



Harrogate and District NHS
Foundation Trust

Quality Account 2025-26



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PART ONE

Introduction

The Quality Account is an annual report, which reviews our performance and progress against the quality of services we provided over the past 12 months.

In the document you will find a review of 2025-26. It also sets out our key quality and safety improvement priorities for 2026-27.

It demonstrates our commitment to continue improving our services and provide high quality, safe and effective care to our patients, their carers and their families.

This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year.



Welcome to the 2025-26 HDFT Quality Account

Thank you for your interest in reading our 2025-26 Quality Account.

At Harrogate and District NHS Foundation Trust (HDFT) we have worked incredibly hard during 2025-26 to review, renew and reinvigorate the work we do with regards to Quality and Safety.

Comments from our stakeholders on the content of the Quality Account are included in full in the Annexes of this report.

We welcome involvement and engagement from all colleagues and stakeholders because their comments help us acknowledge our achievements and identify further improvements to be made.

I can confirm that the Board of Directors has reviewed the 2025-26 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate and fair account of our performance.

We hope that you enjoy reading this year's Quality Account.



Jonathan Coulter

Jonathan Coulter
Chief Executive of HDFT

What is a Quality Account?

The Quality Account is an annual report published for the public from providers of NHS healthcare about the quality of the services it provides. The report provides details on progress and achievements against the Trust's quality and safety priorities from the previous year and what the Trust will focus on in the next year.

What should a Quality Account look like?

Some parts of the Quality Account are mandatory and are set out in regulations (NHS Quality Account Regulations 2010 and Department of Health – Quality Account Toolkit).

The Quality Account must include:

Part 1: Introduction

A statement from the Board of the organisation, summarising the quality of NHS services provided.

Part 2: Looking Back

Looking back at the previous year's performance.

A series of statements from the Board for which the format and information required is prescribed and set out in the regulations and toolkit.

Part 3: Looking Forward

A preview of the planned improvements in the quality of services in the organisation for the coming financial year. This is presented under three domains: Patient Safety, Clinical Standards and Patient Experience.

What does it mean for Harrogate and District NHS Foundation Trust (HDFT)?

The Quality Account allows NHS healthcare organisations to demonstrate their commitment to continuous, evidence based quality improvement, explain their progress against agreed quality & safety priorities and how the organisation performed in other quality areas e.g. service delivery and to inform the public of its future quality plans and priorities.

What does it mean for patients, members of the public and stakeholders?

By putting information about the quality of services into the public domain, NHS healthcare organisations are offering their approach to quality for scrutiny, debate and reflection. The Quality Account should assure the Trust's patients, members of the public and its stakeholders that, as an NHS organisation, it is scrutinising each and every one of its services and providing particular focus on those areas that require the most attention.

How will the Quality Account be published?

The Quality Account is published electronically on the NHS Choices website and we will also make it available on our own website: www.hdft.nhs.uk

About Us

We are an “Integrated Accountable Care Organisation” providing

- Primary care, secondary care, community care, social care and public health to the population of Harrogate and District;
- Children and Young People’s public health services across the North of England.



Our 2025 - 26 Year in Numbers

OVER 5,200 COLLEAGUES



c180,000 COMMUNITY CONTACTS



3 INTEGRATED CARE SYSTEMS

70,000 SCANS PERFORMED



21,000 EMERGENCY HOSPITAL ADMISSIONS



41,000 DAY CASE TREATMENTS



125,000 HOME VISITS



77,000 URGENT CARE ATTENDANCES



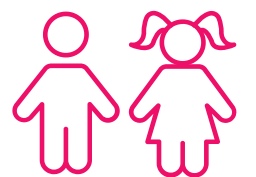
AROUND 3,000 INPATIENT OPERATIONS



OVER 340,000 OUTPATIENT ATTENDANCES



c700,000 CHILDREN SUPPORTED

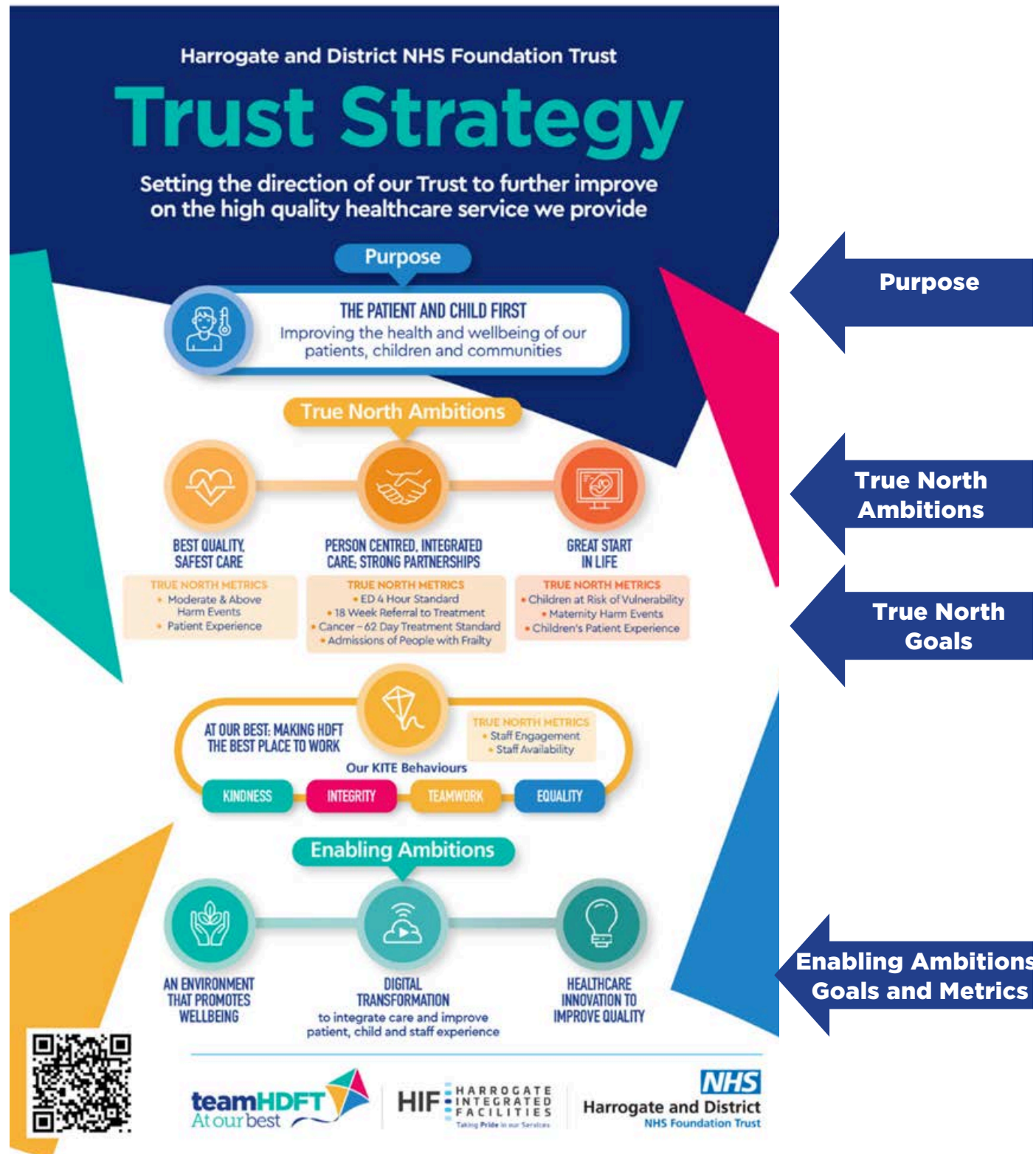


16,000

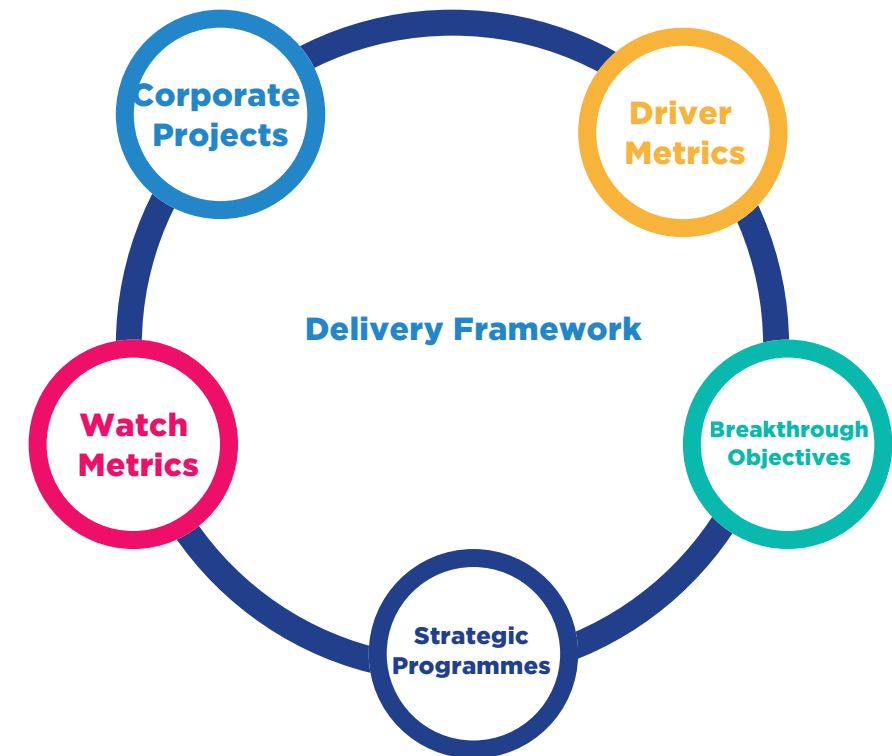
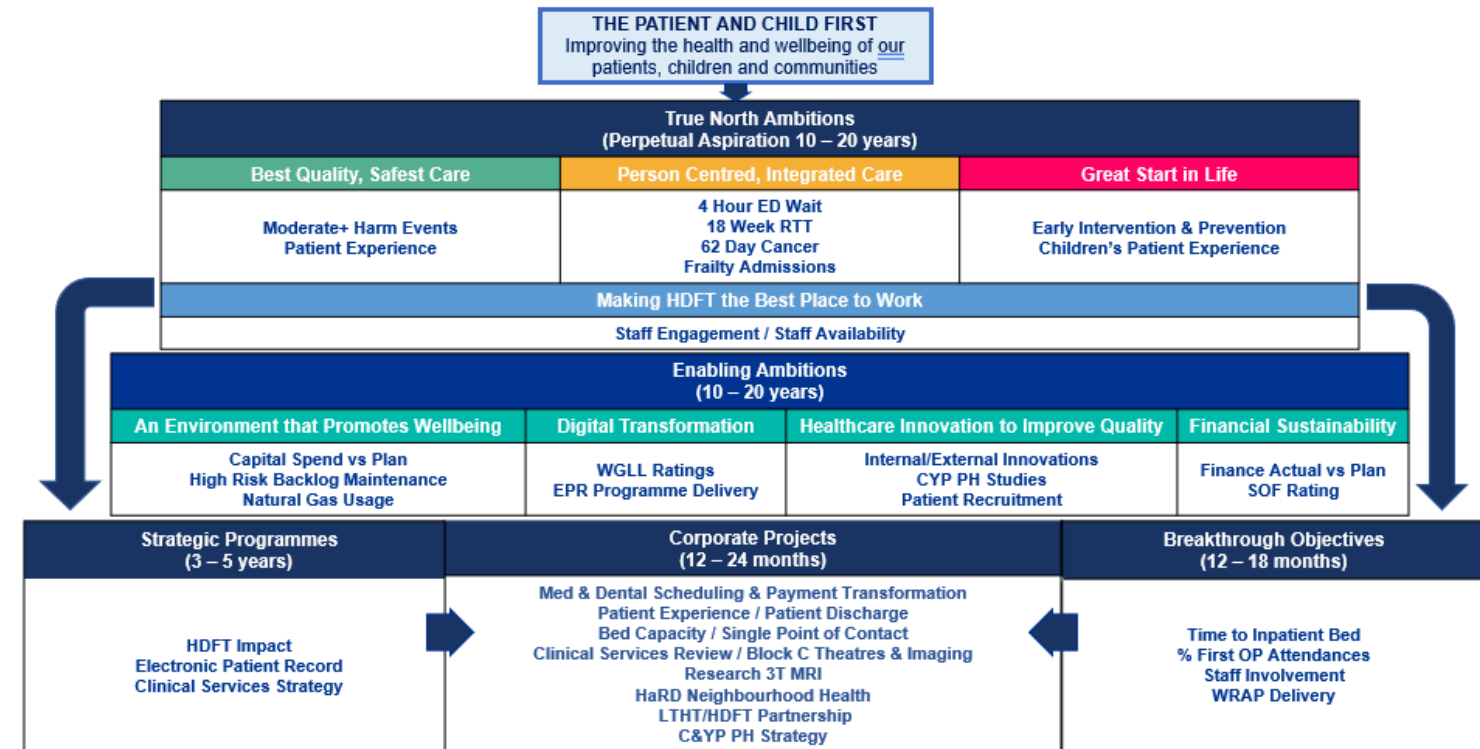
Patients Assessed for Cancer Concerns

Our Strategy and how we work

HDFT Impact - Strategy Deployment



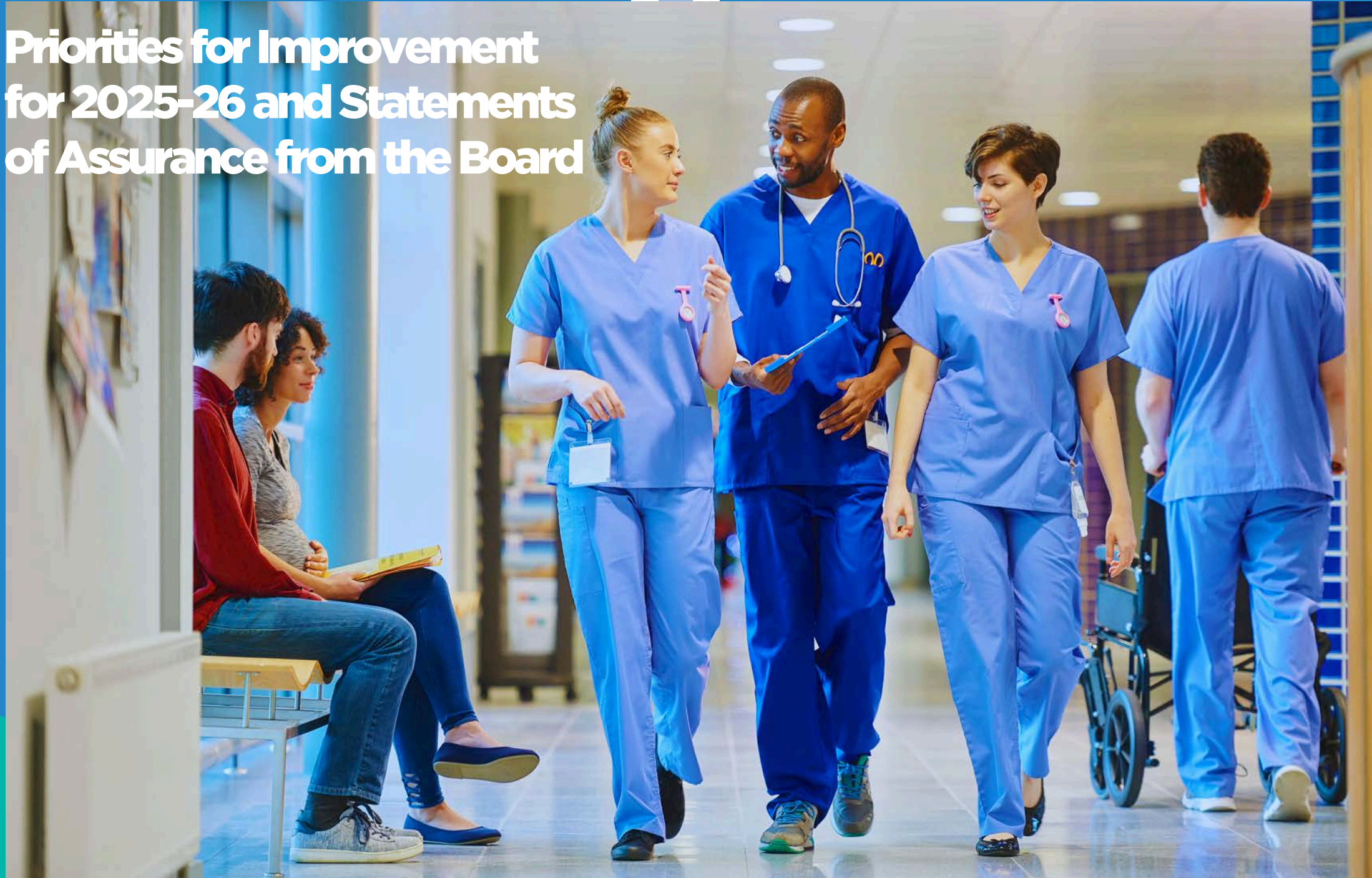
Strategic Planning Framework





PART TWO

Priorities for Improvement for 2025-26 and Statements of Assurance from the Board



Statement of Assurance

Statement of Assurance

This Quality Account presents information that has been monitored over the past 12 months through the Trust Board, Council of Governors, Quality Committee and the Executive-led Quality Governance Management Committee.

The majority of the content reflects Trust-wide performance, drawing together information from all Directorates and presented as aggregate data. The quality indicators included within this Account were identified through discussion with the Trust Board, agreed by the Executive Team, and developed over the last 12 months in line with guidance from senior clinical leaders.

2025-26 has been an exciting time for quality and safety at HDFT with work continuing to embed our new approach to the quality agenda.

Key activities during the year have been:

- Continuing to embed the Trust Strategy through the HDFT Impact continuous improvement programme, ensuring that quality and safety remain central to all aspects of care delivery,
- Continued development and refinement of processes, structures and frameworks for reporting and reviewing patient safety events, including the ongoing embedding of the Patient Safety Incident Response Framework (PSIRF), with a strengthened focus on learning, improving systems and reducing incidents resulting in moderate harm and above,
- Continued strengthening of our approach to patient experience, ensuring that patient feedback, engagement and co-production remain central to service improvement, with a focus on learning from experiences to drive measurable improvements in care quality and responsiveness, and embedding this learning across teams and services within the Trust.
- Continued progress in delivering a Trust-wide clinical standards review, assessing services against national benchmarks and identifying and addressing priority areas for improvement to support consistent, high-quality care across all services within the Trust,

We approached 2025-26 with a strong and proactive safety culture. We have built on our dynamic quality governance framework implemented in 2022-23. This will enable us to move forward proactively with the challenges and opportunities that the next 12 months will bring. To ensure that HDFT can implement the necessary changes key initiatives will include:

- Continued implementation and embedding of the NHS Complaints Standard Framework to strengthen the management of complaints and enhance learning from feedback,
- Ongoing alignment with the Care Quality Commission's revised inspection framework, supporting continuous improvement in quality, safety and regulatory compliance,
- Continued delivery of the Three-Year Maternity and Neonatal Safety Improvement Plan, with a focus on improving outcomes and reducing harm,
- Ongoing participation in NHS delivery and continuous improvement reviews to support organisational learning, benchmarking and sustained improvement across services.

We hope that our Quality Account provides you with an overview of the work that we have undertaken during 2025-26 as well as highlighting where we will go next in our continuous improvement journey.



Breeda Columb
Executive Director of
Nursing, Midwifery and
AHPs



Dr Jacqueline Andrews
Executive Medical Director

Our Quality System

Our commitment is that each patient is treated with equality, respect and dignity and, most importantly of all, as a person. HDFT is a complex system with many interrelated components that are crucial to ensuring that everything works. Our core internal system is made up of:



Various activities across the Trust contribute valuable insight into patient safety. These include Structured Judgement Reviews, Learning from Deaths, and Quality Improvement projects, alongside routine practices such as safety huddles, hot debriefs, and governance meetings.

Our colleagues within each of the directorates predominantly own the operational 'work-as-done' for these patient safety activities. Assurance Leads, Clinical Leads and Triumvirate Leads are in turn supported by the central Quality Team who provide a strategic overview.

The Quality Team has been built to respond to both the acute setting and also the extensive size of our community footprint and the nuances of the teams, services and structures we work in.

Over the last 18 months, HDFT has embarked on an ambitious continuous improvement journey. This underpins the work undertaken in relation to Quality and Safety. Further details of this are found throughout the report.

The corporate Quality Team consists of the Patient Experience Team, the Patient Safety Team, the Legal and Risk Team, the Clinical Outcomes Team and the Regulation Team under the leadership of the Associate Director of Quality and Corporate Affairs, supported by the Head of Quality and Legal. The structure reports in to the Executive Director of Nursing, Midwifery and Allied Health Professionals with support from the Executive Medical Director.

Core quality activities undertaken at HDFT include:

- Risk Management,
- Patient Safety Strategy,
- Central Alerts system,
- Safety Event Management,
- The Trust's legal service level agreements (SLA) and budget,
- Learning from Events, Claims and Complaints,
- Patient Safety Incident Response Framework,
- LFPSE (Learning from patient safety events) [Formerly NRLS (National reporting and learning system)],
- Claims Management,
- Responding to coroners requests and assisting with inquests,
- Oversight of the Datix (DCIQ) system, which is the digital risk management and incident reporting system used at HDFT
- Monitoring compliance with national clinical Best Practice Standards (NICE, Peer review visit and Royal College publications etc)
- National and Local Priority Clinical Audit and clinical outcome data
- HDFT Clinical Guideline management
- Oversight of the safe introduction of new interventional procedures
- Management of CQC Regulations and all CQC related activity,
- Policy Management,
- Friends and Family Test,
- Patient Experience (complaints and concerns)
- Patient engagement activities,



Performance Against Priorities 2025-26

At HDFT our Trust Strategy drives all of the work we do. Within it one of our Key Ambitions is: Best Quality, Safest Care.



EVER SAFER CARE

through continuous learning and improvement



EXCELLENT OUTCOMES

through effective, best practice care



A POSITIVE EXPERIENCE

for every patient by listening and acting on their feedback

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.

HDFT Impact

Strategy Delivery

Within the year we have focused on two True North Metrics. These are goals that are executive led that will take between 10 – 15 years to fully achieve. Each year programmes of work are developed to ensure consistent focus and progress.



Moderate and Above Harm



Patient Experience - Positive Response Rates

Moderate and Above Harm

Two Workstreams

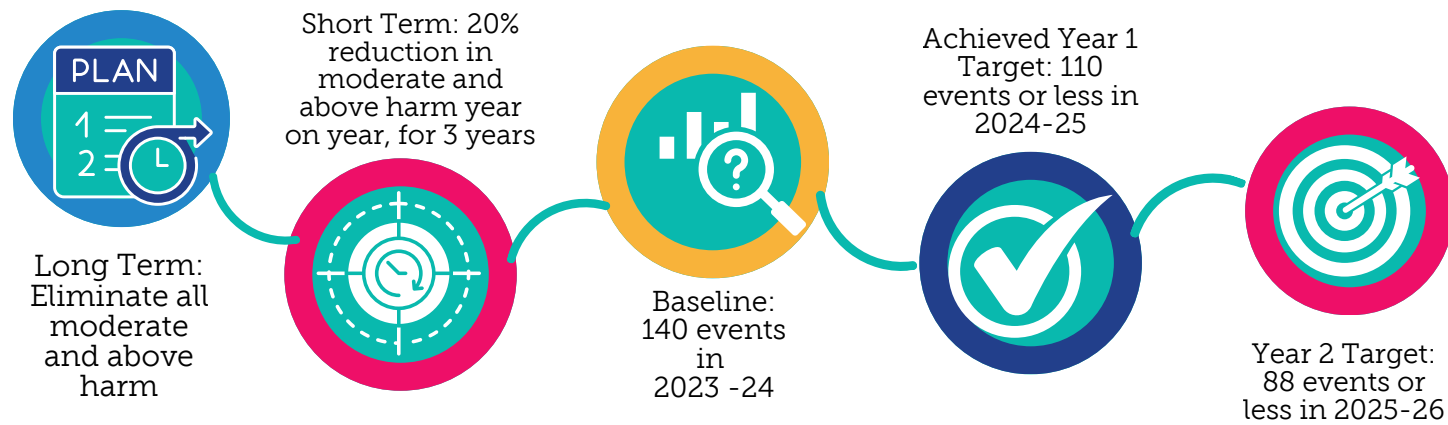


EVER SAFER CARE
through continuous learning and improvement



EXCELLENT OUTCOMES
through effective, best practice care

One Vision
Decrease the total number of moderate and above harm events whilst increasing reporting of low and no harm.



