57	2.66	2.76	2.31	2.22	2.35	2.78	3.17	2.24	2.43	2.25	1.84	2.56	RN	Resources	>2.75	2.5-2.75	<=2.5
Efficiency and Finance	6.7.2	Length of stay - non-elective	All	4.69	4.27	4.49	3.99	4.81	4.82	4.72	5.26	5.76	5.37	5.80	5.39	5.86	5.52	5.05	RN	Resources	>4.5	4-4.5	<=4.0
Efficiency and Finance	6.8	Avoidable admissions	All	189	219	242	263	228	206	240	267	229	222	202	238	253	240		RN	Resources	>270		<=270
Efficiency and Finance	6.9	Theatre utilisation (elective sessions)	PSC	81.2%	83.9%	83.4%	82.0%	83.7%	82.4%	80.4%	81.0%	84.7%	81.3%	75.7%	78.0%	79.8%	79.4%	85.0%	RN	Resources	<85%	85%-90%	>=90%

Domain	Indicator number	Indicator name	Clinical Directorate(s) metric is applicable to	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Exec Lead	Committee reported to:	Monthly RAG thresholds: Red	Amber	Green
Efficiency and Finance	6.10	Day case conversion rate	PSC	2.2%	1.7%	1.9%	1.6%	1.6%	1.5%	1.9%	1.1%	1.7%	1.3%	1.9%	1.6%	1.8%	1.8%	2.4%	RN	Resources	>2%	1.5%-2%	<=1.5%
Activity	7.1	GP Referrals against 2019/20 baseline	All	95.4%	94.1%	113.1%	99.6%	101.1%	112.0%	97.1%	109.1%	111.5%	99.9%	109.7%	167.2%	99.7%	108.8%	111.1%	RN	Resources	<95%		>=95%
Activity	7.2.1	Outpatient activity (consultant led) against plan (new and follow up)	All	113.7%	106.9%	123.2%	84.2%	87.0%	93.3%	103.2%	111.6%	111.3%	96.1%	103.1%	110.9%	112.6%	133.5%	119.9%	RN	Resources	<95%		>=95%
Activity	7.2.2	Outpatient activity (consultant led) against 2019/20 baseline (new and follow up)	All	90.8%	86.5%	98.7%	85.3%	88.6%	95.2%	80.1%	100.6%	95.9%	84.7%	93.8%	117.7%	84.4%	115.1%	90.2%	RN	Resources	<95%		>=95%
Activity	7.3.1	Elective activity against plan	All	102.5%	97.3%	109.3%	77.4%	75.4%	84.9%	99.4%	104.1%	105.2%	95.8%	88.7%	101.6%	123.2%	111.8%	111.0%	RN	Resources	<95%		>=95%
Activity	7.3.2	Elective activity against 2019/20 baseline	All	74.8%	80.6%	90.4%	73.9%	69.6%	80.7%	72.9%	79.7%	84.9%	72.7%	73.3%	112.7%	76.1%	99.0%	78.4%	RN	Resources	<95%		>=95%
Activity	7.4.1	Non-elective activity against plan	All	96.5%	97.4%	105.2%	104.3%	94.5%	93.5%	95.2%	87.1%	89.4%	84.3%	85.2%	105.5%	100.5%	98.5%	104.4%	RN	Resources	<95%		>=95%
Activity	7.4.2	Non-elective activity against 2019/20 baseline	All	89.9%	98.6%	104.8%	98.3%	92.7%	90.6%	94.1%	84.1%	88.8%	84.7%	84.5%	119.1%	90.4%	97.8%	100.7%	RN	Resources	<95%		>=95%
Activity	7.5.1	Emergency Department attendances against plan	LTUC	98.9%	106.6%	111.2%	103.4%	104.0%	105.7%	101.5%	99.2%	91.9%	95.6%	94.4%	114.92%	92.1%	92.7%	91.3%	RN	Resources	<95%		>=95%
Activity	7.5.2	Emergency Department attendances against plan, 2019/20 baseline	LTUC	98.9%	106.6%	110.8%	103.7%	104.1%	105.7%	106.5%	104.3%	96.6%	98.3%	97.6%	149.7%	95.6%	97.3%	106.2%	RN	Resources	<95%		>=95%

Integrated Board Report - June 2022

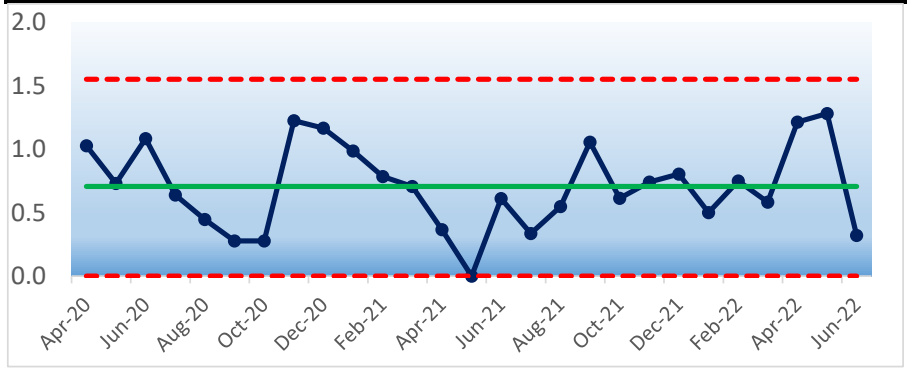
Domain 1 - Safe

Indicator	**1.1 - Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	0.32

Indicator description

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

SPC chart



Narrative

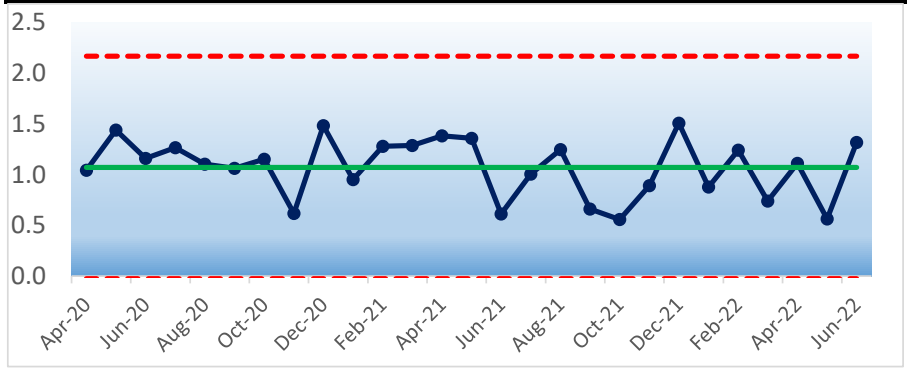
Reduction in hospital acquired pressure ulcers noted in June - intensive support to ward areas from TVN team in supporting the correct categorisation of skin damage and appropriate reporting.

Indicator	**1.2 - Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	1.32

Indicator description

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

SPC chart



Narrative

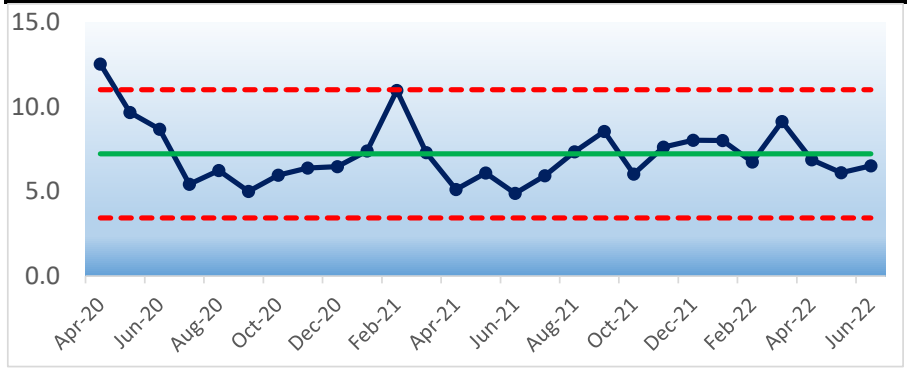
Increase in community acquired pressure ulcers. Likely due to challenges of patients not always being able to receive the desired frequency of repositioning due to gaps in social care provision (ie; home care). Adult community services have recently declared OPEL 4 and have been required to prioritise visits based on level of need.

Indicator	**1.3 - Inpatient falls per 1,000 bed days**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	6.5

Indicator description

The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm.

SPC chart



Narrative

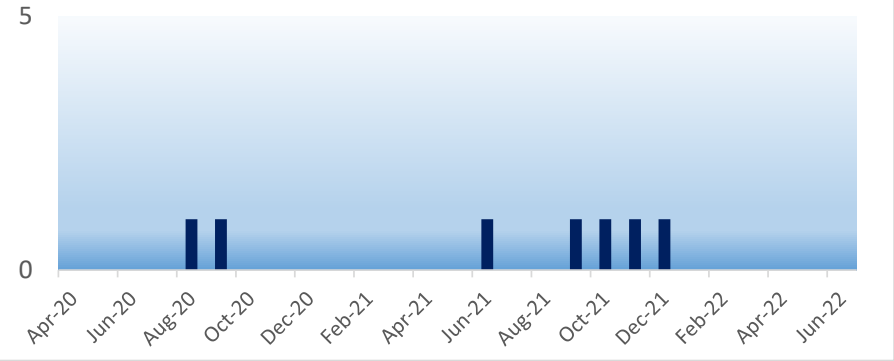
Slight increase in inpatient falls per 1,000 bed days. All escalation beds open and staffing challenges remain. Length of stay remains longer than necessary due to gaps in social care provision and therefore patients in ward areas for longer. Lack of falls nurse at present - returning from maternity leave mid July.

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

Indicator description

The number of hospital acquired C.difficile cases where root cause analysis has identified a lapse in care. HDFT's C. difficile trajectory for 2022/23 is a maximum of 40 hospital acquired cases - including avoidable, unavoidable and indeterminable causes.

Trend chart



Narrative

There were no hospital acquired cases of C.difficile reported in June, with the year to date total remaining at 11. RCAs have been completed and agreed with the CCG for 9 of the 11 cases - 8 cases were deemed to be unavoidable and 1 case was deemed to be indeterminable.

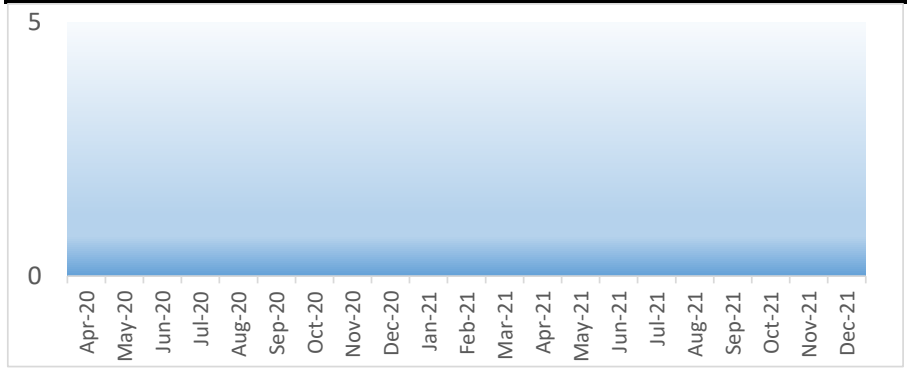
The Trust has now received confirmation from NHS England that its C. difficile trajectory for 2022/23 is a maximum of 40 hospital acquired cases - including avoidable, unavoidable and indeterminable causes.

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

Indicator description

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

Trend chart



Narrative

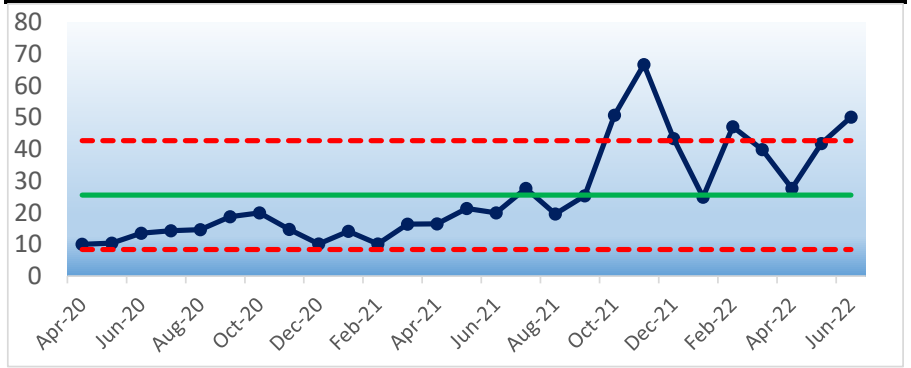
No hospital acquired MRSA cases where lapses in care identified for June.

Indicator	**1.6 - Incidents - ratio of low harm incidents**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	50.1

Indicator description

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

SPC chart



Narrative

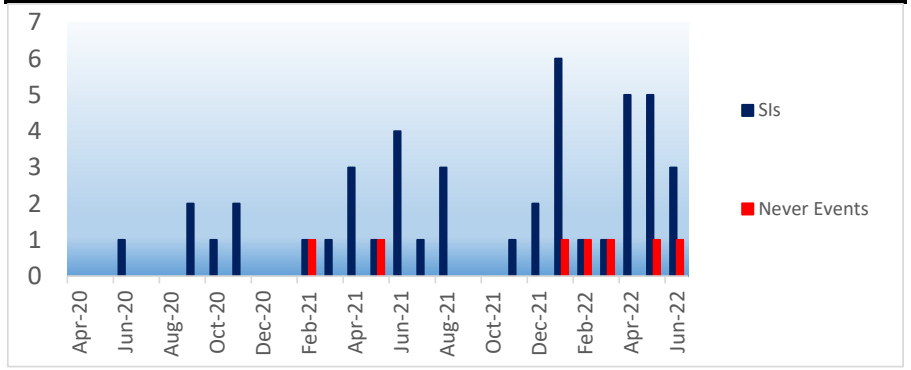
The number of low harm incidents reported in June has increased resulting in a level of reporting that positively exceeds the upper control limit of the SPC chart. In June 2022, the top 5 categories of incidents reported were:
Pressure Ulcers & Other Skin Damage (29%)
Records & Consent (10%)
Appointments, Admission, Transfer & Discharge (10%)
Slips, Trips & Falls (Patients) (7%)
Workload & Staffing (7%)

Indicator	**1.7 - Incidents - comprehensive serious incidents (SI) and Never Events**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	3 (SI), 1 (Never Events)

Indicator description

The number of Serious Incidents (SI) and Never Events reported. The data includes hospital and community services. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the pressure ulcer / falls indicators above.

