Harrogate and District
NHS Foundation Trust

Board of Directors Meeting (to be held in public)
will be held on Wednesday, 29 July 2020 from 9.00am
in the Boardroom, Trust Headquarters

AGENDA

Item No.	Item	Lead	Action	Paper
1.0	**Welcome and Apologies for Absence**	Chairman	Note	Verbal
2.0	**Declarations of Interest and Register of Interests** *To declare any new interests and any interests in relation to open items on the agenda*	Chairman	Note	**Attached**
3.0	**Minutes of the Previous Board of Directors meeting held on 24 June 2020**	Chairman	**Approve**	**Attached**
4.0	**Matters Arising and Action Log**	Chairman	Discuss	Verbal **Attached**
5.0	**Overview by the Chairman**	Chairman	Discuss	Verbal
6.0	**Chief Executive Report**	Chief Executive	Discuss	**Attached**
6.1	**Senior Management Team Chair's Log**	Chief Executive	Note	**Attached**
7.0	**Freedom to Speak Up Guardian Bi-Annual Report**	Chief Nurse	Discuss/ Approve/ Note	**Attached**
8.0	**Integrated Board Report**	Executive Directors	Discuss/ Note	**Attached**
9.0	**Resource Committee Chair's Report**	Resource Committee Chair	Note	**To follow**
9.1	**Finance Report (month 3)**	Deputy Chief Executive/Director of Finance	Note	**Attached**
9.2	**Covid-19 Recovery Plan Update**	Chief Operating Officer	Note	**Attached**
10.0	**Quality Committee Chair's Report**	Quality Committee Chair	Note	**Attached**
10.1	**Chief Nurse Report**	Chief Nurse	Discuss/ Note	**Attached**
10.1.2	**Annual Patient Experience and Complaints Report**	Chief Nurse	Discuss/ Note	**Attached**
10.1.3	**Safeguarding Children Resilience Assurance Report**	Chief Nurse	Discuss/ Note	**Attached**

10.2	**Learning Disabilities Annual Report**	Chief Nurse	Discuss/ Note	**Attached**
10.3	**Medical Director Report**	Medical Director	Discuss/ Note	**Attached**
10.3.1	**Guardian of Safe Working Q4 Report**	Medical Director	Discuss/ Note	**Attached**
11.0	**Director of Workforce and Organisational Development Report**	Director of Workforce and Organisational Development	Discuss/ Note	**Attached**
12.0	**Any other Business** *By permission of the Chairman*	Chairman	Note/ Discuss/ **Approve**	Verbal
13.0	**Board Evaluation**	Chairman	Discuss	Verbal
14.0	**Date and Time of next meeting** Wednesday, 30 September 2020 at 9.00am			
Confidential Motion – the Chairman to move: *Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.*				

In light of the Government's guidelines in relation to COVID-19, Harrogate and District NHS Foundation Trust has taken a decision to not hold meetings of the Board of Directors in Public whilst the guidance on social distancing is in place. Board meetings will be held virtually and the Trust's Governors will have the opportunity to observe these meetings.

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

Details of the Government response can be found at: https://www.gov.uk/government/topical-evetns/cooronavirus-cofid-19-uk-government-response

Harrogate and District NHS Foundation Trust

Board of Directors Register of Interest

Board Member	Position	Relevant Dates From	To	Declaration Details
Angela Schofield	Chairman	2018	Date	1. Member of WYAAT Committee in Common 2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership 3. Volunteer with Supporting Older People (charity). 4. Chair of NHSE Northern Region Talent Board 5. Member of Humber Coast and Vale ICS Partnership
Jacqueline Andrews	Medical Director	June 2020	Date	Familial relationship with managing parterner of Priory Medical Group, York
Sarah Armstrong	Non-executive Director	October 2018	Date	1. Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) 2. Company director for the flat management company of current residence 3. Chief Executive of the Ewing Foundation
Jonathan Coulter	Deputy Chief Executive/ Finance Director	November 2017	Date	(Interim Chief Executive) Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Jeremy Cross	Non-executive Director	January 2020	Date	1. Chairman, Mansfield Building Society 2. Chairman, Headrow Money Line Ltd 3. Director and Shareholder, Cross Consulting Ltd (dormant) 4. Trustee – Forget me not children's hospice, Huddersfield 5. Governor – Grammar School at Leeds 6. Director, GSAL Transport Ltd
Jill Foster	Chief Nurse	July 2020	Date	Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Robert Harrison	Chief Operating Officer	October 2019		1. Charity Trustee of Acomb Methodist Church, York 2. Chair of Directors of Strategy and Operations WYAAT 3. Harrogate Place representative on the WY&H Cancer Alliance Board 4. Member of the Harrogate and Rural Alliance Board 5. Director of ILS and IPS Pathology Joint Venture
Dr Kat Johnson	Clinical Director (Planned and Surgical Care)			No interests declared
Dr Natalie Lyth	Clinical Director (Children's and County Wide Community Care)			1. Member of North Yorkshire Local Safeguarding Children's Board and sub-committees. 2. Chair of the Safeguarding Practice Review Group. 3. Chair of the North Yorkshire and York Looked After Children Health Professionals Network. 4. Member of the North Yorkshire and York Safeguarding Health Professionals Network. 5. Member of the national network of Designated Health Professionals. 6. Member of the Royal College of Paediatrics and Child Health Certificate of Eligibility of Specialist Registration (CESR) Committee and assessor of applications for CESR.
Andrew Papworth	Non-executive Director	March 2020	Date	Director of People Insight and Cost at Lloyds Banking Group
Laura Robson	Non-executive Director	September 2017	Date	Familial relationship with Alzheimer's Society
Steve Russell	Chief Executive	March 2020	Date	Chief Executive of NHS Nightingale Hospital Yorkshire and Humber
Wallace Sampson OBE	Non-executive Director	March 2020	Date	1. Chief Executive of Harrogate Borough Council 2. Director of Bracewell Homes – wholly owned Harrogate Borough Council housing company. 3. Chief Executive of Harrogate Borough Council

				4. Chair of Harrogate Public Services Leadership Board 5. Member of North Yorkshire Safeguarding Children Partnership Executive 6. Member of Society of Local Authority Chief Executives
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care)	April 2017	Date	Director of Shepherd Property Ltd
Richard Stiff	Non-executive Director	May 2018	Date	1. Director of (and 50% owner) Richard Stiff Consulting Limited 2. Director of NCER CIC (Chair of the Board from April 2019) 3. Director and Trustee of TCV (The Conservation Volunteers) 4. Chair of the Corporation of Selby College 5. Member of the Association of Directors of Children's Services 6. Member of Society of Local Authority Chief Executives 7. Local Government Information Unit Associate 8. Local Government Information Unit (Scotland) Associate 9. Fellow of the Royal Society of Arts
Maureen Taylor	Non-executive Director			No interests declared
Angela Wilkinson	Director of Workforce and Organisational Development	October 2019	Date	Director of ILS and IPS Pathology Joint Venture

Deputy Directors and Others Attendees (providing advice and support to the Board)

Name	Position	Declaration Details
Dr Dave Earl	Deputy Medical Director	1. Director of Earlmed Ltd, provider of private anaesthetic services 2. Treasurer of Harrogate Anaesthesia Services, administration and co-ordination of Anaesthetic Private Practice
Dr Clare Hall	Deputy Medical Director	1. HDFT representative on WYAAT Pathology group 2. HDFT representative on WYAAT Non-Surgical Oncology group 3. Member, HDFT Transfusion Committee 4. Principal Investigator for haematology trials at HDFT
Jordan McKie	Deputy Director of Finance	No interests declared
Paul Nicholls	Deputy Director of Performance and Informatics	No interests declared
Shirley Silvester	Deputy Director of Workforce and Organisational Development	No interests declared
Dr Sylvia Wood	Deputy Director of Governance & Freedom to Speak Up Guardian	Familial relationship with Consultant Radiologist
Lynn Hughes	Interim Company Secretary	Familial relationship with KLS Martin Ltd, a company providing services to the NHS

Harrogate and District
NHS Foundation Trust

Board of Directors Meeting (held in Public)

24 June 2020 at 9am

in the Boardroom, Trust Headquarters, Harrogate District Hospital

In order to comply with the restrictions on social distancing due to the Coronavirus Covid-19 pandemic, the meeting was held by video conference.

Present
Mrs Angela Schofield, Chairman
Dr Jacqueline Andrews, Executive Medical Director
Ms Sarah Armstrong, Non-executive Director
Mr Jeremy Cross, Non-executive Director
Mr Andy Papworth, Non-executive Director
Ms Laura Robson, Non-executive Director/Senior Independent Director
Mr Richard Stiff, Non-executive Director
Mrs Maureen Taylor, Non-executive Director
Mr Wallace Sampson OBE, Non-executive Director
Mr Steve Russell, Chief Executive
Mr Jonathan Coulter, Finance Director/Deputy Chief Executive
Mrs Jill Foster, Chief Nurse
Mr Robert Harrison, Chief Operating Officer
Ms Angela Wilkinson, Director of Workforce and Organisational Development

In attendance
Ms Lynn Hughes, Interim Company Secretary

Dr Kat Johnson, Clinical Director for Planned and Surgical Care Directorate
Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services Directorate
Dr Matt Shepherd, Clinical Director for Long Term Conditions and Unscheduled Care Directorate

Observing
Mrs Clare Cressey, Lead Governor
Mrs Kath McClune, Elected Staff Governor (Nursing and Midwifery)

BoD/06/20/01 **Welcome and Apologies for Absence**

1.1 The Chairman welcomed members to the meeting which was held by video conferencing facility to comply with the restrictions on social distancing due to the Coronavirus Covid-19 pandemic. The papers are shared with Governors and made available to members of the public via the Trust's website and Council of Governors are able to observe the meeting by video conferencing or the teleconference facility.

1.2 There were no apologies for absence.

BoD/06/20/02 **Declarations of Interest and Register of Interests**

2.1 It was noted that Mr Coulter, Ms Armstrong and Mrs Foster are Directors of Harrogate Integrated Facilities (HIF). Mr Sampson is Chief Executive of Harrogate Borough Council.

2.2 There were no interests declared in relation to open agenda items.

BoD/06/20/3 **Minutes of the Meeting held on 27 May 2020**

3.1 **Resolved:** the minutes of the last meeting held on 27 May 2020 were accepted as an accurate record.

BoD/06/20/4 **Matters Arising and Action Log**

4.1 **Matters Arising**

There were no matters arising in addition to those included on the agenda.

4.2 **The Action Log**

There were no outstanding open actions. Dr Johnson explained that the NHS Resolution Maternity Scheme is planned to be relaunched in the next couple of months.

4.2.1 The updated Action Log was noted and the one completed action BoD/05/20/6.8.4 was agreed to be closed (*information on the respiratory service was included in the Chief Executive Report*.)

BoD/06/20/5 **Overview by the Chairman**

5.1 The Chairman welcomed Dr Jacqueline Andrews to her first Board meeting as Executive Medical Director. She pleased to report that following the interviews held earlier that month Mr Mark Chamberlain had been appointed as the Chairman of HIF from 1 July 2020; and she sincerely thanked Mr Chris Thompson for covering the HIF Chair role over the last six months. Mr Chamberlain would join future Board Workshops going forward.

5.2 The Council of Governor meeting had been held on 26 May 2020 via virtual arrangement, which had proved most productive and was very well attended. Mrs Cressey explained that Governors who had previously expressed reluctance to use IT facilities in the past had successfully joined the virtual meeting and embraced the new way of working.

5.3 The Chairman thanked the finance team and Interim Company Secretary for their team effort on the production of the Annual Report and Accounts during the very difficult time during the Covid-19 pandemic period.

5.4 **Resolved:** the Chairman's Overview was noted.

BoD/06/20/6 **Chief Executive's Report**

6.1 The Chief Executive's report was noted. On behalf of the Executive Team, he was delighted to welcome two colleagues to the Trust, Dr

Jacqueline Andrews who has commenced as Executive Medical Director and Kate Woodrow who has joined as the Trust's Chief Pharmacist.

6.2 The NHS remains in a Level 4 incident, with the NHS' response to COVID-19 being led by NHS England. As at 17 June 2020, the Trust had diagnosed 296 (+66 from last month) with COVID-19, with 222 (+52) being admitted to hospital. 133 (+33) have been treated and discharged, and sadly 77 (+20) patients did not survive. Following the Government announcement on 5 June 2020, the Trust implemented additional measures to reduce nosocomial transmission on 15 June and the PHE guidance was published on 12 June.

6.2.1 Risk assessments of non-clinical areas continue to be undertaken to ensure that there is sufficient social distancing, support for surface decontamination with further home working being considered as part of the potential mitigations.

6.3 Building on the establishment of the Trust's BAME staff network earlier in the year a taskforce has been established to focus on the impact of COVID-19 on BAME colleagues. This is developing to consider the broader aspects for BAME staff and has commissioned three pieces of work, which were endorsed at the Senior Management Team (SMT) meeting this month and alongside this, the BAME staff network continues to develop.

6.4 The Chief Executive Mr Harrison and Mr Forster for their hard work and dedication in leading the recovery work. A number of services have now started to resume but in a phased manner. He explained that there is likely to be an ongoing capacity constraint in a number of services, which will mean capacity, will need to be prioritised which the WYH Planned Care Alliance is supporting across the partnership. It was noted that the NHS to date had not yet received guidance in respect of 'Phase 3' and how NHS providers should manage any future outbreak. The Chief Executive explained that the process for capital has changed which represents a potential risk as proposals will not be considered until later in the summer, and will be considered against an ICS 'envelope'. All Trusts have been asked to forecast activity with the current level of resources and to consider the resources needed to return to historic levels of activity.

6.5 Independent assessment of culture and leadership - on 3 June 2020 the Trust shared a summary of the findings of the review undertaken with Deloitte with colleagues across the Trust. This work confirmed that there are many positive aspects of working at HDFT, and there are areas in which the Trust can make improvements as part of its ambition to be an outstanding place to work. A number of open briefings have taken place with Staff Governor led Q&A sessions planned to take place in the near future. The governance arrangements to take forward the work agreed by the Board are being finalised and there are plans in place for the Improvement and Transformation team to provide dedicated support to this work. Following the Board's decision to appoint Mr Coulter and Mrs Foster (in their roles as Interim Chief Executive and Non-executive Director of

Harrogate Integrated Facilities) they have commenced a series of listening events with colleagues which have been well received.

6.6 With regards to risk, it was noted that the Corporate Risk Register (Appendix 1) had been reviewed at the Corporate Risk Review Group meeting on 12 June 2020 and the management and mitigations in place concerning Covid-19 were discussed in detail. The Chief Executive invited Dr Shepherd to present an update on the respiratory service risk. Dr Shepherd explained that the respiratory service is reliant on two respiratory consultants with specialist nurse and specialty registrar support. They deliver an excellent in and outpatient service. The outpatient service ad in the particular cancer work pressures have significantly grown over the last year. Whilst COVID has reduced the overall waiting list (from 636 waiting in February to 267 in May 2020) there is a significant wait for first appointments (up from 10 days in February to 17 days in May 2020). He explained that if activity rapidly returns to normal levels there is a risk that this will cause increasing difficulties in delivering urgent and cancer care. It was noted that the pressures in this area have been recognised and two additional respiratory consultant posts were approved but unfortunately, recruitment has been unsuccessful on several occasions over the last few years. In addition to this one of the consultants is absent due to illness which has resulted in the review of consultant job plans and clinic templates to allow a move to a four day working pattern which is anticipated will be more sustainable going forward. To increase the teams overall capacity in the short term a locum consultant has been engaged and the substantive vacancies have been re-advertised.

6.7 The Chairman queried if the update provided by Dr Shepherd addressed the concerns raised by the Quality Committee. In response Mrs Robson, Chair of the Quality Committee thanked Dr Shepherd for the update, which she confirmed, had provided assurance on the mitigating plans in place.

6.8 The Chairman queried if there had been interest shown by candidates for the Consultant Acute Medicine position. In response, Dr Shepherd explained that he was not aware of the updated position concerning applications received to date.

6.9 Mrs Taylor queried what changes would need to be made to respond to any further peaks during the Covid pandemic. In response the Chief Executive explained that the Trust would revert to plans in place to response to any future peaks. A capital case had been reviewed internally to support ventilated patients in ITU had been submitted to the ICS for approval; and the Nightingale hospitals have been asked to remain on standby to increase capacity if necessary during any future peaks.

6.10 **Resolved:** the Chief Executive report was noted.

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BoD/06/20/7 **Cultural Assessment**

7.1 The Chief Executive explained that the cultural assessment material had been previously discussed with the Board in private and then shared throughout the Trust. In support of the Trust's ambition to

ensure openness and transparency the Board now wished to share the report in a Board meeting held in public. The findings of the independent review of culture and leadership undertaken by Deloitte was noted together with the actions that have been taken, and are planned to be taken forward to further improve the experience of colleagues working in HDFT and HIF.

7.2 **Resolved:** the findings of the independent review of culture and leadership undertaken by Deloitte and the actions that have been taken, and the further work planned to be taken forward to further improve the experience of colleagues working in the Trust (HDFT) and Harrogate Integrated Facilities (HIF) was noted.

BoD/06/20/8 **People and Culture Committee Terms of Reference**

8.1 The Board had previously agreed to establish a People and Culture Committee and it was agreed that the Draft Terms of Reference would be discussed by the People and Culture Committee members with a final version presented to the Board for approval.

8.2 Members of this Committee have discussed the draft Terms of Reference and an updated version was presented, considered and approved. The Chairman explained that arrangements were planned to consider at the inaugural meeting of the Committee who the regular attendees will be to support the workings of the Committee and a Governor will be invited to observe meetings.

8.3 **Resolved:** the People and Culture Committee Terms of Reference were approved.

BoD/06/20/9 **Integrated Board Report**

9.1 The Integrated Board Report for the month ending 31 May 2020 was noted.

9.2 Mr Harrison explained that the Trust was working hard to reach full capacity with the support of the endoscopy team who was working extremely hard to reduce waiting lists; and Dr Shepherd confirmed that performance in the Emergency Department had shown an increase during the month.

9.3 Mrs Foster confirmed that the Trust continues to have close oversight on IPC measures in place. She drew reference to pressure ulcers with the number reported continually increasing. Close monitoring processes were in place with RCA taking place to establish lessons learned. Ms Robson highlighted the inconsistency of reporting amongst NHS providers and the importance of consistency benchmarking exercises in order that more accurate comparisons can be made.

9.4 Ms Wilkinson drew reference to the need to re-establish the appraisal process, which had been put on hold during Covid. It was noted that she planned to work closely with the Deputy Director of Workforce and OD to re-launch the appraisal process and improve on the quality of appraisals going forward.

9.5 Dr Johnson drew reference to a large number of staff who choose to work despite them falling within the high-risk category and asked to Board to acknowledge the support they were providing. The Chairman thanked Dr Johnson for bring this to the Board's attention and acknowledged the support provided to date.

9.6 Ms Robson queried if there were concerns raised following TEWV withdrawing services from the Trust. In response, Mr Harrison explained that there has been no negative impact noted to date and as a result, the risk included on the corporate risk register has been downgraded.

9.7 **Resolved:** the Integrated Board Report was noted.

BoD/06/20/10 Resource Committee Chair's Log

10.1 The Resource Committee Chair's log from the meeting held on 22 June 2020 was noted. Mrs Taylor, Chair of Resource Committee confirmed a break-even position was reported. She drew reference to: NHS England/Improvement (NHSE/I) planning assumptions do not take into account some significant transactions and if these are not addressed this will result to an £11m planning gap. NHSE/I have confirmed that these issues raised are being considering. An update on the Covid-19 Recovery Plan including planning guidance, activity forecasts, revenue and capital was received; and the consolidated cash position for HDFT and HIF was a balance of £17m with further work taking place to collect receivables.

10.2 **Resolved:** the Resource Committee Chair's Log was noted.

BoD/06/20/11 Finance Report

11.1 The Finance Report for the month ending 31 May 2020 was noted. The Deputy Chief Executive/Finance Director explained that the position reported was consistent with the positon reported in the previous month. Revenue costs for Covid-19 are significant and represent 4.8% of pay and non-pay expenditure, reducing to 3.9% with the exclusion of Nightingale costs. The Trust's cash position has shown a positive change, which has enabled the Trust to improve performance against the Better Payment Practice Code. The Trust continues to work to improve performance to bring payments within the current guidelines of seven days. Work continues to address the outstanding invoices with other NHS organisations.

11.2 Mr Papworth queried if the underspend reported was anticipated to continue. In response the Deputy Chief Executive/Finance Director explained that each month work continues to balance Covid-19 related spend and it is anticipated that the position will change going forward.

11.3 Ms Robson queried if the Trust had access to the nurses through the Covid-19 employment register. In response, Mrs Wilkinson explained that the Trust has access to around 22 nurses in addition to bank relief.

11.4 **Resolved:** the Finance position as at 31 May 2020 was noted.

BoD/06/20/12 Operational Performance Report

12.1 The Operational Performance for the month ending 31 May 2020 was noted. No queries were raised.

12.2 **Resolved:** the Operational Performance for the month ending 31 May 2020 was noted.

BoD/06/20/13 Audit Committee Chair's Log

13.1 The Audit Committee Chair's log from the meeting held on 19 June 2020 was noted. Mr Stiff, Chair of the Audit Committee explained that the meeting was very well attended via a virtual arrangement. The audit carried out in 2019 on the register of interest and gifts and hospitality highlighted improvements were required to the process with some work in progress. The Committee received and considered the 2019/20 Draft Annual Report, Annual Governance Statement and Financial Statements, the annual Internal Audit Report and Head of Internal Audit's formal opinion in support of the Annual Governance Statement, and the Counter Fraud Annual Report.

13.2 The Committee agreed to approve the 2019/20 Annual Report, Annual Governance Statement and Financial Statements subject to the Board receiving the ISO 260 report from the external auditors and the Trust approving the letter of representation for submission to external audit.

13.3 **Resolved:** the Audit Committee Chair's log was noted.

BoD/06/20/14 Annual Report and Accounts 2019/20

14.1 The Deputy Chief Executive/Finance Director confirmed that the Trust was in receipt of the ISO 260 report from KPMG LLP the Trust's external auditors, which confirmed an unqualified opinion.

14.2 Following recommendation of the Audit Committee the Board considered and approved the statement that the Accounts has been prepared and audited on the basis of going concern; approved the Letter of Representation for submission to KPMG LLP; received the draft External Auditor's Opinion on the Financial Statements and the ISA 260; approved the consolidated accounts for the Trust for 1 April 2019 to 31 March 2020; and delegated authority to the Chairman and Chief Executive to sign-off the finalised accounts.

14.3 The Chairman queried the timetable for completion of the Quality Report this year. In response, the Deputy Chief Executive/Finance Director confirmed that this had been deferred by NHSE/I due to Covid-19 pandemic and NHS Foundation Trusts were required to finalise their Quality Report by December 2020. The Chief Nurse explained that work was planned to present the quality priorities to SMT for approval prior to seeking ratification by the Quality Committee.

14.4 The Chairman explained that arrangements to hold an Annual Members meeting at the end of September would be made once the Annual Report and Accounts had been laid before Parliament.

14.5 **Resolved:** i) the statement that the Accounts has been prepared and audited on the basis of going concern was approved;

ii) the Letter of Representation for submission to KPMG LLP was approved;
iii) the draft External Auditor's Opinion on the Financial Statements and the ISA 260 was received;
iv) the consolidated accounts and Annual Report (including the Annual Governance Statement) for the Trust for 1 April 2019 to 31 March 2020 were approved; and
v) delegated authority was granted to the Chairman and Chief Executive to sign-off the finalised accounts and Annual Report.

BoD/06/20/15 Quality Committee Chair's Report

15.1 The Quality Committee Chair's report from the meeting held on 3 June 2020. Ms Robson, Chair of the Quality Committee explained that the Integrated Board Report and quality dashboard for March 2020 were considered with concern raised concerning the percentage of people who would recommend the hospital in the FFT responses. It was agreed that these would be investigated, as they appeared to be extremely low. Following the meeting, it had been identified that there was an error in the report, which has been corrected.

15.2 The Board noted the escalated item concerning incident reporting and time to respond to complaints.

15.3 **Resolved:** the Quality Committee Chair's log was noted.

BoD/06/20/16 Chief Nurse Report

16.1 The Chief Nurse Report was noted which provided assurance around the quality of care in relation to Complaints; Safeguarding Week (22 June – 26 June); Learning Disability Mortality Review (LeDeR) Programme: Action from Learning; Incident Reporting in relation to Covid Issues; Freedom to Speak Up Guardian Arrangements; and the Jervaulx Outbreak of SARS-CoV-2 (COVID- 19).

16.2 Mrs Foster drew specific reference to the short term Freedom to Speak Up Guardian (FTSUG) arrangements in place with Shona Kerr continuing in the role of FTSUG supported by two colleagues: Kath Banfield, Head of Nursing, and Alison Pedlingham, Head of Midwifery who have agreed to cover this on a temporary basis in order that the Trust can collectively agree to a permanent arrangement. To help us decide the future of the FTSU structure all Trust colleagues will be invited to participate in a survey. The Chief Nurse thanked Dr Wood for her dedication working tirelessly to ensure colleagues have been supported through difficult times Dr Wood would not continue in the role of FTSUG from 17 June 2020. The Chief Nurse confirmed that she is looking forward to continuing to work with Sylvia in her role as Deputy Director of Governance.

16.3 The Chief Nurse also drew reference to Jervaulx ward which is a mixed gender medical elderly care ward, designated a "Yellow" area (low risk COVID-19) which means patients are not suspected of having COVID-19 upon admission to this ward. On 23 May 2020, two patients were identified to have SARS-CoV-2 and over the course of the following two weeks, a total number of 24 patient cases and 11 staff cases were identified. Out of the 24 patients affected, five patients tested positive for SARS-CoV-2 having been inpatients for more than 15 days, which by definition were hospital-onset definite healthcare acquired cases. The Board noted the arrangements that were put in place to manage the outbreak effectively.

16.4 Ms Armstrong queried the social distancing arrangements that were in place at the time of the Jervaulx ward outbreak. In response, the Chief Nurse confirmed that national guidance continued to constantly change over time and the Trust adhered to national guidance at all times.

16.5 Ms Robson queried if the reported deaths would be classed as a serious untoward incident (SUI). In response the Chief Nurse explained that all deaths are examined on an individual bases with any classes as SUIs reported up to the Board.

16.6 In response to the Chairman's request it was agreed that an update would be provided to the Board at its informal meeting on 8 July 2020 on the outcome of the survey concerning the future FTSUG arrangements. **ACTION (J Foster)**

16.7 The Chief Nurse paid reported that after almost 28 years working at the Trust Alison Mayfield, Deputy Chief Nurse is retiring. The Board thanked Alison for her hard work and dedication, always putting patients and colleagues first and wished her a very long and happy retirement. Simon Reilly-Fuller had been appointed as Head of Nursing and would take up the position from 10 August 2020.

16.8 **Resolved:** the Chief Nurse report was noted.

BoD/06/20/17 Medical Director Report

17.1 Dr Andrews explained that she had joined the Trust earlier that month and would present a written report going forward. She explained that she was very much looking forward to working with the Board going forward and she would supported in her role by two Deputy Medical Directors, Dr Earl and Dr Hall. She planned to create a team with an established portfolio of work and it was a good opportunity following the cultural assessment piece of work carried out by Deloitte to look at this. Dr Andrews was undergoing a formal induction programme and as part of that would meet individually with Board members.

17.2 **Resolved:** the Medical Director report was noted.

BoD/06/20/17 Director of Workforce and Organisational Development Report

17.1 The Director of Workforce and Organisational Development report was noted which provided an update on health and wellbeing support that is available; the positive support to BAME colleagues through COVID-19; an up-date on Individual Risk Assessments that have been carried

out; Covid-19 HR Helpline and designated email account; and support available for leaders.

17.2 She drew specific reference to the health and wellbeing support that is available to support staff through the Covid-19 pandemic, which was noted to be increasingly utilised. This pattern of activity has been noted on a national and regional basis. Dr Johnson explained that the Trust is seeing Covid fatigue in clinical teams.

17.3 Ms Armstrong queried if the health and wellbeing service in place will be able to cope with demand going forward. In response, Ms Wilkinson explained that the arrangements in place are under constant review on an individual Trust basis as well as a regional and national level.

17.4 Mr Cross supported the large programme of work that is in place for staff at all levels throughout the Trust. Ms Robson queried if the Trust was continuing with staff rewards at the current time. In response, the Chairman confirmed that the Trust's Make a Difference Awards were continuing. The Chief Executive explained that he planned to explore what arrangements are planned on a national level to recognise staff through this difficult time.

17.5 **Resolved:** the Workforce and Organisational Development report was noted.

BoD/06/20/18 Covid-19 Assurance Report

18.1 **Resolved:** the Covid-19 report was noted which the Board noted had been discussed in detail at the Resource Committee held on 23 June 2020 which provided assurance around the management of the current Incident relating to Covid-19.

BoD/06/20/19 Covid-19 Recovery Plan Update

19.1 Mr Harrison presented the Covid-19 Recovery Plan update, which he confirmed, takes into account the guidelines from NHSE/I. It was noted that the Trust is undertaking a review of the level of capacity and activity possible during the remainder of the financial year, using current resources, without further investment and within the constraints of Covid compliance requirements.

19.2 **Resolved:** the Covid-19 recovery report was noted.

BoD/06/20/20 Any Other Business

20.1 There was no other business.

BoD/06/20/21 Board Evaluation

21.1 It was noted that there had been a detailed discussion on Covid-19 related issues and how the Trust is working during this time. Mr Papworth referred to how productive the meeting had been covering the number of items in less than 2.5 hours. In response to Dr Lyth's suggestion, it was noted that a comfort break would be fitted into agendas going forward.

BoD/06/20/22 **Date and Time of Next Meeting**

22.1 The next meeting is scheduled to take place on Wednesday, 29 July 2020 at 9am via virtual arrangement.

Confidential Motion

Resolved: to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7 Section 18(E)) (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.

Board of Directors (held in Public) Action Log as at July 2020

This document logs items for action from Board of Directors meetings, which remain outstanding. Board members will be asked to confirm completion of actions or give a progress update at the following Board meeting when they do not appear on a future agenda.

Ref	Meeting Date	Item Description	Director/Manager Responsible	Completion date	Detail of progress
148	September 2019 (minute 9.6)	Overview of Trust Learning Disabilities policies and application. Agreed would be discussed at a Board workshop by the end of year. To be added to the Board workshop forward plan.	Chief Nurse Interim Company Secretary	**November** 2020	Open (included on Board Workshop workplan for Oct 2020)
Actions from 29 January 2020 Meeting					
Ref	**Meeting Date**	**Item Description**	**Director/Manager Responsible**	**Completion date**	**Detail of progress**
12.2	29 January 2020 Medical Director Report	Advanced Care Planning update report would be circulated to the Board.	Medical Director	**Date to be agreed**	Open (interim measures in place during Covid and an RPIW would be carried out at an appropriate time.)
13.3	29 January 2020	Learning from Deaths Lead NED to be discussed at next NED meeting. The Chairman agreed to discuss with the Non-executive Directors	Chairman	**29 July 2020**	Open
13.2	29 January 2020 *NHS Resolution Report*	NHS Resolution Report to be presented to the July 2020 Quality Committee prior to submission to Board for sign-off. Dr Johnson/ Dr Scullion to inform Ms Hughes of intension to present to July or September 2020 Board meeting.	Chief Nurse/ Medical Director	**30 September 2020**	Open On track Included on workplans
17.3	29 January 2020 *EDS2 Report*	It was agreed that 1.4, 3.4, 4.3, 3.1 and 3.6 would be strengthened and further work was required to further develop the 2020 plan.	Chief Nurse	**30 September 2020**	Open
Actions from 24 June 2020 Meeting					
Minute No	**Meeting Date**	**Item Description**	**Director/ Manager Responsible**	**Completion date**	**Detail of progress**
BoD/06/06/20/16	24 June 2020	A FTSUG update would be provided to the Board at its informal meeting on 8 July 2020	Chief Nurse	8 July 2020	Completed Update provided to the Board informal meeting.

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Report of the Chief Executive

Agenda Item Number:	**6.0**

Presented for:	Information and Discussion
Report of:	Chief Executive
Author (s):	Chief Executive
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives	
To deliver high quality care	√
To work with partners to deliver integrated care	√
To ensure clinical and financial sustainability	√

Recommendation:
The Board is asked to note this report.

Board of Directors

29th July 2020

Report of the Chief Executive

1.0 Executive Summary

1.1 During the last month the NHS marked its 72nd birthday. Together, the 4,900 staff who make up HDFT and HIF have over 65,000 years of NHS service, 25,000 of which have been at HDFT. 136 of our colleagues have worked in the NHS for over half its existence.

1.2 More than ever it was important to mark the role the NHS plays in our society and the contribution of the people that make it what it is, along with all the other key workers that make up the fabric of our society. Our Chairman and I were pleased to join colleagues at HDH to join in the 72nd birthday clap for the NHS. Along with all Board colleagues, we'd like to extend a very big clap, and a huge thank you to our colleagues working across the North East and North Yorkshire, and to their families and friends for their support to them.

1.3 This report sets out an overview of the key issues that I think would be helpful for the Board to be aware of, and where appropriate more detail is provided by a colleague Executive Director in their report to the Board.

1.4 There is an update on our culture improvement work; details about the activity of the ICS and the emerging role it will play alongside potential significant changes to local government; a summary of our work related to COVID19; our financial position and the key issues discussed by our Senior Management Team are summarised.

2.0 Leadership and culture

2.1 Rob Harrison, our Chief Operating Officer, who has been at the Trust for over 10 years has been appointed as Managing Director for South Tees Hospitals NHS Foundation Trust. Rob has made an outstanding contribution to the Trust, is a valuable colleague and will be missed by many across the organisation and the local economy. On behalf of the executive team I would like to thank Rob for his hard work and dedication, and the improvements that he has secured for the local population and the people who work at HDFT over his ten years.

2.2 Rob will leave the Trust during August and arrangements are underway to appoint an Interim Chief Operating Officer whilst the search for a substantive replacement is undertaken. Odgers Berndston have been appointed to support us in appointing our next substantive Chief Operating Officer and we expect the final assessment panel will take place during September. We are taking the opportunity to review Executive Director portfolios and whilst this takes place, Dr Jackie Andrews, our Medical Director, will assume leadership for digital and IT and Jonathan Coulter, Deputy Chief Executive, will lead estates, informatics, and performance.

2.3 Alison Mayfield, our Deputy Chief Nurse has now retired, and after 36 years of service to the NHS, and 28 to HDFT we wish her all the very best for her well-deserved break. Over her 28 years, Alison has consistently demonstrated her values and patient focused approach. She has been an outstanding nurse, and an outstanding colleague who will be very much missed.

2.4 I'd like to extend a huge welcome in advance to Simon Riley-Fuller who takes up the role of Deputy Chief Nurse during August, having previously been Head of Nursing at Leeds Teaching Hospitals. Simon also played a significant role in the Nightingale Hospital here in Harrogate. We are incredibly excited to welcome Simon to the team. He has an incredible passion for nursing, quality of care and quality of experience for staff.

2.5 We have continued to develop how we will address the findings of the Deloitte assessment and the Improvement and Transformation team will focus the majority of their resources on supporting this work alongside Shirley Silvester, our Deputy Director of Workforce and Organisational Development. The scope of the work will include the findings of the Deloitte work, the learning from the staff survey and our work to improve Equality, Diversity and Inclusion. We are assessing the resource required to support this work, both on a non-recurrent basis and recurrently as we do not see this as a 'project' but an enduring approach to constantly improve the experience of staff.

2.6 The model is based on our QI methodology and explicitly seeks to ensure it is led by a wide range of colleagues who are not necessarily in formal leadership roles. Each project lead and the executive support will be drawn from an 'away' team – ie from outside of the function or area that is being worked on.

2.7 A colleague panel of at least 100 staff drawn from across the Trust, but with an explicit over-representation of colleagues whose voices are less likely to be heard, will be used to test proposals and ideas drawn from all colleagues using a crowd-sourcing approach.