Eliminating Moderate and Above Harm - An Overview

Our Target for 2025-2026

As part of the HDFT Impact, continuous improvement programme, moderate and above safety events from 2022-23 and 2023-24 were analysed for themes and trends.

The long term aim for this programme of work is to eliminate moderate and above harm entirely over the course of 10 – 15 years.

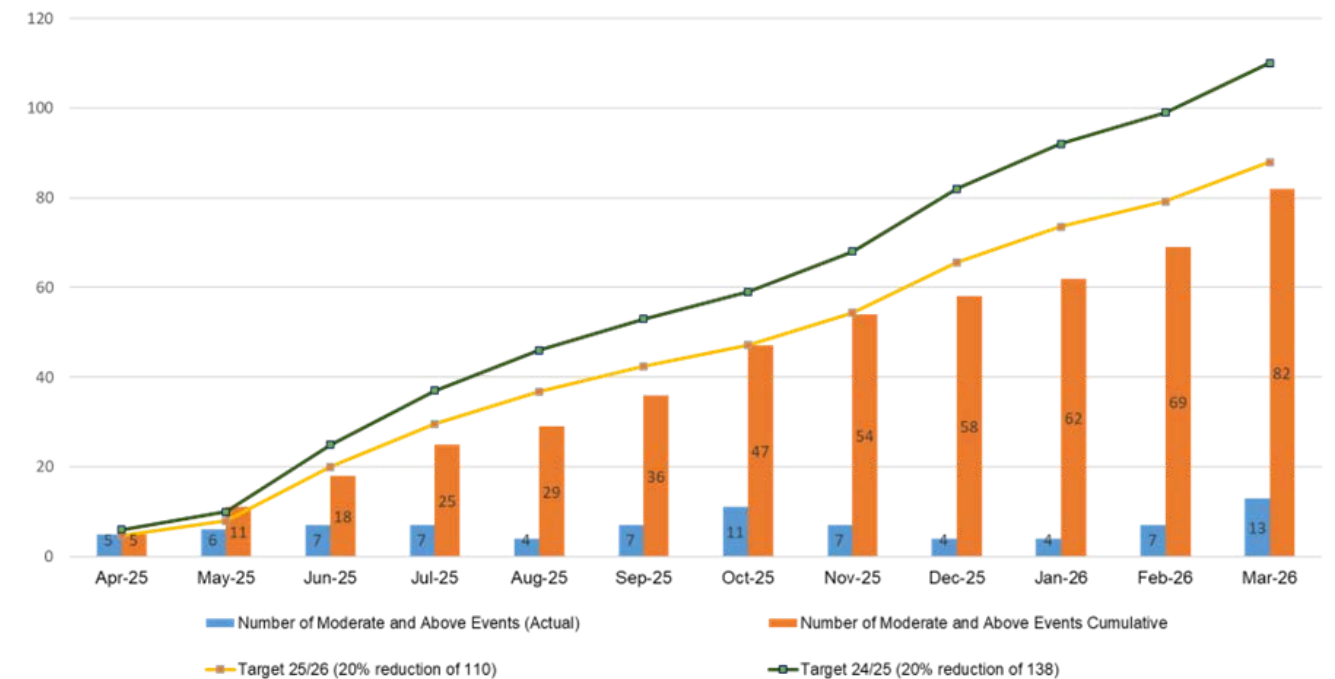
The Trust set a stretch target for Year 1 to reduce the number of events by 20%. This was a target of 110 events or less in 2024-25 and was achieved.

Our Countermeasures

Pressure Ulcers Improvement Plan	Patient Safety Incident Response Framework (PSIRF) Plan	Thematic Reviews
Falls Improvement Plan	Directorate Countermeasures	Quality Governance Framework

Our Progress

The True North Metric of eliminating moderate and above harm continues into its second year (2025-26). 2025-26 sees a step change of a further 20% reduction. This is a target of less than 88 moderate and above incidents for the year, which equates to approximately 7 per month.



Pressure Ulcers

Pressure ulcers are caused when an area of skin and the tissues below are damaged by being placed under pressure sufficient to impair the blood supply. They cause pain and distress, can lead to longer stays in hospital, increased care in the community and cost the NHS a significant amount of money.

They are categorised by severity according to a classification by the European Pressure Ulcer Advisory Panel from category one (least severe) to category four (most severe). They are more likely to occur in people who are ill, have a neurological condition, poor mobility, impaired nutrition, poor posture, or a medical device.

Pressure ulcers are usually preventable with good assessment of individual risk and effective application of preventative measures such as the use of effective equipment to reduce pressure, regular position change, good nutrition and hydration, and good skin care. Pressure ulcers can have a significant impact on patients and as such, the prevention of pressure ulcers has been a specific part of our quality improvement work at HDFT since 2012-13. This has intensified during 2025-26 with moderate harm pressure ulcers featuring as a breakthrough objective for our HDFT Impact continuous improvement programme.

Key areas of focus during 2025-26 have been:

- Education and support
- Risk assessment and documentation
- Learning from incidents

What were we aiming to achieve?

Throughout 2025/26, our aims and ambitions have been to increase knowledge and awareness of pressure ulcers and the impact of these on patients, carers, and our workforce. Simultaneously, we strived to reduce the overall number of pressure ulcers acquired in HDFT care, both in hospital and community.

Our key aims have been:

- Reduce the incidence of category two, three, four, unstageable, mucosal and deep tissue injury pressure ulcers acquired by people whilst in HDFT care.
- Promote best practice in prevention and management of pressure ulcers.
- Identify key themes of HDFT acquired pressure ulcers and learn from these to initiate learning and prevent reoccurrence.
- Eradicate moderate harm and above pressure ulcers.
- Continue with our programme of pressure ulcer training and education for staff.
- Continue to support a "zero tolerance" approach to pressure ulcer development in people who are receiving HDFT care, which is supported by our pressure ulcer prevention strategies including training and investigation processes.



What did we achieve?

- "Break the Cycle initiative" as part of HDFT Impact – "Break the Cycle" was a clearly defined, four-week intervention delivered on two inpatient wards identified through incident reporting and audit data as having a high prevalence of pressure ulcers. The initiative resulted in a 65% reduction in moderate harm pressure ulcers on both wards.
- Successful pressure ulcer awareness campaign in November 2025 as part of "International Stop the Pressure Day" with a focus on engaging patients, carers and staff.
- Achieved over 85% compliance with role specific Preventing Pressure Ulcer training
- Delivered successful "Meet the Coroner in Court" study events with support from industry colleagues.
- Tissue Viability Team shortlisted for 3 HDFT KITE awards:
 - HDFT Impact Improvement award
 - Innovation and Research award
 - Quality of Care award
- Rolling programmes of education delivered on wards and in community bases have ensured accessibility to all colleagues including nurses, healthcare support workers and medical teams.
- Training delivered to Preceptorship Nurses as part of the Trusts 2-year support programme for newly registered nurses, induction for healthcare support workers, international nurse training and refresher training for healthcare support workers.
- Strengthened the visibility of Tissue Viability across the organisation through increased clinical presence, targeted support for high-risk areas and improved escalation pathways.
- Enhanced the quality of incident investigations through improved process and clearer identification of learning themes, strengthening links with clinical teams.

Aims for 2026-27

- Roll out "Break the Cycle" to all adult inpatient wards.
- Develop and deliver a programme of bespoke education for senior nurses to empower and build confidence with pressure ulcer management.
- Eradicate moderate harm pressure ulcers occurring in HDFT care.
- Reduce low harm pressure ulcers across inpatient areas by 25%.
- Strengthen clinical leadership through link roles, senior nurse development and improved visibility of Tissue Viability expertise.
- Improve the accuracy and consistency of classification between pressure ulcers and moisture-associated skin damage (MASD) by strengthening staff knowledge, embedding clearer assessment guidance, and enhancing the quality of documentation and photography to support correct categorisation and reporting.



Accreditation

Background

The Chief Nursing Officer for England highlights ward accreditation as a key driver of continuous improvement in patient outcomes and experience. Ward accreditation offers a clear set of quality standards that enable teams to celebrate areas of excellence and identify opportunities for improvement through a structured, evidence-based framework. Many accreditation standards are aligned with Care Quality Commission (CQC) requirements, and there is evidence that strengthening the quality of patient care through accreditation can positively influence a hospital's CQC rating.

Nursing, midwifery and care staff are well placed to recognise opportunities for transformational change within their daily practice—change that enhances both outcomes and the experiences of those who use our services.

In January 2024, we began designing our local accreditation programme HDFT, replacing the peer review process. The move towards a formal accreditation model was driven by recognition that such programmes offer a more systematic approach to quality assurance and have been shown to deliver meaningful improvements.

Our KITE accreditation model provides the tools needed to undertake comprehensive assessments of care quality at ward, unit and team level. It brings together key nursing and clinical care measures into a single, overarching framework tailored to our services and patient population.

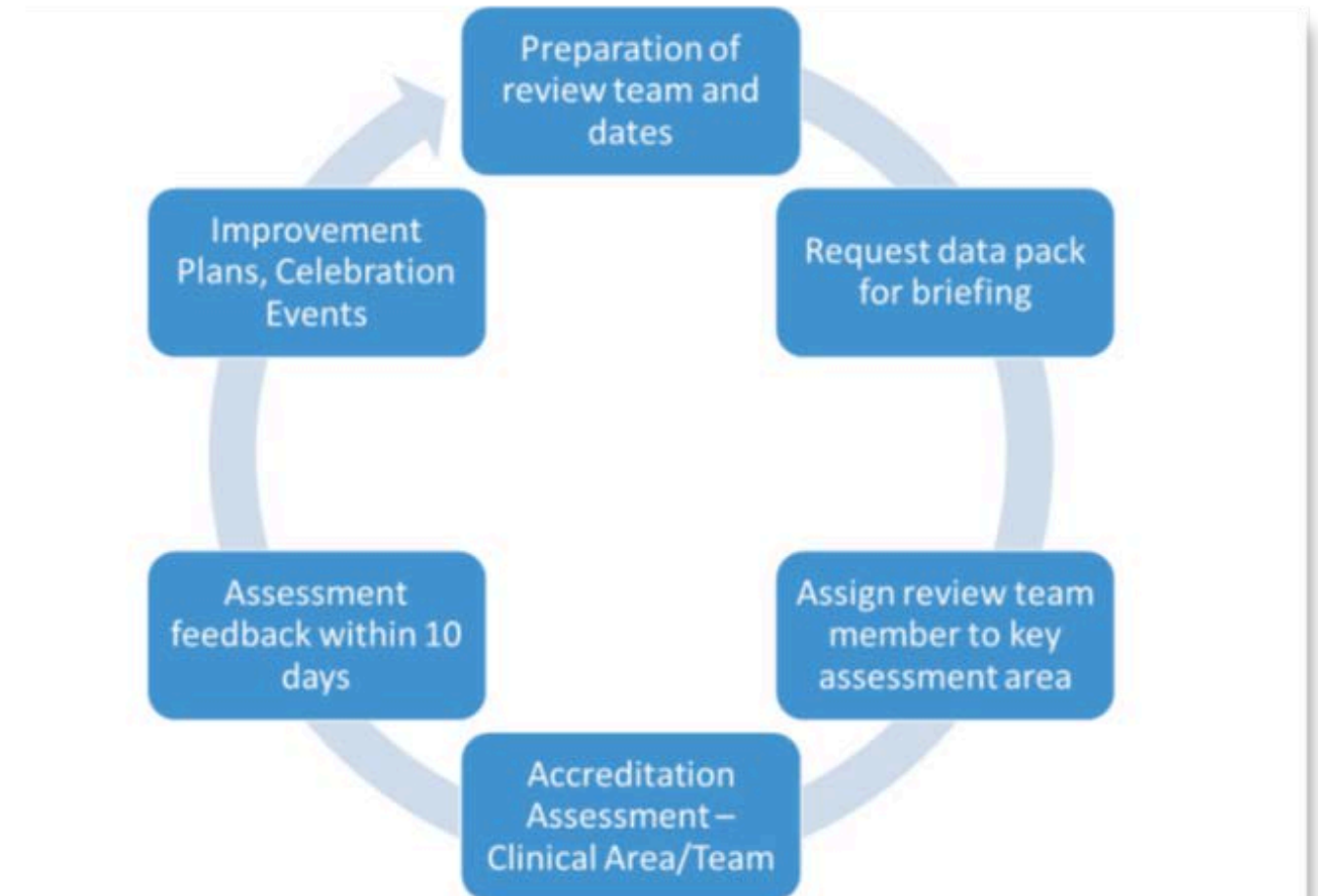
The programme has now been embedded across wards, teams, units and services, and is being further developed for wider organisational application. National experience demonstrates that locally led accreditation approaches can sustain continuous improvement, enhance patient satisfaction and strengthen staff experience. Implementation of our programme has already delivered several benefits, including reduced unwarranted variation, a strengthened culture of pride and achievement, and increased engagement in quality improvement.

We have secured active sponsorship from the executive nursing team, and our collective leadership approach ensures that responsibility for improvement is shared across all roles and levels. Valuing all voices and fostering inclusive decision-making have been central to the programme, empowering staff across a range of grades to step into leadership roles and contribute from an early stage.

A clear understanding of the contribution of nursing, midwifery and care professions to high-quality care has been integral to the KITE model, supported by a well-represented steering group.

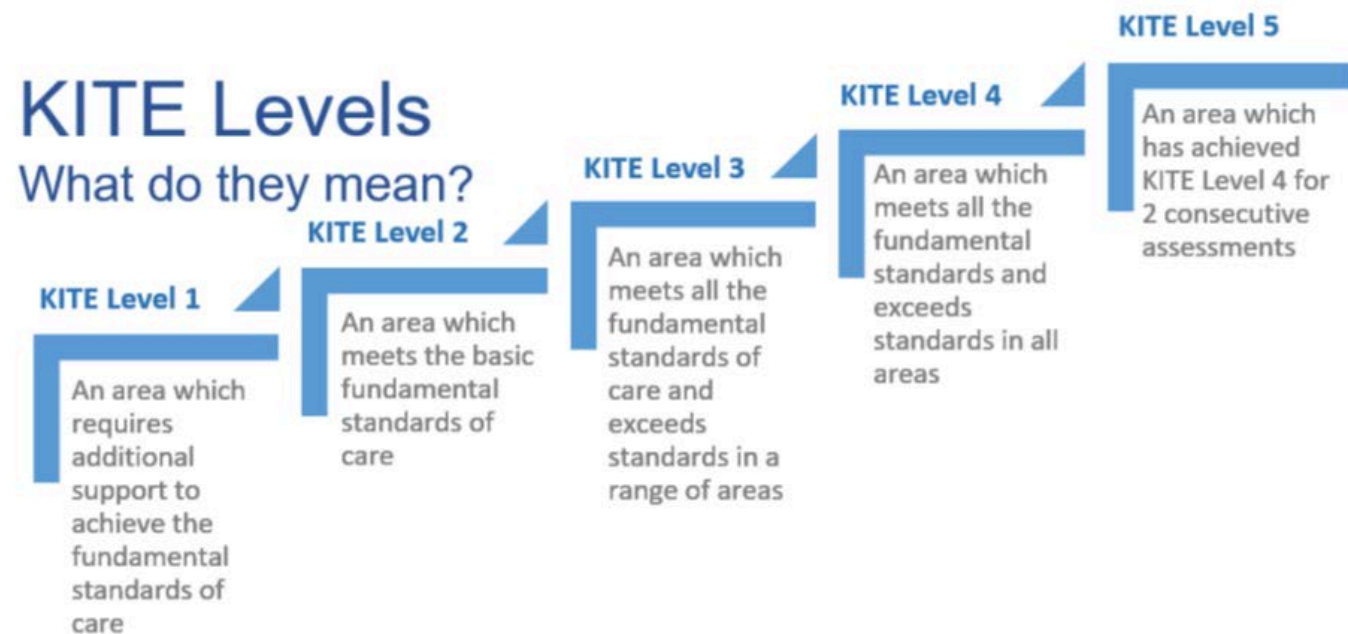
We run a live programme of assessment days, during which evaluations are carried out by a multidisciplinary team bringing diverse backgrounds, roles and expertise to ensure a balanced and robust assessment process.

Assessment Process



Accreditation Levels

Accreditation is awarded across five levels, from KITE Level 1 to KITE Level 5. Each level is aligned with our organisational values, ensuring that the accreditation process reflects and reinforces the principles that underpin our work. The HDFT KITE values guide every stage of assessment, supporting teams to meet essential care standards and strive for excellence wherever possible.



Key Achievements 2025/26

To date, all inpatient wards have been assessed through the KITE Accreditation Programme, following our established and consistent process. Each assessment includes high-level, on-the-day feedback, followed by a detailed report for directorates that highlights areas of good practice as well as opportunities for improvement. Review timeframes are aligned to the accreditation level awarded and are clearly outlined within our standard operating procedures. Our accreditation programme provides assurance through a standardised framework underpinned by regulatory metrics.

Across all initial and review assessments, a high percentage of areas have achieved KITE Level 3 or above. We have taken a proactive and supportive approach where additional input is needed, ensuring that an intensive support plan is in place alongside a focused review of standards. This approach enables teams to receive targeted guidance and development opportunities, helping them progress to higher accreditation levels.

We have also developed an Accreditation Dashboard that provides real-time feedback from assessment days. This digital solution offers an app-based tool that makes retrieval of reports timely and accessible, enabling leaders and managers to instantly review findings and supporting transparency, oversight, and immediate learning.



Next Steps



As the programme evolves, accreditation is being expanded into specialist areas, including the Emergency Department, Midwifery, SCBU, with planned implementation in Adult Community Services from Summer 2027.



We are also developing an overarching Nursing Dashboard featuring heat-mapped nurse-sensitive indicators. This will enable the Accreditation Team to monitor themes and trends, provide organisational oversight, and offer targeted support where required. The dashboard will strengthen assurance around the sustainability of accreditation standards over time.



Ultimately, we aim for the continued success of the accreditation programme to demonstrate how a positive, open and supportive organisational culture can drive innovation, improvement, and a sustained focus on delivering high-quality, patient-centred care.



Patient Safety Incident Response Framework (PSIRF)

The NHS Patient Safety Strategy 2019 describes the Patient Safety Incident Response Framework (PSIRF) as “a foundation for change” and as such, it challenges us to think and respond differently when a patient safety event occurs.

The PSIRF approach is now fully embedded across HDFT with learning responses being used to identify learning from safety events. The directorates are leading on the initial rapid review of safety events (RROSE) then decide on the most appropriate further learning response if needed. Support for staff involved in safety events has remained central to PSIRF to maintain just culture principles. The Professional Nurse/Midwifery advocate team have played a key role in responding quickly to support staff and providing restorative clinical supervision when needed.

The directorates are using After Action Reviews (AAR) regularly to investigate safety events when further potential learning is identified at the RROSE. There is a roll out of training for senior staff across the Trust to facilitate the AARs and to increase confidence in using human factors principles to understand the systems and processes involved in safety events. This will further embed the ‘no blame’ and just culture principles across the organisation.

Several Patient Safety Incident Investigations (PSIIs) have been completed over the last year, with positive engagement from staff and departments involved. Family engagement has remained central to the PSII process and there has been positive feedback from families who have had their questions answered and concerns acknowledged. There has been a positive and proactive approach to embedding the learning following the PSIIs with safety actions being tracked via Datix.

Sharing learning from safety events continues to be an area of focus and the Safety and Learning Network meetings has been re-launched. There is a new agenda and focus on sharing learning from investigations as well as guest speakers sharing quality improvement and safety improvements from across the Trust.



Assurance

An internal audit of the Patient Safety Incident Response Framework (PSIRF) was undertaken by Audit Yorkshire earlier this year. The review provided independent assurance of the effectiveness of the PSIRF processes and supporting tools in place at Harrogate and District NHS Foundation Trust (HDFT). The team was pleased to receive a ‘High Assurance’ grading, which reflected strong governance, clear processes, and effective implementation of the PSIRF approach across the organisation.



Next Steps

Over the next year the patient safety team will continue to support the use of PSIRF tools and principles to explore the learning from safety events across the organisation. There are plans to look for ways to improve and expand PSIRF processes with the use of swarm huddles, Swarm huddles, rapid, multidisciplinary meetings, are used to promptly review safety incidents, share information, and agree immediate actions, enabling timely assessment of events in clinical areas and supporting the expansion of After Action Reviews (AARs) at a local level. There are also plans to increase the use of walk-through analysis during AARs to improve engagement and understanding from staff.

Thematic Reviews

A themed review may be useful in understanding common links, themes, or issues within a cluster of investigations or incidents. It will seek to understand key barriers or facilitators to safety using reference cases (e.g. individual events/incidents or previous investigations).

Grouped incidents may benefit from a themed review because they take the same safety concern and identify different reference cases and contexts. This helps the organisation make sense of the safety concern at different points of the system and with different aspects of variability e.g. staffing issues, high volume of acute patients. This is important, because safety incidents may occur when systems are ‘pushed’ or ‘pressurised’ and therefore our view of safety needs to be flexible to the variability around the context.

There have been two thematic reviews undertaken on ‘Never Events’ and ‘Deteriorating Patients’. The thematic review of deteriorating patients utilised medical and nursing staff from across the organisation as clinical advisors. This led to a wide scope of clinical expertise and the opportunity for the thematic review to understand a wide variety of potential issues and areas for improvement. This learning will be a focus for all areas of the Trust and will be embedded via the HDFT Impact work.

Please see the posters below for the key lessons identified from the thematic review of ‘Deteriorating Patients’.



Key lessons from the 'Thematic Review of Deteriorating Patients HDFT 2025'

Who is at risk?

Women were overrepresented in deterioration safety events along with patients with a physical disability or complex care needs.

All younger patients (aged below 50 years) had complex care needs.

What are the warning signs?

Staff Factors

High workload, poor staff skill mix, staff sickness and low levels of knowledge, training and experience often combined to increase staff stress: all these factors occurred frequently in safety events.

Care Oversight

Delays to patient admission and flow are due to patients being assigned to the incorrect pathway of care and omissions in communication. Bed capacity issues only contributed to 28% of delays.

Handover

A lack of structured handovers led to omissions in safety critical communication.

Documentation

Record keeping did not reflect the care provided in 80% of cases reviewed.



Key lessons from the 'Thematic Review of Deteriorating Patients HDFT 2025'

Clinical tasks involved with deteriorating patients

Observations

Frequency of observations and monitoring of early warning scores was not undertaken in line with trust guidance in over 70% of events. This led to delays in diagnosis and treatment. There was over-reliance on early warning scores in over 40% of events when other signs of clinical deterioration were apparent.

Medical reviews

The pathway for the escalation of deteriorating patients was not adhered to leading to deficiencies in the frequency of observations and a lack of timely medical review. In the majority of events there was no documented escalation plan incorporating limits of treatment. In nearly 1/3rd of events staff escalated a concern which was not acted upon.

Blood Tests

There were failures in the blood test pathway in over a quarter of events: delays in obtaining blood samples, reviewing results and acting upon results.

Pain relief

Pain management was sub-optimal in 1/3 of deteriorating patient cases: this aligns with the results of the recent trauma thematic review.

Fluid Management

Fluid balance monitoring was inadequate in the majority of safety events. Intravenous fluid administration was inadequate in over 40% of events.

Treating Infection

The Sepsis 6 did not commence appropriately for management of patients suspected of having sepsis in over half of events.

Falls Improvement

Nationally, falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 1 in 3 people older than 65, and 1 in 2 people older than 80 falling at least once a year. The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality.