Trend chart



Narrative

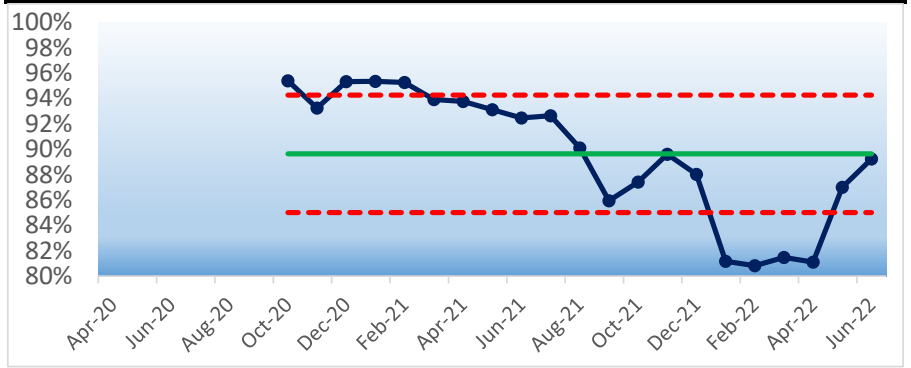
In June 2022, three serious incidents were declared, including one Never Event.
The SI Committee has strong oversight of current SI investigations with closure reports being produced and shared into Learning Summit.

Indicator	**1.8.1 - Safer staffing - fill rate**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	89.2%

Indicator description

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

SPC chart



Narrative

The data presented identifies that fill rates have improved. This could possibly be aligned to:

- The newly recruited CSW's starting their roles
- Harlow escalation closing and Wensleydale moving to Harlow at reduced beds.
- Incentive payments have been extended to 4th September.

Recruitment events continue to be planned and band 4 project officers have been recruited for:

1) Recruitment
2) Retention
3) International Recruitment

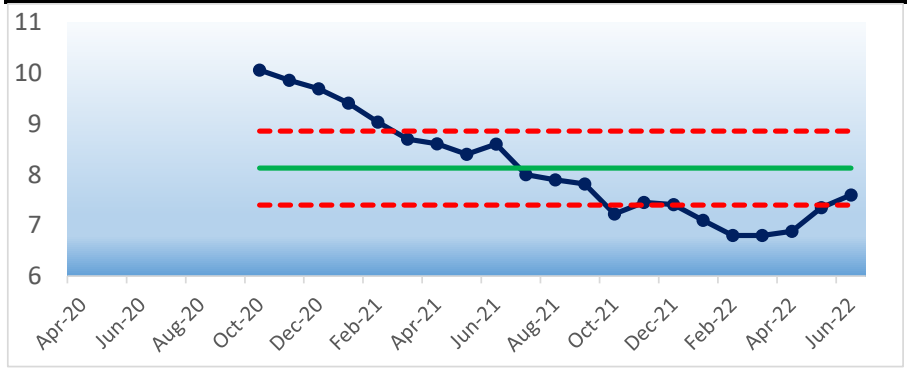
Recruitment and Retention groups have now been introduced feeding in to the Nursing, Midwifery and AHP Workforce Governance meetings.

Indicator	**1.8.2 - Safer staffing - care hours per patient per day (CHPPPD)**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	7.6

Indicator description

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

SPC chart



Narrative

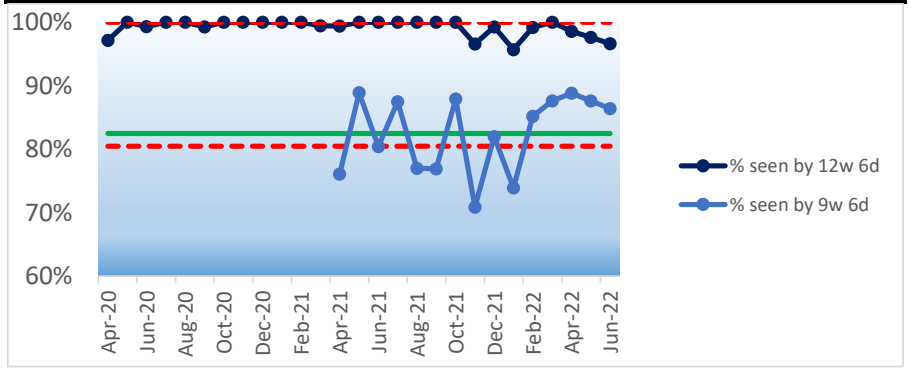
CHPPPD has increased over the last few months. However CHPPPD is not in line with fill rate. To note, calculations of nurse fill from Fountains are being based on 28 beds when they are mostly 15. Data is being reviewed to ensure accuracy of reporting staffing fill rates against changing operational position.

Indicator	**1.9 - Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	96.6%

Indicator description

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

SPC chart



Narrative

Performance against this standard remains good.

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

Indicator description

This indicator is under development.

SPC chart

Narrative

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

Agreement at previous Trust Board meeting to continue with risk assessed plans for continuity of carer implementations which were re-assessed following the publication of the final Ockenden Report.

Indicator	**1.11 - Maternity - % women smoking at time of delivery**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	3.7%

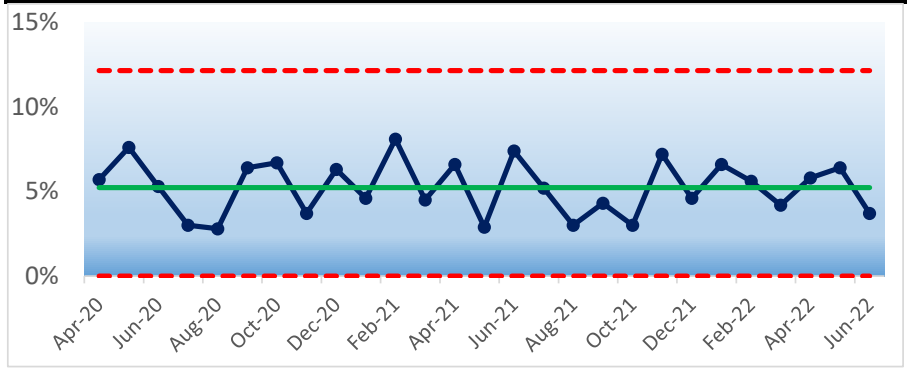
Indicator description

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

Narrative

Performance against this standard remains good.

SPC chart



Indicator	**1.12 - Maternity - % women initiating breastfeeding**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	81.8%

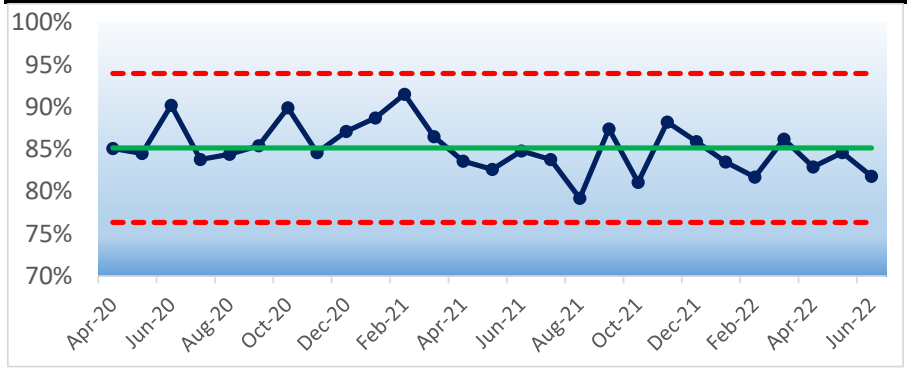
Indicator description

The % of women initiating breastfeeding

Narrative

Performance against this standard remains good

SPC chart

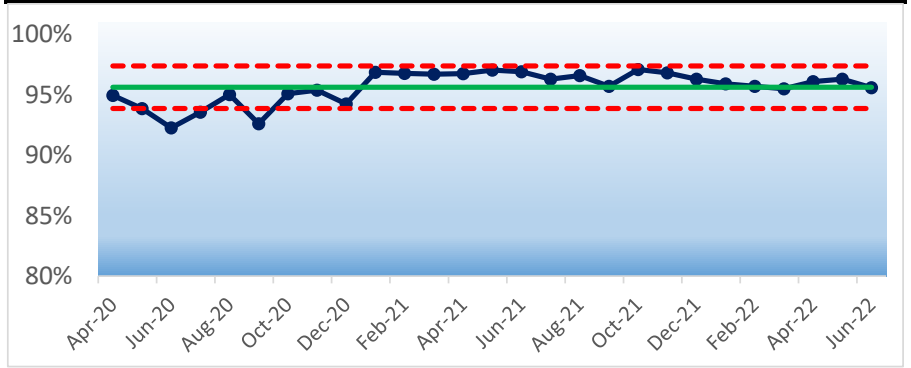


Indicator	**1.13 - VTE risk assessment - inpatients**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	95.6%

Indicator description

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

SPC chart



Narrative

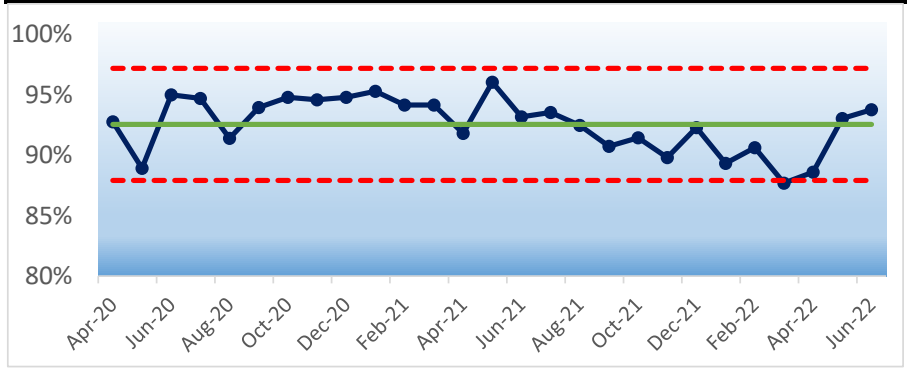
VTE risk assessment compliance continues to slowly improve, wards are reminded of the monitoring of this, remaining above the 95% standard.

Indicator	**1.14 - Sepsis screening - inpatient wards**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	93.8%

Indicator description

The percentage of eligible inpatients who were screened for sepsis.

SPC chart



Narrative

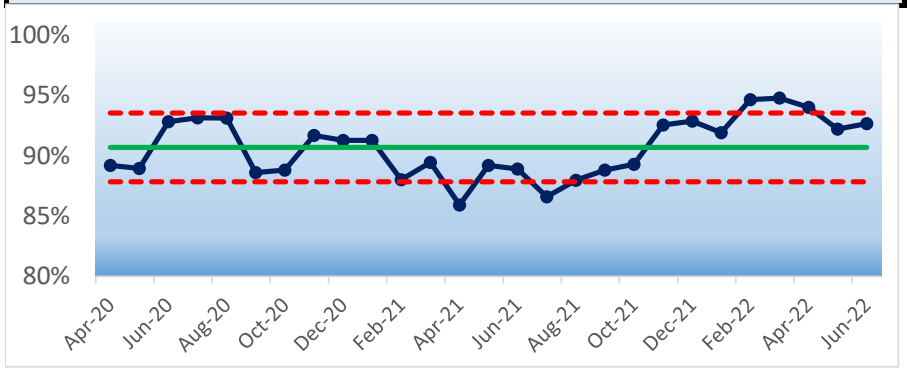
Improvement noted due to systems in place and monitoring from matrons.

Indicator	**1.15 - Sepsis screening - Emergency department**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	92.6%

Indicator description

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

SPC chart



Narrative

Lead Nurse and Matron continue to monitor the compliance against this standard, slightly improved position since last month.

Integrated Board Report - June 2022

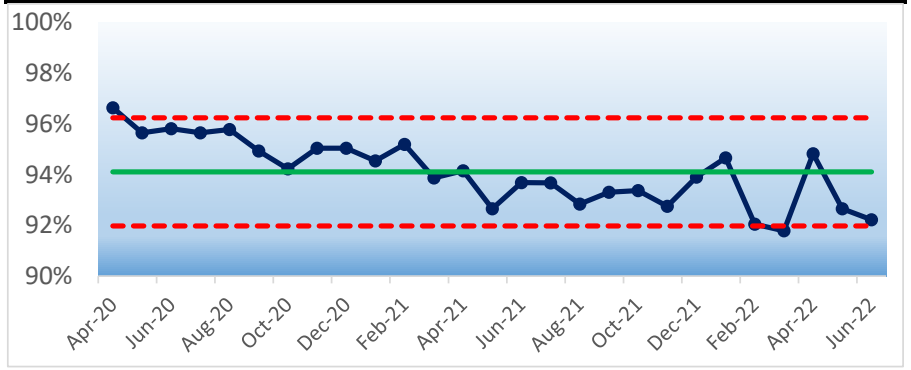
Domain 2 - Caring

Indicator	**2.1.1 - Friends & Family Test (FFT) - All Patients**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	92.2%

Indicator description

The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment.

