Board of Directors Meeting Held in (Public)

To be held on Wednesday, 25th November 2026 at 1.00pm – 3.45pm

Venue: Boardroom, HDFT, Strayside Wing, Harrogate District Hospital

Lancaster Park Road, Harrogate, HG2 7SX.

AGENDA

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

Item No.	Item	Lead	Action	Paper
SECTION 1: Opening Remarks and Matters Arising				
1.1	**Welcome and Apologies for Absence**	Chair	Note	Verbal
1.2	**Patient Story –** Briefing note	Deputy Director Nursing, Midwifery and AHPs	Discuss	Attached
1.3	**Register of Interests and Declarations of Conflicts of Interest**	Chair	Note	Attached
1.4	**Minutes of the meeting held on 30th September 2026**	Chair	**Approve**	Attached
1.5	**Matters Arising and Action Log**	Chair	Note	Attached
1.6	**Overview by the Chair**	Chair	Note	Verbal
1.7 1.7.1 1.7.2	**Chief Executive's Report** • Corporate Risk Register • Integrated Board Report - Powerbi	Chief Executive	Note Note	Attached Supp. Pack – Attached Attached
SECTION 2: Ambition: Best Quality, Safest Care				
2.1	**Board Assurance Framework:** Best Quality, Safest Care	Executive Director of Nursing, Midwifery and AHPs & Quality Committee Chair	**Approve**	Attached
2.2	Nursing and Midwifery Quality and Safe Staffing Report	Executive Director of Nursing, Midwifery and AHPs	Note	Supp Pack Attached
SECTION 3: Ambition: Great Start in Life				
3.1	**Board Assurance Framework:** Great Start in Life	Executive Director of Nursing, Midwifery and AHPs & Quality Committee Chair	**Approve**	Attached

Item No.	Item	Lead	Action	Paper
3.2	**Strengthening Maternity and Neo-Natal Safety Report -** presented by Dr Kat Johnson, Consultant Obstetrician and Gynaecologist and Leanne Likaj ADoM&CS	Executive Director of Nursing, Midwifery and AHPs / Executive Medical Director	Note	Attached
SECTION 4: Ambition: Person Centred; Integrated Care; Strong Partnerships				
4.1	**Board Assurance Framework:** Person Centred; Integrated Care; Strong Partnerships	Chief Operating Officer / Resource Committee Chair	**Approve**	Attached
4.2 4.2.1	**Board Assurance Framework:** Finance AP Finance Board Report	Finance Director / Resource Committee Chair	**Approve**	Attached Supp Pack Attached
SECTION 5: Ambition: At Our Best: Making HDFT the Best Place to Work				
5.1	**Board Assurance Framework:** At Our Best: Making HDFT the Best Place to Work	Chief People Officer/ People & Culture Committee Chair	**Approve**	Attached
5.2	Freedom To Speak Up Guardian Annual Report	Chief People Officer	Note	Attached
SECTION 6: Ambition: Enabling Ambitions				
6.1	**Board Assurance Framework:** Digital Transformation and Maturity to Integrate Care and Improve Patient, Child and Staff Experience	Medical Director & Innovation Committee Chair	**Approve**	Attached
6.2	**Board Assurance Framework:** Healthcare Research and Innovation to Improve Quality and Safety 2026-2027	Executive Medical Director & Innovation Committee Chair	**Approve**	Attached
6.3	**Board Assurance Framework:** An Environment that Promotes Wellbeing	Director of Finance / Resources Committee Chair	**Approve**	Attached
SECTION 7: BAF Summary and Escalation from Committees				
7.1	**Escalation from Sub-Committees of the Board**	All Executive and Non-Executive Directors	Discuss	Verbal
7.2	**Emergency Preparedness Statement**	Chief Operating Officer	Note	Attached

Item No.	Item	Lead	Action	Paper
SECTION 8: Governance Arrangements				
8.0	**Any Other Business** *By permission of the Chair*	Chair	Discuss/ Note/ Approve	Verbal
9.0	**Board Evaluation**	Chair	Discuss	Verbal
10.0	**Date and Time of next Board Meeting to be held in public:** Wednesday 27th January 2027 at 1.00 – 3.45pm Venue: Boardroom, Trust Headquarters, Harrogate District Hospital			

Confidential Motion – the Chair to move:
Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.

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

Harrogate Hospital & Community Charity | teamHDFT At our best | HIF HARROGATE INTEGRATED FACILITIES Taking Pride in our Services | NHS Harrogate and District NHS Foundation Trust

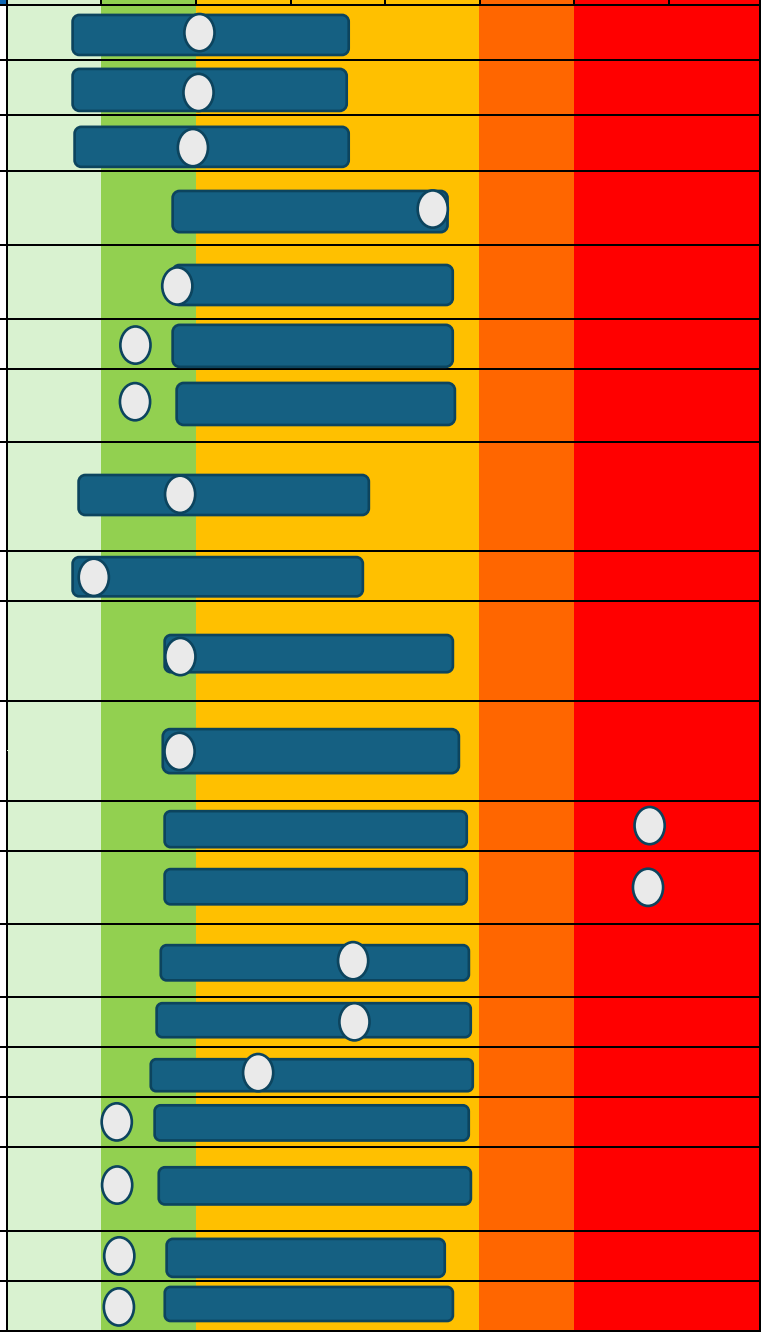
CORPORATE RISK REGISTER

(November 2026)



Summary Corporate Risk Register

Ambition.	Workstream.		True North Metric.	Risk Appetite.	Level of Risk to Achieve Metric – Linked to Risk Appetite
					1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
Best Quality, Safest Care	Ever Safer Care		Moderate & Above Harm	**Clinical: Minimal**	
	Excellent Outcomes			**Clinical:**	
	A positive experience		Patient Experience	**Clinical: Minimal**	
Person Centred, Integrated Care, Strong Partnerships	The best place for person centred integrated care		4-hour ED standard	**Operational: Cautious**	
	An exemplar system for the care of the elderly		Length of Stay – Patients with Frailty	**Operational: Cautious**	
	Equitable, Timely Access to Best Quality Planned Care		Elective Recovery RTT – 18 Weeks	**Operational: Cautious**	
			Cancer 62 Day Standard – 62 Days Treatment	**Operational: Cautious**	
Great Start in Life	National Leader for Children & Young People's Public Health Services		Children at Risk of Vulnerability	**Clinical: Minimal**	
	Hopes for Healthcare		Children's Patient Experience	**Clinical: Minimal**	
At Our Best – Making HDFT the Best Place to Work	Looking After our people		Staff Engagement	**Workforce: Cautious**	
	Belonging				
	Growing for the future		Staff Availability	**Workforce: Cautious**	
	New ways of working				
Finance	Financial Sustainability		Annual Breakeven	**Financial: Cautious**	
			System Oversight Framework Rating	**Financial: Cautious**	
An Environment that promotes wellbeing	Wellbeing	All	Capital Programme Delivery (Spend vs Budget)	**Operational: Cautious**	
	Quality & Safety		PAM >moderate improvement	**Operational: Cautious**	
	Environmental Impact		Natural gas consumption	**Operational: Cautious**	
Digital Transformation	Well Led		Achieve a score of 5/5 across all seven What Good Looks like (WGLL) pillars.	**Operational: Cautious**	
	Ensuring Smart Foundations			**Operational: Cautious**	
	Safe Practice			**Operational: Cautious**	
	Support People			**Operational: Cautious**	



Ambition.	Workstream.		True North Metric.	Risk Appetite.	Level of Risk to Achieve Metric – Linked to Risk Appetite
					1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
	Empower Citizens			**Operational: Cautious**	
	Improving Care			**Operational: Cautious**	
	Healthy Populations			**Operational: Cautious**	
Healthcare Innovation	Healthcare Innovation	All	Adopt / develop health innovations that improve the health and care of our patients and CY&P	**Operational: Cautious**	
	Children's Public Health Research		To be a leading trust for 0- 19 research and undertake research and evidence based around our CYP populations needs.	**Operational: Cautious**	
	Research Studies		To be a self-funding department, providing opportunities for all potential participants to have access to research.	**Operational Cautious**	



Executive Risk Review Group

Summary – November 2026

On the 11th and 12th November 2026, the monthly directorate Performance Review Meetings (PRM) took place in line with Trust protocol. The Directorate Risk Registers - which include risks scoring 9 or above - were reviewed, and consideration given to any which should be escalated to, or de-escalated from, the Corporate Risk Register.

The Executive Risk Review Group (ERRG) met on Thursday 10th September 2026. The executives reviewed all risks currently held on the Corporate Risk Register and considered all directorate requests for escalation and de-escalation. The following was agreed:

- No further risks were escalated from the Directorate Risk Registers to the Corporate Risk Register.
- Risk ID 884 (Risk to Patient Safety & Experience due to non compliance with National KPI's for waiting times and reporting in Imaging Services) has been de-escalation from the Corporate Risk Register for management on the Directorate Risk Register. This is following a review carried out by the directorate to continue been reviewed at departmental level.

Risk Scores

Initial	The score given prior to any controls (mitigating actions) being put in place.
Current	The score as it stands following the implementation of controls / mitigating actions, but with gaps in controls (i.e. actions the Trust are currently unable to take) identified.
Target	The score at which the Trust feels able to tolerate the risk and remove it from the Corporate Risk Register (CSU or corporate function).

CRR ID #1: Autism Assessment wait times and subsequent risk of harm to patients

Strategic Ambition: Great Start in Life
Type: Clinical; Patient Safety

Target Date: Dec 2026		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 3	12								TARGET		CURRENT				
L = 4											INITIAL				

Risk Description

Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within 3 months of referral. Risk that children may not get access to the right level of support without a formal diagnosis and that this could lead to deterioration in condition and patient harm. There is a need to reduce the backlog of referrals back to the NICE standard of three months (reduce the waiting list to approximately 120).

Escalated to CRR: Dec 2023
CQC Domain: Responsive
Executive Committee: Resources
Date reviewed: 06/10/2026
Previous month's rating: 12
Previous Target Date: March 2026

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position (@ 30/09/2026)

Total children waiting to be assessed - 1358
Waiting over 52 weeks - 990
Longest week wait - 155 weeks.
Recent audit identified increase in demand in children meeting complexity criteria leading to requirement of more hours of input per assessment. This is leading to the service not being able to meet the 40 commissioned assessments per month.
Escalations to exec team have occurred following recent discussions with the strategic commissioning manager for CYP who is of the understanding that the service has been funded for an additional 50 assessment per month and this has been the case since April 2026. It is there understanding NHDFT have been given recurring funding approximating £810,000

Key Targets

None at present

Current Controls

- Clinical streaming by complexity at triage.
- 'Waiting well over' at point of Triage, to include signposting to support organisations and a facilitated offer if appropriate.
- All patients given letter explaining situation; provides QR code to access other self-help resources.

Gaps in Control

- Not enough capacity for demand.
- Additional funding required.

CRR ID #3: Risk to Emergency Care Standard Performance (National Standard 78%)

Strategic Ambition: Person-Centred / Integrated Care / Strong Partnerships
Type: Clinical / Patient Safety

Target Date: March 2027		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 4	16							TARGET			INITIAL		CURRENT		
L = 4															

Risk Description

Risk of patient harm and increased morbidity / mortality for patients due to failure to meet the Emergency Care 4-Hour Standard Performance (National Standard 78%).

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Escalated to CRR: Dec 2023
CQC Domain: Safe
Executive Committee: Resources
Date reviewed: 15/10/2026
Previous month's rating: 16
Previous Target Date: March 2026

Current Position

October 2026 - 72% was the overall performance in September. Ongoing work and validation which may slightly improve the position.

Key Targets (for 26/27)

- 12 Hour Standard - Improvement on 25/26 end figure
- Internal planning target for ECS - 82%

Current Controls

- Improved and reviewing streaming pathways to HDFT specialties, with focussed engagement from medicine; surgery; frailty & Paediatrics. This aligns with GIRFT clinical operation standards and part of Corporate Clinical Services Strategy.
- Nurse staffing to SNCT levels.
- Introduction and use of non-headed beds and use of rapid decompression plans. Shared risk site wide.
- Point of care testing in ED to support swift decision making re. patient placement
- x4 daily bed meetings; manager of the day model embedded across PSC and LTUCC to assist with flow.

Gaps in Control

- GAP - OPEL scores no longer accurate since the implementation of Nerve Centre - this makes OPEL escalations for support more challenging.
  - TREATMENT PLAN - work to be processed with the data teams.
- GAP - No live view of ECS performance type 1 or type 3 - this makes sustained focus on the ECS challenging both within and outside the ED.
  - TREATMENT PLAN - ongoing work with patient systems, Nerve Centre and benefits realisation teams to implement live flow of ED performance. Director of Informatics exploring a power BI dashboard for live performance - expected by end of June 2026
- GAP - Complexities of bed / flow management due to Nerve Centre additional tasks for CSM, ED and Wards - there is a requirement for all staff to learn new processes and adapt to process changes to assist with this.
  - TREATMENT PLAN - Nerve Centre Team working to support training and familiarisation.
- Service Manager liaising with York District Hospital for shared learning and opportunities for change in Harrogate ED

CRR ID #117: Violence and Aggression Against Staff

Strategic Ambition: An Environment that Promotes Wellbeing

Type: Operational / Health & Safety

Target Date: March 2027		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 4	12							TARGET			CURRENT		INITIAL		
L = 3															

Risk Description

Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality or permanent disability to employees due to the failure to manage the risk of staff being subjected to acts of violence and aggression whilst carrying out normal duties, due to lack of suitable control measures and appropriate training.

Escalated to CRR: February 2024

CQC Domain: Safe

Executive Committee: People & Culture

Date reviewed: 10/11/2026

Previous month's rating: 12

Previous Target Dates: ~~July 2025~~ March 2026

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position @ November 2026

DatixIQ reported incidents since April 2026 (for same period 25/26):
Physical Assault - 113 (75)
Inappropriate Behaviour 167 (166)

V&A Policy changes to reflect Yellow / Red system now drafted and being taken to December 1st H&S Committee for approval. Supporting clinical SOPs drafted and to be shared in November for consultation and approval.
Current training compliance levels
Conflict Resolution Level 1 - 98% Trust, 99% HIF
Conflict Resolution Breakaway Skills - 69% (Trust), 78% (HIF)
Lone Working - 99% (Trust, 1477), N/A at this time (HIF)
(review of CPD funding for additional CR Breakaway Skills training being done to ensure extra capacity being used)

V&A remains number 1 H&S risk to staff and therefore score remains unchanged at 12.

Key Targets

Suitable and sufficient assessments of risk Trust / HIF activities.

Supported by up-to-date policies that reflect the activities carried out by the Trust and the geographical differences created.

Risk assessments, policies and control measures actively monitored and reviewed.

Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.

Provision of appropriate training and information to all Trust staff clinical and non-clinical.

Gaps in Control

None at present

Current Controls

Task and Finish Group: A Task and Finish group, led by the Head of H&S, has been established to review and improve all existing policies and procedures, aligning them with NHSE's Public Health Approach. Executive led task and finish group met in September and August and has since been stood down. Issues will be taken through health and safety committee moving forwards.

Mental Health Triage and Policy Update: Changes to mental health triage in the Emergency Department are ongoing and will be incorporated into a new policy for managing patients who may self-harm or have mental health issues. This policy is in the approval process as of April 2024.

Ligature Assessments: Ligature risk assessments are under review due to ward and therapy area changes. Training provision for ligature risks is also being addressed after delays caused by staffing changes.