Background

The Harrogate district area is known to have a greater than average number of people aged 65 and over living here, which is set to increase annually.

Therefore, falls prevention continues to be a primary patient safety focus for the organisation, and in doing so, there has been a further reduction in inpatient falls this year.

- 2024/2025 - Average of falls per 1000 occupied bed days = 5.7 falls
- 2025/2026 - Average of falls per 1000 occupied bed days = 5.3 falls

All falls that caused moderate and above harm were reviewed by a panel of subject matter experts, and learning identified was shared Trust wide.

The Fundamentals of Care Team continue to analyse data and most up to date research in order to implement new interventions and strategies to reduce the number of falls, specifically those that cause harm.

In summary, there remains a direct focus on preventing patient deconditioning, increasing staff education, regular completion of risk assessments with interventions, and learning from previous incidents.



Key achievements in 2025-2026

- Maintaining an action plan for falls prevention in line with national guidance.
- Continue to report any inpatient fall related fractures to the National Audit of Inpatient Falls (NAIF) system.
- Development of an Easy Read Falls Prevention leaflet.
- Continued and imbedded education for falls prevention and the importance of keeping patients moving when in hospital.
- Implementation of new training around Fundamentals of Care in a "Patient Pathway" model, making it relatable to practice.
- Increased mini mobility assessments to encourage patients to keep moving whilst in hospital.
- Improved awareness around the requirement for timely medication reviews for those at risk of falling.
- Created new digital post falls assessments.
- Created new nursing risk assessments and embedded them into admission documents to reduce the time taken to complete multiple documents.
- Continue training around Enhanced Care Scoring and how we can provide meaningful activities for those in our care, to promote safety and reduce boredom.
- Developed a more concise "About Me" document to aid person centred care.
- Continued education and support around the appropriate use of bed rails.
- Ensuring all patients have a personalised toilet plan for continence recorded digitally.
- Continued working in line with the Patient Safety Response Framework to improve the response to falls incidents and ensure the learning is being shared.
- The ward managers and matrons continue to identify 'days without falls targets' for their departments which consist of targets to achieve bronze, silver, gold and platinum awards.

Aims for 2026-2027

To work alongside stakeholders to establish HDFTs "Enhanced Therapy Observation and Care (ETOC) and plan how we can meet NHS England (NHSE) requirements and continue to delivery high quality, safe care.

Using national and local audits, as well as identifying current incident trends within HDFT, further work planned is:

- Working alongside NerveCentre to digitise Falls related WebV and paper documents in use.
- Data gathering required around reasons for re admissions and then to identify quality improvement projects to support this alongside the discharge project.
- Ongoing work around our falls sensors and the under usage of these.
- Current audit ongoing of "multi-factorial assessment to optimise safe activity" (MASA) to ensure this is routinely offered to patients, in line with national guidance.
- Link with ARCH team to ensure MASA is also addressed in community care.
- The production, distribution and implementation of a Safety Huddle SOP with clear documentation.
- Ensure that protocols are in place to flag when there are patients at risk of falls, and subsequently ensure a Multi Factorial Risk Assessment (MFRA) is completed with actions implemented.
- Fundamentals of Care Lead to continue to monitor Trust compliance % with the falls e learning package and feed into the relevant forums.
- Fundamentals of Care team to look to change terminology from 'Falls Prevention' to 'Safer Mobilisation' to promote the mobilisation of patients in HDFT.
- Planning "Eat Drink Dress Move" campaign to prevent deconditioning.
- Undertake Gap analysis to address learning needs for safe retrieval from the floor. For example, C-Spine immobilisation.
- Work with the PowerBI team to ensure falls per 1000 occupied bed days is captured accurately and is measurable.
- Planning a re-launch of the new "About Me" form as a campaign promoting personalised care and safety.



The appropriate falls compliance data is captured via a monthly Tendable audit and is viewed in graph form showing each department's compliance rates. This is available for all senior management teams to view and is shared as part of the Integrated Care Board report.

This data is reported at monthly Fundamentals of Care and Patient Safety Forum meetings to ensure there is governance around our scoring, and support is given as required if the need for improvement is identified.

Safeguarding Improvement Plan

During 2025, adult and children safeguarding teams, both in the acute and across the 0-19 footprint have continued to strengthen our approach to align and coordinate activity across the organisation, using a Think Family approach to safeguarding, whilst also taking into consideration the local and national safeguarding agenda.

Focus on our safeguarding strategic delivery plan has continued, with progress being made in all areas, as outlined in our Annual Report in September 2025. Reporting against the NHS England Safeguarding Accountability and Assurance Framework, Safeguarding Intercollegiate guidance and self-assessment through the Section 11 audit continues both internally to Trust Board and externally to the ICBs and NHS England.

Strategy:

The delivery plan for our All-Age Safeguarding Strategy is in place and is reviewed quarterly through our governance channels.

Governance:

Our safeguarding governance arrangements have recently been revised to create a more streamlined approach. Our revised Safeguarding Committee replaces the functions of the previous Safeguarding Governance Forum and Safeguarding Governance Committee. The Committee is Chaired by the Executive Director of Nursing, Midwifery and AHPs and provides external assurance to ICB Commissioners. It provides assurance to Trust Board via the Quality Governance Management Group and the Quality Committee.

The Executive Nurse continues to represent the Trust in North Yorkshire Safeguarding Adults Boards and ICB Executive Safeguarding meetings, with the Head of Safeguarding and Named Nurses/Professionals representing the Trust at local Partnership meetings across the geographical footprint.

Policies, processes and procedures:

A number of key safeguarding policies have been updated during 2025. The Head of Safeguarding retains oversight for the development of policies, with owners being assigned to all policies. There is a robust system of ratification in place.

Regulatory Preparedness

In preparation for CQC inspection a Safeguarding CQC preparedness evidence file is in place and is reviewed and refreshed with additional evidence being added as required. This is overseen by the Head of Safeguarding.

During 2025, a Safeguarding Learning and Improvement Framework was developed, which enables learning from safeguarding reviews across the HDFT footprint to be collated and disseminated through governance processes. The framework provides increased assurance as to how HDFT is responding to recurring safeguarding themes, with action plans being developed.

Audit / Benchmarking / Data

Our footprint - wide Section 11 audit was completed in September 2025. The associated action plan is monitored quarterly through Safeguarding Committee. Quarterly submissions to NHS England continue in relation to Prevent, Looked After Children and the Safeguarding Commissioning Assurance Tool (SCAT).

Local audits continue across the HDFT footprint with an overall strategic safeguarding audit plan in development.

Safer Recruitment:

HDFT recruitment policies and processes are in line with NYSCP /NYSAB/CYSAB.

Training:

The revised Training Steering Group continues, with a particular focus on providing assurance in relation to compliance with national guidance.

The Head of Safeguarding and the acute Named Professionals are working with Learning and Development to strengthen the safeguarding and Mental Capacity Act training offer for acute staff.

Management of Allegations against Staff and Volunteers, Complaints and Whistleblowing:

The revised Managing Allegations Against Staff policy is in development, which will provide clearer guidance to staff on how to respond to safeguarding allegations against staff.

Upon final ratification, there will be a launch programme across the Trust. The Head of Safeguarding and Named Professionals continue to work closely with HR, and with external agencies through the LADO (Local Authority Designated Officer) and PiPoT (Person in a Position of Trust) processes.

Supervision:

During 2025, a new All Age Safeguarding Supervision policy was developed. The Trust now offers adult safeguarding supervision in addition to the long-standing arrangements for safeguarding children supervision. The Head of Safeguarding and the Named Nurses with thematic leads for Supervision are working with Learning and Development to improve the reporting and recording of supervision.

Information Management and Sharing:

Safeguarding teams continue to provide close specialist and operational support and guidance, working closely internally with front line teams, directorate management teams and external partners in line with information management and sharing best practice.

Multi-Agency Working:

HDFT safeguarding teams are a key partner working across a huge geographical footprint. We continue to receive positive feedback in relation to our engagement and input into Partnership meetings.

Domestic Abuse and Sexual Violence national work programme:

Following the North Yorkshire Joint Targeted Area Inspection (JTAI) in early 2025, an action plan was developed to strengthen the response to domestic abuse in the acute Trust, particularly in ED. Domestic abuse routine enquiry was rolled out in ED in January 2026, with a plan to roll out across all inpatient wards and departments upon the introduction of Nervecentre.

The safeguarding team are working closely with internal colleagues in the development of the work around the Sexual Safety Charter to strengthen our response to sexual safety concerns.



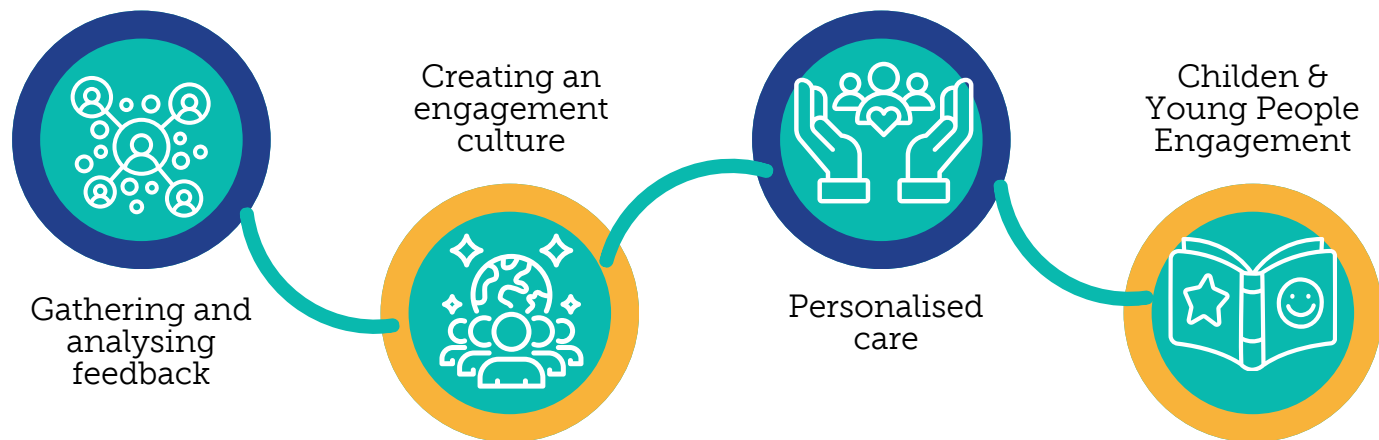
A Positive Patient Experience



for every patient by listening and acting on their feedback

Engagement Plan:

For every patient, child, carer or service user to recommend our services.



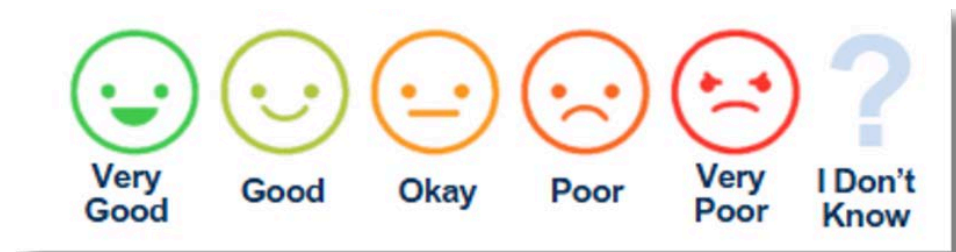
A Positive Patient Experience

Progress during 2025-26

During 2025/26, Harrogate and District NHS Foundation Trust (HDFT) focused on strengthening its approach to patient experience and engagement to ensure that patient feedback is captured in real time, processed efficiently and used effectively to drive learning and improvement across the Trust.

Key priorities included reviewing existing processes, developing a systematic approach to gathering and analysing patient feedback, and establishing clear mechanisms to ensure that learning from patient feedback is embedded within services. This work supports service improvement and development with patients' experiences, safety and lived experience at the centre of decision-making.

Alongside this, the Trust progressed the development of a coordinated programme of patient experience and engagement activity, designed to ensure that patient voice directly informs service improvement across both hospital and community services. There remained a strong focus on National Patient Surveys, feedback and the effective management of complaints.



Friends and Family Test

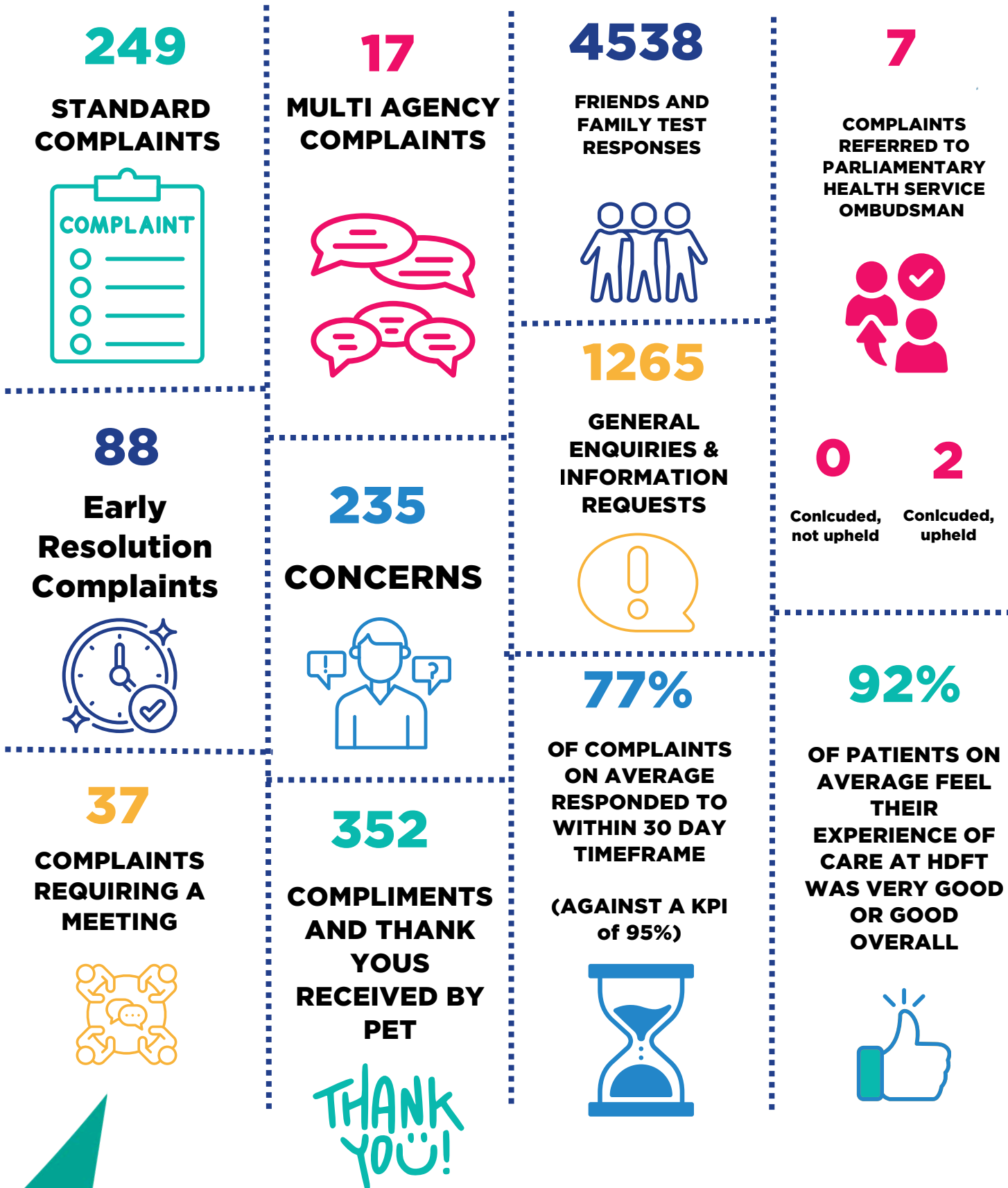
To support patient awareness of the Friends and Family Test (FFT) and make it easier for people to provide feedback, a range of practical initiatives were introduced during the reporting period.

This included the development of FFT information cards for staff, particularly those working in community services. The cards are the size of a standard ID badge and include clear information about the FFT, Patient Experience contact details, and a QR code linking directly to the FFT website. Staff can carry these cards with them and use them to signpost patients, carers and families to the FFT in a simple and accessible way.

This approach supports consistent messaging about patient feedback, improves access to the FFT for people receiving care in community settings, and enables patients to provide feedback at a time and place that is convenient for them. The initiative reflects a practical and proportionate approach to strengthening patient engagement and encouraging feedback to support service improvement.

Patient Experience and Engagement in Numbers

Patient Led Service Improvements



Services are actively encouraged to engage with service users through locally developed surveys. The Patient Engagement Team (PET) provides support with survey design; however, services are expected to take ownership of administering surveys, analysing feedback, and monitoring outcomes to inform continuous service improvement. This approach ensures that HDFT delivers healthcare that is genuinely patient led.

Complaints and concerns are also used as a valuable source of learning and improvement. Where a complaint identifies a gap in service provision, the complainant is encouraged to be involved in shaping the solution. HDFT is committed not only to the early resolution of complaints but also to meaningful complainant involvement, ensuring that improvements are informed directly by patient experience.



Bereavement

HDFT has funded and implemented a Bereavement Officer within PET to enhance the support provided to bereaved families. During the first year in post, the Bereavement Officer's focus has been on strengthening bereavement processes, improving communication with bereaved relatives, and developing effective working relationships with clinical teams to ensure a high-quality, compassionate service.

This vital role supports the timely completion of Medical Certificates of Cause of Death, effective property management, the provision of clear information and signposting, the facilitation of cultural and religious needs, and the delivery of emotional support to families during a difficult time.

The impact and effectiveness of this role will be closely monitored over the coming years to ensure continued improvement in the bereavement experience.

National Patient Surveys

All eligible NHS trusts in England participate in the NHS Patient Survey Programme, which gathers patient feedback on recent experiences of care. These surveys provide detailed insight into service quality and are used locally to inform improvement priorities and nationally by the Care Quality Commission (CQC) to support monitoring and performance assessment.

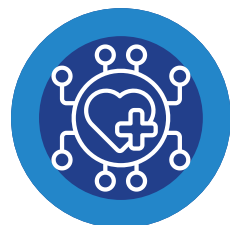
HDFT participates in the following national surveys:

Cancer
 Adult Inpatient
 Maternity
 Neonatal (pilot)
 Urgent and Emergency Care
 Children and Young People

Surveys are conducted annually or bi-annually and capture patient experiences from the preceding 12 months. HDFT commissions the Picker Institute to administer the surveys, collate results and provide analysis. The outcomes inform service-level and Trust-wide improvement plans.

During 2025-26, HDFT received results from three national surveys: Adult Inpatient, Children and Young People, and Maternity. Summaries of the key findings and learning are set out over the coming pages.

While the survey results indicate generally positive and comparative performance, as a learning organisation HDFT reviews all national survey findings through established governance processes. Formal action plans are developed, monitored and assured to ensure continuous improvement in patient experience.



Adult Inpatient Survey

Publication date:
 9 September 2025

Respondents:
 539

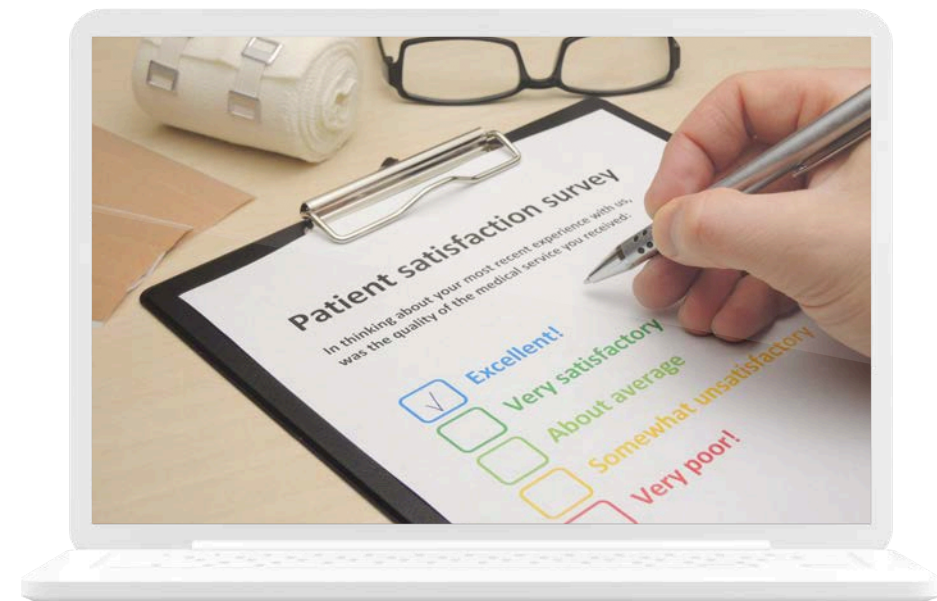
Admission to hospital:

- Overall admission score: 6.7 / 10
- Waiting list experience: 6.9 / 10 (About the same as other Trusts)
- Information provided while waiting: 7.4 / 10
- Time spent waiting for a bed: 5.7 / 10
- Overall ward experience score: 7.4 / 10

Overall summary:

Results place HDFT broadly in line with comparable NHS Trusts nationally. The survey continues to highlight challenges relating to the timeliness of admission, reflecting wider system pressures.

The inpatient survey identified recurring themes relating to delays in accessing beds and issues with the discharge process. In response, we have used the breakthrough objective focused on time to bed, alongside the corporate discharge project, to address patient feedback regarding poor discharge experiences, including delays with transport and discharge medication. These actions have been aligned with the Trust's breakthrough objectives to ensure that improvement work supports wider organisational priorities and delivers meaningful improvements in patient experience.



Children and Young People's Survey

Publication date:
22 May 2025

Respondents:
190

Waiting Area - Ages 0-7 years (parent/carer reported)

- Overall experience: 7.8 / 10
- Waiting times, communication, noise levels and comfort rated about the same as other Trusts

Waiting Area - Ages 8-15 years (self reported)

- Overall experience: 6.3 / 10
- All domains rated about the same compared to national results

Overall summary:

Children's hospital experiences at HDFT were broadly similar to national averages, with younger children reporting more positive experiences than older children. These findings are being used to shape targeted improvement work for older children and young people.

Maternity Survey

Publication date:
10 December 2025

Respondents:
132

Labour and birth

- Overall score: 8.4 / 10 (About the same as other Trusts)
- Pain management, partner involvement and support during labour rated positively

Staff caring for you

- Overall score: 8.6 / 10
- Communication, dignity, respect, involvement in decisions and awareness of medical history all rated about the same as other Trusts

Overall summary:

Maternity care at HDFT was rated consistently around the national average, with particularly positive feedback relating to communication, respect and support during labour.

Examples of actions undertaken following the survey results

<p>Feedback indicated a need to strengthen children's involvement in decisions about their care and improve understanding of their treatment plans. Actions to address this include ensuring children are asked in an age appropriate way during ward rounds whether they are happy with their care plan. The child's and parents' views will be recorded, nurses will check understanding at the start and end of each shift and attend ward rounds where possible.</p>	<p>Feedback identified that some children did not always feel staff took sufficient time to listen to their fears and worries. To address this, staff will ensure both the child and their parents are routinely asked if they have any questions, with the child's concerns clearly documented. Prior to procedures, explanations will be provided in an age-appropriate way to support understanding and reduce anxiety, and play specialists will be utilised wherever possible to help children express worries and feel reassured.</p>	<p>Feedback showed that some children did not always feel staff did everything possible to help manage their pain. Actions to address this include reminding colleagues to contact the pain team when a child's pain is not well controlled and ensuring this is clearly documented. A poster will be introduced to raise awareness of the pain team, and staff will return to the child after analgesia is given to assess its effectiveness.</p>
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Examples of actions undertaken following the survey results

<p>To improve clinic efficiency and reduce overruns, all appointments will move to a standard 25-minute duration from November 2025.</p>	<p>An Induction of Labour (IOL) information video has been introduced to enhance patient information and support informed consent prior to commencement of the IOL process.</p>	<p>A digital parent education presentation/video will be created in multiple languages to support inclusive access to information and improve understanding for families.</p>
<p>Alternative approaches to pain-relief medication administration are being explored to improve responsiveness and patient experience.</p>	<p>Develop clear communications to help patients better understand what to expect from GP appointments and encourage them to ask questions or raise concerns.</p>	<p>Oliver McGowan mandatory training has been introduced for all staff to improve confidence and capability in supporting neurodivergent individuals.</p>

Seven Day Services

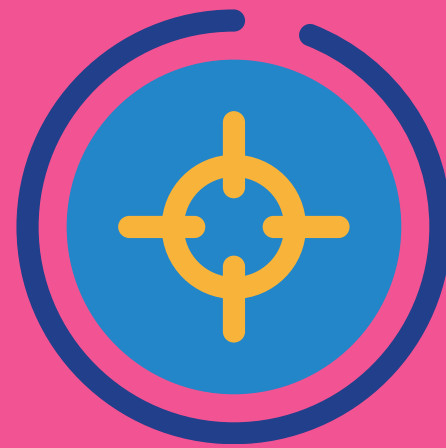
Seven-day services in the NHS ensure all patients who are admitted to hospital as an emergency receive high quality and consistent care no matter what time or day of the week they enter a hospital. The seven-day services programme is designed to improve hospital care with the introduction of seven-day Consultant-led services that are delivered consistently over the coming years.

