Board of Directors Meeting (Public)
To be held on Wednesday 28th September from 9.00am – 1.15pm
At the Pavilions, Harrogate

AGENDA

All items listed in blue text (throughout the agenda), are to be received for information/ assurance and no discussion time has been allocated within the agenda. These papers can be found in the supplementary pack.

Item No.	Item	Lead	Action	Paper	Time
SECTION 1: Opening Remarks and Matters Arising					
1.1	**Welcome and Apologies for Absence**	Chair	Note	Verbal	9.00
1.2	**Patient Story**	Director of Nursing, Midwifery and AHPs	Discuss/ Note	Verbal	
1.3	**Declarations of Interest and Register of Interests** *To declare any new interests and any interests in relation to open items on the agenda*	Chair	Note	Attached	
1.4	**Minutes of the Previous Board of Directors meeting held on 27th July 2022**	Chair	To Approve	Attached	
1.5	**Matters Arising and Action Log** *No open actions*	Chair	Discuss/ Note/ Approve	Verbal	
1.6	**Overview by the Chair**	Chair	Discuss/ Note	Verbal	9.20
SECTION 2: CEO Updates					
2.1	**Chief Executive Report**	Chief Executive	Discuss/ Note	Attached	9.30
2.2	**Corporate Risk Register**	Chief Executive	Discuss/ Note	Supp. pack	
SECTION 3: Patients and Service Uses (Quality and Safety)					
3.1	**Quality Committee Chair's Reports –**	Quality Committee Chair	Note	Verbal	10.00
3.2	**Integrated Board Report –** Indicators from Safe, Caring and Effective domains	Executive Directors	Discuss/ Note	Supp. pack	
3.3a	**Director of Nursing Report**	Director of Nursing, Midwifery and AHPs	Note/ Approve	Attached	

3.3b	**Patient Safety Incident Response Framework (PSIRF)**	Director of Nursing, Midwifery and AHPs	Discuss/ Note	Supp. Pack	
3.3c	**Strengthening Maternity and Neonatal Safety**	Director of Nursing, Midwifery and AHPs	Discuss/ Note	Attached	
3.4a	**Medical Director Report**	Medical Director	Discuss /Note	Attached	10.30
3.4b	**Learning from Deaths**	Medical Director	Note	Supp. Pack	
3.4c	**Guardian for Safe Working**	Guardian for Safe Working	Note	Attached	10.45
3.4d	**Annual Medical Appraisal statement**	Medical Director	Note	Supp. Pack	
3.5	**IPC Annual report 21/22**	Medical Director	Note	Supp. Pack	
Comfort Break (11.00 – 11.15)					
SECTION 4: Use of Resources and Operational Performance					
4.1	**Resource Committee Chair's Reports – 22nd August, 26th September**	Resource Committee Chair	Discuss/ Note	Verbal	11.15
4.2	**Integrated Board Report –** Indicators from Responsive, Efficiency, Finance and Activity Domains	Executive Directors	Note	Supp. pack	
4.3	**Director of Finance Report**	Finance Director	Discuss	Attached	11.25
4.4	**Chief Operating Officer's Report**	Chief Operating Officer	Discuss	Attached	11.35
4.5	**Workforce Report and Organisational Development Report**	Director of Workforce and Organisational Development	Discuss	Attached	11.45
4.5a `	**WDES Annual Report 2022**	Director of Workforce and Organisational Development	To approve	Attached	
4.5b	**WRES Annual Report 2022**	Director of Workforce and Organisational Development	To approve	Attached	
SECTION 5: People and Culture					

5.1	**People and Culture Committee Chair's Report – 12th September 2022**	Committee Chair	Note	Attached	11.55
5.2	**Integrated Board Report –** Indicators from Workforce Domains	Executive Directors	Note	Supp. pack	
SECTION 6: Strategy & Partnerships					
6.1	**Board Assurance Framework**	Chair	Note	Supp. pack	12.05
6.2a	**Director of Strategy Report**	Director of Strategy	Note	Attached	
6.2b	**Trust Strategy covering paper**	Director of Strategy	To approve	Attached	
6.2c	**Trust Strategy Final version**	Director of Strategy	Note	Supp. Pack	
6.2d	**Strategic Objectives**	Director of Strategy	Note	Supp. Pack	
6.3	**Business Development Report 0-19 Services**	Director of Strategy	Note	Attached	12.15
6.4	**Provision of Domiciliary Care Services**	Chief Operating Officer	Note	Attached	12.25
SECTION 7: Governance Arrangements					
7.1	**Audit Committee Chair's Reports – 7th September 2022**	Committee Chair	Note	Attached	12.35
7.2	**Annual Governance Timetable**	Finance Director	Note	Verbal	12.45
7.3a	**WYAAT Programme Executive minutes – August 2022**	Director of Strategy	Note	Supp. Pack	
7.3b	**Collaboration of Acute Providers minutes – August 2022**	Director of Strategy	Note	Supp. Pack	
7.4	**HDFT Treasury Management Policy**	Director of Finance	Note	Supp. Pack	
8.0	**Any Other Business** *By permission of the Chair*	Chair	Discuss/ Note/ Approve	Verbal	13.05
9.0	**Board Evaluation**	Chair	Discuss	Verbal	13.10
10.0	**Date and Time of next meeting** Wednesday, 30th November 2022				

Confidential Motion – the Chair 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.

NOTE: The agenda and papers for this meeting will be made available our website. Minutes of this meeting will also be published in due course on our website.

Harrogate and District NHS Foundation Trust

Board of Directors Register of Interests
As at 28th September 2022

Board Member	Position	Relevant Dates From	To	Declaration Details
Jacqueline Andrews	Medical Director	June 2020	Date	Familial relationship with managing partner of Priory Medical Group, York
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	Date	1. Company director for the flat management company of current residence 2. Chief Executive of the Ewing Foundation
Jonathan Coulter	Finance Director Chief Executive from March 2022	March 2022	No interests declared	
Jeremy Cross	Non-executive Director	January 2020	Date	1. Chairman, Mansfield Building Society 2. Chairman, Headrow Money Line Ltd (ended September 2021) 3. Director and Shareholder, Cross Consulting Ltd (dormant) 4. Chairman – Forget Me Not Children's hospice, Huddersfield 5. Governor – Grammar School at Leeds 6. Director, GSAL Transport Ltd 7. Member - Kirby Overblow Parish Council
Emma Edgar	Clinical Director (Long term & Unscheduled Care)	No interests declared		
Matt Graham	Director of Strategy	September 2021 April 2022	Date Date	1. Director Governor (Chair of Finance & Premises Committee) – Malton School 2. Stakeholder Non-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)
Dr Kat Johnson	Clinical Director (Planned and Surgical Care)	No interests declared		
Dr Natalie Lyth	Clinical Director (Children's and County Wide Community Care)		Date	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.
Jordan McKie	Acting Director of Finance (From March 2022)	No interests declared		
Russell Nightingale	Chief Operating Officer	April 2021	Date	Director of ILS and IPS Pathology Joint Venture
Emma Nunez	Director of Nursing Deputy Chief Executive from March 2022	No interests declared.		
Andrew Papworth	Non-executive Director	March 2020	Date	Group Director, Cost and Productivity Insight at Lloyds Banking Group
Laura Robson	Non-executive Director	No interests declared		

Board Member	Position	Relevant Dates From	To	Declaration Details
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. Chair of Harrogate Public Services Leadership Board 4. Member of North Yorkshire Safeguarding Children Partnership Executive 5. Member of Society of Local Authority Chief Executives 6. Director of Brimhams Active - wholly owned Harrogate Borough Council leisure company. 7. Trustee for the Harrogate District Climate Change Coalition CIO (effective November 2021) 8. Member of Challenge Board for Northumberland County Council.
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care) Deputy COO	April 2017	March 2022	Director of Shepherd Property Ltd
Richard Stiff	Non-executive Director	May 2018 January 2022 April 2022	Date Date Date	1. Director of (and 50% owner) Richard Stiff Consulting Limited 2. Director of NCER CIC (Chair of the Board from April 2019) 3. Member of the Association of Directors of Children's Services 4. Member of Society of Local Authority Chief Executives 5. Local Government Information Unit Associate 6. Fellow of the Royal Society of Arts 7. Stakeholder Non-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) 8. Member of the Corporation of the Heart of Yorkshire Education Group
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
Paul Nicholas	Deputy Director of Performance and Informatics	No interests declared
Shirley Silvester	Deputy Director of Workforce and Organisational Development	No interests declared
Kate Southgate	Associate Director, Quality & Corporate Affairs	Familial relationship with Director in NHS England

Directors and Attendees
Previously recorded Interests – For the 12 months period pre July 2022

Board Member	Position	Relevant Dates From	To	Declaration Details
Angela Schofield	Chairman	2018	31 March 2022	1. Member of WYAAT Committee in Common 2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership 3. Member of the Yorkshire & Humber NHS Chairs' Network 4. Volunteer with Supporting Older People (charity). 5. Member of Humber Coast and Vale ICS Partnership
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	31 March 2022	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)
Jonathan Coulter	Finance Director Chief Executive from March 2022	November 2017	31 March 2022	(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)
Mrs Laura Angus	NExT Non-executive Director	January 2021	March 2022	1. Strategic Lead Pharmacist/Head of Prescribing, NHS Vale of York CCG 2. Chair of York and Scarborough Medicines Commissioning Committee 3. Interim Chief Pharmacist at Humber, Coast and Vale ICS 4. MTech Associate; Council Member PrescQIPP 5. Chair of Governors at Kirby Hill Church of England Primary School
Steve Russell	Chief Executive	March 2020	March 2022	1. Chief Executive of NHS Nightingale Hospital Yorkshire and Humber (ended July 2021) 2. Member of NHS England and Improvement North East and Yorkshire Regional People Board 3. Lead Chief Executive for Workforce in Humber Coast and Vale ICS 4. Co-Chair of WY&H Planned Care Alliance 5. Chair of Non-Surgical Oncology Steering Group 6. NHS Employers Policy Board Member (September 2020 and ongoing)

				7. Chair of Humber Coast and Vale ICS BAME Network (August 2020 and ongoing) 8. Joint SRO for planned care West Yorkshire and Harrogate ICS (June 2020 and ongoing)
Jordan McKie	Deputy Director of Finance (Until March 2022)	No interests declared		
Richard Stiff	Non-Executive Director		December 2021 February 2022 February 2022	1. Director and Trustee of TCV (The Conservation Volunteers) – ceased December 2021 2. Local Government Information Unit (Scotland) Associate – LGIU has now fully merged with LGIU listed as current interest 3. Chair of the Corporation of Selby College – dissolved 28 February 2022 when it became part of the Heart of Yorkshire Group.
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care) Deputy COO	April 2017	March 2022	Director of Shepherd Property Ltd

Board of Directors Meeting - Public
Wednesday, 21th July 2022 from 9.00am – 12.30pm
At the Pavilions, Harrogate

Present
Sarah Armstrong, Chair
Jonathan Coulter, Chief Executive
Russell Nightingale, Chief Operating Officer
Matt Shepherd, Chief Clinical Digital Information Officer (CCDIO), Deputy Chief Operating Officer
Jeremy Cross, Non-executive Director
Laura Robson, Non-executive Director/Senior Independent Director
Wallace Sampson OBE, Non-executive Director
Richard Stiff, Non-executive Director
Maureen Taylor, Non-executive Director
Jacqueline Andrews, Executive Medical Director
Matthew Graham, Director of Strategy
Jordan McKie, Acting Director of Finance
Emma Nunez, Director of Nursing, Midwifery and Allied Health Professionals and Acting Deputy Chief Executive
Angela Wilkinson, Director of Workforce and Organisational Development

In attendance
Emma Edgar, Clinical Director for Long Term and Unscheduled Care Directorate (LTUC)
Kat Johnson, Clinical Director for Planned and Surgical Care Directorate (PSC)
Natalie Lyth, Clinical Director for Community and Children's Directorate (CC)
Kate Southgate, Associate Director of Quality and Corporate Affairs
Louisa Bollon, Corporate Governance Officer (minutes)

Observing
One observer was present at the meeting: one member of staff.

Item No.	Item
BD/07/27/1	**Welcome and Apologies for Absence**
1.1	The Chairman welcomed everyone to the meeting.
1.2	Apologies were received from: Andy Papworth, Non-executive Director
BD/07/27/2	**Patient Story**
2.1	Jack was born with cerebral palsy and he came to board to share his remarkable and brave story of his recovery following a spinal operation to help with mobility. He shared a video, which was made, following his recovery and physio sessions.
2.2	The Board thanked Jack, his mum and his physiotherapists for sharing their story and wished him all the best for his bright future and his ambition to be a farmer.
BD/07/27/3	**Declarations of Interest and Register of Interests**
3.1	The register of interests was received and noted.
3.2	**Resolved:** The declarations were noted.
BD/07/27/4	**Minutes of the Previous Board of Directors meeting held on 27th May 2022**

4.1	Approved as accurate with 1 amendment:
4.2	1.1 – Charly Gill gave apologies as 'Interim Freedom to Speak Up Lead' – title needs changing from Head of Nursing LTUC
BD/07/27/5	**Matters Arising and Action Log**
5.1	No open actions.
5.2	No matters arising.
BD/07/27/6	**Overview by the Chair (Verbal)**
6.1	The chair gave a summary of her first 100 days as Chair detailing meetings, events attended, colleagues and teams she had met.
6.2	It was noted that a successful Non-Executive Director (NED) recruitment campaign had been completed.
6.3	Sincerest thanks to Doug Masterton and Dave Stott, for completing their duties as HDFT Governors, their presence on the Council of Governors would be missed.
6.4	**Resolved:** The Chair's report was noted.
BD/07/27/7	**Chief Executive Report**
7.1	The Chief Executive presented his report as read.
7.2	The health and care system continues to operate under significant pressure. The Chief Executive outlined some of the key issues through his report. He started by expressing his thanks to all colleagues for continuing to deliver care and support to our patients and population in difficult times.
7.3	Jeremy Cross asked when would the national pay increase for staff would be paid, would this be in their August 2022 pay. The Chief Executive confirmed that it would be on September 2022.
7.4	**Resolved:** The Chief Executive's Report was noted.
BD/07/27/8	**Corporate Risk Register**
8.1	The Corporate Risk Register was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
8.2	It was noted that in the August Board Workshop a piece of work would take place around our Governance cycle.
8.3	**Resolved:** The Corporate Risk Register was noted.
BD/07/27/9	**Board Assurance Framework**
9.1	The Board Assurance Framework was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
9.2	The Chief Executive noted that with the development of the new Trust Strategy, a revised Board Assurance Framework (BAF) would be developed.

9.3	**Resolved:** The Board Assurance Framework was noted.
BD/07/27/10 **10**.1	**Director of Strategy Report** The Director of Strategy presented his report as read.
10.2	It was highlighted that Wakefield 0-19 mobilisation was ongoing and that the Northumberland 0-19 contract, 30 day consultation closed on 6th July.
10.3	Laura Robson asked what difficulties there had been with the Wakefield 0-19 transfer to HDFT. The Director of Strategy confirmed they had had some challenges but assured the Board that we had these in hand and all was going well. **Resolved:** The Director of Strategy Report was noted.
10.4	
BD/07/27/11 **11.1**	**Quality Committee Chair's Report** The Chair reports for the June and July 2022 meetings were noted and taken as read.
11.2	An error was noted in the June report: 18% reduction in midwives, should have read, 1.8% reduction in midwives.
11.3	Pressures in ED, ward staffing, and ongoing ambulance transfers from the York area, were noted.
11.4	The Chief Executive noted that taking transfers from York does put pressure on us, but we are working on having a robust plan in place for this.
11.5	**Resolved:** The Board noted the content of the report.
BD/07/27/12	**Integrated Board Report -** Indicators from Safe, Caring and Effective domains
12.1	The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
12.2	**Resolved:** The Board noted the content of the report.
BD/07/27/13 **13.1**	**Director of Nursing** The Director of Nursing report was received and taken as read.
13.2	Staffing Fill Rates have seen a significant increase in the month of June as Covid absences began to reduce.
13.3	Complaints has seen a 70% performance against 95% standard. We have seen a reduction in number of complaints received which coincides with an increased quality of responses and also early engagement with patients and families under revised processes.
13.4	A bid has been submitted for International Recruitment of 60 nurses, and the organisation was also exploring international recruitment of AHPs.
13.5	**Resolved:** The Board noted the content of the report.

BD/07/27/14	**Strengthening Maternity and Neonatal Safety**
14.1	The Director of Nursing presented the report, which was taken as read.
14.2	The Trust had received an Ockenden assurance visit and feedback had been positive.
14.3	It was noted that a successful recruitment campaign for the Associate Deputy Director of Midwifery had been completed.
14.4	A discussion took place on women choosing to give birth outside of guidance.
14.5	**Resolved:** The Board noted the content of the report.
BD/07/27/15	**Medical Director Report**
15.1	The Executive Medical Director noted the content of her report.
15.2	An improvement event had been held to standardise and improve the processes for review of clinical results – a number of immediate and longer term actions being taken forward.
15.3	A number of fragile clinical services at HDFT had been identified, particularly with provision of out of hours services. The Trust was working with WYAAT and wider system colleagues to agree regional approach and standards where possible.
15.4	It was noted that NHSE/I financial allocation for new Electronic Patient Record (EPR) had been confirmed and a major transformational programme was now underway, working with ICS colleagues to maximise return for investment.
15.5	**Resolved:** The Board noted the content of the report.
BD/07/27/16	**Infection, Prevention & Control BAF and Work Plan**
16.1	The Infection Prevention and Control Committee (IPCC) have responsibility for the HDFT IPC Board Assurance Framework (BAF). This framework provides the basis for the IPC annual work plan. The IPCC are responsible for overseeing progress against the work plan. The BAF and work plan were noted.
16.2	**Resolved:** The Board noted the content of the report.
BD/07/27/17	**Resource Committee Chair Report**
17.1	The Chair reports for the June and July 2022 meetings were noted and taken as read.
17.2	**Resolved:** The Board noted the content of the report.
BD/07/27/18	**Integrated Board Report -** Indicators from Responsive, Efficiency, Finance and Activity Domains
18.1	The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
18.2	**Resolved:** The Board noted the content of the report.
BD/07/27/19	**Director of Finance Report**
19.1	The Director of Finance presented his report as read.
19.2	The Capital Programme outline for 2023/24 – 2024/25 is being developed and will be presented during Q2.

19.3	**Resolved:** The Board noted the content of the report.
BD/07/27/20 **20.1** **20.2** **20.3** **20.4** **20.5** **20.6**	**Chief Operating Officers Report** The Chief Operating Officer presented the report as read. COVID admissions and occupancy increased in June following the current growth in cases in the community, reaching the same levels as the last surge. The TIF2 business case was nearing completion (c.£15m) to increase on site theatre provision, positive discussions regarding planning approval continue. The Ripon Hospital ward refurbishment has now taken place and is back open and patients have been relocated back to Ripon. Wallace Sampson asked if we are planning to utilise the Duchy more and if this is at a cost to the Trust. The Chief Operating Officer advised that we are still using Duchy and intend to carry on, and this does not incur any costs to the Trust at all. **Resolved:** The Board noted the content of the report.
BD/07/27/21 **21.1** **21.2** **21.3** **21.4** **21.5**	**Workforce Report and Organisational Development Report** The Director of Workforce and OD presented her report as read. Core Mandatory Training compliance has increased to 90% with combined core and role specific at 81% - significant increases in compliance achieved since RPIW in April 2022. It was noted that a visit by Health Education England (HEE) had occurred regarding surgical trainees in SDEC following escalation of concerns. The final report was noted, with immediate actions given to be completed by August 2022. Wallace Sampson noted that turnover was becoming an increasing concern for all companies at present and pay seems to be the main reason for people leaving at exit interviews. **Resolved:** The Board noted the content of the report.
BD/07/27/22 **22.1** **22.2**	**People and Culture (PCC) Chair's Report – 16th May 2022** The Chair report for July 2022 meeting was noted and taken as read. **Resolved:** The Board noted the content of the report.
BD/07/27/23 **23.1** **23.2**	**Integrated Board Report -** Indicators from Workforce Domains The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised. **Resolved:** The Board noted the content of the report.
BD/07/27/24 **24.1** **24.2**	**Audit Committee Chair's Report** The Chair report for the May 2022 meeting was noted and taken as read **Resolved:** The Board noted the content of the report.
BD/07/27/25 **25.1**	**Annual Governance Timetable**

	An Extra Ordinary Board meeting to approve the Annual Report and Accounts would be held in October 2022.
25.2	**Resolved:** The Board received a verbal update from the Finance Director, and noted that all key points had been included during the Board meeting.
BD/07/27/26	**Use of Trust Seal**
26.1	The Use of the Trust Seal was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
26.2	**Resolved:** The Board noted the content of the report.
BD/07/27/27	**Any Other Business**
27.1	Wallace Sampson asked for updates on a future Board meeting on the green plan.
BD/07/27/28	**Board Evaluation**
28.1	The Chief Executive noted the meeting had been productive with openness to discussions, and thanked colleagues for responding to difficult discussions with a professional attitude.
28.2	It was noted that all liked the new Board Pack format, with the supplementary pack for ease of reference.
BD/07/27/29	**Date and Time of the Next Meeting**
29.1	The next meeting will be held on Wednesday, 28th September 2022.
BD/07/27/30	**Confidential Motion**
30.1	**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 (Public)
28th September 2022

Title:	**Chief Executive's Report**
Responsible Director:	Chief Executive
Author:	Chief Executive

Purpose of the report and summary of key issues:	The report provides the Trust Board with key updates and actions since the previous meeting. The report highlights key challenges, activity and programmes currently impacting on the organisation.	
BAF Risk:	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	X
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	X
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	X
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	X
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	X
	BAF3.2 To provide a high quality service	X
	BAF3.3 To provide high quality care to children and young people in adults community services	X
	BAF3.5 To provide high quality public health 0-19 services	X
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	X
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	X
	BAF4.4 To be financially stable to provide outstanding quality of care	X
Corporate Risks	All	
Report History:	Previous updates submitted to Public Board meetings.	
Recommendation:	The Board is asked to note this report, and identify any areas in which further assurance is required, which is not covered in the Board papers.	

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

CHIEF EXECUTIVE'S REPORT

Introduction

1. At the risk of repeating previous key messages, the health and care system continues to operate under enormous pressure, and HDFT is not immune to the challenges that all organisations are facing at the moment. We have had a difficult summer and we are now moving towards winter knowing that the current level of acute pressure and community services workload are already significant. Combined with the need to reduce our elective care backlogs, the challenges that we are managing are significant.

2. Whilst recognising the challenges, which I'll highlight in this report and colleagues will highlight in separate papers later, we have a lot of work underway to improve our services and safeguard the level of care and support we provide to our patients and wider communities. It is important to recognise this and continue to be positive about the difference we can all make.

3. An example of how working collectively together can deliver the best for our patients came in our response to the recent bank holiday introduced following the sad death of Queen Elizabeth II. Our teams ensured that most planned care work continued, alongside our urgent care services, and we also supported patients and staff in hospital on the bank holiday Monday to engage in the Queen's funeral through our IT infrastructure. The outcome was the best we could do for our patients and exceeded the level of service provided by many other organisations, and was a result of the teamwork, planning and delivery of services with patients at the centre.

4. Nationally, we have a new Secretary of State, and at the time of writing this report we are awaiting an expected announcement in relation to priorities for the NHS. Whilst we will take on board and respond to any guidance or priorities, as an organisation we know what our role is. Our ambition is to improve the health and wellbeing of our population through delivering high quality care, working with partners, delivering a great start in life and recognising that health and care services are largely services delivered to people by people – so ensuring that we have the right people in the right roles, with tools to do the job, working in a decent environment, and who are curious to improve, is vital.

5. Our strategy reflects these ambitions, and whilst we know 'what' we need to deliver, it is equally if not more important to ensure that 'how' we deliver our services – reflecting our values – is a focus that we don't lose.

Vaccination programme

6. We have recently started our CoVid vaccination programme for colleagues across the Trust, with reciprocal arrangements in other organisations for colleagues who work across our geographic footprint. The Flu vaccination campaign will begin in early October as vaccination supplies are received.

7. This is an important measure that all staff can take to help protect themselves and therefore our patients and the wider community, as we enter the winter period when respiratory infections are more likely to circulate.

Urgent and Emergency Care

8. National winter planning guidance has been issued. There are 8 key actions expected of the NHS, namely

    - Deliver an integrated CoVid and Flu vaccination programme
    - Increase capacity outside acute trusts
    - Increase resilience of NHS111 and 999 services
    - Target improvement in Category 2 response times and ambulance handover delays
    - Reduce crowding in A&E departments
    - Reduce hospital occupancy by increasing bed capacity (hospital and virtual beds)
    - Ensure timely discharge
    - Provide better support for people at home

9. As part of this set of actions expected of the NHS, there are 6 key indicators that have been identified as key to operational resilience, and these are

    - NHS111 call abandonment
    - 999 call answering times
    - Category 2 response times
    - Ambulance handover delays
    - Hospital bed occupancy
    - Percentage of beds occupied by patients who are medically fit

10. We have developed our winter plan and have been in active dialogue with system partners. We have already got in train a number of initiatives to improve our urgent and emergency care services. We have started capital works within the ED, we are recruiting well to our ED streaming model, we have introduced an acute frailty unit through funding received through the ICB, we are expanding our virtual ward capacity, and we have had productive discussions with commissioners in respect of improved funding for the Selby UTC.

11. The biggest issue though that we currently have is the fact that local care services provision is fragile, resulting in patients staying in hospital for much longer than is necessary. This results in poor quality of care for patients, pressure on staff and capacity, and is very different to the situation in previous years. We are therefore taking forward work on developing a domicillary care service for the Harrogate area. This is a significant development for the Trust. It does have risks to the organisation that we will work to mitigate, but it will reduce overall system risk and provide better care for our patients. This work is a priority for the leadership team at the moment and we will update the Board as this work develops over the next few weeks.

12. The Board should be aware that our A&E performance in August remained well below the national standard and we had a higher number of 12 hour waits in the department than in

previous months. The situation has improved in September, but the changes that we have initiated and highlighted earlier need to be delivered in order for us to provide the improved urgent care service that we all want to have in place.

Planned care

13. In respect of delivering additional elective activity, we are continuing to deliver our plans. The HNY system is delivering well collectively, and is one of only two ICB areas that are meeting the planned levels of elective work.

14. Despite the pressures on non-elective flow through the hospital, we continue to prioritise elective work as well, recognising the patient harm that results from long waiting times. We continue to work with partners in West Yorkshire as well as HNY ICB, and directly with Leeds THT in respect of delivering additional capacity at Wharfedale Hospital.

15. Our TIF2 scheme to deliver additional elective capacity on the Harrogate site has been submitted. This has been through the regional process and we await final approval to begin the £14m scheme.

0-19 services

16. We continue to experience pressure across our 0-19 services, with OPEL levels being 3 for most of our service areas. We continue to support areas where it is difficult (largely caused by staffing challenges) by moving people from other areas within our catchment. The number of safeguarding strategies continues to be higher than in previous years.

17. The consultation in respect of the Darlington s75 agreement has concluded successfully and we will be starting this arrangement in October. We are having constructive discussions with Middlesbrough Council in respect of the service provision into 2023/24.

18. The transfer of the Wakefield service into HDFT is due on 1st October. Welcome meetings have been extremely positive with staff, and we are looking forward to welcoming our new colleagues into HDFT. Discussion with the Wakefield Council leadership team has been very positive and we will no doubt be able to develop and learn together as we take on the services from next month. A significant amount of work is being undertaken by the team in order to ensure that we transfer the services safely and that we can provide the service to the families of Wakefield from October, and I'd like to record my thanks to all involved.

Quality and Safety

19. Our new quality governance processes are continuing to operate well, with greater confidence in the reporting of incidents and the quality of the immediate 48 hour reports. There continue to be capacity challenges in relation to lead investigators, which we are working on through training additional LIs.

20. A further SI in theatres has been reported recently related to a wrong side nerve block. This is similar to an incident earlier this year. The policy is in place and understood, but clearly in this instance the process wasn't followed. We are investigating the incident and

will reflect on the outcome alongside the previous such incident. There were particular human factors involved, but we need to ensure that we understand this and ensure this does not affect our appropriate safety processes.

21. We continue to use weekly team talk to communicate the themes and learning from our quality summits.

22. As the Board are aware, on the 7th June we had an Ockendon assurance visit to our maternity services. As reported previously, this visit went very well, and the external team were assured about the progress we have made (and continue to make) in respect of meeting the recommendations of the initial Ockendon report. We have now received the report from the Regional team and we will keep the Board informed through this meeting about our maternity services and specifically our actions in respect of the final Ockendon report.

Finance

23. As you will read within the finance report, the financial challenge continues both internally and across the wider NHS system. We have delivered a break-even position for the last two months, which is positive, although some of the actions taken have been non-recurrent in nature. We continue to work on managing our financial risks, in particular agency spend.

24. Work is beginning in respect of financial plans for 2023/24. We have a joint Board/SMT workshop at the end of October to discuss our approach to future planning.

Workforce and wellbeing, including cost of living support

25. To repeat what I have highlighted in previous reports, the biggest challenge facing the Trust and the NHS currently relates to people. Having enough skilled and motivated people is the key to providing services to our patients and population. And as you will have also heard from me before the key three things that would improve morale, wellbeing and reduce workplace stress are:

    - Having people here (recruited, in work, rostered well)
    - Having a decent workplace environment (physical environment, equipment)
    - Appreciation and understanding of people's work and challenges

26. These continue to be the key things that we will be focussed on as we seek to support colleagues and enable all of us to do our job to the best of our ability.

27. In terms of specific issues, the national pay award will be paid to colleagues this month. We are aware that a number of Trade Unions will be balloting members about taking strike action, and we are in regular dialogue with our trade union colleagues so that we can prepare in a timely way should we need to put plans in place in respect of ongoing service provision.

28. We continue to support colleagues with a package of measures in relation to the cost of living. Over the last month, we have opened our staff shop, and received applications from colleagues in respect of selling annual leave and also receiving hardship grants. We have

had a significant number of applications which we are working through, which reflects the challenges that people are currently facing. For October, HIF colleagues are putting plans in place to support our initiative for free meals for children of staff during the half term break.

29. We will be reviewing the range of cost of living initiatives later in the year with colleagues, as I am keen to move from short-term support to investing in longer term initiatives (such as increased training and development for colleagues) that provide a more sustainable support package and offer the prospect of income enhancement through career progression. At the moment however, the important thing is to understand and help people manage the short term challenges that people are having to deal with.

30. As I write this report, the Living Wage Foundation has announced the new living wage that applies to those employers (like ourselves) who commit to paying the real living wage. This announcement has been made a month earlier than usual to reflect the cost of living crisis. We agreed last year that we would continue to be a living wage employer, so we will quickly work through the impact of this change so that we can respond accordingly and implement the changes in a timely way.

Jonathan Coulter
Chief Executive
September 2022

Trust Board Report September 2022 Report: Executive Director of Nursing, Midwifery and AHPs

Author: Emma Nunez

Matters of concern and risks to escalate

- Nurse Staffing – (*IBR 1.8.1 & 1.8.2*) Staffing Fill Rates have increased in August following the Covid surge in July which affected staff absence numbers. This increase has also been facilitated by the closing of the escalation ward. Care Hours Per Patient Day also rose slightly in line with the fill rates. Additional Nurse Staffing into ED was rostered during August to manage those patients with long waits to ensure quality and safety was maintained.
- Pressure Ulcers – (*IBR 1.1 & 1.2*) have seen a decrease across inpatient and community services. Despite the decrease the overall rate remains high. In the community this is likely due to the optimum number of repositioning of patients not being achieved due to gaps in social care. In the inpatient setting despite ongoing training, education and clinical support and coaching from the tissue viability team the rates remain high. We have assurance that referrals to the Tissue Viability Specialist Team are appropriate so that patients are reviewed and assessed in a timely manner however the patient population is a contributing factor with the majority of patients having numerous co-morbidities and are frail and elderly in addition to their acute illness which increased the risk. Delays in discharge to ongoing care remains an additional risk as the number of hospital bed days is also a factor
- Falls – *(IBR 1.3)* Reducing Falls continues to be a quality priority and this is being led by our Falls Lead who commenced in post mid July. Length of stay continues to be a risk factor which is contributing to our increase this month. An improvement plan is in place to mitigate this risk as much as possible

Major actions commissioned and work underway

- Shared Decision Making Councils are being established for:
  - Care Support Workers
  - Nutritional Assistants
  - Theatres (Pre-assessment and BAME colleagues)
- Workforce modelling for Winter Planning underway
- Focused session on Liberty Protection Safeguards with Safeguarding Team and plans underway for implementation preparation
- Despite good work on improving complaints response compliance we have seen a decline in performance. Each Directorate is working on improving this position. This does also correlate with a reduction in numbers of complaints being received.
- International recruitment working group established to develop a Business case for 60 international recruits.

Positive news and assurance

- Head of Health and Safety commenced in pos
- Associate Director of Midwifery commenced in pos
- Deputy Director of Nursing, Health Visiting and Safeguarding moved into Corporate Nursing Team to reflect the professional leadership and groups within our 0-19 provisio
- Significant assurance of quality of Serious Incident Investigations and completion timelines via SI Committee as well as patient and family engagemen
- Care Support Worker Development Programme evaluating extremely well, supporting our ongoing retention attempts.

Decisions made and decisions required of the Board

Harrogate and District NHS Foundation Trust

3.3

Strengthening Maternity and Neonatal Safety Report

Trust Board

August 2022

Title:	**Strengthening Midwifery and Neonatal Safety Report**
Responsible Director:	Emma Nunez, Executive Director of Nursing, Midwifery & AHP's
Author:	Danielle Bhanvra (Acting HOM), Andy Brown (Risk management Midwife), Kat Johnson (Clinical Director), Vicky Lister (Woodlands and SCBU Manager)

Purpose of the report and summary of key issues:	The purpose of this report is to provide a summary and update on the board level safety measures for the month of November as set out in the Perinatal Quality Surveillance model (Ockenden, 2020).	
BAF Risk:	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	✓
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	✓
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	✓
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	✓
	BAF3.2 To provide a high quality service	✓
	BAF3.3 To provide high quality care to children and young people in adults community services	
	BAF3.5 To provide high quality public health 0-19 services	
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	✓
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	
	BAF4.4 To be financially stable to provide outstanding quality of care	
Report History:	Maternity Services Forum Maternity Safety Champions meeting	
Recommendation:	Board is asked to note the updated information provided in the report and for further discussion.	

STRENGTHENING MATERNITY AND NEONATAL SAFETY REPORT

1.0 Summary

This paper provides a summary and update of the detail on the board level measures for the month of August 2022 as set out in the Perinatal Quality Surveillance model.

1.0 Introduction

The quality surveillance model seeks to provide consistent and methodical oversight of all services, including maternity. Strengthening trust-level oversight for quality and safety includes a focus on leadership, strong governance processes and pathways for information and escalation from floor to Board. The model includes five principles for improving oversight for effective perinatal clinical quality to ensure a positive experience for women and their families. To aid implementation there are local, regional and national elements of this model.

At local level, the model includes a monthly review of maternity and neonatal safety and quality reported to the Trust board.

2.0 Proposal

2.1 The report covers the provider Board level measures required as part of the perinatal surveillance model. The report also includes additional neonatal measures.

2.2 SMT is asked to note the information provided in the report which provides a local update on progress.

3.0 Quality Implications and Clinical Input

3.1 The report provides a narrative on the key measures set out in the Perinatal Quality Surveillance model and has been analysed and presented by members of the maternity midwifery, neonatal and obstetric teams.

4.0 Risks and Mitigating Actions

4.1 Obstetric cover remains a concern with the three entrustable middle grade doctors covering nights and weekends with agency cover. A locum middle grade post has been advertised for six months with no success.

4.2 Three additional risks associated with safeguarding were added to the risk register. Funding has been identified through the Maternity Incentive scheme to backfill however will remain a risk until additional recruitment is in place. Discussions taken place with Deputy Director of Nursing, Health Visiting and Safeguarding.

5.0 Recommendation

5.1 The Board is asked to note the updated information provided in the report and for further discussion.

Maternity

Matters of concern & risks to escalate

- Some challenges with regard to evidence for MIS, including CO monitoring, risk assessment for fetal growth restriction at 20 week scan, risk assessment for preterm birth
- Safeguarding risks on Risk Register
- Closure of 12 neonatal cots at Leeds, which may affect availability and transfer times
- Staffing issues with SCBU QIS which may lead to maternity issues
- One SI reported for August

Major actions commissioned & work underway

- One draft HSIB report received
- Further HSIB referral rejected and for local investigation
- Continuing with Ockenden/MIS & CQC work

Positive news & assurance

- Positive Picker survey results
- Funding for increased hours of Named Midwife: Safeguarding through MIS monies
- Opportunity for Innovation Fund applications – submitted
- Making a Difference award to Delivery Suite Coordinator
- First community Hub (Leon Smallwood) – agreed plan with PCT for use of area. Refurbishment of the area is being funded by PCT.

Decisions made & decisions required of the Board

Narrative in support of the Provider Board Level Measures – June 2022 data

Introduction
The revised perinatal surveillance model sets out six requirements to strengthen and optimise board level oversight for maternity and neonatal safety. Requirements include

- A monthly review of maternity and neonatal safety and quality is undertaken by the Trust Board,
- All maternity Serious Incidents (SIs) are shared with Trust Boards (in addition to reporting as required to HSIB) and
- To use a locally agreed dashboard to include a minimum set of measures drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.