2.8 We are in the process of finalising the approach and expect to commence work during August.

2.9 The formal investigations into Radiology and bullying and harassment in Estates have now both commenced. The capacity and capability assessment of HIF and the governance arrangements have also commenced and the terms of reference for the conduct investigation into recruitment decisions is in the final stages of being finalised.

2.10 Further to the engagement with staff, and the Board's informal discussion about the future arrangements for FTSU at HDFT, we are now taking forward a process to appoint a Lead FTSU Guardian and a number of Associate FTSUG roles. At least one will be a BAME colleague and we will identify an independent route as part of the arrangements to offer a diverse range of FTSU routes.

2.11 The National Guardian's Office has recently published the 2019 Freedom to Speak Up (FTSU) index which seeks to allow trusts to consider how an aspect of their culture compares with other organisations. The index is based on four questions from the staff survey relating to whether staff feel knowledgeable secure and encouraged to speak up and whether they feel they will be treated fairly after the incident. The overall index for combined acute and community trusts was 79%, an increase from 78.5% in 2018. The Trust's index was 81%, which is positive.

3.0 Partnerships

3.1 The Humber, Coast and Vale (HCV) ICS continues to develop, as does our work within it. The four acute trust Chief Executives have agreed to develop an acute provider collaborative and it will be chaired by Chris Long, Hull University Teaching Hospitals NHS Trust. Whilst there is recognition of our clinical flows into West Yorkshire, and there is no intention for this to change, every ICS will need an

effective collaborative, particularly as the future form and role of ICS' develops. It will be important for us to play our full part in this and we are committed to doing so.

3.2 NHS England and NHS Improvement have issued capital envelopes to ICS and expect ICS to ensure that plans are within this envelope. For HCV, the aggregate proposals are within the envelope which has been set, which is positive.

3.3 In addition to this, as part of the recent Government announcement on capital, additional funding is being made available to ICS' for Urgent and Emergency Care, backlog maintenance and mental health. The allocation is at an ICS level, and the ICS is expected to agree how this will be deployed across providers.

3.4 As part of recovery, regions are being asked to lead on one of five areas of fastrack improvement (cancer, theatres, scanners, endoscopy, outpatients) on behalf of England as a whole. HCV and WYH have been asked to lead on theatres – with the aim being to optimise the level of activity that can be supported.

3.5 In HCV, the Independent Chair has signalled that as part of the development of the ICS' operating arrangements he expects the acute provider collaborative to take forward the UEC investment, and the theatre programme, and intends to ask the collaborative to do so on behalf of the ICS. Whilst this work will clearly report to the ICS, it signals a significant emphasis on the use of the provider collaboratives to take forward work and shaping decision-making on behalf of the ICS, with the ICS programmes being aligned to support the collaborative.

3.6 A small task and finish group is being established by the partnership to consider the potential scenarios for the 2020/21 financial framework as this is likely to continue to emphasise the role of the ICS, and for HCV therefore the two systems – North Yorkshire & York and Humber.

3.7 As part of the consideration of devolution in North Yorkshire and York the Government has indicated that a unitary local government approach is expected, and that it would include a Combined Authority with a directly elected Mayor. Proposals for devolution are due to be submitted in September, and successful bids to be established as early as May 2022. This is a potentially significant change to our environment and to our partnerships. The Board will be able to consider this further as part of the workshop programmes.

3.8 Finally, over the past month the ICS has placed particular emphasis on reflecting on the inequalities that exist for BAME citizens and staff. The partnership executive recently held a virtual workshop to consider the areas in which the ICS may wish to focus its efforts. HDFT has been asked to play a leadership role in this work.

4.0 COVID-19

4.1 The number of new coronavirus infections continues to remain at a low rate. As at the 19 July 2020 there had been 226 admissions to hospital from 301 positive results. There had been no new positive inpatient results between 3 - 17 July 2020, and there are currently only two patients with confirmed coronavirus in the hospital. This does not mean that the measures being taken to protect patients and staff in the form of appropriate social distancing, the use of PPE, and improved cleanliness and hand hygiene are any less important. Indeed, they are arguably ever more important to try and maintain the transmission of the virus at a low level.

4.2 To recognise the support that our staff have had from their families (and their children in particular) we have launched a scheme where we write to their children to say thank you on behalf of the Trust. In the first 48 hours of this going live, over 400

requests had been made and these letters are on their way. A thank you to all staff individually is also planned. Many staff will have not taken annual leave in order to support the NHS' response, and we are reviewing accrued annual leave and will be more proactively ensuring that staff take annual leave in the coming weeks, particularly prior to the winter period.

4.3 As the Board will be aware, we undertook individual risk assessments for all BAME colleagues. 91% of colleagues have had a risk assessment and we have now rolled out welfare discussions using the individual risk assessment and the workplace risk assessment tools for colleagues who are considered to have risk factors such as an underlying health condition, certain age groups and all staff who are currently shielding. The table below shows progress as at 17 July 2020.

BAME	Male>55	Female>65	Underlying condition	Shielding	Pregnant
91.8%	35.6%	35.6%	100%	71.6%	100%

4.4 Infrastructure work continues to progress to allow the increase of diagnostic tests and procedures, outpatients and surgical procedures. As the Board is aware, this work has been progressed 'at risk' because the external process for considering capital spend would represent a risk to recovery of critical services, and therefore introduce unnecessary risks to patients.

4.5 NHS England and NHS Improvement have issued a broad range of correspondence to ICS' and to trusts about work associated with recovery.

4.5.1 Endoscopy – each ICS is expected to identify an SRO, Project Manager and Finance contact to implement the London blueprint for the restoration of services; focusing on reducing demand, sharing good practice on productivity.

4.5.2 Waiting list validation – a national programme provided by NECSU requiring a trust contact who is responsible for elective access.

4.5.3 Ensuring the implementation of current 17 Evidence Based Interventions (EBI) guidelines, and launching a consultation on 31 further interventions, whilst asking systems to consider adopting the 31 interventions to support the targeting of resources.

4.5.4 Medical Examiners must be made available to scrutinise staff deaths from COVID19 to consider whether a death may have been caused by disease acquired in employment.

4.5.5 Recommendation that in-patients are cared for at least 2 metres apart to reduce the risk of transmission of COVID19 and seeking assurance about mitigating measures. The Trust is working through these issues.

4.6 The North Yorkshire and York overall recovery plan, which includes the activity levels and resource requirements from HDFT is now in its final draft.

4.7 Finally, although not wholly related to COVID19, NHS Blood and Transplant have published organ donation and transplant activity for 2019/20. We facilitated full solid organ donors from four consented donors and this resulted in seven patients receiving a transplant during the time period. During the COVID pandemic the number of potential donors has decreased overall but hospitals including HDFT have continued to support organ donation and transplant. During the pandemic HDFT facilitated one solid donor which resulted in three patients receiving a

transplant. Overall for 2019/20 we referred 23 patients to NHSBT's organ donation team, 17 met the referral criteria and were included in the UK potential donor audit pool. There were no additional audited patients that were not referred by HDFT and a specialist nurse was present for all organ donation discussions with families of eligible donors. This shows the continued positive work of the organ donation committee and the clinical teams that support their work on a day to day basis in this very important area.

5.0 Senior Management Team (SMT)

5.1 A Chair's Summary Log is appended to this paper from the meeting held on 17 June 2020 as paper 6.1.

6.0 Use of Resources

6.1 At month 3, the Trust has continued to break even, in line with the financial regime. Our spending on COVID19 has reduced to £0.9m in the month, and our total top up was £1.8m, compared to £2.4m in month 2. This shows that our underlying financial position has improved and the Board can be assured that there are appropriate controls in place. The detailed position is covered by the Director of Finance/Deputy Chief Executive.

7.0 Risks

7.1 The Corporate Risk Register is attached as Appendix A.

7.2 Following reflection on how internal audit reports are overseen within the Trust we have agreed an enhancement to the current arrangements. A lead Director will be identified for the actions arising from internal audit reports, and assurance about implementation will be undertaken by the Corporate Risk Review Group. Any risks associated with responding to the recommendations will be considered at SMT. All historical limited assurance audits will be included in this process.

7.3 The Internal Audit plan for Q2 has been agreed. In addition to the current scope, Internal Audit will be asked to review Learning from Deaths and implementation of CAS and Patient Safety Alerts. The Medical Director will sponsor these.

7.4 There are two further risks which the Board should be aware of. Firstly, there continues to be a delay in approval of capital claims for COVID19. Trusts will be notified by the end of July what approval has been given for claims up to the end of May, and requests submitted in June will be considered in August. There is a risk to the Trust's capital resources if the spend is not approved. However, NHSE and NHSI have confirmed that Government remains committed to covering the essential additional cost of COVID19 capital requirements on the NHS. Given business cases have been subject to an internal governance process, we consider the overall risk to be moderate.

7.5 Secondly, the financial framework is likely to change in the second half of the year and whilst the detail is not yet clear, there are two key issues that could represent a risk. Firstly, it is possible that an allocation will be made to the ICS and the ICS will determine how it is split between providers. Secondly, this allocation may not address the planning issues that exist in how the current allocation to HDFT has been calculated. These total £11m, and are currently covered through the retrospective top-up.

7.6 There will be a more detailed review of this in the report of the Finance Director.

8.0 Work with Partner Organisations

8.1 North Yorkshire County Council are planning to commence public consultation on the changes to the 0-19 Service, and are currently aiming to start this in September 2020. It is important to progress the consultation to reduce the risk in the service, arising from vacant posts being held in advance of the implementation of the new service model. It is therefore proposed that further Board approval is not required providing that the Executive Team is assured that the model of service being consulted upon is in line with that agreed by the Board, and that the relevant conditions set by the Board are met, or will be met by commencing the public consultation. We will confirm this in correspondence.

8.2 There continues to be active discussions across the health and care economy in respect of care homes, particularly in the context of the discharge model for COVID patients. The current arrangements are in line with the national guidance, but work is taking place to consider if the nursing home market can be better supported.

9.0 Recommendation

9.1 It is recommended that the Board note this report, and identify any areas in which further assurance is required which is not covered in the Board papers.

10.0 Supporting Information

10.1 The following papers make up this report: Senior Management Team Chair's Log and Corporate Risk Register summary.

Harrogate and District
NHS Foundation Trust

Board of Directors Meeting (held in Public)
29 July 2020

Committee Name:	Senior Managers Team Chair's Log
Committee Chair:	Chief Executive
Date of meeting:	17 June and 22 July 2020
Date of Board meeting this report is to be presented	29 July 2020

Summary of key issues

A summary of items covered at the SMT meeting held on 17 June 2020 can be found below:

COVID Recovery plan, and the overall business case which was supported, and an agreement that the business cases must meet the criteria of (i) being CV19 related, (ii) being non-recurrent in nature, (iii) that any phase one/two spend would cease unless it was covered by an approved business case and (iv) that the governance arrangements for decisions on spend were reverting to the Executive Team.

There were 53 patients waiting over 52 weeks which would all be reviewed in line with the Trust's usual processes to ensure there was no harm arising from the delay.

Reflections on the learning from the outbreak on Jervaux Ward.

The process for overseeing Serious Incident action plans was agreed to need improvement, which Jackie Andrews would take forward with the Clinical Directors to ensure the process was focused on learning and reflected the impact of changes as well as improving the process.

The draft of quality priorities was discussed and it was agreed these needed to be aligned to the recovery plan and the culture work, and Jackie Andrews would further develop them with the Clinical Directors.

Financial performance showed underlying pressures in medical staffing and ward based nursing which were the key priorities to review in the upcoming directorate resource reviews.

The initial feedback from the Employee Assistance Programme (EAP) was discussed alongside an evaluation of the psychology support that had been available during the initial phase of COVID19. It was recognised that both had made a positive contribution and had positive feedback. It was agreed to further promote the EAP to consider how to make it more accessible, and to consider how to triangulate the information with our Freedom to Speak Up information and other sources.

SMT also considered the feedback and learning from the BAME taskforce and the BAME listening events and agreed to focus on (i) implementation of reverse mentoring,

(ii) improving the route for BAME staff to speak up and for us to learn about lived experience, (iii) unconscious bias training, and a review of recruitment processes, (iv) leadership development and stretch opportunities and (v) a focus on behaviour from colleagues and patients. The 22 July meeting of SMT was dedicated to a workshop on the culture improvement programme.
Any significant risks for noting by Board? (list if appropriate)
The Corporate Risk Register is appended to this paper.
Any matters of escalation to Board for decision or noting (list if appropriate)
None.

Appendix A

Corporate Risk Register Summary of Changes: Updated 10 July 2020						
Ref	**Description**	**Current risk score**	**Risk movement**	**Current progress score**	**Target date for risk reduction**	**Notes**
CR14	**Risk of financial deficit and impact on the quality of service delivery due to failure to deliver the Trust annual plan by having excess expenditure or a shortfall in income.** ***NB Impact of no-deal EU Exit on annual financial plan added 08/03/2019***	**12**	↔	***2***	***Mar-20***	There is a temporary financial regime in place for the first half of 2020/21 which guarantees a breakeven position through a system of top-ups. The risk is currently fully mitigated until the end of September, however there are discussions nationally about a revised allocation system of funding through ICS to organisations. Given the planning risks that we have identified, as well as the local system baseline funding position, there is a risk in the second half of the year. We are mitigating this risk currently through engagement with national and regional bodies, and by commissioning a piece of work to both understand fully our underlying cost base and runrate with a view to providing a robust and consistent narrative, and also to explore the scope of productivity improvements that we can achieve.
CR34	**Risk to quality of care by not meeting NICE guidance in relation to the completion of autism assessment within 3 months of referral.**	**12**	↔	***1***	***May-20***	***Paused 24/04/2020***
CR41	**CR41 Summary RTT risk - Risk to patient safety, performance, financial performance and reputation due to increasing waiting times across a number of specialties, including as a result of the impact of Covid 19 *(added 13/03/2020)***	**15**	↔	***tbc***	***tbc***	***Due to COVID-19 recovery plans to be developed and target date to be confirmed once national guidance is issued***
CR45	**MAU/CAT Clinic. Risk to service provision due to current service being covered by single consultant. No provision to cover the service in his absence. MAU consultant is a locum.**	**12**	↔	***2***	***Oct-20***	***Paused 24/04/2020. Risk is currently mitigated due to current working arrangements within the COVID-19 incident***

CR49	**ED Imaging** **Risk of delayed imaging causing potential extended waiting in ED department due to risk of x ray equipment failure (1998).**	**16**	↔	***1***	**April-21**	**Target date and progress defined**
CR52	**Patients: Delayed cancer diagnostics, treatment and care** **Risk to patient safety, quality of care and psychological impact of delays in diagnostics, treatment plans and surveillance on patients and families**	**16**	↔	***2***	***May-20***	**Target date and progress defined**
CR53	**Patients: Increased wait for elective treatments and procedures** **Risk to patient safety and patient experience as there continues to be an increase to waiting times for elective procedures**					***Removed – amalgamated with CR55***
CR54	**Staff: Staff well-being and morale** **Risk to staff wellbeing and morale in the context of the Covid pandemic and:** **a) Staff having to manage increased pressures of caring for acutely unwell and dying patients.** **b) Staff managing increased work pressures alongside concerns for their own health and safety, increased workload and hours due to staff absence, potential childcare concerns, family health concerns and potential bereavement.** **c) Staff working in unfamiliar environments with concerns about PPE use and availability, personal risks e.g. due to pregnancy, LTC, immunosuppresion, ethnicity, proximity to Covid risk** **d) Once the Covid peak has passed and HDFT returns to BAU services, further pressure will be put on staff to manage an increase in BAU caseload pressures and patients presenting with higher acuity due to delays.** **e) Risk of further Covid19 peaks emerging** **f) Longer term impacts include the potential to develop PTSD.**	**12**	↔	***tbc***	***tbc***	***Added gaps in controls:*** ***1. Uncertainty about future working arrangements*** ***2. Difficulty in ensuring consistent messages and communication***
CR55	**Trust: Demand during recovery phase** **Risk to patient safety and experience if service provision is overwhelmed by demand during recovery phase resulting in:** **a) increased waiting times for non-urgent outpatient appointment** **b) increased levels of safeguarding issues identified as children return to school ("surge")** **c) ability to manage changes required for new contracts in NY and Durham while returning to BAU** **d) increased demand for non-acute services as they re-open e.g. podiatry; dental**	**12**	↔	***2***	***Sept-20***	***Target date and progress defined***
CR57	**Patients: Quality of patient care** **Risk to patient safety, quality of care and staff welfare due to:** **increased levels of domestic abuse and children's safeguarding - increased presentation at ED with unintentional injuries, increased opportunities for online abuse, decreased opportunity for monitoring and observation of children and young people by professionals, increased demand on social care and other community services for safeguarding work, shielding and vulnerabilities**	**12**	↔	***2***	***Sept-20***	***Target date and progress defined***

Ref	Description	Current risk score	Risk movement	Current progress score	Target date for risk reduction	Notes
CR58	**Respiratory service** **Risk to reputation of Trust due to breaching national targets for patient treatment caused by increased referrals and lack of capacity, increased pressure due to the demands of COVID, emerging guidance re requirement for respiratory f/u of patients post COVID** **Risk of 52 week breaches.** **Risk to patient experience due to long waits and lack of choice**	**12**	**↔**	***tbc***	***tbc***	

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Freedom to Speak Up Guardian Bi-annual Report June 2020

Agenda Item Number:	**7.0**
Presented for:	Decision/Approval, Discussion, Information
Report of:	Chief Nurse
Author (s):	Freedom to Speak Up Guardian Chief Nurse
Report History:	Private Trust Board Meeting – June 2020
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives	
To deliver high quality care	√
To work with partners to deliver integrated care	
To ensure clinical and financial sustainability	

Recommendation:
It is recommended that the Board note and approve the items contained within the report.

Board of Director Meeting

29 July 2020

Freedom to Speak Up Guardian Report (June 2020)

Report from the Chief Nurse

1.0 Executive Summary

1.1 Freedom to Speak Up Guardians are to provide regular, comprehensive reports to their Board so that barriers to speaking up are identified and addressed. This report outlines current work nationally, data and themes relating to local contacts to the Guardians and Fairness Champions, progress with local work and further work to be undertaken.

2.0 Background

2.1 This comprehensive Board Report follows previous Board Reports, presented bi-annually, which have outlined barriers to speaking up, how they are identified and addressed. This report is presented for information outlining current work being undertaken nationally, data and themes relating to local Guardians and Fairness Champions, progress with local work and further work to be undertaken.

3.0 Introduction

3.1 HDFT is required to have a robust Freedom to Speak Up Guardian arrangement in place.

3.2 There is a risk that poor standards of care can proliferate unless patients and staff are listened to, and their concerns welcomed and acted upon.

3.3 All NHS trusts were required to appoint a Freedom to Speak Up Guardian and an assessment of speaking up is at the heart of the well led domain of CQC inspections of NHS trusts. See also Freedom to Speak Up: guidance for NHS trust and NHS foundation trust boards | NHS Improvement

4.0 Proposal - this report proposes further action on:

4.1 FTSU Trust Board Self Assessment;
4.2 Triangulation with HR metrics; and
4.3 FTSU Training

5.0 Quality Implications and Clinical Input

5.1 There is a risk that poor standards of care can proliferate unless patients and staff are listened to and their concerns welcomed and acted upon.

5.2 The recommendations have been discussed with the Chief Nurse.

6.0 Equality Analysis

6.1 This work aims to impact positively on all staff but particularly on staff who might be more vulnerable to speaking up.

7.0 Financial Implications

7.1 This Board report does not have any direct financial implications.

8.0 Risks and Mitigating Actions

8.1 No risks or mitigating actions have been specifically identified in relation to this Board Report

9.0 Consultation with Partner Organisations

9.1 This Board Report was created without consulting with partner organisations.

10.0 Monitoring Performance

10.1 HDFT is keen to ensure it has robust FTSU arrangements in place and will continue to report on national and local actions, at least bi-annually to the Board, in relation to developing a culture of speaking up about concerns.

11.0 Recommendation

11.1 The Board is asked to review and comment on the content of this of this Board Report to evaluate the work in relation to developing a culture of speaking up about concerns

12.0 Supporting Information

11.1 The following paper appended makes up this report:

Report: Freedom to Speak Up Guardian bi-annual report to Board of Directors

Date: June 2020

Freedom to Speak Up Guardians (FTSUGs) are to challenge and change culture within their organisations so that barriers to speaking up, whatever they are, wherever they are, are identified and addressed. An important part of the process is for FTSUGs to provide in person regular, detailed and comprehensive Board reports, to support the development of a positive speaking up culture.

This report includes relevant information from the HDFT FTSUGs since the last report to the Board of Directors in September 2019 to May 2020.

National Publications

Case reviews | Care Quality Commission

The National Guardians Office (NGO) continues to undertake case reviews. Individuals or organisations are able to refer cases where they think there is evidence that the handling of a speaking up case did not meet good practice. Case reviews are to promote learning; trusts have been encouraged to reflect on the recommendations and to look at how they might improve and apply the learning to their own cultures and processes.

Previous reports have summarised findings from case reviews undertaken at the following trusts and highlighted any recommendations relevant to HDFT:

- Southport and Ormskirk Hospital NHS Trust
- North Lincolnshire and Goole NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust (June 2018)
- Nottinghamshire Healthcare NHS Foundation Trust (November 2018)
- Royal Cornwall Hospitals NHS Trust (December 2018)
- Brighton and Sussex University Hospitals NHS Trust (June 2019)
- North West Ambulance Service NHS Trust (September 2019)

There have been no new case reviews published since the last report, however a gap analysis of systems and processes at HDFT against the recommendations from all of the case reviews was undertaken during this year to follow up any additional learning that could be identified from these.

Freedom to Speak Up: guidance for NHS trust and NHS foundation Trust Boards | NHS Improvement

The purpose of the Freedom to Speak Up review tool, guidance and supplementary information is to help the Board reflect on its current position and the improvement needed to meet the expectations of NHS England (NHSE) and NHS Improvement (NHSI) and the National Guardian's Office.

The HDFT Board of Directors undertook a review against the initial guidance and self-review tool that were published in May 2018, and the outcome was endorsed at a Board workshop in October 2018. Boards were asked to treat this guide as a benchmark, review where they were against it and reflect on what they need to do to improve. The actions that have been progressed and those that required further work have been included in previous reports.

NHSI published revised expectations of boards and board members in relation to Freedom to Speak Up as well as supplementary resources and an updated self-review tool in July

2019. The expectation is that the executive lead for FTSU uses the guide to help the board reflect on its current position and the improvement needed to meet the expectations.

The self-assessment tool was reviewed by members of the Board individually; the FTSUG, analysed the results and led a collective review at the Board workshop in October 2019, and then prepared the final assessment.

The guidance suggests that ideally, the Board should repeat this self-reflection exercise at regular intervals and in the spirit of transparency, the review and any accompanying action plan should be discussed in the public part of the Board meeting. The executive lead should take updates to the Board at least every six months.

To note that NHSI is expected to review the national speaking up policy during 2020.

Freedom to Speak Up Index Report 2019

This report was published in October 2019. The Freedom to Speak Up Index helps trusts understand how their staff perceive the speaking up culture. Because it is based on the NHS Staff Survey, it reflects feedback from a sample of staff; students, volunteers and others are not included. The index report presents the information against CQC ratings. The aim is to provide information that trust boards can use to learn more about their own speaking up culture, and to provide an opportunity for improvement by learning from the best in the NHS. Trusts can compare their scores to others, buddy up with those that have received higher index scores and promote learning and good practice.

The FTSU index 2019 is calculated as the mean average of responses to four questions from the 2018 NHS Annual Staff Survey: % of staff responded "agreeing" or "strongly agreeing" that:

- their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- their organisation encourages them to report errors, near misses or incidents (question 17b)
- if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- they would feel secure raising concerns about unsafe clinical practice (question 18b)

Overall, the national median FTSU index has increased since 2015 and this pattern is reflected for all trust types.

The table below shows the trusts with the highest FTSU index result for 2018 broken down by trust type. The highest score for a combined acute and community trust is 83% for Gateshead Health NHS Foundation Trust. HDFT scored 82%.

The report provides some examples from these trusts about their journey, and the complete results illustrates the link with CQC ratings.

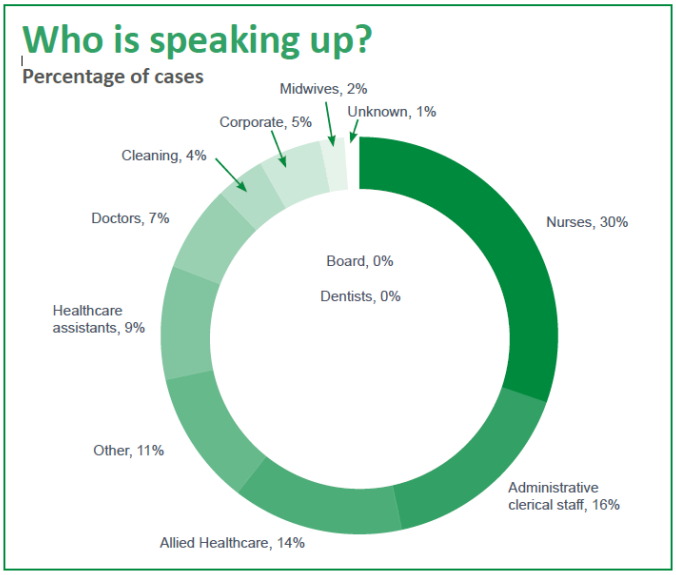
Trust type	Trust	FTSU index value 2018
Community	Cambridgeshire Community Services NHS Trust	87%
Combined mental health / learning disability and community trust	Solent NHS Trust	86%
Acute Specialist	Liverpool Heart and Chest Hospital NHS Foundation Trust	86%
Acute	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	84%
Combined acute and community	Gateshead Health NHS Foundation Trust	83%
Combined mental health / learning disability	Surrey and Borders Partnership NHS Foundation Trust	81%
Combined mental health / learning disability	Northumberland, Tyne and Wear NHS Foundation Trust	81%
Combined mental health / learning disability	Tees, Esk and Wear Valleys NHS Foundation Trust	81%
Combined mental health / learning disability	Tavistock and Portman NHS Foundation Trust	81%
Ambulance	Isle of Wight NHS Trust (ambulance sector)	79%

National Guardian's Office Annual Report 2019 (March 2020)

This report highlights the progress and challenges relating to speaking up.

> "Freedom to Speak Up needs to permeate throughout an organisation and not rest solely with the guardian/s. We call on the leadership of all organisations to look within and assess whether they are nurturing the very best culture in which staff can flourish and patients benefit. This requires asking difficult questions about how they are identifying and supporting workers who are less likely to speak up.
>
> Vulnerable groups may include BAME workers, trainees, students, agency and contractors. Leaders must strive to meet the needs of these workers and by doing so will improve the visibility and availability of FTSU to all workers".

The 2019/20 HDFT data for the proportion of colleagues speaking up to FTSUGs from different staff groups is similar to the national data for combined acute and community trusts.



HDFT data 2019/20	
Doctors	4/44 (9%)
Nurses	15/44 (34%)
H/c assistants	1/44 (2%)
Midwives	0
Dentists	0
AHP excluding pharmacists	5/44 (11%)
Pharmacists	1/44 (2%)
Admin / clerical	8/44 (18%)
Cleaning / catering / maintenance / ancillary	3/44 (7%)
Board members	0
Corporate service staff	2/44 (5%)
Other	5/44 (11%)

Data is collected quarterly from guardians and published at [Speaking up data | National Guardian's Office](#).

Local work

Fairness Champions

The role of Fairness Champions was developed in 2018 and there are now 47 appointed across the organisation, including all directorates and HIF, with ongoing recruitment. The ambition was that our champions would role model the behaviours we want, listen to staff with concerns and signpost them to appropriate sources of advice and support.

It has been difficult for some to attend induction and the "kitchen table" meetings started in 2019, particularly those working in community services. The ambition was to do these meetings regularly in both hospital and in community locations, to enable the group to have a chance to talk about how things are going, how to support each other, and how to improve the culture within teams and across the organisation. The kitchen table idea came from the Sign up to Safety campaign and the idea was advertised as:

> 'Like the kitchen table at home, it's a place where people can talk openly and honestly, without judgement and above all be listened to in a caring and kind way. People share stories and feel safe around a kitchen table. Relationships and how people talk to and listen to each other is at the heart of creating a safety system and culture'.

The meetings generated lots of enthusiasm and ideas including:

- Specific ideas to support Speak Up Month in October.
- Buddying up with other champions within theatres; this had worked really well with a noticeable shift in culture and willingness to tackle poor behaviour.
- Toilet door posters "Civility saves lives."
- A regular item for Podiatry team meetings and article for the Podiatry team newsletter which goes to all locations.
- A 'surgery' at the end of team meetings; Radiology champions wanted to trial this … "we are here for a few minutes if anyone wants to talk about anything".
- Incorporating Fairness Champions into staff networks; we asked if any champions would like to be an 'ally' for a network and whether more staff network members would be interested in being Fairness Champions.

- Including something about local Fairness Champions in local induction; we asked if anyone could do this locally and then share how that was done to spread that widely.
- Adopting a more active role by asking colleagues how they are, role-modelling kindness and seeking out new starters to welcome and talk about the role.
- Considering seeking an opportunity at the end of Schwartz Rounds to highlight Fairness Champions.
- Recognising the importance of growing this from the grass roots rather than a top down initiative. The value of having Band 2 – 5 staff engaged with this and feeling empowered to promote speaking up was recognised, but so was the difficulty for them to be released for induction and meetings.

Sadly, the global COVID–19 pandemic and a general lack of time has prevented more progress. The new IT options for working remotely such as MS Teams will assist in providing induction and virtual meetings of Fairness Champions in the future, which will enable the group to support each other and achieve more.

Fair, just and safe culture

A just and learning culture is the balance of fairness, justice, learning – and taking responsibility for actions. It is not about seeking to blame the individuals involved when care in the NHS goes wrong. It is also not about an absence of responsibility and accountability but about the consistent, constructive and fair evaluation of the actions of staff. Applying justice and fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame.

The NHS Patient Safety Strategy describes psychological safety as when:

- Each individual knows they will be treated fairly and compassionately by the group if things go wrong or they speak up to stop problems occurring;
- Staff feel safe to talk about their errors and near misses, concerns about work overload or lack of competence, bullying, harassment and discrimination; and
- Staff do not feel the need to behave defensively to protect themselves.

The FTSUG, who is also the Deputy Director of Governance, worked with Dr Ros Tolcher, previous CEO and contributed much of the early thinking to the development of a vision and strategy for a fair, just and safe culture, a key enabler to deliver the Trust objectives. This work has been continued by the current CEO Steve Russell and was explored further with the Board when the FTSUG delivered the presentation on fair and just culture at the workshop in October 2019.

The FTSUG has supported the HDFT First Line Leaders Course workshop in March 2020 with a presentation on workplace culture. The FTSUG was a key contributor to a workshop to develop a local patient safety strategy to respond to the NHS Patient Safety Strategy, and has brought learning and ideas to HDFT from the Y&H Improvement Academy's Just Culture network. The FTSU has led work to develop the HDFT Human Factors and Ergonomics Group with other colleagues and worked to integrate this into the Improving Patient Safety Steering Group. All of these aspects of culture and the impact on patient safety have become a key part of my work and has been assisted and informed by experience as FTSU Guardian.

HR policies review

Last year HR started a review of a number of policies and procedures to ensure they support the Trust's overall culture and that they remain effective. This needs to be completed, but is an important piece of work that, together with good training for managers to ensure effective implementation, should address some of the regular concerns raised to the FTSUG by staff

eg lengthy and slow HR processes, inconsistent application of policies and processes, and a failure sometimes to support staff through processes with kindness and compassion.

One of the FTSU Guardians was invited to be part of this review and aimed to ensure the work reflects NHS England » A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce and a fair, just, compassionate and learning culture.

Conflict of Interest

Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (NHS England 2017) describes:

> 'Conflicts of interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process'.

The impact of conflict of interest in relation to loyalty has been raised nationally by the National Guardian's Office, and locally. in relation to perceived conflicts of interest raised by contacts about their colleagues, and the specific situation regarding my position. There are many situations where there is the potential for loyalties to influence how concerns, behaviours and investigations are managed, and the recruitment and management of staff. Information about all of these issues regarding perceptions of favouritism and loyalty conflicts of interest have been highlighted in previous reports to the Board.

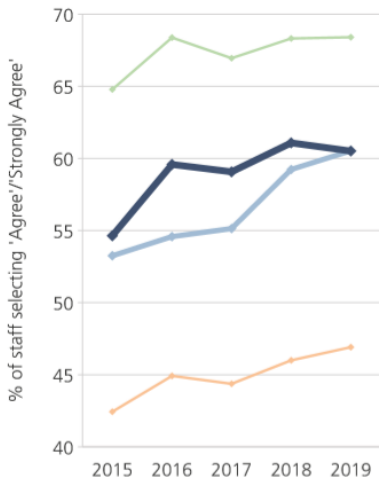
In 2018 the FTSUG reviewed NHS England » Managing conflicts of interest in the NHS and the Trust Conflict of Interest Policy, both of which were largely unhelpful in providing practical guidance in relation to loyalty conflicts. A number of ways were suggested to strengthen the Trust policy in March 2019. The FTSUG has continued to highlight to the Board in the FTSUG reports that this had still not been addressed, which meant there was no practical support for staff to guide them in how to manage loyalty conflicts. Examples raised to me related to perceptions of a conflict of interest due to familial relationships, friendships, staff who socialise together or were members of the same sports clubs etc.

It is pleasing to read the concerns within the FTSUG has been validated and that one of the actions of the Deloitte report is that "the conflicts of interest policy will be reviewed and updated to meet the needs of the Trust and HIF to specifically include how conflicts of loyalty and relationships between work colleagues should be managed." *HDFT Towards our ambition to be an outstanding place to work and for care. (May 2020).*

Indicators being used to measure success

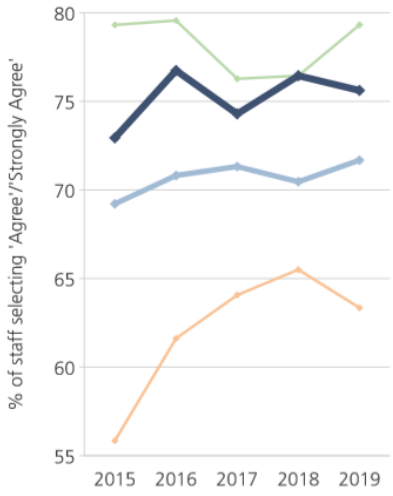
The FTSU self-review suggests reviewing whether the correct indicators are being used to measure success. The results of the staff survey are probably the most objective indicators that we have. Whilst the 2018 staff survey showed some positive progress with the safety culture, particularly in relation to staff feeling secure about raising concerns about unsafe clinical practice, this score has reduced slightly in the 2019 results.

Q17a
My organisation treats staff who are involved in an error, near miss or incident fairly



Best	64.8%	68.4%	67.0%	68.3%	68.4%
Your org	54.6%	59.6%	59.1%	61.1%	60.5%
Average	53.3%	54.6%	55.1%	59.2%	60.5%
Worst	42.4%	44.9%	44.4%	46.0%	46.9%

Q18b
I would feel secure raising concerns about unsafe clinical practice



Best	79.3%	79.6%	76.3%	76.4%	79.3%
Your org	72.9%	76.7%	74.3%	76.4%	75.6%
Average	69.2%	70.8%	71.3%	70.5%	71.7%
Worst	55.8%	61.6%	64.1%	65.5%	63.3%

It has been identified for some years, and highlighted in previous Board reports, that we need to identify workforce metrics that can be triangulated with information from the FTSUGs to indicate local cultures and enable earlier focused work. The information might include staff survey data, turnover rates, sickness rates, exit interviews, grievance and disciplinary rates etc.

Other information can be triangulated such as soft intelligence from Fairness Champions, staff governors and others. The information from the independent assessment of leadership and culture by Deloitte (May 2020) has been used recently.