In July 2025 the NHS the Getting It Right First Time (GIRFT) programme published national updated standards for acute and emergency care outlining updated expected standards for timely investigations, specialty review and treatment for patients requiring our Urgent and Emergency Care services.

As part of the implementation of our Clinical Services Strategy HDFT has undertaken an analysis of how our services meet these standards. We have launched our HDFT Clinical Operational Standards for Urgent and Emergency Care to ensure all clinical colleagues are aware of these standards.

In addition a corporate project to design a Single Point of Contact (SPOC) to ensure urgent and emergency care patients are able to be directed to see the right clinician in the right place and in the right time is underway. The SPOC aims to reduce the number of patients who are unnecessarily directed to attend the Emergency Department.

Through the Clinical Services Strategy board we will be prioritising future service developments to support seven-day services where these are identified.



Performance against other Quality and Safety Indicators

This section of the Quality Account provides an update on:

- Seven day services within the NHS,
- Patient Safety Events, including PSII's and Never Events
- Duty of Candour,
- Patient Safety Alert Compliance,
- NHS Staff Survey Results,
- Whistleblowing, and
- Freedom to Speak Up.

Patient Safety Events

We remain committed to identifying, reporting, and investigating incidents and ensuring that learning is shared across the organisation and actions to reduce the risk of reoccurrence are implemented effectively.

Throughout 2025-26, HDFT has continued to embed the Patient Safety Incident Response Framework (PSIRF), supporting a more consistent and learning-focused approach to incident investigation. Insights from these reviews are now feeding directly into our quality improvement activity, helping us embed learning at an organisational level and strengthen the safety of care we provide, alongside our HDFT Impact Strategy.

Indicator	Trust Performance
Total patient safety events reported	12,234
Patient safety event investigations (PSIIs) undertaken including Never Events	10
Other formal patient safety incident reviews	188

Key Achievements in 2025-26

- Comprehensive overhaul of Datix categories and subcategories, introducing a three-tier structure to support a more streamlined and accurate reporting process, aligned with HDFT's ambition to strengthen the identification of emerging patterns, themes, and areas of concern.
- Implementation of a trust-wide Power BI report to provide robust oversight and monitoring of Duty of Candour compliance
- Sustained strong compliance with National Patient Safety Level 1 training across the mandatory training programme.
- Activation of the Data Extraction Service, enabling automated transfer of safety event data into Power BI
- Updated our Patient Safety Incident Response Plan (PSIRP)

Never Events

The NHS Never Events list provides an opportunity for commissioners, working in conjunction with Trusts, to improve patient safety through greater focus, scrutiny, transparency, and accountability when serious patient safety events occur. Nationally the most reported Never Events relate to retained surgical items, wrong site surgery, and wrong implants.

We have reported three Never Events during 2025-26, which is the same as the previous year. Events were reported under the following categories:

- Wrong site procedure
- Wrong implant/prosthesis

These Never Events were reviewed and investigated in line with our patient safety incident response plan. Learning from these investigations has been shared across the Trust.

Learning from Events

Learning from events remains central to how we strengthen patient safety across the Trust. By taking a consistent and transparent approach to reviewing incidents and near misses, we build a clearer understanding of what happened and what needs to change. This enables us to share learning in a way that is meaningful for teams, supports informed decision-making, and ensures that improvements are grounded in real experience.

Through open communication, timely feedback, and visible action, we continue to embed a culture where learning is valued, staff feel supported to speak up, and the insights gained from events directly enhance the safety and quality of care we provide.

The Trust's Safety and Learning Network has undergone further review to strengthen how we share learning and good practice across the organisation. As part of this, we have introduced a spotlight session where departments and wards can showcase examples of good practice from their areas, supporting wider learning and collaboration. HDFT will continue to provide focus on embedding and sharing learning.



Aims for 2026-27

- Develop a memory guide to share learning and actions taken following patient safety events, helping staff understand the rationale behind changes.
- Continue to expand membership of the Safety and Learning Network and further embed a learning culture across the Trust through varied and accessible methods of dissemination.
- Create a Power BI dashboard to strengthen our commitment to reviewing and learning from patient safety event data

Duty of Candour

The Care Quality Commission (CQC) introduced the Duty of Candour regulation in November 2015. Duty of Candour sets out specific requirements that providers must follow when things go wrong with a patient's care and treatment. The requirements include truthfully informing people about the incident, providing an apology and providing feedback to patients following the investigation of the incident.

HDFT is committed to promoting an open and honest culture and staff are encouraged to report patient safety events that have occurred. Through the Datix system, we have designed new monitoring processes to ensure statutory Duty of Candour is carried out effectively and in a timely way.

Our Duty of Candour policy has been updated to improve clarity for all colleagues. The Patient Safety Team has communicated the updated policy through TeamTalk, The Safety and Learning Network, Patient Safety Forum, as well as delivering ad hoc sessions for colleagues across directorates.

During 2025-26:

There were 89 moderate or above patient events reported.

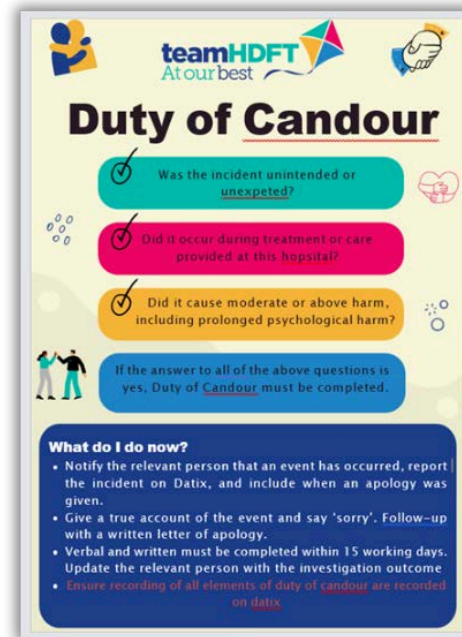
The number of events triggering statutory duty of candour was 80.

In 75 of these cases, the Duty was followed.

In 3 cases the decision was made not to apply the Duty of Candour; the reasons for this have been documented and reviewed, all of which were appropriate. There are a number of reasons why Duty of Candour is not applied, for example the patient does not wish to receive an apology.

5 cases are still in the process of being reviewed and completed.

6 cases are in the process of being reviewed to confirm harm.



Patient Safety Alerts Compliance

Patient safety alerts are used to inform the healthcare system of recognised safety risks and offer appropriate guidance for the prevention of incidents that may result in severe harm or death to patients.

These alerts are issued by NHS England through the Central Alerting System (CAS) which is a web-based cascade tool utilised for issuing alerts, public health messages and useful safety information to the NHS and other healthcare organisations. Patient safety alerts are developed with input, advice and guidance from the National Patient Safety Response Advisory Panel, which assembles frontline healthcare staff, patients and their families, safety experts, Royal Colleges and other professional and national bodies. The panel discuss and advise on approaches to respond to patient safety issues through the publication of alerts which are identified through the clinical review of incidents reported to the LFPSE by NHS Trusts and other health care providers and also from concerns raised by members of the public.

Alerts can also be issued where there is a common problem occurring throughout the NHS and can be an important part of a wider programme of work. Systems and equipment are commonly subject to patient safety alerts where there are recognised errors or faults and would therefore require action to be taken to reduce the risk to patient safety.

What has 2025-26 looked like for Patient Safety Alerts at HDFT?

Coordination of patient safety alerts is carried out by the Patient Safety Team (part of the Quality Team) who work with various Trust departments and Directorates to facilitate compliance, and monitor on-going work or action plans used to address the issues raised.

The Trust continues to capture and monitor compliance with Safety Alerts via our Datix Reporting System.

The Trust received 9 NatPSAs within 2025/26:-

- NatPSA/2025/002/UKHSA - Potential contamination of non-sterile alcohol-free skin cleansing wipes with Burkholderia spp
- NatPSA/2025/003/DHSC - Shortage of bumetanide 1mg tablets
- NatPSA/2025/004/MVA - Shortage of Antimicrobial medication used in Tuberculosis
- NatPSA/2025/005/NHSPS - Harm from delayed administration of Rasburicase for Tumour Lysis Syndrome
- NatPSA/2025/006/NHSPS - Harm from incorrect recording of Penicillin allergy as Penicillamine allergy
- NatPSA/2025/007/DHSC - Supply of Licensed and unlicensed epidural infusion bags
- NatPSA/2025/008/NHSPS - Risk associated with adult breathing circuits lacking a patient exhalation route
- NatPSA/2026/001/DHSC - Steriflex No. 109 (1L) and No. 171 (2L): Potassium Chloride 0.15%, Sodium Chloride 0.45%, Glucose 2.5% bags
- NatPSA/2026/002/MHRA - Recall of Quetiapine oral suspension (unlicensed medicine), manufactured by Eaststone

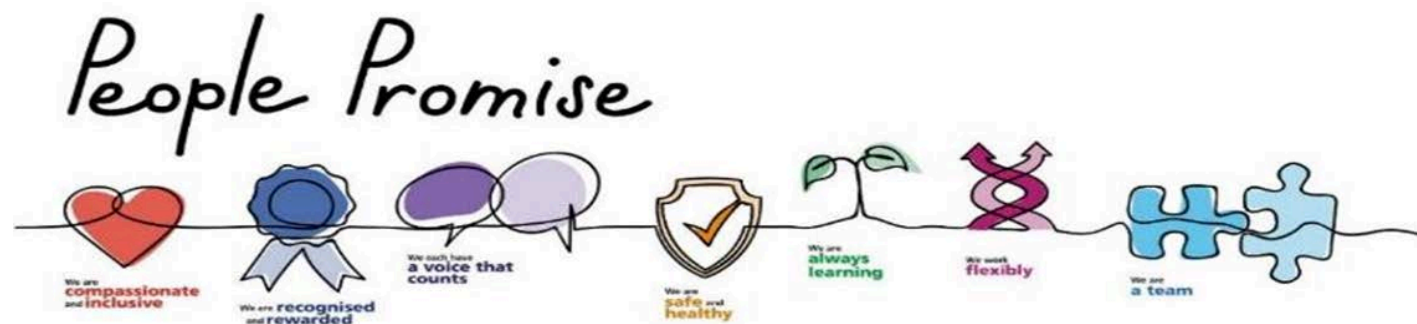
Appropriate oversight was applied to all alerts, and their applicability was assessed. For those deemed applicable, actions were completed within the required timescales and were appropriately overseen by the relevant governance groups. Some alerts remain ongoing, with deadlines later in the year

NHS Staff Survey Results

The NHS Staff Survey is one of the largest workforce surveys and has been conducted every year since 2003. All staff working in the NHS are invited to take part in the NHS Staff Survey. The survey offers a snapshot in time of how people experience their working lives and information is gathered at the same time each year. The survey captures a national picture alongside local detail, enabling organisations to understand what it is like for staff across different parts of the NHS and to support further improvements.

Themes

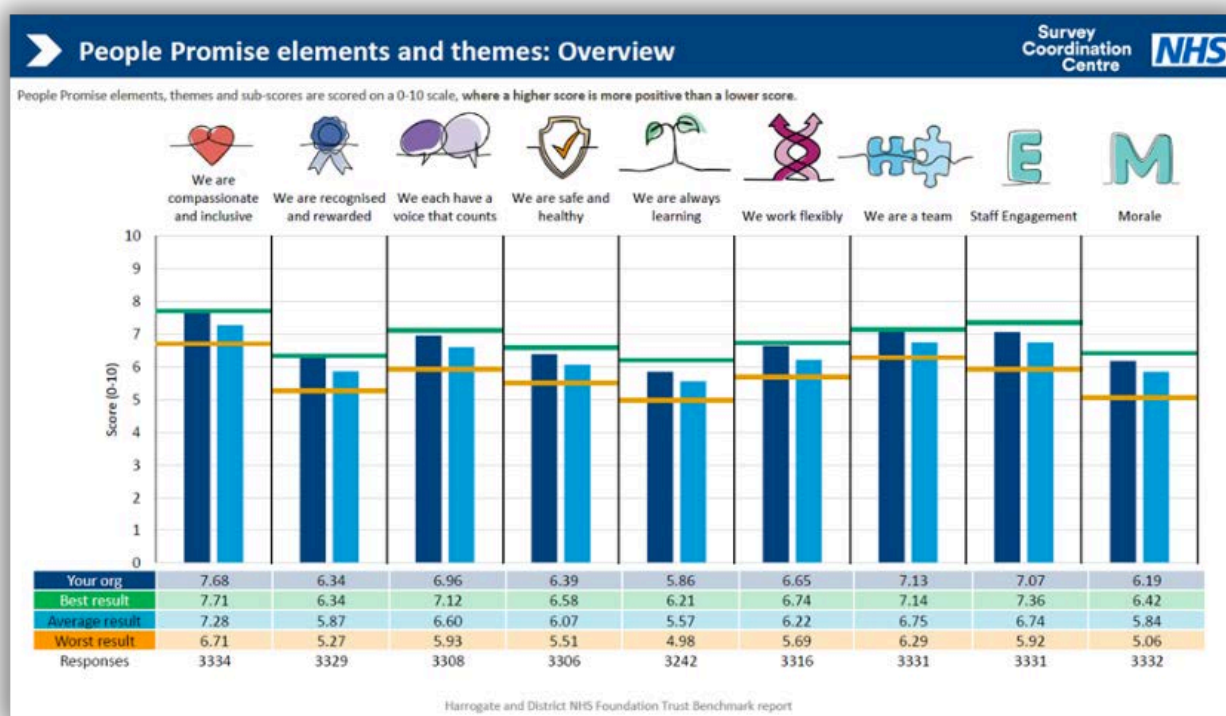
The NHS staff survey is conducted annually. From 2021 the survey questions align to the seven NHS 'People Promises' and retains the two previous themes of engagement and morale. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.



What has 2025-26 looked like for the NHS Staff Survey at HDFT?

The response rate to the 2025 NHS Staff Survey among trust staff was 62%, a 13% increase compared with the 2024 survey.

The HDFT scores for the 7 People Promises and 2 Themes are compared with the benchmark group of Acute and Acute & Community Trusts, and are presented in the table below:



The Trust has scored higher than the average scores in its benchmarked group in each of the People Promises and Themes.

Areas to Celebrate

- Scores on all three sub-themes of Staff Engagement have improved, with the most notable increase in the sub-theme of Advocacy (including staff recommending the Trust as a place to work and to receive treatment).
- The Trust achieved the best score in its benchmark group for People Promise 2: "We are recognised and rewarded."
- Feedback about teamworking and line management remain well above the benchmark average with the Trust achieving the best scores in its benchmark group on a number of indicators.



Key areas for improvement

- Systemic workforce resilience: staff feedback highlights concerns about the pressure of work and the risk of burnout. Work is underway to widen the roll-out of workplace stress risk assessments to identify improvements that can be made at a local level to mitigate these risks around service demands.
- Safe working environment: compared with benchmark Trusts, HDFT scores favourably on staff reporting experiencing violence and aggression in the workplace although 7.96% of respondents reported experiencing physical violence from patients / service-users / relative / public. This sits alongside a rise in the number of incidents being reported around violence and aggression. Work will continue to equip staff to manage such incidents and to develop additional SOPs to handle specific types of incidents.
- Inclusive workplace: again, the Trust compares favourably with benchmark Trusts for staff saying they experienced bullying or harassment. However, a greater proportion of those saying they had experienced bullying or harassment selected "...on grounds of..." disability / long-term condition or age compared with benchmarked Trusts. Work will continue to improve the experience of staff with protected characteristics.



Freedom to Speak Up Guardian

HDFT is dedicated to upholding the highest standards of quality, integrity, transparency, and accountability across all areas of its work. A key part of this commitment is ensuring there is a clear and effective process that enables employees, workers, and volunteers to raise concerns responsibly. Just as importantly, HDFT strives to create a culture where individuals feel supported, respected, and valued for speaking up



During 2025-26, the Trust significantly strengthened its Freedom to Speak Up (FTSU) arrangements to enhance staff confidence, engagement and organisational learning. Two Freedom to Speak Up Guardians were recruited and now jointly provide a full-time service. This has increased capacity, visibility and responsiveness across the organisation.

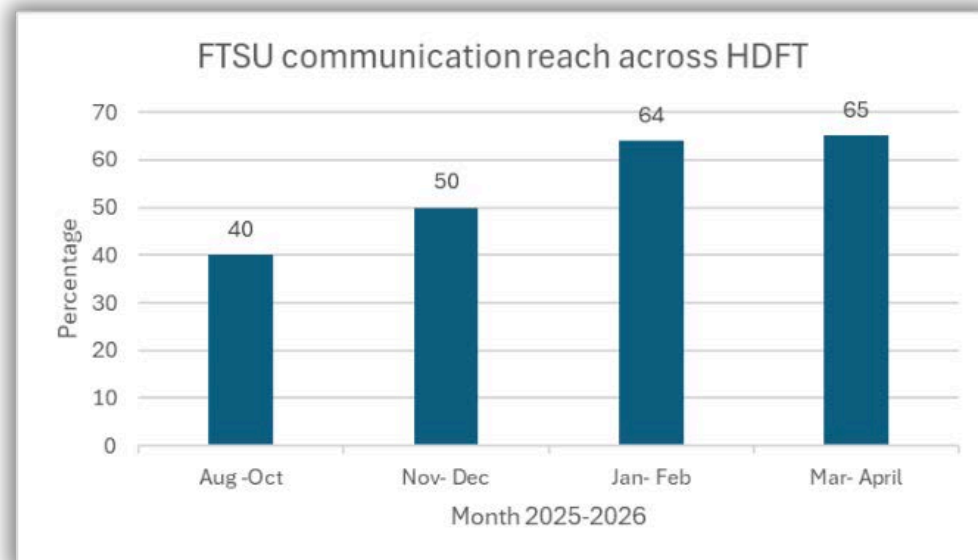
Raising Awareness and Visibility

The Guardians have actively promoted FTSU throughout the Trust, including attendance at:

- Trust-wide events
- Staff forums and Team Talk sessions
- Trust Induction
- Pathway to Management training
- Staff meetings and student forums
- Professional advocate and preceptorship days
- Healthcare Certificate training
- Wellbeing Event Days

This consistent presence has strengthened awareness of the FTSU offer and reinforced a positive speaking-up culture. Feedback from these sessions has been overwhelmingly positive, with staff reporting improved understanding of how and when to raise concerns.

The FTSU Guardians have also been actively involved in establishing the new Independent Panel Members (IPMs). This development supports a fair, transparent and inclusive recruitment and decision-making process at HDFT.



Learning and Service Improvement

Learning from FTSU cases has led to tangible service improvements during the year. Changes have been implemented in:

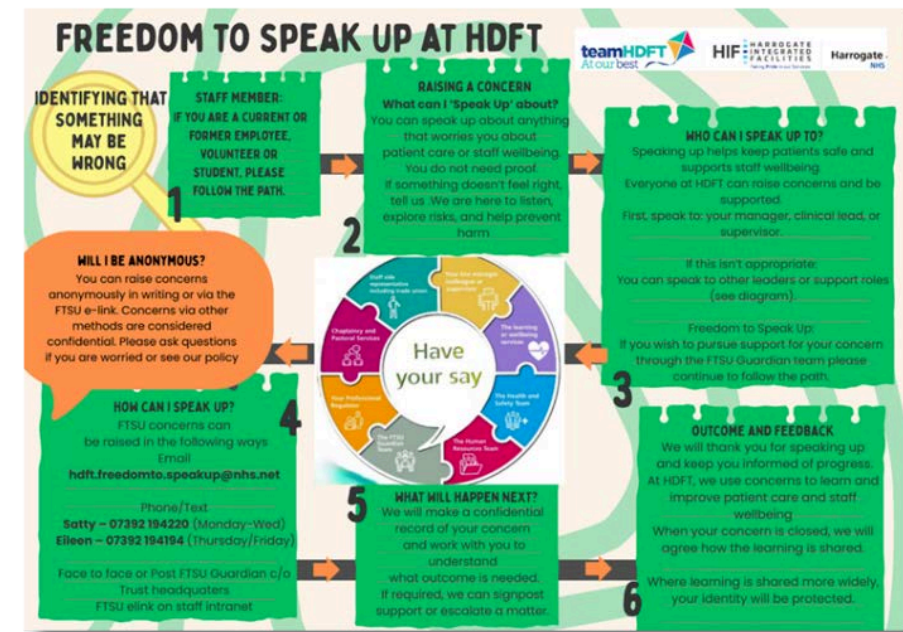
- The induction process for locum doctors
- Trust recruitment processes
- Improving understanding around staff attitudes and behaviours
- Joint working between FTSU and the wellbeing/occupational health team.

FTSU intelligence and data are now used more systematically through a power BI dashboard to inform organisational learning, cultural development and service improvement.

Governance and Oversight

A clear reporting and governance structure has been developed to ensure alignment with The National Guardian's Office guidance and best practice standards. This framework strengthens transparency, senior leadership oversight and clarity around FTSU escalation routes for both the Guardians and the wider organisation.

The HDFT Speak Up Policy has been updated to improve clarity, and a clear process flowchart has been developed to support staff understanding of how FTSU can help.



Improving Accessibility and Inclusion

To improve accessibility, an anonymous online reporting form has been introduced via the Trust intranet, enabling staff to raise concerns safely and confidentially.