Obstetric cover on the delivery suite, gaps in rota

The middle grade rota remains a challenge as only three doctors are able to work without a consultant on site alongside them. Recruitment of agency locums to support the out of hours work remains challenging and the middle grade and consultant work force are at risk of fatigue with the additional pressure this brings. However, the longer term solution to this is more promising. There are four 'non-entrustable' doctors, who cannot work without an onsite consultant - these doctors are covering 08:00 - 20:30h Monday - Friday with an onsite consultant. They have also started to work outside of these hours, at night and weekends, with a senior specialty doctor on site with them. This is an important transition towards becoming entrustable out of hours. In addition, a recruitment process is underway for a further entrustable specialty doctor to support the out of hours work. The Ockenden assurance visit noted that the twice daily consultant led ward round is well embedded.

The RCOG has recognised the challenges with middle grade staffing and have published guidance on covering gaps and a new process for ensuring any external locums have the appropriate skills and competencies. This is available at: Safe staffing | RCOG

To assure the board, with mitigations as described above, the maternity unit has been staffed to minimum safe staffing standards at all times despite the gaps in the establishment and risks detailed below.
The maternity unit has been staffed to minimum safe staffing standards at all times despite the gaps in the establishment and risks detailed below. There is no change to obstetric staffing since the last report.

Staffing Gaps and Contingencies			
Grade of doctor	**Staffing gaps**	**Contingency**	**Risks**
First on call rota FY2/ GPVTS/ ST1/2	None	Internal cover for short term sickness as required	None identified

Second on call rota ST3-7/ specialty doctor	Gaps now due to need for on-site consultant supervision rather than reduced dumber of doctors in post	Consultants working 08:00h – 20:30h on site Mon- Fri from 1st April 2022. Internal cover for short term sickness as required. Specialty doctors covering majority of night and weekend shifts. Consultants covering shortfall.	Risk of fatigue in doctors on second on call tier. Risk of cancelling elective activity to protect Delivery Suite cover overnight/ weekend. Added to risk register March 2021
Consultant	No gaps		

Midwifery safe staffing, vacancies and recruitment update

Midwifery minimum safe staffing planned cover versus actual prospectively.

Average fill rate

Average fill rate	Midwives	MSW's
Delivery Suite	93%	85%
Pannal ward	97%	76%

SICKNESS

Midwives

Long term Sickness (more than 28 days)	0
Short Term Sickness	7.2 WTE
Maternity Leave	2.3 WTE
Paid Absence/Unpaid Absence	3.97 WTE
Non patient facing	0
Medical Isolation (Covid)	0
Common Sickness Themes	Vomiting/ D&V

MSW's

Long term Sickness (more than 28 days)	0 MSW's
Short Term Sickness	1.8 WTE
Maternity Leave	1.4 WTE
Paid Absence/Unpaid Absence	0
Non patient facing	None
Medical Isolation Covid	None

Staffing and vacancies

August 2022

Midwives	A	B	C	D	E
Bands	Funded establishment	Staff in post (WTE) includes staff awaiting start date column C	Staff recruited awaiting start date (WTE)	Vacancies out to advert (WTE)	CofC additional requirements
Band 8	2.00	2.00	1.00	0	
Band 7	17.20	16.02	2.40	0.00	
Band 6	46.07	45.36	0.00	0.80	8.31
Band 5	** 14.00	11.10	4.4	1.38	
Band 3	8.00	6.25	1.90	1.75	
Band 2	10.24	9.80	1.40	0	
Clinical midwifery vacancies			11.10	3.93 (band 5-7)	12.24 (band 5-7) Includes current vacancies

** agreed B5 over recruitment of 5 WTE

Vacancies, retirements and resignations – in the month of August

Our staffing levels have improved and we have recruited:

- Two new midwives have started in August. Three newly qualified band 5's are due to start from September following LMS central recruitment. An advert has been circulated for the remainder of the vacancies
- Two band 3 MSW's have been recruited and interview are planned for 1.7 WTE Band 3 MSW.
- Two band 7 coordinators have been recruited, awaiting start dates.

Use of NHSP and agency for August 2022

DELIVERY SUITE

Midwifery

For the purpose of this report, Shifts are described as early (7.5 hours), late (7.5 hours) and night shifts (11.5 hours), however the majority of staff do work long days.

- From 1st-31st Aug 2022, a total of 3642 hours were required to safely staff Delivery Suite. Of the 3642 hours 822 were Delivery Suite Coordinator shifts. Maternity assessment requires 357 hours to be fully staffed (1 midwife 11.5 hours 7 days per week)
- During this period, 7% of hours were covered by NHSP (239.5 hours). 233 hours (7%) were left uncovered. This means that 86% of the midwifery hours were covered by contractual hours

MSW's

- Between 1st-31st August 2022, 1178 maternity support worker hours were required for the unit to be fully staffed (LD, N and LD on MAC). During this period, 197.5 hours (17%) were covered by NHSP and 176 hours were left uncovered (15%).
- During this period 68% of the MSW hours were covered by contractual hours. 1 band 3 support worker 11.5 hours 7 days per week)

PANNAL

Midwifery

- Day shifts - During August there were 186 shifts (1395 hours) to cover including both early and late shifts – 29 (217.5 hours) remained without cover meaning 85% were covered. For staff covering C-section lists there were 18 shifts (135 hours) to cover and three remained vacant totalling 83% covered. 94% of shifts were covered by contracted hours and 6% (11 shifts= 77.5 hours) were covered by NHSP.
- Night Shifts- During August there were 62 night shifts (713 hours) requiring staffing. 1 (11.5 hours) of these remained uncovered. 97% of shifts were covered. 75% of shifts were covered with contracted hours and 25% (92 hours) covered by NHSP.
- There has not been available staffing to add the 3rd RM consistently for night shift and as such they have not been included in the above figures which has remained throughout the reporting.

MSW's

- For the same period, there were 62 day shifts (465 hours) and 31 nightshifts (356.5 hours) maternity support worker shifts to cover. 55% of day shifts and 52% of night shifts were covered by contractual hours.21% (97.5 hours) of day shifts and 48% (172.5 hours) of night shifts were covered by NHSP. 24% of shifts remained uncovered

Staffing summary

Recruitment continues for band 5 and 6 midwives. Interviews were held for a bereavement midwife with a successful recruitment of an experienced bereavement midwife.

We continue to have had an increase in number of elective caesarean sections performed and we continue to be in communication with theatres to discuss creating an additional theatre list to prevent this in future.

.

In July, non-clinical staff were utilised to help support the unit in times of high acuity

- Review of staff on management time - two occasions
- Use of Specialist midwife – three occasions

Number of times the maternity unit was closed to further admissions/women diverted and action

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022
No. of times maternity unit closed to admissions	6	1	5	3	8	0	0	0	1	5
Reason • Increased activity	4	1	4	3	7	N/A	N/A	N/A	1	5
• Staffing below minimum levels	2	1	4	0	1					
No. of women diverted to other maternity units	10	0	5	5	3	0	0	0	1	0

The changes to the maternity escalation guideline are now in place including Opel criteria level and discussion with and final decision made to close/divert with the Director on call.

August data – BR+ acuity tool

130 women gave birth, 132 babies born

5 BBA's – investigated through Datix

1:1 care in labour – 96 % (100% for those born within unit at HDFT)

Labour ward coordinator supernumerary - 93%

Midwife: birth ratio – 26.44 % (gold standard 1:26)

Percentage of specialist midwives in post - 7.2 WTE

Red Flag events (Birthrate +)

Delivery Suite

There was one red flag identified from the Birth Rate Plus Data.

- Delayed or cancelled time critical activity

Pannal Ward

There were no occasions where Red Flags were identified from the Birth Rate Plus Data

Neonatal services

Safer staffing

Staffing levels, vacancies

Future vacancy from 3rd September

- Current vacancy – 4.22 WTE + B5 working in B6 to cover mat leave = 4.83WTE.
- Mat leave – 0.69WTE B6

= **TOTAL 3.91WTE (2.22WTE of this vacancy is QIS)**

Recruitment

- 1 x 0hr contract agreed with a retiree who will work 0.61 WTE and is QIS – end of September start
- B5 into B6 post to cover mat leave at 0.69WTE – commencing ASAP however leaves a gap in B5
- B5 non QIS – 0.61 WTE (AH) – no date
- B5 non QIS – 1.0WTE (PA) – no date
- B5 QIS – 0.77WTE (LB) - no date

(**This will take us to a 1.84WTE vacancy)**

Qualified in Speciality (QIS) – 55.7% levels for August for staff in post (inc vacancy) – this is below the required QIS level. Russell Nightingale, Emma Nunez, and Jenny Nolan aware of concerns (aim for above 70%)

Sickness

SCBU	Nurses	Nursery Nurse
Short Term	None	None
Long Term	0.92 WTE	None
Maternity leave	0.69 WTE	None
Medical Isolation Overall absence –	None	None

Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training

Training figures for PROMPT include those who have completed training in the last 12 months (includes both face to face and online training)

Information required for the monthly maternity and neonatal safety report

Data for August 2022

Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training

Prompt emergency skills training

	Medical staff (including anaesthetists)	Midwives
February 2022	90% 38/42	93% 72/77
March 2022	78% 33/42	90% 69/77
April 2022	78% 33/42	87% 67/77
May 2022	76% 32/42	88% 68/77
June 2022	94% 45/48	99% 79/80
July 2022	94% 45/48	96% 79/83
August 2022	94% 45/48	90% 78/86

Numbers of staff attended face to face Prompt training since October 2021

Midwives	**77/86 (3 online course, 3 new starter)**
MSW's	**8/13**
Obstetric staff	**23/25**
Anaesthetic staff	**20/22 (2 online course)**

Fetal surveillance training (K2 online training package evidence of Training and competency in past 12 months)

	Obstetric staff	Midwives
February 2022	9% (1/11)	8% (11/77)
March 2022	9% (1/11)	8% (11/77)
April 2022	15% (2/13)	14% (18/77)
May 2022	61% (8/13)	84% (65/77)
June 2022	75% (12/16)	92% (74/80)
July 2022	100% (16/16)	92% (76/83)
August 2022	100% (16/16)	98% (84/86)

Safeguarding Children's' Level 3 Midwives – 30% (30/83)

Safeguarding Children's' Level 3 Obstetrics – 25% (6/24)

Safeguarding Children's' Level 3 band 3 MSW's – 60 % (3/5)

Safeguarding children level 2 band 2 MSW – 100% (9/9)

Safeguarding Adults;

Midwives - 82 % (69/84)

Obstetrics – 67% (16/24)

MSW's – 78 % (11/14)

Neonatal resuscitation

Month	Midwives
February 2022	84%
March 2022	91%
April 2022	90%
May 2022	93%
June 2022	95%
July 2022	87% ***
August 2022	93 %

*** Drop in figures 3 new starters, 3 back from maternity leave

SCBU

Training Compliance

Overall learning lab training compliance for SCBU staff is 92% (Email sent to staff who are on a lower compliance %)

Risk and Safety

Risk register summary

Risk Register was last formally reviewed with PSC Quality Assurance Lead on 23rd Nov 2021, and updated within unit 23rd August 2022.
Three new risks related to safeguarding concerns have been added. Four risks have been archived.

Two additional risks under consideration:

- Closure of 12 neonatal cots at neighbouring Leeds NNU. This may lead to delays in being able to source available cots through Embrace, and potential longer transfer times to more remote units
- Staffing issues with SCBU QIS specialist which could result in issues in maintaining SCBU service with impact on Maternity

- **Risk to patient safety, and lack of compliance with national recommendations due to inadequate provision of Named Midwife: Safeguarding oversight (Score 12).** Named Midwife: Safeguarding provides cover for 0.5WTE funded by Maternity, but requires increased provision of full-time service to ensure effective safeguarding oversight. Funding now sourced for 1 year and for downgrade once provision in place.
- **Risk to patient safety, and compliance with national recommendations due to inadequacy of current safeguarding policies and procedures (Score 6).** Current safeguarding policies and procedures not sufficient for need, and do not currently include specific pathways for learning difficulties, child sexual exploitation, asylum seekers. Some lack of awareness of processes by staff.
- **Risk to patient safety due to lack of robust sharing of safeguarding information (Score 6).** Difficulties experienced by cross-boundary working, and different IT systems in community and inpatient areas means that relevant information not being shared effectively. Plans to facilitate process for checking of Child Protection – Information Service and WebV (e.g. for recurrent ED admissions), and improve sharing of SystmOne information. Plans also under consideration for interfacing with Badgernet Maternity EPR system when implemented.
- **Risk to patient safety, and staff morale due to pressures in Band 7**
- **Delivery Suite co-ordinator staffing (Score 9).** Situation improved and Delivery Suite Managers no longer covering additional shifts. Still awaiting additional starters in coming weeks. Risk downgraded
- **Risk to compliance with national strategy, MSDS, and patient safety due to lack of end-end electronic record system (Score 9).** Plan ongoing and anticipated full implementation by end 2022. Work progressing. Risk downgraded as plan in place
- **Risk to patient safety and experience due to shortfall in Middle Grade Obstetric staffing (Score 9).** Situation improved and new staff appointed with increased level of entrustible staff. Planned downgrade once in place in September.
- **Risk to patient care due to current lack of Perinatal Mental Health Midwife role (Score 8).** Planned advert for Band 6 Perinatal Mental Health Midwife in preparation. Risk currently remains the same.
- **Lack of local freunlotomy service leading to delays in treatment of neonatal tongue-tie (Score 8).** Commissioning of service has now been approved. Awaiting information about implementation arrangements for the service. For downgrade once initiated. No change at present
- **Risk to patient safety through lack of midwife compliance with Level 3 safeguarding training requirements (Score 6).** Compliance rates continue to improve. Plan in place. Risk level currently remains unchanged.

Incident summary

In August 2022 there were 57 total incidents reported through Datix. Of these, there was one incident recorded as Moderate Harm (Transfer for Cooling).

SCBU
SCBU Incidents - No moderate harm

Risk Register - No new risk

Cot occupancy (Cots available on the unit = 7).
Available cot occupancy 7, currently have 1 babies.

ATAIN
3 x ATAIN - poor feeding, HIE and low sats

Babies transferred out.

Two babies were transferred -

- Twins 29+5 transferred out to Bradford
- 40+2 poor condition at birth went to Bradford for cooling. HIE Grade 1

Findings of review of all perinatal deaths using the real time data-monitoring tool

Perinatal Monitoring Review Tool Report:

There are 2 PMRTs currently in progress.

Case 1
Low risk pregnancy at term, attended MAC at with reduced movements.

Case 2
Patient attended antenatal clinic, preterm with reduced fetal movements

Service User feedback

Maternity Voice Partnership group – the MVP chair has been in post since December 2021, Jen Baldry. This is a paid role by North Yorkshire CCG. Meetings with the MVP group continue with the following projects agreed – parent and baby safety, reducing mortality, continuity of carer, personalised care and support plan, equity and equality. The chair meets regularly with service users and midwives with a clear work plan now set for the next year. The chair also attends MRMG and MSF as per Maternity Incentive Scheme guidance.

Complaints / concerns to PET / compliments

Regular positive feedback is received on a daily basis through the Social Media Facebook pages and shared (with permission) to the public and maternity team. FFT has moved from paper. No data reported for July. Liaising with team to determine if IT issue

During August there was no new complaints or concerns.

Parents feedback received by SCBU
User feedback

SCBU continues to receive excellent feedback

Coroner Reg 28 made directly to Trust

No Regulation 28 notifications have been received in August 2022.

Request for action from external bodies – NHS Resolution, HSIB

No concerns or requests for action from HSIB/NHSR/CQC have been made directly to the Trust in August 2022.

Findings of review all cases eligible for referral to HSIB

August 2022: One new case notified to HSIB in this month.

Baby cooled, MRI normal, not accepted by HSIB – for local RCA.

Maternity incentive scheme – year 4 (NHS Resolution)

The revised timeframe for the year 4 Maternity Incentive Scheme is January 5th 2023.

Key staff in the maternity department continue to work towards compliance with the ten maternity safety actions for year 4 of the scheme.

National priorities
Continuity of Carer

Data for August 2022

Requirement (NHS Resolution, safety standard 9)

- Evidence that the Board level safety champions have reviewed their continuity of carer action plan in light of Covid-19. Plans should reflect how the Trust will continue to resume CofC models so that this model is available to all women by March 2023 (women booking for maternity care are being placed onto continuity of carer pathways). In light of the increased risk facing black, Asian and minority ethnic backgrounds and women from the most deprived areas, local systems should consider bringing forward enhanced CofC models primarily targeting these groups. Consider our vulnerable groups of women – perinatal mental health
- Evidence of Board level oversight and discussion of progress in meeting the revised CofC action plan.

Provider Board level measure	Information for report	
Continuity of carer action plan – progress	**Continue to Report 0% of women on pathway due to staffing levels**	
Narrative around successes, challenges and plans	**Safe Staffing**	2 WTE B7 and 1 WTE B6 midwives have been recruited awaiting start however remains overall shortfall for clinical staff and therefore staffing not safe to proceed.
	Planning	Planning spreadsheet completed with National Lead, reviewed with interim HoM regarding deployment of staff. Audit of Pannal ward activity devised to commence Sept to establish baseline and see if continuity has expected impact on IOL/ PN stays and if safe to reduced staffing as suggested by National Lead.
	Communication and engagement	Integrated staff acting as positive role models with this way of working. Some staff in inpatient areas keen to try integrated working and this will be facilitated as staffing improves and able to back fill. Inpulse survey indicates Staff still feeling anxious about Continuity, to work with Retention midwife to develop action plan to address this
	Skills Mix	6 midwives work in integrated pattern across IP and community areas. 2 further midwives rotated to community in Aug will. When new midwives feel sufficiently embedded in clinical areas will commence working in integrated way. Community staffing currently does not allow opportunities for staff to be released for upskilling/ time on Labour Ward. New Band 5 early career midwives will have planned rotations within preceptorship to include Community and Labour Ward areas to ensure fully skilled to commence working in MCofC Teams.
	Training	Induction plan in place to ensure staff rotating out to community feel well supported, have regular opportunities to review progress and training needs utilising TNA and skills matrix. Support provided by Project lead working supernumerary with midwives new to community has been effective.
	Team Building	New Team structure identified to streamline community clinics and provide foundations for MCofC Teams, restructuring will happen in Sept/ Oct. Team Charter framework and Insight Discovery have been identified as useful tools to support team working when staff have been identified for 1st Team
	Link Obstetrician	Link obstetrician identified for first team and communication and referral pathways in place

	SOP	SOP for Integrated Teams written. SOP for Birth Availability teams to be developed as co-production with staff from all areas with aim of increasing staff engagement and ownership and also with MVP involvement.
	Pay	Pay protection arrangements have been agreed for previous team that can be replicated if required for future teams. Awaiting LMS wide discussions regarding uplift and consultation with Unions if this is to be implemented.
	Estates	Significant progress made with Leon Smallwood and hoping to commence use as Midwifery Hub from Jan 2023. Still require clinical and office space in Harrogate as priority for first team.
	MSDS Reporting	New digital system being built for rollout in December and will support MSDS and MCofC reporting. Project lead will be super user to ensure staff awareness and compliance with MCofC reporting requirements.

Ockenden report *(December, 2020)*

Update on Ockenden action plan

Regular updates of the local action plan are completed and has recently been shared with the regional chief midwife and deputy and with the WY&H LMS.

The updated action plan is attached below:

Ockenden Action Plan June 2021 live v

Outstanding actions from the action plan:

- All audits have been completed with plans to disseminate the learning and action plans
- Maternal medicine centres – awaiting LMS guidance

Progress

- Work continues with the MVP group to review and update patient information leaflets (maternity specific) – approval by the MVP group
- We are now working closely with the new chair of the local MVP group to ensure the voices of services users are heard via this forum, meetings are planned for the next few months. The MVP chair has met with key staff within and outside the organisation.

Following significant financial investment into maternity services across England, NHSE/I have requested a local update on progress with implementation of the seven Immediate and Essential Actions (IEA's) recommended in the Ockenden report (2020) and an update on maternity services workforce plans. The Assurance Assessment tool completed in February 2021 also included recommendations from a previous maternity investigation report at Morecambe Bay (Kirkup report, 2015).

The local report has been completed for discussion and reviewed at Trust Board 30th March.

The second part of the Ockenden report was published on the 30th March 2022 with a further 15 immediate and essential actions added to this report. An initial gap analysis has been completed and work has commenced to address these findings. The national team has not yet published any requirements.

Clinical Indicators – Yorkshire and Humber Regional Dashboard and Local Dashboard

Regional data received for Quarter 1 shown below.

In summary for Quarter 1:

- *Bookings less than 10 weeks are 80.4%, a continuing improvement from Q3 and Q4 (74.0%). Rates are the highest in the region (range 55.5-80.4%), and well above the Y&H average (68.5%). No Y&H Trust has yet met the 90% target.*
- *1:1 care in labour was 99.8%. This is comparable with other Trusts in the region (regional average 99.1%). There is ongoing regional discussion about the definition of this metric, and whether elective caesarean section and BBA should be excluded and reported separately.*
- *Homebirth rate currently 1% and this is at the Y&H average*
- *Normal birth rate was 52.3% in this quarter (a slight decrease from Q4), against a regional average of 56.3%. The regional target is ≥57%.*
- *Total Caesarean section rate was lower than the regional average 33.7% in this quarter (compared with the regional average of 34.5%). Of these, there were 15.7% elective Caesarean sections (compared with 14.3% regional average)*.
- *Induction rate had increased in this quarter to 36.6%, and this is currently around the Y&H average (36.5%), with the highest induction rate in the region being 50.3%.*
- *Significant PPH rate in this quarter (2.9%) remains below the regional average (3.6%).*
- *There was 1 stillbirth at HDFT in Q1. Annual stillbirth rate is currently 2.0 per 1000 births compared with the Y&H average of 3.6 per 1000.*
- *Breastfeeding initiation rates remain high at 83.6% compared with the regional average of 65.7%, and remains the highest in the region.*
- *Smoking rates at booking and time of birth are amongst the lowest in the region (6.0% and 5.3% respectively), compared with Y&H average of 13.3% and 11.8% respectively.*
- *Carbon monoxide testing at booking and 36 weeks has been a challenge due to supply issues of Covid-safe CO filters. However, supply has now been restored and testing is now being reinforced to staff.*

Local HDFT dashboard information

For month of August:

- 130 mothers birthed (and 132 babies born)
- Elective Caesarean section rate 13.0% (decrease from July, 14.6%)
- 16.9% emergency Caesarean section (decrease from July, 17.4%)
- 55.3% normal birth rate (increase from July, 53.5%)
- 14.6% instrumental delivery rate (no change from July, 14.6%)
- 28.5% induction rate (decrease from July, 33.3%)
- 3.1% significant PPH ≥1500ml rate (increase compared to July [1.4%]; 4 patients)
- Three 3rd degree tears (two following normal delivery [one water birth], one at forceps delivery)
- 81.8% breastfeeding initiation rate (increase since July, 75.2%)
- 2.3% smoking rate at time of delivery [3.7% in July]
- No stillbirths in August

ATAIN (admissions)

Two term newborn admissions to SCBU

ATAIN actions

Current open actions identified from recent ATAIN reviews of Term babies admitted to SCBU:

Issue	Action	Status
Delayed admission for baby with high respiratory rate over 21 hours	Review NEWTTs notifications. Identified Ascoms not being used and plan devised to address	In progress
Baby transferred to SCBU too early with low saturations	Disseminate management of respiratory distress flow chart in attempt to keep mum and baby together	In progress
Not to administer high levels of non-humidified low flow oxygen to newborn infants	Educate nursing staff about guideline	In progress
Issue with babies becoming cold in main theatres following elective caesarean section	Contact Clare Hutton to ascertain if possible to maintain increased temperature in main theatre	In progress

Saving Babies Lives' v2 metrics for Board oversight

	Quarter 1 (April-June 2022)	
Small-for-gestational age/Fetal growth restriction detection rates	Q1: 34.7% detection (<10th centile)* (National average 40.6%, Top 10 average 56.8%) Q1: 61.1% detection (<3rd centile) (National average 59.4%, Top 10 average 74.5%)	
	Quarter 1 (April-June 2022)	August 2022
Percentage of babies <3rd centile >37+6 weeks' gestation	2.38% (10/420)	2.27% (3/132)
Percentage of babies <10th centile >39+6 weeks' gestation	4.52% (19/420)	2.27% (3/132)
Incidence of women with singleton pregnancy (as % of all singleton births) giving birth (liveborn and stillborn):		
• In late second trimester (16+0-23+6 weeks)	0 (No babies born 16-24 weeks in this period)	0 (No babies born 16-24 weeks in this period)
• Preterm (24+0-36+6 weeks)	2.93% (live, 12/410)	4.68% (live, 6/128)

*Work ongoing to investigate low SGA detection rates compared with national average, as HDFT has been below national average for last 3 quarters. Possibly may reflect issues with accuracy of data entry, fundal height measurement or ultrasound scan accuracy. Training in GAP (Growth Assessment Protocol) being prioritised.

OASI2 Project

We are currently in the implementation period of the trial where we are trying to raise awareness and train staff. Data collection has now commenced from mid-February. The midwifery team are attending PROMPT and Dr's meetings to ensure they are reaching as many people as possible to raise awareness of the project and to train all staff. A date will be decided to start assessing outcomes.

Conclusion and recommendation

Please see the grid attached for concerns/risks to escalate and positive news and assurance.

Medical Director Report
Date: September 2022 public Board

Matters of concern and risks to escalate

- Delays discharging medically optimised patients continue to cause concern. Quality impact being assessed and monitored.
- Treasury sign off of Frontline Digitisation fund remains outstanding, significant challenge to spend 22/23 allocation if further delayed

Major actions commissioned and work underway

- New EPR enablement programme- Clinical Lead posts advertised, Discovery workshops dates confirmed and positive bookings, communications platform being explored
- Work to identify clinical and staffing model and skills required to provide enhanced care in a G&A bed setting progressing (ahead of creation of the Wensleydale Medical HDU)
- High level objectives of clinical strategy nearing completion following finalisation of overarching Trust Strategy- themes emerging: digitisation of services, more care out with an acute setting and patient initiated follow up, more flexible medical/medically associated delivery models
- Harrogate and District Innovation Hub- Industry roundtable 5th Oct in partnership with HBC to inform model

Positive news and assurance

- New consultant mentoring scheme up and running and gaining positive feedback
- New Chief Registrar appointed (until Feb 23)
- New Leadership post for HDFT created- Chief Practitioner for Medically Associated and Advanced Practitioners- and successfully appointed to
- MD appointed to HNY ICS leadership role for Innovation, Research and Improvement

Decisions made and decisions required of the Board

Board of Directors (held in Public)
28th September 2022

3.4

Title:	**Guardian of Safe Working Hours Report Q1/2 2022/23**
Responsible Director:	Executive Medical Director
Author:	Guardian of Safe Working Hours

Purpose of the report and summary of key issues:	The report provides the Trust Board with key updates and actions since the previous update from the Guardian of Safe Working	
BAF Risk:	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	X
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	X
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	X
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	X
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	X
	BAF3.2 To provide a high quality service	X
	BAF3.3 To provide high quality care to children and young people in adults community services	X
	BAF3.5 To provide high quality public health 0-19 services	X
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	X
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	X
	BAF4.4 To be financially stable to provide outstanding quality of care	X
Corporate Risks	All	
Report History:	Previous updates submitted to Public Board meetings.	
Recommendation:	The Board is asked to note this report, and identify any areas in which further assurance is required.	

HARROGATE AND DISTRICT NHS FOUNDATION TRUST

BOARD OF DIRECTORS (PUBLIC)

SEPTEMBER 2022

1.0 Executive Summary

This is the Seventeenth 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 1st April 2022 to 18th September 2022 - the 1st and part of the 2nd quarter of 2022/23.

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.

22 exception reports have been submitted in Q1; trending down on the previous quarter (38). In contrast, Q2 shows 88 reports to date (58 in August alone) this is a steep and somewhat unexpected uptrend. There have been 10 education exception report submitted since start of 2022/23 year. This maintains the higher than usual numbers we have been seeing.

Exception reporting in Q1 remained comparable to other Trusts across the region although it is unclear whether the other trusts are seeing the same increase in reporting since the fresh cohort of trainee doctors started in August.

3 further breaches of contract have been reported, bringing the total number of breaches to 15, and fines totalling £2453.76 have been levied. These breaches relate to working beyond the maximum 13hr shift length, mostly within general surgery on SDEC and now 3 in acute medicine.

There has been one regional meeting for Guardians since the last report. Trainee doctors' fora have been held jointly with the Deputy Director of Medical Education. These continue in both a face-to-face and virtual capacity following the usual quarterly schedule.

The experience of trainee doctors – as for the whole NHS – has changed profoundly from March 2020 with the onset of the viral pandemic. This summer has seen the graduation of medical students whose entire 'clinical' training has taken place under COVID-19 safety measures. As a result, the doctors who started in August will have had significantly reduced clinical exposure to patients and will likely need additional support. Conversely the challenges these FY1s faced as undergraduates has put a focus on their expectations from the trust and further increased the likelihood of an exception report being submitted. This is reflected in the increased number of reports now being submitted.

Rota coordinators continue to report difficulties in staffing rota gaps with increasing frequency, surgical rotas seem to be particularly difficult to find cover for. However, communication to the affected teams of said staffing gaps has improved significantly and it is clear that they are working to fill these gaps.

This is the key quality assurance statement for the Board:

'The Board is advised that whilst rostered hours across the organisation are compliant, feedback suggests that workload is unmanageably high. This quarter has seen further Guardian fines levied against the trust. The concerns over workload have yet to be successfully addressed. There is now significant risk FY1s will be removed from Surgery by HEE'

2.0 Introduction

All doctors in training posts at HDFT are now employed under the 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) (hereafter referred to as the New Contract). As part of the new contract, the trust has appointed a Guardian of Safe working, the primary responsibility of which is to:

1. To act as the champion of safe working hours for doctors in approved training programmes within the Trust.
2. Provide assurance to doctors and employers that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of the new terms and conditions of service.

In accordance with Schedule 6 of the new contract the Guardian of Safe Working should provide the Board with a Guardian of Safe Working Report not less than once per quarter. 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 is the Sixteenth quarterly report of the Guardian of Safe Working Hours.

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

The trusts Guardian of Safe Working reports continue to run out of synchronization with the regional quarterly reporting pattern. The Trust's reports are alternately in and out of phase with the quarters. The effect of this is that there is always an incomplete quarter encompassed within the timeframe of the report.

3.0 High Level Data

3.1 Vacancy information

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.

The continual successful filling of rota gaps is of course a measure of the diligence and ingenuity of the Medical Workforce and Recruitment team but is 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.

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

Fellow Posts

The trust has recently appointed a total of 6 fellows in general medicine, 2 in emergency medicine and 1 in dermatology. This is a great outcome following feedback, in part through exception reporting, that highlighted issues with the junior medical rota and persistent staffing shortfall. These fellow posts will go some way to supporting the staffing in these areas.

Changes to Medical Curricula

Changes to several postgraduate medical curricula have come into effect during 2020-2022. Integral to many of these is a requirement for additional supervision for early year registrars. These changes to entrustability (More holistic approach to judging a trainee than simply looking at competencies – "they can do it but are they ready for the responsibility of doing it

on their own"), means that in some specialties, only trainees at ST5 level or above are allowed to be left to do the role unsupervised, out-of-hours.

It is likely that Harrogate will have HEE trainee doctors rotating who are unable to fulfil out of hours commitments to the same level of independence as their predecessors. Specialties particularly at risk are obstetrics and gynaecology, and medicine. The result of this may be increased staffing requirements and/or diversion of consultant activity from elective work to emergency out of hours care.

September 2022

Trainee posts: the position is similar to previous reports. At any time, there are rota gaps of 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.

The current position is 9 Whole time equivalent (WTE) gaps. There should be 137 junior doctors in the trust. This increases to 166 when GP trainees are included.

The following table explains the breakdown of gaps by directorate.

	Dept	Rotates	Grade	HEE or Trust	WTE	Recruitment
LTUC	Acute Medicine	Aug/Feb	GPST 1/2	HEE	1	Originally advertised a LAS FY3 post, this was then withdrawn and was to be resubmitted as a LAS FY2, department decided against this.
LTUC	Orthogeriatrics	Aug/Feb	GPST 1/2	HEE	1	Recruited 1 WTE LAS FY3 for 8 months –started 22/08/2022.
LTUC	Haematology/ Oncology	4 months	FY2	HEE	1	This gap from HEE is due to a trainee being withdrawn from the programme. Department have no plans to recruit to this.
LTUC	Elderly Medicine	Aug/Feb	GPTS 1/2	HEE	1	Department debating advertising a LAS to cover this gap.
LTUC	Diabetes & Endocrinology	Aug/Feb	CT1/2	HEE/ Trust	1	HEE Gap in Aug 2021, we recruited a LAS FY3 who has now gone on maternity leave. We have not received a D&E rotation for this year.
LTUC	Microbiology	Aug/Feb	ST3+	HEE	1	Current honorary trainee was due to return following maternity leave; however, they have been successful in securing a consultant post. Post remains unfilled.
LTUC	Clinical Fellow (Elderly)	Aug	ST3+	Trust	1	This post has not been re-advertised. The department are reviewing the post.
CC	Dental	Sept	DCT 1/2	HEE	1	No plans to fill this post.
PSC	Obstetrics & Gynaecology	Aug	ST 1/2	HEE	1	This trainee is due to return to work from maternity leave in November.

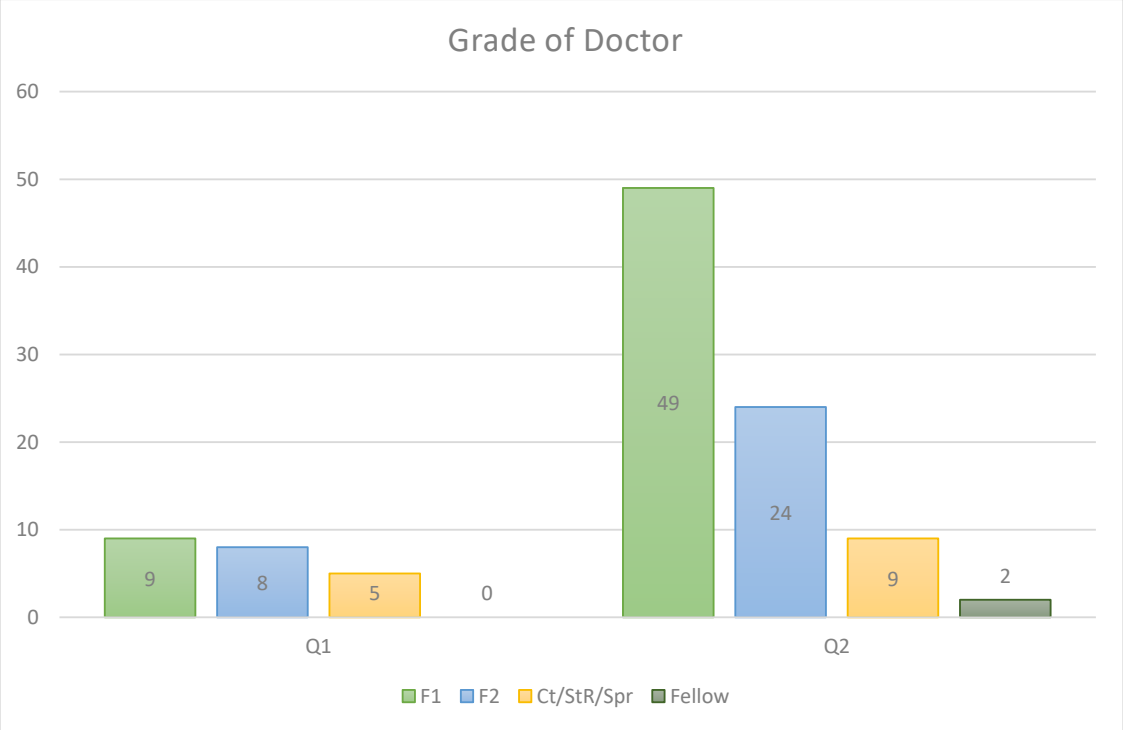
4.0 Exception Reports – Qualitative Analysis

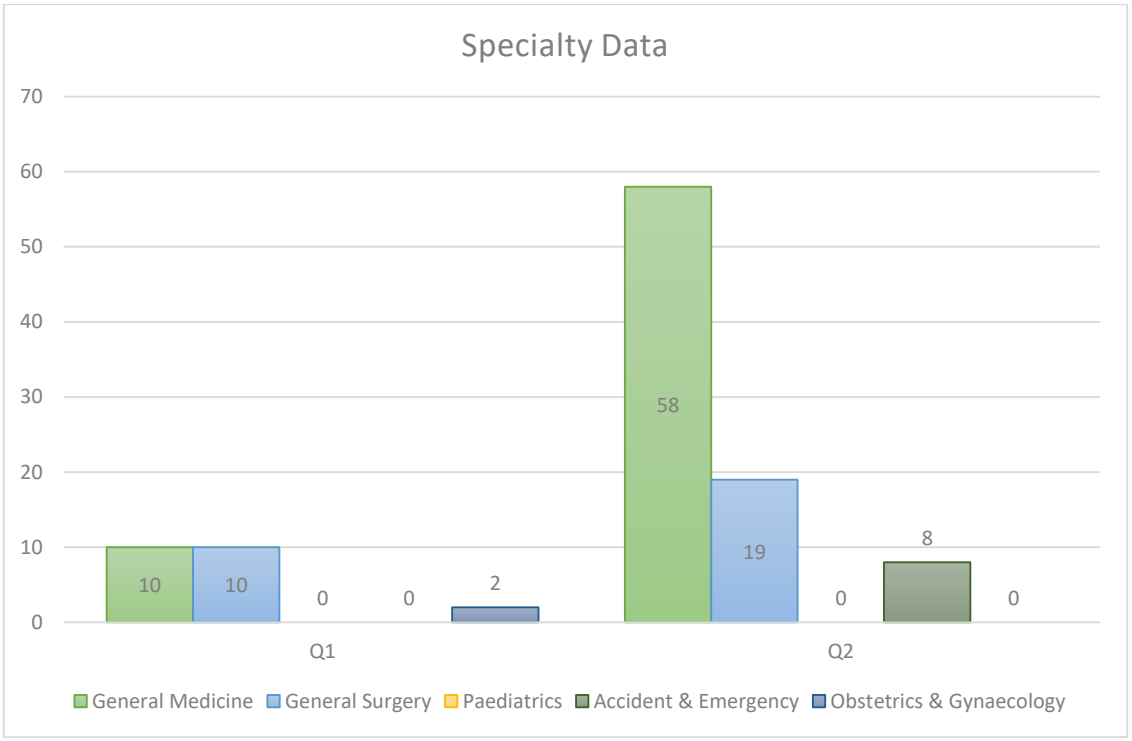
Exception reports are individual notifications to the DRS system by trainee doctors who have experienced an issue causing them to vary their working hours from the contracted work schedule. This may be repeatedly missing breaks during the day, being unable to attend scheduled teaching (either internal or external) or more likely workload requiring them to stay beyond the scheduled hours to complete tasks.