SPC chart



Narrative

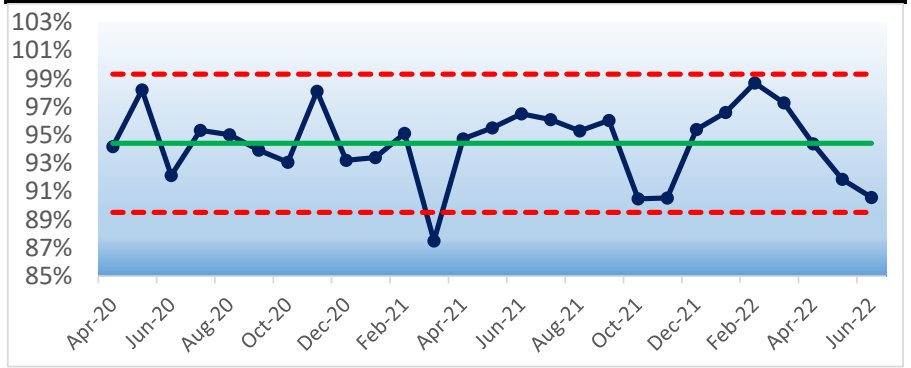
Performance against this standard continues to fluctuate but overall remains over 90% which is positive.

Indicator	**2.1.2 - Friends & Family Test (FFT) - Adult Community Services**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	90.6%

Indicator description

The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment.

SPC chart



Narrative

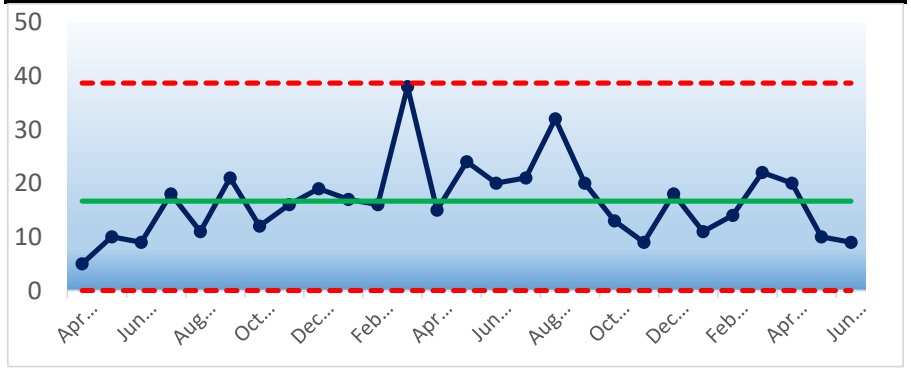
Performance against this standard continues to fluctuate but overall remains over 90% which is positive.

Indicator	**2.2.1 Complaints - numbers received**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	9

Indicator description

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

SPC chart



Narrative

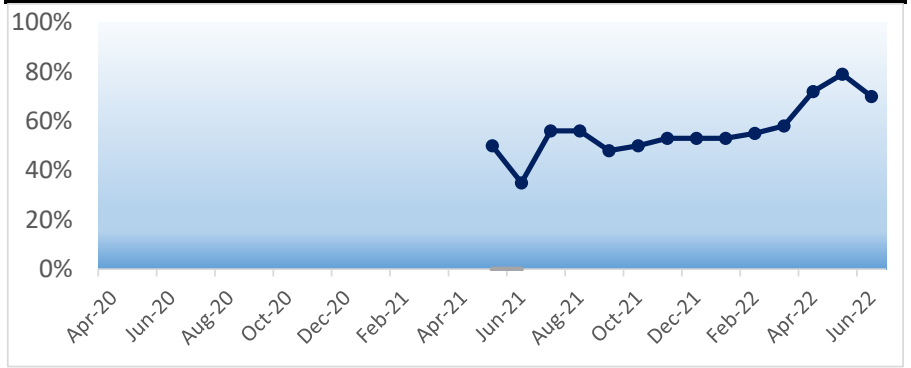
In June, there were 9 standard complaints received into the organisation that required a response within the 25 working day KPI. There were a further 2 multiagency complaints. There were 6 standard complaints in PSC, 1 in LTUC and 2 in Children's and Community. Some themes noted for complaints during June 22 by sub-subject: Appointment cancellations, Attitude of nursing staff/other staff, Cleanliness of Non Clinical and Clinical Areas, Communication with relatives and Delay/Failure in Treatment or procedure.

Indicator	**2.2.2 Complaints - % responded to within time**
Executive lead	Emma Nunez, Executive Director of Nursing, Midwifery & Allied Health Professionals
Board Committee	Quality Committee
Reporting month	Jun-22
Value / RAG rating	70%

Indicator description

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

Trend chart



Narrative

During the month of June 2022, 70% of complaints were responded to within the Trust standard of 25 working days. This level of performance shows a slight dip from May 2022 when the Trust achieved 79%. PSC Directorate have had reduced capacity within their Quality Assurance Lead team and have also received the greatest number of complaints. In June 2022, the breakdown by Directorate is as follows; 22% C&C, 11% LTUC and 67% PSC.

Integrated Board Report - Juney 2022

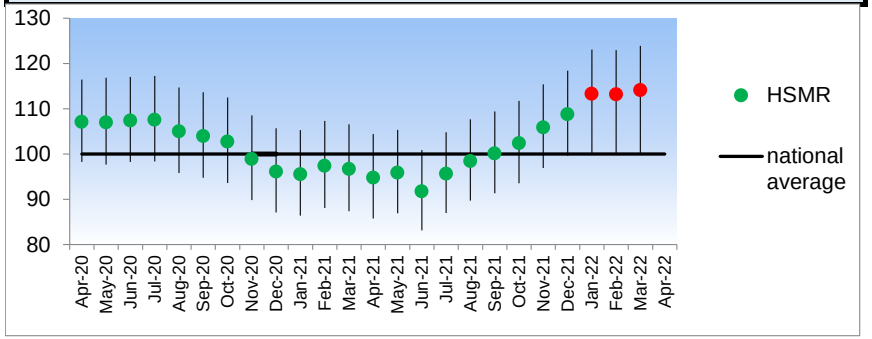
Domain 3 - Effective

Indicator	**3.1 - Hospital Standardised Mortality Ratio (HSMR)**
Executive lead	Jacqueline Andrews, Medical Director
Board Committee	Quality Committee
Reporting month	Mar-22
Value / RAG rating	114.09

Indicator description

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

Trend chart



Narrative

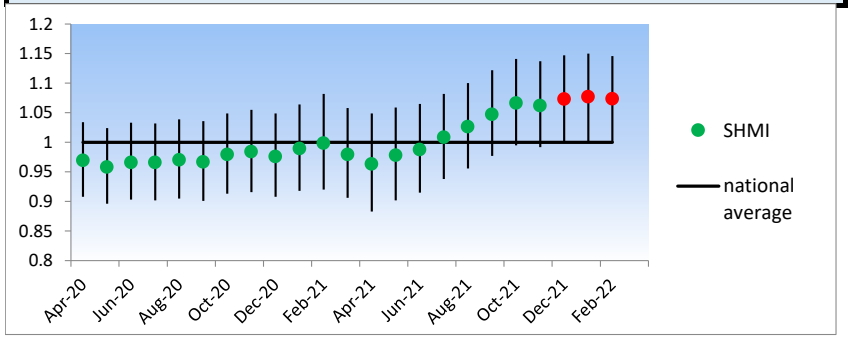
National average is 100. HDFT remains above the expected range. The funnel plot below shows HDFT as the diamond compared to similar Trusts (shown as a cross) and all other Trusts. The Deputy Medical Director (Quality and Safety) has performed a deep dive into the rise in our mortality indicators, details of which are submitted as a board paper. Mortality indicators are triangulated with ME scrutiny, Structured Judgement Reviews, national mortality alerts, incidents, complaints and claims and no concerns have been identified via these additional indicators.

Indicator	**3.2 - Summary Hospital Mortality Index (SHMI)**
Executive lead	Jacqueline Andrews, Medical Director
Board Committee	Quality Committee
Reporting month	Feb-22
Value / RAG rating	1.07

Indicator description

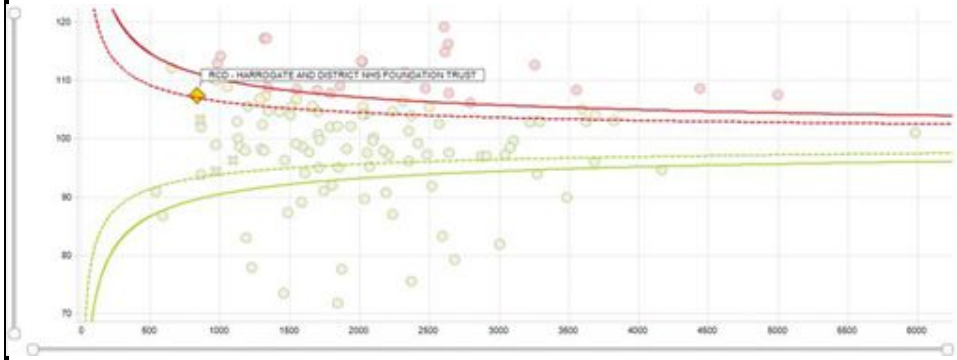
The SHMI looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care.

Trend chart



Narrative

National average is 1. HDFT remains at the upper limit of the expected range. The funnel plot below shows HDFT as the diamond compared to similar Trusts (shown as a cross) and all other Trusts. See section 3.1 for more details on out mortality indices.

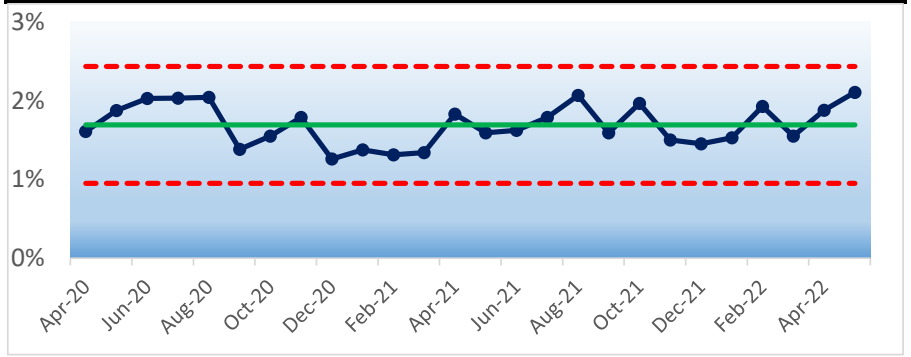


Indicator	**3.3.1 - Readmissions to the same specialty within 30 days - following elective admission**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	May-22
Value / RAG rating	2.1%

Indicator description

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

SPC chart



Narrative

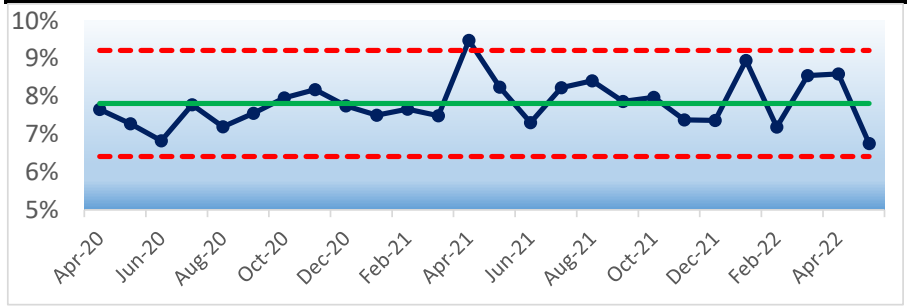
Readmissions following an elective admission increased to 2.1% in May but remain within control limits and less than national average.

Indicator	3.3.2 Readmissions to the same specialty within 30 days - following non-elective admission
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	May-22
Value / RAG rating	6.8%

Indicator description

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

SPC chart



Narrative

Readmissions following a non-elective admission decreased to 6.8% in May, remaining within the control limits.

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

Indicator description
This indicator is under development.

SPC chart

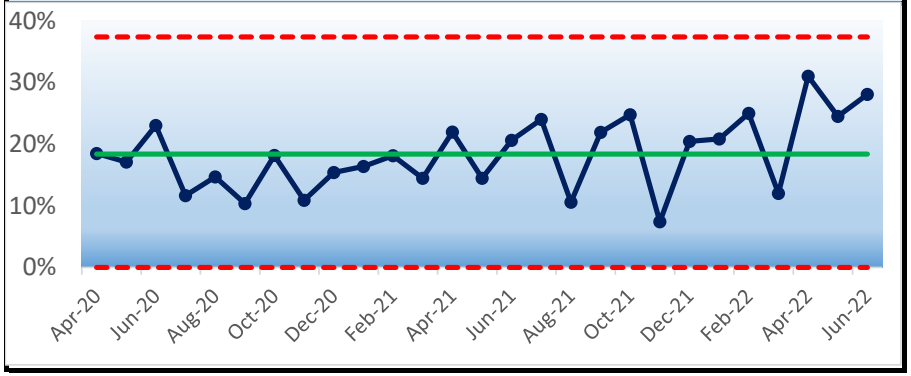
Narrative

Indicator	**3.5 - Delayed transfers of care**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	28.1%

Indicator description

The percentage of inpatients not meeting the criteria to reside as reported on the daily discharges sitrep. This is a snapshot position as reported on the last Thursday of the month.

SPC chart



Narrative

28% of inpatients did not meet the criteria to reside when the snapshot was taken in June. The Trust have now purchased a system using funding from NHSE that allows the ward teams to electronically capture the criteria to reside of every patient. This is now rolled out across all adult wards and provides real-time information.

However the major blockage with hospital outflow remains the social care crisis. 66% of MFFD (medically fit for discharge) patients are waiting for PoC or Care home placements. The key issue is a lack of capacity in POC due to staffing issues in the care market. Staffing issues are also impacting on capacity in care homes both of which are leading to more patients meeting the critera to reside remaining in hospital. The reduction seen in the metric this month reflects higher acuity of patients, thus more meeting criteria to reside, rather than a significant change in 'delays'.