Feedback forms have also been implemented to:

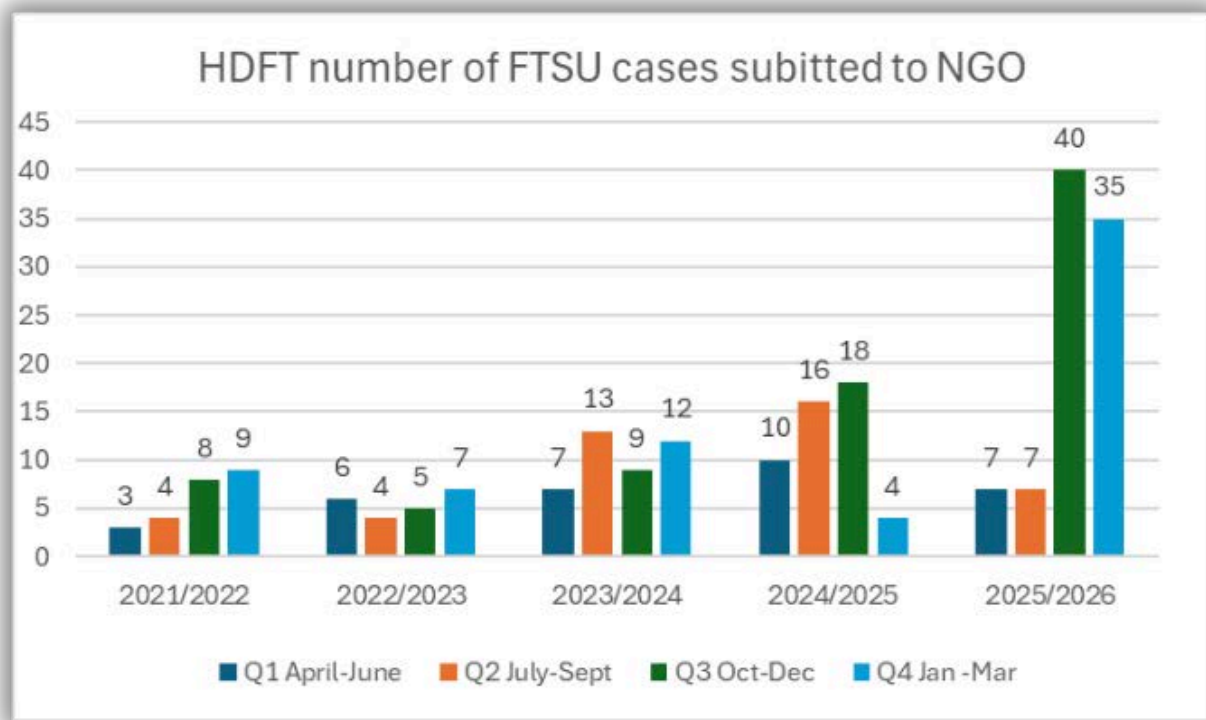
- Capture staff experience of the FTSU process
- Collect Equality, Diversity and Inclusion (EDI) data
- Better understand potential barriers to speaking up
- Support continuous improvement

A really good service, she was professional, excelled at listening, summarizing and taking forward my concerns

She was kind, compassionate and understanding helping to raise the concern to the appropriate person

Engagement and Case Activity

Engagement is reflected in rising case numbers during the year, demonstrating growing staff confidence in using the FTSU service. There were 7 cases in both Quarter 1 and Quarter 2, 40 cases in Quarter 3 and 35 cases in Quarter 4. The graph below shows the number of FTUS cases submitted to the National Guardian's Office (NGO).



Work is underway to reinvigorate the Fairness Champions network to further support inclusive and equitable responses to concerns.

Speak Up, Listen Up Training Compliance

Compliance with the "Speak Up, Listen Up" training remains high across the Trust and HIF workforce:

Overall compliance for Trust and HIF staff to date.				
Group	Workforce Type	Required	Not achieved	Compliance %
Trust Staff	Substantive	4,864	137	97%
Trust Staff	Bank	126	14	89%
HIF Staff	Substantive	342	9	97%
HIF Staff	Bank	40	4	90%



Other routes to Speaking up at HDFT

At HDFT as well as the strengthened FTSU provision we have a wide range of avenues for colleagues to raise their concerns:

- DATIX
- Line Manager
- Lead Clinician
- Matron
- Staff Side Representative
- Human Resources
- Occupational Health
- Chaplains
- Freedom to Speak Up Guardians
- Guardian of Safe Working
- Associate Director of Quality and Corporate Affairs
- Safeguarding Team

Concerns may also be raised to the next level of management; for example:

- A member of a Directorate Triumvirate
- A Deputy/Assistant Director
- A directorate General Manager/ Nurse/Clinical Lead
- A Head of Service
- An Executive Director
- The Chief Executive
- A Non-Executive Director (NED) – the Senior Independent Director in particular has a role to support staff who need to utilise the whistleblowing process.

If colleagues feel unable to report at any of these levels for any reason, or feel their concerns have not been addressed adequately at an earlier level, they may choose to report their concerns externally. Concerns may be raised with an external regulatory body (which includes prescribed bodies or persons).

2025-26 Reflection

Overall, 2025-26 has been a year of consolidation and growth for Freedom to Speak Up at HDFT. Increased capacity, stronger visibility, improved governance, meaningful learning from cases and sustained high training compliance have collectively strengthened staff confidence in raising concerns and contributed to a more open and learning-focused culture



Statements of Assurance from the Board

This section of the Quality Account provides an update on:

- [A Review of Services](#)
- [Participation in Clinical Audits](#)
- [Participation in Clinical Research](#)
- [What others say about the Trust](#)
- [Secondary Users Service](#)
- [Information Governance](#)
- [Payment by Results Clinical Coding Audit](#)
- [Learning from Deaths Update](#)
- [Reporting Against Core Indicators.](#)

Review of Services

Throughout 2025-26, HDFT provided 54 relevant healthcare services across a geographical footprint from Northumberland, down to Wakefield as well as within the local North Yorkshire and surrounding areas. This figure includes those services provided as part of the ICB Acute and Community Contracts. Contract reviews take place to ensure delivery of service meets the needs of the children, young people, families and service users.

The income generated by the relevant health services reviewed in 2025-26 represents 99% of the total income generated from the provision of relevant health services by HDFT for 2025-26.

Clinical Audit

A clinical audit is a way to find out if healthcare is being provided in line with standards. This informs care providers and patients where services are doing well and where improvements could be made. The aim is to allow quality improvement to take place where it will be most effective and improve outcomes for patients. Clinical audits can look at care both nationwide via National audits; and locally where healthcare is provided via local audits.

What has 2025-26 looked like for Clinical Audit at HDFT?

National Audits

During 2025-26, 58 National Clinical Audits and 5 national confidential enquiries covered health services that HDFT provides.

During that period, HDFT participated in 90% of National Clinical Audit programmes and 100% of national confidential enquiries that were open and it was eligible to participate in.

The National Clinical Audits and national confidential enquiries that HDFT participated in, and for which data collection was completed during 2025-26 are listed in Annex 3.

The reports of 33 National Clinical Audits and studies and 4 NCEPOD reports were reviewed by HDFT during 2025-26. This included national audits for which data was collected in earlier years with the resultant report being published in 2025-26. In response to the findings, quality improvement actions have been identified, monitored and completed to improve the safety and quality of healthcare provide by HDFT.

Local Audits

During 2025-26 a Trust-wide clinical audit programme was completed. This focused on the high priority areas for the Trust in order to provide assurance through the governance structure. The audits included in the programme were aligned to:

- Regulatory requirements
- Clinical Policy monitoring requirements
- Compliance with best practice guidance
- HDFT Quality & Safety priorities
- HDFT Clinical Strategy

The reports of 37 local projects (clinical audits, service evaluations and staff surveys) were completed and reviewed by relevant audit or governance groups at HDFT during 2025-26 and HDFT intends to take the relevant actions to improve the quality of healthcare provided.



Examples of Quality Improvement as a result of local clinical effectiveness projects:

Local Audit 1: ED Compliance with Ottawa and Pittsburgh Knee Rules

This audit assessed the appropriateness of knee x-rays and completeness of relevant documentation for patients attending ED who had an anteroposterior (AP) and lateral knee x-ray. The Ottawa and Pittsburgh Knee Rules give criteria for determining if a knee x-ray is required based on the patient's age, ability to weight-bear, mobility and tenderness.

Compliance with the Knee Rules was measured against standards set out by the Royal College of Radiologists.

A randomized sample of 200 patients was selected from a total of 714 patients who had X-rays performed between 1st November 2024 and 1st May 2025.

Results:

The table below shows audit criteria, expected and actual performance

Criteria	Expected level of Performance	Actual level of Performance
Compliance with Ottawa Knee Rules	95%	59%
Compliance with Pittsburgh Knee Rules	100%	54.5%

Knee x-rays were correctly reported by Artificial Intelligence (AI) in 79% of cases (agreement between AI and reporting radiographer/radiologist). In 54.7% of AI errors, patients were discharged, thus there do not seem to be any negative consequences for patient care.

Non-compliance with the Ottawa and Pittsburgh Knee Rules can lead to:

- Greater workload and time expense for the radiographer
- Greater electricity use and expenditure for performing the investigation
- Unnecessary radiation exposure to patients and staff
- X-ray reporting time and cost
- Greater clinical burden on the Trauma & Orthopaedic team
- Potential waste of finite specialist clinic appointments
- Increased inconvenience for patient (having to attend follow-up)

Actions taken included the implementation and embedding of a decision-guiding flowchart, and learning materials to be disseminated to resident doctors.

It is hoped to re-audit in 2026 to assess whether the audit actions have created changes in practice.

Local Audit 2: Appropriateness of use of CT Pulmonary Angiograph (CTPA) in the Investigation of Suspected Pulmonary Embolism (PE)

CT is the gold standard imaging test for diagnosing acute PEs, enabling patients to be given anticoagulant treatment if the scan is positive for acute PE quickly after the scan has been completed and reported. However, a CTPA scan gives a significant radiation dose, and there is a risk of anaphylaxis reaction and contrast-induced nephropathy associated with an iodine-based contrast injection. A scan should only be performed after an appropriate clinical probability assessment (Well's score) +/- a D-dimer test have been completed and a high suspicion of PE has been indicated.

This audit evaluated the appropriateness of CTPA requests for suspected PE and assessed compliance based on NICE recommendations and Royal College of Radiologists standards of practice.

A start date was decided by the auditor, and data was collected from the first 100 consecutive adult patients who underwent a CTPA scan for a suspected acute PE.

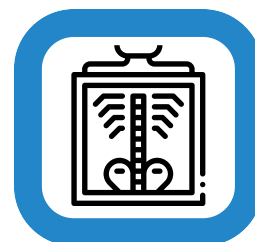
Results:

Criteria	Expected level of Performance	Actual level of Performance
Documentation of a clinical pre-test probability (Well's score)	100%	37%
D-dimer test performed for patients with unlikely pre-test probability; CTPA only performed if D-dimer test is positive	100%	51%
Chest x-ray performed within 24 hours prior to CTPA being requested	100%	81%
CTPA should detect PE in between 15.4 and 37.4% of patients	>15%	15%
CTPA should detect alternate diagnosis in up to 56% of patients	>50%	50%

- 63% of CTPA requests listed symptoms, requiring the radiologist to calculate the Well's score themselves; this is not following NICE guidance
- Out of 76 patients who required a D-dimer test to confirm the need for a CTPA, 51% met the standard (D-dimer numerical value or terminology similar to "positive / raised"). 37% of clinical requests stated the numerical value of the D-dimer test.
- 81% of patients had a chest x-ray within 24 hours prior to the CTPA scan. Of the 19 patients who did not have a chest x-ray, 14 requests were made by hospital wards.
- Scan results matched suggested diagnosis rates, with 15% of scans reported as positive for PE, and 50% reporting an alternative diagnosis

Proposed actions:

- The Trust should consider implementing clinical decision making into the referral system by ensuring the referring clinician states a numerical value for the Well's score and D-dimer test
- Prompt asking if patient has had a chest x-ray in the previous 24 hours
- Multi Disciplinary Team (MDT) meeting with a radiologist and referrers from each department could be conducted
- Posters put in clinical areas for referrers to refer to when requesting CTPA scans
- Re-audit in 6 months



Clinical Research

Clinical research is an arm of medical science that establishes the safety and effectiveness of medication, diagnostics products, medical devices and treatment regimes which may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.

Research and Innovation (R&I) continues to play a central and valued role within HDFT's Clinical Services Strategy, underpinning our ambition to deliver outstanding, evidence-based care for every patient. The Trust recognises the significant benefits that research and innovation bring, not only in advancing clinical practice but also in strengthening the organisation's culture, workforce and reputation.

Throughout 2025-26, research has continued to contribute to ambitions of earlier diagnosis, the prevention of ill health and improved patient outcomes. Enabling many individuals to return more quickly to their everyday lives. The impact of R&I extends beyond individual studies; it enhances service quality, informs system improvement, reduces mortality risks and enriches the experience of both patients and their families.

The Trust has a strong commitment to growing research and innovation. During this period, investment in leadership has grown, and a review into the service has been performed. A number of actions have been identified that will strengthen the service, with particular emphasis on our unique position as the largest provider of 0-19 services in the UK. Expanding research opportunities for children, young people and families has therefore remained a central focus, alongside broadening our capability to deliver high-quality commercial research.



To enable this expansion, the Trust has invested in dedicated estate to support both innovation and clinical research. This includes the development of an Innovation Hub, a dedicated space to enable the link between industry, academia and the Trust, and this year the establishment of a pop-up Clinical Research Facility before moving to a permanent location, both significant enablers to future growth. These facilities strengthen our ability to host cutting-edge studies, support collaboration, and provide high-quality spaces for research delivery and partnership work.

Investment has also extended to our people, enhanced infrastructure and new leadership roles in research and innovation, including strengthened clinical leadership and the appointment of a General Manager within the Medical Directorate. These roles have supported in starting to develop a more resilient, skilled and process driven workforce. These roles are helping to drive a culture where innovation thrives and where staff are supported to develop, lead and contribute to research that improves care across the Trust.

Overall, 2025-26 has been a year of growth, ambition and continued progress for R & I at HDFT, laying strong foundations for the future and ensuring that our population continues to benefit from the very best advances in healthcare.



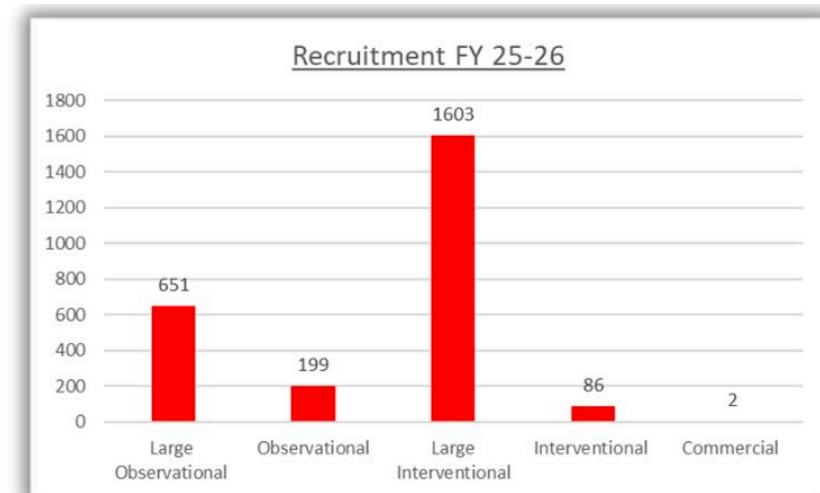
Research Performance against High Level objectives in 2025-2026 at HDFT

As a partner organisation of the Yorkshire and Humber Research Delivery Network (Y&HRDN), the trust were commended in January 2026 for their annual performance review achievements.

From April 2025 to March 2026, HDFT had a total of 80 studies which were either open or in follow up. This can be broken-down into 6 commercial trials and 49 non-commercial studies, with 25 trials in long-term follow up.



Based on the number of patients recruited to trials, HDFT was ranked the 10th out of the 24 NHS Partner Organisations in Yorkshire & Humber, with the Trust's highest recruiting trial being the BEST 4 trial, a Gastroenterology study recruiting just under 700 patients from the local area. The graph below shows the total amount of patients recruited into our studies and the detail of what type of studies these are.



A key objective set by the Y & HRDN, on behalf of the National Institute for Health Research (NIHR), is for studies to open within a 150-day target from regulatory submission to first participant recruitment. This aligns with the UK Government's national ambition to improve trial efficiency and strengthen the UK's global research position.

Currently, 43% of HDFT studies are on track to meet this benchmark. Work continues internally, as well as with Y&H RDN and regional partners to further improve performance.

Safe services: Research governance and safety of delivering clinical research trials at HDFT

The Medical Director is the executive lead for R&I. This year, the Medical Director is now supported by a General Manager and an expanded clinical leadership team to deliver the Trust's strategic research objectives and embed research as part of every day care.

Research at HDFT continues to operate in full compliance with the UK Policy Framework for Health and Social Care Research (2017). All clinical trials undergo a full risk assessment during setup and proceed only once all relevant Health Research Authority approvals and contractual agreements are in place. Sponsor agreements clearly outline responsibilities, indemnity arrangements and financial requirements prior to study initiation.

The R&I Department has this year placed more scrutiny on robust internal quality assurance processes, now progressing well against recommendations from the 2021/22 external audit. This year, 16 key Standard Operating Procedures were refreshed and rewritten, and a continuous review cycle will be implemented to ensure they remain current.

All research staff are required to maintain Good Clinical Practice (GCP) competence, with training records centrally monitored. The newly updated GCP course is now available Trust-wide via the Learning and Development Hub, improving compliance, accessibility and oversight.

Caring Services: Patient and Public Involvement, Experience and Caring

New for 2026 is the introduction of a patient and public yearly event where members of the public are invited to review research and get involved in volunteering in a variety of promotional and supportive roles for the department.

Each year the department actively seeks feedback from the patients involved in clinical trials at HDFT; this data is fed into the National Institute for Health Participant in Research database.

NIHR sets the target for HDFT to request their research participants to complete several feedback surveys each year. The results reflected a high level of patient satisfaction with the research services provided; below are numerous comments that were quoted from participants this year.



The Impact and Value of HDFT Research Activity Examples

Outlined below are several of HDFT's most impactful studies or trials, highlighting the value of research on improving the quality of life and wellbeing of the population HDFT serves.

Research delivery at HDFT in 2025-26 has been strong, with cancer services acting as a flagship service for high-quality portfolio delivery and innovation adoption. The Trust achieved good national recruitment positions across several multicentre studies, including 6th of 35 sites in the IMPRESS trial, 10th of 35 in PRESERVE, and 13th of 47 in HER2-RADiCAL, alongside being the top national recruiter to the Rapid Diagnostic Centre Biomarker Study supporting earlier cancer diagnosis. Delivery models have also evolved, with successful non-medical leadership of trials by an Advanced Clinical Practitioner and expanded use of Clinical Research Practitioners, strengthening research capacity and resilience.

Research activity has translated into measurable service improvement, including research-enabled introduction of in-house mismatch repair (MMR) testing, reducing histopathology turnaround times for these samples by approximately 50%, and accelerating treatment decision-making. Participation in the NHS Cancer Vaccine Launch Pad has further expanded patient access to personalised mRNA-based therapies, while associated process improvements in theatre specimen handling have enhanced diagnostic quality for routine care. Collectively, this demonstrates how research at HDFT is contributing both to national study delivery and to tangible improvements in patient pathways and experience.

Born and Bred in Harrogate (Public Health Study)

Born and Bred In Harrogate (BaBI Harrogate) has continued to flourish in Harrogate during its second year. BaBI Harrogate is a data linkage cohort study of babies and their birthing parent. Once informed consent has been obtained, the study collates routine data sets from families, which generates a clearer picture of how the families in our local area evolve over time. The objective of linking this data is to better describe child health and development in Harrogate and identify possible patterns present in the data which aid in the identification of families with poor health and development. Over time, the study should enable researchers to understand more about child welfare within our region and facilitate evidenced-based policy regarding future care and funding, ultimately improving the outcomes for our region's families.



BABI Harrogate has seen immense successes, growth and impact this year:

- The Maternity Team have successfully recruited a staggering 1,809 patient recruits.
- BaBI has been embedded within the Maternity Strategy, this being rolled out in all midwives' mandatory and preceptorship training.
- A Prioritisation Meeting was organised on the 4th March 2025, whereby interested professionals and service users came together to identify and explore the differing local research priorities as generated by the BaBI Data.

The Generation Study (Reproductive Healthcare & Childbirth)

The Generation Study investigates the genomes of newborn babies, to uncover whether they have one or more of 200 treatable genetic conditions. If parents choose to consent their child, a sample of cord blood will be taken from the baby when they are born; in some rare cases a heel-prick will be conducted. Subsequently, this sample will have the DNA extracted, analysed and assessed for a match of 200 rare genetic conditions which are treatable in early childhood, these results will be sent to the parents. If a condition is suspected, the baby will be referred for confirmation testing, diagnosis and treatment management.



Every year in England, around 3,000 babies are born with one of about 200 genetic conditions which are treatable in infancy; only nine of these conditions are tested for with the current standard of care, the Heel-Prick Test. This highlights the significant value the Generation Study brings to the patient population at HDFT, enabling the identification of rare genetic conditions to be faster than standard screening, possibly before symptoms even arise. HDFT opened the Generation Study on 18 July 2025 and have so far recruited 476 patients for the trial. This recruitment performance puts HDFT as the top recruiter nationally for this trial.

Genomicc (Critical Care)

The Genomicc Trial aims to identify the genetic material which causes greater susceptibility to differing critical infections and consequences of severe injury. The overall objective for Genomicc (Genetics of Susceptibility and Mortality in Critical Care) is the advancement of existing standard of care treatments and to aid in designing new treatments to improve the lives of those living with severe critical illness.



The Genomicc trial has been open nationally since 2015 and has had numerous major breakthroughs within its lifetime. The trial was of paramount importance in the COVID-19 pandemic, being identified as an urgent healthcare priority by the UK Government; the trial endorsed the discovery of five genes associated with the most severe form of the disease.

With the help of Dr Smith, Genomicc was reopened at HDFT for the 2025-26 winter season. The Critical Care Team have recruited 18 individuals, sourcing their DNA to help unlock the clues as to why some people are more likely to become critically ill and helping to save lives.

BEST 4 (Gastroenterology)



The BEST4 trial aims to assess the usage of a capsule sponge device as a screening tool to identify signs of the premalignant condition Barrett's Oesophagus (BO), which can often be a precursor for Oesophageal Adenocarcinoma (cancer). BO will be assessed in participants who are on medication (either prescribed or self-medicated) for heartburn symptoms. The primary objective of the trial is to establish if the capsule sponge procedure is a viable alternative to invasive and uncomfortable endoscopies and whether it could improve Oesophageal Adenocarcinoma-associated late stage disease and death rates.

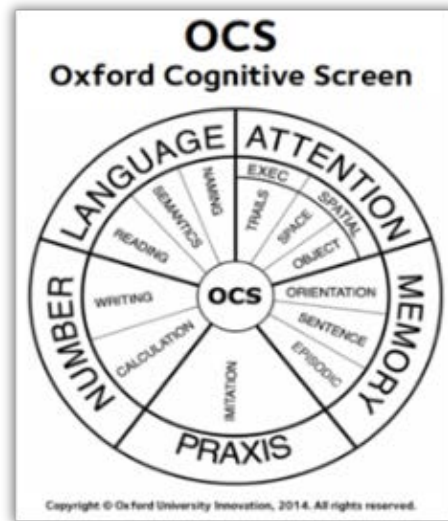
The BEST4 trial has recruited 680 recruits with 31 of these individuals being referred onwards to HDFT for endoscopies to verify if oesophageal adenocarcinoma was present.

This trial streamlines the diagnosis process of BO, being completed in under 10 minutes in a mobile unit, being more accessible to a wider population than hospital-based endoscopies. Additionally, the capsule sponge utilised provides a more comfortable, convenient and cost-effective alternative to the traditional method.

Oxford Cognitive Screen (OCS) Study

HDFT opened this trial in 2023, recruiting 19 patients; the findings of the OCS Study were published in May 2025.

The OCS is a test targeted at stroke patients to verify their cognitive function, yet many stroke survivors have poor eyesight, causing certain aspects of the OCS difficult to complete. The OCS Study assesses whether a modified, high-contrast version of the OCS would be easier for those with low vision to complete and still give equivalent results to the original test for those who do not have limited eyesight. The results highlighted the modified version of the OCS aided more stroke patients to complete the OCS, specifically those lacking good vision; for those with good eyesight, the adapted OCS provided the same results as the original OCS. The adapted version of the OCS enabled a greater fairness of completion, reduces clinical time spent on the OCS and ensures visual problems do not mask true cognitive abilities.



Growing our Children and Young People (CYP) 0-19 Research Capacity

In recognising research as an enabler of high-quality, evidence-based care, the Trust continues to expand research delivery within the CYP area. CYP research is central to driving measurable improvements in health and wellbeing outcomes for our children, young people and families, ensuring every child has a "great start in life." The development of the Brief for CYP research sets a clear direction for embedding research within everyday practice. This has enabled the Trust, to mobilise its potential as the largest national provider of CYP services and fulfil its ambition to influence and shape best practice nationally.