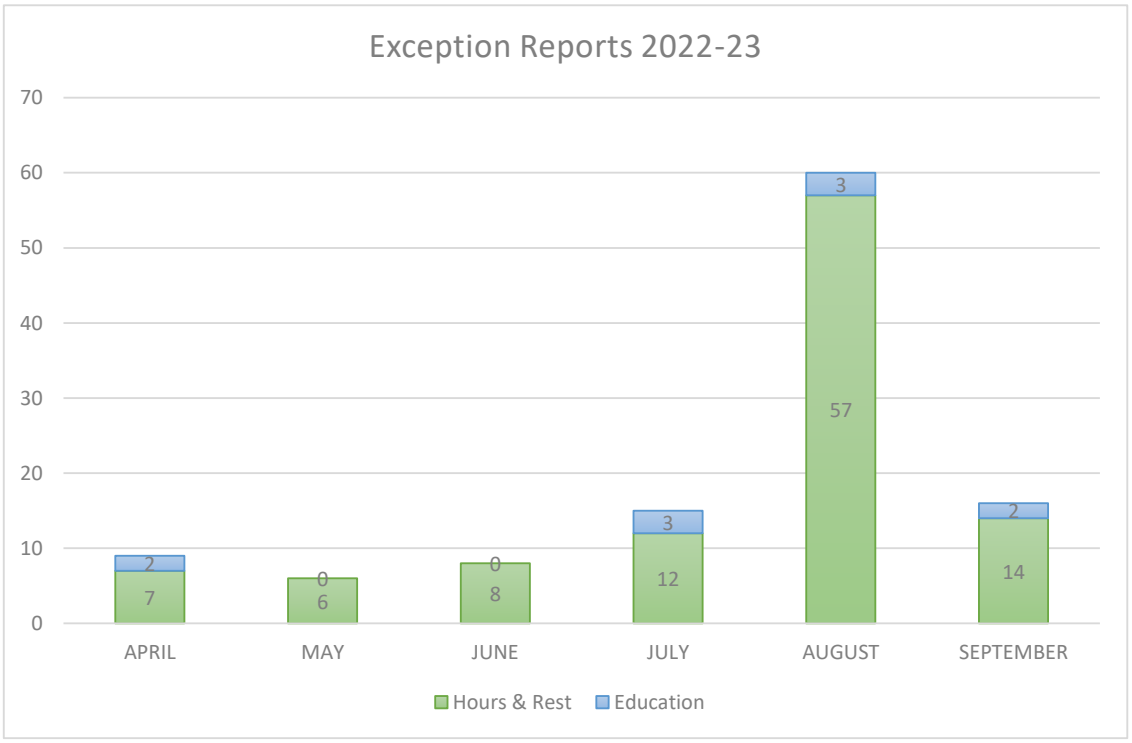
Clinical supervisors are, in most cases, poor at responding to exception reports within the required time frame. This task was added to the supervisors without consultation by the 2018 review of the New Contract and has never had an enthusiastic response. Significant effort has been put in to try and improve the status quo, most notably weekly reminder emails and participation in the supervisor workshops. Following a role change agreed in V5 of the TCS, any overdue reports must be reviewed and agreed by the Guardian.

The reports quoted below were all highlighted to supervisors, directorate management and the Director of Medical Education (where appropriate) at the time of submission/review by the Guardian.

The following pages detail the breakdown of data.




Specialty Data
70
60
50
40
30
20
10
0
10
10
0
0
2
58
19
0
8
0
Q1
Q2
General Medicine
General Surgery
Paediatrics
Accident & Emergency
Obstetrics & Gynaecology


Exception Reports 2022-23
70
60
50
40
30
20
10
0
2
7
0
6
0
8
3
12
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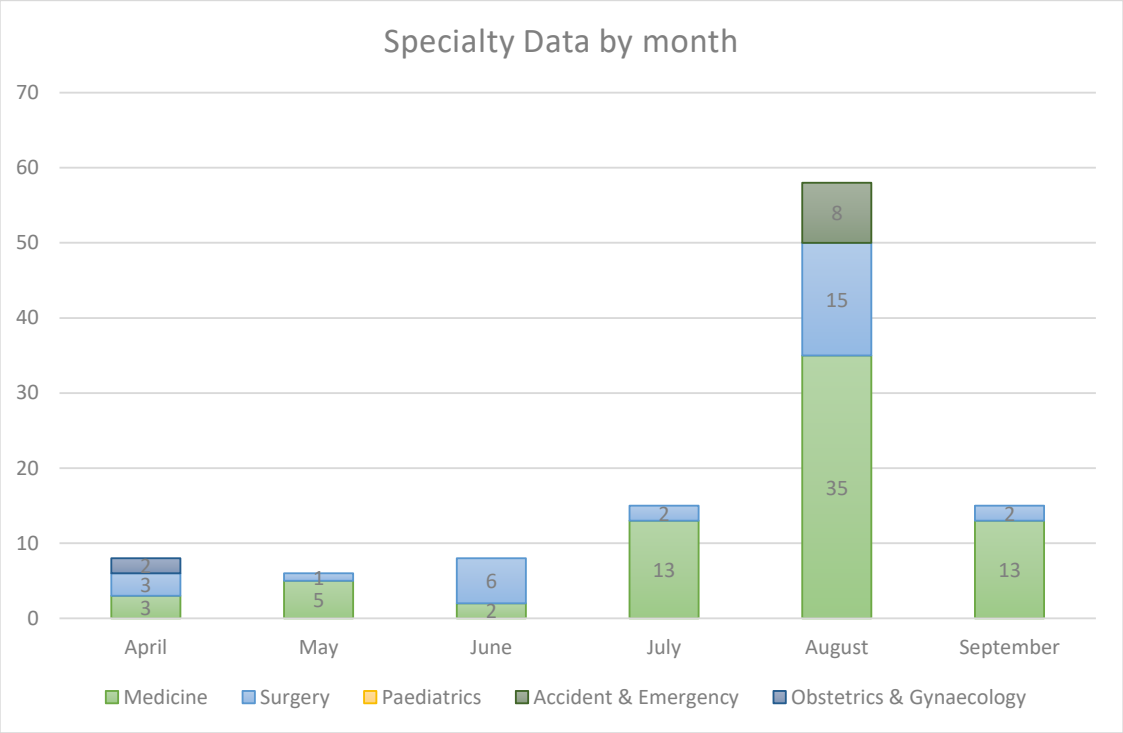
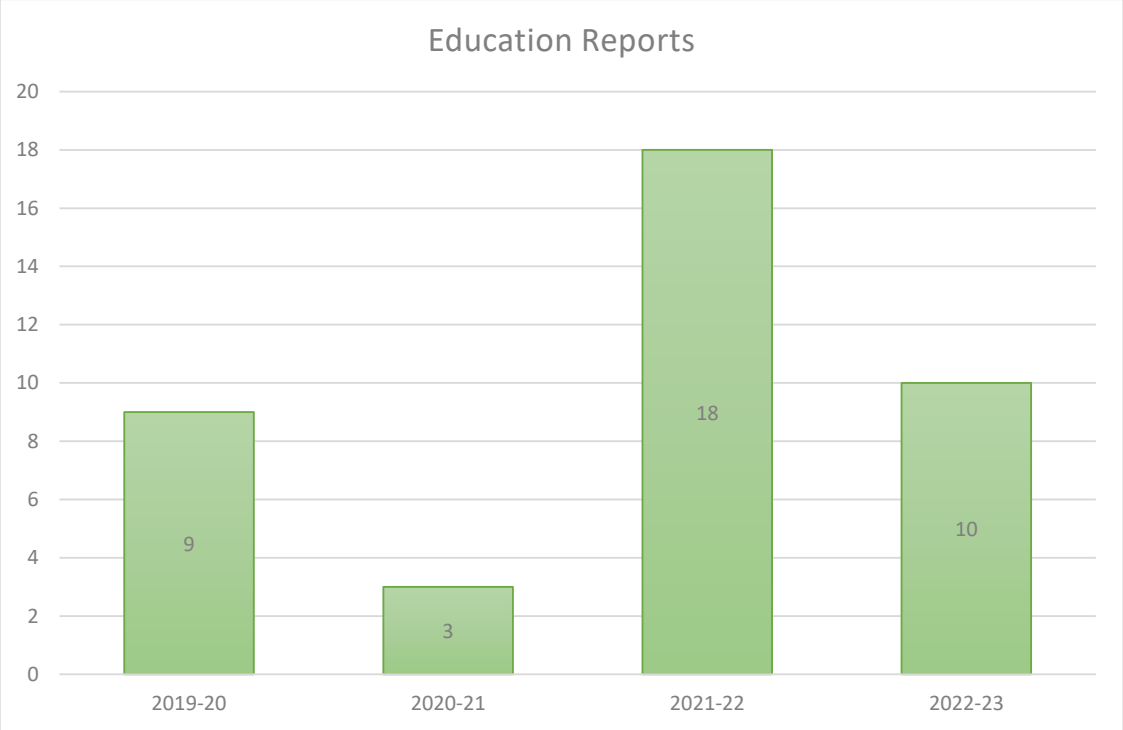
57
2
14
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
Hours & Rest
Education





The increased trend in education exception reports has continued with 10 submitted so far in 2022-23 (2 in Q1 and 8 in Q2). All education exception reports have been discussed with the Director of Medical Education who reviews them all. Whilst a minority are erroneously tagged as education reports, there is still a significant enough number to be concerned.

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 which usually accounts for 65-80% of all exception reports submitted (70% 2021-22).

There has been a marked increase in the number of exception reports being submitted since the junior doctor's rotation in August, with 58 exception reports being submitted in this month alone. It should be noted that although FY1 doctors submitted the majority of the reports, there is still a significant increase in submissions from FY2 & CT/ST doctors.

The number of exception reports submitted is known to underestimate the actual amount of routine 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 misjudgement. Clinical supervisors are expected to guide their trainees in efficient working, prioritising clinical activities and making timely handovers 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 usually over-spent on medical locum costs for consultants and trainees.

4.1 Verbatim exception report excerpts

The following are verbatim excerpts from Q2 exception reports. Due to the publicly available nature of this report any names or other identifiable material have been removed.

Medicine

108552: 22 Jul 2022 Nature: Hours & Rest

"Stayed 1 hour late due to lack of staff and large volume of patients to be seen and urgent jobs to do. Wards very understaffed and unsafe. No doctors on Wensleydale - regular occurrence."

Steps taken to resolve

"Escalated to rota coordinator and consultants. Doctors split to cover where possible."

108483: 14 Jul 2022 Nature: Education

"Understaffing on ward meant it would be even more unsafe for me to leave the ward for teaching."

Steps taken to resolve

"Ward consultants aware of understaffing on the day"

108301: 15 Jul 2022 Nature: Hours & Rest

"Working alone on ward again. Due to cross covering, consultant cover had been intermittent during the entire w/c 11/07. Many patients not seen during the week/ seen only once due to having to prioritise. During the week I ended up getting 'datixed' for a mistake requesting an MRI for a patient with a pacemaker."

Steps taken to resolve

"Consultants aware Medical rota aware - the only help available was a surgical Dr who had to also cover T&O therefore was only present for a short while due to their own high workload."

These reports are representative of the staffing pressures felt on a daily basis by some of the juniors.

109218: 05 Aug 2022 Nature: Hours & Rest

"I was on call for Tier 2 Medicine which means I have to stay to the ward until 16:00 and then report to ED/Farndale for clerking patients. Minimum ward staffing is 3 juniors, but we were only two. This was not due to unexpected day sickness as this was on the rota from before. There was also no registrar or consultant cover due to AL etc. Instead of leaving at 16:00 to go clerk patients, I only managed to leave the ward at 17:40 as there were a lot of patients to be reviewed, patients getting sick and weekend plans had to be made very clear especially as it was the first weekend after handover. This was despite me being in a 'privileged' position of just finishing FY2 in this hospital and knowing all the systems/having working logins! My colleague also left similar time as myself. This resulted in me leaving my colleagues in admissions quite short even though they were busy themselves. For my stage of training clerking experience is better for my learning and exposure . I also managed to only have one half an hour break in the 12.5 hr shift"

Steps taken to resolve

"This was a known gap in the rota I believe. The rota coordinator called in the morning and asked how many people we had on the ward, explained only 2 and no reg or consultant so she said she will try and find cover but never heard anything back after that discussion (even to say unable to find cover). Dr XX (consultant) *was very kind and asked us to reach them by phone for any questions (which we had to do a few times), despite being on their day off- they also kindly had difficult discussions with patients relative . Dr YY* (consultant) *was also very kind and even though they were covering 2 other wards they popped in twice to make sure we are doing okay and helped us with any questions we had, and she reviewed patients as well."*

109421: 11 Aug 2022 Nature: Hours & Rest

"Worked 1 hour late due to low staffing on the ward meaning not all patients had been seen and jobs had not been completed. 1 Reg and 3 junior doctors on the ward in the morning, however 1 junior doctor left sick mid-morning and so 1 Reg and 2 junior doctors covered the rest of the day. Medical rota coordinator was informed and also warned about the same staffing levels which are now also due tomorrow ?organising locum cover."

Steps taken to resolve

"Medical rota coordinator was informed. Dr ZZ (consultant) *made aware later in the day."*

110542: 23 Aug 2022 Nature: Hours & Rest

"On Tuesday I was the FY1 on call covering Farndale MAU on the acute medicine team. Upon arriving at handover, it was made clear that the team were two middle grade doctors down compared to the day prior (where there was myself as FY1, the medical reg, the IMT1 who started at 16:00, a twilight SHO who started at 16:00 and then a GPST1 and an ACCS SHO who were on from handover until 16.00). Comparatively, on Tuesday there was only the med reg, myself as FY1 and an ACP to cover both MAU and PTWRs from 0800-1600 (compared to 5 doctors the previous day). Furthermore, the med reg had been required to stay late the night previous and was therefore told to arrive on Tuesday 2hrs late to compensate for this. Until the med reg arrived, there was therefore only myself (FY1) and an ACP to cover all acute med patients across A&E, Farndale and outliers. I therefore completed PTWRs in A&E and the ACP covered PTWRs on Farndale. Thankfully, the IMT1 on late cover was drafted in early to support me in A&E until the med reg returned. When the med reg did arrive, they had to take on roles both clerking on A&E in addition to reviewing outliers (as gastro and endocrine were unavailable to review their own patients on Farndale). As there were no middle grade doctors, I was therefore left in A&E to action all management plans for the acute med patients clerked in addition to covering tasks on Farndale with the ACP. The day was extremely busy as my duties were split across both Farndale and A&E. Balancing both PTWR tasks in A&E, in addition to helping on Farndale where tasks were required that the ACP could not perform (e.g., scan requests), I was therefore unable to take my required 2x 30-minute breaks and

only got ~10 minutes for lunch at 15.00. In addition to this, I also missed my mandatory FY1 teaching due to how busy my jobs list was having to cover both A&E and Farndale without the support of two middle grades."

Steps taken to resolve

"We attempted to contact our rota coordinator, but she was unavailable and could not be contacted. Discussing this with the acute medical consultants, we managed to draft the IMT1 who was not due to start covering Farndale until 16:00 in early to help out before returning to her base ward (where she was supposed to be from 0800-1600). We also managed to draft some additional ACPs to help provide support clerking in A&E and with jobs on Farndale."

This must have been an incredibly stressful experience for this junior doctor who hadn't been an FY1 for 3 weeks when these events occurred.

109334: 03 Aug 2022 Nature: Hours & Rest

"During my first day of work on 03/08 I was the only junior doctor on the ward. The ward as I understand has a minimum staffing of 3 juniors plus a consultant. On my first day, I had two consultants who each saw their own patients respectively and I was left with the rest of the ward (~25 patients) to review on my own as a Junior Ward Round. Given that this was my first ever day working clinically, and with no support of other juniors on the ward, I found this extremely challenging and did not feel that adequate supervision was in place to support me on my first day given that Wednesdays are a junior ward round day. Both nursing and medical colleagues have since commented how inappropriate this was for my first day as a junior doctor. I understandably felt severely overwhelmed by this task and did not feel safe not having any other juniors I could turn to for help as every enquiry on the ward was automatically directed at me, despite my limited experience."

Steps taken to resolve

"I first of all raised this issue with the ward clerk who informed me that she would contact my rota coordinator to save me time whilst I was reviewing patients with the consultants. The ward clerk made multiple attempts to contact the rota coordinator and all failed. I then also tried to contact the rota coordinator myself by both bleep and direct extension and failed. My ward clerk managed to contact a member of the rotoring team who simply acknowledged that I should not be on my own and that the other juniors were in induction. Following this, I raised my concern with the ward sister and later the consultant. By the afternoon, a locum F4 from the neighbouring ward was drafted away from their ward to help me cope with the workload on mine."

These reports again highlight the amount of time staff spend trying to ensure they have safe staffing each day. Minimum numbers are well known by the juniors and frequently referenced yet often don't seem to be matched by availability on the day.

Surgery

108496: 20 Jul 2022 Nature: Education

"Asked to cover locum gap as locum during a particularly busy week. I had worked on call thurs-sun, standard day Monday, off Tuesday. Then standard day Wednesday-sun. I was called during my off day regarding this locum twice. I declined as the rate was not sufficient in my opinion for the extra hours given the context of the other shifts I had worked and in the context that the rota has frequently been short for several months and the intensity of work is particularly high. I was on standard day on Wednesday and due to be in theatre/clinic for educational purposes but instead asked to hold on call bleep for service provision to cover sickness absence. I was told that I could either take the locum or hold the bleep for the 8-5 shift anyway. I ended up sharing the on-call responsibilities with another F2 who took the bleep back off me at 5pm as he was covering the 5-8pm as a locum."

Steps taken to resolve

"Asked for uplift in pay for extra "on call" hours above contract or higher rate for locum pay to take full shift as an extra. Declined by rota team."

108392: 20 Jul 2022 Nature: Hours & Rest

"I received one missed call on 19/07, during my annual leave when I was unable to answer the phone as in Devon. This was a voicemail asking me to call back which I only was able to listen to at 10pm after I had returned from my holiday. I was next contacted at 07:50 (10 minutes prior to our start time) with two bleeps, followed by a phone call informing me I needed to change my duty from a standard ward cover day to cover the on call. We had been unable to fill the locum slot. Despite this change in expected duty, with on calls being significantly different to standard days, I was not going to receive any changes to pay, or future expected on calls. No swaps were offered. They offered to share some of the duty with Dr MM one of the CT1s, but he also was not down to be working on calls and it would be taking him away from his clinic and theatre experience time."

Steps taken to resolve

"Both myself and MM felt that if there was a change in our working pattern/Duty. I.e., being asked to cover On Calls during our standard days that we should be appropriately remunerated for this. Especially given that no option to not accept this change was given. We attempted to convey this, but no other solution was given."

Both of these 2 exception reports refer to the same event, when a locum gap wasn't filled, and 2 juniors were placed under a lot of pressure to change their shifts and cover the gap. Neither of these 2 doctors were satisfied with how this was handled.

109844: 03 Aug 2022 Nature: Hours & Rest

"Dear whom it may concern, as this was our first day of our F1 work it was pre-empted and understandable if we had to spend more time trying to get familiarised with the system and get jobs done on this day. However, the team handed over incomplete lists and TTOs that were complex and not started. Our registrar was helpful and answered his bleeps as soon as they could, but as they had to be in theatre during some periods of time meant there was a lack of hands-on support and it proved difficulty for us three F1s, having to ask our nursing /pharmacist colleagues for support where appropriate and staying 2.5 hours late in order to ensure patient safety and updating the list accordingly. There were also some admin difficulties with updating the handover list which was reflected from the previous night's team handing over an incomplete list, so a lot of gaps and jobs had to be chased. Thank you for taking the time to read this report."

Steps taken to resolve

"n/a"

This is unfortunate, a day that was setup to fail before it had started. Historically FY1s have spent their "shadowing period" (now called Post Finals Assistantships or PFAs) in the hospital they will be working in, learning the "job" they are to take over from the person doing it before them, in particular learning the local systems and procedures. Unfortunately, this is no longer the case. There is no requirement for PFA placements to occur with their future employer and it is now more common for FY1s to spend the time in a hospital attached to their university. Regarding our new cohort of FY1 doctors, only 6 completed their PFA period at Harrogate. Whilst we have no control over how the PFA placements take place, we can in future ensure that a robust handover procedure exists for each department.

110208: 18 Aug 2022 Nature: Hours & Rest

"Was covering SDEC with no support. There were many patients and the reg was in theatre and dealing with patients most of the day. This resulted in late admissions and chasing results later in the day. The nurses explained I should stay after handover to finish all the discharge

summaries from the day. There was about 10 and I did not have time to do these during the day."

Steps taken to resolve

"Escalated to reg Asked f1 colleagues for help, all were busy"

Unfortunately, this is just one of many similar exception reports referencing SDEC and the lack of support. The Guardian remains concerned that the staffing model in Surgical SDEC does not offer enough support for the FY1s. Whilst an action plan was devised back in April, the effects are not being felt by the FY1s.

110730: 23 Aug 2022 Nature: Hours & Rest

"I was timetabled for a regular day shift on general surgery ward cover but didn't finish until 2 hours after I was supposed to at 7pm. Our consultant led ward round took much longer than anticipated due to the very high volume of patients under our care, meaning that we had even less time to complete all the jobs in a timely manner. Our list of jobs to do kept increasing due to the number of bleeps we were receiving meaning that we struggled to keep up with jobs that were to be completed from ward round. This was made more difficult due to there only being 2 juniors allocated for the day (myself and Dr CC) and the fact that I had protected and mandatory FY1 teaching for an hour between 1pm and 2pm. This meant that during this time CC was covering the wards on her own. Neither of us were able to take any breaks, including a lunch break, due to the volume of jobs that still needed to be done. Throughout the day there were many discharge letters and TTOs that needed completing, which took a long time due to there only being 2 of us and patients were not discharged in as timely a manner as I would've liked as a consequence. We were not in a position to handover to the junior doctor who was on a long day shift at 5pm due to how busy they were on SDEC and the amount of jobs we still had to do due to there only being 2 of us. When we finally finished all of our jobs and were in a position to handover, we had to stay even later to update the handover list for the night team. We didn't feel very supported throughout the day and often found that we were waiting a while to hear from the surgical registrar due to them being busy in theatre, which was understandable. I have finished late on more than one occasion now and felt it was important that I exception reported this instance due to feeling very unsupported and overworked throughout the day as well as not having time to have any lunch."

Steps taken to resolve

"Raised the issue with Dr TT at the end FY1 teaching on the same day. I will speak to my rota coordinator to hopefully ensure we have more than 2 juniors on most days if possible."

Whilst SDEC is the focus of most of the issues encountered by the FY1s on Surgery, it is not the sole reason exception reports are submitted. Workload and lack of breaks still predominate the reasons doctors submit exception reports. This specific report shows juniors are reluctant to hand tasks over to those covering SDEC, recognising that they are already at risk or being overwhelmed by the workload.

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 individual work schedule review has been necessary during this quarter. The working conditions on SDEC continue to be under the spotlight both internally and externally with HEE.

5.2 Interventions

The Guardian suggests that isolated cases of over-working are to be expected in emergency conditions. The Trust is grateful for trainees' flexibility on occasion and in ensuring patient safety. However, repeated instances raise the question of whether the rotas and workload are appropriate for the trainees in this specialty. Junior doctors have responded magnificently

to the challenge of COVID – as have all health-care staff – but the Trust is contractually obliged to ensure that the trainees balance their service work with educational opportunity and rest.

The rota gaps due to covid isolation/sickness have placed significant strain on the junior doctor workforce. There have been numerous days when staffing has fallen drastically short of minimum safe staffing levels, and this is often reflected in the reports submitted. While escalation processes have been more widely publicised to junior doctors, there remain a large number of exception reports that mention the attempts at conversations with the rota teams. These highlight the issues and that they have not received the additional support they have requested – from either redeployment of workforce or senior staff "acting down".

Previous reports have mentioned the on-going issues with routine overworking within medicine, particularly on the acute medical rotas. Considerable work has been undertaken within LTUC to improve the current situation. This includes recruitment to fellow posts with 6 medicine/education fellows having started in August 2022.

As the exception reports above demonstrate, there is still cause for concern regarding the current workload and working patterns of the FY1 doctors covering SDEC. HEE conducted an LEM (learner/educator meeting) on 24th May, just prior to the last board meeting. The meeting discussed the feedback collated from multiple sources, including national training surveys for both junior doctors and nursing/midwifery cohorts. A significant part of the meeting focused on the issues surrounding SDEC and the next potential steps. The guidance was clear:

- FY1s must be supervised in their clinical work by a senior doctor, something that the current working model does not ensure.
- Surgical consultant presence on SDEC should be reflected in the job planning of the department.

A subsequent follow-up meeting was held on 20th July, and progress was discussed. The action plan has had limited success in addressing the known issues.

- The additional "FY2+ support" shifts went either unfilled or were filled by FY1 locums.
- The planned recruitment of Surgical ACPs (Advanced Clinical Practitioners) resulted in recruitment of trainee SCPs (surgical care practitioners) with a 2-year time lag before they qualify. These are different roles; SCPs require supervision and sit within medical associate profession rather than the advanced and independent practice of the surgical ACPs mentioned in the action plan. (ROYAL COLLEGE OF SURGEONS, 2022)
- Junior Doctors continue to report a lack of consultant support on SDEC.

A further review meeting is expected in early October, but it remains unclear what further progress will have been made by then. It is now the expectation of the Guardian that conditions will be placed on the trust at GMC level in October. At this point there will be a very short time frame to address issues before surgical FY1 doctors are removed from the trust by HEE.

In the last report to board, the Guardian referred to the worrying feedback that junior doctors were being actively discouraged from exception reporting. This feedback came through the junior doctor's forum. Not only is exception reporting a protected privilege for the junior doctors it is also an important information stream and barometer of sentiment within the junior medical workforce. To actively discourage junior doctors from exception reporting goes against the core trust values.

To try and gain further insight an anonymous survey was distributed to all the junior doctors. Disappointingly, there were only 20 responses, so there will undoubtedly be some selection bias. A list of questions asked and a selection of responses will be shared at private board in view of the potentially identifiable nature of a limited survey and a small consultant team

6.0 Fines

Due to the stipulations of the New Contract, the Guardian has the power to penalize departments/directorates for failure to ensure safe working hours and particularly repeated breaches of the TCS of the new contract. This section lists all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report indicates 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 will be attached as an appendix if applicable.

This last quarter has seen further fines levied against the trust. There have been 15 reported breaches of the TCS of the new contract caused by the Trust.

Fine number	Directorate	Total Amount	Amount within GOSW Fund
1	PSC	£ 249.48	£ 155.94
2	PSC	£ 249.48	£ 155.94
3	PSC	£ 205.94	£ 128.73
4	PSC	£ 162.40	£ 101.51
5	PSC	£ 118.86	£ 74.30
6	PSC	£ 150.64	£ 94.16
7	PSC	£ 75.32	£ 47.08
8	PSC	£ 190.68	£ 119.19
9	PSC	£ 261.51	£ 163.46
10	PSC	£ 110.34	£ 68.97
11	PSC	£ 73.56	£ 45.98
12	LTUC	£ 132.99	£ 83.13
13	LTUC	£ 110.32	£ 68.96
14	LTUC	£ 261.46	£ 163.43
15	PSC	£ 100.78	£ 63.00
TOTAL		**£ 2,453.76**	**£ 1,533.79**
TOTAL DISBURSED			**£ -**
REMAINING BUDGET			**£ 1,533.79**

7.0 Meetings

There has been one regional meeting of Guardians in the previous quarter. To date, there has been no plan announced for a national meeting. In future it is anticipated that meetings will be held face to face where possible.

8.0 Trainees' Forum

Trainees' fora increased to monthly during the pandemic but have now been stepped back to the usual quarterly meetings. The importance of exception reporting has been canvassed to the trainees at each meeting.

The COVID-19 emergency has greatly affected post-graduate medical training. Educational opportunities, assessments, courses, and examinations have been discontinued and the amount of clinical experience in their home specialties has been curtailed due to redeployment. Some trainees will have delayed completion of examinations and completion of training programmes.

The full impact of the pandemic on the training and successful progression through training programmes only became apparent when the first round of ARCPs were completed. Two new

ARCP outcomes were created (10.1 & 10.2) to denote trainees whose training has been adversely affected by COVID-19. There are likely to be some trainees that will require additional training time before they can progress (Outcome 10.2) – this may be playing a part in the increasing number of educational exception reports being submitted as the priorities of the Junior Doctors shift and they feel they need to become more vocal to achieve their training requirements.

There is concern at high level within HEE on the impact on future doctor numbers that the pandemic is having. Burn-out, mental health issues, and an increasing trend in working less than full time will all have an impact on the ability to fill trainee posts, rota gaps and overall junior doctor numbers.

9.0 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 each regional meeting. 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. This information is collated and shared upon request.

10.0 Confidentiality

Given that Guardians' reports may be in the public domain, the identities of any individual 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.

11.0 Care Quality Commission

The Guardian has had no contact with CQC inspectors in the previous quarter.

12.0 Extending the scope of the Guardian to the inclusion of Non-training Doctors

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 can now report that fellows, of all varieties, are now able to exception report. This is a significant step forward. The feedback from this group frequently stated that they felt their input wasn't valued and that there was an inequality amongst themselves and the junior doctors they worked alongside. Although this is an improvement, this process still hasn't yet been extended to the SAS doctors within the organisation. This remains unfortunate as this staff group have worked within the trust for a longer period of time and represent a substantial percentage of the institutional memory which is subsequently lost as a result of their exclusion.

Until such time as SAS doctors, working on the same rotas as the junior doctors, have the ability to exception report the extra hours they work, there exists an inherent inequality.

13.0 Issues arising

a) The trust continues in comparable standing to other trusts in the region. Exception report numbers have increased significantly during the last quarter.
b) There is an on-going problem of over-working and late finishes for trainee doctors owing to colleagues off sick, rota gaps and pressure of clinical work. This is especially true in General Medicine and now for surgery on SDEC.
c) Staff sickness due to covid-19 infection and isolation has had a significant impact on overall junior doctors staffing.

d) Reluctance of trainees to report exceptions exists regionally and nationally.
e) Exception reports are being received and processed within the accepted time limits. There remains reluctance from supervisors in signing-off the reports. >70% are signed off by the Guardian alone.
f) There are gaps on rotas, but recruitment cycles continue.
g) No national Guardian meeting has yet been announced for 2022.
h) The Trust Board has requested that the Guardian enlarges his role in relation to SAS doctors. This is agreed in principle and the facility has now been extended to the fellows within the organisation.

14.0 Actions taken to resolve issues

a) 2 further fines have been levied against the LTUC directorate and 1 against PSC during this quarter.
b) The Guardian has been involved in several interventions in the last quarter, started as a result of systematic overworking within the respective areas.
    i. Acute Medical staffing improvement work – recruitment of fellows.
    SDEC workshop – highlighting information from exception reports.
    ii. HEE LEM visit.
c) At the date of reporting, the Board of Directors is assured from the evidence that:
    i. The exception reporting system is operational for all trainees and now fellows; they are now all converted to the 2016 TCS Version 5 or equivalent.
    ii. Over-working owing to pressure of workload and rota gaps is a chronic problem in general medicine.
    iii. The Guardian can only intervene on notified problems.

15.0 Questions for consideration by the Board of Directors

a) The board is asked to receive the report of Q1 & Q2 2022-23 and to consider the assurances provided by the Guardian.
b) The issues around persistent overworking of juniors outlined in this report are now a significant concern and urgent action is needed by directorate management teams.
c) Significant pressure on staffing is currently being felt across the organisation and is concerning. There is evidence that support mechanisms are not working adequately.
d) The Guardian asks the board to be aware of the increasing pressures on junior medical staffing and the need for a long-term sustainable workforce model.
e) 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 in trainee doctor posts; these currently run at about 7%.
f) The Guardian asks the board to consider whether medical workforce sustainability should be included on the Trust risk register.

Dr Matthew Milsom

Guardian of Safe Working Hours

18th September 2022

References

ROYAL COLLEGE OF SURGEONS. 2022. *Roles and responsibilities of the surgical care team*. [online]. [Accessed 18 September 2022]. Available from World Wide Web: <https://www.rcseng.ac.uk/careers-in-surgery/surgical-care-team-hub/surgical-care-team-roles/>

Finance Position
Board of Directors – 28/09/2022

Matters of concern & risks to escalate

- Month 5 position was breakeven, an improvement on previous months but supported by some non recurrent actions
- Key Drivers include performance against Savings programme, Medical Staffing expenditure, ward expenditure, costs associated with the delivery of activity, inflation and escalation
- Agency expenditure continues to increase month to month
- Impacts of the pay award on staff morale
- ERSF Baseline adjustments still awaiting sign off (not HDFT specific)
- Planning for 2023/24 – pressures related to Revenue and Capital

Major actions commissioned & work underway

- Recovery Planning principles agreed in previous month and actions already being taken forward
- Triumvirate and Budget Holder training and requirements to be re-emphasised. Expect improvement on next review
- Working through risks associated with ERSF achievement – monthly monitoring group set up
- Discussions with York Place Directors regarding Selby Urgent Treatment Centre progressing
- Payroll and Workforce & OD colleagues have been working hard to implement pay award changes for staff

Positive news & assurance

- External audit process continuing, accounts sign off expected in early October
- Various cost of living schemes have been put in place to support staff

Decisions made & decisions required of the Board

- The Trust is progressing a bid for further Salix funding, however, more detailed work come through the Trust and HIFs governance structure

Operational Update

September 2022

Russell Nightingale
Chief Operating Officer

Operational Update September 2022 (August Performance)

Matters of concern & risks to escalate

- COVID admissions and occupancy remains a challenge with numbers higher than expected or planned..
- Cancer 62-day wait target not achieved at 81.4% (5.9.1)
- Cancer 2WW performance was below the 93% target at 47.4% (5.10)
- Cancer (Breast) 2WW target not achieved at 7.7%, the service are focussed on improving the position.
- Cancer 28 days faster diagnosis 68.0%, below the 75% standard (5.11)
- Non-Elective demand remains a challenge and the Trust continues at full capacity
- A&E 4-hour performance in August remains below the standard at 66.6%, significant bed pressures impacting on flow, continued increase in presentations and divert support provided to York FT. (5.6)
- The Trust had two 60-minute ambulance handover breach in August
- 82 x 12-hour trolley waits in ED, significant bed pressures impacting on flow through the department (5.8)
- M05 plan met 7 of 13 measures for August, areas below plan include outpatient and inpatient elective activity numbers and the number of patients waiting 63+ days on a cancer pathway.
- TIF2 delivery timescales and concern regarding planning approval/ required and electrical infrastructure works

Major actions commissioned & work underway

- TIF2 short form business case (c.£15m) to increase on site theatre provision now completed and submitted to ICB for review, positive discussions regarding planning approval continue.
- TIF1 workshop with LTHT has taken place with clinical colleagues from both LTHT and HDFT, positive discussions and thinking.
- Reset for Outpatient Transformation Board, now clinically led with active positive discussions across specialties, actions and work progressing.
- C2-Ai Risk Stratification software implementation starting with IPDC elective waiting list patients, senior team in PSC actively involved and General Surgery piloting, AHSN supporting benefits realisation analysis
- LUNA product with AI to support RTT validation to allow easier focus on our waiting lists (12-16 week implementation) progresses with focus on configuration and data integration.
- Bid for national additional capacity funding to support opening of acute frailty unit and frailty SDEC in autumn/winter was successful, works in progress.
- Winter planning and staffing discussions underway

Positive news & assurance

- Cancer 31-day wait target achieved at 98.9% (5.1.2)
- LLP continues with lists taking place in August and September
- 186 elective theatres lists were undertaken out of a possible 244 despite challenging circumstances (76%)
- Continued reduction in >78-week RTT waiters for surgery ahead of plan
- RTT 92nd percentile at 44 weeks (5.1.3)
- Top quartile national performance for Ambulance handover delays
- Continued to support York District Hospital with acute patient diverts when required and able to support
- Agreed proposal to utilise Duchy Hospital to deliver further treatment capacity across 2022/23.

