Harrogate and District NHS Foundation Trust

Board of Directors Meeting (to be held in Public)
will be held on Wednesday, 31 March 2021 from 9.00am
at the Pavilions, Great Yorkshire Show Ground,
Harrogate North Yorkshire, HG2 8QZ

AGENDA

Item No.	Item	Lead	Action	Paper	Time
1.0	**Welcome and Apologies for Absence**	Chairman	Note	Verbal	9.00
2.0	**Patient Story**	Deputy Chief Nurse	Note	Verbal	
3.0	**Declarations of Interest and Register of Interests** *To declare any new interests and any interests in relation to open items on the agenda*	Chairman	Note	**Attached**	
4.0	**Minutes of the Previous Board of Directors meeting held on 27 January 2021**	Chairman	**Approve**	**Attached**	
5.0	**Matters Arising and Action Log**	Chairman	Discuss	Verbal **Attached**	
6.0	**Overview by the Chairman**	Chairman	Discuss/ Note	Verbal	9.40
7.0	**Chief Executive Report**	Chief Executive	Discuss/ Note	**Attached**	9.45
7.1	**Corporate Risk Register/Board Assurance Framework**	Executive Directors	Note/ Discuss/	**Attached**	
7.2	**Integrated Board Report**	Chief Executive	Discuss/ Note/ **Approve**	**Attached**	
7.3	**Senior Management Team Chair's Report**	Chief Executive	Note	**Attached**	
8.0	**Integrating Care Update Report**	Chief Executive	Discuss/ Note	**Attached**	10.00
8.1	**Primary Care Networks/HARA Update Report**	Medical Director	Discuss/ Note	**Attached**	
9.0	**People and Culture Committee Chair's Report**	People and Culture Committee Chair	Discuss/ Note	**Attached**	10.10
9.1	**Director of Workforce and Organisational Development Report**	Director of Workforce and Organisational Development	Note/ Discuss/ Agree	**Attached**	

10.0	**Quality Committee Chair's Reports**	Quality Committee Chair	Note	**Attached**	10.20
10.1	**Medical Director Report**	Executive Medical Director	Discuss/ Note	**Attached**	10.30
10.2	**Chief Nurse Report - including:** • **Nurse staffing current position** • **IPC Update** • **COVID Vaccination Update** • **Quality Update**	Deputy Chief Nurse	Note/ Discuss	**Attached**	10.40
10.2.1	**Strengthening and Supporting Board Oversight for Maternity and Neonatal Safety Report**	Clinical Director/ Chief Nurse	Note/ Discuss	**Attached**	10.50
10.2.2	**Trust's Learning Disabilities, Policy and Application Update**	Chief Nurse	Note/ Discuss	**Attached**	11.05
10.3	**Freedom to Speak Up Bi-annual Report**	Freedom to Speak Up Guardian	Note/ Discuss	**Attached**	11.10
11.0 **11.0.1**	**Audit Committee Chair's Report** **Terms of Reference of Audit Committee**	Audit Committee Chair	Note/ Approve	**Attached** **Attached**	11.30
11.1	**Resource Committee Chair's Report**	Resource Committee Chair	Note/ Discuss	**To Follow**	11.35
11.2	**Operational Report**	Acting Chief Operating Officer	Note/ Discuss	**Attached**	11.45
11.3 **11.3.1**	**Finance Report** **2021/22 Annual Plan**	Deputy Chief Executive/ Director of Finance	Note/ Discuss/ Agree	**Attached**	11.55
12.0	**Any Other Business** *By permission of the Chairman*	Chairman	Note/ Discuss/ **Approve**	Verbal	12.05
13.0	**Risks** *Any risks highlighted during the course of the meeting for consideration of adding to the Risk Register/Board Assurance Framework*	Chairman	Discuss/ Agree	Verbal	12.10
14.0	**Board Evaluation**	Chairman	Discuss	Verbal	12.15
15.0	**Date and Time of next meeting** Wednesday, 26 May 2021 at 9.00am				

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

Harrogate and District NHS Foundation Trust

Board of Directors Register of Interest

Board Member	Position	Relevant Dates From	To	Declaration Details
Angela Schofield	Chairman	2018	Date	1. Member of WYAAT Committee in Common 2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership 3. Volunteer with Supporting Older People (charity). 4. Chair of NHSE Northern Region Talent Board 5. Member of Humber Coast and Vale ICS Partnership
Jacqueline Andrews	Medical Director	June 2020	Date	Familial relationship with managing parterner of Priory Medical Group, York
Sarah Armstrong	Non-executive Director	October 2018	Date	1. Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) 2. Company director for the flat management company of current residence 3. Chief Executive of the Ewing Foundation
Jonathan Coulter	Deputy Chief Executive/ Finance Director	November 2017	Date	(Interim Chief Executive) Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Jeremy Cross	Non-executive Director	January 2020	Date	1. Chairman, Mansfield Building Society 2. Chairman, Headrow Money Line Ltd 3. Director and Shareholder, Cross Consulting Ltd (dormant) 4. Chairman – Forget Me Not Children's hospice, Huddersfield 5. Governor – Grammar School at Leeds 6. Director, GSAL Transport Ltd 7. Member - Kirby Overblow Parish Council
Jill Foster	Chief Nurse	July 2020	Date	Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Tim Gold	Interim Chief Operating Officer	August 2020	Date	Seconded from Bradford Teaching Hospitals NHS Foundation Trust post of Director of Operations
Dr Kat Johnson	Clinical Director (Planned and Surgical Care)			No interests declared
Dr Natalie Lyth	Clinical Director (Children's and County Wide Community Care)			1. Member of North Yorkshire Local Safeguarding Children's Board and sub-committees. 2. Chair of the Safeguarding Practice Review Group. 3. Chair of the North Yorkshire and York Looked After Children Health Professionals Network. 4. Member of the North Yorkshire and York Safeguarding Health Professionals Network. 5. Member of the national network of Designated Health Professionals. 6. Member of the Royal College of Paediatrics and Child Health Certificate of Eligibility of Specialist Registration (CESR) Committee and assessor of applications for CESR.
Andrew Papworth	Non-executive Director	March 2020	Date	Director of People Insight and Cost at Lloyds Banking Group
Laura Robson	Non-executive Director	September 2017	Date	Familial relationship with Alzheimer's Society
Steve Russell	Chief Executive	March 2020	Date	1. Chief Executive of NHS Nightingale Hospital Yorkshire and Humber 2. Member of NHS England and Improvement North East and Yorkshire Regional People Board 3. Lead Chief Executive for Workforce in Humber Coast and Vale ICS
Wallace Sampson OBE	Non-executive Director	March 2020	Date	1. Chief Executive of Harrogate Borough Council 2. Director of Bracewell Homes – wholly owned Harrogate Borough Council housing company. 3. Chair of Harrogate Public Services Leadership Board

				4. Member of North Yorkshire Safeguarding Children Partnership Executive 5. Member of Society of Local Authority Chief Executives
Mrs Laura Angus	NExT Non-executive Director	January 2021	Date	1. Strategic Lead Pharmacist/Head of Prescribing, NHS Vale of York CCG 2. Chair of York and Scarborough Medicines Commissioning Committee 3. Interim Chief Pharmacist at Humber, Coast and Vale ICS 4. MTech Associate; Council Member PrescQIPP 5. Chair of Governors at Kirby Hill Church of England Primary School
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care)	April 2017	Date	Director of Shepherd Property Ltd
Richard Stiff	Non-executive Director	May 2018	Date	1. Director of (and 50% owner) Richard Stiff Consulting Limited 2. Director of NCER CIC (Chair of the Board from April 2019) 3. Director and Trustee of TCV (The Conservation Volunteers) 4. Chair of the Corporation of Selby College 5. Member of the Association of Directors of Children's Services 6. Member of Society of Local Authority Chief Executives 7. Local Government Information Unit Associate 8. Local Government Information Unit (Scotland) Associate 9. Fellow of the Royal Society of Arts
Maureen Taylor	Non-executive Director			No interests declared
Angela Wilkinson	Director of Workforce and Organisational Development	October 2019	Date	Director of ILS and IPS Pathology Joint Venture

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

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

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)

27 January 2021 at 9am

held by Videoconference

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In order to comply with the restrictions on social distancing due to COVID19 pandemic, the meeting was held by video conference.

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

In attendance
Mrs Laura Angus, NExT Non-executive Director
Ms Lynn Hughes, Interim Company Secretary
Dr Kat Johnson, Clinical Director for Planned and Surgical Care Directorate
Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services Directorate
Dr Matt Shepherd, Clinical Director for Long Term Conditions and Unscheduled Care Directorate

Observing
Mr Tony Doveston, Elected Public Governor (Harrogate and Surrounding Villages)
Mr Doug Masterton, Elected Public Governor (Wetherby and Harewood and surrounding areas
Ms Kathryn McPartland, Student Health Visitor
Ms Issie McNiven, Outpatient Matron
Mr Simon Wilsdon, Clinical Cardiology Business Development Manager, Philips

BoD/01/21/01 Welcome and Apologies for Absence

1.1 The Chairman welcomed everyone to the meeting and was pleased to welcome those observing the meeting.

1.2 The meeting was being held by video conferencing to comply with the restrictions on social distancing due to COVID19. The papers are shared with Governors and made available to members of the public via the Trust's

website. Governors and members of the public are able to observe the meeting by video or teleconference facility.

1.3 There were no apologies for absence.

BoD/01/21/02 Declarations of Interest and Register of Interests

2.1 Laura Angus, NExT Non-executive Director reported interests for inclusion in the Register: Strategic Lead Pharmacist/Head of Prescribing, NHS Vale of York CCG; Chair of York and Scarborough Medicines Commissioning Committee; Interim Chief Pharmacist at Humber, Coast and Vale ICS; MTech Associate; Council Member PrescQIPP; and Chair of Governors at Kirby Hill Church of England Primary School.

2.2 It was noted that Jonathan Coulter is Interim Chief Executive of HIF. Sarah Armstrong and Jill Foster are Directors of Harrogate Integrated Facilities (HIF). Mr Sampson is Chief Executive of Harrogate Borough Council.

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

BoD/01/21/3 Minutes of the Meeting held on 30 September 2020

3.1 **Resolved:** the minutes of the last meeting held on 25 November 2020 were accepted as an accurate record subject to the recording of Mr Papworth as present.

BoD/01/21/4 Matters Arising and Action Log

4.1 **Matters Arising**

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

4.2 **The Action Log**

The completed actions were agreed to be closed. Progress against open actions was noted with outstanding open actions discussed in turn.

BoD/11/20/16.3 Medical Director Report (Learning from Deaths Quarter 1 Report). It was noted that historical information is included within the Q3/4 Report provided to the Board with plans in place for this to be included in reports in the future. It was agreed to close this action.

BoD/11/20/17.3 Chief Nurse Report. The Chief Nurse agreed to circulate to Non-executive Directors an updated November 2020 Safe Staffing Report to include bed numbers and she would also provide an update on the bed numbers to date. It was agreed to leave this action open until completed.

BoD/01/21/5 Patient Story

5.1 Due to technical issues there was no patient story.

BoD/01/21/6 Overview by the Chairman

6.1 The Chairman thanked all colleagues throughout the Trust for their hard work, dedication and support during such challenging times.

6.2 She was pleased to report on the level of uptake of the COVID vaccine at the Trust and thanked the vaccination centre team.

6.3 The Chairman reported on the West Yorkshire Association of Acute Trusts (WYAAT), Committee in Common Meeting held on 26 January 2021. The WYAAT partnership has been very successful with organisations working

well together. Throughout the pandemic WYAAT organisations have supported each other with PPE supplies and most recently offering mutual aid to support patient care.

6.4 The Board Workshop held on 16 December 2020 included training provided by Hempsons on Maintaining High Professional Standards (MHPS), a deep dive on Referral to Treatment (RTT) to understand the waiting list position and improvement plans; and to support the development of the Board Development plan the Care Quality Commission (CQC) Well-led key line of enquiry (KLOE) domains were reviewed.

6.5 The Chairman reported that Richard Chillery, Operations Director for Children's and County Wide Community Services (CCCC's) Directorate is leaving the Trust on 8 February 2021. Richard has made a significant contribution and will be missed when he leaves to take on the role of Regional Director at Lancaster and Cumbria Mental Health Trust. The Board wished Richard well and thanked him for his contributions. Natalie Lyth confirmed that Mike Forster currently Operations Director for Long Term Conditions and Unscheduled Care Directorate will take on the Operations Director role for the CCCC's Directorate.

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

BoD/01/21/7 Chief Executive's Report

7.1 The Chief Executive's report was noted. He drew attention to the following:

7.2 Since the last Board meeting in November there had been a significant change in the COVID19 situation. This had switched the focus from further recovery of elective activity to ensuring that there is sufficient capacity for cancer and urgent patients whilst additional critical care demand is managed. Services that are not reduced to support the COVID surge remain in operation. Community case rates (per 100,000) rose from 130 on 26 December 2020, to 460 on 4 January, peaking at 497 on 7 January 2021 with the current position reported as 263 per 100,000.

Staff engagement with lateral flow testing continues to be good, with the overall low number of positive cases detected at around 0.04%.

The Trust received its first batch of the Pfizer-BioTech COVID19 vaccine on 4 January 2021 and started its vaccination programme, which has gone very well to date. The hospital hub is now offering capacity to wider health and social care colleagues.

7.3 The Chief Executive also reported on Directorate changes with some Adult Community Services moving from Long Term and Urgent Care Directorate to the Children and Countywide Community Care Directorate to strengthen the voice of community services in the Trust, and our focus on community based care.

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

BoD/01/21/8 Corporate Risk Register/Board Assurance Framework

8.1 It was noted that the Corporate Risk Register (CRR) had been reviewed by the Corporate Risk Review Group (CRRG) and Senior Management Team

(SMT) since the last Board meeting held in November 2020. The Chief Executive drew attention to:

- CR34 Autism Assessment Service - work continues autism to stabilise waiting lists.
- CR41 RTT – work is taking place to improve the longer term requirements for patients waiting with clinicians continuously supported to review patients. The target risk score to achieve 6 was currently set to be achieved by March 2021, which will be revised due to the changing circumstances.
- CR52 Patients, delayed cancer diagnostics, treatment and care - SMT had discussed the need to gain a greater understanding on the medium term position with regards to breast services with plans in place to carry out a review in this area.
- CR54 Staff well-being and morale – work continues to support the health and well-being of staff with psychologist support provided by TEWV regionally. The Trust is continuing to develop and strengthen the support available to staff.
- CR57 Risk to patient safety, quality of care and staff welfare - safeguarding risk was discussed in detail at the SMT meeting earlier that month due to the increased capacity and demand with the team working to mitigate risks.
- CR2 Rota gaps in Medical Staffing – it was noted that the mitigations and plans in place were covered in the Guardian of Safe Working Report. This risk and CR5 Nursing shortage had been discussed at the Senior Management Team earlier that month to ensure mitigating plans are robust.

8.2 The Board Assurance Framework (BAF) changes made since last reviewed by the Board were noted and accepted. Risks for inclusion on the 2021/22 BAF were planned to be discussed at the Board Workshop on 24 February 2021.

8.3 **Resolved:** i) the corporate risks rated 12 and above including key controls and mitigating actions in place were noted; and
ii) the BAF changes were noted and accepted.

BoD/01/21/9 Integrated Board Report

9.1 The IBR as at 31 December 2020 was noted. The 62 day cancer standard was marginally below trajectory in December at 84.5%; and the 14 day performance for suspected cancer and non-cancer related breast symptoms was noted to have deteriorated during November and December due to the increase in referrals received.

9.2 Jonathan Coulter confirmed work was ongoing to produce an updated IBR with a supporting Executive Summary.

9.3 Maureen Taylor queried when staff appraisals would commence which had been on hold during COVID. Angela Wilkinson explained that staff appraisals had continued throughout the pandemic but at a lower rate. The Deputy Director of Workforce and OD was working to improve the current appraisal process with the introduction of values based appraisal.

9.4 Maureen Taylor referred to the Trust's performance against the ED 4 hour standard and queried when improvements would be noted from the ECIST

work. Matthew Shepherd explained that the ECIST work is helping significantly and a notable improvement is anticipated to be seen post COVID.

9.5 Wallace Sampson referred to the 4.9% staff absence rate and asked if this rate was in line with benchmark comparator organisations. He also highlighted the increased staff turnover rate and queried if there were any underlying issues attributed to that. Angela Wilkinson explained that within Humber Coast and Vale ICS the Trust's staff absence rate was in the middle in comparison to other organisations.. Staff turnover had marginally increased, which is reviewed by the Resources Committee. She confirmed that there were no significant concerns to raise and the People and Culture Committee had agreed it would monitor the outcome of Exit Interviews from June 2021 onwards.

9.6 Richard Stiff was pleased to note the positive mandatory training attendances despite the pressures of working during the pandemic. He noted the work-taking place to improve the IBR and welcomed narrative to support data throughout the report, specifically to support appraisal reporting.

9.7 Jill Foster reported that the Trust had been in the lower quartile for Pressure Ulcer incidences. The Trust had now seen an increase in hospital acquired and community cases over the last year.

9.8 Laura Angus noted that the increase of reporting was not evident on the Datix system to date. She highlighted that it would require an on-going cultural change to support staff to feel confident to report, which will take time.

9.9 Andy Papworth referred to the patients categorised at P1 and P2 on the waiting lists and noted that the Board had discussed this in great detail at its workshop on 16 December 2020.

9.10 Sarah Armstrong referred to a media article, which reported on ambulance acquired COVID cases and queried if the Trust was aware of such instances. In response, the Chief Executive explained interpretation of the guidance to mitigate risks of ambulance acquired COVID is through efficient handover times. The Trust has continued to have efficient handover times during COVID.

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

BoD/01/21/10 Senior Management Team Chair's Report

10.1 **Resolved:** the Senior Management Team Chair's report from meetings held on 21 October and 18 November 2020 were noted.

BoD/01/21/11 North Yorkshire 0-19 Healthy Child Programme

11.1 Harrogate and District NHS Foundation Trust (the Trust) and North Yorkshire County Council (NYCC) have previously agreed in principle to work together in partnership via a Section 75 (S75) Agreement to facilitate the delivery of the North Yorkshire 0-19 Healthy Child Programme from April 2021. The aim is for the Trust and NYCC to develop a long-term partnership to allow for increased partnership working, shared oversight and delivery and a phased approach to integration and joint working.

11.2 Jonathan Coulter reminded the Board that the service model developed by both parties had been reviewed by the Board in February 2020 and it had been agreed that the service model could safely and effectively meet the needs of the target population. The public consultation took place from 26 October 2020 to 4 January 2021 and it was noted that the Trust is working with NYCC to address the issues identified through the Consultation. If any amendments are proposed by NYCC a revised service model would be presented to the Board for approval at its next meeting on 31 March 2021.

11.3 The consultation with HDFT employees for the new model is scheduled to commence on 1 February 2021 for 30 days.

11.5 Jeremy Cross referred to the S75 Summary Report and queried if the full document was available. In response, Jonathan Coulter explained that he had included the Summary report due to the full document not being received before the Board papers were issued. Jonathan Coulter agreed to circulate the full S75 document to Board members. **ACTION (J Coulter)**

11.6 Wallace Sampson confirmed that he had submitted a number of questions to Jonathan Coulter in relation to the service, specifically in relation to the service proposed to be provided at a reduced cost. It was noted that the Board had reviewed the proposals in detail at its February 2020 meeting.

11.7 Andy Papworth queried the transfer plans. In response, Jonathan Coulter described the governance arrangements and explained that the names of staff were to be confirmed and there is a commitment to refresh the Service Transfer Plan annually with North Yorkshire County Council through the Partnership Board.

11.8 Richard Stiff noted the 10 year term of the contract and queried if the Trust was confident it could provide the service over such a length in time. In response, Jonathan Coulter explained that Public Health England had previously reviewed the model but Hempsons would be asked during the consultation period to review the Contract to consider the legal points with regards to the devolution plans.

11.9 Maureen Taylor queried if the pay award for staff was including within the Contract, which Jonathan Coulter confirmed it was.

11.10 Laura Robson noted that when the Board considered the model in February 2020 they were assured by Natalie Lyth and Suzanne Lamb that it was a safe model. Laura Robson queried if Natalie Lyth could provide a set of outcomes for the Board to consider at a future meeting. In response, Natalie Lyth confirmed that there were no outcomes available to provide to the Board for the 0-19 Service at that time but alternatively there were outputs such as the number of contacts, which initiated discussion. It was agreed that work would take place to provide this detail within the IBR.

ACTION (J Coulter/N Lyth)

11.11 **Resolved:** i) the outcome of the public consultation was noted;
ii) any changes to the model will be reviewed by the Board; and
iii) the draft S75 agreement with NYCC was agreed to be used to commence the consultation process with staff.

BoD/01/21/12 Quality Committee Chair's Report

12.1 Laura Robson, Chair of the Quality Committee presented the Chair's report from the meeting held on 2 December 2020, which was noted. She highlighted the revised clinical governance framework, which the Committee were engaged with in the early stages part of the process. She explained that the Committee had an outstanding action since April 2020 with regards to the management of NIV patients in the hospital prior to COVID. Alternative arrangements had been made to manage the patients as a result of COVID and the Quality Committee is assured that the management of NIV patients has improved and that further information regarding the management of NIV patients will be provided to the Committee when normal activity is resumed.

12.2 Laura Robson also referred to the analysis of complaints, which had been raised at a previous meeting to ensure that all people who used the Trust's services can raise concerns. The Committee noted that complaint information is not recorded by age, gender, disability, ethnicity, or any protected characteristics at this time but agreed to not pursue any further action on this at this time.

12.3 It was noted there was no Quality Committee meeting held in January 2021.

12.4 **Resolved:** the Quality Committee Chair's report from the 2 December 2020 meeting was noted.

BoD/01/21/13 Medical Director Report

13.1 The Medical Director report was noted. Jackie Andrews was pleased to report that Dr Sarah Sherliker (Consultant Anaesthetist) had been appointed as Deputy Medical Director (Clinical Operations and Workforce) from February 2021 and will work with the Chief Operating Officer and Directorate Teams to support a review of clinical services for the development of the Clinical Services Strategy.

13.2 The appointment of three Medical Examiners and one Medical Officer had been made to support Dr Dave Earl, Lead Medical Examiner who will commence their roles in March 2021.

13.3 The work carried out by the Clinical Effectiveness Team was noted and Jackie Andrews advised they will be recognised with the silver team accreditation through the Trust's Quality Charter later in the month. Jackie Andrews explained that Sylvia Wood, Deputy Director of Governance was due to leave the Trust at the end of March 2021 and the portfolio she currently covers would be carried out by the Clinical Effectiveness Team.

13.4 As a result of the unprecedented strain on the NHS arising from the COVID pandemic, NHS England and Health Education England have confirmed that medical students currently on clinical placements in Acute Trusts can sign up for paid work for up to 12 hours per week to support clinical services.

13.5 The Trust had been invited to submit an application as part of the Digital Aspirants Programme (DAP) for 2021/22. If successful up to £250,000 of revenue funding could be received to advance the digital maturity of the organisation, which the Board was pleased to note was an agenda item at its Workshop on 24 February 2021.

13.6 Wallace Sampson reported on his conversation with biosciences in the region and the opportunity to develop a partnership. In response, Jackie Andrews explained that she planned to introduce a new member of her team to Wallace Sampson as part of her induction programme who could discuss this area further.

13.7 **Resolved:** the Medical Director's report was noted.

BoD/01/21/14 Learning from Deaths Quarter 3 Report

14.1 The Learning from Deaths Quarter 3 report was noted. Jackie Andrews confirmed that since the last quarterly update had been provided the Trust's Medical Examiner service has commenced a review of hospital deaths, with a plan to scrutinise all deaths in hospital by the end of January 2021. The aim of the review is to enable earlier, robust identification of cases for learning and to improve the accuracy of recording the causes of death. Additional cases for review are envisaged to be identified by HMSR/SHMI triggered alerts and incident reports, with lessons learned and dissemination of learning a key component of the continuous learning and improvement system underpinning the Trust's governance structures.

14.2 Andy Papworth queried the Trust's SHMI rates against the national average. The Chairman explained that Learning from Deaths is a topic that is planned to be covered at a future Board Workshop, which will enable dedicated time for the Board to explore this in more detail.

14.3 **Resolved:** the Learning from Deaths Quarter 3 report was noted.

BoD/01/21/15 Guardian of Safe Working Quarter 3 Report

15.1 The Guardian of Safe Working Quarter 3 report which aimed to provide evidence that the issues of safety within the Guardian's remit are satisfactory was noted.

15.2 Jackie Andrews referred to the 46 exception reports received from trainees in Q2 (7 in Q1) and 52 in Q3, which is an increased trend. Reports were in the main due to overruns of working hours ('hours and rest') as a result of the pressures on the wards in General Medicine during COVID.

15.3 She was pleased to report that a Junior Doctors Leadership Forum had been launched in the Trust with the aim of developing leadership skills for Junior Doctor colleagues. In response to Natalie Lyth's query, Jackie Andrews confirmed that SAS Doctors would be included.

15.4 Jeremy Cross queried if verbatim comments could be included in future reports, which would help to gain a greater understanding. In response, Jackie Andrews agreed that she would request that a collection of verbatim comments is included in future reports. **ACTION (J Andrews)**

15.5 Matthew Shepherd reported that moving to the ward based model has helped to support Junior Doctors and for them to feel part of the team.

15.6 **Resolved:** i) Guardian of Safe Working Quarter 3 report was noted;
ii) the overall working hours across the Trust were noted to be satisfactory and that there are presently no unaddressed specific concerns in departments or directorates; and
iii) Dr Carl Gray resigned from the role of Guardian of Safe Working from 31 December 2020 and a replacement to the

position had been made with effect from 1 January 2021, which was noted.

BoD/01/21/16 Chief Nurse Report

16.1 The Chief Nurse report was noted. Jill Foster highlighted the work that is taking place to recruit to registered nurse and care support workers vacancies. The Deputy Chief Nurse is working with HR to develop a long-term recruitment plan and the Board were pleased to see the work taking place in partnership with Health Education England's Global Learners Programme. It was noted that there are 31 Registered Nurses due to commence at the Trust, nine in March 2021 and the remainder are expected to commence before October 2021. It was agreed that information discussed at Resources Committee regarding the trajectory of new starters in the pipeline with be shared with the Board outside of the meeting.

ACTION (Jill Foster)

16.2 Progress against the Flu and COVID Vaccination Programmes were reported. The flu programme aims to achieve 100% (90% for external reporting) for frontline workers and is offered to all colleagues. As at 19 January 2021 81.99% of frontline workers had been vaccinated, a significant increase from 57.65% reported in November 2020.

16.2.1 On 4 January 2021, the Trust was confirmed as a hospital hub site and received its first batch of the Pfizer-BioNTec vaccine. It was noted that mutual aid had been sought from hospital hub sites and Primary Care Networks across North Yorkshire and the North East to support colleagues working in these areas to receive the vaccine closer to their home.

16.3 The Board noted the number of outbreaks that had occurred on the hospital site from May to December 2020 and were assured that appropriate actions were being taken for any patients who test positive such as transferring to a red ward.

16.5 In response to Sarah Armstrong's query, Jill Foster explained that there are a number of staff who had chosen not to have the COVID vaccination to date. The Trust is making contact with these colleagues to gain a greater understanding of their reasons for not having the vaccine.

16.6 Laura Robson commended the report, she noted that a tremendous amount of work was taking place at present. Laura Robson queried the arrangement in place to extend the timeframe for Global Learners. In response, Jill Foster explained that if people choose to return to their home country they can do that at the end of the agreement but there is also an option for the Trust to extend the period. Angela Wilkinson explained that this has also been discussed at the Resources Committee meeting earlier that week.

16.7 The Chairman queried why the safe staffing information had not been provided to the Board during COVID. In response, Jill Foster explained that NHSE/I guidance paused the reporting of safe staffing during the first wave. The Chief Executive explained that arrangements would be made to recommence this reporting with the bi-annual and annual safe staffing reports to be added to the workplan. **ACTION (J Foster/L Hughes)**

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

BoD/01/21/17 Strengthening and Optimising Board Oversight for Maternity and Neonatal Safety

17.1 The Strengthening and Optimising Board Oversight for Maternity and Neonatal Safety report was noted. Kat Johnson explained the report had been prepared in response to the NHS England and NHS Improvement (NHSE/I) request to NHS providers, commissioners and local maternity systems to review the effectiveness of assurance methods in place for maternity services to ensure that poor care and avoidable deaths with no visibility or learning do not happen within their organisations.

17.2 It was noted that the report summarised the findings from the Ockenden Review published in 2020 and included details of the Trust's current position in relation to the immediate and essential actions, compliance with NICE guidance, compliance against the CNST safety actions and a current workforce gap analysis; a maternity staffing update to cover the current time during the COVID pandemic; an update on the continuity of carer progress in accordance with Better Births requirements; escalations and diversions within maternity; an update on the maternity incentive scheme; and SIs, HSIB investigations and complaints that have taken place over the last two years in maternity.

17.3 Kat Johnson drew referred to the perinatal surveillance model, which is required to be strengthened to optimise Board oversight for maternity and neonatal safety.

17.4 Kat Johnson thanked Andy Papworth for his involvement with this piece of work as the designated Non-executive Director Lead. Andy Papworth had attended his first Risk Management meeting and she advised that work continued to finalise the Action Plan, which was required to be submitted to NHSE/I by 15 February 2021.

17.5 Laura Robson noted that the report was detailed and included many actions. She queried if there is a system in place to oversee the delivery of actions. Kat Johnson explained that the delivery of the actions nationally would be overseen by NHSE/I, and locally through SMT.

17.6 Jeremy Cross noted the decline in the number of births and queried if that is as a result of patient choice with patients choosing an alternative provider or if there were less births in the region. In response, Kat Johnson explained that in the Harrogate district there was a reduced number of births, and there was no evidence to support people choosing to go elsewhere. Work continues with Leeds Teaching Hospitals NHS Trust to work collaboratively and it was noted that three out of the six actions were planned to be reported in detail at the next Board meeting.

17.7 Jeremy Cross queried the minimum number of births hospitals required on hospital sites each year. In response, Kat Johnson explained that the minimum number requirement no longer existed. She assured the Board that audits conducted to date had not highlighted the Trust as an outlier to date.

17.8 The Chairman thanked Andy Papworth for taking the Non-executive Director lead role and expressed how important this area of work is to seek assurance for the Board and members of the public.

17.9 It was agreed that the CQC Key Lines of Enquiry (KLOE) framework and this Action Plan would be added to the agenda for the April Board Workshop.

ACTION (K Johnson, A Papworth, L Hughes)

17.10 **Resolved:** i) the Strengthening and Optimising Board Oversight for Maternity and Neonatal Safety report was discussed and noted;
ii) the self-assessment had been reviewed by SMT prior to Board and residual gaps with regards to the information system were noted to be taken forward;
iii) the internal review of maternity services against the CQC key lines of enquiry were approved;
iv) Andy Papworth as the Non-executive Director Board Lead would review the contents of the Action Plan template with Executive Director Leads prior to its submission to NHSE/I; and
v) SMT would review progress made against the Action Plan escalating any concerns to Quality Committee prior to its submission to the Board for review going forward.

BoD/01/21/18 People and Culture Committee Chair's Report

18.1 Jeremy Cross, Chair of the People and Culture Committee presented the Chair's report from the People and Culture Committee meeting held on 18 January 2021, which was noted. He noted the update received on the People Plan with a detailed presentation provided on the Health and Wellbeing offer provided. The Committee were pleased to note the breadth of the offer to colleagues during the COVID pandemic and the structured approach that is in place. Further to the discussion at a previous meeting about the inequality in outcomes of recruitment processes, Matthew Shepherd provided the Committee with an update on the improvement work, which is currently taking place.

18.2 The risk escalated to the Board due to racist experiences was noted. The Chairman expressed support to illuminate intolerable behaviours. The Chief Executive explained that work would continue to address this area of work through the culture programme to encourage reporting of incidences with support systems offered.

18.3 The Board were pleased to note that a programme had been approved to enable Non-executive Directors to participate in Drop-in Sessions with colleagues across the Trust's catch area.

18.4 **Resolved:** the People and Culture Committee Chair's report from the meeting held on 18 January 2021 was noted.

BoD/01/21/19 Workforce and Organisation Development Report

19.1 The Workforce and Organisational Development Report was noted. Angela Wilkinson drew reference to the Trust's updated guidance provided to staff and managers following the government's announcement made on 4 January 2021 to return to national lockdown measures. She advised that NHSE/I have notified NHS providers of £80m funding available to support recruitment of international nurses, healthcare support workers and medical support workers in Q4 2020/21, for which the Trust plans to submit an application; and she reported that the Conflict of Interest Policy had moved to the implementation phase, which included communication and engagement and line management training.

19.2 Laura Robson queried if the Trac recruitment system was in place. In response, Angela Wilkinson confirmed that it was and that the vacancy control process was embedded within it.

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

BoD/01/21/20 Audit Committee Chair's Report

20.1 Richard Stiff, Chair of the Audit Committee presented the report from the meeting held on 2 December 2021. He advised on the risk with regards to the 2020/21 fee expectations of the Trust's current external auditor, which initiated discussion on the forthcoming procurement exercise. Concerns were raised by the Committee on the current external audit market and securing expressions of interest.

20.2 **Resolved:** the Audit Committee Chair's report from the meeting held on 2 December 2020 was noted.

BoD/01/21/21 Resources Committee Chair's Report

21.1 Maureen Taylor, Chair of Resources Committee presented the report from the meetings held on 21 December 2020 and 25 January 2021, which was noted. She drew reference to:

- The Trust achieved its plan for December reporting a deficit of £528,000 against a planned deficit of £1,226,000. The cumulative position is a deficit of £1,559k, £905k favourable to plan.
- Planned care recovery continues with Outpatients below plan due a reduction in referrals, low take-up of Waiting List Initiative sessions and workforce constraints.
- Day case and endoscopy continued to perform well and the fifth endoscopy room had opened and was providing weekend lists.
- The recovery in community dental work was continuing to reduce waiting lists but a number of 52-week breaches were reported at the end of December.
- Workforce vacancy rates had increased during December 2020, with the biggest vacancy rate in the CCCC directorate.
- The Group consolidated cash position (Trust and HIF) showed a healthy position with a balance in excess of £29m.
- Capital spend was reported ahead of plan in December with additional approvals increasing the plan to £16m with £10.2m spend to date.
- The upgrade of Emergency Department X Ray and replacement of mammography equipment business case was approved, which included capital costs £952,000 *(£528k is provided by the Humber Coast and Vale Integrated Care System*). It was noted that the new facilities should be available for use by 31 March 2021.

21.2 **Resolved:** the Resource Committee Chair's report from the meetings held on 21 December 2020 and 25 January 2021 were noted.

BoD/01/21/22 Operational Update

22.1 The Operational Update was noted. Tim Gold drew reference to:

- The Winter plan had been implemented;

- An increase in COVID 19 inpatients and to critical care had resulted in the commencement of the next phases of the COVID Surge Plan and Trust Silver and Gold meetings had been increased to reflect the escalation process ;
- Increase in staff absences due to COVID related absence was adding to the operational pressures;
- The planned care recovery programme was continuing despite the redeployment of staff;
- Cancer long waiting backlogs continue to see a notable decrease, with work to address the 2 week wait breast clinic backlog taking place;
- Children's and Countywide services have continued to be provided without redeployment into acute services and additional safeguarding surge plans are in place for Middlesbrough and Sunderland.

22.2 Laura Robson queried if any of the ventilated patients included NIV patients. Jackie Andrews confirmed that it did, and noted that whilst arrangements were in place as part of the surge plan, this would need review in the future.

22.3 Sarah Armstrong sought assurance around the process in place to manage patients who had been waiting a considerable length of time. In response, Tim Gold explained that there is a new clinical process in place to categorise patients, which includes ongoing review within each specialty. The Chairman explained that the Resources Committee was monitoring this process closely and the Committee had noted that some patients had expressed their wish to not undergo elective treatment at this time. The waiting lists included patients waiting as a result of the system as well as those waiting due to patient choice.

22.4 **Resolved:** the Operational Update was noted.

BoD/01/21/23 Finance Report

23.1 The Finance report as at 31 December 2021 was noted, which had been discussed in detail at the Resources Committee earlier that week and reported earlier in the meeting by Maureen Taylor, Chair of Resource Committee. Jonathan Coulter reported that the Trust's Capital Plan would require approval in April 2021.

23.2 **Resolved:** the Finance report as at 31 December 2020 was noted.

BoD/01/21/24 Approach to 2021/22 Annual Planning

24.1 It was noted that the Trust's planning cycle for 2021/22 had commenced. The finance, workforce and activity plan would require Board approval at the March 2021. Resources Committee received the baseline assumptions on the Trust's financial plan and the Committee will continue to be updated on progress with further detail presented at its February and March 2021 meetings.

24.2 It was noted that the detailed guidance from NHSE/I was awaited, however, Jonathan Coulter explained that it would not have material impact on the timelines and work required to prepare for Board sign off at its March 2021 meeting.

24.3 **Resolved:** i) the current position in relation to the planning process was noted; and

ii) the role of the Resources Committee to provide oversight and assurance to the Board as the plan develops over the next few months was noted.

BoD/01/21/24 Any Other Business

24.1 There was no other business.

BoD/01/21/25 Board Evaluation

25.1 It was noted that the meeting had been long; however, Board members recognised the lengthy discussion on maternity services in particular was necessary.

BoD/01/21/26 Date and Time of Next Meeting

22.1 The next meeting is scheduled to take place on Wednesday, 31 March 2021 at 9am.

Confidential Motion

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

Board of Directors (held in Public) Action Log for 31 March 2021 Meeting							
Minute Number	**Date of Meeting**	**Subject**	**Action Description**	**Responsible Officer**	**Due Date**	**Comments**	**Status -** completed is defined as confirmation received from ED responsible lead that the proposed action is completed as described in the comments column. Completed actions will not be closed until the Board has confirmed that action taken is satisfactory.
148	25 September 2019	Overview of Trust Learning Disabilities policies and application	Agreed would be discussed at a Board workshop by the end of year. At the 25 November 2020 Board further discussion took place and it was agreed an assurance paper would now be provided replacing the need to discuss at a Board Workshop	Chief Nurse	31 March 2021	Paper included on the agenda	**Completed**
BoD/07/20/17.7	29 July 2020	Medical Director Report	Agreed QI methodology would be covered at a future workshop. It was agreed this would be arranged and added to the workshop workplan	Medical Director/ Interim Company Secretary	30 June 2021	Added to Board Workshop workplan for June 2021	Open
BoD/11/20/13.3	25 November 2020	IBR	Non-executive Directors to be contacted to provide feedback on the format and content of the IBR to include within the current review	Deputy Chief Executive/Finance Director	28/04/2021 31 May 2021	Consultation with all Board members in progress. Output of the review in early April. Draft IBR to be discussed in April and reported to May Board	Open
BoD/11/20/16.2	25 November 2020	Medical Director Report - Learning from Deaths Quarter 1 Report	Future Board Workshop topic in 2021 to include Learning from Deaths in order to gain greater understanding on the process	Medical Director/ Interim Company Secretary	30 June 2021	Planned to present at June 2021 Board Workshop	Open
BoD/11/20/17.3 BoD/01/21/16.7	25/11/2020 27 January 2021	Chief Nurse Report	Safe Staffing Report to include bed numbers going forward. Report provided to November Board to be updated to include bed numbers and shared with Non-executive Directors Arrangements would be made to recommence this reporting with the bi-annual and annual safe staffing reports to be added to the workplan	Chief Nurse	27 January 2021 31 March 2021	Update provided at meeting and new action agreed Completed	**Completed**
BoD/11/20/17.5	25 November 2020	Workforce and OD Report	Exit interview process to be overseen by the People and Culture Committee going forward	Director of Workforce and OD	30 June 2021	Work in progress	Open
BoD/01/21/11.5	27 January 2021	North Yorkshire 0-19 Healthy Child Programme	Agreed the full Section 75 document would be circulated to Board members	Finance Director/Deputy Chief Executive	28 January 2021	Completed. Circulated day of the Board meeting (27 January 2021)	**Completed**
BoD/01/21/11.10	27 January 2021	North Yorkshire 0-19 Healthy Child Programme	Monitoring of contract outcomes/outputs to be factored into the updated IBR. J Coulter and N Lyth to discuss and agree content for IBR prior to this being shared with the Board for consideration	Finance Director/Deputy Chief Executive and CD for CCCC Directorate	28 April 2021	Work in progress	Open

BoD/01/21/15.4	27 January 2021	Guardian of Safe Working Quarter 3 Report	Jackie Andrews agreed that she would request that a collection of verbatim comments is included in future reports	Medical Director	26 May 2021	Work in progress	Open
BoD/01/21/16.1	27 January 2021	Chief Nurse Report - IPC	Agreed that the information discussed at Resource Committee regarding the trajectory of new starters in the pipeline with be shared with the Board outside of the meeting	Chief Nurse	17 February 2021	This is now included witihin the Chief Nurse report on the agenda	**Completed**
BoD/01/21/16.7	27 January 2021	Chief Nurse Report - IPC	Safe Staffing bi-annual and annual report to be reinstated with dates included on the workplan	Chief Nurse/ Interim Company Secretary	28 January 2021	Dates for future reports added to the Board Workplan for May and November 2021 Board meetings.	**Completed**
BoD/01/21/17.9	27 January 2021	Strengthening and Optimising Board Oversight for Maternity and Neonatal Safety	The CQC KLOE framework and this Action Plan would be added to the agenda for the April Board Workshop	A Papworth, Non Executive Director/Chief Nurse and CD PSC	28 April 2021	Work in progress	Open
BoD/01/21/17.10iv	27 January 2021	Strengthening and Optimising Board Oversight for Maternity and Neonatal Safety	Agreed A Papworth, Non Executive Director would review the template with Executive Director leads before it is submitted to NHSE/I	A Papworth, Non Executive Director/Chief Nurse and CD PSC	15 February 2021	A Papworth reviewed the template before submission to NHSE/I	**Completed**
BoD/01/21/17.10v	27 January 2021	Strengthening and Optimising Board Oversight for Maternity and Neonatal Safety	Quality Committee and SMT to have oversight of the Action Plan; and dashboard on a monthly basis with progress/escalations reported to the Board	Chief Nurse/ CD PSC	31 March 2021	Included on agenda	**Completed**

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Report of the Chief Executive

Agenda Item Number:	**7.0**
Presented for:	Note/Discuss
Report of:	Chief Executive
Author (s):	Chief Executive
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

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

Recommendation:
The Board is asked to note this report.

7

Board of Directors Meeting (held in Public)

31 March 2021

Report of the Chief Executive

1.0 Executive Summary

1.1 Since the last Board meeting in January 2021 the Trust has focused significant effort on responding to the hospital based pressures arising from a third 'surge' in admissions of patients with COVID19.

1.2 This included the expansion of critical care capacity and in order to enable this routine elective operating was paused, although importantly urgent and cancer surgery continued on a risk based approach.

1.3 As we near the end of March 2021, the number of patients with COVID19 has significantly reduced, allowing us to start to rebalance services and gradually increase elective operating. However there are ongoing challenges in our 0-19 services which arise from the impact of some of the lockdown measures.

1.4 Symbolically, it has also been possible to relocate critical care into the upgraded unit as the additional surge capacity is no longer needed. The £1m investment has dramatically improved the environment for patients and staff as well as providing additional side room capacity. It opened on 17th March 2021.

1.5 It will be important for us to plan for, and support a meaningful 'pause' that allows colleagues to have an opportunity for some recovery before we turn our attention to increasing the workload associated with elective recovery, and continuing to operate measures to protect against the risks of COVID.

1.6 As we plan the recovery of services, the following will be important components to be reflected in our approach; (i) the emotional and physical recovery of staff, and rebuilding teams; (ii) an understanding of the inequalities that exist, and actions to prevent our recovery widening these; (iii) recovering together with primary care in the Harrogate 'place' and embedding pathway changes; (iv) recovering 'in synch' with partners in the ICS so that one part of the population is not unfairly disadvantaged; (v) maximising the capacity in the clinical areas in which we are already high performing, and addressing the unwarranted variation in others; (vi) returning to a new financial context with more constrained resources.

1.7 And as we seek to deliver this, we will need to play our part in, and respond to the changing external landscape with the implementation of changes in the ICS as steps are taken to implement 'Integrating Care'.

2.0 A year on

2.1 15th March 2021, marked the anniversary of the first COVID19 admission to Harrogate Hospital and 23rd March 2021, marked the anniversary of the national lockdown.

2.2 In the year, over 800 patients were admitted to hospital with COVID19, and nearly 600 were discharged home. 100 patients spent time in critical care, and tragically there were just over 183 deaths.

2.3 Our community teams conducted over 118,000 visits to peoples homes, and our 0-19 services supported a over 102,000 families – with colleagues having to significantly adapt their ways of working. Our 'ARCHS' team supported over 4,500 patients to be discharged earlier and looked after them at home, and in February were supporting the equivalent of 38 beds of patients, but in their own homes.

2.4 In the initial wave, our booking teams and medical secretaries supported thousands of patients as appointments were changed – peaking at 300 per day in April 2020. Our IT team had to support hundreds of colleagues to shield or work from home, deploying hundreds of devices and supporting colleagues remotely.

2.5 Nearly 150 colleagues were redeployed to undertake jobs different to their usual ones in order to help manage pressures and expand services such as ARCHS and critical care.

2.6 Our lab colleagues have processed over 38,000 swabs, 13,000 antibody tests and colleagues across HDFT have undertaken over 34,000 lateral flow tests. Our PPE team have supplied over 29 million items of PPE.

2.7 87% of colleagues across HDFT and HIF have received their first COVID19 vaccine, and this was facilitated by 65 committed colleagues who over a 25 day period vaccinated over 3,000 colleagues, and 3,000 wider health and social care colleagues. We have just started second doses, with nearly 1,000 vaccinations given since in a six day period.

3.0 Our 0-19 services

3.1 It is clearly an incredibly positive and improving picture compared to the last three months for many of our services and our colleagues who work in them who have faced very significant pressures.

3.2 However, this is an 'acute' lens on the situation and the situation is different for the nearly 1,000 school nurses, health visitors and our early years practitioners who are supporting families.