Research activity within Children and Young People

Research delivery in the CYP area includes the delivery of BaBI and the Generation study as mentioned earlier. Notably, since opening in mid-July last year, the Trust has been particularly successful in delivering the Generation study quickly becoming the lead recruiter regionally and achieving a 65% recruitment rate monthly from August to December last year. This study is an important contemporary workstream that aligns to the recent publication of the Fit for the Future 10 Year plan (NHS England 2025). Further delivery expansion includes the following pipeline studies; these focus upon targeting hard to reach areas and harnessing the Trust potential to positively influence national 0-19 programmes.

- Coastal/Care Integrated Responses and Children's Lived Experience, (CIRCLE by the sea) - this study considers CYP integrated community service models (ICSMs) in coastal areas in terms of access, lived experience of use and commissioning.
- National Child Measurement Programme - led by the University College London and commissioned by the Department of Health (DoH). This study examines the impact of measuring children's height and weight on their health and wellbeing.

Networking and partnership working at HDFT

Over the last year, the Trust has continued to collaborate with external partners including academia, the NHS and local authorities to share our work further developing our community of practice. Highlights from this include presenting the BaBI project "BaBI Arrival - A HDFT Perspective" at the Yorkshire and Humber Applied Research Committee (ARC) Group Best Start in Life Group and at a recent 0-19 Yorkshire and Humber regional meeting.

This presentation shares our experiences and celebrates our first year of Babi activity; including the outcomes from our inaugural research prioritisation event held in March 2025. This brought together representation from midwifery, health visiting, academia, the Integrated Care Board (ICB), our users to discuss and identify our top three research priorities. A summary report from this has been written and circulated to disseminate and share learning internally. We have also taken the opportunity to join the Yorkshire and Humber Children's Regional Research Delivery Network through which we can ensure we are best placed to mobilise new and emerging CYP study opportunities.

A recent example of this is Care UK (IRAS ID 1009041); a respiratory study recruiting children aged between 6-12 years who have a diagnosis of asthma. Furthermore, we are collaborating with the University of York to examine public health data for academic purposes (MSc programme) and to inform local public health intelligence.

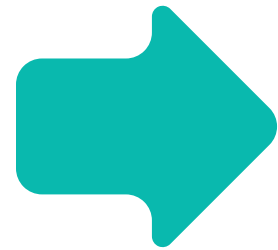


Engaging and developing our people

Fostering a research active culture driven by competency is an important aspect of the Trust ambition to deliver forward thinking contemporary care with a reputation underpinned by quality and safety. In support of this, the Trust is currently integrating Good Clinical Practice (GCP) training for research on the E Learning platform. Uptake of this will be monitored locally as an important metric of research capacity and capability. Alongside this, we continue to deliver training within the Trust preceptorship programme and have this year, supported three programmes. This workstream is an important enabler that ensures research is recognised as a key pillar of everyday clinical practice.

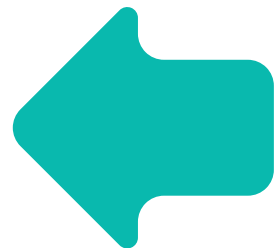
Mentoring and supporting staff to fulfil their research ambitions complements this further. This includes supporting colleagues to increase research experience and expertise to take on new roles such as Principal Investigator (PI) and currently we are supporting three colleagues with this. Other aspects include sharing and supporting career development opportunities. During this year, we have supported two AHP colleagues to apply for NIHR predoctoral scholarships, one of whom has already been successful, with the other application outcome pending. Supporting internal initiatives is another important theme. A current example is the expansion of a Housing project; this is an innovative pilot exploring user experience. This holds the potential to be scaled up and modelled nationally.

Research collaboration, successes and opportunities for learning



Growing our portfolio of Commercial research has formed part of our key strategy to become financially self-sufficient as a research and innovation department. Although the commercial portfolio has grown by 20% over the past three years, our ambition is to accelerate this significantly. We are developing a strategic partnership with Bradford Teaching Hospitals through the NIHR Commercial Research Delivery Centre (CRDC) and contributing to the West Yorkshire Association of Acute Trusts (WYATT) regional research offer. These collaborations will support a more coordinated, competitive, and scalable commercial research presence across the region.

Our Oncology Research Clinical Lead has also taken on a significant new leadership role this year, becoming the Chair of the Non-Surgical Oncology Research Regional Group. This appointment represents a major achievement for both the individual and the Trust, and it is expected to bring substantial benefits in the years ahead. Through this collaboration, HDFT will be better positioned to access a wider range of regional research opportunities, including early offers of oncology trials for our patients. In addition, the role will support greater regional alignment and more streamlined governance processes, enabling more efficient approval and delivery of non-surgical oncology research across the region.



Innovation at HDFT

Innovation:

The Trust has a clear ambition to become a leading NHS organisation for the testing, adoption and spread of healthcare innovation, with the aim of improving quality, safety and patient outcomes. To support this ambition, targeted investment has been made in both staffing and infrastructure. Key roles have been established, including an Innovation Facilitator, a Clinical Innovation Lead and Innovation Champions.

Supporting Frontline innovation:



The Trust recognises that many of the most impactful ideas to improve patient care, safety and efficiency originate from staff working on the frontline. To harness this, an innovation pathway and internal processes are being developed to help progress ideas from concept through to testing and implementation. Over the past year, 6 internal innovation projects have been supported, including ideas for novel medical devices, digital patients care and innovative care pathways



Alongside this, a range of initiatives have been introduced to build capability across the workforce and embed a culture of innovation. These include introductory sessions on innovation and intellectual property, which commenced in January 2026 and are open to all staff, as well as a more in-depth innovation training programmes for staff with ideas they wish to progress, commencing in April 2026.



In 2024, HDFT established a flagship Clinical Entrepreneur Fellow Scheme. This 12-month programme supports Foundation Year doctors at HDFT by providing protected time to work on innovation projects alongside their clinical training. The scheme equips the Fellows with the skills, experience, and networks to drive innovation in healthcare, bridging clinical practice and entrepreneurship and embedding entrepreneurial thinking into their future medical careers. Three Foundation doctors completed the scheme in July 2025 and a further three are currently on the programme through 2026. The Fellows have participated in internal innovation projects, such as supporting the introduction of AI-chest X-ray technology and developing an innovative pathway to identify if patients can be de-labelled as penicillin-allergic. They have also worked on projects with industrial partners, such as B Braun. It is hoped the scheme will be expanded in 2027/28 to accommodate 6 Foundation Year Doctors



Engaging with External Innovators

The Trust actively engages with external innovators from industry, academia and the wider healthcare ecosystem to explore the wide range of emerging innovations and assess their suitability for adoption within the organisation. This year, 18 external innovations have been explored to assess if they would be of benefit to the Trust. Three co-development projects have also been established with academic and industry collaborators.

Partnership and Collaboration

Partnership working is essential to successful innovation. The Trust has established a strong and growing network of external stakeholders across the region, including neighbouring NHS Trusts, the Integrated Care Board, York and North Yorkshire Combined Authority, academic institutions, charities, funding bodies and innovation support organisations, such as Health Innovation Yorkshire and Humber. These relationships enable shared learning, access to expertise and opportunities to collaborate on the development, testing and adoption of innovative solutions. The Innovation Team continues to work closely with colleagues in WYAAT on projects, such as streamlining the processes to adopt innovations across the region as well as co-developing innovation training programmes.

Clinical Advice Service for Innovation

In January 2026, HDFT Innovation Team introduced a Clinical Advice Service to provide companies and organisations access to NHS clinical and operational expertise to support the development and adoption of healthcare innovations. The service provides access to NHS expertise to support companies at any stage of the innovation journey helping to shape clinically relevant and operationally viable solutions while generating income that can be reinvested into innovation activity within the Trust. Funding (~£30,000) has been secured from York and North Yorkshire Combined Authority to conduct a pilot study of this service, which subsidises the support for organisations in North Yorkshire. There have already been 6 applications to the service in its first month since launching.

HDFT Innovation Hub

In April 2025, the Research and Innovation Hub was officially launched at an event attended by the Mayor of York and North Yorkshire and guests from other NHS organisations, charities, industry, academia, and innovation and research support organisations. The Hub has been created for innovation and research, where enhancements in healthcare services can be identified, developed, tested and introduced, with the ultimate goal of improving the health and care of patients, children and young people. It will also serve as a 'front door' for the Trust to engage with public, private, and third-sector organisations in the region, fostering collaboration on innovation and research. Since opening, the Innovation Team has hosted over 15 meetings, workshops and events at the Hub with over 80 visitors attending from over 25 different organisations.



Secondary Users Service

The Secondary Users Service is designed to provide anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

What has Secondary Users Service looked like in 2025-26 for HDFT?

The Trust submitted records during 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data that included the patient's valid NHS number was:

- 99.9% for admitted patient care
- 99.9% for outpatient care
- 99.4% for emergency care

The percentage of records in the published data that included the patient's valid General Practitioner Registration Code was:

- 100.0% for admitted patient care
- 99.9% for outpatient care
- 100.0% for emergency care

The figures above include data up to the end February 2026. A March 2026 update is due to be published in June 2026.

The data can be sourced on NHS futures (requires a log in):
[Commissioning Data Sets - Data Quality Dashboards - FutureNHS Collaboration Platform](#)

Information Governance

The UK General Data Protection Regulation (UK GDPR) and the Data Protection Act (DPA) 2018 together provide the legal framework for data protection.

What has Information Governance looked like in 2025-26 for HDFT?

In 2024 the Data Security and Protection Toolkit (DSPT) for a number of organisations was changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and information governance assurance

The CAF-aligned DSPT is an online self-assessment tool for organisations to measure their information governance and cyber security performance against its five objectives:

- Managing risk
- Protecting against cyber-attack and data breaches
- Detecting cyber security events
- Minimising the impact of incidents
- Using and sharing information appropriately



Each objective is broken down into a number of outcomes where organisations can assess their compliance with the stated indicators of good practice. The results of each outcome determines the organisation's overall level of assurance from the following options:

- Standards Not Met
- Standards Met
- Standards Exceeded

For the 1 July 2024 to 30 June 2025 HDFT achieved:

- Standards Met

Independent Audit Findings:

An independent audit was undertaken of a sample of 12 outcomes across the five objectives. The possible outcomes were:

Risk rating:

- Very High
- High
- Moderate
- Low
- Very Low



Confidence level:

- Low
- Medium
- High



The overall risk rating given by the independent audit was:

- Very Low - All minimum achievement levels have been met and achievement levels have been exceeded for at least one outcome.

The overall confidence level given by the independent audit was:

- High - Low level or no deviation, the organisation's self-assessment against the Toolkit does not differ / deviates only minimally from the Independent Assessment.

Payment by Results Clinical Coding Audit

Clinical coding is the process whereby information from medical records for each patient is expressed as a code. This may include the operation, treatment provided, a diagnosis, any complications and comorbidities. These codes are processed to result in one of a number of possible health resource group codes, each of which has a specific payment tariff that the hospital then receives.

What has Clinical Coding looked like in 2025-26 for HDFT?

The Trust commissioned an external auditor (D&A Consultancy) to conduct a Clinical Coding Audit during 2025/26. The accuracy rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnosis = 91%
- Secondary Diagnosis = 95%
- Primary Procedure = 95%
- Secondary Procedure = 93%

Results should not be extrapolated further than the actual sample audited. Specialties audited were General Surgery and Urology.

The Trust will be taking the following actions to improve data quality:

- Continue to engage with clinical colleagues to ensure high-quality coded clinical data which is reliable, fit for purpose and effective for statistical analysis.
- Continue to deliver a programme of clinical coding standards and standards refresher training for all staff involved in the clinical coding process, and provide an assessment framework which supports coders to gain Accredited Clinical Coder (ACC) status by passing the National Clinical Coding Qualification (UK).

Learning from Deaths

CQC published its report "Learning, candour and accountability: A review of the way NHS Trusts review and investigate the deaths of patients in England" in December 2016, making recommendations about how the approach to learning from deaths could be standardised across the NHS. The Secretary of State accepted all these recommendations and a framework was developed for the NHS on identifying, reporting, investigating and learning from deaths in care.

What has Learning from Deaths looked like in 2025-26 for HDFT?

During 2025-26, 661 of the Trust inpatients died compared to 749 in 2024-25. This comprised the following number of deaths in each quarter of that reporting period:

- 168 in the first quarter
- 143 in the second quarter
- 167 in the third quarter
- 183 in the fourth quarter

In this period, 87 case record reviews were carried out in relation to these deaths. These cases were analysed using the Structured Judgement Review (SJR) tool, as described in the National Mortality Case Record Review Programme by the Royal College of Physicians.

The number of case record reviews carried out in each quarter was:

- 25 in the first quarter,
- 21 in the second quarter,
- 21 in the third quarter,
- 20 in the fourth quarter.

Of the 87 cases, three were assessed to have received poor overall care. Although this has fallen from eight cases in 2024-25, the method used to select cases for review has altered so direct comparisons with last year cannot be made.

Cases chosen for SJR during this year were selected from the following groups:

- Deaths within 30 days of elective surgery
- Highlighted by the Medical Examiner as possible poor care
- A complaint or concern has been raised by the bereaved and preliminary investigation warranted a more in depth assessment
- The patient had a learning disability or autism
- The treating team identified some potential lapses in care
- The cases had a diagnostic coding where surveillance data suggested higher than expected mortality rates
- Cases selected at random to ensure assurance (31 of the 87)



Summary of learning points identified

These case reviews have highlighted that in the majority of cases the standard of clinical care delivered is of good or excellent quality, with frequent Consultant reviews of the majority of our inpatients. Areas for improvement identified included ensuring full completion of patient observations/charts and prioritising early antibiotic administration in sepsis.

Actions taken

The learning from these reviews has resulted in the following actions:

- All cases where individual aspects of care could have been improved are discussed at the specialty Quality and Governance meetings, so that learning is shared through the team
- We have implemented "watch metrics" for mortality – when we see early signs of a possible diagnosis with high mortality, a selection of the cases undergoes a detailed SJR.
- Specialty dashboards have been created so that teams can view and explore their own mortality data and SJR reviews.
- Positive and negative learning continues to be fed back to clinicians at regular intervals

What has the impact been?

The learning from these reviews has resulted in the following actions:

- Individual specialties have greater ownership of the SJR process
- Themes, trends and learning are identified earlier and learning put in place
- Learning has fed into the recent thematic review into deteriorating patients
- Guided configuration of our new Nervecentre electronic patient record

Reporting Against Core Indicators: NHS Digital

NHS Digital support NHS staff at work through design, developing and operating the national Information Technology (IT) and data services that support Clinicians and NHS staff at work, help patients get the best care, and use data to improve health and care.

What have the Core Indicators looked like in 2025-26 for HDFT?

Since 2012-13 HDFT has been required to report on performance against a core set of indicators using data made available by NHS Digital. The core set of indicators are prescribed in the NHS Outcomes Framework (NHS OF) developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how NHS Trusts are performing and uses comparative data against the national average and other NHS organisations with the lowest and highest scores.

Set out in the tables below are the quality indicators that HDFT are required to report in their Quality Account this year. The data given in this section, unless otherwise stated, has been taken from the data made available to the Trust by NHS Digital.

Preventing people from dying prematurely and enhancing quality of life for people with long term conditions

Summary Hospital Mortality Index (SHMI)

This measure looks at deaths in hospital or within 30 days of discharge and is standardised to allow for variations in the patient mix in different hospitals. NHS England publish a value for each Trust every quarter. The national score is set at 1.000 – a Trust score significantly above 1.000 indicates higher than expected death rates, whereas a score significantly below 1.000 indicates lower than expected death rates.

	Data period		
	Dec 22 - Nov 23	Dec 23 - Nov 24	Dec 24 - Nov 25
HDFT value	0.984	1.071	0.977
HDFT banding	2 (as expected)	2 (as expected)	2 (as expected)
National average	1	1	1
Highest value for any acute Trust	1.256	1.285	1.318
Lowest value for any acute Trust	0.72	0.702	0.719

Note - SHMI methodology was amended in May 2024. These were minor changes to improve the accuracy of the calculated SHMI and also to re-include Covid related deaths that were excluded during the pandemic period.

These are unlikely to have a significant impact but should be noted.

Data source:
<https://digital.nhs.uk/data-and-information/publications/ci-hub/summary-hospital-level-mortality-indicator-shmi>

HDFT considers that this data is as described for the following reasons:

- Independent clinical coding audits are carried out on an annual basis by Accredited Clinical Coding Auditors to provide assurance of the accuracy of coded data
- The SHMI data is reviewed and signed off by the Medical Director

HDFT has taken the following actions to improve the quality of its service:

- Using the Healthcare Evaluation Data and NHS England SHMI tools that enable the Trust to clinically review and analyse mortality data in detail on an on-going basis.
- As part of our Learning from Deaths process, we analyse 10-15% of all deaths using the recommended Structured Judgemental Review (SJR) process, as described by the Royal College of Physicians of London. This methodology has been rolled out nationally across England and Scotland and is the accepted methodology for case note review and in line with recommendations in the National Guidance on Learning from Deaths (National Quality Board March 2017). At HDFT, we use a template within our Datix iCloud system to document the reviews and analyse any emerging themes. Cases chosen for review include a random selection for assurance purposes plus those within nationally defined groups (e.g. patients who had a learning disability or who died within 30 days of elective surgery). In addition, using HDFT Impact methodology, if a diagnostic category is suggested to have abnormally high mortality by the SHMI process detailed above, cases with this diagnosis with the lowest predicted mortality are reviewed by SJRs.

Palliative care coding

The data shows the percentage of patient deaths in hospital with specialist palliative care coded at either diagnosis or specialty level. This denotes that the patient had clinical input from a specialist palliative care team during the hospital admission that ended in their death. In some mortality measures this is taken into account in the standardisation, making the assumption that a patient who has had specialist palliative care input should not be classified as an unexpected death. A proportion of people who die in hospital will receive specialist palliative care input but the recording of this varies widely between hospitals.

Palliative care coding - % patient deaths with palliative care coded at either diagnosis or specialty level

	Data period		
	Dec 22 - Nov 23	Dec 23 - Nov 24	Dec 24 - Nov 25
HDFT value	41	29	38
National average	43	45	45
Highest value for any acute Trust	66	66	69
Lowest value for any acute Trust	16	17	17

HDFT considers that this data is as described for the following reasons:

- Independent Clinical Coding Audits are carried out on an annual basis by Accredited Clinical Coding Auditors to provide assurance of the accuracy of coded data
- The data is reviewed and signed off on a quarterly basis by the Medical Director
- This data originates from the clinical coding of specialist palliative care input by the Palliative Care Team

Helping people to recover from episodes of ill health or following injury.

Emergency readmissions within 30 days

This data looks at the percentage of all patients who are readmitted to hospital as an emergency within 30 days of being discharged. A low percentage score is good.

	Data period		
	2023/24	2024/25	2025/26
Total number of emergency readmissions within 30 days	5525	4871	5024
As a percentage of all emergency admissions	21.43%	21.84%	22.36%
Number of emergency readmissions within 30 days (Payment by Results exclusions applied)	4048	3296	3508
As a percentage of all emergency admissions	15.70%	14.77%	15.61%

HDFT considers that this data is as described for the following reasons:

- Data presented is locally derived non-standardised readmission rates as the standardised readmission rates are no longer published by NHS England
- Data is recorded onto the Trust’s main patient administrative system (PCS) and collected via reliable information technology (IT) systems

HDFT has taken the following actions to improve this rate and so the quality of its services:

- Routinely presenting emergency readmissions information to the Trust Board each month
- Continuing to periodically carry out a number of clinical audits to understand this further
- Using national benchmark data to review how HDFT performs compared to local Trusts and a benchmark group of similar Trusts

Treating and caring for people in a safe environment and protecting them from avoidable harm.

VTE (Venous Thromboembolism)

The National Institute for Clinical Excellence (NICE) recommends that all patients in hospital should be assessed for their risk of developing VTE (blood clots). This measure shows the percentage of eligible inpatients who were risk assessed. A high percentage score is good.

VTE risk assessment - % eligible admitted patients risk assessed for VTE

	Data period							
	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
HDFT value	95.9	96.3	95.2	94.6	92.5	90.7	88.1	93.1
National average	89.5	89.9	90.7	n/a	90.8	91.4	91.5	
Highest value for any acute Trust	99.7	99.9	100	n/a	99.7	100	99.9	
Lowest value for any acute Trust	14.9	14.3	13.7	n/a	14.5	15.4	14.9	

The national data collection for VTE risk assessment was suspended from 2020 due to the Covid pandemic and was reinstated for 2024/25, therefore benchmarking data is not available for the 2023/24 period.

Q4 2025/26 benchmarking data not available at the time of publication of this Quality Account.

Note - highest and lowest trust scores and national averages exclude independent sector providers and primary care providers

HDFT considers that this data is as described for the following reasons:

- There is a well-established protocol for VTE risk assessment on admission
- Data is recorded onto the Trust’s main patient administrative system (PCS) and collected via reliable information technology (IT) systems
- Education on VTE risk assessment is part of the Trust’s essential training so staff understand the importance of it

HDFT intends to take the following actions to improve this and so the quality of its services:

- Continuing to identify wards with poorer performance and examining whether there are issues with completion of the risk assessment or inputting of information onto PCS.

Clostridioides difficile rates

The table below shows the number of Trust-apportioned cases of Clostridioides difficile infection (CDI) per 100,000 bed days reported from hospital inpatients aged two years or over.

	Data period		
	2022/23	2023/24	2024/25
HDFT value	25.97	25.83	23.14
National average	23.29	20.94	20.24
Highest value for any acute Trust	76.6	63.12	80.97
Lowest value for any acute Trust	0	0	1.79

2025-26 figures are due to be published Autumn 2026

Note - All Trust apportioned cases include both hospital onset and community onset, healthcare associated cases.

HDFT considers that this data is as described for the following reasons:

- We actively encourage the testing for C.difficile in all patients with loose stool unless there is a very clear clinical reason not to sample (an example of this would be not sampling a patient who has been given an enema or laxative for the management of acute constipation)
- We continue to conduct twice-weekly antimicrobial stewardship rounds in particular to detect and restrict prescribing of high risk antibiotics
- Post infection reviews are conducted for all healthcare acquired associated cases of C.difficile in order to determine lapses in care and extract learning which can be used to prevent future cases

HDFT intends to take the following actions to improve this rate, and so the quality of its services:

- Continuing to review the prescribing of antimicrobials. Overall, the use of antimicrobials at HDFT and in the local community is below both the regional and national average
- Continuing to review our cleaning and decontamination strategy as the evidence for the role of the environment in the transmission of healthcare associated infection including CDI is now overwhelming
- Continue to undertake post-infection reviews and effectively communicate the lessons learnt from these investigations with all Trust Directorates

Performance against indicators in the Single Oversight Framework

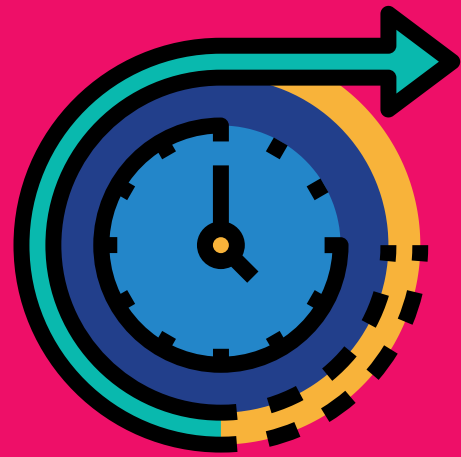
The following table demonstrates HDFT's performance against the key national standards for each quarter in 2025/26.