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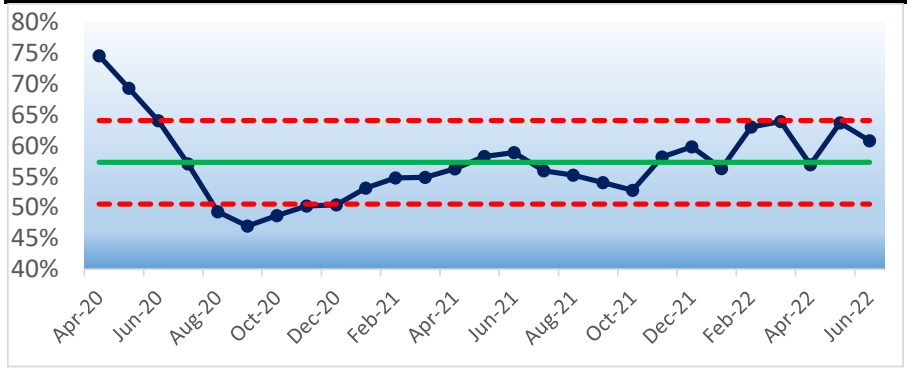
Domain 4 - Workforce

Indicator	**4.1 - Staff appraisal rate**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jun-22
Value / RAG rating	60.8%

Indicator description

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

SPC chart



Narrative

The appraisal rate in June decreased to 60.8% from 63.7% the previous month. Sickness and annual leave are contributing factors. Corporate Services Directorate has seen the greatest decrease in appraisal rates this month, from 48.7% in May to 38.1% in June.

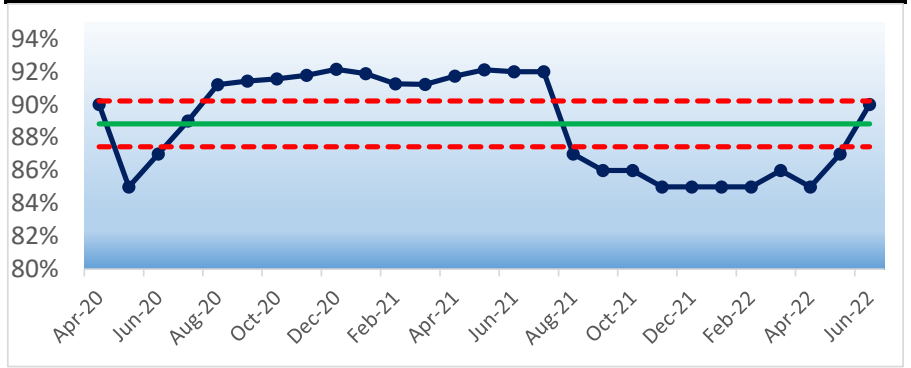
- Non-Medical appraisal % = 59.8% (previous month 63.2%)
- Medical appraisal % has increased to 73.3% (previous month 69.1%)

Indicator	**4.2 - Mandatory training rate**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jun-22
Value / RAG rating	90.0%

Indicator description

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

SPC chart



Narrative

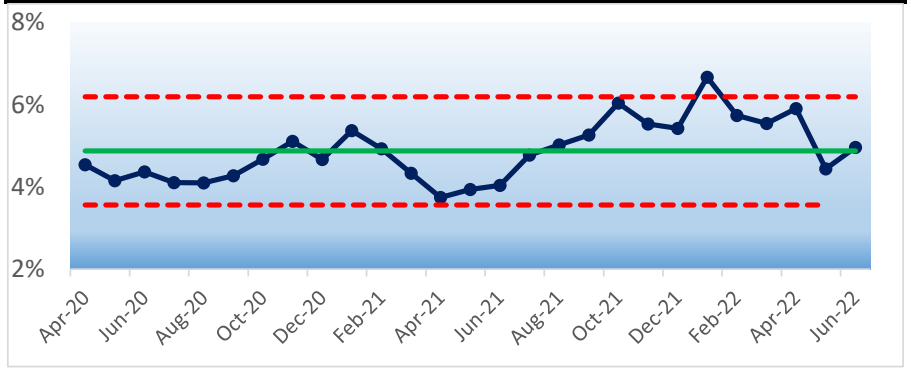
The data shown is for the end of June for the Mandatory Core elements of training. The overall compliance rate for substantive Trust staff is 90% and has increased by 3% since the previous month. The overall compliance for Mandatory core and role based training for Trust substantive staff is currently 81% and has increased by 1% since the previous month.

Indicator	**4.3 - Staff sickness rate**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jun-22
Value / RAG rating	5.0%

Indicator description

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

SPC chart



Narrative

Sickness had seen a general decreasing trend since the start of the year, however June has seen an increase to 5.0% from 4.4% in May. An increase in Covid related sickness is a factor to the overall rise in sickness rates, as Covid sickness rates have increased from 0.8% last month to 1.0% this month. Excluding Covid related sickness, the Trust's sickness rate is 3.9%, in line with the Trust's threshold.

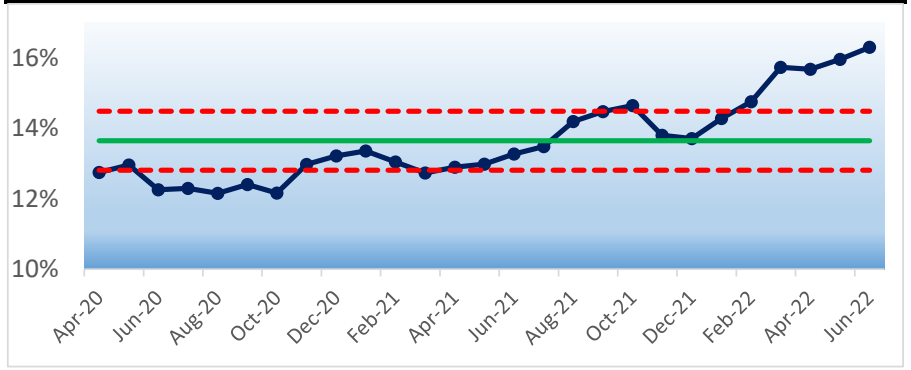
Long term sickness has remained at a similar level this month (2.5%), however short term sickness has increased from 2.0% to 2.5%. "S15 Chest & respiratory problems", which is the sickness reason used for recording Covid related sickness, is the top reason for sickness this month and contributes to 25.4% of the overall sickness.

Indicator	**4.4 Staff turnover rate**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jun-22
Value / RAG rating	16.3%

Indicator description

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

SPC chart



Narrative

The Trust has seen an increasing trend in turnover rates, with a further increase this month to 16.3%. Involuntary termination turnover has increased in June to 3.8% from 3.7% last month. Voluntary termination turnover has also increased to 12.5% in June from 12.4% in May. Compared to the previous month, the number of leavers has increased by 12.61wte and the average staff in post has decreased by 1.85wte, which is the reason for the increase in the turnover rate.

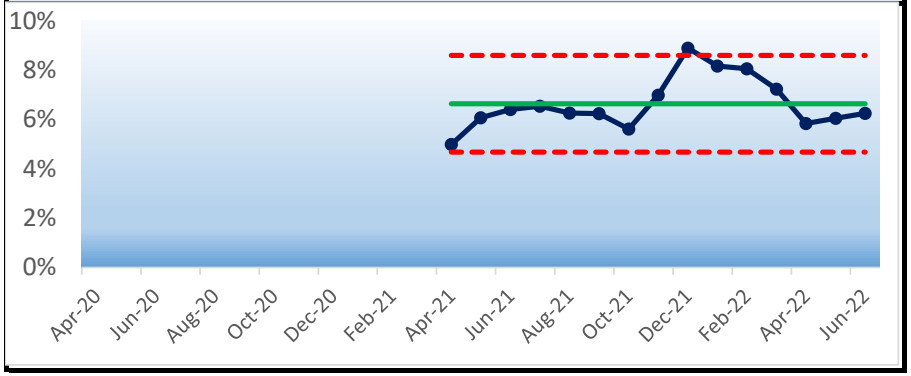
PSC and CC Directorates have seen increases to turnover this month and have turnover rates of 18.5% and 15.5% respectively. In PSC Directorate, there has been high turnover in June within Critical Care and also within the surgical wards. The turnover rates within these areas are now at 25.8% and 29.1%. Turnover within the 0-19 Children's Services is the reason for the increased turnover rates in the CC Directorate. The Northumberland and North Yorkshire localities are the greatest contributors to the increase.

Indicator	**4.5 - Vacancies**
Executive lead	Angela Wilkinson
Board Committee	People and Culture Committee
Reporting month	Jun-22
Value / RAG rating	6.25%

Indicator description

The chart shows the total number of vacancies across the Trust. This data is provided a month in arrears.

SPC chart



Narrative

The Trust's vacancy rate in June is 6.25%, which is an increase from 6.04% from the previous month. This equates to 255.95wte vacancies.

PSC and LTUC Directorates have the greatest vacancy rates of 12.19% (124.39wte vacancies) and 7.88% (85.79wte vacancies) respectively.

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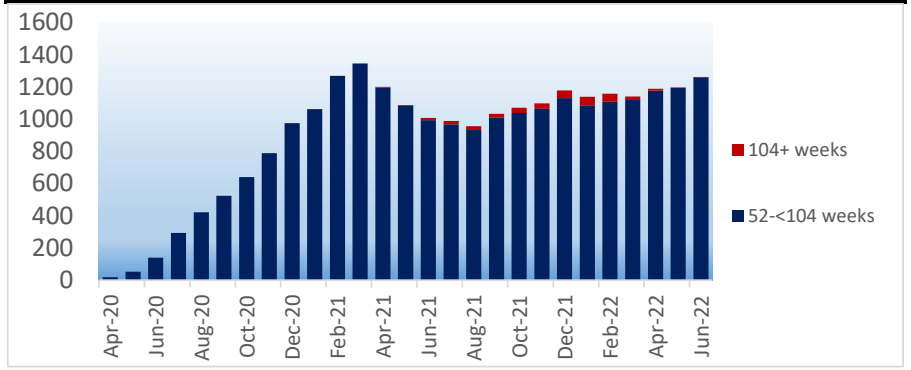
Domain 5 - Responsive

Indicator	**5.1 - RTT Incomplete pathways - 52+ weeks**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	1261

Indicator description

The number of incomplete pathways waiting over 52 weeks.

Trend chart



Narrative

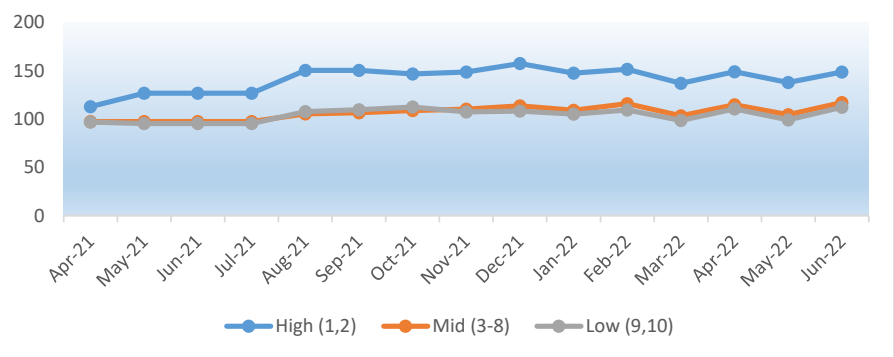
Due to the Covid-19 pandemic and the ceasing of elective work, waiting times have risen significantly. The over 52 weeks waiters peaked in March 2021. Risks remain in two main specialties of T&O and Community Dental (which together account for 78% of the over 52 week waiters). Plans in place to reduce this number to 750 by March 2023. There has been a significant reduction in over 104 week waiters since November 2021. The Trust reported 1 patient waiting over 104 weeks at the end of June - this is due to patient choice.

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

Indicator description

The average RTT waiting time by level of deprivation.

Trend chart



Narrative

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

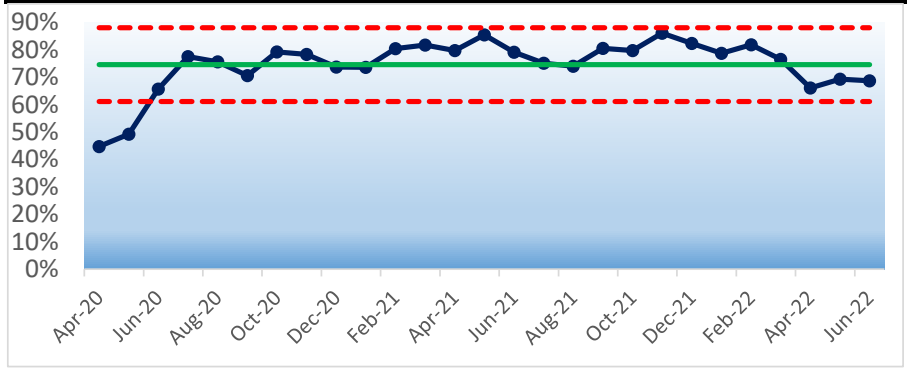
Work also continues in improving the recording of ethnicity and use of the learning disabilities flag across our clinical systems.

Indicator	**5.3 - Diagnostic waiting times - 6-week standard**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	68.7%

Indicator description

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

SPC chart



Narrative

Performance has remained statis this month with 1,863 waiting over 6 weeks (1,811 last month) – including 578 Dexa, 456 ultrasound, 366 MRI and 299 audiology.

The new DEXA scanner went live on the 11th July so an extra 100% capacity to increase patient throuput. Ultrasound and audiology activity has reduced due to COVID sickness and vacancies where replacement staff have not been found. Extra support from central recrtuiment team to help aid the directorate to source quality candidates.

Modelling indicates a return for 6 week diagnostic target by November 2022.

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

Indicator description

This indicator is under development.