<u>Barriers and how they can be overcome</u>
Barriers to speaking up are generally identified in relation to those in more vulnerable groups, such as Black, Asian or minority ethnic (BAME) workers and agency workers. Actions to overcome these include the work that has already started to progress:

- Staff networks
- Staff engagement
- Inclusion and diversity

During Covid-19 the concerns of BAME staff are centre-stage. The letter from Henrietta Hughes to Trust CEOs and Chairs (15 June 2020) notes: *"Freedom to Speak Up has never been more important and we must keep safe speaking up channels available and promoted to those whose voices are not so often heard."*

<u>Freedom to Speak Up Guardians contacts and themes</u>
The Guardians work alongside many other systems and processes that staff can use to raise concerns eg directly with managers, other departments eg HR and Risk Management, staff governors, Trade Union representatives, Executive and Non-executive Directors.

The FTSUGs collate and provide summary data to the NGO office quarterly as presented below, together with the number of contacts from specified staff groups.

Year / quarter	Summary data				Directorate					
	Total number of cases	No. raised anonymously	No. with patient safety element	No. with B&H element	CCCC	LTUC	PSC	Corporate	HIF	Unknown / other
2016/17	**1**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**
Q1 2017/18	4				0	3	1	0	0	0
Q2 2017/18	2				0	1	0	1	0	0
Q3 2017/18	2				1	1	0	0	0	0
Q4 2017/18	0				0	0	0	0	0	0
2017/18	**8**	**0**	**1**	**5**	**1**	**5**	**1**	**1**	**0**	**0**
Q1 2018/19	**4**	**0**	**0**	**3**	0	2	2	0	0	0
Q2 2018/19	**11**	**0**	**2**	**8**	0	3	6	0	2	0
Q3 2018/19	**16**	**2**	**1**	**10**	3	7	5	0	1	0
Q4 2018/19	**8**	**1**	**0**	**2**	1	1	3	0	2	1
2018/19	**39**	**3**	**3**	**21**	**4**	**13**	**16**	**0**	**5**	**1**
Q1 2019/20	7	0	2	4	2	3	0	2	0	0
Q2 2019/20 *	15	1	4	7	0	2	2	5	2	0
Q3 2019/20	12	0	1	6	3	3	2	1	3	0
Q4 2019/20	10	0	0	2	0	5	3	1	1	0
2019/20	**44**	**1**	**7**	**19**	**5**	**8**	**4**	**8**	**5**	**0**
Q1 2020/21 to date	17	1	0	2	1	10	2	2	1	1

**Five of these cases were from the other FTSUGs and directorate information was not provided*

The number of staff raising concerns has continued to increase which may be an expected result of raising awareness and gaining the trust of staff. It also reflects underlying and sometimes longstanding staff concerns. There are a few things to note:

- Staff speaking up represent doctors, nursing, allied health professionals, support services and administration staff, and a range of levels from Band 2 to senior staff. The proportion of staff in different staff groups is very similar to the national picture – suggesting that we do not have an unexpected barrier to speaking up within any particular staff group.
- Staff have been based in acute and community services, all HDFT directorates and HIF.
- Concerns have been raised by more than one member of staff from some teams.
- There was only one anonymous contact 2019/20 which is positive.
- A slightly smaller proportion of cases in 2019/20 (43% compared to 54% in 2018/19) had an obvious element of perceived bullying and harassment either impacting on the member of staff raising the concern or on their colleagues.
- The main themes of concerns related to behaviours and relationships (n=12) and middle management (n=7), but there were also concerns about culture, leadership, patient safety, senior management, staff safety and system and process issues.
- Seven cases were judged to have a direct element of patient safety involved, which is higher than previously.
- When the Covid-19 pandemic started there were very few contacts to the FTSUGs, but it has been busy since the end of April with 17 contacts, 15 directly to Dr Sylvia Wood and 2 via the generic email address.

Key themes of issues raised by contacts are:

- Some poor team dynamics, relationships and management;
- Concerns about the behaviours of individuals inadequately dealt with in the past, which means the individual is not helped to learn about the impact of their behaviour, and

other staff become disillusioned and feel it is not worth raising concerns because nothing will be done;

- HR processes perceived as inconsistent, slow and unfair. A number of people that were involved in lengthy HR processes described giving statements and having communication by email but felt that their story was not properly listened to. Their situations might have been very different if this had happened at the start.
- Management of colleagues is inconsistent and related to seniority, perceived favouritism and conflicts of interest, with a lack of equity regarding application of policies e.g. recruitment, flexible working, carers leave.
- Attitudes and behaviours by some individuals and within some teams are poor – with examples of incivility, undermining, unkindness. The clinical directorates have been working with some of these teams with good results;
- Poor behaviours within HIF had been reported and escalated long before the Deloitte Review was undertaken and reflected all of the concerns later reported to Deloitte meaning that effective action had not been taken before;
- People labelled as having a problem or being a problem, with some evidence of this information being described to junior staff by others.

Freedom to Speak Up Guardians feedback

Cases are closed as and when it is agreed between the Guardian and the contact that it is appropriate to do so, and all are sent a feedback questionnaire, which can be completed anonymously. The response rate is low which is partly because quite a number of these staff leave the trust.

The information related to completed feedback questionnaires is also reported quarterly to the NGO.

Year / quarter	Feedback questionnaire					
		Response to "Given your experience, would you speak up again?"				
	Total no. cases feedback received in Q	No. responded Yes	No. responded No	No. responded Maybe	No. responded I don't know	No. indicating detriment as result of speaking up
2016/17	**1**	**1**	**0**	**0**	**0**	**0**
Q1 2017/18						
Q2 2017/18						
Q3 2017/18						
Q4 2017/18						
2017/18						
Q1 2018/19	1	1	0	0	0	0
Q2 2018/19	1	1	0	0	0	1
Q3 2018/19	5	5	0	0	0	1
Q4 2018/19	6	6	0	0	0	0
2018/19	**13**	**13**	**0**	**0**	**0**	**2**
Q1 2019/20	1	1	0	0	0	0
Q2 2019/20 *	3	2	1	0	0	1
Q3 2019/20	2	1	1	0	0	1
Q4 2019/20	1	1	0	0	0	0
2019/20	**7**	**5**	**2**	**0**	**0**	**2**

Staff raise concerns but fear impact on their job and recrimination from peers or managers. Some feedback relating to the detriment reported as a result of speaking up and responding “no” to the question "given your experience, would you speak up again?" includes:

- “Work life continues to be challenging and I have considered leaving”

- “Individuals are continuing to act in an inappropriate way. I feel it could cost me my job for speaking up”
- Approach taken to address the problem means the staff causing the problem feel they have got away with it. The person who spoke up feels vulnerable and unable to trust others.
- “Need to consider potential conflicts of interest regarding managers, Fairness Champions and Staff Governors.”

However much of the feedback is positive:

- “The Guardian was very supportive and I would definitely raise issues again with her”.
- “Sylvia Wood has been a tremendous support for this person and so has certain managers within the department. Thank you for all your help and support but I cannot see nor can the person I was representing any real outcome to this. I would also like to mention that a lot of good people have left this department directly because of the bad practices bullying and harassment”.
- “Thank you for all your support Sylvia. You really did help me during a bad time and I will always appreciate everything you did for me.”
- “Ideas should be heard and if appropriate actioned. Secrecy and complaining does not help build a better place for colleagues and patients”.

Recommendations for ongoing and future work

There continues to be an increasing number of contacts to the FTSUGs. This provides important information about concerns and behaviours and enables learning. Specific actions have been taken in some areas and there is other work that needs to be progressed that includes the following key items.

Freedom to Speak Up self-review by the Board of Directors

The new Freedom to Speak Up: guidance for NHS trust and NHS foundation trust boards | NHS Improvement and updated self-review tool was reviewed by the Board in October 2019 and actions identified to ensure the organisation is following best practice. The Board will need to follow up the actions and should repeat this self-reflection exercise at regular intervals. In the spirit of transparency, the review and any accompanying action plan should be discussed in the public part of the board meeting. The executive lead should take updates to the Board at least every six months.

It should be noted that it is clearly stated that this review is led by the executive lead for FTSU to lead this work as the focus is on the behaviour of executives and the Board as a whole.

Triangulation with HR metrics

There is still work to do to identify workforce metrics that can be used together with information from the FTSUGs to indicate local cultures and enable earlier focused work. The information might include staff survey data, turnover rates, sickness rates, exit interviews, grievance and disciplinary rates etc.

Training

Work needs to be done to plan and introduce the recommended speaking up training as identified in the National guidelines on Freedom to Speak Up training in the health sector in England and highlighted in previous Board reports.
https://www.nationalguardian.org.uk/wp-content/uploads/2019/10/20190812-national-guidelines-on-freedom-to-speak-up-training-in-the-health-sector-in-england.pdf

Future FTSU Guardian arrangements

Fairness Champions are continuing to volunteer to play an important part in driving the cultural change toward an expectation of fairness, listening to colleagues who have concerns and signposting them to those who can help them to speak up. However, they are not FTSUGs and the Trust needs to ensure robust arrangements with trained guardians who are supported to develop the experience that enables them to be effective in supporting colleagues, identifying and addressing barriers to speaking up, identifying themes and areas for learning and improvement, and influencing the organisation in relation to culture. The Trust is currently reviewing the FTSU arrangements in line with the recommendations of the Deloitte report.

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Integrated Board Report – June 2020

Agenda Item Number:	**8.0**
Presented for:	Information
Report of:	Executive Directors
Author (s):	Head of Performance & Analysis
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives	
To deliver high quality care	✓
To work with partners to deliver integrated care	✓
To ensure clinical and financial sustainability	✓

Recommendation:
It is recommended that the Board notes the items contained within this report.

Integrated board report - June 2020

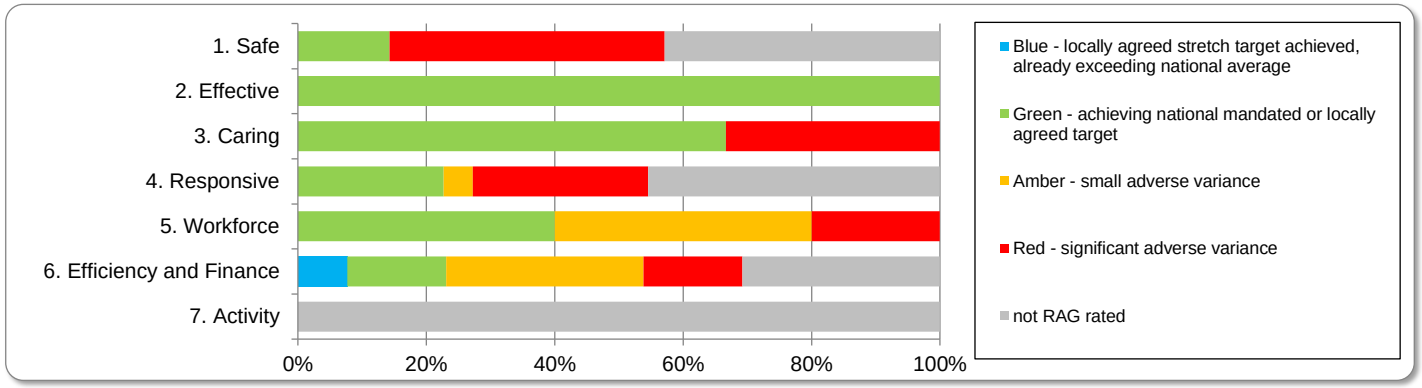
Key points this month

1. The Trust reported a balanced position in month 3, in line with the national expectation for providers. This position is supported by a £6.6m top up payment, supporting the costs of Covid19 and some underlying variances as a result of the plan.

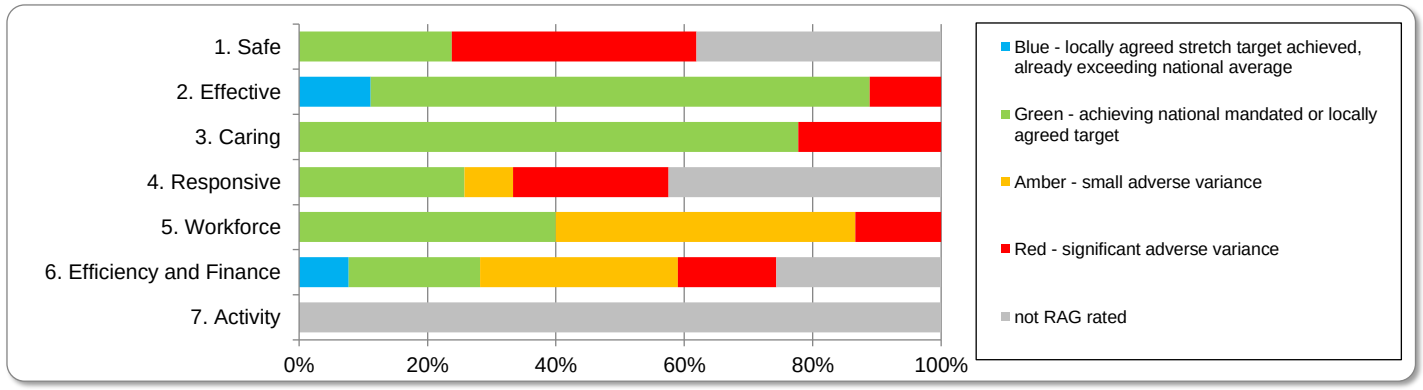
2. HDFT's performance against the A&E 4-hour standard was above 95% in June (95.1%). This is an improvement on last month. The year to date position for 2020/21 now stands at 93.7%.

3. Provisional data shows that performance against the 62 day cancer standard in June was at 82.2%, an increase on the May figure of 79.4%, but remaining below the 85% standard.

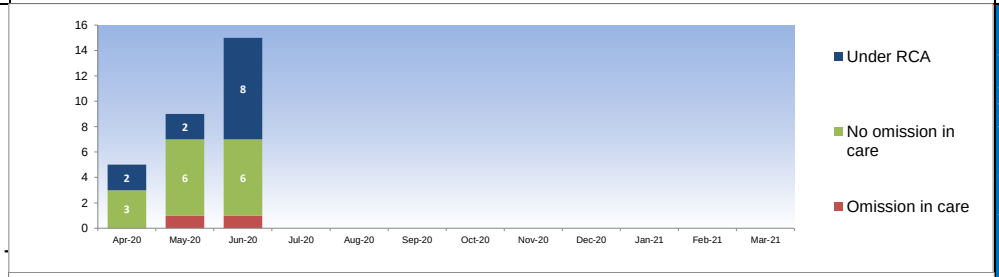
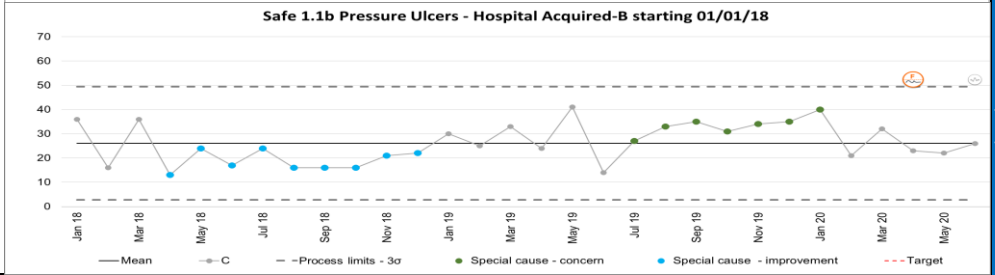
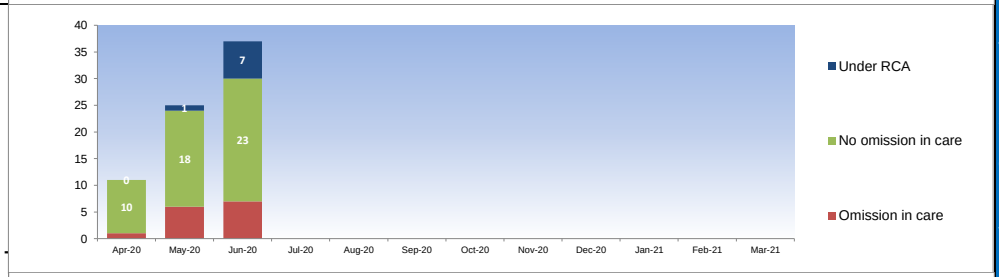
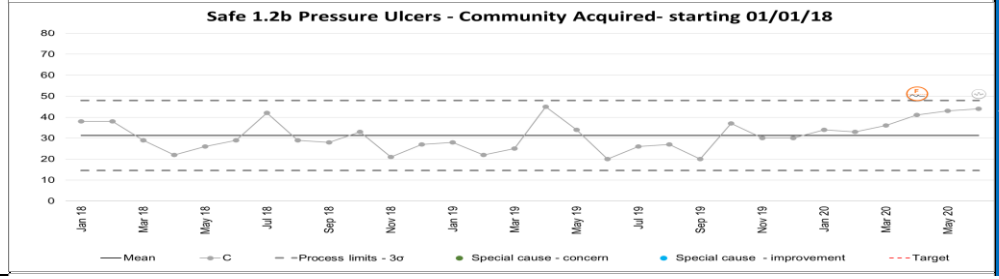
Summary of indicators - current month



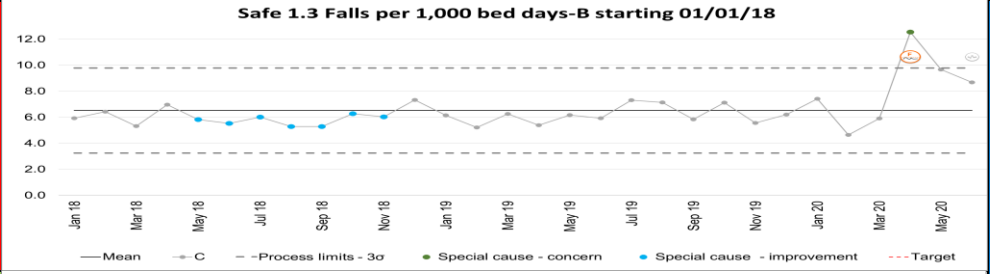
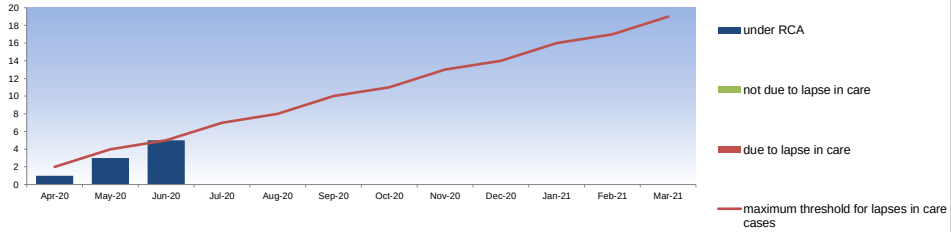
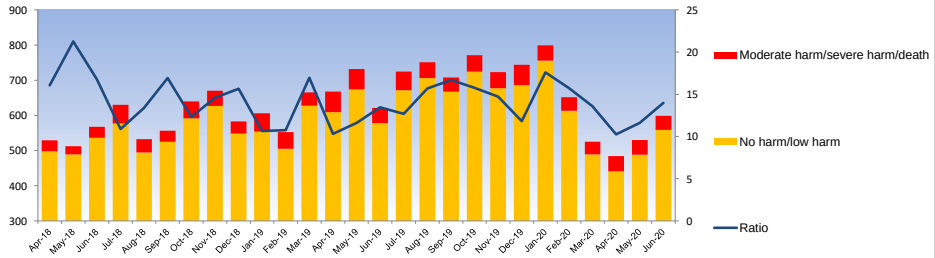
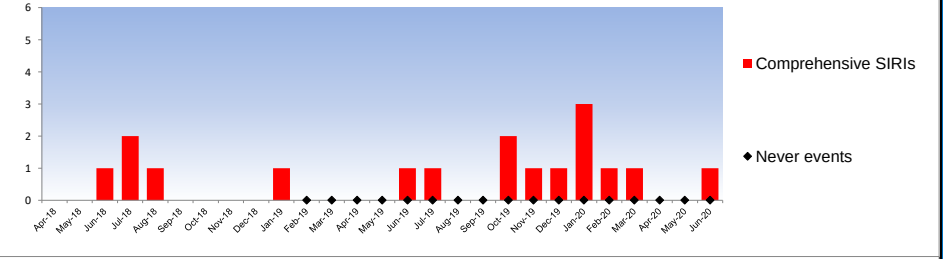
Summary of indicators - year to date



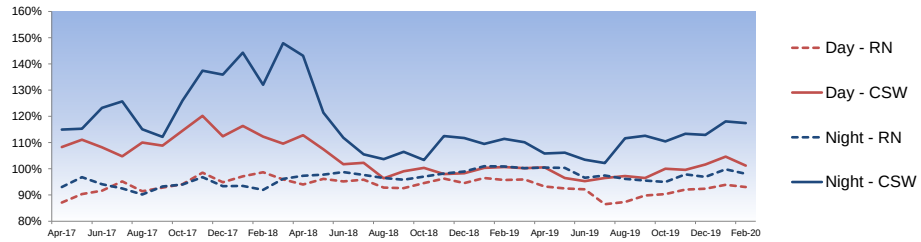
Section 1 - Safe - June 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.1a	Pressure ulcers - hospital acquired		There were 12 hospital acquired category 3 and above pressure ulcers reported in June (including device related and device related mucosal). This is higher than last year with an average of 8 per month reported in 2019/20. 6 of these require RCA, taking the total requiring RCA YTD to 15. Of the 12* reported, there were 6 under RCA. *from 01/01/2020 DTI subcategories are reported as LOW harm, no RCA required
1.1b			The number of hospital acquired category 2 and above pressure ulcers reported in June was 26. The reported number is inclusive of device related and device related mucosal pressure ulcers.
1.2a	Pressure ulcers - community acquired		There were 18 community acquired category 3 and above pressure ulcers reported in June (including device related and device related mucosal). 12 of these require RCA, taking the total requiring RCA YTD to 37. The average per month reported in 2019/20 was 14. Of the 18* reported there was 1 omission in care, 5 no omission in care and 6 under RCA. *from 01/01/2020 DTI subcategories are reported as LOW harm, no RCA required.
1.2b			The number of community acquired category 2 and above pressure ulcers reported in June was 44. The number reported is inclusive of device related and device related mucolsal pressure ulcers.

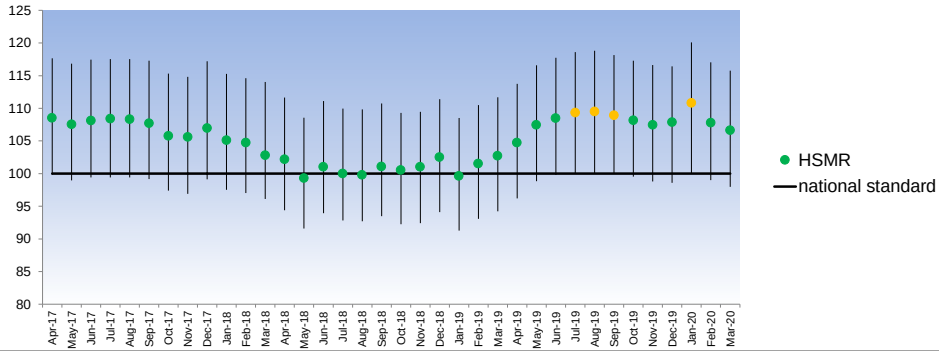
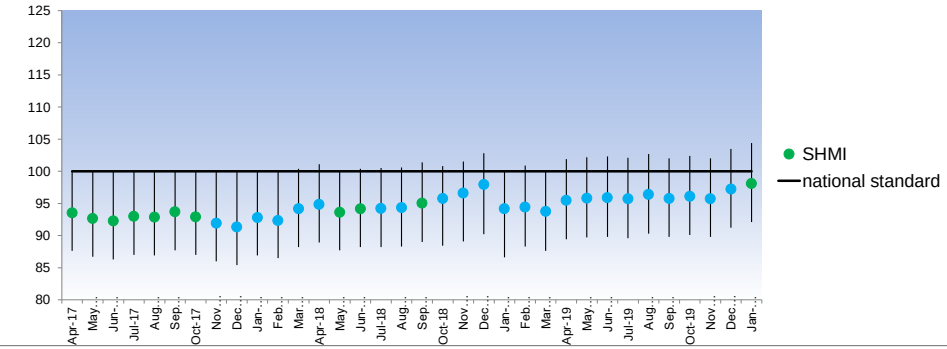
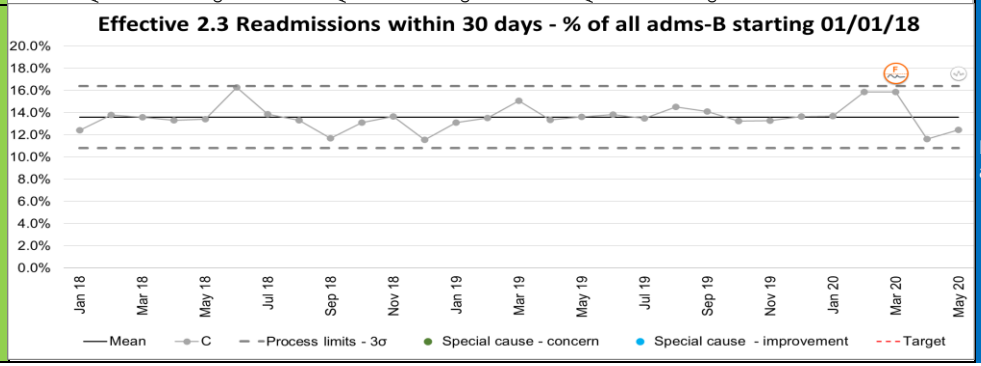
Section 1 - Safe - June 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.3	Falls		The rate of inpatient falls was 8.7 per 1,000 bed days in June. This is higher than the average HDFT rate for 2019/20 (6.2).
1.4	Infection control		There were 2 cases of hospital apportioned C. difficile reported in June. No MRSA cases have been reported in 2019/20 or 2020/21 to date. The annual maximum threshold for lapses in care cases for 2020/21 is 19. This data is yet to be finalised by Infection Control. This graph shows cumulative data YTD.
1.5	Incidents - all		The latest published national data (for the period Apr 19 - Sep 19) shows that Acute Trusts reported an average ratio of 46.6 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's published ratio was 13, a decrease on the last publication and remaining in the bottom 25% of Trusts nationally. HDFT's latest local data for June gives a ratio of 13.
1.6	Incidents - SIRIs and never events		1 SIRI was reported in the June, taking the total YTD to 1. No Never Events have been reported YTD. No Never Events were reported in 2017/18, 2018/19 or 2019/20.

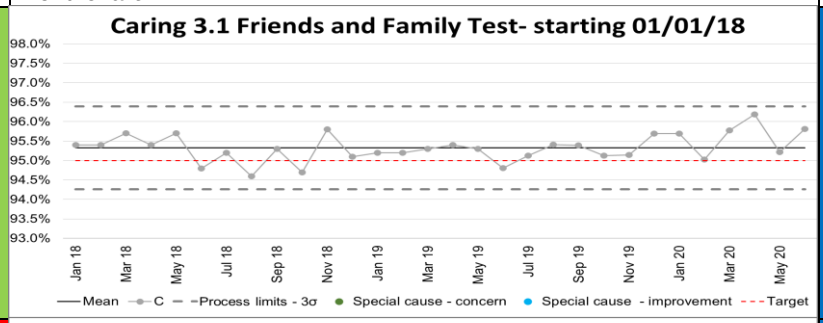
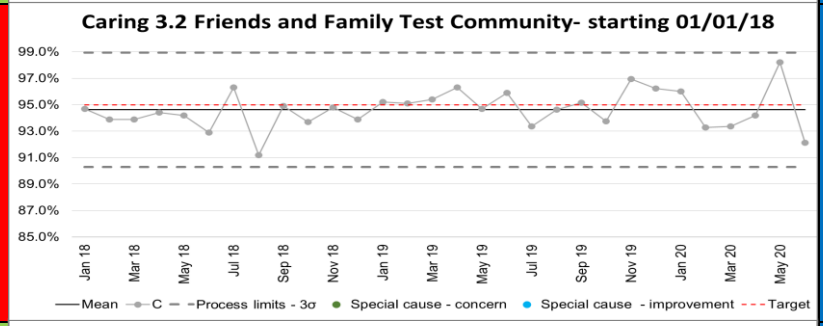
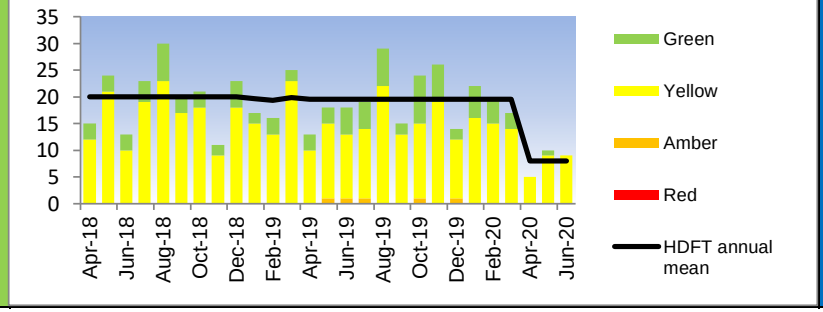
Section 1 - Safe - June 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.7	Safer staffing levels		Owing to ward reconfiguration in response to COVID19, there is no update for June. The Safer Staffing national return has been suspended until further notice

Section 2 - Effective - June 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
2.1	Mortality - HSMR 		HDFT's HSMR has decreased to 106.58 for the rolling 12 months ending March 2020, remaining within expected levels. Three specialties have a higher than expected standardised mortality rate: Geriatric Medicine, Respiratory Medicine and Paediatrics. Analysis on the data with HED and auditing the notes of affected specialties/diagnostic groups has been concluded and no concerns have been identified. *The delay in calculating and publishing is linked to the requirement that all episodes are clinically coded and therefore there is at least a 2 month delay before they can start to look at the data.
2.2	Mortality - SHMI		HDFT's SHMI for the rolling 12 months ending January 2020 is 98.1, remaining within expected levels. At specialty level, four specialties (Gastroenterlogy, Respiratory Medicine, Geriatric Medicine and Anaesthetics) have a standardised mortality rate above expected levels. *The delay in calculating and publishing is linked to the requirement that all episodes are clinically coded and therefore there is at least a 2 month delay before they can start to look at the data. SHMI is slightly later than HSMR as it includes deaths within 30-days of discharge from hospital that will cause a further delay to the publication
2.3	Readmissions		Emergency readmissions increased to 12.5% in May. However this is below the 2019/20 average of 14.0%.

Section 3 - Caring - June 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients		95.8% of patients surveyed in June would recommend our services remaining above the latest published national average (93.3%). 1,647 patients responded to the survey this month, of which 1,578 would recommend our services.
3.2	Friends & Family Test (FFT) - Adult community services		92.1% of patients surveyed in June would recommend our services, a decrease on last month (98.2%). Current national data (February 2020) shows 95.6% of patients surveyed would recommend the services. 89 patients from our community services responded to the survey this month, of which 82 would recommend our services.
3.3	Complaints DQ		9 complaints were received in June (all yellow) which is 1 less than May and lower than the average for 2019/20 of 20.

Section 4 - Responsive - June 2020

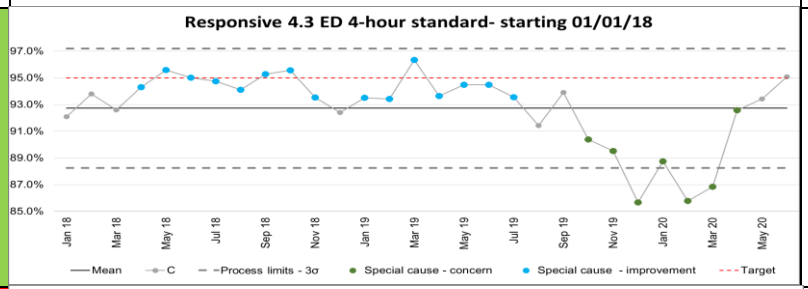
NHS Improvement Single Oversight Framework

4.1 **NHS Improvement Single Oversight Framework**

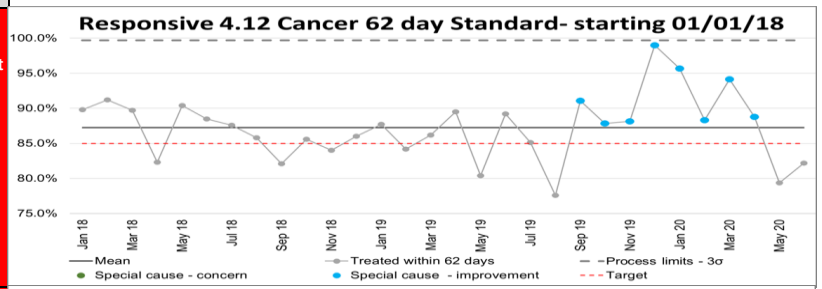
Standard	Q1	Q2	Q3	Q4	YTD
RTT incomplete pathways					
A&E 4-hour standard	93.9%				93.9%
Cancer - 62 days	83.8%				83.8%
Diagnostic waits	55.5%				55.5%
Dementia screening - Step 1	92.2%				92.2%
Dementia screening - Step 2	80.0%				80.0%
Dementia screening - Step 3	87.0%				87.0%

4.2 **RTT Incomplete pathways performance**

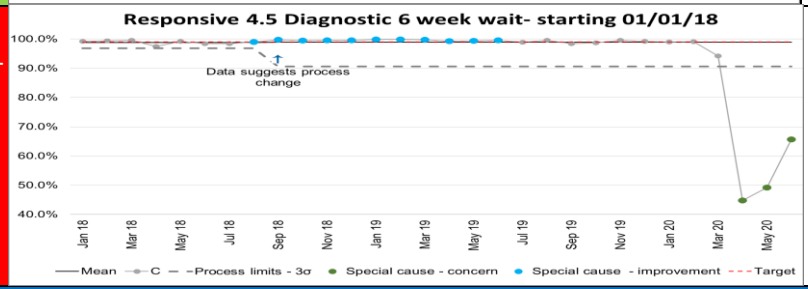
4.3 **A&E 4 hour standard**



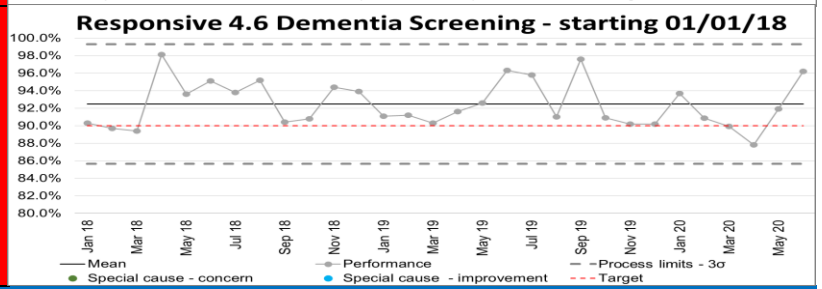
4.4 **Cancer - 62 day wait for first treatment from urgent GP referral to treatment**



4.5 **Diagnostic waiting times - 6-week standard**



4.6 **Dementia screening**



Narrative

Performance against the A&E 4-hour standard was above 95% in June (95.1%), an improvement on last month. The number of ED attendances continues to increase with attendances up from 60% to 75% of the attendances in the corresponding month last year.

