

Board of Directors Meeting (Public)
To be held on Wednesday 27th September 2023 12.45 – 3.45pm
Venue: Crowne Plaza Hotel, 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
SECTION 1: Opening Remarks and Matters Arising				
1.1	Welcome and Apologies for Absence	Chair	Note	Verbal
1.2	Patient Story	Director of Nursing, Midwifery and AHPs/ Medical Director	Discuss	Verbal
1.3	Declarations of Interest and Register of Interests <i>To declare any new interests and any interests in relation to open items on the agenda</i>	Chair	Note	Attached
1.4	Minutes of the Previous Board of Directors meeting held on 26th July 2023	Chair	Approve	Attached
1.5	Matters Arising and Action Log	Chair	Discuss	Attached
1.6	Overview by the Chair	Chair	Note	Verbal
SECTION 2: Chief Executive Reports				
2.1	Chief Executive Report	Chief Executive	Note	Attached
2.2	Corporate Risk Register	-	Note	Supp. Pack
SECTION 3: Ambition: Best Quality, Safest Care				
3.1	Board Assurance Framework: Best Quality, Safest Care	Director of Nursing, Midwifery and AHPs	Discuss	Attached
3.2a	Quality Committee Chair	Quality Committee Chair	Note	Verbal
3.2b	Integrated Board Report – Indicators from Safe, Caring and Effective domains	-	Note	Supp. Pack
3.3	Director of Nursing, Midwifery and AHP Report	Director of Nursing, Midwifery and AHPs	Note	Attached

3.4	Medical Director Report	Medical Director	Note	Attached
SECTION 4: Ambition: Great Start in Life				
4.1	Board Assurance Framework: Great Start in Life	Director of Strategy	Discuss	Attached
4.2	Strengthening Maternity and Neo-Natal safety - update	Director of Nursing, Midwifery and AHPs	Note	Attached
4.2b	Strengthening Maternity and Neo-Natal safety - report	-	Note	Supp. pack
4.3	Annual Safeguarding Report	Director of Nursing, Midwifery and AHPs	Note	Attached
SECTION 5: Ambition: Person Centred; Integrated Care; Strong Partnerships				
5.1	Board Assurance Framework: Person Centred; Integrated Care; Strong Partnerships	Chief Operating Officer	Discuss	Attached
5.2	Resource Committee Chair's Reports	Resource Committee Chair	Note	Verbal
5.3	Integrated Board Report – Indicators from Responsive, Efficiency, Finance and Activity Domains	-	Note	Supp. Pack
5.4	Chief Operating Officer's Report	Chief Operating Officer	Note	Attached
5.5	Director of Finance Report	Finance Director	Note	Attached
SECTION 6: Ambition: At Our Best: Making HDFT the Best Place to Work				
6.1	Board Assurance Framework: At Our Best: Making HDFT the Best Place to Work	Director of People & Culture	Note	Attached
6.2	People and Culture Committee Chair's Report	People and Culture Committee Chair	Note	Verbal
6.3	Integrated Board Report – Indicators from Workforce Domains	-	Note	Supp. Pack
6.4	Director of People & Culture Report	Director of People & Culture	Note	Attached

6.5	Workforce Race Equality Standards	Director of People & Culture	Note	Attached
6.6	Workforce Disability Equality Standards	Director of People & Culture	Note	Attached
6.7	Statement of Revalidation Compliance	Director of People & Culture	Note	Attached
6.7	Freedom to Speak Up Guardian report for Q1	-	Note	Supp. Pack
6.8	Guardian of Safe Working Annual Report	Guardian of Safe Working	Discuss	Attached
SECTION 7 Ambition: Enabling Ambitions				
7.1	Board Assurance Framework: Digital transformation to Integrate Care and improve Patient, Child and Staff experience	Medical Director	Note	Attached
7.2	Board Assurance Framework: Healthcare innovation to improve quality and safety	Medical Director	Note	Attached
7.3	Innovation Committee Chair Report	Chair Innovation Committee	Note	Verbal
7.4	Board Assurance Framework: An environment that promotes wellbeing	Director of Strategy	Note	Attached
7.5	RAAC update	Director of Strategy	Note	Attached
7.6	Director of Strategy's Report	Director of Strategy	Note	Attached
SECTION 8: Governance Arrangements				
8.1	Audit Committee Chair's Reports	Committee Chair	Note	Verbal
8.2	WYAAT Programme Executive minutes	-	Note	Supp. Pack
8.3	Collaboration of Acute Providers minutes	-	Note	Supp. Pack
9.0	Any Other Business <i>By permission of the Chair</i>	Chair	Discuss/ Note/ Approve	Verbal
10.0	Board Evaluation	Chair	Discuss	Verbal

11.0	Date and Time of next Public Board meeting: Wednesday, 29 th November 2023 12:45-15:45 Venue: Crowne Plaza Hotel, Harrogate
Confidential Motion – the Chair to move: <i>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.</i>	

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.

Board of Directors Register of Interests
As at 27th September 2023

Board Member	Position	Relevant Dates From	To	Declaration Details
Jacqueline Andrews	Executive Medical Director	June 2020	Date	<ol style="list-style-type: none"> 1. Familial relationship with managing partner of Priory Medical Group, York 2. Lead for Research, Innovation and Improvement for Humber and North Yorkshire Integrated Care Board
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	Date	<ol style="list-style-type: none"> 1. Company director for the flat management company of current residence 2. Chief Executive of the Ewing Foundation
Azlina Bulmer	Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> 1. Executive Director for the Chartered Insurance Institute, 2. Familial relationship for Health Education England
Jonathan Coulter	Finance Director Chief Executive from March 2022	March 2022	No interests declared	
Jeremy Cross	Non-executive Director	January 2020	Date	<ol style="list-style-type: none"> 1. Chairman, Tipton 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
Chiara De Biase	Non-Executive Director	November 2022	Date	<ol style="list-style-type: none"> 1. Director of Support and Influencing for Prostate Cancer UK 2. Clinical Trustee for Candlelighters (Children's Cancer Charity)
Emma Edgar	Clinical Director (Long term & Unscheduled Care)	No interests declared		
Matt Graham	Director of Strategy	September 2021	Date	<ol style="list-style-type: none"> 1. Governor – 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)
		April 2022	Date	

Dr Katherine Johnson	Clinical Director (Planned and Surgical Care)	No interests declared		
Dr Natalie Lyth	Clinical Director (Children's and County Wide Community Care)		Date	<ol style="list-style-type: none"> 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. 7. Familial relationship within Harrogate & District NHS Foundation Trust 8. Member of NHS Safeguarding Strategic Community of Practice for ICBs (Regional).
Jordan Mckie	Director of Finance (from July 2023)	August 2022	Date	<ol style="list-style-type: none"> 1. Chair of Internal Audit Provider Audit Yorkshire
Kama Melly	Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> 1. Kings Counsel Barrister 2. The Honourable Society of the Middle Templar (Bencher) 3. Director and Deputy Head of Chambers – Park Square Barristers 4. Inns of Court College of Advocacy - Governor
Russell Nightingale	Chief Operating Officer	April 2021	Date	<ol style="list-style-type: none"> 1. 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	<ol style="list-style-type: none"> 1. Chief Finance Officer at Insight222 2. Ambassador for Action for Sport
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. Member of Society of Local Authority Chief Executives 2. Commissioner – Local Government Boundary Commission for England 3. Advisory Board Consultant – Commercial Service Kent Ltd.
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 July 2023	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
Julia Weldon	Non-Executive Director	November 2022	Date	1. Director of Public Health / Deputy Chief Executive at Hull City Council and Co-chair of the population health committee for the Humber and North Yorkshire Integrated Care Board.
Angela Wilkinson	Director of Workforce and Organisational Development	October 2019	Date	1. 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
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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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
Maureen Taylor	Non- Executive Director		September 2022	No Interest declared0
Paul Nicholas	Deputy Director of Performance and Informatics	No interests declared		

BOARD OF DIRECTORS MEETING - PUBLIC
Wednesday, 26th July 2023
Held at Crowne Plaza Hotel, Harrogate

Present:	
Sarah Armstrong	Trust Chair
Jonathan Coulter	Chief Executive
Jeremy Cross (JC)	Non-executive Director
Chiara DeBaise (CD)	Non-executive Director
Andy Papworth (AP)	Non-executive Director
Laura Robson (LR)	Non-executive Director
Wallace Sampson OBE (WS)	Non-executive Director
Richard Stiff (RS)	Non-executive Director
Jacqueline Andrews	Executive Medical Director
Russell Nightingale	Chief Operating Officer
Emma Nunez	Executive Director of Nursing, Midwifery and Allied Health Professionals and Deputy Chief Executive
Angela Wilkinson	Director of People & Culture

In Attendance:	
Emma Edgar (EE)	Clinical Director for Long Term and Unscheduled Care Directorate (LTUC)
Kat Johnson (KJ)	Clinical Director for Planned and Surgical Care Directorate (PSC)
Natalie Lyth (NL)	Clinical Director for Community and Children's Directorate (CC)
Kate Southgate	Associate Director of Quality and Corporate Affairs
Leanne Likaj	Associate Director of Midwifery
Karen Scarth	Deputy Director of Finance
Gemma Ashwith	Advanced Podiatrists in Diabetes and High Risk Clinician (<i>for Item 2 Patient Story – via MS Teams</i>)
Emma Noe	Head of Podiatry Services (<i>for Item 2 Patient Story – via MS Teams</i>)
Giles Latham	Head of Communications

Observers:	None
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BD/07/26/1	Welcome and Apologies for Absence
1.1	The Chair welcomed everyone to the meeting.
1.2	Apologies for absence were noted from Julia Weldon, Non-executive Director, Kama Melly, Associate Non-executive Director, Azlina Bulmer, Associate Non-executive Director, Matthew Graham, Director of Strategy Transformation and Jordan Mckie, Director of Finance.
BD/07/26/2	Patient Story
2.1	The Head of Podiatry Services and the Advanced Podiatrist attended via teams to present the story of a patient who had Type II diabetes. In 2021 the patient was admitted to a neighbouring hospital with an infection to the right foot and bone, and was diagnosed with Charcot.

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2.2	Following the patient's discharge from hospital, care was transferred to the Podiatry Team. The Team discussed with the Board the patient's journey and showed images of the progress and setbacks made.
2.3	In 2021, it was felt that amputation of the leg was the most likely outcome for the patient. During the period of time since the operation, the Podiatry Team have worked with the patient to prevent this from reoccurring. It was noted that in July 2023, the patient was walking well and was increasing the time periods between appointments.
2.4	The Clinical Director (NL) highlighted that the patient had attended the CC Directorate meeting and had noted the psychological support that the team had offered.
2.5	The Non-executive Director (WS) queried what psychological support was available. The Team noted that as part of the work that they do, they provide that support and sign post to other services as required.
2.6	The Chair thanked the team for attending the Board on behalf of the patient. Thanks were also expressed to the patient.
2.7	Resolved: The patient story was noted.
BD/07/26/3	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/07/26/4	Minutes of the Previous Board of Directors meeting held on 31st May 2023
4.1	Resolved: The minutes of the meeting on the 31 st May 2023 were approved as a correct record, with minor punctuation errors to be amended but these did not affect the materiality of the minutes.
BD/7/26/5	Matters Arising and Action Log
5.1	The actions were noted as follows: <ul style="list-style-type: none"> BD/1/25/10.3: IBR – Ongoing – no further updates. BD/1/25/23.1: Rainbow Badge – Agreed action closed at March 2023 meeting. However, Associate Non-executive Director (KM) had previously noted that there had been questions on the policy about transgender issues which had been submitted for approval. The EDI Lead had met with the Associate Non-executive Director had met and further amendments to the Transgender Policy were being made. Further work would continue. Action to be closed. New action to be opened in relation to the Policy being implemented with a date of January 2024. BD/3/29/36.2: Board Effectiveness Survey – Ongoing – no further updates.
5.2	Resolved: All actions were agreed as above.
BD/7/26/6	Overview by the Chair
6.1	The Chair noted that the Non-executive Director (RS) was leaving the Trust in August 2023. The Chair commented on what an asset Richard had been to the organisation. The Trust thanked him for all of his hard work and dedication to the role and wished him well for his future endeavours.
6.2	The Chair noted that Sue Eddleston had not been re-elected as the Public Governor for Ripon and West constituency. Thanks were expressed to her for her time as a

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6.3	Governor. Welcomes were given to newly appointed Governors as well as congratulations to Steve Treece who had been re-elected as a Public Governor.
6.4	The Chair had attended a recent NHS Confederation meeting where the current challenges nationally had been discussed.
6.5	The Chair had also joined with the Chief Executive and Chief Operating Officer on a national winter planning discussion.
6.5	Resolved: The Chair's report was noted.
BD/7/26/7	Chief Executive Report
7.1	The Chief Executive presented his report as read.
7.2	The following points were highlighted: <ul style="list-style-type: none"> • The national workforce plan, • The recent and ongoing periods of industrial action, • The ongoing performance pressures across the system, • The recent acute site peer review that had taken place and the learning from this,
7.3	<ul style="list-style-type: none"> • The finance plan and deviations from this to date, as well as national, regional and system pressures, and • The appointment of Emma Nunez as substantive Deputy Chief Executive and Jordan Mckie as substantive Director of Finance.
7.4	The Non-executive Director (JC) queried the recent announcement regarding Police support being removed from welfare checks of some patient demographics. A discussion was held on mental health support for patients attending the Emergency Department.
7.5	The Non-executive Director (LR) queried what scrutiny would occur as a result of financial and performance pressures within the system. The Chief Executive provided an overview of the roles of the system and national team to monitor, mitigate and oversee the pressures.
7.6	The Non-executive Director (LR) queried the School Aged Immunisation Service. It was noted that the service was being transferred to a new provider in September 2023. Discussions were ongoing with commissioners regarding the service and the support offered to staff transferring.
7.7	Resolved: The Chief Executive's Report was noted.
BD/7/26/8	Corporate Risk Register
8.1	Resolved: The Corporate Risk Register was noted.
BD/7/26/9	Board Assurance Framework – Best Quality, Safest Care
9.1	The Executive Director of Nursing, Midwifery and AHPs provided the Board with an overall update on the ambition and goals for this area of the BAF. The Corporate Risks in relation to this element of the BAF were highlighted.
9.2	Resolved: The update on Best Quality, Safest Care was noted.
BD/7/26/10	Quality Committee Chair's Report
10.1	The Chair of the Committee noted that two meetings had been held since the last Board meeting. During the meetings it was highlighted that:

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10.2	<ul style="list-style-type: none"> The Chief Pharmacist has attended the June 2023 meeting to update on the Medication Quality Priority The Falls Lead / Fundamental Standards of Care Lead had attended the July 2023 meeting to update on the Falls Quality Priority Health and Safety issues had been discussed in relation to Water Safety, Fire Safety and Lone Working Both meetings had received an update against all of the quality priorities. The June 2023 meeting had approved the Quality Account 2022-23 on behalf of the Board with delegated authority Corporate Governance Framework was reviewed and approved Theatres Quality Priority would be closed and transferred to Business as Usual Activity The Maternity CQC Action Plan and Continuity of Carer was discussed The Infection Control and Prevention Annual Report was discussed and approved. An update was provided on safeguarding activity since the pandemic. <p>Resolved: the update was noted.</p>
BD/7/26/11 11.1	Integrated Board Report - Indicators from Safe, Caring and Effective domains The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
11.2	Resolved: The Board noted the content of the report.
BD/7/26/12 12.1	Executive Director of Nursing, Midwifery and AHPs Report The Executive Director of Nursing, Midwifery and AHPs' report was received and taken as read.
12.2	It was highlighted that: <ul style="list-style-type: none"> The work that was ongoing with the Mental Health Teams following an increase on admissions of complex mental health patients to HDFT HDFT had been awarded the National Interim Quality Award for the Preceptorship Programme.
12.3	The Non-executive Director (WS) queried the complaints response compliance. The Executive Director of Nursing, Midwifery and AHPs noted that it was a small number of complaints that impacted on compliance levels. Work was ongoing with all teams to maintain compliance standards.
12.4	The Non-executive Director (AP) queried the rapid peer review that had taken place on the acute site. The Executive Director of Nursing, Midwifery and AHPs noted that this had been a positive experience. Themes had been noted with regards to the positive culture that was displayed across the acute site and learning was being actioned appropriately.
12.5	Resolved: The Board noted the content of the report.
BD/7/26/13 13.1	Executive Medical Director The Executive Medical Director took the report as read and highlighted: <ul style="list-style-type: none"> A HTA inspection had taken place and positive feedback had been received The regional IPC team had visited the Trust and positive feedback had been received A Bereavement Office was in the process of being created in the Quality Team

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13.2	The Non-executive Director (CD) queried the service regarding bereavement. The Executive Medical Director noted that the new role would enhance the service that would be offered by HDFT.
13.3	The Non-executive Director (LR) noted that discussions had been held at Organ Donation Committee regarding the range of good practice that was highlighted at the Committee. It was recommended that the new Bereavement Officer would become part of the Committee.
13.4	Resolved: The Board noted the content of the report.
BD/7/26/14 14.1	Infection Prevention Control Annual Report The Executive Medical Director took the report as read, noting it had been discussed earlier at the Quality Committee and members had felt reassured.
14.2	Resolved: The Board approved the content of the report.
BD/7/26/15 15.1	Board Assurance Framework – Great Start in Life The Director of Nursing, Midwifery and AHPs provided the Board with an update on this element of the BAF.
15.2	Resolved: The update on Great Start in Life was noted.
BD/7/26/16 16.1	Strengthening Maternity and Neonatal Safety The Executive Director of Nursing, Midwifery and AHPs and the Associate Director of Midwifery took the report as read. It was highlighted that the Bereavement Midwife had secured funding from the Petal's charity to trial an offer of specialised bereavement services.
16.2	The Board were briefed on the ongoing progress with the Maternity CQC Action Plan and it was noted that this had been discussed at the Quality Committee on the 26 th July 2023 in detail.
16.3	The Non-executive Director (CB) queried the 6 month time frame for the Petal charity. It was noted that it was anticipated that the funding would last for a period of 6 months but this would continue to be reviewed.
16.4	The Non-executive Director (JC) noted that other charities were working on similar bereavement projects and that discussions should be held to ensure the avoidance of duplication.
16.5	The Non-executive Director (LR) noted the reduced compliance for fetal wellbeing training. It was noted that the reduced compliance was for face to face training. This would be rectified over the next two months.
16.6	The Non-executive Director (AP) thanked the Associate Director of Midwifery for her ongoing hard work.
16.7	Resolved: The Board noted that the culture of the maternity services were reviewed at each Trust Board meeting, through the Quality Committee and highlighted via the Maternity Safety Champions, who complete regular walkarounds and get feedback on services via the Maternity Voice Partnership.
16.8	Resolved: The report was noted.

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BD/7/26/17 17.1	Continuity of Carer The Executive Director of Nursing, Midwifery and AHPs and the Associate Director of Midwifery took the report as read and provided the background to the paper.
17.2	The Associate Director of Midwifery discussed the current position with the Trust Board as detailed within the report. This included the current staffing levels and model, the ten building blocks for Continuity of Carer as well as an evaluation of current and future services.
17.3	The importance of continuity during the antenatal period was highlighted and it was noted that this was being achieved on a consistent basis at HDFT.
17.4	The Non-executive Director (LR) noted that at Quality Committee on the 26 th July 2023 a wide ranging discussion had taken place on this item and the Committee had supported the recommendations made in the paper.
17.5	Resolved: <ul style="list-style-type: none"> (i) The report was noted, (ii) The Board approved that the maternity service will continue to work towards continuity of carer, without including intrapartum care due to the issues and risks noted in the paper (iii) the Board approved that the maternity service will continue to work and progress the 10 building blocks, and (iv) that the Board would continue to review Continuity of Carer on an annual basis.
BD/7/26/18 18.1	Board Assurance Framework – Person Centred, Integrated Care, Strong Partnerships The Chief Operating Officer provided the Board with an overall update on the ambition and goals for this area of the BAF. The Referral To Treatment (RTT) risk and the Emergency Department 4 hour target was highlighted to the Board.
18.2	Resolved: The update on person centred, integrated care, strong partnerships was noted.
BD/7/26/19 19.1	Resource Committee Chair Report The Chair of the Committee noted the following: <ul style="list-style-type: none"> • Finance, Operations and Workforce were discussed. • Financial pressures and budget was behind plan. The factors of risk were discussed at the Committee and the mitigation that was in place to rectify the position. The issues in relation to agency costs, high cost medication and industrial action pressures were highlighted. Recovery plans were in place to ensure a year end break even position. • Operations – focus was noted on cancer and mitigation to bring compliance back to target. Positive ED performance was highlighted. As well as risks in relation to RTT. • Workforce – the Committee had reviewed in detail recruitment, retention, sickness and agency use. A review had been undertaken on the information available from exit interviews. • The quarterly business development update had also been received with discussion on the use and development of section 75s. • The Corporate Framework had been reviewed with minor changes to the terms of reference to be submitted to the Associate Director of Quality and Corporate Affairs.

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19.2	The Clinical Director (NL) noted that community dental had been highlighted in the press in relation to RTT.
19.3	The Non-executive Director (RS) expressed thanks to the Deputy Chief Operating Officer on the masterclass that had been delivered on RTT.
19.4	Resolved: The Board noted the content of the report.
BD/7/26/20	Integrated Board Report - Indicators from Responsive, Efficiency, Finance and Activity Domains
20.1	The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
20.2	Resolved: The Board noted the content of the report.
BD/7/26/21	Chief Operating Officers Report
21.1	The Chief Operating Officer presented the report as read. No further questions were received.
21.2	Resolved: The Board noted the content of the report.
BD/7/26/22	Director of Finance Report
22.1	The Deputy Director of Finance presented the report as read. No further questions were received.
22.2	Resolved: The Board noted the content of the report.
BD/7/26/23	Board Assurance Framework – At Our Best Place to Work
23.1	The Director of People and Culture updated the Board on this element of the BAF and highlighted the current risks on the Corporate Risk Register as well as the Key Performance Indicators that feed into this element of the strategy.
23.2	Resolved: The update on the At Our Best, making HDFT the best place to work was noted.
BD/7/26/24	People and Culture Committee Chair's Report
24.1	<p>The Chair of the Committee noted:</p> <ul style="list-style-type: none"> • Work that was ongoing with the People Plan. • Compliance with appraisals and the quality of the appraisals. • 90% compliance with mandatory training was noted. In depth scrutiny had been undertaken into elements that were not meeting this threshold. It was also noted that a wide scale review had been undertaken on what formed core skills and mandatory training. • Wellbeing was reviewed and rostering was noted as an important element of wellbeing to ensure that colleagues could plan their work life balance appropriately. • The Anti racism work programme continued at pace with an increase in BAME colleagues across HDFT as well as the numbers who were actively involved in the BAME Staff Network. • A campaign in relation to the use of individual's preferred names was ongoing. • Thanks were expressed to Wallace Sampson, Non-executive Director and Kama Melly, Associate Non-executive Director for their support with recent and longer term equality and diversity initiatives. • Freedom to Speak Up report had been received at the Committee.

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	<ul style="list-style-type: none"> The Corporate Framework was reviewed and minor amendments to be made Learning from recent industrial action was noted.
24.2	Action: The Executive Medical Director would circulate the national learning from industrial action to Board members.
24.3	Action: Learning for HDFT from the industrial action would be brought to Trust Board in late 2023.
24.4	The Non-executive Director (WS) noted that consideration should be given to where colleagues from BAME background were in the organisation in relation to roles, grades and disciplines. It was also noted that investment was being made in the reciprocal mentoring programme and the BAME leadership programme and queried if colleagues were moving within the organisation or leaving to join other Trusts.
24.5	Action: Details on the roles, grades and disciplines for colleagues from BAME backgrounds to be reviewed through the People and Culture Committee.
24.6	The Chief Executive noted that there were opportunities within the wider system to review for colleagues from a BAME background.
24.7	Resolved: The Chair's update was noted.
BD/7/26/25 25.1	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.
25.2	Resolved: The Board noted the content of the report.
BD/7/26/26 26.1	People and Culture Director Report The Director of People & Culture presented her report as read. No further questions were noted.
26.2	Resolved: The Board noted the content of the report.
BD/7/26/27 27.1	Board Assurance Framework – Enabling Ambition – Digital Transformation The Executive Medical Director updated the Board on the Digital Transformation and Healthcare Innovation enabling ambitions. All programmes were rated as Green and on track for delivery or completed.
27.2	Resolved: The update on the Enabling Ambition – Digital Transformation was noted.
BD/7/26/28 28.1	Board Assurance Framework – Enabling Ambitions – Healthcare Innovation The Executive Medical Director updated the Board on the Healthcare Innovation enabling ambitions. The majority of programmes were rated as Green and on track for delivery or completed.
28.2	Resolved: The update on the Enabling Ambition – Healthcare Innovation was noted.
BD/7/26/29 29.1	Board Assurance Framework – Enabling Ambitions – An Environment that Promotes Wellbeing The Chief Executive updated the Board on the Environment that Promotes Wellbeing enabling ambition. The risks on the Corporate Risk Register were noted. The programmes in relation to Aseptic were highlighted as having slight slippage but this would still be delivered in year. TIF 2 programme was noted as has having greater

Item No.	Item
29.2	<p>delays of approximately 8 months, with additional potential resources required. Discussions were ongoing internally as well as with system partners.</p> <p>Resolved: The update on the Enabling Ambition – An environment that promotes wellbeing was noted.</p>
BD/7/26/30 30.1	<p>Innovation Committee Chair's Report The Chair of the Committee noted that the Committee had a strong work programme in place.</p>
30.2	<p>The following points had been discussed:</p> <ul style="list-style-type: none"> • A focus on the current review of continuous improvement programme was received and the ongoing work of KPMG and Catalysis. The readiness programme was reaching its conclusion and the Committee had discussed early findings. It was noted that the Executive Directors were developing the workstreams that would form part of the continuous improvement model. A clear strategy for implementation of the operating model would be reviewed in due course. • The model of improvement was currently under review and the alignment that was needed with the ongoing launch of the Electronic Patient Record. • The work that was currently being undertaken in relation to Research and Development was reviewed. Three new industry funded trials had been launched. • An innovation estate had been secured and would go live in the Autumn 2023. Strong external collaboration was highlighted in relation to this. • In relation to digital, EPR dominated discussions, however updates were also noted in relation to single sign on availability. • The EPR workstream was progressing in line with anticipated programme delivery. Benefits realisation was a key item that the Committee continued to monitor. The Chair of the Committee provided full overview and update to the Board the discussions that had occurred.
30.3	<p>The Non-executive Director (AP) queried what an innovation estate was. It was confirmed that this was a Hub for an internal HDFT innovation team to work as well as links into other organisations, industry partners and academic partners to join as needed.</p>
30.4	<p>The Non-executive Director (JC) queried what criteria is reviewed for a research study to commence. It was confirmed by the Executive Medical Director that a feasibility study was undertaken for each potential project which had designated criteria in relation to past projects, links to the Trust Strategy, resource availability and public health benefits.</p>
30.5	<p>The Chief Executive noted that the procurement for the EPR would be taken in 2024-2025 and consideration would be given to this by Resource Committee, Innovation Committee and Trust Board.</p>
30.6	<p>Resolved: The Chair's update was noted.</p>
BD/7/26/31 31.1	<p>Director of Strategy Report The Chief Executive presented the report as read. A range of issues had already been discussed as part of the Board meeting.</p>
31.2	<p>It was highlighted that the Project Search celebration event had taken place and it had been a positive event.</p>
31.3	<p>Resolved: The Director of Strategy Report was noted.</p>

Item No.	Item
BD/7/26/32 32.1	Audit Committee Chair's Report The Chair of the Committee presented his report as read.
32.2	The key points noted in the report were outlined in relation to: <ul style="list-style-type: none"> • The draft Annual Governance Statement had been received, • The Annual Report and Annual Accounts would be reviewed by the Audit Committee in August 2023 and finalised by Trust Board in August 2023, • Progress with the Internal Audit Programme was moving in a positive direction • An improved position on internal audit recommendations and actions were noted. Benchmarking against other organisations would continue to be monitored to ensure the positive direction continues, • The Counter Fraud Annual Report was received and noted, • Single Tender procurements were noted, and • The submission of the HIF Accounts were highlighted for update.
32.3	Resolved: The Board noted the content of the report.
BD/7/26/33 33.1	Risk Appetite The Chief Executive highlighted the new risk appetite document that had been developed as a result of the December 2022 Trust Board workshop. It was noted that this would be reviewed by the Board on an annual basis.
33.2	The Non-executive Director (JC) queried the Patient Safety risks as related to Minimal rather than Averse. A discussion was held regarding the definitions highlighted in the report.
33.3	The Non-executive Director (AP) queried the risk ratings and the impact on the corporate risk register. It was confirmed that the corporate risk register would be reviewed in relation to the RAG grids for each type of risk moving forward. This will impact on the level of mitigating action that the organisation will take moving forward.
33.4	The Non-executive Director (WS) queried the narrative in relation to workforce and the links to recruitment. It was confirmed that this was part of the workforce supply element linked to recruitment.
33.5	Action: The Associate Director of Quality and Corporate Affairs to review the category wording.
33.6	Resolved: The Board approved the Risk Appetite of the organisation.
BD/7/26/34 34.1	Code of Conduct and Nolan Principles The Chair took the Board through the Code of Conduct pledge.
34.2	The Non-executive Director (AP) noted the correlation to the draft Corporate Framework and this document.
34.3	Action: The Pledge to the Code of Conduct and Nolan Principles to be included in the Corporate Framework.
34.4	Resolved: The Board made a formal pledge to the Code of Conduct and Nolan Principles.
BD/7/26/35 35.1	WYAAT Programme Executive Minutes Resolved: The WYAAT Programme Executive Minutes were noted.

Item No.	Item
BD/7/26/36 36.1	Collaboration of Acute Providers Minutes Resolved: The Collaboration of Acute Providers Minutes were noted.
BD/7/26/37 37.1	Any Other Business No further business was received.
BD/7/26/38 38.1	Board Evaluation The Trust chair requested for any comments about the meeting should be sent to her.
BD/7/26/39 39.1	Date and Time of the Next Meeting The next meeting will be held on Wednesday, 27 th September 2023.
BD/7/26/40 40.1	Confidential Motion Resolved: to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7, Section 18 (E), (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.