SPC chart

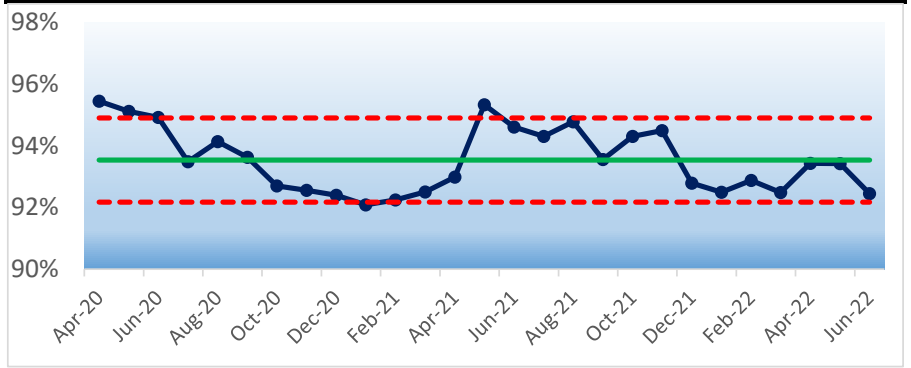
Narrative

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

Indicator description

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

SPC chart



Narrative

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

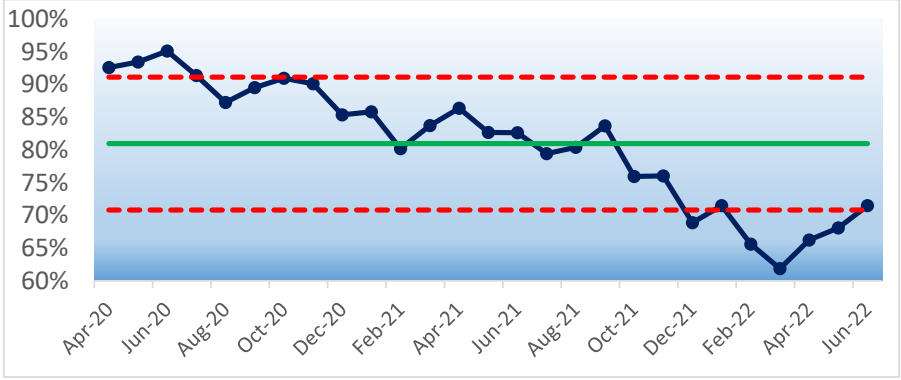
- Made contact with the lead at Central London Community NHS Trust (CLCH) who have improved their ethnicity recording rates on their patient records – they are organising a webinar to talk through their actions
- Reminded staff of the process regarding the collection of this data including reception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

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

Indicator description

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

SPC chart



Narrative

Performance against the A&E 4-hour standard is improving but remains below the 95% standard. Performance reflects the continuing significant pressures with high bed occupancy relating to discharge challenges and staff absenses. The Trust continue to support the HNY system which is significantly pressured (OPEL 4) with regular diverts of ambulance patients to Harrogate - this negatively impacts on HDFT's 4 hour performance and length of stay. It should be noted that this is the 4th month of improvement on this metric.

Current work underway to improve this position includes:

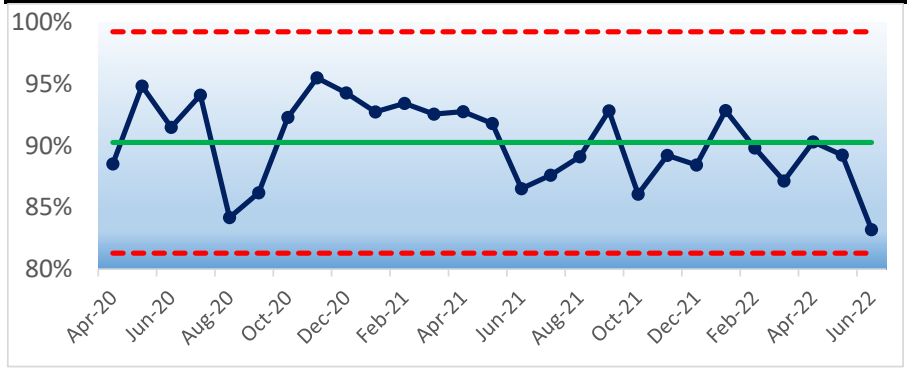
- delivering 7 day SDEC service and a direct to SDEC pathway with YAS;
- streaming of minors at the front door;
- utilising Criteria to Reside flow software to identify patients no longer requiring hospital care;
- developing a 2 hour crisis response service, expanding ARCH in-reach to ED and maximising SDEC opportunities;
- educating other specialties to avoid using ED as their triage and assessment service;
- increased GP Out of Hours provision to avoid Primary Care attendance;
- revision of infection control procedures as soon as national guidance changes to allow more rapid flow;
- implementing a 'fit to sit' area to improve flow

Indicator	**5.7 - Ambulance handovers - % within 15 mins**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	83.2%

Indicator description

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

SPC chart



Narrative

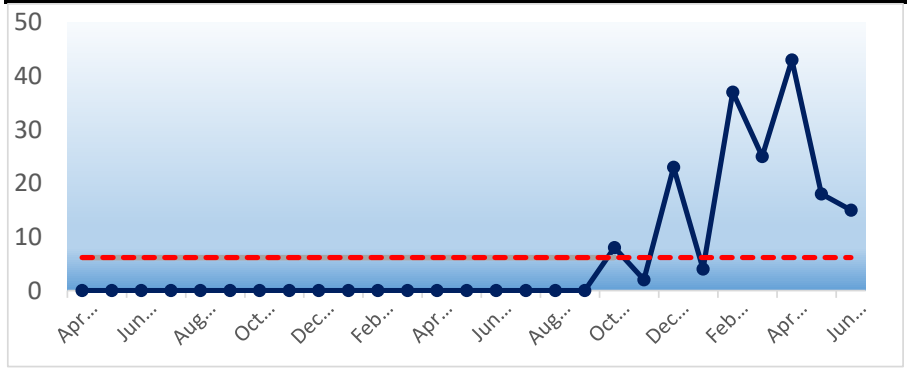
83% of ambulance handovers took place within 15 minutes in June. There were 32 over 30-minute handover breaches with 2 over 60-minutes in June. Prevention of ambulance handover delays continues to be a focus with the Trust operational processes being shared across the region by NHSE/I. Despite the high bed occupancy, acuity and activity, the lost hours to handover in Harrogate remains very low and in the top quartile nationally.

Indicator	**5.8 A&E - number of 12 hour trolley waits**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	15

Indicator description

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

SPC chart



Narrative

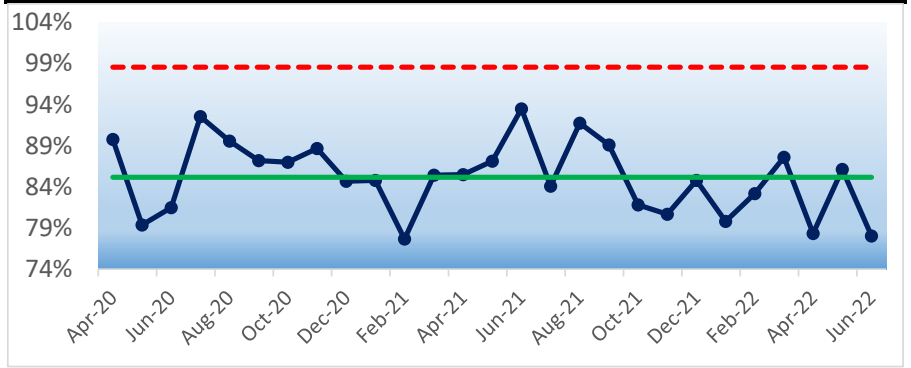
15 over 12 hour trolley waits were reported in June, a second month of improvement. As it stands, RCAs have been completed and reviewed at internal quality and performance meetings for 14 of the 15 reported cases. None of the 14 patients reviewed so far were harmed as a result of their wait in the Emergency Department. The long waiting patients are linked to times when there are no available beds in the hospital.

Indicator	**5.9.1 - Cancer - 62 day wait for first treatment from urgent GP referral to treatment**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	78.0%

Indicator description

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

SPC chart



Narrative

Provisional data indicates that the 62 day standard was not delivered in June (78.0%). There were 66.0 accountable treatments (76 patients) in June with 14.5 treated outside 62 days. Of the 11 tumour sites treated in June, performance was below 85% for 7 (Colorectal, Gynaecology, Lung, Other, Sarcoma, Upper GI,Urology). All pathway delays will be reviewed by the breach panel at the end of July.

Provisional data indicates that 45% (9/20) of patients treated at Tertiary centres in June were transferred for treatment by day 38, compared to 53.3% (8/15) last month.

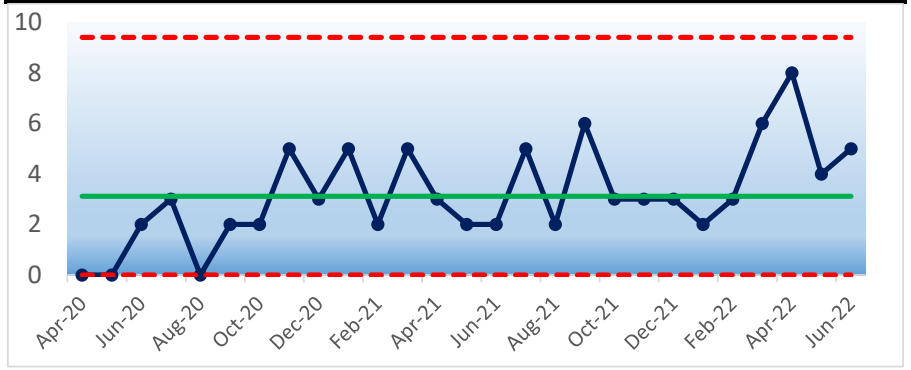
There are currently challenges with Colorectal elective capacity, and also Colorectal oncology capacity is severely limited. There are also continuing challenges in Urology outpatients for both new and follow-up appointments.

Indicator	**5.9.2 - Cancer - 62 day standard - number of 104 days waiters**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	5

Indicator description

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

SPC chart



Narrative

5 patients waited 104+ days for treatment in June (2 x Harrogate Colorectal; 2 x Leeds Renal; 1 x Leeds Gynae/Sarcoma).

All 3 tertiary treatments were transferred after day 38. The five 104+ day delays were predominately due to diagnostic/medical complexity and patient choice, but there were further delays due to consultant leave.

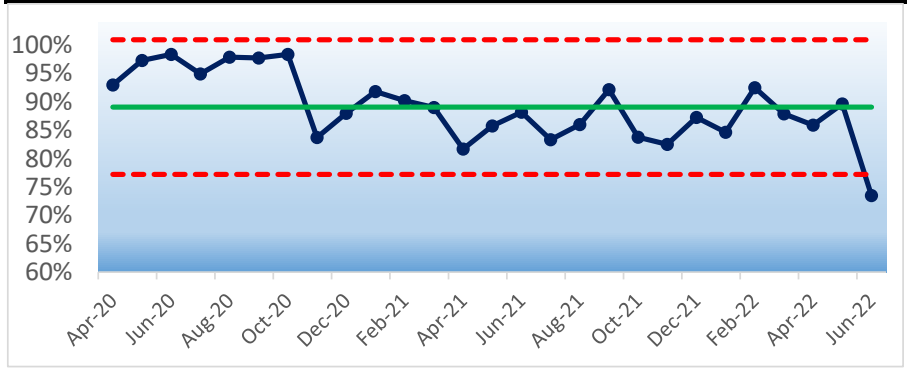
All patients have now received treatment and their pathways will be reviewed by the breach panel at the end of July.

Indicator	**5.10 - Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	73.5%

Indicator description

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

SPC chart



Narrative

905 patients attended their first appointment for suspected cancer in June which is a 6.2% decrease on last month (965). Overall attendances in Q1 2022/23 were 2.9% higher than in Q4 2021/22.

Outpatient capacity for 2ww GI Face-to-Face first appointments continues to be challenging for patients not going straight to test. This will begin to impact on the Trust long waiter position for pathways that remain open. There are also continuing challenges for outpatient appointments in Urology.

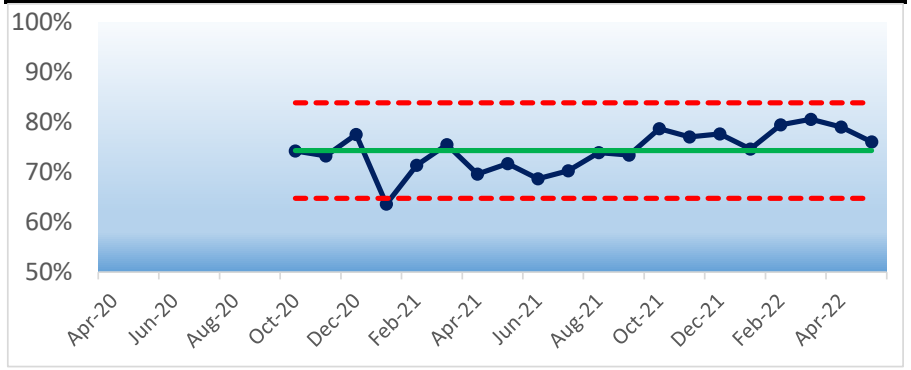
Performance for the breast 2WW standard was at 73.3% in June which is below the operational standard and a deterioration on the previous month. Performance for all 2WW breast attendances in June was at 74.5% compared to 96% in May.

Indicator	**5.11 - Cancer - 28 days faster diagnosis standard (suspected cancer referrals)**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	80.4%

Indicator description

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

SPC chart



Narrative

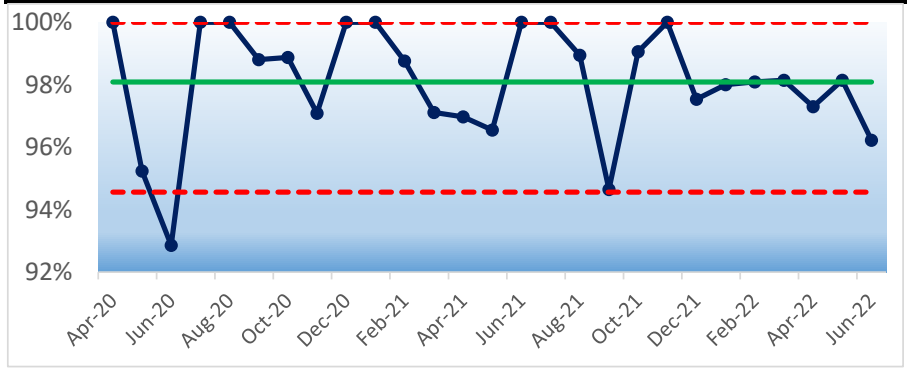
Provisional data indicates that in June combined performance for the three 28 days standards (2WW suspected cancer, 2WW non-cancer breast symptoms, Screening) has remained above the proposed operational standard of 75% (2WW cancer - 84.1%; 2WW Breast Symptoms - 100%; Screening - 43%).