3.3 Lockdown, social distancing, infection control and vaccination has helped drive down the rates of COVID19. But, these changes have meant vulnerable children and families have been more at risk and there have been very significant rises in safeguarding concerns. This is deeply distressing for the children and families involved, but also for our colleagues. It is also likely that this will increase further as lockdown is eased.

3.4 Additionally, our routine children services have faced pressure, with an increase in vacancies and an increase in demand. Contacts with families take longer, with many of the usual support not available due to lockdown and together with the increase in safeguarding this is causing practitioners considerable workload pressures.

3.5 Our clinical advisory group has sought to prioritise key parts of the service, taking a risk based approach, just as was done in acute services so that as much pressure as possible is relieved from practitioners.

3.6 We have commenced a capacity and demand review across our 0-19 services to help inform what further steps may be needed, and steps are being taken to improve the visibility outside of the directorate of the workload in our 0-19 services.

3.7 In addition to this, two sessions have taken place with the North Yorkshire 0-19 team to share the findings of the review that was undertaken, and to engage colleagues in the improvements being taken forward as well as preparing for the new model.

4.0 Leadership

4.1 We are shortly due to welcome Russell Nightingale as our substantive Chief Operating Officer and Emma Nunez as our Interim Executive Director of Nursing, Midwifery and AHPs who will start a six month secondment on 1st April 2021.

4.2 We have chosen to retitle the post of Chief Nurse as we advertise for a substantive appointment so that it better reflects the responsibilities of the portfolio and is more inclusive of the contribution our midwives and allied health professionals make.

4.3 The work on developing the behaviours that are valued at HDFT and HIF is drawing to a conclusion. The approach has allowed thousands of colleagues to share what is important to them – what drives a good day, what causes a bad day – and what the key areas for improvement are. It has also allowed them to describe the things that they value, and we intend to use this feedback to complete the values and behaviour framework. There has been further engagement on this with the Board in a workshop and with SMT and shadow SMT.

4.4 The Freedom To Speak Up Guardian appointments process has faced some unacceptable delays which have now been resolved, and an appointment process is planned to conclude in April.

4.5 Over 300 nominations were received for the HDFT and HIF colleague awards and following a 'virtual judging' process the fifteen winners and runners up have been identified. These will be announced in April.

5.0 Planning for 2021/22

5.1 The NHS is due to publish the priorities for 2021/22 at the March board meeting held in public, and the Trust has continued to prepare for this. A further update will be provided by the Deputy Chief Executive and Chief Operating Officer.

5.2 During the last year a number of changes have been made to the bed configuration and the way theatres have been split between zones. A process has commenced to help determine the appropriate clinical model for beds, and the resulting allocation of specialities to wards. As part of this process during April a nursing establishment review will be undertaken to support the transition to what we hope will be a more permanent set of arrangements for our in-patient services.

5.3 Similarly, a new theatre schedule has been developed and as part of the planning process there will be a 'zero-based' approach to setting the establishment. The second phase of the surgical pathway improvement programme will identify opportunities to improve productivity and use of theatre sessions across the year.

6.0 Corporate Risk Register and Development of Board Assurance Framework

6.1 **Corporate Risk Register -** The Corporate Risk Register (CRR) has been reviewed by the Corporate Risk Review Group and Senior Management Team since the last Board meeting held in January 2021 and a summary is attached at Appendix A. The CRR records the most serious operational risks, these risks are scored by consequence x likelihood of 12 to 25.

6.2 **Board Assurance Framework -**The Board Assurance Framework (BAF) aims to record risks that threatens the achievement of the Trust's long term (strategic objectives) together with the controls and actions in place to mitigate these risks. The BAF is supported by the CRR.

6.2.1 The BAF was paused during the first phase of the COVID-19 pandemic with focus on operational risk management. Following the Board Workshop in July 2020 work commenced to revise the BAF, which has been presented to the Board since its 30 September 2020 meeting, noting that this is work in progress. Since the last Board meeting the draft BAF has been reviewed by the CRRG and reviewed and updated by Executive Director leads. A summary is attached at Appendix B.

6.2.2 In February 2021, Board members were engaged in an exercise at a Board Workshop to develop a BAF to take forward into 2021/22. The outputs from this exercise has resulted in the risks agreed for inclusion in the BAF being developed with Executive Director leads for review by the Board at its April 2021 Workshop prior to it being presented to the Board at its May 2021 meeting for approval.

7.0 Recommendation

7.1 The Board is asked to note this report, and identify any areas in which further assurance is required, which is not covered in the Board papers.

8.0 Supporting Information

8.1 The following papers make up this report:
Appendix A - Corporate Risk Register Summary
Appendix B - Board Assurance Framework Summary

Summary of Corporate Risk Register (Risks Rated 12-25 as at March 2021)

Ref	Description	Date added to CRR	Risk score March 2021	Risk score February 2021	Target risk score (date aimed to be achieved)	Risk movement	Current status	Gaps in controls	Lead Executive Director
CR34	**Autism Assessment Service.** Risk to quality of care by not meeting NICE guidance in relation to the completion of autism assessment within 3 months of referral.	Dec-18	12	12	9 (Sept 2021)	↔	**March 2021** There has been no commitment from commissioners to future capacity but asked to start recruitment. Expecting an additional 15 assessments a month for 12 months as a result of the incentive funding. Modelling predicts a drop in waiting times in September to enable the risk to reduce from 12 to the target score of 9.	• Lack of commissioned capacity and resources to deliver additional capacity	Chief Operating Officer
CR41	**Summary RTT** Risk to patient safety, performance, financial performance and reputation due to increasing waiting times across a number of specialties, including as a result of the impact Link to BAF January 2021	Aug-19	12	15	6 (May 2021)	↓	**March 2021** Plan to reopen theatres next week. A cohort of 300 patients on long waiting lists for orthopaedic procedures and cataract surgery have been referred to BMI and Newmedica for treatment, with another 300 agreed for next quarter. There is work ongoing to manage theatre scheduling to ensure efficiency and whilst numbers of patients on waiting lists are not yet reducing, clinical prioritisation is mitigating the risk.	1. Requirement for social distancing in recovery and ward areas is limiting pace of recovery 2. Ongoing gap to plan for endoscopy and outpatients	Chief Operating Officer
CR49	**ED Imaging** Risk to patients and service when ED X-ray room fails due to age, breakdown or failure to get parts. Equipment now 12 years old and the supplier cannot guarantee parts. Risk to staff due to handling difficulties with aged equipment	Feb-20	12	12	4 (April 2021)	↔	**March 2021** Expecting conclusion of work end April 2021	• Completion of works approved in ED	Chief Operating Officer
CR52	**Patients, delayed cancer diagnostics, treatment and care** Risk to patient safety, quality of care and psychological impact of delays in diagnostics, treatment plans and surveillance on patients and families Link to BCS14 BCSP - Risk of not achieving national standards due to pressure on service at Leeds re CTC scans added January 2021	Apr-20	12	12	8 (April 2021)	↔	**March 2021** The high observation bay (HOB) on DSU has helped with colorectal work which has improved the position.	1. Streamlined monitoring / tracking requirements 2. Psychological support 3. Limited diagnostic testing 4. Limited theatre capacity 5. Limited capacity in Breast one-stop service	Chief Operating Officer

CR54	**Staff well-being and morale** Risk to staff wellbeing and morale in the context of the Covid pandemic.	Apr-20	12	15	9 (April 2021)	↓	**March 2021** Whilst there remain concerns about staff well-being and morale, a review of evidence for the current risk score across all clinical areas resulted in the risk score being reduced.	• Uncertainty associated with the potential impact of a second peak. • National guidance on isolation may result in an increase in the number of staff isolating. • More intensive mental health support (i.e. management time to support colleagues and ways of working and financial support for external psychologists)	Director of Workforce and OD
CR57	**Risk to patient safety, quality of care and staff welfare due to increased levels of domestic abuse and children's safeguarding** - increased presentation at ED with unintentional injuries, increased opportunities for online abuse, decreased opportunity for monitoring and observation of children and young people by professionals, increased demand on social care and other community services for safeguarding work, shielding and vulnerabilities	Apr-20	12	12	8 (January 2021)	↔	**March 2021** Business case developed for additional named nurse support. The short-term reduction in home visits with targeted prioritisation of care for those at most risk has been implemented.	• Availability of specialist expertise	Chief Nurse
CR59	**Cancer IT Services** Risk to patient safety due to lack of automated system for tracking Risk to patient safety from missing relevant / important information due to difficulties with multiple electronic record systems.	Jul-20	12	12	6 (October 2021)	↔	**March 2021** The business case was completed at end of Feb 2021 and this has been signed off by the Digital Strategy Board. The target date for risk reduction was discussed given the work needed for procurement and implementation and changed to October 2021	Lack of automated system for MDT tracking highlighted in several incidents	Chief Operating Officer
CR2	**Rota gaps in Medical Staffing** Risk to the quality of service delivery in Medicine due to unfilled and vacant rota gaps across grades; reduction in trainee numbers; agency cap rate; variable allocation from deanery; medium term sickness; availability and quality of locums; no-deal EU Exit (added 08/03/2019; impact of Covid-19 (added 13/03/2020).	Jul-20	12	12	9 (April 2021)	↔	**March 2021** Cardiology consultant - not appointed Revised rotas for middle grades & tier 2s in medicine – completed Additional ED junior doctor on nights - completed ED Current advert for 1.7 wte consultants - appointed Recruited 3rd Respiratory Consultant - starts May Recruited Acute Med Consultant - starts April Neurology associate specialist - shortlisted Haematology consultant returns March	1. Lack of availability of alternative workforce. 2. Development of alternative acute care model. 3. Ability to fill in line with current Agency Cap rate. 4. Recruitment of substantive Acute Oncology, Respiratory, Acute Medicine, Cardiology Consultants 5. Maternity leave in Clinical Haematology	Medical Director

CR5	**Nursing shortage** Risk to the quality of service delivery and patient care due to failure to fill registered nurse and health visitor vacancies due to the national labour market shortage and local shortages in some areas e.g. Stockton, and impact of Covid-19 (added 13/03/2020)	Jul-20	12	12	9 (October 2021)	↔	**March 2021** Detailed update to risk description and mitigations to be completed	1. Current vacant Registered Nurse posts across the in-patient ward areas. 2. Inability to fill Registered Nurse and Health Visitor posts in a timely way due to national (and local in some areas e.g. Stockton) labour market conditions. 3. Trust inpatient ward turnover of registered nurses 15% 4. Lack of available alternative workforce 5. Increased gaps at CSW level 6. 10% staffing (RN &CSW) uplift required for seasonal escalation beds 7. Increase in sickness due to covid	Chief Nurse
CR61	**ED 4 hour standard** Risk of failure to meet 4 hour ED standard with resultant risk to patient experience and increased concerns and complaints associated with long waits	Aug-20	12	12	8 (April 2021)	↔	**March 2021** Performance remains challenging, exacerbated by a number of covid outbreaks and reduced bed numbers, which has impacted on flow. Noted a national consultation on new standards and that we are measuring patients waiting >6hrs as there is evidence that this is when the risk of harm increases. The number of cases breaching 6hrs is low which provides some assurance regarding the current risk.	1. Uncertainty on activity levels post CV19 and associated staffing requirements 1. ED staffing levels return to pre CV19 levels April 21 1. Challenges planning staffing based on unknowns in relation to continued impact of CV19 on workload post April 21. 2. Limited access to mental health & inpatient mental health beds 3. Limited support from specialities 4. Lack of timely acceptance by specialities 5. Limited omission avoidance options available overnight 10. COVID impact: access to testing impacting on flow: social distancing & use of PPE; cubicle cleaning between positive patients; side room capacity whilst a/w results	Chief Operating Officer
CR62	**Special School Nursing** Risk to quality of care and patient safety for Special School nursing patients due to increased demand on provision.	Nov-20	16	16	9 (May 2021)	↔	**March 2021** On track with actions to deliver the risk reduction schedule. Two new staff members started last month and 2 more are due to start this month, with the recurrent funding agreed.	Limited communication from Local Authority around Special School planning.	Chief Nurse

CR63	**Security, Violence & Aggression** Risk to patient / staff safety, patient experience, reputation and trust property due to violence and aggression from patient, relatives and others in the Emergency Department	Jan-21	12	12	4 (April 2021)	↔	**March 2021** Work is underway with a review of security, portering training and CCTV. Proposals are under discussion with the expectation that plans will be implemented soon.	1. Available Breakaway training 2. Security staff 3. Facilities not conducive to managing a violent episode (lock down) 5. Extended stays in unit 6. Training for caring for patients who are violent / aggressive 7. Police response times	Chief Operating officer
CR64	**Staff absence and sickness** There is a financial risk in relation to increased absence and sickness levels, and increased staff turnover which would incur higher agency costs and recruitment costs to replace.	Feb-21	Removed for detailed review	12	6 tbc	↔	**March 2021** Removed from corporate risk register for detailed review by Workforce and Organisational Development	tbc	Director of Workforce and OD
CR65	**Maternity electronic record system** Risk to compliance with national strategy, ease of compliance with MSDS, and patient safety risk due to lack of end-end maternity electronic record system.	Feb-21	12	12	2 (December 2021)	↔	**March 2021** Lack of electronic system and potential risks has been flagged previously at numerous PSC Governance meetings, Improving Safety Steering Group, Maternity Safety Champions meetings, SMT and directly with Chief Operating Officer. Currently only unit within Region without end-end maternity electronic record system. Previous 3 day RPIW workshop in July 2016 to try to find interim solution for associated missed Community midwife appointments was undertaken (and previously on risk register). Advised previously by COO that WebV solution would be forthcoming and no option to purchase commercial solution. More recent information that Maternity WebV solution currently at least 5 years away. Business Case prepared to fund commercial off-the-shelf maternity EPR system. Approved by Digital Strategy Board 8/10/2020. Approved at PSC Governance Board 6/11/2020. Awaiting funding and under review by Finance Dept.	• Unable to offer patient access to own records which will mean we are not compliant with Digital Maternity Record Standard and risk to Maternity Incentive Scheme • Lack of single system means there may be risks due to lack of effective sharing of information at point of care (and between regional Trusts) resulting in possible omission of important safety information • Inability for on-call Consultant to access system remotely which would improve safety and more effective decision-making • Lack of single system makes extraction of data for the Maternity Services Dataset more complex • Significant duplication of clinical information in multiple systems and handwritten patient records leading to significant inefficiencies and time/financial wastage • Lack of pathways embedded in electronic system mean there is lack of prompting about appropriate management and potential for omissions in care • More complexity in provision of community based care due to limited access to electronic records • Potential loss to follow up	Chief Nurse

CR66	**Aseptic unit** Risk that the aseptic unit will fail to meet environmental monitoring standards which will impact upon the safe manufacture of aseptic products for clinical use, with the risk of harm to staff and patients. .	Mar-21	12		6 (March 2021)	New	**March 2021** There is an increased risk associated with the environmental issues in this unit with several issues flagged as major non-conformance in an audit by regional QA pharmacist. If the aseptic unit fails to meet environmental monitoring standards for the safe manufacture of aseptic products for clinical use, this poses a risk to staff working within the unit as they may not be adequately protected from substances harmful to health, and to patients if they receive products where aseptic conditions have been compromised. Some temporary repairs have already failed. Work required is part of a department upgrade which is on the capital programme. Mitigations are in place and the environment is closely monitored. The risk is mitigated by reducing product expiry dates, enhanced environmental monitoring/cleaning where non-compliances are identified, and with outsourcing when necessary.	tbc	tbc
CR67	**Covid test analyser - risk of disruption to flow and elective work** Risk to COVID-29 service provided by Microbiology, HDFT by loss of the single testing platform due to age of analyser or lack of available engineers to fix or maintain analyser.	Mar-21	12		tbc	New	**March 2021** There is a risk of disruption to flow and elective work due to the risk of the single testing platform failing. The analyser was not designed for the recent workload and it failed x3 last month. There is some resilience and contingencies with neighbouring providers for elective work but there is a risk to acute work. A new platform is being developed and another is being trialled.	No analyser resilience across the three sites in the JV.	tbc

Updates in March 2021 are highlighted in blue.

Board Assurance Framework

1. STRATEGIC OBJECTIVE: PEOPLE (description to be determined)

Risk ID	Principle Objective	Principle Risk to the Delivery of Objective	Residual (Current) Risk Rating			Target Risk Score	Target Date Risk Score will be met/closed	Change since last Report	Existing Key Controls	Assurances in Controls		Gaps in Assurances/Controls	Latest Update	Responsible Committee	Lead Executive Director	Date Reviewed
			Likelihood	Conseq	Rating					Internal	External					
BAF#1	To be an outstanding place to work	There is a risk that individual staff engagement and high performing team cultures are compromised **because** there is an insufficient focus on the culture of the Trust and the health and wellbeing of staff which will **impact** on the Trust's ambition to be an outstanding place to work and in turn will impact on the quality of patient experience.	3	4	12	2x2=4	Apr-22	No change	Your Voice Vision and Values Programme which incorporates multiple improvement projects/programmes of work First Line Leaders Programme and other development programmes Shadow SMT Reverse mentoring programme EDI work programme	Board of Directors SMT People and Culture Committee	ICS metrics (TBC) Staff Survey	Currently no oversight arrangements in place by regulators	risk, controls, assurances and gaps in controls added following Board discussion and approval at Board Workshop. No further changes made since January 2021.	People and Culture Committee	A Wilkinson, Director of Workforce and OD	22.09.20 21.01.21 25.03.21
BAF#2	To be an inclusive employer where diversity is celebrated and valued.	There is a risk that individual staff engagement and high performing team cultures are compromised **because** there is lack of diversity of thinking due to recruitment and promotion practices that make if more difficult for colleagues with protected characteristics to flourish in the organisation.	3	4	12	2x2=4	Apr-22	New risk	Your Voice Vision and Values Programme which incorporates multiple improvement projects/programmes of work First Line Leaders Programme and other development programmes Shadow SMT Reverse mentoring programme EDI work programme	Board of Directors SMT People and Culture Committee	ICS metrics (TBC) Staff Survey	Currently no oversight arrangements in place by regulators	new risk added following request made by Board at the November 2020 meeting. Discussion took place at CRRG prior to risk developed and added. No further changes made since January 2021.	People and Culture Committee	A Wilkinson, Director of Workforce and OD	22.09.20 21.01.21 25.03.21

Board Assurance Framework

2. STRATEGIC OBJECTIVE: WORKING WITH PARTNERS TO DELIVER INTEGRATED CARE

Risk ID	Principle Objective	Principle Risk to the Delivery of Objective	Residual (Current) Risk Rating			Target Risk Score	Target Date Risk Score will be met/closed	Change since last Report	Existing Key Controls	Assurances in Controls		Gaps in Assurances/ Controls	Latest Update	Responsible Committee	Lead Executive Director	Date Reviewed
			Likelihood	Conseq	Rating					Internal	External					
BAF#2.1	To improve population health and wellbeing, provide integrated care and to support primary care	There is a risk that the Trust does not maximise its contribution to improving population health and reducing health inequalities **because** of a lack of strategic relationships with primary care and local authorities and an internal focus which will **impact** on our strategic ambition to improve population health and wellbeing, provide integrated care and to support primary care.	3	3	9	2x2=4	Apr-23		Medical Director attendance at LMC and HARA	MD Board Report SMT Medical Directorate Team meeting	HARA Yorkshire Health Network LMC	Distributed portfolio across Executive Directors for partnerships This risk could exasperate due to the potential local government and NHS (integrating care) re-organisation	no further updates made since last presented to the Board in anuary 2021	SMT	S Russell, Chief Executive/ J Andrews, Executive Medical Director	22.09.20 21.01.21 25.03.21
BAF#2.2	To be an active partner in population health and the transformation of health inequalities	There is a risk that the Trust's population is not able to fully benefit from being part of an integrated care system **because** our secondary care patient flows are to West Yorkshire and our place based population health activities sit within North Yorkshire which are in two different ICSs and there is insufficient management bandwith to participate in both. This will **impact** on our ambition to be an active partner in population health and the transformation of health inequalities.	3	3	9	2x2=4	Apr-23		West Yorkshire ICS and Humber Coast and Vale ICS meetings by Executive Team members			Duplication of effort and lack of leadership capacity	no further updates made since last presented to the Board in anuary 2021	SMT	J Andrews, Executive Medical Director	22.09.20 21.01.21 25.03.21

3. STRATEGIC OBJECTIVE: DELIVER HIGH QUALITY CARE

Risk ID	Principle Objective	Principle Risk to the Delivery of Objective	Residual (Current) Risk Rating			Target Risk Score	Target Date Risk Score will be met/closed	Change since last Report	Existing Key Controls	Assurances in Controls		Gaps in Assurances/ Controls	Latest Update	Responsible Committee	Lead Executive Director	Date Reviewed
			Likelihood	Conseq	Rating					Internal	External					
BAF#3.1	To provide outstanding care and outstanding patient experience	There is a risk to achieving outstanding service quality and patient experience **because** there is insufficient focus on an systematic organisation-wide approach to and culture of quality improvement which will **impact** on the Trust's ambition to continuously address the underlying barriers to excellence every time and to provide outstanding care.	3	4	12	3x3=9	Apr-22		Quality Assurance reports Quality Committee Workplan	CQC Action Plan Quality Account	CQC Inspections Bi-monthly Assurance meetings with CCG	Do not have consistent quality control in place	no further updates made since last presented to the Board in anuary 2021	Quality Committee	J Foster, Chief Nurse	22.09.20 21.01.21 25.03.21
BAF#3.2	To provide a high quality service	There is a risk that some of our secondary care based services are not clinically and financially sustainable **because** of the size of population we serve and our ability to respond to sub-specialisation and to recruit and retain staff which will **impact** on our ambition to provide high quality services.	4	4	16	3x3=9	Apr-23		**External:** Carnell Farrer report Ongoing Clinical Services review to develop Clinical Strategy Ongoing conversations with WYATT	SMT Directorate Oversight on Annual Clinical Plans Quality Committee Board of Directors	WYATT Committee in Common	No Project Management Support for clinical review and support to draft strategy	no further updates made since last presented to the Board in anuary 2021	Quality Committee	J Andrews, Executive Medical Director	22.09.20 21.01.21 25.03.21

Board Assurance Framework

4. STRATEGIC OBJECTIVE: ENSURE CLINICAL AND FINANCIAL SUSTAINABILITY

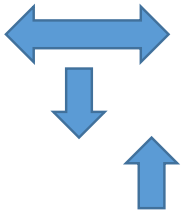
Risk ID	Principle Objective	Principle Risk to the Delivery of Objective	Residual (Current) Risk Rating			Target Risk Score	Target Date Risk Score will be met/closed	Change since last Report	Existing Key Controls	Assurances in Controls		Gaps in Assurances/ Controls	Latest Update	Responsible Committee	Lead Executive Director	Date Reviewed
			Likelihood	Conseq	Rating					Internal	External					
BAF#4.1	To continually improve services we provide to our population in a way that are more efficient	Due to a prolonged recovery from CoVid-19 there is a risk that the focus on the Trust's strategic ambitions is compromised, which will Impact upon service transformation and underlying financial improvement	4	3	12	2x3=6	Mar-22		Current financial regime; national framework, ICS discussions; engagement in regional and local service transforation programmes; internal transformation programme; alliances with Leeds; membership and engagement with WYAAT	SMT reports and oversight Resource Committee reports and oversight Board of Directors reports and oversight	WYAAT reports and Committee in Common engagement and oversight NHSE/I regulatory oversight	**Internal:** capacity to deliver internal service transformation **External:** no governance structure or programme of work with Leeds regarding transformation	no further updates made since last presented to the Board in anuary 2021	Resource Committee	J Coulter, Deputy Chief Executive/ Finance Director	22.09.20 13.11.20 21.01.21 25.03.21
BAF#4.2	To provide high quality care and to be a financially sustainable organisation	Due to the difficulty of generating sufficient internal funds through inward investment or additional cash releasing savings, there is a risk to long term financial sustainability and ability to invest in capital, which will impact upon the quality of care that can be provided.	4	4	16	4x2=8	Mar-23		Captial asset register and planning process; financial plan; currrent financial regimeto	Capital Oversight Group formed		**Internal:** No Capital Programme group in place No efficiency programme for 2020/21 **External:** Currently no ICS Strategy or process in place Currently no commitment by the ICS/NHSI to address the gap	no further updates made since last presented to the Board in anuary 2021	Resource Committee	J Coulter, Deputy Chief Executive/ Finance Director	22.09.20 13.11.20 21.01.21 25.03.21
BAF#4.3	To provide high quality care to children and young people in adults community services	There is a risk that the Trust places insufficient focus on early years services and adult community based services **because** of the historic dominance of hospital services which will **impact** on the transformation opportunities and miss opportunities for long term outcomes and integrated care.	4	4	16	3x3=9	Apr-22		Quality Committee; IBR: Directorate Board oversight	Adult and Youn	CQC Outstanding Report OFSTED Reports JTAI Reports	No Transformation Team in-house to support and drive this Lack of tangible metrics	no further updates made since last presented to the Board in anuary 2021		J Foster, Chief Nurse	22.09.20 27.01.21

BAF#4.4	To be financially stable to provide outstanding quality of care	Due to the allocation formula not providing sufficient resources to meet the needs of the unique demography of the local area, there is a risk that standards of care are compromised which will impact on the Trust's ambition to provide outstanding care and its reputation for quality	3	4	12	3x3=9	Apr-21		Quality governance arrangements; Contracts with commissioners; Annual audit cycle; PLACE Assessments ICS and Place based networks	Integrated Board Report Chief Nurse Report Quality Committee minutes Clinical Audit Reports SMT, Resource Committee and Board reports and oversight	CCG Meetings CQC inspection reports Memorandum of Understanding with CCG Memorandum of Understanding with ICS's HARA engagement Relationships with Local Authorities Ongoing dialogue Chief Executive and Deputy Chief Executive/Finance Director has		no further updates made since last presented to the Board in anuary 2021		J Coulter, Deputy Chief Executive/ Finance Director	22.09.20 27.01.21 25.03.21

Risk Matrix

	Likelihood				
	1	2	3	4	5
Consequence	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
5. Extreme	5	10	**15**	**20**	**25**
4. Major	4	8	**12**	**16**	**20**
3 Moderate	3	6	**9**	**12**	**15**
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

Changes in Ratings



No change in risk rating since from previous Assurance Framework

Risk rating has been downgraded from previous version

Risk rating has increased from previous version

Progress on Actons

1 Fully on plan across all actions
2 Actions defined - most progressing, where delays are occurring interventions are being taken
3 Actions defined - work started but behind plan
4 Actions defined - but largely behind plan
5 Actions not yet fully defined

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Integrated Board report – February 2021

Agenda Item Number:	**7.2**
Presented for:	Discuss/Note
Report of:	Executive Directors
Author (s):	Head of Performance & Analysis
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

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

Recommendation:

It is recommended that the Board note the following items of concern contained within this report:

- There was 1 serious incident (SI) and 1 Never Event reported this month and the number of inpatient falls continues to increase.
- HDFT's performance against the A&E 4-hour standard remained below 95% in February (80.2%). Provisional data indicate that 3 cancer standards were not delivered in February For RTT, the number of patients waiting over 52 weeks is now 1,267.
- Staff sickness decreased to 5.2% in February but remains well above average.

NHS
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Integrated board report - February 2021

Key points this month

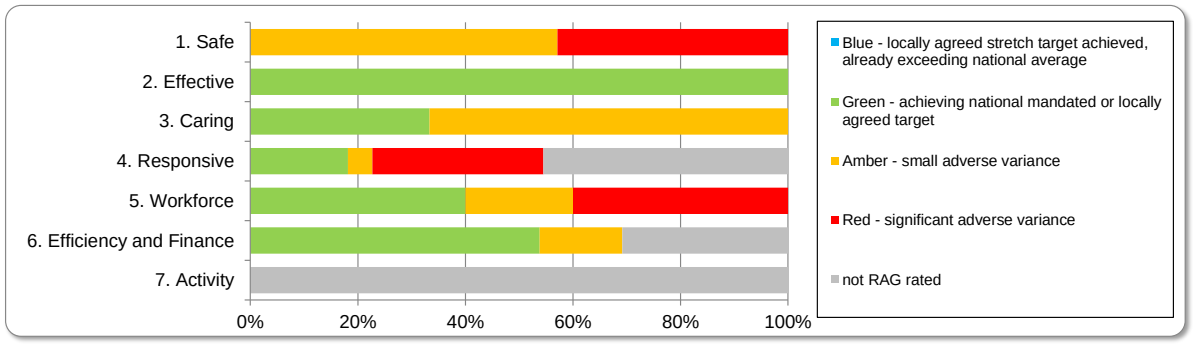
1. The 3 key areas of concern this month relate to the Safety, Responsiveness and Workforce domains.

2. Within Safety, there was 1 serious incident (SI) and 1 Never Event reported this month and the number of inpatient falls continues to increase.

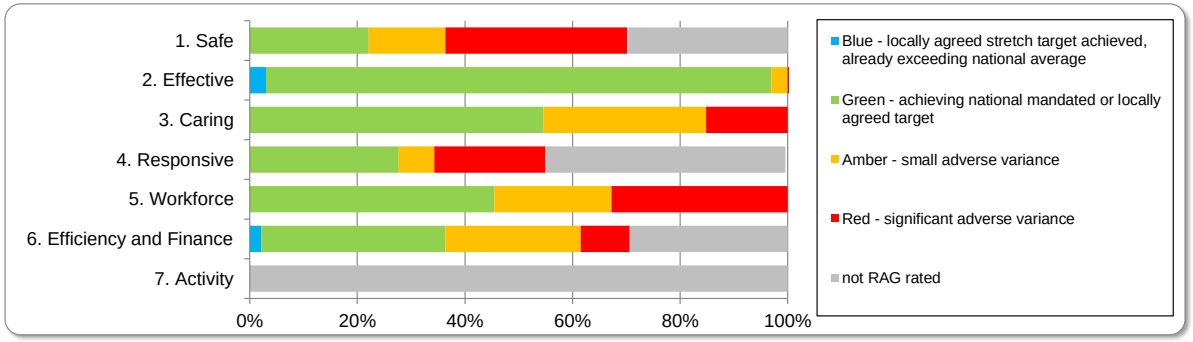
3. Within Responsiveness, HDFT's performance against the A&E 4-hour standard remained below 95% in February (80.2%). Provisional data indicate that the 62 day cancer standard was not delivered in February with provisional performance at 78.9%. Both 2WW cancer standards were also below the operational standard in February for the fourth consecutive month. For RTT, the number of patients waiting over 52 weeks is now 1,267.

4. Within Workforce, staff sickness decreased to 5.2% in February but remains well above average.

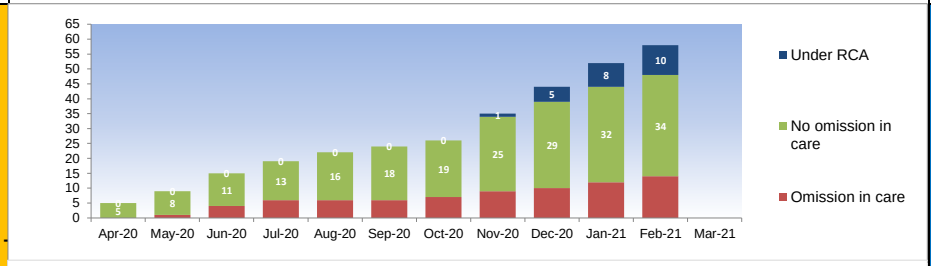
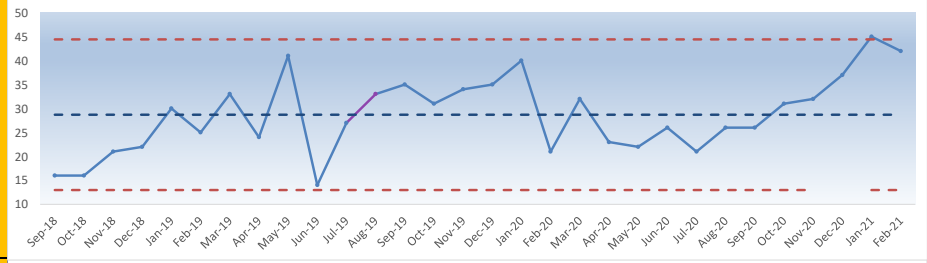
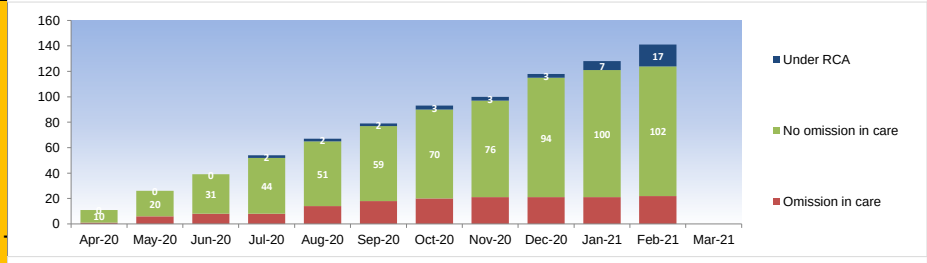
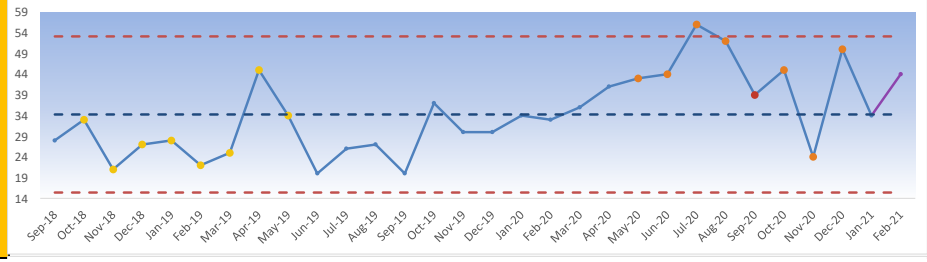
Summary of indicators - current month



Summary of indicators - year to date



Section 1 - Safe - February 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.1a	Pressure ulcers - hospital acquired		There were 6 hospital acquired category 3 and above pressure ulcers reported in February (including device related and device related mucosal), taking the total requiring RCA YTD to 58. This is lower than last year with an average of 8 per month reported in 2019/20. Of the 6 reported this month, there were 2 omissions in care, 2 with no omission in care and 2 still under RCA (root cause analysis). From 01/01/2020, DTI (Deep tissue injury) subcategories are reported as LOW harm with no RCA required. It has been identified that these were being included in the category 3 and above figures being reported here for some months of 2020/21. We have corrected this error this month.
1.1b			The number of hospital acquired category 2 and above pressure ulcers reported in February was 42. The reported number is inclusive of device related and device related mucosal pressure ulcers.
1.2a	Pressure ulcers - community acquired		There were 13 community acquired category 3 and above pressure ulcers reported in February (including device related and device related mucosal), taking the total requiring RCA YTD to 141. The average per month reported in 2019/20 was 14. Of the 13 reported this month, there was 1 omission in care, 2 with no omission in care and 10 still under RCA. From 01/01/2020, DTI (Deep tissue injury) subcategories are reported as LOW harm with no RCA required. It has been identified that these were being included in the category 3 and above figures being reported here for some months of 2020/21. We have corrected this error this month.
1.2b			The number of community acquired category 2 and above pressure ulcers reported in February was 44. The number reported is inclusive of device related and device related mucolsal pressure ulcers.

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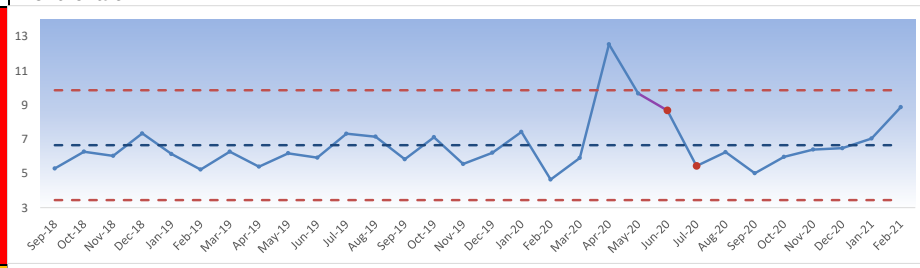
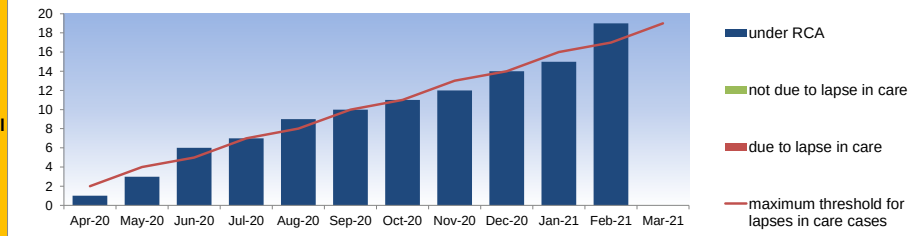
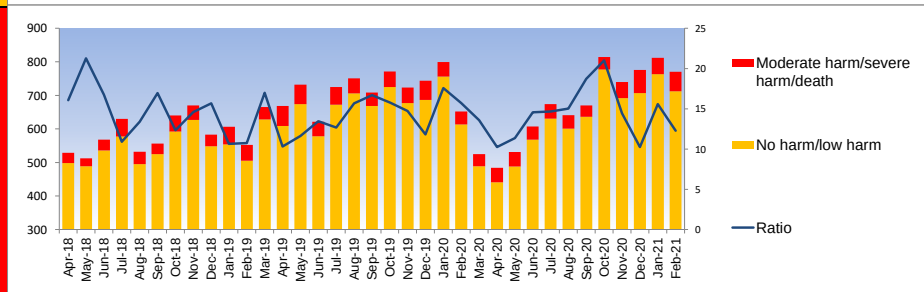
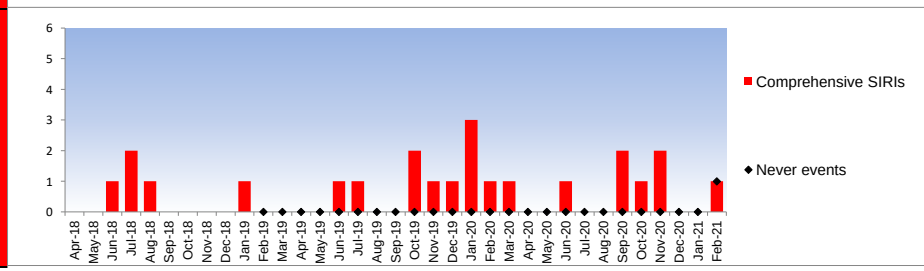
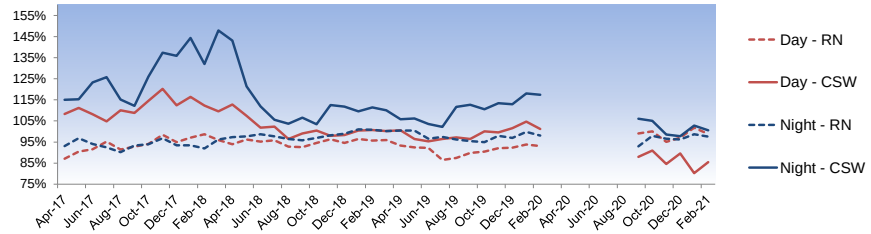
Section 1 - Safe - February 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.3	Falls		The rate of inpatient falls was 8.9 per 1,000 bed days in February. This an increase on recent months and higher than the average HDFT rate for 2019/20 (6.2).
1.4	Infection control		There were 4 cases of hospital apportioned C. difficile reported in February bringing the year to date total to 19 cases. No MRSA cases have been reported in 2019/20 or 2020/21 to date. The annual maximum threshold for lapses in care cases for 2020/21 is 19. This data is yet to be finalised by Infection Control. This graph shows cumulative data YTD.
1.5	Incidents - all		The latest published national data (for the period Oct 19 - March 20) shows that Acute Trusts reported an average ratio of 45.8 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's published ratio was 14.9, an increase on the last publication and remaining in the bottom 25% of Trusts nationally. HDFT's latest local data for February gives a ratio of 12.28.
1.6	Incidents - Serious incidents (SI) and never events		1 SI was verified in February, with a position to the end of February at 7. A further SI has been verified in March which will appear on the March report. 1 Never Event was reported in February, with the YTD position now at 1 case. No Never Events were reported in 2017/18, 2018/19 or 2019/20.

Section 1 - Safe - February 2021

Indicator number	Indicator name	Trend chart	Interpretation
1.7	Safer staffing levels		After being suspended due to Covid-19, this indicator has now resumed. In February, staff fill rates were reported as follows: - Registered Nurses Day 99% and Night 98% - Care Staff Day 85% and Night 101%

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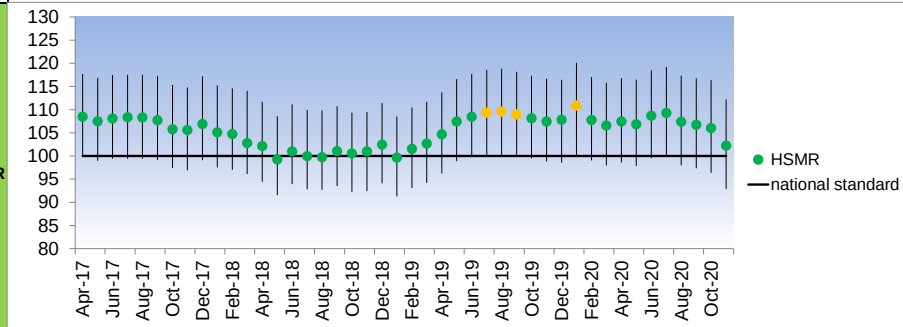
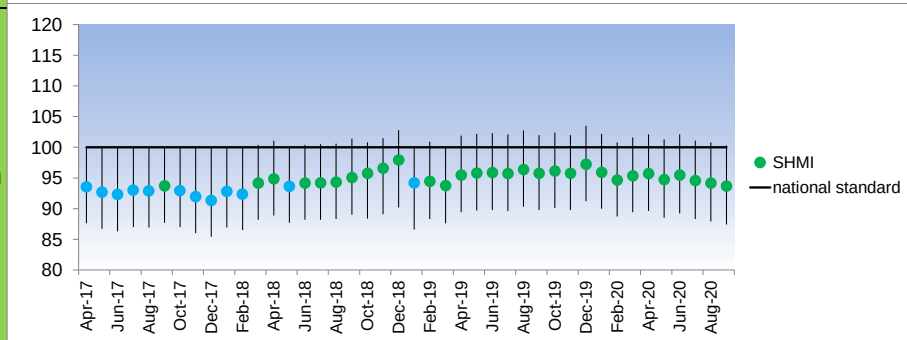
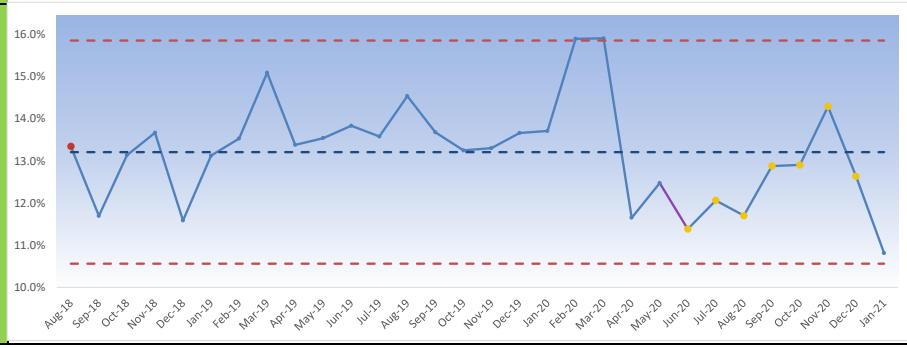
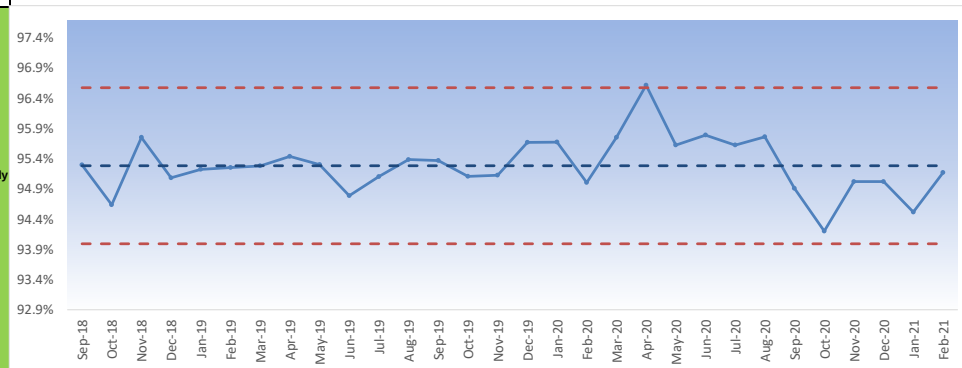
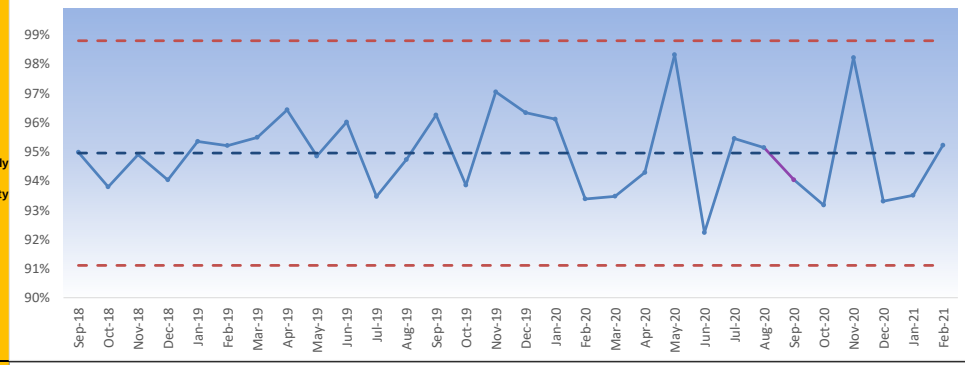
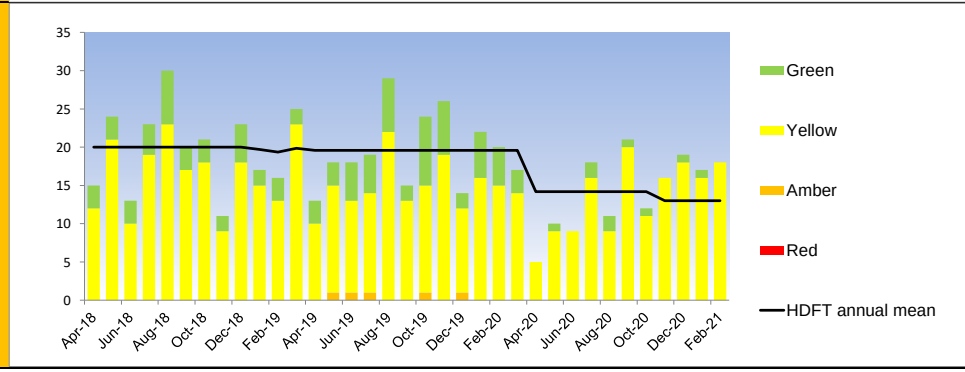
Section 2 - Effective - February 2021

Indicator number	Indicator name	Trend chart	Interpretation
2.1	Mortality - HSMR		*There is no update of this data this month due to a technical issue with our December 2020 SUS data submission which we are working to resolve.* HDFT's HSMR decreased to 102.2 for the rolling 12 months ending November 2020, remaining within expected levels. At specialty level, one specialty (Gastroenterology) has a standardised mortality rate above expected levels. *The delay in calculating and publishing is linked to the requirement that all episodes are clinically coded and therefore there is at least a 2 month delay before they can start to look at the data.
2.2	Mortality - SHMI		HDFT's SHMI for the rolling 12 months ending September 2020 is 93.67, remaining within expected levels. At specialty level, two specialties (Gastroenterology and T&O) had a standardised mortality rate above expected levels. NHS Digital have advised that Covid-19 related activity and deaths is now excluded from the SHMI. They advised that the SHMI is not designed for this type of pandemic activity and the statistical modelling used to calculate the SHMI may not be as robust if such activity were included. *The delay in calculating and publishing is linked to the requirement that all episodes are clinically coded and therefore there is at least a 2 month delay before they can start to look at the data. SHMI is slightly later than HSMR as it includes deaths within 30-days of discharge from hospital that will cause a further delay to the publication
2.3	Readmissions		Emergency readmissions decreased to 10.8% in January, below the 2019/20 average of 14.0%.