Board of Directors (held in Public) Action Log for September 2023 Board Meeting (updated after July 2023 Board meeting)							
Minute Number	Date of Meeting	Subject	Action Description	Responsible Officer	Due Date	Comments	Status - completed is defined as confirmation received from ED responsible lead that the proposed action is completed as described in the comments column. Completed actions will not be closed until the Board has confirmed that action taken is satisfactory.
BD/1/25/10.3	25 January 2023	Integrated Board Report	The revised Integrated Board Report (IBR) to be presented at the March 2023 Trust Board.	Director of Strategy	27 September 2023	Work is ongoing – new Head of Performance and Planning has commenced in post. Experience from continuous improvement programmes in other trusts is that there is often significant change to their integrated board report as the strategy deployment process identified breakthrough objectives and driver metrics for improvement. Therefore the Readiness Assessment (due to complete in Jul 23) and Strategy Deployment will drive the revised IBR. As update will be provided in September 2023.	Ongoing
BD/1/25/23.1	25 January 2023	Rainbow Badge	Information regarding advice on the development of Policies in relation to the Rainbow Badge would be circulated to the Board.	Director of Workforce and OD	01 February 2023	Action closed at March 2023 Board meeting but questions were outstanding relating to the transgender policy.Update to be provided at the meeting.	Open
BD/3/29/36.2	29 March 2023	Board Effectiveness Survey	Discussions to be held at the August 2023 Board workshop regarding further developments as a result of the survey.	Associate Director of Quality and Corporate Affairs	31st August 2023	Corporate framework on agenda to address issues.	Ongoing
BD/7/26/24.2	26th July 2023	People and Culture Committee Chair's report	The Executive Medical Director to circulate the national learning from industrial action to Board members.	Executive Medical Director	29th November 2023	Circualted.	CLOSED
BD/7/26/24.3	26th July 2023	People and Culture Committee Chair's report	Learning for HDFT from the industrial action to be brought to Trust Board in late 2023.	Executive Medical Director	29th November 2023	New action added.	Ongoing
BD/7/26/24.5	26th July 2023	People and Culture Committee Chair's report	Details on the roles, grades and disciplines for colleagues from BAME backgrounds to be reviewed through the People and Culture Committee.	Director of Workforce and OD	27th September 2023	New action added.	Ongoing
BD/7/26/33	26th July 2023	Risk Appetite	The Associate Director of Quality and Corporate Affairs to review the category wording within the risk appetite document.	Associate Director of Quality and Corporate Affairs	27th September 2023	Complete. To be brought back in December as part of annual cycle.	CLOSED
BD/7/26/34	26th July 2023	Code of Conduct and Nolan principles	The Pledge to the Code of Conduct and Nolan Principles to be included in the Corporate Framework.	Associate Director of Quality and Corporate Affairs	27th September 2023	Complete.	CLOSED

BOARD OF DIRECTORS (PUBLIC)
27th September 2023

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.
Trust Strategy and Strategic Ambitions	The Patient and Child First Improving the health and wellbeing of our patients, children and communities
	Best Quality, Safest Care
	Person Centred, Integrated Care; Strong Partnerships
	Great Start in Life
	At Our Best: Making HDFT the best place to work
	An environment that promotes wellbeing
	Digital transformation to integrate care and improve patient, child and staff experience
	Healthcare innovation to improve quality
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)
SEPTEMBER 2023**

CHIEF EXECUTIVE'S REPORT

National and system issues

1. As the Board will be aware of, since we last met as a Board Lucy Letby was convicted of awful crimes she committed over several years working at Countess of Chester Trust. There will be an independent inquiry, but it is important that we reflect on what happened in Chester and understand where there is learning we can bring into our Trust. This verdict will have understandably shaken the public's faith in the NHS as a whole, and we owe it to our patients and population to use the horrific events as a means of improving services in the future.
2. We received initial correspondence from NHSE in response to the verdict, which appropriately focussed on reviewing the practical policies and processes that we have in place in respect of Freedom to Speak Up arrangements, Medical Examiner arrangements, the revised Fit and Proper Person Test, and the implementation of the PSIRF approach to investigating serious thematic incidents. There is also discussion happening about whether regulation of senior management would be a helpful step to take to improve patient safety.
3. These are all important, and we have taken up our Patient Story slot this meeting to discuss these in detail. For me though, the key message is one of culture and values and behaviours. We must never lose focus on our patients and really listening to them and colleagues about our services, we should have high standards and be curious and challenging to meet these standards, we should be open and listen, and we should do all of this with kindness and fairness to everyone. It is easy for organisations to espouse these values and behaviours, we need to make sure that we live by them, demonstrate them, and role model them in all that we do.
4. We will have an opportunity to discuss this in more detail in the meeting.
5. We have also recently seen the publication of a survey of the surgical workforce published by the British Journal of Surgery, which gives reasons of concern for the safety of colleagues at work. These awful findings say that sexual assault and harassment exists within our NHS. No colleagues should come to work in fear of what they might experience, and we need to ensure that colleagues can speak up freely about any experiences, and that we take appropriate action. NHSE have initiated a programme in relation to sexual safety (before this latest report was published), and Emma is our Executive Lead for this work.
6. Again, whilst very different to the Lucy Letby case in its specifics, the common thread is one of culture, openness, and values and behaviours, and this again reinforces the importance of how we work rather than simply what the work is that we do.

7. In terms of further national issues, we have received communication in relation to the delivery of the elective care waiting time standards, and asking for assurance from each Provider Trust Board that we have taken certain actions to ensure delivery of the target of having nobody waiting over 65 weeks at the end of the financial year. We have undertaken a review of our position and this will be discussed at Resources Committee before we respond.
8. Winter planning across the NHS continues, and arrangements are in place through Places and Providers to manage what will be a tricky winter period for the NHS. We are engaged in this externally, and working with system partners to ensure that we have the necessary plans in place.
9. There has been a flurry of activity in respect of the management of estate where there is RAAC present. This followed the concerns raised at the end of last month across the education system. To be fair, the NHS has been very aware of this issue and risks are being managed, but there is now greater concern and the threshold for risk is being challenged. As the Board will be aware, we do have some RAAC across the HDH site that we survey regularly, manage, and have a plan for gradual replacement. As part of our capital plans, including our new theatre build, we are reviewing and assessing the potential to tackle this issue more quickly.
10. The financial position of the NHS as a whole is causing considerable concern. It is clear that there are some systemic issues, and also some additional pressures in year (excess inflation, pay award costs, and industrial action costs) that are proving extremely difficult to manage. As we have discussed previously, having agreed a triangulated breakeven plan at the start of the year, we took on a further £6m of risk as part of managing the system planning process. Delivering this surplus is very high risk, and it is clear that our experience is being mirrored across the NHS.
11. The response to the financial position has so far been relatively tactical in terms of pressure on financial controls. There is work initiated at ICB level (both WY and HNY) to take a more medium term view, and we are very engaged in these discussions. Again as we have discussed, it is important that we don't implement short term measures that contradict our medium term ambitions, and we need to combine financial responsibility with engaging our colleagues, ensuring we deliver our workforce plan, and focusing on the quality of care we deliver, as these are the things that will improve productivity. Having motivated people working across the Trust and delivering high quality, safe care, will absolutely also deliver the productivity and efficiency benefits, and this will continue to be our approach.
12. In respect of system working across HNY, we have recently raised some concerns about how we manage urgent care, accountability across partners, the role of mutual aid, and the framework for escalation. As the Board will be aware through regular discussion about this issue, over the last 18 months or so we have provided significant mutual aid in respect of urgent care to the York system, with around 1500 ambulances diverted to Harrogate during this period. In the spirit of challenge and improvement, we have raised our concerns about the sustainability of the current situation, in particular the impact on patient safety, and the impact on colleagues. We will always offer support in extremis – as we have consistently demonstrated – but there is a need to constructively agree an improved way of working across the system. It is also apparent that on occasions, due to the pressure in

the system at various times, that there are behaviours exhibited that don't accord with our values, and this issue is being picked up as part of our discussions with partners.

13. The latest NOF ratings have been released by NHSE, and HNY ICB has dropped from NOF 2 to NOF 3. The ratings are on a scale of 1-4, with 1 being low risk, and 4 being high risk. These ratings are system wide ratings and are a combined assessment of performance. Given the challenges in the system this is not a surprising position, and around half of all ICBs are at this level.
14. The new CEO of the Hull / NLAG group (Jonathan Lofthouse) has now started in post. I've met with Jonathan a couple of times through the CAP meeting and through the ICB leadership forum, and it will be good to work with him and his team as part of our ongoing system working arrangements. We also have the first Committee in Common in October, which will put our agreed governance framework around the programme of work that we are collectively undertaking.
15. We continue to also engage with the West Yorkshire system, primarily through our membership of WYAAT. Following the recent WYAAT committee in common, which was attended in part by the West Yorkshire Community services collaborative team, I have engaged with the community collaborative and we will be joining this group in addition to the WYAAT group, which is focused on hospital services. This is a really positive development and we look forward to working with partners in West Yorkshire and sharing and learning from each other for system benefit.
16. Industrial action continues to have an impact across the NHS in general and clearly upon ourselves as well. We are currently in a week of both Junior Doctor and Consultant strikes with further action planned for early October. The mandate for both groups of colleagues extends to Xmas and beyond. We continue to support all colleagues – those who strike and those who don't – and ensuring that safe services are provided whilst supporting people to make their voices heard. The dispute is with the government not HDFT, and it is important that at the end of this period of unrest, that there is no lasting legacy of internal difference.
17. We need to always remember the impact that this industrial action is having and the cost for patients who have services disrupted and delayed, the actual financial cost of cover, and the more significant opportunity cost, as management time is necessarily taken up with planning and managing these periods of strike action safely. I'd like to thank all colleagues who are working to manage this situation, and hope that the government and the BMA can find a way to reach a settlement soon.

HDFT issues

Introduction

18. As I always state when introducing this part of the report, there are challenges that collectively we have to manage and deal with on a daily basis. And again, as always, we will try and focus on improvement, being positive, supporting colleagues, and reflecting our values. This is vitally important if we want to deliver improvements to our patients and

population. It is also crucial that we continue to deliver what we say we will deliver, as this will ensure we have the confidence of the system and the freedom to act that results from that confidence.

19. The events of recent weeks have simply re-emphasised the approach that we collectively are taking to manage challenges and deliver improvements. We need to be confident to hold firm to our values and ways of working, particularly when there are difficult situations, as this is the right thing to do for our patients and colleagues.

Our people

20. I have already referenced the periods of industrial action that we continue to have to manage.
21. I reported last time that we had just received the high level results of the Q2 Inpulse survey. As you will recall we had the highest response rate this quarter (over 1300 colleagues from across the Trust) and the general feedback continued to be positive. The detail shows that over 18 months the engagement score has improved from 65 to 72, and the split between positive and negative emotions reported has improved from 31 positive / 45 negative, to 48 positive / 32 negative. As we mentioned at the Board workshop, we compare very favourably with other NHS organisations, and the approach we continue to take – positive, open, kind, and challenging – is demonstrating consistent evidence of improvement. We absolutely recognise that there will be teams and individuals within HDFT that require further help and support, and we still have a number of colleagues who suffer stress and anxiety and are absent from work as a result.
22. Equally, we are reviewing areas where we don't receive detailed feedback – either because teams are too small or because people haven't responded – to ensure we don't have any blind spots. Different approaches (targeting our walkrounds and Meet the Executive sessions for example) will be considered where we have concerns that we simply aren't receiving regular feedback (good or bad).
23. The winter vaccine programme planning continues and the programme is about to be launched. We will be aiming to improve the uptake of staff vaccinations this year. We will report progress as we go through the autumn period.
24. In terms of delivering our aim of having more people here in HDFT, it is positive to note that compared to the end of March, we have 90 more people employed across the Trust. There remain vacancies – partly as a result of positively and proactively increasing ward nursing establishments as part of the SNCT review – but it is an encouraging direction of travel.

Our Quality

25. We have had a number of concerns recently in respect of mental health support for patients within the acute hospital setting. This has been particularly challenging for colleagues in some specific areas, and clearly is also challenging for the patients involved who require a level of support that we struggle to deliver.
26. In response to this, there is a meeting arranged with TEWV (our local mental health service provider) to explore where we can work better together and how we provide more appropriate support to people who need it.
27. We will be having the annual PLACE assessment shortly, which will look at our patient care environment. This includes the provision of food and nutrition to our patients.
28. As the Board will recall, there were shortfalls identified in last year's assessment, and, with our HIF colleagues, we have been improving the systems and processes over the last six months. SMT received a presentation of the work this week, and we are looking forward to the assessment to judge the progress we have made.
29. We continue to have some health and safety challenges as we manage the level of work taking place across the hospital estate. We have been working with contractors to improve the estate and ensure that whilst doing capital work that the environment is appropriate for patients and staff alike.
30. We recently had a report out from an external orthopaedic consultant, who the orthopaedic team here had invited in to look at our processes in terms of managing the risk of patients receiving joint infections, as we had seen an increase. This was a positive session, there is action being taken, and most positively, this was all organised and managed by our orthopaedic team who were open and wanted to learn and improve as part of improving patient safety.

Our Services

31. Our 0-19 services continue to deliver strong performance across the majority of our geographic footprint. This is despite the operational and staffing challenges that we have been managing recently. Recent visits to 0-19 services (Sunderland and Wakefield) have been positive and demonstrated the commitment and quality of service within these areas.
32. Following positive discussions, we are working through the Section 75 arrangements with Stockton for our 0-19 service in that area. We have also been in positive discussions with the local authority in Gateshead about strengthening our partnership through a Section 75 agreement in that area as well, which is an encouraging development, and will bring benefit to the children and families of that area.
33. As the Board is aware we are in the process of transferring our Selby urgent treatment centre service to York, as part of the development of the York urgent care system. This transfer takes effect from October, and we are working with our colleagues and partners to ensure that this is a smooth transition.

34. Our urgent care pathway performance has experienced challenges during the last month or so. There are a number of contributing factors – operational issues, leadership changes, capital estate work in the emergency department – which we recognise, but we are focused on improving the position over the coming weeks. We still perform relatively well when compared with others, but we want to meet a higher standard of delivery.
35. In relation to cancer, we continue to have challenges in delivering the standard that we would want to, but overall the position is improving. Again, our performance relative to others is improving, but we want to continue to improve against the revised targets as this is important for our patients on a cancer pathway.
36. We continue to deliver our elective recovery plan. We are on track in respect of our reduction to below 65 weeks for all patients, despite some impact of the recent industrial action. Russell continues to provide strong leadership to both the WYAAT and the HNY system in respect of improved elective care performance, with both systems delivering what was planned to be delivered at this point. There are multiple examples of mutual aid in respect of elective care, including transfer of support between West Yorkshire and HNY and vice versa, which would not have happened without HDFT being the lead for both systems.
37. There continue to be challenges in respect of the wait times for community dental services, and we are discussing the situation as a matter of urgency with commissioners.

Our money

38. As you will read in the report from the Finance Director, our month 5 financial position is behind plan. The key drivers remain related to our pay expenditure, in particular the pressure on agency usage. We are also experiencing significant costs in respect of industrial action cover and again as referenced earlier, the impact in terms of management capacity that is necessarily being taken from capacity to improve productivity in a more positive way. Our approach will continue to be to empower people to take responsibility and solve problems locally with support, and we must ensure that use of resources is part of our improvement work and not seen as a separate issue.
39. As I have referenced earlier, there is significant scrutiny across the NHS in respect of the financial position and we acknowledge the political and system pressure to deliver quickly, and ensure that we are in a place where we all have confidence in our actions.
40. Our cash position remains positive and we are making progress against our capital programme.

Other

41. Work continues in respect of our EPR programme, led by Jackie, with significant engagement with national and regional colleagues. We are working closely with York on this programme, and there is positive progress in terms of key milestones in respect of external approvals and the procurement process, which is about to begin.

42. We have finalised our clinical strategy which supports our overall trust strategy, and this is shared as part of the supporting information. We will organise time for further discussion.
43. Finally, I would like to reflect again on what I discussed at the start of this report and the reinforcing of our values based approach to delivering and improving services for the population we serve. We won't always get things right, but the most important thing is that we live by our values, we support each other, we challenge each other, we have high standards and ambition, and we create an environment where the many great colleagues that work in HDFT can deliver of their best. This is the route to great care, and it is important to always continue with this approach, whatever the challenges that we might encounter.

Jonathan Coulter
Chief Executive
September 2023

AMBITION: BEST QUALITY, SAFEST CARE

Our ambition is to provide the best quality, safest care, where quality is defined by safety, effectiveness and patient experience. Through continuous learning and improvement we will make our processes and systems ever safer – we will never stop seeking improvement. We want excellent outcomes for our patients and the children and young people we support which improve their health, wellbeing and quality of life – we will do this by providing effective care based on best practice standards. We want every patient, child and young person to have a positive experience of our care – we will do this by listening and acting on their feedback to continuously improve.

GOALS:

- **Safety: Ever safer care through continuous learning and improvement**
- **Effectiveness: Excellent outcomes through effective, best practice care**
- **Patient Experience: A positive experience for every patient by listening and acting on their feedback**

Governance:

- **Board Assurance:** Quality Committee
- **Programme Board:** Quality Governance Management Group
- **SRO:** Director of Nursing, Midwifery and AHPs, Medical Director

Metrics (to be developed following review of Integrated Board Report)

Goal	Metrics		
Safety	Number of Theatre Serious Incidents and Never Events	Number of hospital acquired category 3 and above pressure ulcers with omissions in care	Number of inpatient falls moderate and above with omissions in care
Effectiveness	Number of Moderate and Above incidents for Missed results	Number of medication errors	
Patient Experience	Number of complaints	Friends and Family Test	

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR5	Nursing Shortages	Risk to service delivery and patient care due to failure to fill registered nurse vacancies due to the national labour market shortage.	4x4=12	4x2=8 (Dec 23)	Clinical Workforce	Averse
CRR75	Health and Safety	Organisational risk to compliance with legislative requirements due to failure in making suitable and sufficient assessment of risks	4x4=16	4x2=8 (Dec 23)	Clinical Operational	Averse

GOAL: BEST QUALITY, SAFEST CARE: Ever safer care through continuous learning and improvement

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Theatres Safety To improve the safety culture in theatres	Reduction in SIs in theatres		<ul style="list-style-type: none"> Cultural review in Theatres (B3Sixty) Implementation of the revised WHO Checklist – task & finish group have met to discuss, awaiting Yorkshire audit results who support review to realign with national standard framework, just needs a few tweaks – template now uploaded to tendable, ipads purchased and meeting due to discuss format. Cleanliness: revised IPC and Cleaning audits implemented – IPC audits on tendable, weekend domestic now in post (feb 2023), no concerns Safety Dashboard implemented Implementation of revised Stop Before you Block SOP – Prep-stop, block process under the guidance of Stop Before you block, training delivered to majority of MDT, sessions ongoing to capture anyone missed due to AI sickness etc. Implementation of revised Swab Count SOP – all completed and embedded 	<ul style="list-style-type: none"> Completed – Action Plan in progress Completed – Implemented, embedding ongoing Completed Completed Partially Completed – action plan outstanding Partially Completed – audit to be undertaken 	
Falls To reduce the number of falls in the acute setting rated moderate and above.	Reduction in Falls rated moderate and above per 1,000 bed days		<ul style="list-style-type: none"> Older people routinely risk assessed at all appointments Those at risk of falls have an individualised multifactorial intervention Older people who fall during admission are checked for injury Older people in the community with a known history of recurrent falls are referred for strength and balance training Older people who are admitted after a fall in the community offered a home assessment and safety interventions 	<ul style="list-style-type: none"> Partially completed – documentation in place in the community, further work required in Acute Partially completed – available on WebV, compliance to be assessed Partially completed – post fall initial assessment available, compliance to be assessed Not completed – gap analysis to be undertaken and referral process developed Partially completed – environmental assessments available, however process needs to be created for referral 	
Pressure Ulcers To reduce the number of pressure ulcers in the acute setting rated moderate and above.	Reduction in pressure ulcers rated moderate and above per 1,000 bed days		<ul style="list-style-type: none"> Pressure Ulcer Improvement Plan developed PURPOSE T risk assessment tool used on all patients Reassessment of patients as per revised SOP 	<ul style="list-style-type: none"> Completed Partially completed – assessment tool available, training continuing, compliance to be confirmed Partially completed – reassessment tool available, compliance to be confirmed 	

			<ul style="list-style-type: none"> • All at risk patients to have a pressure ulcer management plan in place • Patients with MASD to have joint assessment with continence nurse and TVN • Clinical staff to have Preventing Pressure Ulcer training • Patients who develop Cat 3, 4 and Unstable pressure ulcer, DTI and device related pressure damage to be reviewed by a TVN 	<ul style="list-style-type: none"> • Partially completed – tool in place, compliance to be confirmed • Not completed – review and relaunch of MASD pathway to be undertaken • Partially completed – training in place, compliance needs to be improved • Completed 	
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GOAL: BEST QUALITY, SAFEST CARE: Excellent outcomes through effective, best practice care

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Missed Results To reduce diagnostic results not acted upon	Reduction in number of diagnostics results not acted upon		<ul style="list-style-type: none"> Digital workstream to be considered Trust wide policy on requesting clinical investigations <ul style="list-style-type: none"> Agreed initial focus to be placed on addressing the current unfiled ICE reporting issue Action/decision log created for specific use in relation addressing the ICE reporting issue Actions captured in the RPIW action plan relevant to the unfiled ICE reporting issue have been moved across into the new action/decision log Awaiting up-date from ICE supplier with definite confirmation whether our request for auto-filing can be completed at consultant level – Patient System Specialist leading on this Automated email reminders set up in Jan & are being sent to clinicians to notify of unfiled reports >6 week with DMD copied in Automatic report established to generate of numbers of unfiled reports to monitor progress - 12 week review to be completed March 	<ul style="list-style-type: none"> Non compliant – further work required to scope Non compliant – on hold until a digital solution explored 	
Medication Errors To reduce medication errors and provide assurance against CQC, RPS and HTM standards	Reduction in missed doses Reduction in safety incidents rated moderate and above		<ul style="list-style-type: none"> Lead Pharmacist – Medicines Quality and Safety in post Develop Medicines Quality and Safety Group work plan Update all medicine safety policies Develop and implement insulin safety initiatives Develop and implement oxygen prescribing initiatives Embed high risk medicines and allergy status dashboards Complete fridge temperature monitoring actions Develop e-learning/e-assessment for medicines management 	<ul style="list-style-type: none"> Completed Completed Partially completed – Medicine Policy Updated Not Complete – Action Plan to be developed Partially completed – further work to embed Partially completed – further work to embed Partially completed – further work to ensure full compliance Partially completed – tool developed, compliance to be assessed 	

			<p>Matrix in development on measuring progress on the scope of the Medication Error Quality Priority in respect</p> <p>Opioid Safety Group in place - First Safety Group meeting due to take place in March & run alternate months</p> <p>Insulin Safety Group - Insulin meetings have been poorly attended due to winter pressures/staffing issues/sickness etc. Next meeting due to take place in March & run alternate months</p>		
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GOAL: BEST QUALITY, SAFEST CARE: A positive experience for every patient by listening and acting on their feedback

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Patient Experience To improve patient experience by using patient feedback to drive quality improvement and learning. This will be achieved by full compliance with the 6 principles of patient experience.	Reduction in the number of complaints when compared to the previous year Improved completion time of complaint response		<ul style="list-style-type: none"> Principle 1: Leadership – Patient experience manager in post. Principle 2: Organisation Culture: revised complaints process implemented Principle 3: Capacity and Capability to effectively collect feedback: patient experience surveys piloted in acute paediatrics Principle 4: Analysis and Triangulation: quality analyst in post Principle 5: Using patient feedback to drive quality improvement and learning: Learning Summit implemented Principle 6: Reporting and Publication: PE section of the Quality Report to move beyond complaints and PALs <p>Successful recruitment of x2 PET Officers (one FT, one 30 hours), x1 FT PET Co-ordinator and x1 PT PET Engagement Officer New complaints policy and Unreasonable Behaviour Procedure developed and in use PET Volunteer support in place Open concerns records reduced from 150 cases to 32 (Dec – Feb)</p>	<ul style="list-style-type: none"> Partially completed – current rating 3 (out of 5 with 5 being full compliance) Partially completed – current rating 2 (out of 5 with 5 being full compliance) Partially completed – current rating 3 (out of 5 with 5 being full compliance) Partially completed – current rating 2 (out of 5 with 5 being full compliance) Partially completed – current rating 3 (out of 5 with 5 being full compliance) Partially completed – current rating 2 (out of 5 with 5 being full compliance) 	

Trust Board



Executive Director of Nursing, Midwifery and AHPs

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> Quality impact of UEC pressures in patient experience and quality of care. Work with YSH commenced regarding ambulance diverts and request for system support to ensure escalation frameworks in place and risks assessed robustly 	<ul style="list-style-type: none"> Meeting scheduled between TEWV and HDFT Executive Triumvirate regarding Mental Health service level agreement linked to increasing mental health presentation and complexity at acute site SNCT ED data set now collated with professional judgement applied, expected to be completed by end of September Annual GAP Analysis of National Patient Safety Strategy commenced Development of Quality Strategy commenced in line with Clinical Strategy work
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> IBR 1.8.1 & 1.8.2: Registered Nurse and Care Support Worker vacancies reduced further this month and continues the improving position. Projected pipeline suggests increased domestic recruitment of experienced nurses alongside HDFT pathway students qualifying in October 23 as well as the increased intake of International Nurses, demonstrating the impact of preceptorship packages in place. Positive feedback from staff. Soft launch of PSIRF with a range of tools and templates designed Nursing, Midwifery and AHP Conference planning for 16th October continues. Confirmed attendance from Chief Nursing Officer for England followed by a visit to Neonates/Paediatrics, 	<ul style="list-style-type: none"> Receive Safeguarding Annual Report

Medical Director Report for Public Board

Date: Sept 2023

Author: Dr Jacqueline Andrews



Matters of concern & risks to escalate

Best Quality, Safest Care

- Impact of medical industrial action on planned care backlogs (>80% OPD) and increasing time required to manage/clinically validate

Enabling Ambitions- Digital, Research, Innovation

- EPR Outline Business Case being reviewed by national EPRI 20th Sept

Major actions commissioned & work underway

Best Quality, Safest Care

- Surgical peripheral joint infections- enhanced surveillance and programme of improvement work underway
- Verification of expected deaths in hospital policy approved at SMT. Procedure for expected community deaths being developed with local stakeholders
- Work underway to review Paediatric Audiology service following NHSE quality concerns at a number of other Trusts. YSFT deliver service at HDH site under SLA

Enabling Ambitions- Digital, Research, Innovation

- Comprehensive cyber report received by innovation committee. Work to establish future needs underway

Positive news & assurance

Best Quality, Safest Care

- HDFT Clinical Services Strategy finalised and communication strategy underway
- From the 1st of April 2024, the national Medical Examiner system will scrutinise all non-coronial deaths of neonates, children and adults
- Representative from maternity to join the Mortality/End of Life Group
- HNY ICB wide work on launch of ReSPECT form underway – local plans for implementation being expedited

Enabling Ambitions- Digital, Research, Innovation

- Significant funding received from NHSE for HDFT multimedia patient information innovation project, HDFT partner on £2M bid submitted to AI Diagnostics Fund
- Professor Alison Layton (Consultant Dermatologist & Director of R&I at HDFT) appointed as Chair at University of York - our first Clinical Academic position

Decisions made & decisions required of the Board

Best Quality, Safest Care

Enabling Ambitions- Digital, Research, Innovation

AMBITION: GREAT START IN LIFE

HDFT is the largest provider of public health services for children and young people in England supporting over 500,000 children and young people to have a great start in life. We have the opportunity to lead the development of children and young people's public health services, sharing our expertise to benefit children nationally. As a district general hospital we often care for children and young people in our adult services so we will ensure that every service meets the needs of children and young people by implementing the 'Hopes for Healthcare' principles co-designed with our Youth Forum. Providing high quality, safe care and a great patient experience for mothers and their babies, and ensuring they and their families have confidence in that care, is the beginning of a great start in life.

GOALS:

- **The national leader for children and young people's public health services.**
- **Hopes for Healthcare: services which meet the needs of children and young people.**
- **High quality maternity services with the confidence of women and families**

Governance:

- **Board Assurance:** Resources Committee; Quality Committee
- **Programme Board:** Great Start in Life Programme Board; Quality Governance Management Group
- **SRO:** Director of Strategy; Director of Nursing, Midwifery and AHPs

Metrics (to be developed following review of Integrated Board Report)

Goal	Indicators		
C&YP PH Services			
Hopes for Healthcare			
Maternity Services			

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR34	Autism Assessment	<p>Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within 3 months of referral.</p> <p>Risk that children may not get access to the right level of support without a formal diagnosis and that this could lead to deterioration in condition.</p>	12 (3x4)	6 (3x2) (Mar 26)	Clinical Operational	Cautious

GOAL: GREAT START IN LIFE: The national leader for children and young people's public health services

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Children's Public Health (PH) Services Growth Strategy 22/23 objective complete – to be closed	More integrated services for children Securing long-term partnerships		<ul style="list-style-type: none"> Children's PH Strategy Workshop – Oct 22 Draft Growth Strategy supported by Children's PH Services Board Working Group (WG) – Jan 23 Growth Strategy approved by Trust Board – Mar 23 	<ul style="list-style-type: none"> Complete Complete Complete 	
Increasing the profile and influence of our Children's PH Services	Sharing evidence and learning for Children's PH Services Influencing regional/national policy Increased staff engagement		<ul style="list-style-type: none"> Children's PH Strategy Workshop – Oct 22 Draft Engagement Plan supported by Children's PH Services Board WG – Jan 23 Children's PH Services Conference – Q3 23/24 	<ul style="list-style-type: none"> Complete Complete On Track 	
Improving strategic relationship management with system partners	Improved outcomes for children Securing long-term partnerships		<ul style="list-style-type: none"> Children's PH Strategy Workshop – Oct 22 Review existing strategic relationships – Dec 22 Stakeholder Management Plan supported by Children's PH Services Board WG – Jan 23 Strategic meetings attendance plan – Jun 23 Establish informal meetings with Lead Commissioners and DPHs – Sep 23 	<ul style="list-style-type: none"> Complete Complete Complete On Track On Track – written to lead commissioners and DPHs proposing meetings; positive responses from several local authorities and meetings being scheduled for Jul 23 	
An operating model to support & enable services outside Harrogate	Improved outcomes for children Improved service delivery Increased staff engagement		<ul style="list-style-type: none"> Children's PH Strategy Workshop – Oct 22 Review of corporate support – Jun 23 (revised from Jan 23) Review of community estate and processes – Jun 23 (revised from Mar 23) Proposal for "Northern Hub" – Jul 23 (revised from Mar 23) Draft Operating Model supported by Children's PH Services Board – Oct 23 (revised from Apr 23) 	<ul style="list-style-type: none"> Complete On Track – workshop planned for 21 Jun 23 At risk – baseline review complete; support options review complete On Track – use of "Beehive" in Darlington being scoped On Track – dependent on the actions above. 	

GOAL: GREAT START IN LIFE: Hopes for Healthcare – services which meet the needs of children and young people

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To embed the “Hopes for Healthcare” principles in all HDFT services	Better patient experience for children Improved safety for children		<ul style="list-style-type: none"> Establish Great Start in Life Programme Board – Jan 23 Review of previous work on Hopes for Healthcare – May 23 Stakeholder review of Hopes for Healthcare ambitions – Jul 23 Relaunch of updated Hopes for Healthcare ambitions – Sep 23 	<ul style="list-style-type: none"> Complete – First board held on 21 Feb Delayed – further information to collect from directorates At risk On Track 	

GOAL: GREAT START IN LIFE: High quality maternity services with the confidence of women and families

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Embedded immediate and essential actions from Ockenden Report (2020 & 2022) New objective proposed for 2023/24	A robustly funded, well-staffed and trained workforce to be able to ensure delivery of safe, and compassionate, maternity care. Strengthened accountability for improvements in care with timely implementation of changes in practice following incidents and complaints and compassionate investigations involving families.		<ul style="list-style-type: none"> Continue processes already in place for reporting to Maternity Safety Champions, Trust Board and external stakeholders and bodies. Review NICE guidance compliance document to assure guidelines are relevant and met. Pathways of care to be clearly described, in written information in formats consistent with NHS policy and posted on the trust website. 	<ul style="list-style-type: none"> Processes in place Obstetrics NICE compliance: <ul style="list-style-type: none"> Relevant guidelines – 16, of which: <ul style="list-style-type: none"> Compliant – 3 Non-compliant – 3 Working towards compliance – 4 Guideline under review – 4 Not relevant - 5 Engagement with MVP on-going to improve the information available on the HDFT Maternity website. 	
Progress actions towards the Three Year Delivery Plan for Maternity and Neonatal Services (2023) New objective proposed for 2023/24	Listening to and working with women and families, with compassion.		<ul style="list-style-type: none"> Work with LMNS to improve Perinatal pelvic health services. Audit of personalised care and equity and inequality 	<ul style="list-style-type: none"> Planning stage, steering group meetings taking place monthly Audit midwife now in post commenced 07/08/2023 	
	Growing, retaining, and supporting our workforce.		<ul style="list-style-type: none"> Implement equity and equality plan actions to reduce workforce inequalities Develop a recruitment and retention improvement action plan Maternity and neonatal leads have the time, access to training and development (Core Competency v2) 	<ul style="list-style-type: none"> In progress In progress In progress 	
	Developing and sustaining a culture of safety, learning, and support.		<ul style="list-style-type: none"> PSIRF implementation Neonatal leads to participate directly in board discussions 	<ul style="list-style-type: none"> Trust PSIRF plan produced Under discussion 	
	Standards and structures that underpin safer, more personalised, and more equitable care.		<ul style="list-style-type: none"> Implementation of version 3 of the Saving Babies' Lives Care Bundle (once released). Digital roadmap 	<ul style="list-style-type: none"> Initial meetings held with allocated leads, audits in progress to evidence compliance In progress 	

Strengthening Maternity & Neo-natal Safety

Matters of concern and risks to escalate

- NICE guideline compliance – work on-going to review standards against NICE standards.
- Risk to patient safety and experience due to increasing requirement for elective caesarean section list (Score 9).
- Risk to compliance with CQC and Maternity Incentive scheme requirements for audit (Score 9).
- HSB – Awaiting final reports for two cases. One case now closed and tripartite meeting being arranged.
- Missed diagnosis of 4th degree tear – to be investigated as PSII under PSIRF.
- 2x 48hr reviews completed:
 - Cardiac arrest at elective LSCS
 - Undiagnosed 4th degree tear identified on day 5 (as above)
- All Safeguarding documentation during maternity care to be on Badgernet following recent incident.
- Placental growth factor testing delayed due to process issue with HDFT labs.
- Delayed reporting of foetal loss to MBACE – may impact on Maternity Incentive Scheme compliance.