April 2025 – March 2026

Performance Indicator Description	Q1	Q2	Q3	Q4	YTD
RTT - total incomplete pathways	19998	20426	18927	20774	20774
RTT - Patient waiting >52 weeks	4	0	4	7	7
RTT - Patient waiting >65 weeks	0	0	0	0	0
Diagnostic waiting times - maximum wait of 6 weeks	58.3%	57.5%	51.0%	60.7%	60.7%
Trust total - Total time in A&E - % within 4 hours	79.1%	80.0%	73.0%	75.9%	76.9%
All Cancers: 14 Days Target	58.4%	58.1%	63.0%	56.2%	58.9%
All Cancers: 31 Day Target - 1st Treatment	98.3%	98.8%	98.2%	98.2%	98.4%
All Cancers: 62 Day Target	78.4%	82.0%	79.5%	84.0%	80.9%
Cancer 28 day waits (faster diagnosis standard)	73.0%	83.9%	83.9%	80.1%	80.2%
Incidence of hospital acquired C-Difficile (Cumulative)	12	8	10	7	37

Key performance to note:

- The overall RTT waiting list was at 20,774 in Mar-26, demonstrating minor growth in year but with improvements for long waits
- The Trust has reported zero 78+ week waits since Oct-23 and zero 65+ week waits since Mar-24. The Trust has also made significant improvements on reducing the numbers waiting 52+ weeks and reported 7 waiting 52+ weeks in Mar-26
- The Trust did not achieve the diagnostic waiting times standard in 2025/26 with on average, 57% of patients being seen within 6 weeks, a deterioration from 70% in 2024/25. Whilst the standard is not yet being achieved, progress in reducing long waiting patients has been made during the final quarter of 2025/26
- Performance against the A&E 4-hour standard was below the 76% standard for 2 out of 4 quarters but was achieved for the year overall (76.9%)
- 2 out of 4 cancer waiting time standards were achieved for the year overall with the exceptions being the 14 day and the 62 day treatment standard
- The Trust reported 37 cases of hospital acquired Clostridioides difficile in 2025/26, compared to 34 in 2024/25. 1 case of hospital acquired MRSA (methicillin-resistant staphylococcus aureus) was reported in 2025/26, 1 was also reported in 2024/25



PART THREE

Plans for the Future and Priorities for Improvement



Plans for the Future

Our Commitment

HDFT is committed to working with all of our colleagues to deliver the best possible care, treatment and support for the communities we serve. This is what drives and motivates us to become an outstanding organisation.

Our collective intent is to create a culture of continuous improvement where all colleagues help us achieve our ambition.

There are already a wealth of examples of the difference this has made already in HDFT as well as the wider community. We want, however to do more to work harder on co-producing our services so that that they are fit for the future. We want to do this by building on the the progress and good practice we have made to date.

Our ambition is to ensure that every programme of work to improve or develop our services begins with a deep understanding of what matters most to the people who use them. We will work collaboratively with patients, carers, families, children, young people, service users, communities, and wider stakeholders to shape services that genuinely reflect their needs, priorities, and experiences.

At HDFT we are committed to ensure we focus on the areas of quality and safety that will make a real difference to the people we serve.

Whilst improvement projects can sometimes make a big impact over a short period of time, we are committed to an ambitious continuous improvement programme: HDFT Impact

The following pages provide an overview of our approach to continuous improvement in the organisation, as well as an overview of our focus during 2026-27.

HDFT Impact



HDFT Impact: Helping Us Get Better Every Day!

HDFT Impact is the Trust's way of helping everyone work together to make things better for our patients, children, and communities.

We want all people who work at HDFT to help:



Spot problems



Fix them



Share them

Why do we have a Strategy?

Our Strategy is our big plan. It helps everyone understand:



What we are here to do



What we want to achieve

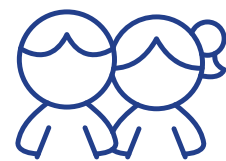


What to focus on first

We exist to help:



Patients in our hospitals and community services



Children and young people across the North East and Yorkshire



Patients and children always come first

HDFT Impact



Our Trust North Vision:

"True North" is like a compass that points us in the right direction

Our True North Means



Putting patients and children first



Helping our communities stay healthy



Always improving our care

We have clear goals (our True North Ambitions) to help us stay on track.

How Does HDFT Impact Work?

We focus on three important areas:

Training: Everyone learns how to improve things. Every idea matters!

Sustainability: We build good habits so improvement becomes part of everyday life

Awareness: We share stories so everyone can see how their ideas make a difference

The Improvement Academy: The Engine of HDFT Impact

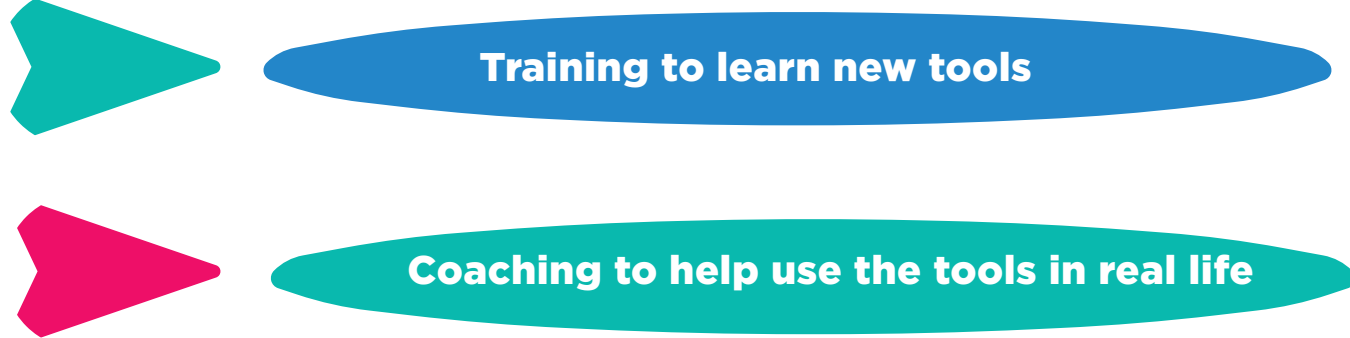
The Improvement Academy is like the motor that keeps everything moving forward. The team includes experts who are great at:



They support everyone at HDFT to learn, grow and succeed.

What does the programme look like?

Everyone who joins our Trust goes on an 8-week improvement journey. Each week includes:



By the end teams feel:



Why it matters

HDFT Impact helps us:

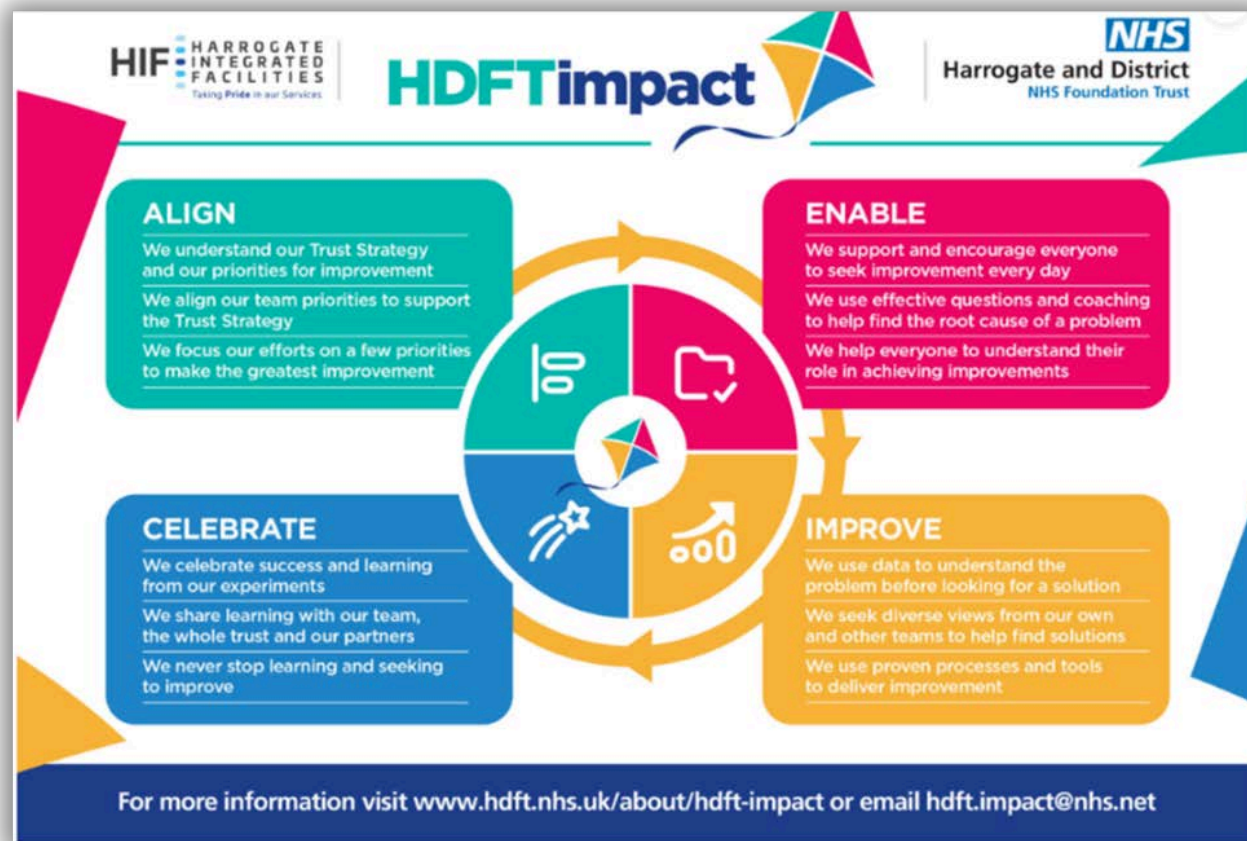


Because at HDFT every idea counts. Every improvement matters. Every day.

HDFT Impact

HDFT Impact builds on 10 years of organisational experience using 'Lean' methodology to put continuous improvement at the centre of our culture and ways of working. It aligns improvement with our Strategy and embeds the systems, routines and tools, coaching and support needed for teams to make significant, sustainable improvements as part of their daily work. Our ambition is that HDFT Impact will mobilise all 5,200 colleagues to improve quality in the areas that matter most, every day. We will celebrate and encourage improvement by everyone and everywhere throughout the Trust.

Through HDFT Impact we will:



Our Strategic Programmes are multi-year programmes which enable transformational change in the quality of care we provide to our patients, children and communities.

Strategic Programmes

During 2025-26 we have continued our ambitious plans to increase the capability of our frontline and corporate teams to implement Impact systems and processes through comprehensive training. We have now reached over 25% of our workforce and have plans to accelerate the deployment with a refined model in 2026-27.

Electronic Patient Record (EPR)

By providing clinicians with instant access to patient information, our new EPR provided by NerveCentre will enable a step change in the quality and safety of care in our acute services. During 2025-26 we have completed the design, testing and successfully implemented phase 1 of our new system. Further functionality and optimisation is planned for 2026-27 alongside thorough evaluation of the benefits

Breakthrough Objectives

Alongside long-term strategic programmes, each year we will identify a small number of "Breakthrough Objectives" which aim to focus the improvement efforts of every team in the Trust on the areas which will have the biggest impact on our True North Ambitions.

The Breakthrough Objectives will be supported by a small number of Corporate Projects: improvements that need project management and corporate support to implement new systems or processes.

Based on analysis of our data for our True North Metrics, we identified four breakthrough objectives for 2025-26:

1) Person Centred, Integrated Care: Time to inpatient bed

One of the largest contributors to patients waiting over four hours (the Four-hour Emergency Department Standard) was the lack of availability of inpatient beds. Setting this as a breakthrough objective we achieved a median average reduction of 59% (from 430 minutes in Dec'24 to 177 minutes in Dec'25).

2) Person Centred, Integrated Care: First Outpatient Appointments

A key contributing factor limiting our referral to treatment time (RTT) performance was the number of follow-up appointments being offered in some specialities. Our Breakthrough Objective challenged us to review our current pathways using best practice guidance and try to improve the ratio of new to follow-up appointments. Despite this focus, we have seen an increase rather than reduction in the ratio. However, this is purposeful deviation due to changes in priorities in-year leading to strategic decisions to focus on completing care pathways for existing patients. We see this as a valuable example of the need to have an adaptable strategic approach that meets the dynamic context in which we operate.

Based on analysis of our data for our True North Metrics, we identified four breakthrough objectives for 2025-26:

3) At Our Best – Making HDFT the best place to work: Staff Involvement

Staff engagement is recognised as a driver of high quality, safe care. Data analysis from our 2024 NHS Staff survey showed that we had most opportunity to improve our staff involvement scores, one of 3 contributing elements to staff engagement. This became the focus of our Breakthrough Objective for 2025-26. Having spent the first half of the year exploring the causes of lower involvement scores we moved to deploy interventions in Q3&4. This meant we didn't realise a full year effect resulting in a positive yet modest 2.2% improvement in the staff involvement score in our 2025 national staff survey (from 6.85 to 6.92).

4) Financial Sustainability: Achieving our waste reduction and productivity target (WRAP)

While not a True North Ambition, financial sustainability is an important Enabling Ambition as we acknowledge our responsibility to make the best use of the public funding we earn. Waste reduction and productivity targets are an important part of our financial management and something that requires a whole organisation approach to achieve. We set and achieved full realisation of our £14million WRAP target as a 2025/26 Breakthrough Objective.

Corporate Projects

In 2025-26 we used our HDFT Impact management system to focus our resources on corporate projects critical to our Breakthrough Objectives and True North Ambitions. To achieve this, we used our strategic project filter; a collaborative process with the senior leadership group. This helped us to be confident that the projects selected had sufficient, leadership, project management, clinical, and operational capacity to be delivered successfully within 12-18-months.

The projects outlined below represent a selection of those that were prioritised in 2025-26.

Ward Configuration:

Phase 2 of this project continued to support the adaptation of our estate to meet the evolving needs of our community. The reconfiguration contributed to significant improvement in medical bed availability reducing waiting times in the emergency department.

Medical & Dental Rostering:

A large project to implement e-rostering for our medical and dental workforce. This project continues to have complexity and challenge, however, thanks to the determination and tenacity of those involved we have made significant progress with most rosters now implemented. Completion is expected in July 2026.

Patient Discharge:

This project has delivered some outstanding results and will be closed at the end of March 2026 with the work sustained through evidence-based investment and transfer of novel processes to business-as-usual status.

EPR Benefits Realisation:

A project aligned to EPR Implementation Strategic Programme. This project will ensure that we take our opportunities to achieve transformational changes using our new EPR rather than transactional changes in functionality. The project is in full flight as we have chosen to deploy our EPR incrementally beginning in November 2025 and continuing through April 2026.



Our 2026 - 2027 Priorities

Our ambitions set in 2025-26 remain our focus as we move into 2026-2027:



EVER SAFER CARE
through continuous learning and improvement



EXCELLENT OUTCOMES
through effective, best practice care



A POSITIVE EXPERIENCE
for every patient by listening and acting on their feedback

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.

Strategy Delivery

Within the year we will focus on three True North Metrics. These are goals that are executive led and will take between 10 – 15 years fully achieve. Each year programmes of work are developed to ensure consistent focus and progress.



Eliminating Moderate and Above Harm



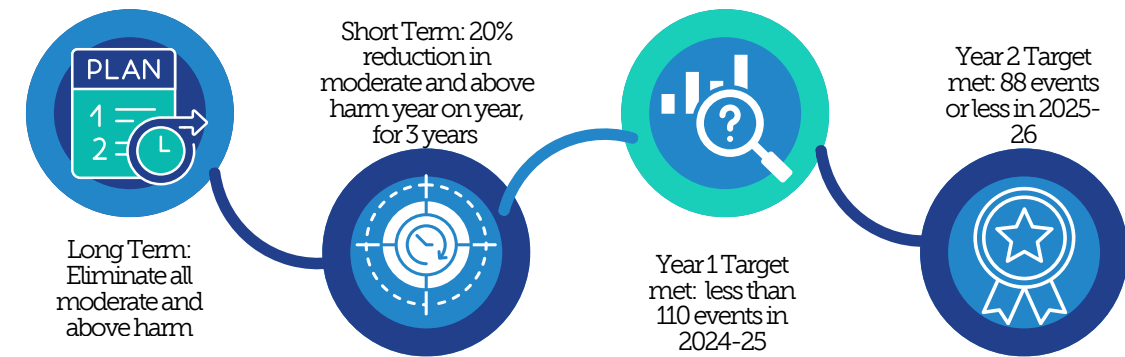
Patient Experience - Positive Response Rates



Clinical Effectiveness - CSR Award Distribution

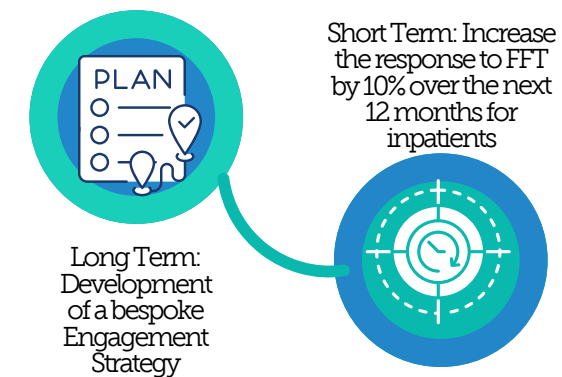
Eliminating Moderate and Above Harm

One Vision: Decrease the total number of moderate and above harm events whilst increasing reporting of low and no harm.



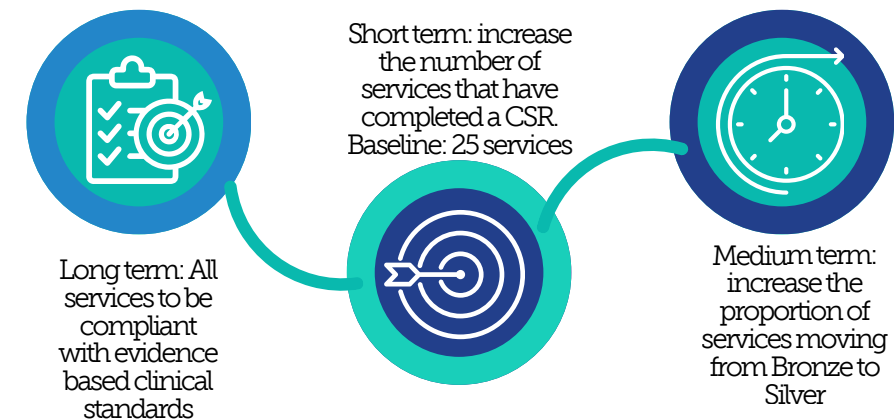
A Positive Patient Experience

One Vision: For every patient to recommend our services



Clinical Effectiveness - Clinical Standards Review (CSR) Award Distribution

One Vision: Increase the proportion of services that are compliant with evidence based clinical standards



Our Clinical Services Strategy Programme: 2025/26 Progress and our Plans for 2026/27

In 2024 the Trust published its Clinical Services Strategy following extensive engagement with staff, partners, patients, and the public. The Strategy sets out how HDFT will continue to provide the full portfolio of District General Hospital services – including a Type 1 Emergency Department and obstetric led- maternity care – alongside a comprehensive range of community services and nationally recognised children’s public health services.

The Strategy commits the Trust to delivering high quality, sustainable clinical services that meet the needs of our population and reflect the national direction of travel, including the three “NHS Fit for the Future: 10 Year Health Plan 2025-35” -Strategic Shifts: Hospital to Community, Analogue to Digital, and Treatment to Prevention.

A More Mature Programme in 2025/26

Over the past year, our focus has moved from strategy development to delivery. The Clinical Services Strategy (CSS) Programme is now fully mobilised and recognised as one of the Trust’s three Strategic Programmes

Strengthened Governance

During 2025/26 we established a refreshed governance model to ensure the programme delivers improvements at pace which allows the Trust to take an agile, system-wide view of transformation, supporting earlier identification of risks and the ability to intervene more quickly.

Best Quality Safest Care, focus on frailty:

Significant progress has been made in transforming how we identify and care for people living with frailty.

Key achievements in 2025/26 include:



Strengthened early identification of frailty across front door-services.



Continued development of the Acute Frailty Unit and Frailty Same Day Emergency Care Unit, enabling early Comprehensive Geriatric Assessment and improving flow.



Delivery of high quality urgent and planned care through refurbished ED and UTC facilities, plus medical and surgical SDEC pathways.



Progress with a Trust wide clinical standards review, assessing services against national benchmarks and identifying-priority areas for improvement.



Ongoing embedding of the HDFT Impact continuous improvement model across clinical services.

These improvements support earlier intervention, reduce unnecessary admissions, and enhance patient experience and safety.

HDFT will: Provide high quality District General Hospital acute, planned and community care for our Harrogate and District local population, prioritising and ensuring a proactive approach to people living with frailty in our community



Provide a 24/7 Urgent and Emergency Care Pathway through our refurbished Emergency Department and Urgent Treatment Centres, as well as same day treatment through Same Day Emergency Care pathways for surgical and medical conditions.



Further develop our Bed to Board Governance Structures through the new Care Group Clinical Directorate Structures, ensure all services are delivered to best practice standards through thorough networking and partnerships when necessary.



Deliver timely care for all urgent and planned care services. Drive improvements in planned care waiting times by transforming the ways we deliver outpatient services and by expanding our theatre capacity.



Continually develop our services through an embedded HDFT Impact continuous improvement model. Enable and strengthen research, innovation and digital programmes and technologies.



Provide specialist frailty care through the Acute Frailty Unit to holistically assess and treat patients living with frailty and support same day discharge or shorter hospital stays where possible.



Identify frailty early and deliver Comprehensive Geriatric Assessment to inpatients who will benefit irrespective of their admitting speciality and throughout acute and planned care service provision.



Recognise that people living with frailty often have their needs met best in settings outside of acute hospital care and provide coordinated multidisciplinary crisis care and rehabilitation services in the most appropriate settings.



Work in partnership with patients and their relatives to deliver personalised care, supporting people to maintain active and healthy ageing through self-management where appropriate, and to engage effectively and compassionately with patients and carers to discuss end of life care when required.

HDFT @ Home - Providing Care Closer to Home

The Trust continues to develop a more integrated, digitally enabled community model designed around the principle of delivering care in the most appropriate setting.

Key areas of progress include:



Design of the HDFT@Home integrated health and social care model, bringing acute, intermediate, and planned care pathways together. This includes design of a future Care Gateway hub to coordinate patient navigation using specialist clinicians, digital tools, and consistent triage processes.



Continued work on Discharge Optimisation to reduce delays for medically fit patients.



Building on 2024's Intermediate Care work, including the "Super September" pilot which demonstrated benefits of frailty therapy input at the front door. This learning has shaped the new integrated model.

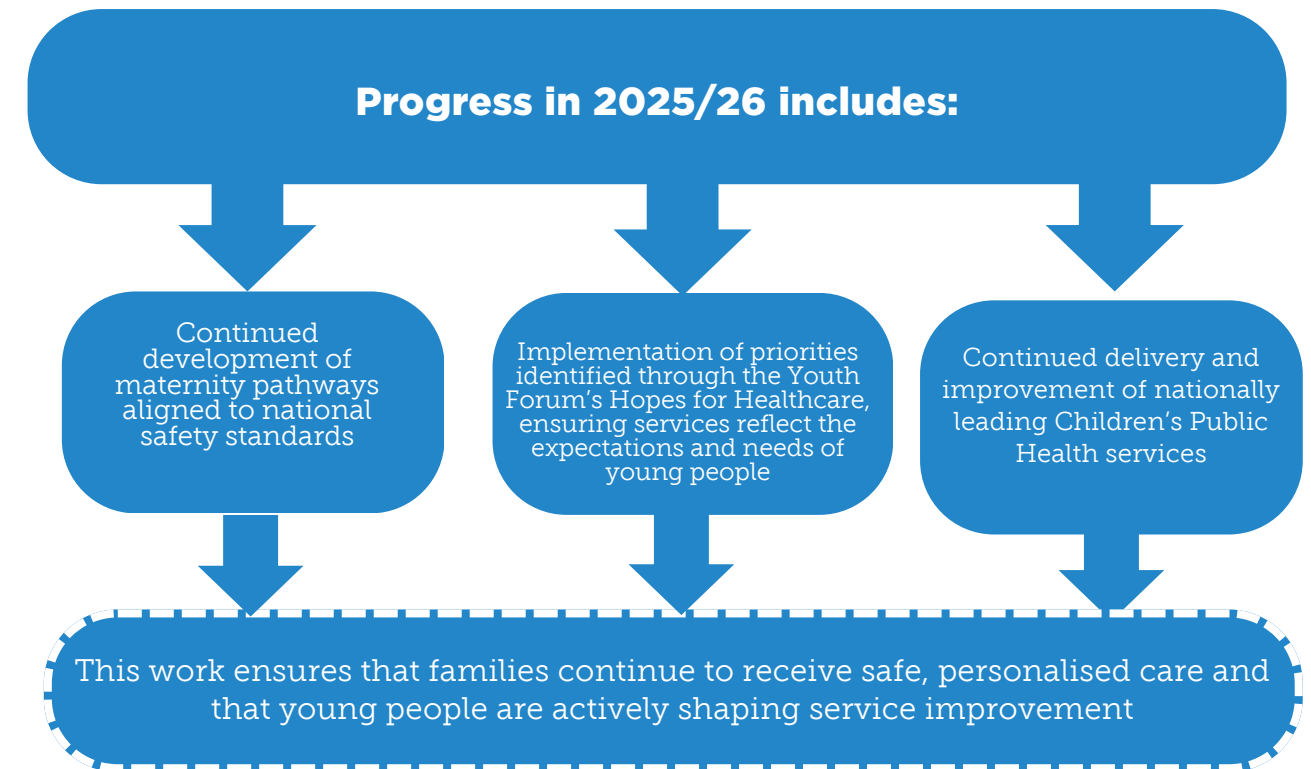


Outpatient transformation initiatives such as Patient Initiated Follow Up- and enhanced Advice & Guidance for primary care.