Harrogate and District NHS Foundation Trust

Section 3 - Caring - February 2021

Indicator number	Indicator name	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients		95.2% of patients surveyed in February rated our services as good or very good, remaining above the latest published national average (93.3%, February 2020). Trusts are now required to submit this data to NHS England again on a monthly basis. Updated national benchmarking data is expected in April 2021. 2,432 patients responded to the survey this month, of which 2,315 would recommend our services.
3.2	Friends & Family Test (FFT) - Adult community services		95.1% of patients surveyed in February rated our services as good or very good, an increase on last month (93.4%). The latest published national data (February 2020) shows 95.6% of patients surveyed would recommend the services. Trusts are now required to submit this data to NHS England again on a monthly basis. Updated national benchmarking data is expected in April 2021. 41 patients from our community services responded to the survey this month, of which 39 would recommend our services.
3.3	Complaints		18 complaints were received in February (all yellow) which is 1 more than January, remaining above the average for 2019/20 of 13 per month.

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Section 4 - Responsive - February 2021

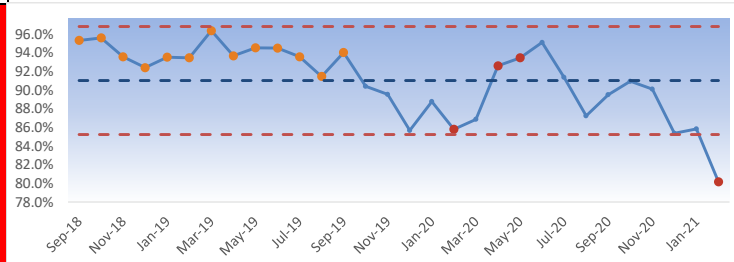
NHS Improvement Single Oversight Framework

4.1 NHS Improvement Single Oversight Framework

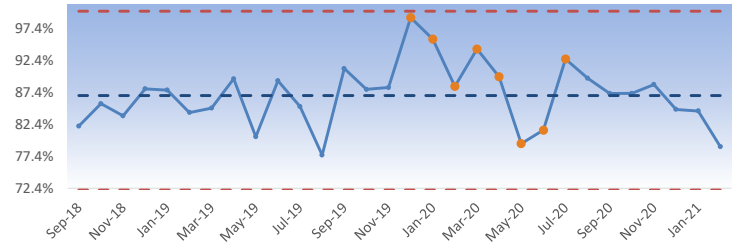
Standard	Q1	Q2	Q3	Q4 to date	YTD
RTT incomplete pathways					
A&E 4-hour standard	93.9%	89.3%	88.8%	83.1%	89.2%
Cancer - 62 days	83.7%	89.6%	87.0%	81.7%	86.1%
Diagnostic waits	55.5%	74.39%	77.17%	77.0%	73.0%
Dementia screening - Step 1	92.2%	96.1%	93.3%	94.1%	94.0%
Dementia screening - Step 2	80.0%	84.6%	75.8%	90.9%	82.3%
Dementia screening - Step 3	87.0%	90.9%	78.8%	55.0%	78.6%

4.2 RTT Incomplete pathways performance

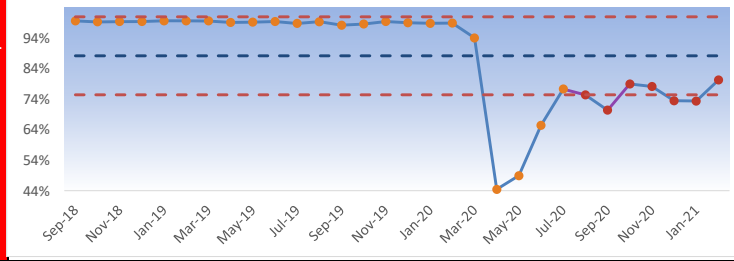
4.3 A&E 4 hour standard



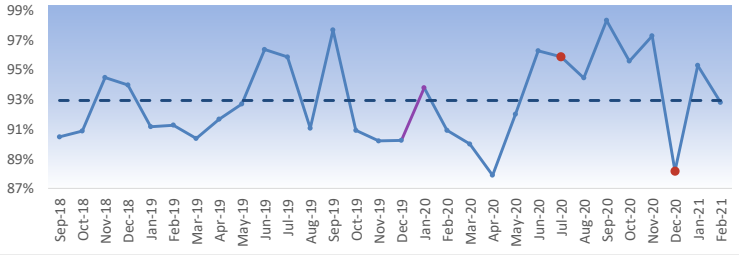
4.4 Cancer - 62 day wait for first treatment from urgent GP referral to treatment



4.5 Diagnostic waiting times - 6-week standard



4.6 Dementia screening



Narrative

Performance against the A&E 4-hour standard remains below the 95% standard in February (80.2%).

Provisional data indicate that the cancer 62 day standard was not delivered in February for the third consecutive month with performance at 78.9%, and both 2WW standards were also below the operational standard for the fourth consecutive month – see further details below. All other cancer standards were delivered in February.

Data shows the performance on diagnostic waiting times increased with 80.2% waiting less than 6 weeks at the end of February, but remaining below the performance standard of 99%. The increase in patients waiting beyond 6 weeks are a result of the appointments being deferred following the stepping down of elective services in response to Covid-19.

Dementia Screening - provisional data suggests that Step 1 and 2 were achieved in February, but Step 3 was not.

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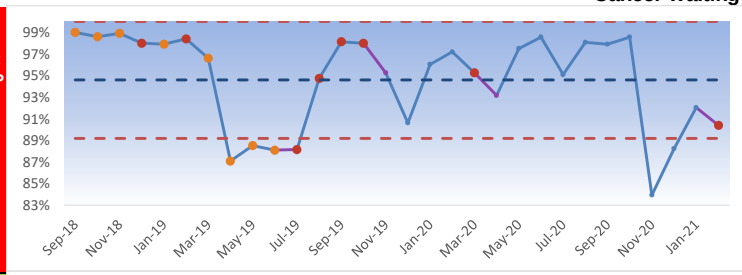
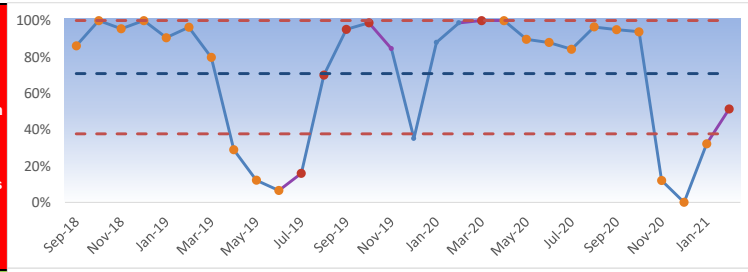
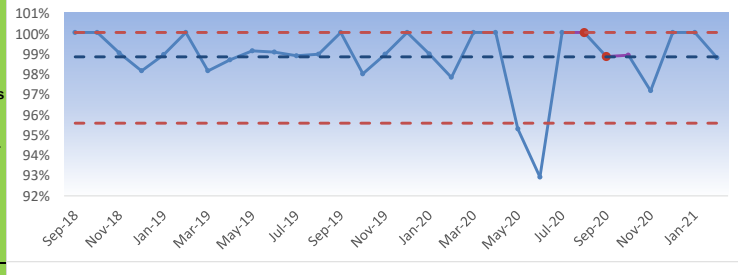
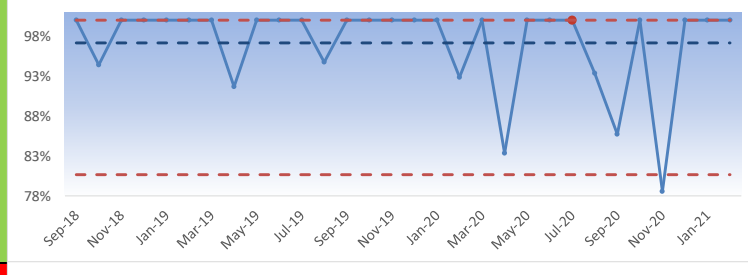
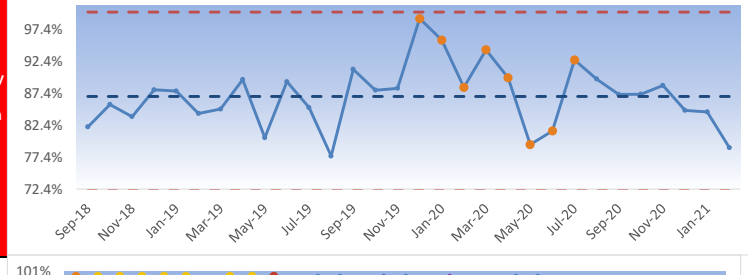
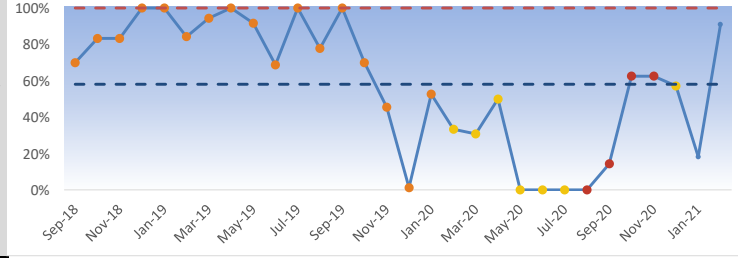
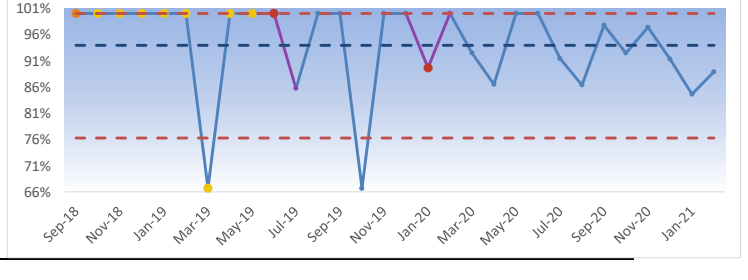
Section 4 - Responsive - February 2021

Cancer waiting times standards

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

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Section 4 - Responsive - February 2021

Narrative

Provisional data indicates that 4 of the 7 applicable cancer waiting times standards were achieved in February with both 2WW standards and the 62 day standard below the operational standard.

Of 662 patients referred for suspected cancer, 65 were first seen after day 14 (90.2%) and of these, 59 were breast referrals. 2WW Breast symptomatic performance improved slightly in February but continues to be significantly below the expected standard at 51.4%. The current average wait for a 2WW breast appointment is around 18 days, which also demonstrates a slight improvement when compared to last month. However, a further spike in referrals has led to a deterioration in expected performance for March.

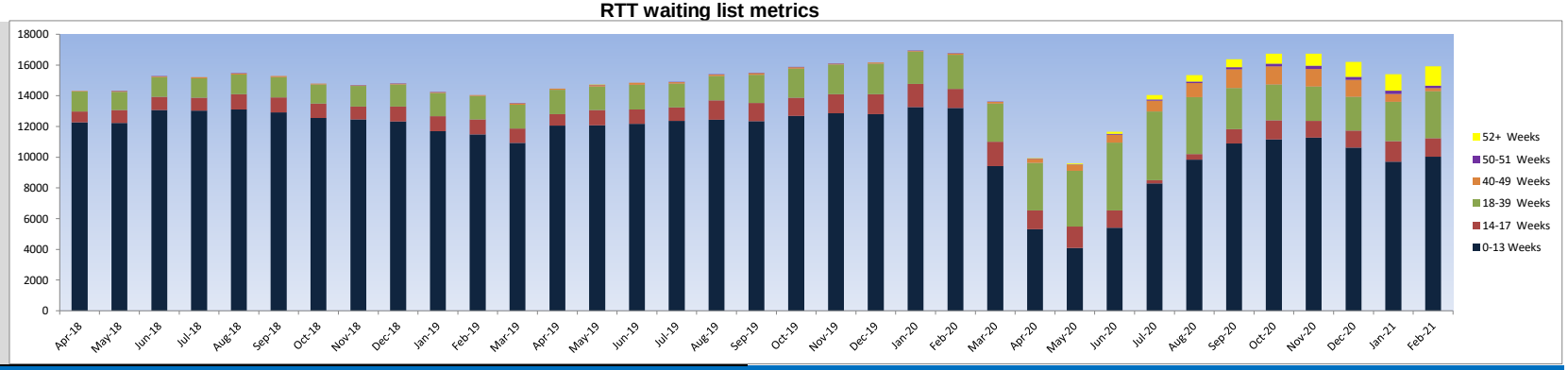
Due to a significant increase in the number of Covid-19 inpatients throughout January and February some surgical lists were cancelled which has consequently led to pathway delays, particularly in Colorectal Surgery. The 62 day standard was not delivered in February for the third consecutive month with performance at 78.9%, and current analysis suggests that performance will also be below 85% for March. Provisionally there were 45.0 accountable treatments (55 patients) in February with 9.5 over 62 days. Of the 9 tumour sites treated in February, performance was below 85% for 5 (Breast, Colorectal, Gynaecology, Upper GI and Urology). 2 patients waited over 104 days for treatment in February – both of these patients were transferred to Leeds for treatment after day 38 and delays were due to medical/diagnostic complexity. All pathway delays will be reviewed by the breach panel at the end of March.

Provisional data indicate that 64.7% (11/17) of patients treated at tertiary centres in February were transferred by day 38, which is an improvement when compared to last month (50%).
62 day Screening performance was above the 90% standard in February for the first time this financial year. Activity levels were above the de minimus for the month with 9 patients attributable to HDFT (equivalent to 5.5 accountable treatments) and of these 1 patient was treated after day 62 – when re-allocation rules are applied this equates to 90.9% of patients treated within 62 days.

All three 31 day standards were delivered in February.

Section 4 - Responsive - February 2021

RTT waiting list metrics

4.15	RTT waiting list split by weeks	

Narrative

Provisional data shows that there were a total of 15,917 patients on the RTT waiting list at the end of February. There were 1,267 patients waiting over 52 weeks at the end of the month. Extra capacity at The BMI Duchy continues to support the reduction of long-waiting orthopaedic patients who make up around 40% of the 52W total.

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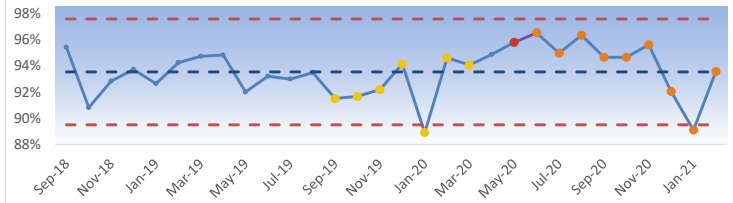
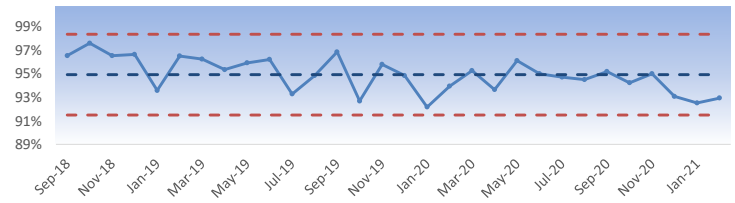
Section 4 - Responsive - February 2021

Children's Services metrics

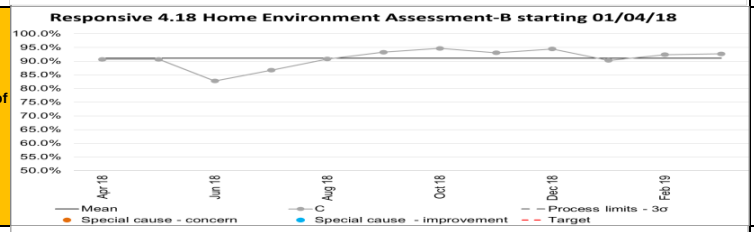
4.16 Children's Services - 10-14 day new birth visit



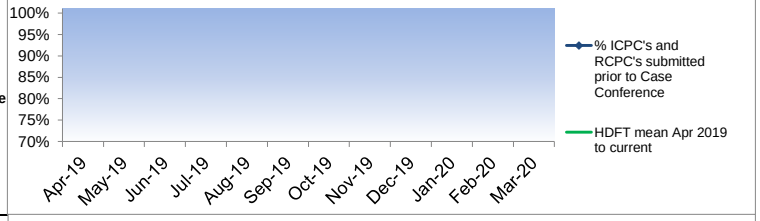
4.17 Children's Services - 2.5 year review



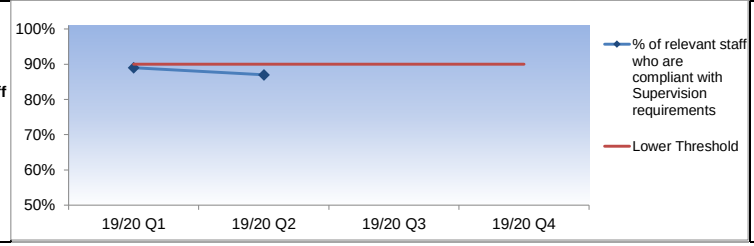
4.18 Children's Services - Use of the Home Environment Assessment Tool



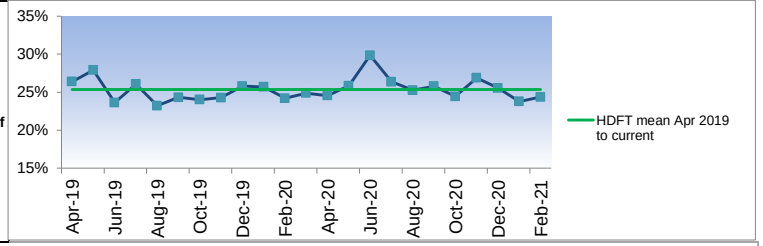
4.19 Children's Services - Reports for Initial and Review Child Protection Case Conferences



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

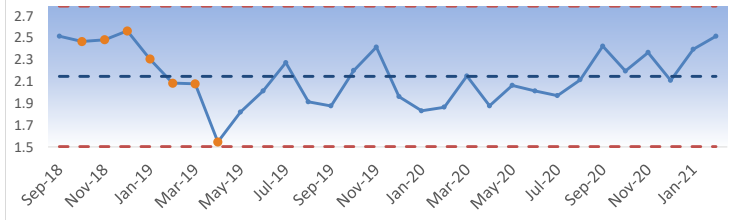


4.21 Children's Services - Reports for Achievement of KPI for Breast Feeding Prevalence.

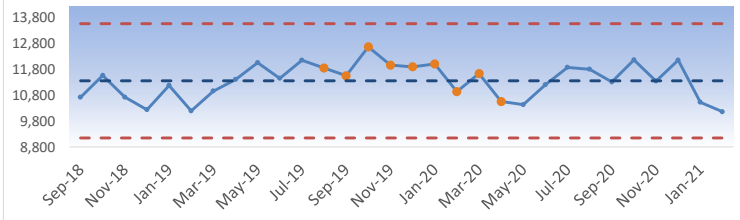


Adult Community Services metrics

4.22 OPEL level - Community Care Teams



4.23 Community Care Teams - patient contacts



Narrative

The Children's Services and Adult Community Services metrics are currently showing no adverse variance. Following discussions at the Quality Committee, the Trust has increased the standard for the Safeguarding Supervision indicator to 90%, previously 75%.

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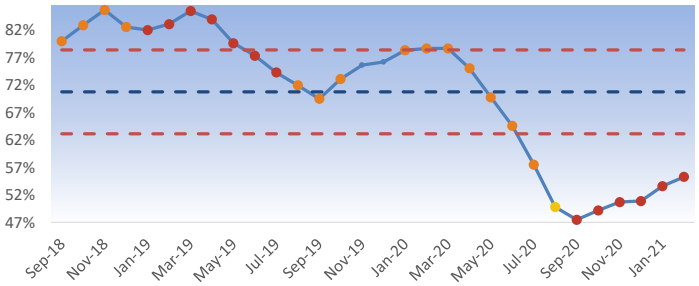
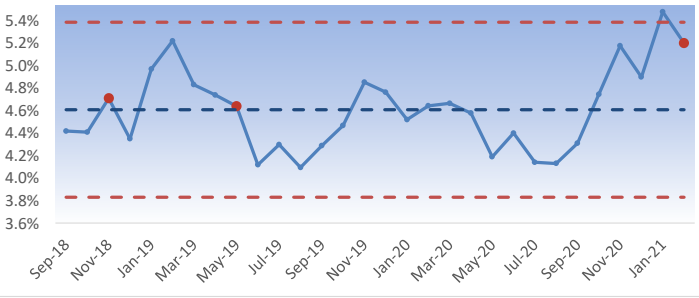
Section 5 - Workforce - February 2021

Indicator number	Indicator name	Trend chart	Interpretation
5.1	Staff appraisal rates		Although appraisals were put on hold during the peak of Covid-19, our current completion rate stands at 54.8%.
5.2	Mandatory training rates		The data shown is for the end of February. The overall training rate for mandatory elements for substantive staff is 91% and has decreased the same since the last reporting cycle.
5.3	Sickness rates		The overall sickness rate has decreased in February 2021 to 5.16% but remains above average. Non-Covid-19 related sickness was 3.94% this month.

Competence Name	Renewal Period	Required	Achieved	Compliance %
Information Governance and Data Security	Annual	3994	3327	83%
Equality, Diversity and Human Rights	3 Yearly	3994	3784	95%
Fire Safety	Annual	3994	3391	85%
Health, Safety and Welfare	5 Yearly	3994	3855	97%
Infection Control	Once Only	3994	3899	98%
Safeguarding Children	3 Yearly	3994	3695	93%
Safer Manual Handling	3 Yearly	3994	3650	91%
Risk Awareness	Once Only	3994	3814	95%
Fire Safety Facilitator Led Training	2 Yeary	3994	3393	85%

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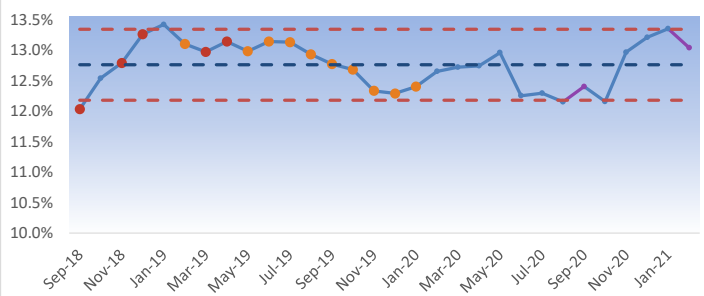
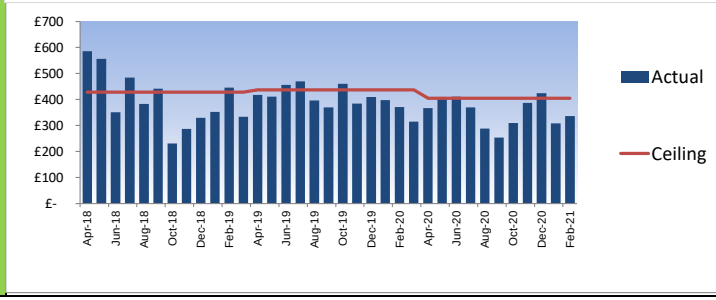
Section 5 - Workforce - February 2021

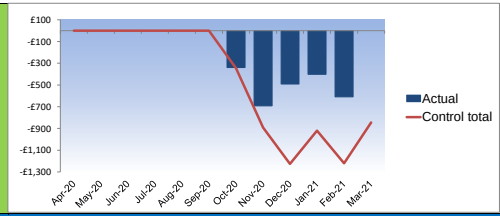
Indicator number	Indicator name	Trend chart	Interpretation
5.4	Staff turnover rate		Staff turnover, both voluntary and involuntary, decreased this month.
5.5	Agency spend in relation to pay spend		Month 11 saw agency expenditure was £336k, 2% of pay expenditure.

NHS Harrogate and District NHS Foundation Trust

Section 6 - Efficiency and Finance - February 2021

Finance

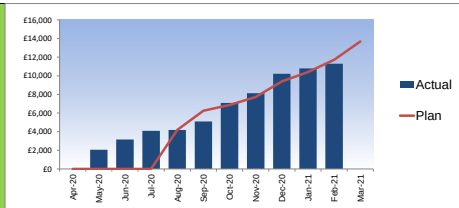
6.1 Surplus / deficit and variance to plan



6.2 NHS Improvement Single Oversight Framework - Use of Resource Metric

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

6.3 Capital spend



Narrative

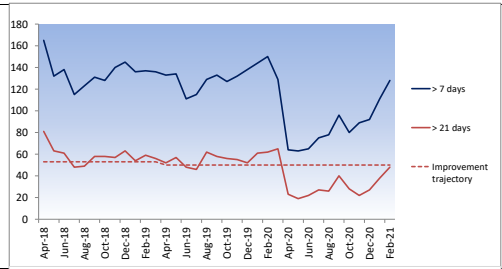
The Trust reported a deficit position of £609k in month 11, significantly favourable to plan. This increased the YTD deficit to £2,534k, £2,071k favourable to plan. Given the impact of the current lockdown this position should be expected, with restoration and recovery costs not increasing and Covid costs remaining consistent. It should be noted, for NHSEI purposes, the Trust will report a position adjusted for the receipt of funding to offset "lost" other income. Guidance is still awaited on this process.

The Use of Resources metric is currently reported as a 1. It should be noted that this rating is currently not being formally reported to NHSEI.

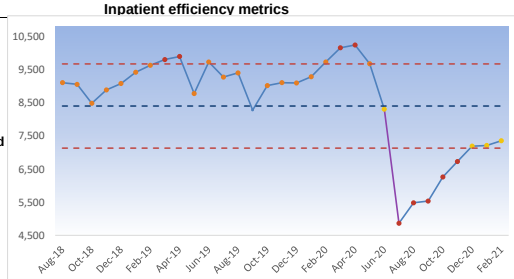
Trust spend is outlined in the graph. The forecast position for the year is £16.5m with all external funding now approved. Given the significant value left to spend a weekly task and finish group has been established to ensure schemes are appropriately approved, order placed, etc.

Inpatient efficiency metrics

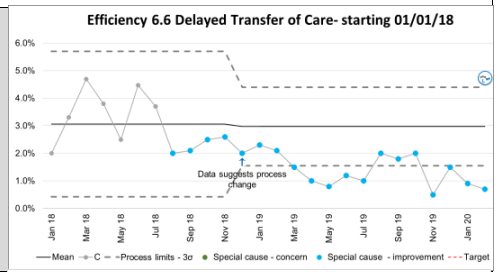
6.4 Long stay patients



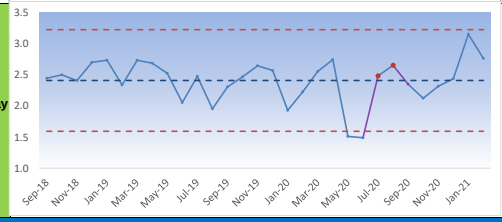
6.5 Occupied bed days



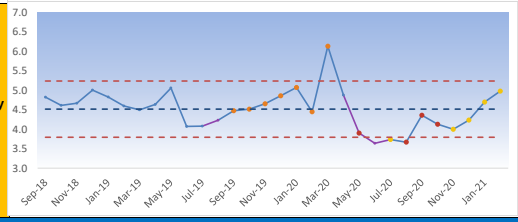
6.6 Delayed transfers of care



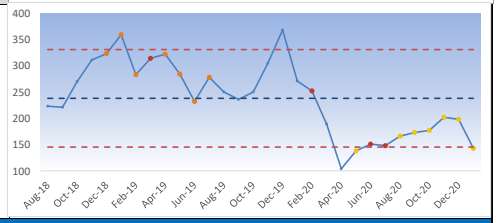
6.7 Length of stay - elective



6.8 Length of stay non-elective



6.9 Avoidable admissions



Narrative

In January, long stay patient numbers and occupied bed days increased. Non-elective length of stay also increased. Avoidable admissions remain below the Trust mean.

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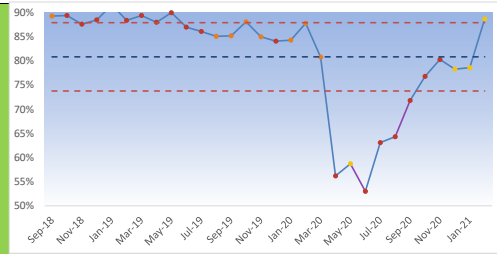
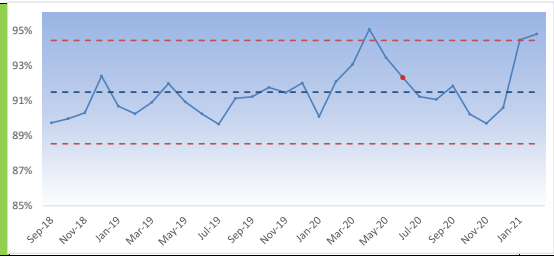
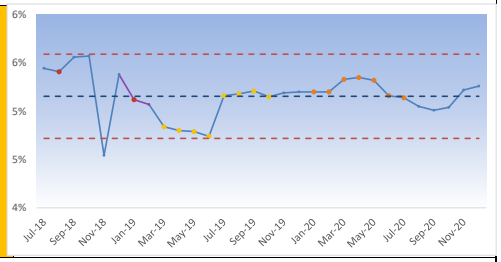
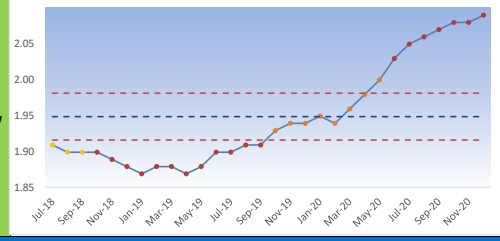
Section 6 - Efficiency and Finance - February 2021

6.10	Theatre utilisation		6.11	Day case rate		Outpatient DNA rate	
6.13	Outpatient new to follow up ratio						

Narrative

Theatre utilisation increased significantly in February and is now above the target and Trust mean position.

Outpatient DNA rates increased and the new to follow up ratio continued to increase.

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Section 7 - Activity - February 2021

Narrative

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

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

North Yorkshire CCG AIC

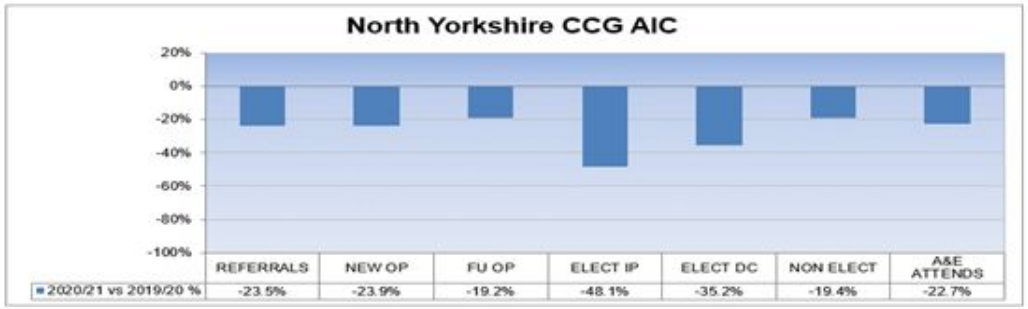
GROUP	2019/20 FEB	2020/21 FEB	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %
REFERRALS	3,379	2,794	36,011	27,534	-8,477	-23.5%
NEW OP	5,364	4,887	62,467	47,555	-14,912	-23.9%
FU OP	10,501	10,710	125,138	101,109	-24,029	-19.2%
ELECT IP	154	59	1,965	1,019	-946	-48.1%
ELECT DC	1,785	1,245	20,339	13,171	-7,168	-35.2%
NON ELECT	1,533	1,242	17,233	13,898	-3,335	-19.4%
A&E ATTENDS	2,991	2,238	35,844	27,711	-8,133	-22.7%

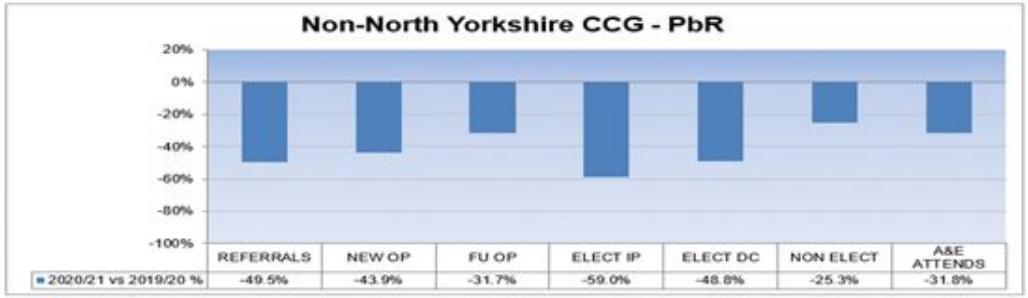
Non-North Yorkshire CCG - PbR*

GROUP	2019/20 FEB	2020/21 FEB	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %
REFERRALS	1,342	935	16,639	8,407	-8,232	-49.5%
NEW OP	2,122	1,479	25,024	14,030	-10,994	-43.9%
FU OP	3,771	3,165	44,486	30,370	-14,116	-31.7%
ELECT IP	90	26	1,187	487	-700	-59.0%
ELECT DC	694	422	7,909	4,046	-3,863	-48.8%
NON ELECT	412	338	5,235	3,909	-1,326	-25.3%
A&E ATTENDS	1,004	666	12,886	8,793	-4,093	-31.8%

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

Activity Summary

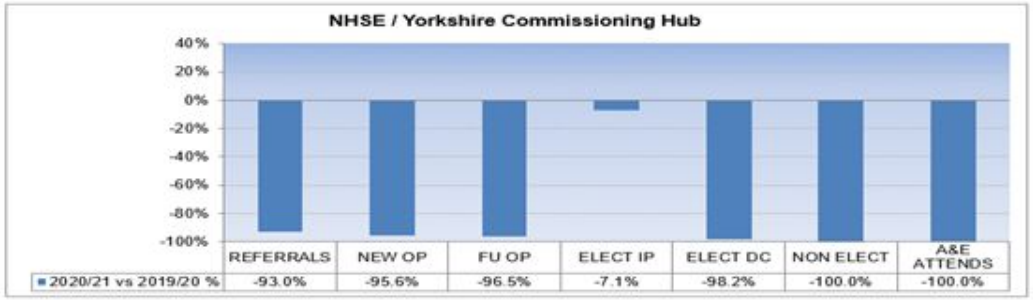




Harrogate and District NHS Foundation Trust

NHSE / Yorkshire Commissioning Hub

GROUP	2019/20 FEB	2020/21 FEB	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %
REFERRALS	196	11	2,191	154	**-2,037**	**-93.0%**
NEW OP	178	12	2,301	102	**-2,199**	**-95.6%**
FU OP	407	16	5,092	177	**-4,915**	**-96.5%**
ELECT IP	0	0	14	13	**-1**	**-7.1%**
ELECT DC	349	1	4,184	76	**-4,108**	**-98.2%**
NON ELECT	1	0	53	0	**-53**	**-100.0%**
A&E ATTENDS	15	0	222	0	**-222**	**-100.0%**



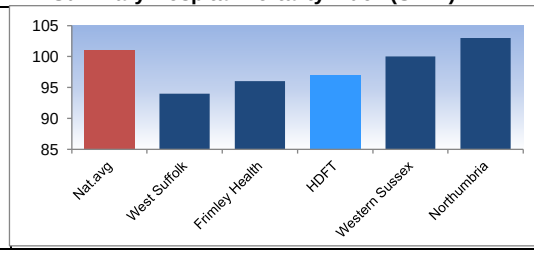
Trust Total

GROUP	2019/20 FEB	2020/21 FEB	2019/20 YTD	2020/21 YTD	2020/21 vs 2019/20	2020/21 vs 2019/20 %
REFERRALS	4,917	3,740	54,841	36,095	**-18,746**	**-34.2%**
NEW OP	7,664	6,378	89,792	61,687	**-28,105**	**-31.3%**
FU OP	14,679	13,891	174,716	131,656	**-43,060**	**-24.6%**
ELECT IP	244	85	3,166	1,519	**-1,647**	**-52.0%**
ELECT DC	2,828	1,668	32,432	17,293	**-15,139**	**-46.7%**
NON ELECT	1,946	1,580	22,521	17,807	**-4,714**	**-20.9%**
A&E ATTENDS	4,010	2,904	48,952	36,504	**-12,448**	**-25.4%**

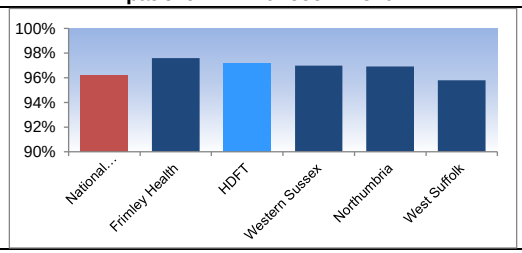
Harrogate and District NHS Foundation Trust

Section 8 - Benchmarking - February 2021

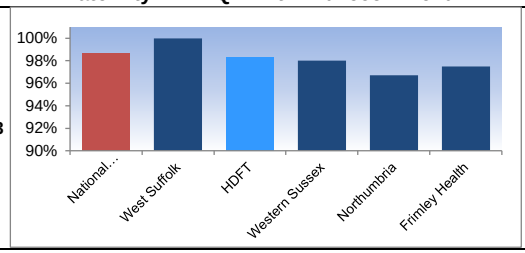
8.1 Summary Hospital Mortality Index (SHMI)



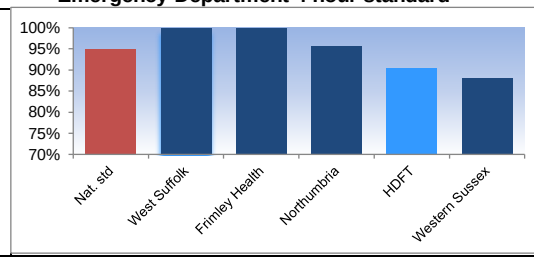
8.2 Inpatient FFT - % recommend



8.3 Maternity FFT - Q2 Birth - % recommend

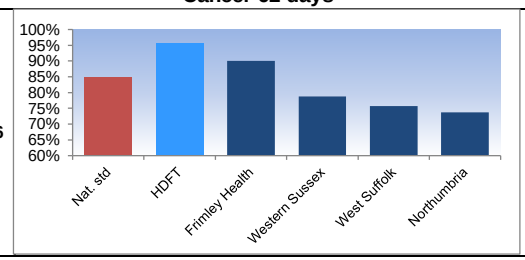


8.4 Emergency Department 4 hour standard



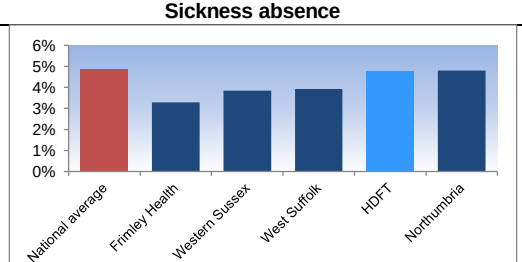
8.5 RTT incomplete pathways

8.6 Cancer 62 days

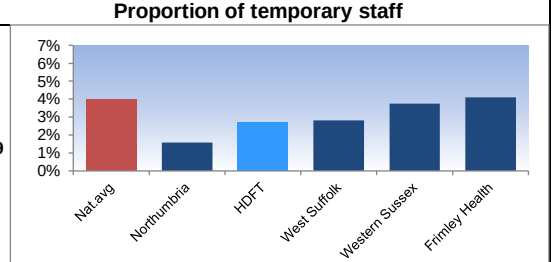


8.7 Staff FFT - % recommend (place to work)

8.8 Sickness absence



8.9 Proportion of temporary staff



Narrative

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

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Integrated board report - October 2020

Key for SPC charts

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

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

Harrogate and District NHS Foundation Trust

Data Quality - Exception Report

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

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Indicator traffic light criteria

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, category 3, category 4 or unstageable hospital acquired pressure ulcers in 2018/19. The Trust has set a local trajectory for 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.	Red if latest month > UCL, amber if latest month between HDFT historical average and UCL, green if latest month on or below HDFT historical average.	Locally agreed improvement trajectory based on comparison with HDFT historical performance.
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, category 3, category 4, unstageable and DTI hospital acquired pressure ulcers, including device related and device related mucosal for 2019/20. The data includes hospital teams only.		
1.2	Safe	Pressure ulcers - community acquired	The chart shows the number of category 2, category 3, category 4 or unstageable community acquired pressure ulcers in 2018/19. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact. The Trust has set a local trajectory for 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes community teams only.	Red if latest month > UCL, amber if latest month between HDFT historical average and UCL, green if latest month on or below HDFT historical average.	Locally agreed improvement trajectory based on comparison with HDFT historical performance.
1.2	Safe	Pressure ulcers - community acquired	The chart shows the number of category 2, category 3, category 4, unstageable and DTI community acquired pressure ulcers, including device related and device related mucosal for 2019/20. The data includes community teams only.		
1.3	Safe	Falls	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.	Blue if YTD position is a reduction of >=50% of HDFT average for 2019/20, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2019/20, Amber if YTD position is a reduction of up to 20% of HDFT average for 2019/20, Red if YTD position is on or above HDFT average for 2019/20.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
1.4	Safe	Infection control	HDFT's C. difficile trajectory for 2019/20 is 19 cases, an increase of 8 on last year's trajectory. This increase takes into account the new case assignment definitions. Cases where a lapse in care has been deemed to have occurred would count towards this. Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2019/20. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, NHS Improvement and contractual requirement
1.5	Safe	Incidents - all	The number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
1.6	Safe	Incidents - comprehensive serious incidents (SI) and never events	The number of Serious Incidents (SI) and Never Events reported within the Trust each month. The data includes hospital and community services. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the presure ulcer / falls indicators above.	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
1.7	Safe	Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is provided in the narrative section and published on the Trust website.	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
2.1	Effective	Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.		
2.2	Effective	Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
2.3	Effective	Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.	Blue if latest month rate < LCL, Green if latest month rate < HDFT average for 2019/20, Amber if latest month rate > HDFT average for 2019/20 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
3.1	Caring	Friends & Family Test (FFT) - Patients	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.	Green if latest month >= national average % recommended, Amber if latest month <= 5 percentage points below national average, Red if latest month greater than 5 percentage points below national average.	Comparison with national average performance.
3.2	Caring	Friends & Family Test (FFT) - Adult Community Services	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of adult community services including specialist nursing teams, community care teams, community podiatry and GP OOH. A high percentage is good.		
3.3	Caring	Complaints	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2019/20, Amber if on or above HDFT average for 2019/20, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
4.1	Responsive	NHS Improvement governance rating	NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section. From 1st April 2018, dementia screening perfromance forms part of this assessment.	As per defined governance rating	

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
4.2	Responsive	RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.	Green if latest month >=92%, Red if latest month <92%.	NHS England
4.3	Responsive	A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.	Blue if latest month >=97%, Green if >=95% but <97%, amber if >= 90% but <95%, red if <90%.	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
4.4	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.5	Responsive	Diagnostic waiting times - 6-week standard	Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%. A high percentage is good.	Green if latest month >=99%, Red if latest month <99%.	NHS England, NHS Improvement and contractual requirement
4.6	Responsive	Dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.	Green if latest month >=90% for Step 1, Step 2 and Step 3, Red if latest month <90% for any of Step 1, Step 2 or Step 3.	NHS England, NHS Improvement and contractual requirement
4.7	Responsive	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.8	Responsive	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.9	Responsive	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.10	Responsive	Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.	Green if latest month >=94%, Red if latest month <94%.	NHS England, NHS Improvement and contractual requirement
4.11	Responsive	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.12	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.13	Responsive	Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.	Green if latest month >=90%, Red if latest month <90%.	NHS England, NHS Improvement and contractual requirement
4.14	Responsive	Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.15	Responsive	RTT waiting list split by weeks	Number of referred patients waiting for treatment broken down into weeks.	tbc	tbc
4.16	Responsive	Children's Services - 10-14 day new birth visit	The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Target to be reviewed by CCC Directorate	tbc
4.17	Responsive	Children's Services - 2.5 year review	The percentage of children who had a 2.5 year review. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
4.18	Responsive	Children's Services - Use of the Home Environment Assessment Tool	The % of eligible children in Durham who had a HEAT assessment. The performance target is 95%.	Green if latest month >=95%, Amber if between 90% and 94%, Red if <90%.	Contractual requirement
4.19	Responsive	Children's Services - Reports for Initial and Review Child Protection Case Conferences	The % of reports submitted prior to Case Conferences (where reports are reqeusted earlier than 48 hours before Case Conference.)	Green if latest month >=95%, Red if <95%.	Contractual requirement
4.20	Responsive	Children's Services - staff compliance with Safeguarding Supervision.	% of community staff achieving 80% compliance for Safeguarding Supervision.	Green if latest month >=90%, Red if <90%.	tbc
4.21	Responsive	Children's Services - % achievement against KPI for Breast Feeding Prevalence at 6-8 weeks.	% of children breast fed at the 6-8 week review. Charted against Prevalence targets for all 0-5 services.	Target to be reviewed by CCC Directorate	tbc
4.22	Responsive	OPEL level - Community Care Teams	The OPEL (Operational Pressures Escalation Level) is a measure of operational pressure being experienced by the community care teams. A value of 1 to 4 is agreed each day, with 1 denoted the lowest level of operational pressure and 4 denoting the highest. The chart will show the average level reported by adult community services during the month.	tbc	Locally agreed metric
4.23	Responsive	Community Care Teams - patient contacts	The number of face to face patient contacts for the community care teams.	tbc	Locally agreed metric
5.1	Workforce	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good.	Annual rolling total - 90% green. Amber between 70% and 90%, red<70%.	Locally agreed target level based on historic local and NHS performance
5.2	Workforce	Mandatory training rate	Latest position on the % substantive staff trained for each mandatory training requirement	Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
5.3	Workforce	Staff sickness rate	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.	Green if <3.9% , amber if between 3.9% and regional average, Red if > regional average.	HDFT Employment Policy requirement. Rates compared at a regional level also
5.4	Workforce	Staff turnover	The staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
5.5	Workforce	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
6.1	Efficiency and Finance	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
6.2	Efficiency and Finance	NHS Improvement Financial Performance Assessment	From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by NHS Improvement
6.3	Efficiency and Finance	Capital spend	Cumulative Capital Expenditure by month (£'000s)	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.