Major actions commissioned and work underway

- Work underway to meet requirements of maternity Incentive Scheme (MIS), Three Year Delivery Plan, Core Competency v2 and Saving Babies Lives v3.
- All action plans combined into overarching Improvement Plan.
- Ongoing ELCS capacity issues – exploring additional lists/capacity.
- Working with LMNS to understand transfers in due to escalation/capacity issues elsewhere. Keeping local records.
- Focussed work to resolve Badgernet data quality issues.
- Saving Babies Lives care bundle version 3 assurance tool due for completion by 20th September – review meeting 25th September.
- LMNS Three Year Delivery Plan assurance visit evidence to be submitted by 2nd October – visit 13th November.
- Commencing work on a new guidance for escalation of clinical concern following HSIB report recommendation.
- Core Competency framework v2 business case drafted – risk to compliance due to doctor's strike.
- CQC Picker Maternity Survey results received and action plan in development.
- Work on-going to improve continuity of carer in antenatal and postnatal services.

Positive news and assurance

- No new HSIC cases reported.
- Diabetes project midwife recruited to assist in saving babies lives requirements.
- Born & Bred in Harrogate research project agreed.
- Pool evacuation training video has been filmed.
- Audit and clinical effectiveness midwife started in post.
- Fully recruited to Middle Grade doctors rota.
- No new PMRT cases reported.
- No formal complaints received.

Decisions made and decisions required of the Board

BOARD OF DIRECTORS September 2023

4.3

Title:	Safeguarding Adults, Children and Children in Care Annual Report 2022-23
Responsible Director:	Emma Nunez, Executive Director of Nursing, Midwifery and AHPs; Deputy Chief Executive
Author:	<i>Alison Smith and Emma Anderson; Deputy Directors of Nursing for Children, Young People and Safeguarding</i>

Purpose of the report and summary of key issues:	This report is the annual Safeguarding report and details the work undertaken in 2022-23.	
Trust Strategy and Strategic Ambitions	The Patient and Child First	
	Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	✓
	Person Centred, Integrated Care; Strong Partnerships	✓
	Great Start in Life	✓
	At Our Best: Making HDFT the best place to work	✓
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks		
Report History:		
Recommendation:	The Board of Directors to note the contents of this report	



Harrogate and District
NHS Foundation Trust

4.3



Harrogate and District NHS
Foundation Trust

**Safeguarding Adults,
Children and Children in
Care Annual Report
2022- 2023**



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1.Foreword by our Deputy Directors of Nursing for Children, Young People and Safeguarding.

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In 2022-23 Harrogate and District Foundation Trust (HDFT) cared for 55,000 emergency department attendances, 2000 cancer treatments, there were 21,000 virtual outpatient attendances, 118,000 home visits and colleagues at HDFT provided support to 600,000 children and young people. In each of these contacts and indeed in all contacts with patients, children, young people and families, colleagues are alert to recognising the signs that people are in need of safeguarding support. This report describes how HDFT ensures that every colleague understands their responsibilities to respond to these needs and has the support they need to discharge these responsibilities. Safeguarding responses rely on good multiagency working and HDFT engages positively in the Safeguarding partnerships in all the localities where we provide services. HDFT safeguarding services are part of the response to safeguarding concerns raised by other agencies within these partnerships.

Recognising and responding to safeguarding concerns is key to supporting the welfare of the people we work with, and this work can be very challenging. It is important that at the beginning of this report we acknowledge and express heartfelt gratitude to colleagues who continue to see an increase in the quantity of safeguarding cases and in the complexity and gravity of cases. Colleagues are working with families every day who are facing extreme difficulty and children are presenting with serious physical injuries, and significant mental health issues. The reviewing of unexpected child deaths is statutory for local safeguarding partnerships in England. The purpose of the process is to understand how a child has died and then put in place interventions to protect other children and prevent future deaths wherever possible from learning. We have continued to see an increase in the number of unexpected child deaths, and it is important that we recognise the significant impact this has on our staff and that we ensure that we are able to support them appropriately.

The Deputy Director of Health Visiting, Nursing and Safeguarding retired from HDFT in May 2023 after 45 years of NHS Service. This role has since been reframed and recruited to as a job share as Deputy Director of Nursing for Children Young People and Safeguarding from July 2023. This role is supported by the Lead Named Nurse with a HDFT wide focus, operating as a subject matter expert. On behalf of the Director of Nursing, Midwifery and AHPs, the role of Deputy Director of Safeguarding, ensures effective organisational systems and processes are in place and complied with to achieve the best outcomes for patients in terms of Safeguarding and that there is assurance of compliance and continuous learning and improvement.

The HDFT Adult Safeguarding Team aligned with the Children's Safeguarding Teams in 2021 and continue to work closely with the Safeguarding Adults Board in North Yorkshire to ensure robust all age safeguarding arrangements including shared learning.

HDFT works with Children's Safeguarding Partnerships and subgroup arrangements across the footprints and as a leading provider of 0-19 Services aim to have a greater national influence.

HDFT safeguarding governance arrangements provide a structure to provide assurance and clear escalation processes with a strong focus on learning and improvement. It is recognised that further work is required to embed this across all Directorates and the Trust Wide Safeguarding Governance Frameworks are being reviewed to strengthen this.

The Learning and Best Practice Forum in 0-19 Services is firmly embedded and continues to provide a clear line of sight for our 0-19 senior leaders to frontline practice and the impact this is having on children, young people, and families. The learning from best practice culture provides a clear methodology to 'deep dive' into an area of concern and to develop new ways of working and improve outcomes for children, young people and families ensuring that learning is shared across all services and localities.

Robust governance pathways with clearer scrutiny of safeguarding processes and actions are required to be embedded across the corporate directorate and within processes and procedures at a corporate level.

HDFT representation at strategic and operational multi agency meetings is key to delivering an integrated seamless service, and we continue to do this across our increasing geography, which now includes Wakefield 0-19 Service (from October 2022) and Children in Care in the Tees Valley (from April 2022).

We have strengthened Executive and Triumvirate representation and engagement with Local Authority Directors of Public Health, Commissioners and System partners, increasing our platforms for engagement and influence.

The Named and Specialist Nurse Safeguarding Workforce work as 'One Team.' HDFT have the largest NHS Safeguarding workforce nationally, which now includes:

- 12 Named Nurses for Child Protection,
- 2 Named Nurses for Children in Care,
- 1 Lead Professional for Safeguarding Adults, and
- 1 Named Midwife.

The team spans the geographical areas of Northumberland, County Durham, Sunderland, Gateshead, Stockton, Middlesbrough, Darlington, North Yorkshire, and Wakefield. With a corporate remit covering the Acute Hospital Trust. The team provide a resilient workforce, which works collaboratively across services to meet our statutory requirements.

Leading the way in clinical transformation and innovation, HDFT provide more than 100 operational Public Health Nursing and skill mixed roles designated to working with Safeguarding Children, young people, and families. Using a trauma informed approach and range of age-appropriate engagement tool kits, the workforce advocate and represent the child's view of their lived experience. This work directly informs risk assessment, contribution to specialist referrals, child protection conference reports and multi-Agency meetings. These roles are professionally led by the Named Nurses and the Lead Named Nurse for Safeguarding and Children in Care. The Integrated 0-19 Senior Management Teams in each Local Authority Area, tailor services and innovative roles to the individual needs of their local population in collaboration with System Partners and Commissioners.

Our designated Acute Safeguarding Adult Team resource has increased and strategic objectives for 2023/24 aim to increase HDFT wide Safeguarding Mandatory training, development of a robust Deprivation of Liberty (DOLs) process and a strengthened focus on self-neglect.

HDFT were awarded the Tees Valley Children in Care contract in April 2022. The team deliver Review Health Assessments (RHA)s and have maintained excellent compliance. The team also administer Initial Health Assessments (IHA) which are delivered by a neighbouring NHS Trust. In line with the National picture, Tees Valley have struggled with IHA compliance due to a lack of paediatricians and subsequent clinic appointments. Commissioning bodies are now leading on the outcome of a collaborative Rapid Improvement Workshop across the System.

This year the Annual Report 2022-2023 will provide a summary of the team's key achievements and challenges over the past year in both Adult and Children's safeguarding services.

Alison Smith- Deputy Director of Nursing for Children, Young People and Safeguarding
Emma Anderson- Deputy Director of Nursing for Children, Young People and Safeguarding

2. Overview of HDFT response to National Safeguarding Practice Reviews(SPR) and Joint Targeted Area Inspection

4.3

Safeguarding Children

Overview of HDFT response to National Child Safeguarding Practice Reviews (CSPR) and Joint Targeted Area Inspections

Nationally one of the most significant reports that impacted safeguarding children practice was the National Child Safeguarding Practice Review in May 2022 into the deaths of Star Hudson and Arthur Labinjo-Hughes.

CSPR Learning and Recommendation	HDFT Response
Develop expert practitioner roles in social working who require a five-year assessed career framework.	HDFT recognised that this requirement for expert safeguarding practitioner roles was also important in all agencies involved in the safeguarding response. HDFT have developed a robust Safeguarding Training program for our cohorts of student SCPHN trainees and an enhanced Safeguarding Preceptorship framework for all SCPHN, Nursing and designated operational safeguarding roles.
"Professionals did not hear their voices or see them alone".	Child Lived Experience Practitioners and enhanced training resources.
"Limited think family approach and wider family voices are overlooked"	Enhanced Think Family Training and incorporated into Preceptorship, Pre and Post Registration Education and Clinical Training.
"Antenatal visits were not always completed and when they were done there was no professional curiosity about experiences of parents." Stars father was a Child in Care (CIC) and this was not known by the professionals involved in the family.	Children in Care Named Nurse increased to 2WTE for HDFT. Quality assurance processes Introduced across all contract areas where HDFT staff undertake Review Health Assessments
"Over reliance on mechanism of injury fitting parental version".	New Physical abuse training has been developed which is concentrating on mechanism of injury, this will include paediatricians and equip staff with the knowledge and skills to challenge.

The Sunderland Joint Targeted Area Inspection (JTAI) on the multi-agency response to children and families who need help (January 2022).

Headline findings:

- Sunderland Safeguarding Children Partnership arrangements are well established and effective.
- Leaders have an accurate understanding of the needs of vulnerable children in their local area.
- They are fully cognisant of the importance of addressing children's needs early.
- Local Safeguarding Partnership strategic arrangements are closely aligned with local universal and voluntary organisations, ensuring a clear understanding and shared approach to prioritising and meeting children's needs.
- Partners work persistently and creatively together in an environment of significant and extensive local deprivation to coordinate and deliver an array of multi-agency early help services that are successfully reducing harm and preventing risks to most children receiving services from escalating.

Inspectors highlighted that “staffing capacity is limiting the consistent inclusion and impact of school nurses and health visitors.” HDFT are focused on the training, recruitment and retention of Specialist Community Public Health Nurses (SCPHN), with innovative workforce plans to increase student SCPHN numbers, pre reg student nurses and direct entry band 5 Staff Nurses. As this will take time, skill mix roles are being developed to bridge the gap. This included recruiting an additional band 6 Strategy Nurse into the Sunderland 0-19 Service.

The Inspectors observed the Lived Experience work carried out by new roles across the system, including the HDFT 0-19 Child Lived Experience Practitioner, Strategy Nurse, and Complex Case Specialist Nurse. Commenting in the final report *“children are supported to talk about their lives and experiences through age appropriate and effective direct work using a range of tools”*.

There was also positive feedback from staff to the inspectors “staff told inspectors that leaders listen to them and act quickly to address gaps in service provision and nurture their talent and expertise.”

The Sunderland Integrated Contact and Referral Team (ICRT) (Safeguarding Front Door) which was also praised, included HDFT staff.

“Children are appropriately safeguarded from harm when necessary. Thresholds of risk, need and harm to children are mostly understood and applied by experienced and knowledgeable co-located health, education, police, children's social workers and early help professionals in the ICRT.” (Sunderland JTAI Jan 2023 - The multi-agency response to children and families who need help).

Safeguarding Adult successes linked to the North Yorkshire Safeguarding Adult Board (SAB) Priorities.

Reconnect with communities in North Yorkshire to raise awareness and develop strategies to address and reduce the risk of harm.

During 2022/23, resource in the Adult Safeguarding Team was increased which allowed for an increase in proactive, bespoke support for wards and departments. The Safeguarding Team now contribute to and attend the Emergency Department Regular Attenders Meeting, this ensures that safeguarding concerns can be identified and considered in a proactive way.

HDFT's Adult Safeguarding Team have a clinical advisor who has a joint learning disability and safeguarding role. The purpose of the role is to support inpatients and outpatients who have a learning disability to ensure that their specific needs are met; that reasonable adjustments are made; and that any safeguarding concerns are responded to appropriately. The Named Professional for Adult Safeguarding ensured regular attendance at Safeguarding Adult Board (SAB) Partnership meetings throughout 2022/23.

Ensure multi agency safeguarding policies and procedures are in line with best practice and meet the needs of older people and younger vulnerable people – now and in the future.

HDFT's safeguarding policies and procedures are monitored and updated in line with national best practice and local learning through the weekly Safeguarding Clinical Advisory Group. Each member of the safeguarding team takes a thematic lead, which ensures that there is a broad knowledge base of the Adult Safeguarding agenda across the team. Face to face training is delivered by the Adult Safeguarding team, and towards the end of 2022/23, additional sessions were delivered to ensure that compliance with Trust training targets increased. The Mental Capacity Act (MCA) workbook was rolled out during 2022/23 and Deprivation of Liberty Standards (DoLS) training was delivered to matrons and key areas across the Trust. Learning from Safeguarding Adult Reviews (SARs) has been disseminated across wards and departments and a work stream was commenced in relation to supporting staff to identify, and appropriately respond to self-neglect.

Ensure a stronger partnership approach and accountability for the prevention of abuse.

During 2022/23, the adult safeguarding team in HDFT forged closer working relationships with both the acute trust safeguarding team and the wider safeguarding teams in the HDFT footprint. Governance arrangements are currently being reviewed to ensure robust arrangements across the organisation. Learning from the Partnership is shared via the Named Nurse Clinical Advisory Group.

Ensure North Yorkshire Safeguarding Adults Board (NYSAB) is able to effectively adapt and respond to wider contextual changes affecting adult safeguarding.

The Learning Disability Liaison Nurse, who is part of the adult safeguarding team, attends the Learning Disability Mortality Review (LeDeR) Steering Group. Learning from one LeDeR led to work raising awareness of easy read resources across the Trust. Bespoke training on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) was delivered to wards following an audit completed in 2021/22.

Safeguarding Practice Reviews.

Contributing to Child Safeguarding Practice Reviews (CSPR's) and Learning Lesson Reviews (LLR's) remain an important element of the safeguarding teams work. This is not only due to the nature of working together with partner agencies analysing how a child or vulnerable adult has been seriously harmed, but also ensuring that lessons from each case can be learnt and swiftly embedded into practice. Learning from these reviews is key to improving outcomes for children and young people and adults so that practice can be changed to ensure the same situations that contributed to these significant events do not happen again.

The Learning Opportunity Clinical Advisory Group was developed as a method to collate themes and trends from Safeguarding Practice Reviews and Learning Lesson Reviews.

The Learning Opportunity Clinical Advisory Group convenes bi-monthly and is attended by the Lead Named Nurse Safeguarding and the Named Nurses. It is a meeting to triangulate learning and jointly develop solutions to influence practice and improve outcomes for children and vulnerable adults.

The learning can be from Local Child Safeguarding Practice Reviews, National Child Safeguarding Practice Reviews, Learning Lesson Reviews, Rapid Reviews, Adult Safeguarding Practice Reviews, Inspections, Domestic Homicide Reviews, themes from Supervision or SPOC calls and any other significant safeguarding issue/theme that it is felt required to be raised and addressed. Agreed actions to develop practice or disseminate learning are part of this group and can be shared through the Training Steering Group, newsletters, local briefings, supervision messages, local briefings and huddles, the Annual Training Plan, the Learning and Best Practice Forum and the Safeguarding Quality of Care Business meetings.

Claire Wallace- Lead Named Nurse for Safeguarding and Children in Care

3. Safeguarding Children: Achievements, Challenges and Priorities

4.3

Nothing is more important than children's welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified (Working together 2018)

Achievements

- New band 7 role developed within Sunderland 0-19 Service to concentrate on complex safeguarding cases, which involves visiting families and clinically co-working cases. This role has released capacity in the 0-19 Workforce to deliver early intervention, prevention, and key public health priorities. The role has been incorporated into Northumberland, Wakefield, Middlesbrough, and North Yorkshire 0-19 Services.
- Child Lived Experience Practitioner role developed and introduced to several 0-19 Contracts to strengthen the child's voice of their lived experience. In Jan 2023, the Joint Area Targeted Inspection of Sunderland (JATI) acknowledged and provided positive feedback in relation to the innovative safeguarding roles across the System.
- New Physical abuse training has been developed for HDFT multidisciplinary teams which focuses on the mechanism of injury and will equip staff with the knowledge to challenge.
- Action Plans developed in HDFT Emergency Department (ED) and Maternity to monitor Training and Supervision compliance.
- Appointment of Named Midwife.
- Successful award of the Wakefield 0-19 service, which welcomed the Wakefield Safeguarding team.

Challenges

- Sustained increased numbers of vulnerable children, young people and families with subsequent capacity and demand challenges across Services and the Specialist Safeguarding Team.
- Mobilising and transforming new contracts which has included supporting the clinical transformation and implementation of operational and Specialist Safeguarding teams.
- Maintaining mandatory training compliance within the Acute setting.

Priorities

- To continue to maintain statutory requirements providing assurance through internal and external governance process.
- To continue to keep children, Children in Care and vulnerable Adults safe.
- To continue to support all staff and provide psychological and vicarious trauma support.

4. Children in Care: Achievements, Challenges and Priorities

4.3

Over the last year there has been a significant rise in the number of Children in Care (CiC) across the HDFT footprint, and the needs of children in care are highly complex with increasing risk to the young person, the community and our 0-19 (25) practitioners. *Health staff working with CiC must have the right knowledge, skills, attitudes, and values, to enable young people to achieve their full potential* (Looked after Children: roles and competencies of healthcare staff, Dec 2020)

Achievements
<ul style="list-style-type: none"> Successful mobilisation of the Tees Valley CiC contract. HDFT funded 2 WTE Specialist Nurses Children in Care throughout the Tees Valley mobilisation. New Named Nurse CiC was appointed in North Yorkshire which has supported clinical transformation. North Yorkshire & City of York have embedded a new Review Health Assessment Process into the service which is user friendly, and child focussed. North Yorkshire have addressed the backlog of Health Summaries and as a result every young person who has care experience has recorded information in relation to their health needs and how to access ongoing support. The CiC team have embedded quality assurance processes across all contract areas where HDFT staff undertake Review Health Assessments. County Durham have appointed 2 WTE Specialist Nurses Children in Care to support 0-25 staff with appropriate leadership and management in relation to CiC.
Challenges
<ul style="list-style-type: none"> Staff capacity across the specialist CiC teams and the 0-19 (25) services which has impacted on the timeliness of Review Health Assessments. Decreased Initial Health Assessment (IHA) compliance, carried out by Paediatricians in North Yorkshire and across the Tees Valley, resulted in HDFT contribution to action plans and a Rapid Process Improvement Workshop with the commissioned provider NHS Trusts. Where HDFT are the commissioned provider of IHAs for Harrogate and Thirsk, there are no concerns in relation to the timeliness of appointments however challenges have included delay in report writing. Upon the mobilisation of Northumberland 0-19 services, the decision was made by the Integrated Care Board (ICB) with Local Authority Public Health Commissioners that HDFT would no longer undertake RHA's on behalf of the incumbent Trust who remain commissioned by the ICB to provide this service. Gateshead 0-19 Service are commissioned to contribute to Review Health Assessments (RHA), this has been a challenge to determine and define what this offer is with the specialist commissioned provider. The complexities of our Children in Care continues to increase in terms of criminality and exploitation which has resulted in a significant number of risk management meetings being held to ensure staff safety and well-being.
Priorities
<ul style="list-style-type: none"> To provide support to our partners / providers to ensure children entering the care system have their health needs assessed and addressed in a timely manner. Embed thematic leads into CiC services which includes Unaccompanied Asylum-Seeking Children (UASC), Promoting Engagement and Care Experienced. To develop a Care Experienced policy which would align 0-19 services across the footprint to support care leavers until up to 25 years of age. This is in accordance with the ICB priorities. As a result of a Children Safeguarding Practice Review, HDFT to develop and implement an Adoption pathway. This will ensure enhanced 0-19 support is provided should it be necessary. To deliver mandatory CiC training across the HDFT footprint and City of York to raise awareness of roles and responsibilities. To reach mutual agreement of the 0-19 responsibilities in supporting CiC in Gateshead and Northumberland

5. Safeguarding Adults: Achievements, Challenges and Priorities

Empowerment; Prevention; Proportionality; Protection

4.3

Achievements
<ul style="list-style-type: none"> Expansion of the Adult safeguarding Team and recruitment of full time Named Professional, full-time Specialist Nurse and extension of Clinical Advisor role. Learning Disability (LD) eLearning and Adult Safeguarding Level 2 training compliance consistently above 90%. Acute LD Liaison Team won a Making a Difference Award after being nominated by a patient's family after successfully coordinating a complex admission pathway Effective engagement with external partners and service users through the North Yorkshire Safeguarding Adult Board sub-groups, ICB steering groups, WYAAT LD group, LD partnership board subgroup, self-advocate groups and the regional Access 2 Acute Network. By the end of 22-23, there was an increase in safeguarding activity due to frequent engagement at ward level. Learning from Safeguarding Adult Reviews (SAR's) have been implemented and led to a change in practice – e.g., SAR James – an ED Frequent Attenders meeting is now in place, attended by the adult safeguarding team.
Challenges
<ul style="list-style-type: none"> Limited resource in the team prior to the recruitment of Named Professional and Specialist nurse at the end of 22/23 meant that there was a lack of ability to undertake proactive work across the Trust to further the adult safeguarding agenda Challenges in monitoring, reporting, and accountability for adult safeguarding and LD service within the existing governance framework. NHS Benchmarking for LD Improvement Standards was not submitted due to challenges collating organisational data. Low compliance with Safeguarding Level 3 training due to limited availability of trainers, and poor attendance. The complexities of planning for the Liberty Protection Safeguards The complexities of planning for the preparation for the Oliver McGowan Mandatory Training in Learning Disabilities and Autism
Priorities
<ul style="list-style-type: none"> To support strategic managers to implement the revised and improved governance framework for adult safeguarding and LD. To review Adult Safeguarding Training Needs Analysis to ensure compliance with the intercollegiate document; and provide a range of opportunities for staff to achieve compliance. Develop a plan to ensure resilience for the Acute LD Liaison Service once the current Clinical Advisor secondment ends in November. Continue to contribute to planning roll-out of the Oliver McGowan Mandatory Training. Review Learning Disabilities Maternity Pathway. Explore information sharing agreement with PCSs to increase LD flagging. Continue to embed learning from SARs.

6. Safeguarding Acute: Achievements, Challenges and Priorities

4.3

Achievements

- Team is now substantive consisting of Named Nurse for Safeguarding Children, Specialist Nurse for Child Protection, 2 Acute nurses for Child Protection, Named Midwife for Safeguarding Children and is now co located within the team since January 2023.
- Greater links and monthly meetings between Children's Safeguarding team and the Adult Safeguarding team to improve communication and transition of young people.
- Compliance for supervision and training has now increased to 82% and 80% compared to 40% and 60% at this time last year. Training has been evaluated very well with the rolling programme of topics offered. Paediatric champions have been reintroduced.
- Induction programme and specific domestic abuse training undertaken quarterly with new medical staff in the Emergency Department (ED).
- ED action plan has been a success and has brought up compliance and cohesion amongst the two teams.
- ED bi-annual Referral Assurance Audit (for the period of a month) identified an improved position of 1.6% missed referrals from a position of 1.9%, which equated to 12 missed referrals out of 642.
- The Safeguarding handbook has been rolled out across all departments for ease of access of policies and referrals across the region.
- The "think family" approach has been targeted to wards and department where vulnerable adults may be identified

Challenges

- Think Family has been a challenge and has required a lot of education to adult wards, especially with young people transitioning across services.
- Governance within ED – attendance at governance meeting to raise issues.
- Frequent attendance meeting remains a challenge. The administration side of collating and documenting evidence is time consuming.
- Compliance with training and supervision in certain areas – Minor injury units has been a challenge due to low staff volumes and IT difficulties.
- Partnership operational governance meeting are often poorly attended.

Priorities

- To maintain compliance with training and supervision.
- To develop a co joined teaching approach with the adult Safeguarding/Midwifery team that will encourage the Think family approach.
- Development roles for staff on the ward to work with the safeguarding team. Face to face Paediatric Champions meeting with outside speakers
- Further ED audit to detect missed referrals – due in September 2023.
- Audit of outcomes from referral to Children's social care.

7. Locality Safeguarding Teams: Key Summary Overview

Locality Team: Middlesbrough

4.3

Challenges

- Middlesbrough continues to demonstrate extremely high needs in relation to health, wellbeing, and safeguarding issues. It is the smallest, and second most densely populated local authority area in the North-East. Contextual safeguarding continues to dominate the locality with increasing numbers of complex strategies discussing extra familiar harm, child criminal exploitation, use of weapons and children involved in gang conflicts.
- The role of the Named Nurse Child Protection (NNCP) has been to continue to forge relationships with the wider safeguarding children's partnership team. Due to recent changes in the multiagency teams this has been challenging however regular meetings have ensured the lines of communication and development of services between 0-19 integrated Service Manager (SM), NNCP and safeguarding partner agencies.

Key Successes

- **Embedding the role, Clinical Lead Complex Case Nurse.** The role was introduced to allow flexibility within the integrated role in the 0-19 (0-25) service and to ensure the most time demanding complex cases are managed by a Specialist Safeguarding 0-19 Practitioner. The role has evaluated well both internally and with multiagency partners.
- **Introduction of System One into the Multiagency Children's Hub (MACH):** We established access to a "locked down" version of system one for our Children's Social Care partners in the MACH. This is to ensure the screening team can, in a timely manner, access accurate demographic data relating to children and families when a concern has been raised.
- **Signs of safety audit:** 'Comparing Safeguarding Data Across HDFT Localities' by Dr Lythe; Middlesbrough was identified as an outlier for large volumes of safeguarding activity in HDFT. The wider safeguarding team reviewed minutes of strategy meetings and completed the audit questionnaire to provide assurances that the threshold was applied appropriately. The audit evidenced 99% agreement with outcomes of strategy meetings.

Priorities

- Developing the Complex Case role in Middlesbrough and to embed a Child Lived Experience practitioner into the team.
- To engage with and support South Tees Safeguarding Children's Partnership (STSCP) plans to hold a scrutiny panel or 'Challenge event' every six months to review the effectiveness of implemented actions following CSPR's.
- HDFT and Middlesbrough Childrens Services plan to explore attendance to Multi agency Child exploitation (MACE) discussions which would allow for early identification and intervention for children and young people experiencing extra familiar harm in our locality.

Locality Team: Stockton

Challenges

- Safeguarding Children activity within Stockton has continued to increase over the year. At times up to a 75% increase in safeguarding meetings and contacts via the Front Door Children's Hub (CHUB) is noted. Thus, this has resulted in an increase in strategy and Initial Child Protection meetings attended by HDFT Safeguarding Children's Team.
- HDFT Stockton has witnessed an increase in complex cases particularly involving young people and violent crime, and harm outside the home. Over the year several incidents have highlighted the need for an increased safeguarding focus across the Tees Safeguarding Partnership.

Key Successes

- **Neglect of Children Campaign:** Neglect continued to be a key priority for the safeguarding partnership ensuring up to date training is embedded and translated into practice. HDFT along with partners in HSSCP undertook the development and delivery of the Neglect Campaign. The campaign included multiagency delivery of an Active Learning Event across HSSCP footprint and a leaflet campaign to the General Public highlighting neglect.
- **Audit:** Children aged under 2 with a Child Protection Plan due to Neglect. The audit revealed that in all the cases reviewed a home environment assessment had been undertaken and a 'Think Family' approach was considered. There was clear action planning evident in the child's records in 99% of cases and strong evidence of positive multiagency working. The audit evidenced an improvement in the risk of harm analysis and recording of cumulative harm.
- **MAPPA:** Stockton are now attending and supporting the MAPPA process. Following the 5-19 Impact Audit in November 2022: findings indicated in Stockton practitioners are good at undertaking a cumulative risk analysis, the Family Health Needs Assessment and Home Environment Assessment. That practitioners appear to have a clear understanding of the Child's lived experience by capturing the voice of the child. There was evidence of HDFT practitioners undertaking professional challenge thus demonstrating that children received a positive outcome.

Priorities

- To Maintain support in the wider Multiagency partnership in driving forward the Neglect strategy for the locality.

Locality Team: Darlington

Challenges

- There was no Specialist Nurse Child Protection in Darlington from January 22 until October 22 due to long term sickness and difficulties in the recruitment process. Support was gained from the wider Safeguarding Children Team and 0-19 practitioners. This ensured that there were no gaps in service.
- MAPPA meetings have increased significantly. There were 53 review meetings in this period, compared to 25 in the same period last year, this is double the amount. There were also 24 Initial reviews and 2 Level 3 meetings, which is similar to the previous year. These meetings last at least 2 hours each and is a significant amount of time for the Specialist Nurse Child Protection role in Darlington which is 22.5 hours per week. However, this attendance is important as the Specialist Nurse Child Protection often has actions from these meetings that influence outcomes for children.

Key Successes

- All statutory obligations were met within expected times scales.
- In January 2023 a new model of working was introduced with the Specialist Nurse Complex Cases. This new way of working will support development of an existing Specialist Community Public Health Safeguarding Nurse. She received peer support and supervision from the Lead Named Nurse Safeguarding, which contributed to shaping local and trust wide practice for safeguarding children.
- The Named Nurse Child Protection represented HDFT and worked closely with Darlington Safeguarding Partnership and remains a key agency in developing and evaluating multi-agency practice in Darlington. The Named Nurse Child Protection attended all Partnership meetings, Learning and Development Group, Strategic Child Exploitation Group, MASH Operational Group, MASH multi-agency audit focussed group, Multi-Agency Safeguarding Partnership Group and Quality Assurance and Performance Management Group
- Working relationships with our partner agencies remain excellent, particularly within the Front Door. Monthly meetings with Specialist Nurse Child Protection, Named Nurse Child Protection and Front Door managers ensure joint working is reviewed and practice developed as required.
- Since October Child Protection Supervision for 0-19 service has maintained 100% compliance. The Specialist Nurse Child Protection robustly monitors and supports this process.

Priorities

- To develop relational practice within the Front Door and commence qualitative referral audits between the Front Door manager and Specialist Nurse Child Protection.
- To complete a thematic Record Keeping audit to provide assurance the Child's Lived Experience has been captured.

Locality Team: Durham

Challenges

- Workforce pressures remained a challenge throughout 2022-23. Entering 2023/24 with all posts appointed to and will provide stability in the team.
- Quarter 1 in 22/23 highlighted a decline in Durham Multi Agency Safeguarding Hub (MASH) assessments. This was an outlying trend in comparison to Northeast and North Yorkshire regional hub provision. Durham Safeguarding Partnership increased data scrutiny and monitoring in relation to this throughout the year. It has been identified that Domestic Abuse multiagency Screening has significantly increased, subsequently resulting in a reduced number of required MASH assessments.
- Identification of the reduction in referrals into Children's Social Care was a challenge, action plan was implemented resulting in an increase in referrals over the year and continued monitoring into 2023/24

Key Successes

- Safeguarding Children level 3 Trainer appointed fixed Term for 12 months to increase the capacity in the Training resource and relieve pressure on the Safeguarding Thematic Leads for Training.
- Safeguarding Level 3 and Level 4 Training and Supervision compliance maintained at above 97% throughout the year
- Child exploitation cases increased by 46%. A review of multiagency processes resulted in the introduction of a Local Authority Adolescent Sexual Exploitation Team (ASET)
- The number of children subject to a Child Protection Plan steadily increased throughout 2022/23 to 650 in Q4 from 554 in Q4 2021/22.
- Following the tragic death of a 7-month-old baby whilst unsupervised in the bath and the learning from the review that followed, Water Safety Public Health message distributed across HDFT and to all parents and care givers.
- Adoption of safeguarding representation onto Channel, Missing Episodes Reduction Meetings (MERM).
- Introduction of the complex case tracker for management oversight of escalation and complex cases.
- 2 Joint Agency Response meetings following child deaths progressed to Rapid Review and one Domestic Homicide Review commenced.
- Following an Impact Assurance Audit, a revised process was introduced to support the prioritisation of Health Needs Assessment from Strategy meetings and subsequent weekly management oversight.
- 2 Joint Agency Response meetings following child deaths progressed to Rapid Review and Local Child Safeguarding Practice Reviews
- One Domestic Homicide Review concluded.
- MASH Assurance visit completed, multi-agency recommendations and action plan formulated, following the Assurance visit the MASH saw an increase in activity
- Pilot launched to implement a Child Lived Experience template as part of a Health Needs following Strategy meeting.