Conflict Resolution Training: A new Conflict Resolution training program is being developed with three levels tailored to staff risk levels. The content will align with the CQC-supported

	Restraint Reduction Network, with ongoing discussions to ensure appropriate training needs assessments (TNA) across the Trust. A business case is being prepared to expand training provision. **Community Security and Lone Working**: Visits to all community teams and locations are underway to assess current security and lone working procedures. **Domestic Abuse and Sexual Violence**: Meetings are being held to integrate issues of domestic abuse, sexual violence, and workplace sexual safety into the Violence Prevention and Reduction Strategy. A new policy and training package for line managers is in development, with plans for a team talk session by September/October. **Policy Reviews**: New policy and procedure are under development for staff safety. The Lockdown Policy and Bomb Alert Policies are under review to ensure they are up-to-date and effective. **New Risk Assessment Process**: A Trust-wide risk assessment has been developed and is now being used to inform team and department-level assessments. This is part of an ongoing effort to implement a new risk assessment process across the Trust.

CRR ID #264: Microbiology - outsourcing of CAT III samples to private provider

Strategic Ambition: An Environment that Promotes Wellbeing

Type: Operational / Health & Safety

Target Date: April 2027	Very Low Risk			Low Risk			Medium Risk				High Risk			
	1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 3 / L = 5 → 15			TARGET							INITIAL	CURRENT			

Risk Description

The unavailability of the onsite Containment Level 3 (CL3) laboratory at HDFT, deemed unfit for purpose in November 2022, has led to the outsourcing of Hazard Group 3 microbiology work to external providers. Initially outsourced to NHS Trusts within WYAAT and, since June 2024, to a private laboratory in London, this situation poses risks to quality, safety, and financial sustainability, including potential delays in clinical diagnosis, risk of inappropriate treatment, and significant ongoing cost pressures.

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Escalated to CRR: July 2024
CQC Domain: Effective
Executive Committee:
Date reviewed: 02/11/2026
Previous month's rating: 15
Previous Target Date: ~~April 2025~~ ~~June 2026~~ ~~July 2026~~ August 2026

Current Position

November 2026 - Contractor has been back on site to review the cabinets and confirmed that they are running at 90% efficiency already which should not be the case for new cabinets. Contractor and cabinet maker in discussion how to proceed.

Key Targets

1. Minimise delay to patient treatment
2. Zero staff harms resulting from exposure to unexpected hazard group 3 pathogens
3. Zero lost samples
4. Cessation of outsourcing & transport cost pressure

Current Controls

Selected work being sent off site with results entered manually when returned. This is having a huge financial impact - approx. £53K for 12 months (this would have cost approx. £27K to do in house).
Daily list of specimens packed provided.

Gaps in Control

Delay to results due to referral to Leeds and time taken to input results until issue resolved. No secure electronic transfer of results available.

CRR ID #292: Automated Medicines Supply Services

Strategic Ambition: Person-Centred / Integrated Care / Strong Partnerships

Type: Clinical / Patient Safety

Target Date: Sept 2028		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 4	12				TARGET			INITIAL			CURRENT				
L = 3															

Risk Description

There is a risk of failure of the inpatient-dispensing robot caused by wear and tear over a number of years and the robot exceeding it predicting lifespan. The impact of this is inability to provide a lean and efficient medicines supply service for top-up, inpatient dispensing and discharge dispensing. The effect on patients would be delays in supplies of medicines for inpatient/discharge and potential delays to discharge as processes would revert to time-consuming manual processes.

Escalated to CRR: May 2025
CQC Domain: Safe
Executive Committee: Resources
Date reviewed: 09/11/2026
Previous month's rating: 12
Previous Target Date: September 2025

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position

November 2026 – There has been no change to the risk.

Key Targets

None at present

Current Controls

- Robot malfunctions monitored via Stores and Distribution and escalated where increasing frequency gives cause for concern.
- Robot listed on the capital assets register.
- More detailed reports now obtained from BD when issues logged with BD.
- Robot training for all staff completed.

Gaps in Control

- Business case to support capital replacement of the robot.
- Meeting with BD to discuss new robot options planned for 27th June (?2026).
- Business continuity plan for robot failure.

CRR ID #577: Governance of Security

Strategic Ambition: An Environment that Promotes Wellbeing
Type: Operational / Health & Safety

Target Date: March 2027	Very Low Risk			Low Risk			Medium Risk				High Risk			
	1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 4 L = 3 **12**							TARGET			CURRENT		INITIAL		

Risk Description
Organisational risk to compliance with legislative requirements, and the risk of major injuries, fatality or permanent disability to employees, patients, visitors or others due lack of suitable policies and procedures, and the subsequent lack of suitable and sufficient control measures, including physical security provision, training, resources to support implementation.

Escalated to CRR: August 2024
CQC Domain: Effective
Executive Committee: Health & Safety
Date reviewed: 10/11/2026
Previous month's rating: 16
Previous Target Date: ~~April 2026~~ September 2026

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position @ November 2026

Limited progress has been made in relation to the establishment of a suitable security presence at the HDH site. Business Case has been discussed at BCRG however at this time funding for the preferred option of an inhouse security team (provided through HIF) yes yet to be approved / funded. Limited presence continues to be provided by contractor Gough & Kelly. Ad hoc support continues to be provided by single HIF LSMS to community teams, this resource remains very stretched in being able to support entire community footprint. Continue to develop improved working relationship / communication between HIF / H&S / Safeguarding to support single instances of risk to staff and patients, including honour based threats, and mental health incidents. Reporting of incidents, in particular those related to repeat attendees is improving to support both internal review and escalation to the Police where appropriate.
Achieving target score, which is primarily based on establishment of Security team, is now highly unlikely by previously stated date. Executive led Task and Finish Group now established for V&A and the importance of Security will be included in this work.
Work continues as detailed above. No major update for November.

Key Targets

- Building Security Assessments completed for all premises used by Trust staff (this will not include patient homes which will be referenced in any relevant patient plan)
- Supported by up-to-date policies that reflect the activities carried out by the Trust and the geographical differences created.
- Risk assessments, policies and control measures actively monitored and reviewed. Reported via Security Forum
- Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.
- Security incidents investigated and remedial action taken were identified.
- Effective communications to all staff.

Provision of appropriate training and information to all Trust staff clinical and non-clinical.

Current Controls

- Suitable and sufficient assessments of risk have been carried out for all Trust / HIF activities.
- Building Security Assessments completed for all premises used by Trust staff (this will not include patient homes which will be referenced in any relevant patient plan)
- Supported by up-to-date policies that reflect the activities carried out by the Trust and the geographical differences created.
- Risk assessments, policies and control measures actively monitored and reviewed. Reported via Security Forum
- Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.
- Security incidents investigated and remedial action taken were identified.
- Effective communications to all staff.
- Provision of appropriate training and information to all Trust staff clinical and non-clinical.

Gaps in Control

- Limited assurance audit has been received in relation to Security, which links to the work on V&A. Discussed at H&S Committee that security should be separated from this risk entry and have its own created to reflect the areas security covers including:
- Policies for Security and other associated policies including Lockdown / Bomb Alert / Theft and Damage of Trust assets or person property / CCTV are out of date and do not reflect the Trust, in particular the geographical footprint covered.
- Risk assessments, where available, are generic and do not provide clear identification of hazard or control measures.

- No Building Security Assessments have been completed.
- Security presence in the Acute setting is limited - Security guard in place on site every night 6pm-6am, Mondays & Fridays 7am-5.30pm, Saturdays and Sundays 6am-6pm. Ripon Community Hospital does not benefit from a security presence.
- Currently single LSMS supporting entire Community footprint.
- Training is limited and is not currently provided to staff on a risk-based approach.
- Escalation procedures for staff in response to incidents and the procedures to follow when dealing with patients is limited and not consistently applied.
- Lack of dedicated 24/7 security provision at HDH site limit's ability to support clinical staff – clinical resources redirected to find absconded patients or deal with V&A incidents.
- CCTV provision is limited, does not provide cover for entire HDH site, currently managed by HIF (potential IG issues).
- Site access control – existing swipe card access system is no longer supported and requires replacement. In addition, control of keys / combination lock codes is poor, control of keys has previously not been suitably managed both with Trust staff and contractors.
- It should also be noted that Martyn's Law, Terrorism (Protection of Premises) Bill, is expected to come into law this year, and this will generate significant work to ensure the Trust is compliant.
- Management of Security, as specified in the HIF contract, is unclear as to where responsibility for the above sits, in particular the provision of security presence at the HDH site.
- Recent high-risk incidents has further highlighted difficulties faced both in acute and community settings – lack of resource to support all areas, i.e. ONE security team member and ONE dedicated H&S team member to support the entire community footprint.
- County Lines gang warnings from NY Police also highlighted no formal communication between Safeguarding Team and Trust Security management, this was primarily due to lack of clear security structure.
- Trust Security Forum in place – now reports directly to the Trust H&S Committee – current review of membership and TOR
- Policies for Security and other related, being carried out by HIF and H&S Team
- Replacement of door access system has been costed; current plans are to replace area by area as part of wider Backlog Maintenance work
- HIF obtaining legal advice relating to provision of Security Guards at HDH site, licensing implications. This will be reflected in HIF business case for funding Security Guards at HDH site.
- Training is being reviewed and amended as part of the V&A Risk entry response.
- H&S team are currently carrying out building checklists within our community footprint which includes security – this will inform Building Security assessments.

CRR ID #597: Histopathology Space and Safety

Strategic Ambition:

Type: Clinical / Patient Safety

Target Date: Dec 2026		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 3 L = 5	15			TARGET					INITIAL			CURRENT			

Risk Description

The Histopathology laboratory area has limited space due to expansion over the last 10 years. Expansion has been essential to ensure that the service provided to the trust is appropriate to the requirements aligned to cancer pathways. Additional analysers and essential equipment have been installed, which has now resulted in the area being extremely cramped. Due to increase in specimen numbers the storage capacity of the laboratory is now critical and imposing a safety concern to both staff and patient specimens. Ability to expand the service is also compromised.

Escalated to CRR: Nov 2025
CQC Domain:
Executive Committee:
Date reviewed: 02/11/2026
Previous month's rating: 15
Previous Target Date: December 2025

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position

November 2026 - UKAS assessed the laboratory in early Sept and have flagged that appears to be no progress made and the lab tasks continue to take place in extremely cramped conditions which poses a significant H&S risk. This has been raised as a recommendation with a requirement that an urgent action plan is put into place for improvement to this space. No further update.

Key Targets

None at present

Current Controls

- Risk of specimen loss - controlled by specimen disposal performed by x2 staff members with quality control checks in place
- Risk of spillage due to specimens being stacked and at height - Disposal carried out weekly in order to try and create space and reduce specimens being stacked at height.
- Wax deliveries (20kg) each are having to be stored under benches in the lab - this poses a health and safety risk to staff having to move the bulk boxes from under benches.
- Blocks are required to be stored for a minimum of 30 years. Blocks are kept on site for a minimum of 2 years due to additional tests that may be required. They are then transferred to an offsite secure facility to store for the remaining 30 years. The capacity for storage has been reached and there are limited options for further storage due to the requirement for a reinforced floor.
- A significant amount of flammable reagent (alcohol, xylene and formalin) are used daily and more frequently due to additional strainers being required to keep up with the increased demand. Due to limited space majority of this is being stored in the outside flammable store. This results in staff having to make frequent trips to the store and poses a manual handling issue.
- When receiving a breast mastectomy specimen national standards state that the specimen should be opened within 4 hours. this is not always possible due to a downdraft bench being unavailable. This may lead to degradation of the specimen

Gaps in Control

- Specimens being stacked at height - we ensure that disposal is regular, but this is not always sufficient to ensure that specimens are not stacked at height. Risk assessment complete and staff trained in spill procedure, spill kits available if required. Datix completed if a spill occurs
- Breast mastectomy specimens - in order to meet national standards, the team try to reorganise workload to enable a downdraft bench to be freed up. If this is not possible a different bench is used but this requires the movement of all reagents to an area where there is no downdraft ventilation. This poses a health and safety risk
- Inability to expand the service to support additional workload i.e. - expansion of specific services, TIF2 project. Discussion underway with cancer alliance regarding funding opportunity and if this can be used for expansion either additional equipment or capital work. Paper submitted to environment board to highlight space issues

CRR ID #642: Cardiology Acute Services

Strategic Ambition: Person-Centred / Integrated Care / Strong Partnerships

Type: Clinical / Patient Safety

Target Date: Dec 2026	Very Low Risk			Low Risk			Medium Risk				High Risk			
	1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 3 L = 4 **12**			TARGET							CURRENT / INITIAL				

Risk Description

Risk to HDFT being able to deliver acute DGH services due to the fragility of the cardiology service.

Escalated to CRR: Nov 2024
CQC Domain: Safe
Executive Committee: Quality
Date reviewed: 23/10/2026
Previous month's rating: 12
Previous Target Date: Dec 2025

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position

October 2026 - Clinical Lead recruited and in post. Maternity leave upcoming in January 2027. Working towards implementation of 7-day cover in 28/29.

Key Targets

Staffing and Workforce KRIs:

Consultant Staffing Levels: Percentage of Consultant PAs filled with substantive staff versus locums. Number of unfilled Consultant posts after each recruitment round.

Quality and Outcomes KRIs:

Clinical Outcomes: Mortality rates for acute cardiology patients on CCU.

Readmission rates for cardiology patients within 30 days of discharge.

Current Controls

- Safety risk for acute patients on CCU
- Staffing - Substantive post for consultant back out to advert with R&R premia
- Current medical workforce do not have the skillset for temporary pacing wires and pericardiocentesis – excellent links with LGI
- Long waits for outpatient angios (30% waiting over 6 weeks) – using locum to reduce was 50% over 6 weeks – also review use of Cath lab
- ECHO service reliant on outsourcing workload (12 months ago 70% patients waiting over 6 weeks – now 22% waiting over 6 weeks – Sanus cor delivered activity and bank) – now recruited to a vacant post (starting Jan 25) and plans to grow our own.
- No weekend Consultant ward round or ECHO provision
- Increasing demand on pacemaker service due to increasing aging patient profile
- Not meeting GIRFT requirements with 7-day service and weekend cover/ on call - Cardiology strategy planning meeting scheduled for 7 November 24.
- Consultant of the week in place to cover in hours, Monday-Friday.

Gaps in Control

- Linking in with Clinical Lead at LTHT for specialty support – work in progress.
- Seeking a fellow for Cardiology for service continuity and ward cover. Locum reg in place.
- Consultant recruitment processes underway

CRR ID #721: Group Cash Position

Strategic Ambition: Overarching Finance

Type: Financial

Target Date: March 2027		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 5	25							TARGET					INITIAL		CURRENT
L = 5															

Risk Description

The cash position for 26/27 will require support throughout the financial year due to the planned £15.3m deficit. However, £13.5m revised deficit plan and DSF are now due to be received for the year (agreed Auguts26).
Month End cash position, £1m which is well below the minimum cash balance £2m. Emergency cash request submitted to NHSE beginning of September otherwise we would not be able to cover any Supplier payments in month.
The Trust is managing cash flow on a week-by-week basis, several older supplier payments have been made in month however there are still invoices outstanding over 30days.
PDC is being chased for capital schemes, RAAC business case being prepped, CDC case submitted and Estate funding outstanding.
£14.4m cash support received in 25/26, year-end deficit £23.75m.
Cash support requested in April, May and June. April received 1/2 of the £9.2m application, May and June received the deficit plan and July NHSE supported as cash application of £10m which incorporated £8.3m of working capital. Cash support requests will continue to be submitted throughout the year as per the deficit plan.
Despite Supplier relationships being maintained to date, relationships are becoming strained despite the payment teams best efforts.

Escalated to CRR: May 2025
CQC Domain: Well-Led
Executive Committee: Resources
Date reviewed: 05/11/2026
Previous month's rating: 25
Previous Target Date: March 2026

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position

Table of requests and approval amounts can be found in the finance board pack.

Run rate reduction is critical to maintain payments over upcoming months.

DSF agreed for 26/27 £13.5m but none included in the position to date.

Key Risk Indicators

Unable to pay Suppliers/Staff/Mandatory requirements (Pension/Tax/NI)

More Supplies being added to the immediate payment register

Team morale - phones calls and emails being received

Fines for late payments

Threat of accounts going on hold

WRAP delivery

unpaid suppliers increasing / Emergency cash application

Key Targets

Payment of suppliers within 60days and returning back to payments within 30 days.

Current Controls

- Emergency Case Protocol to be developed to prioritise cash payments which factors in cash support not being offered.
- Regular monitoring of cash position and forecast.
- Review of Council payment terms.
- Cash support requests being submitted in NHSE timeframes.
- WRAP delivery
- Turnaround actions under review

Gaps in Control

- Aged Debt - Although more focused is still needed, due to supplier payments being delayed it is impacting payments from other Trusts.
- Balanced financial plan - Financial Plan for 25/26 remains challenging.
- NHSE timeframes for review of capital cases and issuing MOUs.
- Financial position.

CRR ID #959: Risk to Theatre utilisation and scheduling due to aged condition of estates.	Target Date: Sept 2027	Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
Strategic Ambition:	C = 3				TARGET		INITIAL					CURRENT			
Type: Operational / Business Continuity	L = 5	15													

Risk Description

Risk to Theatre utilisation and scheduling due to aged condition of estates.

- Air handling system needs renewing
- General theatre area need refurbishment.
- New doors that meet current standard
- Theatre panels need renewing
- Inbuilt IT equipment.
- Cancellation of theatre lists
- Short notice cancellation of patients
- Increased risk of infection
- Impact on acute services

Escalated to CRR: February 2026

CQC Domain: Responsive

Executive Committee: Resources

Date reviewed: 14/10/2026

Previous month's rating: 15

Previous Target Date: ~~March 2026;~~ September 2026;

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position @14/10/2026

Risk remains the same at this time, however due for review at the PSCC Risk Review group on 16/10/26. Likely to remain the same until TIF2.