Indicator	**5.12 - Cancer - 31 days maximum wait from diagnosis to treatment for all cancers**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	96.2%

Indicator description

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

SPC chart



Narrative

Provisional data indicate that 106 patients received First Definitive Treatment for cancer at HDFT in June, with 4 Colorectal surgical patients treated outside 31 days (96.2%).

The 4 colorectal surgical delays were predominately due to a lack of elective capacity in General Surgery.

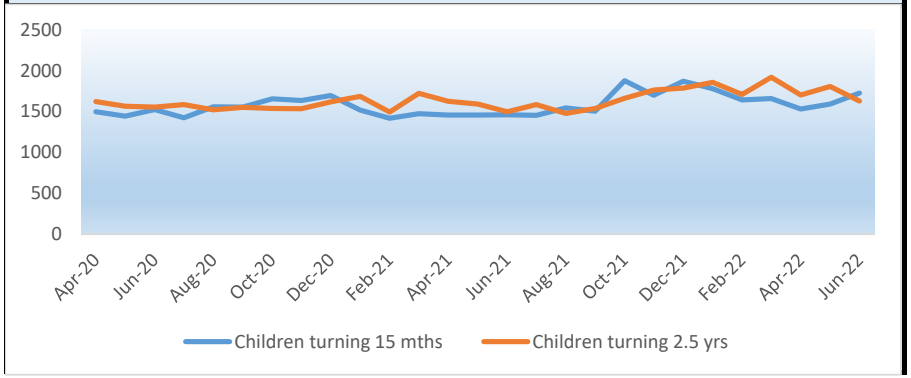
Overall peformance was above the expected standard of 96%.

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

Indicator description

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

SPC chart



Narrative

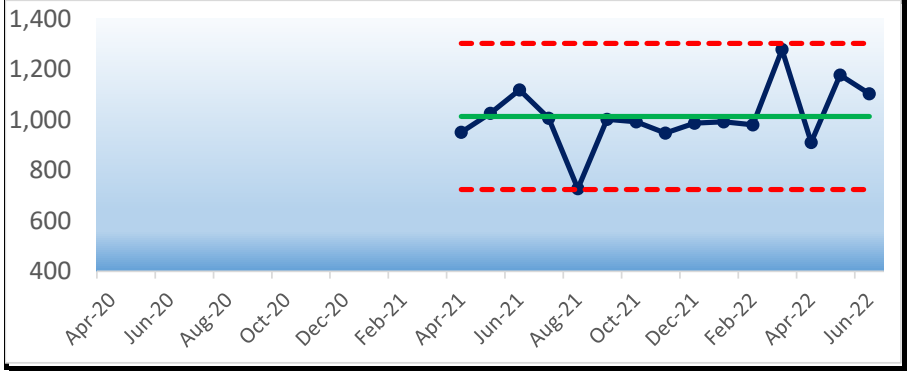
The 15 month old caseload increased in June, whilst the 2.5 year old caseload decreased.

Indicator	**5.14 - Children's Services - Safeguarding caseload**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	1103

Indicator description

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

SPC chart



Narrative

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

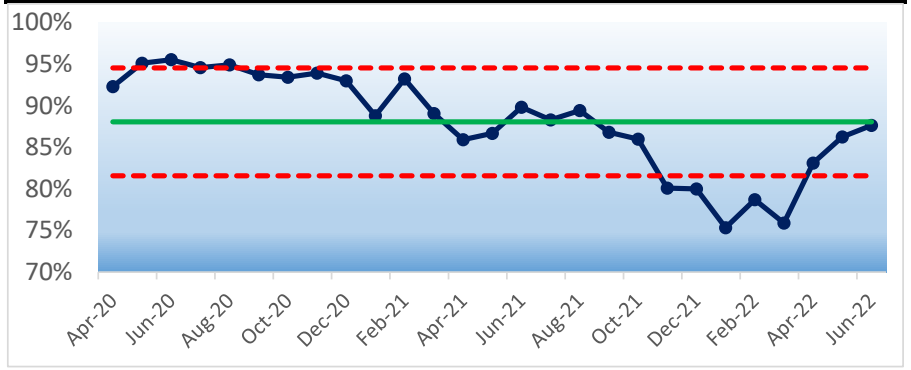
We continue to see very high levels of Safeguarding across our 0-19 Contact Areas which is in excess of the levels seen over the last three years. Additional resource has been added to the Safeguarding team to support these levels of activity.

Indicator	**5.15 - Children's Services - Ante-natal visits**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	87.6%

Indicator description

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

SPC chart



Narrative

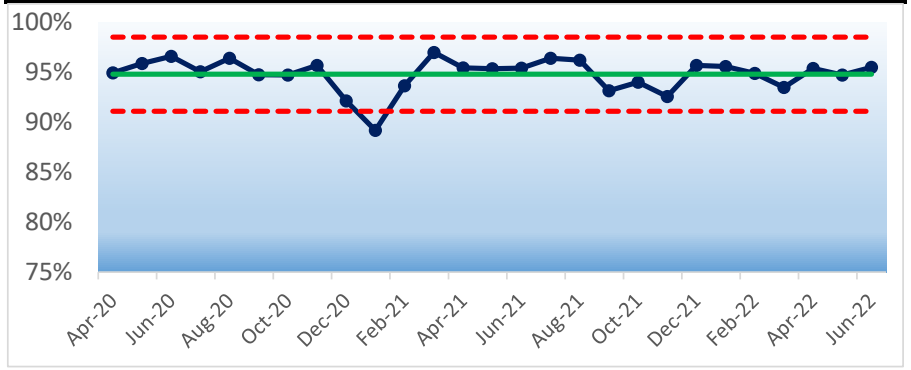
88% of eligible pregnant women received an initial antenatal visit in June, a further improvement on recent months. Middlesbrough performance (which was the main reason for the deterioration seen in recent months) improved to 83%, a significant improvement.

Indicator	**5.16 - Children's Services - 10-14 day new birth visit**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	95.5%

Indicator description

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

SPC chart



Narrative

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

Indicator	**5.17 - Children's Services - 6-8 week visit**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	94.9%

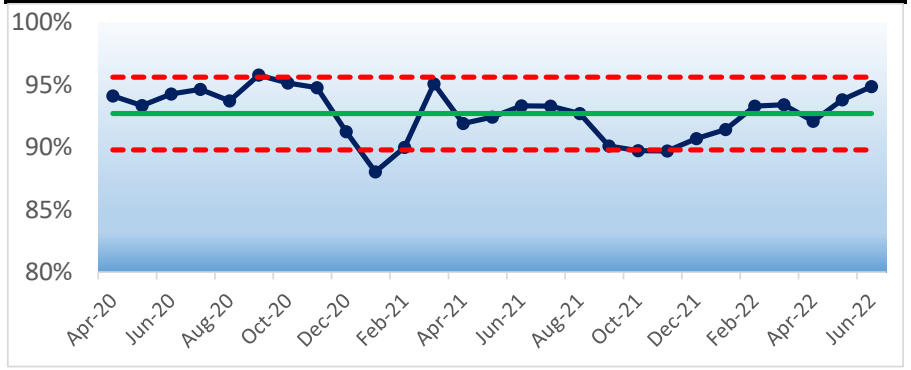
Indicator description

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

Narrative

95% of infants received a 6-8 week visit by 8 weeks of age during June.

SPC chart



Indicator	**5.18 - Children's Services - 12 month review**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	93.1%

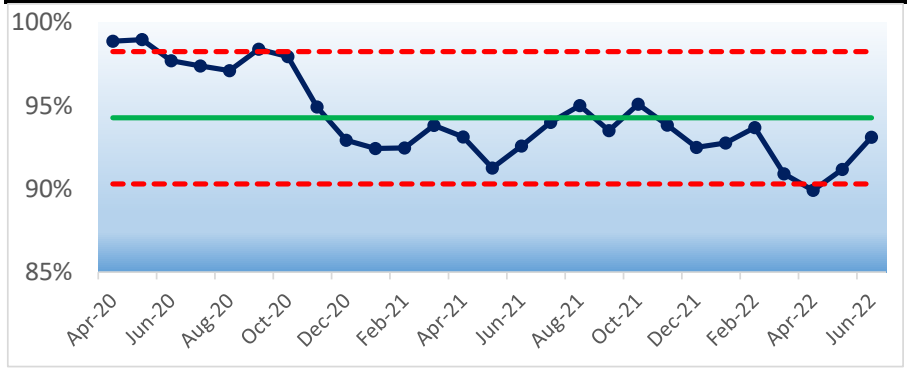
Indicator description

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

Narrative

93% of eligible children received a 12 month review by 15 months of age during June.

SPC chart

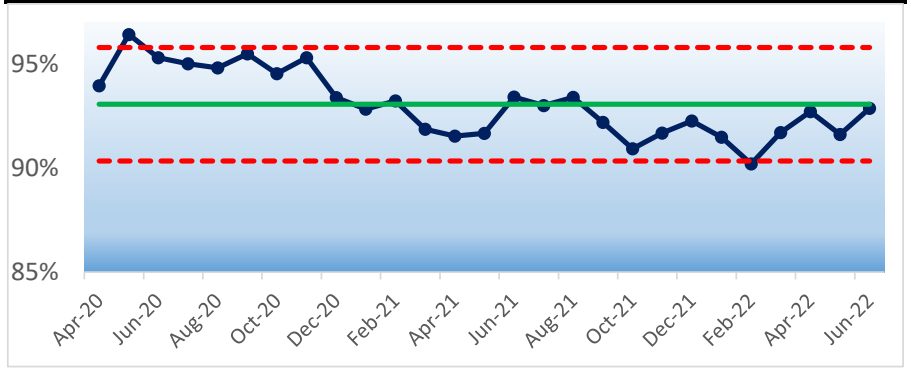


Indicator	**5.19 - Children's Services - 2.5 year review**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	92.9%

Indicator description

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

SPC chart



Narrative

93% of eligible children received a 2 - 2.5 year review by 2.5 years of age during June.

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

Indicator description

This indicator is under development.

SPC chart

Narrative

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

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

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

Indicator description
This indicator is under development.

SPC chart

Narrative

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

Indicator description

This indicator is under development.

SPC chart

Narrative

CC Directorate have started to discuss and record OPEL levels for 0-19 Services at their Safety and Governance huddles. The position for May was:
Acute Paediatrics 1
Darlington 2
Durham 3
Gateshead 3
Immunisation 1
Middlesbrough 3
North Yorkshire 2
Northumberland 3
Safeguarding 3
Stockton 1
Sunderland 3

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

Indicator description

This indicator is under development.

SPC chart

Narrative

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

From March, the Trust has started to submit data related to this standard as part of the monthly Community Services Data Set submissions to NHS England. We are awaiting confirmation from NHS England as to how organisations wil be assessed against the standard. Provisional data suggests that the Trust achieved the 2 hour standard for 89% of eligible cases in April, 93% in May and 92% in June. However it is likely that our true perofrmance is on or near 100% and the small number of breaches reported reflect data quality issues, rather than true breaches. The service are working to address this.

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

Indicator description
This indicator is under development.

Narrative

SPC chart

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

Indicator description
This indicator is under development.

SPC chart

Narrative

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

Indicator description
This indicator is under development.

SPC chart

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

Indicator	**5.27 - GPOOH - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	32.0%

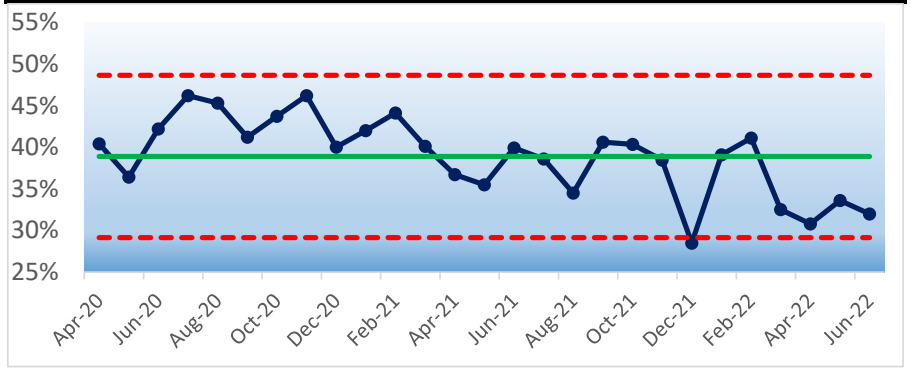
Indicator description

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

Narrative

In June, 32% of urgent GPOOH cases received a telephone clinical assessment within 20 minutes of call prioritisation, remaining below the 95% target. The COO has requested an immediate deep dive into the GPOOH service to understand the demand and capacity gap that is being ancedotally mentioned at operational meetings.

SPC chart

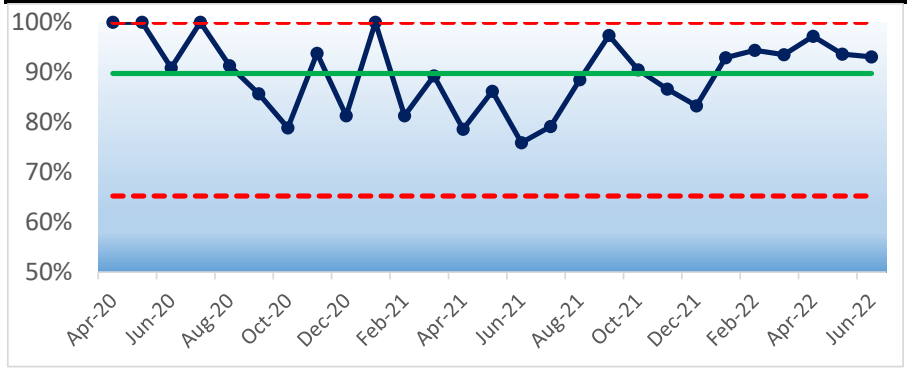


Indicator	**5.28 - GPOOH - Home visit: Face to face consultations started for URGENT cases within 2 hrs**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	93.1%

Indicator description

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

SPC chart



Narrative

In June, 93% of urgent GPOOH cases received a home visit face to face consultation within 2 hours.