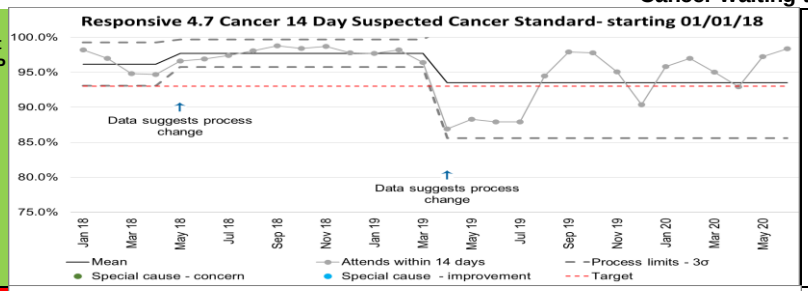
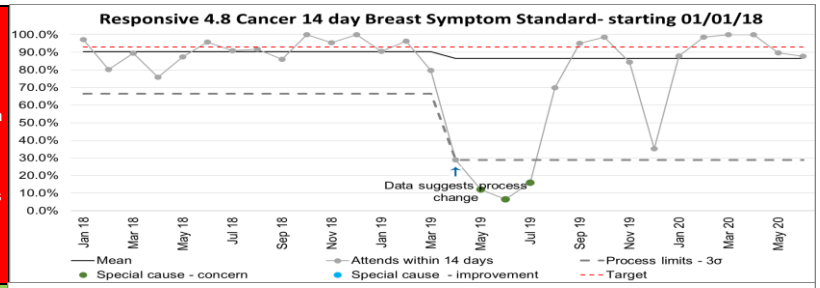
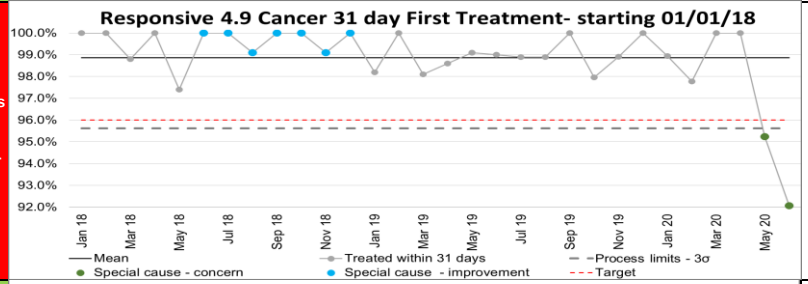
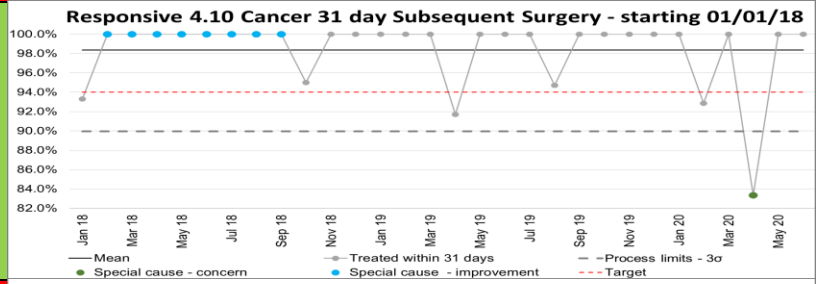
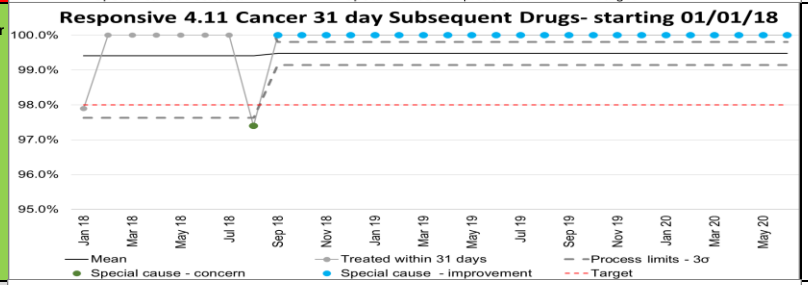
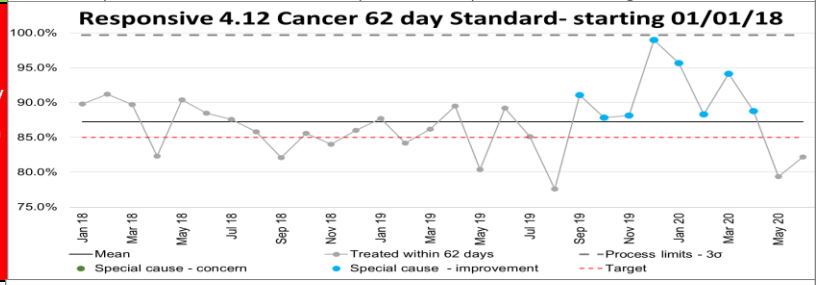
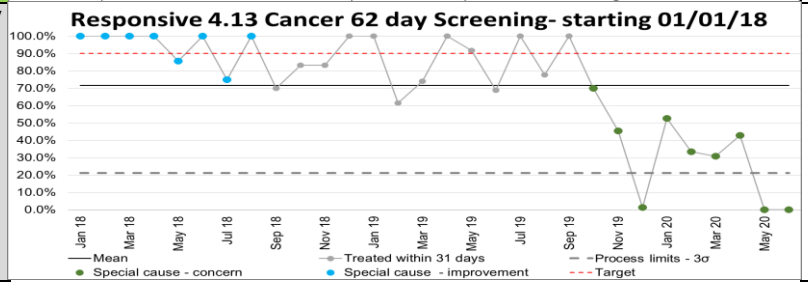
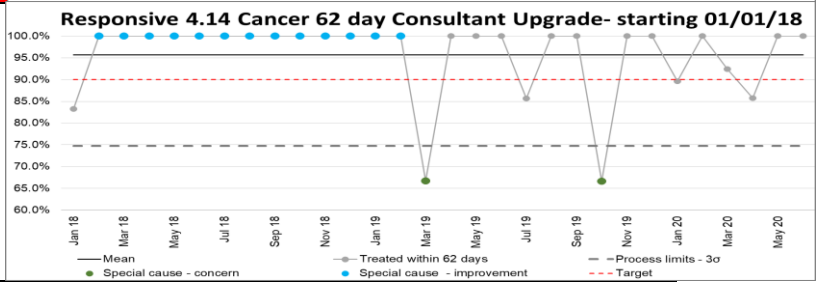
Provisional data shows that performance against the 62 day cancer standard in June was at 82.2%, an increase on the May figure of 79.4%, and performance for the quarter was below the operational standard at 83.8% (see a more detailed summary below).

Data shows diagnostic waiting times below 99% in June at 65.7%. The increase in patients waiting beyond 6 weeks are a result of the appointments being deferred following the stepping down of elective services in response to COVID19.

Dementia Screening - provisional data indicates that steps 2 and 3 will not be delivered for June. Final data will be confirmed in the fourth week of July.

Section 4 - Responsive - June 2020

Cancer waiting times standards

4.7	Cancer - 14 days max wait from urgent GP referral for suspected cancer	
4.8	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	
4.9	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	
4.10	Cancer - 31 day wait for second or subsequent treatment: Surgery (DQ)	
4.11	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug (DQ)	
4.12	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	
4.13	Cancer - 62 day wait for first treatment from screening service	
4.14	Cancer - 62 day wait for first treatment from consultant upgrade	

Section 4 - Responsive - June 2020

Narrative

Provisional data indicates that only 3 of the 7 applicable cancer waiting times standards were achieved in June, with the 62 days standard, 14 day breast symptomatic referrals and 31 day first treatments below the operational standards. 62 day Screening performance was also below the standard of 90%, but due to the suspension of the Bowel Screening service, activity was below the de minimus for each month of the quarter.

2WW activity increased in June with a 40% increase in suspected cancer first attendances compared to last month. This is still lower than activity levels pre-Covid but is a considerable increase on recent months. We should begin to see a further increase in the coming months following the resumption of endoscopy services. 4 non-cancer breast symptomatic patients waited were seen after 14 days (2 x patient choice/cancellation and 2 appointed outside the time frame). Combined with the low number of referrals, this means performance was below the standard at 87.9% in June.

The Trust continues to work with the West Yorkshire Cancer Alliance in order to understand the volume of patients affected, the risk level of these patients, and the capacity available regionally. Alongside the Trust's own recovery plans, the aim is to optimise all available capacity in the region so that diagnostics and treatments can be safely delivered for all patients on a cancer pathway.

62 day standard performance is expected to be below 85% in June at 82.2%. Provisionally there were 50.5 accountable treatments in June with 9.0 accountable over 62 days. Of the 10 tumour sites treated in June, performance was above 85% for all but 5. Colorectal pathways have been significantly affected by Covid-19 with 3.5 accountable treatments delivered in June with 3.0 over 62 days - throughout the pandemic all of these pathways have been reviewed and prioritised at MDT in order to ensure that any delays to pathways impacted by Covid-19 do not adversely affect patient outcomes. All breaches will be reviewed by the breach panel at the end of July. 2 patients waited over 104 days for treatment in June (1 x Covid-19 delay due to Gynaecology surgery being postponed; 1 patient whose delay was due to a combination of pathway complexity, patient choice, and Covid-19).

Provisional data indicates that 85.7% (12/14) of tertiary patients treated in June were transferred by day 38.

3 Gynaecology patients and 2 Colorectal patients received their first definitive treatment outside 31 days in June - all of these delays were related to the Covid-19 impact on delivery of elective surgery, and due to the lower than average number of treatments in the month performance was below the 96% standard at 92.1%.

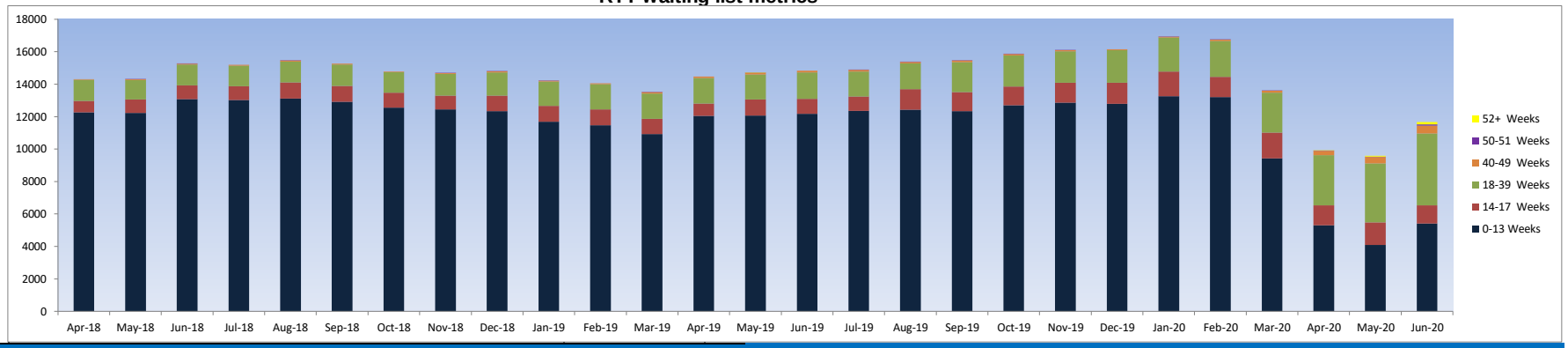
Section 4 - Responsive - June 2020

RTT waiting list metrics

4.15

RTT waiting list split by weeks

DQ



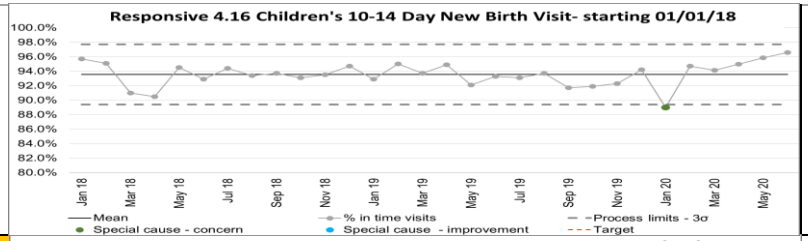
Narrative

Submitted data shows that there were a total of 11,659 patients on the RTT waiting list at the end of June. There were 139 patients waiting over 52 weeks at the end of the month. The large reduction in the total number of patients waiting in 2020/21 to date is linked to the reduction in elective referrals received following the stepping down of elective services in response to Covid-19. It is anticipated that the number of pathways will now start to increase back to historic levels as elective referrals continue to increase in the coming months.

Section 4 - Responsive - June 2020

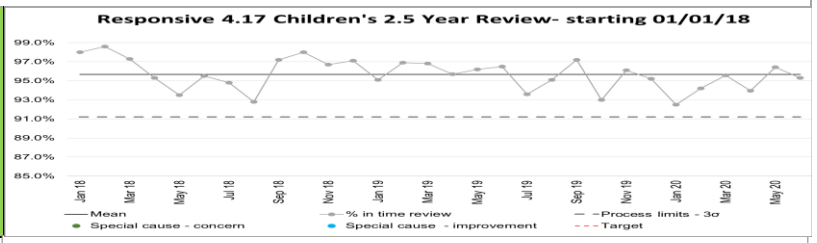
Children's Services metrics

4.16 Children's Services - 10-14 day new birth visit

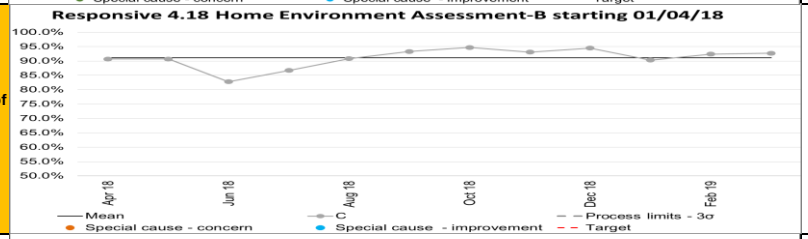


4.17 Children's Services - 2.5 year review

DQ

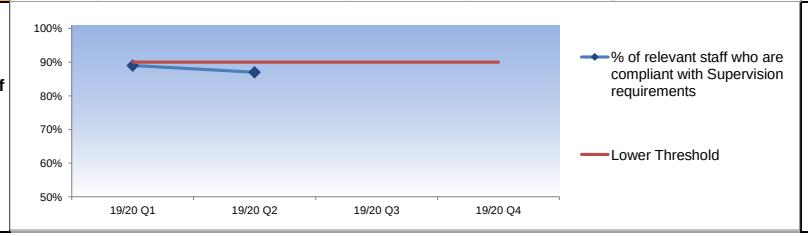


4.18 Children's Services - Use of the Home Environment Assessment Tool

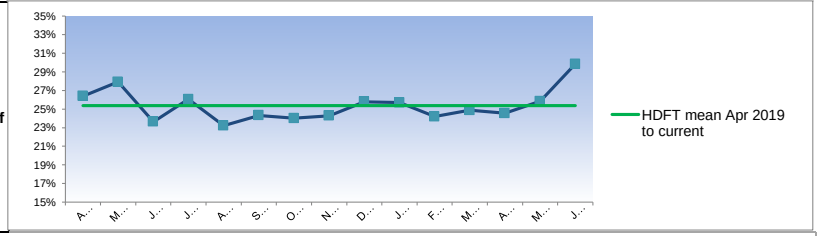


4.19 Children's Services - Reports for Initial and Review Child Protection Case Conferences

4.20 Children's Services - Staff compliance with Safeguarding Supervision.

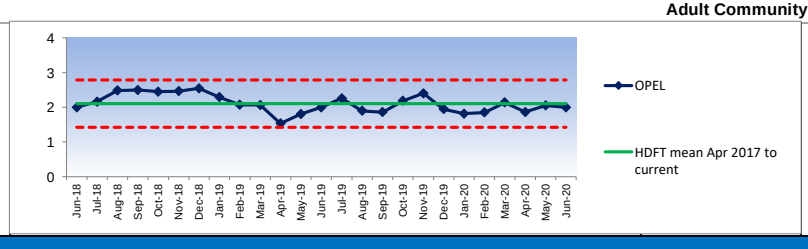


4.21 Children's Services - Reports for Achievement of KPI for Breast Feeding Prevalence.

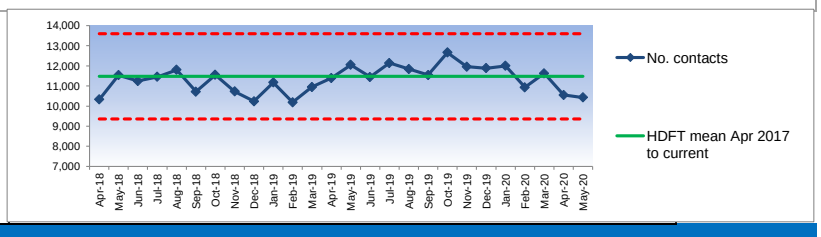


Adult Community Services metrics

4.22 OPEL level - Community Care Teams



4.23 Community Care Teams - patient contacts

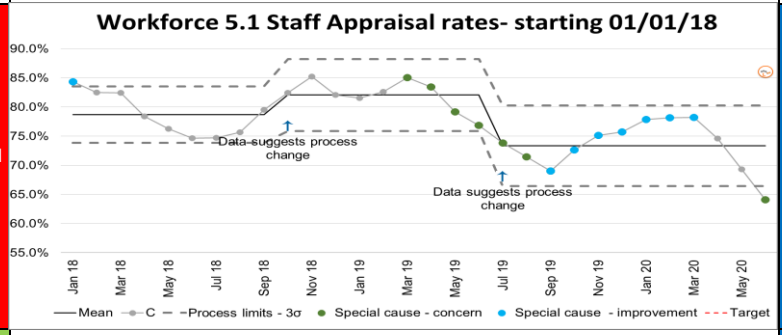
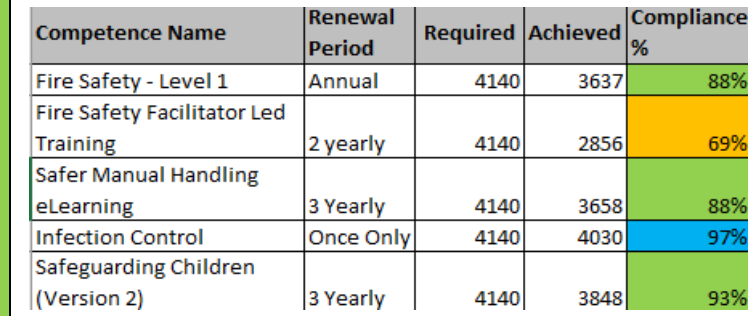
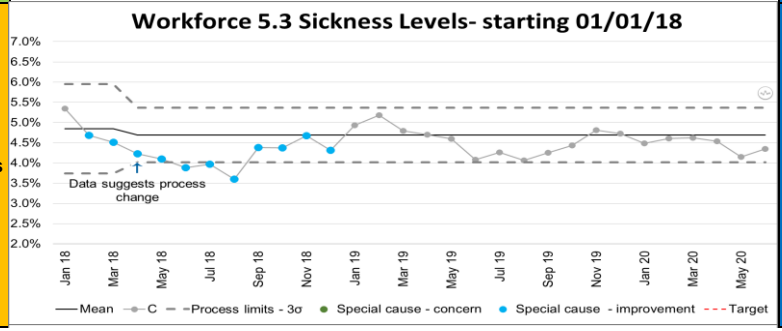


Narrative

The Children's Services and Adult Community Services metrics are currently showing no adverse variance.

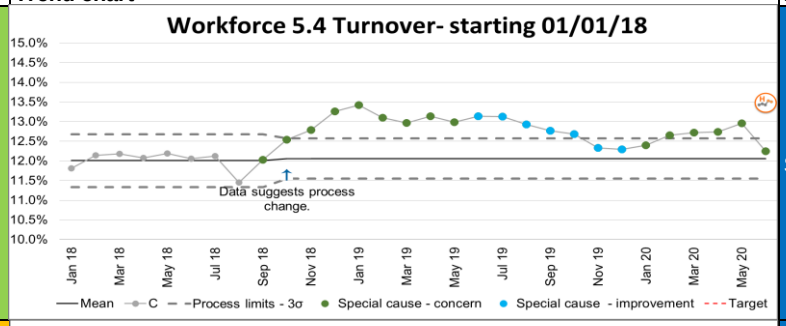
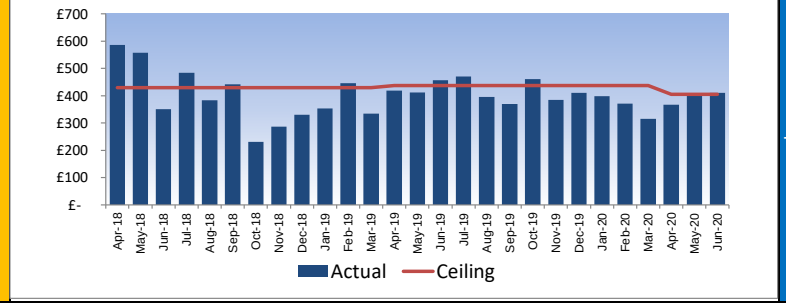
Following discussions at the Quality Committee, the Trust has increased the standard for the Safeguarding Supervision indicator to 90%, previously 75%.

Section 5 - Workforce - June 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
5.1	Staff appraisal rates		Although appraisals were put on hold during the peak of Covid-19, our completion rate stands at 64.1%. We have over the past few years operated an appraisal window, where all appraisals with the exception of CCCW should be completed between April and September. In comparison to last year, the completion rate is 12.8% lower in June.
5.2	Mandatory training rates DQ		The data shown is for the end of June and excludes the Harrogate Integrated Facilities (HIF) staff who transferred into the new organisation on the 1st March 2018. The overall training rate for mandatory elements for substantive staff is 87% which is higher than the last reporting cycle (85%). At present, staff are not required to complete all MEST training, only a subset that have been deemed high priority. From June 2020 until further notice, training reports will only include training requirements deemed a priority at this point in time.
5.3	Sickness rates		Non-Covid-19 related sickness has increased in June 2020 by 0.2% since May 2020 and remains higher than June 2019.

Competence Name	Renewal Period	Required	Achieved	Compliance %
Fire Safety - Level 1	Annual	4140	3637	88%
Fire Safety Facilitator Led Training	2 yearly	4140	2856	69%
Safer Manual Handling eLearning	3 Yearly	4140	3658	88%
Infection Control	Once Only	4140	4030	97%
Safeguarding Children (Version 2)	3 Yearly	4140	3848	93%

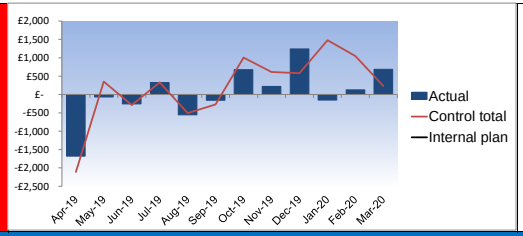
Section 5 - Workforce - June 2020

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
5.4	Staff turnover rate		Staff turnover, both voluntary and involuntary, continues to decrease each month.
5.5	Agency spend in relation to pay spend		Trust agency spend in month 3 equated to £411k, 2.5% of pay expenditure.

Section 6 - Efficiency and Finance - June 2020

Finance

6.1 Surplus / deficit and variance to plan



6.2 NHS Improvement Single Oversight Framework - Use of Resource Metric

Element	Plan	Actual
Capital Service Cover	2	2
Liquidity	1	1
I&E Margin	1	1
I&E Variance From Plan		1
Agency	1	1
UoR Rating	1	1

6.3 Capital spend

Narrative

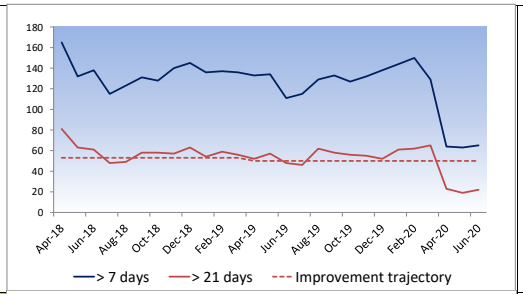
The Trust reported a balanced position in month 3, in line with the national expectation for providers. This position is supported by a £6.6m top up payment, supporting the costs of Covid-19 and some underlying variances as a result of the plan.

The Trust's Use of Resources rating is currently reported as a 1, however, the Trust awaits further guidance on this monitoring during the response to Covid-19.

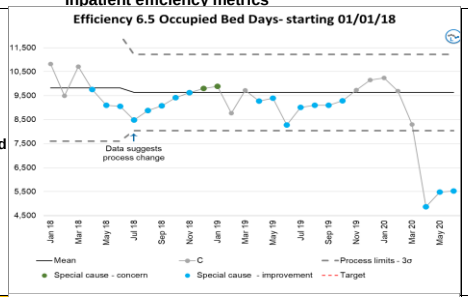
The Trust continues to be in discussion with NHSEI regarding the capital plan for 2020/21. The Trust has spent approx. £3m on capital so far, and indicative plans stand at £14m, however, funding for Covid-19 costs need to be finalised and appropriately recognised within NHSEI guidance.

Inpatient efficiency metrics

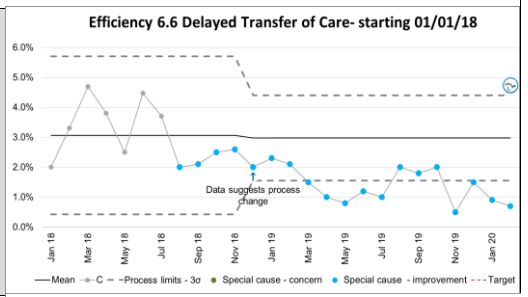
6.4 Long stay patients



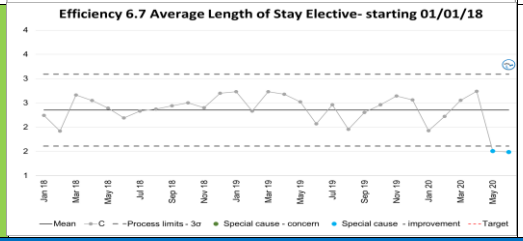
6.5 Occupied bed days



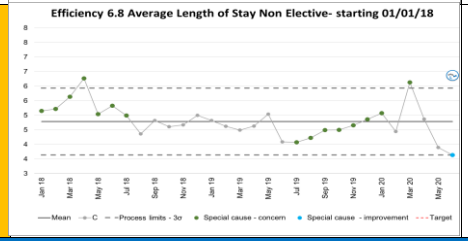
6.6 Delayed transfers of care



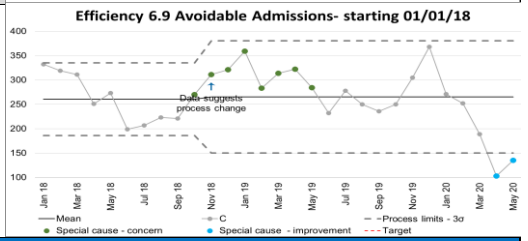
6.7 Length of stay - elective



6.8 Length of stay - non-elective



6.9 Avoidable admissions



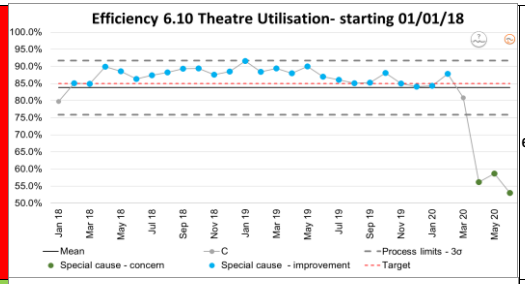
Narrative

In June, long stay patient numbers and occupied bed days increased slightly. Elective and non-elective length of stay both decreased this month remaining below the Trust mean. Avoidable admissions increased, but remain below the Trust mean.

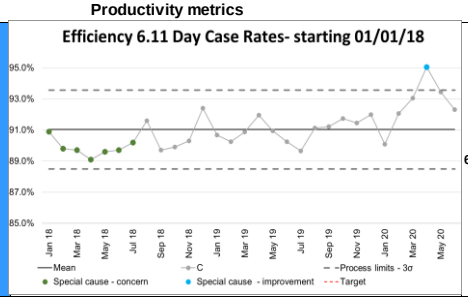
Section 6 - Efficiency and Finance - June 2020

Productivity metrics

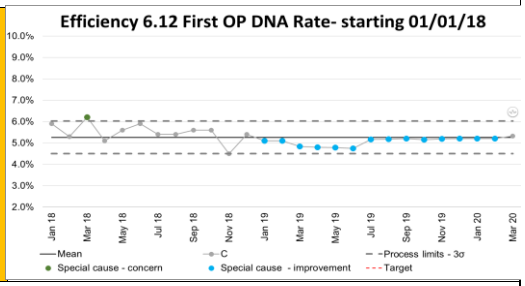
6.10 **Theatre utilisation**



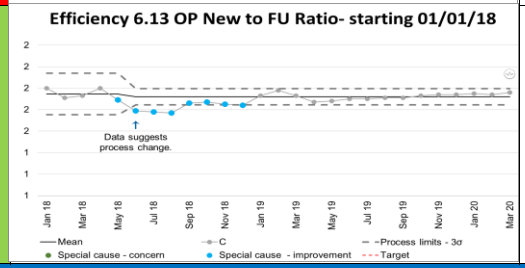
6.11 **Day case rate**



6.12 **Outpatient DNA rate**



6.13 **Outpatient new to follow up ratio**



Narrative

Theatre utilisation decreased slighty in June and remains below the target and Trust mean position. This will have been impacted by the cancellation of elective operations following the stepping down of elective services as a result of Covid-19. It is anticipated that theatre utilisation will start to rise from July 2020 as the Trust's recovery plan comes into effect.

Outpatient DNA rates and new to follow up ratios have both increased very slightly but remain mostly consistent.

Section 7 - Activity - June 2020

Narrative

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

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

North Yorkshire CCG AIC

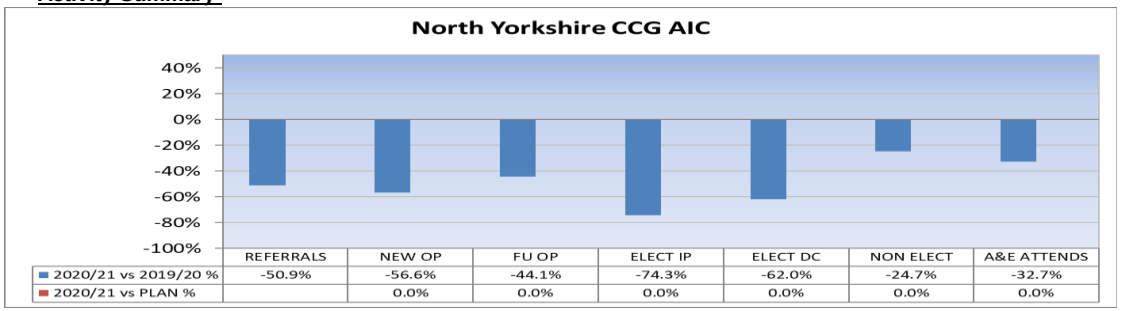
GROUP	2019/20 JUN	2020/21 JUN	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %	2020/21 vs PLAN %
REFERRALS	3,100	2,972	9,515	4,669	**-4,846**	**-50.9%**	
NEW OP	5,539	3,023	16,431	7,132	**-9,299**	**-56.6%**	
FU OP	10,666	7,328	33,002	18,433	**-14,569**	**-44.1%**	
ELECT IP	186	62	517	133	**-384**	**-74.3%**	
ELECT DC	1,698	792	5,428	2,065	**-3,363**	**-62.0%**	
NON ELECT	1,453	1,205	4,448	3,348	**-1,100**	**-24.7%**	
A&E ATTENDS	3,254	2,565	9,767	6,578	**-3,189**	**-32.7%**	

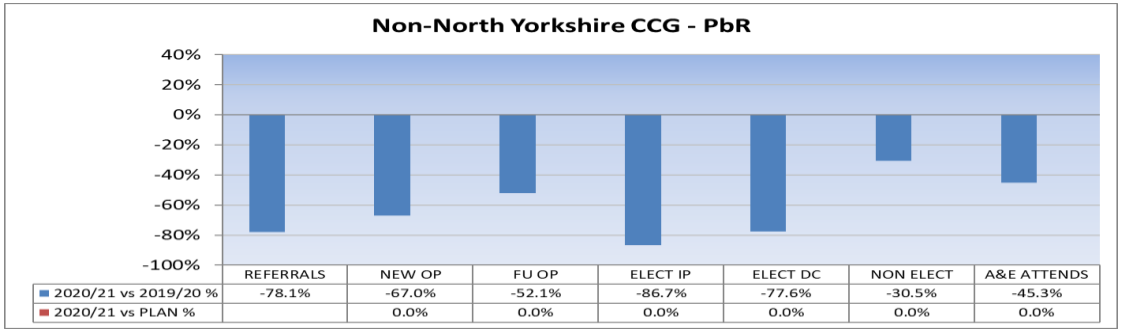
Non-North Yorkshire CCG - PbR*

GROUP	2019/20 JUN	2020/21 JUN	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %	2020/21 vs PLAN %
REFERRALS	1,532	643	4,938	1,083	**-3,855**	**-78.1%**	
NEW OP	2,235	886	6,579	2,174	**-4,405**	**-67.0%**	
FU OP	3,951	2,242	12,083	5,786	**-6,297**	**-52.1%**	
ELECT IP	106	20	323	43	**-280**	**-86.7%**	
ELECT DC	657	200	2,141	479	**-1,662**	**-77.6%**	
NON ELECT	428	333	1,379	958	**-421**	**-30.5%**	
A&E ATTENDS	1,143	767	3,557	1,946	**-1,611**	**-45.3%**	

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

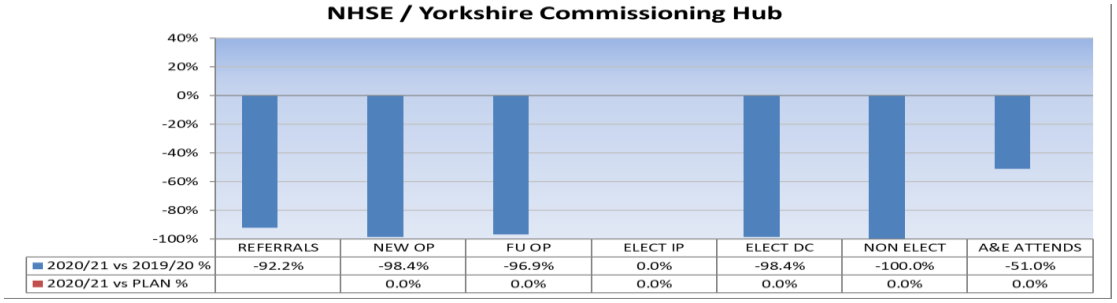
Activity Summary





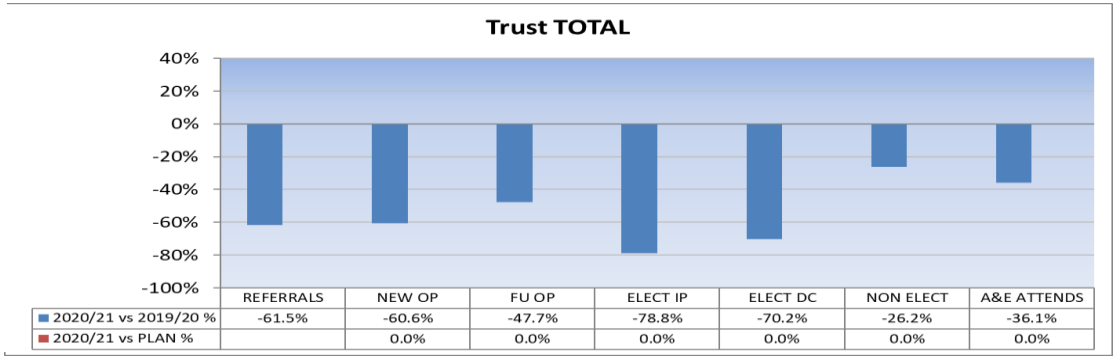
NHSE / Yorkshire Commissioning Hub

GROUP	2019/20 JUN	2020/21 JUN	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %	2020/21 vs PLAN %
REFERRALS	199	22	632	49	**-583**	**-92.2%**	
NEW OP	224	6	617	10	**-607**	**-98.4%**	
FU OP	452	10	1,340	42	**-1,298**	**-96.9%**	
ELECT IP	1	1	3	3	**0**	**0.0%**	
ELECT DC	353	2	1,010	16	**-994**	**-98.4%**	
NON ELECT	7	0	9	0	**-9**	**-100.0%**	
A&E ATTENDS	24	10	49	24	**-25**	**-51.0%**	