Key Targets	Current Controls	Gaps in Control
None at present	• Regular Audits • Maintenance Checks • Servicing • Discussed each month at Environment Board	• Unexpected failure of systems • Leaks

CRR ID #1241: 26/27 Waste Reduction and productivity

Strategic Ambition: Overarching Finance

Type: Financial

Target Date: March 2027

C = 4

L = 5

20

Very Low Risk			Low Risk			Medium Risk				High Risk			
1	2	3	4	5	6	8	9	10	12	15	16	20	25
							TARGET				INITIAL	CURRENT	

Risk Description

Full refresh of WRAP programme as part of the financial turnaround.
£22m reducing run rate actions incorporating pay schemes (recruitment pause, AER, Variable pay reductions, Bank and Agency reductions and non pay items)
Technical items (Capital to revenue, VAT opportunities, Balance Sheet).
Income non payback of the £4m following year end settlement.

Escalated to CRR: April 2026
CQC Domain: Well-Led
Executive Committee: Resources
Date reviewed: 06/11/2026
Previous month's rating: 16
Previous Target Date: N/A

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, The Current Score has increased to 20 and aligns with financial delivery, No further changes to note

Current Position (@ 05/11/2026)

Refresh of when a scheme can be marked as actioned
1. Visible run rate reduction
2. Recurrent
Elements of improvement have been visible reduction in Agency/overtime/Bank/travel generally however substantive spend still static due to recruitment pipeline.

Key Risk Indicators

Unidentified/High Risk value.
NR versus REC balance.
Run rate movement.

Key Targets

Refresh of WRAP reporting and monitoring (M4/5) - completed
Run Rate reductions month on month

Current Controls

- Weekly meeting with Fm's in place to review progress.
- Monthly reporting Directorate to Board level.
- Key focus on run rate reduction schemes.
- Start review that costs are being managed within contractual envelopes (similar to CYPH)
- Turnaround Team in place

Gaps in Control

- Lack of transformational schemes
- Pace of delivery
- Directorate ownership

CRR ID #1242: Delivery of Financial Plan 26/27

Strategic Ambition: Overarching Finance

Type: Financial

Target Date: March 2027		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 4 L = 5	20								TARGET				INITIAL	CURRENT	

Risk Description

The Trust has a planned Deficit £13.5m for 26/27. (Previously £19m before stretch request). further request to improve by £3m following NHSE national discussions.
In July NHSE have now signed a £13.5m deficit plan for HDFT which will be accompanied by DSF of £13.5m, therefore expecting the Trust to deliver a breakeven position.
M6 £21.8m deficit which is a further deterioration from last month and continues to be significantly behind plan.
The Trust came under scrutiny for not delivering 25/26 plan (Breakeven versus £20m deficit).
HDFT Impact measure - Number of cost centres overspent, based on 25/26 315 cost centres were overspent. M5 onwards moving to month on month spend. Success will be viewed if run rates reduce.
Incorporates WRAP delivery being key to delivering plan (Separate risk for this)

Escalated to CRR: April 2026
CQC Domain: Well-Led
Executive Committee: Resources
Date reviewed: 06/11/2026
Previous month's rating: 16
Previous Target Date: n/a

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has increased to 20. No further changes to note.

Current Position

Turnaround Director completing an urgent review and a number of turnaround actions have been agreed with the Execs and board.
Turnaround governance has been stepped up to gain assurance on progress.
Recruitment pauses still in place. Affordable establishment reviews under way.
Agreed targets in place for Directorates.

Key Risk Indicators

- Variance to plan
- Cash position
- WRAP progress

Key Targets

Run Rate reductions

Current Controls

Finance Governance structure
HDFT Impact - key measure in place for all Directorates
Controls
All the below were shared with all budget holders in March that will continue into 26/27.

- Discretionary spend controls will continue.
- Trust wide vacancy panel will remain in place for all non-clinical roles.
- Agency requests that are off framework or exceed NHS cap rates must be approved by an Executive Director.

(Please ensure the agency request form is fully completed for all agency bookings.) Agency Form for all requests outside of NHSP (Medical/AHP/Nursing/Admin/Support Services) – Fill in form

- All requisitions over £25k will continue to be reviewed.
- Invoices without valid purchase orders will be returned to the supplier.

Turnaround assurance being finalised.

Gaps in Control

- HNY Contract
- Delivery of activity plans

CRR ID #1314: CYPPH Risk of clawback in underspent contract areas

Strategic Ambition: Overarching Finance

Type: Financial / Financial management

Target Date: April 2027		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 4	16				TARGET						INITIAL		CURRENT		
L = 4															

Risk Description

There is a risk that commissioners may seek to reclaim (claw back) underspends from individual service contracts where expenditure is below the contracted value. Should commissioners require or request the return or redirection of contract-level underspends, this could reduce the Directorate's ability to manage financial pressures across its portfolio of services, resulting in a destabilisation of the overall Directorate financial position.

Escalated to CRR: July 2026
CQC Domain:
Executive Committee:
Date reviewed: 04/11/2026
Previous month's rating: 12
Previous Target Date: N/A

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has increased to 16. No further changes to note.

Current Position

Wakefield – clawback clause that has been enacted
North Yorkshire – risk sharing with precedent for underspend to be split
Cumberland – clawback clause if elements of service not delivered
South Tyneside – option to propose contract variation if there is a material underspend
Northumberland – material underspend to be discussed and reinvested into service

04/11/2026

The proposed cessation of Wakefield's retrospective clawback arrangement from 2027 could result in the Trust repaying approximately £800k of historic underspends without access to future-year funding to offset the liability. This would create a significant financial pressure and may require a reduction in service resource or identification of alternative funding to maintain delivery against contractual requirements. Risk score increased from 12 to 16.

Key Risk Indicators

- Variations in demand, activity, and service delivery across different contracts resulting in over- and under-performance against budget.
- Financial pressures within individual contract areas impacting the overall financial position of the Directorate.
- Potential commissioner interpretation that underspends should be returned rather than retained within the wider contract portfolio.

Key Targets

- Each contract area achieving financial balance by April 2027
- Achievement of a sustainable Directorate financial position without reliance on non-recurrent measures.
- Effective management of contract performance within agreed funding allocations.

Current Controls

- Regular contract monitoring and financial reporting.
- Ongoing discussions with commissioners regarding contract performance and financial positions.
- Forecasting and financial risk assessment processes.
- Deep-dive reviews into the drivers of variance for all overspending contracts, with associated recovery actions identified and monitored.

Gaps in Control

- There is limited contingency planning should commissioners seek repayment of underspends.

CRR ID #1392 Fire Safety Compliance and Life Safety Risk Across the HDH Estate

Strategic Ambition: Overarching Finance

Type: Financial

Target Date: March 2027		Very Low Risk			Low Risk			Medium Risk				High Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
C = 5	20					TARGET								CURRENT	INITIAL
L = 5															

Risk Description

Harrogate District Hospital is unable to provide and evidence effective fire detection, alarm zoning, warning, compartmentation, smoke containment and progressive evacuation arrangements across the HDH site due to a life-expired and unreliable fire alarm system, inaccurate zone or detector identification, compartmentation that is not currently assured as fit for purpose, and significant fire door compliance issues.

This may result in delayed detection, incorrect alarm location identification, misdirected emergency response, compromised evacuation decision-making, fire or smoke spread, exposure of patients, staff, visitors and contractors to harm, statutory non-compliance, enforcement action, service disruption, reputational damage and increased capital or revenue expenditure.

The risk is heightened by the acute hospital environment, including sleeping accommodation, clinically vulnerable patients, patients who may be immobile, cognitively impaired, clinically unstable or connected to medical equipment, and reliance on staff-assisted progressive horizontal evacuation.

Escalated to CRR: October 2026

CQC Domain: Safe

Executive Committee: Resources

Date reviewed: 24/09/2026

Previous month's rating: 25

Previous Target Date: n/a

Summary of Recent Activity

This risk was reviewed at the Exec risk review group on Thursday 12th November 2026, the scoring has remained the same. No further changes to note.

Current Position @24/09/2026

The current fire alarm position remains unsatisfactory, particularly in relation to system condition, reliability, zoning accuracy and the ability of the existing system to consistently identify and display the correct location of an activation. This creates a risk of misdirected response, delayed investigation and delayed escalation in the event of a fire.

Fire compartmentation across the HDH site is not currently assured as fit for purpose and requires significant capital investment for replacement, reinstatement and remediation, not surveys alone. Fire doors form part of the compartmentation strategy and continue to require repair and replacement following inspection failures. The overall position remains out of tolerance pending approval, funding and delivery of the required fire alarm, compartmentation and fire door programmes. Feasibility has been actioned to review potential of compartmentation upgrades to certain live wards & high-risk areas in 26/27,

The risk remains scored at 20 due to the combined impact of unreliable alarm zoning/location identification, compartmentation not currently assured as fit for purpose, fire door failures, exposure to fire and smoke, and reliance on staff-assisted evacuation in an acute hospital environment.

Key Risk Indicators

Gaps in Control

- Fire alarm system remains beyond lifecycle and reliant on obsolete components.
- Compatible fire alarm spares are increasingly difficult to source.
- Known fire alarm unreliability remains, including incorrect zoning, incorrect zone or detector identification, intermittent loop faults, unreliable panel indication, unreliable fault reporting and nuisance activations.
- Accuracy and reliability of alarm annunciation cannot be fully assured across the site.
- Existing cause-and-effect arrangements and zoning configuration are outdated and require replacement, validation and modernisation.
- Risk that staff, Estates responders or emergency services may be directed to the wrong area during an activation.
- Unsatisfactory assurance position received in relation to fire alarm condition, reliability, zoning accuracy and operational effectiveness.
- Stage 4 fire alarm design has not progressed to funded delivery.
- Fire alarm business case requires drafting, submission and approval.
- Full fire alarm benefits will not be realised until installation, commissioning, cause-and-effect validation, zoning verification, panel configuration sign-off and staff familiarisation are complete.
- Fire compartmentation across the HDH site is not currently assured as fit for purpose.

• Insufficient assurance that fire and smoke compartment lines will prevent spread as required during an incident. • Historic works, refurbishments and service penetrations may have compromised compartmentation. • Existing records do not consistently evidence whether compartment breaches have been identified, recorded, fire-stopped or remediated. • Significant capital funding is required for compartmentation replacement, reinstatement and remediation, not surveys alone. • Fire doors remain a key weakness in the compartmentation and evacuation strategy. • Significant number of fire doors have failed against critical criteria. • No fully funded site-wide fire door replacement programme. • Effectiveness of progressive horizontal evacuation may be compromised where fire alarm zoning, compartmentation, smoke containment and fire doors cannot be fully relied upon. • Existing fire strategy assumptions may not remain fully valid due to known infrastructure and compartmentation deficiencies. • Current interim controls increase reliance on staff response, local knowledge, manual escalation and human intervention. • Fire safety records do not provide a complete digital evidence base for compartmentation, fire-stopping, fire doors, cause-and-effect arrangements and remedial works. • Ongoing capital works, refurbishments and service penetrations may introduce further compartmentation or fire-stopping risk without robust control and handover. • Temporary impairments, isolations or system faults require enhanced monitoring and compensatory measures. • Delivery of the required remediation is dependent on Trust-wide capital prioritisation, executive approval, programme governance and operational access to clinical areas. • Remediation is dependent on business case approval, capital funding, contractor availability, supply chain capacity and operational constraints of a live acute hospital. • The risk remains scored at 20 due to the combined impact of unreliable alarm zoning/location identification, compartmentation not currently assured as fit for purpose, fire door failures, exposure to fire and smoke, and reliance on staff-assisted evacuation in an acute hospital environment. • Risk remains outside the Trust's stated risk appetite and tolerance.

Key Targets	**Current Controls**
None at present	

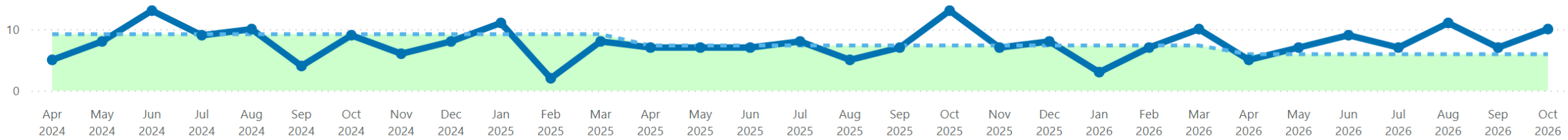
Integrated Board Report

November 2026

True North Metrics

Moderate+ harm events

TNM1



TNM2 - Placeholder - Clinical effectiveness metric

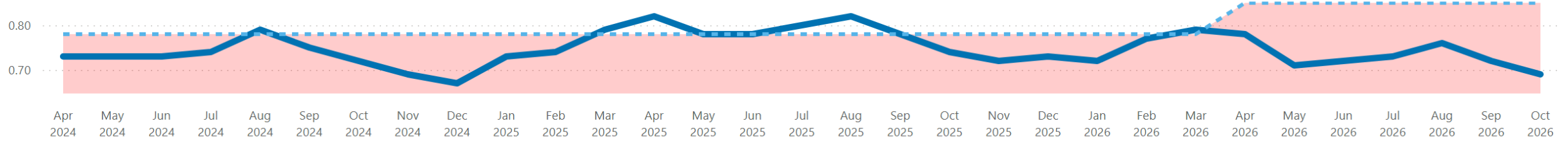
TNM3 - Placeholder - Patient experience / FFT

True North Metrics

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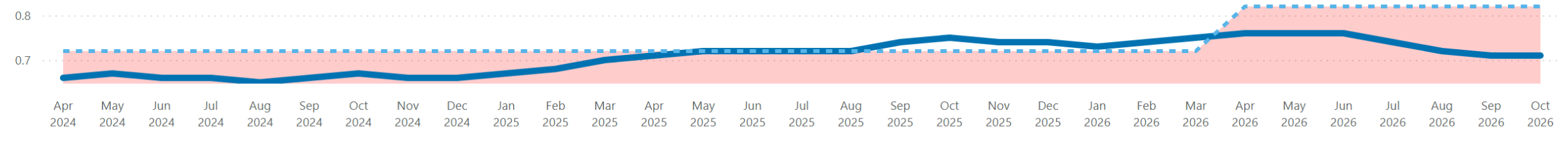
Emergency Care Standard – 4-hour ED

TNM4



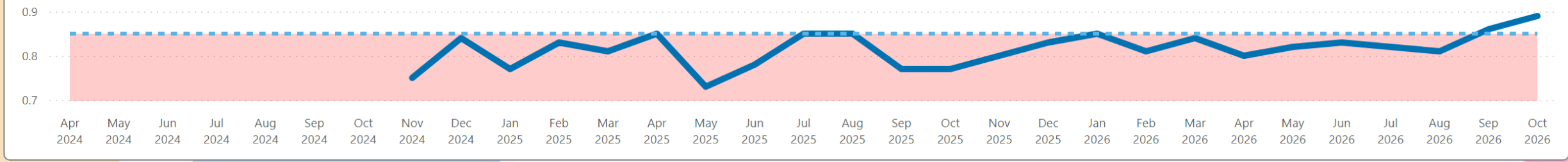
18-week RTT standard

TNM5



62-day cancer standard

TNM6



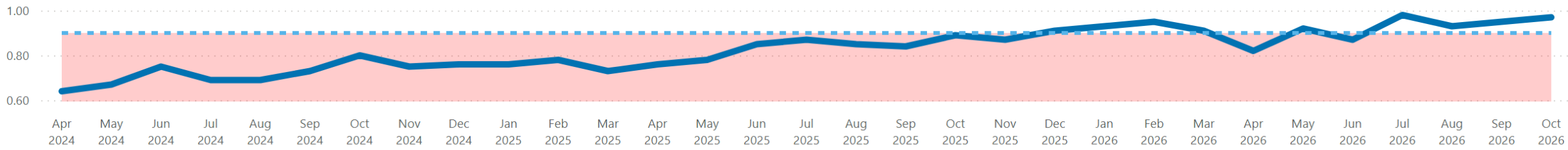
True North Metrics

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TNM 7 - Placeholder - Frailty

Early intervention & prevention

TNM8



TNM 9 - Placeholder - Children's patient experience

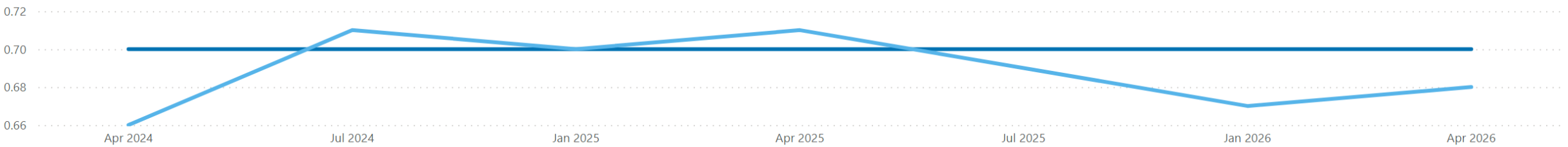
True North Metrics

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TNM 10 -Placeholder - Waiting for children's services (Non-CYPPH)