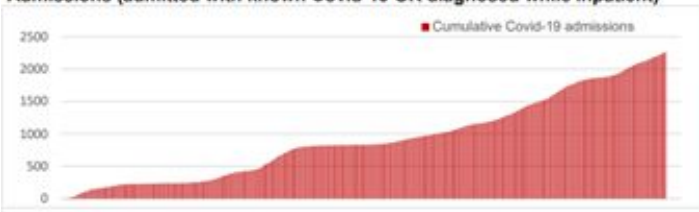
Decisions made & decisions required of the Board

- Solution implemented to create ring fenced orthopaedic capacity on Fountains ward with non-orthopaedic electives being safely placed in other surgical wards
- Continue to maintain escalation capacity open to support 40-45 patients per day in hospital not meeting criteria to reside

COVID-19 Management Report

Inpatients with confirmed Covid-19 (NHSE Daily Sit Rep)

Admissions (admitted with known Covid-19 OR diagnosed while inpatient)



Yesterday **5**

To date **2267**

Last 7 days **33**

8-14 days ago **36**

Current Covid-19 inpatients

Today **43**

Yesterday **44**

7 days ago **31**

14 days ago **34**

Note: *Admission data* ***excludes*** *inpatients whose first positive swab was reported after discharge, and* ***includes*** *patients with a positive result who died in hospital before the result was known*

Covid-19 admissions by age

Today

0-5 **0**

6-17 **0**

18-24 **0**

25-34 **0**

35-44 **0**

45-54 **0**

55-64 **2**

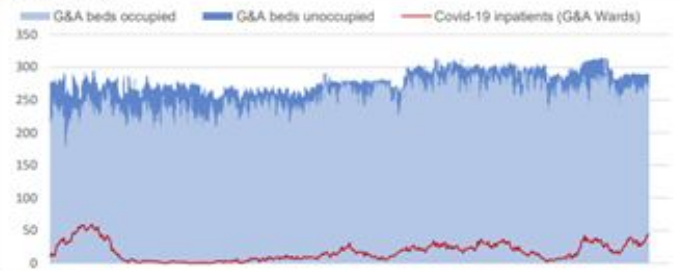
65-74 **10**

75-84 **12**

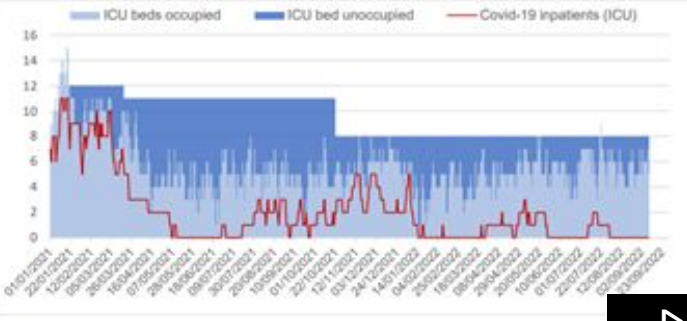
85+ **19**

Bed occupancy

Adult G&A wards



Intensive Care Unit



G&A (Adult)
% occupied **92.4%**
% Covid-19 **16.0%**

ICU
% occupied **62.5%**
% Covid-19 **0.0%**

% Covid (Adult G&A + ICU) **15.8%**

Planned Care Recovery

Elective Recovery - HDFT

Outpatients

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of episodes moved or discharged to a Patient Initiated Follow Up (PIFU) Plan	450	500	550	600	675	750	825	875	925	1,000	1,050	1,100
Actual	425	451	438	575	677							
Consultant-led first outpatient attendances (Spec acute) Plan	4,319	4,477	4,548	6,219	5,451	5,773	6,595	6,129	5,465	6,329	5,622	4,601
Consultant-led first outpatient attendances (Spec acute) Actual	3,829	4,663	4,290	3,897	4,102							
Consultant-led follow-up outpatient attendances (Spec acute) Plan	6,493	6,804	6,578	10,078	8,919	9,333	11,051	9,850	8,790	10,380	9,054	8,244
Consultant-led follow-up outpatient attendances (Spec acute) Actual	8,372	10,427	9,323	8,532	8,622							

Elective Admissions

Total number of Specific Acute elective spells in the period Plan	2,429	2,645	2,120	2,859	2,753	2,578	3,600	3,518	3,039	3,505	3,241	2,574
Total number of Specific Acute elective spells in the period Actual	2,400	2,613	2,354	2,402	2,485							
Total number of Specific Acute elective day case spells in the period Plan	2,250	2,425	1,904	2,536	2,492	2,333	3,265	3,177	2,758	3,127	2,944	2,353
Total number of Specific Acute elective day case spells in the period Actual	2,239	2,426	2,142	2,231	2,284							
Total number of Specific Acute elective ordinary spells in the period Plan	179	220	216	323	261	245	335	341	281	378	297	221
Total number of Specific Acute elective ordinary spells in the period Actual	161	187	212	171	201							

RTT

Number of Completed Admitted RTT Pathways Plan	694	818	749	984	950	895	1,002	976	825	972	888	677
Number of Completed Admitted RTT Pathways Actual	832	1,057	886	1,011	999							
Number of Completed Non-Admitted RTT Pathways Plan	4,442	4,661	4,481	6,099	5,282	5,624	6,604	6,017	5,288	6,317	5,474	4,962
Number of Completed Non-Admitted RTT Pathways Actual	3,458	4,079	4,233	3,879	4,517							
Number of New RTT Pathways (Clockstarts) Plan	5,330	5,594	5,378	7,319	6,338	6,749	7,925	7,220	6,346	7,580	6,568	5,954
Number of New RTT Pathways (Clockstarts) Actual	6,403	7,219	6,382	6,817	6,917							
The number of incomplete RTT pathways waiting 52+weeks Plan	1,181	1,197	1,195	1,180	1,197	1,195	1,150	1,157	1,150	1,147	1,149	1,130
The number of incomplete RTT pathways waiting 52+weeks Actual	1,187	1,196	1,261	1,297	1,297							
The number of incomplete RTT pathways waiting 78+weeks Plan	229	235	237	229	220	210	215	195	199	150	80	0
The number of incomplete RTT pathways waiting 78+weeks Actual	205	184	169	155	144							
The number of incomplete RTT pathways waiting 104+weeks Plan	5	5	0	0	0	0	0	0	0	0	0	0
The number of incomplete RTT pathways waiting 104+weeks Actual	11	3	1	0	0							
The total number of incomplete RTT pathways Plan	24,000	23,800	23,600	23,400	23,200	23,000	22,800	22,700	22,600	22,500	22,400	22,300
The total number of incomplete RTT pathways Actual	24,714	25,384	25,134	25,629	25,564							

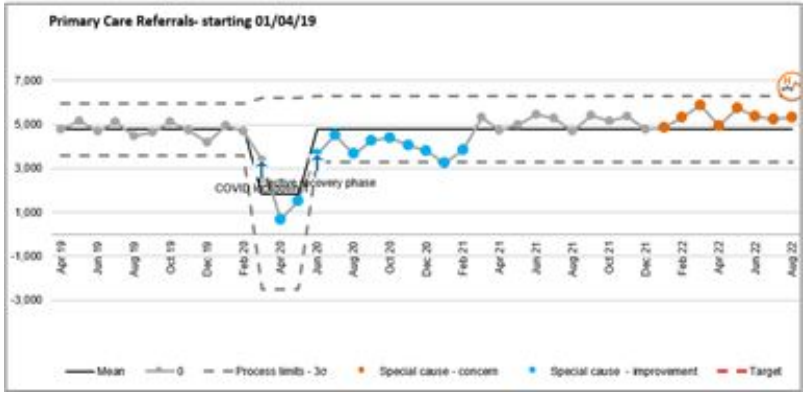
Cancer

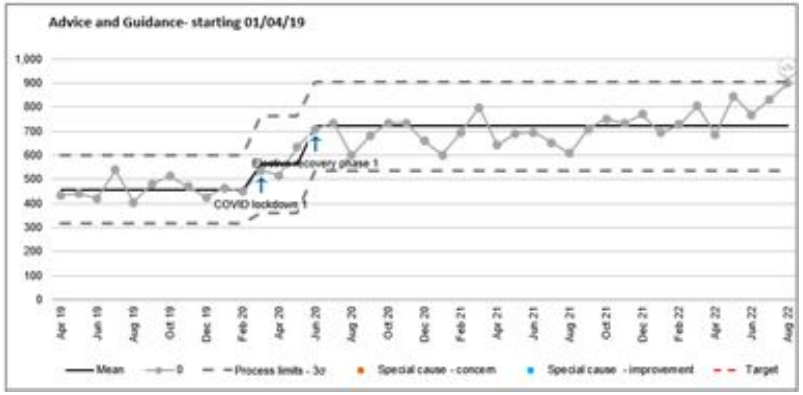
The number of cancer 62 day pathways waiting 63 days or more after an urgent suspected cancer referral Plan	47	46	45	44	43	42	41	40	39	35	30	20
The number of cancer 62 day pathways waiting 63 days or more after an urgent suspected cancer referral Actual	46	39	52	57	76							

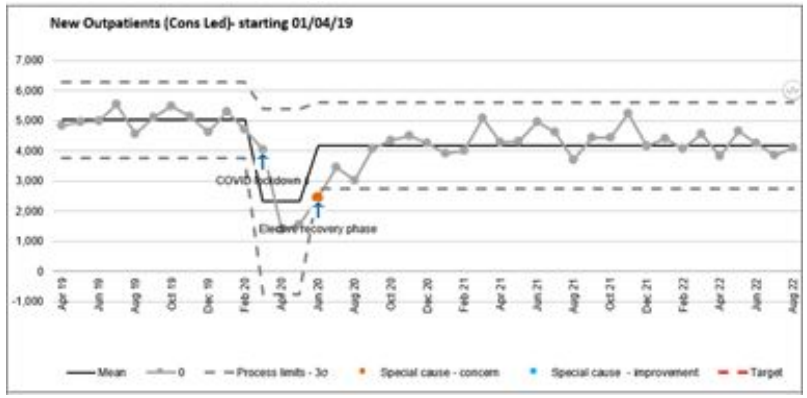
Increasing elective capacity to 2019/20 levels continues to be the key focus. Sickness absence, vacancies and annual leave was a challenge in August. Outpatient clinic templates now returning to pre-covid levels to support an improvement on our current position. Total elective 96% against plan year-to-date, Inpatient admissions remains a challenge with vacancies, sickness and annual leave, an improving position in current month. LLP process now in place with additional theatre sessions taking place.

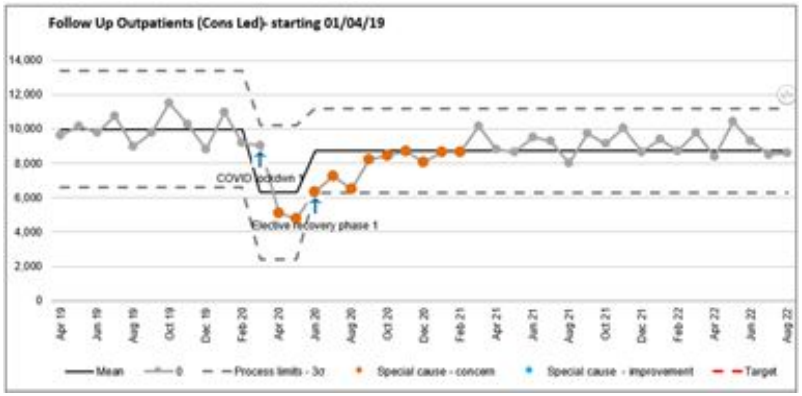
The 5th room to support capsule endoscopy remains operational and Endoscopy lists are available seven days per week, we continue to support LTHT and YTH with endoscopy work c.150 patients per month to increase activity levels.

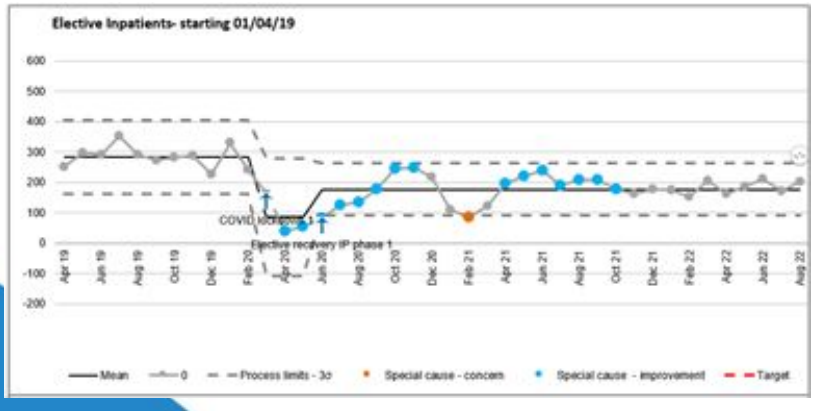
Elective Recovery

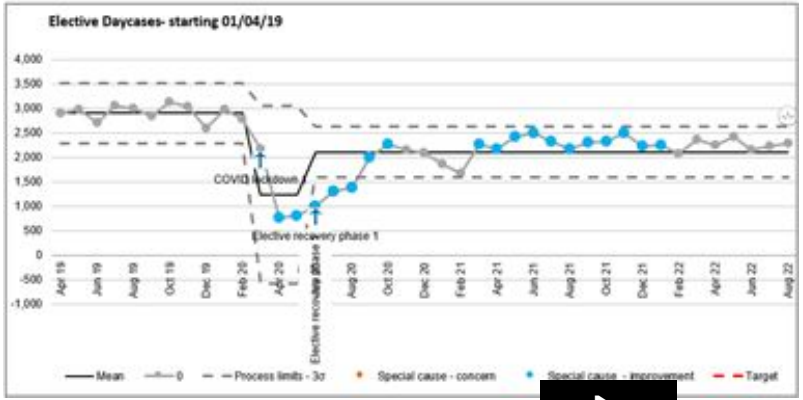






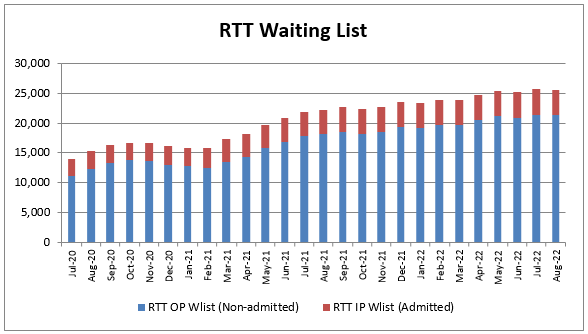


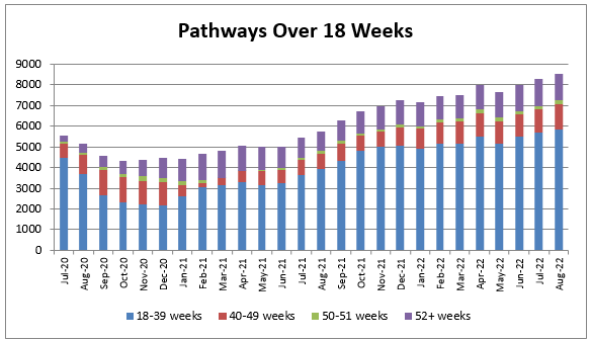




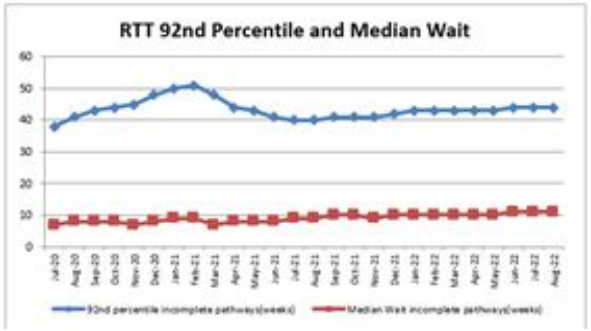
Referral to Treatment (RTT)

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
No. of pathways <18-weeks	16,315	16,416	16,351	15,719	15,761	16,224	16,180	16,427	16,432	16,728	17,755	17,135	17,354	17,019
No. of pathways >= 18-weeks	5,470	5,752	6,297	6,704	6,953	7,240	7,143	7,473	7,499	7,986	7,629	7,999	8,275	8,545
No. of pathways >= 52-weeks	988	955	1,008	1,070	1,097	1,177	1,138	1,157	1,140	1,187	1,196	1,261	1,297	1,297
No. of pathways >= 78-weeks	365	379	379	299	245	276	223	218	187	205	184	169	155	144
No. of pathways >= 104-weeks	20	23	27	33	34	47	52	50	22	11	3	1	0	0
Total RTT List	21,785	22,168	22,648	22,423	22,714	23,464	23,323	23,900	23,931	24,714	25,384	25,134	25,629	25,564





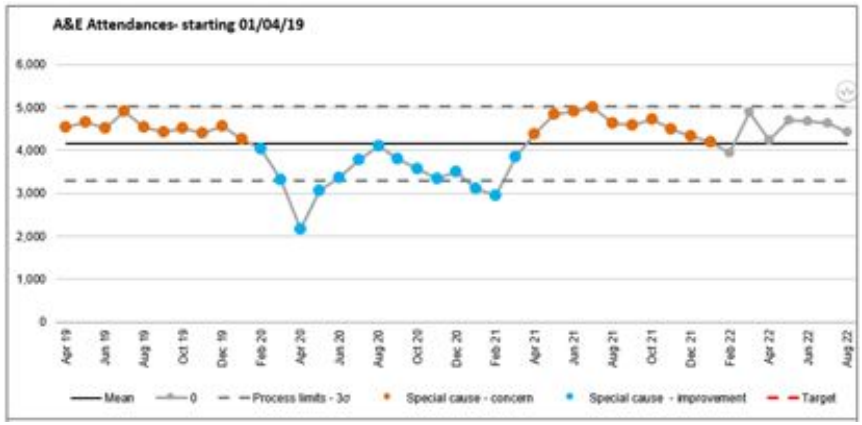
Weeks Band	Not Rec	P1A	P1B	P2	P3	P4	P5	P6	Total
0-2	30	0	0	354	243	286	0	6	919
3-4	10	0	0	57	155	161	0	3	386
5-6	6	0	0	32	117	164	0	3	322
7-8	6	0	0	15	94	159	0	4	278
9-10	6	0	0	16	67	194	0	5	288
11-12	2	0	0	7	38	140	0	5	192
13-14	1	0	0	5	54	156	0	3	219
15+	9	0	0	12	310	1,941	0	26	2,298
Total	70	0	0	498	1,078	3,201	0	55	4,902

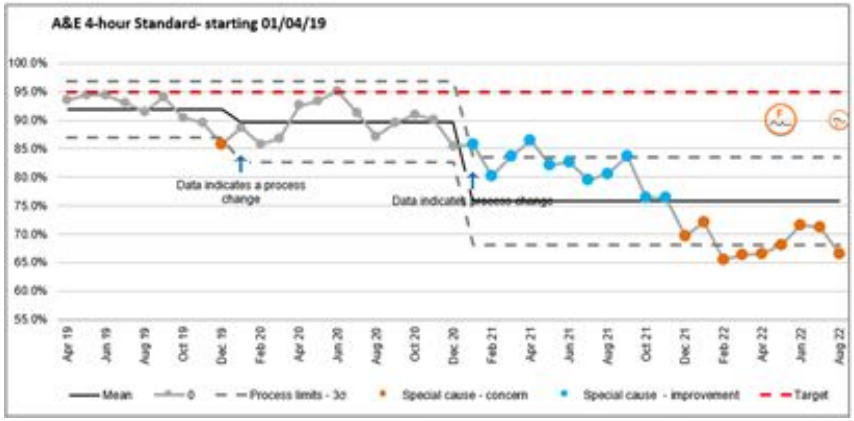


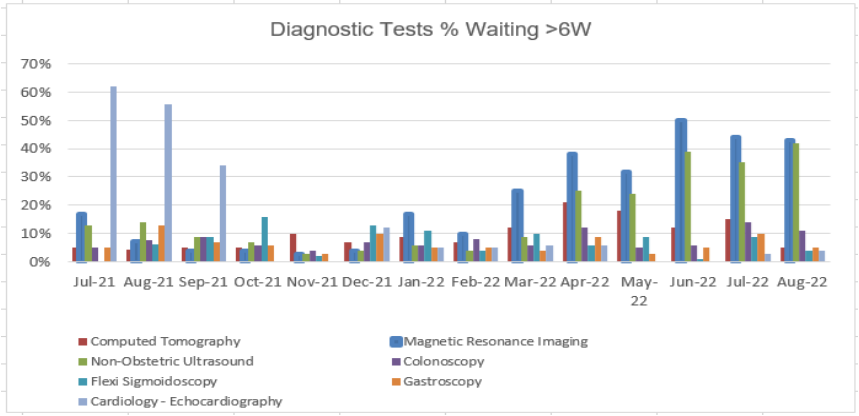
RTT - The Trust had 25,564 patients waiting at the end of August, this is a decrease of 65 patients on the July position. There are 1,297 patients waiting over 52 weeks, this remains the same as the July position. The number of patients waiting longer than 18 weeks has increased compared to last month. The 92nd centile and median wait remain at 44-weeks and 11-weeks respectively. The number of patients waiting 78+ weeks continues to reduce ahead of plan (144/220). Of the 4,902 patients waiting for a procedure, 37% are Orthopaedics, 17% General Surgery and 11% Ophthalmology.

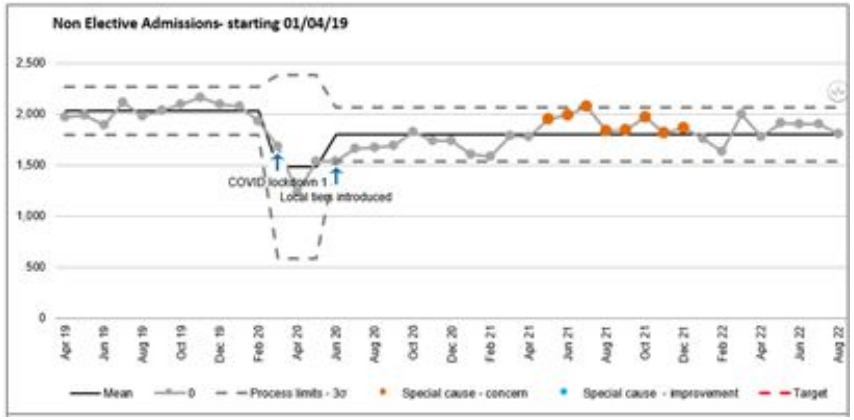
Clinical Prioritisation & Review - Clinical prioritisation and review continues for elective patients, 98.6% of patients waiting having been allocated a P1-6 national classification. The majority of those yet to be classified (30/70) have been waiting <=2 weeks and work continues to ensure these are rapidly coded. 82.4% of P2 patients have been waiting less than 28-days and there is still an element of patient choice. An RCA is completed for every patient not booked within the required time parameters with a subsequent harm review if a breach.

Urgent Care and Diagnostics



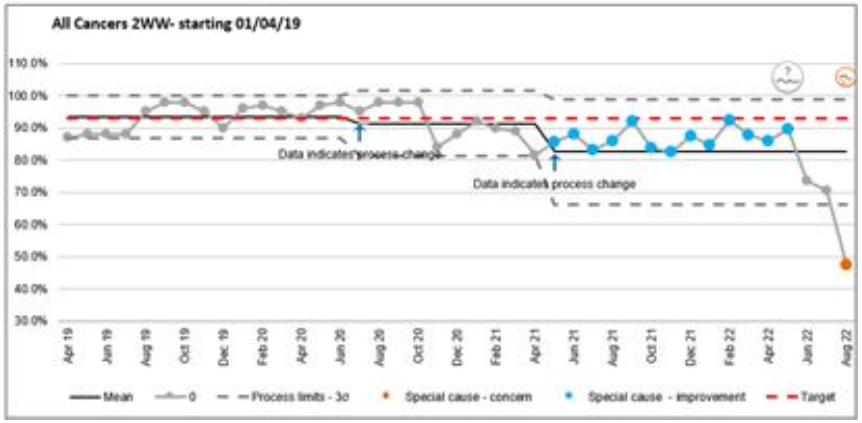


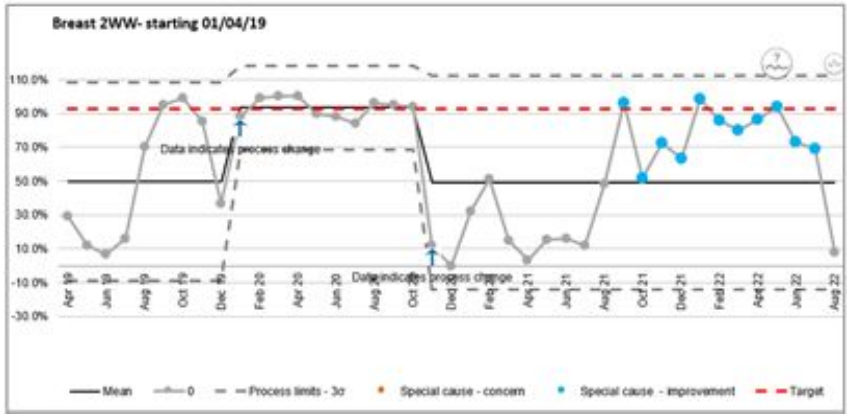


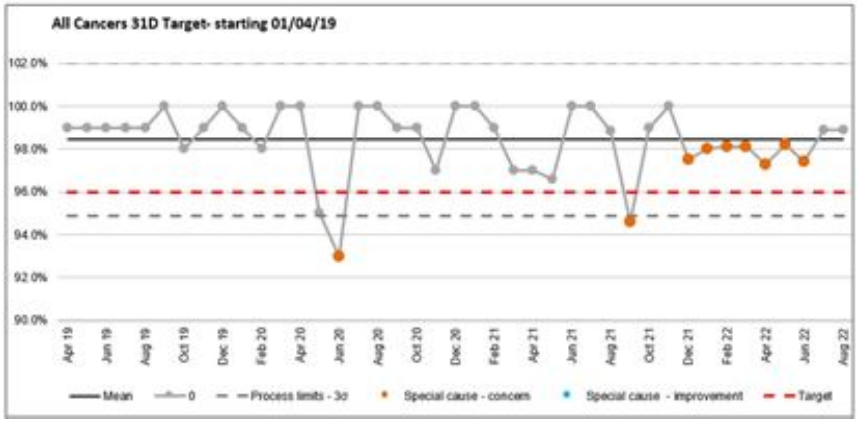


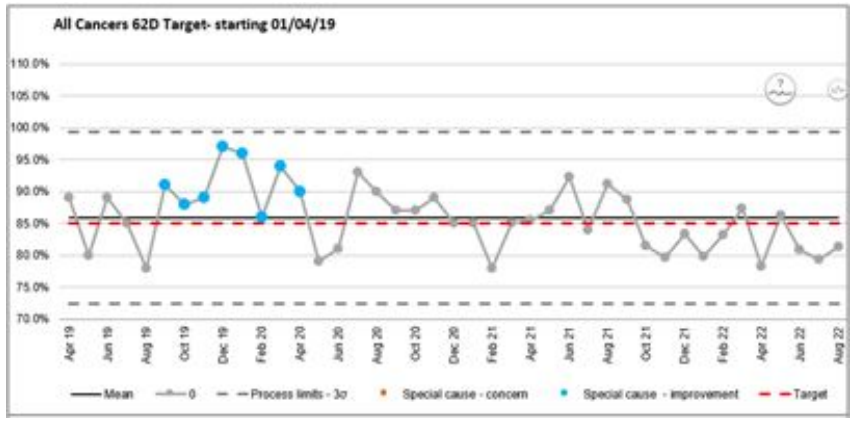
- Performance against the A&E 4-hour standard remained below 95% in August at 66.6%. The 95th percentile wait was 11-hours 48-minutes.
- There were 82 x 12-hour breaches in August.
- There were 15 x 30-minute handover breaches and 2 x 60-minute ambulance handover breach in August.
- ED attendances are now back in line with 2019/20 levels, this combined with the high occupancy levels in the hospital makes flow through the department a significant challenge.
- A UEC and ED Performance meeting dashboard enables monitoring of ED flow and performance to increase visibility and is now published to ED teams.
- A live ED dashboard is now in place with screens visible in a number of hospital operational areas.
- Imaging diagnostic activity continues to be maintained despite vacancies and sickness, diagnostic waits reducing or stable in most areas..

Cancer Performance









- The 62-day standard was not met in August with a performance of 81.4% against the 85% standard.
- The 31-day standard was met in July with a performance of 98.9%
- The 2-week wait standard was not met in August with a performance of 47.4%. A significant increase in 2WW referrals has been seen in several challenged services (Lower GI; Dermatology and Gynaecology).
- The 2-week wait breast symptomatic standard was not met in August with a performance of 7.7%
- At the end of August 76 patients remain on an open cancer pathway over 62-days with 15 of these over 104-days. This remains a key focus, it is also one of the smallest PTL backlogs nationally when adjusted for size. The main tumour site breaching is colorectal; demand and capacity analysis has been completed and actions being taken to address the shortfall. The colorectal pathway has now resumed 'straight to test'.
- The number of breast 2WW and non-cancer related breast symptomatic referrals received continue to be higher than the number of weekly appointment slots available. Additional breast clinic work to improve the position is now underway including outsourcing work to a private provider with additional clinics in place.

Children's and Community

Performance Indicator Description	Apr	May	Jun	Q1	Jul
Health Visiting – % of infants receiving a new born visit within 14 days of birth - **North Yorkshire**	90.8%	91.3%	93.6%	**91.9%**	94.2%
Health Visiting – % of infants receiving a new born visit within 14 days of birth - **Durham**	96.0%	93.6%	94.7%	**94.8%**	96.3%
Health Visiting – % of infants receiving a new born visit within 14 days of birth - **Darlington**	93.3%	100.0%	100.0%	**97.8%**	100.0%
Health Visiting – % of infants receiving a new born visit within 14 days of birth - **Middlesbrough**	95.4%	90.2%	88.9%	**91.5%**	97.8%
Health Visiting – % of infants receiving a new born visit within 14 days of birth - **Stockton**	93.0%	91.8%	95.3%	**93.4%**	97.8%
Health Visiting – % of infants receiving a new born visit within 14 days of birth - **Gateshead**	97.9%	95.7%	98.5%	**97.4%**	98.8%
Health Visiting - % of children receiving a 12 month review by 15 months - **North Yorkshire**	98.0%	97.2%	97.6%	**97.6%**	98.3%
Health Visiting – % of infants receiving a new born visit within 14 days of birth - **Northumberland**	96.7%	95.8%	97.6%	**96.7%**	95.3%
% of 2-2.5 year reviews completed by the time child turns 2.5 years - **North Yorkshire**	85.5%	86.7%	92.0%	**88.1%**	94.1%
% of 2-2.5 year reviews completed by the time child turns 2.5 years - **Durham**	90.4%	93.0%	92.8%	**92.1%**	93.3%
% of 2-2.5 year reviews completed by the time child turns 2.5 years - **Darlington**	97.8%	98.8%	98.8%	**98.5%**	96.7%
% of 2-2.5 year reviews completed by the time child turns 2.5 years - **Middlesbrough**	99.2%	84.5%	96.5%	**93.4%**	96.4%
% of 2-2.5 year reviews completed by the time child turns 2.5 years - **Stockton**	89.1%	91.1%	93.2%	**91.1%**	97.5%
% of 2-2.5 year reviews completed by the time child turns 2.5 years - **Gateshead**	96.0%	95.5%	90.0%	**93.8%**	98.1%
% of 2-2.5 year reviews completed by the time child turns 2.5 years - **Sunderland**	95.7%	96.5%	93.8%	**95.3%**	97.0%
% of 2-2.5 year reviews completed by the time child turns 2.5 years - **Northumberland**	96.6%	90.4%	94.6%	**93.9%**	93.7%

Safeguarding
Continued high levels of Safeguarding activity. There are particularly high levels of Safeguarding strategies in Middlesbrough and we have instigated some local system discussion to see if we can undertake an audit of why the volumes are so high in this contract area.
Floating Safeguarding strategy Nurses continue to support most pressured 0-19 contact areas.
Statutory responsibilities still being delivered.

Community Dental
Service has plan to achieve trajectory to see longest waiters in line with Trust recovery plan. WLI sessions to target longer waiters, key risk are those patients that require GA and external anaesthetic support has been commissioned to support additional sessions.

July – OPEL Level 3
Adult Community
Service continues to be very pressured with Band 5 nursing vacancies at 25%. 4.6wte new starters due in Sept and Oct will reduce the vacancy rate to 15% if we have no further leavers.
A fortnightly workforce group is progressing the following schemes; Links developed with local college for promotion of developmental pathways within community nursing, Community recruitment event planned Sept, Marketing and promotional material now in use including use of student packs with 'keeping in touch' details included.

0-19 Service
Durham, Sunderland, Middlesbrough Gateshead, Northumberland. North Yorkshire all at OPEL 3 with support being provided across patch from Darlington and Stockton who are at OPEL 1/2 and the Safeguarding Central Team who are supporting with Strategy Meetings. The pressures are due to increased safeguarding activity across all contract areas and continued high number of SCPHN vacancies which is especially challenging in Health Visiting, where there are less opportunities to skill mix as a number of the mandated contacts have to be undertaken by a SCPHN. The services are using skill mix roles to support pressures due to vacancies where ever possible.

In OPEL 3 areas actions involve:
Flexible approach to timelines for mandated contacts introduced
Face to face or virtual contacts based on risk assessment, family health needs assessment and cumulative risk.

Workforce & OD

Matters of concern and risks to escalate

- Recruitment largely have approximately 265 – 270 candidates going through the recruitment process at any one time. In the month of August, a peak of 300 candidates were in the employment check process.
- We are awaiting the results of the NHS Trade Union strike ballot
- **Turnover** – 15.86% - turnover is seeing a decrease from last months figure of 16.41%. The organisation has a task and finish group focused on retention which will hopefully continue to show a downward trend.
- **Sickness** – 4.59% - sickness is also seeing a decrease on last months figure of 5.3%. Although we have seen a slight increase in covid sickness over the last couple of weeks, which the Trust is keeping a close eye on.
- **Appraisals** – 61.6% - appraisal figures remain at 61.6% as per the previous month, although it had increased in the month of June. July and August were high annual leave months and therefore may be the reason for the plateau.

Major actions commissioned and work underway

- Recruitment have begun offering pre-employment appointment sessions as a pilot to explore whether the timescale for completion of checks can be improved as part of our drive to lower overall time to hire
- 145 nominations received for the KITE Colleague Recognition awards. A celebration event for these and the Long Service Awards is being planned for Friday 25 November, at Solberge Hall, Northallerton. Judging of the nominations received across the various categories by the Director Team/Deputies are now underway
- Leadership restructure consultation has closed for expressions of interest. Slotting in will now occur for competitive interview and work continues on the Leading at Our Best OD programme developed to support the new Clinical Directorate Leadership restructure
- EDS22 has been launched by NHSE/I– this is the revised version of EDS2 – update on progress of our assessment against this standard is being undertaken by David McKenzie and will be given at September SMT meeting
- Potential solution to Moving & Handling training facilities identified and being explored.
- Vaccination programme progressing well –with the Vaccination Centre opening its' doors on Tuesday 20 September. Community teams are able to access vaccinations within their locality from partner organisations. Initial vaccine offered will be Covid only, with both vaccines or solo flu vaccine being available from 3 October. Where possible, colleagues will be encouraged to have both vaccines at the same time
- Draft WRES and WDES report to be circulated by 15 September for review by SMT. To be submitted to Board of Directors for approval at the November Board meeting
- Employee Retention programme of work underway continuing with a focus on Care Support Worker retention, involving building an evidence base around why CSW's are choosing to leave the Trust and what actions can be taken to improve retention figures
- Following workshop on 17 August, the priorities identified are Recruitment, Retention, Reward and Leadership. The programme of work to progress these issues and their associated enablers are currently under development.

Workforce & OD

Matters of concern and risks to escalate

Major actions commissioned and work underway

- Health and wellbeing risk redefined
- Removal of Covid sick pay actions completed
- Employment Tribunal completed in August, awaiting outcome
- The consultation for the Pathology joint venture has closed. This consultation is for a new structure that will improve the operational delivery of the service (affecting 4 staff at HDFT in the Management Structure). The affected staff have submitted their views during the consultation period and these will be reviewed before a final outcome of the consultation is issued.

Positive news and assurance

- Rob Eames has started as Interim HR Consultant as an extra pair of hands
- NHS Pay award to be paid in September (except for VSM staff)
- 107 Doctors in training commenced on the 3 August 2022 with positive feedback from the trainees about the recruitment and onboarding process
- 16 Trainees started on 7th September and 11 due to start on the 5th October
- Supplier presentations with reference to Medical e-Rostering have begun with 2 suppliers already presented with a further 2 presenting in the next couple of weeks.
- There were 91 attendees at the August Line Manager Webinar. Cost of living, Long Service & KITE Awards, Leavers Process, Retention, Covid Reporting and Pay Award were covered in the webinar
- The Council of Governors ratified 2 NEDs and 2 associate NEDs on 6 September. Recruitment heavily supported the recruitment process and received a number of positive feedback from the interview panel.