Trust Total

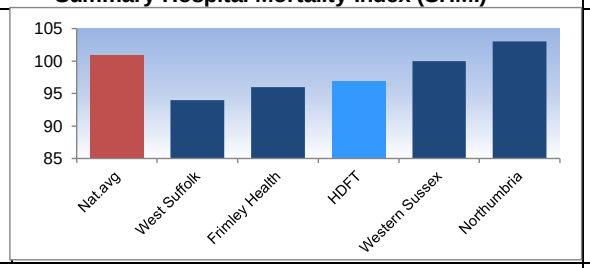
GROUP	2019/20 JUN	2020/21 JUN	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %	2020/21 vs PLAN %
REFERRALS	4,831	3,637	15,085	5,801	**-9,284**	**-61.5%**	
NEW OP	7,998	3,915	23,627	9,316	**-14,311**	**-60.6%**	
FU OP	15,069	9,580	46,425	24,261	**-22,164**	**-47.7%**	
ELECT IP	293	83	843	179	**-664**	**-78.8%**	
ELECT DC	2,708	994	8,579	2,560	**-6,019**	**-70.2%**	
NON ELECT	1,888	1,538	5,836	4,306	**-1,530**	**-26.2%**	
A&E ATTENDS	4,421	3,342	13,373	8,548	**-4,825**	**-36.1%**	



Section 8 - Benchmarking - June 2020

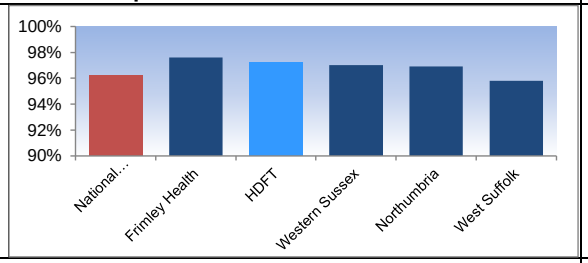
Summary Hospital Mortality Index (SHMI)

8.1



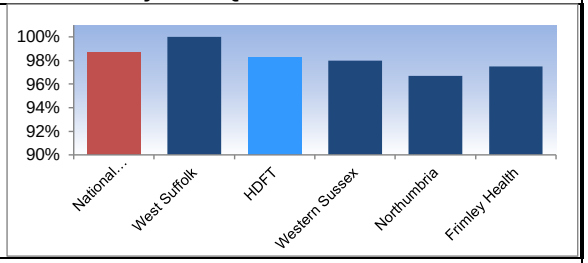
Inpatient FFT - % recommend

8.2



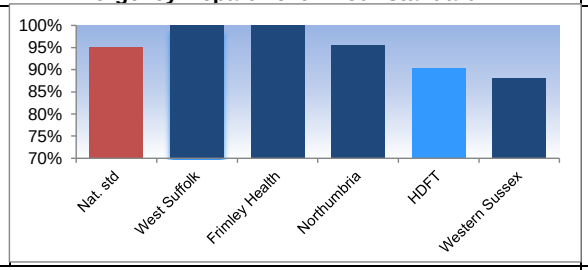
Maternity FFT - Q2 Birth - % recommend

8.3



Emergency Department 4 hour standard

8.4

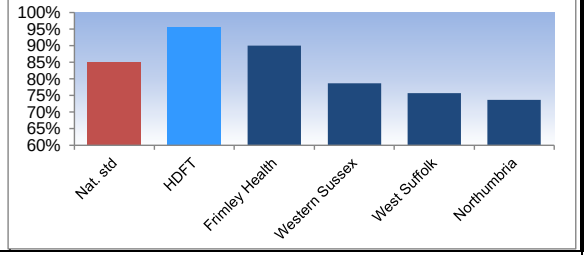


RTT incomplete pathways

8.5

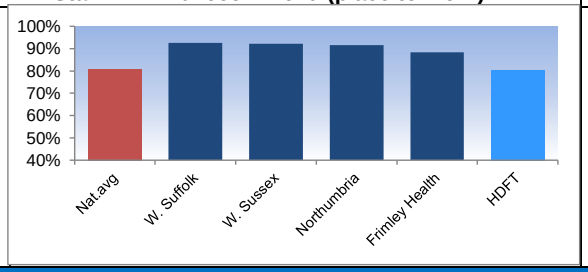
Cancer 62 days

8.6



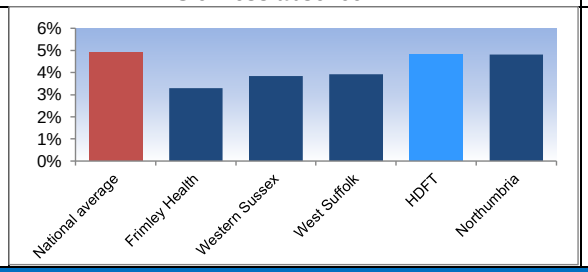
Staff FFT - % recommend (place to work)

8.7



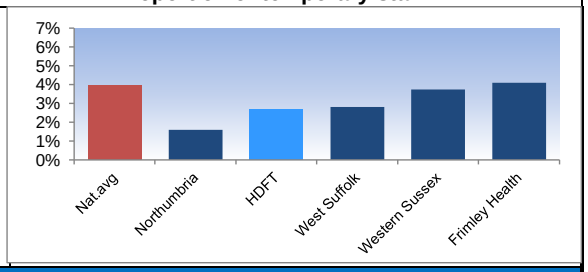
Sickness absence

8.8



Proportion of temporary staff

8.9



Narrative

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

Integrated board report - March 2020

Key for SPC charts

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)

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

Data Quality - Exception Report

Harrogate and District NHS Foundation Trust

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

NHS
Harrogate and District
NHS Foundation Trust

Indicator traffic light criteria

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

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
4.1	Responsive	NHS Improvement governance rating	NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section. From 1st April 2018, dementia screening perfromance forms part of this assessment.	As per defined governance rating	
4.2	Responsive	RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.	Green if latest month >=92%, Red if latest month <92%.	NHS England
4.3	Responsive	A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.	Blue if latest month >=97%, Green if >=95% but <97%, amber if >= 90% but <95%, red if <90%.	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
4.4	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.5	Responsive	Diagnostic waiting times - 6-week standard	Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.6	Responsive	Dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.	Green if latest month >=90% for Step 1, Step 2 and Step 3, Red if latest month <90% for any of Step 1, Step 2 or Step 3.	NHS England, NHS Improvement and contractual requirement
4.7	Responsive	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.8	Responsive	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.9	Responsive	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.10	Responsive	Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.	Green if latest month >=94%, Red if latest month <94%.	NHS England, NHS Improvement and contractual requirement
4.11	Responsive	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.12	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.13	Responsive	Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.	Green if latest month >=90%, Red if latest month <90%.	NHS England, NHS Improvement and contractual requirement
4.14	Responsive	Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.15	Responsive	RTT waiting list split by weeks	Number of referred patients waiting for treatment broken down into weeks.	tbc	tbc
4.16	Responsive	Children's Services - 10-14 day new birth visit	The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Target to be reviewed by CCC Directorate	tbc
4.17	Responsive	Children's Services - 2.5 year review	The percentage of children who had a 2.5 year review. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
4.18	Responsive	Children's Services - Use of the Home Environment Assessment Tool	The % of eligible children in Durham who had a HEAT assessment. The performance target is 95%.	Green if latest month >=95%, Amber if between 90% and 94%, Red if <90%.	Contractual requirement
4.19	Responsive	Children's Services - Reports for Initial and Review Child Protection Case Conferences	The % of reports submitted prior to Case Conferences (where reports are reqeusted earlier than 48 hours before Case Conference.)	Green if latest month >=95%, Red if <95%.	Contractual requirement
4.20	Responsive	Children's Services - staff compliance with Safeguarding Supervision.	% of community staff achieving 80% compliance for Safeguarding Supervision.	Green if latest month >=90%, Red if <90%.	tbc
4.21	Responsive	Children's Services - % achievement against KPI for Breast Feeding Prevalence at 6-8 weeks.	% of children breast fed at the 6-8 week review. Charted against Prevalence targets for all 0-5 services.	Target to be reviewed by CCC Directorate	tbc
4.22	Responsive	OPEL level - Community Care Teams	The OPEL (Operational Pressures Escalation Level) is a measure of operational pressure being experienced by the community care teams. A value of 1 to 4 is agreed each day, with 1 denoted the lowest level of operational pressure and 4 denoting the highest. The chart will show the average level reported by adult community services during the month.	tbc	Locally agreed metric
4.23	Responsive	Community Care Teams - patient contacts	The number of face to face patient contacts for the community care teams.	tbc	Locally agreed metric
5.1	Workforce	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good.	Annual rolling total - 90% green. Amber between 70% and 90%, red<70%.	Locally agreed target level based on historic local and NHS performance
5.2	Workforce	Mandatory training rate	Latest position on the % substantive staff trained for each mandatory training requirement	Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
5.3	Workforce	Staff sickness rate	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.	Green if <3.9% , amber if between 3.9% and regional average, Red if > regional average.	HDFT Employment Policy requirement. Rates compared at a regional level also

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
5.4	Workforce	Staff turnover	The staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
5.5	Workforce	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
6.1	Efficiency and Finance	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
6.2	Efficiency and Finance	NHS Improvement Financial Performance Assessment	From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by NHS Improvement
6.3	Efficiency and Finance	Capital spend	Cumulative Capital Expenditure by month (£'000s)	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
6.4	Efficiency and Finance	Long stay patients	This indicator shows the average number of patients that were in the hospital with a length of stay of over 7 days (previously defined as stranded patients by NHS Improvement) or over 21 days (previously super-stranded patients). The data excludes children, as per the NHS Improvement definition. A low number is good.	tbc	as defined by NHS Improvement
6.5	Efficiency and Finance	Occupied bed days	Total number of occupied bed days in the month.	tbc	Locally agreed targets.
6.6	Efficiency and Finance	Delayed transfers of care	The proportion of bed days lost due to being occupied by patients who are medically fit for discharge but are still in hospital. A low rate is preferable. The maximum threshold shown on the chart (3.5%) has been agreed with HARD CCG.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
6.7	Efficiency and Finance	Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		
6.8	Efficiency and Finance	Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
6.9	Efficiency and Finance	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.	tbc	tbc
6.10	Efficiency and Finance	Theatre utilisation	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
6.11	Efficiency and Finance	Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		
6.12	Efficiency and Finance	Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		
6.13	Efficiency and Finance	Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
7.1	Activity	Outpatient activity against plan (new and follow up)	The position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		Locally agreed targets.
7.2	Activity	Elective activity against plan	The position against plan for elective activity. The data includes inpatient and day case elective admissions.		Locally agreed targets.
7.3	Activity	Non-elective activity against plan	The position against plan for non-elective activity (emergency admissions).		Locally agreed targets.
7.4	Activity	Emergency Department attendances against plan	The position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E and pateints who are streamed to primary care.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	Locally agreed targets.

Data quality assessment

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

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Finance Report (Month 3)

Agenda Item Number:	**9.1**

Presented for:	Information
Report of:	Finance Report
Author (s):	Finance Department
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000.

Links to Trust's Objectives	
To deliver high quality care	✓
To work with partners to deliver integrated care	✓
To ensure clinical and financial sustainability	✓

Recommendation:
It is recommended that the Board note the items contained within this report.

Harrogate and District
NHS Foundation Trust

Finance Report

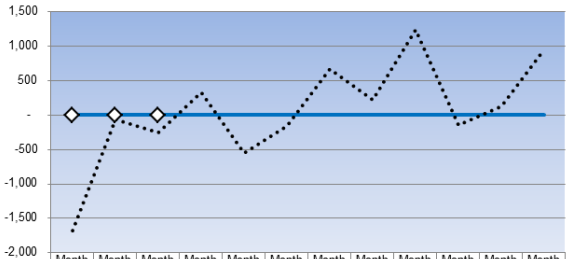
Board of Directors – 29 July 2020

Financial Position

Harrogate and District NHS Foundation Trust

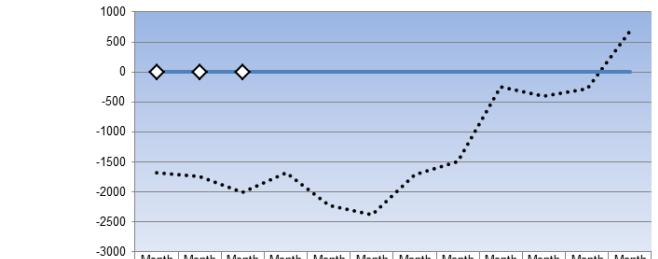
The Trust reported a balanced position in month 3, as anticipated through the current planning arrangements. Previously the Trust assumption had been that this would continue for the whole of 2020/21, however, current discussions suggest a move away from a retrospective top up process, system allocations and organisational flexibility.

HDFT Monthly Financial Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
NHSEI Plan	-	-	-	-	-	-	-	-	-	-	-	-
Actual	-	-	-									
Prior Year	-1677	-67.419	-256	326	-554.2	-158	674	217	1241.26	-149.51	126	960

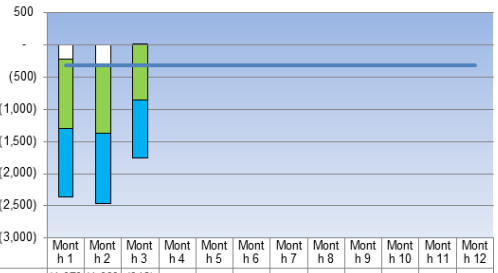
HDFT Cumulative Financial Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Prior Year	-1677	-1744.42	-2000.42	-1674.42	-2228.62	-2386.62	-1712.62	-1495.62	-254.355	403.869	277.869	682.131
NHSEI Plan	-	-	-	-	-	-	-	-	-	-	-	-
Actual	-	-	-									

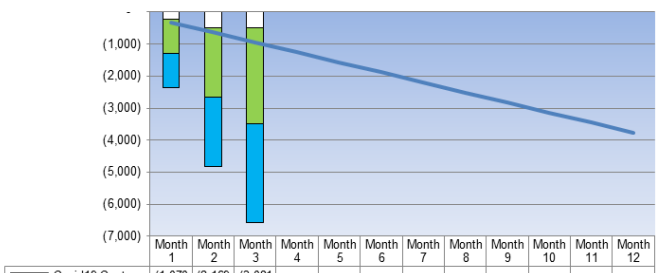
The following information outlines the pre top up/true up position of the Trust. Without any top up or true up funding the Trust would have reported a deficit to month 3 of £6.6m. The position pre top up/true up has **improved** from previous months.

HDFT Monthly Pre Top Up/True Up Performance (£'000s)



	Mont h 1	Mont h 2	Mont h 3	Mont h 4	Mont h 5	Mont h 6	Mont h 7	Mont h 8	Mont h 9	Mont h 10	Mont h 11	Mont h 12
Covid19 Costs	(1,070	(1,099	(912)									
Plan Issues	(1,083	(1,083	(850)									
Other	(214)	(285)	17									
Plan (excl top up/true up)	(314)	(314)	(314)	(314)	(314)	(314)	(314)	(314)	(314)	(314)	(314)	(314)

HDFT Cumulative Pre Top Up/True Up Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Covid19 Costs	(1,070	(2,169	(3,081									
Plan Issues	(1,083	(2,166	(3,016									
Other	(214)	(499)	(482)									
Plan (excl top up)	(314)	(628)	(942)	(1,256	(1,570	(1,884	(2,198	(2,512	(2,826	(3,140	(3,454	(3,768

As the table above shows, when CoVid costs and Planning issues are removed, we are reporting a small surplus (£17k), against an expected deficit of £314k. This has improved from a monthly comparable deficit of £214k and £285k in previous months.

Financial Position – Covid 19 Expenditure

Harrogate and District NHS Foundation Trust

The table below outlines the position described in previous slide.

Revenue costs for Covid 19 are significant, representing 4.6% of Pay and Non Pay expenditure, reducing to 3.5% when removing Nightingale costs. It is anticipated that these costs will increase in July as a result in the treatment of some nightingale costs, and an anticipated increase in Trust costs for items such as testing. The runrate from August will start to increase in a number of areas as a result of our recovery plan to restart activity.

	NHSI Plan £m	Trust Actual £m	Covid Costs £m	Top-Up £m	Var to Plan £m
Income (Exc Top-Up)	64.66	61.59			3.07
Cost	-64.94	-63.69	-3.08		1.83
EBITDA	**-0.28**	**-2.10**	**-3.08**	**0.00**	**4.90**
Dep/Int	-0.66	-1.40			0.74
Net I & E (Exc Top-Up)	**-0.94**	**-3.50**	**-3.08**	**0.00**	**5.64**
Pre-Notified Top-Up	0.94			0.95	-0.01
Retro Top-Up				5.63	-5.63
Bottom Line	**0.00**	**-3.50**	**-3.08**	**6.58**	**0.00**

The top up and Covid 19 costs are marginally lower than other providers within WYAAT. We are working with the WYAAT providers to ensure consistency in capturing and recording of costs related to Covid 19.

The Recovery Plan has been agreed and activity is restarting. This plan and its impact – on activity, money and people – will be monitored weekly through our Operational Delivery Group and reported separately to Resources Committee for assurance and oversight.

In summary, our runrate in Month 3 has improved, our CoVid costs have reduced and are marginally lower than neighbouring Trusts, and our planning gap has reduced slightly as a result of agreeing pay award funding from a number of our Local Authority commissioners.

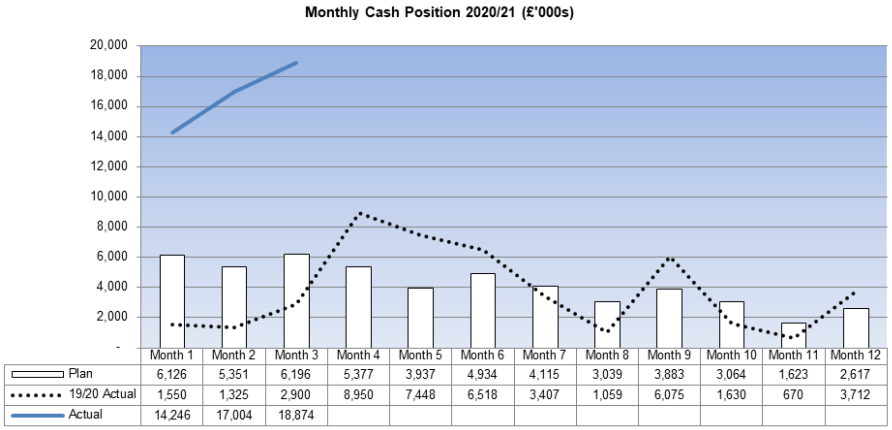
Cashflow, Debtors and Creditors

Harrogate and District NHS Foundation Trust

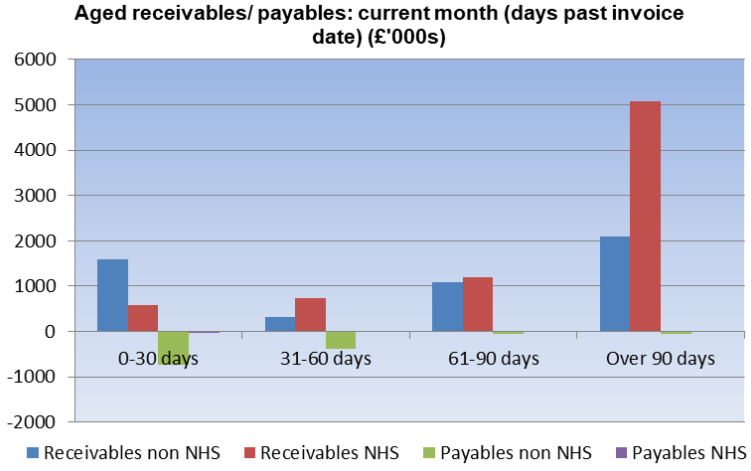
The Trust cash position is outlined in the graph to the right.

This positive change has allowed the Trust to improve performance against the Better Payment Practice Code as outlined below. The Trust continues to work to improve this performance, and where possible bring payments within the current guidelines of 7 days. The performance below relates to invoices paid this financial year. ***It should be noted that approx. 80% of invoices with due dates within 2020/21 are now paid with 30 days***.

Whilst the above is positive, this should not detract from the need to address the current levels of outstanding invoices with other NHS Organisations. In April the Trust reported outstanding debt of £20.4m. The position reported below currently stands at £12.7m, £1m lower than the previous month. Focus has been on the NYCCG debt position, with a £4m reduction in the debt position with the CCG. The finance team continue to work with NYCCG to improve this position.



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Plan	6,126	5,351	6,196	5,377	3,937	4,934	4,115	3,039	3,883	3,064	1,623	2,617
19/20 Actual	1,550	1,325	2,900	8,950	7,448	6,518	3,407	1,059	6,075	1,630	670	3,712
Actual	14,246	17,004	18,874									



Other indicators	Year to date			
	Current month %	Previous month %	Movement %	Trend
BPPC % of bills paid in target				
- By number	58.6%	52.5%	6.1%	
- By value	49.0%	44.5%	4.5%	

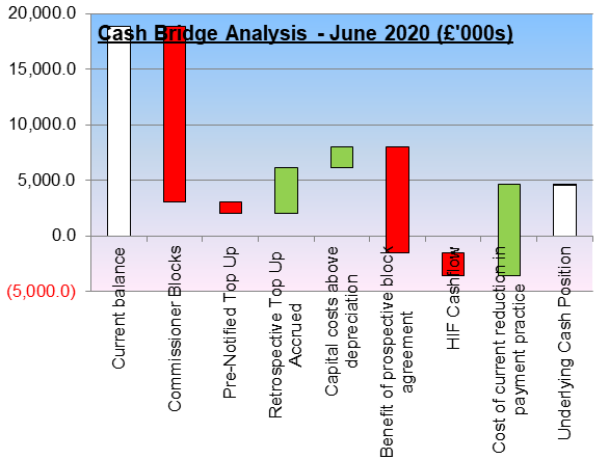
	Year to date		
	Current month	Previous month	Movement
BPPC % of bills paid in target			
Non NHS			
- By number	59.3%	53.3%	6.0%
- By value	45.9%	42.6%	3.3%
NHS			
- By number	49.0%	43.4%	5.5%
- By value	57.7%	50.1%	7.6%

Cashflow, Debtors and Creditors

Harrogate and District NHS Foundation Trust

The cash position of the Trust is influenced significantly by current policy. Stripping out these impacts gives the underlying cash position as described below -

	£'000s	£'000s
Current balance		**18,874.000**
Commissioner Blocks	(15,863.000)	
Pre-Notified Top Up	(951.000)	
Retrospective Top Up Accrued	4,079.000	
Capital costs above depreciation	1,885.000	
Benefit of prospective block agreement	(9,580.000)	
HIF Cashflow	(2,000.000)	
Cost of current reduction in payment practice	8,196.000	
Underlying Cash Position		**4,640.000**

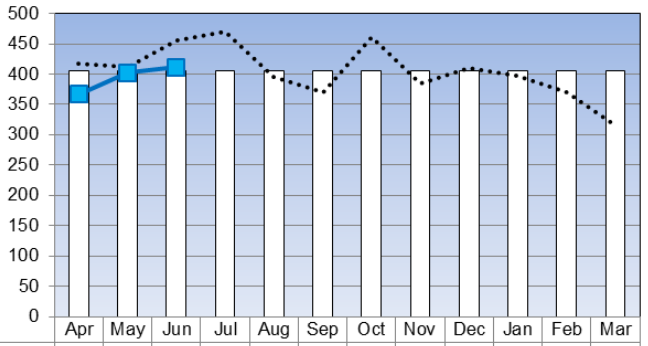


Regulatory Indicators

The Trust Use of Resource Rating and performance against agency ceiling are outlined below.

Element	Plan	Actual
Capital Service Cover	2	2
Liquidity	1	1
I&E Margin	1	1
I&E Variance From Plan		1
Agency	1	1
UoR Rating	1	1

2020/21 Agency Expenditure (£'000s)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHSEI Plan	405	405	405	405	405	405	405	405	405	405	405	405
2019/20	418	412	456	470	396	369	461	385	410	397	371	315
Actual	367	402	411									

Future financial regime

Harrogate and District NHS Foundation Trust

Current regime

The current financial regime was set up in March to ensure that financial constraints were not a constraint to doing the right thing for patients as a result of the CoVid-19 outbreak. The regime is as follows:

- Block contract for income based upon NHSI assessment of expenditure using Months 8 – 10 last year as a guide, uplifted for inflation of 2.8%
- No efficiency expectation and no growth for developments
- Payment a month in advance to facilitate quicker payment to suppliers
- CoVid costs reimbursed separately
- Top-up payments to organisations to ensure breakeven

This process was initially in place for Months 1 – 4 of the year, and has been extended to Month 5, with a likely further extension to cover Month 6.

Potential new regime

Discussions are ongoing in respect of the regime for the rest of the year. The current thinking includes:

- Moving away from retrospective top-ups to prospective allocations
- Allocations to ICS's
- Adjustment to current block contract in light of Q1 review and some targeted planning issues
- Potential incentives for recovery
- Efficiency requirement will depend upon whether the block contract covers costs
- Payments in advance will be phased out later in the financial year

Future financial regime

Harrogate and District NHS Foundation Trust

Issues to consider

Clearly as yet the future allocation is not yet known, but there are a number of issues that we will need to consider. These considerations will also need to involve our partners across HCV/WY&H.

Key questions are

- The level of correction applied to planning issues resulting from the plan currently set
- The impact of the allocation on the recovery plans to restart activity
- The allocation process within the ICS, or within the sub-system of the ICS
- The cash impact and timing of payments later in the year as the payment in advance is potentially withdrawn
- The level of productivity requirement and a restated definition of productivity expectation across services

We will wish to think through our response when planning guidance is received, but in preparation it is important that we (and other providers across the system) have a clear understanding of the cost base and recurrent runrate that can deliver our baseline or our stepped up recovery plan. This will generate a common narrative across the system that we can use in future dialogue.

To this end I have approached an external party to scope a piece of work that will examine

- An analysis of our cost base and runrate in defined scenarios
- An exploration of the productivity opportunities as we restart elective activity, focusing on theatres and outpatients
- Our levels of financial controls in areas across the Trust to ensure that we are doing all we can to manage our resources appropriately

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Operational Performance Report (June 2020)

Agenda Item Number:	**9.2**
Presented for:	Information
Report of:	Chief Operating Officer – Covid Recovery Plan Update Report
Author (s):	Head of Performance and Analysis
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives	
To deliver high quality care	✓
To work with partners to deliver integrated care	✓
To ensure clinical and financial sustainability	✓

Recommendation:
It is recommended that the Board note the items contained within this report.

Harrogate and District
NHS Foundation Trust

Covid Recovery Plan Update Report

Recovery Plan

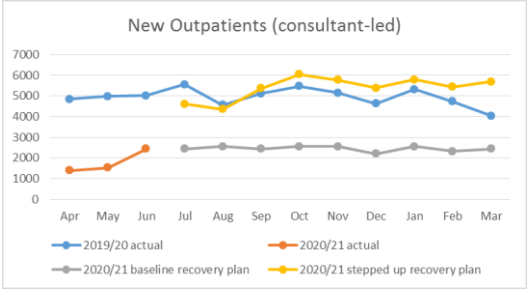
NHS
Harrogate and District
NHS Foundation Trust

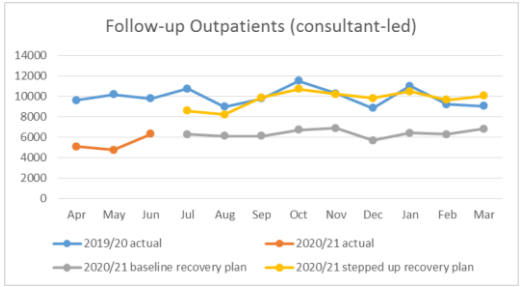
Recovery Programme
The Trust has now submitted the acute recovery plan base case and step up activity profiles to NHSE/I (see charts).

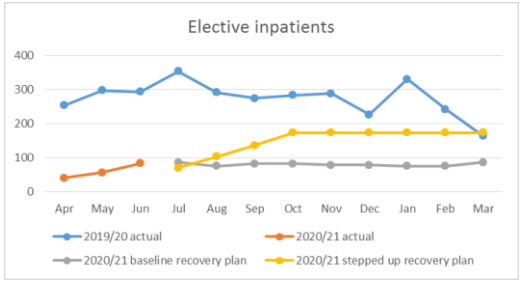
Stepping Up Elective Services
From week commencing 20 July, additional outpatient areas will open to support delivery of the recovery plan. In addition the relocation of the Pre-Operative Assessment Centre and main Elective Green Zones will open on the Trust site. The Trust is utilising the CT Scanner at the Nightingale Hospital for 3 days per week to support the clearing of backlog patients and we have assumed continuation of access to the BMI independent sector across the full financial year, with increased levels of inpatient operating from July.

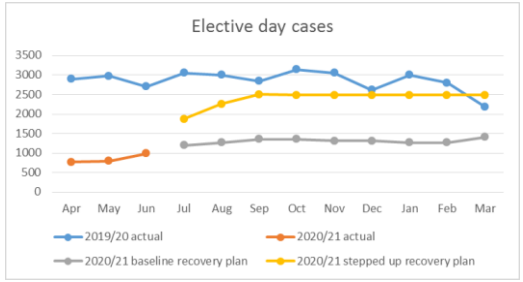
Cancer
Recovery continues to prioritise the protection of cancer services from the outset of the pandemic, a Green Zone theatre has been created for the most urgent surgery on site, the Oncology centre is a separate building and continues to provide outpatients and chemotherapy facilities. However, some diagnostics such as Endoscopy have been unable to function throughout the outbreak and this poses the most significant risk in relation to cancer pathways at present. Endoscopy services restarted in June, with capcity increasing each week as a priority. Patient confidence to access primary care services for referral is improving, back to 78% of pre-COVID referrals, after significant drop in April. The Trust is monitoring impact in treatment types and late stage presentation to assess impact of delayed/ lower levels of referral on Cancer outcomes.

Challenges
We continue to work with clinical services that are finding it challenging to resume services at a reasonable level and in particular, Aerosol Generated Procedures (AGPs) within ENT, challenges linked to Lung Function, and Estate capacity within Community Dental; these challenges are resulting in a potential significant impact on the length of patient waits. The Planning Department are working closely with the services to explore options to resolve the issues. These include an ‘in room’ air filtration device that could reduce the downtime between patients procedures, increasing the capacity available









Operational Performance

Harrogate and District NHS Foundation Trust

Long Wait Patients

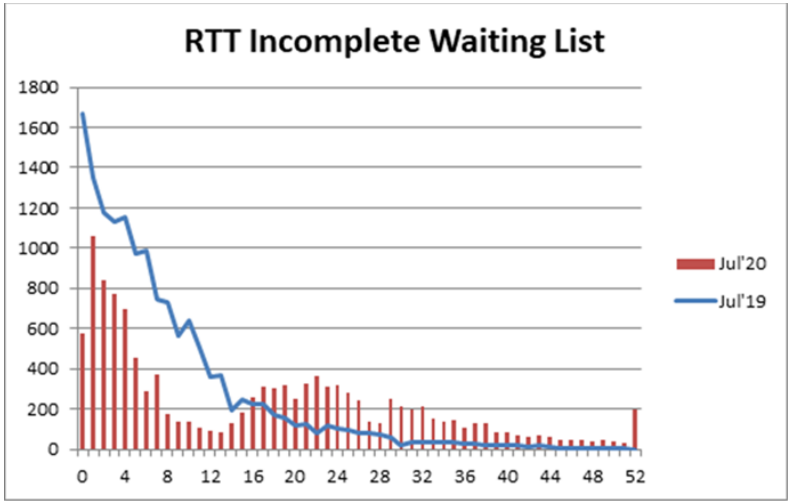
The number of patients waiting more than 52 weeks for their treatment has significantly increased due to the stand down of routine care during March – June, with a changed pattern to our waiting list position. Without remedial action there could be 315 patients waiting over 52 weeks by the end of July:

Following completion of the clinically urgent and fast track 'Phase 2' requirements, the Trust has commenced planning and mobilisation of lists to support long wait patient. This is the priority for Phase 3 Planning and where possible will re-commence from July.

The Trust has established the Clinical Advisory Group, led by the Deputy Medical Director to have oversight on the clinical risk in decisions taken regarding treatment pathways during COVID and manage the Trust-wide approach to risk stratification.

All referrals are triaged by a relevant speciality consultant, this results in them being prioritised clinically and then chronologically. The Directorate teams are working together to ensure that physical clinical space is being allocated to ensure speciality waiting times do not become misaligned due to limitations caused by social distancing measures.

The Trust has made changes to the clinical systems to ensure all patients on the waiting list for surgery have a prioritisation category, based on the Royal College of Surgeons clinical prioritisation framework.



RTT Performance	April	May	June	Current Position	July Prediction
Total Incomplete Pathways	9,766	9,593	11,797	12,202	13,876
>52 Weeks	18	53	139	194	315
>40 Weeks	305	482	705	821	1,185
Average Wait Incomplete Pathways weeks	15.8	17.4	16.1	16.6	17.2
% of Patients Treated Within 18 weeks	65.2%	57.2%	56.4%	55.1%	54.5%

Emergency Department Performance

Performance against the A&E 4-hour standard was above 95% in June (95.1%). This was an improvement on last month and for the year 2019/20, performance was at 90.7%.

The number of ED attendances continues to increase, with attendances now being up from 60% to 75% of the attendances in the corresponding month last year. This includes data for the Emergency Department at Harrogate and Ripon MIU.

Cancer Services

Cancer 2 week waits - transformed approach to deliver more non-Face to Face appointments which has supported continued levels of performance (97.26% May) and protected treatment performance (81.97% 62 day target May).

Harrogate and District
NHS Foundation Trust

Board of Directors (held in public)
29 July 2020

Committee Name:	Quality Committee Chair's Log
Committee Chair:	Laura Robson, Non-executive Director
Date of meeting:	1 July 2020
Date of Board meeting this report is to be presented	29 July 2020

Summary of key issues

- The Quality Committee met via teleconference. The meeting was observed by Dave Stott, Public Governor.
- The meeting opened with a presentation from Ms Christine Brindle, Clinical Lead for Audiology. Ms Brindle had been invited to give the Committee information regarding service changes made to enable patients to receive appropriate care during the pandemic. Some of the initiatives had been planned but the circumstances made it necessary to implement change at speed. Remote working had reduced the non-attendance rate considerably and a wide range of services could be provided without any need for the patient to attend the clinic. The presentation was very positive and demonstrated innovative patient centred thinking on behalf of the team.
- It was noted that the sepsis screening results had improved and that an electronic solution had enabled better recording of data. This was welcomed as it had been a concern for the Committee for some time.
- Planning has commenced for the 2020/21 Influenza Campaign. The Committee will be kept updated on progress.
- The Committee noted that the Patient Voice Group had been disbanded. The group had been scheduled to do some work on satisfaction with complaints responses. We were informed that there will be other mechanisms to do the work and it will not be lost. The Committee will keep the results under scrutiny as an important indicator of satisfaction.
- The Chief Nurse informed the Committee of the move of Woodlands Ward due to a risk of legionella that had been identified. The risk was low and had been identified through routine testing.
- Minutes of the Clinical Advisory Group 26th May to 18th June were received and discussed. There were no specific issues of concern for the Committee but the minutes provided an excellent summary of decisions made and also the importance of close working with Primary Care colleagues.
- The quality issues from the IBR and the Quality dashboard were scrutinised by the Committee. Discussion focussed on cancer services waiting times, 14-day symptomatic breast referral and the pressures within radiology, patient falls in hospital and medication incidents. The new Chief Pharmacist, Kate Woodrow is to join the Committee.

- The draft Quality Report was received by the Committee. The proposed quality priorities were discussed. The report is going through internal and external processes and is an excellent and informative read. Dr Wood was thanked for her work in co-ordinating an excellent report and she in turn thanked those who had contributed. The final version will be presented to the Board for approval.

Any significant risks for noting by Board? (list if appropriate)

1. The Legionella information will be included in the Chief Nurse Report to the Board where an update will be provided.

2. Clinical risks associated with COVID -19 are well managed by the Clinical Advisory Group.

Any matters of escalation to Board for decision or noting (list if appropriate)

The draft Quality Report has been scrutinised by the Quality Committee.

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Chief Nurse Report

Agenda Item Number:	**10.1**
Presented for:	Information, Discussion
Report of:	Chief Nurse
Author (s):	Chief Nurse
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives	
To deliver high quality care	√
To work with partners to deliver integrated care	
To ensure clinical and financial sustainability	

Recommendation:
The Board is asked to note this work.