Locality Team: Sunderland

4.3

Challenges
<ul style="list-style-type: none"> Ongoing increased multiagency demand in the Integrated Contact and Referral Team (ICRT) following sustained increase in safeguarding. The Integrated Care Board (ICB) are currently considering commissioning options for additional multiagency resource.
<ul style="list-style-type: none"> 4 scoping's to explore areas of Learning following the harm to children have been undertaken alongside partner agencies. Good practice was identified, as well as areas of learning, with action plans created to reflect the learning. Learning has included increasing professional curiosity, identifying, and understanding risks posed by hidden males (males living with families that are not visible to services). Ensuring cumulative risk is analysed to inform actions.
<ul style="list-style-type: none"> Increase in overseas students moving to the area with their families and the impact this is having on housing, primary care and 0-19 provision; working alongside the designated nurse and other partners to understand.
<ul style="list-style-type: none"> In Q1 there was still high level of sickness in the Sunderland Safeguarding team with two Senior Nurse Child Protection (SNCP) off on long term sick therefore impacting on the remaining SNCP in role who has been supporting the ICRT.
<ul style="list-style-type: none"> In Q2 there had been two SNCP on long term sick. Two B6 Strategy Nurses left the roles, one returning to Health Visiting and the other to commence the SCPHN programme.
<ul style="list-style-type: none"> In Q3 there were staff changes in the ICRT due to 6-month secondment opportunity seeing a B7 SNCP post converted into an Interim Named Nurse in the ICRT. There were also changes to the staffing within the Transformation team in Sunderland. In response to the increase in Contextualised Safeguarding and requirement for B7 attendance at Strategies, there was an opportunity for a B6 uplift to B7 within the team. These interviews took place in December and the new uplift roles commenced in January 2023.
<ul style="list-style-type: none"> Calls by staff requiring advice and support from SPOC increased by 78% from Q2-Q3.
<ul style="list-style-type: none"> In the year there were 34 requests for court reports, with additional requests for redacted records

Key Success
<ul style="list-style-type: none"> Positive feedback from the JTAI inspection reflecting work undertaken by the ICRT Front Door, the Transformation Team capturing children's lived experiences, as well as the work undertaken by SNCPS and the 0-19 service.
<ul style="list-style-type: none"> Developing working relations and collaboration between safeguarding and 0-19 teams, as well as with multi agency partners including in the ICRT.
<ul style="list-style-type: none"> Transformation team is now embedded, with children's lived experiences being captured & understood and used to inform safeguarding plans. With a recognition of this work from the National Panel.
<ul style="list-style-type: none"> SNCPS are now attending and therefore contributing to the risk analysis within MAPPA meetings; helping to ensure children are represented within these discussions.
<ul style="list-style-type: none"> Staff have had opportunity to access Level 4 training, including sessions facilitated by Lads Like Us and National Panel. Both of which helped ensure children's voices and lived experiences are a key part of safeguarding.
<ul style="list-style-type: none"> Despite sickness and staff changes the safeguarding team and 0-19 service have ensured all staff have had the provision of safeguarding supervision every quarter, and in addition any 1:1 supervision that has been required.
<ul style="list-style-type: none"> Named Nurse child Protection – Front Door is in post and working on improvements within the Sunderland front door and contributing these improvements to other Front Doors in HDFT.
<ul style="list-style-type: none"> Following a pause Deep Dive audits have recommenced, with an initial focus on Routine and Selective enquiry around Domestic abuse.
<ul style="list-style-type: none"> In Q1 The highest category for CP plans continues to be Emotional Abuse. The 0-19 service began receiving the Police CCN Notifications for 0-5 and Unborns. In Q2 There was an increase in the number of Children subject to a CIN plan however a decrease in the number of children subject to a CP Plan. Where the consistent category for plan in Sunderland had been Emotional abuse, this category for reason for plan reduced and the category of Neglect increased. There was an increase of children being exploited. The children subject to a CIN Plan increased by 11% in Q3. The number of children subject to a CP plan decreased by 11%. The number of children on a plan for Emotional abuse decreased by 23% between Q2-Q3. However, since Q1 to Q3 there was a decrease of 43%. The category of Neglect significantly superseded the category of Emotional Abuse. In Q 4 The children subject to a CP Plan increased by 18% from Q3 to Q4 and the children subject to CIN increased by 2.7%. An increase in all categories was seen in Q4. From Q3 to Q4 the category of Neglect as reason for plan seen an increase of 22%. Therefore, in Q4 60% of children subject to a child protection plan in Sunderland were under the category of Neglect. The category of physical abuse more than doubled in Q4. There was an increase in the number of Strategies from multiple referral points and from the activity translated from the ICRT. This workload generated an increase in ICPCs attendance and in the number of Health Needs Assessments to be completed. The activity in the ICRT remained evidential of the ongoing Safeguarding surge. From Q3 to Q4 there was an increase of 47% in Strategies in the ICRT.

Priorities
<ul style="list-style-type: none"> Action all learning form the local learning reviews and the JTAI inspection.

Locality Team: Gateshead

Challenges

- The year 2022-23 has been a challenging year within the Gateshead area with data reflecting rising numbers of Children in Care (CIC). Scoping activity has been high with a number of cases requested for scoping. Throughout the year the safeguarding team have provided a high level of escalation and challenge particularly in relation to significant injuries on a non-mobile baby. The nature of safeguarding concerns relating to young people have included some extremely distressing case work including murder and serious violence. Regular wellbeing check-ins, 1-1s and supervision are being prioritised within the team.
- The changes within the transformation model have meant that newly recruited staff have required training, support and induction while the small existing safeguarding team have continued to deliver on the statutory demands of safeguarding work. This has been a significant challenge for both the Named Nurse child Protection and the Specialist Nurse for Child Protection (SNCP). This work sits alongside the training and preceptorship support that the SNCP offers to newly qualified SCPHNs.
- The small safeguarding team within the Gateshead area limits resilience particularly in times of unforeseen team absences. If once SNCP is off sick then the team is reduced to 50% SNCP capacity. Sickness absence within the Transformation Team has added to this challenge

Key Successes

- Continually meeting statutory safeguarding responsibilities and maintaining KPIs above Trust Target Levels
- Review of Safeguarding Administration and development of workflows ensuring good use of local resource and team efficiency
- Building of strong relationships with partners supporting families living in the Embassy Hotel using an integrated approach 0-19 & Safeguarding teams contributing to safe and effective services to children and their families living within temporary accommodation in Gateshead. A regular forum contributes to protecting vulnerable children and their families in identifying, responding to, and escalating risk when appropriate. The Named Nurse Child Protection and a Locality Manager having taken an integrated approach to managing and responding to risk as well as providing advice and guidance to staff members working into the Embassy Hotel has been a very successful.
- Transformation Audits – focused upon impact and outcomes for children. A Transformation Update Review Report detailing working ongoing in the local model demonstrating adaptability to overcome identified challenges.
- Local representation at MAPPA within the area commenced supported by the development of local processes including administration process.
- Recruitment – Permanent posts recruited to in Transformation Model
- Development of Joint Local Operational Governance Meeting between Northumberland and Gateshead bringing arrangements in line with internal structural alignments of General Managers.
- Deep Dive Supervision Audit process having a notable impact upon improvements in practice.
- Locality Manager Supervision Group Set-up and Strategy Nurse Supervision developed strengthening local Supervision arrangements in line with new ways of working.

Priorities
<ul style="list-style-type: none"> Review Gateshead Transformation operational management specifically focused upon future line management arrangements of Strategy Nurse roles. Adjustments are planned to take place in the year 2023-24. This will ensure that the NNCP and the SNCP(s) are able to focus upon safeguarding specific priorities and thematic lead areas.
<ul style="list-style-type: none"> A review of supervision arrangements for Strategy Nurse roles focused upon maintaining an integrated approach across the locality.
<ul style="list-style-type: none"> Recommendations from the National Panel Review for Star and Arthur require consideration on how this can be best incorporated into the Gateshead area and the existing model.
<ul style="list-style-type: none"> Mapping exercise of Channel Panel activity and review of HDFT input into the process from a Gateshead perspective.
<ul style="list-style-type: none"> Review of activity in relation to MAPPA and incorporate data into contract report.
<ul style="list-style-type: none"> Development of Child Concern Notification (CCN) information sharing process across Gateshead and reduce the number of unnecessary tasks. This aims to enhance the existing bespoke model within Gateshead Integrated Referral Team (IRT).

Locality Team: Northumberland

Challenges

- The transfer and volume of new staff working in new ways in new roles in safeguarding has an inherent risk. All the staff have requiring training, support and induction while the small pre-existing safeguarding team have continued to deliver on the statutory demands of safeguarding work, this has been the single most significant challenge for the Specialist Nurse for Child Protect and the Named Nurse to manage.
- While mobilising into the safeguarding pillar we have carried a band 7 SNCP vacancy for 12 months.
- Embedding the learning from local CSPR following non-Accidental injuries in non-mobile infants within the first 12 months of their life to ensure the health visiting service is a home visiting service for all core contacts and not a GP/ Clinic contact service.
- The Covid legacy remains an ongoing risk within the teenage population for young people with mental health presentations who have not returned to school roles. This has safeguarding consequences identified in the LSPR for self-harm and neglect.

Key Successes

- Nov. 2022 5-19 Safeguarding Impact Audit report has been shared internally across the 0-19 service and the safeguarding team have attended 0-19 staff focus groups in preparation for alignment to the disaggregated model and the development of pathways with our partners.
- On the 4th of May at the first meeting of the Joint Adult and Child Safeguarding Partnership Board the paper on the 5-19 impact was shared with the partners
- Transferring the learning from the Sunderland model to provide clinical safeguarding leadership with direct responsibility for oversight of the strategy nurses and direct case management of the complex high-risk families.
- The Northumberland 0-19 and Safeguarding team are very keen to welcome the introduction of the Child Lived Experience practitioner role.
- Meetings have taken place with key partners in relation to a Pre-Birth Team and an integrated pathway will align with the family Hub model. identification of vulnerable unborn infants and targeted integrated work.
- March 2023 the recruitment into the safeguarding pillar was completed for external appointments and with all internal 0-19 staff phasing across into the pillar by April 2023
- Positive Professional working relationships between the HDFT Safeguarding Team and the MASH in Northumberland. Working in a hybrid model of face to face and virtual team working has significant enable the daily high-quality exchange of cumulative risk assessments, and robust escalation. This has contributed to a positive response to professional challenge when cases are escalated to the Named Nurse and senior Childrens Social Care are required to attend a reconvened strategy meeting when safety plans have not been securely managed.

Priorities

- To embed the transformation into the safeguarding pillar, capitalise on the voice of the child and repeat the impact audit for the 5-19 and compare to the Nov 2022 impact audit.
- Develop a closer working relationship with the partners in response to harms outside the home. The transformation work to date has been single child focussed and family centric, we have very little reach into the contextual safeguarding agenda for children in Northumberland experiencing harms outside the family home.

Locality Team: North Yorkshire

Challenges

- Several changes of Named Nurses over that last 2 years therefore no real period of stability.
- Safeguarding Children in Care (SGCiC) Nurses continue to reiterate the biggest pressure of their role is the dual aspect. Some of the main issues are increased travel time and due to the reactive nature of safeguarding planned work for CiC children often must be cancelled or rearranged, staff also state that they don't feel adequately trained in the dual role.
- Long term sickness continues in staff members works 0.4 in MAST and 0.4 in Safeguarding Childrens team. SNCP are now fully rotating into the MAST to provide cover. As they are accessing the MAST systems and processes this is taking more time and is impacting on their day to day Safeguarding work.
- 3 similar cases of non-accidental injury to non-mobile babies within a short period of time. None of the cases progressed to CSPR. As this was noted to be unusual by the partnership the Designated Nurses are currently completing a thematic review to establish the main areas of learning.
- 2 rapid review meetings following sad child death of a 17-week-old baby. Did not progress to CSPR but feedback meeting to be held to share learning.

Key Successes

- Complex case nurse commenced in post and her contract has been extended for a further 3 months.
- Lived Experienced Practitioner commenced in post to support Complex Case Nurse.
- Children in Care action plan completed – more effective SOPs now in place for processes.
- Deep Dive audits recommenced, spreadsheet now in place to monitor how many audits are completed each quarter.
- Business case successful for a Substantive Band 6 HDFT Safeguarding Nurse and Band 3 Admin Officer to work into the Multiagency Screening Team (MAST).
- Ofsted inspection of North Yorkshire Children's Services (July 23) rated the Multiagency Screening Team (MAST) 'Outstanding.'
- Reintroduction of the complex case tracker for management oversight of escalation and complex cases

Priorities

- To concentrate of building up the competencies and capabilities of the Safeguarding specialist and operational team. Specialist Nurse Child Protection are currently completing preceptorship packages with staff which should be completed in 6-12 months.
- To continue to promote integrated working within the integrated 0-19 service and to ensure that all pathways and processes are followed
- To embed the learning from the Thematic review and child death throughout the Service.

Locality Team: Wakefield

Key Successes
<ul style="list-style-type: none"> Following TUPE in to HDFT 31.10.22 all positions within the Safeguarding Pillar were allocated except two, these posts were advertised and a successful applicants appointed All staff had received the HFDT Level 3 training package 11 Safeguarding Supervisors had received the HDFT Safeguarding supervision Training in preparation for the new model of delivery Supervision quarterly compliance reporting remained above 90% Safeguarding training compliance at all levels remained 93% 100% attendance at Strategy meetings - this is obtainable with the across footprint wide support Both an external Section 11 and a mock JTAI Audit were completed during the early transition period

Priorities
<ul style="list-style-type: none"> All recruitment to the skill mix team will reach completion with a staggered and manageable transition of staff into the pillar and implement the work of the Child Lived Experience Practitioners. Job descriptions will be reviewed and adapted to the pillar model with dedicated and planned period of preceptorship for each member of staff. We will continually analyse collated data to ensure the skill mix recruitment is effective with a planned Impact audit and evaluation of new roles Compliance will be maintained for both the attendance at 100% of strategy meetings and Training and Supervision figures will remain consistently above 90% We will have continued commitment to both the Domestic Abuse and Prevent agendas and further increase multi agency contribution to vulnerabilities and high-risk groups. The HDFT Morison 4x4x4 Supervision model will be progressed with 11 additional Safeguarding Supervisors trained and preceptorship ongoing working towards commencing the adapted HDFT Safeguarding Supervision Model in Q3. The 4x4x4 model developed by Tony Morrison and adapted by HDFT is an integrated framework that brings together the functions, stakeholders and main processes involved in supervision. <i>Morrison, T (2005) Staff Supervision in Social Care: Making a Real Difference to Staff and Service Users, (3rd edit.) Pavilion, Brighton</i> We will maintain our duties with our commitment to the contribution to the work with Wakefield Safeguarding Childrens Partnership and multi-agency partners. This will provide the vital work in ensuring the continued timely delivery of local learning from CSPR and dissemination of HDFT footprint wide learning through the Safeguarding and 0-19 teams. The aim of this model is that it will strengthen the protection of children and young people by actively promoting a safe standard and excellence of practice. <i>Royal College of Nursing (2019) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document</i> Develop new, strengthen existing and continually evaluate pathways between the Safeguarding Pillars and the Emotional Health and Resilience and Public Health Pillars To provide assurance and to mirror the Safeguarding footprint, Deep Dive Audit to become routine within the Wakefield 0-19

8. 2021/22 HDFT Safeguarding Children report Progress

4.3

Psychological support to staff in contact with safeguarding to support with the effects of vicarious trauma- Offer in development to increase and include all Specialist Community Public Health Nurses and designated 0-19 Operational Safeguarding roles.	
Review of Adult Safeguarding and LD and inclusion of Adult Safeguarding into Annual Safeguarding Report	
Mobilisation of Wakefield 0-19 / Safeguarding Team	
Mobilisation and Implementation of CiC model across Tees Valley (April 2022)	
Implementation of Safeguarding Transformation 5-19 in Northumberland	
Establish the skill mix model in Safeguarding teams ensuring that the lessons learnt from national review in response to safeguarding clinical leadership at the interface of care.	
Introduction of skill -mix models of staff with high level communication skills which capture the voice of the child and assessment personal impact of their life experiences.	
Annual Impact audits and assessment post transformation.	
Partnership working on pathways which support effective and timely response to the vulnerabilities of the child and families -	
Continue to develop and support Public Health Nurses for Safeguarding, to ensure they are supported and have educational opportunities to support their knowledge base in complex case management.	
Continue to develop the role of the Specialist Nurse Child Protection within the Front Door/MASH process, to ensure timely information sharing and to promote positive relational practice with multi-agency partners	
The Named Nurse Child Protection to continue to represent HDFT at Partnership meetings to ensure an influence on developing local practice and joint ways of working.	
To continue the Deep Dive Audit cycle to ensure that practitioners are supported, and local themes can be analysed and addressed.	

Training

Priority	Completion
Develop and deliver a Physical abuse training package	
Develop and Deliver a Child Lived Experience Training Package	
Review and amended the Training passport	
Level 4 training to be arranged for end February 2023	
All levels of safeguarding children training to be reviewed and mapped against the national competencies for UK Core Skills Framework (CSF).	
Honour Based Abuse package and a Task and Finish Group is in place	

Supervision

Priority	Completion
To continue to include safeguarding supervision within the audit cycle-	
To review the peer supervision model to accommodate the safeguarding skill mix work force incorporating the new roles such as the Child Lived Experience Practitioners.	
To continue to offer safeguarding supervisor training as a development opportunity to appropriately experience staff.	
To triangulate the themes from safeguarding supervision cases with the themes from Child and Adult Safeguarding Practice Review and the safeguarding training needs analysis.	

SPOC

Priority	Completion
Continue to monitor the volume of calls made to the SPOC and adapt the service and locality areas to meet the demand	
NNCPs to continue to monitor the activity in each of the contract areas and ensure all Front Door services are meeting the arrangements to safeguarding children across the footprint	
Pressures in the Front Door settings to remain on the NN CAG Agenda to identify where the pressures are and establish areas requiring additional support.	

Hospital Site

Priority	Completion
Named Midwife to be incorporated into the Safeguarding Children team.	
Continued monitoring of safeguarding supervision and training in maternity.	
To implement the Domestic Abuse Champions role	
Complex case transition meetings with the Adult Safeguarding team for 16 - 17-year-olds.	
To assess the training needs for staff on adult wards caring for 16-17-year-olds. To adopt the Think Family approach.	
Create and maintain links and visibility at the Minor injury units (MIU)	
Assurance Audits: Assurance Audits: <ul style="list-style-type: none"> ➤ Deep dive of practitioner's record keeping. ➤ Child Protection Information Service (CPIS). ➤ Quality of referrals from ED and children's ward specifically consent. ➤ Deep dive of electronic records ➤ Routine enquiry of domestic abuse (midwifery) ➤ Audit of referrals from ED to Maternity ➤ Audit of Safeguarding knowledge of staff. ➤ Delivering core safeguarding business while fully recruiting into the safeguarding vacancies 	Ongoing Audit Cycle

9. Summary and Moving Forward

4.3

HDFT Safeguarding team has grown and developed to become an all-age Safeguarding team. This now includes safeguarding for Children, Children in Care and Adults. The Safeguarding team takes both a whole team approach to ensure the statutory duties are maintained and a localised approach to tailor the service to the needs of different localities. The safeguarding team has been innovative during high levels of pressure highlighted by the Safeguarding Surge which continues following the Covid Pandemic. The development of new roles and the introduction of child lived experience work has transformed the impact we have on our most vulnerable children and released capacity across 0-19 Services to deliver early intervention, prevention, and Public Health priorities.

The successful bids of Wakefield 0-19 and Tees Valley Children in Care has increased our reach and welcomed tenacious, innovative staff into the team. The team are cohesive, solution focused and supportive of each other.

Sunderland JTAI final report highlighting that ““staff told inspectors that leaders listen to them and act quickly to address gaps in service provision and nurture their talent and expertise.”

HDFT safeguarding governance arrangements facilitate a structure to provide assurance and clear escalation processes with a strong focus on learning and improvement. It is recognised that further work is needed to embed this across all Directorates and Trust Wide Safeguarding Governance Frameworks are required to be reviewed. Robust governance pathways with clearer scrutiny of safeguarding processes and actions are required to be embedded across the corporate directorate and within processes and procedures at a corporate level.

HDFT Safeguarding Priority Areas and Objectives for 2023/24 have been considered and set by the Deputy Director of Nursing for Children, Young People and Safeguarding, the Lead Named Nurse for Safeguarding and Children in Care and all Named Safeguarding Professionals. A number of objectives require assurance that they continue to be embedded across the organisation and remain a priority for HDFT, whilst others necessitate and prioritise, for example, the recruitment into a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLs) Safeguarding Lead.

HDFT Safeguarding Priority Areas and Objectives 2023/24

Priority Area	HDFT Safeguarding Objective 2023/24
Safeguarding Governance	<ul style="list-style-type: none"> ➤ Assurance will continue to be provided to trust board that plans and targets for safeguarding adults are embedded at a strategic level across the organisation. ➤ HDFT Board will continue to actively engage in and have comprehensive knowledge of CQC inspections, Safeguarding Children and Adult Review findings and how these will be implemented to support safeguarding responses and development in the organisation. ➤ HDFT Board will continue to be provided with the appropriate knowledge and training to be able to challenge and scrutinise safeguarding information. This will include performance data, PSIRF/SCRs, partnership working and regulatory inspections to enable appropriate assurance of the organisation's performance in safeguarding.
Strengthened strategic safeguarding focus within acute setting	Robust governance pathways with clearer scrutiny of safeguarding processes and actions are embedded across the corporate directorate and within processes and procedures at a corporate level.
Safeguarding Leadership roles	<p>Provider requirements for leadership roles are in post and have protected time for safeguarding duties:</p> <p>Currently in Post</p> <ul style="list-style-type: none"> ➤ Executive Board Lead for safeguarding children, adults at risk and prevent ➤ Named Nurse, Named Doctor, and Named Midwife for safeguarding children ➤ Named Nurse and doctor for children in care ➤ Named Lead for Adult Safeguarding <p>To be Appointed 2023/24 Priority</p> <ul style="list-style-type: none"> ➤ MCA / DOLs Lead
Competence and expertise – those in safeguarding leadership roles	Those in safeguarding leadership roles remain up to date with the required skills and training to support the organisation to deliver effective safeguarding arrangements.
Safe recruitment	Safe recruitment practices and arrangements for dealing with allegations against staff (LADO / PIPOT) are embedded across the organisation.

	ensure learning from relevant safeguarding reviews across the Organisation.
Consent	Policies, arrangements, and records to ensure consent to care and treatment is obtained in line with legislation and guidance.
Line Management	Effective operational management is provided to Named Professionals within the core safeguarding function.
Professional leadership and supervision	Effective professional safeguarding support and case supervision is provided to Named Professionals within acute setting including Named Professionals embedded within 0-19 services.
Strengthened strategic safeguarding focus within acute setting	<ul style="list-style-type: none"> • Strong leadership and continuous focus on embedding safeguarding best practice processes and policies across all parts of the acute directorates • Staff working within acute directorates feel confident knowledgeable and competent in safeguarding their patients
Reporting	<ul style="list-style-type: none"> • An annual report for safeguarding children, adults and children in care is submitted to the trust board. • A biannual safeguarding report is submitted to the trust board
Policies and Procedures	HDFT continue to have an up-to-date suite of safeguarding policies and procedures that support local multi - agency safeguarding procedures and national and local policy.
Training	<ul style="list-style-type: none"> • Assurance that HDFT training practices are sustained and effective, providing the required skill and competence to all staff commensurate with their role and in accordance with: <ul style="list-style-type: none"> ➤ Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019 ➤ Looked After Children: Roles and Competencies of Healthcare Staff 2020 ➤ Adult Safeguarding: Roles and Competencies for Health Care Staff 2018 • Safeguarding continues to be included in induction programmes for all staff and volunteers • Safeguarding training / supervision continues to be embedded in Mandatory Training policy across the organisation and compliance on target.

Competent Named Professionals	<p>All Named professionals continue to:</p> <ul style="list-style-type: none"> ○ Work closely and effectively with Lead Nurse Safeguarding, designated professionals in the ICBs and local safeguarding children's partnerships, SABs as well as their regional safeguarding forums and relevant networks. ○ Remain highly effective in promoting good professional practice within the organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding supervision and training is in place ○ Provide supervision and support to other staff in safeguarding issues. ○ Offer advice on local arrangements within the organisation for safeguarding children. ○ Promote, influence, and develop relevant training for staff. ○ Provide input from skilled professionals to safeguarding processes, in line with the procedures of local safeguarding arrangements, and to serious case reviews <p>Named professionals will continue to have direct access to the Deputy Director of Nursing for Children Young People and Safeguarding and the Executive Lead for to ensure they have influence in the organisation's strategic plans. Expertise from safeguarding teams will continue to influence across the organisation including supporting senior leadership teams in delivery of their roles and responsibilities linked to safeguarding</p>
Mental Capacity	<ul style="list-style-type: none"> • Effective support and advice is available for clinicians in individual cases, and supervision for staff in areas where issues relating to mental capacity may be particularly prevalent and/or complex, as per the Deprivation of Liberty Safeguards (DOLs) legislation under the MCA. • HDFT is fully compliant with the MCA evidenced through undertaking audit, reporting to the governance structures, and providing training.
Data	Robust safeguarding data is embedded throughout governance arrangements and is used to inform reporting into relevant forums
Internal processes for learning and improvement following review of individual safeguarding cases	Trust continues to ensure Case Records are secured promptly and work quickly to establish a timetable of their involvement with the patients and family.

	<p>Following completion staff are able to feed back and be debriefed to ensure that the right lessons are learned throughout the whole organisation</p> <p>Policies and procedures for scoping reviews:</p> <ul style="list-style-type: none"> ○ Trust has an agreed framework for scoping reviews. ○ There are clear internal escalation and management process, including timescales, following a serious untoward incident notification re safeguarding matters ○ Roles and responsibilities are clear – explore process ○ Clarity re person responsible for carrying out their reviews ○ Clarity re person responsible for oversight and assurance and leadership of implementing the action plans arising from reviews ○ Responsible service managers are provided with a copy of the action plan and recommendations arising from reviews ○ All staff in their organisation involved in carrying out reviews had been trained in reviews. ○ Professionals review and evaluate practice and learning from all health professionals and providers involved with reviews.
<p>Monitoring of IHA for Children in Care. Maintain compliance of RHA as well as quality assurance and impact of service provision.</p>	<p>Trust continues to monitor IHA compliance escalating Local and National shortages of Paediatricians through Internal and External governance processes (Designated Nurses and ICB) citing the risk on the Trusts risk register and ICB risk register.</p> <p>To continue to work alongside the Designated Doctor as well as the Designated Nurses to mitigate risk and be involved in National forums to be instrumental in collectively finding solutions.</p>
<p>Consistency of CiC offer across the footprint depending on commissioned services as specified in the 2021-2024 Safeguarding strategy.</p>	<p>Named Nurse for CiC to continue to work closely with General Managers, commissioners, acute providers and the Lead Named Nurse. To continue to identify any gaps and provide joint solutions to mitigate against these.</p> <p>CiC are provided with a quality service, their lived experiences are captured, there is evidence of impact through case studies as well as young people's service user feedback, no matter what the commissioning arrangements are.</p>

10. References and Report Authors

4.3

HDFT Safeguarding Children Annual Report
Report author- Alison Smith and Emma Anderson
Deputy Director of Nursing for Children Young People and Safeguarding

With contributions by:

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 Claire Speight – Named Nurse Child Protection Middlesbrough
 Emma Curran – Named Nurse Child Protection Darlington
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 Annie Davies – Named Nurse Child Protection Wakefield
 Rachael Estrop – Named Nurse Child Protection Gateshead

References

Working Together to Safeguard Children; Department of Education gov.uk July 2018 (updated July 2022);

National Review into the murders of Arthur Labinjo-Hughes and Star Hobson; Child Safeguarding Practice Review Panel May 2022

The Care Act 2014; Care and Support Statutory Guidance (Updated 2023)

Looked After Children: Roles and Competencies of healthcare staff; Royal College of Nursing Dec 2020



AMBITION: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS

For Harrogate and District, our ambition is to support person centred, integrated care through strong local partnerships. Our goal is for Harrogate and District to be recognised as an exemplar for person centred, integrated care to ensure that patients get the right care, from the right staff, in the right place. With an increasingly elderly and frail population we will prioritise providing the highest quality care and best outcomes for this group, while ensuring that all our patients also benefit from the services and approaches for the elderly and frail. By increasing our capacity and productivity, we will reduce waiting times for planned care and ensure that there is equitable access for all.

GOALS:

- **The best place for person centred, integrated care**
- **An exemplar system for the care of the elderly and people living with frailty**
- **Equitable, timely access to best quality planned care**

Governance:

- **Board Assurance:** Resources Committee
- **Programme Board:** Elective Programme Board, Urgent & Emergency Care Programme Board
- **SRO:** Chief Operating Officer

Metrics (to be developed following review of Integrated Board Report)

Goal	Indicators		
Person Centred, Integrated Care			
Care of the Elderly			
Planned Care			

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR41	Referral To Treatment (RTT)	Risk to patient safety, performance, financial performance, and reputation due to increasing waiting times across a number of specialties as a result of the impact of Covid 19	3x4=12	3x2=6 (Mar 24)	Clinical Operational	Cautious
CRR61	Emergency Department (ED) 4 Hour Standard	Risk of increased morbidity/ mortality for patients due to a failure to meet the 4 hour standard.	3x4=12	3x2=6 (Aug 23)	Clinical Operational	Cautious

GOAL: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS: The best place for person centred, integrated care

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
ED Streaming	Improved ED 4 Hour Performance Improved flow through ED Improved patient experience		<ul style="list-style-type: none"> Staff Recruitment – Sep 22 Staff in post – Oct 22 E-streaming in place – Oct 22 Staff training complete – Jan 23 	<ul style="list-style-type: none"> Complete Complete Plan stood down due to other changes making project no longer viable Complete 	
ED Reconfiguration: Fit to Sit, Majors Area	Improved ED 4 Hour Performance Improved flow through ED		See "Enabling Ambition: An environment that promotes wellbeing" for details	Stage 1/3 complete. Stage 2/3 underway.	
ED/Acute Flow – Acute Referral Triage	Reduction in ED attendances Improved satisfaction from referrers Patients referred to the right service first time		<ul style="list-style-type: none"> Workforce & data review – Sep 22 User feedback analysed – Sep 22 Pathways written – Nov 22 Single point of access for acute and community services in place - TBC 	<ul style="list-style-type: none"> Complete Complete Complete Decision made to not progress due to challenges with pathways from primary care 	
ED/Acute Flow – Consultant Allocation	Reduce delays in medical review Reduce number of outliers Improved clinical experience Improved consultant working		<ul style="list-style-type: none"> Centralised ward clerk management – Nov 22 Standard ward clerk training programme – Nov 22 Future ward reconfiguration agreed – Nov 22 SOP agreed – Dec 22 Future ward reconfiguration implemented – Dec 22 	<ul style="list-style-type: none"> Complete Complete Complete Complete Complete 	
ED/Acute Flow – Acute Medicine Model	Reduced LoS for acute medicine patients Compliant with 14hr senior review standard Extended SDEC opening hours, increased SDEC capacity		<ul style="list-style-type: none"> Acute Assessment Team & SDEC specification – Jul 22 Acute Medicine staffing review – Aug 22 Acute Medicine matron in post – Aug 22 Training programme in place – Dec 22 Staff investment (business case) – Mar 23 Increased consultant team in place – Aug 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete To be considered as part of 22/23 planning Dependent on 22/23 planning outcome 	
ED/Acute Flow – Internal Referrals	Reduced time to request inpatient specialty review Standardising process Improving patient flow Reduce 24 hr maximum time to accept inpatient specialty review		<ul style="list-style-type: none"> Design SDEC and Elderly Med referral forms – Oct 22 SDEC & Elderly Med referral forms in WebV – Dec 22 Train users – TBC WebV referral forms testing – TBC Go Live - TBC 	<ul style="list-style-type: none"> Complete Delayed – Jan 23 TBC TBC TBC 	

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Urgent Care Response (UCR)	Admission avoidance Reduced delayed discharges		<ul style="list-style-type: none"> • UCR pathways approved – Sep 22 • UCR clinical gov agreed with Pri Care – Oct 22 • UCR practitioners recruited – Oct 22 • Systm1 updated with pathways – Oct 22 • UCR team completed training – Oct 22 • All UCR pathways live – Oct 22 • Update DoS with UCR service – Oct 22 • Additional support workers recruited – Dec 22 	<ul style="list-style-type: none"> • Complete • Complete • Complete • At Risk (2 pathways to complete) • Complete • Complete (2 pathways not yet on Systm1) • Complete • On Track 	
Virtual Ward (VW)	Increased virtual ward capacity for a larger cohort of patients Reduced delayed discharges		<ul style="list-style-type: none"> • Elderly medicine consultant capacity in place – Nov 22 • Night staff recruitment – Dec 22 • IT solution to manage VW in place – Dec 22 • Identify first cohort of VW patients – Dec 22 • VW beds implemented on Systm1 – Dec 22 • Initial Hospital at Home capacity live – Dec 22 • Full additional Virtual Ward capacity live – Dec 23 	<ul style="list-style-type: none"> • Complete • At Risk (Nursing recruited; HCA re-advertised) • At Risk (ICB solution not delivered; Trust solution now requested leading to delay) • Complete • Complete • Complete • On Track 	

GOAL: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS: An exemplar system for the care of the elderly and people living with frailty

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
No strategic objectives for 22/23 identified for this goal – focus in 22/23 on urgent and emergency care flow through ED, hospital and community services.					