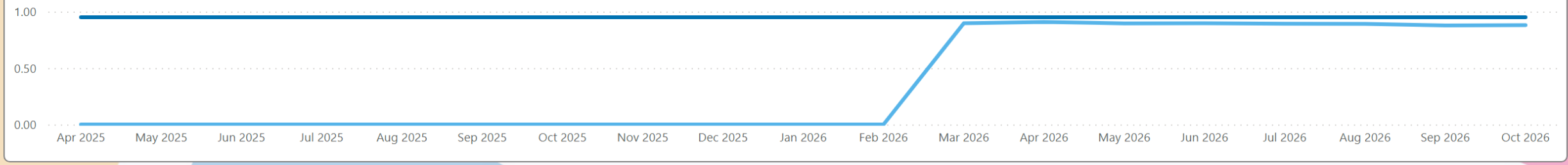
Staff engagement

TNM11



Staff availability / workforce sustainability

TNM12

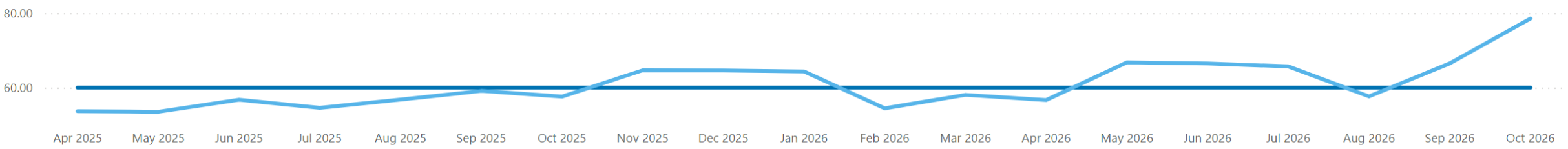


Breakthrough Objectives

BTO1 - Placeholder - Checklist Completion

Time to next destination

BTO2



BTO3 -Placeholder - CYP in research

Watch Metrics Summary

Status	Metric Count	Metric %
Sustained Below Target	30	33.0%
Newly Below Target	14	15.4%
Not Updated/ Error	1	1.1%
Newly Achieving	9	9.9%
Sustained Achieving	37	40.7%

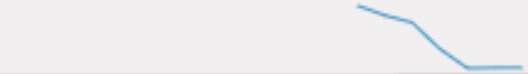
Watch Metrics – Sustained below target (1)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
1.12	Infant health - % women initiating breastfeeding	Great Start in Life	Maternity	0.81	0.95	79	Higher	Oct 2026	0.95	0.95	
1.13	VTE risk assessment - inpatients	Best Quality Safest Care	safety &effectiveness	0.89	0.95	23	Higher	Oct 2026	0.95	0.95	
1.4	Infection control - Hospital acquired C.difficile cases, lapse in care identified	Best Quality Safest Care	safety &effectiveness	2.00	1.00	6	Lower	Oct 2026	1.00	1.00	
1.8.1	Safer staffing levels - fill rate	Best Quality Safest Care	safety &effectiveness	0.91	0.95	11	Higher	Oct 2026	0.95	0.95	
1.9.3	Maternity - Number of Admissions to SCBU per month	Great Start in Life	Maternity	26.00	8.00	7	Lower	Oct 2026	8.00	8.00	
1.9.5	Maternity - Maternity Role Specific Training Compliance	Great Start in Life	Maternity	0.83	0.95	22	Higher	Oct 2026	0.95	0.95	
2.2.1	Complaints - numbers received	Person Centred, Integrated Care	Patient Experience	53.00	12.00	11	Lower	Oct 2026	12.00	12.00	
3.1	HSMR (Hospital Standardised Mortality Ratio)	Clinical Outcomes	Mortality	121.15	100.00	20	Range	Oct 2026	90.00	110.00	
4.1	Appraisal rate - Non Medical and Medical Staff	Best Place to Work	Engagement	0.83	0.90	79	Higher	Oct 2026	0.90	0.90	
4.3	Staff sickness rate	Best Place to Work	Availability	0.06	0.04	64	Lower	Oct 2026	0.04	0.04	
4.5	Vacancies	Best Place to Work	Availability	0.06	0.05	6	Lower	Oct 2026	0.05	0.05	

Watch Metrics – Sustained below target (2)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
5.1.2	RTT Incomplete pathways performance - 92nd centile (days)	Person Centred, Integrated Care	RTT	221.00	126.00	22	Lower	Oct 2026	126.00	126.00	
5.1.3	RTT Incomplete pathways - total	Person Centred, Integrated Care	RTT	24,402.00	20,000.00	8	Lower	Oct 2026	19,750.00	20,250.00	
5.1.4	RTT Incomplete pathways - 52-<104 weeks	Person Centred, Integrated Care	RTT	13.00	0.00	13	Lower	Oct 2026	0.00	0.00	
5.10	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Person Centred, Integrated Care	Cancer	0.65	0.90	79	Higher	Oct 2026	0.90	0.90	
5.15	Children's Services - Ante-natal visits	Great Start in Life	CYPPH	0.94	0.95	15	Higher	Oct 2026	0.95	0.95	
5.27	GPOOH - Telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation	Person Centred, Integrated Care	UEC	0.22	0.95	79	Higher	Oct 2026	0.95	0.95	
5.28	GPOOH - Home visit: Face to face consultations started for URGENT cases within 2 hrs	Person Centred, Integrated Care	UEC	0.89	0.95	9	Higher	Oct 2026	0.95	0.95	
5.3	Diagnostic waiting times - 6-week standard	Person Centred, Integrated Care	RTT	0.74	0.75	20	Higher	Oct 2026	0.75	0.75	
5.6	A&E 4 hour standard	Person Centred, Integrated Care	UEC	0.69	0.80	14	Higher	Oct 2026	0.80	0.80	

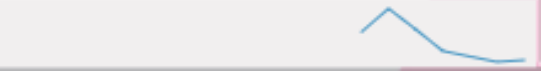
Watch Metrics – Sustained below target (3)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
5.7	Ambulance handovers - % within 15 mins	Person Centred, Integrated Care	UEC	0.63	0.90	27	Higher	Oct 2026	0.90	0.90	
5.9.2	Number of Cancer Treatment waits over 104 days	Person Centred, Integrated Care	Cancer	4.00	0.00	79	Lower	Oct 2026	0.00	0.00	
6.1	Agency spend	Finance		167,000.00	20,000.00	79	Lower	Oct 2026	20,000.00	20,000.00	
6.5.2	Long stay patients - superstranded (>21 days LOS)	Person Centred, Integrated Care	UEC	64.00	50.00	12	Lower	Oct 2026	50.00	50.00	
6.6	Occupied bed days per 1,000 population	Person Centred, Integrated Care	UEC	66.40	50.00	13	Lower	Oct 2026	50.00	50.00	
6.7.1	Length of stay - elective	Person Centred, Integrated Care	RTT	3.16	2.50	3	Lower	Oct 2026	2.50	2.50	
6.7.2	Length of stay - non-elective	Person Centred, Integrated Care	UEC	7.26	6.50	22	Lower	Oct 2026	6.50	6.50	
7.2	First Outpatient vs Plan	Person Centred, Integrated Care	RTT	0.97	1.00	3	Range	Oct 2026	0.98	1.02	
7.3	Outpatient Procedures vs Plan	Person Centred, Integrated Care	RTT	1.02	1.00	10	Range	Oct 2026	0.98	1.02	
7.7	Follow Ups vs Plan	Person Centred, Integrated Care	RTT	1.01	1.00	7	Lower	Oct 2026	1.00	1.00	

Watch Metrics – Newly below target (1)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
1.3	Inpatient falls per 1,000 bed days	Best Quality Safest Care	safety &effectiveness	6.13	6.00	2	Lower	Oct 2026	6.00	6.00	
1.7.1	Incidents - comprehensive serious incidents (SI)	Best Quality Safest Care	safety &effectiveness	1.00	0.00	1	Lower	Oct 2026	0.00	0.00	
1.9	Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d	Great Start in Life	Maternity	0.93	0.95	1	Higher	Oct 2026	0.95	0.95	
1.9.1	Maternity - - Number of Stillbirths per month	Great Start in Life	Maternity	1.00	0.00	1	Lower	Oct 2026	0.00	0.00	
3.3.1	Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions	Person Centred, Integrated Care	RTT	0.04	0.04	1	Lower	Oct 2026	0.04	0.04	
3.5	Delayed Transfer of Care - % inpatients not meeting the criteria to reside	Person Centred, Integrated Care	UEC	0.16	0.12	1	Lower	Oct 2026	0.12	0.12	
5.13.1	Children's Services - 0-12 months caseload	Great Start in Life	CYPPH	2,525.00	2,100.00	1	Range	Oct 2026	1,900.00	2,300.00	
5.13.2	Children's Services - 2-3 years caseload	Great Start in Life	CYPPH	2,315.00	2,100.00	1	Range	Oct 2026	1,900.00	2,300.00	
5.2.1	RTT waiting times (days different) - by ethnicity(gap between BME & White (positive is shorter wait for BME)	Person Centred, Integrated Care	RTT	3.00	0.00	1	Lower	Oct 2026	0.00	0.00	

Watch Metrics – Newly below target (2)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
5.2.4	RTT Waiting times - differential wait in days for patients with LD Flag	Person Centred, Integrated Care	RTT	3.00	0.00	1	Lower	Oct 2026	0.00	0.00	
5.29	Community SITREP waiting times- percentage of waiters over 52 weeks	Person Centred, Integrated Care	RTT	0.03	0.02	1	Lower	Oct 2026	0.02	0.02	
5.5	Data quality on ethnic group - inpatients RESPONSIVE - Digital	Person Centred, Integrated Care	Digital	0.90	0.90	2	Higher	Oct 2026	0.90	0.90	
5.8	A&E - number of 12 hour trolley waits	Person Centred, Integrated Care	UEC	47.00	5.00	1	Lower	Oct 2026	5.00	5.00	
7.8	Non Elective IP vs Plan	Person Centred, Integrated Care	UEC	0.97	1.00	2	Range	Oct 2026	0.98	1.02	

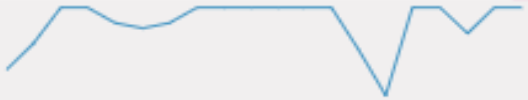
Watch Metrics – Newly achieving (1)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
1.6	Incidents - ratio of low harm incidents	Best Quality Safest Care	safety &effectiveness	137.60	200.00	2	Range	Oct 2026	100.00	300.00	
1.7.2	Incidents - Never events	Best Quality Safest Care	safety &effectiveness	0.00	0.00	1	Lower	Oct 2026	0.00	0.00	
1.9.2	Maternity - - Number of Third and Fourth Degree Tears	Great Start in Life	Maternity	3.00	4.00	2	Lower	Oct 2026	4.00	4.00	
2.2.2	Complaints - % responded to within time	Person Centred, Integrated Care	Patient Experience	1.00	0.90	1	Higher	Oct 2026	0.90	0.90	
3.3.2	Readmissions to the same specialty within 30 days - following non-elective admission - as % of all non-elective admissions	Person Centred, Integrated Care	UEC	0.09	0.09	2	Lower	Oct 2026	0.09	0.09	
5.14	Children's Services - Safeguarding caseload	Great Start in Life	CYPPH	1,166.00	1,200.00	2	Range	Oct 2026	1,000.00	1,400.00	
5.2.3	RTT Waiting Times - - Differential RTT waiting times in days for gender(positive means females wait longer)	Person Centred, Integrated Care	RTT	-2.00	0.00	2	Lower	Oct 2026	0.00	0.00	
5.9.1	62 Day Cancer Performance	Person Centred, Integrated Care	Cancer	0.89	0.85	2	Higher	Oct 2026	0.85	0.85	
7.9	ED Attends vs Plan	Person Centred, Integrated Care	UEC	0.98	1.00	2	Range	Oct 2026	0.98	1.02	

Watch Metrics – Sustained achieving (1)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
1.1	Pressure ulcers - hospital acquired -moderate harm or above - per 1,000 bed days	Best Quality Safest Care	safety &effectiveness	0.10	0.30	10	Lower	Oct 2026	0.30	0.30	
1.101	Moderate Harm or Above - community acquired pressure ulcers - raw numbers	Best Quality Safest Care		1.00	2.00	10	Lower	Oct 2026	2.00	2.00	
1.102	Moderate Harm or Above - hospital acquired pressure ulcers - raw numbers	Best Quality Safest Care		0.00	2.00	12	Lower	Oct 2026	2.00	2.00	
1.11	Infant health - % women smoking at time of delivery	Great Start in Life	Maternity	0.03	0.05	12	Lower	Oct 2026	0.05	0.05	
1.14	Sepsis screening - inpatient wards	Best Quality Safest Care	safety &effectiveness	1.00	0.95	187	Higher	Oct 2026	0.95	0.95	
1.15	Sepsis screening - Emergency department	Best Quality Safest Care	safety &effectiveness	0.98	0.95	159	Higher	Oct 2026	0.95	0.95	
1.2	Pressure ulcers - community acquired - moderate harm or above - per 1,000 patient contacts	Best Quality Safest Care	safety &effectiveness	0.00	0.13	4	Lower	Oct 2026	0.13	0.13	
1.5	Infection control - Hospital acquired MRSA cases, lapse in care identified	Best Quality Safest Care	safety &effectiveness	0.00	0.00	12	Lower	Oct 2026	0.00	0.00	
1.8.2	Safer staffing levels - CHPPD	Best Quality Safest Care	safety &effectiveness	7.37	8.00	49	Higher	Oct 2026	7.00	9.00	

Watch Metrics – Sustained achieving (2)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
1.9.4	Maternity -1:1 Care delivered in labour	Great Start in Life	Maternity	1.00	0.95	22	Higher	Oct 2026	0.95	0.95	
1.9.6	Maternity - Maternity Complaints per month	Great Start in Life	Maternity	3.00	9.00	22	Lower	Oct 2026	9.00	9.00	
1.9.7	Maternity - Maternity Unit Service Suspensions per month	Great Start in Life	Maternity	3.00	4.00	3	Lower	Oct 2026	4.00	4.00	
2.1.1	Friends & Family Test (FFT) - All Patients	Best Quality Safest Care	Patient Experience	0.97	0.90	79	Higher	Oct 2026	0.90	0.90	
2.1.2	Friends & Family Test (FFT) - Adult Community Services	Best Quality Safest Care	Patient Experience	1.00	0.90	5	Higher	Oct 2026	0.90	0.90	
3.4	Returns to theatre - % returns within 30 days	Person Centred, Integrated Care	RTT	0.01	0.02	7	Lower	Oct 2026	0.02	0.02	
4.2	Mandatory and Essential Skills Training rate	Best Place to Work	Engagement	0.92	0.90	3	Higher	Oct 2026	0.90	0.90	
4.4	Staff turnover rate	Best Place to Work	Availability	0.08	0.12	3	Lower	Oct 2026	0.12	0.12	
5.1.1	RTT Incomplete pathways performance - median days wait	Person Centred, Integrated Care	RTT	72.00	110.00	79	Lower	Oct 2026	110.00	110.00	
5.11	Cancer - 28 days faster diagnosis standard (suspected cancer referrals)	Person Centred, Integrated Care	Cancer	0.87	0.80	9	Higher	Oct 2026	0.80	0.80	

Watch Metrics – Sustained achieving (3)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
5.12	Cancer - Combined 31 day wait (First and Subsequent Treatments)	Person Centred, Integrated Care	Cancer	0.98	0.95	43	Higher	Oct 2026	0.95	0.95	
5.16	Children's Services - 10-14 day new birth visit	Great Start in Life	CYPPH	0.97	0.95	10	Higher	Oct 2026	0.95	0.95	
5.17	Children's Services - 6-8 week visit	Great Start in Life	CYPPH	0.97	0.95	13	Higher	Oct 2026	0.95	0.95	
5.18	Children's Services - 12 month review	Great Start in Life	CYPPH	0.99	0.95	15	Higher	Oct 2026	0.95	0.95	
5.19	Children's Services - 2.5 year review	Great Start in Life	CYPPH	0.97	0.95	11	Higher	Oct 2026	0.95	0.95	
5.2.2	RTT waiting times - by level of deprivation- differential average wait in days (negative gap reflects high deprivation waiting a shorter time)	Person Centred, Integrated Care	RTT	-19.00	0.00	22	Lower	Oct 2026	0.00	0.00	
5.23	Community Care Adult Teams - performance against new timeliness standards	Person Centred, Integrated Care	Elderly	0.95	0.90	4	Higher	Oct 2026	0.90	0.90	
6.10	Day case conversion rate	Person Centred, Integrated Care	RTT	0.02	0.03	79	Lower	Oct 2026	0.03	0.03	
6.2	Surplus/ Defecit and variance to plan	Finance		-2,701,000.00	0.00	19	Lower	Oct 2026	0.00	0.00	

Watch Metrics – Sustained achieving (4)

ID	Name	Strategy Group	Strategy Sub Group	Current Value	Target	Length of current performance run	Success is High/Low	Month	Range Lower	Range Upper	Graph
6.3	Capital spend	Finance		10,948,000.00	500,000.00	78	Higher	Oct 2026	475,000.00	525,000.00	
6.4	Cash balance	Finance		3,584,000.00	500,000.00	3	Higher	Oct 2026	475,000.00	525,000.00	
6.5.1	Long stay patients - stranded (>7 days LOS)	Person Centred, Integrated Care	UEC	155.00	175.00	56	Lower	Oct 2026	175.00	175.00	
6.8	Avoidable admissions	Person Centred, Integrated Care	UEC	3.00	290.00	4	Lower	Oct 2026	290.00	290.00	
6.9	Theatre utilisation (elective sessions)	Person Centred, Integrated Care	RTT	0.83	0.80	6	Higher	Oct 2026	0.80	0.80	
7.1	GP Referrals against 2019/20 baseline	Person Centred, Integrated Care	RTT	1.04	1.00	3	Range	Oct 2026	0.95	1.05	
7.4	DayCase incl Endoscopy vs Plan	Person Centred, Integrated Care	RTT	0.98	1.00	3	Range	Oct 2026	0.98	1.02	
7.5	Elect. IP vs Plan	Person Centred, Integrated Care	RTT	1.02	1.00	3	Range	Oct 2026	0.98	1.02	
7.6	Combined Elect (excl F'up) vs Plan	Person Centred, Integrated Care	RTT	0.99	1.00	4	Range	Oct 2026	0.98	1.02	

Quality Committee

25th November 2026

Title:	Nursing and Midwifery Quality and Safe Staffing Report
Responsible Director:	Breeda Columb. Executive Director of Nursing, Midwifery and AHPs
Author:	Jenny Nolan, Deputy Director of Nursing, Midwifery and AHPs Brenda Mckenzie, Workforce Assurance Lead

Purpose of the report	Approval		
	Assurance	x	
	Discussion		
	Information		
Summary of key issues:	The report provides Quality Committee with: • Assurance on nursing and midwifery quality indicators triangulated with nurse and midwifery staffing data. • Assurance that daily monitoring of patient safety and quality risks in relation to the workforce are in place.		
Trust Strategy and Strategic Ambitions	**The Patient and Child First** Improving the health and wellbeing of our patients, children and communities		
	Best Quality, Safest Care		x
	Person Centred, Integrated Care; Strong Partnerships		x
	Great Start in Life		x
	At Our Best: Making HDFT the best place to work		x
	An environment that promotes wellbeing		
	Digital transformation to integrate care and improve patient, child and staff experience		
	Healthcare innovation to improve quality		
Corporate Risks	None		
Prior Committee Review / Governance Route:	Report reviewed at the Quality Committee		
Recommendations:	The Board is asked to note the content of the report.		
	Financial		

Impact Assessments	Workforce		
	Quality & Safety		
	Legal/Regulatory		
	Equality & Diversity		
	Risk		
Consultation / Engagement			

Freedom of Information	Paper can be made available under the Freedom of Information Act once published on the HDFT website.