Decisions required of the Board

- WDES (Appendix 1) and WRES (Appendix 2) to be signed off by the Board of Directors in September 2022
- Graduation event for Reciprocal mentoring programme postponed due to national period of mourning

Board of Directors Meeting (PUBLIC)
28th September 2022

4.5

Title:	Workforce Disability Equality Standard
Responsible Director:	Director of Workforce & Organisational Development
Author:	Equality and Diversity Lead

Purpose of the report and summary of key issues:	The NHS Workforce Disability Equality Standard (WDES) came into force on 1 April 2019 and is a set of specific measures (metrics) that we can use to compare the experiences of staff who have a disability and those who do not. Under the Equality Act 2010 a disability is considered if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. This report shares the 10 Workforce Disability Equality Standard (WDES) indicators for 2021/22 which are extracted from different data sources. This forms part of our obligations under the Trust's NHS Standard contract. Over past two years of the WDES, there has been some improvements in the experiences of disabled staff as they are twice as likely to be appointed from shortlisting stage than non-disabled staff, and less likely to feel pressurised to work when unwell. The data indicates the Trust acts fairly regarding career progression. On the less positive side, Disabled staff are more likely to be victims of harassment, bullying or abuse, and less likely to be satisfied in the way the organisation values Disabled staff, and less likely to have their adjustments to their disability needs and long term conditions adequately met A combination of the pressures of the *Covid 19* pandemic and our work in respect of developing the Trust as an Anti-Racist organisation (where we are making considerable progress) has meant that some of our planned actions relating to developing approaches to Disability have not progressed as much, due to capacity and a long-standing vacancy in our EDI Lead role. We are therefore proposing to retain the Disability action plan agreed for 2021/2022 and commit to implementing the same during 2022/23. The appointment of our interim EDI Lead (January 2022) has enabled capacity and capability to the development and launch of staff networks - including the *Disability and Long-Term Conditions (DLTC) Staff Network*, has been pivotal in prioritising the EDI agenda, improving staff engagement, driving the focus on and improving the experience and outcomes for our staff.
BAF Risk:	AIM 1: To be an outstanding place to work
	BAF1.1 to be an outstanding place to work — x
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued — x
	AIM 2: To work with partners to deliver integrated care

	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	x
	BAF3.2 To provide a high quality service	x
	BAF3.3 To provide high quality care to children and young people in adults community services	
	BAF3.5 To provide high quality public health 0-19 services	
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	
	BAF4.4 To be financially stable to provide outstanding quality of care	
Corporate Risks	N/A	
Report History:	Presented at the Senior Management Team Meeting	
Recommendation:	The Board are requested to discuss and note the contents of this report and to approve publishing it on the Trust external facing website.	

Harrogate and District NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Draft Annual Report 2022

Harrogate and District NHS Foundation Trust

CONTENTS

1 Introduction

Welcome to our *Workforce Disability Equality Scheme* (WDES) Annual Report 2022.

The report aims to communicate our internal data and metrics for the last twelve months, the progress we have made to date and a proposed action plan to allow us to continue to develop our approaches, initiatives and activities during 2022 and beyond.

1.1 Background to the Workforce Disability Equality standard (WDES)

The WDES was introduced in 2019 and is designed to improve workplace and career experiences for Disabled people working, or seeking employment, in the NHS.[1.] Commissioned by the NHS Equality and Diversity Council, the WDES is mandated through the NHS Standard Contract.

It consists of ten metrics, based on workforce data and staff feedback from the NHS Staff Survey, which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. The data highlights areas which require improvement and it is used to develop and publish an action plan which can then be tracked year on year to demonstrate progress.

The WDES supports our compliance with the Public Sector Equality Duty, as part of the Equality Act 2010.[2.] It reinforces the improvements set out in the NHS Long Term Plan; to champion the insight and strengths of people with lived experience and, to become a model employer of people with a learning disability and of autistic people.[3.] Its function is integral to the NHS People Promise within the NHS People Plan 2021/22, a promise we must all make to each other – to work together and improve the experience of working in the NHS for everyone.[4.]

The WDES complements the existing Workforce Race Equality Standard (WRES) and both are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS. It is important because it enables NHS organisations to better understand the experiences of their Disabled staff and supports positive change for all employees by creating a more inclusive environment for Disabled people working and seeking employment in the NHS. Research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety. It supports positive change for existing employees, and enables a more inclusive environment for disabled people working in the NHS.

1. https://www.england.nhs.uk/about/equality/equality-hub/wdes/
2. https://www.gov.uk/government/publications/public-sector-quick-start-guide-to-the-public-sector-equality-duty
3. https://www.england.nhs.uk/long-term-plan/
4. https://www.england.nhs.uk/ournhspeople/

Data source

The WDES data is drawn from NHS Electronic Staff Record (snap shot date 31 March 2022) and includes data from the annual staff survey 2021. Disability data is routinely gathered at the point of recruitment through a process of 'voluntary self-reporting'. Staff self-declaration is therefore important in enabling the organisation present a true and accurate picture of employee Disability in the Trust.

1.0 Introduction (continued)

1.2 Our Values

Whether you're a patient, a visitor or a member of staff, our strategy sets out what you can expect from us.

Our KITE values describe and define our culture:

- Kind

- Integrity
- Team work
  Equality

1.3 Our Commitments to Promoting Equality Opportunity and Access for Employees with Disabilities:

It is clear from our WDES data analysis that we need to continue to improve the experience for our colleagues with disabilities and long-term conditions.

We are committed to delivering our robust WDES action plan.

We all need to treat each other with kindness, civility and compassion and we know that improving the experience of all our colleagues will lead to better care for our patients.

Our *Disability and Long-Term Conditions (DLTC) Staff Network* is continuously developing and plays a vital role in supporting and guiding the organisation to drive forward WDES improvements in the future.

The WDES was developed and continues to be underpinned by the ethos of '*Nothing About Us Without Us'*; focussing on the lived experience of our Disabled colleagues and the importance that any decisions that impact Disabled people must involve them in the decision-making process.

5. https://www.hdft.nhs.uk/about/trust/this-is-us/

2.0 Executive summary

'The NHS is founded on a core set of principles and values that bind together the diverse communities and people it serves – the patients and public – as well as the staff who work in it.' *NHS Constitution* [6]

2.1 Our Progress in 2021 - 2022:

The Workforce Disability Equality Standard (WDES) Indicators are shown in Appendix A.

A combination of the pressures of the *Covid 19* pandemic and our robust organisational commitments in respect of developing the Trust as an Anti-Racist organisation (where we are making considerable progress) has meant that some of our planned actions relating to developing approaches to Disability have not progressed as much, due to capacity and a long-standing vacancy in our EDI Lead role. We are therefore proposing to retain the Disability action plan agreed for 2021/2022 and commit to implementing the same during 2022/23.

We are however able to report that we have made *some* progress during the last twelve months and this is summarised both below and overleaf.

2.2 The Profile of our Disabled Employees versus NHS Averages:

The recorded number of disabled employees in the Trust has increased by 1.1% versus last year but is still slightly lower the overall average for the NHS.

	NHS Average:	HDFT:	Variance:
Staff Declaring a Disability	4.8 %	4.6%	-0.2%

2.3 Increase in the Number of Employees Declaring a Disability:

The table below shows the increase in staff declaring disability in the last three years.

Year:	Percentage of Staff Declaring a Disability:
2020	3.2 %
2021	3.5 %
2022	4.6%

2.4 Performance Against the WDES Metrics – showing comparison between 2021 and 2022

WDES

31st March 2022					
Indicator		Disabled	Non-Disabled	Not Declared	**Total**
Number of staff in Workforce	Headcount	218	3,899	659	**4,776**
	%	4.6%	81.6%	13.8%	
Relative Likelihood of staff entering	Number of shortlisted applicants	266	3,436	166	**3,868**
	Number appointed from shortlisting	83	1,113	114	**1,310**
	Relative Likelihood of appointed from shortlisting	31.2%	32.4%	68.7%	**33.9%**
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months		30.7%	25.7%		
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months		26.7%	17.7%		
Percentage of staff experiencing discrimination at work from managers in last 12 months		20.6%	11.9%		
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it		48.2%	44.8%		
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion		48.3%	56.6%		
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties		29.2%	24.0%		
Percentage of staff satisfied with the extent to which their organisation values their work		30.7%	43.0%		
Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work		65.3%	70.9%		
Staff engagement score (0-10)		6.3	6.9		

31st March 2021					
Indicator		Disabled	Non-Disabled	Not Declared	**Total**
Number of staff in Workforce	Headcount	161	3,675	704	**4,540**
	%	3.5%	80.9%	15.5%	
Relative Likelihood of staff entering	Number of shortlisted applicants	242	3,604	123	**3,969**
	Number appointed from shortlisting	40	951	85	**1,076**
	Relative Likelihood of appointed from shortlisting	16.5%	26.4%	69.1%	**27.1%**
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months		22.3%	23.5%		
Percentage of staff experiencing harassment, bullying or abuse from from other colleagues in last 12 months		22.1%	17.2%		
Percentage of staff experiencing discrimination at work from managers in last 12 months		19.2%	12.2%		
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it		44.9%	46.1%		
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion		48.9%	56.2%		
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties		29.7%	27.2%		
Percentage of staff satisfied with the extent to which their organisation values their work		41.7%	50.2%		
Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work		71.2%	75.5%		
Staff engagement score (0-10)		6.7	7.0		

Full details of the WDES data for 2021 and 2022 are shown in Appendix B.

2.5 Analysis of the data

2.5.1 Our workforce with a disability or long term condition

As at 31 March 2022, the total number of staff in workforce is 4,776 with 4.6% Disabled staff and 81.6% non-disabled and 13.8% not declared. It is noted the number of staff not declared has fallen from 15.5% to 13.8% with a difference of 1.7%. We recognise the importance of staff declaring a disability to present a true and accurate picture of employees Disability in the organisation, and will be actioned in our Action Plan to seek to improve the percentage of colleagues who declare their disability or long term condition.

2.5.2 Recruitment and selection

The recruitment data shows that disabled staff are twice more likely than non-disabled staff to be appointed from shortlisting, by 14.7% from 16.5%% to 31.2%. Over this period the Trust has implemented a number of initiatives to support recruitment of employees including our Disability Confident Scheme which supports a fair process for recruitment and selection.

2.5.3 Bullying, harassment, or abuse

The number of Disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public has significantly increased by 8.4% from 22.3% in 2021 to 30.7% in 2022. It is clear that the current initiatives to tackle this issue needs a review and will be required moving forward.

The number of Disabled staff experiencing harassment, bullying or abuse from staff in the last 12 months has increased by 4.6% from 22.1% to 26.7%. This will require further investments in a number of culture, civility and anti-bullying programmes, to take forward in our Action Plan.

The number of Disabled staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months has increased by 1.4% from 19.2% to 20.6%.

The number of Disabled staff who experienced harassment, bullying or abuse at work, has slightly increased by 3.3% from 44.9% to 48.2%. In comparison for non-disabled staff there is a slight decrease by 1.3% from 46.1% to 44.8%.

2.5.4 Career progression

Disabled staff are less likely to believe that the Trust provides equal opportunities for career progression or promotion when compared to their non-disabled colleagues from 48.9% to 48.2% a difference of 0.7%. The belief for non-disabled was slightly higher by 0.4% from 56.2% to 56.6%.

2.5.6 Pressure to come to work when unwell

The number of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties for Disabled staff has slightly decreased by 0.5%. from 29.7% to 29.2%. Compared with non-disabled staff the higher decrease difference of 3.2% from 27.2% to 24.0%.

2.5.7 Valuing staff

The number of staff satisfied with the extent to which their organisation values their work for Disabled staff has significantly decreased by 11% from 41.7% to 30.7%, compared to non-disabled staff it has also decreased by 7.2% from 50.2% to 42.0%.

2.5.8 Adequate adjustments

The number of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work for Disabled staff decreased by 5.9% from 71.2% to 65.3%, compared to 4.6% from 75.5% to 70.9% for non-disabled staff.

2.5.9 Disabled staff engagement

Disabled staff are less likely to feel engaged in the organisation than non-disabled staff. In 2021, disabled staff had an engagement score of 6.7 when compared to non-disabled colleagues (7.0).

Over the last year, the Trust has taken proactive action to amplify the voices of disabled staff thorough the development of the Disabled and Long-Term Conditions (DLTC) staff support network. It continues to introduce a range of initiatives to better engage disabled staff and elevate their voices.

3.0 Summary of our Performance

Over past two years of the WDES, there has been some improvements in the experiences of disabled staff as they are twice as likely to be appointed from shortlisting stage than non-disabled staff, and less likely to feel pressurised to work when unwell. The data indicates the Trust acts fairly regarding career progression.

On the less positive side, Disabled staff are more likely to be victims of harassment, bullying or abuse, and less likely to be satisfied in the way the organisation values Disabled staff, and less likely to have their adjustments to their disability needs and long term conditions adequately met.

4.0 Expertise and Consultation:

4.1 External

In April 2022, the Trust began its' assessment against the latest the Equality, Diversity and Inclusion (EDI) against a framework known as the NHS *Equality Delivery System 22* (EDS22).

This review will conclude and be reported to the Board of Directors in November 2022.

4.2 Internal

The appointment of our interim EDI Lead (January 2022) has enabled capacity and capability to the development and launch of staff networks - including the *Disability and Long-Term Conditions (DLTC) Staff Network*, has been pivotal in prioritising the EDI agenda, improving

staff engagement, driving the focus on and improving the experience and outcomes for our staff.

5.0 Our Journey So Far

- The DLTC have appointed two co-chairs to enable flexibility and capacity to develop the needs of the members. One of the co-chairs has a specific passion to progress the needs of staff with neurodiversity and this has now been made explicit in the revised Terms of Reference for the DLTC network.

- The DLTC have reviewed and developed a clear Terms of Reference specific to their network.

- On-going work to improve Disability declaration rates through self-service via the Electronic Staff Records

- Continued support of Disabled staff through Occupational Health Service, EAP, Health and Wellbeing service and reasonable adjustments.

- Regular input from the interim ED&I role, development meetings take place every two weeks with all Chairs/Co-Chairs of staff support networks.

- Progressing with the Disability Confident Employer currently at level 1 to level 2, aimed at creating fairer recruitment and selection processes.

- A budget has been allocated for each network including DLTC, with a purchase requisition process to financially support merchandise, key speakers, and training and development, etc.

- The Trust has invested in developing a guidance tool i.e. Setting up an Employee Network Improving through inclusion, to support wider intersectional minority staff groups including staff with disabilities to understand and encourage new members to join the networks. (full details to the guidance can be found in Appendix (C)

- The DLTC meet regularly with their members and escalate as appropriate issues and needs of their members through the People and Culture Committee governance structure within the Trust.

- Each Staff Support Network has been allocated with an Executive Sponsor, including the DLTC.

- All Staff Support Networks are working in collaboration and collectively engaged in a marketing and recruitment campaign to attract new members and fill executive committee roles such as Secretary and Treasurer. For full details of DLTC marketing advert can be found in Appendix (D).

- The DLTC have been proactive in amplifying the voice of their members regarding Reasonable Adjustments Passports, and are working together with the Policy lead.

- As the Trust have a continuous growing number of new executive committee members joining networks, it's important to the Trust to support their developmental needs as "leaders" and role models in respective networks roles and the level of responsibilities that come with it. For this reason, we continuously target and encourage them to take up a First Line Leaders Programme (if they have not already completed it).

6.0 Equality Impact Assessment Policy Statement

As the HDFT commitment to promoting equality in all its activities. We aim to provide a work, research and teaching environment from all forms of discrimination and unfair treatment, this includes disabled people.

The Public Sector Equality Duty contained in section 149 of the Equality Act 2010, requires public authorities to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct which is prohibited by or under the Act. It is against the law to discriminate against someone because of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

These are called protected characteristics.

There is clear guidance being developed on the process for Equality Impact Assessments. These are assessments that public authorities carry out prior to implementing policies, with a view to predicting their impact on equality. The *Equality Act 2010* does not specifically require them to be carried out. Although the Trust supports the view, that Equality Impact Assessments are an anticipatory process that supports it to predict possible issues, and take appropriate actions such as removing or mitigating any negative impacts, where possible, and maximising any potential for positive impact. As well as a way of facilitating and evidencing compliance with the Public Sector Equality Duty (PSED). This enables the Trust to meet part of its *general duties* on equality.

Equality Impact Assessment (EqIA) is a systemic and evidence based process which verifies that the Trust's policies and practices are equality confirmed and not discriminatory.

All new or reviewed policies and practices are required to go through the process to ensure that we are not discriminating against any particular group including disabled people, to identify any gaps, trends and patterns to highlight areas of good practice where we are promoting equity and equality of opportunity for all.

All Trust Services that have the lead responsibility for developing and revising policies are required to understand and implement the EqIA process.

The document is currently with an external graphic designer it provides advice and guidance on how to conduct an EqIA. The Equality, Diversity and Inclusion lead with the support from HR will provide the appropriate assistance and support to colleagues as required.

We have also produced a EqIA guidance on a Page, to enable staff to understand what this process means and how to progress it is appropriate. In addition, we have also developed an e-learning training programme on our 'learning lab' for staff to access.

7.0 Moving Forward

Our action plan focuses on the steps we need to take to address the areas where we have not made sufficient progress. (Please see Appendix C)

8.0 Conclusion and Next steps

We acknowledge there is a lot more to do to continue making improvements and bring positive changes for our staff with disabilities, and to welcome more individuals with disabilities into **#teamHDFT**.

Our senior leaders and the DLTC Staff Support Network will be sighted on the progress of our action plan. We will continue to communicate the WDES to all staff across the organisation so we can all be involved in celebrating our achievements.

The WDES will continue, with other work streams, to help ensure that there is momentum and continuous improvement in the workforce disability equality agenda. It will help drive and meet help us to meet our goals in our People Plan.

Having a diverse workforce who feel engaged and supported within the workplace is critical; research shows that how we treat and value our minority staff is a good barometer of how well patients are likely to feel cared for.[7] Our staff experience impacts on patient care, patient safety as well as organisational efficiency.

We will continue to listen attentively to what our staff with lived experience have to say, we will capture the richness of their lived experiences, and ensure these inform how we deliver the actions in this plan and shift the culture so we can say - Harrogate and District NHS Foundation Trust is the best place to work.

7. https://www.england.nhs.uk/publication/links-between-nhs-staff-experience-and-patient-satisfaction-analysis-of-surveys-from-2014-and-2015/

Appendix A **Workforce Disability Equality Standard (WDES) Indicators**

Metric	**Workforce Metrics – for the following three workforce metrics, compare the data for both Disabled and non-disabled staff.**
1	Percentages of staff in each of the AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
2	The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.
3	The relative likelihood of Disabled staff compared to non-disabled staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for both Disabled and non-disabled staff.
4 Staff Survey Q13a-d	a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. b) Percentages of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.
5 Staff Survey Q14	Percentage of Disabled staff compared to non-disabled staff believing that experiencing harassment, bullying or abuse from staff believing that trust provides equal opportunities for career progression or promotion.
6 Staff Survey Q11e	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their managers to come to work, despite not feeling well enough to perform their duties.
7 Staff Survey Q5f	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
	The following NHS Staff Survey metric only includes the responses of Disabled staff
8 Staff Survey Q26b	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
	NHS Staff Survey and the engagement of Disabled staff For part a) of the following metric, compare the staff engagement scores for Disabled and non-disabled staff For part b) add evidence to the Trust's WDES Annual Report
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff. b) Has your Trust taken action to facilitate the voice of Disabled staff in your organisation to be heard? (Yes) or (No)
	Board representation metric - For this Metric, compare the difference for Disabled and non-disabled staff.
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By voting membership of the Board. • By Executive membership of the Board.

Appendix B WDES metrics report

Detailed below is the organisation's WDES data which was submitted in August 2022 covering the period 1 April 2021 to 31 March 2022

Metric 1 **Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.**

(Data source: ESR).

1a. Non-clinical workforce

	Disabled staff in 2021	Disabled staff in 2022	Disabled staff in 2022	Non-disabled staff in 2021	Non-disabled staff in 2022	Non-disabled staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4.7%	5.4%	+0.7%	82.8%	83.2%	+0.4%	12.5%	11.4%	-1.1%	528	554
Cluster 2 (Band 5 - 7)	2.0%	5.3%	+3.3%	83.3%	83.0%	-0.3%	14.7%	11.7%	-3.0%	150	171
Cluster 3 (Bands 8a - 8b)	2.0%	5.7%	+3.7%	90.2%	84.9%	-5.3%	7.8%	9.4%	+1.6%	51	53
Cluster 4 (Bands 8c – 9 & VSM)	5.9%	5.9%	0.0%	82.4%	94.1%	+11.7%	11.8%	0.0%	-11.8%	17	17

1b. Clinical workforce

	Disabled staff in 2021	Disabled staff in 2022	Disabled staff in 2022	Non-disabled staff in 2021	Non-disabled staff in 2022	Non-disabled staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	3.3%	4.6%	+1.3%	82.0%	80.5%	-1.5%	14.7%	14.9%	+0.2%	1,020	1,018
Cluster 2 (Band 5 - 7)	3.7%	4.6%	+0.9%	80.4%	82.0%	+1.6%	15.9%	13.5%	-2.4%	2,132	2,294
Cluster 3 (Bands 8a - 8b)	5.5%	7.4%	+1.9%	78.9%	78.4%	-0.5%	15.6%	14.2%	-1.4%	128	148
Cluster 4 (Bands 8c – 9 & VSM)	0.0%	0.0%	0.0%	85.7%	75.0%	-10.7%	14.3%	25.0%	+10.7%	7	8
Cluster 5 (M&D staff, Consultants)	2.5%	1.3%	-1.2%	69.8%	73.7%	+3.9%	27.7%	25.0%	-2.7%	159	156
Cluster 6 (M&D staff, Career grades)	0.5%	0.0%	-0.5%	74.2%	79.2%	+5.0%	25.3%	20.8%	-4.5%	186	183
Cluster 7 (M&D staff, Trainee grades)	4.3%	5.8%	+1.5%	90.1%	88.5%	-1.6%	5.6%	5.8%	+0.2%	162	174

Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	1.60	1.04	-0.56

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

(Data source: Trust's HR data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0.00	0.00	0.00

Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

(Data source: Question 14a-d, NHS Staff Survey)

	Disabled staff responses to 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2021
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	22.3%	23.5%	+1.2%	30.7%	25.7%	-5.0%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	19.2%	12.2%	-7.0%	20.6%	11.9%	-8.7%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	22.1%	17.2%	-4.9%	26.7%	17.7%	-9.0%

Metrics 5 – 8

(Data source: Questions 15, 11e, 4b, 26b, NHS Staff Survey)

	Disabled staff responses to 2020 NHS Staff Survey	Non-disabled staff responses to 2020 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2020	Disabled staff responses to 2021 NHS Staff Survey	Non-disabled staff responses to 2021 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2021
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	48.9%	56.2%	+7.3%	48.3%	56.6%	+8.3%
Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	29.7%	27.2%	-2.5%	29.2%	24.0%	-5.2%
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	41.7%	50.2%	+8.5%	30.7%	43.0%	+12.3%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	71.2%	N/A	N/A	65.3%	N/A	N/A

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2020 NHS Staff Survey	Non-disabled staff engagement score for 2020 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2020	Disabled staff engagement score for 2021 NHS Staff Survey	Non-disabled staff engagement score for 2021 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2021
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	**6.7**	**7.0**	**-0.3**	**6.3**	**6.9**	**-0.6**

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? Yes

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

Example 1:

To develop the Disability and Long-term Conditions (DLTC) staff network:

- Increased the number of co-chairs from one to two, this supports the flexibility required to meet the growing demand of members, including the need and demand for supporting staff with neurodiversity issues.
- The Trust meets every fortnight with the Chairs of all Staff Support networks to collate and address accordingly in collaboration with other colleagues and departments emerging issues and concerns raised by members.
- All staff networks have been allocated with a budget to help develop their networks with promoting, developing and raising awareness with opportunities to bring in key speakers, and distribute their merchandise.
- The DLTC like all networks have a chair at the People and Culture Committee, to ensure the voices of Disabled staff are heard and addressed at a senior leadership level.
- The DLTC like all networks have been allocated with a Senior Sponsor to ensure issues and concerns are escalated accordingly across governance and leadership in the Trust.

Metric 10 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce

(Data source: NHS ESR and/or trust's local data)

	Disabled Board members in 2021	Disabled Board members in 2022	Disabled Board members in 2022	Non-disabled Board members in 2021	Non-disabled Board members in 2022	Non-disabled Board members in 2022	Board members with disability status unknown in 2021	Board members with disability status unknown in 2022	Board members with disability status unknown in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:									
• By voting membership of the Board	-4%	-5%	-1%	4%	6%	+2%	0%	-1%	-1%
• By executive membership of the Board	-4%	-5%	-1%	19%	18%	-1%	-16%	-14%	+2%

APPENDIX C - WDES action plan 2022/23

Metric	Objective	Action/s	Timescales	Lead/s	Why
1	Improve our disability declaration rates to build a more accurate picture of the diversity of our workforce. Improve diverse representation across the workforce, at all levels of Agenda for Change and profession.	1. Work with the Staff Network to raise awareness of the WDES and encourage existing staff to feel confident in declaring their disability status on ESR.	March 2023	Director of W&OD EDI Lead Staff Network Communications and Marketing Manager	To build a more accurate picture of the diversity of our workforce.
		2. Review our recruitment processes to promote our commitment to be an inclusive workplace that welcomes disabled people.	October – December 2022	Recruitment Lead	To celebrate the diversity of our workforce and encourage everyone to bring their whole-self to work.
		3. Complete detailed analysis of data by directorate and profession to identify areas of under-representation and barriers to career progression.	December 2022	HR Analyst EDI Lead Directorate Leads	To understand where we have gaps/under representation.
		4. Review models for supported internships for young people with Learning Disabilities. **On-going – Project Search implemented**	Apr/Jul 2023 April 2023	EDI Lead Corporate Affairs and Membership Manager Volunteer Services Manager Director of W&OD W&OD Lead EDI Lead	To become a model employer, be compassionate and inclusive, and improve how we recruit, retain and develop disabled people.
2	Reduce the inequality in recruitment shortlisting from 1.55 to 1.00. Review recruitment practices and improve awareness of disability and long-term health conditions to ensure the process is equitable and inclusive where everyone can thrive.	1. Engage in the review of our recruitment practices to ensure the lived experiences of staff with disabilities and long-term health conditions are taken into account.	October – December 2022	Director of W&OD Recruitment Lead Staff Network	To improve career progression prospects for Disabled staff (see action 5 below).
		2. Disabled staff to be trained to participate on recruitment panels.	November 2022 – January 2023	Recruitment Lead Staff Network	To ensure the lived experiences of staff with disabilities and long-term health conditions are taken into account – 'We have a voice that counts'.
		3. Staff Network to receive regular review of recruitment activity and provide feedback.	Jan/April/Jul 2023	Recruitment Lead Staff Network	
		4. Review training and education, including 'Pathway to Management', to improve managers' awareness and understanding of disability and long-term health conditions.	January 2023	HR Lead	To ensure diversity in thought when decisions are being made.

		5. Continue to promote awareness and understanding of unconscious bias through the First Line Leaders programme. **Completed** 6. Take the next step to progress from Disability Confident Committed to Disability Confident Employer (Level 2).	January 2023 November 2023	W&OD Lead EDI Lead	To improve awareness and understanding of disability and long-term health conditions.
3	Promote active engagement and consultation in policy review ensuring that any decisions that impact people with a disability involve them in the decision-making process.	1. Review progress of relative likelihood of Disabled colleagues entering the capability process (on the grounds of performance) and provide update to Staff Network. 2. Invite Staff Network member on to the Trust's Partnership Advisory Group. 3. Review training and education, including 'Pathway to Management', to improve managers' awareness and understanding of disability and long-term health conditions 4. Continue to promote awareness and understanding of unconscious bias through the First Line Leaders programme. - **Completed**	September 2023 November 2022 January 2023 January 2023	Director of W&OD HR Lead Staff Network HR Lead Staff Network HR Lead Staff Network HR Lead W&OD Lead	To increase the confidence of staff entering into the capability process that they will be treated fairly. To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process. To improve awareness and understanding of disabilities and long-term health conditions.
4	Reduce the incidence of Disabled colleagues experiencing harassment, bullying and abuse. Support staff to feel confident in reporting incidents of harassment, bullying and abuse.	1. To promote the importance of the WDES throughout the current People Plan work streams and future initiatives. 2. To continue listening across a variety of platforms where colleagues feel safe to share their lived experiences. Focus on the drive to eliminate harassment, bullying and abuse and reassure staff that concerns will be acted on appropriately. 3. Raise awareness of the WDES with the Council of Governors in relation to Metric 4a. 4. Support staff by producing zero-tolerance materials. 5. Encourage colleagues to participate and provide feedback in the NHS Staff Survey.	November 2022 Oct 2022/Jan/Apr/Jul 2023 January 2023 October - November 2022	Culture Change Programme Leads Staff Network EDI Lead Director of W&OD Staff Network EDI Lead EDI Lead Staff Network Communications and Marketing Manager Director of W&OD HR Lead	Part of the overall organisational goal to create an inclusive culture. To ensure that that people with a disability or long-term condition are involved in the Culture Change Programme and are valued in making a difference. To build on the culture of the organisation in order to drive initiatives to reduce harassment, bullying and abuse from members of the public.

		6. Work closely with the Freedom to Speak Up Guardians, Fairness Champions, Staff Governors and Bullying and Harassment Advisors to triangulate learning from themes in relation to the experiences of people with disabilities and long-term health conditions and feedback to senior management team. 7. In line with the NHS People Plan, focus on work streams to ensure that we create a culture where everyone feels they belong.	on-going January 2023	Staff Network EDI Lead Freedom to Speak Up Guardians Staff Governors WOD Team	To encourage people to speak up and be supported in doing so. To promote belonging to #teamHDFT.
5	Reduce inequality in career progress opportunities (between Disabled and non-disabled colleagues). Raise awareness of the value in having inclusive and diverse teams and retain and motivate our talented, experienced, and knowledgeable staff.	1. Monitor selection processes for acting up and secondment positions to identify any potential adverse impact on Disabled staff. 2. Staff Network to host listening events focussing on career development to help the organisation understand where support is needed. 3. Raise awareness of the Social Model of Disability.	January 2023 April 2023 April 2023	Director of W&OD Recruitment Lead Staff Network Staff Network EDI Lead	See action 2 above. Understand the lived experience behind the data. Understand and learn why people are disabled by barriers in society, not by their impairment or difference.
6	Reduce level of presenteeism experienced by Disabled staff. To look after our people and ensure we are safe and healthy.	1. Engage with the Staff Network when reviewing policies including the Managing Attendance & Promoting Health and Wellbeing Policy. 2. Continue training and education, including 'Pathway to Management' and First Line Leaders', to improve managers' awareness and understanding of disability and long-term health conditions. 3. Continue to promote staff health and wellbeing resources and support our colleagues including health and wellbeing conversations and the Employee Assistance Programme (EAP).	July 2023 January 2023 Oct 2022 / Jan/Apr/Jul 2023	Director of W&OD HR Lead Staff Network HR Lead W&OD Lead Health and Wellbeing Group Communications and Marketing Manager Line Managers	Create a healthier workplace for staff and improve wellbeing for all. To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process. To improve awareness and understanding of disabilities and long-term health conditions.

7	Increase percentage of Disabled staff satisfaction rate. To ensure staff feel that their work and contributions are valued.	1. Invite Board Champion on to the Staff Network. **Completed** 2. Arrange a series of focus groups to listen to staff who do not feel satisfied with the extent to which the organisation values their work. These will be structured to ensure lived experience informs actions as appropriate.	October 2022 December 2023	Staff Network EDI Lead Staff Network	Inclusive leadership is key in recognising and valuing the contribution that Disabled people can make. Insight into lived experience of Disabled staff.
8	Increase percentage of Disabled staff that feel that their request/s for reasonable adjustments have been adequately managed. Ensure disabled staff are given the opportunity to discuss what they need and the support to receive reasonable adjustments in order for them to carry out their work.	1. Engage with the Staff Network when reviewing the Managing Attendance & Promoting Health and Wellbeing Policy regarding reasonable adjustments. 2. Promote reasonable adjustment resources that are available and encourage conversations between the line manager and member of staff where a disability or long-term health condition might impact upon their work.	July 2023 October 2022	Director of W&OD HR Lead Staff Network HR Lead	To ensure that any decisions that impact people with a disability or long-term health condition involve them in the decision-making process. To improve awareness and understanding of disabilities and long-term health conditions. Compliance with the Equality Act 2010.
9	Continue to promote the Staff Network and the WDES and ensure the voices of our staff with disabilities and long-term health conditions are heard.	1. Actively promote the Staff Network and report on their work to the Trust's Senior Management Team. 2. Learn and share good practice through the NHS Employers Diversity and Inclusion Partners Programme.	Jan/Apr/Jul 2023 Jan/Apr/Jul 2023	Staff Network EDI Lead EDI Lead BME Staff Network Co-Chair Non-Executive Directors	Create a culture and environment where Disabled staff feel able to speak up and have a voice Opportunity to report into the organisation's governance structure.
10	Reduce the gap between Board representation and overall representation of Disabled staff in the workforce. Increase diversity of Board.	1. Ensure the process for appointment of Executive and Non-Executive Directors encourages diverse applicants, including those who identify as Disabled. 2. As a demonstration of Trust commitment to 'Nothing about us without us' and inclusion, include reciprocal mentoring programme for Disabled staff network members to have mentoring relationship with Board members.	July 2023 July 2023	Director of W&OD Recruitment Lead Director of W&OD Board Champion Staff Network	To demonstrate visible leadership in this area at senior levels. Importance of leadership role models. From hearing insights and lived experiences, Board

					members will be better informed in making decisions that benefit all staff and patients
All Metrics	To close the gaps between the workplace and career experiences of Disabled and non-disabled staff.	Across all, or multiple metrics, the following actions will champion positive WDES outcomes and improved staff experience: 1. Recognition of the value of the Staff Network across the organisation – benefits the organisation as much as the individual: • Resources • Time – facility time for Network Chairs and time for staff to attend, • Support 2. The WDES will be a standard item on the staff network monthly agenda. 3. Listening with fascination and sharing lived experience – story telling to bring the lived experience alive, which along with the data and the feedback through the Staff Survey gives a whole perspective and has such a powerful impact, e.g. Schwartz Round, Board of Directors' meetings, People and Culture Committee. 4. Integrate the WDES within mainstream business and governance structures including regular reporting via the Integrated Board Report and as part of the People & Culture Committee. 5. Adopt the principles of the 'Social Model of Disability' and 'Nothing About Us Without Us'. 6. Regular communications to bring WDES alive and celebrate achievements. Produce innovate ways to communicate e.g. infographics. 7. Sharing good practice: • Resources and guidance via NHS Employers • Networks – Yorkshire and Humber Regional EDI Leads Network • Staff Networks in other Trusts	Oct 2022/ Jan/Apr/Jul 2023 Oct 2022 – July 2023 On-going January 2023 October 2022 Oct 2022 – July 2023 Oct 2022 – July 2023		Improve the experience of Disabled staff. Improve the culture of the organisation. Compliance with: • Public Sector Equality Duty, - Equality Act 2010. • NHS Standard Contract. • NHS Long Term Plan. • NHS People Plan, Value in listening to the lived experience of staff to drive change. Raise awareness of WDES and the importance of regular monitoring to track improvements.

Note: Explain how Disabled staff have been involved in developing and delivering the actions.

Consultation has been undertaken with the Disability and Long-Term Illness Staff Network members, and Disabled staff across the organisation who are not members of the Staff Network, to review the metrics data and develop the action plans within this report.

Board of Directors Meeting (PUBLIC)
28th September 2022

4.5

Title:	Workforce Race Equality Standard (WRES)
Responsible Director:	Director of Workforce & Organisational Development
Author:	Equality and Diversity Lead

Purpose of the report and summary of key issues:	In April 2015, NHS England introduced the WRES in response to consistent findings over 20 years that Black and Ethnic Minority (BME) applicants and staff consistently fared worse in employment outcomes and satisfaction surveys. The WRES was designed to enable NHS organisations to demonstrate progress against multiple indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. Since April 2015, the WRES has been included in the full-length NHS Standard Contract and requires all providers of NHS services to address the issue of workforce race inequality by implementing and using the WRES. This report shares the nine workforce race equality indicators for 2021/22 for the Trust. This report also contains detail on the progress made against the 2021 action plan and sets out an updated action plan for 2023 to 2025. Several of the actions from last year's action plan have either been completed or are in working progress. A range of initiatives include for example: Development of the BME & ALLY staff support network has seen the rise of three co-chairs; a thorough Equality Delivery System 2 review; consultation with BME colleagues listening to their lived experiences to form our action plan and become an anti-racist organisation; reviewed corporate induction programme and embedded Equality Diversity and Inclusion(ED&I) into the content design; delivered a reciprocal mentoring programme; reviewed and piloting our mandatory ED&I training; delivering a bespoke Black and Ethnic Minority E Leadership Development programme and continuously developing our rolling diversity calendar with engagement events. **Summary of performance against the indicators:** **Workforce Data:** The total number of staff employed by the Trust at 31st March 2022 stands at 4,569, of which 484 (10.6%) were classed as BME and 260 (5.7%) with unknown ethnicities. This shows that 94.3% of staff have stated their ethnicity which is recorded in ESR. BME staff represent 10.6% of the total staff population. The BME population within the Trust has slightly increased by 0.1%. **Recruitment:** The data shows that of the 795 people who were shortlisted, who classified themselves as BME, 204 were appointed.