GOAL: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS: Equitable, timely access to best quality planned care

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Wharfedale Theatres (TIF1)	<ul style="list-style-type: none"> Additional activity (estimated 282 General Surgery Day Case, 1017 Urology Day Case, 535 Gynaecology Day Case per annum) Improved waiting time performance 		<ul style="list-style-type: none"> NHSE Business Case (BC) approval – Nov 22 Internal BC approval – TBC MOU signed – TBC Proposal operationalised - TBC Contract signed – TBC Recruitment complete – TBC Construction complete – TBC Go Live – TBC 	<ul style="list-style-type: none"> Project plan under review Project plan under review Project plan under review Project plan under review Project plan under review Project plan under review Project plan under review Project plan under review 	
HDH Additional Theatres (TIF2)	<ul style="list-style-type: none"> Additional activity (General Surgery 750 day case/inpatient, Urology 1300 day case/inpatient, Gynaecology 60 day case/inpatient, Breast 250 day case/inpatient per annum) Improved waiting time performance 		<ul style="list-style-type: none"> NHSE BC approval Sep 22 HDFT capital to support enabling schemes agreed – Dec 22 Internal BC approval – TBC Planning permission awarded – TBC Complete tender, appoint contractor – TBC Recruitment complete – TBC Construction complete – TBC Go Live – TBC 	<ul style="list-style-type: none"> Complete Complete Project plan under review Project plan under review Project plan under review Project plan under review Project plan under review Project plan under review 	
Outpatient Transformation	<ul style="list-style-type: none"> Reduce Follow Ups by 25% (compared to 19/20) Expand uptake of Patient Initiated Follow Up (PIFU) to all major outpatient specialties 2% of all outpatient attendances to PIFU pathway Deliver 16 speciality advice requests, including A&G, per 100 outpatient 1st attendances At least 25% of outpatient appointments to take place via telephone or video Improved waiting time performance 		<ul style="list-style-type: none"> PIFU rolled out to Rheumatology, Orthopaedics, Ophthalmology, Gastro PIFU rolled out in: <ul style="list-style-type: none"> Gastro, Neurology, ENT, Physiotherapy – Dec 22 Dermatology, Cancer – Jan 23 Waiting List validation – Jan 23 Orthopaedic Pathway Re-design complete (Hip and Knee 12mth FU) – Apr 23 	<ul style="list-style-type: none"> Complete On Track On Track On Track On Track 	
Theatres Productivity	<ul style="list-style-type: none"> Increased activity through theatres More specific metrics to be agreed through RPIW 		<ul style="list-style-type: none"> Priority specialties agreed – GRIFT HVLC 6 Specs Improvement events delivered – TBC Further actions dependent on outcome of improvement events. 	<ul style="list-style-type: none"> Complete At risk 	

Operational Update

September 2023

Russell Nightingale
Chief Operating Officer

Operational Update September 2023 (August Performance)

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> Performance against the A&E 4-hour standard was at 72.8% in August, a reduction on recent months and below the new performance standard of 76%. Cancer 62-day wait target not achieved at 79.6% (5.9.1) but an improving position >62 & >104 days cancer pathway remain a point of focus, much improved position and below planning targets. Community Dental long waiter recovery – significant risk of being unable to achieve further reduction beyond holding the <78 week position without sustainable funding from commissioners Industrial action in June, July & August has impacted on activity and recovery (1000 outpatient contacts cancelled, 6 I/P and 100 Day case patients) Diagnostics data issue – number of patients waiting under reported, corrected in August data. 	<ul style="list-style-type: none"> TIF2 – scheme working with Morgan –Sindell to develop rapid options appraisal for build. Medical records consultation closed with new model implementation August to October Planning & mitigation for industrial action- junior doctors and consultants Power BI training rolled out – activity, ED performance, diagnostics, discharge data all moved onto the platform. Automated data transfer being piloted for activity reporting over next 6 weeks. H&N pathway reconfiguration – work with Leeds and HNY to support York position ongoing Winter planning – proposals agreed on bed configuration over winter and potential winter pressure mitigation schemes developed and costed for presentation to SMT
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> Cancer 31-day wait target achieved at 96.7% (5.1.2) Size of cancer PTL reduced. >104 cancer pathways numbers continue to reduce Working towards zero 65 week waits by 31.03.2024. – ahead of achievement trajectory No 12 hour trolley waits in August Despite the data issue there is a positive movement in size of diagnostic waiting lists and the proportion under 6 weeks Total waiting list RTT – remaining stable Validated children and community metrics- excellent achievement across locations 	<ul style="list-style-type: none"> Community Dental contract renewal being discussed with switch to non-RTT pathway (3000 to 100)

Children's and Community

Metrics	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Metrics	Apr-23	May-23	Jun-23	Jul-23	Aug-23
% of antenatal contacts						% of 6-8 week reviews completed by the time the infant is 8 weeks old					
Darlington	95.3%	94.9%	96.4%	98.3%	90.5%	Darlington	98.5%	94.0%	95.3%	100.0%	97.0%
Durham	87.9%	87.7%	89.6%	82.9%	88.0%	Durham	95.2%	91.9%	92.1%	93.1%	91.4%
Gateshead	92.1%	91.9%	96.5%	98.2%	98.5%	Gateshead	97.7%	98.4%	97.3%	97.3%	98.0%
Middlesbrough	92.9%	84.7%	93.9%	97.1%	81.6%	Middlesbrough	90.1%	90.8%	97.9%	90.0%	94.3%
North Yorkshire	90.1%	89.3%	87.8%	93.6%	98.4%	North Yorkshire	93.0%	88.1%	85.8%	94.3%	95.8%
Northumberland	86.0%	8306.0%	86.8%	82.1%	88.4%	Northumberland	87.1%	82.5%	91.6%	83.8%	90.3%
Stockton	90.6%	94.8%	97.2%	96.4%	98.5%	Stockton	93.4%	95.9%	98.6%	95.3%	96.7%
Sunderland	93.8%	96.1%	94.7%	195.1%	98.9%	Sunderland	98.0%	98.1%	98.5%	97.1%	96.0%
Wakefield	97.1%	97.1%	95.2%	93.2%	87.9%	Wakefield	82.6%	98.5%	95.4%	90.6%	91.5%
% New Birth Visits completed by 14 days						% of 12 month reviews completed by the time the child is 15 months old					
Darlington	98.7%	97.7%	100.0%	98.5%	100.0%	Darlington	100.0%	98.8%	98.9%	100.0%	100.0%
Durham	95.7%	96.1%	96.4%	96.8%	96.1%	Durham	92.1%	94.8%	97.0%	96.2%	94.1%
Gateshead	90.9%	98.7%	98.4%	98.0%	99.4%	Gateshead	99.3%	98.0%	98.7%	99.3%	100.0%
Middlesbrough	97.0%	97.8%	95.3%	98.6%	99.3%	Middlesbrough	96.2%	98.3%	100.0%	96.1%	95.2%
North Yorkshire	95.4%	92.9%	91.6%	97.2%	98.3%	North Yorkshire	97.3%	97.9%	95.2%	99.2%	100.0%
Northumberland	92.9%	93.0%	95.0%	91.0%	94.6%	Northumberland	95.2%	82.5%	92.3%	91.9%	94.6%
Stockton	94.4%	96.0%	94.0%	95.8%	97.3%	Stockton	96.5%	97.2%	99.3%	100.0%	98.8%
Sunderland	99.0%	99.5%	100.0%	99.1%	97.6%	Sunderland	97.2%	96.6%	96.4%	98.1%	96.4%
Wakefield	94.8%	78.5%	74.9%	74.6%	67.9%	Wakefield	94.3%	94.6%	88.73%	97.3%	97.5%
% Infants Breastfeeding at 10-14 days						% of 2-2.5 year reviews completed by the time the child is 2.5 years old					
Darlington	59.0%	43.7%	52.1%	56.1%	62.2%	Darlington	100.0%	97.7%	97.8%	91.9%	97.2%
Durham	44.5%	43.2%	43.4%	41.9%	40.3%	Durham	90.9%	92.6%	95.1%	93.7%	90.6%
Gateshead	50.8%	62.5%	58.9%	55.0%	59.6%	Gateshead	97.2%	97.4%	99.2%	97.6%	97.2%
Middlesbrough	56.3%	54.0%	62.2%	62.0%	52.8%	Middlesbrough	98.6%	95.5%	95.7%	97.4%	99.1%
North Yorkshire	66.8%	66.8%	66.3%	70.6%	66.9%	North Yorkshire	96.2%	98.0%	91.5%	97.2%	98.2%
Northumberland	60.1%	52.3%	60.0%	56.6%	46.9%	Northumberland	89.2%	91.8%	90.4%	92.9%	91.5%
Stockton	45.0%	47.6%	52.7%	49.7%	49.7%	Stockton	92.8%	97.0%	97.1%	97.0%	99.2%
Sunderland	48.2%	43.3%	45.7%	52.5%	44.6%	Sunderland	94.8%	93.8%	94.6%	97.7%	95.1%
Wakefield	57.3%	53.1%	55.7%	51.9%	54.2%	Wakefield	90.9%	89.9%	93.91%	97.6%	95.3%
% Infants breastfeeding at 6-8 weeks						% of 2 to 2.5 year reviews completed in the month with a completed ASQ3					
Darlington	44.1%	37.0%	34.1%	40.8%	47.8%	Darlington	100.0%	100.0%	100.0%	100.0%	100.0%
Durham	30.4%	34.5%	29.7%	31.7%	26.5%	Durham	90.9%	92.6%	95.1%	93.7%	90.6%
Gateshead	50.8%	33.9%	49.3%	50.7%	45.0%	Gateshead	100.0%	97.7%	97.5%	96.6%	97.5%
Middlesbrough	43.7%	47.5%	49.7%	44.6%	50.0%	Middlesbrough	100.0%	99.2%	99.3%	100.0%	100.0%
North Yorkshire	57.7%	52.7%	52.7%	54.7%	57.6%	North Yorkshire	99.8%	100.0%	98.7%	99.8%	99.5%
Northumberland	41.6%	43.4%	36.4%	42.5%	40.9%	Northumberland	97.3%	97.5%	96.5%	95.3%	97.5%
Stockton	40.0%	31.9%	35.2%	37.7%	39.0%	Stockton	96.1%	97.5%	98.5%	94.6%	95.1%
Sunderland	25.5%	33.8%	29.4%	37.4%	39.2%	Sunderland	96.0%	93.3%	96.2%	96.3%	96.0%
Wakefield	32.9%	36.1%	37.4%	39.7%	37.0%	Wakefield	98.1%	99.5%	100.00%	99.3%	100.0%

% Antenatal contacts

- Northumberland – Action plan in place and under regular review with Locality and Service Managers.
- Durham - Main issue non notifications and late notification which is being picked up with Maternity
- Middlesbrough – Data being re run as validations inputted incorrectly.
- Wakefield – Targeted antenatal offer as agreed with commissioners.

% new Birth Visits by 14 days

- Wakefield – Due to high health visitor vacancies. Service at OPEL 3 so timescales flexed to 10 to 20 days. Recovery linked to recruitment.

% Infants Breast Feeding

- Durham – Increased focus on antenatal care including family hub developments and insights work commissioned by LA. Currently reviewing at locality level the issues.

Planned Care Recovery

Outpatients	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of episodes moved or discharged to a patient initiated follow up plan (PIFU) - Plan	341	344	355	473	383	441	491	464	416	481	426	370
Actual	883	1,002	1,066	985	1,147							
Consultant-led first outpatient attendances (Spec acute) - Plan	3,623	3,658	3,778	5,032	4,075	4,691	5,223	4,931	4,419	5,112	4,528	3,929
Consultant-led first outpatient attendances (Spec acute) - Actual	4,037	4,945	4,916	4,503	4,636							
Consultant-led follow up outpatient attendances (Spec acute) - Plan	5,352	5,653	5,280	7,167	6,166	6,585	7,850	7,075	6,168	7,494	6,407	6,121
Consultant-led follow up outpatient attendances (Spec acute) - Actual	8,980	10,614	10,610	9,305	9,718							
Elective Admissions												
Total number of specific acute elective spells in period -Plan	2,103	2,480	2,270	2,977	2,878	2,711	3,035	2,957	2,499	2,944	2,691	2,057
Total number of specific acute elective spells in period -Actual	2,318	2,546	2,579	2,475	2,357							
Total number of specific acute elective day case spells in period -Plan	1,944	2,283	2,076	2,687	2,644	2,491	2,795	2,711	2,307	2,664	2,485	1,915
Total number of specific acute elective day case spells in period -Actual	2,161	2,322	2,349	2,284	2,199							
Total number of specific acute elective ordinary spells in period -Plan	159	197	194	290	234	220	240	246	192	280	206	142
Total number of specific acute elective ordinary spells in period -Actual	157	224	230	191	158							
RTT												
Number of completed admitted RTT pathways - Plan	840	986	897	1,161	1,142	1,076	1,208	1,171	996	1,151	1,074	828
Number of completed admitted RTT pathways - Actual	1,063	1,144	1,242	1,203	925							
Number of completed non-admitted RTT pathways - Plan	3,439	3,472	3,586	4,776	3,869	4,453	4,958	4,681	4,195	4,852	4,298	3,730
Number of completed non-admitted RTT pathways - Actual	3,486	4,487	4,423	4,284	4,093							
Number of New RTT pathways (clock starts) - Plan	5,339	5,534	5,622	7,688	6,738	7,136	8,152	7,576	6,756	7,824	6,949	5,688
Number of New RTT pathways (clock starts) - Actual	5,756	6,788	6,955	6,706	6,723							
Number of RTT incomplete pathways waiting +52 weeks - Plan	1,200	1,200	1,200	1,190	1,180	1,170	1,160	1,150	1,100	1,100	1,050	1,000
Number of RTT incomplete pathways waiting +52 weeks - Actual	998	1,001	1,020	1,033	1,190							
Number of RTT incomplete pathways waiting +65 weeks - Plan	470	470	470	450	440	430	390	370	350	300	200	0
Number of RTT incomplete pathways waiting +65 weeks - Actual	202	197	210	208	283							
Total number of RTT incomplete pathways - Plan	25,500	25,300	25,100	24,900	24,700	24,500	24,300	24,100	23,900	23,700	23,500	23,200
Total number of RTT incomplete pathways - Actual	25,951	25,876	25,860	25,831	27,099							
Cancer												
Number of cancer 62 day pathways waiting 63 days or more after an urgent suspected cancer referral - Plan	65	65	60	60	55	55	50	50	50	50	50	50
Number of cancer 62 day pathways waiting 63 days or more after an urgent suspected cancer referral - Actual	88	64	56	39	54							

Increasing elective capacity to 2019/20 levels continues to be the key focus. 12% of 2019/20 was delivered through premium out of core sessions which may not be replicable. New outpatient activity above plan for August.

Significant increases in advice and guidance activity from 2019/20 which do not get reflected in above figures (baseline of 450/month now up to 1,000/month) – agreed that this will now come into our activity.

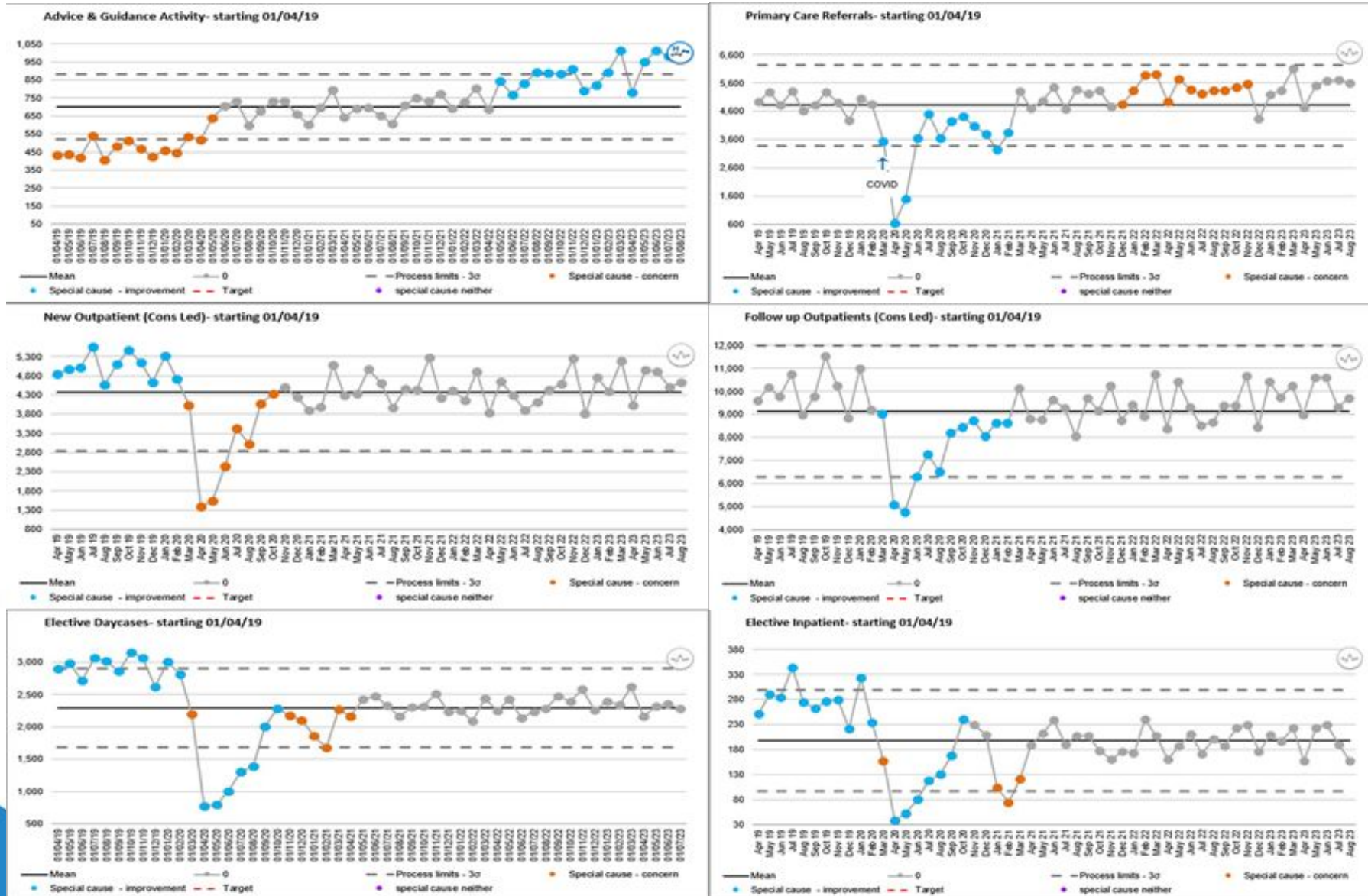
End of August provisional RTT position – No reportable patients over 104. 3 patient over 78 weeks – due to complexity.

Industrial Action Impact June , July & September



Outpatient						Inpatients										Day case				
Date	3a. Total Outpatient appointments	All New appointments	All Review appointments	Of which cancer related 4a. Of 3a. Total Cancer related outpatients	Of 4a. number of which are new ZWWs															
22/08/2023	1	0	1	0	0															
23/08/2023	1	0	1	0	0															
24/08/2023	79	24	55	1	0															
25/08/2023	66	18	48	3	1															
26/08/2023	0	0	0	0	0															
27/08/2023	0	0	0	0	0															
28/08/2023	0	0	0	0	0															
29/08/2023	2	0	2	0	0															
30/08/2023	2	0	2	0	0															
Total	151	42	109	4	1															
			302																	
Date	New (excl ZWW)	New ZWW	Reviews	New (excl ZWW)	New ZWW	Reviews														
11/07/2023	0	0	0	0	0	0														
12/07/2023	1	0	5	0	0	0														
13/07/2023	48	0	98	0	0	1														
14/07/2023	6	0	24	0	0	0														
15/07/2023	0	0	0	0	0	0														
16/07/2023	0	0	1	0	0	0														
17/07/2023	24	0	37	0	0	0														
18/07/2023	2	0	1	0	0	0														
19/07/2023	0	0	3	0	0	0														
20/07/2023	29	11	73	0	11	5														
21/07/2023	13	5	46	1	3	3														
22/07/2023	0	0	0	0	0	0														
23/07/2023	0	0	0	0	0	0														
24/07/2023	0	0	0	0	0	0														
25/07/2023	0	0	0	0	0	0														
Total	123	16	288	1	14	9														
			427																	
Date	New (excl ZWW)	New ZWW	Reviews	New (excl ZWW)	New ZWW	Reviews														
12/06/2023	1	0	0	0	0	0														
13/06/2023	0	0	5	0	0	0														
14/06/2023	37	0	63	0	0	0														
15/06/2023	40	0	91	0	0	0														
16/06/2023	11	0	21	0	0	0														
17/06/2023	0	0	0	0	0	0														
18/06/2023	0	0	0	0	0	0														
19/06/2023	0	0	0	0	0	0														
20/06/2023	0	0	2	0	0	0														
Total	89	0	182	0	0	0														
Date	Inpatients	Of which, P1/P2 cancer surgery	Of which, P3/P4 cancer surgery	Of which colonoscopy	Of which radiotherapy treatment	Of which chemotherapy treatment	Day case	Of which, cancer surgery	Of which, Colonoscopy	Of which radiotherapy treatments	Of which chemotherapy treatments									
12/06/2023	0	0	0	0		0														
13/06/2023	0	0	0	0		0														
14/06/2023	0	0	0	0		8														
15/06/2023	0	0	0	0		5														
16/06/2023	0	0	0	0		5														
17/06/2023	0	0	0	0		0														
18/06/2023	0	0	0	0		0														
19/06/2023	0	0	0	0		0														
20/06/2023	0	0	0	0		0														
Total	0	0	0	0	0	18	0													

Elective Recovery



Referral to Treatment (RTT)

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Total incomplete RTT pathways	24,714	25,384	25,134	25,629	25,564	25,490	25,437	25,388	24,951	24,854	25,139	25,504	25,951	25,876	25,860	25,831
> 52 weeks	1,187	1,196	1,261	1,297	1,297	1,350	1,285	1,201	1,228	1,186	1,112	997	998	1,001	1,020	1,033
> 65 weeks	499	461	463	471	500	519	477	401	477	399	362	193	202	197	210	208
> 78 weeks	205	184	169	155	144	133	112	100	118	101	65	4	5	0	0	1
> 104 weeks	11	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0

RTT – provisional data indicates 27,099 patients waiting at the end of August. We expect this figure to reduce as validation is completed over the next week.

Total incomplete pathways remain stable, ahead of plan for over 52 and 65 week waits.

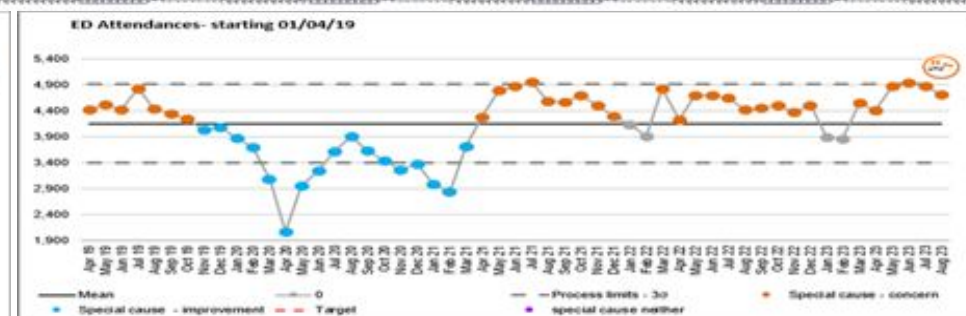
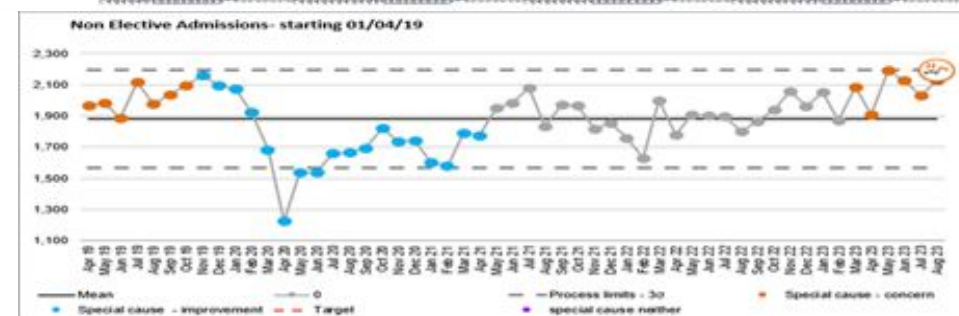
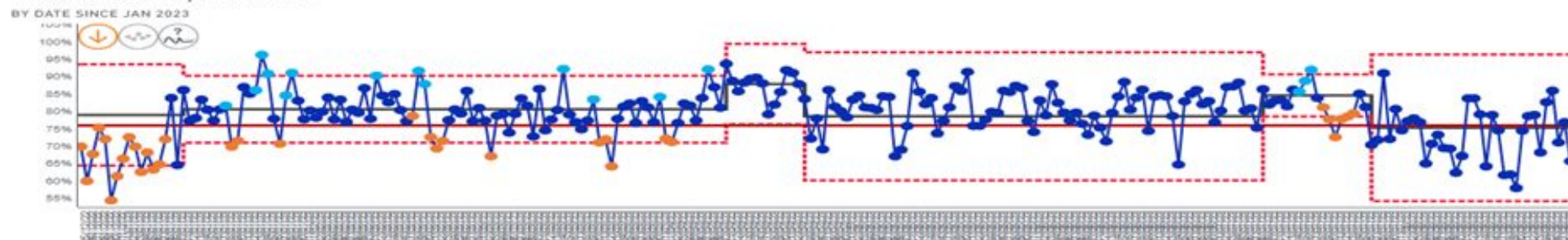
There were 3 reportable patient waiting 78+ weeks at end August, due to complexity.

Community Dental maintenance of less than 78 weeks at risk with impact of industrial action in York theatre sessions. 65 week trajectory in community dental significant risk. Business case for sustainable delivery discussed with commissioners 18th August. Further specific meetings planned with broader dental commissioners. Contract review agreed next steps with movement of pathway to Non-RTT to be consistent with national picture.

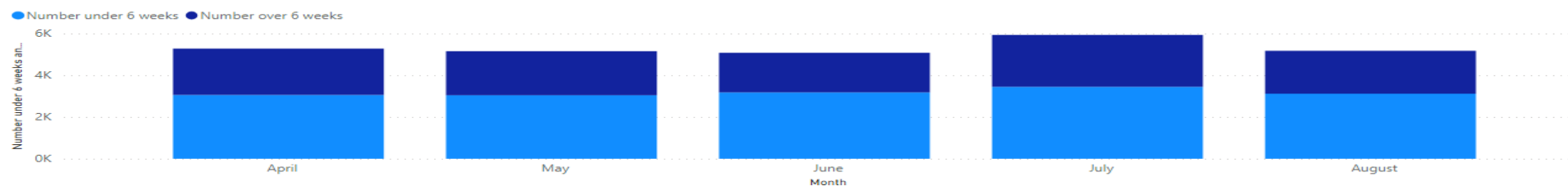
Of the patients waiting for a procedure on our waiting list, 40% are Orthopaedics and 14% are Ophthalmology.