Board of Directors

29 July 2020

Chief Nurse Report

1.0 Executive Summary

1.1 The Chief Nurse portfolio at HDFT includes professional standards and workforce development, clinical governance and risk management (shared with the Medical Director), Director for Infection Prevention and Control, Executive Lead for Adult and Children's Safeguarding, Learning Disabilities and Autism, Executive Lead for Maternity and Children's Services, professional lead for nursing and midwifery education portfolio (from September 2020), Executive Lead for Allied Health Professionals (AHP's), Freedom to Speak Up Lead and Senior Information Risk Owner (SIRO) from September 2020.

1.2 I will be regularly reporting on the following areas of the Chief Nurse portfolio

- Professional standards and workforce development
- Clinical quality and patient safety
    - Infection prevention and control
    - Fundamental care standards
    - Patient Experience
- Adult and Children's Safeguarding
- Nursing, Midwifery and AHP Education

1.3 The other elements of the Chief Nurse portfolio will be reported on as required.

2.0 Introduction

2.1 The Chief Nurse report provides an overview of care quality, activities underpinning care and nursing, midwifery and AHP development. This is particularly important in our continued response to the challenging and evolving COVID -19 pandemic.

2.2 More details of key performance metrics, which are proxy indicators for quality of care are provided in the Integrated Board report.

2.3 This is a new report style aiming, in conjunction with the Medical Director report, to provide assurance for the quality of care (safety, effectiveness and experience) and professional standards at HDFT.

3.0 Proposal

3.1 To provide a high quality, regular report of the work, performance and strategy of the HDFT Corporate Nursing Directorate, with particular emphasis on the following key areas

- Professional Standards and Workforce Development
- Clinical Quality and Patient Safety
- Adult and Children's Safeguarding
- Nursing, Midwifery and AHP education

4.0 Quality Implications and Clinical Input

4.1 Better clinical engagement within the leadership of HDFT will facilitate our ambition to provide outstanding patient outcomes and experience every time.

5.0 Equality Analysis

5.1 The corporate nursing team are committed to equality, diversity and inclusivity.

6.0 Financial Implications

6.1 The Chief Nurse Directorate has an agreed budget.

7.0 Risks and Mitigating Actions

7.1 There is a robust corporate nursing risk register which feeds into the Corporate Risk Register, monitored by the Corporate Risk Register Group

8.0 Consultation with Partner Organisations

8.1 The CN engages with a wide range of internal and external stakeholders to develop work programmes.

9.0 Monitoring Performance

9.1 Professional Standards and Workforce Development Revalidation

- Revalidation is a key part of nursing, midwifery and health visitors' professional life: it helps them to maintain safe and effective practice by supporting them to update knowledge and develop new skills.

- Revalidation requirements do not apply to people on the temporary register.

- In response to the COVID-19 pandemic nurses, midwives and health visitors due to revalidate in March to June 2020 have had their revalidation dates automatically extended for 12 weeks.
- Nurses, midwives and health visitors due to revalidate in July or August 2020 can request a 12 week extension.
- Nurses, midwives and health visitors due to revalidate in March and April 2020 were granted an automatic extension for another 12 weeks.

- Nurses, midwives or health visitors due to revalidate in May 2020 requiring a second extension can request a further 12 week extension.

- HDFT has a robust process in place to ensure all nurses, midwives and health visitors have a valid registration.

9.2 Clinical Quality and Patient Safety

9.2.1 Byland COVID -19 Outbreak

- There has been a second outbreak of hospital acquired COVID-19 infection
- Two patients were involved, they have subsequently been discharged
- 50 staff members were tested, all negative
- The outbreak was declared closed on 10th July 2020
- All appropriate external reporting was completed

The move of Woodlands Ward had been necessary due to a risk of legionella that had been identified. The risk was low and had been identified through routine testing.

9.2.2 Annual Patient Experience Report

- There were 236 complaints in 2019/20
- 58.5% met the deadline for response
- 28 complaints required further resolution
- Two complaints were referred to the Parliamentary Health Ombudsman. One was partially upheld.
- The total number of contacts for the Patient Advice and Liaison Service (PALS) was 953
- To learn from complaints actions have been developed locally. There were 301 actions developed in 2019/20. 52.5% of actions have been completed to date.
- An RPIW was held in September 2019 focusing on the process for investigating concerns and complaints with one of the objectives to improve the response time to deadlines. The output of this RPIW has been disrupted due to COVID but is being recommenced.
- The corporate Patient Experience Team received 325 compliments in 2019/20. HDFT does not record compliments sent directly to the services
- The Annual Patient Experience Report is a supplementary paper supporting the Chief Nurse report.

9.3 Adult and Children's Safeguarding

9.3.1 Children's Safeguarding during COVID-19

- Each 0 -19 Children's Service has seen an increase in numbers of incidents requiring a response.
- The services have developed and implemented a number methods, processes and ways of working to ensure children are safeguarded and staff are supported
- The Safeguarding Children Resilience Assurance report – 29 June 2020 is a supplementary paper supporting the Chief Nurse report.

9.4 Nursing, Midwifery and Allied Health Professional (AHP) Education

- From September 2020 I will become the lead for nursing pre and post registration education. We welcome Simon Riley-Fuller as our new Deputy Chief Nurse on 10th August 2020 and education will become a significant part of his portfolio
- I will continue to support the Head of Midwifery regarding midwifery education and the strategic lead for AHP's for their education requirements.
- A bid had been submitted to HEE to increase nurse pre-registration places at HDFT by 20%
- The strategic lead for AHP's is working collaboratively with the HCV Council Faculty to increase the number of AHP students across the HCV footprint

9.5 Learning Disabilities

- Last month I discussed the numbers of deaths of people with a Learning Disability (LD) had increased in North Yorkshire during the COVID-19 period of March through to May 2020. There were 25 deaths during this period against an average of 11.
- Of the 25 deaths in North Yorkshire 10 people were known to HDFT services.
- 4 people were in-patients at the time of their deaths. I person had a positive swab for COVID-19, 4 people had used HDFT services within six months but died out of hospital and 2 people had no recent contact with HDFT services.
- Each death is subject to a Learning Disability Mortality Review (LeDeR).

- HDFT's Acute Liaison Nurse will be participating in the NY rapid review panel
- The Learning Disabilities Annual Report 2019/20 is a supplementary paper supporting the Chief Nurse report.

9.6 Future Freedom to Speak Up Guardian (FTSUG) Arrangements

- It was an agreed action from the Deloitte review to consider the future FTSUG arrangements.
- Following a Trust-wide survey and debate at Trust Board an agreed model has emerged.
- The FTSUG's will remain in-house.
- There will be a FTSU Lead for Governance.
- There will be a number of associate FTSUG's
- There will be positive action to encourage colleagues who are more vulnerable when it comes to speaking up to apply
- We will seek support for an independent alternative FTSU route through mutual aid
- A work plan to achieve this model has been developed
- The interim arrangements are in place and contacts are being made

10.0 Recommendation

10.1 The Board is recommended to approve the content of this report**.**

11.0 Supporting Information

The following papers make up and support this report:

- The Annual Patient Experience Report
- The Safeguarding Children Resilience Assurance report – 29 June 2020
- The Learning Disabilities Annual Report 2019/20

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Annual Patient Experience and Complaints Report

Agenda Item Number:	**10.1.2**
Presented for:	Assurance, Information, Discussion
Report of:	Chief Nurse
Author (s):	Patient Safety Manager/ Head of Risk Management
Report History:	There are risks associated with not learning from patient feedback. Compliance with the Duty of Candour is a statutory requirement that is monitored by the Care Quality Commission.
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives	
To deliver high quality care	√
To work with partners to deliver integrated care	
To ensure clinical and financial sustainability	

Recommendation:

- The Board is asked to notes items included within the report and take assurance from the evidence and actions proposed.

Board of Directors

29 July 2020

Quarterly patient experience report (2019/20 Q4)

1.0 Executive Summary

1.1. 59 complaints were received in Q4 (64 in Q3) and 97% were acknowledged within three working days. In total 236 complaints were received in 2019/20 which is similar to the previous year (238).

1.2. In September 2019 a RPIW was held focusing on the process for investigating concerns and complaints. A number of tools and methods for investigation and response were redesigned and have subsequently been piloted over subsequent months. The mission was to develop a process that enabled a robust response that was fit for the kitchen table of any complainant without numerous re-works or edits by both complainant or subsequent staff. As part of this the grading matrix has been updated. Green complaints now have a response timeframe of 15 working days and yellow complaints have a response timeframe of 25 working days. The pilot phase of this review is still underway.

1.3. Of those cases where the deadline has been reached in the period, the response rate in Q4 is 57% which is an improvement from last quarter (48%). It is recognised that this is still some way from our target of 95%, however it is moving in the right direction. A planned review of the revised tools and process was scheduled to take place in Q4, however due to the Covid-19 outbreak this was postponed. Once this has been rearranged and the process and policy finalised, we are expecting to see a further improvement in the response rate as the new process embeds.

1.4. Further analysis has been undertaken on the number of working days overdue the complaints have been responded to. Further detail can be found in the enclosed report, but in summary, the average number of days a complaint is overdue has decreased further from 15 working days in Q3 to 10 working days in Q4. In Q4 last year this was 29 days. Of these overdue cases, 55% of complaints were responded to within 10 days of the response date, and 91% of complaints were responded to within 20 working days of the response date. This will continue to be monitored over the year.

1.5. The percentage of complaints upheld in Q4 at the time of the report is 62%, although it should be noted that this will change as the remaining complaints are investigated. Overall the average for the year was 57%. The top themes of those complaints upheld in Q4 are clinical treatment and communication which are in keeping with the themes from previous quarters.

1.6. 12% of the complaints in Q4 originated from concerns that the PET handled initially and tried to resolve outside of the complaints process. Across 2019/20, 8% of complaints originated as concerns (7% in 2018/19).

1.7. We have reviewed the process for monitoring the number of re-opened complaints this financial year. Following scrutiny, we now collate and record every case that receives further contact from the complainant requiring a response, even if this is received in a matter of days and requires minor clarification or a follow up meeting.

The data is based on the date the complaint was first received and investigated. Based on this new process, in Q4 3% of cases were reopened compared with 9% in Q3. Of the two cases in Q4, both required minor clarification to the complainant. Overall in 2019/20 28 cases have been reopened (12%), compared with 31 (13%) in 2018/19. Of these 28 cases 3% (one case) required reinvestigation (the findings were no different on reinvestigation), 79% required minor clarification, and in 18% a meeting was held to explain the findings of the investigation.

1.8. The total number of contacts dealt with informally as PALS contacts by the PET in Q4 was 240, a decrease from Q3. Overall in 2019/20 there has been a 9% increase in the number of informal contacts (871 in 2018/19 to 953 in 2019/20). Looking specifically at concerns raised there has been an 18% increase in the number of informal concerns dealt with by PET in 2019/20.

1.9. No new PHSO requests were received in Q4. The PHSO are still investigating one complaint from Q1 18/19. The PHSO have partially upheld a complaint from Q1 2019/20 which related to care delivered in 2014. The PHSO requested that we provide a £500 goodwill payment for the distress experienced. This is the first partially upheld complaint by the PHSO since 2015/16.

1.10. The number of new actions in Q4 delivered to deadline is 74% at the time of reporting. Overall for 2019/20 the present position is 49% of actions delivered to deadline. There remains a number of old actions still open from 2016/17, 2017/18 and 2018/19. The Directorates have been asked to ensure achievable actions are identified and then realistic target dates are assigned at the point of setting the action. They have also been asked to look at processes for reviewing progress against actions.

1.11. The top locations in Q4 for complaints were Emergency Department, MAU and Outpatients.

1.12. In 2019/20 the top three locations were Emergency Department, Outpatients and MAU, which are in keeping with previous years. This year Orthopaedic Outpatients, Nidderdale and Littondale also feature. The main themes in the complaints about Orthopaedic Outpatients are delays in follow up appointments and listing for procedures and incorrect treatment / delay in diagnosis. No particular theme has been identified for Nidderdale or Littondale

1.13. The top specialities in Q4 for complaints are Emergency Medicine, Acute Medicine and General Surgery.

1.14. The top specialities for 2019/20 are were Emergency Medicine, Trauma & Orthopaedics, General Surgery which are in keeping with last year. Acute Medicine and Gastroenterology also feature in the top 10 this year. The complaints regarding gastroenterology include several about delays in diagnosis and concerns around incorrect treatment. There are also a number of complaints where the patient was under the care of the gastroenterology team but the complaint is nothing to do with care delivered by this specialty, e.g concerns around other disruptive patient on the ward.

1.15. Communication with relatives / carers, delay or failure in treatment or procedure, delay/ failure to diagnose, communication with patient and discharge arrangements were the top subjects complained about in Q4. The most common locations for these complaints were the Emergency Department and Outpatient Department.

1.16. Delay or failure to diagnose and delay/failure in treatment or procedure were the top subjects complained about in 2019/20. Attitude and communication by staff were

the next most common. These are the same as the previous year. 43% of the complaints about delay or failure to diagnose occurred in the Emergency Department. 20% of the complaints about delay / failure in treatment or procedure also occurred in the Emergency Department. This is not unexpected as due to the nature of cases seen in the Emergency Department a diagnosis is not always immediately forthcoming.

1.17. In the concerns received this quarter there are themes around waiting times for appointments and lengths of list in various specialities; communication and attitude and delay / failure in treatment or procedure.

1.18. 86 formal compliments were received in Q4, a fall from 100 in Q3. 14% of the compliments were about communication & attitude, 66% regarding the clinical care received and 20% related to the efficiency of the service. Overall 325 compliments were received in 2019/20 compared with 339 in 2018/19.

2. To note: due to scheduling conflicts, this report is being brought to Quality Committee first, prior to review at the operational group. This report will be discussed at the next Learning from Patient Experience Group (LPEG) on 4 June 2020.

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Safeguarding Children Resilience Assurance Report July 2020

Agenda Item Number:	**10.1.3**
Presented for:	Information
Report of:	Chief Nurse
Author (s):	Head of Children's Safeguarding
Report History:	None.
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000.

Links to Trust's Objectives	
To deliver high quality care	✓
To work with partners to deliver integrated care	✓
To ensure clinical and financial sustainability	✓

Recommendation:
It is recommended that the Board note the items contained within this report.

Harrogate and District NHS Foundation Trust

Board of Directors

29 July 2020

Safeguarding Children Resilience Assurance Report - 29/06/20

Social distancing measures have adverse effects and are disproportionately affecting children, who are likely to experience milder symptoms compared to adults if they contract COVID-19. The sources of support that were previously available to most children and young people, including school and a network of friends and extended family members, have been removed. Additionally, there has been an increase in family stress for households facing additional financial and social pressures from COVID-19. This inevitably will lead to more children and young people suffering abuse and neglect and this is happening hidden in homes where it is difficult to prevent, detect or intervene in a meaningful manner. (Royal College of Paediatrics and Child Health May 2020).

HDFT has seen a rise in child protection work across the whole foot print. This surge, although anticipated and addressed through recovery and surge plans, has still required other methods to be put in place to ensure children are safeguarded and staff are supported.

Thematic Lead Surge/Recovery plans

Risk Assessment for Essential Safeguarding Work

This is reviewed on a daily basis by the Deputy Head of Safeguarding children to ensure capacity within the safeguarding team. Two members of staff from the 0-19 have been deployed into the safeguarding children team to support the work.

This is reported to Bronze command on a fortnightly basis or more often as the need demands.

Demand and Capacity Safeguarding Tool

A Safeguarding Demand and Capacity tool has been developed to monitor frontline practitioner safeguarding capacity. This is completed on a weekly basis and presented at bronze command. Staff have been deployed into other contract areas depending on need.

Front Door Response across the footprint

Durham MASH- Multi-Agency Safeguarding Hub

In addition to the 1.5 WTE SNCP within the MASH there is currently a 0-19 Practitioner deployed to support for approximately 10 hours per week with Domestic Abuse Screening and MASH reports however this is due to end 03.07.20.

Domestic abuse screening is a daily arrangement whereby Health, Police and Local Authority are represented to triage Domestic Abuse referral forms from the Police attendance to incidents. During the month of May this included a Pilot to include ‘standard’ incidents of which were previously excluded. When comparing Pre COVID-19 to recovery it can be seen in the table that there has been an increase in excess of 10 hours in time taken in May when compared to March for time spent by SNCP screening and documenting within the children’s record. There has been an increase in the number of reports shared with health at the request of the SNCP due to COVID-19 and the reduction of contacts families

are having with agencies. This continues to be a face to face meeting in base using social distancing due to Police restrictions using MS Teams and the ability to use body cam footage to aid decision making.

	No of Children identified	No of HIGH risk SAF's	No of MEDIUM risk SAF's	No of STANDARD risk SAF's	Number of screening sessions	Time spent in screening	Approx' time spent recordkeeping
March	883	24	378	0	22	26hr	58.5 hours
May	862	46	274	46	21	38hr 25	57.5 hours
June (to 22.06)	958	27	322	55	18	36hr 30	63.5 hours

There has been an increase in requests for MASH reports when comparing March to May data along with an increase in MASH discussions as a result. Then when comparing May to June there has been a decrease in reports but a dramatic increase in discussions. The discussions are being held face to face for Police, Health and Local Authority to enable multiagency decision making with other agencies supplying information virtually.

	No of children in the MASH	No of reports required by 0-19 Health	MASH discussions
March	**43**	**32**	**0**
May	**72**	**54**	**1**
June (to 22.06)	**28**	**22**	**6**

Sunderland ICRT - Multi-Agency Safeguarding Hub

Sunderland ICRT has a full complement of staff. They are currently being supported by a Band 6 Safeguarding Development Nurse and a Health Visitor deployed from the 0-19 Service in Durham who has completed a recent secondment with the safeguarding team. The SNCP continues to contribute to the multiagency front door process within the ICRT through the completion of MASH assessments and attendance at Amber and Red Strategy meetings. The SNCP continues to collect GP information and wider health economy information to inform multiagency decision making. In light of the current restrictions meetings are being held virtually.

Activity figures are collated by a member of the Safeguarding Admin team which reflect activity in the front door setting. Data reflects the number of families discussed within the ICRT with an increase of these cases noted in March and April 2020. These figures continue to be monitored closely in line with ongoing surge planning. The number of Red Strategy meetings taking place in the ICRT has remained consistent. Data has been compared for Strategy meetings attended by the wider Sunderland 0-19 service from January and February to May and June 2020; this collated data shows comparable numbers of Strategy meeting attended by Sunderland 0-19 service across both periods.

Table 1: Number of families discussed in ICRT (2020)

Jan	Feb	March	April	May
45	**88**	**91**	**107**	**89**

Table 2: Number of 0-19 Strategy meetings based on age (2020)

Age	**0-5**	**5-9**
Jan / Feb	**51**	**121**
May / June (*up to 12 June)	**35**	**66**

Stockton CHUB - Multi-Agency Safeguarding Hub

Activity within the CHUB fluctuates hugely on a weekly basis with unusual peaks; overall there has been a 10-12% increase in activity.

The normal staffing level within the CHUB is 1.6 WTE. Since the middle of April the full time SNCP has been on long term sick leave, to mitigate against this the part time SNCP increased her hours to full time; from the 3rd week into sickness additional support was going into the CHUB as a result of the deployment of a HV from Sunderland, there was also support from SNCPs in Stockton and Middlesbrough; this included the SNCP who was on retire and return undertaking additional hours to support the CHUB and SPOC. The remaining SNCP in the CHUB commenced long term sick leave on 10th June. The Stockton SNCP is now working in the CHUB and during quieter spells resumes her substantive role. The Service Manager agreed to release a Band 6 Health Visitor to work full time in the CHUB for a six week period to support the safeguarding team; this has proven to be an excellent development opportunity for the HV and demonstrates integrated working with the 0-19 teams. The CHUB dashboard is being cleared on a daily basis and the workload within the CHUB is being managed effectively.

The current cover for sickness in the CHUB is at 1.6 WTE.

Middlesbrough MACH - Multi-Agency Safeguarding Hub

There is one WTE SNCP working in the MACH.

Regarding Middlesbrough's data pre COVID-19; as a result of the Ofsted Inspection outcome in January 2020, there was a definite spike in the number of contacts received in January and February. Without this increase, the activity during lockdown would appear more significant.

During the pandemic there has been an increase in domestic abuse referrals. Activity within the MACH fluctuates from being extremely busy to having quieter spells.

The SNCP in the MACH supports the wider safeguarding team in Middlesbrough with deep dive audits and supervision. Since the appointed of the Band 7 strategy nurse resilience within the MACH has increased.

As part of the Middlesbrough Ofsted Improvement Plan the Middlesbrough and Redcar MACH will be disaggregating from 1st July to improve services to children in Middlesbrough.

The NNCP has worked closely with the Service Managers across Stockton and Middlesbrough in delivering services which are underpinned by integrated working and a one team approach to address the surge in activity. Particularly in Middlesbrough the increase in surge activity continues to pose significant challenges and pressures for the integrated team.

Gateshead IRT - Multi-Agency Safeguarding Hub

Gateshead IRT has a full complement of staff having recruited to a 0.5 Specialist Nurse Child Protection (SNCP) post in June 2020.

The SNCP continues to form part of the multiagency police incidents triage, including domestic abuse, taking place each morning within the IRT. This takes place on a virtual basis in light of current working restrictions.

Activity figures are collated by the SNCP reflecting activity in the front door setting. Data reflects that case discussion activity following a CCN notification has remained steady with a small reduction in cases discussed in March & April. These figures continue to be monitored closely in line with ongoing surge planning. Similarly, the number of Strategy meetings taking place in the IRT have remained consistent. Strategy meetings attended by the wider Gateshead 0-19 service have slightly increased in May and June 2020. This increase is reflected in strategy meetings for school aged children (5-19). Comparing data from Jan-Feb with data from May-June*there is a 21% increase in strategy meetings for school aged children.

Table 1: Number of police Cases discussed per month (2020)

Jan	Feb	March	April	May
298	**265**	**312**	**237**	**246**

Table 2: Number of Strategy meetings based on age (2020)

Age	0-5	5-9
Jan/Feb	**7**	**70**
May/June (*up to 12 June)	**23**	**57**

Gateshead Local Response

Audit – Dip Sampling audits continue to be undertaken across Gateshead using an integrated approach providing assurance that a high quality service is maintained and children are safeguarded effectively. In addition to these audits the Gateshead Safeguarding team has recently completed an audit on to examine practice relating to Domestic Violence & Abuse (DVA) with a particular focus during COVID-19. Initial findings demonstrate some excellent examples of multi-agency working during this challenging period.

Quality assurance processes demonstrate that vulnerable children subject to a Child Protection plan are being visited and seen face to face as we move into the second phase of the recovery plan.

Supervision and training - compliance has been well maintained during the recent changes in working practices. Monitoring processes are firmly established across Gateshead and staff prioritisation of supervision and training is well reflected in the high compliance rates.

The number of cases discussed in MSET (Missing, Sexually Exploited Team) has reduced in recent months. The NNCP is monitoring activity within this arena and has escalated this to the Designated Nurse. This is to be discussed with partners in the LSCP Performance meeting forum.

Durham Local Response

Durham Safeguarding Children's Team have a full complement of staff and external to the MASH the SNCP have been aligned to three locality areas (North, South and East) within County Durham to support Local Safeguarding arrangements, this is in line with Durham Local Authority arrangements as a response to the expected surge in safeguarding related to COVID-19 to support the 0-19 service.

Durham 0-19 Service is to enter a 30 day Consultation period for the renewed contract on 01.07.20, all SNCP have been allocated to one of the four work streams to develop the service provision and ensure safeguarding is embedded throughout.

In addition to the usual deep dive audits that are continuing the Safeguarding team have completed audits on face to face contacts for Children subject to CP Plans, Compliance to the Domestic Abuse process and Support/contact with Children Looked After. A multiagency audit on Interfamilial sexual abuse is planned for completion in July/August 2020.

Stockton Local Response

At the start of the pandemic Stockton SNCP retired and was replaced with a newly appointed SNCP. As a result of the 5-19 Impact Audit the Band 7 Strategy Nurse took up her position on 1st April. The NNCP supported both new members of staff remotely during their six weeks induction period.

Despite the increase in safeguarding activity due to COVID-19 and Child Protection Plan Face to Face Visits and Domestic Abuse audits, the day to day safeguarding core business has continued ensuring that compliance with training and safeguarding supervision has been maintained.

Due to sickness the newly appointed SNCP has been working in the CHUB since 10th June, she will continue with the deep dive audit activity as and when she can.

The newly appointed SNCP has also been supporting the Strategy Nurse as and when required when there are significant peaks in strategy and ICPC activity.

As the SNCPs are new to post and have been on an induction period the NNCP has undertaken some 1:1 supervision with practitioners in line with increases in safeguarding demands.

A Rapid Review meeting was held in June as a result of the death of a baby; the criteria was met to hold a local Child Safeguarding Practice Review, however it is unlikely that a report will be required due to the immediate learning and improvement activity across the multi – agency partnership.

Middlesbrough Local Response

As a consequence of a retiree and return of the SNCP in Middlesbrough, staffing levels were reduced; during a 4 week period there was half time SNCP.

In addition to COVID-19 there has been a significant increase in safeguarding activity in Middlesbrough as a result of the poor Ofsted inspection, this has had a huge impact on both the safeguarding and 0-19 teams.

An action plan was developed by the Service Manager to support the 5-19 practitioners whereby the SNCPs were supporting with strategies and VEMT. Additional support was given to practitioners by providing 1:1 supervision as required.

The Band 7 Strategy Nurse took up her position at the end of May, due to the pressures in Middlesbrough she was released early from her secondment in Durham. She has been exceptionally busy due to the high level of safeguarding activity. The Strategy Nurse has also been working closely with the MACH SNCP; part of her role is to provide resilience during holiday periods in the MACH.

Despite the high levels of safeguarding activity in Middlesbrough the results of the Child Protection Plan face to face visits and Domestic Abuse audits were excellent. All children received a face to face contact, there was appropriate liaison with SW and core groups

attended; where the practitioners had failed contacts the appropriate actions were taken. This is evidence of a total commitment to safeguarding responsibilities.

Additionally during the pandemic the multi-agency audit programme has continued with the full participation of the NNCP and the SNCPs have continued to undertake the programme of deep dive audits.

A Rapid Review was held in respect of a 3 year old child and the criteria was met to undertake a local CSPR.

The NNCP and Service Manager have worked closely to address the challenges of the significant increase in safeguarding activity to review the 5-19 safeguarding action plan.

A full time school nurse from Durham will be working with the 5-19 practitioners from Monday 29th June to undertake safeguarding work. In addition to this the 5-19 practitioners in Durham MASH will support with safeguarding activity in Middlesbrough such as strategies, core groups and ICPCs.

Due to the extremely high level of safeguarding activity the demand and capacity tool provided the evidence that Middlesbrough requires an additional 7 WTE school nurses to meet the demands of the safeguarding work.

Darlington Local Response

Safeguarding in Darlington is yet to see a surge in safeguarding. Information from the Local Authority shows that the number of strategy meetings March to mid-June has been lower than this time last year. This may be due to a new process implemented by the Local Authority aimed at reducing the number of inappropriate referrals and strategy meeting.

This would be supported by the work in the Children's Initial Advice Team by the Specialist Nurse Child Protection who has not seen a surge in the request for health information.

Work within the Children's Initial Advice Team has increased for the Specialist Nurse Child Protection as Darlington has introduced a Missing from Home meeting once a week and Child Exploitation Vulnerability Tracker meetings twice a week. HDFT contribute positively to these meetings, both sharing and receiving information.

The work generated by the MAPPA and MARAC process has remained the same during COVID-19.

The number of practitioners requiring 1:1 supervision with the Specialist Nurse Child Protection has increased. From data obtained, in April 2020, 16 children were discussed compared to no children in April 2019.

The number of children on a Child Protection Plan remains within the usual parameters for Darlington at 97 children.

All children that have gone on a child protection plan during COVID-19 have been contacted by the Specialist Nurse Child Protection to offer support and supervision if required. All children who have gone on a child protection plan during this period have received a face to face contact.

Child protection supervision is at 100% for Quarter 1 which has been delivered via Microsoft Teams.

Safeguarding training packages have been sent to staff; currently five staff are non-compliant with three of these currently working through the workbook.

North Yorkshire Local Response

Safeguarding in North Yorkshire has remained consistent with no surge in safeguarding seen at present.

Safeguarding Supervision has been delivered via Microsoft Teams and the current compliance figure is 69% with some mop up sessions due next week. Staff have anecdotally reported that these sessions have gone well via a virtual platform.

Training has been delivered via workbooks, compliance data is from the end of March with no new figures available.

MARAC meetings have continued in North Yorkshire on a virtual basis. Figures show that, as yet, there has been no surge, however it is anticipated that there will be an increase as lockdown measures are relaxed. The MARAC co-ordinator has been approached to consider if HDFT can attach MARAC minutes onto Systm One, which will reduce the time SNCP spend on writing up the meeting.

Named Nurse was at start of lockdown joining meetings held by IRO managers to discuss forthcoming ICPC/RCPC's across whole of North Yorkshire to discuss planned contact with families and facilitation for them into these meetings as now held virtually. A weekly list of these meetings has been disseminated to the Specialist Nurses Child Protection who have been proactive in contacting 0-19 practitioners pre and post ICPC/RCPC to offer support and supervision as required. Following this, the majority of children who have gone on a Child Protection Plan since COVID-19 have received a face to face contact. One area is highlighted as requiring additional support to complete a face to face contact and a plan is in place to support this.

The process of receiving Police notification has been reviewed in North Yorkshire to adopt a more streamlined approach in line with our other contract areas. There is a plan for administrators to take a more active role in documenting this information on Systm One and the document received from the Police to be scanned onto the records. This will increase practitioner's capacity and ensure all relevant information is available.

The Specialist Nurse Child Protection is attending daily COVID-19 meetings chaired by the Service Manager and twice weekly COVID-19 meetings with the Named Nurse Child Protection.

The Specialist Nurse Child Protection going forward will also attend the 0-19 team meetings to ensure strong partnership working, which is especially important during COVID-19 and the expected safeguarding surge.

During COVID-19 the Designated Nurses Child Protection are doing a weekly newsletter. This is instrumental in sharing regional and national information to the Safeguarding Children Team and the wider footprint.

The Specialist Nurse Child Protection are receiving their own supervision from a Named Nurse Child Protection, it has been recognised at this time that supervision is fundamental to supporting practitioners both from a practical perspective but also for their wellbeing.

Going forward the Safeguarding Children Team in North Yorkshire are arranging a debrief session using the signs of safety model to reflect on recent activity during COVID-19 to learn

from what has gone well and reflect and consider how we can do things differently in the future. This session will also incorporate some planning for the forthcoming months.

Acute Response

From the Acute perspective, since the start of the lockdown in response to the COVID-19 pandemic, we have experienced an increase in the number of suspected and actual NAIs that have presented to A&E and / or Woodlands Ward. A couple of these cases have involved very young babies.

During the past three months we have identified two cases (one involving a teenager and one involving a four day old baby) that have been referred to the National Panel for consideration for a SPR. At the initial Rapid Response meeting held following the injuries to a four day old baby, a very thorough and honest multi-agency response was achieved which identified local learning for both TEWV and HDFT.

In anticipation of the Learning Lessons action plan from this case, we have started using it in the supervision sessions being delivered across Paediatrics and Midwifery. As it was a particularly distressing case, the supervision has also provided some recognition and support around the vicarious trauma that staff have experienced.

The SCT has utilised this time of lower admissions overall on Woodlands Ward to deliver F2F level 3 training (socially distancing) in key areas such as CCE and Domestic Abuse. These topics have been chosen in recognition of the concerns that have been identified nationally around the increased incidence of on line grooming and the dramatic increase in calls to DA services and helplines.

We have used a combination of virtual and F2F training which has evaluated very positively and we will therefore continue to use these methods going forward.

In response to the rise in DA cases, we initially provided information and guidance to the Swabbing teams as this was an area that was identified as a place where victims were making disclosures.

Following on from that we are collaborating with IDAS (Independent DA services) to set up a DA café for staff who are victims of DA. The plan is for this to start as a virtual resource but to develop into a ‘live’ facility once lock down is eased.

In addition we have recorded the ’lived experience’ of a member of HDFT staff who was a victim of DA and we intend to upload this powerful message onto the intranet along with details of support services available to both staff and line managers when dealing with these issues.

Once F2F training recommences we will continue to collaborate with IDAS in the training of DA champions throughout the organisation.

Looked After Children (LAC)

Data at present is only available from North Yorkshire regarding new LAC cases due to contractual variations. However it is clear in the table below that numbers doubled from March to April of children going into care. In May the numbers have started to come back down. The Safeguarding Team have mitigated this by deploying a staff member from the acute into the LAC team to support, especially with children who are placed out of area as research shows they are at higher risk.

Recent reports by Ofsted, the Children's Commissioner for England and the APPG for Runaway and Missing Children and Adults have raised concerns about the increase in the number of out of area placements. The concerns raised include:

- Children are being placed out of area because of a lack of suitable provision closer to home.
- That being placed so far away can be traumatic for children who already have had difficult upbringings.
- The vulnerability of children living far away from home means that they are at greater risk of going missing. When children placed out of area do go missing they are at risk of criminal and sexual exploitation, including by criminal gangs who are expanding drugs markets through 'county lines'.
- Children are not being consulted before being placed out of area.
- Children can feel isolated and often do not see loved ones often enough when placed out of area.

(Looked after children: out of area, unregulated and unregistered accommodation, House of Commons briefing paper Feb 2020).

Immunisation team support

Due to COVID-19 it has been identified that the immunisation team require bespoke supervision and training by the Safeguarding Children Team.

The immunisation team are the cohort of staff that are going to come into contact with the largest volume of children in the forthcoming months.

It is recognised with the expected surge in safeguarding the immunisation team could be identifying child protection issues and receiving disclosures from children.

To support the immunisation team in their safeguarding practice all practitioners have been sent the safeguarding children roles and responsibilities workbook to complete. Following this, in the first week of September, in groups of eight they will receive safeguarding supervision via MS Teams to discuss the workbook and any safeguarding concerns, issues they may have. This will be facilitated by a Specialist Nurse Child Protection.

In March, the practitioners will be sent a safeguarding practice review to read and reflect upon. The review will include a case where the child /young person are home educated as these are children that the immunisation team may visit at home. Following this there will be a supervision session in groups of 8 facilitated by a Specialist Nurse Child Protection.

Practitioners are encouraged to also contact their line manager and/or the safeguarding team single point of contact for support and advice as required.

Audits during COVID-19 to ensure children and families are safe

Additionally during the pandemic the multi-agency audit programme has continued with the full participation of the NNCP and the SNCPs have continued to undertake the programme of deep dive audits

Vicarious Trauma support offered by the Safeguarding and 0-19 Team

As a Trust it has been recognised that professionals that work with traumatised children and families can adopt some physiological, psychological and emotional consequences of the abuse to themselves. Therefore vicarious trauma is a form of countertransference that is

stimulated by staff's exposure to traumatic events. Due to the traumatic nature of cases health staff work with such as child protection, accidents, child death and self-harm, it is important that vicarious trauma is recognised, understood and appropriately responded to. It is acknowledged that vicarious trauma may be exacerbated by COVID-19 and the potential safeguarding surge.

Following training attended by Named Nurse Child Protection and Service Managers on vicarious trauma a task and finish group has been established to incorporate vicarious trauma into HDFT services across the footprint. The plan is to raise staff awareness and understanding, and embed into training and supervision.

To date we have developed a presentation which has been delivered to Locality Mangers and Specialist Nurse Child Protection in North Yorkshire. We are planning to deliver the presentation across the 0-19 workforce via Microsoft Teams and managers via the Learning Best Practice Forum. From an acute perspective the training will be initially rolled out to six key areas; A&E, Woodlands Ward SCBU, Maternity, CDC and Paediatric Outpatients.

All training sessions devised by the Safeguarding Children Team will include vicarious trauma to raise awareness to current and new staff. This is will also offer an immediate response to attendees who may be affected by the content of the training.

Vicarious trauma will be incorporated into safeguarding supervision both 1:1 and group with facilitator adopting a restorative approach to close the session. It will also be implemented into the staff 1:1s.