Children and Young People – Accessible, High-Quality- Care

The Trust remains committed to delivering high quality obstetric and midwifery- led maternity services and ensuring children and young people can access care in ways that work for them.



Working in Partnerships and Networks

Collaborative working remains a central theme of the Strategy. This year we:

- Strengthened our participation in regional networks to support alignment with specialty specific- best practice.
- Continued to develop pathway partnerships across acute, community, primary care and through ICS -level programmes.
- Set up the Neighbourhood Health project across Harrogate and Rural District to enable the shifts from treatment to prevention and from hospital to community by implementing the six components of neighbourhood health (PHM, Modern GP, Standardising Community Services, Neighbourhood MDTs, Integrated "Home First" Intermediate Care, Urgent Neighbourhood Services)
- This partnership-based- approach supports sustainability, delivers better outcomes, and enables shared learning across organisations.

Cross Cutting Themes Integrated into Delivery

Consistent with the published Strategy, all clinical transformation programmes incorporate:

- Reducing health inequalities, particularly within frailty, maternity, and community pathways.
- Environmental sustainability, ensuring redesigned pathways minimise unnecessary travel and reduce the Trust's environmental impact.
- Equality, Diversity and Belonging, including more inclusive engagement across CYP and maternity services.
- Digital enablement, including EPR, automation, triage tools, and remote monitoring.
- Research and innovation, ensuring service changes are underpinned by evidence and continuous evaluation.
- Workforce transformation, ensuring redesigned pathways are supported by the right skills and roles.

These themes act as the foundations for sustainable long-term service change.

Our Plans for 2026/27

Building on the progress during 2025/26, the programme will focus on:

- Delivering the next stage of the HDFT@Home model, including piloting a new Care Gateway Care Co-ordination hub
- Further strengthening frailty pathways, with a focus on front -door assessment, community-based crisis response, and improved discharge processes
- Advancing maternity and CYP transformation programmes with continued involvement of families and young people
- Completing the clinical standards review across all services and beginning targeted improvement work
- Deepening partnerships and cross Trust clinical networks to support sustainability and access to specialist expertise
- Accelerating digital enablers to support pathway redesign and clinical decision making

The coming year marks a transition from foundational work to visible service change and improved patient outcomes across the system.



ANNEXES

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ANNEX 1: Statements from Key Stakeholders

Statement on behalf of the Council of Governors:

On behalf of the Council of Governors, I am pleased to provide our response to the Annual Quality Account for Harrogate and District NHS Foundation Trust (HDFT). I welcome this comprehensive overview, which once again reflects the hard work and dedication of all those who contribute to the improvement in the quality of services provided by the Trust.

Our response is based on the detailed reporting and well received interactive discussion which has taken place at formal Council meetings and at regular briefings with Governors throughout the year. The further rollout of the continuous improvement model through HDFT Impact and the commitment to accreditation through KITE supports the organisation to be self-aware and able to identify priorities for improvement and strive for greater success in the delivery of services and has, for example supported ward accreditation.

Key achievements have been realised with identified breakthrough objectives - reducing the incidence of pressure ulcers and improving fall prevention. Safety of patients and service users remains paramount in the Trust objectives and this is reflected in the further development of the Patient Safety Investigation Response Framework (PSIRF), the strengthening of the Freedom to Speak Up and the review of safeguarding policies and practice especially in view of the increasing geographical areas where 0-19 children and young people's services are being delivered.

We are pleased to see the continued progress being made following the establishment and strengthened leadership of the Innovation Hub and the commitment to innovation and research to underpin improved outcomes for patients. The unique expansion of 0-19 public health services has provided opportunities to develop and showcase research and best practice as part of the Great Start in Life (GSIL) strategic ambition.

The implementation of the Electronic Patient Record system has been a particularly exciting development following a comprehensive design and testing process.

We acknowledge the aspiration to develop and improve the Trust's engagement strategy and we also continue to emphasise the role that Governors can offer to support the implementation of this and ensure that it reflects the views and needs of the Trust wide population.

The Council of Governors is proud of the Trust's achievements and the initiatives that have been taken over the last year and we hope that these will support HDFT in being well placed to tackle the challenges of the future ambitions of the NHS.

Jackie Lincoln Lead Governor on behalf of the Council of Governors

ANNEX 1: Statements from Key Stakeholders

Statement on behalf of Humber and North Yorkshire ICB

Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB) for Harrogate and District NHS Foundation Trust Quality Account 2025/26.

Humber and North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review and provide comment on Harrogate and District NHS Foundation Trust's Quality Account for 2025/26. We would like to take this opportunity to thank all staff for their continued dedication and commitment to improving quality, patient safety and the experience of those who use its services.

We acknowledge the key achievements against the 2025/26 quality priorities and commitment to using structured quality governance, clinical audit, patient feedback and staff insight to support continuous improvement and strengthen organisational learning. Looking ahead, the Quality Account identifies that the 2026/27 priorities will include advancing maternity and children and young people's transformation programmes with continued involvement of families and young people and the ICB looks on with interest to hear about the key deliverables, quality outcomes, including how co-production will be embedded and how impact will be measured.

We recognise the work of the Trust in embedding the Patient Safety Incident Response Framework (PSIRF), with After Action Reviews and thematic reviews being used routinely to strengthen quality improvement, supported by the outcome of the recent internal audit, which awarded a 'High Assurance' rating for PSIRF governance, processes and supporting tools. The themed reviews for Never Events and deteriorating patients, alongside the relaunch of the Safety and Learning Network, is reflective of a strong emphasis on learning, transparency and timely dissemination of improvement actions.

We applaud the measurable progress in falls prevention, and pressure ulcer prevention with the 'Break the Cycle' initiative delivered a reported 65% reduction in moderate harm pressure ulcers across the two inpatient wards where it was implemented. This being supported by strengthened education, awareness activity, role-specific training compliance above 85%, and improved escalation and investigation processes.

We were pleased to read about the Trust reporting 92% of patients rating their care as "good" or "very good" overall, alongside 4,538 Friends and Family Test responses and the strengthened approach to complaints, concerns with an emphasis on real-time feedback and co-production in the delivery and shaping of service improvements.

Furthermore, the inclusion of the children's and young peoples' survey is also encouraging. The survey results provide valuable insight into the lived experiences of children, young people and their families and demonstrate a commitment to hearing the child's voice. The inclusion of the "Great Start in Life" priority is particularly welcome, recognising the importance of early years, prevention, and addressing vulnerability, as well as the need to improve children's experience of care.

We note the Trusts safeguarding improvement plan and breadth of work underway including audit, governance, supervision training, domestic abuse and sexual safety and others. We note that safeguarding is included within the Freedom to Speak Up workstream.

We recognise the work undertaken throughout the year in relation to Infection Prevention and Control (IPC), including improvement actions associated with Clostridium Difficile infections and the use of antimicrobials both in-hospital and in the local community which is below both the regional and national average.

The ICB notes the continued rollout of the Trust's KITE internal accreditation programme that aligns to the Trust's core values. The development of a digital accreditation dashboard and a structured process for targeted support where standards are lower provides further assurance that accreditation is an enabler of sustained quality improvement, reduction in unwarranted variation and greater organisational oversight.

The ICB would like to further congratulate the Trust on the progress made in clinical effectiveness, research and innovation with the Trust participating in 90% of eligible national clinical audits and 100% of national confidential enquiries. The ICB notes the Trust's growing emphasis on research capability, digital development and innovation infrastructure, including the establishment of an Innovation Hub and further investment in research leadership.

Humber and North Yorkshire ICB confirm that to the best of our knowledge, the Account is a true and accurate reflection of the quality of care delivered by Harrogate and District NHS Foundation Trust. The Quality Account is a transparent and positive document which demonstrates the Trusts continued commitment to working in partnership with patients and staff to support quality improvement.

The Humber and North Yorkshire Integrated Care Board remain committed to working with the Trust and its regulators to enhance the quality and safety of services for the population, with the aim of further improving patient care, safety and outcomes across our System.

Name:	Deborah Lowe
Job title:	Director of Nursing, Quality Assurance
Date:	11 th June 2026

ANNEX 2: Statement of Director's Responsibilities

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Account (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Account) Regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered,
- The performance information reported in the Quality Account is reliable and accurate,
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice,
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review,
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chair of HDFT: Sarah Armstrong
Date: 15 June 2026

Chief Executive of HDFT: Jonathan Coulter
Date: 15 June 2026

ANNEX 3: Abbreviations and Definitions

AHP	An AHP is an Allied Health Professional – a group of highly skilled healthcare practitioners who are not doctors or nurses but play a vital role in assessing, treating, and supporting patients across the NHS. AHPs include professions such as physiotherapists, occupational therapists, radiographers, dietitians, paramedics, speech and language therapists, podiatrists, and several others.
AI	Artificial intelligence refers to the capability of computer systems to perform tasks typically requiring human intelligence, such as learning, reasoning, and decision-making.
Audit	An audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.
BI	Business Intelligence
CAS	The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.
Clinical Audit	This is a quality improvement process that looks at improving patient care and outcomes through a review of care against a set of criteria. This helps to ensure that what should be done in a Trust is being done.
Clinical Outcome	A clinical outcome is the change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions.
Clinical Research	Clinical research is a branch of medical science that determines the safety and effectiveness of medication, diagnostic products, devices and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.
COPD	Chronic obstructive pulmonary disease
Covid-19	A highly contagious respiratory disease caused by the SARS-CoV-2 virus.
CQC	The Care Quality Commission (CQC) regulates and monitors the Trust's standards of quality and Safety.
CQUIN	Commissioning for Quality and Innovation A payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets
CSW	Care/Clinical Support Worker
Dashboard	Data visualisation tool that displays the current status of metrics and key performance indicators
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative.
Datix / DCIQ	DATIX is the Trust-wide incident reporting system

ECG	Electrocardiogram Is a test that records the electrical activity of the heart, showing its rhythm and rate.
ED	Emergency Department The Emergency Department (ED) assesses and treats people with serious injuries and those in need of emergency treatment. It is open 24 hours a day, 365 days of the
EoL	End of life
EPR	Electronic patient record
FFT	Friends and Family Test The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.
FTSU	Freedom to Speak Up
GIRFT	GIRFT stands for Getting It Right First Time, a national NHS England programme designed to improve the quality of patient care by reducing unwarranted variation, benchmarking performance, and using clinically-led, data-driven reviews to identify where services can be improved.
GP	General practitioner
HaRD	Harrogate and Rural District
HDFT	Harrogate and District NHS Foundation Trust
HIF	Harrogate Integrated Facilities
ICB	In the NHS, an Integrated Care Board (ICB) is a statutory body responsible for planning and funding NHS services in a specific local area. They replaced the previous Clinical Commissioning Groups (CCGs) and have taken over some of the commissioning functions previously held by NHS England. ICBs are key to the implementation of Integrated Care Systems (ICSs), which aim to provide more integrated health and social care services
Just Culture	A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution.
KITE	KITE stands for Kindness, Integrity, Teamwork and Equality and these are the four values lie at the heart of who we are, what we do and the culture we want to establish, having a direct impact upon both colleagues and the public we service.
LFPSE	The Learn from Patient Safety Events (LFPSE) service is a national NHS system for the recording and analysis of patient safety events that occur in healthcare and has replaced the NRLS
MDT	Multidisciplinary team
MRI	Magnetic Resonance Imaging, is a medical imaging technique that uses strong magnetic fields and radio waves to create detailed images of the inside of the body

NCAPOP	National Clinical Audit and Patient Outcome Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
Nervecentre	Nervecentre is the digital clinical system used by the Trust to help staff manage patient care more safely and efficiently.
Never Event	A Never Event is a type of serious incident (SI). These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'
NHSE	NHS England (NHSE) is the national organisation that helps run the NHS and makes sure people across the country can get safe, high-quality healthcare. It sets priorities, supports local NHS services, and makes sure money is spent in the best way to meet patients' needs.
NHSFT	NHS Foundation Trust
NHSI	NHS Improvement
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to ensure the service provided is safe, effective and efficient.
NPSA	National Patient Safety Agency Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develops advice for the NHS that can help to ensure the safety of patients. Advice is issued to the NHS as and when issues arise, via the Central Alerting System in England and directly to NHS organisations in Wales. Alerts cover a wide range of topics, from vaccines to patient identification. Types of alerts include Rapid Response Reports, Patient Safety Alerts, and Safer Practice Notices.
NIHR	The National Institute for Health Research commissions and funds research in the NHS and in social care.
PET	Patient Experience Team
PowerBi	Power BI is a Microsoft data-visualisation and reporting tool that allows organisations to turn raw data into clear, interactive dashboards and reports. It helps users explore information, spot trends, and make better decisions by presenting data in easy-to-understand charts, graphs, and visuals.

PPE	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment.
PSII	Patient Safety Incident Investigation, replaces the old Serious Incident (SI) terminology
PSIRF	Patient Safety Incident Response Framework sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
RN	Registered Nurse
RTT	Referral to treatment
SHMI	Standardised Hospital Mortality Indicator - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
SI	Serious Incident An SI is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.
SJR	Structured judgement review. An SJR is a systematic review of a patient's case notes, where trained clinicians make explicit, structured comments and quality ratings about the care delivered at each phase of the patient's journey.
SLA	An NHS Service Level Agreement (SLA) is a formal agreement that sets out the services, standards, responsibilities, and performance expectations between our organisation and the partners who provide services on our behalf. SLAs are an essential component of our quality governance framework, ensuring that all commissioned or shared services deliver safe, effective, and high-quality care.
SSNAP	Sentinel Stroke National Audit Programme
STEIS	Strategic Executive Information System is a system used within the NHS in England to report and manage PSII's
Tendable	Is a digital platform that is used within HDFT to submit audit data
VTE	A Venous Thromboembolism (VTE) is a blood clot that forms in a vein, usually in the leg. This is called a deep vein thrombosis.
WebV	An electronic patient record (EPR) used at HDFT

ANNEX 4: Clinical Audit

Table 1: National Clinical Audits 2025/26

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
1	BAUS Data & Audit Programme	British audit Of the investigation and referral of women with recurrent urinary tract infection using recent Guidance (BOOMERANG)	Y	N	Not mandatory as not included in NCAPOP
		Evaluating the Management Pathway For Suspected Testicular Cancer Referrals (EMPAST)	Y	Y	All eligible
2	Breast and Cosmetic Implant Registry		Y	Y	Ongoing
3	British Spine Registry		N	N	
4	Case Mix Programme (CMP): Intensive Care National Audit & Research Centre (ICNARC)		Y	Y	Ongoing - quarterly
5	Cleft Registry and Audit Network (CRANE)		N	N	
6	Emergency Medicine QIPs *	Adolescent Mental Health	Y	N	See note
		Care of Older People	Y	N	See note
		a) Mental Health (self-harm)	Y	N	See note
		Time Critical Medications	Y	N	See note

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
7	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People		Y	Y	Ongoing
8	Falls and Fragility Fracture Audit Programme (FFFAP)	Fracture liaison Database (FLS-DB)	N	N	
		National Audit of Inpatient Falls (NAIF)	Y	Y	Ongoing
		National Hip Fracture Database (NHFD)	Y	Y	Ongoing
9	Learning from lives and deaths – People with a learning disabilities and autistic people (LeDeR)		Y	Y	Ongoing
10	Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)		Y	Y	Ongoing
11	Mental Health Clinical Outcome Review Programme		N	N	

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
12	National Adult Diabetes Audit (NDA)	a) National Diabetes Core Audit	Y	Y	Annual submission
		b) Diabetes Prevention Programme (DPP) Adult	N	N	
		c) National Diabetes Footcare Audit (NDFA)	Y	Y	Ongoing
		d) National Diabetes Inpatient Safety Audit (NDISA)	Y	Y	Ongoing
		e) National Pregnancy in Diabetes Audit (NPID)	Y	Y	Ongoing
		f) Transition (Adolescents and Young Adults) and young Type 2 Audit	Y	N	
		g) Gestational Diabetes Audit	Y	Y	
13	National Audit of Cardiac Rehabilitation		Y	Y	Ongoing
14	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)		N	N	

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
15	National Audit of Care at the End of Life (NACEL)		Y	Y	Ongoing-quarterly
16	National Audit of Dementia (NAD)		Y	N	No national audit in 2025/26
17	National Audit of Eating Disorders (NAED)		N	N	
18	National Bariatric Surgery Register		N	N	
19	National Cancer Audit Collaborating Centre (NATCAN)	National Audit of Metastatic Breast Cancer (NAoMe)	Y	Y	Ongoing
		National Audit of Primary Breast Cancer (NAoPri)	Y	Y	Ongoing
		National Bowel Cancer Audit (NBOCA)	Y	Y	Ongoing
		National Kidney Cancer Audit (NKCA)	Y	Y	Ongoing
		National Lung Cancer Audit (NLCA)	Y	Y	Ongoing
		National Non-Hodgkin Lymphoma Audit (NNHLA)	Y	Y	Ongoing

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
20	National Cancer Audit Collaborating Centre (NATCAN)	National Oesophago-Gastric Cancer Audit (NOGCA)	Y	Y	Ongoing
		National Ovarian Cancer Audit (NOCA)	Y	Y	Ongoing
		National Pancreatic Cancer Audit (NPaCA)	Y	Y	Ongoing
		National Prostate Cancer Audit (NPCA)	Y	Y	Ongoing
21	National Cardiac Arrest Audit (NCAA)		Y	Y	Ongoing
22	National Cardiac Audit Programme (NCAP)	a) National Adult Cardiac Surgery Audit (NACSA)	N	N	
		b) National Congenital Heart Disease Audit (NCHDA)	N	N	
		c) National Heart Failure Audit (NHFA)	Y	Y	Unable to complete 2025/26 data submission due to staffing issues
		d) National Audit of Cardiac Rhythm Management (NACRM)	Y	Y	Ongoing

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
23	National Cardiac Audit Programme (NCAP)	e) Myocardial Ischaemia National Audit Project (MINAP)	Y	Y	Ongoing-weekly
		f) National Audit of Percutaneous Coronary Intervention (NAPCI)	N	N	
		g) UK Transcatheter Aortic Valve Implantation (TAVI) Registry	N	N	
		h) Left Atrial Appendage Occlusion (LAAO) Registry	N	N	
		i) Patent Foramen Ovale Closure (PFOC) Registry	N	N	
		j) Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	N	N	
24	National Child Mortality Database (NCMD)		Y	Y	Ongoing

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
25	National Clinical Audit of Psychosis (NCAP)		N	N	
26	National Comparative Audit of Blood Transfusion (NCABT): 2025 Major Haemorrhage Audit		Y	Y	No Data for 25/26
27	National Early Inflammatory Arthritis Audit (NEIAA)		Y	Y	Ongoing
28	National Emergency Laparotomy Audit (NELA)	a) Laparotomy	Y	Y	Ongoing - Quarterly
		b) No Laparotomy	Y	Y	Ongoing - Quarterly
29	National Joint Registry (NJR)		Y	Y	Ongoing
30	National Major Trauma Registry		Y	Y	Ongoing
31	National Maternity and Perinatal Audit (NMPA)		Y	Y	Ongoing
32	National Neonatal Audit Programme (NNAP)		Y	Y	Ongoing
33	National Obesity Audit (NOA)		N	N	
34	National Ophthalmology Database Audit	a) Age-related Macular Degeneration Audit	Y	Y	Ongoing
		b) Cataract Audit	Y	Y	Ongoing
35	National Paediatric Diabetes Audit (NPDA)		Y	Y	Quarterly
36	National Perinatal Mortality Review Tool (PMRT)		Y	Y	Ongoing as and when occurs

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
37	National Pulmonary Hypertension Audit		N	N	
38	National Respiratory Audit Programme (NRAP)	a) COPD Secondary Care	Y	Y	Annual submission
		b) Pulmonary Rehabilitation	Y	Y	Annual submission
		c) Adult Asthma Secondary Care	Y	Y	Annual submission
		d) Children and Young People's Asthma Secondary Care	Y	Y	Annual submission
39	National Vascular Registry (NVR)		N	N	
40	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)		N	N	
41	Paediatric Intensive Care Audit Network (PICANet)		N	N	
42	Perioperative Quality Improvement Programme (PQIP)		Y	N	Not mandatory as not included in NCAPOP
43	Prescribing Observatory for Mental Health (POMH)	a) Improving the quality of valproate prescribing in adult mental health services	N	N	
		b) Use of clozapine	N	N	

	Project Name	Workstream Name	Eligible	Participating	Submission rate % / Comment
44	Prescribing Observatory for Mental Health (POMH)	c) Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	N	N	
45	Perioperative Quality Improvement Programme (PQIP)		Y	N	Not mandatory as not included in NCAPOP
46	Sentinel Stroke National Audit Programme (SSNAP)		Y	Y	Ongoing-Quarterly
47	(SHOT) transfusion safety Standards – previously Serious Hazards of Transfusion (SHOT): UK National Haemovigilance scheme		Y	Y	Ongoing - regulated
48	UK Cystic Fibrosis Registry	a) Cystic Fibrosis - Adults	N	N	
		b) Cystic Fibrosis - Children	N	N	
49	UK Interstitial Lung Disease (ILD) Registry		Y	Y	Ongoing
50	UK Parkinson's Audit		Y	Y	Completed
51	UK Renal Registry Chronic Kidney Disease Audit		N	N	
52	UK Renal Registry National Acute Kidney Injury Audit		Y	Y	Ongoing

*Emergency Medicine QIPs

In 2025/26 the Emergency Department did not participate in the RCEM audits but carried out the HDFT Emergency Department QI programme.

The HDFT ED QI programme contains a mental health audit that encompasses adolescent mental health and self-harm.

All elements of the RCEM Care of Older Person audit were audited, and the QI programme for 2025/26 also included a post falls assessment.

The HDFT ED Frontline Team had a driver metric for 2025/26 of time-critical medicines. This encompassed the RCEM audit, which only evaluates Parkinson's Disease medicines.

Project/Workstream Name	Eligible to Participate	Participated in 2025/26	% of required cases submitted (as at 15/4/26)
Emergency surgery in children and young people	Y	Y	Completed
Stabilisation of the critically ill child	Y	Y	5 sets of case notes submitted 3 questionnaires completed
Managing acute illness in people with learning disability	Y	Y	Completed
Pleural Procedures	Y	Y	8 sets of case notes submitted 5 questionnaires completed
Rib Fractures	Y	Y	5 sets of case notes submitted 1 questionnaire completed

ANNEX 5: How to Provide Feedback and Other Formats

If you require this document in an alternative language or format (such as Braille, audiotape or large print), please contact our Patient Experience Team: hdfp.patientexperience@nhs.net or 01423 555499.

Electronic copies of the Quality Account can be obtained from our website (www.hdfp.nhs.uk). If you have any feedback or suggestions on how we could improve our Quality Account, please do let us know by emailing hdfp.hello@nhs.net.

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