Harrogate and District NHS Foundation Trust

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
6.4	Efficiency and Finance	Long stay patients	This indicator shows the average number of patients that were in the hospital with a length of stay of over 7 days (previously defined as stranded patients by NHS Improvement) or over 21 days (previously super-stranded patients). The data excludes children, as per the NHS Improvement definition. A low number is good.	tbc	as defined by NHS Improvement
6.5	Efficiency and Finance	Occupied bed days	Total number of occupied bed days in the month.	tbc	Locally agreed targets.
6.6	Efficiency and Finance	Delayed transfers of care	The proportion of bed days lost due to being occupied by patients who are medically fit for discharge but are still in hospital. A low rate is preferable. The maximum threshold shown on the chart (3.5%) has been agreed with HARD CCG.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
6.7	Efficiency and Finance	Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
6.8	Efficiency and Finance	Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		
6.9	Efficiency and Finance	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.	tbc	tbc
6.10	Efficiency and Finance	Theatre utilisation	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
6.11	Efficiency and Finance	Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		
6.12	Efficiency and Finance	Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
6.13	Efficiency and Finance	Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		
7.1	Activity	Outpatient activity against plan (new and follow up)	The position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		Locally agreed targets.
7.2	Activity	Elective activity against plan	The position against plan for elective activity. The data includes inpatient and day case elective admissions.		Locally agreed targets.
7.3	Activity	Non-elective activity against plan	The position against plan for non-elective activity (emergency admissions).		Locally agreed targets.
7.4	Activity	Emergency Department attendances against plan	The position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E and pateints who are streamed to primary care.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	Locally agreed targets.

Data quality assessment

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

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)

31 March 2021

Committee Name:	Senior Managers Team Chair's Report
Committee Chair:	Chief Executive
Date of meeting:	24 March 2021
Date of Board meeting this report is to be presented	31 March 2021

7.3

Summary of key issues

Shadow SMT met on 23 March 2021 and provided comments, advice and their recommended decisions on the items SMT considered at its 24 March 2021 meeting. Shadow SMT's feedback continues to be greatly appreciated. Their feedback enables a broader voice into HDFT's decision-making.

Key issues discussed included the following:

- Operational Performance.

- Ockenden Independent Review Action Plan was reviewed. It was agreed this would be overseen by SMT and Quality Committee. SMT agreed required actions prior to the paper being provided to the 31 March 2021 Board meeting.

- CQC Action Plan and the Process for Peer Review was received and necessary actions were agreed to continue to take this work forward.

- Quality Governance Framework was discussed following the engagement workshops across HDFT. Shadow SMT's provided further valuable feedback, which was agreed to be considered before reviewed again at the next meeting with the aim of the Framework being approved in Q1 of 2021/22.

- Workforce and Organisational Development report evidenced the large amount of work taking place across HDFT with the following reports received and actions agreed on the following:
    - Gender Pay Gap
    - Ethnicity Pay Gap
    - WRES Action Plan Progress
    - HDFT People Plan
    - NHS Staff Survey

- Planning Process update for 2021/22 was received and actions agreed to categorise schemes on the Capital Programme.

The following were received and noted:

1. Integrated Board Report
2. Chief Nurse Report, including IPC, COVID and Flu vaccination update

3. Quality Performance 4. Financial Performance (Month 11) 5. Corporate Risk Register 6. Corporate Risk Review Meeting Minutes 7. Directorate Chair's Reports: - Community & Children's Services - Planned and Surgical Care Long Term and Unscheduled Care
Any significant risks for noting by Board? (list if appropriate)
There were no additional risks raised for inclusion on risk registers or the Board Assurance Framework.
Any matters of escalation to Board for decision or noting (list if appropriate)
Nothing was raised.

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Integrating Care Update Report

Agenda Item Number:	**8.0**
Presented for:	Discuss/Note
Report of:	Chief Executive
Author (s):	Chief Executive
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

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

Recommendation:
The Board is asked to discuss and note the contents of this report.

8

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Integrating Care Update Report
Report of the Chief Executive

In February 2021, NHS England and NHS Improvement published their recommendations to Government on 'Integrating Care', and the Government published their response "Integration and Innovation: working together to improve health and social care for all" which sets out legislative proposals.

The purpose of this paper is to highlight the key components to the Board, with a proposal that the implications of this for the Trust and how we effectively adapt to be at the forefront of the intentions of the changes is carried out in a Board workshop.

The intention of the legislation is to promote integration within the NHS, supporting collaboration between providers, and greater collaboration between the NHS and Local Government in order to improve health and wellbeing.

The NHS will have a triple aim of better health and wellbeing for everyone, better quality of health services for individuals, and sustainable use of NHS resources, and this will be underpinned by a population health approach.

The NHS and Local Authorities will be given a duty to collaborate, and Integrated Care Systems will be put on a statutory footing, with an ICS Health and Care Partnership which brings together the NHS, Local Government and wider stakeholders and a statutory NHS ICS body.

The four key purposes of systems are (i) improving population health and healthcare, (ii) tackling unequal outcomes and access, (iii) enhancing productivity and value and (iv) helping the NHS support broader social and economic development.

The Health and Care Partnership will be responsible for developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS board and local authorities having to regard that plan when making decisions. Details regarding functions and membership are to be left to the discretion of the local areas.

The NHS body will be responsible for strategic planning, taking on the commissioning functions of CCGs and be directly accountable for NHS spend and performance within the system, with its chief executive becoming the accounting officer for NHS money allocated to the NHS ICS body. It will as a minimum, include a chair, the chief executive and representatives from NHS trusts, general practice and local authorities, with others determined locally. It will be responsible for developing a plan to meet the health needs of the population within their defined geography; developing a capital plan for the NHS providers within their health geography; and securing the provision of health services to meet the needs of the system population. ICSs will also need to ensure they have appropriate clinical advice when making decisions.

Place level working will continue to be critical in the future. Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local organisations to arrange.

The statutory ICS will work to support place based integration and collaboration, which will usually be at a local authority boundary level, and the better care fund (BCF) plan will be a tool for agreeing priorities. The ICS NHS body will have the ability to delegate to place level and to provider collaboratives.
Health and Wellbeing Boards will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Nationally, NHS England and NHS Improvement will merge, and the government will have enhanced powers of direction, and there will be capital controls on NHS Foundation Trusts. The secretary of state will have the ability to create new Trusts to allow alignment with ICS' and the role of the Competitions and Markets Authority in how the NHS organises itself will be removed.

Potential considerations arising from these changes are:

- The importance of being present and prominent within the Humber, Coast and Vale ICS
- The importance of remaining a strong partner in other ICS' where we provide children's services
- The place of the Trust in the Trust provider collaboratives, given the strong clinical links into West Yorkshire.
- The need to develop a strong local community partnership for the Harrogate & District area, working closely with primary care and local government.
- The implications of local government reform.

It is suggested these are explored in an upcoming Board workshop.

Harrogate and District NHS Foundation Trust

Board of Directors (held in Public)
31 March 2021
Primary Care Networks (PCNs) and
Harrogate and Rural Alliance (HARA) Update

Agenda Item Number:	**8.1**
Presented for:	Information
Report of:	Executive Medical Director
Author (s):	Executive Medical Director
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

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

Recommendation:
The Board is asked to note this paper and its contents.

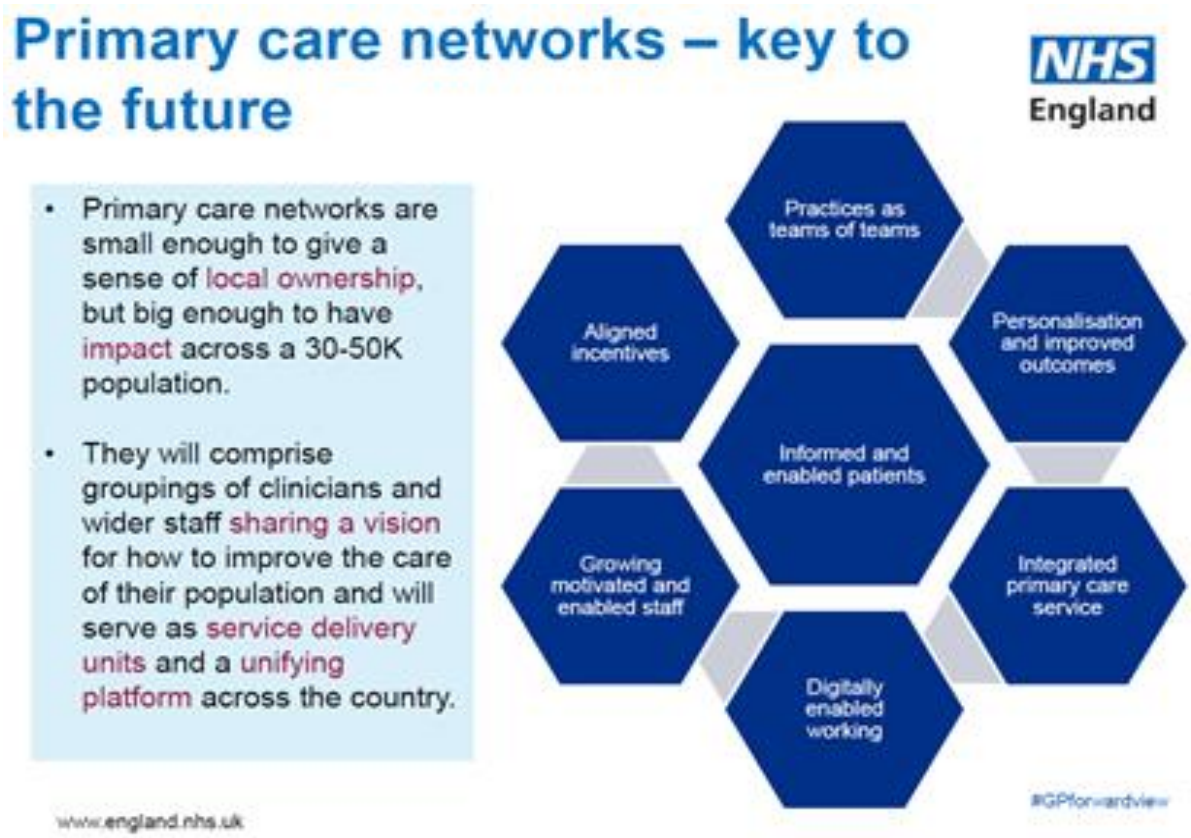
Board of Directors (held in Public)
31 March 2021
Primary Care Networks (PCNs) and
Harrogate and Rural Alliance (HARA) Update

1. Executive Summary

This paper provides a briefing on the establishment of the new Primary Care Networks (PCNs) nationally and in the local setting of our primary care partnerships at HDFT. It also provides an overview of HARA (Harrogate and Rural Alliance), which was launched in 2019 with the aim of creating a more integrated health and social care model in Harrogate and district.

2. Primary Care Networks and their context in the NHS Long Term Plan

A number of organisational changes within the NHS have recently occurred, including the establishment of integrated care systems (ICSs), a change in the role of CCGs and the development of **primary care networks (PCNs)**. When the NHS *Long Term Plan* was published by NHSE/I in January 2019, it stated that an extra £4.5bn of investments in primary care and community services would be made between 2019 to 2024 with the funds to be channelled through new organisations called **primary care networks (PCNs)**. As a result, the 2019/20 GP contract included the **Network Directed Enhanced Service (DES),** which required practices to come together and form new networks of around 30,000 to 50,000 patients- see diagram below:



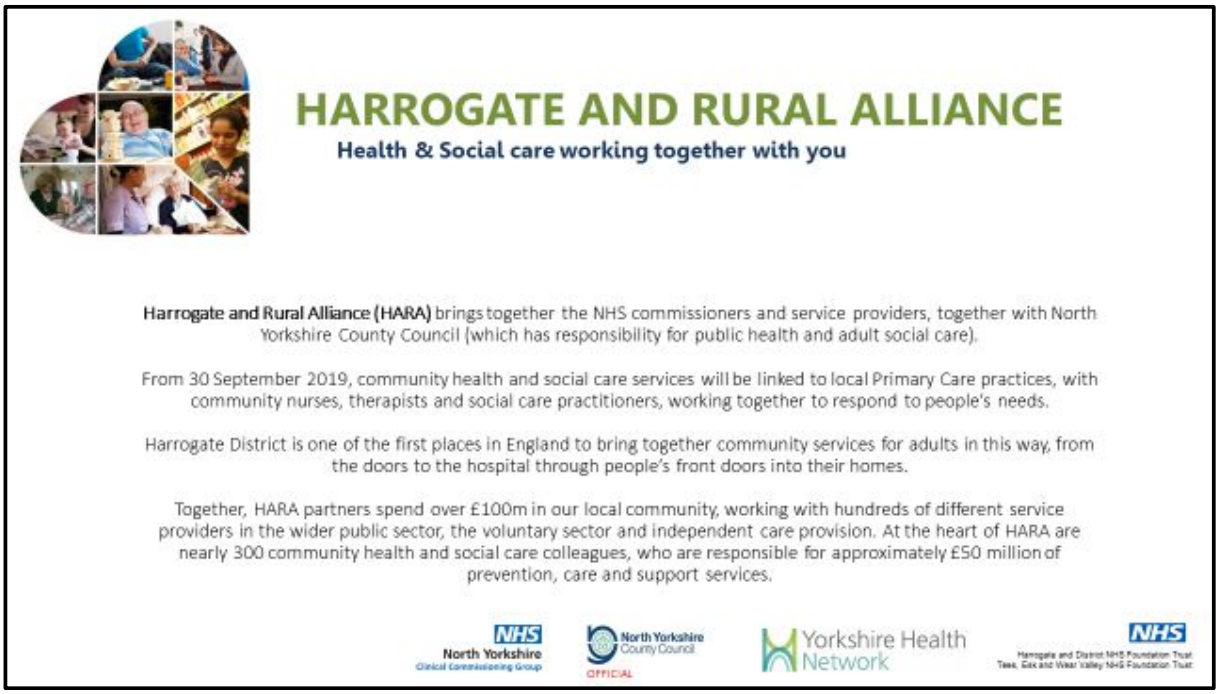
8.1

The 19/20 GP contract provided a range of funding streams for the networks – from a core payment per patient to funding for allied professionals to support general practitioners. The BMA estimates the current funding for PCNs equates to around £350,000 for a PCN of around 30,000 patients. In return, PCNs have been asked to focus on a number of requirements, which will evolve over time. They include a requirement to offer routine GP appointments on evenings and weekends and enhanced care in seven clinical areas, including early cancer diagnosis and the provision of care home 'ward rounds'. There are currently 1,259 primary care networks across England.

The roll out of PCNs has inevitably been affected by the COVID19 pandemic. Furthermore, locally and nationally, the clinical directors of the PCNs have reported the workload involved in their role is more time-consuming than expected or costed, which has also limited the speed of adoption of new ways of working. However, the COVID19 pandemic has accelerated innovative ways of working across the NHS as a whole, particularly around more networked working and provider alliances, and the PCNs have had a lead role in the roll out and delivery of the COVID vaccination programme, which has helped to raise their profile as a beneficial new way of organising NHS services. PCNs are developing as the future model of collaborative working in primary care, although there remains some complexity in the system as pre-existing GP collaborations such as large scale federations remain. There are 4 PCNs in Harrogate and District- the table below summarises their structure and governance:

Heart of Harrogate **PCN size:** 51,359	**Knaresborough & Rural** **PCN size:** 54,084	**Mowbray Square** **PCN size:** 30,076	**Ripon and Masham** **PCN size:** 29,000
Clinical director: Dr David Taylor	**Clinical director:** Dr Chris Preece	**Clinical director:** Dr Ian Dilley	**Clinical director:** Dr Richard Fletcher
Dr. Moss & Partners	*Church Lane Surgery*	*The Spa Surgery*	*North House Surgery*
The Leeds Rd Practice	*Springbank Surgery*	*East Parade Surgery*	*Dr. Ingram & Partners*
Church Ave. Med Grp	*Nidderdale Group Practice*	*Park Parade Surgery*	*Ripon Spa Surgery*
Kingswood Surgery	*Eastgate Medical Group*		*Dr. Akester & Partners*
	Beech House Surgery		
	Stockwell Road Surgery		

3. Harrogate and Rural Alliance (HARA)



Launched in September 2019, the 6 organisations who currently form the HARA alliance are:

1. Harrogate and District NHS Foundation Trust (HDFT)
2. NHS Harrogate and Rural District Clinical Commissioning Group (HaRD CCG- now North Yorkshire CCG)
3. North Yorkshire County Council (NYCC)
4. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
5. Harrogate and District Primary Care Networks (PCNs) namely:
    - Heart of Harrogate PCN
    - Knaresborough and Rural PCN
    - Mowbray Square PCN
    - Ripon and Masham PCN
6. Yorkshire Health Network (YHN), which represents 17 GP practices across the district.

What is HARA?

HARA has been several years in development. It builds on the integrated community care Vanguard pilot programme which ran from 2015 through March 2018. Drawing on the learning from the Vanguard, colleagues and wider partners put in place the foundations to support a new joined up approach to service delivery. This has included developing and testing new shared ways of working, including enabling access

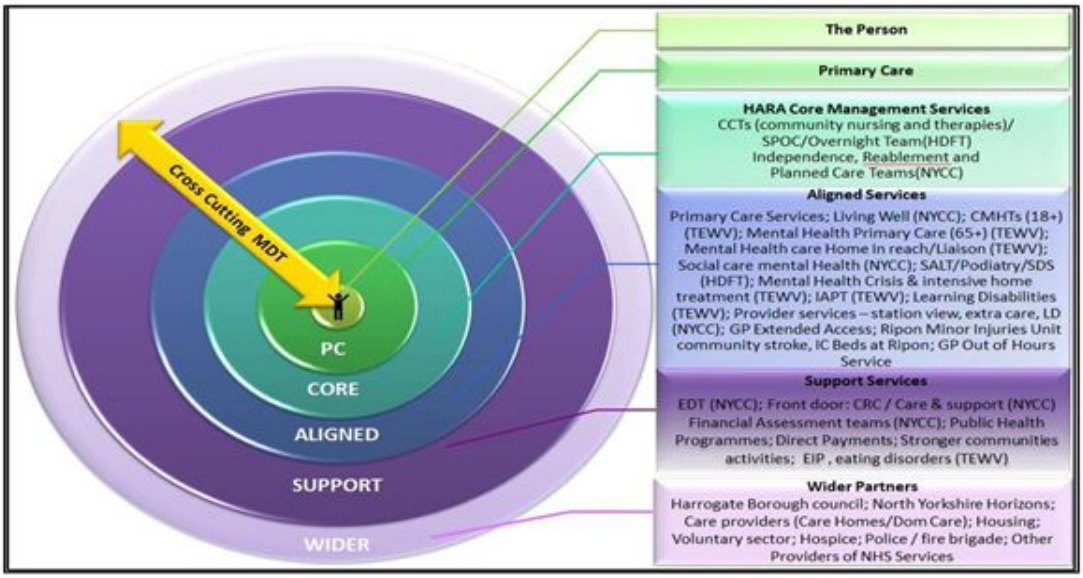
for colleagues across Alliance partners' buildings and facilities and improving IT systems to enable information sharing.

The vision for HARA is:

- Develop a joined up community health and social care service
- Ensure the model is anchored in primary care with prevention as the starting point
- Place the person and community at the centre of everything we do
- Ensure successful collaboration, while Alliance partners retain their own organisational identity
- Be a service that is owned by the community and by all of our colleagues and delivers good outcomes and value for money
- Be a GP practice / Primary Care Network centred model
- Enable and ensure active involvement from people and carers who use services

In September 2019 HDFT, GP practices, community health care, mental health and social care services came together to provide service users with joined up care which puts them at the centre of a unified health and social care service. By doing so, service users and their carers get the care they need when they need it and services work together to meet all of their care needs. The alliance provides early intervention, prevention and sustained wellbeing with services being delivered at or close to home whenever this is possible, with hospital visits only when it is necessary to deliver the care needed.

This new approach looks at the whole case load with general practice, community health and social care professionals working together as one team. Health and care professionals together assess the needs of the 'whole person' with daily and weekly collaborative meetings. There are four teams delivering services from two localities in Harrogate District. Each of these teams are aligned to a Primary Care Network. Teams work together across organisational boundaries to put the person at the centre of care delivery- see diagram below:

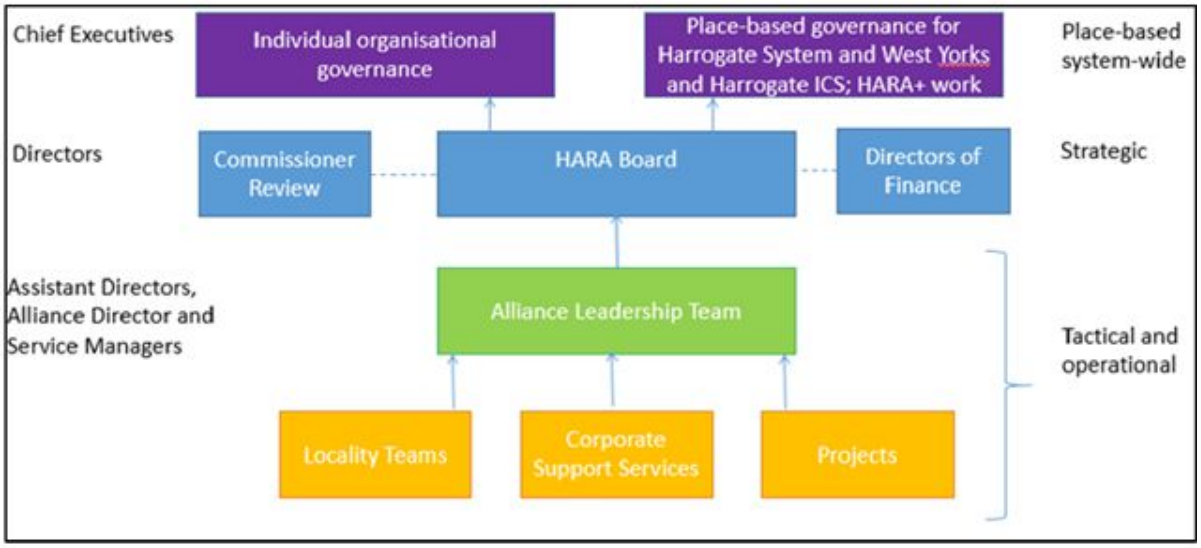


Leadership and governance

Chris Watson, the Alliance Director, took up post in August 2019 and a joint leadership team is in place, drawing skills, experience and talent from across the Alliance partners. Oversight is provided by the Harrogate and Rural Alliance Board (HARAB) which is comprised of senior leadership from each member of the Alliance. HARAB will provide strategic direction to the Alliance, governance and oversight of risk and hold the Alliance Leadership Team (ALT) to account for delivery. HARAB will function as a forum to discuss issues

with the aim of reaching consensus among Alliance partners. The ALT has been established to manage the core operational services and to ensure that they remain safe, effective and high quality. The ALT team includes four dedicated Service Managers who will manage day to day delivery of the service. Together this team is responsible and accountable for delivery in the new aligned structure.

Overview of the Alliance Governance



8.1

HARA future model 2022

In early 2021 the HARA board agreed a framework for a review of what HARA “Mark 1” (in place since September 2019) has achieved and sets out next steps for defining the options for HARA “Mark 2” and future governance arrangements. It has been agreed:

- From April 2021, the HARA Board would alternate its agenda, between a Business Meeting and a Development Meeting.
- The Development Meetings will focus on the next iteration of HARA and, following agreement with partner organisations, the underpinning governance arrangements
- In alignment with work that the CCG/ICS will be leading on locality place-shaping and the Government’s decision about Local Government Review, there are opportunities to consider HARA’s role in broader strategic issues for the Harrogate and district place

Initial conversations have suggested that key areas of shared priority for HARA partners are: 1. digital and IT systems working 2.co-location and shared estate opportunities and 3. sharing learning from COVID with regards to innovation and improvement. Following the development work, an options appraisal will be created for alliance partners to review.

NHS
Harrogate and District
NHS Foundation Trust

Board Committee Report to the Board of Directors

Committee Name:	People and Culture Committee
Committee Chair:	Jeremy Cross, Non-executive Director
Date of meeting:	15 March 2021
Date of Board meeting this report is to be presented	31 March 2021

Summary of key issues

- We received an update on the people plan – including details of the proposed appointment of a Well Being Guardian. We also saw supporting data which included:

1. Proposed KPI's for people matters to be included in the People Plan
2. Excellent feedback on the Leadership Support Circles and First Line Leaders Programme
3. The action plan on the Trust becoming an Anti Racist organisation – including the plan on how to address unacceptable patient behaviour towards colleagues

- We received an update on the NED listening event for Harrogate colleagues attended by Andy P and myself. An excellent event and well worth repeating. Colleagues confirmed that they felt safe, that the PPE team had done excellent work, and that they felt communications were good – though there were some issues where managers were working from home and were perceived to be slightly out of touch with the reality of ward working practices. The overwhelming negative response when given the opportunity was over IT provision and the availability of suitable kit that worked. A damning statistic was that 5 out of 7 of the colleagues who had dialled in had used their OWN device rather than that issued to them by the Trust.
- The Cultural Programme is progressing well, and it is pleasing to see the successful recruitment of people onto the Colleague Forum. Next steps include the completion of the "Leading with Values" workshops next month
- We received an update from the Chairs of the BME network and the LGBT+ network. It was encouraging to hear the success of LGBT+ history month – with website hits, successful events, and recruitment onto the network. Congratulations to Robin Precious the network chair. We had some good challenges from the BAME network as to whether the networks were getting the right level of resource to make them succeed – such as secretarial and marketing support. We do not want to rely purely on the goodwill of those involved.

- Jackie Andrews joined the meeting to show some of the communications around International Women's Day – centred around some ground breaking (glass ceiling shattering) female medical colleagues from the past.
- We received the action plans from the WRES/WDES plans and also the reports on Gender and Ethnicity pay gaps.
- We received an early view of the Staff Survey results – but will go into more detail at the next meeting. While it was pleasing to see the response rates had stayed good, it was disappointing to see that the Trust was only "above average" on 1 out of 10 main headings. Also some of the issues we have recently identified for BAME colleagues – around treatment, bullying and harassment, and progression opportunities were very visible in the data. We will report further next month

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

- The IT feedback at the NED listening event is not new – but it was vociferous. As the Board completes a review of IT strategy soon, this will be good to keep in mind.

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

- Board Colleagues will want to stay close to the ongoing Anti Racist work – we will get an update at the April workshop
- NED Board Colleague will want to volunteer to take part in the Drop in Sessions discussed above – well worth making the time

9

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Workforce & Organisational Development Report

Agenda Item Number:	**9.1**
Presented for:	Discuss/Note
Report of:	Director of Workforce and Organisational Development
Author (s):	Workforce and OD senior team
Report History:	Senior Management Team
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives

To deliver high quality care	√
To work with partners to deliver integrated care	√
To ensure clinical and financial sustainability	√

Recommendation:
The Board of Directors is asked to discuss and note the report.

Board of Directors Meeting (held in Public)
31 March, 2021
Workforce & Organisational Development Report

1.0 Executive Summary

The Workforce & Organisational Development Board of Directors paper for March 2021 contains several up-dates for information and also papers for review, feedback and action.

1.1 Updates include:

- Gender Pay Gap
- Ethnicity Pay Gap
- WRES & DES action plan
- SAS grade contract reform
- Update on the recruitment review
- Mental wellbeing – HDFT Supporting our people and beyond
- National Staff Survey

2.0 Gender Pay Gap

2.1 Gender pay gap reporting legislation has made it statutory for organisations with 250 or more employees to report annually on their gender pay gap. Government departments are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which came into force on the 31 March 2017.

2.2 These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their gender pay gap data annually, including:

- Mean gender pay gap in hourly pay.
- Median gender pay gap in hourly pay.
- Mean bonus gender pay gap.
- Median bonus gender pay gap.
- Proportion of men and women receiving a bonus payment.
- Proportion of men and women in each pay quartile.

2.3 The gender pay gap is different to equal pay. Equal pay means that men and women in the same employment who are performing equal work must receive equal pay, as set out in the Equality Act 2010. It is unlawful to pay people unequally because they are a man or a woman.

2.4 Appendix 1 provides detailed analysis of gender pay across the Trust, for the period April 2019 – March 2020.

2.5 Based on the data at 31 March 2020, a summary of the gender pay gap report is:

- Women working in HDFT earn 84p for every £1 that men earn when comparing median hourly wages.
- Their median hourly wage is 15.6% lower than men's. When comparing mean hourly wages, women's mean hourly wage is 29.7% lower than men's.
- Women occupy 74.43% of the highest paid jobs and 87.25% of the lowest paid jobs – women account for 85.37% of the total workforce.

- In both categories 'Very Senior Managers' (VSM) and 'Medical and Dental', the percentage of males increased from 2019.
- When comparing mean and median bonus pay, women's bonus pay is 10.63% and 20% lower than men's respectively.
- The gender pay gap report has been shared with the Trust Board to make informed decisions on actions that are required to improve the gender pay gap. It can be seen from the data in the report that the influence of medical and dental staff is driving the percentage gap. Removing medical and dental staff from the calculations, the pay gap percentage for the average mean hourly rate in 2020 is reduced from 29.67% to 3.05%.
- The median hourly rate pay gap percentage is more favourable to females when you take out the medical and dental staff meaning men earn 97p for every £1 that women earn when comparing median hourly wages.

2.6 Further workforce analysis is required to continue efforts in reducing the gender pay gap and identifying patterns and trends within service areas, departments, and occupations.

3.0 Ethnicity pay gap

3.1 Reporting Diversity and inclusion are fundamental to the success of an organisation; in the service it provides and in creating a fair, diverse and inclusive environment for its workforce.

Based on the data at 31 March 2020 a summary of the ethnicity pay gap is:

- The proportion of BAME staff is much higher in the medical and dental staff group than in any other pay band.
- HDFT is reporting a minus ethnicity pay gap of -24.07% meaning that on an average hourly rate BAME colleagues are paid £24.07 more than White employees. This is a decreased in 2019's figure of -27.85.
- The figure also demonstrates that HDFT has a minus ethnicity pay gap of -16.81% a slight increase on 2019's figure of -16/07%
- In terms of distribution there is a low number of band 7 and band 8 BAME colleagues in proportion to White colleagues, which merits further investigation to determine appropriate actions to address this through recruitment and career progression and development processes.

3.2 Research shows that organisations with diverse workforces and inclusive cultures perform better because they benefit from having a range of lived experiences and deeper understanding and viewpoints in the room. This in turn promotes diverse, creative and innovative decision-making. The culture of an organisation also depends on these values; a place where people are proud to work, where they feel valued, recognised and supported to develop their true potential.

3.3 While there is currently no legal requirement to publish ethnicity pay gap data in the UK, we are reviewing this data alongside our mandated Gender Pay Gap data as good practice and in line with our commitment on closing gaps in workplace inequalities between our Black, Asian and Minority Ethnic (BAME) staff and White staff. The disclosure of diversity data, such as ethnicity, is optional for staff.

3.4 Appendix 2 provides an analysis of HDFT's position. The data used in this report is based on a snapshot of data from 31 March 2020 for colleagues who have chosen to disclose their ethnicity. While this is the first time we are reporting on this information, we will continue in the future to track our progress.

3.5 The data in this report is based on those who have chosen to disclose their ethnicity. In total, 9% of colleagues who have shared their data identify as BAME, based on a 95% disclosure rate from colleagues across HDFT.

3.6 It is acknowledged there is a lot more to do to continue making improvements and bring positive changes for our BAME colleagues, and to welcome a more diverse workforce to HDFT.

3.7 In line with our Workforce Race Equality Standard (WRES) Action Plan and our Recruitment and EDI work streams as part of the 'At our Best' programme, HDFT is committed to increase the ethnic diversity of both our overall and senior workforce, to put a greater focus on recruiting and developing BAME staff, and driving initiatives that will demonstrate that we're serious about real cultural change.

3.8 The Ethnicity Pay Gap report has been shared with HDFT Board to make informed decisions on actions that are required to improve the ethnicity pay gap. It can be seen from the data in the report that the influence of medical and dental staff is driving the percentage gap.

3.9 Removing medical and dental staff from the calculations (10% of the overall workforce), the pay gap percentage for the average mean hourly rate and median rate in 2020 changes in favour of White staff, providing a reflection of the larger proportion of the workforce.

3.10 Further workforce analysis is required to continue efforts in reducing the ethnicity pay gap and identifying patterns and trends within service areas, departments, and occupations. This will be monitored by the Equality Diversity and Inclusion Steering Group.

4.0 WRES & WDES Action Plan

4.1 The WRES & WDES action plan continues to be implemented. Updates and progress for each action are detailed at Appendix 3.

5.0 SAS Contract Reform 2021

5.1 NHS Employers has been working with the British Medical Association (BMA) and the Department of Health and Social Care (DHSC) since February 2020 to formally negotiate a revised Specialty Doctor grade and introduce a new Specialist grade.

5.2 In January 2021, an agreement was reached between British Medical Association (BMA) and the Department of Health and Social Care (DHSC) with reference to a revised Specialty Doctor grade and introduce a new Specialist grade. This agreement covers a three-year agreement from 1 April 2021 to 31 March 2024 for a reformed Specialty Doctor contract and a new Specialist contract.

5.3 If accepted by BMA members (ballot is closing on the 15th March – awaiting update) and approved by government, the new contracts will apply to new staff to the SAS grades from 1 April 2021 and to SAS doctors being employed on new contracts from that date forward. Current SAS doctors employed on national terms and conditions of service will be given the option to transfer to the equivalent revised terms and conditions or remain on current terms and conditions.

5.4 Key parts of reform include:

- The introduction of a new grade named the Specialist grade, which will provide an opportunity for progression for highly experienced specialty doctors. The introduction of the role will help to recruit, motivate and retain senior doctors and contribute to SAS grades being a positive and fulfilling career choice. The creation of these roles will be driven by local employer need to meet service requirements and will be advertised for competitive entry through local recruitment processes.
- A reformed Specialty Doctor pay structure to move from an 11 point pay scale to a 5 point pay scale. The new pay structure will enable SAS doctors to access the top of the pay scale more quickly than the current system, increasing the career average earnings.
- A new pay progression system that will link progression to the development of skills, competencies and experience through the processes of job planning, appraisal and mandatory training. Pay progression will no longer be automatic and will only be achieved where the required standards have been met.
- A number of safeguards and additional provisions to support the health and wellbeing of SAS doctors.
- A number of changes to modernise the terms and conditions of service to make sure that they are fit for purpose under a changing NHS to support the demands of patient care and to ensure services can be delivered.

5.5 The framework agreement sets out both the changes to pay structures and the terms and conditions of service that the 2021 Specialty Doctor and Specialist contract will adopt that employers, British Medical Association (BMA) and the Department of Health and Social Care (DHSC) are agreeing to implement over the period of the agreement and going forward.

6.0 **Update on Recruitment Review**

6.1 The Recruitment Review is progressing well, with 2 workshops being held to date, with a broad representation from colleagues across the HDFT and HIF. An up-date of this review is shown in Appendix 4. The scope of this work is targeted primarily at improvement in relation to recruitment outcomes and making positive change to the workforce profile in increasing the number of colleagues appointment with protected characteristics particularly BAME. Actions 8, 10 and 13 are being prioritised for initial launch and action.

7.0 **Mental Wellbeing – HDFT supporting our people 2021 and beyond.**

7.1 “Safeguarding the morale and mental health of healthcare workers can influence the success of healthcare delivery.” Low and Wilder-Smith, 2005

7.2 A happy and healthy workforce is critical for delivering the best healthcare to patients and service users and it is therefore important that colleagues and teams are engaged and have the resources, time and support to look after their wellbeing at work and in everyday life.

7.3 Colleagues are facing specific threats to psychosocial wellbeing from COVID-19 with healthcare workers at risk of heightened stress, emotional impacts and trauma, and high levels of depression and anxiety. (McAlonan et al, 2007). Feeling pressured by the current situation however is normal and is not a reflection that colleagues cannot do the job, nor indicates weakness.

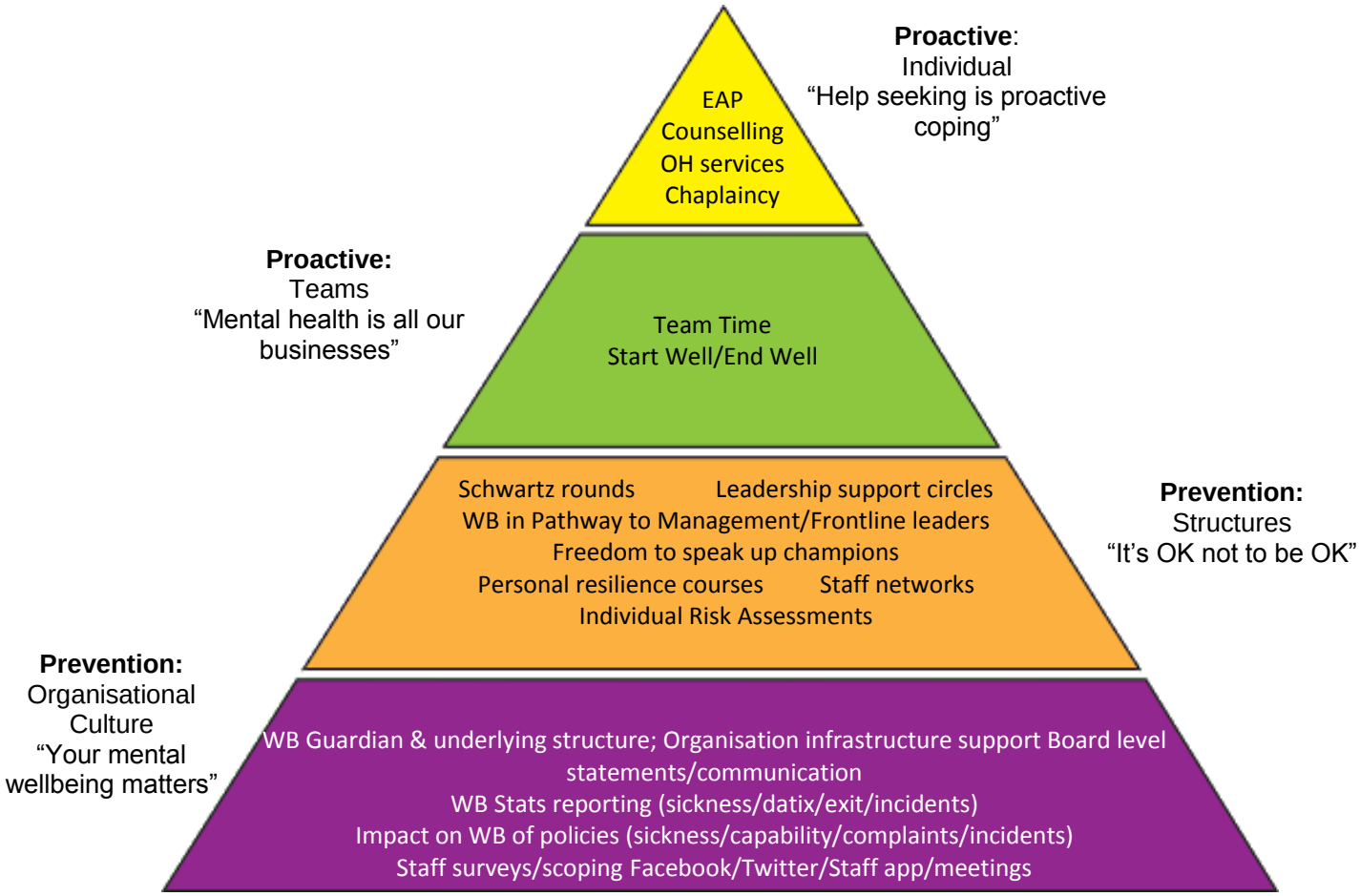
7.4 This update offers a snapshot of current and planned mental wellbeing provision in HDFT and HIF which is aimed not only at keeping colleagues protected from chronic stress and poor mental health during Covid-19 but promoting organisational change to sustain mental wellbeing and protecting long term occupational capacity, essential for the NHS to deliver safe quality driven patient care.

7.5 Support for colleagues working through Covid-19 in HDFT and HIF has included a range of initiatives offered to individuals and teams in an inclusive stepped approach with communication at the fore conveying the message of normalisation of psychological response to stress..

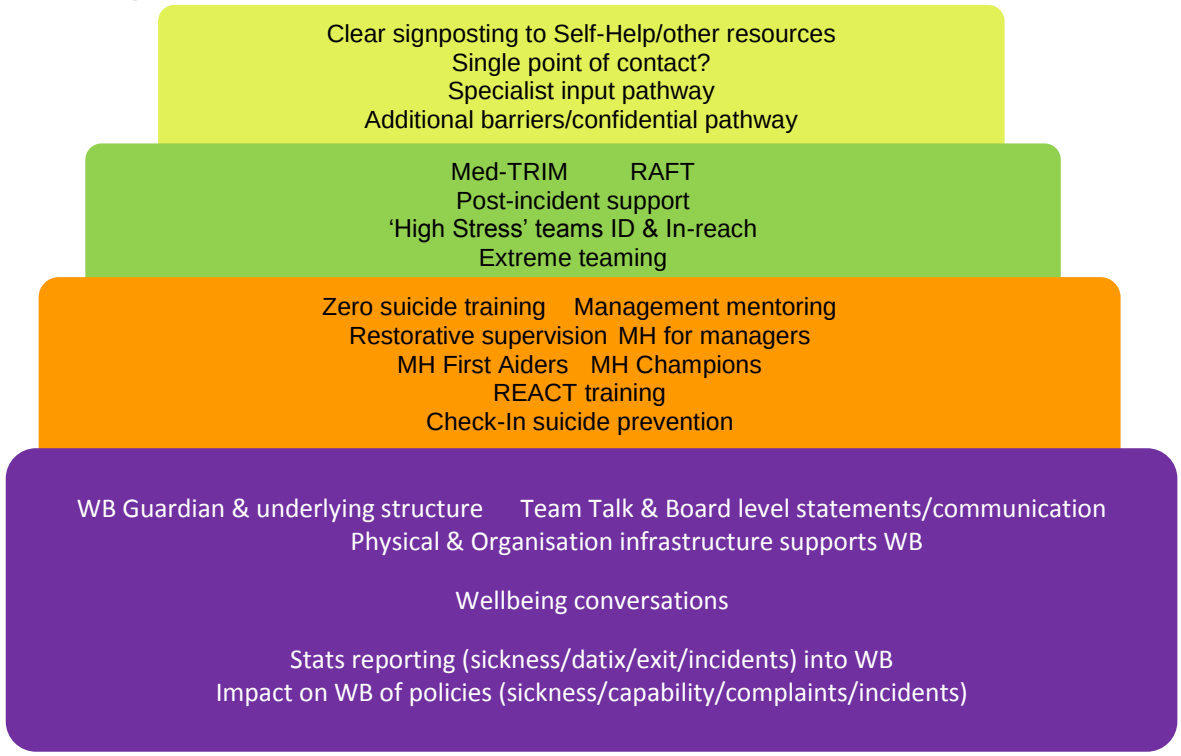
7.7 Thriving at Work (Farmer & Stevenson 2017) sets out core standards for Employers to use as a framework for developing good mental health practices within their organisations, the vision of “good” work which contributes positively to mental wellbeing; where stigma is challenged and awareness heightened and where staff can access tools and support to promote their own and others mental wellbeing.

7.8 The following page depicts a stepped approach or pyramid representation of current initiatives in HDFT. There are a number of interventions/approaches which will complement existing initiatives.

Where we are now…..



What we plan to add…



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7.9 **What has been helpful so far?**

- Provision of psychology support via drop-in sessions during Wave 1
- Provision of de-escalation (staff stress and anxiety) workshops for managers during January and February 2021
- Counselling services in house
- Use of the Employee Assistance Programme
- Team time – virtual Swartz rounds
- Leadership Support Circles to provide support to those who provide support

7.10 A 0.5 wte Staff Clinical Psychologist commenced employment with the Occupational Health and Wellbeing Team on February 1st 2021. While the initial focus was on establishing relationships and visibility within the Trust a drop in service for staff in crisis has been a priority in key areas such as ED ITU and Theatres.

7.11 Support is provided by our TEWV Psychology colleagues to deliver this service pending recruitment to the other 0.5wte of the Staff Clinical Psychology post.