HARROGATE AND DISTRICT NHS FOUNDATION TRUST

Quality Committee

25 November 2026

Nursing and Midwifery Quality and Safe Staffing Report

1.0 Introduction

The purpose of the report is to provide assurance on key patient safety, quality and workforce data. Data in this report is provided for August and September 2026.

Harrogate and District NHS Foundation Trust (HDFT) has a comprehensive suite of quality and safety indicators that are reviewed on a daily and monthly basis as described within the Integrated Board Report. The Trust, through Power Bi, is developing an integrated dashboard that supports a triangulated approach to data on key quality and safety KPIs linked to staffing levels.

As per the Safer Staffing Policy, the threshold for enhanced monitoring of performance is where nursing establishment levels have fallen below the 80% threshold in month. Further information on all in-patient nurse staffing levels is presented to NHS England on a monthly basis to provide assurance that the Trust is responding to National Quality Board (NQB) 2016 guidance in relation to: *Safe, Sustainable and Productive Staffing.*

2.0 Hard Truths Data

HDFT reports monthly nursing and midwifery staffing data, including registered and unregistered staff, substantive staff and temporary workforce usage, to NHS England through the Nurse Staffing Return (Hard Truths).

HDFT has established an internal assurance threshold of **80%** achievement against planned registered and unregistered nursing staffing levels. Where staffing falls below this threshold, a comprehensive review is undertaken using a triangulated approach incorporating patient acuity and dependency, bed occupancy, quality indicators, patient outcomes and professional judgement to provide assurance that safe staffing has been maintained.

The table below summarises the planned versus actual staffing fill rates for all inpatient wards, showing day and night performance for registered and unregistered staff. The variation observed across wards reflects the dynamic deployment of staff in response to changing patient demand and demonstrates the effectiveness of the Trust's daily safer staffing arrangements in maintaining safe workforce levels across inpatient services.

September								August							
	Day		Night		CHPPD				Day		Night		CHPPD		
Ward	RN Fill (%)	CSW Fill (%)	RN Fill (%)	CSW Fill (%)	RN	CSW	Overall		RN Fill (%)	CSW Fill (%)	RN Fill (%)	CSW Fill (%)	RN	CSW	Overall
Acute Frailty Unit	82%	81%	93%	103%	5.3	4.4	9.7	Acute Frailty Unit	93%	81%	99%	100%	6.0	4.5	10.5
Acute Medical Unit	87%	69%	88%	90%	6.1	3.1	9.1	Acute Medical Unit	88%	69%	86%	94%	7.1	3.6	10.7
Bolton	77%	75%	99%	103%	3.7	2.9	6.6	Bolton	80%	75%	100%	98%	3.9	3.0	6.9
Byland	93%	85%	96%	99%	3.4	3.1	6.5	Byland	95%	85%	99%	99%	4.5	4.1	8.6
ITU/HDU	77%	11%	99%	17%	30.7	0.9	31.6	ITU/HDU	112%	20%	112%	47%	36.6	1.9	38.5
Fountains	88%	76%	92%	101%	3.7	2.9	6.6	Fountains	93%	82%	90%	100%	4.6	3.6	8.2
Granby	98%	77%	99%	67%	3.6	2.8	6.4	Granby	105%	76%	98%	69%	4.7	3.6	8.2
Jervaulx	90%	96%	97%	98%	3.4	3.4	6.7	Jervaulx	94%	89%	99%	97%	7.0	6.4	13.4
Lascelles	88%	67%	100%	100%	4.9	3.4	8.3	Lascelles	96%	75%	100%	100%	5.3	3.8	9.1
Maternity	102%	95%	106%	94%	6.5	1.8	8.3	Maternity	129%	87%	75%	42%	10.3	2.0	12.3
Nidderdale	89%	81%	91%	89%	3.8	2.5	6.3	Nidderdale	97%	77%	91%	91%	11.9	7.6	19.5
Oakdale	93%	86%	98%	99%	3.5	2.8	6.3	Oakdale	95%	91%	99%	98%	4.6	3.6	8.2
Trinity	87%	82%	100%	98%	3.8	3.3	7.1	Trinity	94%	81%	100%	100%	4.7	3.8	8.4
Rowan	99%	85%	97%	43%	11.6	3.6	15.3	Rowan	106%	73%	94%	26%	13.6	3.2	16.8
Special Care Baby Unit	86%	-	106%	-	10.5	-	10.5	Special Care Baby Unit	93%	-	102%	-	19.3	-	19.3
Wensleydale	86%	71%	100%	87%	6.0	2.6	8.6	Wensleydale	87%	77%	99%	83%	7.5	3.3	10.8
Woodlands	70%	96%	104%	184%	7.6	4.0	11.5	Woodlands	78%	64%	95%	98%	9.3	2.8	12.2
Total	**88%**	**79%**	**98%**	**93%**	**4.9**	**2.9**	**7.8**	**Total**	**97%**	**79%**	**95%**	**88%**	**6.9**	**3.7**	**10.6**

3.0 August and September 2026 Results

During August and September 2026, 17 eligible inpatient areas were reviewed. Planned versus actual staffing varied across wards for both registered and unregistered staff, with some areas operating below the 80% threshold and others above.

It was identified that Registered Nurse (RN) planned staffing fell below the Trust's 80% assurance threshold for, two areas in August (Maternity and Woodlands) and three areas (Bolton, ITU and Woodlands) in September 2026. For Unregistered workers, planned staffing fell below the 80% threshold for 10 areas in August (AMU, Bolton, ITU, Fountains, Granby, Lascelles, Nidderdale, Rowan, Wensleydale Maternity and Woodlands). In September 8 areas fell below 80% fill rate (AMU, Bolton, ITU, Fountains, Granby, Lascelles, Rowan, and Woodlands).

In each case, staffing levels were reviewed through the Trust's established safer staffing governance processes, considering patient acuity and dependency, bed occupancy, professional judgement and quality indicators. Where appropriate, staff were redeployed across inpatient areas to ensure the available workforce was aligned to clinical need, providing continued assurance that safe and effective care was maintained despite variation in planned versus actual staffing levels. ITU worked within GPICS (Guidelines for the Provision of Intensive Care Services) standards at all times.

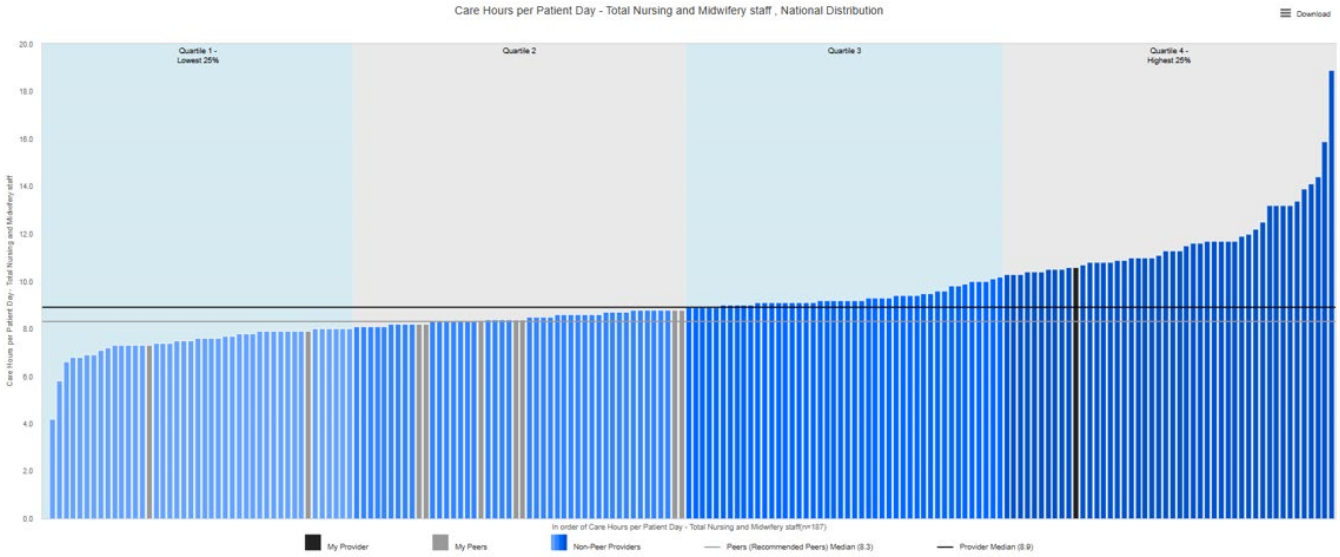
This variation reflects the responsive deployment of the available workforce to meet changing patient demand and demonstrates the effectiveness of the Trust's safer staffing processes.

Care Hours Per Patient Day (CHPPD) measures the amount of direct nursing and midwifery care delivered to patients over a 24-hour period by registered nurses, midwives and care support workers.

HDFT continues to perform well when measured against the national peer median CHPPD of 8.3, with a Trust CHPPD between 7.8 and 10.6 for this reporting period. This places the organisation within National Quartile 2 for September and Quartile 4 for August, demonstrating staffing levels that are comparable with those of peer organisations. This provides further assurance that

workforce deployment continues to support the delivery of safe, effective and high-quality patient care.

The Model Hospital peer median CHPPD is **8.3**, compared with HDFT's CHPPD of **10.6 in August** and **7.8 in September**.



Further detail on Midwifery and Neonatal staffing is provided within the monthly Maternity and Neonatal Safety Report. The midwifery workforce position is also detailed in the Perinatal Assurance Report and should be read in conjunction with this section.

4.0 Vacancies

4.1 Maternity
Maternity services had a 0.0 WTE vacancy in August and September, resulting in a fully established workforce. Midwifery sickness absence has continued to show a stable position of 4% over these last two months. To support staffing requirements, shifts were released through NHS Professionals (NHSP), with fill rates remaining stable at 60%. This reflects a positive improvement in workforce availability and temporary staffing coverage.

4.2 Inpatient ward
The table below summarises the substantive establishment position across the inpatient wards as of 31st September 2026, detailing the vacancy and over-establishment position for Registered and Unregistered staff.

Directorate Inpatient Wards - in-month substantive vacancies/(over-est)						
	Registered			Un-registered		
	Sum of WTE budget - Sep 26	Sum of WTE contracted - Sep 26	Sum of WTE variance - Sep 26	Sum of WTE budget - Sep 26	Sum of WTE contracted - Sep 26	Sum of WTE variance - Sep 26
LONG TERM URGENT CANCER AND COMMUNITY	206.54	198.41	8.13	150.07	140.77	9.30
CARE GROUP ACUTE MEDICINE	**67.67**	**63.72**	**3.95**	**34.08**	**30.39**	**3.69**
251101-Acute Medical Unit	32.00	29.80	2.20	17.04	14.76	2.28
251113-Wensleydale Ward	35.67	33.92	1.75	17.04	15.63	1.41
CARE GROUP FRAILTY	**82.59**	**78.22**	**4.37**	**72.03**	**70.78**	**1.25**
251100-Jervaulx Ward	24.43	22.27	2.16	22.56	21.70	0.86
251111-Acute Frailty Unit	19.31	17.28	2.03	14.99	15.40	-0.41
251114-Byland Ward	24.43	24.53	-0.10	22.56	22.39	0.17
255053-Ripon Trinity Ward	14.42	14.14	0.28	11.92	11.29	0.63
CARE GROUP LONG CONDITIONS	**56.28**	**56.47**	**-0.19**	**43.96**	**39.60**	**4.36**
251120-Oakdale Ward	24.43	24.00	0.43	19.11	16.77	2.34
251121-Granby Ward	19.34	19.36	-0.02	14.99	13.47	1.52
251124-Lascelles	12.51	13.11	-0.60	9.86	9.36	0.50
PLANNED SURGICAL AND CHILDRENS	114.65	106.07	9.68	70.12	61.00	9.12
CHILDRENS	**31.90**	**32.29**	**0.71**	**8.35**	**5.53**	**2.82**
251130-Woodlands Ward	18.61	18.40	1.31	7.65	5.53	2.12
251131-S.C.B.U.	13.29	13.89	-0.60	0.70	0.00	0.70
MSK & IMAGING	**36.34**	**30.05**	**6.29**	**25.31**	**22.03**	**3.28**
251104-Fountains Ward	24.43	19.04	5.39	19.52	14.76	4.76
251110-Rowan Ward	11.91	11.01	0.90	5.79	7.27	-1.48
SURGERY	**46.41**	**43.73**	**2.68**	**36.46**	**33.44**	**3.02**
251103-Farndale Escalation Ward	0.00	0.00	0.00	0.00	0.00	0.00
251105-Bolton Ward	21.98	20.26	1.72	19.42	17.60	1.82
251702-Nidderdale Ward	24.43	23.47	0.96	17.04	15.84	1.20
Grand Total	321.19	304.48	17.81	220.19	201.77	18.42

5.0 Temporary Workforce Usage
Registered Nursing and Unregistered Temporary Workforce

Temporary workforce data indicate an increasing reliance on temporary staffing during the reporting period. This reflects a widening Registered Nurse (RN) vacancy gap, increased short and long-term sickness absence, and the opening of some escalation beds. These pressures have increased demand for temporary cover, while limited worker availability through NHS Professionals (NHSP) has constrained the Trust's ability to fill all staffing gaps. The RN vacancy position was further affected by 11 newly qualified nurses withdrawing from their appointments. During this period, the vacancy gap increased month on month, as posts either remained unfilled or were filled through internal transfers.

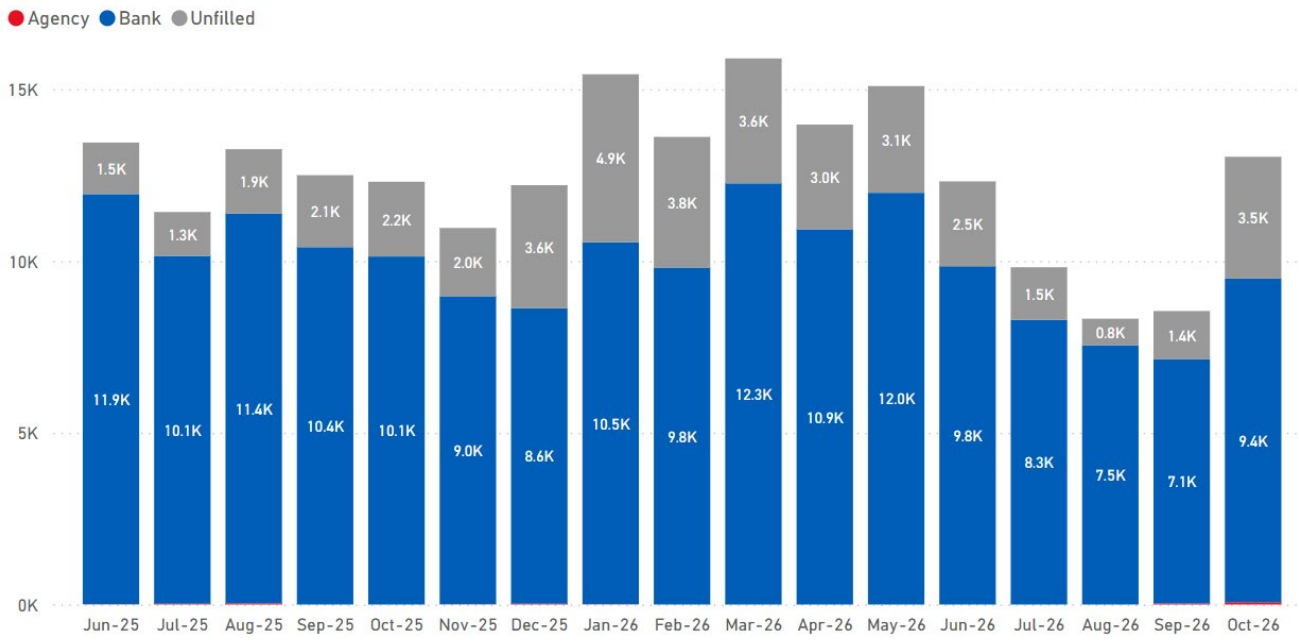
Agreement was reached in October to advertise these vacancies externally. However this will mean that reliance on temporary staffing is expected to remain elevated over the winter months.

Agency staffing was also required on Woodlands Ward within Children and Young People's Services, where increased unplanned absence generated demand that could not be fully met through NHSP.