Integrated Board Report - June 2022

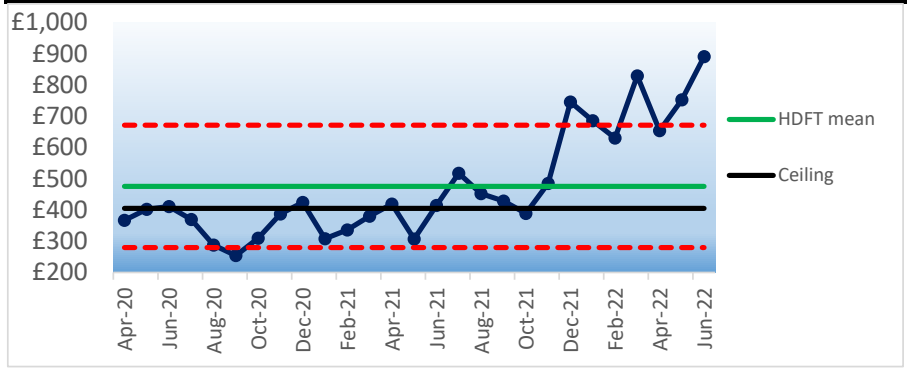
Domain 6 - Efficiency and Finance

Indicator	**6.1 - Agency spend**
Executive lead	Jordan McKie, Finance Director
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	£890

Indicator description

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

SPC chart



Narrative

Agency expenditure remains a significant concern for the Trust. Whilst the usage is mitigating risks regarding quality, safety and recovery, the level of expenditure clearly exceeds historic trends and planned expectations.

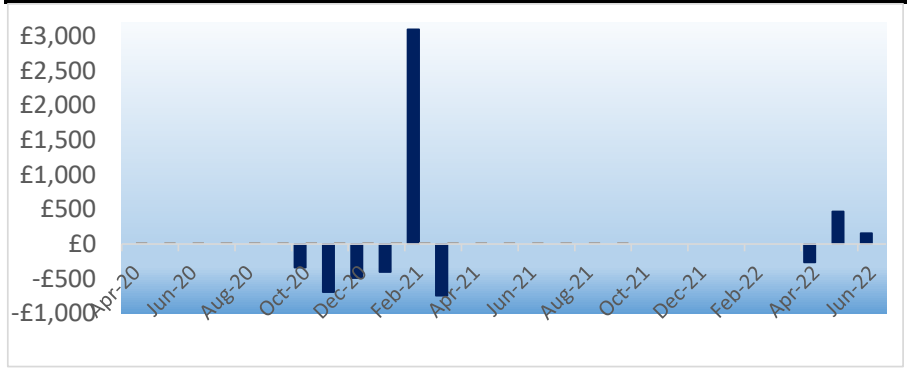
Further information is included within the Committee reports on this.

Indicator	**6.2 - Surplus / deficit and variance to plan**
Executive lead	Jordan McKie, Finance Director
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	£157

Indicator description

Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.

Trend chart



Narrative

The Trust has reported a small surplus, however, this includes the recognition of income associated with the Capital Programme. Removing this would result in a deficit position of £314k. Clearly this is a concern, with recovery actions being put in place to address this and the recurrent impact of the pressures emerging.

Key drivers include the impact of Covid-19 being above the levels outlined in the planning guidance, delivering of Savings Programme, Escalation and a number of drivers for agency expenditure.

Indicator	**6.3 - Capital spend**
Executive lead	Jordan McKie, Finance Director
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	£1,506

Indicator description

Cumulative Capital Expenditure by month (£'000s)

Narrative

The Trust continues to implement this year's programme.

Trend chart

Indicator	**6.4 Cash balance**
Executive lead	Jordan McKie, Finance Director
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	£43,156

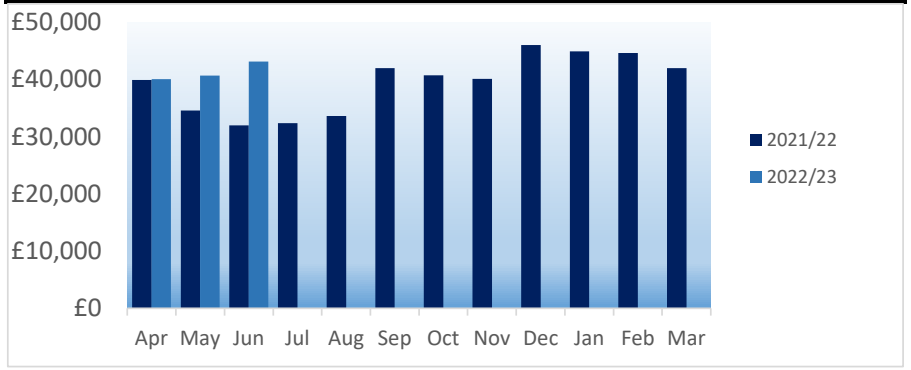
Indicator description

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

Narrative

The Trust cash balance remains positive.

Trend chart

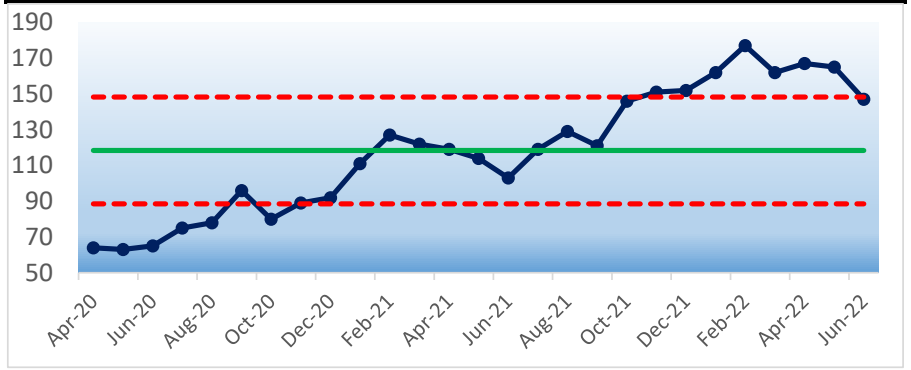


Indicator	**6.5.1 - Long stay patients - stranded (>7 days LOS)**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	147

Indicator description

The average number of patients that were in the hospital with a length of stay of over 7 days (previously defined as stranded patients by NHS Improvement). The data excludes children, as per the NHS Improvement definition.

SPC chart



Narrative

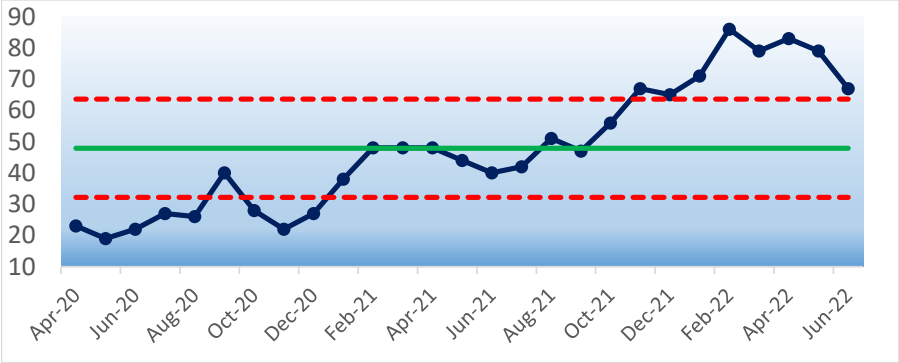
The number of long stay patients (> 7 days) was 147 in June, a reduction on recent months but remaining high. This is being driven by the increase in COVID patients, COVID 'pop ups' at day 7 and patients requiring observation as COVID contacts alongside the impact of COVID on POC, residential and nursing home providers.

Indicator	**6.5.2 - Long stay patients - superstranded (>21 days LOS)**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	67

Indicator description

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

SPC chart



Narrative

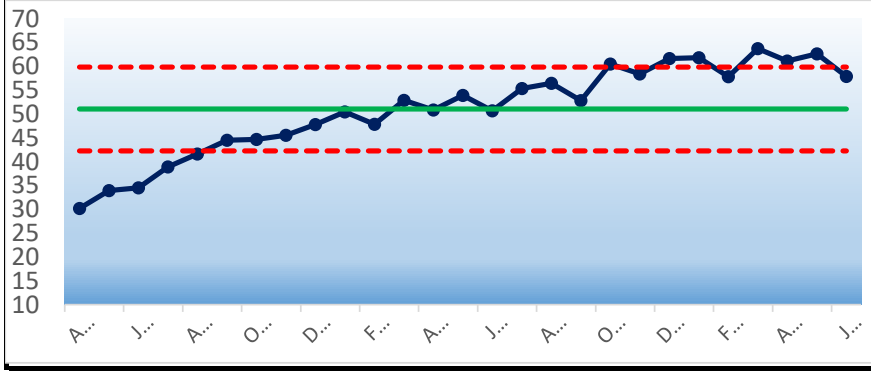
The number of long stay patients (> 21 days) was 67 in June, a reduction on recent months but remaining high. This is being driven by the increase in COVID patients, COVID 'pop ups' at day 7 and patients requiring observation as COVID contacts alongside the impact of COVID on POC, residential and nursing home providers.

Indicator	**6.6 - Occupied bed days per 1,000 population**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	57.9

Indicator description

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

SPC chart



Narrative

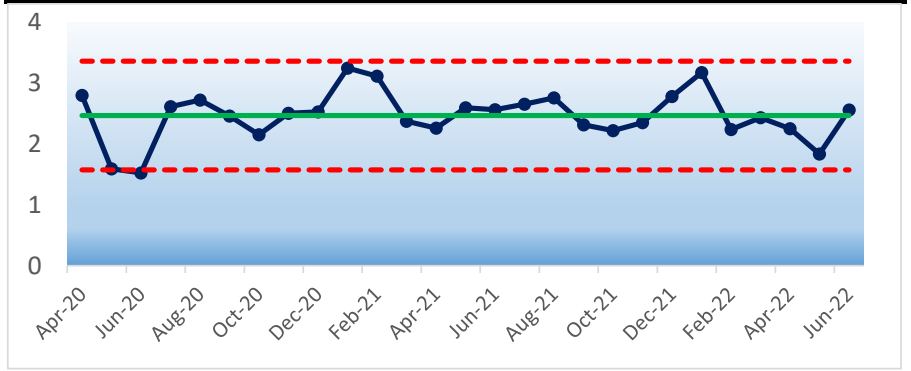
Occupied bed days decreased to 57.9 in June. In the 2 years prior to the pandemic, occupied bed days per 1,000 population averaged 57.8, below the current level.

Indicator	**6.7.1 Length of stay - elective**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	2.6

Indicator description

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

SPC chart



Narrative

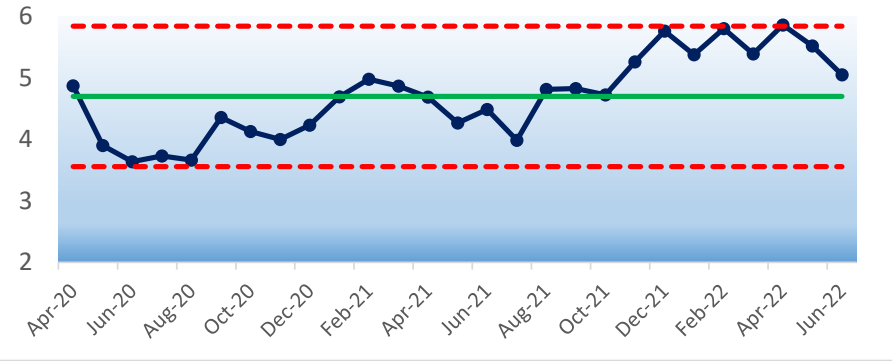
Elective length of stay increased in June and is now above our local stretch target of 2.5 days.

Indicator	**6.7.2 Length of stay - non-elective**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	5.1

Indicator description

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

SPC chart



Narrative

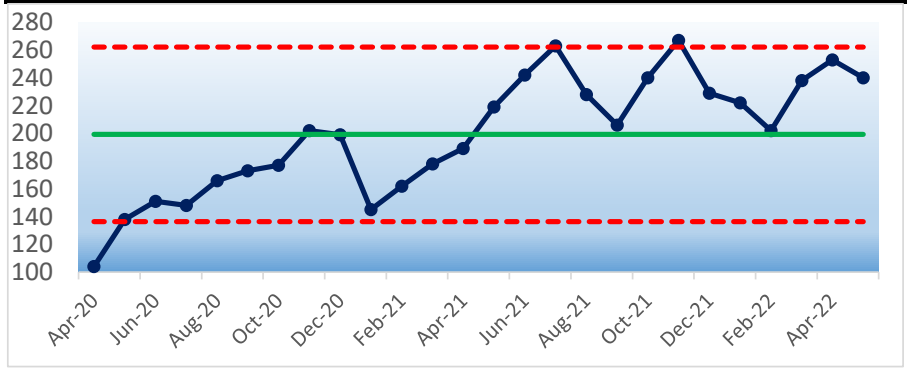
Non-Elective length of stay decreased in June but remains above our local stretch target. There is a combination of factors affecting patient flow, as described in indicators 6.5.1 - 6.7.1.

Indicator	**6.8 - Avoidable admissions**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	May-22
Value / RAG rating	240

Indicator description

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

SPC chart



Narrative

There were 240 avoidable admissions in May, an increase on the previous month but remaining within the expected range. The most common diagnoses this month were urinary tract infections and pneumonia. Excluding children and admissions via CAT/SDEC, the May figure was 109.