7.12 **Looking forward.**

- Development of a single point of access to psychological support
- Rapid access to psychological interventions
- Ease of access to psychological interventions for colleagues in crisis
- Outreach package of psychological initiatives for community based staff
- Developing links with Workforce and Organisational Development

7.13 **The following table summarises phase 1 (prevention) of staff support initiatives.**

Initiative 2021	Q1	Q2	Q3	Q4
Mental Health Workplace Champions	Advertisement & recruitment Lesson plan & manuals	Training delivery 1st Cohort	Training delivery 2nd Cohort	Recruit Workplace MH Champion "train the trainer"
De-escalation workshops	Session delivery 5 workshops completed Jan-March 21	tbc		
Mental Health Awareness ½ day for line Managers	Wellbeing Manager - Training module	Advert Lesson plan & manual preparation	Training delivery	Training delivery
Mental Health First Aid 2 day training for staff			Wellbeing Manager MHFA England training	Advertisement & recruitment Lesson plan & manuals
Swartz virtual rounds	Round for shielding staff: recruit, prep, invite & deliver	Groups tbc	Groups tbc	Groups tbc
Leadership Support Circles	Ongoing	Ongoing	Ongoing	Ongoing

7.14 **Gaps in the service**

- Despite going out to advert twice we have been as yet unsuccessful in recruiting a 0.5wte Staff Clinical Psychologist to complement the existing provision. Funding was made available for a full time post.
- The current Occupational Health and Wellbeing organisational structure requires additional resource to be able to deliver the ambition to provide “good” work, promote and sustain mental wellbeing in our people, a business case is under development.
- Although there is an option of accessing intervention for staff in crisis via the resilience partnership hubs or buying in a range of interventions i.e. EMDR or Trauma based CBT this is a gap in the existing service available for staff to access with ease.

8.0 **National Staff Survey 2020**

8.1 The National Staff Survey was run in September and October of 2020. The national decision was taken to go ahead despite the COVID19 global pandemic, and specific questions were added into the survey to elicit NHS Workers experience of working through the pandemic.

8.2 The Summary report of HDFT survey results are shown in Appendix 6. Of note is that HDFT screes the same as Trusts within our benchmark group for 3 of Themed Results – Equality Diversity & Inclusion, higher on 1 of the areas – Safe environment – violence and marginally lower on 6 areas – Health & Wellbeing, Immediate Managers, Morale, Quality of Care and Safety Culture.

8.3 The response rate of 31% (previous year 42%) reflects that the decision was taken not to actively promote the NHS National Staff Survey, as the timing of the roll-out coincided with the At Our Best Cultural Survey and Workshops and it was felt priority should be given to this work, and that it was important to not overload colleagues with requests for survey completion during a challenging period of work pressures and create ‘survey fatigue’. Despite the lack of promotion 1227 colleagues responded to the survey.

8.4 Full analysis of the results will be undertaken to identify areas of positive feedback and areas for improvement, with particular focus on the experience of BAME colleagues and the identification of departments/wards/localities where negative trends in scoring are made.

8.5 Appropriate actions will be aligned to existing At Our Best work streams.

8.6 **NHS People Pulse Mandated Quarterly Survey** - From April 2021 NHS Employers are mandating a quarterly pulse survey. This has been piloted in several Trusts since July 2020. It will be sent to all NHS provider and commissioning organisations. Primary Care and social enterprise organisations are also welcome to participate in the survey.

8.7 The NHS People Pulse is designed as a simple listening tool for both national and local leaders to use when designing and implementing further support to our NHS People.

8.8 **Inpulse Monthly Survey** - To complement the NHS People Pulse survey and give us additional access to the live experience of our colleagues we have commission Inpulse as a monthly survey we plan to run in conjunction with the People Pulse survey 8 times per year.

8.9 Unlike the People Pulse survey, we have complete control over the questions, and the colleagues we ask to complete the survey – for example we could chose to focus in on a specific Directorate or team or department – which would enable us to get real time feedback from colleagues about their experiences, enabling us to respond and provide appropriate support, be that OD, HR, health and wellbeing or operational support at an earlier stage.

Harrogate and District NHS Foundation Trust

Appendix 1

Gender Pay Gap

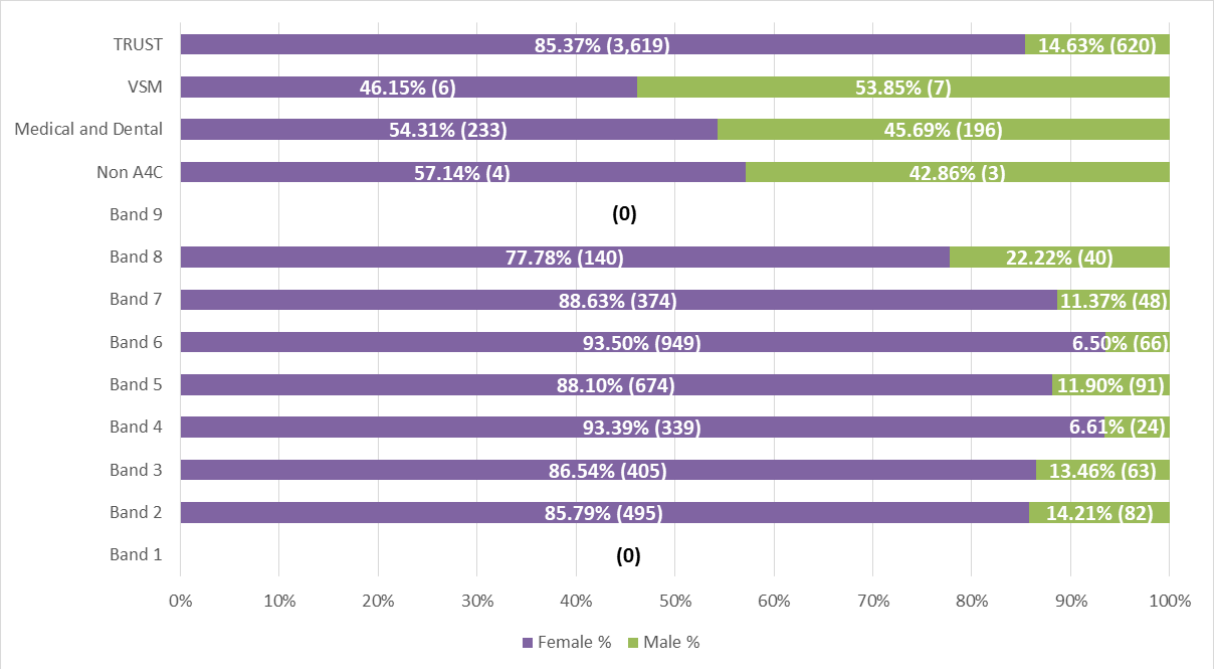
1. Harrogate and District NHS Foundation Trust

Harrogate and District NHS Foundation Trust (the Trust) employs more than 4,000 members of staff to provide essential hospital treatment as well as community health services to the population of Harrogate and the local area, across North Yorkshire and Leeds, and children's services in North Yorkshire and the North East in County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Gateshead and Sunderland.

The total number of staff eligible for inclusion in this report was 4,239.

	31 March 2020		31 March 2019	
	Headcount	%	Headcount	%
Female	3,619	85%	3,558	86%
Male	620	15%	583	14%
TOTAL	**4,239**		**4,141**	

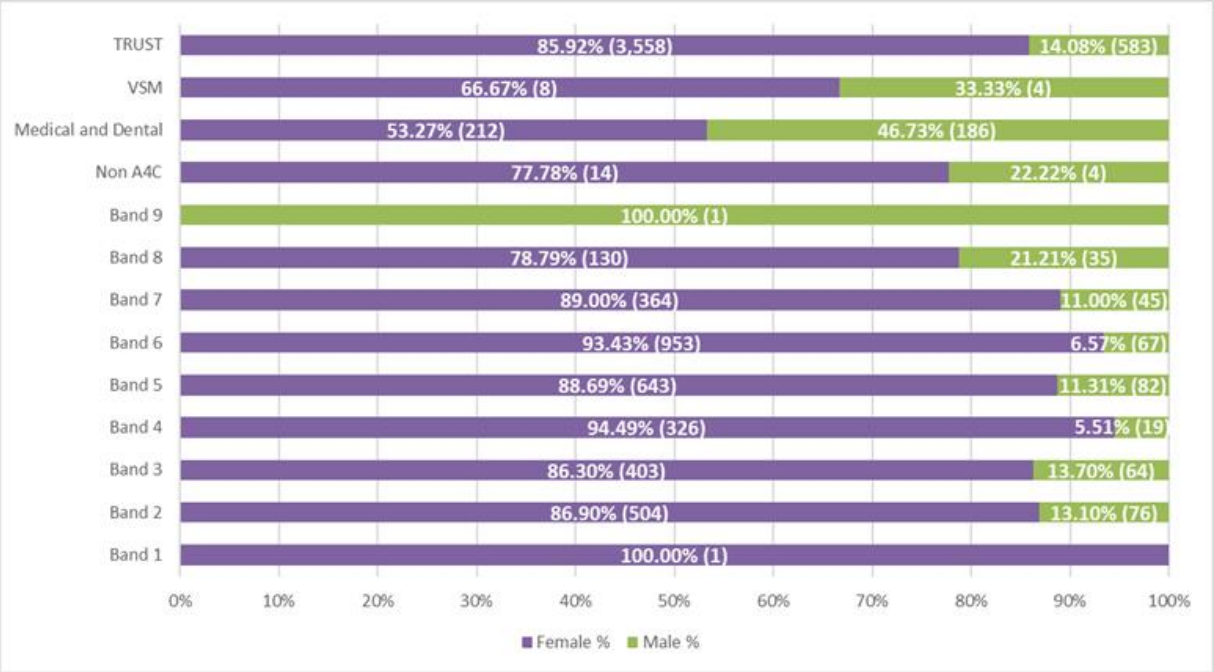
Figure 1 illustrates the gender distribution within the Trust at 31 March 2020



9.1

You matter most

Figure 2 illustrates the gender distribution within the Trust at 31 March 2019



Note - As part of the 2018 pay deal, Band 1 closed to new entrants with effect from 1 December 2018 and all existing staff on a Band 1 contract at the Trust transitioned over to Band 2 from April 2019. The data above shows that prior to the transition there was 1 employee in a Band 1 position as at 31 March 2019.

2. Definitions and scope

The gender pay gap is a measure that shows the difference in average earnings between men and women across an organisation.

The gender pay gap is described in two different terms. Firstly, the difference between the mean of hourly rates of men and the hourly rates of women, and secondly as the difference between the median of hourly rate (men) and hourly rate (women).

Mean and Median

- The "mean" is an average of all hourly rates of pay.
- The "median" is the middle value in a complete list of all hourly rates of pay.

The report is based on rates of pay for the financial year 2019/20. It includes all workers in scope at 31 March 2020. A positive figure indicates a gender pay gap disadvantageous to women; a negative figure indicates the gender pay gap disadvantageous to men:

4. Mean and median gender pay gap in hourly pay

Gender	Mean Hourly Rate 2020	Median Hourly Rate 2020	Mean Hourly Rate 2019	Median Hourly Rate 2019
Male (£)	24.37	18.40	23.54	17.35
Female (£)	17.14	15.55	16.62	15.14
Difference (£)	7.23	2.86*	6.92	2.21
Pay Gap %	29.67	15.53	29.40	12.72

* rounded up

- As highlighted in Figure 1, the proportion of female to male staff is much higher in lower bands, which would explain why there is a gender pay gap.
- As shown the Trust is reporting a 29.67% gender pay gap, meaning that based on an average hourly rate men are paid 29.67% more than women.
- The figures also demonstrate that the Trust has a 15.53% median gender pay gap, which was an increase of 2019's figure of 12.72%.

5. Mean and median bonus gender pay gap

The Trust pays out two types of bonuses, Clinical Excellence Awards (CEA) and Long Service Awards.

CEA are awarded based on the performance of a consultant. The CEA process requires the consultant to apply for the award and their application is then reviewed by a Panel.

The Trust currently employs 145 consultants of whom 71 are male and 74 are female (as at 31.03.20). Of the total workforce, 53 male consultants (74.65%) which are 8.55% of all men employed received a CEA payment and 48 female consultants (64.86%) which are 1.33% of all females employed received a CEA payment.

Gender	Mean Bonus 2020 (£)	Median Bonus 2020 (£)	Mean Bonus 2019 (£)	Median Bonus 2019 (£)
Male	11,267.32	7,540.00	11,551.85	6,032.00
Female	10,069.83	6,032.00	10,219.91	6,032.00
Difference	1,197.49	1,508.00	1,331.94	0.00
Pay Gap %	10.63	20.00	11.53	0.00

- This shows a positive reduction in the mean gender bonus gap differential by 0.9%, however a 20% increase in the median gender bonus gap difference from 2019 to 2020.
- Male consultants receive a higher level of payment despite there being fewer male consultants.
- The continuing gap in the bonus pay is linked to the fact that the medical workforce has traditionally been male dominated however this gap continues to reduce

reflecting the number of female employees who are eligible to apply for higher levels of reward.
- In 2020 a part-time representative was on the CEA Panel.
- Following a change of CEA payment rules in 2019, part-time consultants (mostly female) who were awarded a CEA received the full award payment rather than a pro-rata payment based on their working hours.

The Influence of Medical and Dental Staff

Medical and Dental staff have a substantial impact on the Trust's gender pay gap, as individuals in this staff group tend to be paid higher wages than other Trust employees. Although the Trust currently has 71 male consultants and 74 female consultants, because the Trust employs fewer men overall, the number of male consultants as a proportion of the overall male workforce at 11.45% is higher than that of female consultants 2.04% of the female workforce.

To evidence the influence of medical and dental staff driving the percentage gap, the table below shows that taking out the medical and dental staff from the calculations, the pay gap percentage for the average mean hourly rate in 2020 is reduced from 29.67% to 3.05%. The median hourly rate pay gap percentage is more favourable to females when you take out the medical and dental staff.

Gender	Mean Hourly Rate 2020	Median Hourly Rate 2020	Mean Hourly Rate 2019	Median Hourly Rate 2019
Male (£)	16.12	14.95	15.48	14.34
Female (£)	15.63	15.40	15.26	15.14
Difference (£)	0.49	-0.45	0.23	-0.80
Pay Gap %	3.05	-2.98	1.46	-5.55

6. Proportion of men and women receiving a bonus payment

Long Service Awards include a £40 bonus paid to both men and women in recognition of 25, 30, 35, 40 and 50 years' service at the Trust. As this bonus is paid out equally to both men and women it would have no influence on the figures.

Due to the Coronavirus pandemic, Long Service Award celebrations in 2020 were postponed. Staff who would have been eligible for an award in 2020 will be honoured in 2021.

Taking this into account, and as stated above, of the total workforce, 1.33% of females (48) received a bonus compared to 8.55% of males (53). This is again influenced by the ratio of males in receipt of bonus to the overall number of males.

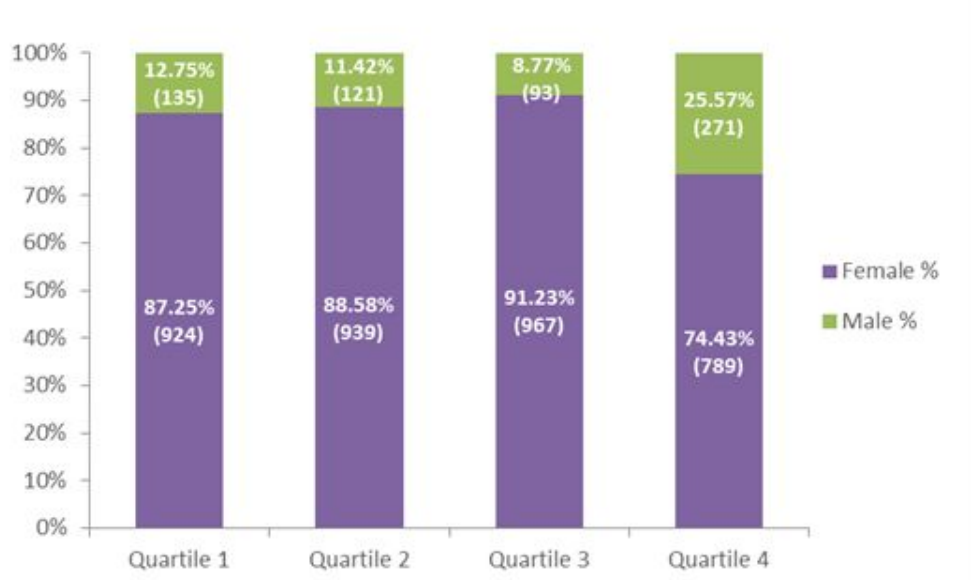
7. Proportion of men and women in each pay quartile

A quartile is where you take the range of data and divide it up. In this case it would be the range of hourly earners divided into four groups. Therefore, Quartile 1 is the lower 25% of staff hourly wages.

- Quartile 2 – lower middle
- Quartile 3 – upper middle
- Quartile 4 - upper

The graph below shows that the highest proportion of males is found in the upper quartile. In contrast, the lowest proportion of females is found in the upper quartile compared with other quartiles. This is influenced by the large proportion of male doctors and dentists within the Trust. The percentage of females in the upper middle and upper quartiles has decreased from the 2019 figures.

2020



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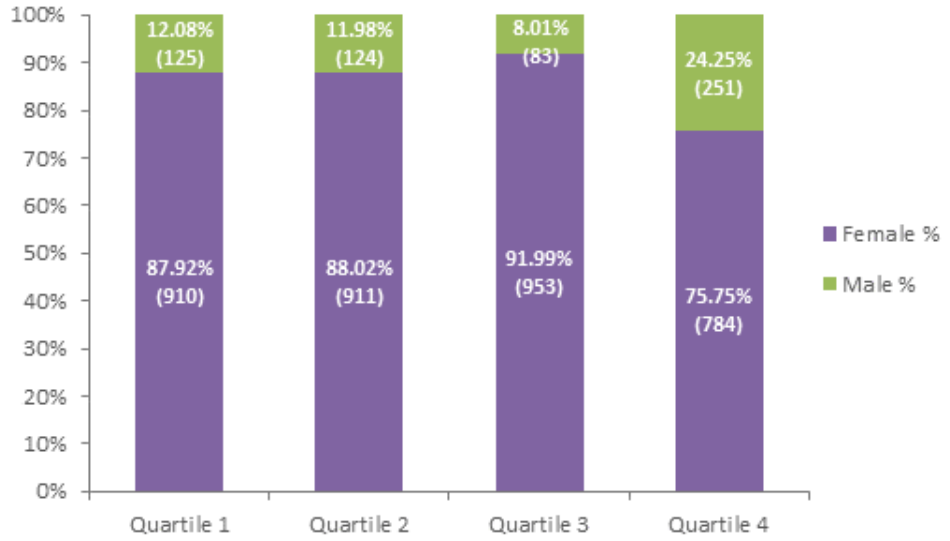
2019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87.92% (910)
11.98% (124)
88.02% (911)
8.01% (83)
91.99% (953)
24.25% (251)
75.75% (784)
Quartile 1
Quartile 2
Quartile 3
Quartile 4
Female %
Male %

Harrogate and District NHS Foundation Trust

Appendix 2

Ethnicity Pay Gap

1. Harrogate and District NHS Foundation Trust

HDFT employs more than 4,000 members of staff to provide essential hospital treatment as well as community health services to the population of Harrogate and the local area, across North Yorkshire and Leeds, and children's services in North Yorkshire and the North East in County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Gateshead and Sunderland.

The total number of staff eligible for inclusion in this report was 4,023 from a workforce of 4,239. The data in this report is based on those who have chosen to disclose their ethnicity which accounts for 95% of the workforce.

	31 March 2020		31 March 2019	
	Headcount	%	Headcount	%
BAME	379	9%	287	8%
White	3,644	91%	3,484	92%
TOTAL	**4,023**		**3,771**	

It should be noted that during the Coronavirus Pandemic, HDFT's workforce ethnicity declaration rates have increased. This followed an ethnicity status data collection exercise carried out in May 2020 in order to prioritise risk assessments for colleagues who identify as BAME. This accounts to the increase in both BAME and White headcounts from 2019 to 2020.

This is good progress, but we must continue to encourage staff to declare their ethnicity. The disclosure rate is important as it reflects how comfortable, or not, people are about sharing these details with us and more broadly whether we are creating an environment where people can truly be themselves.

Figure 1 illustrates the ethnicity distribution within HDFT at 31 March 2020

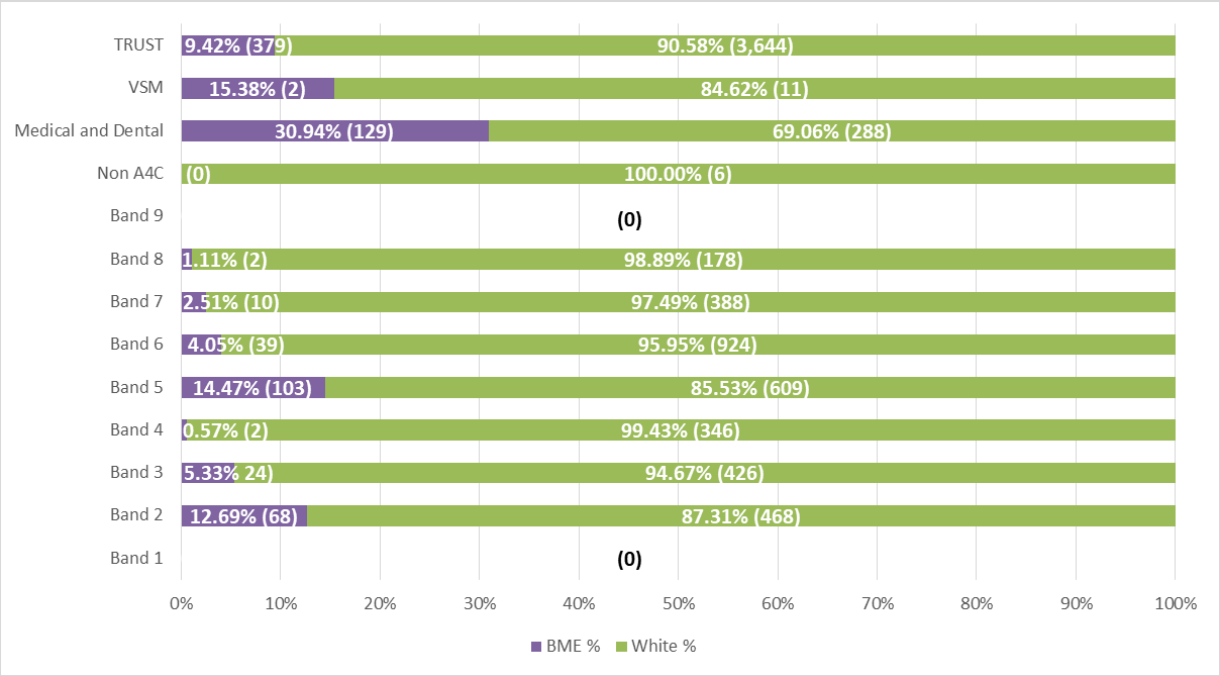
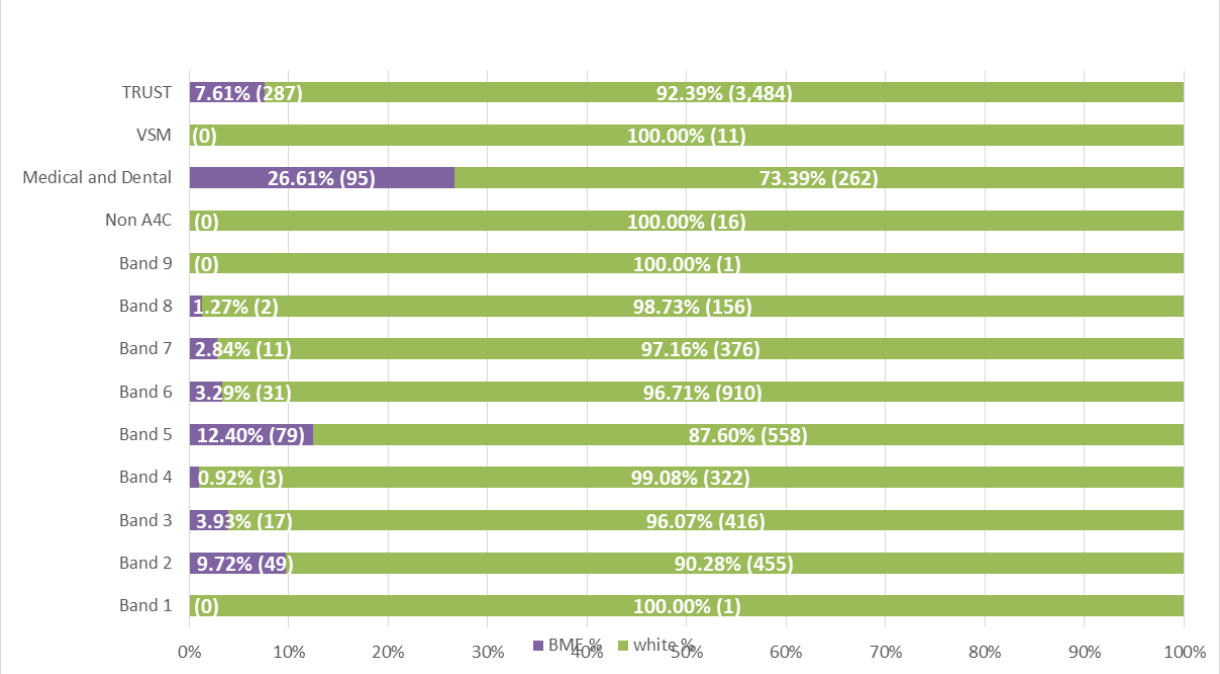


Figure 2 illustrates the ethnicity distribution within HDFT at 31 March 2019



Note - As part of the 2018 pay deal, Band 1 closed to new entrants with effect from 1 December 2018 and all existing staff on a Band 1 contract at HDFT transitioned over to Band 2 from April 2019.The data above shows that prior to the transition there was 1 employee in a Band 1 position as at 31 March 2019.

2. Definitions and scope

The Ethnicity Pay Gap is a measure that shows the difference in average earnings between BAME colleagues and White colleagues across an organisation

The report is based on rates of pay for the financial year 2019/20. It includes all workers in scope at 31 March 2020. A figure above zero indicates an Ethnicity Pay Gap disadvantageous to BAME colleagues; a minus figure indicates the ethnicity pay gap disadvantageous to White colleagues.

The Ethnicity Pay Gap is described in two different terms. Firstly, the difference between the mean of hourly rates of White colleagues and the hourly rates of BAME colleagues and secondly as the difference between the median of hourly rates of White colleagues and the median hourly rates of BAME colleagues.

Mean and Median

• The "mean" is an average of all hourly rates of pay.
• The "median" is the middle value in a complete list of all hourly rates of pay.

4. Mean and median ethnicity pay gap in hourly pay

Ethnicity	Mean Hourly Rate 2020	Median Hourly Rate 2020	Mean Hourly Rate 2019	Median Hourly Rate 2019
White (£)	17.91	15.57	17.40	15.15
BAME (£)	22.23	18.19	22.24	17.68
Difference (£)	-4.31	-2.62	-4.84	-2.53
Pay Gap %	-24.07	-16.81	-27.85	-16.70

- As highlighted in Figure 1, the proportion of BAME staff is much higher in the medical and dental staff group than in any other pay band.
- As shown above, HDFT is reporting a minus ethnicity pay gap of -24.07%, meaning that based on an average hourly rate BAME employees are paid 24.07% more than White employees. This is a decrease of 2019's figure of -27.85%.
- The figures also demonstrate that HDFT has a minus median ethnicity pay gap of -16.81%, a slight increase on 2019's figure of -16.70%.

5. Mean and median bonus ethnicity pay gap

HDFT pays out two types of bonuses, Clinical Excellence Awards (CEA) and Long Service Awards.

CEA are awarded based on the performance of a consultant. The CEA process requires the consultant to apply for the award and their application is then reviewed by a Panel.

Based on consultants who have declared their ethnicity, HDFT employs 144 consultants of whom 114 identify as White and 30 identify as BAME (as at 31.3.20). Of the total workforce

who have declared their ethnicity, 84 White consultants (73.68%) which are 2.31% of all White colleagues employed received a CEA payment and 17 BAME consultants (56.67%) which are 4.49% of all BAME colleagues employed received a CEA payment.

Ethnicity	Mean Bonus 2020 (£)	Median Bonus 2020 (£)	Mean Bonus 2019 (£)	Median Bonus 2019 (£)
White	11,667.70	7,540.00	11,990.84	7,540.00
BAME	5,907.81	6,032.00	5,334.55	5,278.00
Difference	5,759.89	1,508.00	6,656.29	2,262.00
Pay Gap %	49.37	20.00	55.51	30.00

- This shows a positive reduction in both the mean and median ethnicity bonus gap differential by 6.14% and 10.00% respectively from 2019 to 2020 however both pay gaps remain significantly high in the favour of White consultants.
- In 2019 the CEA payment rules were changed – part-time consultants (mostly female) who were awarded a CEA received the full award payment rather than a pro-rata payment based on their working hours.

<u>The Influence of Medical and Dental Staff</u>

Medical and Dental staff have a substantial impact on HDFT's Ethnicity Pay Gap, as individuals in this staff group tend to be paid higher wages than other HDFT employees. Although HDFT currently has 114 White consultants and 30 BAME consultants, because HDFT employs fewer BAME colleagues overall, the number of BAME consultants as a proportion of the overall BAME workforce at 7.92% is higher than that of White consultants 3.13% of the overall White workforce.

To evidence the influence of medical and dental staff driving the percentage gap, the table below shows that taking out the medical and dental staff from the calculations, the Ethnicity Pay Gap percentage for the average mean hourly rate in 2020 changes from -24.07% to 3.53% and similarly the median hourly rate pay gap percentage is also more favourable to White colleagues.

Ethnicity	Mean Hourly Rate 2020	Median Hourly Rate 2020	Mean Hourly Rate 2019	Median Hourly Rate 2019
White (£)	15.77	15.40	15.41	15.14
BME (£)	15.22	14.23	14.95	14.70
Difference (£)	0.56	1.17	0.46	0.44
Pay Gap %	3.53	7.58	2.97	2.89

6. Proportion of White and BME colleagues receiving a bonus payment

Long Service Awards include a £40 bonus paid to any member of staff eligible and in recognition of 25, 30, 35, 40 and 50 years' service at HDFT. As this bonus is paid out equally to White colleagues and BAME colleagues it would have no influence on the figures.

Due to the Coronavirus pandemic, Long Service Award celebrations in 2020 were postponed. Staff who would have been eligible for an award in 2020 will be honoured in 2021.

Taking both CEA and Long Service Awards into account, as a proportion, 4.49% of BAME colleagues (17) received a bonus compared to 2.31% of White colleagues (84).

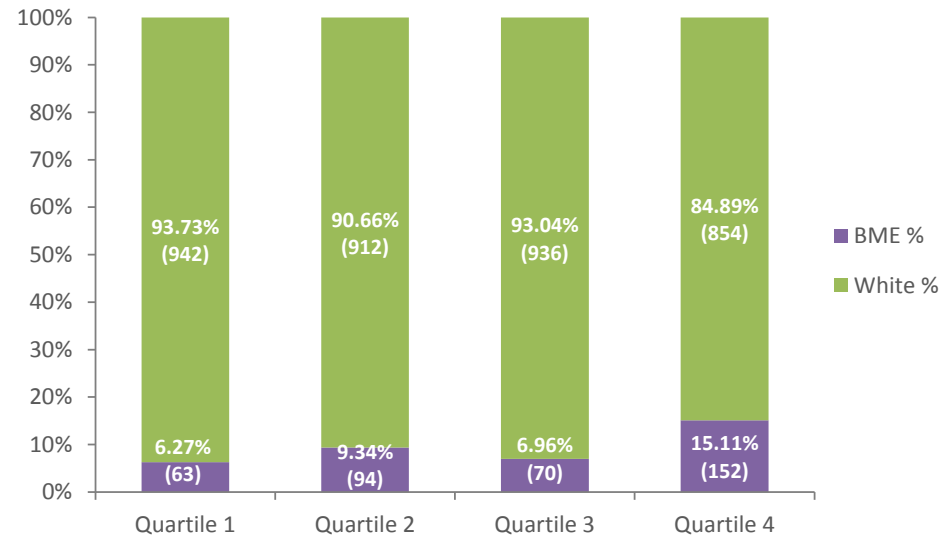
7. Proportion of White and BAME colleagues in each pay quartile

A quartile is where you take the range of data and divide it up. In this case it would be the range of hourly earners divided into four groups. Therefore, Quartile 1 is the lower 25% of staff hourly wages.

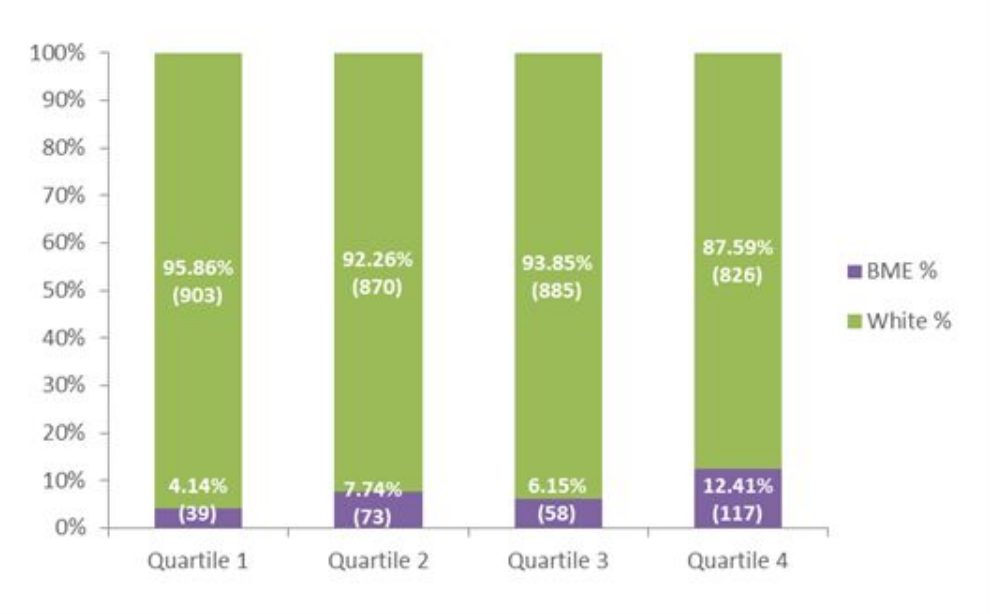
- Quartile 2 – lower middle
- Quartile 3 – upper middle
- Quartile 4 - upper

The graph below shows that the highest proportion of White colleagues is found in the upper middle quartile and lowest quartile. The highest proportion of BAME colleagues is found in the upper quartile compared with other quartiles. This is influenced by the large proportion of BAME doctors and dentists within HDFT. The percentage of BAME in the upper middle and upper quartiles has decreased from the 2019 figures.

2020



2019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92.26% (870)
7.74% (73)
93.85% (885)
6.15% (58)
87.59% (826)
12.41% (117)
Quartile 1
Quartile 2
Quartile 3
Quartile 4
BME %
White %

Appendix 3

WRES Action Plan 2020/21 Progress

Indicator	Objective	Action/s	Timescales	Lead/s	Why	Progress to date
1	Improve our ethnicity declaration rates to build a more accurate picture of the diversity of our workforce. Improve diverse representation across the workforce, at all levels of Agenda for Change and profession.	1. Work with the Staff Network to raise awareness of the WRES and encourage staff to feel confident in declaring their ethnicity status on ESR.	March 2021	Director of W&OD EDI Lead/WRES Expert BME Staff Network Communications and Marketing Manager	To build a more accurate picture of the diversity of our workforce.	Ethnicity declarations increased (additional 53 BME) following BME Risk Assessment email in May 20. Now 93.6% of workforce declare their ethnicity Reminders sent out of how to amend ethnicity on ESR.
		2. Review our recruitment processes to promote our commitment to be an inclusive workplace that welcomes people from BME backgrounds.	October – December 2020	Recruitment Lead	To celebrate the diversity of our workforce and encourage everyone to bring their whole-self to work. To review fairness in our recruitment processes. Identify potential barrier to recruitment/promotion of BME staff.	Ongoing Recruitment work stream of 'At Our Best' Dec 20/Feb21 including • Review policy • Training packages • TRAC Q summaries • Inc % BME applying • Inc % BME S/L • Inc % BME recruited • Develop criteria for interview panel
		3. Complete detailed analysis of data by directorate and profession to identify areas of under-representation and barriers to career progression.	October 2020	HR Analyst EDI Lead/WRES Expert Directorate Leads	To understand where we have gaps/under representation. To identify role models and leaders in the pipeline	Awaiting data from TRAC for regular IBR
		4. Review and set aspirational targets - Model Employer: Increasing BME representation at senior levels across Harrogate and District NHS Foundation Trust	November 2020	Director of W&OD EDI Lead/WRES Expert	Commitment to meet the aspirations on improving BME representation across the workforce and at leadership positions in the NHS, as set-out in both the NHS Long Term Plan and within the WRES 'Model Employer'	Action – Recruitment work stream of 'At our Best' Dec 20/Feb21 EDI Lead to discuss HDFT aspirational targets with NHS E/I 2 March in line with Model Employer

		5. Continue to work with our existing volunteering and work experience programmes, and our Youth Forum, to promote the wide range of career opportunities across the Trust.	Apr/Jul 2021	EDI Lead/WRES Expert Corporate Affairs and Membership Manager Volunteer Services Manager	leadership representation strategy. To become a model employer, be compassionate and inclusive, and improve how we recruit, retain and develop BME people.	Ongoing Recruitment work stream of 'At our Best' Dec 20/Feb 21 National opportunity for HDFT Youth Forum to be involved in updating 'A GUIDE TO INVOLVING CHILDREN AND YOUNG PEOPLE IN THE RECRUITMENT PROCESS'
		6. Review models for connecting opportunities and engaging with BME communities towards gaining and sustaining employment.	April 2021	Director of W&OD W&OD Lead EDI Lead/WRES Expert	To agree local aspirational goals and ambitions to improve BME representation.	Threshold – training workshop offer for BME staff Further opportunities with BME communities outstanding
2	Reduce the inequality in recruitment shortlisting from 1.96 to 1.00. Review recruitment practices to ensure the process is equitable and inclusive where everyone can thrive.	1. Review of our recruitment practices: - Criteria for appointment - Management of unsuccessful candidates - Promotions, acting up and secondments - Job adverts – length of advert, communications about the advert, wording, JDs - Complaints about recruitment practices - Barriers for staff applying, and being successful at reaching senior posts	October – December 2020	Director of W&OD Recruitment Lead BME Staff Network	To improve career progression prospects for BME staff (see action 5 below). To ensure the lived experiences of BME staff are taken into account – 'We have a voice that counts'.	Ongoing as Recruitment work stream – 'At Our Best' Dec 20/Feb 21
		2. BME representation on recruitment and selection panels.	November 2020 – January 2021	Recruitment Lead BME Staff Network	To ensure diversity in thought when decisions are being made.	As above
		3. Staff Network to receive regular review of recruitment activity.	Jan/April/Jul 2021	Recruitment Lead BME Staff Network		For further discussion with recruitment lead
		4. Review training and education, including 'Pathway to Management', to improve managers' awareness and understanding of the benefits of diversity and to understand the barriers to career progression for BME staff.	January 2021	HR Lead	To improve awareness and understanding.	Ongoing – Recruitment work stream
		5. Continue to promote awareness and understanding of unconscious bias through the First Line Leaders programme.	January 2021	W&OD Lead		Ongoing FLL programme

		6. Engage with the BME Staff Network to review and promote the First Line Leaders programme to BME staff. 7. Launch Listening Partners' Programme - reciprocal mentoring.	September 2020	Deputy Director of W&OD / Head of Employee Experience BME Staff Network Deputy Director of W&OD / Head of Employee Experience Senior Management Team BME Staff Network	To review the programme and identify modules to support BME leadership. Advance the career aims of BME staff in leadership roles and improve organisational performance through a more inclusive leadership.	Active promotion of FLL via W&OD Team Paused whilst culture work progresses
3	Retain the non-adverse range of staff entering the formal disciplinary process and reduce from 1.19 to 1.00. Promote active engagement and consultation in policy review ensuring that any decisions that impact BME people involve them in the decision-making process.	1. Review progress of relative likelihood of staff entering the formal disciplinary process based on the non-adverse range 0.8 – 1.25 goal and provide update to Staff Network. 2. Engage with the Staff Network when reviewing disciplinary policies. 3. Invite Staff Network member on to the Trust's Partnership Advisory Group. 4. Review training and education, including 'Pathway to Management'. 5. Continue to promote awareness and understanding of unconscious bias through the First Line Leaders programme.	February 2021 February 2021 September 2020 January 2021 January 2021	Director of W&OD HR Lead BME Staff Network HR Lead BME Staff Network HR Lead BME Staff Network HR Lead W&OD Lead	To increase the confidence of staff entering into the disciplinary process that they will be treated fairly. To ensure that any decisions that impact BME people involve them in the decision-making process. To improve awareness and understanding of unconscious bias and stereotyping.	Updated Disciplinary Policy Jul 2020 Query sent to HR regarding consultation on policy update – awaiting reply To arrange Ongoing Ongoing
4	To continue to promote and recognise all staff accessing non-mandatory training and CPD.	1. To review the process for applying for non-mandatory training including: - Recording/documentation - Capturing people who have been denied/declined access? - Funded versus non funded training - Career progression post training - Shadowing, secondments, coaching	April 2021	Director of W&OD W&OD Lead	To understand link between BME staff undertaking non-mandatory training and CPD and under-representation at senior levels.	To discuss further as part of appraisal process / 1:1 Line Manager – how do we capture the 'barriers'
5	Reduce the incidence of BME staff experiencing	1. To promote the Culture Change Programme and work together to drive the importance of the	October 2020	Culture Change Programme Leads BME Staff Network	Part of the overall organisational goal to	Open invite for all colleagues to join the Your Voice Panel / Workshops – invite

	harassment, bullying and abuse from patients, relatives or the public (currently stands at 39.8%).	WRES throughout the current work streams and future initiatives. 2. To continue listening across a variety of platforms where colleagues feel safe to share their lived experiences. Focus on the drive to eliminate harassment, bullying and abuse and reassure staff that concerns will be acted on appropriately. 3. Raise awareness of the WRES with the Council of Governors and the Equality Stakeholder Group. Support staff by producing zero-tolerance materials. 4. Encourage colleagues to participate and provide feedback in the NHS Staff Survey. 5. WRES Expert/EDI Lead, Freedom to Speak Up Guardians, Fairness Champions, BME Staff Network Chairs, Staff Governors and Bullying and Harassment Advisors to triangulate learning from themes in relation to the experiences of BME staff and feedback to senior management team. 6. In line with the NHS People Plan, focus on work streams to ensure that we create a culture where everyone feels they belong. 7. Promote reporting racist incidents on Datix	 Oct 2020/Jan/Apr/Jul 2021 January 2021 November 2020 Oct 2020 / Jan/Apr/Jul 2021 January 2021 December 2020	EDI Lead/WRES Expert Director of W&OD BME Staff Network EDI Lead/WRES Expert EDI Lead/WRES Expert BME Staff Network Communications and Marketing Manager Director of W&OD HR Lead BME Staff Network EDI Lead/WRES Expert Freedom to Speak Up Guardians/Fairness Champions BME Staff Network Chairs Staff Governors Bullying and Harassment Advisors Culture Change Programme Leads Risk Management Lead BME Staff Network	create an inclusive culture. To ensure that that BME staff are involved in the Culture Change Programme and are valued in making a difference. To build on the culture of the organisation in order to drive initiatives to reduce harassment, bullying and abuse from members of the public. Understand the lived experience behind the data. Value the richness of staff feedback to inform actions. To work together in partnership so that all staff, and in particular our BME staff, feel safe to speak up, knowing that the right actions will be taken. Celebrate our diversity and enjoy learning about cultures. Support staff to speak up.	sent direct to BAME and Ally Staff Network Respectful Resolution of Bullying Appraise for Values Values in our Employee Experience OD Practitioner taking forward – sub-group re patient/service user behaviour Touchstone – process map re staff experiences/stories Active bystander Allyship Review new Staff Survey data Triangulate themes – EDI work stream event March 'At our Best' Further promotion required – see above
6	Reduce the incidence of BME staff experiencing harassment, bullying or abuse from staff (currently stands at 23%).	1. Actions as above (indicator 5)	As above	As above	As above	As above

7	Increase career progression and promotion opportunities for BME staff (currently 79.4% of staff believe the Trust provides equal opportunities for career progression or promotion).	1. Encourage colleagues to participate and provide feedback in the NHS Staff Survey. 2. Arrange a series of engagement focus groups to listen to BME colleagues, share experiences about career progression and promotion, and feed back themes which can inform the recruitment review and appraisal and development review. 3. Listening Partners Programme – reciprocal mentoring (as Indicator 2 above)	November 2020 December 2020 – January 2021 As above (Indicator 2)	Director of W&OD HR Lead BME Staff Network Director of W&OD BME Staff Network Recruitment Lead HR Lead As above (Indicator 2)	Value the richness of staff feedback to inform actions. Insight into the lived experience of BME staff to inform policy and process reviews. As above (Indicator 2)	Review new Staff Survey data At our Best Recruitment and EDI work streams As above
8	Reduce the incidence of BME staff experiencing discrimination at work (currently stands at 13.5%)	1. Encourage colleagues to participate and provide feedback in the NHS Staff Survey. 2. To promote the Culture Change Programme and work together to drive the importance of the WRES throughout the current work streams and future initiatives. 3. Encourage colleagues to speak up.	November 2020 October 2020 Oct 2020 / Jan/Apr/Jul 2021	Director of W&OD HR Lead BME Staff Network Culture Change Programme Leads BME Staff Network EDI Lead/WRES Expert BME Staff Network Freedom to Speak Up Guardians / Fairness Champions	Value the richness of staff feedback to inform actions. Part of the overall organisational goal to create an inclusive culture. To ensure that that BME staff are involved in the Culture Change Programme and are valued in making a difference. Support staff to feel safe to speak up, knowing that the right actions will be taken.	As above At our Best workshops Voice Panel Discuss – await FTSUG recruitment process / Fairness Champions meeting
9	Increase diversity of Board.	1. Ensure the process for appointment of Executive and Non-Executive Directors encourages BME applicants. 2. As a demonstration of Trust commitment to 'Nothing about us without us' and inclusion, include reciprocal mentoring programme for BME Staff Network members to have mentoring relationship with Board members. 'Walk a mile in someone else's shoes'. From hearing insights	July 2021 July 2021	Director of W&OD Recruitment Lead Director of W&OD Board Champion Staff Network	To demonstrate visible leadership in this area at senior levels. Importance of leadership role models.	Seek BME applicants as part of external recruitment process of NEDs SMT buy-in of Reciprocal mentoring programme

		and lived experiences, Board members will be better informed in making decisions that benefit all staff and patients.				
All Metrics	To close the gaps between the workplace and career experiences of BME staff.	Across all, or multiple indicators, the following actions will champion positive WRES outcomes and improved staff experience: 1. Recognition of the value of the Staff Network across the organisation – benefits the organisation as much as the individual: • Resources • Time – facility time for Network Chairs and time for staff to attend, • Support 2. The WRES will be a standard item on the BME Staff Network monthly agenda. 3. Listening with fascination and sharing lived experience – story telling to bring the lived experience alive, which along with the data and the feedback through the Staff Survey gives a whole perspective and has such a powerful impact, e.g. Schwartz Round, Board of Directors' meetings, People and Culture Committee. 4. Reciprocal mentoring – using this model to raise awareness of inequalities and promote diversity of thought. 5. Integrate the WRES within mainstream business and ensure BME representation across the organisation's governance structures including regular reporting via the Integrated Board Report and as part of the Culture Change Programme. 6. Regular communications to bring WRES alive and celebrate achievements. Produce innovate ways to communicate e.g. infographics. 7. Sharing good practice: • Resources and guidance via NHS Employers • Networks – Yorkshire and Humber Regional EDI Leads Network • Staff Networks in other Trusts	October 2020 – July 2021		Improve the experience of BME staff. Improve the culture of the organisation. Compliance with: • Public Sector Equality Duty, Equality Act 2010. • NHS Standard Contract. • NHS Long Term Plan. • NHS People Plan,	Staff Network Chairs to progress request for designated Executive Sponsors Discussions to progress awareness raising/resources on intranet Discussions to progress Trust value in capacity of Staff Network Chairs/Secretaries BAME and Ally Staff Network ongoing discussions and updates on WRES Staff Network Chairs attendance at P&CC 'At our Best' programme - EDI and Recruitment work streams Sharing good practice – local and national networks/resources

		• Collaboration with West Yorkshire and Harrogate BME Network and active involvement in the Review Panel Leadership Deep Dive - Ensuring our leadership is reflective of our communities and our staff have a voice • Collaboration with Regional WRES Experts				
Note: How have BME staff have been involved in developing and delivering the actions. Consultation has been undertaken with the BME Staff Network members and BME staff across the organisation who are not members of the Staff Network, to review the data and develop the action plans within this report.						