Urgent Care and Diagnostics

4 hour trust level performance

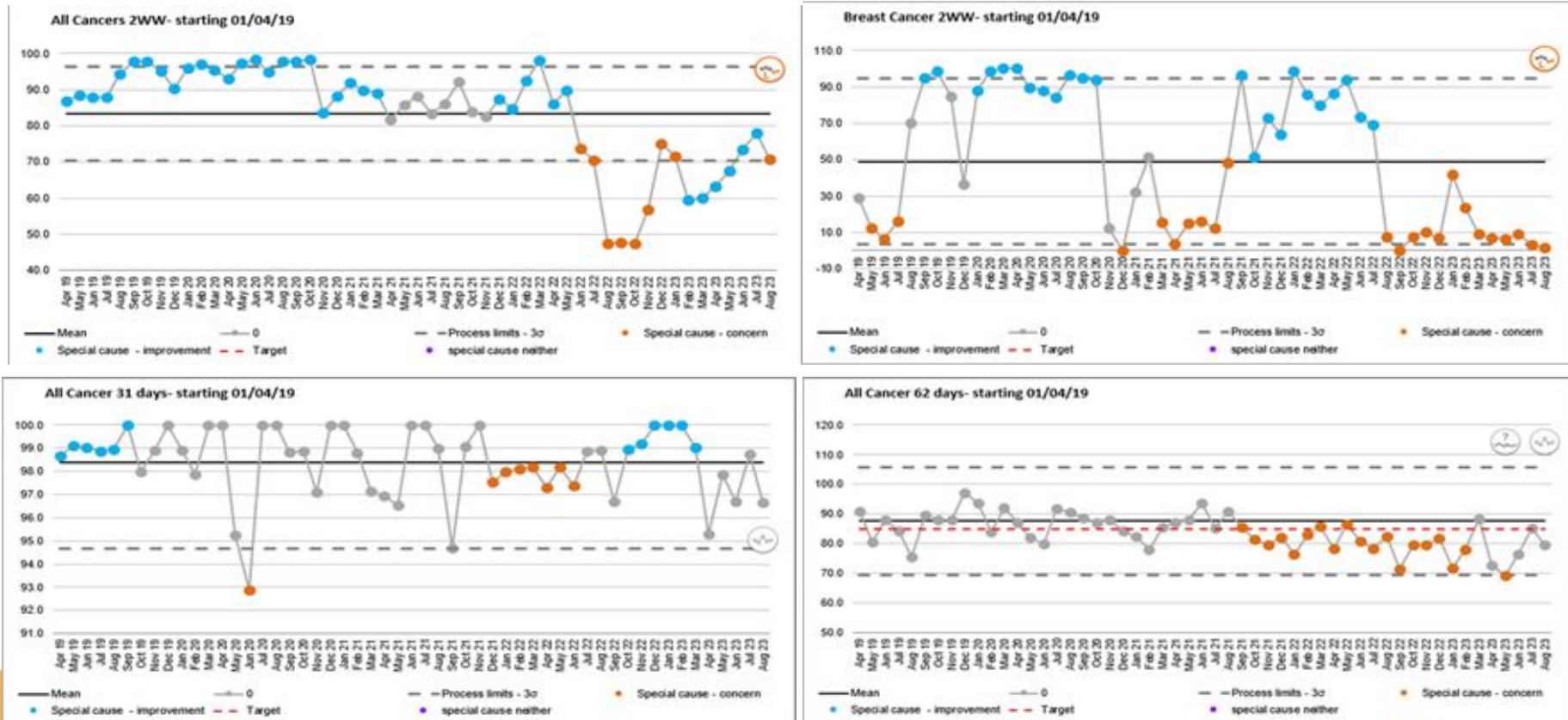


Diagnostics as selected split by under and over 6 weeks



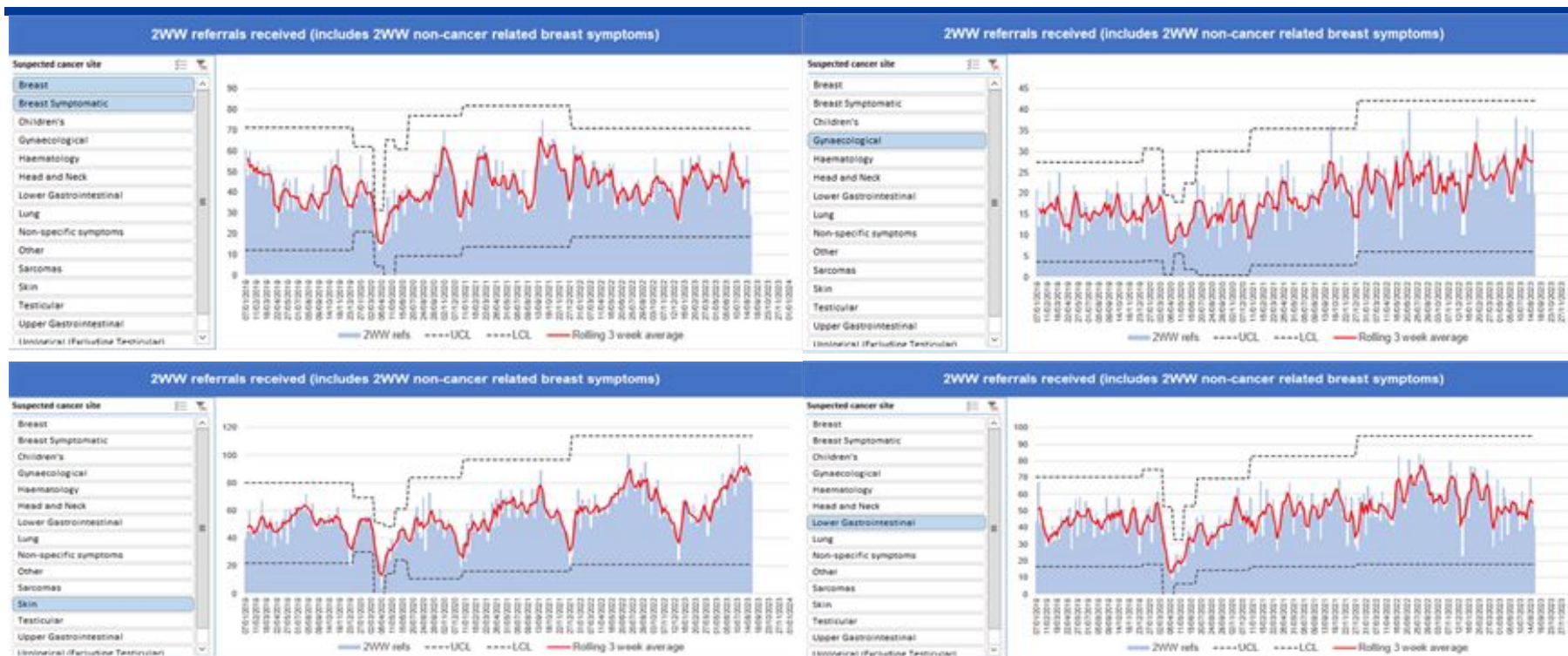
- Performance against the A&E 4-hour standard was at 72.8% in August, a reduction on recent months and below the new performance standard of 76%. August rotation of medical staff (new cf experienced workforce), substantive nursing vacancies and ongoing building works dividing the department plus industrial action, higher bed occupancy have contributed. Focus to recover is on re-establishing the commitment to streaming, delivering non-admitted performance and agreeing SNCT position to align nursing workforce.
- There were no 12-hour trolley wait breaches in August (1 in July).
- There was 22 over 30-minute ambulance handover breaches in August (12 in July) and 3 (0 in July) over 60 minutes.
- ED attendances are now back in line with 2019/20 levels.
- Imaging diagnostic activity continues to be maintained despite vacancies, sickness and CT scanner out of action- diagnostic waits reducing or stable in most areas. Significant activity above 2019 baseline is being achieved in MRI & US to reduce waiting times. All modalities are on a recovering trajectory.
- Data issue around diagnostic capture discovered in July- corrected figures for ECHO & scoping will reflect in August showing growth in those waiting and in those over 6 weeks in these modalities.

Cancer Performance



- The 62-day standard was not met in August with a performance of 79.6% against the 85% standard.
- The 31-day standard was met in August with a performance of 96.7% against the 96% standard.
- The 2-week wait standard was not met in August with a performance of 70.9%. A significant increase in 2WW referrals has been seen in several challenged services (Breast, Lower GI, Dermatology and Gynaecology).
- The 2-week wait breast symptomatic standard was not met in August with just 2% of patients being seen within 2-weeks – patients are being seen at 29-30 days
- At the end of July, 54 (39 in July) patients remain on an open cancer pathway over 62-days with 7 (11 in July) of these over 104-days. This remains a key focus, it is also one of the smallest PTL backlogs nationally when adjusted for size.
- Both LTUC and PSC who deliver the Breast pathway (radiology and surgical elements respectively) have agreed short and medium term actions to address the capacity issues with Breast which is driving the 28 & 62 day performance issues.

Cancer Performance



- Performance against the 2WW Cancer standard continues to remain below the standard in August.
- 2WW referrals have seen a sustained increase for a number of the higher volume cancer sites, including Dermatology (skin), Gynaecology and Lower GI, resulting in demand remaining above available capacity and a performance deterioration. Breast demand continues to be high and the pathway has been adversely affected by industrial action. Cross directorate meetings are taking place to develop a sustainable recovery plan.

Finance Position August 2023



Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> The Trust reported a deficit position in month 5 of £3.6m. This is £6.1m adverse to plan, and a significant concern in terms of living within our set resources. Key drivers for the position include performance against saving requirements, premium expenditure, ward expenditure, expenditure related to poor rostering, cover for doctor strikes and drug spend. 36% of CIP still needs to be identified. Directorates have developed recovery plans however as at M5 improvements are yet to be seen. There are emerging impacts on the capital programme which will create a resource pressure such as the immediate needs to address CT capacity and resilience. Implementation of variable income for Elective Recovery Funding expected in month 6 – will result in a further pressure of £2.5m/£4m if implemented as described. 	<ul style="list-style-type: none"> Robust forecast for Capital spend. Given operational position closer monitoring of cash position implemented. Development on Model Hospital reporting as well as wider benchmarking information to support directorates in opportunity identification of savings. Processing the Medical Staffing Pay Award for September, additional income has also been confirmed, however, this will add a further financial pressure. Medium term financial plans submitted to NHSE, version included within finance paper for discussion. Further work to be considered around financial recovery and controls.
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> Recruitment to roles across finance, including new Project Search Intern. Shortlisted for 2 awards at the regional HFMA conference. Implementation of Reach Reporting during September/October. EPR financial case accepted by NHSE regional team. 	



AMBITION: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK

Our People & Culture Strategy, 'At Our Best', follows the NHS People Plan themes and our teamHDFT 'KITE' values and culture. Our ambition is to make HDFT the best place to work. We will provide physical and emotional support to enable us all to be 'At Our Best'. We will build strong teams with excellent leadership and promote equality and diversity so everyone is valued and recognised and we are all proud to work for HDFT. We will offer everyone opportunities to develop their career at HDFT through training and education. We will design our workforce, develop our people, recruit and retain, so we have the right people, with the right skills in the right roles to provide care to our patients and to support our children and young people.

Governance:

- **Board Assurance:** People and Culture Committee
- **Programme Board:** People & Culture Programme Board
- **SRO:** Director of People & Culture

Metrics (to be developed following review of Integrated Board Report)

Goal	Metrics		
Looking after our people	<ul style="list-style-type: none"> Physical and emotional support to be "At Our Best" 	Turnover – 14.62% Vacancy Factor – 8.13% Sickness Absence – 4.44% Number of leaders trained Appraisal Compliance – 83.50% MEST Compliance – 92%	
Belonging	<ul style="list-style-type: none"> Teams with excellent leadership, where everyone is valued and recognised; where we are proud to work 	Staff survey feedback Number of ER cases WRES data WDES data Gender Pay Gap Ethnicity Pay Gap	
New ways of working	<ul style="list-style-type: none"> The right people, with the right skills, in the right roles 	Vacancy Factor – 8.13% Agency/locum spend Time to Recruit – 43.6 days	
Growing for the future	<ul style="list-style-type: none"> Education, training and career development for everyone 	Student Feedback Number of courses run Number of internal promotions	

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR6	Workforce Risks	Risk to patient care and safety due to potential impacts on staffing levels and increased reliance on agency workers. Potential for lower colleague engagement due to increased workload, post pandemic burn-out and poor working environment. Risk of:	4x4=16	3x4=12 (Apr 23)	Clinical Workforce	Minimal

		<ul style="list-style-type: none">- potential increase in lapses in delivery of safe and effective care to patients and service users.- both short and long term mental and physical health impacts on staff.				
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GOAL: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK: Looking after our people: physical and emotional support to be “At Our Best”

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To have strong focus on all aspects of health and wellbeing to retain colleagues.	<ul style="list-style-type: none"> Increased staff retention. Reduced vacancy factor. Reduced sickness absence. Improved appraisal compliance. Improved employee engagement via survey scores. 		<ul style="list-style-type: none"> To work with Health & Safety to deliver a programme to ensure there is a robust model in place to support workplace stress across the organisation. Continue improve and embed health and wellbeing support to colleagues. Develop programme to support embedding of KITE behaviours and 'At Our Best' tools to support cultural change. Run quarterly Inpulse surveys and national staff survey's to gather ongoing feedback on employee experience. Review National Staff Survey 2022 feedback, develop communications plan and plan to act on feedback. Plan in place to achieve 90% appraisal compliance across the Trust. Plan in place to achieve 90% MEST compliance across the Trust. To work with Trade Union Colleagues to deliver a Fair & Just Culture programme around ER casework management Review of reasons for people leaving, to ensure any recurrent themes are addressed. 	<ul style="list-style-type: none"> Managing workplace stress project to be in 3 phases – phase 1 completed and being reviewed at June People & Culture Programme Board and Health & Safety Committee. Health and wellbeing programme in place, more promotion required to ensure all colleagues aware and know 'its ok to not be ok'. Learning materials and toolkits available across all aspects, KITE included in corporate induction and leadership development programmes – further work required at Directorate and team level. Quarterly Inpulse surveys embedded and Directorate and team actions taken. All Directorates working to 90% compliance appraisal – current appraisal 84%. All Directorates working to 90% MEST compliance – current compliance 90%. Fair & Just Culture work has commenced with Trade Union Colleagues. Piloting for 12 months with Last Opinion. Analysing exit interview data from Great with Talent to obtain greater feedback on reasons for leaving. Retention Group established as sub group of Looking After Our People and Belonging, first meeting scheduled for 22 May. 	
To continue to develop employment practices and policies, which support colleague work life balance.	<ul style="list-style-type: none"> Improved attraction of staff. Reduced vacancy factor. Increased staff retention. Flexible and agile working environments. 		<ul style="list-style-type: none"> Review and implement flexible/agile working policy. Revise and implement Retire and Return policy. Implement Colleague Wellbeing Passports to support those with caring or disability/long term conditions. Continue to develop our health and wellbeing services in line with the NHS Health and Wellbeing diagnostic tool. 	<ul style="list-style-type: none"> Policy review partially completed. Work to commence on Colleague Wellbeing Passports. NHS Health & Wellbeing Diagnostic 90% completed. 	

<p>To develop our leaders to ensure at compassionate and inclusive leadership is the accepted and expected leadership culture, in line with our KITE values.</p>	<ul style="list-style-type: none"> • Improvement in responses to question related to leadership in staff survey. • Increased staff retention. • Reduced sickness absence. • Improved employee engagement via survey scores. 		<ul style="list-style-type: none"> • Continue to deliver Pathway to Management and First Line Leader training. • Implement Pathway to Management as a mandatory requirement. • Develop and promote Leadership journey • Suite of EDI training to be launched. • Access to Coaching and Mentoring Training • Deliver Leading Transformational Triumvirates programme with ILN. • Working with Health & Safety develop models to leaders to manage workplace stress. 	<ul style="list-style-type: none"> • Delivery plans in place for both programmes. • Leadership Team discussion required around mandating Pathway to Management. • Leadership Journey is being re-mapped and communication plan for this under development, including how to build this into our recruitment processes. • EDI training developed and delivery plan being developed. • Leading Transformational Triumvirates programme designed and commissioned with ILN, programme launched 23 November 22 and runs for 12 month period. 	
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GOAL: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK: Belonging: teams with excellent leadership, where everyone is valued and recognised; where we are proud to work

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To be an organisation where everyone demonstrates KITE behaviours (Kindness, Integrity, Teamwork and Equality), to care for patients, children and communities who are the focus of everything we do.	<ul style="list-style-type: none"> Improved scores on related questions from Inpulse and national staff surveys. Reduction in employee related matters linked to staff behaviours. Increased staff retention. 		<ul style="list-style-type: none"> Develop programme to support embedding of KITE behaviours. Develop programme to support 'At Our Best' tools – ABC of appreciation, Respectful Resolution, 4 S Appraisal and BUILD Feedback tools. 	<ul style="list-style-type: none"> Programme to be developed and delivered by Senior OD Practitioner who joined on 09.01.23. Root Out Racism 'app' developed 80% to be joined with FTSU and rolled out. 	
To build strong teams who support each other, work collaboratively and with collective goal of delivering excellent care to our patients.	<ul style="list-style-type: none"> Improvement in responses to question related to leadership in staff survey. Increased staff retention. Reduced sickness absence. Improved employee engagement via survey scores. 		<ul style="list-style-type: none"> Cascade of Inpulse survey feedback and team actions to improve team cohesion. Development of dashboard to highlight teams where KPI's indicate potential challenges within in team environment. Adhoc OD support to teams highlighted above. 	<ul style="list-style-type: none"> Quarterly Inpulse surveys now well embedded with a Behaviour added into the questions each quarter to measure how well embedded our KITE behaviours are. 	
To promote equality and diversity so everyone is valued and recognised through the embedding of Equality Impact Assessments as expected practice, the continued development of our Staff Support networks, leadership development and training of all colleagues.	<ul style="list-style-type: none"> Improvement in responses to question related to leadership in staff survey. Increase in number of employees with protracted characteristics. Strong and active staff support networks in place across the Trust. Active Diversity Calendar in place with high visibility of events. EDS22 Assessment Rating of Achieving. Increased staff retention. 		<ul style="list-style-type: none"> Deliver WRES & WDES action plans to support HDFT being an inclusive and diverse organisation. Grow membership of staff support networks and develop their role in the organisation. Launch of Equality Impact Assessment policy, process and training programme. Launch pilot unconscious bias training Manage programme of events linked to Diversity Calendar. EDS22 workforce domain action plan developed. 	<ul style="list-style-type: none"> Additional training and development is being carried out for BAME leadership, cohort I and Reciprocal mentoring, cohort II. Network Chairs invited to PAG World Staff Network day was well supported by the Trust with 200 information packs being handed out and this event has increased numbers in all staff networks. Network groups using WRES and WDES from 2023 to inform discussions and feedback points to feedback to Board. Equality Impact Assessment new process and associated training - to be launched during January 2023. Training on Unconscious Bias and Neurodiversity will be rolled out as training available to all staff on Learning Lab. Programme written, to be piloted Feb 23. EDS22 – external submission made by 28 Feb 23 following Equality Reference Group agreed on outcomes. Trust has scored as Developed across all 3 domains. 	

				<ul style="list-style-type: none"> Workshop being scheduled to support development of action plan. Transgender training to be implemented prior to the introduction of the Transgender Policy. 	
To seek to increase diversity across our decision making forums.	<ul style="list-style-type: none"> Increased equality, diversity and inclusion across all areas of Trust employment practices and wider decision making and recruitment. Increased staff retention. Improvement in WRES/WDES data. 		<ul style="list-style-type: none"> Promote HDFT as an inclusive and diverse employer in our recruitment information. Review participation in key decision making forum/governance forums and recruitment. Refresh of imagery to be more reflective of the employees that work here on all media platforms and recruitment sites. 	<ul style="list-style-type: none"> Recruitment pack development with statements from Network Exec Sponsors, blogs and vlogs from staff to support. Signposting information to be included in the recruitment pack to encourage recruitment from outside of the locality. 	

GOAL: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK: New ways of working: the right people, with the right skills, in the right roles

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To plan and design our workforce as creatively as possible, to have the right number of skilled colleagues in the right roles.	<ul style="list-style-type: none"> Resourcing and workforce numbers aligned to service needs and financial position. Reduced reliance on agency/locum and other temporary workforce solutions. 		<ul style="list-style-type: none"> Develop integrated Resourcing & Workforce Plan to ensure we have the right numbers of skilled staff at the right time Explore skills mix review/new role development and new ways of working Review Core and Role Specific Mandatory training requirements for each role Support development of Domiciliary Care subsidiary Support Clinical Education Fellow Posts across the Organisation Support Less Than Full Team as guided by HEE Support Medical Trainees to meet curriculum requirements Escalate exception reports Organisational Development programme to support Pathology Services Joint Venture E-job planning 	<ul style="list-style-type: none"> Workforce planning underway – 2 workshops held – Activity and Workforce with Finance workshop scheduled for early February. All workshops completed in readiness for annual submission. Directors reviewing MEST requirements for each role across the Trust There is currently 1 50/50 Clinical Education fellow in Frailty, and 2 colleagues supporting 2 education days in Medicine. Awaiting further interest from other specialities with the intention of supporting 6 from Sept 23-24. E-job planning - project for implementing e-job planning will go to next workforce systems board. Meeting with ODs and CDs to find a solution regarding final sign off of job plans. E- Job Planning project was signed off at the workforce systems board. Signing off of job plans is still a task but a solution has been found. 	
To recruit great colleagues by building a strong employer brand and implementing effective recruitment practices, making the best use of digital solutions.	<ul style="list-style-type: none"> Resourcing and workforce numbers aligned to service needs and financial position. Reduced reliance on agency/locum and other temporary workforce solutions. Reduced time to recruit. Increased number of applicants for all roles. 		<ul style="list-style-type: none"> Achieve Disability Confident Accreditation Level II – achieved Achieve Rainbow Badge Accreditation Retain Menopause Accreditation Publicise diversity of workforce on Intranet Careers page and via social media Review use of social media in recruitment processes to improve reach Explore opportunities to attract candidates with protected characteristics Reach out to wider communities e.g., Care Leavers, Project Search Review job descriptions, person specifications and job adverts to ensure modernized and appropriate 	<ul style="list-style-type: none"> Working towards level II of Disability Confident Employer scheme – submitting application with evidence end of Feb – completed. . Updating policies, additional training developed and signposting materials. Rainbow Badge Re accreditation submission end of March 23. Additional resources were created, signposting materials and changes to policies to be more inclusive. Introducing improved access information and guidance for candidates using google translate, contrast colours and video platforms. Job adverts going out to third sector job boards focusing on disability and LGBT+ 	

				<ul style="list-style-type: none"> Working with Project Search to provide core skills and work experience for four interns. Increasing numbers to 10 from September. 	
To continue with the implementation of e-rostering to ensure that safe staffing levels can be allocated and managed with maximum efficiency.	<ul style="list-style-type: none"> Right staff with the right skills in the right place at the right time. 		<ul style="list-style-type: none"> Embed Healthroster into business as usual E-rostering for medical staff project established Develop e-roster KPIs 	<ul style="list-style-type: none"> Roster review meetings in place to support compliance and KPIs on a monthly basis. 27/10/22 - E-rostering for clinical staff has been rolled out and project is complete. Next step is to embed and ensure good rostering practices are being followed. E-rostering team have ward review meetings on a monthly basis with a number of non-compliant teams to improve performance. Rostering compliance will be reported to directorate performance reviews on a monthly basis commencing in July. Medical e-roster - awaiting procurement to update us on figures in order to update us on business case. Project team currently identifying suppliers to showcase their products. Kick off project meeting for Medical e-Roster is taking place week commencing 19th June. 	

GOAL: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK: Growing for the future: education, training and career development for everyone

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To develop career pathways and offer development opportunities to enable colleagues to grow their skills and access career progression at teamHDFT.	<ul style="list-style-type: none"> Increased staff retention. Grow our own talent/succession planning. 		<ul style="list-style-type: none"> Linking with Corporate Nursing/Professional Development - develop career pathways for all professions. Develop and implement talent management approach. Training and development opportunities available to support individual growth and progression. Appraisal discussions held with all colleagues. Promote Leadership offering - Compassionate and Inclusive Leadership. 	<ul style="list-style-type: none"> Leadership Pathway for Managers is live – auto enrolment for all new managers since April 2022. NHS Elect is live and available for colleagues. Training and Development opportunities added regularly to Learning Lab. Appraisal updated to values based, training available via Learning Lab. 	
To be a collaborative partner to Health Education England and Higher Education Institutions.	<ul style="list-style-type: none"> Positive feedback from HEE Provider Self-Assessment. Positive feedback received from HEIs on student experience. Positive feedback from undergraduate learners i.e. NETS. Number of placements increased. 		<ul style="list-style-type: none"> Live running document HEE Provider Self-Assessment discussed quarterly prior to Q3 submission. Regular schedule of meetings in place with HEE and HEI's. Co-Ordinate the annual HEE Senior Leader visit. Growing for the Future sub-group in place. 	<ul style="list-style-type: none"> 1st submission of new style self-assessment Dec 2022. Review due 30th Jan 2023 – GFF. Regular attendance at DEEF, Acute Trust Meeting, Regional MEM meetings etc. Potential Senior Leader date for 19th October. Growing for the Future Sub group 2nd meeting Jan 30th. 	
To be an excellent place to learn and develop for all colleagues and students from all professions (international and UK based), offering great placements.	<ul style="list-style-type: none"> Positive feedback gained from Guardian of Safe Working. Positive feedback received from medical and non-medical student evaluation of placements - NETS and PARE. Competent teams with diverse skill mix. 		<ul style="list-style-type: none"> Target to recruit 31 international nurses Support Ward Based Tutors to deliver curriculum requirements. Review internal offering of training to meet organisational need. Review of Commissioned Training. Develop Learning Lab to its fullest potential. 	<ul style="list-style-type: none"> Current exception report escalations and NETS feedback resulted in a triggered visit by HEE. Currently following action plan on SDEC. Ward-based Tutors continue to evaluate well from UGME. Learning Lab hosts all Mandatory Training, a robust leadership and wellbeing offering and is continuing to grow. 	

People & Culture

Matters of concern and risks to escalate

Belonging

- The WRES and WDES Reports identify some areas to focus on for BME and Disabled colleagues

Growing for the future

- Foundation Training Overall Compliance
Mandatory: 69% ↓9%, Role Specific: 61% ↓8%, Overall: 64% ↓11% (Aug 2023)
- Bank Training Compliance
Mandatory: 78% ↑2%, Role Specific: 72% ↑2%, Overall: 76% ↑1% (Aug 2023)
- Overall Medical Device Compliance for theory and devices 82% ↑2% (Aug 2023)

New ways of working

- The Working Time Regulations 1998 (WTR) make provision for minimum standards in relation to working hours and rest periods. In the previous month of August, there was a total of 1,181 breaches within HDFT which has reduced from 1,275.

Looking after our people

- Turnover Rate - 14.48% in August 2023. (This incorporates voluntary and involuntary turnover.) CC and PSC Directorates continue to see a decreasing trend in turnover rates, with CC at 15.31% and PSC at 12.49% in August. LTUC and Corporate Services have seen further increases to turnover this month and are at 13.44% and 17.35% respectively.
- Sickness - 4.95% in August 2023. Both short term and long term sickness have seen an increase, with short term sickness increasing from 1.64% to 1.75% and long term sickness increasing from 2.80% to 3.19%. All Directorates, with the exception of PSC have seen an increase in sickness in August.
- Appraisal Rates - 82.16% in August 2023. All Directorates, with the exception of PSC have seen a decrease in appraisal rates this month. (Corporate Services at 72.62%.)
- Vacancy rate - 7.71% in August 2023. This equates to 348.96 wte vacancies.

Major actions commissioned and work underway

Belonging

- Working towards re accreditation of our Mindful Employer award.
- Collating evidence for the peer review of domain 3 of EDS22 and progressing domain 2. and 1.
- Black History Month in October 2023, Saluting Our Sisters. Blogs and vlogs are being prepared by staff (including two NEDs) to be included in the celebration.

Growing for the future

- Oliver McGowan Mandatory Training (Autism) – bi-weekly planning meetings in place to ensure delivery programme in place to meet the nationally mandated requirements
- Migration onto a new Library Management System underway.
- Reviewing manual handling audit

New ways of Working

- The AHP Direct Engagement project is about to commence. The Trust is awaiting a 2nd HMRC payroll number which is required when undertaking Direct Engagement.
- HR have reviewed the relevant workforce parts of the Fit & Proper Persons changes following the guidance to Chairs and Company Secretaries

People & Culture

Positive news and assurance

Belonging

- Emma Nunez, Deputy CEO, Executive Director of Nursing, Midwifery and AHPs is the new Executive sponsor of the LGBT+ staff network group. The Group also has a new Chair, David Forrest and a Co-Chair, Laura Taylor.

Growing for the future

- Core Mandatory Training: 92% ↑2%, Role Specific: 92% ↑1%, Overall: 92% ↑1% (Aug 2023)
- Fast Tack cannulation and venepuncture competency for newly qualified nurses approved
- Our overall placement rating for Undergraduate Medical Education stands at 88% which is above all peer comparison
- SAS Celebration event was published on NHS Employers website as great practice

New ways of working

- As our new governance reporting is improving, e-rostering compliance rates have continued to increased in CC, PSC and LTUC directorates

Looking after our people

- Staff Engagement – Survey Scores (Benchmark Group Acute & Community Trusts)
- Quarterly (Q2) Inpulse Survey (Theme Teamwork) achieved a response rate of 1,308 / 24%.
- 7.29 – 18 July 2023 (Theme Teamwork) – Benchmark score – 6.42
- 7.15 – 30 April 2023 (Theme Integrity) – Benchmark Score – 6.4
- 7.20 – 31 Jan 2023 (Theme Kindness) – Benchmark Score 6.3
- 6.84 - 30 Nov 2022 – National Staff Survey – Benchmark Score 6.76.

Decisions made and decisions required of the Board

- The national guidance regarding Pension Recycling was recently reissued and Trusts encouraged to review whether they wished to establish a local policy. This was reviewed by leadership team with a decision taken not to implement locally, due to the impact at HDFT being lessened following the Government Budget changes earlier in the year.

Board of Directors (Public)
27th September 2023

Title:	Workforce Race Equality Standard 2023
Responsible Director:	Director of People and Culture: Angela Wilkinson
Author:	Equality, Diversity, and Inclusion Manager: Richard Dunston Brady Rob Eames, Deputy Director of People and Culture

6.5

Purpose of the report and summary of key issues:	<p>The Workforce Race Equality Standard 2023 (WRES) focuses on specific metrics regarding (Black, Minority and Ethnic) BME employees and their work experiences. Key areas of analysis are measured against data from the electronic staff record (ESR) and the National Staff Survey 2022.</p> <p>The metric framework includes a breakdown of:</p> <ul style="list-style-type: none"> - BME staff within the agenda for change bandings in four clusters, (1-4, 5-7, 8a-8b, and 8c-9 and VSM). - An assessment regarding the likelihood of colleagues being appointed from shortlisting, - Colleagues entering the capability or disciplinary process. - The number of BME employees who are facing bullying, and harassment from patients, colleagues, and managers. - Comparisons between the membership of the Board and its contrast with the BME workforce. - contrast with the BME workforce. <p>Findings from the 2023 report show an improvement in some of the indicators such as:</p> <ul style="list-style-type: none"> • The total percentage number of BME employees in the Trust (excluding Board members) has increased by 1.2% • The appointment of two BME Non-Executive Directors has had a positive impact on the difference between Board to Workforce findings. The data shows an increase from 1.9% in 2022 to 10.4% in 2023 for the Board with overall employee ethnicity at 11.8%. • We have seen a decrease in harassment for BME colleagues from patients, managers, staff/other colleagues.
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	<p>The report also contains an action plan to focus on areas which have not improved, or where there are differences between perception or experience of BME colleagues, this includes that:</p> <ul style="list-style-type: none"> • The relative likelihood of being appointed from shortlisting has worsened in the last reporting year from 25.7% to 8.8% for BME colleagues. • BME staff feel less likely that the Trust acts fairly with regard to promotion and career progression. <p>There remains further work to do on recruitment and shortlisting for Consultant roles.</p>
Trust Strategy and Strategic Ambitions	The Patient and Child First Improving the health and wellbeing of our patients, children and communities
	Best Quality, Safest Care ✓
	Person Centred, Integrated Care; Strong Partnerships
	Great Start in Life
	At Our Best: Making HDFT the best place to work ✓
	An environment that promotes wellbeing
	Digital transformation to integrate care and improve patient, child and staff experience
	Healthcare innovation to improve quality
Corporate Risks	N/A
Report History:	N/A
Recommendation:	<p>The Board is requested to discuss and note the 2023 WRES metrics and the action plan that will attempt to address areas that need improving for BME colleagues.</p> <p>The data element of this report will be published on our HDFT website on 31 October 2023 following approval by the Board.</p>



NHS Workforce Race Equality Standard (WRES)

Annual Report 2023

Harrogate and District NHS

Foundation NHS Trust

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Introduction

Welcome to our Workforce Race Equality Standard (WRES) Annual Report 2023.

The report provides our internal data and metrics for the last twelve months, the progress we have made to date and an action plan to allow us to continue to develop our approaches, initiatives, and activities during 2023 and beyond.

To help contextualise the information in this report, data from the Office of National Statistics has been sourced. The demographic data of people living in Harrogate and surrounding districts highlights that 1.8% of the population are Asian, 0.6% identify as being Black, Black British, Black Welsh, Caribbean or African and 1.6% are from mixed ethnic groups. Harrogate as a town population has 95.4% White communities living here.

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Our commitment to Promoting Equal Opportunities for those who are BME.

The Trust recognises how important it is to support and improve the experiences of our colleagues who identify as Black, Minority and Ethnic groups, (BME). Over the last twelve months some of the key things we have done, are the introduction of a BME leadership development programme and the completion of the first reciprocal mentoring programme which have both been well attended.

In addition, we continue to develop our BME and Allies staff network group, our Internationally Recruited Nurses, and Allied Healthcare Professionals.

As a Trust, we want to make Harrogate District Foundation NHS Trust (HDFT) a more inclusive place to work and have set out an action plan at the end of this report to help achieve this.

Metric 1 – Workforce ethnicity

In this section, we shall be examining the data regarding employees who are paid using the Agenda for Change pay and Senior Manager pay bands which are represented by bands 1-4, 5-7, 8a-8b and 8c-9 and VSM (Very Senior Manager) compared with the percentage of staff in the overall workforce.

The profile of our BME employees versus NHS Averages:

The total percentage number of BME employees in the Trust (excluding Board members) has increased by 1.2% versus last year but is still lower than the overall average for the NHS.

	NHS Average	HDFT: 2023	HDFT: 2022	HDFT: 2021
Staff Who Identify as BME	24.2%	11.8%	10.6%	10.5%

The total percentage number of BME employees within each bands:

Non-Clinical Staff	HDFT: 2023
Bands 1-4	5.6%
Bands 5-7	10.0%
Bands 8a-8b	1.6%
Bands 8c -9 and VSM	5.3%

Clinical Staff	HDFT: 2023
Bands 1-4	11.7%
Bands 5-7	10.7%
Bands 8a-8b	3.2%
Bands 8c-9 and VSM	12.5%

The bands which have the largest number of BME staff are clinical bands 2, 6 and 7.

Metric 2 – Recruitment shortlisting

Relative likelihood of staff being appointed from shortlisting across all posts

31st March 2023					
Indicator		White	BME	Not Declared	Total
Number of staff in the Workforce	Headcount	3,961	569	284	4,814
	%	82.3%	11.8%	5.9%	
Relative likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants	3,815	1,504	276	5,595
	Number appointed from shortlisting	733	132	115	980
	Relative Likelihood of appointed from shortlisting	19.2%	8.8%	41.7%	17.5%
31st March 2022					
Indicator		White	BME	Not Declared	Total
Number of staff in the Workforce	Headcount	3,825	484	260	4,569
	%	83.7%	10.6%	5.7%	
Relative likelihood of staff being appointed from shortlisting across all posts	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%

The relative likelihood of being appointed from shortlisting has declined in the last reporting year from 25.7% to 8.8% for BME colleagues.