This means that 25.6% were taken into employment. 33.1% of people who identify as White were appointed into roles. This shows that BME staff are still less likely to be appointed directly.

Self-disclosure of ethnicity information amongst staff has decreased.

Experience of discrimination at work:

The number of staff from BME backgrounds experiencing harassment, bullying or abuse from patients, relatives or the public has decreased by 3.5% from 35.7% in 2021 to 32.2% in 2022, compared to White staff in 2021 who moved from 22.9% to 26.6% in 2022, with an increase of 3.7%.

The number of staff from BME backgrounds experiencing harassment, bullying or abuse from staff in last 12 months has decreased by 1.9% from 32.0% to 30.1%.

The number of staff experiencing discrimination at work from their manager / team leader or other colleagues in last 12 months has for BME staff decreased by 1.7% from 20.6% to 18.9%, which is significantly higher when compared to White staff (8%). This clearly remains a significant disparity between BME staff and white staff experiences of discrimination and we will continue to focus on this area.

Equal Opportunities with regard to career progression or promotion:

The data shows a negative decline from 44.3% to 42.1% with a difference of 2.2%, in the number of BME staff who feel that they receive equal opportunities with regards to career progression compared with White staff where it has slightly increased by 0.5% from 55.3% to 55.8%.

BAF Risk:

AIM 1: To be an outstanding place to work	
BAF1.1 to be an outstanding place to work	x
BAF1.2 To be an inclusive employer where diversity is celebrated and valued	x
AIM 2: To work with partners to deliver integrated care	
BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	
BAF2.2 To be an active partner in population health and the transformation of health inequalities	
AIM 3: To deliver high quality care	
BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	x
BAF3.2 To provide a high quality service	x
BAF3.3 To provide high quality care to children and young people in adults community services	
BAF3.5 To provide high quality public health 0-19 services	
AIM 4: To ensure clinical and financial sustainability	
BAF4.1 To continually improve services we provide to our population in a way that are more efficient	
BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	
BAF4.4 To be financially stable to provide outstanding quality of care	

Corporate Risks	N/A
Report History:	Presented at the Senior Management Team Meeting
Recommendation:	The Board are requested to discuss and note the contents of this report and to approve publishing it on the Trust external facing website.

Harrogate and District NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Draft Annual Report 2022

Harrogate and District NHS Foundation Trust

1.0 Executive Summary

1.1 We fully acknowledge racism is an issue in the NHS and HDFT is working hard to become an anti-racist organisation, against a backdrop where nationally the NHS is experiencing unprecedented challenges perhaps some of the most severe pressures in its 70-year history. The COVID-19 pandemic and the Black Lives Matter movement, workforce crisis and is just tip of the iceberg – the health service has been facing years of inadequate planning and chronic under-resourcing.

1.2 The report establishes why this is important, explains the journey we have taken so far, and describes our ambition and vision. It builds on the continuous improvement of the six areas of focus – with actions for each, set in 2021. The areas of focus are:

Governance
Leadership and Management
Recruitment
Learning and Development (including Induction)
Career Development
Communications

1.3 This report contains information in relation to our workforce and the NHS Workforce Race Equality Standard (WRES). The WRES has nine standards and this report is written in response to each of the standards linked to our six areas of focus as mentioned above. The report discusses actions taken to date, describing some improvements between 2021 and 2022 but also describes targeted action to create a better inclusive workplace for our BME workforce.

1.4 The report details the WRES workforce data and presents the information in a visual format, the graphs are visual representation and may be an appropriate way to share our information with our workforce and embed the reasons that the actions in this plan are so important.

2.0 Workforce Race Equality Standard Indicators

Indicator	Workforce indicators For each of these four workforce indictors, compare the data for white and BAME staff.
1	Percentages of staff in each of the AfC Bands 1-9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall disaggregated by Non-clinical staff, Clinical staff, of which – Non-medical staff – Medical and dental staff.
2	The relative likelihood of staff being appointed from shortlisting across all posts.
3	The relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
4	Relative likelihood of staff accessing non-mandatory training and CPD.
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for white and BAME staff.
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7	Percentage believing that trust provides equal opportunities for career progression or promotion.
8	In the last 12 months have you personally experienced discrimination at work from a manager, team leader or other colleagues
	Board representation indicator For this indicator, compare the difference for white and BAME staff.
9	Percentage difference between the organisation's board membership and its overall workforce disaggregated: • By voting membership of the board • By executive membership of the board

3.0 Our Ambition

3.1 Truly anti-racist organisations realise that it is not enough for each who work there to say "I am not racist". We need to fully support and engage with the anti-racism movement, and listen to colleagues' experiences in order to learn. More specifically, we will:

- Create and secure support for the compelling case for change
- Level the differences between BAME and White colleagues in access to employment, progression and remuneration and in their experience of inclusion across Harrogate & District NHS Foundation Trust (HDFT) and Harrogate Integrated Facilities (HIF). Evidence suggests that improving the lived experience of BAME colleagues improves the lived experience for all colleagues regardless of race
- Reject cultural stereotypes and standards
- Identify and change policies, processes and practices that reinforce race inequalities
- We want all colleagues to become allies so that we can all be courageous and bold in speaking up against all racist behaviours and practices and taking action for change
- Look to ourselves in understanding how our own behaviours and actions make an impact on anti-racism
- Be curious in seeking to see the world through others' perspectives
- Look after our people so that we all feel that we belong to teamHDFT and teamHIF

- The impact of race-related micro-aggressions is understood by all and reduced to zero
- Reduce racism from colleagues and patients/service users to zero.

4. Our 5-year Vision

4.1 By 2026, teamHDFT will know we are taking steps towards achieving our ambition of being an anti-racist organisation when:

- There is a 30% improvement in BAME colleagues progressing from short list to securing employment, meaning over 100 additional BAME colleagues work for teamHDFT.
- A BAME colleague sits on all recruitment panels for roles at band 8a and above.
- Through the Listening At Our Best programme, BAME colleagues feel confident that their voice is heard. They feel able to bring their whole selves to work and have a strong sense of belonging at teamHDFT.
- There is no glass ceiling for BAME colleagues preventing their career progression at teamHDFT, for example, SAS Grade Doctor securing Consultant level and Band 5 nurses being able to progress through Bands 6 and 7.
- BAME colleagues work in a least 10% of Band 8a and above roles.
- Cultural diversity is evident through our communications, celebrations and daily catering provision. The physical environment accommodates different cultural needs.
- Direct racism is a “never” event; indirect racism is something allies are working to eliminate.

5. Summary of statistical analysis against the WRES Indictors – comparing 2021 and 2022 data

31st March 2022					
Indicator		White	BME	Not Declared	**Total**
Number of staff in Workforce	Headcount	3,825	484	260	**4,569**
	%	83.7%	10.6%	5.7%	
Relative Likelihood of staff entering	Number of shortlisted applicants	2,810	795	199	**3,804**
	Number appointed from shortlisting	931	204	151	**1,286**

	Relative Likelihood of appointed from shortlisting	33.1%	25.7%	75.9%	**33.8%**
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months		26.6%	32.2%		
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		27.2%	30.1%		
Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months		8.0%	18.9%		
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion		55.8%	42.1%		

*The WRES data collection for 31st March 2022 excludes bank only contracts as per the change to the guidance for the 2022 submission.

31st March 2021					
Indicator		White	BME	Not Declared	**Total**
Number of staff in Workforce	Headcount	3,782	475	283	**4,540**
	%	83.3%	10.5%	6.2%	
Relative Likelihood of staff entering	Number of shortlisted applicants	3,043	827	99	**3,969**
	Number appointed from shortlisting	838	160	78	**1,076**

	Relative Likelihood of appointed from shortlisting	27.5%	19.4%	78.8%	**27.1%**
Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months		22.9%	35.7%		
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months		25.3%	32.0%		
Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months		7.1%	20.6%		
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion		55.3%	44.3%		

A full breakdown of our WRES data for 2021 and 2022 is shown in Appendix 1

6. Progress made on the Journey so far

6.1 The BAME staff support network has appointed a new co-chair (April 2022) and continues to lead a proactive network which, including allies with a growing number of members. It provides HDFT with a fantastic opportunity to drive forward race equality and to change the lived experiences of its BAME colleagues. The network has had good involvement in meetings and campaigns (e.g. Black History Month, cultural calendar to raise awareness of diversity), and has made links and shared learning with the LGBT+, Disability and Long-Term, and Menopause network at HDFT. Similarly, to all networks, the BAME & Ally network has been allocated with an executive sponsor to support and amplify the voices of their members and escalate issue and concerns via the People and Culture Committee. This is an executive committee with representation from each Chair of the staff support networks.

6.2 In 2020 equality, diversity and inclusion was identified as a work stream within the Trust's At Our best culture improvement programme. This led to a clear articulation of our ambitions and some key priorities for this agenda, including an aim to become an anti-racist organisation, "a place where we are more than just not racist – we are actively anti-racist. We will gather clear evidence of our progress as an anti-racist organisation and this will set the standards for all other equality, diversity and inclusion agendas."

6.3 Building on the work last year, work is continuously developing on making our recruitment processes fairer from the moment the need for a role is identified, through how the job role and person specification is designed to how the job is advertised and how the selection process is managed. These changes are necessary but not sufficient in themselves to address the inequalities currently evident, so work is progressing now to identify bolder, targeted actions that will accelerate the improvements we need in the way we recruit.

6.4 On 31st March 2021, 20 colleagues joined our first Becoming an Anti-Racist Organisation workshop. 52 ideas for strengthening our approach were brought forward and 12 of these progressed on the day. There was particular interest in improving the representation of the voices of BAME colleagues within existing governance structures. Subsequently, colleagues from this workshop were invited to attend the HDFT Board workshop at the Pavilions, Harrogate on 28th April, during their discussion of the Board's role in helping us to become an anti-racist organisation. Powerful personal experiences were shared and contributions to roundtable discussions by BAME colleagues informed our Action Plan for 2021.

6.5 The progress with our Action Plan is summarised in RAG (Red, Amber, Green) rated version shown below:

Progress/indicator RAG status	
	Work is significantly behind schedule and no progress has been made, and/or Progress has been made but the timescales has not been achieved.
	Progress is being made, progress is good and the action is likely to be achieved within timescale. Or the action has been completed but evidence is required to demonstrate achievement.
	The action has been completed and there is a record of evidence to support its completion.

RAG rated progress made with our Root out Racism - Action Plan 2021:

Action	What difference will it make?	Who?	When?	RAG
Governance				
1. Include anti-racism performance/ progress on **directorate Boards and HIF Board agendas**.	Ensures that teams are regularly discussing their work on anti-racism. Helps to address the problem that some colleagues "don't quite get it."	Jonathan Coulter, Kat Johnson, Matt Shepherd, Natalie Lythe	July 2021	
2. **Protected time for BAME colleagues** who wish to	Being "on shift" is currently cited by some colleagues as a barrier to their involvement. Ensures that BAME colleagues	Angela Wilkinson and	Completed and embedded	

participate in events, networks and meetings.	who wish to participate in and/or influence work on anti-racism are supported by their line manager to do so.	Executive Committee	within EDI corporate training, and Guidance on How to Set-up	
3. **Representation from BAME colleagues in key decision-making forums**, including where temporary incident command arrangements are in place.	Diverse groups make better decisions. Diverse organisations are more likely to deliver higher quality of care and achieve better patient/ service user outcomes.	Jackie Andrews, Claire Jones, Lynn Hughes	October 2021	
4. **Create an Equality, Diversity and Inclusion Guardian and a Steering Group** to guide the work.	To further raise the profile of the work at HDFT meets the national NHS requirement to have an EDI guardian and to provide consistent direction on the EDI agenda.	Shirley Silvester	July 2021	
5. Undertake a thorough assessment against EDS2 as required.	To comply with statutory requirements and to provide a neutral review across the 4 EDS domains.	Emma Nunez, Shirley Silvester	September 2021	
Leadership and Management				
6. **Recognise and/or reward anti-racist behaviour** by theming our approach to the Chairman and Chief Executive's Team of the Month and Making a Difference awards.	By highlighting the practice that we want to encourage, more colleagues are likely to behave that way.	Steve Russell, Angela Schofield	Starts July 2021, with a quarterly theme based on KITE behaviours	
7. **Deliver a reciprocal mentoring programme** involving 12 BAME colleagues as mentors and 12 members of Board and SMT as mentees.	To build greater understanding in a bottom up way of the daily lived experience of BAME colleagues to enable senior leaders to take positive action. To expose BAME colleagues to a wider breadth of knowledge, gained from partnership with their mentee.	Shirley Silvester	July 2021-July 2022	
8**.** Deliver a programme of training on **how to be an ally.**	To educate non-BAME colleagues in the challenges BAME colleagues face, and how to support colleagues experiencing direct and indirect discrimination.	Shirley Silvester	First programme runs: 14 July – December 2021	

9. Launch a programme to support line managers in developing their **generic coaching skills.**	To support high quality well-being conversations (using the RECOVER model) and to embed the behaviours we value in the KITE model.	Shirley Silvester	Starts 1st June then ongoing	
10. Ensure all **discretionary pay** is managed and distributed fairly e.g. clinical excellent awards, locum shifts and waiting list initiatives	To ensure that no colleague suffers financial detriment on the basis of their race.	Jackie Andrews, Sarah Sherliker	September 2021	
Recruitment				
11. Take **bolder short-term measures** to improve the fairness of recruitment processes.	To propose bolder action to tackle long-standing inequalities more quickly.	Angela Wilkinson, Matt Shepherd	July 2021 - July 2022	
Learning and Development				
12. To change the **corporate induction programme** to incorporate clear and strong messaging about our commitment to anti-racism and our KITE behaviours.	To clarify expectations of colleagues' behaviour from on-boarding onwards.	Completed	September 2021	
13. **Refresh mandatory EDI training** to create a compelling and engaging programme, which includes the voice of BAME colleagues.	To improve the quality of training to make it more impactful so that it improves collective understanding of the wider EDI agenda, the lived experience of BAME colleagues, including micro-aggressions.	To be launched on 11 October 2022		
14. Ensure equality of access to **learning and development** for BAME colleagues.	To support fairness in career development.	Shirley Silvester	TBC	
Career Development				
15. **To deliver bespoke leadership development** for BAME colleagues.	To ensure better representation of BAME people in leadership roles.		Confirmed - The BME Leadership Development Programme to be delivered on	

			19th October 2022.	
16. **Confirm aspirational targets** Set aspirational targets for the number of BAME colleagues in band 8a and above positions, and SAS grade doctors being promoted to a more senior level.	To improve decision-making across strategic and operational issues by bringing in diverse views and perspectives.	Steve Russell, Angela Wilkinson, Jackie Andrews, linking to People and Culture Committee	TBC	
17. **Deliver development centres** for BAME colleagues.	To provide a supportive process for BAME colleagues to help them stand a fair chance of securing their next career step.	Shirley Silvester	TBC	
Communications				
18. To clarify expectations about **patient and service user behaviours** towards BAME colleagues.	To show that we do not tolerate racist behaviours and to support cultural shift – this is everyone's issue – we all have a role to play in making HDFT a safe, welcoming, inclusive Trust to work in.	Shirley Silvester	TBC	
19. To create and communicate a compelling **case for change,** including the use of directorate/ team/ profession level data.	To "shout from the rooftops" the reasons that we need to act on anti-racism.	Shirley Silvester, Giles Latham	TBC	
20. To promote an **annual diversity calendar**, celebrating key events in different cultures, e.g. Ramadan, Eid.	To enable all colleagues to bring their whole selves to work by sharing and celebrating important events and therefore help to build cultural understanding among non-BAME colleagues.	Shirley Silvester	In working progress	
21: Enhance our understanding of BME employee experience in HDFT by analysing leaver rates and reasons for leaving by grade and ethnicity.	Understand how BME employee experience differs beyond the standard reporting required by the WRES.	Shirley Silvester	TBC	
22: Contact all BME leavers in the last two years and request the completion of a BME experience exit questionnaire.	Understand recent BME employee experiences (positive and negative) from people who have left HDFT in the last two years.	HR Operations	TBC	

23: Design and deliver a series of tackling bias in recruitment workshops for all HDFT. managers.	Tackle the risks of bias in our recruitment processes. Reduce the disparity between applicant success rates for BME and non-BME job applicants.	Shirley Silvester	TBC	
24: Design and implement a specific BME experience survey, which would be sent to all current BME HDFT staff (possibly hosted by an external organisation). This would extend beyond the standard questions included in the annual NHS survey and would give employees the opportunity to provide more detailed feedback relating to their experiences in HDFT. Voluntary discussion / buzz groups hosted by an external specialist provider would supplement the survey.	Detailed exploration of the perceptions of BME staff with the aim of identifying specific areas of future development in HDFT.	Shirley Silvester	March 2022	
25: Repeat the above exercise in 2022-2023 to measure / chart progress			On-going	

7.0 Key positive achievements

In reference to the summary of progress against the RAG rated Action Plan above, we have in more detail below outlined our key positive achievements, these are as follows:

7.1 Governance

7.1.1 Action (2): Protected time for BAME colleagues who wish to participate in events, networks and meetings. Being “on shift” is currently cited by some colleagues as a barrier to their involvement. Ensures that BAME colleagues who wish to participate in and/or influence work on anti-racism are supported by their line manager to do so. We have undertaken initial steps to address this issue. They are as follow:

- As part of our Marketing and Communications campaign to recruit new members to staff networks we have disseminated widely across Governance communication platforms a clear message to encourage managers across the Trust to support members with space and time to attend network meetings where possible.

- We also raise the importance of encouraging 'Protected Time' for our minority staff in our EDI corporate induction training for all new members of staff.

- As part of our Staff Support Development programme, we have devised a comprehensive document titled, Setting Up an Employee Network: *Improving Through Inclusion*, we have also added this message into this document, it reads as follows:

Secure Time We encourage a cultural environment where line managers promote an inclusive organisation for our staff networks and staff members, providing space and time to attend network meetings where possible. For this reason, we encourage managers to be supportive of their staff participating in staff networks. Employees are encouraged to work with their managers to ensure any time commitments are achievable in relation to existing individual and/or departmental commitments to establishing a sustainable workload balance. (Full details of this document can be found in Appendix B),

7.1.2 Action (5): Undertake a thorough assessment against EDS22 as required. To comply with statutory requirements and to provide a neutral review across the EDS22 domains. In April 2022, the Trust began the latest benchmarking and reporting of approaches to Equality, Diversity and Inclusion (EDI) against a framework known as the NHS *Equality Delivery System 2* (EDS2). To ensure this review was completed with maximum objectivity and impartiality, the Trust appointed am external resource to run this project – McKenzie LLP.

The final report will be agreed and finalised by the Trust and approved by the Board of Directors in November 2022.

7.2 Learning and Development

7.2.1 Action (7): Deliver a reciprocal mentoring programme involving 12 BAME colleagues as mentors and 12 members of Board and SMT as mentees. To build greater understanding in a bottom up way of the daily lived experience of BAME colleagues to enable senior leaders to take positive action. To expose BAME colleagues to a wider breadth of knowledge, gained from partnership with their mentee.

To support our WRES results the Trust has commissioned an *Inclusive Cultures Partnership Programme: Reciprocal Mentoring*, with three broad aims to:

- Optimise the career development and talent pipeline of Black, Asian and minority ethnic aspiring leaders
- Increase the confidence, capability and capacity of aspiring and established leaders as inclusive compassionate leaders
- Contribute to building a system-wide culture that fosters learning, respect and appreciation of professional, personal and cultural similarities and differences

The programme is designed with three features that distinguish it from many others on diversity and inclusion:

- Reciprocity – Firstly, learning and development in the programme takes places between learning partners including aspiring leaders from Black, Asian and minority ethnic backgrounds and established leaders from White ethnic backgrounds. This avoids the deficit approach where people from marginalised groups are often expected to 'fit' into the dominant group culture

- Vertical leadership development – Secondly, as well as acquiring new skills and knowledge through a series of three participative virtual workshops, run by the programme consultants, participants build competences to work and lead in partnership across boundaries of race and dimensions of power and the ability to see the world and think from others' perspectives through the process of reciprocal mentoring
- Experiential – Thirdly, the approach to learning is experiential – listening to, reflecting on and learning from concrete situations. Then, trying out new actions and behaviours over the period of the year-long programme.

The programme at HDFT formally began in October 2021 and will end with the graduation on 14th September 2022. The programme began with 24 participants with 12 learning partners - 12 people from Black, Asian and minority ethnic backgrounds and 12 white people. A full review of the programme's impact will be conducted with input from participants at the graduation and their response to a confidential survey following graduation. However, learning, progress and impact has been drawn from the programme during the course of the year through quarterly supervision touchpoints. The themes from the supervision sessions, held separately for aspiring and established leaders have been fed back to a programme steering group. The steering group have had responsibility for taking the insights from participants and feeding them into wider system actions. The insights drawn from the programme to date has shown it to be a positive disruptor of the traditional norms around hierarchy, culture and power that can contribute to racism and has led to outcomes in four key areas, including:

1. **Inclusion** – helping to create an environment where staff from Black, Asian and minority ethnic backgrounds feel more able to be fully who they are, valued for who they are and the skills they bring and have a strong sense of belonging. Aspiring leaders in the programme report more confidence to speak up at work and supported by their established leader learning partner to do so. They report greater confidence that there will be a response on race inclusion in the organisation if issues are raised
   "I'm growing in confidence to speak up and learning that when I speak up, something happens." "My culture is to be respectful of my seniors and not speak up. Through this programme I've learnt more about how things are culturally done here." "I've learnt to speak up as we go along rather than speak only to each other, worrying, getting frustrated and making myself ill."

2. **Diversity** – helping to create more opportunities for colleagues from Black, Asian and minority ethnic backgrounds to progress their careers, building a stronger pipeline of diverse talent.
   Aspiring leaders report more confidence to put themselves forward for promotion and apply for new roles. They report greater understanding of the barriers to promotion that lie in the system rather than attributing barriers to self. There has been some success in this during the course of the programme with, for example, one aspiring leader gaining a promotion

3. **Inclusive Leadership** – helping to create a diverse leadership which feel themselves to be responsible, accountable and capable in seeking out and valuing multiple perspectives.
   Aspiring leaders report a greater sense of community and mutual support with each other and the aspiration to continue the legacy of this programme by helping to create change for other colleagues from Black, Asian and minority ethnic backgrounds. Several established leaders have become involved with or are leading on issues to support system change and improvement on race inclusion in the Trust during the course of the programme. For example, speeding up the process of how the Trust responds to cases of racism; building race equality impact assessment into decisions on technology; broadening medical progression opportunities for female overseas staff and developing a shared decision-making council with nursing staff from Black, Asian and minority ethnic backgrounds.

"We're very hard-working people and we tend to be overlooked and taken for granted. That is why sometimes people leave. I've learnt there is support here and there are people willing to understand our culture and how we do things and support us." aspiring leader

4. **Inclusive Culture** – helping to create learning and personal growth that strengthens the capacity of members of the system to see it through others' perspectives, understand each other more, be their authentic selves, share knowledge and experience and work in partnership together. In a participant pulse survey, 100% of established leaders agreed that "*As part of this process I am learning even more about how my actions and behaviours can make a positive difference to race inclusion at work"*. Also, 100% of established leaders agreed with the statement: "*I am continuing and/or taking more action to support race EDI as a result of this learning process"*

7.2.2 Action (8). Deliver a programme of training on **how to be an ally.**

In September 2021 the Trust worked in collaboration with Leeds Community Healthcare on their Ally ship programme. Eleven people of non-BAME background have been on the programme. The aim is to educate non-BAME colleagues about the challenges BAME colleagues face, and how to support them when experiencing direct and/or indirect discrimination.

BAME Ally ship Programme – Overview

Ally ship is about building relationships of trust, consistency and accountability with marginalised individuals and/or groups of people. HDFT targeted non-marginalised groups to work with the BAME community. To explore discrimination, lived experiences, support colleagues from the BAME community and make the effort to understand the challenges using participant voices alongside BAME Colleagues to promote equality on a journey to becoming an anti-racist organisation.

The Ally ship programme has been developed to build relationships of trust, consistency and accountability with marginalised individuals and/or groups of people. The BAME Ally ship Programme is a continuous process in which someone with privilege and power seeks to first learn about the experiences of people who are from a BAME community, sympathise with their challenges and build relationships with them, enabling colleagues to add their voice to that of our BAME colleagues. Prior to approval, the programme was shared for comment through the BAME and Ally staff network group, Staff side and Operational/Service Managers. The Programme covers six facilitated sessions over a 12-week period with an opportunity for Allies to interact in between the sessions by way of "virtual" informal coffee/learning with BAME colleagues, to enhance the learning experience an exhibit the change process of becoming an antiracist organisation.

Sessions include and explore:

1) Systemic Racism and its impact
2) The Coghill model - 7A's of good Ally ship
3) What is a good Ally
4) Creating a personal good Ally action plan

There has been one cohort completed, with the second one in progress. Analysis from feedback suggests a target audience approach is unlikely to be used when recruiting future cohorts, open recruitment will be encouraged. The trainers are pleased with the progress, and each participant has made a pledge within the organisation to enact an antiracist process. Verbal feedback has been positive, participants are engaging well and demonstrating attributes of a good ally.

7.2.3 Action (12). To change the **corporate induction programme** to incorporate clear and strong messaging about our commitment to anti-racism and our KITE behaviours. To clarify expectations of colleagues' behaviour from on-boarding onward

We have reviewed and changed the corporate induction programme, and unites a clear and strong messaging about our commitment to anti-racism aligned to our KITE behaviours. This was scoped and content designed was bespoke to raise the awareness and understanding of Equality, Diversity and Inclusion to all members of staff joining the Trust. This training has been delivered by the ED&I lead, monthly since July 2022. Since initial training delivery, the content design has been further improved ensuring quality assurance to this action. It now includes a section on "*How to be Anti-Racist"*, via the *Eye-Ball Model*, and clearly defines how to move from being a 'Bystander' to an 'Ally', with a recommendation of the process for the change.

7.2.4 Action (13). Refresh mandatory EDI training to create a compelling and engaging programme, which includes the voice of BAME colleagues.

We recognise that not all employees are aware that **diversity and inclusivity are not the same thing**. It is possible to have a diverse workplace that is not inclusive. Minority employees, though present, may feel excluded or like they are not represented in the workplace culture. It is important to raise awareness of that nuance explicitly in training so that employees can fully embrace the diversity around them and develop the soft skills to thrive in a diverse environment.

Therefore, the Trust is committed to create a compelling and engaging programme based on the voice and lived experiences of BAME colleagues. This training titled Inclusion, Equity & Belonging, has been customised to meet the training needs of our workforce to build a workplace culture based on dignity, respect and fairness for all. **The aim is to deliver** interactive and impactful bite size session (60-minutes) for two cohorts, one open for managers and the other for the general workforce, to explore key EDI concepts. It encourages participants to take a closer look at the day-to-day actions and explore practical steps participants can undertake to increase impact within the organisation. The date of pilot delivery is scheduled just before middle of October 2022.

7.2.5 Action (14). Ensure equality of access to learning and development for BAME colleagues. To support fairness in career development. This action is in working progress.

7.3 Career Development

7.3.1 Action (15). To deliver bespoke leadership development for BAME colleagues. To ensure better representation of BAME people in leadership roles.

The Trust is fully committed to unlocking potential and creating an equitable, high-performing culture within the workplace. Workforce metrics demonstrate that BAME are less likely to progress to senior positions. It is estimated that the underrepresentation of BAME individuals across the labour market is costing the UK economy £24 billion per year. (The McGregor-Smith Review)

It is within this context the Trust have commissioned a contract with Arden and Greater East Midlands Commissioning Service Unit. The BME Leadership Development Programme is a personal staff development programme available to staff who identify as Black, Asian, and Minority Ethnic (BAME) at Harrogate

and District NHS Foundation Trust (HDFT). This is an inaugural Talent Development Programme, which reinforces our commitment to equality of opportunity and positive action.

The evidence from each WRES report over the years has shown that BAME staff members are less well represented at senior levels, have measurably worse day-to-day experiences in NHS organisations, and have more obstacles to progressing in their careers. Our own WRES data is similar to the National outcomes with BAME staff identifying a less positive experience than white staff, particularly in relation to career progression. It is therefore essential that we address these issues to enable all staff to have equality of access. The impact of such experiences can affect trust, confidence, self-esteem and general wellbeing. Irrespective of where barriers occur we acknowledge that they do exist and that they can lead to inequality of opportunity. This programme seeks to break down the barriers and equip individuals with the tools to feel able and confident to maximise their potential.

The NHS People Plan places an emphasis on inclusion, training and supporting staff and cultivating the talent, skills and experience of our staff, something which is mirrored by our kite values. This programme will help to retain and further develop staff which will allow us to ensure our workforce and leadership are inclusive and diverse.

7.3.2 Action (20). To promote an **annual diversity calendar**, celebrating key events in different cultures, e.g. Ramadan, Eid. To enable all colleagues to bring their whole selves to work by sharing and celebrating important events and therefore help to build cultural understanding among non-BAME colleagues.

The Trust have developed a diversity calendar of events and established a working group to review monthly and plan HDFT focus for the following 2 months. The group will continue to work in collaboration and collectively make decisions on which calendar events to under-take within the given resources.

7.4 Communications

7.4.1 Action 18 – patient behaviour towards colleagues – a communication campaign has taken place to address the issue of patient behaviour towards colleagues of all racial backgrounds, as we have seen an increasing trend, post COVID19 of unacceptable behaviour and attitudes towards patients. This programme will continue to be developed over the next twelve months. This, combined with our continued work on ally ship should support improvements in this area.

8.0 Next Steps:

The Trust will continue to play its part in addressing race inequality challenges by, developing a more diverse workforce across senior and executive grades. Gather better diversity data and speak out about the importance of disclosure in the Trust, and to continually promote an inclusive culture, equality of opportunity for all staff and the behaviours and capabilities required to deliver at all levels.

We will carry on with our existing developments and based on our WRES data and survey outcomes we have reviewed and up-dated the Action Plan for 2023-2025 as listed below.

Action	What difference will it make?	Who?	When?
Governance			
1. **Representation from BAME colleagues in key decision-making forums**, including where temporary incident command arrangements are in place.	Diverse groups make better decisions. Diverse organisations are more likely to deliver higher quality of care and achieve better patient/ service user outcomes.	Jackie Andrews, Claire Jones, Emma Nunez Kate Southgate Angela Wilkinson	April 2023
2. **Create an Equality, Diversity Steering Group** to guide the work.	To further raise the profile of the work at HDFT meets the national NHS requirement to have an EDI guardian and to provide consistent direction on the EDI agenda.	Shirley Silvester	November 2022
3. Undertake a thorough assessment against EDS22 as required.	To comply with statutory requirements and to provide a neutral review across the EDS22 domains.	Shirley Silvester	November 2022

Leadership and Management			
4. Launch a programme to support line managers in developing their **generic coaching skills.**	To support high quality well-being conversations (using the RECOVER model) and to embed the behaviours we value in the KITE model.	Shirley Silvester	April 2023
5. Ensure all **discretionary pay** is managed and distributed fairly e.g. clinical excellent awards, locum shifts and waiting list initiatives	To ensure that no colleague suffers financial detriment based on their race.	Jackie Andrews, Sarah Sherliker	April 2024
Recruitment			
6. Take **bolder short-term measures** to improve the fairness of recruitment processes.	To propose bolder action to tackle long-standing inequalities more quickly.	Angela Wilkinson Lee-anne Hutchison	On-going
Learning and Development			
7. **Refresh mandatory EDI training** to create a compelling and engaging programme, which includes the voice of BAME colleagues.	To improve the quality of training to make it more impactful so that it improves collective understanding of the wider EDI agenda, the lived experience of BAME colleagues, including micro-aggressions.	Shirley Silvester EDI Lead Nichola Langdale	Pilot in October 2022
8. Ensure equality of access to **learning and development** for BAME colleagues.	To support fairness in career development.	Shirley Silvester EDI Lead Nichola Langdale	On-going
Career Development			
9. **To deliver bespoke leadership development** for BAME colleagues.	To ensure better representation of BAME people in leadership roles.	Shirley Silvester EDI Lead Nichola Langdale	Confirmed - The BME Leadership Development Programme to commence on 19th October 2022.
10. **Confirm aspirational targets** Set aspirational targets for the number of BAME colleagues in band 8a and above positions, and SAS grade doctors being promoted to a more senior level.	To improve decision-making across strategic and operational issues by bringing in diverse views and perspectives.	Board of Directors	April 2023

11. **Deliver development centres** for BAME colleagues.	To provide a supportive process for BAME colleagues to help them stand a fair chance of securing their next career step.	Shirley Silvester	TBC
Communications			
12. To clarify expectations about **patient and service user behaviours** towards BAME colleagues.	To show that we do not tolerate racist behaviours and to support cultural shift – this is everyone's issue – we all have a role to play in making HDFT a safe, welcoming, inclusive Trust to work in.	Claire Jones	On-going
13: Design and deliver a series of tackling bias in recruitment workshops for all HDFT. managers.	Tackle the risks of bias in our recruitment processes. Reduce the disparity between applicant success rates for BME and non BME job applicants.	Shirley Silvester	From January 2023
14. Encourage disclosure of **Equality Information for Diversity Monitoring and Evaluation** We can see from the WRES metrics that there is a significant number of staff of ethnicity that chose for whatever reason not to disclose their race/ethnicity.	1. To explain clearly the importance of why the data is being collected, how it will be used and who will have access to it. 2. To provide reassurance that the organisation will follow guidelines on data collection, storage and use, including complying with data protection legislation. Some employees may be concerned that information could disadvantage them or encourage discrimination or harassment.	ED&I Lead	On-going
15. Increase the membership of the BAME & Ally staff support network. In an organisation with 83.7% White and 10.6% BAME, there is a significant under-representation of members in the BAME & Ally staff support network. Currently around active 25 members.	1. Increase the active membership of the BAME & Ally Staff Support Network. 2. Develop and support the Network to recruit a full Executive Committee. Building flexibility, capacity and capability to deliver an effective network to meet the growing need and demands of members. 3. Hold an conference for ethnic minority staff During the UK wide-initiative to celebrate Race Equality Week: 6-12 February 2023		On-going

16. Launch and embed Equality Impact Assessments Equality Impact Assessment (EqIA) is a systemic and evidence based process which verifies that the Trust's policies and practices are equality confirmed and not discriminatory.	1. Develop new policy, processes and training 2. Plan launch campaign 3. Develop monitoring/quality review process of EQI assessments and governance arrangements	**ED&I Lead** **Director of Strategy**	December 2023

11.0 Equality Analysis – How will we know the anti-racist organisation programme has made a difference?

11.1 The proposal of action to tackle racism will contribute to improving our performance on equalities, diversity and inclusion, particularly in relation to the experience of BAME job applicants and colleagues. The following outputs, outcomes and targets are in continuous development, and have not been measured for year 1 of our action plan due to continued resourcing gaps in the EDI Lead role:

Measure	Outputs/Targets/Outcomes in development
Improvement against WRES indicators	Tbc
EDS22	Review across all 4 domains
Colleague feedback from Listening At Our Best	Tbc
Recruitment indicators % of Bame applicants shortlisted and % appointed	Tbc
BAME colleagues accessing education, learning and development (beyond MEST)	% of BAME colleagues accessing
BAME representation within clinical and corporate governance structures	Meetings to be defined
No. of BAME colleague in Band 8a and above positions	Target to be agreed
Celebration of Diversity events	Identified cultural events celebrated
Equality based Making a Difference Awards made	
Number of BAME colleagues being promoted internally	Target to be agreed
Inpulse survey results – Quarter linked to Equality	Target to be agreed

12.0 Risks

The risks to this programme are:

- Newly appointed EDI Lead, significant previous lack of resources
- Impact of EDS22 assessment could change priorities.
- Ability to make a compelling case for change that colleagues believe in
- Embedding ownership of the need to change culture amongst all our senior leaders
- Ambitious programme of work, involving sensitive content (white fragility) and the need for difficult conversations about race equality and behaviours, which we have a poor track record of tackling in the past
- Incomplete baseline picture for outcome measures – making it difficult to track progress
- Alignment between Board of Directors' high expectation and internal capacity to deliver simultaneous actions at pace.

13.0 Conclusion

We recognise that there is still a way to go to becoming a diverse inclusive workplace, and aspire to achieve this through engagement. We will strive to lead from the front when it comes to this agenda, as we know that getting it right is critical. We need to develop a more diverse workforce across senior and executive grade, gather better data, and continue to promote positive action to addressing the challenges relating to race inequalities. We also have work to do to nurture a culture of inclusion where we can all be the best we can be and where it is safe to challenge constructively. It takes resources and time when you put in place measures for them to translate and have a sustainable impact. Working together, is necessary to create success and fulfilment for all of us and, together, do our best work for our entire workforce and the communities we serve.

Our revised action plan strives towards creating a more inclusive working environment. Within this, we have set ambitious priorities to guide our efforts, measure progress and hold ourselves to account. The success of our ambition will require individual leadership beyond senior leadership team to bring our vision alive.

14.0 Recommendation

14.1 The Board of Directors is asked to comment on and approve the contents of this paper.

15.0 Supporting Information

15.1The following papers are Appendices to this report:

Appendix 1 - Statistical analysis against the WRES Indictors

References

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Appendix 1 WRES metrics report

Detailed below is the organisation's WRES data which was submitted in August 2022 covering the period 1 April 2021 to 31 March 2022

Metric 1 **Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.**

(Data source: ESR).