Appendix 4

Recruitment Progress Update

Name of Event	Ensuring a Fair Recruitment Process
Date of Event	14 / 15 December 2020 and 09 February 2021.
Leads	**Accountable Director:** Angela Wilkinson **Exec Supporter:** Matt Shepherd

Updated as at: 18th March 2021	Day 1	Day 2	30 days	60 days	90 days	12 months

RAISING AWARENESS					
ITEM	**ACTION**	**UPDATE**	**LEADS**	**DEADLINE**	**STATUS**
1	*Further 1-day workshop to be convened in the New Year.*	➢ Agreed and actioned on 09th February 2021. ➢ Better attendance than the initial two-day workshop. ➢ Primarily used as protected time to continue progress against original actions. ➢ Supported with a session facilitated by Tim Keogh from A Kind Life.	David Plews Mark Fuller	28th February 2021	100% COMPLETE
2	*Broaden and strengthen Trust approach toward advertising.*	➢ Although Trac enables us to advertise on a variety of other platforms, these are relatively mainstream and not intended to target underrepresented groups e.g. BME, those with disabilities. ➢ A number of alternative providers and platforms were researched and approached during the first workshop and we now understand there are many more avenues available to us.	Andrea Richardson	31st March 2021	75% ONGOING

		➢ Trac indicate that they are open to developing the platform in order to integrate more channels, but presently no absolute commitment or timescales.			
3	*Publicity campaign to promote employment opportunities within the NHS, targeting specific audiences including schools, BME communities and disability networks.*	➢ Agreed responsibility / ownership for production of recruitment videos across 6 separate themes, to be delivered throughout April & May. ➢ Focus upon raising awareness about the variety of roles – "there's something for everyone", and the inclusivity of the NHS as an employer. ➢ Style and design of the videos will determine branding for other promotional resources – website, posters, social media campaigns.	Matt Shepherd Gavin Stevenson Paul Widdowfield	3 videos due 30th April 2021. A further 3 videos by 31st May 2021.	25% ONGOING
4	*Enhance our current offer around advertising and facilitation of work experience.*	➢ Currently very little administrative resource available to support work experience. ➢ Under 16s managed within corporate services, while older applicants need to be managed by individual departments. ➢ Survey was produced and cascaded across local schools and colleges seeking to understanding knowledge and perceptions around working for HDFT, as well as the most suitable channels to engage with them. ➢ Almost 70 responses received, providing some valuable insight and a strong request to get more involved with local education services. ➢ An action plan to follow up on this engagement and other lessons learnt (e.g. preferred social media platforms) is current in development.	Gavin Stevenson Lee-anne Hutchison	30th April 2021	50% ONGOING
5	*Explore additional opportunities for the promotion of recruitment and employment at HDFT.*	➢ Several more dynamic interventions were proposed during the workshops: o Living libraries (colleagues who present in community forums, talking about their role, working for the NHS and promoting recruitment opportunities). o Taster sessions and tours. Briefer than work experience, but providing insight into the working world of the NHS (e.g. when pathology services ran tours for internal colleagues).	Angie Colvin + Recruitment Team	31st December 2021	0% NOT YET STARTED

		○ Mock Interviews – support and coaching for those interested in applying for work experience or jobs, to finesse their interview skills, without the pressure of it being a real interview. ➢ Although generally well received, currently viewed as quite resource intensive and more of a medium – longer term plan.			
6	*System-wide collaboration*	➢ HIF is already part of our recruitment processes, but further work is needed to involve the Harrogate & Rural Alliance (HARA). ➢ Initial conversations with HARA took place after the first workshop. ➢ Next step is to share some of the products once available.	Matt Shepherd Mike Forster Chris Watson	30th April 2021	75% ONGOING

THE RECRUITMENT PROCESS					
ITEM	**ACTION**	**UPDATE**	**LEADS**	**DEADLINE**	**STATUS**
7	*Implementation of the "Recruiting to Values" initiative.*	➢ Following extensive colleague engagement since September 2020, work remains ongoing with A Kind Life to finalise Trust Values. ➢ This is due for completion within the next couple of weeks and all leaders / line managers must attend forthcoming training on "Living to Values", dates for which have already been publicised. ➢ 500+ have already signed onto workshops. Targeted correspondence aimed out colleagues yet to register will be issued within the next week.	Tim Keogh, A Kind Life	31st May 2021	50% ONGOING
8	*Review and revise Trust Recruitment Pack*	➢ This was largely completed over the course of the two workshops and finalised by the 30-Day Review. ➢ Colleagues in Recruitment have approached a number of managers to pilot the new documentation across several vacancies. ➢ Commencement date TBC. ➢ A feedback form has been developed, to capture views from both managers and applicants over an 8-week period (average lead time to recruit).	Andrea Richardson Lisa McCabe	31st May 2021	100% COMPLETE (Currently in testing)
9	*Production of a pack that includes a range of exercises for the purpose of "Long-listing" – not something that we currently do with any regularity.*	➢ Pack has been produced, with a variety of examples on exercises that can be used to filter initial applicants into a more succinct list, ahead of shortlisting. ➢ Further review and refinement needed ahead of implementation.	Lee-anne Hutchison	31st January 2021	75% ONGOING
10	*Creation of guidance for the composition of interview panels, to increase diversity and representation.*	➢ Guidance was produced by Megan Matthewman during the workshops. ➢ Final sign off from Lee-anne Hutchison.	Megan Matthewman Lee-anne Hutchison	28th February 2021	100% COMPLETE
11	*Develop clearer guidance around the number and nature of questions to be used during interview, to*	➢ A draft tool was developed in conjunction with A Kind Life. This includes: o Behavioural Event Interview (BEI) questions o Situational Judgment Tests (SJT)	Emma Oxtoby Samia Hussain Amarjeet Kang Joe Askew	31st March 2021	100% COMPLETE

	accommodate various roles and bands.	○ Role-based or other mandatory questions ○ Equity questions ➢ Following review, amends were made and the guidance is now ready for circulation and testing.			
12	*Develope guidance around Assessment centres and exercises, particularly for recruiting into more senior posts.*	➢ Presentation on "Inbox exercises for administrative has been created, with a series of practical exercises to use during the long listing phase. ➢ Templates well under way and further work needed on guidance for organising an assessment event. ➢ Need to identify some forthcoming recruitment to test this with.	Amelia Walsh Lee-anne Hutchison	28th February 2021	75% COMPLETE (Currently in testing)
13	*Revised scoring / assessment process for applicants.*	➢ Linked to above, initial framework proposed by A Kind Life was too cumbersome and has been subsequently revised.	Emma Oxtoby Joe Askew	28th February 2021.	100% COMPLETE

SUPPORTING MANAGERS					
ITEM	**ACTION**	**UPDATE**	**LEADS**	**DEADLINE**	**STATUS**
14	*Review, revise and improve current Pathway to Management Training, to include new products and place particular emphasis upon writing Job Descriptions, Person Specifications and Interview Techniques.*	➢ Work is already underway to revise the training content, but it cannot be finalised until certain products have been delivered. ➢ Current proposal is to incorporate training onto the recently procured Virtual Learning Environment (VLE), making it more readily accessible and less onerous to deliver.	Andrea Richardson	30th June 2021	25% ONGOING
15	*Provide some high-level guidance on the range of possible "reasonable adjustments" that can be made in order to accommodate applicants with disabilities or long-term health conditions.*	➢ Guidance was produced over the course of the workshops, to help managers appreciate that there is an array of support measures that can be introduced. Many are straight forward and easily accommodated, from flexible working patterns to equipment modifications. ➢ Awaiting sign-off from Occupational Health.	Angie Colvin Lee-anne Hutchison	28th February 2021	100% COMPLETE
16	*Enhanced engagement of Staff Networks regarding the recruitment process.*	➢ Representatives from individual networks (BME, LGBTQ+ & Long-Term Conditions) were available at each workshop and have been acting as ambassadors to encourage participation in the broader project.	Emma Oxtoby Angela Wilkinson Samia Hussain Amarjeet Kang	31st January 2020	100% COMPLETE
17	*Explore the possibility of generic role recruitment and developing a "Talent Pool" approach, as a pipeline for recruitment.*	➢ Interim Chief Operating Officer, Tim Gold, produced a framework and guidance during the second workshop. ➢ This is accompanied by a PowerPoint presentation to explain how a Talent Pool might operate and the benefits it could bring. ➢ Trac was also contacted and we understand there is some basic functionality within the platform that might support such an initiative. ➢ Currently regarded as a medium – longer term priority, for implementation at a later date.	Tim Gold + HR Colleagues	31st December 2021	25% ONGOING

Harrogate and District NHS Foundation Trust

Board Committee Report to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Laura Robson, Non-executive Director
Date of meeting:	3 February 2021
Date of Board meeting this report is to be presented	31 March 2021

Summary of key issues

- The Quality Committee met via teleconference. The meeting was observed by Sue Eddleston and Ian Barlow Public Governors
- A presentation was received from the Clinical Audit team regarding their Quality Team Silver Accreditation. The team have been very active assisting colleagues at the front line engage in audit. They have developed a number of ways to engage and communicate, they have a training package for those new to audit. They assist in the process of completing national audits and a range of other actions. Their work puts HDFT in a very favourable position when undertaking this activity. We look forward to hearing when they achieve a gold team award.
- The Quality committee was informed of the future plans for NIV. The ITU will be returning to its newly refurbished unit on Monday 8th of February if safe to do so. As a result of the move the space will be free for the development of a respiratory unit which will accommodate NIV patients in one area. This is also possible as a result of the appointment of a third respiratory consultant. The quality committee was very pleased to close this item.
- Quality report plans and the quality priorities were presented. It was agreed that baseline information for each area of the quality priorities should be presented to the committee initially and thereafter a rolling programme of updates provided. The priorities are large pieces of work and concern was expressed regarding the timescale to achieve the outcomes required.
- The Medical Director provided an update on progress with the new Quality Governance framework which is being extensively consulted on and will come back to Board for final approval.
- The Quality Dashboard was discussed at length in light of the assurance required by the board regarding quality of care. It was agreed that:
    1. The Chief Nurse would liaise with NHSE/I assurance lead who has funding available for work to improve assurance.
    2. An introductory summary will be provided that draws the committees attention to the trends, good practice or areas of concern
    3. A summary of the way in which the information is used at ward

and department level to improve and assure will also be provided.
4. The possibility that Matrons be invited to come and present their assurance to the quality committee will be explored.
5. The Chief Nurse and the Deputy Director of Improvement and Transformation review the format of the report and improve its presentation and the ease of interpretation. Sarah Armstrong (NED) will provide support and challenge to the process.

- The IBR was noted and the escalation in pressure ulcers discussed. A report will come to the committee in March. An update was requested regarding progress assessing and categorising long waiting patients. The COO was not at the meeting and therefore update was provided by the CD for PSC. Referrals to endoscopy complicate the numbers as these are not categorised. Further update required for the March meeting.
- The CQC monitoring and action plan was received. A number of actions are outstanding and committee members were concerned about progress particularly in the period before the pandemic when progress could have been made. This was the first time this report had been seen by the QC and therefore regular review of progress will be added to the agenda.
- Two internal audit reports with limited assurance were received. The histology specimen follow up audit originates from a previous SIRI. Progress was very disappointing in view of the potential for harm to patients. The COO is to be requested to provide progress at the March meeting and provide assurance that the risk of harm has been reduced.
- Ockenden report action was received and noted
- Assessments of the Trust position against external audit reports on Epilepsy, Cardiac arrest, Emergency Laparotomy and the Breast registry were received. Good compliance was noted. A concern regarding lack of an Older Persons physician input into surgical wards was noted as risk.
- Improving Patient Safety Steering Group minutes 6th January received and noted.
- Patient safety Q2 report was received and discussed. Members of the committee were extremely concerned about the number of incident reports that relate to inappropriate comments by patients and visitors to staff.
- The learning from deaths report was received and noted (previously discussed in January Board)
- The Infection Prevention and Control report was discussed and noted. No new issues were identified.
- Directorate quality reports were received. It was noted that no one was present from LTUC to present the report. Members of the committee requested that a more balanced report which highlighted both positive and negative events and comments be produced.
- The Audit programme was received and noted
- NICE compliance report was received and noted
- The patient experience report was received and discussed. The ongoing poor performance against complaint response targets was a concern to committee members. Responses were going from directorate senior nurses and then to the Chief Nurse prior to the CEO for final sign off. The response rate is at 38% against a target of 95%. It was explained that HDFT is not out

of line with other local Trusts but the members of the committee are concerned and request that action is taken to improve this performance.
Any significant risks for noting by Board? (list if appropriate)
- Outstanding actions on the CQC action plan - Limited assurance regarding transfer of histology specimens - The number of reported incidents regarding inappropriate comments to staff from patients and visitors. - Lack of older persons physician input to emergency surgery patients
Any matters of escalation to Board for decision or noting (list if appropriate)
Actions for the quality dashboard.

Harrogate and District NHS Foundation Trust

Board Committee Report to the Board of Directors

Committee Name:	Quality Committee
Committee Chair:	Laura Robson, Non-executive Director
Date of meeting:	3 March 2021
Date of Board meeting this report is to be presented	31 March 2021

Summary of key issues

- The Quality Committee met via teleconference. The meeting was observed by Sue Eddleston Public Governor.
- The committee received a presentation from Kirsty Ingram, Technical Instructor in Specialist Children's Services. She explained the work carried out to gain a silver quality improvement award. Kirsty works in the services which commission specialist equipment for children with enhanced requirements to enable them to gain independence. For example walking and seating aids. The service is provided by a range of suppliers and there was no standardised approach to procurement in place. As a result of applying tools from the quality improvement methodology Kirsty and her team have remodelled the way in which they acquire equipment, putting standard procedures in place, reducing waste, using technology and saving therapists approximately 2 hours that they can devote to seeing their patients. The presentation really emphasised how improvement methodology can benefit patients and colleagues.
- Feedback was provided to the committee that illustrated improvement in the categorisation of long waiting patients. 98% of those waiting had now been reviewed and categorised and the remaining patients would be done in the next couple of days. Members of the committee congratulated the teams for this work which provided assurance that patients would be seen in clinical priority order.
- Feedback was also provided on the work to improve the quality dashboard and reinvigorated matron's rounds and audits. Changes had not yet been made but work is underway and the committee will keep this on the agenda until we are satisfied about the quality of information. This work will also dovetail into the IBR revision.
- The baseline report for the Quality Priorities 2020/21 was presented. There was still work to do to set off two of the work streams and some of the priorities will take more than one year. The Committee requested a baseline on the two priorities yet to be provided at the April meeting. A timetable of regular updates on all priorities was agreed. The Quality report for 20/21 will be required but as yet no date is agreed.
- It was noted that the work on 'Hopes for Healthcare' produced by the Youth Forum had stalled and work is required to reinvigorate this in the Trust. The forum was set up to meet in the next few days and the Committee will receive

feedback at the April meeting.

- The Medical Director presented the new Clinical Governance structure. This had been produced following extensive consultation. The new process was discussed and Non-Executives made suggestions for improvement but agreed with the proposals as outlined. This structure will be presented for discussion to all NEDS at a briefing session.
- Quality Dashboard and IBR were considered. A report on the escalation of pressure sores was to be discussed later in the meeting. The areas where no data was available were also discussed with a view to removing them if the information was not available.
- A report was provided detailing the external reports received by the organisation. When received the reports are circulated to the relevant department who are requested to allocate a lead and to provide a response that details how the Trust services compare with the recommendations of the report. A number have been received where no response has been provided from the department. This means that we are lacking in assurance about the quality of some of our services. The Directorates should be requested to ensure responses are received in order for assurance to be given.
- Infection prevention control quarterly report was received there were no specific issues that we are not already aware of. The report was noted.
- A report was received giving a breakdown of the current pressure ulcers. The Deputy Chief Nurse is leading the pressure ulcer review group. The Regional Nurse has visited the Trust and advises that the Trust may be over reporting community acquired pressure ulcers. She also advises that the Trust review its Tissues Viability service. A number of actions have been taken, these include appointment of a quality matron, additional band 6 secondment to the Tissue Viability service (TVS), realigning the TVS to report to the Deputy Chief Nurse. The Quality Committee will keep this issue under review.
- Safeguarding Children Annual Report for 19/20 was received. The report provided assurance that children and young people safeguarding needs are recognised and responded to in their contacts with HDFT services. It also provides assurance that as a Trust we comply with relevant regulations. The report also details the priorities for 20/21. The Quality Committee has requested the 20/21 report by September this year provided that services are returned to normal.

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

A number of external reports have been received where there is no assessment of compliance against standards and therefore we lack quality assurance about our services.

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

Note that the Youth Forum and implementation of Hopes for Health Care has stalled due to COVID it is anticipated that progress will start again shortly.
Report received regarding pressure ulcers, further work is required to ensure correct reporting in the community and the proposed changes to the TV service.

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Medical Director Report

Agenda Item Number:	**10.1**
Presented for:	Discuss/Note
Report of:	Executive Medical Director
Author (s):	Executive Medical Director
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

Links to Trust's Objectives

To deliver high quality care	√
To work with partners to deliver integrated care	√
To ensure clinical and financial sustainability	√

Recommendation:
The Board is asked to discuss and note this paper and its contents.

Board of Directors Meeting (held in Public)

31 March 2021

Medical Director Report

Dr Jacqueline Andrews

1. Executive Summary

Included within this report are updates on significant items from the Medical Directorate Portfolio:

- *Clinical operations, professional standards and medical workforce development*
- *Risk management, patient safety and clinical effectiveness*
- *Research and Development*
- *Continuous learning, innovation and improvement*
- *Medical Education*
- *Digital and IT Services, including Information Governance*

2. Clinical Operations, professional standards and workforce development

Clinical services review

S-PiiP (Surgical pathways innovation and improvement programme)

Accelerated by the COVID pandemic, there is a need to better understand current and future demand for our surgical pathways at HDFT, whilst in parallel maximising productivity and efficiency as an organisation. In the first phase of this programme, work is being undertaken to optimise theatres capacity through the introduction of new theatre schedule from the 1st of April 2021. The PSC Directorate team and HDFT Project Management Office are working alongside PA Consulting on an 8 week programme. Once a new theatre schedule has been agreed and adopted, phase two of the programme will begin, which will focus on future proofing surgical pathways based on national, local partnership and HDFT strategic priorities, demand modelling and clinical guidance. Good progress is being made with excellent clinical engagement. We are entering week 7 of the programme and the new theatre template has been uploaded and is being populated.

Medical appraisal and new appointments

The focus for medical appraisal this year continues to be on health and wellbeing whilst ensuring the requirements for fitness to practice are met. The medical appraisal team are currently working with internal audit who are reviewing our medical appraisal process and systems, we hope to be able to provide a summary of their findings in the May Board report. We are actively looking to expand out appraiser pool and provide appropriate training, following a number of retirements from the role.

We are currently recruiting for the following consultant positions at HDFT, following a number of retirements, relocations and the creation of a number of new positions:
Obstetrics and Gynaecology- x3 WTE posts
Acute Medicine- x2 WTE posts
Haematology- x1 WTE post
Radiology- x1 WTE post (re-advertised due to no applicants previously)

3. Risk management, patient safety and clinical effectiveness

The HDFT Medical Examiner service continues to develop. Our new Medical Examiner Officer commenced their role on 22nd March and will provide the necessary skills to coordinate the Medical Examiner team to ensure delays in death certification are minimised. They will also be essential to ensuring any areas of concern are identified and escalated in an appropriate manner and timeframe. This will enable learning points to be rapidly fed into the new quality governance framework to improve shared learning.

The risk management team is currently working on reviewing processes for both comprehensive and concise Serious Incidents (SIs). In relation to comprehensive SIs, we have recently introduced the role of a case manager, similar to that included within HR investigations to provide oversight and ensure the investigation remains on track. The Trust's 3 Patient Safety Specialists have been identified as the case managers and will be assigned to SIs as they arise dependent on availability. The case manager is now included in the Terms of Reference and the detail and role description will be incorporated into the Events & Serious Incidents Policy. We have also reviewed and refined the core group of Lead Investigators and Family Liaison Officers for the Trust to ensure that colleagues undertaking these roles have the necessary experience and attributes to do justice to the role. As part of this we are considering CPD, training, and debriefs and how we build this into our offering of support for investigators moving forward.

In relation to concise SIs, work is underway with the Deputy Chief Nurse and Tissue Viability Nurses to consider all aspects of the administrative process for Pressure Ulcer investigation, including duty of candour and Trust sign off. An interim 'bedside review' process was introduced for pressure ulcers on the wards in January 2021 in response to the latest COVID-19 wave and this is in place initially until the end of March. It is working well and has produced more timely decisions on whether there are omissions in care and therefore whether an incident needs reporting as a concise SI. A similar process will also be undertaken in relation to falls RCAs (root cause analysis) with the falls coordinator, although the volume of these is much smaller.

We are currently working on developing our 'dashboard' of risk management information to support the launch of the quality governance framework and scoping the directorates' information needs to see what we might be able to streamline and/or automate in the future. Preparation is also underway for a number of delayed inquests (due to the pandemic) which will be going ahead over the next couple of months, including delivering a comprehensive supporting programme for colleagues. The Head of Risk and Trust solicitors will be meeting with witnesses ahead of the inquests to ensure they are well prepared and supported.

The current priority for the Clinical Effectiveness team is to produce a draft 2021/22 clinical audit programme for review, prioritisation and formal approval by the new Quality Governance Management Group. The programme is designed to meet the contractual obligations included in the NHS standard contract which requires participation in the National Clinical Audit and Patient Outcomes Programme (NCAPOP) audits, in addition to other national audits and patient surveys. The programme also includes a suite of local priority projects including some which were not undertaken during 2020/21 due to COVID-19, local clinical interest audits agreed by the directorates, and audits arising from Serious Incidents. In this way the programme ensures a balance between national and local priorities with intention of providing the board with the assurance that as a trust we have a sufficient system and processes in place to monitor the quality of services provided.

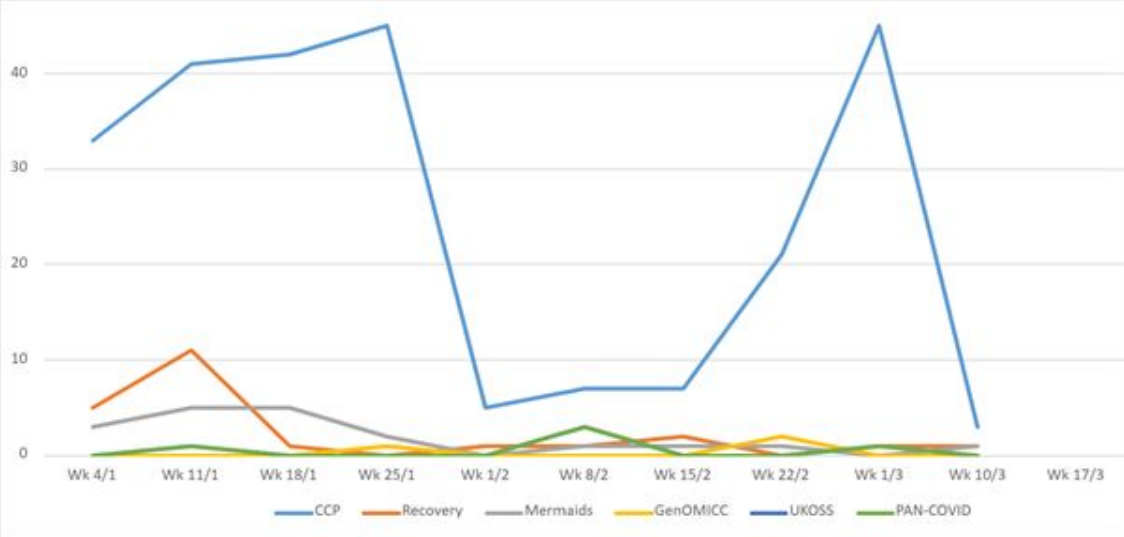
The Clinical Effectiveness team also continue to take the lead with managing additions and subtractions of clinically extremely vulnerable patients to the NHS Digital 'Shielded Patients List', and ensuring colleagues are provided with appropriate up-to-date letter templates to send to patients. As NHS England have now asked that consultants identify patients who are no longer clinically extremely vulnerable, we are consulting NHS digital and HDFT informatics colleagues to develop a process to facilitate this large weekly review.

4. Research and Development

COVID urgent public health (UPH) studies remain a priority and the HDFT research team are currently recruiting into six UPH studies and await the green light to commence two others. The team continue to recruit into the RECOVERY the study that identified the positive impact of dexamethasone in COVID. Treatment with dexamethasone is now firmly embedded in clinical practice within the trust ensuring improved outcomes for patients with COVID.

Other studies being delivered include observational studies collecting demographics and outcome data for all COVID positive patients as well as specific subgroups of positive patients including those with a respiratory infection which started in the previous 24hrs, pregnant women, ventilated patients and those with an existing cancer diagnosis. To date, 800 patients at HDFT have been recruited into national COVID-19 urgent public health studies and this has captured all patients admitted to HDFT with a positive diagnosis. Within the context of these urgent public health studies research staff have used innovative mechanisms including virtual platforms to review and monitor participants.

Recruitment into the 6 COVID UPH studies open at HDFT 2021 to date:



HDFT is about to open a study examining the genetic, epidemiological and clinical aspects of Long COVID. Alongside this study, the trust are examining the opportunity to set up an ethically approved database for Long COVID and to align all clinics and MDT meetings to provide a multidisciplinary approach for these patients and a potential platform for research in the future. HDFT is also working with York Teaching Hospitals to deliver a novel commercial vaccine trial (Medicago) in 18-35 year olds. The treatment arm provides significantly higher numbers of neutralising antibodies and appears active against all current COVID variants which is likely to enhance participation.

Non-COVID studies

Staff continued to support a number of non-COVID treatment studies throughout 2020/21 to ensure optimum treatment for patients was delivered, focussing on potentially life saving or life lengthening therapies. This included several cancer studies and some interventional commercial studies e.g. those utilising biologics in Rheumatology and Dermatology and a number to optimise treatment for diabetic patients. However, the number of commercial studies is significantly lower in 20/21 which will impact negatively on the commercial research income generated for the trust.

Paused then restarted studies and studies in set up

The national prerogative for all research is to reinstate 80% of those research studies previously being delivered prior to the pandemic. This has been achieved within the trust. There are now a total of 59 studies open and recruiting or with participants in follow up. This amounts to 1230 participants supported by research staff in 2020/21 to date. 13 non UPH studies are now in set up and we have returned 32 EOIs (expression of interest) regarding involvement in new studies if organisational capacity allows.

Redeployment and immunisation programme

Skills of the research nursing staff have and are being utilised to support clinical care on the wards whilst also supporting recruitment into COVID UPH studies. Clinical research staff with appropriate skills have also been identified to support the trust vaccination programme as required.

5. Continuous learning, innovation and quality improvement

A detailed review of the performance of the Quality Improvement Schedule and the Quality Charter and its associated schemes has been undertaken. Less than a third of the usual number of Quality of Care Champions have been trained and supported over the last year, but online training and socially distanced face-to-face training are now seeing increased take-up. This reduction, together with the suspension of much the planned rapid QI programme, meant the team had capacity to carry out a comprehensive "lessons learned" enquiry into our practice in wave one of the coronavirus pandemic. Results have been shared across the Trust and with key stakeholders beyond and have helped to inform decision making and communication with subsequent waves. The performance of our Making a Difference (nominations down 38% on last year) and Team of the Month awards (down 50% on least year) was also affected during 20/21, with a total of 148 nominations across the two award types year to date.

The team continues to provide programme leadership, project management, facilitation and support to the "At our Best" programme to help it hit an anticipated 53 of the 56 milestones planned for 20/21. The year ahead will see the team transition the "At Our Best" programme into business as usual. They will use the tools and techniques of quality improvement to support the delivery of the "Caring at Our Best" action plan particularly to drive coaching, learning and the use of standard work and visual controls in our in-patient wards. They will work with some of the over 1,000 quality of care champions we have trained over the last four years to do so. Supporting the development of a HDFT Continuous Learning, Innovation and Improvement System to ensure knowledge transfer and exchange occurs at scale and at pace to aid the adoption and spread of new ideas, ways of working and innovative healthcare delivery will be another key part of the team's work in the year ahead.

6. Medical Education

The medical directorate team would like to acknowledge the invaluable contribution made by doctors-in-training in caring for the patients of HDFT over the winter months, especially doctors-in-training in surgical specialties, who were redeployed to general medicine for 8 weeks to support the COVID pandemic. Redeployment was necessary due to the significant increase in emergency admissions from December onwards. All colleagues stepped up to the challenge with diligence and professionalism. The Medical Education Team is now prioritising measures, along with HEEYH (higher education England Yorkshire and Humber), to help trainees compensate for the impact on their training and education. One of these measures will be the relaunching of a Clinical Skills and Simulation Based Education Programme and the appointment of a Simulation Lead. Work is also due to commence in the

near future on the refurbishment of the Doctors' Mess. This will provide improved rest facilities for Doctor-in-Training to support their health and wellbeing.

The Foundation Year (FY) Entrepreneurship Programme in collaboration with Leeds Teaching Hospitals NHS Trust and the University of Leeds (UoL) has been postponed until August 2022 but HDFT remain committed to being an active partner in this innovative scheme. We are also working closely with UoL to host our first ever second year medical students to HDFT, commencing with a pilot programme in June. In addition we have worked with the LTUC directorate to secure 3 new GP specialty training posts (2 in acute medicine; 1 in haematology & oncology) starting in August 2021.

The medical education team welcome a number of new team members: Nicola Langdale, our new Head of Education, Learning and Development; Dr Thomasina Livingstone, Foundation Year One Training Programme Director; Dr Jane Paisley, Undergraduate Lead for Leeds University MBChB Year 3; and Dr Matt Milsom, Guardian for Safer Working. We are very much looking forward to working with them to further enhance medical education and training at HDFT.

7. Digital and IT Services

The ongoing roll out of additional Wi-Fi access points across the trust site to address known black spots along with switching the provider of our Wi-Fi network will allow us to create a staff only network to support colleagues being able to log their own devices onto the Wi-Fi network at work safely. Patient Wi-Fi network is also being made more robust to support patients being able to communicate with video calls and access entertainment whilst in hospital. There is continued support for a much greater numbers of colleagues working from home and working in an agile manner in the community. As part of our ongoing PC replacement program a greater number of laptop devices have been secured to encourage agile working and a one device approach.

Our electronic patient record (WebV) is about to get the next release (v.3.6) which is being given to us to test on the 24th March – this release contains the long awaited ward and bed management, handover and noting modules which will facilitate our move to paperlite working in both inpatient and outpatient care. The roll out and change program associated with this will be over a 6-9 month period as a minimum. Finally, we are currently procuring a partner to provide an external review of our digital strategy and our capability and capacity of our digital and systems teams. This will inform the development of a refreshed digital strategy and a business case to access potentially significant national Digital Aspirant funding over the next 2-3 years.

8. Recommendation

The Board is asked to discuss and note the contents of the Medical Director report.

9. Supporting Information

None.

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Chief Nurse Report

Agenda Item Number:	**10.2**
Presented for:	Discuss/Note
Report of:	Chief Nurse
Author (s):	Deputy Chief Nurse
Report History:	Senior Management Team
Publication Under Freedom of Information Act:	This paper can be made available under the Freedom of Information Act 2000.

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

10.2

Recommendation:
The Board is asked to note the items contained within this report, including: • Nurse staffing current position • IPC Update • Covid Vaccination Update • Quality Update

Board of Directors Meeting (held in Public)
31 March 2021
Chief Nurse Report

Summary

The purpose of this report is to provide colleagues with a summary position of four key areas in relation to nursing, midwifery and AHP's. Wards and teams in both the hospital and community remain challenged, particularly in response to the pandemic. This continues to have an impact on staffing and the associated challenges of nursing patients with COVID-19. The senior nurse team at the trust continue to work collaboratively together in responding to these challenges, supporting our teams and putting appropriate responsive measures in place that this paper outlines.

1.0 Nurse Staffing current position

Registered Nurses (RN)

The current RN vacancy across the organisation after current recruitment is **10.26 wte**. However there are a further 10 RN's in the pipeline who are expected to start employment between May and October 2021, as they are a combination of students yet to qualify and international recruitments. Five international nurses are also due to pass their OSCE by the end of April 2021.

There are currently **10.64 wte** RN's on maternity leave across Planned & Surgical and Long Term Unscheduled Care Directorates.

Community RN recruitment is also ongoing and currently their recruitment campaigns are separate to the hospital events.

Monthly average turnover in WTE is three RN's and in general, domestic recruitment matches the average monthly turnover. The trust remains actively involved in international recruitment and during February 2021, we were joined by three international registered nurses from India at HDFT. They will work through a series of OSCE's and competencies in order to help them transition and join the NMC register.

Care Support Workers (CSW)

The current CSW vacancy across the organisation is **20.25 wte**. However there are currently **16.61 wte** care support workers (CSW) who are in the pipeline and due to commence work at the Trust by end of May 2021. The trust is actively involved in Heath Education England's 'Zero Vacancy Programme' for CSW's and it is anticipated that with previous work carried out around CSW recruitment plus this new initiative, we are on trajectory to be at zero vacancy by the Summer of 2021.

The trust continues to hold monthly recruitment campaigns online (due to the pandemic) facilitated by the Deputy Chief Nurse. The events have proven popular with existing student nurses at HDFT, but also from national and international applicants. As we begin to recover from Covid, the plan will be to return these sessions face to face (as restrictions allow) whilst recognising that there is a benefit to some form of online access for candidates as this element has evaluated really positively.

1.1 Safer Staffing and Acuity & Dependency

NHS England state that ensuring NHS providers are staffed with the appropriate number and mix of clinical professionals is vital to the delivery of quality care and in keeping patients safe from avoidable harm. The safer nursing care tool (SNCT) calculates clinical staffing requirements based on patient's needs (acuity and dependency) which together with professional judgement guides staffing decisions.

HDFT has historically carried out bi-annual reviews of its ward staffing levels and acuity with a recognised NHSE tool. Due to the pandemic this has not been possible; and as we plan recovery with wards reconfigurations completed, the Executive Director of Nursing plans to carry out a full review of nursing establishments in April 2021. We also plan to recommence the SNCT audit from April 2021 onwards on a rolling programme.

The Executive Director of Nursing, Midwifery & AHP's will report on this work in future SMT and board meetings during 2021/22.

2.0 IPC update

Whilst the focus of the infection and prevention control team in the last year has largely revolved around COVID-19, all others measures continue to be monitored and reported on and includes:

2.1

C. difficile		
Total number of healthcare associated cases April 2020 to date	19 (*For context April 2019-end of March 2020 – 29 cases*)	
Break down by category	Hospital onset, healthcare acquired case (HOHA)	17
	Community onset, healthcare acquired case (COHA)	2

There was a spike in cases during February; we looked for evidence of cross infection between these patients (in terms of both location and typing). No evidence to support cross infection was identified.

Staphylococcus aureus – MSSA	
Total number of healthcare associated cases April 2020 to date	4 (*for context April 2019-end of March 2020 – 7 cases*)

Staphylococcus aureus – MRSA	
Total number of healthcare associated cases April 2020 to date	0 (*for context last healthcare associated MRSA bacteraemia was September 2013*)

COVID-19	
Total number of healthcare associated cases	132

April 2020 to date		
Breakdown by category	Hospital onset, definite healthcare acquired	69
	Hospital onset, probable healthcare acquired	63

2.2 Outbreaks of infection COVID-19 – Current position

All outbreaks this year have been solely in relation to COVID-19. All current open outbreaks are due to be closed by the end of March 2021. See table 2.3

2.3 Current status of outbreak by ward area:

Ward	Date opened	Status	Predicted closure date	Outbreak report	Number of cases
Jervaulx	May 20	Closed	N/A	Done	
Byland/Jervaulx	July 20	Closed	N/A	Done	
Granby	November 20	Closed	N/A	Done	
Oakdale	November 20	Closed	N/A	Done	
Dermatology MDU	December 20	Closed	N/A	Done	
Jervaulx	21/1/21	Open	22/3/21	-	29 Patient 4 Staff
Oakdale	25/1/21	Open	27/3/21	-	16 Patient 7 Staff
Littondale	30/1/21	Closed	N/A	Pending	4 Patient 0 Staff
Rowan	30/1/21	Open	3/4/21	-	13 Patient 5 Staff
Byland	1/2/21	Open	25/3/21	-	21 Patient 8 Staff
Trinity	11/2/21	Open	22/3/21	-	10 Patient 6 Staff
Granby	2/3/21	Open	30/3/21	-	3 Patient 1 Staff

The Trust's IPC committee is next due to meet on 12th April 2021. In March 2021 the Executive Medical Director, Deputy Chief Nurse and Consultant Microbiologist met to review current IPC arrangements, outbreaks in relations to COVID the subsequent plans for 2021/22.

2.4 IPC practice, compliance assurance

Achieved by each department/ward carrying out a monthly audit (IPCQAT – IPC quality assurance tool). Consideration was given by clinical areas in January 2021 to suspend completion of audits due to staff pressures. This consideration was discussed at the IPC team meeting and the decision taken that complete suspension of these audits was not acceptable.

Therefore the IPC team have taken over the completion of these audits until the end of March 2021 (with prioritisation of resources on outbreak wards in the first instance). It is expected that wards/departments will resume accountability of these audits again from April 2021.

2.5 Water safety group

Next meeting 25/3/21. No concerns to escalate at present.

2.6 Critical care, transmission of gram-negative organisms within the unit (MAU base)

Typing results confirm patient-to-patient transmission of both *Serratia sp*. and *Stenotrophomonas maltophilia* has occurred. Dr Richard Hobson has carried out an investigation and subsequently made recommendations , to minimise the likelihood of recurrence of further patient-to-patient transmission.

2.7 Hospital onset COVID-19 (HOC) comparison with the region

Data obtained from the North Yorkshire CCG. Figures up to **28/2/21.**

York HOC rate – 9.7% (down 3.9%)

North Lincs HOC rate – 21.4% (down 17.8%)

Hull HOC rate– 22.6% (up 1.7%)

*HDFT HOC rate – 26.9% (up 13.7%)

***Figures for HDFT as of 14/03/21**. With regards to HOC; the trust reports comparisons with Humber Coast and Vale organisations. At time of reporting, the three other trusts reported a position of being past the peak of the 2nd wave with HDFT following approximately 2 weeks behind hence the trust showing a rise in comparison HOC rates at time of reporting.

3.0 Covid Vaccination – current position

The Covid staff vaccine clinic was successfully stood back up on 16th March for the next phase of the programme in the administration of the 2nd Covid vaccine. The programme continues to be a success and has seen good uptake by colleagues. Current first dose validated percentage is 86.4% of all staff and so far the second dose uptake stands at 22.2%. Slots via the booking system continue to be filled and the work is being expertly led by the Chief Pharmacist Kath Woodrow and supported by Emma Oxtoby Service Improvement Facilitator. The clinic overall is being led by Matron Lesley Danby.

3.1 Current position split by group including overall vaccination percentage

The following table outlines the current HDFT position of Covid vaccinations this includes 1st and 2nd dose uptake (as of 22nd March) and is split by Directorate, minority ethnic groups, age, those shielding and pregnancy.

TOTAL COVID VACCINATIONS (OF THOSE IN AT RISK GROUPS)

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	# At Risk	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Childrens and County Wide Community Care	138	40	162	85.2%	24.7%
Corporate Services	78	34	90	86.7%	37.8%
Long Term and Unscheduled Care	298	129	368	81.0%	35.1%
Planned and Surgical Care	249	106	299	83.3%	35.5%
Harrogate Healthcare Facilities Management	111	40	120	92.5%	33.3%
TOTAL (including HIF)	**874**	**349**	**1,039**	**84.1%**	**33.6%**

TOTAL COVID VACCINATIONS (OF ALL STAFF)

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	Headcount of Staff	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Childrens and County Wide Community Care	1,247	195	1,451	85.9%	13.4%
Corporate Services	403	63	446	90.4%	14.1%
Long Term and Unscheduled Care	1,335	466	1,535	87.0%	30.4%
Planned and Surgical Care	952	307	1,106	86.1%	27.8%
Harrogate Healthcare Facilities Management	290	57	355	81.7%	16.1%
TOTAL (including HIF)	**4,227**	**1,088**	**4,893**	**86.4%**	**22.2%**

BAME Covid Vaccinations

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	# At Risk	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Childrens and County Wide Community Care	34	6	46	73.9%	13.0%
Corporate Services	31	11	38	81.6%	28.9%
Long Term and Unscheduled Care	182	71	232	78.4%	30.6%
Planned and Surgical Care	154	64	190	81.1%	33.7%
Harrogate Healthcare Facilities Management	19	4	22	86.4%	18.2%
TOTAL (including HIF)	**420**	**156**	**528**	**79.5%**	**29.5%**

SHIELDING Covid Vaccinations

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	# At Risk	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Childrens and County Wide Community Care	45	13	50	90.0%	26.0%
Corporate Services	12	8	13	92.3%	61.5%
Long Term and Unscheduled Care	42	21	46	91.3%	45.7%
Planned and Surgical Care	30	11	33	90.9%	33.3%
Harrogate Healthcare Facilities Management	15	4	15	100%	26.7%
TOTAL (including HIF)	**144**	**57**	**157**	**91.7%**	**36.3%**

AGE Covid Vaccinations (Male 55 and over, Female 65 and over)

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	# At Risk	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Childrens and County Wide Community Care	23	7	26	88.5%	26.9%
Corporate Services	31	14	34	91.2%	41.2%
Long Term and Unscheduled Care	65	29	73	89.0%	39.7%
Planned and Surgical Care	59	24	67	88.1%	35.8%
Harrogate Healthcare Facilities Management	85	34	92	92.4%	37.0%
TOTAL (including HIF)	**263**	**108**	**292**	**90.1%**	**37.0%**

PREGNANCY Covid Vaccinations

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	# At Risk	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Childrens and County Wide Community Care	0	0	4	0.00%	0.00%
Corporate Services	0	0	0	#DIV/0!	#DIV/0!
Long Term and Unscheduled Care	0	0	10	0.00%	0.00%
Planned and Surgical Care	1	0	4	25.00%	0.00%
Harrogate Healthcare Facilities Management	0	0	0	#DIV/0!	#DIV/0!
TOTAL (including HIF)	**1**	**0**	**18**	**5.56%**	**0.00%**

VULNERABLE Covid Vaccinations (e.g. Diabetic, other conditions)

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	# At Risk	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Childrens and County Wide Community Care	45	16	47	95.7%	34.0%
Corporate Services	10	3	11	90.9%	27.3%
Long Term and Unscheduled Care	27	19	27	100%	70.4%
Planned and Surgical Care	19	13	21	90.5%	61.9%
Harrogate Healthcare Facilities Management	3	1	4	75.0%	25.0%
TOTAL (including HIF)	**104**	**52**	**110**	**94.5%**	

FRONTLINE Covid Vaccinations

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	# Frontline Staff	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Childrens and County Wide Community Care	1,122	185	1,312	85.5%	14.1%
Corporate Services	72	19	81	88.9%	23.5%
Long Term and Unscheduled Care	1,185	438	1,374	86.2%	31.9%
Planned and Surgical Care	810	282	950	85.3%	29.7%
Harrogate Healthcare Facilities Management	77	26	86	89.5%	30.2%
TOTAL (including HIF)	**3,266**	**950**	**3,803**	**85.9%**	**25.0%**

STAFF GROUPS Covid Vaccinations

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	Headcount of Staff	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Add Prof Scientific and Technic	141	55	160	88.1%	34.4%
Additional Clinical Services	768	202	929	82.7%	21.7%
Administrative and Clerical	777	115	846	91.8%	13.6%
Allied Health Professionals	336	118	383	87.7%	30.8%
Estates and Ancillary	259	49	319	81.2%	15.4%
Healthcare Scientists	55	22	63	87.3%	34.9%
Medical and Dental	443	144	507	87.4%	28.4%
Nursing and Midwifery Registered	1425	381	1649	86.4%	23.1%
Students	23	2	37	62.2%	5.4%
TOTAL (including HIF)	**4,227**	**1,088**	**4,893**	**86.4%**	**22.2%**

NON ESR Colleagues

	# Vaccinated (1st Dose)	# Vaccinated (2nd Dose)	Headcount of Staff	% Uptake (1st Dose)	% Uptake (1st and 2nd Dose)
Frontline					
Frontline	2,134	6	2,180	97.9%	0.3%
Non-Frontline	864	7	876	98.6%	0.8%
TOTAL	**2,998**	**13**	**3,056**	**98.1%**	**0.4%**
Age					
16-69	2,869	13	2,921	98.2%	0.4%
70-74	86	0	88	97.7%	0.0%
75-79	23	0	24	95.8%	0.0%
80+	4	0	4	100%	0.0%
Unknown	16	0	19	84.2%	0.0%
TOTAL	**2,998**	**13**	**3,056**	**98.1%**	**0.4%**

4.0 Quality Update

During the pandemic, the senior nursing team have continued to monitor and remain responsive to specific quality needs, as they have arisen. As we begin to recover from COVID19, there is a recognised need to reassess our quality monitoring and reporting in line with our revised ways of working.