Metric 3 – Disciplinary action

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

2023	White	BME	Unknown
Likelihood of staff entering the formal disciplinary process	0.23%	0.00%	0.35%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		0.00	
2022	White	BME	Unknown
Likelihood of staff entering the formal disciplinary process	0.42%	0.21%	0.77%
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff		0.49	

In 2023, no BME colleagues entered the disciplinary process.

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Metric 4 – Access to training
Relative likelihood of staff accessing non-mandatory training and CPD

		White	BME	Unknown		White	BME	Unknown
Number of staff accessing non-mandatory training and CPD	2023	1,298	294	129	2022	1,675	261	112
Likelihood of staff accessing non-mandatory training and CPD		32.8%	51.7%	45.4%		43.8%	53.9%	43.1%
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.		0.63				0.81		

The relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff has decreased by 0.18 points in 2023.

Metrics 5, 6, 7 and 8 – Bullying and harassment

Bullying and harassment by patients, staff and managers and percentage of staff believing that their trust provides equal opportunities for career progression or promotion

Metric		2023		2022	
		White	BME	White	BME
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	23.8%	29.9%	26.6%	32.2%
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	15.9%	27.5%	27.2%	30.1%
8	Percentage of staff experiencing harassment, bullying or abuse from their manager, team leader or other colleague	9.6%	11.4%	8.0%	18.9%
7	Percentage believing that trust does not provide equal opportunities for career progression or promotion	42.8%	59.8%	55.8%	42.1%

We have seen a decrease in harassment for BME colleagues from patients, managers, staff/other Colleagues.

BME staff feel less likely that the Trust acts fairly with regard to promotion and career progression.

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Metric 9

The number of BME directors and non-executive directors compared to the overall workforce.

	2023	White Board Members	BME Board Members	Unknown Ethnicity Board Members	2022	White Board Members	BME Board Members	Unknown Ethnicity Board Members
Total Board Members		77.8%	22.2%	0.0%		87.5%	12.5%	0.0%
: Executive Board Members		87.5%	12.5%	0.0%		87.5%	12.5%	0.0%
: Non-Executive Board Members		70.0%	30.0%	0.0%		87.5%	12.5%	0.0%
	2023	White Board Members	BME Board Members	Unknown Ethnicity Board	2022	White Board Members	BME Board Members	Unknown Ethnicity Board
Number of staff in overall workforce		3,961	569	284		3,825	484	260
Total Board Members % by Ethnicity		77.8%	22.2%	0.0%		87.5%	12.5%	0.0%
Voting Board Member % by Ethnicity		77.8%	22.2%	0.0%		87.5%	12.5%	0.0%
Non-Voting Board Members % by Ethnicity		-	-	-		-	-	-
Executive Board Members % by Ethnicity		87.5%	12.5%	0.0%		87.5%	12.5%	0.0%
Non-Executive Board Members % by Ethnicity		70.0%	30.0%	0.0%		87.5%	12.5%	0.0%
Overall workforce % by Ethnicity		82.3%	11.8%	5.9%		83.7%	10.6%	5.7%
Difference (Total Board - Overall Workforce)		-4.5%	10.4%	-5.9%		3.8%	1.9%	-5.7%

6.5

The appointment of two BME Non-Executive Directors has had a positive impact on the difference between Board to Workforce findings. The data shows an increase from 1.9% in 2022 to 10.4% in 2023 for the Board with overall employee ethnicity at 11.8%.

Has your Trust taken action to facilitate the voices of BME colleagues in your organisation to be heard (provide an example or action plan).

The BME staff network Group continues to grow in membership and our non-executive director of the Board and Equality Champion attends many of these meetings in support. This helps demonstrate our commitment and direct line of communication to the Board.

Further details of the network group are found on our careers landing page and additional links for our Internationally Recruited Nurses are collated on the Intranet.

We now deliver unconscious bias training on a regular basis across our sites. We have positive imagery on site highlighting our BME colleagues as part of our “ask my preferred name” campaign. A revised system of equality impact assessments has been launched and is now in place.

Bank WRES

For the first time, elements of the Workforce Race Equality Standard 2023 report have been disaggregated to review Bank staff separately from the permanent workforce.

Indicator 1 Active Bank Worker Headcounts across staffing groups by ethnicity group and gender	Bands 1-4	Bands 5-8a
Women BME – Clinical	1	1
Women White – Clinical	29	26
Women Unknown Ethnicity – Clinical	9	0
Men BME – Clinical	0	0
Men White – Clinical	14	7
Men Unknown Ethnicity – Clinical	3	1
Women BME – Non-clinical	0	0
Women White – Non-clinical	10	1
Women Unknown Ethnicity – Non-clinical	0	0

Men BME – Non-clinical	2	0
Men White – Non-clinical	3	1
Men Unknown Ethnicity – Non-clinical	1	0
Medical and Dental All Grades	Male	Female
BME	9	2
White	16	15
Unknown Ethnicity	0	1

We have a predominantly white and female bank workforce.

Medical WRES

In this section, the medical and dental workforce have also been disaggregated.

Medical and Dental Employees by Ethnicity

Medical and Dental	BME	White	Unknown Ethnicity
Medical Directors	0	1	0
Clinical Directors	0	2	0

The number of colleagues applying for Clinical Excellence Awards

Eligibility	BME	White	Unknown Ethnicity
Eligible	27	102	3
Applied	27	102	3
Awarded	27	102	3

The Clinical Excellence Awards process has changed from an application and award process to an automatic equal allocation across all eligible Consultants, so this data cannot now be used to show the likelihood of a successful application for BME colleagues.

The number of Consultants recruited, by ethnicity

Recruitment Stage	BME	White	Unknown Ethnicity
Applicants	60	17	1
Shortlisted	19	11	1
Appointed	4	4	0

The percentage of Consultants applying for roles at the Trust is 76.9% BME applicants compared to 21.8% White applicants.

An equal number of staff was appointed from a White and BME background. However, only 31.7% (19/60) of BME applicants were shortlisted, versus 64.7% of White applicants being shortlisted, so there remains work to do in this area.

Conclusion and Recommendations

Findings from the 2023 report show an improvement in a number of the indicators such as:

- The total percentage number of BME employees in the Trust (excluding Board members) has increased by 1.2%.
- The appointment of two BME Non-Executive Directors has had a positive impact on the difference between Board to Workforce findings. The data shows an increase from 1.9% in 2022 to 10.4% in 2023 for the Board with overall employee ethnicity at 11.8%.
- We have seen a decrease in harassment for BME colleagues from patients, managers, staff/other colleagues.

The report also contains an action plan to focus on areas which have not improved, or where there are differences between perception or experience of BME colleagues, this includes that:

- The relative likelihood of being appointed from shortlisting has worsened in the last reporting year from 25.7% to 8.8% for BME colleagues.
- BME staff feel less likely that the Trust acts fairly with regard to promotion and career progression.
- There remains further work to do on recruitment and shortlisting for Consultant roles.

The Board is requested to discuss and note the 2023 WRES metrics and the action plan that will attempt to address areas that need improving for disabled colleagues.



The data element of this report will be published on our HDFT website on 31 October 2023 following approval by the Board.

Appendix 1 Action Plan

There has been progress made on the 2022 action plan. Any 2022 actions not fully completed yet are listed in the 2023 action plan as being carried over (c/o)

Objective	Actions	Lead	Timescale
To enable BME colleagues to receive better opportunities to grow and develop in their roles	Deliver a second cohort of the Reciprocal Mentoring and BAME Leadership Programme Oversee the opportunities for cohort one from the BAME leadership programme and work with the cohort and their managers to achieve success.	EDI Manager	Q4 onwards.
To improve the ESR declaration rates for BME colleagues to provide enhanced data collection supporting those impacted by internationality (c/o)	Improve and increase publicity around this topic to gain trust and develop inclusion from colleagues who "prefer not to say". Promote at inductions, posters and all other media.	EDI Manager	Q3
To reduce and remove abuse and discriminatory behaviours and language through effective communication and actions	Continue to deliver unconscious bias training to staff across the organisation and introduce alternative reporting mechanisms measuring abuse and discriminatory behaviours. Work closely with all other pastoral care colleagues to share knowledge and experience to enable us to better target resources.	EDI Manager	Q3
To develop the BAME staff network group to be a place of excellence in its safety, learning and shared experiences	Work with BME colleagues and the staff network chair to improve communication channels, kinship and attendance at these meetings	EDI Manager	Q4

Board of Directors
27th September 2023

Title:	Workforce Disability Equality Standard 2023
Responsible Director:	Director of People and Culture - Angela Wilkinson
Author:	Equality, Diversity and Inclusion Manager - Richard Dunston Brady Rob Eames, Deputy Director of People and Culture

6.6

Purpose of the report and summary of key issues:	<p>The purpose of this report is provide the Workforce Disability Equality Standard (WDES) metrics for 2023.</p> <p>Key areas of analysis are measured against data from the electronic staff record and the national NHS staff survey 2022. The metric framework includes a breakdown of:</p> <ul style="list-style-type: none"> - colleagues with a disability within the agenda for change bandings in four clusters (1-4, 5-7, 8a-8b, 8c-9 and VSM). - likelihood of colleagues being appointed from shortlisting - Colleagues entering the capability process. - the number of colleagues with a disability who are facing bullying, and harassment from patients, colleagues and managers. - the membership of the Board and its contrast with our Disabled workforce. <p>Findings from the 2023 report show an improvement in some of the indicators such as:</p> <ul style="list-style-type: none"> • an increase in the number of overall colleagues declaring their status on ESR • fewer incidents of bullying and harassment have occurred to Disabled staff since the last WDES from managers, patients or service users or colleagues (and more were reported if they occurred although this level of reporting is below the national average). • Disabled staff at HDFT are less likely to experience bullying and from managers, patients or service users or colleagues compared to the 2022 NHS staff survey national averages. <p>The report also contains an action plan to focus on areas which have not improved, or where there are differences between perception or</p>
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	<p>experience of disabled and non-disabled colleagues, this includes that:</p> <ul style="list-style-type: none"> • Disabled staff feel less likely than non-disabled staff that the Trust acts fairly with regard to promotion and career progression. • Disabled staff feel higher levels of pressure to attend for work whilst unwell. • A lower percentage of disabled staff feel the Trust values their work compared to non-disabled staff • Levels of empowerment and staff engagement are lower for disabled colleagues • There is a small reduction in the likelihood of disabled colleagues being appointed versus non-disabled colleagues.
Trust Strategy and Strategic Ambitions	The Patient and Child First Improving the health and wellbeing of our patients, children and communities
	Best Quality, Safest Care ✓
	Person Centred, Integrated Care; Strong Partnerships
	Great Start in Life
	At Our Best: Making HDFT the best place to work ✓
	An environment that promotes wellbeing
	Digital transformation to integrate care and improve patient, child and staff experience
	Healthcare innovation to improve quality
Corporate Risks	N/A
Report History:	N/A
Recommendation:	<p>The Board is requested to discuss and note the 2023 WDES metrics and the action plan that will attempt to address areas that need improving for disabled colleagues.</p> <p>The data element of this report will be published on our HDFT website on 31 October 2023 following approval by the Board.</p>



NHS Workforce Disability Equality Standard (WDES)

6.6

Annual Report 2023

Harrogate and District NHS
Foundation NHS Trust

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Introduction

Welcome to our Workforce Disability Equality Scheme (WDES) Annual Report 2023. 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. It also identified areas that will be focused on in our action plan in Appendix 1.

Our Values

Whether you are a patient, a visitor, or a member of staff, our KITE values are what describe and define our organisational culture.

- ✓ Kind
- ✓ Integrity
- ✓ Team Work
- ✓ Equality

Our Commitment to Promoting Equality and equity for colleagues who identify as being disabled.

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.

Commissioned by the NHS Equality and Diversity Council, the WDES is mandated through the NHS Standard Contract. It consists of 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. 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.

Its function is integral to the NHS People Promise and the Trust People Plan.

6.6



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 within the NHS.

6.6

Metric 1 – Workforce Representation

The profile of our disabled employees versus the NHS declaration rate for 2023.

	NHS Average 2023	HDFT 2023	Variance
Staff Declaring a Disability	4.9%	5.3%	+0.4%

The number of employees declaring a disability


	Disabled	Unknown
Staff Declaring a Disability	257	582

12.1% of HDFT colleagues have not disclosed their disability or long-term condition status.

The number of HDFT colleagues who declared a disability or long-term condition is 0.4% higher than the NHS average for 2023.

Percentage of staff on Agenda for Change (AfC) pay bands or medical and dental subgroups and very senior managers compared with the percentage of staff in the overall workforce

Increase 

Reduction 

WDES 2023 Non Clinical Staff	2023			2022		
AfC Pay-Bands	Disabled	Non-Disabled	Un-known	Disabled	Non-Disabled	Un-known
1-4	6.5%	83.3%	10.2%	5.4%	83.2%	11.4%
5-7	6.3%	83.2%	10.5%	5.3%	83.0%	11.7%
8a-8b	6.6%	85.2%	8.2%	5.7%	84.9%	9.4%
8c-9 and VSM	5.3%	94.7%	0.0%	5.9%	94.1%	0.0%
WDES 2023 Clinical Staff	2023			2022		
AfC Pay-Bands	Disabled	Non-Disabled	Un-known	Disabled	Non-Disabled	Un-known
1-4	5.2%	80.9%	14.0%	4.6%	80.5%	14.9%
5-7	5.5%	83.4%	11.1%	4.6%	82.0%	13.5%
8a-8b	7.0%	79.6%	13.4%	7.4%	78.4%	14.2%
8c-9 and VSM	0.0%	87.5%	12.5%	0.0%	75.0%	25.0%
Medical and Dental Staff	Disabled	Non-Disabled	Unknown	Disabled	Non-Disabled	Unknown
Consultants	2.5%	74.7%	22.8%	1.3%	73.7%	25.0%
Non-consultant Career Grades	0.00%	81.3%	18.7%	0.0%	79.2%	20.8%
Trainee Grades	4.0%	88.6%	7.4%	5.8%	88.5%	5.8%

There has been an increase in colleagues in cluster bands 1-4 and 5-7 declaring a disability compared to 2022.

There has been a slight reduction in non-clinical Band 8c to 9 and VSM (Very Senior Manager) staffing and clinical Band 8a-8b who have declared if they have a disability.

The number of Consultants declaring a disability has increased and there was a reduction in training grade medical staff declaring a disability.

It is notable that across all clusters, the percentage of 'Unknown' disability status has decreased.

Metric 2 - Recruitment

Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.

	Relative likelihood in 2022	Relative likelihood in 2023
Relative likelihood of non-disabled people being appointed from shortlisting compared to disabled staff	1.04	1.09

The relative likelihood of a person with a disability being appointed from shortlisting compared to a person with non-disability has decreased by 0.05 since last year.

Metric 3 - Capability

Relative likelihood of colleagues with a disability compared to non-disabled staff entering the formal capability process on the grounds of performance, as measured by entering into the formal capability procedure.

	Relative likelihood in 2022	Relative likelihood in 2023
Relative likelihood of disabled staff entering formal capability process compared to non-disabled staff	0.00	0.00

No employees with a disability or long-term condition has entered the capability process in 2022 or 2023.

Metric 4 – Harassment, Bullying or Abuse

Percentage of colleagues with a disability compared to non-disabled staff experiencing harassment, bullying or abuse from patient/service users, their relatives or other members of the public, managers or other colleagues.

Metric 4 (a-d)	2022		2021	
	Disabled Staff	Non-Disabled Staff	Disabled Staff	Non-Disabled Staff
In the last 12 months how many times, have you personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public	29.7%	25.5%	30.7%	25.7%
In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from managers	14.5%	8.2%	20.6%	11.9%
In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from other colleagues	21.2%	15.4%	26.7%	17.7%
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it (Yes).	49.3%	45.1%	48.2%	44.8%

Fewer incidents of bullying and harassment have occurred to disabled staff since the last WDES from managers, colleagues and patients/service users. For the incidents that did occur, more were reported in 2022 in comparison to the previous year.

6.6



HDFT disabled staff experience bullying and harassment less than the national average (NHS Staff Survey 2022):

National average from patients, service users or the public is 33.2%, 3.5% higher than HDFT.

National average from Managers is 16.1%, 1.7% higher than HDFT

National average from other colleagues is 24.8%, 3.6% higher than HDFT.

Whilst the Trust has seen an improvement of more staff reporting incidents for both disabled and non-disabled staff in comparison to the previous year, the Trust is below the national average, which is 51.3% for disabled staff and 49.5% for non-disabled staff.

6.6

Metric 5 – Career Progression

Percentage of staff with a disability compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

	Trust 2022 NHS Staff Survey Score	Disabled	Non - Disabled
Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (Yes)	55.3%	51.0%	57.1%

Disabled staff feel less likely than non-disabled staff that the Trust acts fairly with regard to promotion and career progression.

Metric 6 – Presenteeism

Percentage of colleagues with a disability compared to colleagues without a disability responding to if they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

	Trust 2022 NHS Staff Survey Score	Disabled	Non - Disabled
Have you felt pressure from your manager to come to work .	17.7%	21.7%	15.9%

Disabled staff feel higher levels of pressure to attend for work whilst unwell.

Metric 7 – Feeling Valued

Percentage of colleagues with a disability compared to colleagues without, declaring if they are satisfied with the extent to which their organisation values their work

	Trust 2022 NHS Staff Survey Score	Disabled	Non- Disabled
The extent to which my organisation values my work (Satisfied/Very Satisfied)	41.8%	33.9%	44.7%

A lower percentage of disabled staff feel the Trust values their work that non-disabled staff.

6.6

Metric 8 – Reasonable Adjustments

Percentage of colleagues with a disability responding to their employer making reasonable adjustments to enable them to carry out their work

Many disabled colleagues are receiving their reasonable adjustments to enable them to be present and work at their best.

	Disabled	Non-Disabled
Has your employer made reasonable adjustment(s) to enable you to carry out your work (Yes).	67.8%	No data

Metric 9 – Staff Engagement

NHS staff survey and the engagement of staff with a disability

The next data set will compare the yes response against that of the organisation.

	Trust 2022 NHS Staff Survey Score	Disabled	Non - Disabled
Time passes quickly when I am working (Often/Always).	78.4%	72.0%	80.9%
There are frequent opportunities for me to show initiative in my role (Agree/Strongly Agree).	71.8%	63.0%	75.0%
I am able to make suggestions to improve the work of my team/department (Agree/Strongly Agree).	71.2%	62.8%	74.3%
I am able to make improvements happen in my area of work (Agree/Strongly Agree).	55.2%	43.7%	59.2%
Care of patients/service users is my organisation's top priority (Agree/Strongly agree).	73.6%	69.8%	75.0%
I would recommend my organisation as a place to work (Agree/Strongly agree).	57.1%	47.7%	60.6%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	63.6%	60.4%	64.9%

The table suggests that colleagues with a disability are less empowered to make decisions and as a reason, would not recommend the Trust as a place of work as highly as non-disabled colleagues.



Has your Trust taken action to facilitate the voices of colleagues with a disability in your organisation to be heard (provide an example or action plan).

The Trust have a strong Disability and Long-Term Conditions staff network as well as a network for colleagues who are neurodiverse. Both network meetings facilitate discussions with their members to talk openly and in a safe space about their conditions and their reasonable adjustments.

A reasonable adjustment passport is being launched this summer to support these employees. Both groups are supported, and meetings are attended by their executive sponsor and the EDI Champion / Non-Executive Director. Both networking groups have doubled in size in the last six months through robust publicity, word of mouth and campaigns to demonstrate our commitment to colleagues who identify as having a disability or neurodiverse.

6.6

Metric 10 - Board Representation

Percentage difference between the organisation's board voting membership and its organisation's overall workforce disaggregated. Voting and non-voting membership of the board, by executive and non-exec membership of the board

	Disabled	Non - Disabled	Unknown
Total Board Members	0.0%	83.3%	16.7%
Of which: Voting Board Members	0.0%	83.3%	16.7%
Non-Voting Board Members	-	-	-
Of which: Exec Board Members	0.0%	100.0%	0.0%
Non-Exec Board Members	0.0%	70.0%	30.0%
Difference (Total Board - Overall Workforce)	-5.3%	0.8%	4.6%
Difference (Voting Membership- Overall workforce)	-5.3%	0.8%	4.6%
Difference (Executive Membership - Overall Workforce)	-5.3%	17.4%	-12.1%

6.6

Conclusion and Recommendations

Findings from the 2023 report show an improvement in many of the indicators such as:

- An increase in the number of overall colleagues declaring their status on ESR
- Fewer incidents of bullying and harassment have occurred to disabled staff since the last WDES from managers, patients or service users or colleagues since 2022 (and more were reported if they occurred although this level of reporting is below the national average).
- Disabled staff at HDFT are less likely to experience bullying and from managers, patients or service users or colleagues compared to the 2022 NHS staff survey national averages.

The report also contains an action plan to focus on areas which have not improved or where there are differences between perception and experience of disabled and non-disabled colleagues, this includes that:

- Disabled staff feel less likely than non-disabled staff that the Trust acts fairly with regard to promotion and career progression.
- Disabled staff feel higher levels of pressure to attend for work whilst unwell.
- A lower percentage of disabled staff feel the Trust values their work that non-disabled staff
- Levels of empowerment and staff engagement are lower for disabled colleagues
- There is a small reduction in the likelihood of disabled colleagues being appointed versus non-disabled colleagues.

The Board is requested to discuss and note the 2023 WDES metrics and the action plan that will attempt to address areas that need improving for disabled colleagues.

The data element of this report will be published on our HDFT website on 31 October 2023 following approval by the Board.

Appendix 1 Action Plan

There has been progress made on the 2022 action plan and a summary of the actions completed and outstanding from 2022 can be seen below as well as the Trust's new 2023 action plan. Any 2022 actions not fully completed yet are listed in the 2023 action plan.

2022 Completed Actions

Action	Activity Update
Raising awareness of the WDES and for staff to disclose their status on ESR	Discussed at staff induction, preceptorship training, bulletins and across the staff networks. All networks have a copy of the WDES to increase awareness and enable them to discuss the results with their members. Network members are now allocated 2 hours per week of network time.
Review our recruitment processes to promote our commitment to being an inclusive employer that welcomes disabled people	Achieved Disability Confidence Level 2. A walk-through video on the HDFT Website with audio and subtitles. Open discussions with recruiting managers regarding reasonable adjustments for candidates. Promotion of the disability and long-term condition, and neurodiversity staff networks on the careers landing page.
Review models for supporting young people with learning disabilities	The Trust has partnered with Project Search and has taken its first cohort through the programme on the HDFT site. 75% of the cohort have found permanent employment with the Trust. The second cohort will commence in September 2023.
Improve awareness of disabilities and long-term conditions	Unconscious bias training designed and delivered. Resource hub developed and available on the intranet. One-to-one support for employees and managers with the EDI lead. Ward visits with the Wellbeing Manager to collate anecdotal evidence from staff regarding access, opportunities and

	<p>inclusion.</p> <p>Include the staff network in the consultation of policies promoting attendance and well-being.</p> <p>Promote the employee assistance programme to all staff.</p>
Reduce the incidence of colleagues with a disability experiencing harassment, bullying and abuse	<p>Discussed in staff induction,</p> <p>Regular updates with the Freedom to Speak Up Guardian and Human, Resources to examine data and trends,</p> <p>NED EDI Champion to attend the staff networks</p>

Action Plan 2023

Objective	Actions	Lead	Timescale
To design and deliver a suite of resources for employees to better understand the lived experiences of disabled people in the workplace	Face-to-face training for recruiting managers	Equality, Diversity and Inclusion Manager	Q3
	NED EDI Champion to attend the staff networks		Q3
	Reference materials on the wards and available electronically which includes lived experiences of disabled colleagues.	Equality, Diversity and Inclusion Manager	Q2
	Develop the disability and long-term conditions staff network and neurodiversity staff network to be a hub of resources, peer support and psychological safety.	Equality, Diversity and Inclusion Manager	Q4
	To ensure that a buddy is available to new starters who might need one	Equality, Diversity and Inclusion Manager	

	<p>To improve the links with Occupational Health, IAPT and mental health and disability organisations to be able to be more responsive to employees being precluded and excluded from working at their best.</p> <p>Produce zero-tolerance publicity materials</p>	<p>Equality, Diversity and Inclusion Manager</p> <p>Equality, Diversity and Inclusion Manager</p>	<p>Q3 B/f from 2022</p> <p>Q3</p>
<p>To demonstrate that HDFT is an equal opportunities employer by showcasing information, talent and careers to external networks trying to support disabled people in employment</p>	<p>Develop networks with external organisations supporting disabled people.</p> <p>Promote vacancies on other websites used and frequented by disabled people</p> <p>Review under-representation of disabled colleagues by</p>	<p>Equality, Diversity and Inclusion Manager</p> <p>Equality, Diversity and Inclusion Manager</p> <p>Equality, Diversity and Inclusion Manager</p>	<p>Q3</p> <p>Q3</p> <p>Q3 C/O from 2022.</p>

	directorate and profession		
To include our disabled colleagues in opportunities for growth and succession planning	<p>Reciprocal mentoring programme for disabled colleagues</p> <p>Monitor the selection process for acting up and secondment positions and identify potential impact on Disabled staff</p>	<p>Equality, Diversity and Inclusion Manager</p> <p>Equality, Diversity and Inclusion Manager</p>	<p>Q1 (24/25)</p> <p>Q3 C/O from 2022</p>

Board of Directors

27 September 2023

Title:	Revalidation: Trust Statement of Compliance
Responsible Director:	Angela Wilkinson, Director of People and Culture Jackie Andrews, Medical Director
Author:	Dr David Lavalette, Responsible Officer

Purpose of the report and summary of key issues:	Please find attached the statement of compliance for information.	
Trust Strategy and Strategic Ambitions	The Patient and Child First	
	Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks	N/A	
Report History:	N/A	
Recommendation:	The Board are asked to note this statement of compliance.	

6.7

Classification: Official

Publication reference: PR1844



A framework of quality assurance for responsible officers and revalidation

6.7

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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6.7

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020 but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

- 1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes

- 2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

- 3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Yes

- 4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Yes – The RO and Revalidation Team actively review the processes in line with the policy. The Trust’s appraisal policy was review and updated during the 22/23 revalidation year. The Trust’s internal audit department review and monitor our policies through an audit program.

6.7

5. A peer review has been undertaken (where possible) of this organisation’s appraisal and revalidation processes.

Action for next year: Peer review to be completed in 22/23 cycle.

Update: The Responsible Officer has contacted the RO at a neighbouring, similar sized organisation to suggest mutual peer review.

There has not been a response at this time, but it is hope this will be arranged before 2024

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Yes

Comments: Locum doctors are expected to follow the same process as our permanent doctors with reference to their continuing professional development, appraisal, revalidation, and governance. Locums are able to access resources within this organisation during their period of employment.

6.7

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor’s whole practice, which takes account of all relevant information relating to the doctor’s fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

The organisation implemented a 3-stage process to support colleagues in completing an appraisal every 12 months a number of years ago. The process have now been embedded and is working well. The Trust has engaged with and shared the appraisal 2020 model with our colleagues across the Trust.

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Ensure compliance is improved

Comments: The process have now been embedded and is working well. We have also spent a lot of time improving our reporting systems so we are aware when doctors need support through the revalidation cycle.

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Yes

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: We are looking to recruit more appraisers as a number of senior appraisers have recently retired.

Comments: The organisation has increased the number of appraisals and will continue to ensure we have a number of sufficient appraisers.

Action for next year: To continue to actively recruit more appraisers and to support those currently in the role

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

Bi-annual appraiser forums take place and the RO continually shares relevant correspondence with all our appraisers.

The most recent Appraiser Forum took place on 08/09/2023

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Yes

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2023	299
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	171
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	32
Total number of agreed exceptions	6

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Yes

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Yes

Action for next year:

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Yes

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Yes

3. There is a process established for responding to concerns about any licensed medical practitioner’s¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Yes

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.²

Yes

² This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.³

Yes – the Trust uses MPIT forms

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Yes

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Yes

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

Progress has been made on last years' action plans, particularly in regard to embedding a more robust system of monitoring annual medical appraisal

Progress has been made on Appraiser recruitment, although the numbers of trained appraisers remains lower than is required currently. Further efforts are to be made in the coming year

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Peer review has not been completed but there has been an approach made to a similar sized organisation and it is hoped that this will commence before the year end

Overall conclusion:

Progress has been made on most actions from last year. The situation with regard to trained appraisers remains challenging and potentially fragile. It is hoped that with an change in the funding system for appraisers there may be encouragement for greater interest amongst potential appraisers

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Official name of designated body: **Harrogate and District NHS Foundation Trust**

Name: David Lavalette

Signed:



Role: Responsible Officer

Date: 19th September 2023

6.7

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London
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Board of Directors

27 September 2023

Title:	Guardian of Safe Working Report
Responsible Director:	Angela Wilkinson, Director of People and Culture Jackie Andrews, Medical Director
Author:	Dr Matthew Milsom, Director of Undergraduate Education and Guardian of Safe Working (GOSW)

Purpose of the report and summary of key issues:	<p>Themes:</p> <p>The common themes across Long Term and Unscheduled Care (LTUC) and Planned and Surgical Care (PSC) Directorates is of workload pressures and staffing shortfall.</p> <p>All exception reports describe having to work beyond scheduled hours/missing breaks to ensure patient safety. LTUC/Medicine has seen a big increase in exception report numbers since the new cohort of Foundation Year (FY) 1 doctors started in August.</p> <p>This is being seen in other trusts across the region/nationally and mirrors what was seen 22-23 data.</p> <p>There have been no new specific areas of concern raised and all known ongoing issues have a plan for resolution in place. As yet there has not been a Junior Doctors Forum with the new cohort of junior doctors to collate feedback in addition to the exception reports.</p> <p>Fines: No Fines have yet been necessary during the 23-24 financial year.</p> <p>Formal Report Plans:</p> <p>GOSW Board reports will now follow the NHSE (formally HEE) quarterly schedule rather than the Trusts existing schedule which did not lend itself to quarterly reports, often leading to partial quarterly data and extended periods between reports.</p> <p>The intended benefit of this change is that it will allow the reports to be presented at directorate board in the month they are written, and then submitted to People & Culture Committee the next month alongside a response. This will enable a better closed loop process to GOSW reporting.</p> <p>These changes have been discussed and agreed with directorate Clinical Directors and Medical Director.</p>
Trust Strategy and Strategic Ambitions	<p>The Patient and Child First</p> <p>Improving the health and wellbeing of our patients, children and communities</p>

6.9

	Best Quality, Safest Care	
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks	N/A	
Report History:	N/A	
Recommendation:	The Board are asked to discuss and note the contents of this report and the changes to the reporting cycle.	