It is recognised that there are processes currently in place that can be adopted to incorporate ways of discussing vicarious trauma; personal resilience training, debriefs following complex cases, self-care, emotional check-ups, mindfulness and signposting to GP and Occupational when required. These changes are to be reflected in the relevant trust polices.

Transformation

Safeguarding Transformation in Darlington is making progress with a pending start date for implementation September 2020. From a staffing perspective a Band 6 WTE has been identified from the current Darlington workforce to join the team and interviews are next week to appoint another 0.8 WTE Band 6 practitioner.

Plans are progressing with regards to the role of the safeguarding SCPHN from a practical perspective with support via preceptorship from a SNCP. There will be a focus on responsibilities such as report writing to ensure that we are providing the relevant information including the voice of the child, however not including other health professionals information and providing information that is not relevant which can lead to the activity being time consuming for the practitioner.

Additional discussions are required with our partners with regards to the new model; the initial meeting with LA partners was successful and positively received.

The transformation will incorporate the 5-19 team completing review health assessments and holistic health assessments, attending strategy meetings, ICPC/RCPC and core groups. The Safeguarding SCPHN will in some cases opt out of the child protection process following the strategy meeting if there is no role for the service. In these circumstances another health professional will utilise their safeguarding responsibilities. This new model will support the service in a pending safeguarding surge during COVID-19, as we will not be

involved in all safeguarding cases following the strategy meeting and be providing a more efficient, effective service.

Transformation in North Yorkshire is currently progressing; discussions with our strategic partners are taking place in July.

The Specialist Nurse Child Protection and Specialist Community Public Health Nurse - Safeguarding who have come into the team in January as the first phase of transformation have embraced the role, anecdotal information received suggests the role has been positively received from partner agencies and 0-19 practitioners.

The new transformation model will enable staff to concentrate on the child protection cases where they have an identified role using a set criteria, this will mean that the 5-19 service will not be involved with all child protection cases following a strategy meeting.

The transformation model will provide an effective, efficient, high quality service to children and families.

In the interim as part of the recovery plan five WTE Specialist Community Public Health Nurses will be coming from the 5-19 team into the safeguarding children team to undertake safeguarding work only. There are also three WTE Staff Nurses who will be part of the Safeguarding Children Team and Looked After Children Team who will undertake specific tasks relevant to safeguarding with oversight by the caseload holder. This interim measure prior to transformation will see the team moving towards the proposed model. This will increase capacity in the team as not all safeguarding responsibilities will be held by the 5-19 service. This will support a pending safeguarding surge as more capacity will be available within the team. There will be a coordinated approach utilising a 0-19 model with clear oversight, support and direction from the Safeguarding Children Team.

Future planning

- Retired Staff have been approached to ask if they would return to work in the safeguarding children team.
- Existing Staff who already work in the safeguarding children team on a part-time basis are working additional hours.
- A business case has been developed for funding so that a Named Nurse can return early from a career break.
- A Safeguarding children bank is going to be funded by a Safeguarding Children/0-19 integrated budget.
- Regular review of demand and capacity and a formal monthly review of the data will be carried out and presented to bronze command.
- Recovery Plans continue to be working documents.
- Review of the extended Single Point of Contact hours to provide more resilience within the safeguarding team.

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Learning Disabilities Annual Report 2019 / 2020

Agenda Item Number:	**10.2**
Presented for:	Information
Report of:	Chief Nurse
Author (s):	Acute Liaison Nurse – Learning Disabilities
Report History:	Approved by the Supporting Vulnerable People Steering Group.
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000.

Links to Trust's Objectives	
To deliver high quality care	✓
To work with partners to deliver integrated care	✓
To ensure clinical and financial sustainability	✓

Recommendation:
It is recommended that the Board note the items contained within this report.

Harrogate and District
NHS Foundation Trust

Corporate Nursing

Learning Disabilities Annual Report 2019/20

Author	Ben Haywood-Noble Acute Liaison Nurse - Learning Disabilities
Date	03.04.20
Approval	Supporting Vulnerable People Steering Group

Contents

Introduction

It is estimated that 1,198,000 people in England have a learning disability (BILD 2011).

Learning disabilities are varied conditions, but are defined by three core criteria:

- lower intellectual ability (usually defined as an Intelligence Quotient (IQ) of less than 70)
- significant impairment of social or adaptive functioning
- onset in childhood.

It includes adults with autism who also have learning disabilities, but does not include people who have a "learning difficulty", such as dyslexia or dyscalculia.

People with a learning disability face many health inequalities, often resulting in worse health than the general population. On average, people with a learning disability die 16 years earlier than the general population (Department of Health, 2013).

The purpose of this report is to describe the work undertaken in the last year with regard to Learning Disabilities (LD) at Harrogate and District NHS Foundation Trust (HDFT).

Aims of HDFT Learning Disabilities Acute Liaison Service

The principle aims of the Learning Disabilities Liaison Service are to:

- Ensure we have appropriate structures in place to meet the needs of patients with learning disabilities
- Provide support and advice to staff with regard to meeting the need of patients with learning disabilities
- Provide reasonable adjustments to support patients with learning disabilities to access HDFT services
- Seek opportunities to increase awareness of the needs of people with learning and ensure staff are aware of their responsibilities with regard to providing reasonable adjustments
- Continue to develop the HDFT learning disability liaison service
- Ensure appropriate training is available at all levels and monitor this. Seek opportunities to improve staff training and identify and address any gaps.

Report for 2018/19

The HDFT Learning Disabilities Acute Liaison Service

The Learning Disabilities Acute Liaison Service consists of the Learning Disability Liaison Nurse (LDLN), supported by the Named Nurse for Adult Safeguarding who acts a point of contact for learning disabilities support and advice in the absence of the Acute Liaison Nurse – Learning Disabilities.

Learning Disabilities Link Workers

In March 2017 it was proposed at the Safeguarding adults Link Workers Meeting that this Group also become link workers for learning disability. This was agreed and an updated Terms of Reference was circulated prior to the meeting in June 2017.

These meetings have been well attended and Link workers have received additional learning disabilities focussed training regarding DNACPR use, constipation, falls prevention and oral hygiene.

One link worker has provided feedback that following the session relating to constipation she was able to suggest to the clinical team that a patient assumed to have loose stools may be experiencing impaction. This was then diagnosed and treated appropriately. On reflection the worker stated that…

> The link worker meeting gave me the back up and confidence to say this and explain things in greater detail.

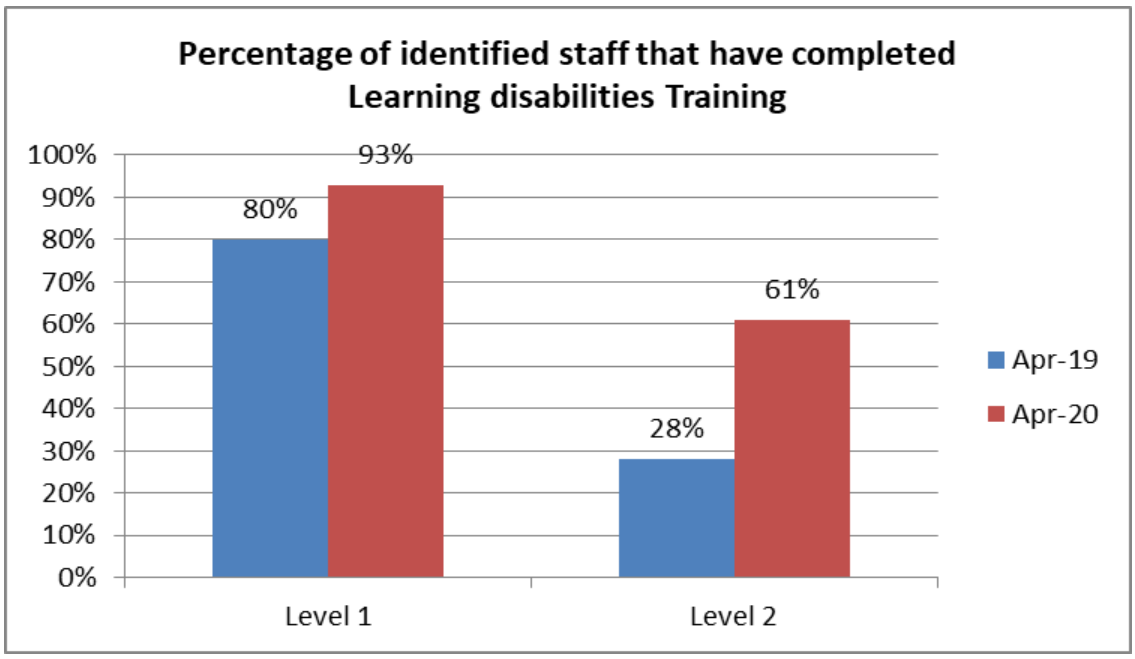
Training

A training needs analysis has been agreed as a result, Learning Disabilities Level 1 (e-learning) has become part of essential training for all clinical staff. Learning Disabilities Level 2 (face-to-face) is required by identified staff groups with leadership responsibilities.

The Learning Disabilities Level 1 e-learning package was launched in November 2018. A total of 2950 staff have been identified as requiring this learning. To date this has been completed by 2732 (93%) of those identified.

The Learning Disabilities Level 2 training was also launched in November 2018. A total of 232 staff have been identified as requiring this learning and

would be expected to attend a three hour classroom session once over a three year programme. To date this has been completed by 142 (61%) of those identified. In addition to this three bespoke paediatric sessions were delivered, training a total of 27 staff members. These sessions were well received and Woodlands ward have requested that this training be included in their annual training programme.



Learning Disabilities Action Plan

The LD Action Plan is overseen by the Supporting Vulnerable People Group and is updated in response to contemporary and emerging reports and recommendations including

- NHS Improvement Standards
- Learning Disabilities Mortality Review (LeDeR) – NHS England
- Local audit
- NICE Guidelines

Learning Disabilities Intranet Resource

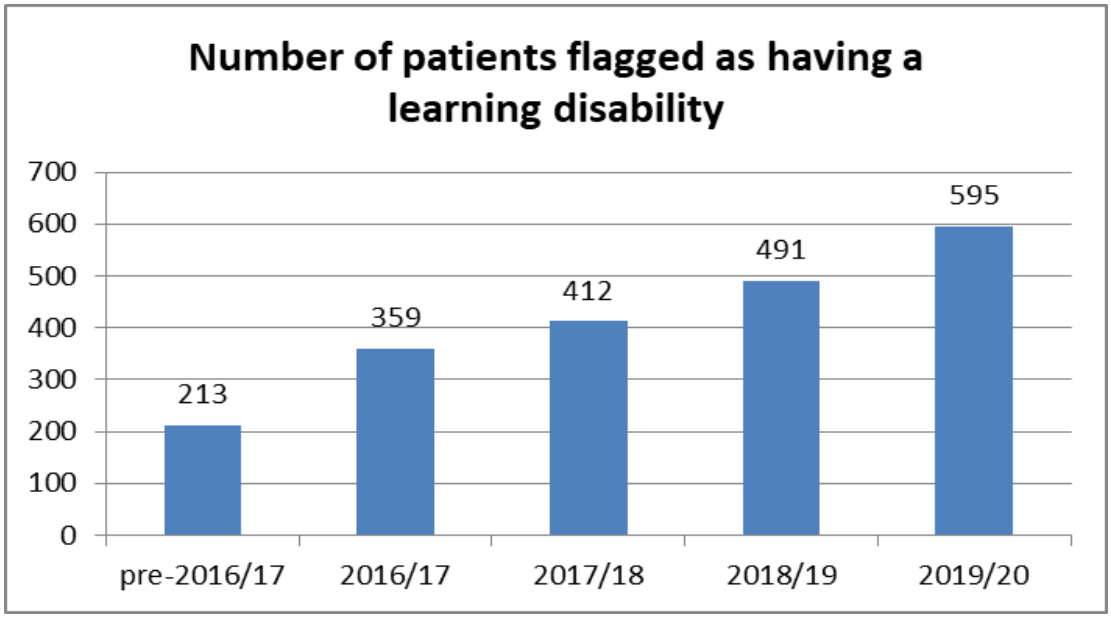
The LD intranet resource contains links to LD paperwork and information for all staff, access to the HDFT LD Guidelines and useful telephone numbers. This has been further developed in 2018/19 and now includes a library of 94 easy read leaflets, covering a range of health issues.

Flagging

The Trust currently has a flagging process. This provides a risk alert on the patient's electronic record including a VIP symbol on the electronic ward screens. This process also generates an automatic real-time email to the LDLN advising of an ED attendance of a flagged patient. A daily email is also automatically circulated to the LDLN, Senior Nurse Adult Safeguarding and all matrons advising them of all current inpatients flagged as having a learning disability.

The flagging of people with learning disabilities continues to be promoted internally through training and awareness raising opportunities. A particular focus in 2019/20 has been on identifying patients who may access HDFT services and who reside within West Yorkshire. This has been achieved through raising awareness with local care providers and partner agencies.

The Chair of the Harrogate and Craven Local Area Group (sub group of the North Yorkshire Learning Disability Partnership Board) wrote to all GPs, providers and group members in October 2019 to highlight the importance of flagging and hospital passports, signposting to the LDLN.



Prior to April 2019 there were 491 patient records flagged as having a learning disability and a further 104 LD flags have been added in 2019/20.

Enhanced Admission Proforma

The Enhanced Admission Proforma for people with learning disabilities was rolled out Trust-wide in November 2017. The use of this documentation was audited in August 2018. The results of this audit were disappointing and

action was taken to address this. There continues to be plans for this documentation to be completed electronically through WebV, it is anticipated that this will be available once the standard admission documentation is launched. This will be audited again once the electronic format has been launched.

External Meetings

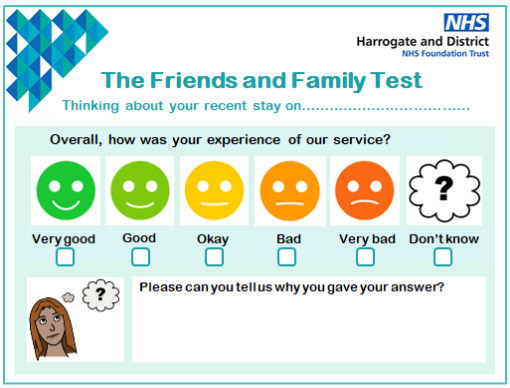
The LDLN represents HDFT at the regional Health Task Group which form part of the Local Group which is a sub-group of the NYCC learning disabilities partnership board.

The LDLN attends the Self-Advocates consulting Group to seek user feedback on service developments and to listen to patient experiences. A representative of this group also attends the Trust's Equality and Diversity Stakeholder Group.

The LDLN attends the Yorkshire and Humber Access to Acute Network to share good practice with LD leads from other hospitals within the region.

Friends and Family Tests

Supporting patients with learning disabilities and their families/carers to give feedback using principles outlined by NHS England through the Ask Listen Do project.



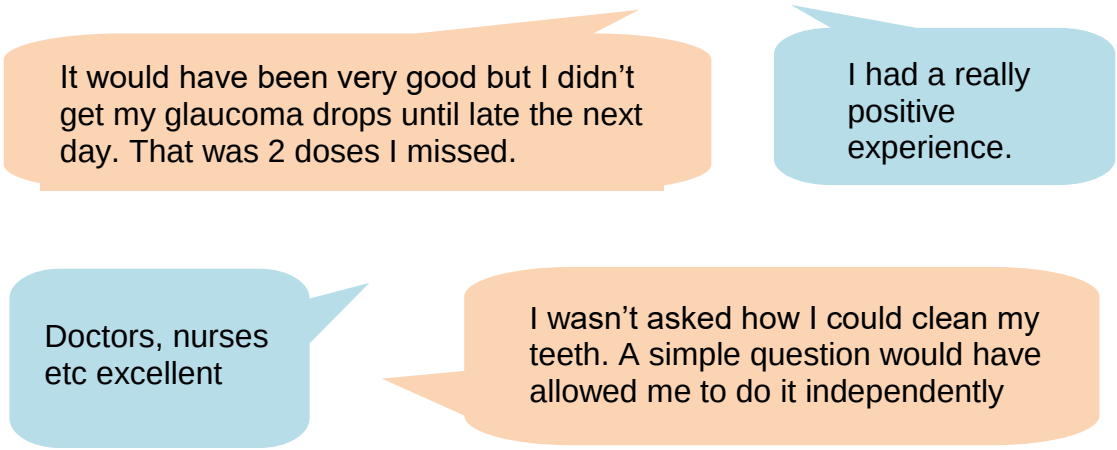
Ask listen Do was incorporated into the easy read friends and family test that is sent out following an inpatient stay to all patients whose patient record has a learning disability flag. The easy read Patient Experience Team leaflet has also been updated to include Ask Listen Do.

We have had a good response from the Ask Listen Do questions that have been added to the friends and family test. This feedback has been forwarded directly to the appropriate wards or departments.

Comments include

> Staff were very friendly and helpful when I was in need

> Let me know a lot slower when you tell me what is wrong with me.



Learning Disability Improvement Standards

In June 2018, NHS Improvement published the Learning Disability Improvement Standards for NHS Trusts. The standards have been developed with a number of outcomes created by people and families — which clearly state what they expect from the NHS.

The four standards concern:

- respecting and protecting rights
- inclusion and engagement
- workforce
- learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, or autism, or both)

The standards are intended to help organisations measure quality of service and ensure consistency across the NHS in how we approach and treat people with learning disabilities, autism or both. They are prominent in the learning disability ambitions in the NHS Long Term Plan and included in the NHS standard contract 2019/20.

We have made progress with various recommendations, outlined by NHS Improvement in the learning disabilities Improvement Standards. In 2020/21 we hope to use the Improvement Toolkit produced by NHS Improvement to assess our current performance and generate a quality improvement action plan.

The Trust contributed to the second national learning disabilities benchamrking exercise in 2019, facilitated by NHS Improvement. The three parts of this were

1. Service data collection
2. Staff survey
3. Patient survey

The results of this and an action plan will be presented to the supporting vulnerable people steering group. In 2020/21.

Learning Disabilities Mortality review Programme (LeDeR)

The Learning Disabilities Mortality Review (LeDeR) Programme is delivered by the University of Bristol. It is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.

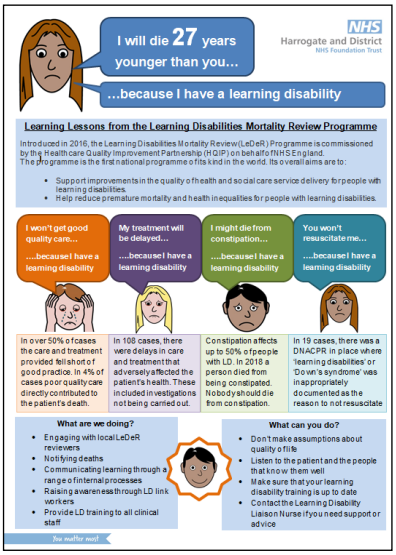
The LeDeR Programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

We are required as a Trust to notify LeDeR of any deaths in our care of patients who were known to have learning disabilities. A notification system has been established which generates an automatic email to the Acute Liaison Nurse, Named Nurse for Adult Safeguarding and the Medical Director when the death of a patient flagged as having a learning disability is recorded on ICS. This prompts the LDLN to submit a notification to the LeDeR programme and the Medical Director to coordinate a Structured Judgement Review.

In 2019/20, we have notified the LeDeR programme of eight patient deaths.

In 2019/20, the LeDeR programme shared feedback regarding the care and treatment provided by the Trust in two of the reviewed cases. Learning has related to staff training and recording DNACPR decisions. Best practice was also identified, including providing care staff, the use of hospital passports, high quality end of life care and reasonable adjustments in dental services.

The third annual report of the LeDeR programme was published in May 2019. Key themes from the report include poor management of constipation and inappropriate recording of DNACPR forms. This has been highlighted in training and communicated to staff through link workers. A poster was developed, highlighting the key themes from the report and was displayed at the 2019 Quality conference and distributed throughout the Trust. A summary of the report was also produced and shared with medical staff. An audit of patient records was undertaken to challenge any inappropriate terminology that was present on existing DNACPR forms.



It is expected that an HDFT representative attends 50% of the local LeDeR steering group meetings. The learning disability acute liaison nurse has attended four out of the five meetings that were held in 2019/20.

Children's Community Learning Disability Team (CLDT)

The Children's Community Learning Disabilities Nursing Service consists of a Children's Community Learning Disabilities Nurse Lead and a Children's Community Learning Disabilities Nurse. The wider Specialist Children's Nursing Service is supported by two Associate Practitioners and an Assistant Practitioner.

The principle aim of the Children's Community Learning Disabilities Nursing Service is to:

Provide a holistic, needs led service which supports the physical, social and emotional needs of children and young people with learning disabilities.

The team offers evidence based advice, support and information to children and young people and their parents/carers on issues specific to learning disabilities.

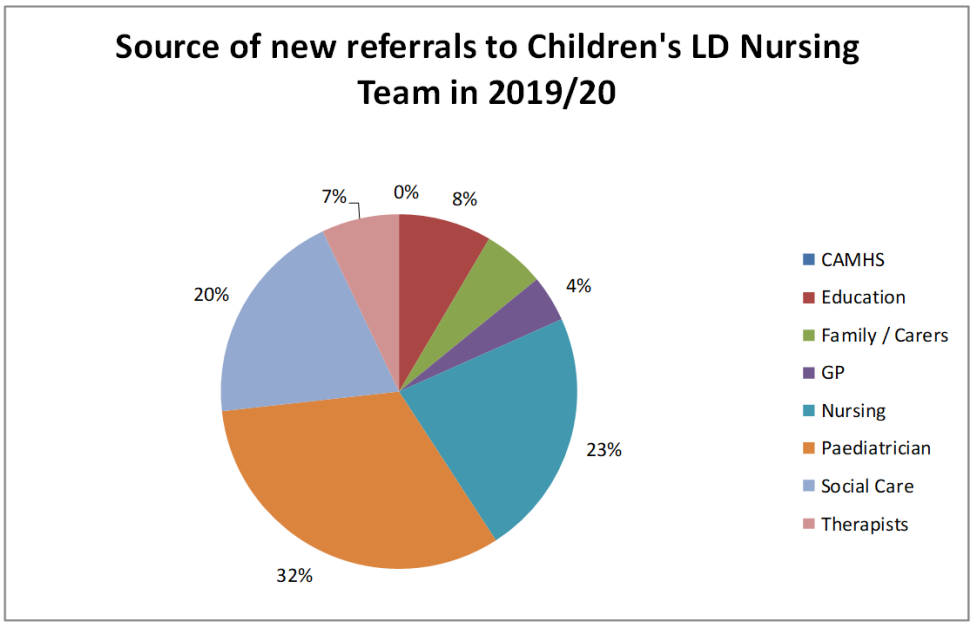
This may include:

- Managing behaviours associated with a condition and/or learning disability.
- Health Education and Promotion.
- Continence Promotion.
- Sleep Hygiene.
- Dietary Needs.
- Support to access health care including de-sensitisation work and programmes of play.
- Health Action Plans to support transition to adult health care services.
- Parent and Carer group workshops.

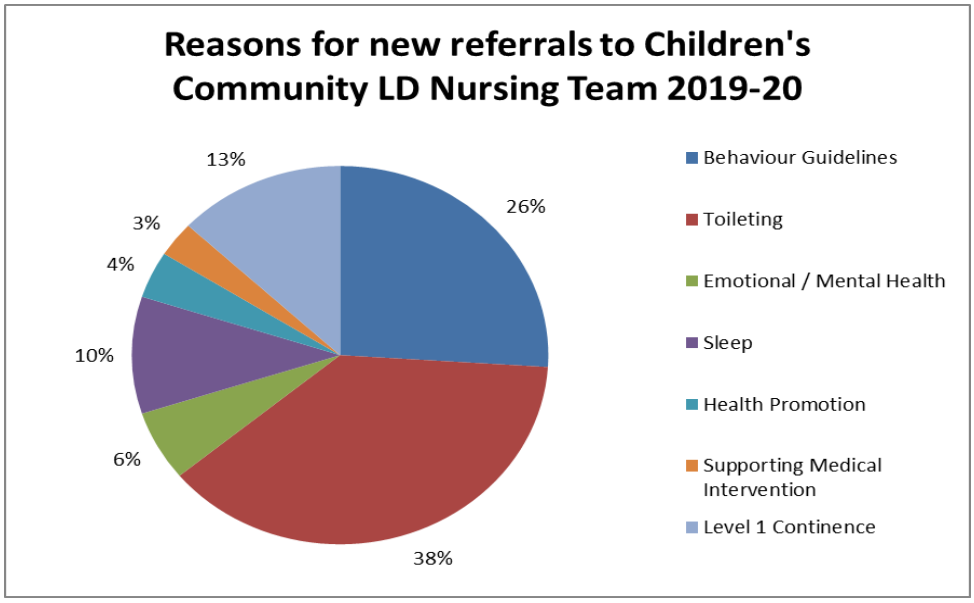
Children and young people can be referred into the service by other professionals, families, carers or by the patient themselves.

There are currently 138 patients open to the Children's CLDT. The most common reasons for referrals are for advice around behaviour management (33%) and toileting (35%). In order to achieve compliance with NICE guidelines the Children's CLDT require accredited training in positive behaviour support (PBS).

The Children's LD Nursing Team accepts referrals from a range of sources. The majority (62%) of referrals made in 2019-20 were from internal sources (Paediatricians, nursing or therapists). The most common sources of referral from external sources were from children's social care (20%) and education (8%). This demonstrates that there is a broad awareness of this team amongst HDFT colleagues and external agencies.



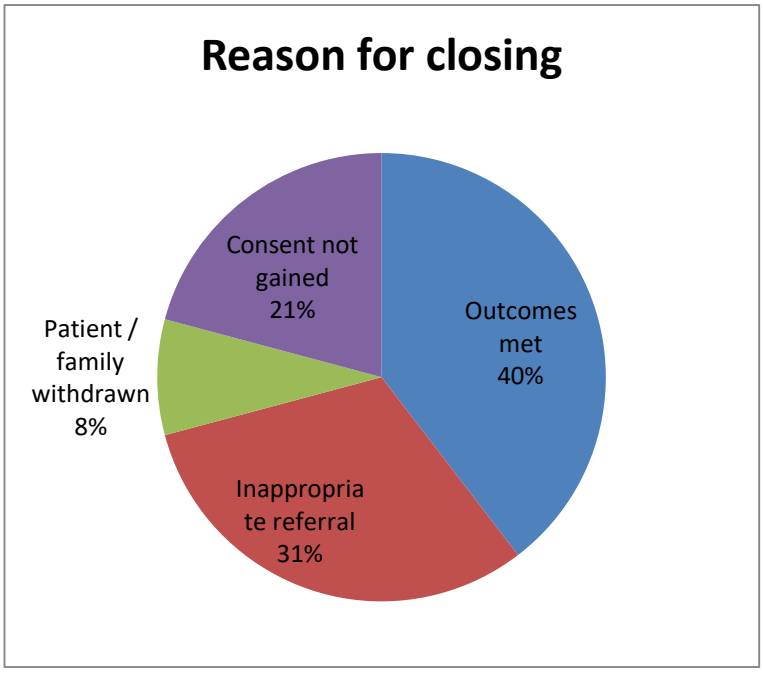
The Children's Community LD Nursing Team received a total of 71 referrals in 2019/20. The most common reasons for referral were for support around toileting (38%), behaviour guidelines (26%) or for Level 1 continence (13%).



Of the 48 referrals that were closed in 2019/20, the most common reason for closing was that the agreed outcomes had been met. 31% were closed at triage as inappropriate referrals and 21% were closed as consent was not

gained following initial contact. For 8% of closed cases the patient or family withdrew from the service.

This has identified a need to remind referrers of the appropriate referral criteria and the need to discuss consent at the point of referral.



In quarter 4, The Children's CLDT adopted the easy read FFT, including Ask, Listen, Do. These have not been yet been sent to patients as the patient surveys (as part of the NHSI benchmarking exercising) were sent in quarter 4.

Aims for 2019/20

The training figures continue to be reassuring and it is expected that all staff will have completed the required learning within the planned three year period. However, the training needs analysis will need to be updated in light of the government's response to the proposed mandatory learning disability training for all health and social care providers. It is expected that learning disability and autism training will become mandatory in 2021. The Trust will need to consider how compliance with this training requirement will be achieved.

In 2020/21 we will use the Improvement Toolkit produced by NHS Improvement to assess our current performance and generate a quality improvement action plan.

The Improvement Standards align the needs of people with autism with those with learning disabilities. The Trust will work towards compliance with

Improvement standards with regard to improving the care of patients with autism.

The Children's CLDT aims for 2020/21 include

- Capturing data to determine average waiting time from date of referral to initial assessment.
- Communicate to refers the service criteria and importance of obtaining consent for referral.
- Access to PBS training to enhance knowledge and skills, meet competencies as per NICE guidance and improve service provision.
- Develop clearer pathways and service provision for Level 1 / Level 2 continence support as part of the wider children's services local provision.
- Capture FFT data for Children

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Medical Director Report

Agenda Item Number:	**10.3**
Presented for:	Information
Report of:	Executive Medical Director
Author (s):	Executive Medical Director
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000.

Links to Trust's Objectives	
To deliver high quality care	√
To work with partners to deliver integrated care	√
To ensure clinical and financial sustainability	√

Recommendation:
The Board is asked to note this paper and its contents and provide feedback on any items for consideration of inclusion in future Medical Director Board reports

Public Board Meeting

29 July 2020

Medical Director Report

Dr Jacqueline Andrews

1.0 Executive Summary

In my first report since taking up the position of Medical Director of HDFT, I will provide background to the work I will be undertaking to create a Medical Directorate and a senior medical leadership team at HDFT. The Medical Directorate portfolio at HDFT will now include: professional standards and workforce developments, clinical governance and risk management (shared portfolio with the Chief Nurse), research and development, quality improvement and transformation and professional leadership aspects of the medical education portfolio (shared with the Director of HR). I will be regularly reporting on the following key items from within the Medical Director portfolio:

1. *Professional standards and workforce development*
    a. Revalidation and appraisal
    b. New consultant appointments
2. *Clinical quality and patient safety*
    a. Clinical effectiveness
    b. Patient Safety (including incidents and learning from deaths)
    (Patient experience will be reported via the Chief Nurse report to Board)
3. *Research and Development*
    a. Research performance
    b. Research governance
4. *Quality Improvement and transformation*
    a. Priority programmes
    b. Workforce developments
5. *Medical Education*
    a. Undergraduate report
    b. Postgraduate report

2.0 Introduction

This is the first report of the new Medical Director since taking up the position on 15 June 2020.

3.0 Proposal

To provide a high quality regular report on the work, performance and strategy of the HDFT Medical Directorate, with particular emphasis on the following key priority areas:

- *Professional standards and workforce development*
- *Clinical quality and patient safety*
- *Research and Development*
- *Quality Improvement and transformation*
- *Medical Education*

4.0 Quality Implications and Clinical Input

Better clinical engagement within the leadership of HDFT will facilitate our ambition to provide outstanding patient experience and outcomes and excellence every time.

5.0 Equality Analysis

The new Medical Directorate team are committed to equality, diversity and inclusivity. A priority action for the new team is identifying barriers to considering, applying and taking up a medical leadership position at HDFT.

6.0 Financial Implications

On completion of the initial review of medical leadership requirements at HDFT, a suggested model for the senior leadership will be circulated and any financial implications will be outlined at that stage.

7.0 Risks and Mitigating Actions

A Medical Directorate Risk Register will be created and will feed into the Corporate Risk Register via the Trust's corporate governance processes.

8.0 Consultation with Partner Organisations

The Medical Director is currently undertaking a widespread listening and engagement exercise with a wide range of stakeholders. The views of internal and external stakeholders will be reflected in the future shape and work plan of the Medical Directorate.

9.0 Monitoring Performance

1. Professional standards and workforce development

Revalidation and Appraisal

In response to the COVID19 pandemic, doctors with revalidation dates between 1 October 2020 and 16 March 2021 have had their revalidation dates moved back by one year. NHS Trust Responsible Officers can however continue to make a recommendation to revalidate any doctor whose date has been changed, up until their new revalidation date. This will include those who were in the first cohort of doctors with an original revalidation submission date between 17 March and 30 September 2020. At HDFT we have continued to encourage doctors to undertake appraisal where appropriate and to liaise with the Responsible Officer (Mr David Lavalette) if they wish HDFT to make a revalidation recommendation (following completion of the required 360 feedback, CPD and appraisals).

Annual medical appraisals have been suspended; however colleagues have been encouraged to continue with as much clinical governance activity as possible. The GMC support suspension of appraisal during the pandemic and have stated that a missed appraisal shouldn't affect a recommendation for a doctor who is otherwise ready to revalidate, as long as all necessary supporting information has been collected and discussed at other appraisals earlier in their revalidation cycle.

Medical Consultant appointments

- Community Paediatric Dentistry - an excellent appointment was made on 15 July into this position, with the successful candidate taking up the position in Spring 2021.
- Adult Cardiology - two candidates shortlisted for interview on 11/08/20.

2. Clinical quality and patient safety

The Risk Management Department at HDFT is headed up by the Head of Risk Management (Andrea Leng) and comprises four key functions: patient safety and claims management, patient experience (information included in the report of the Chief Nurse) and clinical effectiveness.

Patient Safety

The Patient Safety Team is made up of the Head of Risk Management, Patient Safety Manager, Co-ordinator, Claims and Personal Assistant and Administrator who manage the event and incident reporting processes together with the claims and inquest requirements for both the Trust and HIF. During 2019/20, 75% of reported events were reviewed and feedback was shared via email on closure of the event to the initial reporter using the system which had been re-designed by front line staff during a week-long Rapid Process Improvement Workshop (RPIW). The shorter more intuitive report form it generated has led to an increase in the overall number of events reported since the new form was launched in March 2019. As a result, the organisation is now in the top 5% of reporters nationally, based on reporting to the National Reporting and Learning System (NRLS), having previously been in the bottom 25%. #ChatterMatters, the quarterly safety and learning newsletter, an idea generated by staff to promote positive safety cultures, continues to report and share examples of safety learning.

In March 2020, a revised process was agreed with the CCG for management of concise investigations (pressure ulcers and falls causing harm) during the COVID pandemic. Whilst the process of investigation has returned to 'business as usual' the organisation has welcomed the streamlined templates. Nationally the implementation of the Patient Safety Strategy offers further development of our safety framework with greater emphasis on human factors and ergonomics as well as a revised process for the identification and investigation of serious incidents. We are linking in with colleagues at Leeds Teaching Hospitals NHS Trust who have been part of the pilot for this revised process. More recent development has included a refresh of the CORM process and the development of a weekly safety huddle called the "Patient Experience and Safety Huddle (PESH)". The team have re-designed the input and output to this meeting as well as the timing and membership.

Clinical Effectiveness

The Clinical Effectiveness team offers a Trust-wide service providing support for clinical audit and related effectiveness activities across both acute and community areas. The team is responsible for overseeing and delivering the annual priority audit programme in partnership with the directorates. Their vision is to empower and facilitate staff to monitor, inform and change practice, helping to achieve optimum outcomes for patients. Colleagues are continually evaluating and revising their structures and processes, and in the last year have been visited by other local audit teams to gain learning from their approach to various national and local projects.

The Clinical Effectiveness team is team led by the Patient Safety Manager and includes two Clinical Effectiveness and NICE Co-ordinators, two Clinical Effectiveness Facilitators and a Clinical Effectiveness Administrator. The Clinical Effectiveness Facilitators provide a link to each of the directorates and offer training, support and advice on national and local clinical audits, service evaluations and patient surveys – therefore assisting healthcare professionals to deliver improvements to patient care. The Clinical Effectiveness and NICE Co-ordinators are active members of various committees including the Thrombosis Committee, Health Records Committee and Area Prescribing Committee, acting as a link for all audit and NICE related issues. Together with the Clinical Effectiveness Administrator, the co-ordinators are responsible for overseeing the process of NICE guidance monitoring. This includes dissemination of guidance, monitoring and following up the implementation of guidelines and producing reports for the relevant groups / committees and the CCG.