1a. Non-clinical workforce

	White staff in 2021	White staff in 2022	White staff in 2022	BME staff in 2021	BME staff in 2022	BME staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	92.4%	91.5%	-0.9%	3.6%	3.7%	+0.1%	4.0%	4.8%	+0.8%	528	539
Cluster 2 (Band 5 - 7)	92.7%	92.5%	-0.2%	5.3%	5.8%	+0.5%	2.0%	1.7%	-0.3%	150	173
Cluster 3 (Bands 8a - 8b)	96.1%	92.6%	-3.5%	2.0%	3.7%	+1.7%	2.0%	3.7%	+1.7%	51	54
Cluster 4 (Bands 8c – 9 & VSM)	94.1%	94.1%	0.0%	5.9%	5.9%	0.0%	0.0%	0.0%	0.0%	17	17

1b. Clinical workforce

	White staff in 2021	White staff in 2022	White staff in 2022	BME staff in 2021	BME staff in 2022	BME staff in 2022	Unknown/null staff in 2021	Unknown/null staff in 2022	Unknown/null staff in 2022	Total staff in 2021	Total staff in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	81.0%	83.1%	+2.1%	9.6%	9.5%	-0.1%	9.4%	7.4%	-2.0%	1,020	970
Cluster 2 (Band 5 - 7)	85.1%	85.2%	+0.1%	8.4%	8.9%	+0.5%	6.4%	5.9%	-0.5%	2,132	2,207
Cluster 3 (Bands 8a - 8b)	95.3%	95.2%	-0.1%	3.1%	3.4%	+0.3%	1.6%	1.4%	-0.2%	128	145
Cluster 4 (Bands 8c – 9 & VSM)	85.7%	87.5%	+1.8%	14.3%	12.5%	-1.8%	0.0%	0.0%	0.0%	7	8
Cluster 5 (M&D staff, Consultants)	76.1%	76.5%	+0.4%	21.4%	20.9%	-0.5%	2.5%	2.6%	+0.1%	159	153
Cluster 6 (M&D staff, Career grades)	59.7%	48.1%	-11.6%	34.9%	45.0%	+10.1%	5.4%	7.0%	+1.6%	186	129
Cluster 7 (M&D staff, Trainee grades)	54.9%	55.2%	+0.3%	39.5%	37.9%	-1.6%	5.6%	6.9%	+1.3%	162	174

Metric 2 – Relative likelihood of BME staff compared to White staff being appointed from shortlisting across all posts
(Data source: Trust's recruitment data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.42	1.29	+0.13

Metric 3 – Relative likelihood of BME staff compared to White entering the formal disciplinary process, as measured by entry into the formal disciplinary investigation.
(Data source: Trust's HR data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of BME staff entering formal disciplinary process compared to White staff	0.94	0.72	-0.22

Metric 4 – Relative likelihood of staff accessing non-mandatory training and CPD.
(Data source: Trust's HR data)

	Relative likelihood in 2021	Relative likelihood in 2022	Relative likelihood difference (+-)
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	0.92	0.81	-0.11

Metrics 5 – 8 National NHS Staff Survey Indicators
(Data source: NHS Staff Survey)

	White staff responses to 2020 NHS Staff Survey	BME staff responses to 2020 NHS Staff Survey	% points difference (+/-) between White staff and BME staff responses 2020	White staff responses to 2021 NHS Staff Survey	BME staff responses to 2021 NHS Staff Survey	% points difference (+/-) between White staff and BME staff responses 2021
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	22.9%	35.7%	+12.8%	26.6%	32.2%	+5.6%
Metric 6 - Staff experiencing harassment, bullying or abuse from staff in the last 12 months	25.3%	32.0%	+6.7%	27.2%	30.1%	+2.9%
Metric 7 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	55.3%	44.3%	-11.0%	55.8%	42.1%	-13.7%
Metric 8 - Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months	7.1%	20.6%	+13.5%	8.0%	18.9%	+10.9%

Metric 9 – Percentage difference between the organisation's board voting membership and its organisation's overall workforce
(Data source: NHS ESR and/or trust's local data)

	White Board members in 2021	White Board members in 2022	White Board members in 2022	BME Board members in 2021	BME Board members in 2022	BME Board members in 2022	Board members with ethnicity status unknown in 2021	Board members with ethnicity status unknown in 2022	Board members with ethnicity status unknown in 2022
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:									
• By voting membership of the Board	1.3%	3.8%	+2.5%	4.9%	1.9%	-3.0%	-6.2%	-5.7%	+0.5%
• By executive membership of the Board	1.3%	3.8%	+2.5%	4.9%	1.9%	-3.0%	-6.2%	-5.7%	+0.5%

Harrogate and District NHS Foundation Trust

Board Committee Report to the Board of Directors

Committee Name:	People and Culture Committee
Committee Chair:	Andy Papworth
Date of meeting:	12th September 2022
Date of Board meeting this report is to be presented	28th September 2022

5.1

Summary of key issues

- We always start People and Culture Committee with a colleague experience story. Ginelle Clough joined us this time to tell us about being a School Nurse in the Northumberland 0-19 Service. Ginelle spoke about having higher levels of safeguarding work and an organisational change to structure the service around three pillars: namely, safeguarding, public health and emotional resilience. Some staff are a bit anxious of the change, but others are excited about working on prevention activities.

- Helen Laird joined the meeting to talk about work on Colleague Retention. A particular focus is needed on Care Support Workers, where 33% of newly recruited colleagues leave the Trust within 10 months. Helen outlined work to further understand this and build an action plan for improvement. We will cover this again at our next meeting.

- Committee members and attendees then reviewed our Terms of Reference. We will now finesse our ToR to align to the new Trust Strategy and delivery of our People Plan, whilst continuing to track and provide assurance around workforce risks. We will also keep alignment with any other requirements following the recent board discussion on committee structures and maintain our links to the Board Assurance Framework (being an outstanding place to work; and being an inclusive and diverse employer).

- We received and discussed the results from the People and Culture Committee annual effectiveness survey. Respondents said they feel the committee has a clear purpose, they are assured of the work and the flow of information to/from the board, and that people are able to express views freely, with respect and appropriate challenge. Some improvements were suggested on the level of information provided for each item and making sure the relevant people always attend (e.g. director, head of service, manager).

- We spent a large part of the meeting discussing progress on the People Plan. Some key points to highlight:

    - A joint programme of work with Trade Union colleagues and other stakeholders to review our approach to Employee Relations casework is underway.

- Occupational Health continues to deal with a large volume of appointments and we will continue to monitor this at P&C Committee and raise any impacts accordingly.
- This year's seasonal flu and covid vaccination campaign starts on 19th September, with combined vaccinations available from 3rd October.
- The national quarterly pulse survey for Q2 showed HDFT ahead of peers on engagement, advocacy, involvement and motivation - this is seen as very positive.
- Positive feedback has been received from Doctors in training.
- The teamHDFT colleague app has now had >3900 downloads and continues to see >3200 visits per week.
- The latest Inpulse survey on Teamwork received 1309 responses (24% response rate - our highest yet). Overall engagement was slightly down at 65% (vs 67% last quarter). Positive emotions continue to be around 'commitment to team' and good line management. Negative emotions centre on workload and wellbeing. Sixty-eight teams are now receiving team level reports and insights.

- Following on from the recent board workshop, we discussed a proposal to combine all of the Trust's work on people and culture into one programme, with four key areas of focus:

  1. Having the right numbers of the right people in the right roles, rostered properly.
  2. Having a good working environment, where colleagues are able to do their jobs safely and efficiently.
  3. Having compassionate and inclusive line managers.
  4. Colleagues receiving recognition for the work being done and effort taken.

  Four work areas will now be taken forward: reward, recruitment, retention and leadership; and these will link to a people promise. This is all aimed at preventing colleagues feeling stressed and frustrated, and enabling more colleagues to have great days at work.

- We received the usual updates from our staff networks and the FTSU guardian. The Menopause network now has 70 members and 18th October is World Menopause Day. The Disability and Long Term Conditions network is working on a reasonable adjustments passport. Our LGBT+ network needs a new chair and our BAME network has been advertising to recruit more members. We discussed the diversity of our fairness champions and more work is needed to ensure we have geographical and diverse coverage with regards to this.

- Finally, we reviewed the results of the pilot to address inequalities in recruitment processes relating to BAME characteristics. Interventions have proven to have a positive impact; however, these have proven to be very manual and time-consuming, and hard to repeat at significant volume. The Committee want the Board to be aware of this, and that more thinking is needed to get a sustainable solution on what is a very important priority for the Trust.

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

None

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

None

Director of Strategy

Matters of concern & risks to escalate

PMO
- CAOB (Quality): Some proposed digital solutions from the Clinical Investigations RPIW are not possible due to incompatibilities between systems.
- Elective. £1.2m additional capital funding required from Trust to deliver TIF2. Further capital funding also required for energy centre.

Planning
- Survey of RAAC potential risks on HDH site almost complete
- SALIX: ongoing delays to window replacement being followed up with Breathe (overall SALIX contractor) and windows sub-contractor

Major actions commissioned & work underway

Strategy
- Annual planning process for 23/24 to commence in Sep 22; SMT & Board workshop in Oct 22
- Planning for QI & PMO support to EPR Prog for clinical/process change

PMO
- Elective: 3P workshop end Oct to develop theTIF2 layout; successful TIF1 workshop held with LTHT on 9 Sep; TIF2 pre-planning application to be submitted
- Support to Domicilliary Care service project

QI
- QI Programme: Theatre Productivity, Stockton 5-19, Imaging Processes
- Review of QI Programme to Oct SMT

Planning
- Wellbeing Works: contractor onsite from 5 Sep
- Plant Rooms: works commenced 12 Sep (enabling work for crane)
- Radiology (23/24): phasing of reconfig (including CT) agreed; outline costs being finalised
- HDH Estate review of accommodation needs, space utilisation and options

Business Development
- Wakefield 0-19 mobilisation – Go Live on 1 Oct
- Comms: Promotion of KITE awards, staff networks, covid/flu vaccination. Actions underway to ensure HDFT website is cyber secure.
- Support to Domicilliary Care service project

Positive news & assurance

Strategy
- AF Covenant and ERS Silver achieved in Jul 22
- 4 Project SEARCH interns started programme on 5 Sep

PMO
- **Elective**: TIF2 BC endorsed by HNY ICS and submitted to NHSEI 31 Aug; OP programme plan for 22-24 developed

QI. People & Culture programme workshop held 17 Aug

Planning.
- Swaledale window replacement 13 Aug to 7 Oct.
- ED Fit2Sit, RIAT work commenced
- Omnicell: tenders being evaluated

Business Development
- Wakefield 0-19: successful staff welcome events held 6 and 8 Sep
- Staff store re-opened on 1 Sep
- KITE Awards event planned for 25 Nov at Solberge Hall, Northallerton
- 30 Teeside Uni chiropractic student volunteers to start in Sep

Decisions made & decisions required

Strategy
- Board approval of new Trust Strategy (final version in supplementary papers)

Planning
- Gamma Camera works to start 3 Oct, completion scheduled 11 Nov
- Wensleydale (23/24): Board approval of BC (Private Board)

Volunteers
- Ward/department volunteer liaison staff identified

Business Cases
- Anaesthetic 3rd Middle Grade Rota: approved by Resources Committee
- Diabetes 7 Day Nursing BC recommended for approval
- Haematology Nursing Team BC recommended for approval
- Pharmacy Homecare BC recommended for approval
- ED Fit to Sit, RIAT, Swaledale BCs: BCRG supported BCs in Aug, subject to tender costs. Tenders received and BC to be approved by Sep Resources Committ

Trust Board
28 September 2022

Title:	Trust Strategy
Responsible Director:	Director of Strategy
Author:	Matt Graham, Director of Strategy

Purpose of the report and summary of key issues:	To seek approval of the final version of the Trust Strategy for publication and to describe how the Strategy will be communicated, delivered and assurance provided to the Board.	
BAF Risk:	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	
	BAF3.2 To provide a high quality service	
	BAF3.3 To provide high quality care to children and young people in adults community services	
	BAF3.5 To provide high quality public health 0-19 services	
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	
	BAF4.4 To be financially stable to provide outstanding quality of care	
Corporate Risks	None	
Report History:	SMT supported publication of the final Trust Strategy	
Recommendation:	Trust Board is requested to: • Approve the final version of the Trust Strategy for publication • Note how the Strategy will be communicated, delivered and how assurance will be provided to the Board.	

6.2

TRUST STRATEGY

1. **Introduction.** The new Trust Strategy has been developed based on engagement with patients and the public, staff and key stakeholders. It is aligned to national and ICB strategies. The aim of our Strategy is to establish shared understanding and clarity for our workforce, Board of Directors and partners about the Trust's purpose, ambitions and priorities. It provides a framework to align our endeavours and mobilise our resources and workforce. It will drive what we do as a Trust, as Directorates, Services and individually. Our Strategy is for everyone in the Trust, in every role and every function, so it needs to be simple, understandable, memorable and applicable.

2. **Final Trust Strategy.** The final version of the Trust Strategy is at Appendix A. The only remaining section to be added is a foreword from the Chair and Chief Executive. The ambitions and goals have not changed from the draft Strategy approved by the Board in May. The draft Strategy was shared with staff across the Trust, and internal and external stakeholders, with universally positive feedback. It has now been professionally designed for publication in line with the Trust's "KITE" branding to be instantly recognisable as HDFT's Strategy.

3. **Delivery.** Through the Planning Process each year, we will identify the annual strategic objectives for each ambition and goal. The strategic objectives will be the priority projects for the year which we believe will have most impact on delivery of the Strategy. The projects are managed and supported through programme boards chaired by an Executive Director. The strategic objectives for 2022/23 are at Appendix B.

4. **Assurance.** Delivery of the Strategy will be assured through the Board Assurance Framework (BAF). The BAF will be updated to reflect the ambitions and goals in the new Strategy. Through the BAF we will track delivery of the annual strategic objectives for each ambition and goal. An updated BAF will be presented to the November Board.

5. **Communication.** The Strategy will be communicated to staff and stakeholders predominantly electronically, supported by a small amount of printed material:

    - Trust Website. The website will be updated with the new Strategy.
    - Intranet. A link on the Intranet home page will connect to the Strategy section of the website
    - Team Talk & Weekly Brief. The Strategy will be launched on Team Talk on 10 October. In subsequent months, similarly to the KITE values, we will focus on a particular ambition and the objectives and projects linked to it.
    - Social Media. The Strategy will be shared on the Trust app, twitter feed and facebook page.
    - Stakeholders. Stakeholders have already been sent a copy of the draft Strategy. A copy of the final version will also be sent to them.
    - Printed Materials. Posters will be distributed to teams across the Trust and displayed on noticeboards, with a QR code to link to the website. A small number of printed copies of the Strategy will be provided for senior leaders across the trust.

6. **Recommendation.** Trust Board is requested to:

- Approve the final version of the Trust Strategy for publication
- Note how the Strategy will be communicated, delivered and how assurance will be provided to the Board.

Appendices

A. Final Trust Strategy for publication
B. 2022/23 Strategic Objectives

Board of Directors
28 September 2022

Title:	Business Development Report
Responsible Director:	Matt Graham, Director of Strategy
Author:	Yvonne Campbell, Head of Charity and Business Development Project Manager

Purpose of the report and summary of key issues:	To provide an update on work in relation to business development	
BAF Risk:	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	
	BAF3.2 To provide a high quality service	
	BAF3.3 To provide high quality care to children and young people in adults community services	
	BAF3.5 To provide high quality public health 0-19 services	
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	
	BAF4.4 To be financially stable to provide outstanding quality of care	
Corporate Risks	None	
Report History:	Board of Directors Workshop August 2022	
Recommendation:	The Board of Directors is recommended to: • Approve that HDFT enters into a Section 75 Agreement with Darlington Borough Council (DBC) • Delegate approval of any final amendments to the Section 75 Agreement to the Chief Executive and Deputy Chief Executive • Note the work continuing for the mobilisation of the Wakefield 0-19 Public Health Nursing Service • Delegate authority to the Chief Executive and Chair to sign the final North Yorkshire and City of York Oral Health Promotion Service contract	

6.3

BUSINESS DEVELOPMENT REPORT

1.0 Introduction

1.1 This paper provides an update on the work being progressed in relation to Business Development.

Darlington Section 75 Partnership Arrangement

2.0 Current Position

2.1 Harrogate and District NHS Foundation Trust (HDFT) currently provide 0-19 services in Darlington with the current contract in its final extension until 30 September 2022.

2.2 A working group was established with representatives from HDFT and Darlington Borough Council (DBC) to develop a Section 75 Partnership Arrangement to commence on 1 October 2022. DBC launched a 30 day technical consultation on 15 August 2022 which closed on 16 September 2022.

Public Consultation Outcome

2.3 DBC led the consultation process on behalf of both organisations. The consultation was advertised on the Council and Trust websites. There were no challenges made during the consultation period and the Council's Directorate Leadership Team (DLT) agreed to continue to support the Director of Public Health with the development of the Section 75 Partnership Agreement.

Development of the Section 75 Partnership Agreement

2.4 A draft of the Section 75 Partnership Agreement under which the partnership would operate is being worked through between both organisations with legal advice being sought, as appropriate**.** While some details are still to be completed, it includes all of the main terms of the Agreement.

2.5 The key points for the Board of Directors to note are:

2.5.1 The proposed agreement is not a contract but a set of strategic objectives about how DBC and HDFT will work together in partnership to develop the services and to ensure that they are closely integrated with other services for children, young people and families.

2.5.2 DBC have proposed a value based on the current contract value of £2.2m per annum, however HDFT finance team are reviewing this to ensure it meets the model of service delivery due to increased costs attributed to staffing, cost of living and utilities.

2.5.3 The partnership agreement has an initial term of 4 years and a subsequent two additional terms of two years commencing on 1 October 2022.

2.5.4 A Healthy Child Board will be established with membership from both partner

organisations and also representatives from the ICB. Membership will be agreed before the end of October 2022. Board meetings will be held quarterly and as deemed necessary. Task and finish groups will be formed to undertake specific pieces of work identified and agreed by the Board.

Wakefield 0-19 Public Health Nursing Service

3.0 Current Position

3.1 The Wakefield 0-19 Public Health Nursing Service contract goes live with HDFT on 1 October 2022 with mobilisation of the service progressing to plan. Two welcome meetings for staff transferring were held on 6 and 8 September and a further, final welcome meeting is scheduled for 27 September. Initial feedback received from commissioners has been excellent, with them being pleased with the progress made to date.

North Yorkshire and City of York Oral Health Promotion Service

4.0 Current Position

4.1 The Trust submitted an Expression of Interest for the oral health promotion service for North Yorkshire and City of York in July 2022. Subsequently, the commissioners, North Yorkshire County Council and City of York Council, invited colleagues from the Trust to an interview to present a proposal of how the service would be delivered.

4.2 Following the interview, HDFT were confirmed as the preferred provider of the oral health promotion service across North Yorkshire and the City of York and a contract implementation meeting was scheduled.

4.3 A mobilisation team has been established with key representatives from both councils and the Trust to mobilise the service for a contract commencement date of 3 October 2022. The key focus of the team currently is to agree the final specification and key performance indicators, approve the contract for signing and agree a mobilisation/transition timeline.

5.0 Recommendation

5.1 The Board of Directors is asked to:

- Approve that HDFT enters into a Section 75 Agreement with Darlington Borough Council (DBC).
- Delegate approval of any final amendments to the Section 75 Agreement to the Chief Executive and Deputy Chief Executive
- Note the work continuing for the mobilisation of the Wakefield 0-19 Public Health Nursing Service.
- Delegate authority to the Chief Executive and Chair to sign the final North Yorkshire and City of York Oral Health Promotion Service contract.

Board of Directors

28 September 2022

Back to Home – Domiciliary Care Project

Title:	Back to Home – Domiciliary Care Project
Responsible Director:	Russell Nightingale, Chief Operating Officer
Author:	Sammy Lambert, Business Development, Charity and Volunteer Manager

Purpose of the report and summary of key issues:	The purpose of this paper is to provide an update on the work undertaken for the Back to Home – Domiciliary Project and for the Board to consider the recommendations made.	
BAF Risk: ***Please tick any BAF risks which apply*** →	AIM 1: To be an outstanding place to work	
	BAF1.1 to be an outstanding place to work	√
	BAF1.2 To be an inclusive employer where diversity is celebrated and valued	√
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide integrated care and to support primary care	√
	BAF2.2 To be an active partner in population health and the transformation of health inequalities	
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding patient experience	√
	BAF3.2 To provide a high quality service	√
	BAF3.3 To provide high quality care to children and young people in adults community services	
	BAF3.5 To provide high quality public health 0-19 services	
	AIM 4: To ensure clinical and financial sustainability	
	BAF4.1 To continually improve services we provide to our population in a way that are more efficient	√
	BAF4.2 and 4.3 To provide high quality care and to be a financially sustainable organisation	√
	BAF4.4 To be financially stable to provide outstanding quality of care	√
Corporate Risks	None	
Report History:	Board of Directors (Workshop) – 31st August 2022	
Recommendation:	The Board of Directors is recommended to: Provide authorisation to register with the CQC Social Care Inspectorate	

	• Approve a six month pilot period to provide a Back to Home – Domiciliary POC • Approve that HDFT will be available on the approved provider list for the provision of Domiciliary Care for Harrogate and District locality • Approve HDFT to add personal care as a stand-alone service to the Trust's current list or regulated activity • Approve the update to the Trust's statement of purpose • Approve HDFT to become a provider of care to support the Local System with the provision a domiciliary home care service • Recruit a CQC Registered Manager.

Proposal - HDFT as a provider of Domiciliary Care

1. Introduction

The NHS is currently experiencing severe acute bed pressures leading to long waits in Emergency Departments across the country, typically resulting in delayed ambulance handovers.

The Trust is progressing initiatives to build adult community capacity to support patients that still require NHS care to have this in their own home rather than an acute hospital bed. This is through the expansion of the existing ARCH (Acute Response and Rehabilitation in the Community and Hospital) Service alongside new services such as Urgent 2 Hour Response and Virtual Wards. Whilst these initiatives have prevented the Trust experiencing some of the very extreme bed pressures seen elsewhere in the country, the Trust is now experiencing regular 12 hour waits in ED for admission and bed occupancy rates in excess of 100%.

This results in sub optimal care for patients. National evidence shows long waits in ED are linked to higher mortality rates whilst high bed occupancy results in; staffing pressures, cancellation of elective inpatient patients; late admission and movement of patients into the evenings.

The capacity to support discharge has been recognised nationally as a priority for this winter with a focus on reducing the percentage of patients in hospital who are no longer meeting the 'Right to Reside' criteria*.

* *This is a tool developed by the Academy of Medical Royal Colleges and British Geriatric Society to support clinical teams to identify whether a person needs to stay in an acute bed to receive care.*

Northumbria Healthcare NHS Foundation Trust is one of the first Trusts to introduce Domiciliary Care. Their Trust's Chief Executive, Sir James Mackey, states: "we know that there is unmet demand in our communities, which is unsurprising given the growing need nationally for more social care provision". "Having effective social care services is vital to the entire health system, because to allow the region's hospitals to cope with the demand from new patients coming in, we need to be able to move on those patients who no longer need hospital care in order to free up beds" Source: Jobs boost as Northumbria Healthcare confirms intention to provide care services :: Northumbria Healthcare NHS Foundation Trust

The board previously considered a proposal in August 2022 outlining the feasibility of Harrogate and District NHS Foundation Trust (HDFT) being a provider of Domiciliary Care in the Harrogate and District locality.

The board agreed the recommendation to scope the proposal and receive an update in October 2022.

2. Current Position

2.1 Currently within HDFT, 32% of adult beds are occupied by patients who do not meet the 'Right to Reside' criteria, however, remain in a hospital bed due to the lack of 'out of hospital' capacity. The reasoning behind these delays are multifactorial but most common is awaiting a POC:

- On 24 August 2022, the Trust had 24 patients in a hospital bed awaiting a package of care
- In July 2022 HDFT held a total of 473 bed days, taken by patients who did not meet the 'Right to Reside' criteria and whom were awaiting a POC. This equates to 15 beds (or half a ward) each day. A number of these patients will eventually have been placed in an interim bed or moved to an intermediate care bed, due to lack of home care provision
- Whilst the ARCH (Acute Response and Rehabilitation in the Community and Hospital) service does bridge POC when capacity allows, this often still results in extended stays in hospital whilst social care attempt to source an appropriate POC or a decision is made to source an interim bed in a care home. This often results in further delays as care home capacity is also challenged and can result in patients being discharge to another bed rather than back to their home setting.

2.2 An audit for Package of Care (POC) delays was conducted in Feb 2022 for North Yorkshire patients who were waiting longer than 24 hour from the point of Trusted Assessor Form (TAF). There were on average of 10 patients per week waiting more than 24 hours from the completion of a TAF for a POC. The cumulative bed days lost for North Yorkshire equated to approximately 10 beds per day, with POC delays over 24 hours.

2.3 A key driver for patients who no longer meet the 'Right to Reside' criteria remaining in hospital is the lack of a POC to support timely discharge to home.

2.4 The proposal being brought forward for consideration, is for HDFT to introduce a new workforce to support early discharge by providing tailored personal care to patients in their own home setting. The key driver for this proposal is not increased activity and income, but increased capacity in the domiciliary care market to support discharge.

2.5 It is anticipated this increased capacity will deliver the following key benefits:

- Reduce the number of patients transferring into interim care home bed in the Harrogate and District area, which in turn will reduce financial pressure on the Local System due to the very high cost of this provision
- Improve hospital flow and ED waiting times due to reduction in bed blocking by patients who remain in hospital and no longer meet the 'Right to Reside' criteria
- Improved patient experience with reduced hospital stays and personal care delivered in the best setting; tailored to their needs in their own home.

2.6 A Mobilisation Team has been established, meetings scheduled and a mobilisation plan drafted, with key workstreams identified to enable a safe introduction of the service into the market. Mobilisation of the pilot will be led by the Mobilisation Manager using tried and tested mobilisation structures and governance. The project will also be supported by a PMO Project Manager. Fortnightly project meetings will be held, with action reports being presented showing progress against the milestone plan, which is shown in Appendix 1.

2.7 The Back to Home – Domiciliary Project governance accountability will be through the Mobilisation Board and Urgent & Emergency Care Board.

2.8 The mobilisation risks will be managed through the mobilisation risk register, which will be monitored through the Mobilisation Board.

3.0 Outcomes and Benefits of the Project

3.1 The following outcomes and benefits have been highlighted as part of the scoping work undertaken that the new service aims to deliver:

3.2 Outcomes:

- Reduced bed occupancy by fewer patients remaining in hospital that do not meet the 'Right to Reside' criteria
- Shorter length of stay/earlier discharge for patients who do not meet the 'Right to Reside' criteria
- Contribution to improved acute flow within the hospital, resulting in reduced waits in ED
- Provide the opportunity of living at home whilst ensuring a person's care and support needs can be met
- Provide care that is person centred, supporting a person's independence and whole well-being reflective of how they want to live their life helping them to maintain or develop their skills to do as much as they can and want to for themselves
- Provide support that enables people to maintain personal choice about everyday life supporting them to make decisions about what they want to do and how they want to do it on a day-to-day basis
- Provide care that reflects safe, effective practice and maintains quality as a high priority.

3.3 Benefits:

- Alleviate significant financial pressures to the local system due to the very high cost of interim care home beds provision in the Harrogate and District area
- Improved patient experience - reduced hospital stays and personal care delivered in the best setting; tailored to their needs in their own home
- Social Value by providing NHS career opportunities in the local job market
- Costs avoidance by reducing the requirement to staff additional acute beds
- Improved quality of care - reduction in deconditioning and escalation of need for this patient cohort

- Reduced bed occupancy which will reduce:
  - Staffing pressures
  - Cancellation of elective inpatient patients
  - The number of late admissions
  - Movement of patients into the evenings
- Improved quality of care - reduction in infections, falls and pressure ulcers for this patient cohort.

4.0 Project Proposal

4.1 The proposal being made is for HDFT to provide a six month pilot, during which a Back to Home - Domiciliary Service will provide the following care, in line with the Home Based Support Service Specification in Appendix 2.

In summary this is:

- A flexible service to enable patients to live safely and comfortably in their own home.
- Promote independence and a bespoke care plan that will reflect their complexities, individual needs and improve their quality of life
- It will be difficult to provide re-ablement to a percentage of the elderly population HDFT serve and therefore long term care will be provided until the level of care escalates to a position it can no longer be provided within the home setting or the patient reach their end of life.

4.2 The proposed service specification criteria are:

- Domiciliary care for the following NYCC care specialism is currently aimed at patients aged 65 and above
- Operating hours: 7am to 10pm, 7 days a week including bank holidays
- Up to 60 minutes per visit
- Up to three call outs/visits per day
- Long Term Care: flexible POC's to assist patients for as long as required
- One to One care: delivered with high standards of care and compassion
- Delivery of home care reviews and carer supervision to continually improve the service.

4.3 The POC required to support with individual's Personal Care for the physical assistance, prompting or supervision of a person are:

- Eating or drinking (including the administration of parenteral nutrition)
- Toileting (including in relation to the process of menstruation)
- Washing or bathing
- Dressing
- Medication management and administration;
- Oral care
- The care of skin, hair and nails (with the exception of nail care provided by a podiatrist).

4.4 The Practical Support required to be in place are:

- Food provision and shopping support
- Meal preparation or support to prepare meals
- Essential house tasks
- Prescription collection or delivery arrangement
- Medicines check
- Support to make and/or keep medical appointments
- Support with post and bill/utility payments
- Accompanying to re-build confidence outdoors/in the community
- Escort to social activities within their community
- Emotional support to increase confidence/reduce anxiety
- Encourage adherence to any post discharge recovery instruction
- Encourage healthier lifestyle choices.

4.5 The service area will cover the Harrogate geographical boundaries. The focus will specifically be on areas the current market struggles to respond to in a timely manner, which will provide HDFT's with its market differentiator. The criteria will be that a patient will be offered HDFT domiciliary care within 24 hours of TAF, if they remain without a POC. The Trust will work closely with those performing the assessment of discharge to understand the patients that are likely to meet the proposed HDFT criteria i.e. a POC requiring intensive support, that reside within a rural area. HDFT will need to ensure those managing the brokerage agreement, inform HDFT if no other provider has come forward within a 24 hour period. This will ensure HDFT are not destabilising the current market and only supporting where there are gaps in provision which will increase bed capacity within HDFT and reduce the number of patients who have no 'Right to Reside'.

4.6 The requirements to be a provider of care.

To be a provider of care HDFT require the following in place:

- A Registered Manager to manage the service (with a QCF5 Diploma in Leadership & Social Care, in either management of adult services or adult residential services. Alternative qualifications are a Registered Managers Award or NVQ Level 4 in Leadership & Management for Care Services). A qualification specific to the care setting is also required (i.e. Registered Nurse or a Health and Social Care qualification)

- The addition of personal care as a stand-alone service will need to be added to the Trust's current list of regulated activity with the CQC, as well as an update to the Trust's statement of purpose. Due to the classification of the proposed service as 'social care', the Trust would be inspected independently by the CQC Social Care Inspectorate rather than the CQC Hospital Inspectorate. HDFT would require acceptance onto the approved provider list for NYCC

- HDFT would seek to offer salaried roles at Band 2 (in line with current rates offered from private providers), in addition to offering of bespoke training and development opportunities for employees, through access to apprenticeship levies. Furthermore, HDFT would also redefine career pathways, taking staff from carer roles into roles such as Health Care Assistants/Re-ablement /Reb Assistants etc.
- Introduce a new workforce to support early discharge by providing tailored personal care to patients in their own home setting.

4.7 To ensure HDFT build the proposed service in a safe manner, the Trust would commit to building the case load at a rate of two patients per week. This will sustain growth and allow the continued development of the workforce at a manageable rate, until HDFT can increase the frequency of referrals and provide a robust management structure to support an increased workforce. Initially a small team would report into the Registered Manager who will help shape the future service.

5.0 Risks and Mitigations

Risk Category	Risk	Mitigation
Workforce	The requirement for new workforce to support rural POC, and the inability to recruit and meet demand within rural areas.	Two hour daily travel to be factored into costs, and the aim to deliver POC over fewer visits with longer patient contact time.
Finance	The negative net impact on income due to: • The fixed costs for salaried staff versus variable; NYCC payment is currently per contact hour • The potential to require the use of agency staff. HDFT currently hold a 16% vacancy to Care Support Workers across all wards • Travel time required for rural POC • Periods of time between visits • Potential for requiring two staff to mobilise patient.	Optimal scheduling to ensure as many visits per day, utilising the workforce. The non-financial benefits will outweigh the costs, as HDFT will save on hospital/bed capacity. The project will initially be carried out as a pilot, which will then be followed by an evaluation to determine if the service is viable and if HDFT's appetite to remain in the market continues. Furthermore the Trust's reputation will be upheld.
Domiciliary Care Market	HDFT acquiring POC which may have been offered to other providers. This could potentially destabilise the market and cause HDFT reputational damage, whilst still leaving gaps in provision.	HDFT will ensure brokerage agreement/criteria is in place. The Trust will only provide POC for the most expensive services to provide i.e. rural, complex. This will generate more bed savings which outweighs the lack of income generated The unattractiveness of this specific criteria has created a void in provision within the private sector, resulting in patients with longer stays in hospital.

Risk Category	Risk	Mitigation
Local Labour Market	The destabilisation of the market due to employees leaving existing providers to join HDFT. The attractiveness of NHS Terms & Conditions, over those currently available in the market.	HDFT will unfortunately be unable control this factor. Further research has been conducted, noting Northumbria NHS Foundation Trust, who provide POC, found there interest derived from other sectors such as hospitality industry rather than existing care providers when commencing care provision.
Caseload	A service agreement whereby HDFT pick up POC, while the Council continue to work to obtain a provider. Once a case load reaches a certain point in a geographical location the POC are likely to shift to another provider as it will then make economic sense to provide the service. This could cause a rapid decrease in caseload.	The workforce will support gaps in adult community, with relevant training provided. HDFT could consider acquiring other POC as part of brokerage.

6.0 Next Steps

6.1 Over the forthcoming weeks, work will progress in order to:

- Agree an internal service specification and HDFT's pathway of care
- Further understand the requirements of the service to inform the workforce structure
- Finalise and understand the financial implications of service delivery
- Confirm the governance arrangements for the Back to Home - Domiciliary Project
- Provide a definitive mobilisation plan to aid project progression.

7.0 Recommendation

7.1 The Board of Directors is recommended to:

- Provide authorisation to register with the CQC Social Care Inspectorate
- Approve a six month pilot period to provide a Back to Home – Domiciliary POC
- Approve that HDFT will be available on the approved provider list for the provision of Domiciliary Care for Harrogate and District locality
- Approve HDFT to add personal care as a stand-alone service to the Trust's current list or regulated activity
- Approve the update to the Trust's statement of purpose
- Approve HDFT to become a provider of care to support the Local System with the provision a domiciliary home care service
- Recruit a CQC Registered Manager.

Appendix 1 – Back to Home – Domiciliary Project High Level Timeline

Code	Key Milestones	Dependencies	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
A (1)	Seconded Registered Manager in post	none												
A (2)	Substantive Registered Manager in post	none												
B	CQC Registration in place	A												
C	Client pathways agreed inc service links	A												
D	Staff recruited (first cohort)	A												
E	Care Module created in SystmOne	A												
F	Equipment/resources procured	A												
G	Staff accomodation secured	A												
H	Service Spec signed off	B												
I	Governance in place	H												
J	Insurance covered	H												
K	Accepted onto Approved Provider List	B, H, J												
L	Home Care policies, procedures, protocols agreed	K												
M	Financial Management in place	K												
N	Service Contract Signed	M												
O	Comms and marketing rolled out	N												
P	Rosters created on Health Roster	D, H, K												
Q	Training, induction, shifts allocated	D, P												

Go/No Go decision from the Board (pre offer stage)

once agreed by project team needs board sign off for project schedule baseline V1.0

Dates to be added once BC signed off

Critical Path - little float, any delays risk delay to go live

Key

Blue - completed

Green - on track

Amber - at risk

Red - delayed

grey - planned

Appendix 2 – Home Based Support Service Specification

Service Specification

Service	Home Based Support
Period	01/11/2022 – 31/10/2027
Review Date	01/11/2023

1.0 VISION AND CONTEXT

The Council is seeking forward thinking Providers to work collaboratively to create good quality, strong and sustainable Services across North Yorkshire, which are responsive to the needs of each locality and the community within, enabling the health and social care system to function at an optimum level. This includes working collaboratively with Commissioners, Health and Social Care Teams including Primary and Community Health, Social Care Assessment, Re-ablement and Fast Response Services, People and Carers.

With the increase in numbers of people, it is critical for health and social care Providers to work together to ensure that the Services focus on maximising independence rather than fostering dependency and reliance. It is therefore crucial that people are supported to stay well to prevent unnecessary hospital admission and where necessary to facilitate timely discharge. In accordance with Discharge to Assess, Providers shall work with the Council to minimise the length of time that people spend in hospital. Hospitals have experienced increases in the number of emergency admissions of people who now account for 62% of total bed days spent in hospital.

Unnecessary delay in discharging people from hospital can lead to worse health outcomes and can increase long-term care needs. People can quickly lose mobility and the ability to do everyday tasks such as bathing and dressing. Keeping people in hospital longer than necessary is also an additional and avoidable pressure on the financial sustainability of the National Health Service (NHS) and local government.

One of the Council's key strategic intentions is to support people to live independently in their own home for as long as possible; this is linked to the wider health and social care 'Home First' principle. The overarching model for homebased support has been developed to support this intention bringing together Services, which shall help deliver principles laid out in the Care Act 2014.