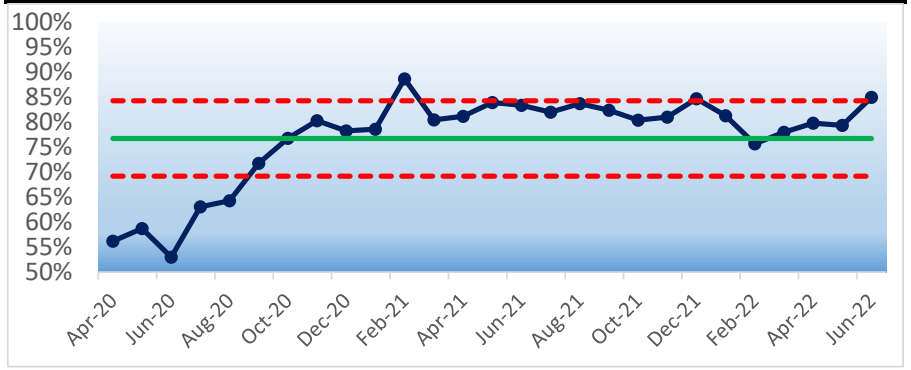
This is below pre-Covid levels - the average per month in 2018/19 was 270.

Indicator	**6.9 - Theatre utilisation (elective sessions)**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	85.0%

Indicator description

The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions.

SPC chart



Narrative

Theatre utilisation increased in June but remains below the local intermediate target of 90%.

Indicator	**6.10 - Day case conversion rate**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	2.4%

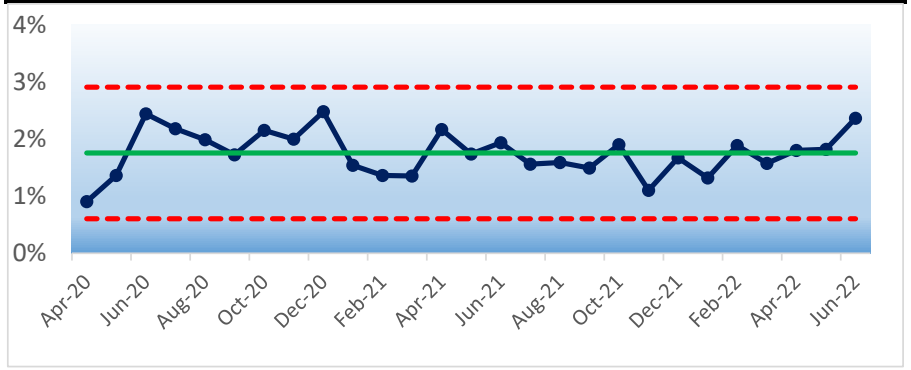
Indicator description

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

Narrative

2.4% (52 patients) of intended day cases stayed overnight or longer in June.

SPC chart



Integrated Board Report - June 2022

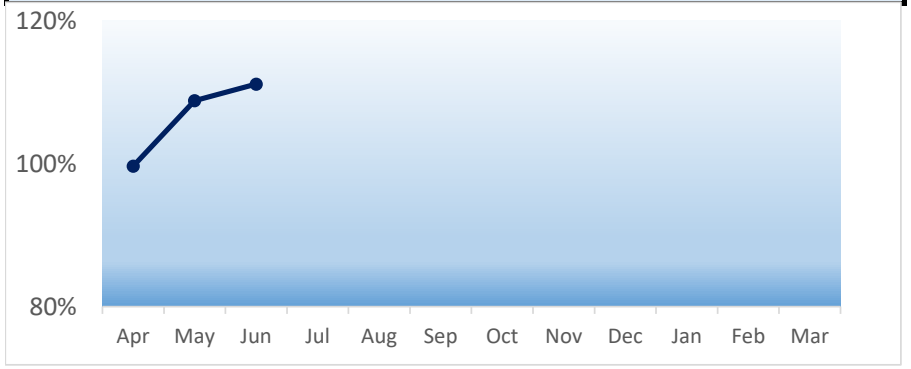
Domain 7 - Activity

Indicator	**7.1 - GP referrals against 2019/20 baseline**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	111.1%

Indicator description

GP referrals against 2019/20 baseline.

SPC chart



Narrative

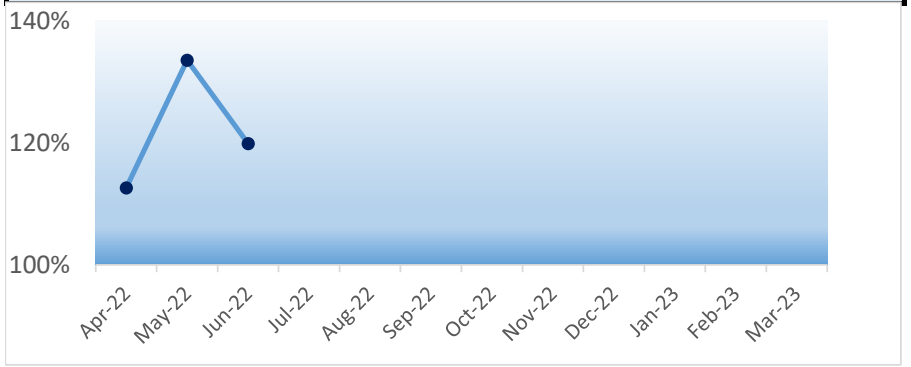
In June, GP referrals were 11% above the equivalent month in 2019/20.

Indicator	**7.2 - Outpatient activity (consultant led) against plan**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	119.9%

Indicator description

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

Trend chart



Narrative

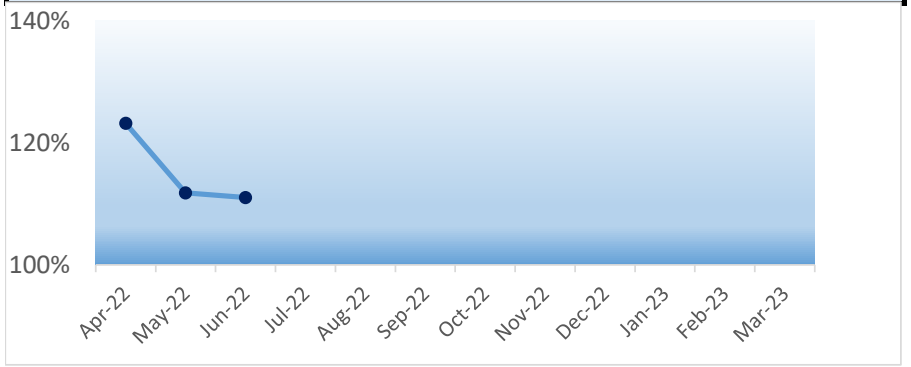
Outpatient activity was 20% above plan in June. New outpatient attendances were 7% below plan, whilst follow up attendances were significantly over plan (38%).

Indicator	**7.3 - Elective activity against plan**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	111.0%

Indicator description

Elective activity against plan. The data includes both elective inpatient and elective day case admissions.

Trend chart



Narrative

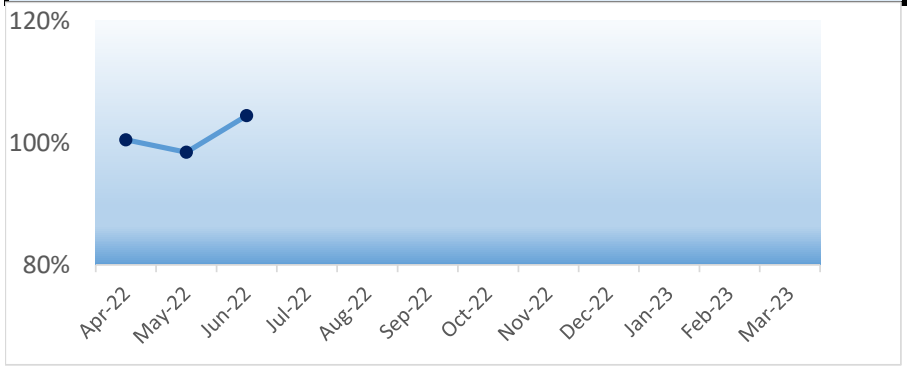
Elective admissions were 11% above plan in June. Elective day cases were 13% above plan and elective inpatients were 2% below plan.

Indicator	**7.4 - Non-elective activity against plan**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	104.4%

Indicator description

Non-elective activity against plan.

Trend chart



Narrative

Non-elective activity was 4% above plan in June.

Indicator	**7.5 - Emergency Department attendances against plan**
Executive lead	Russell Nightingale, Chief Operating Officer
Board Committee	Resources Committee
Reporting month	Jun-22
Value / RAG rating	91.3%

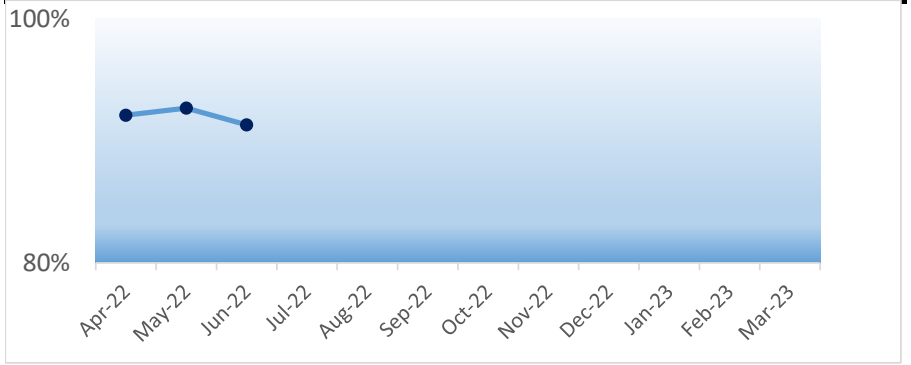
Indicator description

Emergency Department attendances against plan.

Narrative

Emergency Department attendances were 9% below plan in June.

Trend chart



Council of Governors Meeting
6th September 2022

Governor questions

Mental Health Services:

1. I am aware that, following the closure of the Briary Unit some time ago, a certain responsibility has been delegated to Tees Esk and Wear Valley NHS Foundation Trust. This will result in a number of patients being referred out of area for treatment. Can we be told how many patients, who would otherwise receive local treatment in Harrogate, are currently receiving inpatient hospital treatment in Tees Esk and Wear Valley, York, Leeds or elsewhere?

2. In June this year the interim chief executive of NHS Providers, Saffron Cordery, said:

   "Placing patients out of area is a last resort for trusts. It happens as a result of a lack of services and beds, due to sustained underinvestment and staff shortages. It is unacceptable that trusts do not have the resource they need to stop this happening and this lack of investment underlines the stigma around mental health. We would not allow this to happen routinely for physical health and we know it leads to a poorer patient experience and often slower recovery ... While any out of area placement is one too many, the latest data shows that there has been improvement in the number both in the last month and when compared to the same time last year, and also 20% fewer than pre-pandemic."

   What steps, if any, is Harrogate and District NHS Foundation Trust taking to meet the challenge outlined above and to limit the number of out of area placements?

3. If a patient presents to the Accident & Emergency department in apparent need of a Mental Health Act assessment, or at the very least an informal assessment by a mental health professional, how long does it take for that patient to be seen by appropriate personnel? If admission to a Psychiatric Hospital is necessary, whether on a formal or informal basis, how long does it take for a Psychiatrist to attend? I am mindful of NHS targets, outlined in February this year, that mental health patients arriving at Accident and Emergency departments should be promised a face-to-face assessment from a specialist team within an hour.

4. Last year a record 4.3 million referrals were made to mental health services nationally, with 1.4 million people stuck on waiting lists. The President of the Royal College of Psychiatrists has observed that "food insecurity, fuel poverty, debt and the loneliness and isolation that come with it are a reality for millions of people" and called for the fulfilment of promises in the NHS plan aimed at providing parity between physical and mental health services. While it is clear that substantial additional funding is required, can we be assured that at the present time the Trust is conscious that the cost of living crisis poses a pandemic-level threat to the region's mental health and that the delegation to Tees Esk and Wear Valley NHS Foundation Trust is not an abdication of local responsibility?

5. We read that England's mental health inpatient system is "running hot" and operating well above recommended occupancy levels as new funding to address the problem is revealed. On the 12th August the Government announced funding of £75m to address bed pressures amid concerns about rising lengths of stay and occupancy rates in mental health. Is it right to assume that HDFT receives none of this?

6. Nationally, there has been a steep rise in mental health patients waiting more than 12 hours in A & E. I am aware that the matter of waiting times is under constant review but is any effort made to give priority to mental health patients who may be particularly vulnerable to perceived delay in accessing facilities?

Donald Coverdale, Public Governor, Ripon & West District

Requests for information from Coroner's offices

7. What is the Trust's performance over the past two years, including response times, to requests for information from coroners offices? What key issues have been identified from coroners' inquests and similar and how have these been responded to? How do Non Executive Directors obtain assurance in this respect and what observations are they are able to provide on the Trust's response to such requests?

Steve Treece, Public Governor, Wetherby and Harewood

Electronic Patient Record:

8. I am aware that the Trust is currently embarking upon expenditure of £32m on implementing an Electronic Patient Record System. Is this money well spent?

Health Checks at pop-up NHS Clinics:

9. Please see below a recent article in a national newspaper, saying that 1 million health checks have been held at pop-up NHS clinics across the country. I am aware that we have been organising Covid vaccination pop-up centres over the last year or 18 months but I was wondering if we are organising or have any plans to organise these pop-up clinics for heart and lung checks and cancer scans etc in areas such as shopping malls or community centres in Harrogate or Knaresborough?

Praise . . Pro

1m tests at NHS pop-ups

By SAM BLANCHARD

A MILLION health checks have been held at pop-up NHS clinics in a drive to clear the Covid backlog, figures show.

Patients have had heart and lung checks and cancer scans at rapid test centres in shopping malls and community centres since last October.

Ninety of 160 planned units have been set up so far but charities warn tens of thousands of Brits will still get diagnosed late and die younger due to pandemic delays.

Prof Charles Swanton, of Cancer Research UK, said: "The rapid centres are going to make a big difference. They will bypass lengthy standard approaches to getting investigated in hospital."

PM Boris Johnson said hitting one million was a pivotal milestone".

Cllr John Mann, Stakeholder Governor, North Yorkshire County Council

7.2