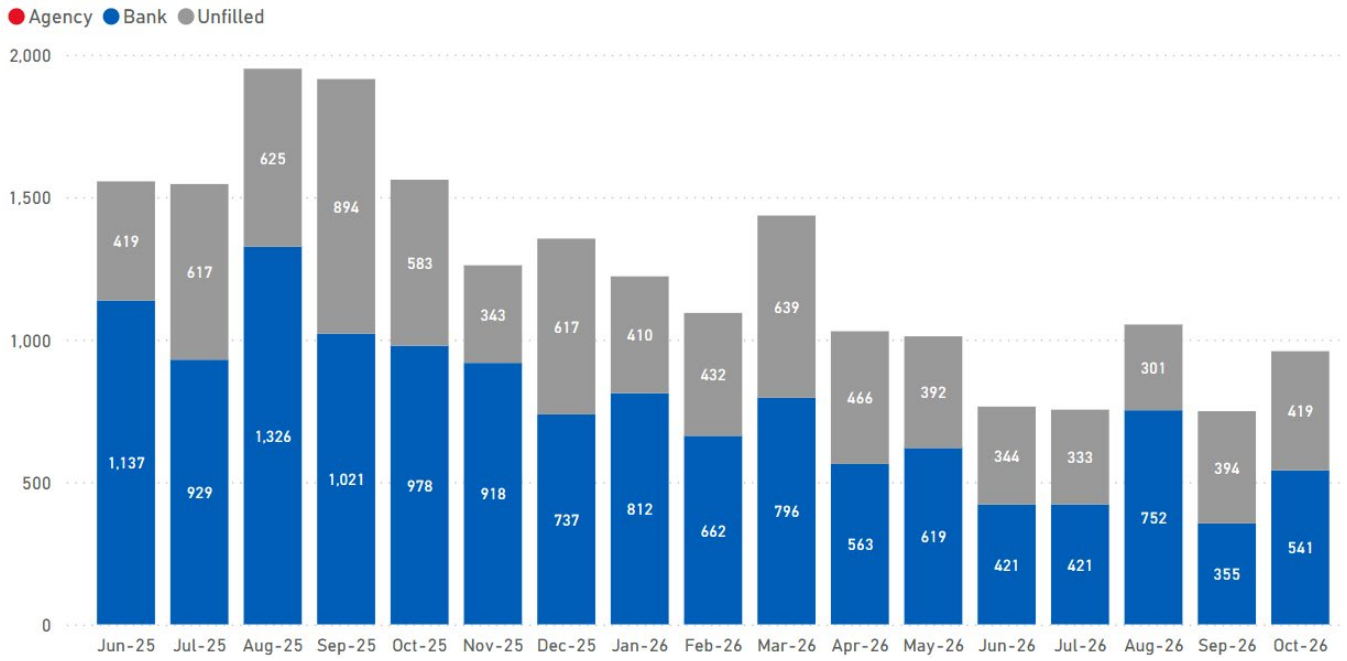
Within Adult Inpatient Services, strengthened governance for Enhanced Therapeutic Observation and Care (ETOC), alongside implementation of the Temporary Workforce Standard Operating Procedure (SOP), has reduced Care Support Worker temporary staffing demand associated with enhanced observation. Enhanced clinical oversight ensures that requests are supported by evidence of patient acuity, dependency and service need, with internal staffing options explored before temporary cover is requested. These improvements have reduced demand for ETOC cover, although overall temporary workforce requirements are increasing because of vacancies, sickness absence and escalation capacity.

The planned winter escalation ward is due to open on 29 December 2026. The agreed workforce model requires an additional 20 whole-time equivalent (WTE) RNs and 16 WTE CSWs. This requirement will place further pressure on workforce availability and temporary staffing capacity. External recruitment, continued scrutiny of temporary staffing requests and monitoring of demand and fill rates will therefore be central to supporting safe staffing throughout the winter period.

Nursing Temporary Workforce



Midwifery Temporary Workforce



6.0 Key Performance Indicators

6.1 Falls

In August there were no falls in the 2 areas identified as being below the Trust's 80% planned staffing assurance threshold for Registered Nurses.

There were 11 areas identified as being below the Trust's 80% planned staffing assurance threshold for Unregistered workers.

Of these 11, AMU had two falls, Fountains had four, Granby had six, Lascelles had two, Rowan had one, Wensleydale two and the remaining five areas had no falls. None of these falls were Moderate or above harm.

In September there were eight areas identified as being below the Trust's 80% planned staffing assurance threshold for Unregistered workers.

AMU had three falls, Bolton had seven, Fountains had four, Granby had 15, Lascelles had three, Rowan had two and the other two areas had no falls.

There were three areas identified as being below the Trust's 80% planned staffing assurance threshold for Registered Nurses. Bolton had seven inpatient falls. There were no falls on the other two remaining areas.

One fall on Granby was Moderate harm but was unrelated to staffing.

6.2 Pressure ulcers

In August, two moderate harm pressure ulcers were identified. Investigations are ongoing and the reports will be reviewed at Quality Oversight panel once finalised. There were no moderate harm pressure ulcers in September.

7.0 Assurance Report

The Trust has updated the Safe Staffing Policy and introduced SOPs for Safe Staffing and Temporary Workforce to strengthen governance, ensure consistent escalation processes, and provide robust oversight of staffing decisions. The Temporary Workforce SOP has been aligned to new principles of assurance, introducing a formal weekly review of all temporary workforce requirements across nursing, midwifery and AHP services. These review meetings are currently chaired by the Executive Director of Nursing, Midwifery and AHPs while the revised process is embedded, providing enhanced executive oversight, supporting safe staffing decision-making, and ensuring temporary workforce utilisation is appropriately scrutinised and aligned to patient need. A bespoke dashboard is also in development to further strengthen monitoring and assurance through the incorporation of key workforce and quality metrics.

Rapid reviews are undertaken at the request of the Executive Director of Nursing, Midwifery and AHPs, the Deputy Director of Nursing, Midwifery and AHPs, the Associate Director of Quality and Corporate Affairs, or Associate Directors of Nursing/Midwifery (ADoN) in response to concerns identified through a range of sources, including patient experience, Freedom to Speak Up concerns, Patient Safety Incident Investigations, and After-Action Reviews. During the reporting period, no services required escalation for a rapid review. Our KITE Accreditation programme continues and we have no wards in escalation currently. The current Accreditation Schedule and outcome is available in Appendix 1.

8.0 Escalation and Reporting Nurse and Midwifery staffing concerns

The Safer Nursing Care Tool (SNCT) is used by HDFT to support the establishment setting biannual process to determine optimal nurse staffing levels. It is an evidence-based tool that enables nurses to assess patient's acuity and dependency to ensure that nursing establishments reflect patient needs. In September 2023, the SafeCare module of Allocate was rolled out across the inpatient wards and some departments. This system links the acuity and dependency to staffing levels to support the management of workforce requirements on a shift-by-shift basis.

The Nurse in Charge on each adult inpatient ward is responsible for scoring the acuity and dependency of every patient using SNCT levels of care. The patients must be assessed three times a day aligned to the shift patterns, and the scores entered into the SafeCare census. Concerns about patient need exceeding available nursing care hours, must be escalated in a timely manner to the matron or designated deputy for that area. Patients will receive a care score level between 0 and 3, with four sub sections of level 1 (a-d).

Matrons are expected to visit the wards they are responsible for to carry out their assurance checks each morning. On days where Matrons are not available (AL/study leave etc.) a designated deputy should carry out the checks. At this time, any 1c (continuous, arm's length

observation required) should be peer reviewed to check accuracy of scoring, identify the needs of the patients and ensure they are met.

All patients who score 1d (continuous, arm's length observation required by two members of staff) must be escalated immediately to the Directorate ADoN.

Matrons review staffing with the nurse in charge/unit manager and record professional judgement and mitigation on SafeCare. All matrons or deputies then participate in the daily 10.30 safe staffing meeting, where each clinical area is systematically reviewed for staffing risks and outstanding concerns. Where risks cannot be mitigated within the care group, the lead matron reviews enhanced care requirements, supernumerary staff and available capacity across other areas. Agreed staffing moves and redeployment are recorded on SafeCare, with additional professional judgement documented where required. A rating of a 'red' shift in SafeCare indicates unmitigated safety concerns remain.

Following the Safe Staffing meeting, any areas that remain red without matron mitigation or professional judgement must be escalated to the ADoN within their directorate.

Staffing concerns are escalated through the nursing leadership structure, from ADoN/ADoM to the Deputy Director of Nursing, Midwifery and AHPs, and, where risks cannot be mitigated, to the Director of Nursing, Midwifery and AHPs.

Woodlands has consistently recorded actual staffing hours below 80% of planned hours across four consecutive reporting periods. This sustained shortfall has been escalated, and the ward has been identified as an area requiring additional focus and support to understand the contributing factors, address staffing gaps and monitor improvement. Agency staffing has been agreed where required to maintain safe staffing.

9.0 August and September 2026 SafeCare Red Shifts

There were no Red Shifts escalated in August or September.

10.0 Recommendations

The Quality Committee is asked to:

- Note the safety, quality and staffing information detailed for August and September 2026.
- Note assurance of the daily process for monitoring and managing nurse and midwifery staffing levels at inpatient level through the SafeCare system.
- Note that actions are ongoing to monitor the standards of nursing care given within the Trust and support any identified areas with reduced performance.

Jenny Nolan, Deputy Director of Nursing, Midwifery and AHPs
Brenda Mckenzie, Workforce Assurance Lead

18th November 2026

Appendix 1

KITE Accreditation Schedule and outcome

Ward/Area	First Wave	First Wave Score	Second Wave	Second Wave Score	Third Wave	Third Wave Score	Current Awarding Level	Certificate schedule (*date TBC)
Rowan	19/02/2025	94.00%	11/02/2026	91.00%			3	
Granby	04/04/2025	92.00%	13/05/2026	95.00%			4	
SDEC	04/06/2025	96.00%	24/06/2026	95.00%			4	*
MDU	04/06/2025	95.00%	16/07/2026	95.00%			3	
Bolton	16/04/2025	92.00%	03/06/2026	83.00%			3	
Wensleydale	12/03/2025	88.00%	04/03/2026	85.00%			3	
ED	24/09/2025	88.00%	01/09/2026	TBC			3	
AMU	16/10/2024	84.00%	20/08/2025	93.00%	18/08/2026	86.00%	3	*
Byland	19/03/2025	84.00%	01/04/2026	87.00%			3	
Lascelles	25/03/2025	84.00%	29/04/2026	90.00%			3	
Nidderdale	16/09/2024	83.00%	27/08/2025	95.00%	04/08/2026	92.00%	3	*
Oakdale	09/04/2025	83.00%	27/05/2026	92.00%			3	
Pannal	16/07/2025	83.00%	29/07/2026	72.00%			3	
Delivery/MAC	16/07/2025	83.00%	28/07/2026	80.00%			3	*
Trinity	12/02/2025	82.00%	14/01/2026	91.00%			3	
Fountains	05/02/2025	80.00%	05/11/2025	88.00%			3	
Woodlands	22/01/2025	79.00%	21/01/2026	72.00%	20/04/2026	85.00%	3	
Jervaulx	17/07/2025	77.00%	25/06/2025	80.00%	22/07/2026	83.00%	3	*
AFU	13/11/2024	72.00%	08/10/2025	72.00%	24/02/2026	86.00%	3	
SCBU	15/04/2026	85.00%					3	
ICU	17/12/2025	88.00%					3	
Theatres								
DSU								
Endoscopy	16/06/2026	75.00%					3	*
ACS								

Finance Report Month 7
October – 2026/27

Author
Director of Finance – Jordan Mckie
Deputy Director of Finance – Karen Scarth

26/27 Finance summary as at October

26/27 ACTUAL YTD

£-25.1M

PLAN £-10.6M DEFICIT

CASH POSITION

£3.5M

MINIMUM BALANCE £2M

CAPITAL SPEND YTD

£11M

PLAN £10.1M

RISKS 12+

25 - Cash Position

20 - Delivery of Financial Plan

20 – Recurrent WRAP Delivery

26/27 FORECAST

£-0.0M

BEST CASE including £13.5m deficit support funding.

PAY GROWTH

-0.02%

-78.69WTE

*49.98 WTE S.TYNESIDE NEW CONTRACT

*-48.70 WTE DENTAL DECOMMSIONED

MTH ON MTH MOVEMENT EXPENDITURE £'s

13%

DECREASE

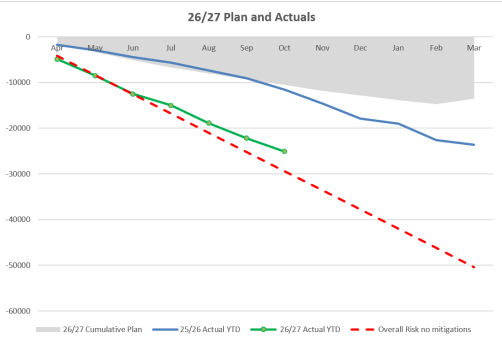
BANK AND AGENCY USE

Agency on target

Bank forecast £1.7M off track

In Mth/YTD Summary

High Level Analysis	Annual Plan £000's	Mth Budget £000's	Prior Mth Actual £000's	Mth Actual £000's	Movement Mth on Mth %	Variance £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's
Commissioner Income	**290,113**	**27,598**	**23,915**	**23,900**	**100%**	**-3,698**	**180,470**	**169,361**	**-11,109**
Directorate Income	**131,818**	**11,192**	**11,389**	**11,684**	**103%**	**492**	**77,621**	**78,868**	**1,247**
Pay Costs	-301,792	-26,687	-25,218	-25,869	103%	819	-185,846	-183,433	2,414
Non Pay Costs	-120,139	-10,558	-13,478	-12,672	94%	-2,114	-73,145	-89,984	-16,839
Expenditure	**-421,931**	**-37,245**	**-38,696**	**-38,540**	**100%**	**-1,295**	**-258,991**	**-273,417**	**-14,425**
Surplus / (Deficit)	**0**	**1,544**	**-3,392**	**-2,956**	**87%**	**-4,500**	**-900**	**-25,187**	**-24,287**
Budget phasing		**-2,844**				2,844	**-9,700**		9,700
Donated Assets/Depreciation			**80**	**35**		**35**		**80**	**80**
Revised Surplus/(Deficit)	**0**	**-1,300**	**-3,312**	**-2,921**	**88%**	**-1,621**	**-10,600**	**-25,107**	**-14,507**



In Mth/YTD Variance Summary

£-2.9M ACTUAL
£-1.3M PLAN
£-1.6M VARIANCE

£-25.1M ACTUAL
£-10.6M PLAN
£-14.5M VARIANCE

Type	Prior Mth £000's	Current Mth £000's	Narrative	YTD Variance £000's	Narrative
Income	£0.5m		• Activity/Income behind plan	£0.4m £0.5m	• Drugs under contract plan • Activity/Income behind plan
Pay		£64k	• Pediatrics Bank and Agency	£73k £300k £100k £70k	• Dental decom • Strike • Thornbury 247 care • Ripon N House GP contract dispute
N Pay	£1.9m £81k	£1.6m £-426k £30k	• WRAP delivery • Loss on sale of Dental Equipment • VAT Reclaim • Front Entrance Legal Fees	£9.7m £25k £30k £100k £1.7m	• WRAP delivery CR • Dental decom • NHSP True Up 25/26 • JV CUF increase and reconciliation items • Prior Year (P and N Pay)
Total	**£2m**	**£1.6m**	£0.4m improvement from prior month	**£14.5m**	

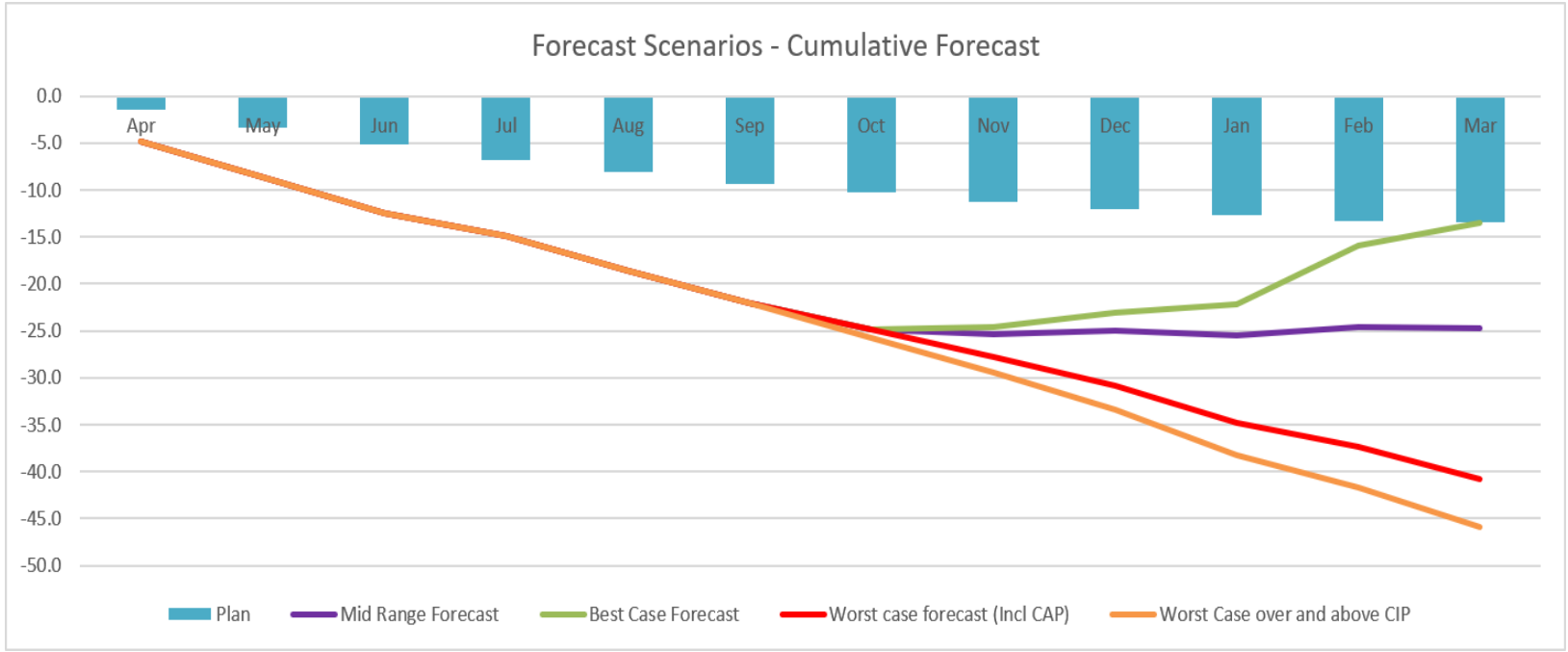
Key Items in Month

- KPMG VAT second review £426k benefit recognised in month.
- Cash support requirement continues December application being submitted.
- Capital spend on track, further queries to respond back to NHSE for CDC case and RAAC case submitted.
- Agency spend within NHSE targets however bank spend is forecasting £2m overspend against target. (10% and 30% reduction expected however targeting 46% reduction).