4.1 Reporting

The Deputy Chief Nurse, supported by the Heads of Nursing have been working with informatics colleagues to look at the use of the trust quality dashboard. Whilst central recording has continued through the pandemic, how we use the data and what is reported on has at times has been variable.

The Deputy Chief Nurse is currently reviewing the categories and parameters in which we report on and plans to roll out a revised version of the dashboard in the spring of 2021. As of March 2021, the individual tab for each ward area has also been reinstated as opposed to one overall summary table. Whilst a direct comparison of month or year is difficult (because of COVID), the revisions will allow for greater scrutiny and oversight of data by area.

The Deputy Chief Nurse has also created a new monthly ward assurance meeting moving forwards, commencing in April 2021. Chaired by the DCN, the meetings will occur monthly for each clinical area and will be attended by ward and directorate nursing leads. Broadly, the quality dashboard will form the basis for the agenda and will provide a forum for senior nurse colleagues to meet with clinical areas to (a) understand current position (b) act on the data and what it is telling us and (c) ensure learning and action planning happens and is appropriate.

4.2 Falls

Falls data and trends is captured month on month by the falls co-ordinator and the risk management team, although the overall ownership of the work associated with falls remains the responsibility of the individual ward area and their directorates. The trust records all falls that occur through datix and then according to the risk score, are categorised into one of the following 5 parameters: *no harm, low harm, moderate harm, severe harm, death.*

Since Jan 2019 there have been twelve cases categorised at severe harm and three that have resulted in death. The table below shows a break down per month for all falls over the last 2 years up to and including February 2021.

4.3 Falls summary 2019 to present

	2019	2020	2021
Jan	68	82	66
Feb	48	51	61
Mar	66	52	
Apr	53	65	
May	65	56	
Jun	51	54	
Jul	70	37	
Aug	72	50	
Sep	60	41	
Oct	72	49	
Nov	58	57	
Dec	68	55	

- **2019** total falls all categories**: 751**
- **2020** total falls all categories**: 649**
- **2021** total falls all categories to date**: 127**

4.4 Pressure Ulcers

The trust has seen an overall month on month reduction in hospital acquired pressure ulcers in comparison to 2020/21. However, the monthly position remains variable and the tissue viability lead and DCN continues to work to understand this. Whist COVID19 has played a part, the increasing acuity and dependency generally across the wards is a factor.

The reporting of pressure ulcers is however more prevalent on wards in comparison to the first wave, including ITU. Here the team have reported an increase in device related PU's (usually ET tubes) and proned patients. Proned patients have nationally been a further unfortunate consequence of the pandemic.

Emerging research (including that considered by the European Pressure Ulcer Advisory Panel (EPUAP) notes worrying links between the pathophysiology of Covid-19 and the aetiology of PUs. The incidence of medical device-related PUs has been brought into sharp focus, including with respect to use of continuous positive airway pressure (CPAP) masks and other devices. The presence of PUs following prone positioning for acute respiratory distress syndrome is also well documented, but has drawn increased attention during the pandemic; with control studies highlighting increased risk of PUs associated with number of days under pronation cycles, and maintaining prone positioning for more than 24hours.

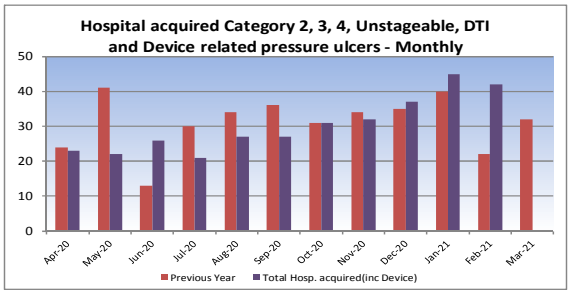
Epidemiological data from the US also suggests the prevalence of PUs among confirmed Covid-19 patients requiring intensive care to be three times greater than ICU patients without Covid-19.

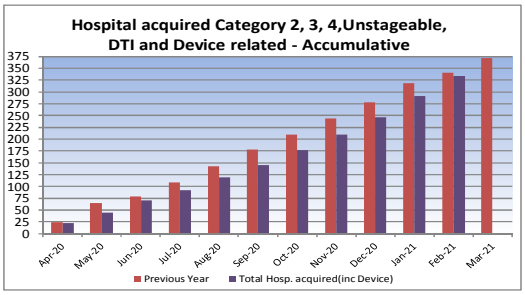
HDFT has recently been identified by NHSIE as an outlier for its increase in community acquired pressure ulcers. The regional chief nurse has visited the trust and is supporting with a review of the tissue viability service including how we benchmark against peers in terms of reporting those patients in the community who are receipt of care, to understand the impact on the overall reporting and outlier position. .

4.5 Current position

Monthly	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Total Hosp. acquired(inc Device)	23	22	26	21	27	27	31	32	37	45	42	
Device Related	3	1	3	3	2	1	3	3	7	8	5	

Accumulative	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Total Hosp. acquired(inc Device)	23	45	71	92	119	146	177	209	246	291	333	
Device Related	3	4	7	10	12	13	16	19	26	34	39	





For the month of February 2021 we have seen an increase overall in pressure ulcers for the hospital (in comparison to the previous year). However, this is inclusive of all reported hospital acquired pressure ulcers. Of the 42 PU's reported for February 2021, 6 required further investigation.

Further investigation is warranted for any moderate harm or above for category 3's, unstageable, mucosal device related and then severe harm category 4 (no category 4's reported in the last year).

Of the increases seen in January/February 2021, these have been a combination of device related (primarily ITU) and category 3's mostly sacral related across ITU and the wards. Of all cases investigated in February (6 total), 50% were found to have omissions. Documentation, repositioning, skin inspections and not updating risk assessments have featured as common

themes in omissions and this is where the area of focus needs to immediately be with clinical teams.

In response to this, the tissue viability team has increased pressure ulcer prevention training to a weekly MS team's delivery (from monthly face to face). One of the surgical matrons has also taken the lead in ensuring each wards now have displayed a pressure ulcer prevention information board (on the ward) for all staff to see showing the documentation that needs to be completed.

The DCN and TVN Lead have also just revised the pressure ulcer investigation process. This included the bedside root cause analysis investigation document to help make this more streamlined and performed in 'real time'. A new panel process for reviewing omissions in care, chaired by the DCN is also due to start from April 2021.

There is also a recognised need to review the way we currently present pressure ulcer data as the ability to interrogate and understand the data remains a challenge. The TVN lead is currently working with information services and risk management on this.

4.6 Quality Matron and realigning of services

The Deputy Chief Nurse currently has advertised a new role for HDFT in the form a Matron for Clinical Quality. This role will work under the direction of the deputy chief nurse and support him with the work on revising the quality dashboards, support the work around tissue viability, falls, nutrition and delirium and most importantly work with clinical teams to help embed change in relation to quality improvement.

5.0 Recommendation

The Board is asked to note the items contained within this report, including:

- Nurse staffing current position
- IPC Update
- Covid Vaccination Update
- Quality Update

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Strengthening and Supporting Board Oversight for Maternity and Neonatal Safety Report

Agenda Item Number:	**10.2.1**
Presented for:	Note/Discuss
Report of:	Clinical Director
Author (s):	Dr Kat Johnson (Clinical Director), Alison Pedlingham (HOM), Danielle Bhanvra (Matron) and Andy Brown (Risk management Midwife)
Report History:	Senior Management Team
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

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

Recommendation:
The Board is asked to review the data measures provided in this report which form part of the perinatal surveillance model mandated in response to the Ockenden Report, prior to presentation to the Board, who will be asked to reflect on the information provided and whether there is further assurance required at this time.

Provider Board level measures
Monthly report
March 2021 (February data)

REVISED PERINATAL SURVEILLANCE MODEL
MINIMUM DATA MEASURES FOR TRUST BOARD REVIEW

1.0 Executive Summary

This paper provides detail on the board level measures for the month of February mandated as part of the perinatal surveillance model.

2.0 Introduction

2.1 In January 2021 the board received a maternity report , including the mandated trust actions in response to the first Ockenden Report. One of these actions was to implement the perinatal surveillance model including the board level provider levels detailed here.

3.0 Proposal

3.1 The report covers the minimum provider board level measures required as part of the perinatal surveillance model.

3.2 The board is asked to note the information provided in the report and whether it contains sufficient detail to provide assurance to the board in relation to perinatal safety.

3.3 The board is asked to note the format of the narrative and whether it is presented in a suitable way to allow scrutiny of these measures.

4.0 Quality Implications and Clinical Input

4.1 The report provides a narrative on the key minimum measures mandated in the perinatal surveillance model and has been constructed by members of the maternity midwifery and obstetric team.

5.0 Equality Analysis

5.1 An equality analysis has not been undertaken

6.0 Risks and Mitigating Actions

6.1 Middle grade staffing gaps present a risk to the quality of care due to fatigue in this staff group. This has been added to the departmental risk register. The mitigations are described in the paper below.

6.2 Maintaining competencies in management of obstetric emergencies through multiprofessional training has been compromised by the inability to hold face to face sessions. This has been mitigated through the development of an online training package.

Provider Board level measures
Monthly report
March 2021 (February data)

6.3 Compliance in fetal monitoring training, which is mandated by 31st May 2021, is poor for both midwifery and medical staff (but worse for medical staff). A considerable amount of work is required to ensure that all staff are compliant by 31st May 2021.

6.4 The low compliance levels for fetal monitoring training and obstetric emergency training present a risk to the delivery of high quality care and to compliance with the maternity incentive scheme standards and the accompanying financial return on this.

7.0 Recommendation

7.1 The board is asked to note the information provided in the report and whether it contains sufficient detail to provide assurance to the board in relation to perinatal safety.

7.2 The board is asked to note the format of the narrative and whether it is presented in a suitable way to allow scrutiny of these measures.

Provider Board level measures
Monthly report
March 2021 (February data)

Board Level Measures

Harrogate And District NHS Foundation Trust

CQC Maternity Ratings - overall rated good in 2016	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:

Feb-21

Maternity Safety Support Programme	Select Y / N:	If No, enter name of MIA

	2021											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Findings of review of all perinatal deaths using the real time data monitoring tool		2										
HSIB.		1 case to HSIB										
Report on: •The number of incidents logged graded as moderate or above and what actions are being taken •Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training •Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite , gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.		1 moderate harm logged 11% (training) see narrative below										
Service User Voice feedback		See narrative										
Staff feedback from frontline champions and walk-abouts		midwifery staffing levels Middle grade doctors - fatigue										
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with		None received										
Coroner Reg 28 made directly to Trust		None										
Progress in achievement of CNST 10		4 fully compliant										

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annuallly)	
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	

Provider Board level measures
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Narrative in support of the Provider Board Level Measures – February 2021

Introduction

NHSE and I published the revised perinatal surveillance model in December 2020, setting out six requirements to strengthen and optimise board oversight for maternity and neonatal safety:

1. To appoint a non-executive director to work alongside the board-level perinatal safety champion to provide objective, external challenge and enquiry.

2. That a monthly review of maternity and neonatal safety and quality is undertaken by the trust board.

3. That all maternity Serious Incidents (SIs) are shared with trust boards and the LMS, in addition to reporting as required to HSIB.

4. To use a locally agreed dashboard to include, as a minimum, the measures set out in Appendix 2, drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.

5. Having reviewed the perinatal clinical quality surveillance model in full, in collaboration with the local maternity system (LMS) lead and regional chief midwife, formalise how trust-level intelligence will be shared to ensure early action and support for areas of concern or need.

6. To review existing guidance, refreshed how to guides and a new safety champion toolkit to enable a full understanding of the role of the safety champion, including strong governance processes and key relationships in support of full implementation of the quality surveillance model.

This is the first report for board following the overview on quality and safety and response to the Ockenden Report presented at the board meeting in January 2021.

CQC peer review (update)

The maternity and gynaecology departments (combined) were assessed in 2016; this was part of a wider organisational CQC assessment and the services were rated as good.

The maternity department is currently reviewing the prompts, professional standards and sector specific guidance within the CQC maternity specific key lines of enquiry. The maternity leadership team have reviewed the CQC assessment undertaken in Nottingham (published December 2020).

The plan is to undertake a peer review of the service using staff external to the department. Next steps for completion of the peer review will be discussed and agreed with the Planned and Surgical Care Directorate.

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

In February, there were 2 reportable perinatal deaths.

Provider Board level measures
Monthly report
March 2021 (February data)

- One initially diagnosed as an IUD at 21+ (which would not have met the reporting criteria of 22/40) and delivered at 23+ gestation.

- The second was a term stillbirth and reported to HSIB.

Findings of review all cases eligible for referral to HSIB

In February 2021, one case was referred to the Healthcare Safety Investigation Branch (HSIB). The case involved a Term stillbirth who was in the latent phase of labour when the fetal death was diagnosed. HSIB investigation is ongoing.

To date there have been a total of 7 eligible cases reported to HSIB since commencement of the notification scheme at HDFT in December 2018.

One case relating to a maternal death in October 2020. Staff interviews have been completed. Findings will be reported following receipt of the final approved investigation report.

The number of incidents logged graded as moderate or above and what actions are being taken

In February 2021, one incident was reported as Moderate Harm.

The incident involved a postnatal patient with pre-existing risk factors. Following review at the Professional Advisory Panel, clinical care was considered to have been appropriate.

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

It has been very challenging to keep all our staff groups updated with core training and competencies as our primary priority has been safely staffing the maternity unit throughout a pandemic. As leaders we have made ourselves accessible and available to staff so that opportunities for learning and reflection have been part and parcel of our day to day interactions.

Staff have missed having protected time out to receive their essential core training, interact and share with each other and reflect on their experiences.
Doing essential training online, in an individual's own time is not as effective or engaging and guidance on what is essential or 'core' had been late coming.

We have had significant staffing issues for a prolonged period and this has impacted on our ability to formulate and delivery training in a timely manner and that is why maternity training has been added to the risk register**.**

No	Core Modules	Update
1	Saving Babies Lives	Currently compliant with the minimum training requirements.
2	Fetal surveillance in labour	This forms a core module now on PROMPT however midwives and Obstetricians are also required to complete essential online training on the K2 online platform.

Provider Board level measures
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		The mandated requirement to complete the essential online training on the K2 online platform was recently introduced to provide assurance that the training is of sufficient quality. However, there is a significant time commitment for staff to complete this. For the period 2020-2021 all staff have to again provide evidence of training and competency on K2 by the 31st May 2021. Compliance - **15%** Doctors (2/13) **40%** Midwives Since we are not able to release staff for their full day of FM and Human factors training a regular weekly FM case review is delivered every Monday lunch time.
3	Multidisciplinary emergency skills training	We received guidance from PROMPT on how to deliver emergency skills training remotely. It was not deemed possible to deliver this via MS teams as we could not release staff to attend on a given day. There PROMPT@HDFT was formulated and launched on Sunday 7th February. We had hoped to launch earlier but wanted to ensure the content was relevant and bespoke to us. The content is made up of 15 modules which are linked to ESR. The number of modules required is dependant on the job role of the individual. There are 3 categories - Midwives and Obstetricians - 15 modules Anaesthetists , theatre and critical care staff - 12 modules Support staff (MSW's) - 7 modules. Compliance so far is at **11%** for completion with a significant number of staff having started their training.
4	Personalised care	Mental health is covered both in PROMPT with key information bespoke to Harrogate embedded in the training. A separate module on Safeguarding requires completion via a workbook and followed with a reflective discussion with one of our specialist nurses.

Provider Board level measures
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5	Care during labour and the immediate postnatal period	Management of labour (covered in PAP and weekly FM case discussions) VBAC and uterine rupture (- covered in PROMPT online) GBS in labour (to action) Management of epidural anaesthesia (embedded in the soon to launch Mat 1 training package) Operative vaginal birth – ROBuST (to action) Perineal Trauma – prevention of and OASI pathway Maternal Critical Care (covered in PROMPT online - Maternal AIMS course will recommence in June 2021 Recovery Care after general anaesthetic (to action)
7	Neonatal Life support	Covered in a module on PROMPT. All midwives also receive face to face NLS update from Kathy McClune or Paula de Souza.
8	Training targeted at local learning	Clinical & HOM currently attending LMS HOMs & CD's leadership meeting to establish an LMS pathway on sharing of SI's.

Minimum safe staffing in maternity services to include:

Obstetric cover on the delivery suite, gaps in rotas

Labour Ward Staffing Model – Minimum Staffing Requirements		
	Resident	Non-resident
Monday – Friday 08:00 – 16:30h	**First on call** Foundation doctor year 2(FY2) GP trainee (GPVTS) Specialty trainee year 1 or 2 (ST1/2) **Second on call** Specialty trainee year 3 – 7 (ST 3-7) **Third on call** Consultant	N/A
Monday – Friday 16:30 – 08:00h	**First on call** Foundation doctor year 2(FY2) GP trainee (GPVTS) Specialty trainee year 1 or 2 (ST1/2) **Second on call** Specialty trainee year 3 – 7 (ST 3-7)	**Third on call (to include an evening in–person ward round)** Consultant

Provider Board level measures
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Weekend Friday 16:30 – Monday 08:00h	**First on call** Foundation doctor year 2(FY2) GP trainee (GPVTS) Specialty trainee year 1 or 2 (ST1/2) **Second on call** Specialty trainee year 3 – 7 (ST 3-7)	**Third on call (to include a morning and evening in–person ward round)** Consultant

The maternity unit has been staffed to minimum safe staffing standards at all times despite the gaps in the establishment and risks detailed below:

Staffing Gaps and Contingencies			
Grade of doctor	**Staffing gaps**	**Contingency**	**Risks**
First on call rota FY2/ GPVTS/ ST1/2	None	Internal cover for short term sickness as required	None identified
Second on call rota ST3-7/ specialty doctor	One vacancy due to trainee finishing ST7 and taking up a post elsewhere One gap due to staff member working from home One gap in on call cover due to change in training meaning ST3 cannot work on call without a resident senior	Internal cover prioritising labour ward cover Locum shifts Additional middle grade doctor post recruited to but not yet in post Internal cover for short term sickness as required	Risk of fatigue in doctors on second on call tier Risk of cancelling elective activity to protect Delivery Suite cover Added to risk register March 2021
Consultant	One consultant working from home One consultant working less than full time	2 locum consultants in post covering on call commitments 3 substantive consultant posts being recruited to Internal cover for short term sickness as required	None identified

Midwife minimum safe staffing planned cover versus actual prospectively

February data gives an average shift fill rate of 95.3% for midwives and 84.8% for maternity support workers on Delivery suite and 96.8% for midwives and 84.1% maternity support workers on Pannal Ward. The impact of midwives unable to provide direct patient care alongside a slow recruitment campaign has affected the allocation of midwives to the cover the roster. 1.60WTE midwives have commenced employment in February with a further 5 WTE (mix of band 5's & band 6's) recruited and awaiting start dates. Specialist midwives and

Provider Board level measures
Monthly report
March 2021 (February data)

ward managers have supported the service by working additional clinical hours however; this data is not always captured on the Birthrate plus acuity tool.

The majority of shifts were covered by contractual hours, with 8.3% covered by NHSP, and extra pay shifts on delivery suite / MAC and 20% on Pannal ward . There was 2 long-term sickness within this period and staffing levels were affected by short term and unavoidable sickness.

Antenatal clinic are at full establishment, with one member of the team returning from long-term sick during February on a phased return. 6 antenatal clinic shifts have been covered during February with NHSP or overtime. 8 community shifts have been covered by overtime within the community team as they continue to have 2 midwives not providing direct patient care due to shielding/pregnancy. Clinical hours provided by Antenatal clinic manager & CofC team leader are not captured via the acuity tool however, they have provided additional support to their areas when required.

There is a Birthrate plus prospective assessment in progress to review the current midwifery establishment. This study plans to use the maternity dashboard and acuity data in conjunction with a review of similar units and will be used to produce a casemix from delivery site births for a 3/4 months' period ensuring the casemix is accurate and representative of Harrogate mums and babies.

The bi-annual midwifery staffing report (Oct 20 – March 21), part of safety standard 5 of the Maternity Incentive scheme will be completed and shared with Trust Board in April 2021.

Service User Voice feedback (complaints, compliments, Friends & Family)

A Maternity Voice Partnership (MVP) is an independent multi-disciplinary advisory and action forum with service users at the centre. It uses both a formal committee structure, with written agendas and formal minutes of discussions and decisions, and incorporates the principles and practice of participatory co-design and co-production through small group work. Feedback from women is gathered by on-line surveys, hearing mother's voices, completing walk the patch and 15 steps challenge. This feedback informs development, identifies themes and initiates co-production.

The Harrogate MVP has been in place since the end of 2018. Before this time there was no group forum available and the MVP started its' journey. There are quarterly meetings (planned in advance) with agendas and minutes.

The MVP have recently undertaken a survey monkey of women's experiences of maternity services during the Covid-19 pandemic. The feedback from this survey was recently shared with the maternity service and an action plan will be completed. The MVP group and Maternity Services Forum will monitor the action plan.

96 responses have been input for Friends and Family (FFT) in January and no data has been input for February due to administration issues. Of the 96 responses inputted for January 2021 all responses were reported as good or very good.

Regular positive feedback is received on a daily basis through the Social Media Facebook pages and shared (with permission) to the public and maternity team.

During February, we had one concern that has been responded to and no formal complaints.

Provider Board level measures
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March 2021 (February data)

Staff feedback from frontline champions and walkabouts

The frontline maternity champions for maternity are Kat Johnson and Alison Pedlingham with safety champions for maternity and neonatal services at executive (Chief Nurse) and non-executive level (Andy Papworth).The executive maternity safety champion had monthly safety walkabouts of the maternity and neonatal departments planned in advance on a monthly basis, this did not take place in February. Our plan going forward is to invite Andy Papworth to do the safety champion walkabout on a bi-monthly basis to alternate with the Chief Nurse.

Midwifery staffing levels were highlighted as a concern to Alison Pedlingham during February but also a recognition by staff of the continued challenges of working during the Covid-19 pandemic and the length of time of the recruitment process. Many members of staff have been working additional shifts on NHSP in order to support the unit. There are a significant number of new staff recruited and staff returning back to work after maternity leave offering some reassurance that this is a temporary issue. The monthly staffing report using the Birthrate + acuity tool will be shared with staff.

Concerns about middle grade fatigue have been highlighted as a concern to Kat Johnson. Consultant staff have been supporting the middle grade tier through undertaking clinical sessions on their behalf in clinic and theatre or reducing elective activity.

HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with the Trust

No HSIB/NHSR/CQC report of concerns or request for action have been received in February 2021.

Coroner Reg 28 made directly to Trust

A Coroner has the power to make a report to prevent future deaths, provided under Regulation 28 of Coroner (Investigations) Regulations 2013.

No Regulation 28 notifications have been received in February 2021.

Progress in achievement of CNST 10

Due to the ongoing challenges of the Covid-19 pandemic, final submission of the Maternity Incentive Scheme (year 3) postponed from May 15th to July 15th 2021.

Between now and June, there will be several reports included within this report which form part of the Trust Board oversight and sign off of this process.

Local update

Fully compliant with 4 of the 10 safety standards.

Partial compliance with 6 of the safety standards and working towards full compliance.

Risk – 90% of each maternity unit staff group have attended in-house multi-professional emergency training session – due to challenges of Covid-19 and the need to move from face to face to online training.

No.	Safety standard	Compliance	Update
1	Are you using the National Perinatal Mortality Review Tool to review	**Compliant**	

Provider Board level measures
Monthly report
March 2021 (February data)

	perinatal deaths to the required standard?		
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard? -.	**Compliant** data submission February 2021	Trust Board to confirm they have fully conformed with MSDSv2 Information Standards Notice, DCB1513 and 10/2018
3	Demonstration transitional care services are in place to support the recommendations made in the Avoiding Term Admissions into Neonatal units (ATAIN) Programme		Audit to be completed bi- monthly and action plan to address local findings – include on agenda for maternity safety champions meeting (April)
4	Demonstration of an effective system of clinical workforce planning to the required standard -		Complete a report to Trust Board – obstetric, anaesthetic, neonatal (medical and nursing)
5	Demonstration of an effective system of midwifery workforce planning to the required standard -		Bi-annual midwifery staffing report to Trust Board – April 2021. Workforce review – data collection in progress using Birthrate + acuity model for 2-3 months started March 1st
6	Demonstration of compliance with all five elements of the Saving Babies' Lives care bundle version two -		Outstanding – uterine artery doppler – need training before implementation. If not introduced we are compliant as women have additional scans. CO monitoring re-introduced 22nd March 2021. Audit to be completed – 40 sets notes.
7	Demonstration of a mechanism for gathering service user feedback, and working with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	MVP in place – **compliant**	
8	Evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019 -		The impact of Covid-19 over the last 12 months has been significant with face to face training replaced by online. Prompt package just launched (Feb 21) – aim to be fully compliant (at least 90%) for all staff groups by end May. Compliance is at (February) **11%** for completion with a significant number of staff having started their training.

Provider Board level measures
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9	Demonstration that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues. Progress in meeting the revised CoC action plan is overseen by the board on a minimum of a quarterly basis commencing January 2022 -		CofC plans – required review due to reduced midwifery staffing levels and some impact of the Covi-19 pandemic. Report and update to Board in April – included on the agenda for maternity safety champions meeting Current CofC % = 11.5% (New Wren team launched January 18th 2021)
10	Reporting 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme -	**Compliant**	

Provider Board level measures
Monthly report
March 2021 (February data)

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)

31 March 2021

Learning Disability, Policy and Application Update

Agenda Item Number:	**10.2.2**
Presented for:	Information
Report of:	Chief Nurse
Author (s):	Ben Haywood-Noble, Acute Liaison Nurse for Learning Disabilities
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000.

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

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

10.2

Board of Directors Meeting (held in Public)

31 March 2021

Learning Disability, Policy and Application Update

Report of the Chief Nurse

1.0 Summary

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

- Learning disabilities are varied conditions, but are defined by three core criteria: lower intellectual ability (usually defined as an Intelligence Quotient (IQ) of less than 70)
- significant impairment of social or adaptive functioning
- onset in childhood.

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

2.0 Learning Disabilities Liaison Service

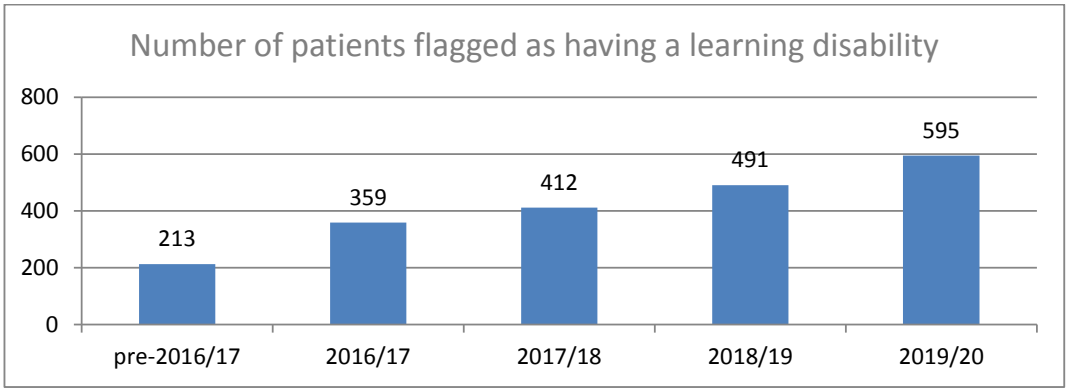
The principle aims of the Learning Disabilities Liaison Service are to:

- Ensure we have appropriate structures in place to meet the needs of patients with learning disabilities
- Provide support and advice to staff with regard to meeting the need of patients with learning disabilities
- Provide reasonable adjustments to support patients with learning disabilities to access HDFT services
- Ensure appropriate training is available

The Learning Disabilities Acute Liaison Service consists of the Learning Disability Liaison Nurse (0.9 WTE).

The LD action plan is overseen by the Supporting Vulnerable People Steering Group and is updated in response to contemporary and emerging reports and recommendations.

The flagging of people with learning disabilities continues to be promoted externally through partners and self-advocacy groups and internally through training and awareness raising opportunities.



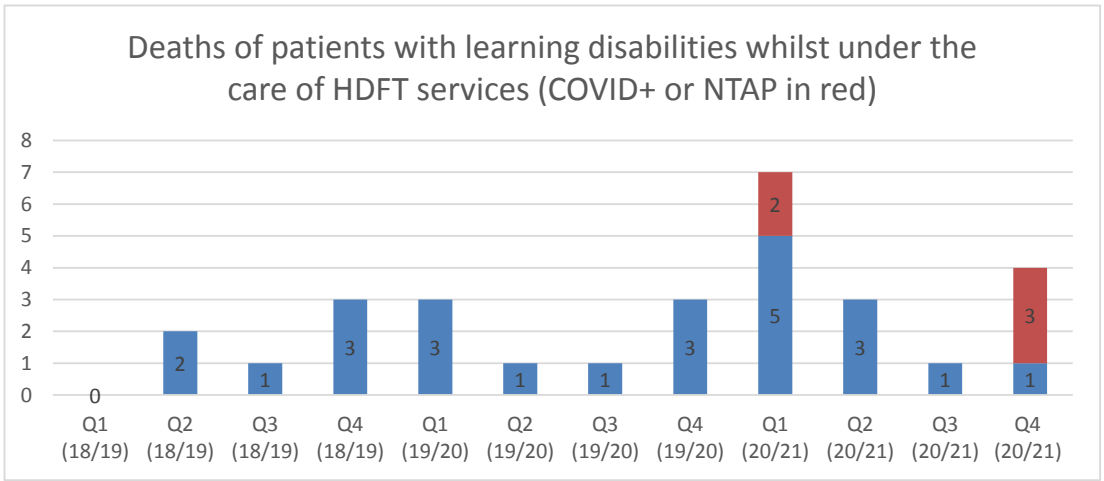
3.0 Training

A training needs analysis has been agreed. As a result, learning Disabilities level 1 (e-learning) has become part of essential training for all clinical staff. Learning disabilities level 2 (face-to-face) is required by identified staff groups with leadership responsibilities. Level 2 training was suspended in 2020 as a result of COVID-19 restrictions and to limit any duplication caused by the Oliver McGowan training.

The Oliver McGowan learning disability and autism training has been delayed due to the pandemic and is expected to be launched in spring 2022. This will be mandated for all health and social care providers and the details of the national packages remain under evaluation. Tier 1 training will be required for the entire workforce and might be achieved through an e-learning package. Tier 2 training will be required for staff with responsibility for providing care for people with a learning disability. It is likely that this training will be required for all registered nurses, doctors and AHPs and will be delivered by a minimum of one day face-to-face training.

4.0 COVID response

During the pandemic we have seen an increase in deaths of patients with learning disabilities. The graph below shows that local experience reflects the national trend that people with learning disabilities have been disproportionally affected by the pandemic.



National data shows that 26% of deaths of people with learning disabilities reported between April 2020 to 12th March 2021 were due to confirmed or suspected COVID-19. HDFT data suggests that local experience is similar, with 33% of deaths of patients with learning disabilities dying from confirmed or suspected COVID-19.

The pandemic has presented significant challenges for people with learning disabilities, their families and those who support them. The challenges include:

- understanding changing guidelines,
- care providers being unable to provide support in hospital,
- poor compliance with treatment regimes
- concerns over treatment escalation plans and DNACPR decisions
- rapidly changing processes and guidance
- reluctance to access health services for non-COVID issues.

Actions taken to respond to these challenges include:

- temporarily increasing LD liaison nurse cover to 7 days a week for 6 weeks
- continuing to actively support patients and staff on the wards
- undertaking a joint strategic plan with TEWV Strategic health facilitator
- contributing to dynamic support register meetings
- providing information and updates to providers
- providing information and updates to patients through self-advocacy groups
- communicating guidance through internal communications
- DNACPR audit
- Developing a COVID Summary sheet to support the hospital passport. This document has since been adopted by various Trusts throughout the UK.
- Reminders that services continue to be available communicated through communications ot self-advocates and providers.

The Learning Disability Mortality Review (LeDeR) programme is the national scheme for reviewing the deaths of people with learning disabilities. The Trust continues to contribute to LeDeR by:

- Acute Liaison Nurse attends North Yorkshire and York LeDeR Steering Group.
- Acute Liaison Nurse contributes to regional learning into action plan, providing assurance to the Supporting Vulnerable People Steering Group.
- Deputy Medical Director undertakes a structured judgement review for all deaths of patients with learning disabilities.
- Allocated external reviewers supported by Acute Liaison Nurse.

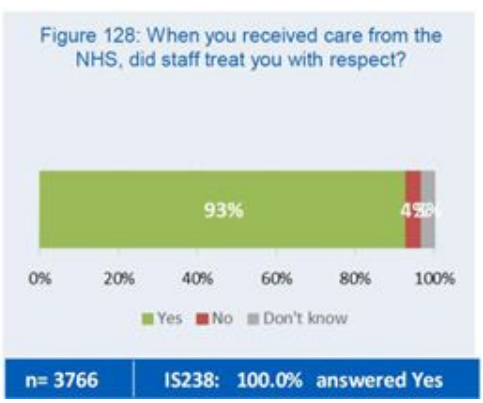
5.0 NHS Benchmarking

The outputs of the second learning disability benchmarking exercise were published in March 2021. An analysis of this will be provided to the Supporting Vulnerable People Group.

HDFT performed well in most areas including the provision of reasonable adjustments, training, the use of 'Ask, Listen, Do',

Areas for improvement include monitoring waiting lists, the number of acute liaison nurses and policies for restraint and autism.

The number of responses to patient surveys was high and the Trust consistently performed above the national average. 100% of those patients felt that they were treated with respect and 97.5% felt that staff cared about them.



6.0 Mental Capacity Act

The LD Liaison Nurse also provides training and advice regarding the Mental Capacity Act. The Trust does not currently have an MCA lead.

7.0 Autism

Steps that must be taken to meet the needs of people with autism were outlined by NHSE/I in 2018 in 'The learning disability improvement standards for NHS trusts'. These standards are underpinned by the Equality Act (2010) and the Autism Act (2009).

Autism is not a learning disability as defined by the Department of Health and falls outside of the Trust's learning disability liaison service.

Improving the care of people with autism is a Trust quality priority for 2020/21, however there is no identified lead to progress this.

8.0 Items for Consideration

The Oliver McGowan learning disability and autism training will have significant implications to the Trust, in terms of planning, delivery, resourcing and finance.

Identifying an autism lead and providing resources to implement the steps required to meet the needs of people with autism would mitigate the following risks

- a negative impact on patient experience
- patients with autism not accessing appropriate healthcare services provided by HDFT
- Non-compliance with the Equality Act, Autism Act and Learning Disability Improvement Standards for NHS Trusts

The current Deprivation of Liberty Safeguards legislation will be replaced by the Liberty Protection Safeguards in April 2022. Under this revised process, acute hospitals will be expected to complete assessments and provide assurance that had previously been the responsibility of the local authority. This will have a significant impact on the Trust, however there is no identified lead or resource to progress this.

9.0 Recommendation

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

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021

Freedom to Speak Up Guardian bi-annual update

Agenda Item Number:	**10.3**
Presented for:	Discussion and information
Report of:	Chief Nurse
Author (s):	Freedom to Speak Up Guardians
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000.

Links to Trust's Objectives

To deliver high quality care	√
To work with partners to deliver integrated care	
To ensure clinical and financial sustainability	

Recommendation:

The Board is asked to

i) note the update on the work of the Freedom to Speak Up Guardians (July – December 2020); and

ii) note the organisation is in the process of recruiting a permanent Freedom to Speak Up Lead Guardian and Associate role(s) to support the Lead and Fairness Champions.

Board of Directors Meeting (held in Public)
31 March 2021

Freedom to Speak Up Guardian bi-annual update

1.0 Executive Summary

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

2.0 Background

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

3.0 Introduction

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

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

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

10.3

4.0 Proposal – this report proposes further action on:

4.1 The permanent appointments of a Freedom to Speak Up Lead Guardian and associate(s)
4.2 The implementation of FTSU training for all staff

5.0 Quality Implications and Clinical Input

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

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

7.0 Financial Implications

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

8.0 Risks and Mitigating Actions

8.1 There is a risk to the organisation that one permanent Freedom to Speak Up Guardian remained in post but another FTSUG has not been appointed since the previous other FTSUG left the post in March 2020

8.2 Two interim FTSUG's were appointed in June 2020 to support the other permanent FTSUG

8.3 The impact of the Covid-19 pandemic during 2020

9.0 Consultation with Partner Organisations

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

10.0 Monitoring Performance

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

11.0 Recommendation

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

12.0 Supporting Information

11.1 The following paper appended makes up this report:

Report: Freedom to Speak Up Guardian update report to Board of Directors

Date: March 2021

Introduction

The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis' report "The Freedom to Speak Up" (2015). These recommendations were made as Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result.

The ambition across the NHS is to affect the cultural change that ensures speaking up becomes business as usual.

Workplace culture is the character and personality of an organisation. It is made up of the organisation's leadership, values, traditions, beliefs, and the behaviours and attitudes of the people working within it. We know that:

"If leaders and managers create positive, supportive environments for staff, they in turn create caring, supportive environments and deliver high-quality care for patients. Such leadership cultures encourage staff engagement".

(The King's Fund: Improving NHS culture)

National publications

National Guardians office annual report 2020

There is evidence that a strong Freedom to Speak Up culture at all levels in healthcare has significant benefits. 5 years has passed since the publication of the Francis Freedom to Speak Up review (2015). The speaking up culture of the health sector in England has changed due to a network of 600 guardians in over 400 organisations.

https://www.nationalguardian.org.uk/wp-content/uploads/2021/03/ngo_ar_2020_digital.pdf

Freedom to Speak Up Guardian survey report 2020 (published mid-March 2021)

The report outlines FTSU Guardian's views on a number of key areas relating to their experience, to gather insight into the role and how it can be improved.

Findings

- A Speaking up culture was found to have improved from 2019 to 2020.
- The results show that the vast majority of boards are directly accessible to FTSU Guardians
- Over three quarters of those surveyed had presented reports to board meetings or equivalent in person, indicating the level of visibility being placed on the work of the FTSU Guardian role by senior leaders.
- There remain issues around support and detriment at other levels of organisations, which leaders must play an active role in tackling.
- There are still barriers to speaking up in just over half of NHS Trusts.

https://www.nationalguardian.org.uk/wp-content/uploads/2021/03/ftsug_survey_report_2020.pdf

Freedom to Speak Up Index Report 2020

The FTSU Index was first published in 2019; it is a key metric for organisations to monitor their speaking up culture. There continues to be variation, both within and between organisations.

The annual NHS staff survey contains several questions that are helpful indicators of speaking up culture. The FTSU index was calculated as the mean average of responses to the following four questions from the NHS Staff Survey:

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

NHS staff survey 2019.

https://www.nationalguardian.org.uk/wp-content/uploads/2020/07/ftsu_index_report_2020.pdf

National Guidelines on Speaking Up training in the health Sector in England

Freedom to Speak Up e-learning, has been developed in association with Health Education England and freely available for anyone who works in healthcare. ‘Speak Up, Listen Up, Follow Up’ is divided into three modules, it helps learners understand the vital role they can play in a healthy speaking up culture which protects patient safety and enhances worker experience.

Speak Up: Core Training for all Workers , covers what speaking up is and why it matters. It will help you understand how you can do this and what to expect. Listen Up – for managers at all levels, focuses on listening and understanding the barriers to speaking up. A final module, Follow Up, for senior leaders – including executive and Non-Executive Directors, lay members and governors – will be launched later this year.

Learning objectives

- Workers will feel encouraged to speak up and understand how to do so.
- Managers will feel confident to respond appropriately when workers speak up, to support individuals when they speak up, and know where to go for support themselves.
- Senior leaders will feel enabled to set the tone for the speaking up culture in their organisation, have a good understanding of the wider drivers for speaking up and understand how speaking up can promote learning and improvement.

file:///H:/Freedom%20to%20speak%20up/2021/Report%20information%20March%202021/20190812-national-guidelines-on-freedom-to-speak-up-training-in-the-health-sector-in-england.pdf

The publications and the work of the National Guardian's office need to be utilised to relaunch the Freedom to Speak Up ethos within our organisation and will be valuable tools for the lead Guardian and associate(s) roles to use

Gosport Independent Panel Report

In its response to the Gosport Independent Panel Report (2018), the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistle-blowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust.

Local work

Freedom to speak up data Q2 and Q3 (July – December 2020)

The following table captures the numbers of cases received by the Freedom to speak up guardians between July – December 2020, common themes identified and a summary of learning points.

Numbers of referrals to the guardians has been small during this period. We have been mindful of the fact that there are two interim FTSUG roles appointed in June working closely with the substantive guardian in managing the FTSUG e mail address only. There has been little time or opportunity to do anything more.

Numbers of cases brought by professional level	Worker Manager Senior leader Not disclosed	5 1 0 0
Numbers of cases brought by professional group	Allied Health Professionals Medical Registered Nurses and Midwives Nursing Assistants or Healthcare Assistants Administration, Clerical & Maintenance/Ancillary	3 1 1 1 1
Number of cases raised anonymously		4
Number of cases with an element of bullying or harassment		1

Response to the feedback question; **'Given your experience, would you speak up again?**	Total number of responses The number of these that responded 'Yes'	3 3
Common themes identified **(numbers very small)**	Communication – updating staff on progress of actions after a concern has been raised Poor behaviour – incivility Lack of support and understanding from managers regarding the workload Communication and regard to staff wellbeing Management and HR not following policy	
Summary of learning points **(numbers very small)**	Improved communication Consultation and staff agreement to changes in working patterns Understanding of the wider implications of Covid-19 for staff and ensuring staff feel safe. Recognition of stress Employees to follow guidelines and HDFT policies	

The Freedom to Speak Up Guardian role from July 2020

The last year has not been easy or straightforward for any member of staff working in the NHS due to the ongoing challenges of the Covid-19 pandemic.

In June, Kath Banfield and Alison Pedlingham were appointed as interim Freedom to Speak up Guardians, Shona Kerr has remained in post as the substantive Guardian. Both Kath and Alison completed the national FTSUG training and attended an initial regional meeting as an introduction to the role and to network with other guardians. The decision to support Shona with two interim guardians was made to allow time for the Trust Executive Board to collectively agree a more permanent arrangement for the Freedom to Speak Up Guardian role and structure within the organisation.

A decision was made to consider having an overarching guardian role supported by associate guardian(s) with a number of fairness champions in place. There is an acknowledgement that the guardian role will support the current work of 'Your vision, your voice and your values' being undertaken by the Trust.

An all user email was sent in August asking for any member of staff working in the organisation interested in becoming either the lead or the associate FTSUG to contact Jill Foster, Chief Nurse.

Shona, Kath and Alison were asked to complete the first phase of the recruitment process. During the month of October, the three FTSUG's interviewed interested parties and candidates were asked;

- Why they were interested in one or both of the roles (lead and/or associate guardian)
- A discussion with the panel on how they would approach the issues raised within a scenario as a FTSUG
- The panel were impressed by the commitment of staff interviewed in promoting high standards of care, respect and fairness within the workplace. Candidates showed a very good understanding of the guardian role during this process
- A shortlist of five candidates for the lead guardian role were identified and names given to the Chief Nurse to arrange the next stage of the process
- A short introduction was arranged for the shortlisted candidates with the Chief Nurse and Chief Executive prior to arranging progression to the next stage
- Unfortunately, the next stage has not been completed but is planned for April.

Between July and December 2020, the three FTSUG's have;

- Met regularly, supporting each other and offering advice with specific cases
- Attended regional bimonthly regional FTSUG meetings
- Attended bi-monthly meetings with Steve Russell and Angela Scofield
- Met with Jill Foster and/or Steve Russell for advice and support for individual cases
- Followed up emails received to the confidential FTSUG e mail address
- Supported members of staff and escalated individual cases to line managers.

The impact of Covid-19 for the FTSUG.

The COVID-19 pandemic has changed the way we live and work. It has been an extremely stressful and difficult time for everyone and now more than ever, safety remains a priority for the whole NHS system. Importantly, all staff should be encouraged to speak up about anything that becomes a barrier to providing good care so that potential harm can be prevented. The freedom to speak up guardian role has never been more important yet the small team are conscious that they have been dealing with direct contacts only during this period of time.

- The new lead guardian has not been appointed, however all five candidates remain interested in the role despite waiting for the next stage of the process since October 2020
- There has been little opportunity to promote the FTSUG role within the organisation
- There have been no meetings with the Fairness Champions
- There have been no new Fairness Champions inductions or appointments
- The guardians have not been involved in the new staff induction process.

Next steps for 2021

- Appoint the new lead and associate guardian roles
- To agree a job description for the associate role

- Executive board to confirm a model for the Trust
- Use these important appointments to relaunch the Freedom to Speak Up service across the whole organisation and consider how this service reaches the wider community footprint of the organisation
- To include the FTSUG role in the current work on the organisational culture, values and behaviours.
- To assess and clarify the role of the fairness champions and to update the list of champions on the intranet
- Consider new ways to support staff in speaking up – e.g. online app
- Launch the Speak up and listen up e - learning package- part 1 for all staff and part 2 for managers delivered through ESR providing a record of staff completion.