The strategic vision of supporting people to live well and independently in their own community will also increase the need for home based support. It is important that Providers are aware of the geography of North Yorkshire and the challenges and opportunities that the geography presents. The commissioners expect Providers to be aware of the diversity of the geography in North Yorkshire and how this may affect the delivery of home based support.

Home Based Support Services are an essential part of the whole health and social care system and therefore a responsive services from Providers is essential to ensure that the health and social care system functions at an optimum level.

2.0 SERVICE DESCRIPTION

2.1 Service Aims and Objectives

The overall aim of the Service is to ensure long term certainty and consistency of service, build capacity in the care market, ensure good quality recruitment, consistency of Provider personnel and punctuality of provision, which in turn will improve quality of, and satisfaction with, the Service from the Person's point of view.

The aims and objectives of these services should be to:

- Provide the opportunity of living at home whilst ensuring a person's care and support needs can be met.
- Provide care that is person centred, supporting a person's independence and whole well-being reflective of how they want to live their life helping them to maintain or develop their skills to do as much as they can and want to for themselves.
- Provide support that enables people to maintain personal choice about everyday life supporting them to make decisions about what they want to do and how they want to do it on a day-to-day basis.
- Provide care that reflects safe, effective practice and maintains quality as a high priority
- Provide care through well-maintained professional partnerships supported by good leadership.
- Be integrated into the community as much as possible, helping people to go into their local areas, or beyond, to do the activities they enjoy and that they need to for living their daily lives.
- Help people to build and maintain friendships and relationships where they want to, making sure that connections with friends and families are facilitated as much or as little as people want.

2.3 Core Services

The Provider ensures that all Provider Personnel work in an enabling way that allows residents to increase or maintain their level of independence, develop self-caring and move to a reduction in care and support, where appropriate.

The Council recognises that the care market and the care sector as a whole shall see significant change over the lifetime of the Approved Provider List due to the impact of workforce pressures, the introduction of new technology and the increased expectations of people receiving care. Within the bounds of the approved provider list, the delivery of services will need to be flexible over time and the Council will work with Providers to move service delivery towards more Personalised and integrated care models. This may include existing models, but also emerging methods of care planning, delivery and payment linked to individual or community scale outcomes.

The Approved Provider List seeks to involve Providers as key strategic partners and Providers shall be expected to engage with the Council on a wide range of issues within the geographic boundaries of the approved provider list. This will include but is not limited to the development of new models of care as stated above, involvement in Multi-Disciplinary Teams (MDTs) alongside other Health and Social Care partners and trialling new uses of technology.

On being appointed to the Approved Provider List, the Provider shall be expected to promote Staff retention, provide a good quality Service and be a Provider that people aspire to work for. With intelligent planning of Service delivery, the Provider shall be in a position to minimise Provider Personnel travel and maximise the time spent supporting people, building capacity over time.

The Provider will actively support and promote delivery of the Council's Public Health outcomes. The Provider will work as a key strategic partner with the Council including, where appropriate, supporting multi-disciplinary team approaches.

The Council has developed this Service Specification which covers task based home based support and the standards required. However, it is anticipated that over the term of the Approved Provider List there will be a significant shift towards outcome based assessments commissioning and delivery of services.

The Provider will work closely with people to meet their assessed care and support needs but will do so within the wider context of the Person's health and wellbeing. This will include an understanding and appreciation of the value and importance of social and cultural interactions on a Person's health. The impact of loneliness and social isolation on health and wellbeing are well understood, Providers should encourage people to remain active within their communities and should facilitate this where possible if necessary through onward referral to other organisations or agencies that may be free to access or chargeable. Where interaction is limited due to health or mobility issues, Providers should work with people to remain connected to friends and family through the use of technology or other means.

2.4 Service Definitions

In line with the requirements of this service specification, the Provider shall deliver the core elements of care. The person's package may include all or some of these core elements. However, there is an expectation that the service will meet all the needs identified in the core service.

The Home Based Support Approved Provider List covers a range of activities, which may be put in place to support a Person in their own home. This may include the following core elements of care:

- Personal Care
- Practical Support
- Sitting Services
- Live-in Care

There are a range of tasks which may fall within these Services, which may include but not be limited to:

Personal Care (as defined in the Care Act)
physical assistance, prompting or supervision of a person in connection with—

- eating or drinking (including the administration of parenteral nutrition),
- Toileting (including in relation to the process of menstruation),
- washing or bathing,
- dressing,
- medication management and administration;
- oral care, or
- the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist);

Practical Support

- Food provision and shopping support
- meal preparation or support to prepare meals
- Essential house tasks
- Prescription collection or delivery arrangement
- Medicines check
- Support to make and/or keep medical appointments
- Support with post and bill/utility payments
- Accompanying to re-build confidence outdoors/in the community
- Escort to social activities within their community
- Emotional support to increase confidence/reduce anxiety
- Encourage adherence to any post discharge recovery instruction
- Encourage healthier lifestyle choices

Sitting Services
The sitter may provide companionship, personal care and practical support. This can include accompanying them on leisure activities, such as trips to the cinema, the library or going for a walk.

Live-in Care
The care worker lives in the Person's home on a 24-hour basis, to provide support, which may include Personal Care or Practical Support tasks. The care worker shall be available to help throughout the day and at night, as necessary The care may be provided by a single care worker who lives-in permanently, or by two or more care worker working on a rota basis.

Levels of need
People who use services will have a diverse range of needs including those with mild and moderate needs, people with intensive/enhanced needs, challenging behaviour, mobility needs and disabilities and sensory impairment (including acquired brain injury).

Intensive/Enhanced services are defined as support to a person:

- Who present behaviour of a nature or complexity and/or with a degree of associated concern, that requires more than primary preventative strategies; and
- Where the risk of harm, exclusion or exposure to aversive contingencies is such that it requires an intensity of case working (including assessment and treatment) that exceeds the capacity of other community teams/services (either alone or in isolation, specialist or generic/mainstream); or
- Where the individual requires advance clinical/case management skills that are similarly not available within other community teams/services

The Provider shall recognise that people's needs shall vary depending on individual persons' care dependencies and therefore the service shall be responsive to a Person's diverse needs.

2.5 Core Elements Of Care

The Provider shall deliver the core elements of care. The Person's package may include all or some of these core elements. However, there is an expectation that the Service will meet all the needs identified as defined within the persons support plan and within the Individual Service Contracts.

2.5.1 Personal Care

The Provider shall attend to the personal care needs of people using services, in accordance with the Service Definitions, legislation and guidance. Personal care shall be delivered sensitively, discretely and in a way that maintains their dignity and privacy and in line with the persons Support Plan.

2.5.2 Community Support Services

The Provider shall enable the person to access their local community and be supported to maintain a relationship with community based services. These Services could include assisting, advising, supporting, accompanying and encouraging a Person with access to:

- Community activities (such as libraries, places of worship)
- Social networks, maintain relationships including family.
- Enabling opportunities to education and employment (this could be paid or voluntary work).
- Supporting people using services to manage their finances

2.5.3 Domestic Services

The Provider may be required to support the person to with domestic services, which would be included within the definition of Practical Support.

Where required to do so, the Provider shall ensure that the Person's clothing, bedding, etc. is kept clean and in good repair. Washing techniques shall be appropriate to the clothing material and washing instructions and laundry shall be undertaken in the Person's home, unless agreed in advance with the Care & Support Team.

The Provider shall ensure that the Person is encouraged and enabled to undertake their own laundry.

2.5.4.Transport

Where the Provider is responsible for transport, the vehicles used must be appropriately maintained, insured and, where appropriate, drivers must be trained and have the required vehicle category on their driving licence. Transport provided must be safe and suitable in meeting a Person's individual needs and sufficiently flexible in order to support a wide range of activities for people who use services. Risk assessments should be carried out where appropriate.

The Provider shall ensure that all vehicles are adequately insured for all liabilities and the appropriate documentation is valid. Where the Person is being transported in a Provider Personnel member's car the Provider shall be satisfied that Provider Personnel motor insurance covers this.

The Provider shall ensure that all Provider Personnel driving for work purposes hold a valid driving licence for the vehicle being driven and observe relevant road and safety requirements.

The Provider shall retain copies of Provider Personnel driving licences and insurance details and shall ensure they are current.

The Provider shall ensure that where the Provider Personnel are involved in transporting the Person, they are aware of the needs of the Person and have received specific training in mobility and wheelchair clamping, where relevant.

Transport costs do not form part of a Person's means tested financial assessment. Where transport is provided; either through North Yorkshire County Council or the Provider, the Person will be asked to pay for this separately. The Council will not make additional payments to the Provider for transport to and from services commissioned via this service specification. Additional information can be found at What you should expect to pay for care services in 2021-22 | North Yorkshire County Council

Where transport is provided in addition to the services defined in the person's support plan, the Provider shall ensure that any additional charge for transport is detailed in the information Provider's provide to people to ensure that the Person is made aware of the charge before using the transport.

Where appropriate, in order to deliver 1:1 or shared support in the community, the Person may be asked to use their mobility allowance in order to fund any transportation needed.

Eligibility for the Council's Integrated Passenger Transport (IPT) is assessed by the Care & Support Team. This assessment considers all alternative options, in-line with the transport eligibility guidelines, to most appropriately meet the person's needs in a way that maximises independence. Where a person is assessed as having an eligible transport need, this is provided by the Council's fleet minibuses

OR the IPT Team will commission taxis for those unable to be safely accommodated by minibus. Once finalised, transport arrangements are confirmed to the Care & Support Team for their onward confirmation to the Person. The Council's fleet transport is charged to the Person at a flat rate as detailed in the Council's Charging Policy.

2.5.5 Telephones

If the Provider uses a call monitoring system which requires the Provider Personnel to use the telephone to log their arrival and departure the Provider shall obtain permission from the Person, or Parent(s) or Carers(s) where relevant, in advance of the commencement of the Service. If the Person refuses to allow the Provider's Personnel to use the telephone, the Providers Personnel shall use their own mobile phones, or where available, work issued mobile phones, to record their activity.

The Provider shall ensure that where a call monitoring system is used which requires the Provider's Personnel to use the telephone to log their arrival and departure and where the calls to the system are not free of charge that Provider Personnel shall not use the Persons telephone for this purpose. Any such call shall be completed using the Provider Personnel or work issued mobile telephones.

2.5.6 Equipment

The purpose of providing equipment is to increase or maintain functional independence and well-being of the Person as part of a risk management process.

The Provider shall ensure that:-

- Equipment is used only for its intended purposes and in line with the assessment/Support Plan.
- Where hoists are used the appropriate number of Provider Personnel are available to provide support to the Person, in line with the Occupational Therapists assessment.
- Any Person using equipment to aid their mobility, e.g. a wheelchair, walking frame, is supported in its use and any adaptations are used correctly, i.e. footplates on wheelchairs.
- Where a Person persists in refusing to use equipment appropriately, i.e. refusing to use the footplates on a wheelchair, this is communicated to the Care & Support Team immediately so that safe practice may be agreed.
- Where a Person's needs change, the Provider is required to refer back to the original prescriber for advice/reassessment.
- Instructions provided with any equipment should be followed, and staff appropriately trained to use the equipment.
- All equipment maintenance and inspection standards should be maintained.
- Provider Personnel are provided with sufficient supplies of the necessary equipment, to undertake the Service, for example residual current device (RCD Adaptor), etc.

2.5.7 Positive Behaviour Support

Where appropriate, the Provider should adopt a Positive Behavioural Support (PBS) approach to support people who are at risk of behaviour that challenges. The PBS approach has been recommended the NICE guidelines for Challenging Behaviour; Ensuring Quality Services; Positive and Proactive Care: Reducing the need for Restrictive Interventions; A Positive and Proactive Workforce; and Supporting Staff who work with People who Challenge Services.

3.0 Governance

3.1 Assessment, Support Plans and Brokerage

Information in relation to the Council's Care Act Assessment Process, Support Planning process and Brokerage sourcing process are included within Schedule 3. Providers should ensure that they are aware of what the Person can expect from the Council. The brokerage process outlines how the Council sources services for a person and therefore outlines the referral process to the service.

3.2 Management & Provider Personnel

The Provider shall ensure that the management approach of the Service provides an open, transparent, positive and inclusive atmosphere. Management planning and practice shall aim to encourage innovation, creativity and development providing a clear sense of direction and leadership which Provider Personnel and People understand and are able to relate to the aims and purpose of the service ensuring the Service delivered is of a high quality.

The Provider shall have a strategic approach to workforce planning and development, with effective Personnel retention strategies and recruitment. This shall be evidenced in a Workforce Plan recording actions planned, achievements and details of the positive impact on the Service.

The Provider shall ensure that Personnel retention strategies include fair and comprehensive terms and conditions for Personnel in accordance with statutory compliance including, adherence to the payment of the National Living Wage/National Minimum Wage including paying for travel/non-contact time, Stakeholder Pensions, etc. In planning rotas and routes the Provider shall endeavour to reduce travel time and mileage, wherever possible, so that Personnel contact time is maximised.

Further standards relating to management and Provider Personnel and training and supervision that apply to this contract can be found in the Standards and Outcomes Framework.

4.0 Core Service Standards

4.1 General Requirements of Providers

The Provider is required to be registered with any appropriate bodies for the service they are providing. For regulated care activity, the Provider is required to be registered with the Care Quality Commission (CQC) and to maintain that registration throughout the Contract Period. All Providers must meet the

Fundamental Standards. https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers

The Provider is required to deliver their service to the standards outlined in the Standards and Outcomes framework for this contract.

There is an express obligation on Provider to deliver services in accordance with legislation, statutory guidance and Best Industry Practice as detailed in Clause 5 of the Agreement and clause 5 of each ISC.

The Provider is required to meet the terms of the Agreement and shall have due regard to appropriate evidence-based Best Industry Practice including national guidelines published by National Institute for Health and Care Excellence (NICE).

The Council recommends that all Providers delivering support in Home Based Support sign up to the Public Health England 'Health Charter for Social Care Providers' which includes commitment to ensuring People with Learning Disabilities are pro-actively offered support towards an Annual Health Check.

The Provider will deliver Services that meet the needs of people and are provided by competent Provider Personnel in a way that supports the safety and security of the Person using the Service. Each Provider must ensure that it has the ability to provide the necessary Services with sufficient number of trained and competent Provider Personnel necessary to provide care for people using the Service. The Provider must ensure that each person responsible for the delivery of care is fully aware of the requirements of the Agreement and be able to demonstrate a commitment to maintaining and delivering high quality Services for adults with a variety of needs and/or conditions and provide a Service where all aspects of a Person's assessed care are met.

The Provider will provide Services that meet the needs of the Person, are responsive, reliable, maintain a Person's dignity and respect at all times and are provided by competent Provider Personnel in a way that supports the safety and security of the Person using the Service. **Dignity in Care Charter | North Yorkshire County Council**

Where possible Services must always be provided in a way that enables the Person using the Service to maximise their independence, health and wellbeing and support their social, spiritual, emotional and healthcare needs.

The Provider shall have regard to and ensure their Services comply with the Care Act 2014 and the Care and Support Statutory Guidance (as amended) issued under the Care Act 2014 by the Department of Health and the 7 principles as detailed and explained in "A Vision for adult social care: capable communities and Active Citizens (November 2010) namely:

- Prevention
- Personalisation
- Partnership

- Plurality
- Protection
- Productivity
- People

The Provider must also ensure that their Services are delivered in a manner which is compatible with the following duties placed on the Local Authority under the Care Act 2014:

- Section 1 - The Duty to Promote Individual Wellbeing
- Section 2 - The Duty to prevent the need for care and support
- Section 3 - The Duty to promote the integration of care and support with health services
- Section 4 - The Duty to Provide information and advice
- Section 5 - The Duty to promote diversity and quality in provision of Services
- Section 6 - The duty to co-operate with partners
- Section 42 - The duty to Safeguarding Enquiries

The Provider will ensure that all Provider Personnel work in an enabling way that allows the Person to increase or maintain their level of independence, develop self-caring and move to a reduction in care and support, where appropriate. The Provider and its Personnel should work in such a way that promotes a seamless strengths based service and contributes to the delivery of broader public health priorities using Making Every Contact Count to identify and address risk factors and building blocks to independence, including but not limited to healthy lifestyles, sexual health, housing, support networks, education, training and employment.

4.2 Behavioural Standards and Codes of Practice

The Provider and its Provider Personnel shall adhere to the relevant codes of conduct for their profession including but not limited to:-

- The Skills for Care Code of Conduct available at: http://www.skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf

4.3 Digital Solutions

The Provider shall adopt Technology Enabled Care (TEC) as they develop solutions for People as a key part of providing care. TEC helps people connect and thrive in many different ways as part of their whole life and their community and can help to support people in more creative ways and allow for the right support at the right time.

Providers have a key role in the development of TEC as part of their service delivery and are expected to develop a commitment to:

- A programme of upskilling in this area – learning from colleagues and specialists.

- Demonstrating and sharing how technology has been used to appropriately support people via data informed decision-making.
- Supporting the closure of the digital divide and enabling individuals to develop digital awareness, skills and confidence.

The landscape of TEC continues to change rapidly and the Provider shall be required to engage with developments in this area and give due consideration to how the implementation of such solutions could improve the independence and wellbeing of people receiving care. The Council commissions some aspects of this support for individuals, however much is also available through mainstream retailers. Where TEC solutions are identified as part of a person's care package these will be implemented by the Care & Support Team and the Trust's commissioned provider. Providers should be aware of, and support people to implement other solutions in their homes.

Acceptance and adoption of technology can vary greatly between individuals and whilst people receiving care should not feel compelled to engage with products they are not comfortable with, they should be supported and encouraged to understand the benefits that such technology can bring to them and their families.

The Council recognises that this is a rapidly moving area where assessing the suitability and efficacy of new products can be challenging. Should Providers require advice and support in implementing new solutions they should contact the Council for further support.

Whilst it is not possible to accurately predict the development of TEC systems and products over the lifetime of the framework, this is likely to include:
For the person:

- Wearable sensor technology, such as smart watches and pendants which are able to track homeostatic information and alert responders to changes beyond normal boundaries
- Passive sensor technology which can alert responders to changes in established patterns of behaviour which may indicate an issue e.g. not being out of bed by a certain time or increased / decreased frequency of bathroom visits
- Remote monitoring of domestic aspects such as room temperature and electricity use
- Smart Home systems which can undertake basic domestic functions such as opening / closing curtains, ensuring doors are locked and answering the door
- Use of video calling and remote access to provide people with the ability to stay in contact with friends and family who may be unable to visit in person as well as accessing wider social networks in this way
- The use of accredited Health and Care apps such as Brain in Hand to support people to manage their own care and remain independent

For Providers:

- The implementation of virtual support where appropriate and risk assessed, through video, voice or smart assistant type products
- The use of e-rostering and monitoring processes to maximise efficiency of delivery and reduce down time and mileage
- Comply with national requirements for digitalised care records.
- Adopting the Data Security and Protection Toolkit; www.dsptoolkit.nhs.uk

The technical infrastructure of how care is commissioned, monitored and paid for is also likely to change through the lifetime of the agreement. These changes will be made through engagement with Providers, where appropriate, however are likely to include:

- The implementation of provider portals for micro-commissioning, invoicing and communication with the Council
- Enhanced online training and engagement building on the success of online events started during the COVID-19 Pandemic
- Comply with national requirement for digitalised care records

4.4 Information for People

The Provider must maintain up to date Service literature containing information which is relevant to the Service. The Provider shall ensure that all information relating to the Service is written in plain English and in line with the Accessible Information Standard, where relevant and is available in other formats or languages on request. The Service literature must be in a format appropriate to the Service and provide sufficient detail around the Service.

As a minimum, the Person should be provided with information that includes the following within two weeks of the start of the service:

- Details of overall support and services provided as part of the commissioned Service;
- Any additional services available from the Provider but not included within this Contract;
- A copy of the Provider's Support Plan;
- How the Person can ask for a review of the Service;
- Arrangements on how the Person can contact the Provider, including out of hours, where appropriate, or in an emergency.

The Council is responsible for providing the Person with all statutory information and information about the Council's services, including:

- When and how to ask for an assessment from North Yorkshire County Council
- Basic information on North Yorkshire County Council Services
- Basic information on what financial support is available from North Yorkshire County Council

- Signposting to independent financial advisors
- Basic information on the advocacy service and when and how to use it.

4.5 The Person's Rights / Citizen voice

Many individuals who use services may need help in being able to voice their thoughts or make decisions in their lives. In these cases, another individual may act as an advocate. This person may be a family member, friend or a paid advocate through the contracted advocacy service. The Provider shall work with the individual, the Care & Support Team and their advocate where appropriate in decision making and to ensure the individual's voice is heard.

The Provider shall encourage and facilitate self-advocacy from individuals wherever possible. This should be evidenced in the Provider Support Plan. Support with self-advocacy is available through the North Yorkshire Self Advocacy Support service. The Provider is expected to establish a collaborative working relationship with the North Yorkshire Self Advocacy Support Service, which offers additional support with self-advocacy throughout North Yorkshire.

4.6 Engagement & Co-production

Co-production is an approach where individuals, from different backgrounds and experiences, both personal and professional, work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services.

Co -production should underpin all elements of the service. It includes:
• building on individuals existing capabilities
• recognising individuals as assets
• reciprocity and mutuality
• peer support networks consent
• blurring distinctions between individuals and professionals
• facilitating rather than delivering
• goes beyond consultation, individual involvement and citizen engagement to equal partnership
• from 'doing to' to 'working with': no more 'users' and 'clients'
• shifts emphasis from providing to enabling and supporting
• professional and experiential knowledge and resources are valued and combined.

There is a requirement for Providers to build on existing Best Industry Practices in demonstrating how the views of people who use services and their families and carers are used to shape and develop services and service delivery in line with the principles set out above. This may be through an annual satisfaction survey or other more innovative means of engagement and evaluation.

4.7 Mental Capacity and Cognition

The Provider shall work within the principles of the Mental Capacity Act (2005) (MCA) (as amended) and the corresponding Code of Practice to understand best practice and in particular best interests decision making in regard to that legislation. The Provider will be expected to understand their responsibility under

the Deprivation of Liberties Safeguards (DOLS) addendum to MCA and the Deprivation of Liberty Safeguards Code of Practice.

The Provider shall ensure that the Person is encouraged and supported to make choices about the Service they receive and to be involved in any decisions which affect them. Self-care and independence shall be promoted ensuring that the Person can take control over their daily life, regardless of the scale of the impact, recognising that a choice made by a Person which may seem minor could be a major achievement for someone else.

If there is reasonable belief that the Person lacks the mental capacity for a particular decision then a capacity assessment must be undertaken. Where there is potential for a Person's capacity to fluctuate the Provider shall ensure that capacity assessments are completed at different times of the day to identify whether there is potential for the Person to make decisions, for example at a specific time of the day. The capacity assessment must provide evidence that the Service has taken all steps to enable the person to make the decision.

The Provider shall ensure that Provider Personnel have undertaken appropriate training in relation to the Mental Capacity Act 2005 and understand the impact on daily living whilst working in line with the 5 principles of the Mental Capacity Act 2005 which are:-

- A Person must be assumed to have capacity unless it is established that they lack capacity.
- A Person is be deemed to be as able to make a decision unless all practicable steps to help them to do so have been taken without success.
- A Person is not to be treated as unable to make a decision merely because they make an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a Person who lacks capacity must be done, or made in their best interest.
- Before the act is done, or the decision made, regard must be had to whether the purposes for which it is needed can be as effectively achieved in a way that is less restrictive of a Person's rights and freedom of action.

The Provider shall ensure that:-

- The Person's psychological health is monitored regularly and recorded.
- Provider Personnel shall promote positive mental health and actively support the Person to engage in appropriate activities, taking into account the Person's wishes and preferences.
- Policies and practices ensure that physical and/or verbal aggression by People is understood and dealt with appropriately, and that physical intervention is used only as a last resort, in accordance with Department of Health guidance and a policy is in place and appropriate training has been undertaken by Provider Personnel.
- Any best interest decision must include the views of the Person, be topic specific and recorded in sufficient detail to justify how the decision was

arrived at and must if at all possible show different options and the pros and cons of each option. It must also discuss which is the least restrictive option. There should be a review date and this should be reviewed regularly.

- The best interest assessment must show that family/friends have been consulted and their views taken into account, where there is no one to consult there should be an IMCA or advocate involved in the decision and must show the reason for the decision and if the views of the person could not be followed the reason for this.
- Where a Person lacks capacity to be involved in support planning and reviews and there is no suitable representative, this is recorded and the Council is notified in writing, including details of how decisions are being made.
- Provider Personnel can recognise the possible signs of cognitive issues and understand why depression, delirium and age related memory impairment may be mistaken for dementia.
- Where the Person is in receipt of secondary mental health services or subject to requirements under the Mental Health Act 1983, the Provider's Support Plan shall take this fully into account.
- Where the Provider is informed that a Lasting Power of Attorney is in place, either for Health & Welfare or Property and Financial Affairs, the Provider ensures that a copy is be obtained and retained on the Person's file to ensure that it is relevant and registered with the Office of the Public Guardian.
- The Person's right to participate in the political process is upheld, for example, by enabling them to vote in elections, where appropriate.
- Each Person who lacks capacity to consent to care and support have had a DoLS application made if they are under continuous supervision and control and are not free to leave.

4.8 Infection Control

The Provider shall ensure that:-

- Infection control measures are adhered to in line with the Standards and Outcomes Framework
- Provider Personnel understand and practice measure to prevent spread of infection and communicable diseases and that robust systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

4.9 15 Minute Calls

Where 15 minute calls are required this shall be agreed in line with the Council's current guidance on 15 Minute Care Episodes only. Where this guidance is updated the Council shall inform the Provider so that the most up to date guidance is followed.

4.10 Double Handed Care

Double-handed care is where more than one staff member is provided on a visit to a person to deliver specific personal care tasks to the person in their home.

The determining factor for whether single or double handed care is required is based on a risk assessment, and not on a standard policy which is associated with the type of equipment provided, e.g. a hoist may be used with one carer if this is assessed as being safe. Any decision shall be recorded on the Support Plan provided by the Council.

5.0 ACCEPTANCE AND EXCLUSIONS

5.1 Service Eligibility

The Services covered under this Approved Provider List are available to people who ordinarily would be resident within the administrative area of North Yorkshire and who have assessed needs identified as being able to be met by the services definitions as defined in this Approved Provider List. The services shall be available to:

- People aged over 65 years;
- People with physical disabilities;
- People with learning disabilities;
- People with mental health problems and
- Children with disabilities.

5.2 Service Response Times & Availability

Referrals may be made to the Service by telephone or in writing. The Provider shall nominate those persons with authority to accept referrals and shall inform the Council of their names, addresses and telephone numbers, and update as necessary.

The Provider shall provide the Services for the individuals named as set out on the ISC from the start date, until the Services are cancelled, suspended or varied in accordance with the Contract. For the avoidance of doubt, the Council does not guarantee any minimum volume of work under this Contract.

The Provider must ensure that they have the capacity and capability to deliver Services 365 days per year (366 days in a leap year) between the hours of 7am and 11pm daily. The Provider must be able to demonstrate flexibility in deploying Provider Personnel in response to demand at all times.

The Provider must conduct regular reviews of Provider Personnel levels and resources especially at times of increased demand, including, but not limited to, winter pressures, Bank Holidays and school holiday periods ensuring the required Service capacity is provided.

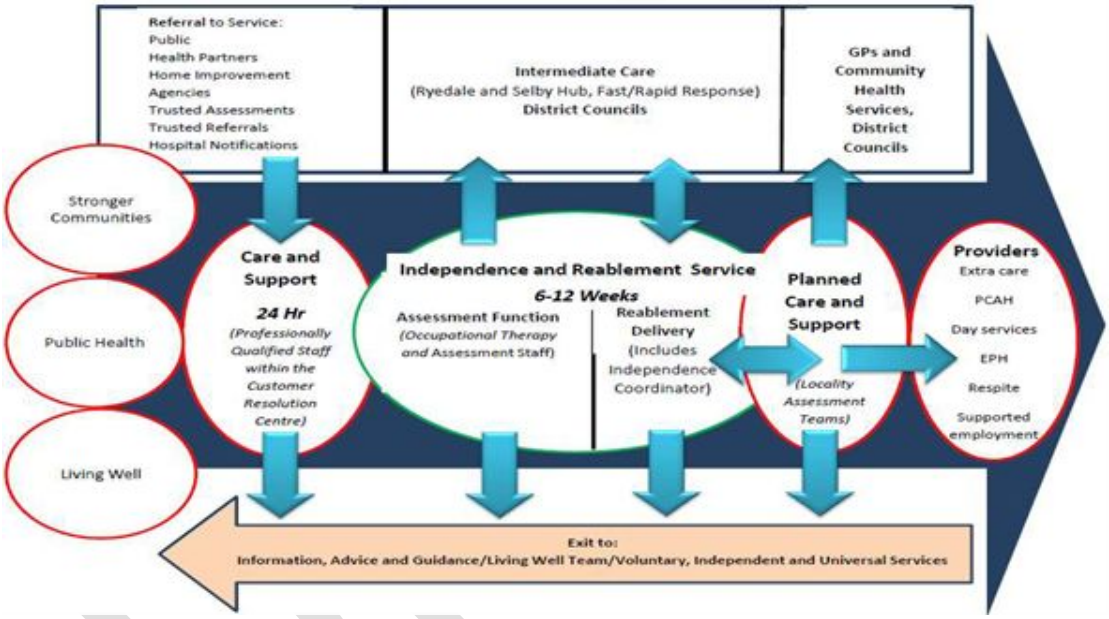
The Provider must be in a position to accept new referrals between 8am -8pm 7 days a week. Where the referral is for a hospital discharge and a trusted assessment has been completed acceptance/refusal should be provided as soon as possible up to a maximum of 3 hours.

5.3 Referral Pathway

People shall be referred into this service via a physical health referral route in accordance with hospital discharge processes or following a referral from the community. The information below outlines the Council's Care and Support Operating Model and the Discharge to Assess model and Discharge Hub Process, which seeks to clarify the way referrals are received and responded to. The current Care Package Sourcing Process is detailed below to provide an overview of how the Brokerage Team source packages of care.

The Care and Support Pathway is the operating model for how adult social care is delivered in North Yorkshire. It includes the following key elements:

- Improved Prevention and Reablement offer
- Improved offer at first point of contact
- Strength Based and Person Centred Approaches to Practice
- Integration



5.4 Transition Pathway

Providers are required to deliver Services that compliment and support a Person's transition to adulthood. For young people with special educational needs and disabilities, the transition can take longer and needs more preparation. Where the Person has an Education Health and Care Plan and/or Personalised Learning Plan, this should be used to support the identification of ongoing person-centred outcomes to support the Person's transition to adulthood. Where appropriate, this should contribute towards the Care Act Assessment and in the identification of the most appropriate service offer to meet the Person's identified outcomes. The support from the Service should be person-centred, and should enable the Person to maintain and build on the outcomes they have already achieved in their preparation for adulthood.

5.5 Absences & Cancellation of Support

The Council defines planned and unplanned absences within the List Specific Terms of the Agreement and the associated payment terms in the event of a Person's absence from the Service.

The Council and the Provider must make it clear to the Person that wherever possible, they are required to give 24 hours notice if they will not be requiring a Service as detailed in their ISC and Provider's Support Plan.

The Council's Charging Policy will reflect the payment terms. In the event of an emergency, where a Person cannot give 24 hours notice, the Person will not be charged. Examples of an emergency may include, but not be limited to, sudden illness, hospitalisation, or close family bereavement.

In the interest of safeguarding on the first day of any unplanned absence Providers will be expected to make contact with the following people in the order below until you are able to establish the individual's reason for absence and that they are safe:
• individual accessing the service
• next of kin
• Care & Support Team

Once the Provider has spoken to the Person or the individual who understands the reason for the unplanned absence. You will be expected to:

- notify Care & Support Team of all unplanned absences (notification must be provided by email within one working day of non-attendance)
- contact the individual's next of kin if appropriate
- investigate reoccurring absences.

Providers will be expected to monitor non - attendance and report any trends and patterns to the relevant Care & Support Team who will establish if it will turn into a planned absence.

5.6 Hospitalisation

The Council defines absences in relation to hospitalisation within the List Specific Terms of the Agreement and the associated payment terms in the event of a Person's absence associated with hospitalisation from the Service.

6.0 INTERDEPENDENCIES WITH OTHER TEAMS/ORGANISATIONS

6.1 Other Providers

The Provider is likely to be providing Services to people who may be in receipt of a range of services and support, some of which may be commissioned from the Council's other Approved Provider Lists, as follows:

- Community Based Support
- Residential & Nursing Care
- Supported Living

There is therefore a requirement for Providers to work collaboratively and respectfully of other Providers.

Further standards relating to working collaboratively with other Providers that apply to the Service can be found in the Standards and Outcomes Framework.

Providers will also be expected to work in such a way that promotes community integration, including but not limited to:

- Demonstrating an awareness of available local community resources and facilities.
- Demonstrating how they are working collaboratively with local community based services and facilities to promote accessibility for the people supported.
- Engaging with local user forums and professional networks appropriate to their area of service, including but not limited to North Yorkshire Learning Disabilities Partnership Board, Dementia Friendly Communities and local emerging Community Partnerships.

7.0 QUALITY AND PERFORMANCE STANDARDS

The Council expects all Providers to strive for excellence. Providers are required to comply with the relevant regulation standards including Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, NICE guidance, other appropriate National and Local guidelines and relevant successor documents. The Specification could also be subject to changes in response to any future changes in Legislation or Government guidance

North Yorkshire also implements NICE standards across services, and uses the NICE Quality Improvement Resource to drive up quality of services across the county. Quality improvement resource for adult social care | Social care | NICE Communities | About | NICE

Standards and Outcomes Framework

The Provider shall be required to deliver services in accordance with the Standards and Outcomes Framework (Schedule 9) and associated Best Industry Practice defined within the Standards and Outcomes Framework.

Quality Pathway

The Quality Pathway (Schedule 10) sets out the Council's quality requirements including the approach to monitoring and measuring quality of services. The Provider is required to deliver services in accordance with the Quality Pathway.

Harrogate and District NHS Foundation Trust

Board Committee Report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Richard Stiff
Date of meeting:	7th September 2022
Date of Board meeting this report is to be presented	28th September 2022

7.1

Summary of key issues

The meeting was held via Teams and was well attended. The Trust Chair attended the meeting for the first time in her new role. The meeting was attended throughout by representatives of Azets, the Trust's new external auditors who presented their first report to the Committee. Steve Treece observed and contributed to the meeting on behalf of the Council of Governors.

Key items on the agenda included -

- Procurement Savings - The Committee received a quarterly procurement savings report. The Committee heard that NHS procurement was being challenged by global supply chain challenges and inflationary pressures on the price of commodities of all types. Despite these issues savings accruing to HDFT through collaborative procurement arrangements in the first quarter of 2022/23 were estimated to be over £200k. In 2021/22 a procurement saving of £1m had been achieved for the Trust. In addition £200k of "nil cost" equipment had been provided to the Trust this year from the national distribution of items purchased for use in Nightingale hospitals (and elsewhere) during the peak of the pandemic. A new tendering and contracting IT system was being introduced nationally replacing paper-based systems. It was felt that this modernisation would significantly improve and streamline the procurement process. New

opportunities for procurement partnerships in the developing HNY ICS and elsewhere where being considered.

- Post Project Evaluations - Two over threshold Post Project Evaluation reports were received and agreed. (Children's Services VPN and Replacement of VMWare Servers). Two single tender actions were received and noted.

- HDFT Treasury Management Policy - The Committee undertook its annual review of the HDFT Treasury Management Policy and the related annual report. The policy had undergone only minor updating. There was some discussion of the dynamics of the current investment market. Further discussion of future prospects would take place in the autumn and draw on the significant experience of individual NEDs in this field. The updated policy was approved.

- Internal Audit Charter - The Internal Audit Charter received its annual consideration. The Charter is unchanged from 2021 and was agreed.

- 2022/23 Internal Audit Programme - The Committee received a report on the progress of the 2022/23 internal audit programme. At this relatively early stage in the programme only one final report had been issued (audit of National Cost Collection, significant assurance). The Committee approved alteration/additions to the programme requested by management including an audit of arrangements related to the child immunisation programme and inclusion of a new NHSE requirement for a financial sustainability review.

- Outstanding Internal Audit Recommendations - Despite positive improvement over the last 12 months (138 recommendations actioned) slow progress with some outstanding internal audit recommendations remains a cause for concern. 32 recommendations remained unactioned at the date of the meeting, although none were major recommendations 26 were of moderate significance. No HIF audit reviews had been completed within the 2022-23 programme, but the HIF report recorded the clearing of all outstanding recommendations from previous audit reports.

- Internal Audit Summary Report - The Committee received a report summarising all outstanding audit reports from the 2021/22 programme. The committee had previously been briefed only on the draft reports. The majority of reports provided significant assurance (15). Three provided only limited assurance - infection control, HIF

security management and use of agency staff. In all three cases the reports highlighted known issues that are receiving attention.

- External Audit - The Committee noted the formal appointment of Azets as the Trust's external Auditors at the last Council of Governors meeting. The Committee received and noted and approved the external audit plan discussed and agreed between Azets and Executive Management Team.

The next scheduled meeting of the Committee is on 7th December 2022. An additional meeting related to the 2021/22 financial statements and annual report will be held on 3rd October in advance of the special Board meeting scheduled for the 5th of October.

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

None.

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

None.