YTD Summary & Forecast

£-14.5M
ACTUAL
VARIANCE

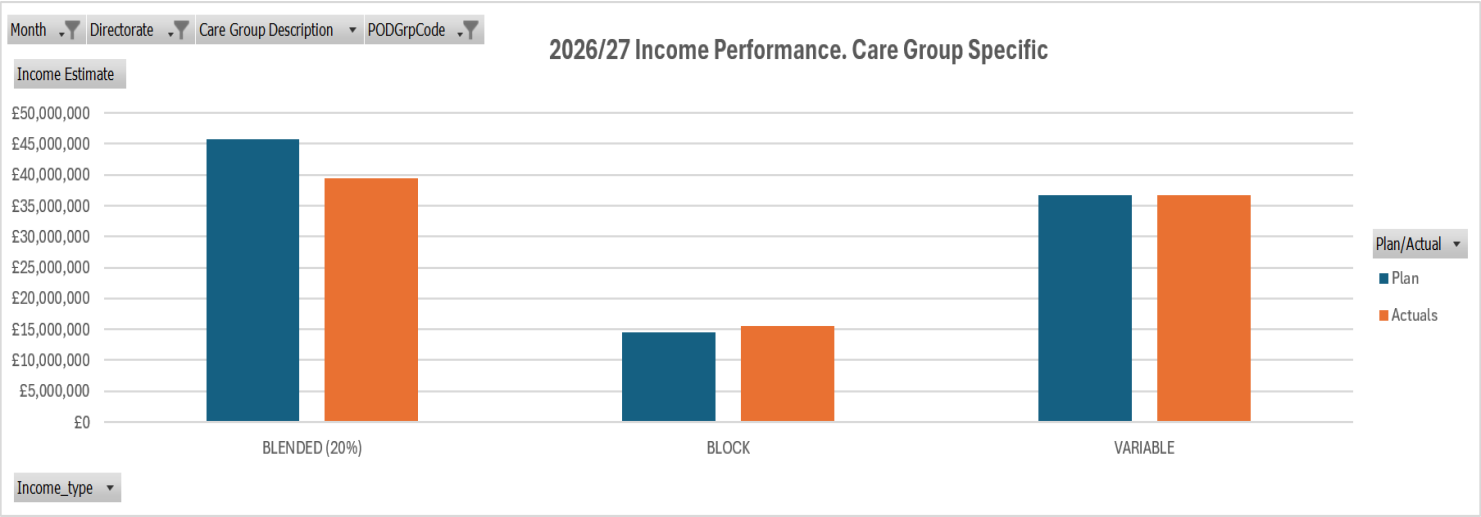
£-13.5M
BEST
£-24.7M
MID
£-40.8M
WORSE (RUN RATE)



PFR reported forecast breakeven as assumed £13.5M Deficit Support Funding.

Activity/Income

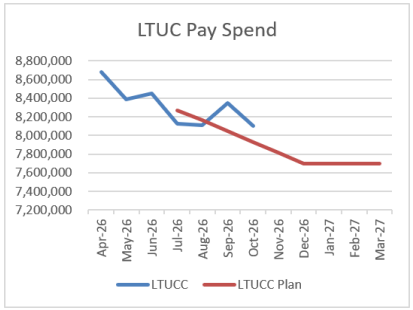
Trustwide M1-6 (April – September)

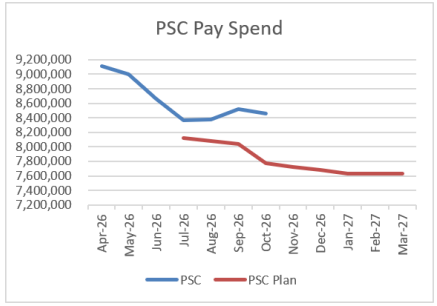


Headlines:

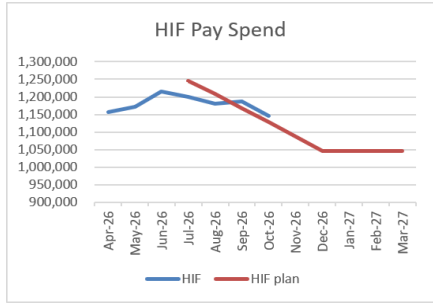
- Risk - Coding proportion is £10,439,167
- Maternity coding backlog affects block reporting

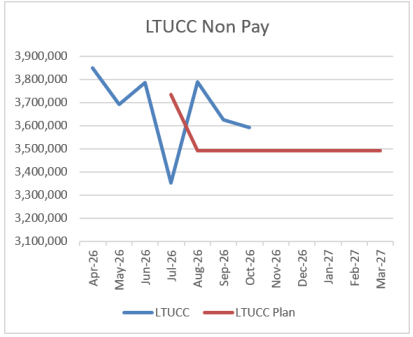
Performance Against Recovery Plans

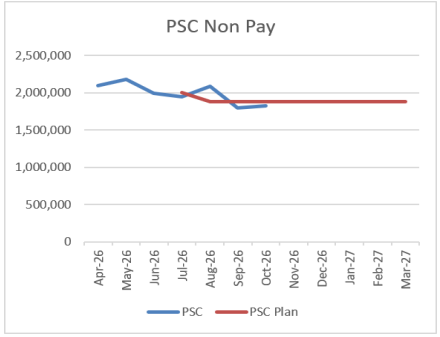


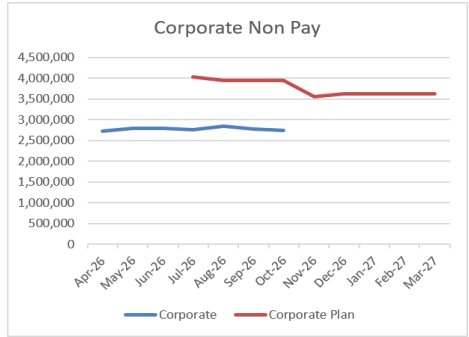


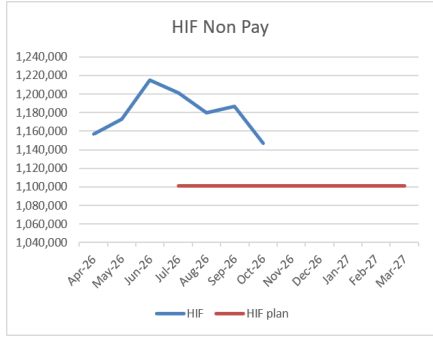












Non Pay Expenditure

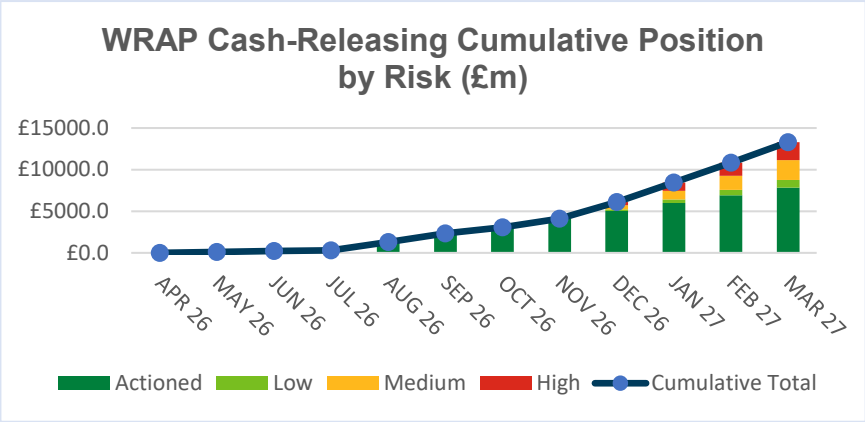
Non Pay Expenditure	July	August	September	October	Trend	Mth on Mth Movement
Amortisation: Owned Assets	219	219	248	187		-61
Audit Fees and Other Auditor Remuneration	20	26	14	37		24
Clinical Negligence	823	814	788	788		0
Consultancy	62	39	138	292		154
Depreciation: Donated and Government Granted Assets	30	30	29	29		0
Depreciation: Finance Leased Assets	186	182	182	-689		-871
Depreciation: Owned Assets	665	666	1,565	798		-767
Depreciation: Right of Use				1,295		1,295
Drugs Costs (Drug Inventory Consumed and Purchase Of Non-Inventory Drug	2,220	2,409	2,092	2,418		326
Education and Training - Non-Staff	-16	121	75	40		-35
Establishment	192	198	235	241		6
Increase/(Decrease) In Impairment Of Receivables	1	-1	2	-8		-11
Interst on Right of Use				108		108
Interest On Finance Leases	62	64	61	-36		-97
Losses On Disposal Of Property, Plant and Equipment	0	0	81	18		-63
Operating Lease Expenditure (net)	-44	-61	-28	660		688
Other	566	599	588	118		-469
Other Finance Costs	-40	-42	-34	-30		3
PDC Dividends Payable	555	555	553	555		2
Premises - Business Rates Payable To Local Authorities	112	137	122	140		17
Premises - Other	1,333	1,408	1,403	404		-999
Purchase Of Healthcare From NHS Bodies	1	1	1	1		0
Purchase Of Healthcare From Non-NHS Bodies	49	73	-68	70		138
Research and Development - Non-Staff	-6	0	0			0
Supplies and Services - Clinical (Excluding Drugs Costs)	2,721	2,933	2,944	2,783		-162
Supplies and Services - General	2,440	2,427	2,357	2,347		-9
Transport	144	144	130	105		-24
Unwinding Of Discount On Provisions	2	0	0	0		0
Grand Total	**12,298**	**12,941**	**13,478**	**12,672**		-806

Key Points

- Most noticeable movement is the change in IFRS16 reporting (all impacted highlighted in blue small benefit overall).
- Drug costs continue to fluctuate mth on mth.
- Consultancy costs increased as Turnaround costs incorporated into the position.
- Other incorporates recognising the VAT reclaim £426k in mth.
- Audit fees are in relation to the subsidiary audit final charges.

Waste Reduction and Productivity (WRAP)

SAVINGS TYPE	YTD ACTUAL	FY TARGET	FY FORECAST	FY SHORTFALL	RISK ADJUSTED PLAN	RISK ADJUSTED SHORTFALL
CASH RELEASING	4,098	20,000	16,133	3,867	11,864	8,136
COST AVOIDANCE	9	-	46	(46)	38	(38)
INCOME	-	11,400	4,037	7,363	2,028	9,372
TECHNICAL	1,430	4,500	3,100	1,400	2,325	2,175
TRANSACTIONAL	61	-	105	(105)	105	(105)
TOTAL	**5,598**	**35,900**	**23,422**	**12,478**	**16,361**	**19,539**



TOP 5 UNACTIONED CASH RELEASING RECOVERY WORKSTREAMS		
WORKSTREAM	RISK LEVEL	FY FORECAST £m
R1. RECRUITMENT PAUSE	HIGH	£3.357
R3 .REDUCE PREMIUM CAPACITY	HIGH	£1.083
R5. DIVISIONAL NON PAY ACTIONS	HIGH	£0.948
R14. CLOSING CAPACITY	HIGH	£0.557
R12. EPR ANTICIPATED BENEFITS	LOW	£0.480

£4.1m of £20m cash releasing (WRAP) recovery target achieved to date.

Cash releasing plans have a £3.9m gap, rising to £8.1m after risk adjustment.

The biggest shortfall remains the affordable establishment review.

The income (non-WRAP) projected gap of £7.4m relates to the additional income to internal activity plan that has now been removed as a WRAP scheme.

Technical (non-WRAP) delivery £1.4m (VAT rebate and reallocation of costs from revenue to capital).

Total recovery plans £12.5m gap, rising to £19.5m after risk adjustment.

See appendix for further details.

Balance Sheet

	2024/25	2025/26	2026/27
	Ending balance	Ending balance	Ending balance as at October
Non-current assets			
Intangible assets	12,856	18,942	18,567
Other property, plant and equipment (excludes leases)	163,703	194,429	195,905
Right of use assets - leased assets for lessee (excludes PFI/LIFT)	7,473	6,267	5,430
Investments in joint ventures and associates	0	160	0
Other investments / financial assets	0	0	0
Receivables: due from NHS and DHSC group bodies	424	361	361
Receivables: due from non-NHS/DHSC group bodies	510	664	211
Credit Loss Allowances	-97	-98	-67
Other assets	0	0	0
Total non-current assets	**184,869**	**220,725**	**220,407**
Current assets			
Inventories	4,528	3,766	3,252
Receivables: due from NHS and DHSC group bodies	6,096	12,155	14,617
Receivables: due from non-NHS/DHSC group bodies	26,578	25,832	26,391
Credit Loss Allowances	-601	-380	-328
Cash and cash equivalents: GBS/NLF	7,014	6,098	2,975
Cash and cash equivalents: commercial / in hand / other	1,164	262	612
Total current assets	**44,779**	**47,733**	**47,519**
Current liabilities			
Trade and other payables: capital	-8,098	-840	-590
Trade and other payables: non-capital	-28,811	-50,131	-42,571
Borrowings	-3,266	-2,476	-5,564
Provisions	-96	-96	-520
Other liabilities: deferred income including contract liabilities	-1,934	-209	-6,927
Total current liabilities	-42,205	-53,752	-56,172
Total assets less current liabilities	**187,443**	**214,706**	**215,534**
Non-current liabilities			
Borrowings	-11,847	-10,638	-6,070
Provisions	-552	-459	0
Total non-current liabilities	**-12,399**	**-11,097**	**-6,070**
Total net assets employed	**175,044**	**203,608**	**206,039**

Cash

- Continues to be a concern (separate slide details position).

Receivables

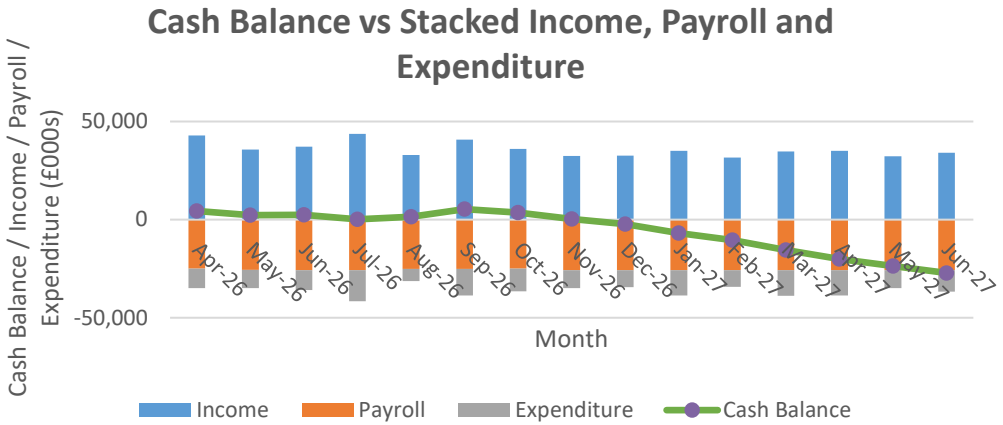
- Include York payment in advance £0.6m not been allocated against invoices yet.

Cash

£3.5M
(OCT 2026)
£5.3M
(SEPT 2026)
MINIMUM CASH BALANCE £2M

BPPC
Paid within 30 days
17.1%
No of Invoices
32.9%
Value of Invoices

TARGET 95%



Cash Support	In Plans	Requested	Approved
April	£31.7m	£9.5m	£4m
May	£4m	£4m	£2m
June	£4m	£1.8m	£1.8m
July	£3.8m	£3.2m	£10m
August	£1.3m	£1.4m	£0m
September	£1.3m	£1.3m + £4.5m	£5.8m
October	£1.3m	~~£4.3m~~	£0m
November	£1.2m	£4.8m	£4.8m
December	£1m	£3m	

**£4.5m Emergency cash applied for at the start of September due to the cash forecast for the month.

Cash support total £14.6m received 25/26.

Cash support applications will continue each month into 26/27.

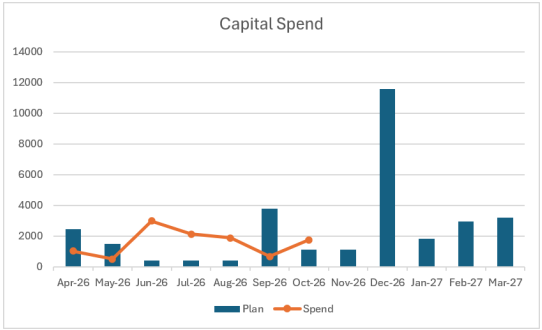
Cash remains a challenge into next financial year, the impact with no cash support is highlighted in the chart. Turnaround actions/WRAP delivery is key in improving the cash position.

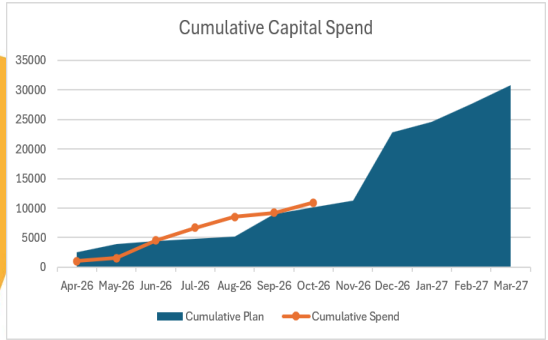
£14m+ approved Supplier payments on hold as cash is being managed within set weekly thresholds. Supplier relationships are becoming more strained and accounts have been put on hold.