Guardian of Safe Working

People & Culture Update Sept 2023

6.9

Time Period: Complete Q1 & Partial Q2 data

Q1 Exception Reports:

27 reports submitted

FY1: 18

FY2: 3

STr/Fellow: 6

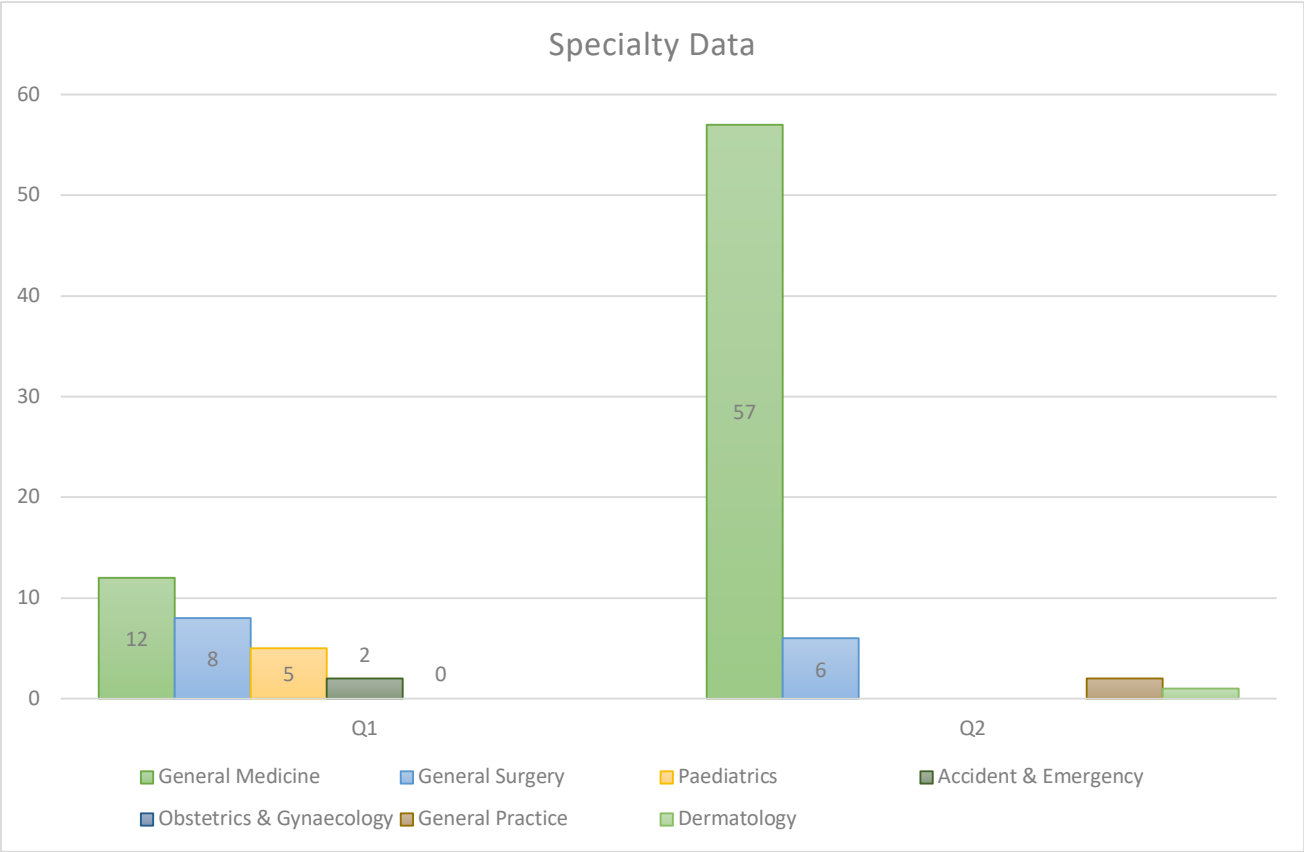
Q2 Exception Reports:

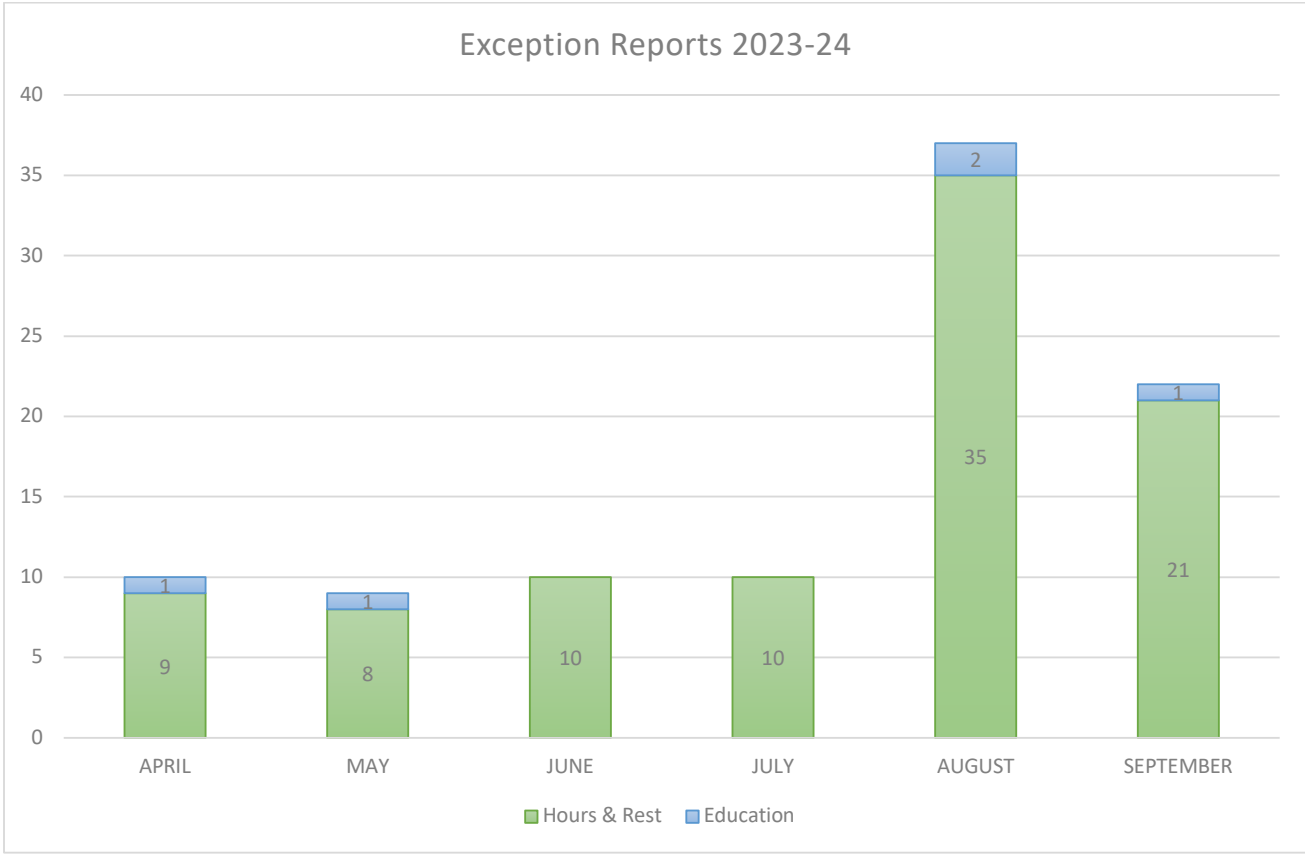
69 reports submitted to date

FY1: 37

FY2: 25

STr/Fellow: 4





Themes:

The common themes across LTUC and PSC directorates is of workload pressures and staffing shortfall.

All exception reports describe having to work beyond scheduled hours/missing breaks to ensure patient safety.

LTUC/Medicine has seen a big increase in exception report numbers since the new cohort of FY1 doctors started in August. This is being seen in other trusts across the region/nationally and mirrors what was seen 22-23 data.

There have been no new specific areas of concern raised and all known ongoing issues have a plan for resolution in place.

As yet there has not been a Junior Doctors Forum with the new cohort of junior doctors to collate feedback in addition to the exception reports.

Fines:

No Fines have yet been necessary during the 23-24 financial year.

Formal Report Plans:

GOSW Board reports will now follow the NHSE (formally HEE) quarterly schedule rather than the trusts existing schedule which did not lend itself to quarterly reports, often leading to partial quarterly data and extended periods between reports.

The intended benefit of this change is that it will allow the reports to be presented at directorate board in the month they are written, and then submitted to People & Culture the next month alongside response

and actions provided by the individual directorate boards. My hope is that this will enable a better closed-loop process to GOSW reporting. These changes have been discussed and agreed with directorate clinical directors and Medical Director.

Dr Matthew Milsom
Guardian of Safe Working Hours

ENABLING AMBITION: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE

Digital technology is an essential part of delivering high quality healthcare, but it is also important to remember that it is a tool, not an end in itself. Our ambition at HDFT is provide digital tools and services which make it easier for us to provide the best quality, safest care and which help us provide person centred, integrated care that improves patient experience. Through digitisation we can also collect huge amounts of data about our services – we will increase our ability to create useful information which enables us to learn and continuously improve our services. Over the next few years, we intend to implement a new electronic health record which will revolutionise how we provide care.

GOALS:

- **Systems which enable staff to improve the quality of care**
- **Timely, accurate information to enable continuous learning and improvement**
- **An electronic health record to enable effective collaboration across all care pathways**

Governance:

- **Board Assurance:** Innovation Committee
- **Programme Board:** Digital Board, EPR Programme Board
- **SRO:** Medical Director

Metrics *(to be developed following review of Integrated Board Report)*

Goal	Metrics		
Systems which enable staff to improve the quality of care			
Timely, accurate information to enable continuous learning and improvement			
An electronic health record to enable effective collaboration across all care pathways			

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	No related Corporate Risks currently					

GOAL: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE: Systems which enable staff to improve the quality of care

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Luna (RTT Tracking)	To improve the quality of waiting list data in order to support timely treatment of patients		<ul style="list-style-type: none"> Business Case approved – Jun 22 Contract signed – Jun 22 Initial Go Live – Feb 23 	<ul style="list-style-type: none"> Complete Complete Complete 	
eRostering	To improve how staff are rostered for shifts in order to provide a better staff experience (better planning and management of shifts) and more efficient and effective utilisation of staff		<ul style="list-style-type: none"> Business Case approved – Dec 20 Contract signed – Dec 20 Initial Go Live – Jun 21 Project complete – Dec 22 	<ul style="list-style-type: none"> Complete Complete Complete Complete 	
Datix Cloud	To provide a robust clinical governance and risk management platform for the Trust to underpin our quality learning and improvement system		<ul style="list-style-type: none"> Business case approved – Apr 22 Initial Go Live – Jun 23 Oct 23 Project complete – Aug 23 Nov 23 	<ul style="list-style-type: none"> Complete On Track On Track 	
ASCOM Nurse Call (linked to Wensleydale Digital Exemplar Ward)	To improve quality and staff experience by enabling more effective and efficient response to patient calls		<ul style="list-style-type: none"> Business Case approved – Mar 22 Wensleydale refurbishment starts – Apr 23 Wensleydale back in service – Dec 23 Basic nurse call solution live – Dec 23 Task management live – Mar 24 Medical device integration – Jun 24 	<ul style="list-style-type: none"> Complete (implementation delayed due to timescales for Wensleydale refurbishment) Complete On Track On Track On Track On Track 	

GOAL: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE: Timely, accurate information to enable continuous learning and improvement

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Adoption of LTHT Data Platform	To improve decision making by providing more accurate, timely information to clinicians and managers. Reduce cost of delivery by sharing and reusing development assets with LTHT		<ul style="list-style-type: none"> Discovery – Feb 23 HDFT to agree Agilisys proposal - Feb 23 HDFT and LTHT to agree above proposal – March 23 	<ul style="list-style-type: none"> On Track On Track On Track 	
Implement Microsoft Azure/Power BI	To improve decision making by providing more accurate, timely information to clinicians and managers		<ul style="list-style-type: none"> Business Case – Oct 22 Contract signed – Dec 22 Go Live – Mar 23 	<ul style="list-style-type: none"> Cancelled On Hold pending outcome of LTHT discussions On Hold pending outcome of LTHT discussions 	

GOAL: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE: An electronic health record to enable effective collaboration across all care pathways

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
New Electronic Patient Record	To improve the quality of services		<ul style="list-style-type: none"> Strategic Outline Case – Aug 22 Outline Business Case (Internal Approval) – Jun 23 Outline Business Case (National Approval) – Aug 23 Full Business Case (National Approval) – May 24 Contract signed – May 24 EPR delivery project starts – Jun/Jul 24 Initial Go Live – TBC, likely Q3/4 25/26 	<ul style="list-style-type: none"> Complete Complete On Track On Track (Now aiming for Jul 24) On Track (Now aiming for Jul 24) On Track (Now aiming for Aug 24) TBC 	
Maternity Electronic Patient Record	To improve quality of maternity services and staff experience through better clinical information, more efficient and effective ways of working.		<ul style="list-style-type: none"> Business Case approved – Mar 22 Contract signed – Mar 22 Go Live – Mar 23 	<ul style="list-style-type: none"> Complete Complete Complete 	
Single Sign On	To improve the security of Trust IT systems, save staff time and implement an enabler for the EPR		<ul style="list-style-type: none"> Business Case – Nov 22 Contract signed – Dec 22 Initial Go Live – Jun 23 Oct 23 	<ul style="list-style-type: none"> Complete Complete On Track 	
Laboratory Information Management System (LIMS)	To provide a single LIMS across all WYAAT pathology services to enable system working and information sharing		<ul style="list-style-type: none"> WYAAT Business Case approved – Jan 21 Contract signed – Jan 21 Go Live – Nov 23 TBC 	<ul style="list-style-type: none"> Complete Complete Behind schedule – Regional delays – Being re-planned 	
Scan4Safety Medicines Management (Omnicell) (Link to Medicines Safety Quality Priority)	Reduction in medicines safety incidents		<ul style="list-style-type: none"> Business Case approved – Jul 21 Contract signed – May 22 Initial Go Live – Oct 22 Project complete – Mar 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete 	
Somerset (Cancer Tracking)	To enable the timely management of cancer referrals and meet mandated cancer reporting requirements		<ul style="list-style-type: none"> Business Case approved – Aug 21 Contract signed – Feb 22 Initial Go Live – Oct 22 	<ul style="list-style-type: none"> Complete Complete Complete 	
Outpatient Flow and eOutcomes	To improve outpatient outcomes data and outpatient productivity by capturing of outcomes at point of care and supporting flow		<ul style="list-style-type: none"> Business Case approved – Apr 22 Contract signed – Feb 23 Initial Go Live – Sep 23 	<ul style="list-style-type: none"> Complete Complete On Track 	
Robotic Process Automation	To release staff time, reduce delays and improve data processing accuracy by using automating information processes		<ul style="list-style-type: none"> Business Case approved – Dec 22 Contract signed – Mar 23 Initial Go Live – Jun 23 	<ul style="list-style-type: none"> Complete Complete Delayed – (Likely to be August) 	

Yorkshire & Humber Care Record	To enable sharing of patient information across systems and organisations		<ul style="list-style-type: none">Regional Business Case approved – Jun 20Regional contract signed – Jun 20Initial Go Live – May 22	<ul style="list-style-type: none">CompleteCompleteComplete	
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ENABLING AMBITION: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY

As a district general hospital and the largest provider of children's public health services in England, HDFT has two key opportunities. First, to use our agility to become the first choice for testing healthcare innovations to improve care for patients. We will develop partnerships with industry, academia, government, the voluntary sector and our local system to offer a real world testbed for healthtech and digital innovations. Second, to use our size and expertise to be the leading NHS trust partner for research in children's public health services. Access to research and clinical trials improves quality and outcomes for patients so we will increase access for our patients through more clinical trials at HDFT and through partnerships with our Clinical Research Network

GOALS:

- To be a leading trust for the testing, adoption and spread of healthcare innovation
- To be the leading trust for children's public health services research
- To increase access for patients to clinical trials through growth and partnerships

Governance:

- **Board Assurance:** Innovation Committee
- **Programme Board:** Research and Innovation Board, Quality Improvement Board
- **SRO:** Medical Director

Metrics (to be developed following review of Integrated Board Report)

Goal	Metrics		
To be a leading trust for the testing, adoption and spread of healthcare innovation			
To be the leading trust for children's public health services research			
To increase access for patients to clinical trials through growth and partnerships			

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	No related Corporate Risks currently					

GOAL: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY: To be a leading trust for the testing, adoption and spread of healthcare innovation

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Establish Harrogate Innovation Hub	Facilitate and accelerate the growth of innovative healthcare solutions by building partnerships with industry, academia, government and voluntary sector and offering a real world testbed for health tech and digital innovations	Amber	<ul style="list-style-type: none"> Harrogate Innovation Hub Launch event – Oct 23 Identify Innovation Hub location – Oct 22 Recruit Innovation Manager – Jan 23 Appoint Clinical Lead for Innovation – Jan 23 Further actions to be developed. Innovation strategy to be developed, identify priorities - Sept 2023 	<ul style="list-style-type: none"> Delays due to lease issues – now expected Nov/Dec 23 Complete, delays moving in due to lease issues, due Sept/Oct 23 Complete – appointed and in post from Feb 23 Complete - appointed and in post from May 23 On track On track 	Amber
Research, Audit, Innovation and Service Evaluation (RAISE) group	To build collaboration with innovation partners		<ul style="list-style-type: none"> Scoping the potential for RAISE with partners such as Academic Health Science Network, Research Design Service – Mar 23 Innovation clinical lead and champion supporting collaborations and novel opportunities with innovation facilitator. Innovation facilitator identifying processes for adopting innovation for testing. Further actions TBC following scoping. 	<ul style="list-style-type: none"> Now attending QI meetings to report on innovations. Innovation facilitator regularly meeting with HNY-ICB programme director for IRIS and colleagues in AHSN. Identified novel collaborators and opportunities to build on this further. Evaluating process of implementation and development of pathway for trust to be a test bed for innovations. 	
Building on our quality improvement approach, embed a philosophy and operating model for continuous improvement throughout the Trust	Improvement is embedded in daily work and linked to strategy enabling us to continuously improve quality across the Trust, including to realise the benefits of the new EPR.		<ul style="list-style-type: none"> Issue tender for an external partner – Feb 23 Appoint external partner – Mar 23 Complete readiness assessment – Jun 23 Operating model cohort 1 complete – Mar 24 Operating model cohort 2 complete – Aug 24 	<ul style="list-style-type: none"> Complete Complete Complete (delayed to 20 Jul 23) On Track On Track 	

GOAL: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY: To be the leading trust for children's public health services research

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To understand Children's PH research and identify how we can contribute	Build the evidence base for Children's PH Services Improved outcomes for children		<ul style="list-style-type: none"> Children's PH Services Strategy Workshop – Oct 22 Paper on Children's PH research for 0-19 Children's PH Services Board To explore implementing further PH / database studies across the 0-19 network 	<ul style="list-style-type: none"> Complete Presented July 2023 To discuss further with ICBs 	
To provide opportunities for Children's PH services, and the children and families they support, to be involved in research studies	Build the evidence base for Children's PH Services Improved outcomes for children		<ul style="list-style-type: none"> Identify and open research studies into children's public health – Mar 23 	<ul style="list-style-type: none"> PH and social care small team in post since Oct 22. ; 6 studies opened since this time . 4 currently remain open and 2 in set up . Report on performance and pipeline to 0-19 board July 23.undertaken. 	

GOAL: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY: To increase access for patients to clinical trials through growth and partnerships

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Dedicated research clinic space	Retain Clinical Research Network funding	Amber	<ul style="list-style-type: none"> Identify dedicated clinic space within HDH for research clinics – Sep 22 	<ul style="list-style-type: none"> Accommodation acquired in Hawthorn Ward (Apr 23), plans formulated for stage 1 refurbishment, now awaiting plans and costings. 	Amber
Increase research workforce capacity	To increase capacity to deliver research in HDFT		<ul style="list-style-type: none"> 4 additional research staff 2 additional clinical fellows to support research in frailty, neurology and rehabilitation – Jan 23 Education and training of clinical staff on research 	<ul style="list-style-type: none"> Complete Research fellow (1 day per week) in neurology and rehabilitation appointment due to start August 2023. Frailty fellow not appointed to review at next round of interviews. Preceptorship research training for nurses commenced and AHPS course starts OCT 23. Internship for nurses /AHP for research being scoped. 	<ul style="list-style-type: none">
Implement clinical trials in HDFT	To increase the number of clinical trials delivered at HDFT	Amber	<ul style="list-style-type: none"> Implement a novel pilot mechanism to prioritise and assess feasibility of studies – Feb 23 Establish partnership with IQVIA (a leading global provider of analytics and clinical research services) 	<ul style="list-style-type: none"> Feasibility form now in place and utilised to improve reliability and fairness of decision making on trials to open. On track to meet CRN High Level objectives this year. Complete- pipeline of commercial studies being offered to trust. 	Amber



ENABLING AMBITION: AN ENVIRONMENT THAT PROMOTES WELLBEING

The environment in which we work or are cared for has a huge impact on our physical and emotional wellbeing. At HDFT we will continuously improve our estate and our equipment to promote wellbeing and enable us to deliver the best quality, safest care. We will prioritise investments and design new facilities to promote wellbeing and best quality. As the largest employer in Harrogate and District, and covering a huge footprint across the North East and Yorkshire, we have an important leadership role in reducing our impact on the planet through our buildings, energy use, transport and food. We will build on our strong track record to continuously reduce our impact on the environment and achieve net zero carbon by 2040.

GOALS:

- **A patient and staff environment that promotes wellbeing.**
- **An environment and equipment that promotes best quality, safest care.**
- **Minimise our impact on the environment.**

Governance:

- **Board Assurance:** Resources Committee
- **Programme Board:** Environment Board
- **SRO:** Director of Strategy

Metrics (to be developed following review of Integrated Board Report)

Goal	Metrics		
Environment that promotes wellbeing			
Environment that promotes best quality, safest care			
Minimise our impact on the environment			

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CHS2	HDH Goods Yard	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permanent disability to employees, patients and others due to unauthorised access to restricted areas of the hospital through the loading bay entrance.	12 (4x3)	8 (4x2) December 2023	Operational	Minimal
CHS3	Managing the risk of injury from fire	Organisational risk to compliance with legislative requirements, with risk of major injuries, fatality or permanent disability to employees, patients and others due to fire hazards.	15 (5x3)	10 (5x2) December 2023	Operational	Minimal
CHS8	RAAC Roofing at HDH	Organisational risk to compliance with legislative and NHSE requirements, with the risk of major injuries, fatalities, or permanent disability to employees, patients and others, due to the failure to manage the risk associated with RAAC roofing.	12 (4x3)	8(4x2) December 2023	Operational	Minimal
CRR79	Hot water temperatures at HDH	Hot Water circulation temperatures are below the minimum required in HTM 04 "Safe Water in Healthcare Premises"	15 (5x3)	5(5x1) April 2024	Clinical	Minimal

GOAL: AN ENVIRONMENT THAT PROMOTES WELLBEING: A patient and staff environment that promotes wellbeing.

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Wellbeing Improvements 22/23 objective complete – to be closed.	To improve the working environment for staff		<ul style="list-style-type: none"> • Minor refurbishments and redecoration • Complex schemes project briefs and designs – Oct 22 • Complex schemes costing and detailed design – Nov 22 • Complex schemes prioritisation – Dec 22 • Prioritised complex schemes completed – Mar 23 	<ul style="list-style-type: none"> • Complete • Complete • Complete • Complete • Complete 	

GOAL: AN ENVIRONMENT THAT PROMOTES WELLBEING: An environment and equipment that promotes best quality, safest care

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Aseptics	<ul style="list-style-type: none"> To meet standards for aseptic production for medicines safety and staff safety 		<ul style="list-style-type: none"> Initial Design complete – Aug 22 Tender & Contract award and Design – Mar 23 Build complete – November 23 Commissioning complete – Dec 23 In service – Dec 23 	<ul style="list-style-type: none"> Complete Complete Delayed to Jan 24 (Drainage issues, AHU, Design sign off) Delayed to Mar 24 Delayed to Mar 24 	
Imaging Reconfiguration	<ul style="list-style-type: none"> To improve reliability and capacity of imaging services 		<ul style="list-style-type: none"> Feasibility study, including phasing – Sep 22 Initial costs – Oct 22 Design concept – Jan 23 Detailed Design Sep 23 Tender & Contract award – Dec 23 Phase 1 complete – May 24 Phase 2 complete – Aug 24 Phase 3 complete – Nov 24 Phase 4 complete – Jan 25 Fully in service – Feb 25 <p>CT Business Continuity:</p> <ul style="list-style-type: none"> Canon Dismountable: 26 May 23 Operational 10 Jun 23 Portakabin on site 22 Jun 23 Siemens CT in Portakabin operational 24 Jul 23 	<ul style="list-style-type: none"> Complete Complete Complete On hold – reviewing options for imaging department reconfiguration and refurbishment, alongside revised approach to HDH Theatres (TIF2) project Complete Complete Delayed to Oct 23 due to manufacturing capacity Delayed to Oct 23 	
ED2 (UTC) Reconfiguration	<ul style="list-style-type: none"> Improved ED 4 Hour Performance Improved flow through ED 		<ul style="list-style-type: none"> Design complete – Nov 22 Tender issued – Nov 22 Contract award – Mar 23 Build start – Mar 23 Build complete – Aug 23 Commissioning complete – Sep 23 In service – Sep 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete (started May 23) Delayed - Nov 23 Delayed - Dec 23 Delayed – Dec 23 	
Wensleydale Ward Refurbishment	<ul style="list-style-type: none"> Dedicated cardiology and respiratory ward, including High Observation/Non-invasive Ventilation Beds 		<ul style="list-style-type: none"> Design complete – Nov 22 Tender issued – Nov 22 Contract award – Mar 23 Build Start – Apr 23 Build complete – Oct 23 Commissioning complete – Nov 23 In service – Dec 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete (started 24 Apr 23) Delayed to Dec 23 Delayed to Jan 24 Delayed to Jan 24 	

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
HDH Additional Theatres (TIF2)	<ul style="list-style-type: none"> Additional activity (General Surgery 750 day case/inpatient, Urology 1300 day case/inpatient, Gynaecology 60 day case/inpatient, Breast 250 day case/inpatient per annum) Improved waiting time performance 		<ul style="list-style-type: none"> NHSE BC approval Sep 22 HDFT capital to support enabling schemes agreed – Dec 22 Internal BC approval – Jan 23 Planning permission awarded – Jan 23 Complete tender, appoint contractor – Jun 23 Recruitment complete – May 24 Construction complete – Jul 24 Go Live – Aug 24 	<ul style="list-style-type: none"> Complete Complete Delayed due to revised timescales to appoint PSCP Delayed Complete On Track Reviewing options for delivery of new theatres due to increased costs and timescales, and potential opportunities to combine the scheme with imaging reconfiguration and eradication of RAAC. Options appraisal by PSCP (Morgan Sindall) due in Oct 23. Will not be met – now expected not before Mar 25 	

GOAL: AN ENVIRONMENT THAT PROMOTES WELLBEING: Minimise our impact on the environment

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Devilry of the Trust "Green" Plan	A long term plan and governance structure for the reduction of the Trust's carbon emissions		<ul style="list-style-type: none"> Green sub groups for each of the work streams to deliver the programme of work with Governance structure, Sustainability Board, in place reporting to HIF Board Each work group delivering this year's objectives and reporting to the Sustainability Board. Including N20 waste and Food waste projects Develop the website with more content to engage with our staff 	<ul style="list-style-type: none"> On Track On Track On Track 	
SALIX Carbon Reduction Programme	To improve the estates infrastructure at Harrogate District Hospital in order to reduce carbon emissions		Revised programme (second extension): <ul style="list-style-type: none"> Window replacement (except Wensleydale) – Apr 23 Air and ground source heat pumps – Jun 23 Solar panels – Aug 23 Roof Top Plant Rooms – Aug 23 Air Handling Units – Sep 23 	<ul style="list-style-type: none"> Significantly behind original programme which was due to complete in Apr 22, but on track to meet current timescales: Complete Delayed to Oct 23 Delayed to Oct 23 Delayed to Oct 23 Delayed to Oct 23 	
Travel Plan	To develop sustainable models of transport for patients, staff and visitors		<ul style="list-style-type: none"> Work with local and national cycle retailers to obtain a discount code for staff – promote this through newsletters and a Travel Information Leaflet. Investigate the possibility of holding cycle maintenance training at Harrogate and Ripon hospitals. This should include the provision of a permanent cycle maintenance kit to be placed at both sites. Deliver cycle training to staff who are interested in cycling commuting. Investigate a renewed partnership with Liftshare or internal equivalent to encourage car sharing both for commuting and business trips. Sign up to Modeshift STARS. Reintroduction of parking permits. Revenue raised to be used to support active and sustainable transport initiatives. 	<ul style="list-style-type: none"> Discount now obtained , this will be promoted via the sustainability section on our website by end of October – on Track Local provider found but at a cost, enquiries with two local bike shops who are considering supporting free of charge if they can also promote their services Summer 2023 – now end of Oct – on track Free of charge provider now found, action to promote to all staff Summer 2023 – now end of Oct via new section on website -on Track Summer 2023 - complete Complete September 2023 part of the Car Parking Project – Complete 	

**Board of Directors
29th March 2023**

Title:	Reinforced Autoclaved Aerated Concrete (RAAC)
Responsible Director:	Director of Strategy
Author:	Director of Strategy
Purpose of the report and summary of key issues:	To update the Board on the situation within HDFT in relation to RAAC and the actions being taken to mitigate the risks
Trust Strategy and Strategic Ambitions	The Patient and Child First
	Improving the health and wellbeing of our patients, children and communities
	Best Quality, Safest Care
	Person Centred, Integrated Care; Strong Partnerships
	Great Start in Life
	At Our Best: Making HDFT the best place to work
	An environment that promotes wellbeing
Corporate Risks	Digital transformation to integrate care and improve patient, child and staff experience
	Healthcare innovation to improve quality
Report History:	
Recommendation:	The board is recommended to note the report

7.5



Reinforced Autoclaved Aerated Concrete (RAAC) at HDFT

27 September 2023



Harrogate District Hospital

- 2500 RAAC panels
- Following NHSE and Institute of Structural Engineers guidance
- Full survey completed by WSP (structural engineers)
- Remedial works completed on 12 high risk panels
- Theatres/Herriots and Farndale/ITU corridors made safe with propping
- Ongoing actions:
 - Annual survey of all panels
 - 3 month survey of panels requiring remedial works, while works are completed
 - Replacement of Farndale/ITU corridor roof
 - Netting design and installation in Energy Centre
 - Remedial works for priority areas in Therapy Services/SDEC
 - Further propping of panels as advised by structural engineers
 - Relocation of staff/services where possible
- £20m Business Case to NHSE for funding to eradicate RAAC across site, including to relocate therapy services to allow demolition and rebuild



Community Properties

- 161 properties used by HDFT
- 81 Landlords (including 49 individual GP practices)
- Responses for 62 properties
 - 53 – no RAAC
 - 9 – to be surveyed
- No response for 99 properties so far
 - H&S team contacting landlords individually for a response

Sep 23

Director of Strategy



Matters of concern & risks to escalate

PMO

- TIF2: Morgan Sindall revisiting designs due to funding shortfall, puts timescales at risk
- TIF1: further delay to project at Wharfedale Hospital

HDFT Impact

- Reduced Centre of Excellence capacity due to sickness; mitigated by additional KPMG resource (but with reduction in programme scope)
- Delays to recruitment of additional Centre of Excellence capacity
- Breakthrough Objectives not identified in time for Improvement Operating Model Wave 1
- Strategic Initiatives not identified (Strategy Deployment module not fully completed by Leadership Team)
- Comms Plan not ready for start of Improvement Operating Model Wave 1

Capital Planning

- RAAC. Ongoing survey and monitoring; further remedial work, contingency planning, communications; completing review of all community properties
- Fire. Significant work required to improve fire compliance across Trust.
- Control of Contractors
- Water Temperatures
- Team capacity reduced due to capital programme manager departure; did not appoint replacement during recent recruitment

Positive news & assurance

PMO

- TIF2: NHSE have agreed revised funding profile (but no increase)
- Ripon CDC: NHSPS starting construction tender process; revenue funding confirmed by NHSE

HDFT Impact

- Successful first assessment centre for improvement manager roles
- Bootcamp Day 2; Leadership Development Module 1 completed
- Flu focus group to understand vaccination uptake reasons

Business Development

- Career Enhancement Volunteer pathway shortlisted for Helpforce Awards
- HHCC Diamond raffle launched
- 19 participants undertaking National Three Peaks, 3 October

Capital Planning

- Initial Estates Strategy delivered by Attain

Major actions commissioned & work underway

PMO

- TIF2: Morgan Sindall developing revised options to address funding issues
- Projects Supported: HDFT Impact, Ripon CDC, Outpatient Transformation, TIF1, TIF2, Hopes for Healthcare, Children's PH Strategy

HDFT Impact

- Development of Strategic Ambitions, metrics, breakthrough objectives and strategic initiatives (Strategy Deployment Module)
- Improvement Manager recruitment
- Preparation for Improvement Operating Model Wave 1 (3x Dir Tris, Acute Care Group, SDEC)
- Training: Bootcamp 1, Deputy Directors underway
- Maintaining some improvement training and events

Business Development

- Vaccs & Imms Services decommissioned and transferd on 1 Sep 23
- HHCC Christmas Market planning
- Comms: EPR, HDFT Impact, doctors' strikes, KITE awards, staff vaccination campaign, car parking, nurses conference, AGM
- Domiciliary Care: CQC registration inspector appointed, community care assistants supporting ARCH, ongoing recruitment

Capital Planning

- Return of phlebotomy to front of hospital
- CT: design of Portakabin and Rowan pad being finalised
- Wensleydale/ED2 works underway; commissioning team established
- Imaging Services: finalising BC for sign off by Trust & HIF
- Recruitment to Land & Property roles

Decisions made & decisions required

HDFT Impact

- Metrics for each Strategic Ambition ("True North Metrics") agreed by Leadership Team on 31 August