Medical Examiners at HDFT

The Medical Examiner (ME) role has been created by the Department of Health and Social Care (DHSC) in response to observations made in the Third Report of the Shipman Inquiry. MEs are appropriately trained senior doctors who will provide independent and transparent scrutiny of the death certification process whilst supporting clinicians, administration staff and bereaved relatives. The role of Lead ME for HDFT has recently been advertised (closing date 31 July). The successful applicant will lead a new team of MEs in the Trust, the ME posts will be advertised once the Lead ME is in place. The new Lead ME will work closely with the Medical Director to refresh and oversee our Learning from Deaths framework at HDFT.

3. Research and Development

Spotlight on COVID 19 Research at HDFT

HDFT has been an active member of the COVID19 research community. The total number of patients recruited into COVID19 portfolio studies to date is 451. In particular, HDFT is a site for the NIHR (National Institute of Research) funded RECOVERY study, which demonstrated the positive effects of dexamethasone in the treatment of COVID19, with rapid national adoption and now part of the routine management of ITU patients with the virus at HDFT. We have also engaged with Health Services and Delivery research involving colleagues, such as on line questionnaires to collate information on the impact of the COVID-19 pandemic on NHS staff. HDFT junior medical colleagues have gone the extra mile to help with research studies during the pandemic. An example is where colleagues who had been redeployed to medicine returned to dermatology but continued to recruit to the COVID19 research studies with great enthusiasm and commitment, which will be formally recognised at the HDFT junior doctor awards later this month.

As we move into the next stage of the pandemic, the research focus is moving to public health surveillance studies such as the SIREN study, a NIHR urgent public health priority study which has a primary objective of determining if prior SARS-CoV-2 infection in health care workers confers future immunity to re-infection. It will also allow organisations to estimate the prevalence of SARS-CoV-2 infection in healthcare workers and utilise this information to determine wider staff testing. Programmes of work for the testing of potential vaccines are also now in place. A regional vaccine group has been convened to assess the potential to deliver vaccine studies at scale across the Yorkshire and Humber region. A number of academic and commercially sponsored vaccines are currently being considered across the different stages of clinical research (Phase 1- first in human safety testing to Phase 3- assessing vaccine efficacy). A number of accommodation options are being considered for housing healthy volunteer vaccine studies, including the Yorkshire Nightingale Hospital, local universities and Local Authority sports facilities.

4. Quality Improvement and transformation

HDFT has a very active and visible Improvement & Transformation Team led by David Plews, Deputy Director at HDFT. Since 1 April, the plan of work for the department was to include the facilitation of 16 projects including four RPIWs and four Kaizen workshops. The global pandemic has resulted in the majority of the work being postponed, with a limited number being addressed through alternative approaches. The team have however been working on the following high priority improvements projects:

a. Following interviewing and surveying over 250 colleagues at HDFT about their experience of working at HDFT during the pandemic, work is underway to deliver a comprehensive 'Covid-19 lessons learned' internal and external communication plan. This will help us prepare for the event of a second wave of the virus, learn from successful clinical innovations, and shape the new "business as usual".

b. In recent weeks the HDFT Improvement and Transformation Team has reprioritised its workload in order to focus on creating and managing the delivery of a major Culture Change Programme. New programme governance arrangements, a set of key problem statements, an approach for extensive colleague involvement and a draft programme of 17 initial projects across five workstreams have been prepared for consultation.

Opportunities have been identified to improve the connectivity of our quality improvement work across the organisation. I will provide further details in future reports on the concept of creating a continuous learning and improving system at HDFT, linking research, innovation and quality improvement to improve efficiencies, bolster resilience and raise the profile of the respective areas.

4. Medical Education

Undergraduate Medical Education

HDFT is a valued partner of the University of Leeds, with evidence of high quality placements for the large number of 3rd, 4th and 5th year undergraduate medical students placed in the Trust. Our three ward-based Clinical Educators continue to be highly regarded amongst the students with multiple 'green cards' each year. Dr Hannah Ellis, our Education Fellow, has provided invaluable input to the annual teaching programme for medical students at HDFT and also made a very significant clinical contribution to the acute floor during the peak of the pandemic, leading to the award of HDFT "Doctor of the Year" for 2020 and also a Trust "Making a Difference Award". We have successfully recruited a replacement for Hannah when she rotates back into training (Dr Mark O'Kane). We have recently received our annual undergraduate student feedback from the University of Leeds. Whilst there are many examples of excellence, there are a number of areas where feedback has not been as positive as previous years as listed below:

a. 3rd Year Radiology (quality of teaching and organisation of module)
b. 5th Year Endocrine and Diabetes and Respiratory Medicine (engagement with consultant tutors)

A formal summary and actions required following the 2020 student feedback will be provided in the September Medical Director Board report.

Postgraduate Education

The enormous contribution of the HDFT Junior Doctor workforce during the COVID19 pandemic has been reflected in the outpouring of positive feedback submitted for the 2020 Junior Doctors Awards. Our Junior Doctors reported highly valuable experiences of working collaboratively across specialties during the pandemic, with learned positive practices to be continued for the new intake in August. We've also had a successful intake of additional interim Foundation Year 1 doctors who have supported the Trust during the recovery process. The GMC National training surveys open from 22 July – 12 August and we hope that the feedback from Doctors-in-

training will reflect the positive experience they have had in Harrogate over the last year and provide us with information to improve education, training and facilities for our future workforce.

The main challenges in postgraduate medical education at HDFT going forward are as follows:

a. There is an open condition against the Trust from Health Education England Yorkshire and Humber (HEEYH) regarding safe handover of patients, primarily in Adult Medicine and General Surgery. The proposed solution is a Trust wide electronic handover system via Web, the timeline for the implementation of this solution has not yet been agreed.

b. The second condition that remains open is challenges in Adult Medicine to address the workload out-of-hours (weekends and nights). The Hospital-at-Night Model has been discussed as a possible solution, but has not as yet been implemented at HDFT. Tier 3 doctors on-call report a significant workload out-of-hours and as this tier relies heavily on locum staff, difficulties to recruit exist due to current workload pressures. Work is underway to explore Clinical Leadership Fellow posts to help support this rota. The Junior Doctor of the Year was awarded to a trainee working as a Fellow in Medical Education who has provided us with invaluable insight into the challenges of the Tier 3 rota. We envisage that the creation of a Hospital at Night Team, deployment of an electronic clinical handover system plus investment in Clinical Fellowships and non-medical Advanced Practitioners would create the optimal model for enhancing patient safety, reducing clinical workload and attracting a high quality future Consultant Workforce.

c. The Medical Education Team's current challenge is to reinstate education in the current environment. The Department has been risk assessed and we are looking at innovative ways to allow clinical skills, simulation and traditional classroom based education to move forward. The Department is now more significantly limited by physical space, and therefore our Medical Education Manager has identified funding through the Undergraduate budget and put forward a business case to the Digital Strategy Group for a Virtual Learning Environment (VLE). VLE would support multi-disciplinary learning and education throughout HDFT and will allow us to ensure that we can continue to deliver the high calibre of education that we have been praised for in the past.

10.0 Recommendation

The Board is recommended to note the contents of the Medical Director report.

11.0 Supporting Information

1. Summary of COVID 19 research studies open or in set-up at HDFT.
2. Guardian of Safe Working (GSW) quarterly report (attached).

Summary of COVID 19 studies open or in set up

Principal Investigator	*Short title*	*Recruitment*
Child, Jennifer	Clinical Characterisation Protocol for Severe Emerging Infection	233
Child, Jennifer	The Priest Study The PRIEST Study: Pandemic Respiratory Infection Emergency System Triage	207
Kant, Abinhav	RECOVERY trial Randomised Evaluation of COVID-19 Therapy (RECOVERY)	15
Stephenson, Lorraine	The COVID-19 Emergency Response Assessment Study	0
Stephenson, Lorraine	GenOMICC Genetics of susceptibility and mortality in critical care (GenOMICC)	0
Amin, Allison	UKOSS: Pandemic Influenza in Pregnancy	1
Amin, Allison	Pregnancy and Neonatal Outcomes in COVID-19	0
Layton, Alison	Covid Resilience study	On line questionnaires
Layton, Alison	NHS impact of covid-19	On line questionnaire
Sivaji, Dr	Prepare IBD	Recently opened
Green, Mike	SIREN	In set up
Green, Mike	DIAMONDS - Resp	In set up

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Guardian of Safe Working Hours Quarter 4 2019/20 Report

Agenda Item Number:	**10.3.1**
Presented for:	Information
Report of:	Executive Medical Director
Author (s):	Guardian of Safe Working
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000.

Links to Trust's Objectives	
To deliver high quality care	√
To work with partners to deliver integrated care	√
To ensure clinical and financial sustainability	√

Recommendation:
The Board of Directors is asked to: i) receive and note the content of the report; and ii) consider the points at the end of the report.

Board of Directors

29 July 2020

Quarter 4 2019/20: quarterly report on Safe Working Hours: Doctors and Dentists in Training

1.0 Executive Summary

This is the eleventh quarterly report of the Guardian of Safe Working Hours. Its purpose is to report to the Board of Directors the state of safe working of doctors in training ('junior doctors') in relation to their working hours, gaps in rotas and their educational experience. This report covers the period 1 January to 31 March 2020 which is one quarter. The period of the COVID-19 emergency from 1 April 2020 is also reported on an interim basis.

The orderly stream of quarterly reports was interrupted by the Board's instruction to change the periodicity of written reports to four-monthly intervals. This is out of synchronization with the regional quarterly reporting pattern. The Trust's reports were following alternately in and out of phase with the quarters.

The report provides the Board with up-dated quarterly evidence to support its assurance that the issues of safety within the Guardian's remit are in a satisfactory state.

The Trust now has all trainee doctors employed on the 2016 Terms and Conditions of Service (TCS) contract. These have moved to Version 5 of the contract.

49 [Q4] (44 in Q3) exception reports have been received from trainees and dealt with. This is a stable number. These have mainly concerned over-runs of working hours ('hours and rest') owing to the busy state of the wards and to individual patient matters in General Medicine. There were two reduced educational opportunity exception reports in Q4. Exception reporting remains comparatively low in this Trust although highly variable across the region.

There having been no breach of the European Working Time Directive, no fine has yet been levied. National trends in medical post-graduate training and indeed medical workforce numbers overall continue to be adverse.

There has been no regional or national meeting for guardians in the last quarter. Three trainee doctors' fora have been held jointly with the Director of Medical Education. These will continue monthly.

The experience of trainee doctors – as for the whole NHS – has changed profoundly from March 2020 with the onset of the viral pandemic. Trainees were re-deployed to medicine and the Covid wards. They have responded positively to the experience. Remarkably, no exception reports have been received since 17th March 2020.

This is the key quality assurance statement for the Board:

> 'The Board is advised that overall working hours across the organisation are satisfactory and that there are presently no unaddressed specific concerns in departments or directorates.'

The Trust Board has requested that the Guardian enlarges his role: in addition to the existing role to doctors in training grades, the Guardian will embrace the remaining non-training, non-career grade doctors in his system and responsibility. The Guardian has agreed to this change.

The Guardian has discussed implementation of this process with the medical workforce department. There has been no progress with this implementation.

2.0 Introduction

This is the eleventh quarterly report of the Guardian of Safe Working Hours which presents the Trust's statistics in brief form: more detailed data are held in the DRS computer system and are available on request.

Its purpose is to report to the Board of Directors the state of safe working of doctors in training ('junior doctors') in relation to their working hours, gaps in rotas and their educational experience. The quarterly report is a contractual duty upon the employer under the 2016 TCS.

The report provides the Board with up-dated quarterly evidence to support its assurance that the issues of safety within the Guardian's remit are in a satisfactory state.

3.0 High level data

3.1 In June 2020:

Trainee posts: the position is un-changed from the last report. At any time there are rota gaps around 5% in established NHS training posts. These from time to time include maternity and other leave, resigners and vacant posts not filled. The Medical Workforce Department continuously seeks recruitment to vacant posts.

4.0 Exception reports

Exception reports are individual notifications by trainee doctors who have had a problem occasion causing them to vary their working hours from the contracted rota by more than ½ hour. Exception reports have a time-limited process for response by the Trust. At any one time there may be a few reports awaiting attention by individual clinical supervisors.

Clinical supervisors are in most cases poor at responding to exception reports. This task was dropped on consultants without their agreement by the 2018 Trainees new contract and has never had an enthusiastic response. The Guardian has to review and agree outstanding reports. This role change has been agreed in the V5 Terms and Conditions.

This report presents Quarters 4 in 2019/20.

Q4: 1.1.2020-31.3.2020 Exception reports by department: hours/rest				
Specialty [five top]	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
General Medicine	0	34	34	0
ED	0	13	13	0
O&G	0	2	2	0
Total	0	49	49	0

There were also two 'education' exceptions. Reports are stable on Q3 (44). Nearly all reports are of over-working at the end of the day when clinical workload, acutely ill patients and too few colleagues demand working beyond normal hours. This is especially true in general medicine. [Exception reports are known to under-report over-working].

If a doctor has overworked their contracted hours on an occasion, then they are entitled under the TCS to over-time pay or time off in lieu. If the over-work is caused by rota gaps, then time off is not appropriate if it will compound the shortage situation. The doctor is entitled to overtime pay even if their overtime commitment followed from their own inefficiency or misjudgment. Clinical supervisors are expected to guide their trainees in efficient working, prioritizing clinical activities and making timely hand-overs to over-night teams. The Trust will incur a small cost each month in some hours' over-time pay; but this is offset somewhat by vacant posts owing to rota gaps. But overall, the Trust is heavily over-spent on medical locum costs for consultants and trainees.

The job of filling posts, balancing rotas and workloads properly belongs to clinical directorates with professional support from the HR function. Individual trainees' employment experiences are managed by their individual clinical supervisor - a clinical consultant usually in the same or a related specialty. Clinical supervisors are intended to respond to each exception report. Despite repeated advice some never do and the report has to be managed by the Guardian. The Guardian has no actual managerial power over individuals in directorates.

Of course, ideal conditions of employment for trainee doctors are one obligation amongst many in the Trust, particularly in periods of winter pressures.

5.0 Work schedule reviews and interventions

5.1 Work schedule review

A work schedule review would be undertaken to investigate any case of systematic or repeated over-working of contracted hours where the planned schedule itself is questioned. No work schedule review has been necessary to date.

5.2 Interventions

No specific issue has arisen in this last quarter. There have been various enquiries about rota details which have been addressed with the medical workforce department.

6.0 Vacancies

The vacancies are not significantly changed but the Guardian has not achieved access to the trainee database this month.

The successful filling of rota gaps is of course a measure of the diligence and ingenuity of the Medical Workforce and Recruitment team but challenged by the availability and willingness of suitable doctors to apply.

Of course, any rota gaps will add to the strain on the trainees in post and add to the Trust's workforce costs by necessitating locum and other temporary employees and working down of senior grades of staff.

The percentage of vacancies is worse in other trusts: we are doing relatively well.

The Guardian usually has access to the HR database of trainee doctors which is up-dated monthly.

There are also 12 Trust posts for doctors not in training schemes who participate in the same rotas as trainees. There are about 60 SAS grade doctors in the Trust.

7.0 Fines

The Guardian has the contractual power to penalize departments/directorates for failure to ensure safe working hours and particularly repeated breaches of the Working Time Directive. This section should list all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report should indicate the total amount of money levied in fines to date, the total amount disbursed and the balance in the Guardian of Safe Working Hours' account. A list of items against which the fines have been disbursed should be attached as an appendix.

No fine has been necessary to date. There have been no identified breaches of the Working Time Directive caused by the Trust. Fines have been levied in other trusts in the thousands of pounds.

Working time rules may of course change after BREXIT.

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£0	£0	£0	£0

8.0 Meetings

The Guardian has had no regional or national meetings to attend in the quarter

9.0 Trainees' Forum

Trainees' for a have increased to monthly in the viral pandemic The importance of exception reporting has been canvassed to the trainees.

10.0 Disclosure

These regular Guardian reports are submitted to Health Education England at their request and by standing consent of the Trust Board of Directors. A regional summary is assembled and discussed at the regional meeting each time. Guardians assume that their quarterly reports to their boards of directors are open to the public domain. The change in periodicity of reporting to the Board has disrupted the flow of reports to Health Education England.

Health Education England will receive periodical download of the entire database of exception reports for the purpose of research by the mining of big data. The Board has agreed to this. They are sent this whenever they ask.

11.0 Confidentiality

Given that Guardians' reports may be in the public domain, the identities of any specialties, doctors and supervisors are concealed in the Guardian's quarterly report. Full data are available to the Board of Directors in private session on request.

12.0 CQC

The Guardian has had no further contact with CQC inspectors in this quarter.

13.0 Inclusion of SAS doctors within the scope of the Guardian

The Trust Board has requested that the Guardian enlarges his role: in addition to the existing responsibility to doctors in training grades, the Guardian will embrace the remaining SAS (non-training, non-consultant grade) doctors within his system and responsibility. Strictly, this has no contractual or statutory basis, but the Trust has agreed – in an exchange of letters with the Medical Director - that it will honour agreements and determinations made by the Guardian as if these doctors were training grade doctors covered by the 2016 TCS V5. The Guardian has agreed to this change. The Guardian has discussed implementation of this process with the medical workforce manager. The workload and IT implications of this change are still to be determined.

14.0 Change of Guardian

The Guardian intends to apply for a different role in the Trust. If this is successful he would demit the office of Guardian and a new Guardian would need to be appointed. Naturally, the Guardian will assist in the induction of the new Guardian when appointed.

15.0 Issues arising

a. The Trust continues in comparatively good standing. We have had a below-average rate of exception reporting but there is an increasing trend.
b. There is an on-going problem of sporadic over-work and reduced educational opportunity for trainee doctors owing to colleagues off sick and rota gaps. This is especially true in general medicine. The clinical directorate is actively managing the situation.
c. Reluctance in trainees to report exceptions exists regionally and nationally.
d. Exception reports are being received and processed.
e. There are gaps in rotas owing to failed recruitment. This a worsening issue throughout medical specialties especially in the North of England, but this Trust is doing relatively well.
f. No national Guardian meeting has yet been announced for 2020.
g. The Trust Board has requested that the Guardian enlarges his role in relation to SAS doctors. This is agreed: the Guardian will discuss implementation of this process with the medical workforce department as becomes possible.

16.0 Actions taken to resolve issues

a. No fine has been necessary this quarter.
b. No intervention has been necessary this quarter.
c. At the date of reporting, the Board of Directors is assured from the evidence available that:
    i. The exception reporting system is operational for all trainees; they are now all to be converted to 2016 TCS Version 5.
    ii. Overworking owing to pressure of work and rota gaps is a chronic problem in medicine. This is under active management by the directorate.
    iii. The Guardian can only intervene on notified problems.
    iv. The Guardian will continue to attend regional and national meetings.

17.0 Questions for consideration by the Board of Directors

a. The Board is asked to receive the combined quarterly report and to consider the assurances provided by the Guardian. The Board has changed its requirement for written reports: future reports will be to cover quarters in ones or twos as requested.
b. There are presently no issues outlined in the report which are not being (or cannot be) tackled.
c. The Guardian makes no request for escalation, internally, externally or both, which might be recommended in order to ensure that safe working hours would not be compromised in the future.
d. Issues of medical [and indeed all healthcare professional] workforce planning are an urgent strategic challenge to the Trust and to the entire NHS. The Trust always has vacancies gaps in trainee doctor posts; these currently run at 5 per cent.
e. The Guardian may leave office and therefore may need replacing this year.

Harrogate and District
NHS Foundation Trust

Board of Directors (held in Public)
29 July 2020
Workforce & Organisational Development Report

Agenda Item Number:	**11.0**
Presented for:	Information
Report of:	Director of Workforce & Organisational Development
Author (s):	Deputy Director of Workforce & Organisational Development Lead for Equality, Diversity and Inclusion
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives	
To deliver high quality care	√
To work with partners to deliver integrated care	
To ensure clinical and financial sustainability	

Recommendation:
The Board is asked to note the content of the report.

Board of Directors

29 July 2020

Director of Workforce & Organisational Development Report

1.0 Executive Summary

1.1 The Workforce & Organisational Development update seeks to up-date the Board of Directors on three areas of priority:

1.1.1 *Individual Risk Assessments*
1.1.2 *BAME Network and associated activities*
1.1.3 *Workforce & Organisational Development Reset – Mandatory & Essential Skills Training (MEST) and Leadership Development*

2.0 Background – Individual Risk Assessments

2.1 On 30 April 2020 Simon Stevens, CEO of the NHS wrote to all NHS Trusts advising of the disproportionate impact of COVID-19 on the BAME population. As a result of this communication HDFT implemented an approach to take positive action to support BAME colleagues by implementing an Individual Risk Assessment process.

2.2 On 24 June the NHS Chief People Office, Prerana Issar wrote to all CEOs/HRDs advising that risk assessments should be undertaken for all at risk staff. The letter from NHSE is shown in Appendix A.

3.0 Proposal

Based on a risk stratification approach it was agreed that the following phasing of the implementation of Individual Risk Assessments is adopted:

- BAME colleagues – already under implementation.
- Pregnant colleagues – over 28 weeks gestation – guidance already issued and measures in place.
- Extremely Clinically Vulnerable colleagues who are shielding to support potential return to the workplace. Guidance issued and RAs being undertaken.
- Male colleague who are over 55 years of age
- All colleagues over 65 years of age
- Clinically Vulnerable and Pregnant colleagues under 28 weeks gestation – ***on a self-identification/voluntary basis.***
- Working from home colleagues – these may now be longer term WFH arrangements on the basis of colleagues shielding who are unable to return to a COVID safe environment, and the risk mitigation plus requirement to maintain social distancing of 2m.

4.0 Risks and Mitigating Actions

4.1 Support for Line Managers

The quality and efficacy of the Individual Risk Assessment will be determined by the line manager conducting the assessment. It is therefore of vital importance that

support from a variety of sources is available to the line manger in undertaking these assessments.

4.1.1 **The role of Occupational Health**

The OH team support to the RA is key and the team are supporting line managers in making assessment decisions and providing guidance. In anticipation of increased workload as a direct result of COVID19 the team has been strengthened with the addition of medical, clinical and administrative resources plus digital resources.

4.1.2 **Covid HR dedicated email address**

Now well established this email address is working well and provides line managers with a rapid response from dedicated HR colleagues experienced in handling COVID issues since the outset.

4.1.3 **Weekly Line Manager Webinars**

Recognising the key role line managers have in implementing these processes and making judgements and decisions, the senior HR team have been hosting live weekly manager webinars since mid June themed around the RA process and designed to share information and knowledge and also to answer questions and concerns live. Appx100 managers have attended these sessions so far. These are being maintained for the foreseeable future.

4.1.4 **Line Manager Guides**

Both national and local line manager guidance is being provided, linked to the hot topics – for example a guidance on how to hold a coaching conversation around health and wellbeing has been launched with the Individual Risk Assessment for Extremely Clinically Vulnerable colleagues who are currently shielding.

4.1.5 **Leadership Support Circles**

Training of HDFT facilitators is complete and the first session is to be launched on 4 August 2020.

4.1.6 **Audit/Consistency check**

It is important that a consistent approach is taken to RA's so the following is being implemented;

- All BAME RAs are checked for consistency of approach and themes reported to the BAME Taskforce for analysis and action if necessary
- All Extremely Clinically Vulnerable colleagues RAs are checked for consistency of approach
- A sample of 25% of RAs completed for Clinically Vulnerable Staff is checked for consistency of approach.

5.0 Monitoring Performance

The following metrics from our Risk Assessments process are required to be reported externally to NHSE and internally to the Board of Directors, and additionally be made available to all colleagues via the intranet:

- Number of staff risk assessed and % of whole workforce

- Number of BAME risk assessments completed, % of total risk assessments completed and % of whole workforce
- % of staff risk-assessed by staff group
- Additional mitigation over and above RA in settings where infection rates are highest

The progress made as of 17 July 2020 is show in Appendix B.

6.0 Supporting Information

6.1 The following papers make up this report:

Appendix A - Letter from NHSE regarding Risk Assessments for at risk staff
Appendix B – Monitoring Performance Individual Risk Assessments

7.0 Staff Network Update

7.1 The BME Staff Network was launched at the beginning of March. The membership has increased over the last four months and currently stands at 30 members.

In light of the ongoing importance of this the EDI Lead continued to promote the network in staff bulletins, and in communications regarding the local health and wellbeing offer. Regular emails were circulated to members including updates, signposting to information and webinars, and requesting feedback on local and national initiatives. Members of the BME Staff Network were included in the initiation of the Risk Assessment process and represented the network and fellow colleagues on the Trust's Health and Wellbeing Steering Group, at BME Listening Events and on the BAME Taskforce. BME Staff Network members have also volunteered to be assigned to each Directorate Bronze Command and this initiative is progressing well.

The first formal BME Staff Network meeting was held on Wednesday 15 July via MS Teams – there were 17 members in attendance including staff who joined the meeting whilst on annual leave. Items on the agenda included:

- Structure and meeting planning including name of Staff Network, branding, communications, recruitment and expressions of interest for Chair, Deputy Chair and Secretary.
- Work Plan –
    - Workforce Race Equality Standard (WRES)
    - Risk Assessments / Health and Wellbeing
    - Training and Development
    - Black Lives Matter
    - Listening Events

Updates were also provided on other Trust wide meetings, regional netowrks and the national WRES experts programme. Following the meeting recruitment packs have been circulated to BME Staff Network members asking for expressions of interest for the positions of Chair, Deputy Chair and Secretary. These positions will be appointed to by the end of July.The next meeting will prioritise the WRES data and action plan with a focussed drive on improving the experience and outcomes for staff and patients/service users from a black and minority ethnic background.

7.2 **LGBT+ Network** – the first meeting of this network will be held on 31st July and we currently have 13 initial members of this group.

7.3 **Disability and Long Term Illness Network** – the first meeting of this network will meet w/c 27th July and we currently have seven initial members of this group.

8.0 Workforce & Organisational Development – Reset and Recovery

8.1 Mandatory & Essential Skills Training

8.1.1 Introduction

This section outlines the plan to restart the mandatory and essential training programme, and other departmental training as part of the Reset and Recovery plan, and to outline an equivalent contingency step-down plan.

8.1.2 Current Position

All training was suspended in March 2020 except for a small number of clinical skills sessions directly related to the COVID response. New starters received a shortened version of the MEST eLearning package.

In anticipation of a restart, a plan for managing and prioritising training and Education Centre resources during the next 6 months was developed in conjunction with the Clinical Skills group during May and June 2020.

Rooms have been risk assessed, reassessed for capacity and distancing measures introduced Changes have been introduced to reduce risks.

A backlog of MEST has now developed which needs to be addressed with urgency in order to meet regulatory requirements in future and ensure safe service delivery. Reduced room capacity will. Impact upon throughout and activity which is currently being assessed in conjunction with MEST target rates.

8.1.3 Proposed MEST Reset and Recovery plan

Month	MEST activity to take place
July 2020	'soft' restart of any sessions of MEST face to face training already booked for which facilitators and learners are available 'High risk' learning activities to be individually risk assessed (see Appendix C, risk assessment of 'Breakaway training') MEST eLearning packages to be made available for completion
August 2020	MEST face to face sessions restarted as fully as possible. Full MEST eLearning to be re-introduced to induction for new starters.
September 2020	MEST reporting to restart.

8.1.4 Further work required

An information gathering exercise was carried out linked to the Education Centre plan which identified a wide range of training which, although it did not form part of the MEST programme, was essential to clinical service delivery. A small amount of this training has been moved to remote delivery, but there has not been a wide uptake of that.

This aspect needs further consideration and investigation given the difficulties of accommodating training in a reduced space. Support for developing remote learning is being developed, however a restriction of the number of bookings for face to face

sessions allowed per training strand may have to be explored if greater numbers of trainers do not engage with remote options.

8.1.5 **Conclusion**

There are risks associated with restarting a wider range of face to face training sessions; these can be partially mitigated by distancing and other measures, however there are also risks associated with not restarting the programme.

8.2 **Leadership Development**

8.2.1 **Leadership Support Circles**
These are commencing on 4 August 2020 as a programme of 10 short Webinars based on 10 Leadership Behaviours to support leadings teams through crisis. These are to be piloted on a virtual basis, and evaluated to establish the most effective way of continuing.

8.2.2 **First Line Leader Programme**
This programme is being recommenced on a face to face basis, with smaller groups of 18 delegates from August 2020. We are utilising facilities at the Nightingale Hospital to enable this to take place, where a room with capacity for social distancing can be provided.

8.2.3 **First Line Leader Programme – BME**
We are tailoring a version of this programme to be specifically focussed on the challenges that our BME colleagues have in entering leadership roles, and also what behaviours they encounter once in the roles. We are planning to run a pilot of this programme in September 2020.

Appendix A

Publications approval reference: 001559

To:
Chairs and CEOs of NHS Trusts / Foundation Trusts
CCG Accountable Officers
GP Practices, General Dental Practices, Community Pharmacists, Primary Care Optometrists
cc:
Directors of Workforce
Primary Care Network Leads
ICS/STP Chairs
Regional Directors

24 June 2020

Dear colleague

Risk assessments for at-risk staff groups

As employers, we each have a legal duty to protect the health, safety and welfare of our own staff. Completing risk assessments for at-risk members of staff is a vital component of this. Thank you to the many of you who have completed risk assessments and continue to provide support for your at-risk staff during this challenging period.

Some staff, however, are reporting that they are yet to have their risk assessment completed.

All employers need to make significant progress in **deploying risk assessments within the next two weeks** and complete them – **at least for all staff in at-risk groups – within four weeks**.

We are asking organisations to **publish the following metrics from their staff reviews**, until fully compliant:

- Number of staff risk-assessed and percentage of whole workforce.
- Number of black, Asian and minority ethnic (BAME) staff risk assessments completed, and percentage of total risk assessments completed and of whole workforce.
- Percentage of staff risk-assessed by staff group.
- Additional mitigation over and above the individual risk assessments in settings where infection rates are highest.

This information should be made available to all staff either via the intranet, all-staff briefings, or similar. We also ask that these data become part of your Board Assurance Framework (or equivalent in a primary care context) and receive board level scrutiny and ownership. For primary care providers, this would be a senior partner or the business owner as the employer with overall responsibility for their workforce.

Primary care

All primary care organisations remain legally responsible for securing appropriate occupational health (OH) assessments (including staff risk assessments) for their employees. Access to OH services based on the national occupational health specification published in 2016 has been commissioned by NHS England & NHS Improvement and may be via a local NHS trust OH department or an independent OH provider. We ask commissioners, primary care networks and practices to work together to:

- ensure local primary care staff know how to access support from their OH provider
- review OH service providers' current capacity and access to it
- share available OH capacity, or commission more to complement existing OH services via this Dynamic Purchasing Solution, if additional capacity or access outside normal working hours is needed

CCGs are asked to assure that this is happening comprehensively and speedily in their areas.

Support on risk assessments

After asking local NHS employers in April to begin risk assessing staff at potentially increased risk, the Faculty of Occupational Medicine published a risk reduction framework outlining risk factors in light of available scientific evidence. NHS Employers issued updated guidance in May, signposting useful materials. The NHS England/Improvement website contains practical tools and case studies on deploying risk assessments in primary and secondary care. Human Resource Directors (HRDs) have access to the HRD repository. Organisations may continue to use customised tools developed locally with their BAME networks.

In addition, we have launched educational webinars for HRDs on risk assessments, and dedicated help: nhsi.ournhspeopleleaders@nhs.net

We recognise the sensitive nature of conversations around individual health and wellbeing. But these conversations must take account of the urgency with which we have to ensure our colleagues' safety. Risk assessments should not be viewed in isolation – satisfactory deployment brings organisation-wide benefits including less absenteeism and sickness, fosters a safety-first culture, and helps ensure trust and engagement with staff. We know trusts and CCGs are working actively with Regional Directors and they will follow up with you including to share best practice.

Thank you again for your continued commitment to staff safety and wellbeing.

Best wishes

Prerana Issar NHS Chief People Officer NHS England and NHS Improvement

Dr Nikki Kanani MBE Medical Director for Primary Care NHS England and NHS Improvement

Amanda Pritchard Chief Operating Officer NHS England and NHS Improvement

Annex: Strategies for deploying individual risk assessments

Examples of good practice in individual risk assessment deployment include:

- Understanding the role of workplace assessment alongside individual risk assessments
- Creating a strategic risk stratification of the workforce – to target those at increased vulnerability first
- Working across the ICS/STP and with PCNs to manage any impact on staffing levels to meet anticipated demand and maintain services
- Clear direction that this is an organisational priority by the leadership team, including CEO ownership and making it a standing item at board meetings (or equivalent in other settings)
- Consistent messaging through all channels on the availability of risk assessments
- Co-production with local BAME networks
- All staff briefings, online training, and support sessions for line managers in deploying high quality risk assessments
- Creating a crib sheet for line managers on having conversations on risk assessments
- Ensuring OH services are adequately resourced to provide appropriate levels of support and that line managers know how to access this in all settings
- Using online and/or smartphone-enabled risk assessments to achieve better adoption
- Co-locating risk assessment meetings with staff facilities (eg staff rooms) or COVID-19 testing sites
- Setting dedicated days in the week for risk assessments • Creating trained risk assessment helpers within organisations.

Appendix B

Monitoring Performance

TOTAL RISK ASSESSMENTS (OF THOSE REQUIRED)

	# RA completed	# RA required	RA % Done
Childrens and County Wide Community Care	72	108	66.7%
Corporate Services	39	78	50.0%
Long Term and Unscheduled Care	234	335	69.9%
Planned and Surgical Care	152	237	64.1%
Harrogate Healthcare Facilities Management	31	115	27.0%
TOTAL (including HIF)	**528**	**873**	**60.5%**

TOTAL RISK ASSESSMENTS (OF ALL STAFF)

	# RA completed	Headcount of Staff	RA % Done
Childrens and County Wide Community Care	72	1,551	4.6%
Corporate Services	39	434	9.0%
Long Term and Unscheduled Care	234	1,584	14.8%
Planned and Surgical Care	152	1,086	14.0%
Harrogate Healthcare Facilities Management	31	357	8.7%
TOTAL (including HIF)	**528**	**5,012**	**10.5%**

BAME Risk Assessments

	# RA completed	# RA required	RA % Done
Childrens and County Wide Community Care	37	38	97.4%
Corporate Services	26	29	89.7%
Long Term and Unscheduled Care	197	218	90.4%
Planned and Surgical Care	133	147	90.5%
Harrogate Healthcare Facilities Management	20	21	95.2%
TOTAL (including HIF)	**413**	**453**	**91.2%**

SHIELDING Risk Assessments

	# RA completed	# RA required	RA % Done
Childrens and County Wide Community Care	29	46	63.0%
Corporate Services	8	14	57.1%
Long Term and Unscheduled Care	20	42	47.6%
Planned and Surgical Care	12	31	38.7%
Harrogate Healthcare Facilities Management	8	17	47.1%
TOTAL (including HIF)	**77**	**150**	**51.3%**

AGE Risk Assessments (Male 55 and over, Female 65 and over)

	# RA completed	# RA required	RA % Done
Childrens and County Wide Community Care	4	22	18.2%
Corporate Services	7	39	17.9%
Long Term and Unscheduled Care	15	79	19.0%
Planned and Surgical Care	10	66	15.2%
Harrogate Healthcare Facilities Management	12	89	13.5%
TOTAL (including HIF)	**48**	**295**	**16.3%**

PREGNANCY Risk Assessments

	# RA completed	# RA required	RA % Done
Childrens and County Wide Community Care	4	4	100%
Corporate Services	0	0	#DIV/0!
Long Term and Unscheduled Care	1	1	100%
Planned and Surgical Care	3	3	100%
Harrogate Healthcare Facilities Management	1	1	100%
TOTAL (including HIF)	**9**	**9**	**100%**

VULNERABLE Risk Assessments (e.g. Diabetic, other conditions)

	# RA completed	# RA required	RA % Done
Childrens and County Wide Community Care	3	3	100%
Corporate Services	1	1	100%
Long Term and Unscheduled Care	10	10	100%
Planned and Surgical Care	4	4	100%
Harrogate Healthcare Facilities Management	0	0	#DIV/0!
TOTAL (including HIF)	**18**	**18**	**100%**