£28.4m cash support received by mid November.

Capital

£11M
SPEND YTD
INCL IFRS16



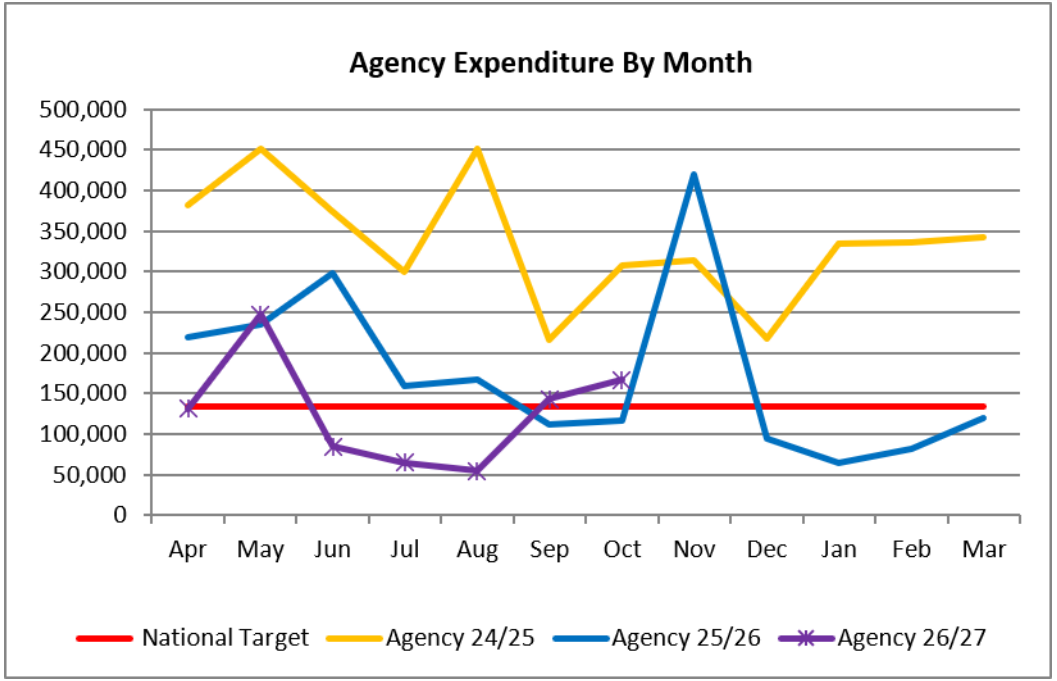


CDEL Assumpti	Description	Scheme ID	Plan	Actu	Foreca
CDEL Schemes					
	IT	IT	210	295	210
	RAAC/TIF2	RA/T2	2,200	2,623	2,700
	EPR	EPR	2,500	1,140	2,500
	Carry Forward Schemes from 25.26	PRIOR YEAR		199	0
	Staff Survey	SURVEY	250	29	250
	MRI Scanners		2,000	0	2,000
	HIF Management Fee		500	0	500
	Repayment to Hull/NLAG		1,051	1,051	3,051
	Aseptics £336k - reduced allocation				
	Interest 25/26	INTEREST	1,977	1,977	1,977
	Contingency	CONT		226	0
	Unknown - tbc	UNKNOWN		-4	0
	Revenue to Capital				0
	RTT Target delivered 25/26 -CDEL allocation £2m			0	0
	IFRS16 (Non NHS Property)			1,607	1,607
	Balance		-2,426		0
Total Plans against CDEL			**8,262**	**9,142**	**14,794**
PDC Schemes (Non CDEL)					0
Confirmed	Estates RAAC (Stores/IT/Energy Centre)	RAAC - OTHER	4,167	1,174	4,167
Confirmed	Estates RAAC Other		8,300	0	1,800
Confirmed	Constitutional Standards - Imaging CT Scanner	CSCT	660	0	660
Confirmed	Constitutional Standards - Ultrasound	CSUL	250	6	250
TBC	Constitutional Standards - CDC - Lease	CDCL	3,600	0	3,600
TBC	Constitutional Standards - CDC - Equipment	CDCE	2,600	247	2,600
Confirmed	Frontline Productivity - Ambient Voice Technology	FPAVT	250	0	250
Confirmed	Estate Safety - Fair Share	ESTFSAFE	1,810	206	1,810
	Balance		1,800		
Total Non CDEL Schemes			**21,637**	**1,633**	**15,137**
Grants					
	Research 3T MRI Scanner	3TMRI	1,225	0	1,225
	Salix Phase 4	SALIX4	1,950	172	1,950
	IFRS16 (NHS Property Services				0
Total Grants			**3,175**	**172**	**3,175**
					0
Total Capital Programme			**33,074**	**10,948**	**33,106**

- 26/27 capital position limited due to CDEL allocation and payback to Hull/NLAG (£3m).
- 3 main schemes 26/27 EPR and completion of RAAC Block C and all other eradication.
- A CDC case, £12.5m has been submitted, national panel review 22.10.26 a number of actions were required after this.

Agency

£166K
IN MTH
£1.5M
FORECAST
£1.6M
NHSE TARGET



Agency spend on track to deliver within the NHSE target.

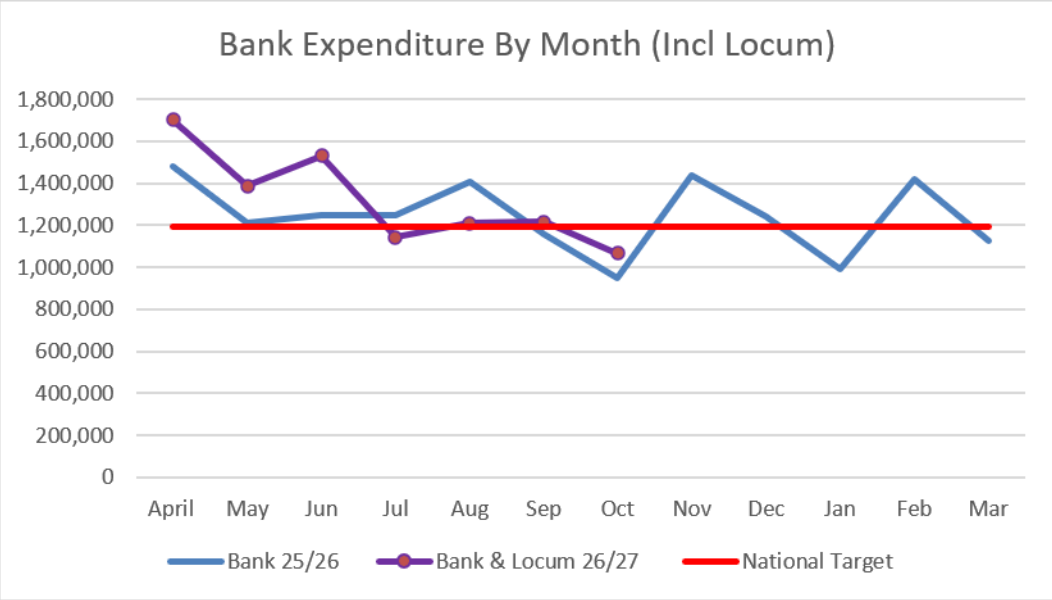
Thornbury being used for specific patient 1:1 247 enhanced care. This has occurred in May, Sept and Oct. There is no additional funding to cover these costs.

Bank & Locum

BANK
£521k
IN MTH
£7.3M
FORECAST

LOCUMS
£543k
IN MTH
£8.7M
FORECAST

£14.3M
NHSE TARGET



Slight increase in bank and locum spend in month.

NHSP rates are now at top of band versus mid point at the same point last year, £3m impact in 25/26. However, it has been approved to return to mid point for Qlfd bank nurses from August.

The majority of bank spend is around nursing.

21% of Locum spend is linked to GP OOH service.

PFR reporting has been updated so that locum spend is now reported under substantive as per national mapping.

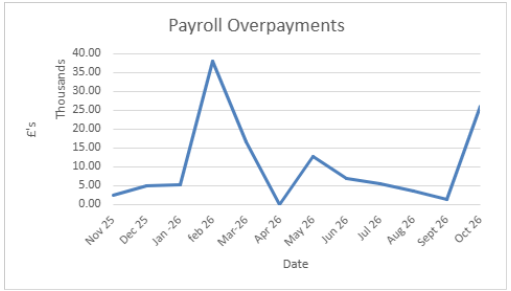
£1.7m off NHSE target

Watch Metrics

RETROSPECTIVE PO's

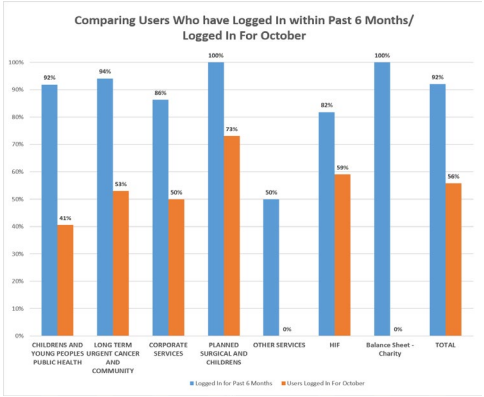
Trustwide include HIF		
Directorate	%of PO's Raised	
	Last Month	Current Month
CORPORATE SERVICES	11%	11%
CHILDRENS AND YOUNG PEOPLE	21%	8%
PLANNED SURGICAL AND CHILDR	4%	5%
LONG TERM URGENT CANCER AN	6%	
HIF	9%	4%
CENTRAL		
CAPITAL CHARGES		
BALANCE SHEET	1%	
OTHER SERVICES	16%	33%
Directorate Total	7%	4%

PAYROLL OVERPAYMENTS

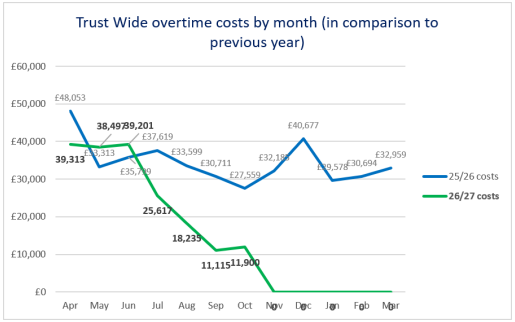


REACH ACCESS

ACCESS BUDGET REPORTS



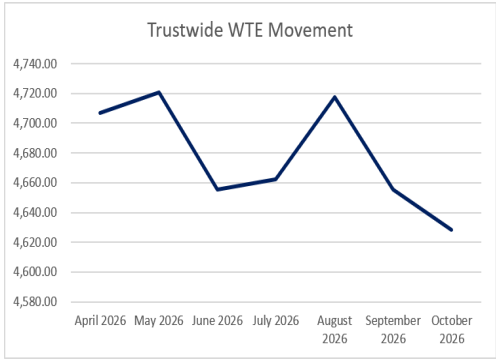
OVERTIME



WTE CONTRACTED MOVEMENT

*49.98 WTE S.TYNESIDE NEW CONTRACT

*-48.70 WTE DENTAL DECOMMSIONED



Appendix:

Recovery Plans – 26/27

Recovery Plans – 26/27

Theme	Initiative/ Scheme	Overview	Key savings delivery assumptions	*Delivery Assurance*	*SRO / Clinical & Ops Leads*	*Best case* (£m)	*Mid Case* (£m)	*delivery at AP7 (£m)*
WORKFORCE	R1. Recruitment Pause	Recruitment Pause from M3 onwards.	•Trust turnover 8% and assume only recruit back to 2%. •Affordable establishment reviews undertaken by all areas aligned to specific targets. •Cross covers with work around community contracts and aligning within financial limits. •Enhanced vacancy controls with an extension of the recruitment pause •Trustwide panel to assess all recruitment requirements against agreed control criteria. •	Workforce Controls FROG	DoPC & DoF OD's	7.7	3.85	2.3
	R2. Limit Temporary Staffing	Limit Temporary Staffing to meet existing establishments	•Reduce baseline expenditure by 46% •NHSP rates reduced to mid-point. •Medical staffing rates reviewed •Absence management •Promote staff wellbeing and preventative initiatives to reduce avoidable absence	FROG	DoNMAHP, MD, DoPC	3.3	1.65	0.6
	R3 .Reduce Premium Capacity	Reduce premium capacity whilst maintaining activity levels (WLI)	•Maximise core capacity through enhanced productivity and approval controls •No subsequent loss in income •	FROG	COO & DoF	1	0.75	0.2
	R4. Real Living Wage	Remove Real Living Wage for future staff appointments	•New starters appointed at a lower cost than RLW leavers •No further inflation added to those in current receipt of RLW •No RLW applied to new starters •Pay Award 27/28 will exceed current top ups	FROG	DoPC & DoF	0.1	0.075	0.0
TOTALS						**12.1**	**6.32**	**3.1**

Theme	Initiative/ Scheme	Overview	Key savings delivery assumptions	Delivery Assurance	SRO / Clinical & Ops Leads	Best case (£m)	Mid Case (£m)	delivery at AP7 (£m)
NON PAY	R5. Divisional Non Pay Actions		•Linked to WRAP schedules prior to refresh.		OD's	1.5	0.75	0.7
	R6. Procurement BAU		•Managing of contracts due for renewal. •Product switches •Working in collaboration with WY and HNY systems.		DoF	0.5	0.37	0.0
	R7. Clinical demand Management	Clinical demand management	•Reduction in Direct Access in Pathology •Redesign of pathways with Primary Care •Reduction in inpatient referrals		COO			0
	R8. Discretionary Spend	Prevent discretionary spend	•Discretionary spend panel in place. •Weekly monitoring		DoF	Part of R5 &R6		0
	R9. Drugs	Drugs	•Biosimilar switches		DCEO/MD/COO	0.9	0.675	0.0
	R10. Estates General	Maintenance Improvement Space and Estate rationalisation	•Automated cleaning •Renegotiate Hard FM service contracts •Condense existing estate; Podiatry review post-dental •VAT on community sites •HDH site depreciation (technical adjustment)		MDHIF	0.3	0.15	0.0
	R11. Estates Utilities	Technology enablers to improve efficiency of Energy utilisation	•Occupancy review •AI driven HVAC optimisation/smart lighting •Smart water and waste management		MDHIF	0.2	0.1	0
	R12.EPR Anticipated benefits		•Delivery of ERP benefits described in B/Case		DCEO/MD	0.8	0.6	0.0
	R23. Other		•CYPPH Directorate non-pay / income improvement versus run rate					0.1
TOTAL						**4.2**	**2.64**	**0.8**

Theme	Initiative/ Scheme	Overview	Key assumptions	Delivery Assurance	SRO / Clinical & Ops Leads	Best case (£m)	Mid Case (£m)	delivery at AP7 (£m)
Managing Capacity	R14. Closing capacity	Community	• Community service reviews to ensure costs are managed within contractual values, GP OOH (Ham & Rich and Harrogate), Podiatry and Specialist Children's.		COO	1.6	1.2	0.0
	R14. Closing capacity	Acute	• Contracting acute capacity • No additional winter capacity			1.7	0.86	0.0
TOTALS						**3.3**	**2.06**	**0.0**

Theme	Initiative/ Scheme	Overview	Key assumptions	Delivery Assurance	SRO / Clinical & Ops Leads	Best case (£m)	Mid Case (£m)	delivery at AP7 (£m)
COMMERCIAL	R16. Research and Development	Research and Development Income	•Commercial Income opportunities •Timely recruitment to studies •Timely invoicing		MD	0.15	0.112	0.2
	R17. Private Patients	Private Patients opportunities	•Review existing model and market comparison •Strategic decision on a dedicated area •Assessment current capacity, pricing and market position. •ensure payment in advance for self-payers •timely invoicing to insurance companies •prompt debt collection		COO	0.15	0.075	0.1
	R18. Charity	Opportunities for charity to support services	•Enhancing patient care •Improving staff experience •Examples include play therapists and staff training •addition of Corporate overhead charge			0.1m	0.075	0.0
TOTALS						**0.4**	**0.26**	**0.3**

Theme	Initiative/ Scheme	Overview	Key assumptions	Delivery Assurance	SRO / Clinical & Ops Leads	Best case (£m)	Mid Case (£m)	delivery at AP7 (£m)
TECHNICAL	R21. Capital to Revenue	Transfer of revenue spend to capital	•Level of slippage in capital program to accommodate transfer of spend. •Potential delay to capital schemes in year. •Suitable spend identified to capitalise. •		DoF	2.5	1.87	1.0
	R13. VAT	Secondary review and maximise opportunity with HIF	•Secondary review completed by KPMG (£400k identified, 12% fee). •Maximise arrangements with HIF		DoF	1.0	0.75	0.4
	R15. Capital charges	PDC Forecast spend	•PDC calculation combines a number of elements including average cash balance and external capital and revenue allocations		DoF	1.0	0.75	0.0
TOTALS						**4.5**	**3.37**	**1.4**

Theme	Initiative/ Scheme	Overview	Key assumptions	Delivery Assurance	SRO / Clinical & Ops Leads	Best case (£m)	delivery at AP7 (£m)
INCOME	Activity Plans delivered	Internal Activity Plan delivered	•Deliver Internal Activity Plan. •Core capacity maximised. •National Rules applied for payment. •No activity management plan implemented by ICB.	Resources Committee	DoF	7.4	0.0
	Year End Settlement	Year End settlement from HNY to support the 25/26 position	•Decision if the repayment needs to happen in 26/27 required. (NHSE may also have a view)	Resources Committee	DoF	4.0	0.0
TOTALS						**11.4**	0.0

GRAND TOTAL (6 tables) **Best case £35.90m** **Mid case £14.65m*** **AP7 delivery £5.60m**

* Mid case excludes income, as the income table does not provide a mid-case total.