Harrogate and District NHS Foundation Trust

Board Committee Report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Richard Stiff
Date of meeting:	29 January 2021
Date of Board meeting this report is to be presented	31 March 2021

Summary of key issues

The Committee met via Microsoft Teams and was well attended. The matters considered included –

- Gifts and Hospitality - the implementation of the new Conflicts of Interest policy and procedure was discussed. Some suggestions were made in respect of gifts and hospitality which will be considered by the People and Culture Committee when it next reviews the policy.
- Corporate Risk Review Group - minutes of the Corporate Risk Review Group and the latest Corporate Risk Register were received. It was noted that Internal Audit reports now formed part of the group's remit with particular reference to overdue or unactioned recommendations and related risks.
- Quality Committee – minutes from recent Quality Committee meetings were received. It was noted that the revised internal process for monitoring progress with Internal Audit recommendations now includes a role for the Quality Committee.
- The Committee received and noted revised terms of reference for the Committee. A small number of wording changes were suggested,
- Audit Committee Effectiveness - the Committee received the output from the annual survey of Audit Committee Effectiveness separating the responses from members from those received from attendees. No significant differences were noted.
- The Committee received and noted the draft timetable for the preparation of the Trust's annual report and accounts. Firm dates within the timeline were approved. A number of dates – including those for final accounts related Audit Committee meetings - were yet to be finalised and these will be considered at the next meeting in March.
- Internal Audit Programme – the Committee received details of five finalised reports at this meeting. A sixth had been finalised since the writing of the HIA report but was not included in discussions. The slow

rate of progress had continued since the last report reflecting the fact that many Trust managers were focused on managing demands arising from the pandemic. The Committee was assured by the creation of a list of "must do audits". It is now almost certain that not all planned Audit days will be used, and a number of Audit investigations will be considered for carry forward into the 2021/22 programme. The Committee gave attention to the IA report on Histopathology in view of patient safety issues.

- HIF Internal Audit Programme – the Committee received an update on progress with delivery of the HIF internal audit programme. It was reported that a shortfall in the use of planned audit days was likely as with the Trust audit plan. Some carry forward might need to be considered.
- The Committee received and noted the output from the 2020 survey of Internal Audit Effectiveness. The overall conclusion was that the Internal Audit team was functioning well.
- External Audit – Rashpal Khangura from KPMG presented the external auditors' proposals for their audit of the Trust's 2020/21 accounts. This was approved. The fee level had already been agreed. The KPMG sector technical update was received and noted.
- Single Tender Actions – none were presented at this meeting of the Audit Committee.

The Committee will meet next on 9th March 2021.

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

The agreed "must do" list of internal audits mentioned above includes work essential for effective risk management and some on which the required formal Head of Internal Audit Opinion depends. Provided this "must do" work is facilitated by relevant managers in Q4 there should be no issues for the Board in respect of Trust governance.

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

None.

Harrogate and District NHS Foundation Trust

Board Committee Report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Richard Stiff
Date of meeting:	9 March 2021
Date of Board meeting this report is to be presented	31 March 2021

Summary of key issues

The Committee met via MS Teams and the meeting was well attended. The agenda included the following.

- Corporate Risk Review Group minutes and the current Corporate Risk Register. Dr Wood was thanked for her considerable contribution to the Committee's work in this area on her departure from the Trust
- Recent Quality Committee minutes – no matters arising.
- A number of financial management issues including consideration of the "going concern" judgement (we are!) and the proposed treatment of a small number of "significant issues" in the Trust's financial statements (carry forward of annual leave, the implications of the Flowers case for the cost of holiday pay to the Trust, treatment of funding anticipated from Yorkshire Cancer Research but not yet received).
- The quarterly procurement report was presented. It was noted that the Trust's procurement partnership with LTHT had enabled HDFT to benefit from more favourable terms for the procurement of prosthetic devices (a c.£190k benefit) and that HDFT had achieved a more favourable IT equipment deal when compared to Trusts elsewhere in the region.
- The Committee considered and approved the 2021/22 Counter Fraud Plan and a progress report on the Counter Fraud team's work during the last quarter. The progress report included an update on a small number of current investigations.
- The Committee discussed the latest Internal Audit progress report. There were continuing concerns about the number of undelivered audit days/reports in the 2020/21 programme. Discussions between the IA team and Executive colleagues have led to an agreed "must do" list based on governance assurance requirements, as previously reported. Internal Audit colleagues offered assurance to the Committee that by the end of April this list would be fully addressed.

Members continue to hold some scepticism as to the deliverability of this plan. The position of IA activity in HIF is similar ie a significant number of undelivered audit days remain in the annual programme. The Committee noted the progress made in developing a process to address unactioned and limited assurance IA recommendations and reports.

- The question of whether the full fee for IA services should be paid to Audit Yorkshire given the below plan level of activity in 2020/21 was discussed. The Committee was advised that given that the government's furlough scheme was not accessible and that many of the delays or cancellations of work came from Trust / HIF inability to support audit activity rather than an inability on the part of the IA team to undertake the work a reduced payment was not appropriate.
- The Committee agreed that the Board should be recommended to make permanent the temporary changes to delegated spending limits agreed in 2020 to facilitate swift responses to needs arising in the Trust's pandemic response. The revised limits were felt to be appropriate to the scale of our operations and aligned with those seen in other comparable Trusts.
- No external audit reports were scheduled for review at this meeting.
- There were no Post Project Review Group minutes or Single Tender Actions to consider at this meeting.

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

The agreed list of "must do" internal audits includes work essential for effective risk management and some on which the formal Head of Internal Audit Opinion depends. Provided this "must do" work is facilitated by relevant managers and is delivered by the IA team by the end of April 2021 there should be no issues of concern to the Board in respect of Trust governance.

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

The Committee recommends to the Board that the temporary changes to delegated spending limits agreed in 2020 should be made permanent. This matter will be brought to the Board for consideration by the DCEO/FD.

Harrogate and District NHS Foundation Trust

AUDIT COMMITTEE TERMS OF REFERENCE

Accountable: to the Board of Directors

Reporting: to the Board of Directors

1.0 Constitution

1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (the Committee). The Committee is a committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2.0 Membership

2.1 The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not fewer than three members.

2.2 One member of the Committee, who will be the Chairman of the Committee, is to have recent and relevant experience (e.g. audit/financial accounting/financial management) and one member of the Committee should also be a member of the Quality Committee concurrently.

2.3 One of the members will be appointed Chair of the Committee by the Board on the recommendation of the Chairman.

2.4 The Chairman of the Foundation Trust shall not be a member of the Committee.

3.0 Quorum

3.1 The quorum shall be two members (Non-executive Directors).

4.0 Attendance

4.1 The Director of Finance, members of the Senior Finance Team, a nominated Executive Director for Quality/Patient Safety, the Company Secretary, and internal and external audit representatives as appropriate, shall normally attend meetings.

4.2 The Local Counter Fraud representative shall also attend twice per year and the Local Security Management Specialist on an annual basis.

4.3 At least once a year the Committee members (Non-executive Directors) should meet privately with the external and internal auditors.

4.4 The Chief Executive should be invited to attend at least annually to discuss with the Committee the process for assurance that supports the Annual Governance Statement. The Chief Executive should normally attend when the Committee considers the Annual Report and Accounts.

4.5 All other Executive Directors shall be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

4.6 Governors nominated to attend the Committee meetings shall do so as observers and may speak at the discretion of the Chairman of the Committee.

5.0 Administrative Support

5.1 The Committee will be supported by a secretary whose duties in this respect will include:

- Agreement of the agenda with the Finance Director and the Committee Chairman; collation and distribution of papers at least five working days before each meeting.
- Taking minutes and keeping a record of matters arising and issues to be carried forward.
- Providing support to the Committee Chairman and members of the Committee as appropriate.

6.0 Frequency

6.1 The Committee will meet at least six times per annum at appropriate times in the reporting and audit cycle.

6.2 The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

7.0 Authority

7.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any Trust employee and all employees are directed to co-operate with any request made by the Committee.

7.2 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of external experts with relevant experience and expertise if it considers this necessary. Details of the estimated cost of such advice should be advised to the Director of Finance in advance of commitment, for budgetary, cash flow and control purposes.

8.0 Duties

8.1 Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-

clinical), that supports the achievement of the Trust's objectives. In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in the NHS Protect Counter Fraud Standards for Providers and as required by the NHS Counter Fraud and Security Management Service.
- The procedures for detecting fraud and whistle blowing (HDFT's Freedom to Speak Up Policy) and ensure that arrangements are in place by which staff may, in confidence, raise concerns about possible improprieties in matters of financial reporting, financial control or any other matters.
- The Trust's Policy review management process.

8.1.1 In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

8.1.2 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

8.2 Internal Audit

8.2.1 The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

- Consider the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation.
- Consider the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensure that the internal audit function is independent; adequately resourced and has appropriate standing within the organisation.
- Review annually the quality and effectiveness of internal audit.

8.3 External Audit

8.3.1 The Committee shall review the work and findings of the external auditors appointed by the Council of Governors and consider the implications and management's responses to their work. This will be achieved by:

- Considering the performance of the external auditors, reporting annually to the Council of Governors following the evaluation of the external auditors' performance for consideration of reappointment.
- Recommending ~~of~~ the audit fee to the Board (and the Council of Governors if a new appointment) and pre-approve any fees in respect of non-audit services provided by the external auditors and to ensure that the provision of non-audit services does not impair the independence or objectivity of the external auditor.
- Discussing and agreeing with the External Auditor, before the audit commences, the nature and scope of the audit as set out in the annual plan, and ensure co-ordination, as appropriate, with other external auditors in the local health economy
- Discussing with the external auditors their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee.
- Reviewing all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management responses
- Review annually the quality and effectiveness of external audit.

8.3.2 The External Auditor or Head of Internal Audit may, at any time, request a meeting if they consider it necessary.

8.4 Clinical Assurance

8.4.1 The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. These will include, but will not be limited to:

- Any reviews by Department of Health and Social Care Arms-Length Bodies or Regulators/Inspectors (for example, the Care Quality Commission, NHS Improvement, NHS Resolution, etc.) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges, accreditation bodies, etc.)

8.4.2 The Quality Committee will provide assurance from the clinical audit function. The Committee will review the work of the Quality Committee by receiving minutes, and exception reports, from the Executive Director Lead and Non-executive Director who is a member of both Committees. In addition, the Company Secretary also attends both Committees.

8.4.3 The Committee will receive minutes and regular reports from the Corporate Risk Review Group.

8.5 Counter Fraud

8.5.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work and receive the counter fraud annual report.

8.6 Security Management Service

8.6.1 The Committee shall satisfy itself that the organisation has adequate arrangements in place for Security Management Services.

8.6.2 The Committee will receive from the Local Security Management Specialist an annual report on its activities and plan for the following year.

8.7 Management

8.7.1 The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control.

8.7.2 The Committee may also request specific reports from individual functions within the organisation as required (for example, clinical audit).

8.8 Financial Reporting

8.8.1 The Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

8.8.2 The Committee should ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

8.8.3 The Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques.
- Unadjusted mis-statements in the financial statements.
- Significant judgements in preparation of the financial statements.
- Significant adjustments resulting from the audit.
- Schedule of losses and special payments.
- Letters of representation.
- Qualitative aspects of financial reporting.
- The going concern assumption.
- The extent to which the financial statements are affected by any unusual transactions in the year and how they are disclosed.
- Any reservations and disagreements between the external auditors and management, which had not been satisfactorily resolved.

8.9 Standing Orders, Standing Financial Instructions and Standards of Business Conduct

8.9.1 The Committee will review, on behalf of the Board, the operation of and proposed changes to the Standing Orders, Standing Financial Instructions, and HDFT's Code of Business Conduct, including Registers of Interest.

8.10 Quality Report/Account

8.10.1 The Quality Committee will approve the Quality Report/Account and present it to the Committee. The Committee will review the Quality Report/Account prior to submission to the Board.

9.0 Other Matters

9.1 The Chairman of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

9.2 The Committee will report to the Board at least annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and 'embeddedness' of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against external regulations including the Care Quality Commission.

9.3 The Committee shall also:

- Review third party assurances (both clinical and relating to financial management).
- Review Post Project Evaluations and Single Tender Actions.
- Receive an annual report on procurement activity and savings.
- Review the Treasury Management Policy, on behalf of the Board, and receive the annual report on treasury activity.

9.4 The Committee will examine any other matters referred to it by the Board and will initiate investigation as determined by the Committee.

9.5 Where disagreements between the –Committee and the Board cannot be resolved, the Committee shall report the issue to the Council of Governors. If the issue still cannot be resolved the Committee shall report the issue as part of the report on its activities in the Annual Report and Financial Statements.

9.6 As agreed with the Council of Governors, the Committee Chairman shall be available to attend the Annual Members' Meeting and shall answer questions on the Committee's activities and responsibilities as appropriate.

10.0 Review

These Terms of Reference will be reviewed at least annually by the Committee and submitted to the Board for approval.

Approved by the Audit Committee: January 2021

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Operational Update

Agenda Item Number:	**11.2**
Presented for:	Discussion, Information
Report of:	Dr Matthew Shepherd, Acting Chief Operating Officer
Author (s):	Dr Matthew Shepherd, Acting Chief Operating Officer Paul Nicholas, Deputy Director of Performance and Informatics
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000.

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

Recommendation:
The Board is asked to discuss and note this report.

Harrogate and District NHS Foundation Trust

Trust Board Operational Update
Dr Matt Shepherd, Acting Chief Operating Officer

Board of Directors Meeting (held in Public)

March 2021

Highlight Report Definitions:
Overall – Overall Programme/workstream delivery status
Performance – performance against key NHS constitutional standards
Actions/Milestones – Programme/workstream delivery trajectory against a clearly defined implementation plan
Issues – Programme/workstream issues that are impacting delivery of the implementation plan and/or performanceTrajectory
Risks – Programme/workstream risks that if not mitigated, could become an issue that could impact the delivery of the implementation plan and/or performance trajectory

11.2

1 Operations Highlight Report: Feb – March 2021

Senior Responsible Owner (SRO): Matt Shepherd

Overall Operations Summary

Overall operational performance reported as amber and improved from previous period. This reflects the successful de-escalation from COVID-19 surge, reinstatement of yellow bed capacity, reinstatement of green elective surgical unit and commencement of operating on GI cancer patients with the installation of a High Observation Unit in the surgical ward. In addition the ongoing recovery and maintenance of outpatient activity close to plan. Covid numbers have now decreased in line with the national position and the gradual restart of elective work (beyond P2 cases through day surgery unit which have been maintained throughout) commenced on 16th March.

Planned Care Recovery will continue with bringing back on stream our endoscopy rooms and continuing the Medinet insourcing contract. The clinical reviews and prioritisation of our longer waiting patients is almost complete including endoscopy patients. The long waiting cancer position has continued to reduce. Breast clinic capacity remains a challenge due to higher demand, this is being mitigated with additional clinics. ED performance has been its most challenged due to the high bed occupancy, restrictions of covid and the reliance on admitting all patients through side rooms whilst awaiting COVID results. Length of Stay performance is stable, ARCHS have supported consistently 37 patients in the community who would normally be in a hospital bed with the COVID-10 virtual ward supporting a further 4-5 patients and the Urgent Care Improvement Programme is being developed to include focus on: Emergency Department Streaming, Medical Assessment & Allocation and Site Management. There continues to be pressure on the Children and County Wide Services as a result of increasing demands and Safeguarding concerns. Staff engagement, support and new ways of working continues and the Community Dental recovery programme remains on track.

Key Priorities for Next Period

1. PLANNED CARE: Restarting Elective programme and continuation of Urgent / P2 work / Adding in P3 activity, Implement Glaucoma service recovery plan.
2. URGENT CARE: Stabilise performance with covid-19 de-escalation , ECIST to return to continue support of improvement plan, agree post COVID-19 site plan.
3. CANCER: Continue to focus on reducing longer waits and support regional Non surgical oncology resilience plan
4. CCCC: Focus on staff engagement and supporting staff as Community surge continues, maintain trajectory of Community Dental recovery

Programme/Workstream	Overall	Performance	Actions/ Milestones	Issues	Risks
Operations Summary					
Covid Response					
Planned Care Recovery					
Urgent Care & Cancer Improvement					
Children's & County Wide Services					

Key Programme Actions for Next Period

#	Milestone	Due by	Status
1	Plan to open 5th endoscopy room, re-instate full room utilisation	30th March	
2	ECIST back on site to take plan forward	30th April	
3	Agree site reconfiguration plan (post COVID) to improve adjacencies/ flow	1st April	
4	Agree activity plans & mitigations to match 2019/20 (understand any remaining gaps)	30th March	

Key Operational Issues

#	Issue	Own.	Rating	Actions	Due by
1	Impact of ongoing social distancing on delivery of planned and unplanned care	M. Shepherd	High	Planned care recovery , PA consulting work, ECIST , Unplanned care group actions	1st May 2021

2 COVID Management Report @23.03.2021

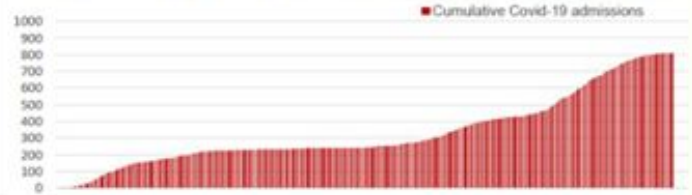
NHS Harrogate and District NHS Foundation Trust

Covid inpatients and critical care patients have both decreased following the peak in late January / early February. Currently 6 covid inpatients; c. 2% of adult bed base. Hospital outbreaks remain officially 'open' but no new patients for 16 days.

HDFT COVID-19 MANAGEMENT REPORT

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

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



Yesterday 1
To date 810
Last 7 days 5
8-14 days ago 9

Current Covid-19 inpatients

Today 6
Yesterday 6
7 days ago 13
14 days ago 22

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

Current ICU patients

Today 3
Yesterday 5
7 days ago 7
14 days ago 5

Mechanical Ventilation

Today 2
Yesterday 2
7 days ago 3
14 days ago 3

2

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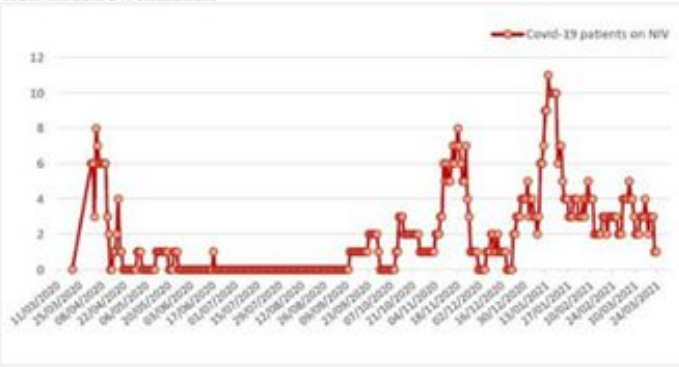
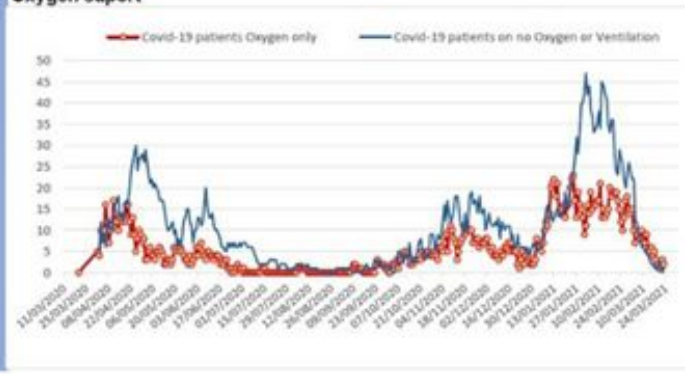
Non-Invasive Ventilation



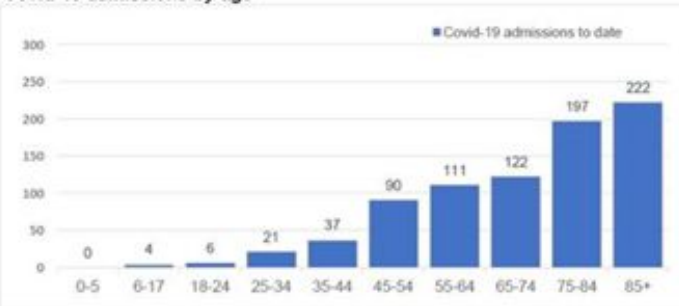
Today	Yesterday	7 days ago	14 days ago
1	1	4	3

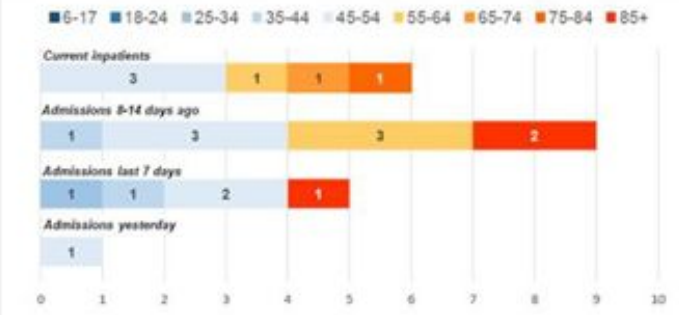
Oxygen suport



Today	Yesterday	7 days ago	14 days ago
2	3	4	10

Covid-19 admissions by age

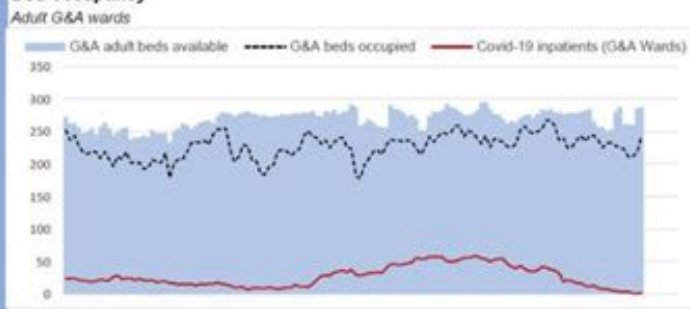




Today	
0-5	0
6-17	0
18-24	0
25-34	0
35-44	0
45-54	3
55-64	1
65-74	1
75-84	1
85+	0

Bed occupancy

Adult G&A wards



Intensive Care Unit

G&A (Adult)	
% occupied	84.7%
% Covid-19	1.2%

ICU	
% occupied	54.5%
% Covid-19	50.0%

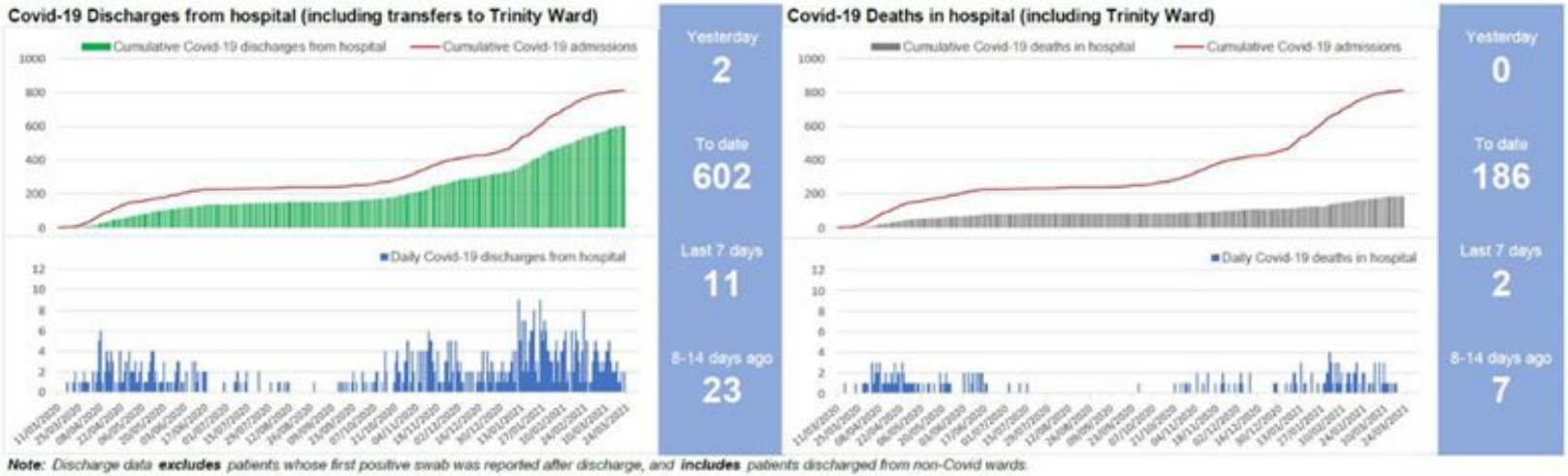
% Covid (Adult G&A + ICU)
2.4%

11.2

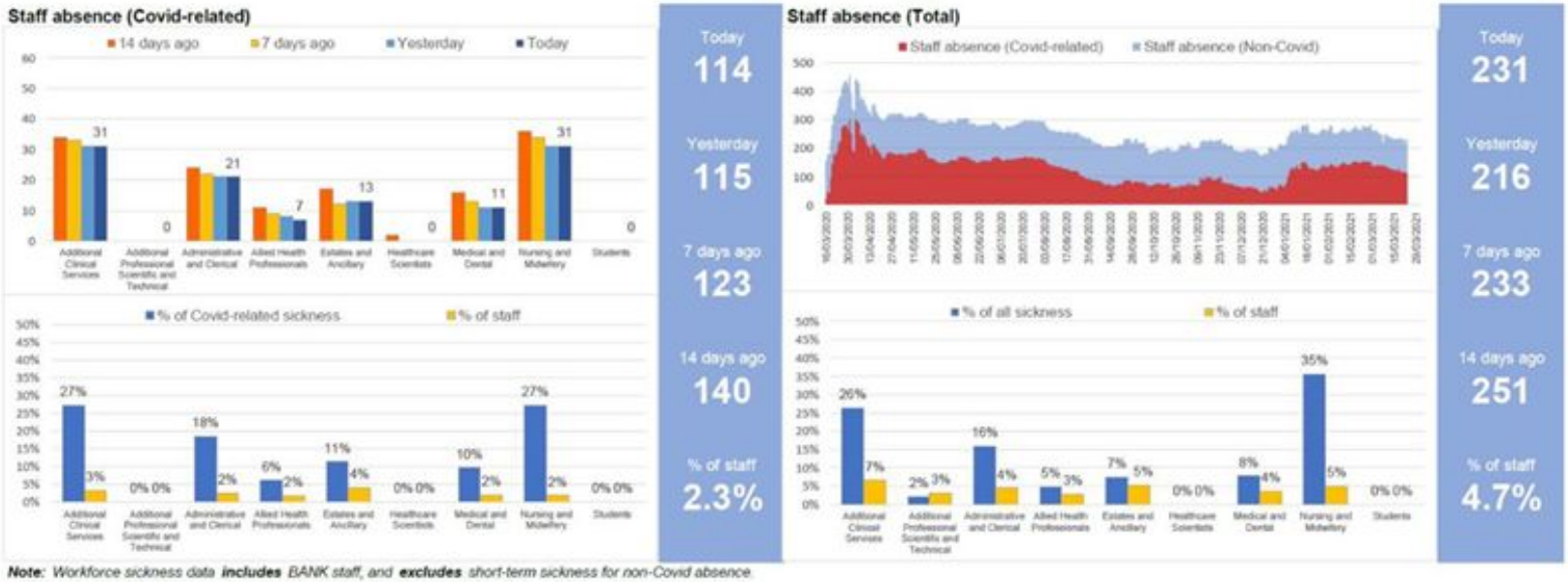
2

NHS
Harrogate and District
NHS Foundation Trust

Both overall sickness absence (4.7%), and COVID related sickness (2.3%) have s reduced in the last 14 days



***Note**: Discharge data **excludes** patients whose first positive swab was reported after discharge, and **includes** patients discharged from non-Covid wards.*



***Note**: Workforce sickness data **includes** BANK staff, and **excludes** short-term sickness for non-Covid absence.*

11.2

2 COVID Surge Plan

NHS Harrogate and District NHS Foundation Trust

Surge Plan Summary

- We are currently in Surge 1 critical care and no surge for base wards.
- We have reintroduced main theatre elective work from week commencing 15 March
- Elective surgical unit has been re-instated 16th March
- Critical Care move to their 'new' unit is planned for 17th March 2021
- Pressures in Children's Community Services increase along with Safeguarding activity levels
- Incident Command governance slowly reducing– Trust Silver meetings reduced to 3 per week

General & Acute Bed Base Surge Position

Covid Surge Level	Number of Covid Inpatients	Covid Wards Open
1	0-14	End of Harlow
2	15-44	End of Harlow, Wensleydale
3	45-74	All of Harlow, Wensleydale & Nidderdale
4	75+	Harlow, Wensleydale, Nidderdale & Jervaulx

Covid-19 Incident Command Structure

Critical Care Surge Position

Critical Care Surge Beds Open* (Base = 6 Level 3 beds)
Surge 1: Base + 2 beds
Surge 2: Base + 4 beds
Surge 3: Base + 6 beds
Surge 4: Base + 8 beds

*Staff to be used flexibly to create L2, L3 or red NIV beds as required.

3

Planned Care Recovery

Planned Care Recovery – Performance Against Submitted NHS E/I Phase 3 Plan

	September			October			November			December			January			February			March				
Point of Delivery	Actual 01/09 - 30/09	NHS E/I Phase 3 Plan	% Delivered	Actual 01/10 - 31/10	NHS E/I Phase 3 Plan	% Delivered	Actual 01/11 - 30/11	NHS E/I Phase 3 Plan	% Delivered	Actual 01/12 - 31/12	NHS E/I Phase 3 Plan	% Delivered	Actual 01/01 - 31/01	NHS E/I Phase 3 Plan	% Delivered	Actual 01/02 - 28/02	NHS E/I Phase 3 Plan	% Delivered	Actual 01/03 - 22/03	Booked 23/03 - 31/03	Total Fcst 01/03 - 31/03	NHS E/I Phase 3 Plan	% Forecast
Total Outpatients	**12,262**	**13,243**	**93%**	**12,718**	**16,460**	**77%**	**13,225**	**15,302**	**86%**	**12,289**	**13,830**	**89%**	**12,555**	**17,502**	**72%**	**12,623**	**14,281**	**88%**	**9,656**	**5,222**	**14,878**	**13,441**	**111%**
New Outpatients (Cons Led)	4,083	4,464	91%	4,313	5,421	80%	4,493	5,460	82%	4,253	4,985	85%	3,909	5,952	66%	3,994	5,080	79%	3,204	1,810	5,014	4,399	114%
Follow Up Outpatients (Cons Led)	8,179	8,779	93%	8,405	11,039	76%	8,732	9,842	89%	8,036	8,845	91%	8,646	11,550	75%	8,629	9,201	94%	6,452	3,412	9,864	9,042	109%
Elective Daycases (excl endoscopy	1,417	1,183	120%	1,477	1,171	126%	1,459	1,341	109%	1,415	1,210	117%	1,104	1,582	70%	1,103	1,323	83%	951	297	1,248	1,399	89%
Elective day case endoscopy	572	774	74%	775	864	90%	698	958	73%	673	818	82%	750	1,041	72%	561	828	68%	588	224	812	925	88%
Elective Daycase Total	**1,989**	**1,957**	**102%**	**2,252**	**2,035**	**111%**	**2,157**	**2,299**	**94%**	**2,088**	**2,028**	**103%**	**1,854**	**2,623**	**71%**	**1,664**	**2,151**	**77%**	**1,539**	**521**	**2,060**	**2,324**	**89%**
Elective Inpatients	**177**	**131**	**135%**	**244**	**223**	**109%**	**248**	**221**	**112%**	**217**	**161**	**135%**	**109**	**210**	**52%**	**85**	**194**	**44%**	**80**	**28**	**108**	**198**	**55%**

% Delivered RAG	>=95%	70-94%	<70%

Note1: Forecast day case numbers include an estimate for Clinical Haematology and Clinical Oncology

Note2: NHSE/ I Phase 3 Plan reflects confirmed amended Day case target submitted 05.10.2020

Note3: Forecast Outpatient attendances include an estimate for Urgent Clinic attendances

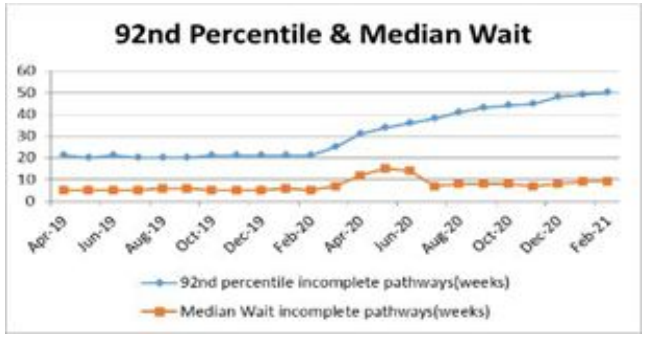
Note 23 March- OP referrals received 3% less than expected, DNA Rate in last 30-days OP New 4.9%; OP FU 6.3%

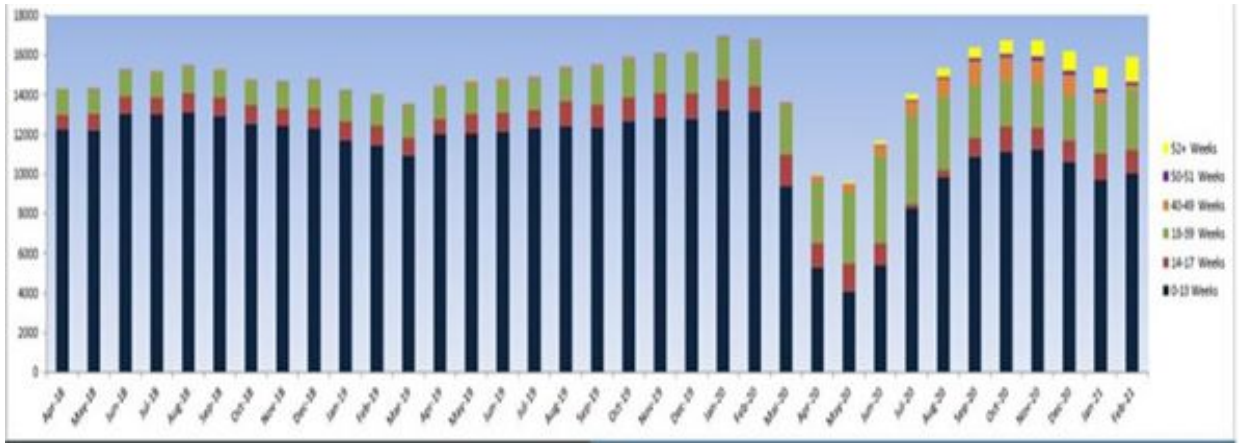
February Outturn and March Forecast Summary

- Outpatients were 88% against plan in February and are projecting 111% against plan in March, with attendances forecast to be at the highest level this year (14,878). Referrals have been increasing in recent weeks and are currently 3% below expected levels. We continue to encourage patients to attend booked appointments.
- Day case and endoscopy cases were 77% against plan in February and are projecting 89% against plan for March, these levels have been achieved despite two endoscopy rooms being paused to support critical care staffing, we expect these numbers to increase over the coming weeks into April as we continue to increase elective work. MediNet continue to provide weekend lists as well as covering a number of lists impacted by staff shielding. The plan for the 5th endoscopy room to support capsule endoscopy is close to being operationalised.
- Inpatients were 44% against plan in February and are projecting 55% against plan in March, heavily impacted by the covid-19 surge through January, February and early March, these numbers are set to increase over the coming weeks and into April as elective work recommences through main theatres.
- Planning in April, taking into account the ongoing presence of covid measures and social distancing to be delivering 80%(as a minimum) of activity (2019/20 baseline), many areas able to deliver 100%.

3 Planned Care Recovery – RTT Performance

Harrogate and District NHS Foundation Trust





	40-51	52-61	62-71	72-81	82-91	92-103	Grand Total
Breast		4	4	2			10
Cardiology	1		1				2
Community Dental	77	412	165	21		1	676
Dermatology	1	5	1	1			8
Endocrinology	1		1				2
ENT	2	11	3	1	1		18
Gastroenterology	5	6	1	1			13
General Surgery	43	51	49	39	11	1	194
Gynaecology	14	41	34	23	21	5	138
Hepatology	7	8	2				17
Maxfax	1	6	9	1		1	18
Ophthalmology	4	55	31	4			94
Paediatrics	1		2				3
Respiratory	3		1	2			6
Rheumatology	1						1
T&O	78	63	69	62	40	5	317
Urology	17	38	33	15	6	5	114
Vascular	5	4					9
Grand Total	261	704	406	172	79	18	1640

The dip in waiting list numbers in December/ January was achieved through transfer of T&O (105), Ophthalmology (203) patients into private sector providers for their treatments.

As at 23.03 Community Dental and Orthopaedics make up 60% of the 52+week waits (43%+17% respectively) The top five hospital specialities remain as Urology, T&O, General Surgery, Gynaecology and Ophthalmology

FY: 2020/21	April	May	June	July	August	September	October	November	December	January	February	Current Position	March Prediction
Total Incomplete Pathways	9,766	9,593	11,661	14,039	15,345	16,379	16,731	16,734	16,197	15,397	15,878	17,633	16,476 - 18,615
>52 Weeks	18	53	139	293	421	524	639	789	974	1,062	1,268	1,380	1,380 - 1,397
>40 Weeks	305	482	704	1,076	1,437	1,878	1,993	2,149	2,273	1,804	1,634	1,641	1,714 - 1,743
Average Wait of Incomplete Pathways (Weeks)	15.76	17.39	16.15	15.36	15.75	15.41	15.00	14.70	15.70	15.92	15.78	15.44	15.47 – 16.51
% of Patients Within 18 Weeks	65.23%	57.20%	56.08%	60.55%	66.53%	72.21%	74.09%	73.91%	72.48%	71.68%	70.52%	71.79%	68.42% - 70.99%

3 Planned Care Recovery – Performance

Harrogate and District NHS Foundation Trust

Summary

Outpatient clinics

- Increased in February, however came in below Phase 3 plan; current forecast for March is highest activity month this year with over delivery against plan – activity plans in development for beyond April with focus on addressing residual COVID-19 and non COVID gaps to 19/20 activity.

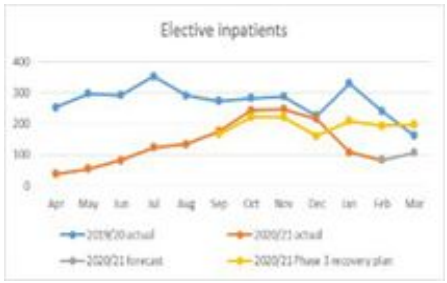
Clinical Prioritisation & Review

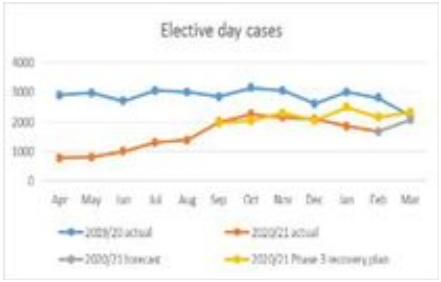
- 98% of patients on the inpatient/day case admissions list have now been clinically reviewed and allocated a P1-6 national classification for surgery rating. The larger part of those outstanding (65/107) have been waiting <=2 weeks and are endoscopy referrals. 15+ week unrecorded will be completed by w/e 28th March.
- Clinical leads to agree the maximum length of time a patient should wait before requiring another review to ensure their priority status hasn't changed (specialty dependent – paper out to consultation 2 weeks ago).
- Clinical Prioritisation and review to be reviewed through PSC Quality & Safety Governance Meeting.

Treatment Timings

- COVID-19 surge leading to P2 cases being treated outside 4 weeks in key specialties (GI cancer surgery -12 weeks) many other specialties under 4 weeks. With HOB and Green Ward reinstatement this will improve.

Planned Care Recovery – actual and forecast





Waiting Times by Clinical Priority Including endoscopy (Admissions)

Total	Not Recorded	P1A	P1B	P2	P3	P4	P5	P6
0-2	65	0	0	254	255	185	0	0
3-4	5	0	0	44	83	182	3	0
5-6	5	0	0	17	83	225	4	0
7-8	3	0	0	8	75	214	8	0
9-10	6	0	0	8	73	146	4	0
11-12	1	0	0	4	40	74	0	0
13-14	0	0	0	8	74	157	0	0
15+	22	0	0	19	367	1,595	22	0
Total	107	0	0	362	1,050	2,778	41	0

Current treatment times vs priority

Priority (expd wait)	Average Weeks Wait to Surgery
P2 (4)	5
P3 (12)	12
P4	25
P5	Not yet operated on – current average wait 43 weeks

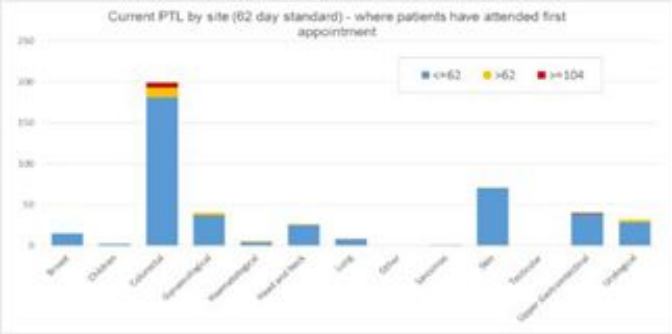
4

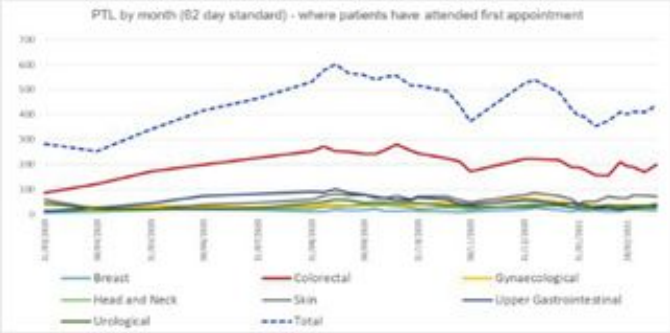
Cancer Performance

NHS Harrogate and District NHS Foundation Trust

Cancer

- Provisional data indicate that the cancer 62 day standard was not delivered in February for the third consecutive month with performance at 78.9%, and both 2WW standards were also below the operational standard for the fourth consecutive month. All other cancer standards were delivered in February. With surgical capacity restarting an improvement is expected.
- Referrals continue to be triaged in order to ensure patients with a higher level of urgency are prioritised, and work is also being done to manage the impact of these delays on delivery of treatment for those patients diagnosed with cancer. Significant numbers of cancer breaches relate to shared care with tertiary partners reflecting impact of COVID-19 across West Yorkshire.
- Breast referrals demand remains high , having recovered our position to 2 week wait patients now being booked at 3.5 weeks. Additional weekend catch up planned for April. Surrounding areas booking at 4 weeks (Leeds/ York)





Cancer Long waiters by site

	30/06/2020			31/07/2020			31/08/2020			30/09/2020			31/10/2020			30/11/2020			31/12/2020			31/01/2021			28/02/2021			17/03/2021		
Site	Total	>62	>=104	Total	>62	>=104	Total	>62	>=104	Total	>62	>=104	Total	>62	>=104	Total	>62	>=104	Total	>62	>=104	Total	>62	>=104	Total	>62	>=104	Total	>62	>=104
Breast	19	1	3	18	1	2	12	0	2	18	1	1	13	0	1	12	0	0	20	1	0	16	3	0	17	1	0	15	0	0
Children	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	2	0	0	2	0	0	1	0	0	2	0	0
Colorectal	200	39	40	226	22	41	253	32	39	243	42	16	246	24	11	172	11	6	222	26	2	188	19	5	194	13	9	199	12	6
Gynaecological	32	1	4	30	0	2	35	1	1	42	4	0	40	3	1	36	0	0	66	3	0	40	4	0	38	2	0	40	3	0
Haematological	4	0	0	5	0	0	7	0	0	2	0	0	7	0	0	3	0	0	1	0	0	6	0	0	5	0	0	5	1	0
Head and Neck	23	1	3	22	1	0	23	2	1	36	1	0	21	3	0	20	0	0	39	0	0	24	1	0	17	2	0	26	1	0
Lung	4	1	0	9	0	0	7	1	0	10	0	0	6	0	0	8	1	0	7	0	0	11	0	0	6	1	0	8	0	1
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sarcomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Skin	38	3	3	46	1	2	59	1	0	78	6	0	72	0	0	49	1	0	79	3	0	42	4	0	66	0	0	71	1	0
Testicular	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0
Upper Gastrointestinal	75	11	7	83	13	8	90	18	13	81	11	8	67	8	3	39	1	2	57	3	2	38	0	1	24	3	1	40	1	1
Urological	21	1	5	25	0	1	45	1	1	47	3	1	44	6	0	31	1	2	30	3	0	29	0	0	34	2	0	31	3	0
Total	417	58	65	464	38	56	532	56	57	558	68	26	516	44	16	372	15	10	525	39	4	396	31	6	402	24	10	438	22	8

9 Urgent Care

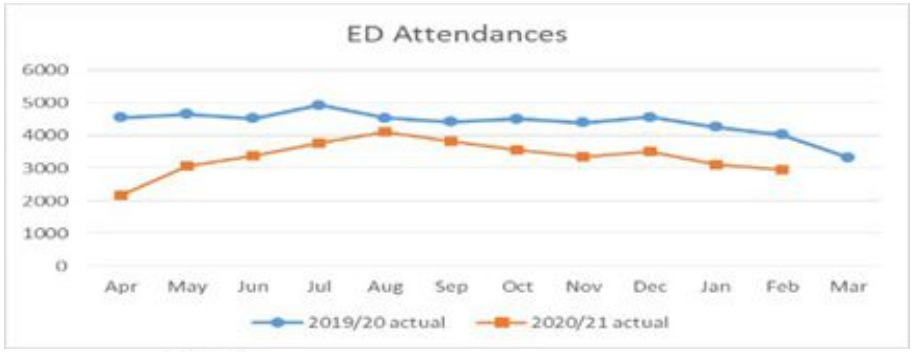
NHS Harrogate and District NHS Foundation Trust

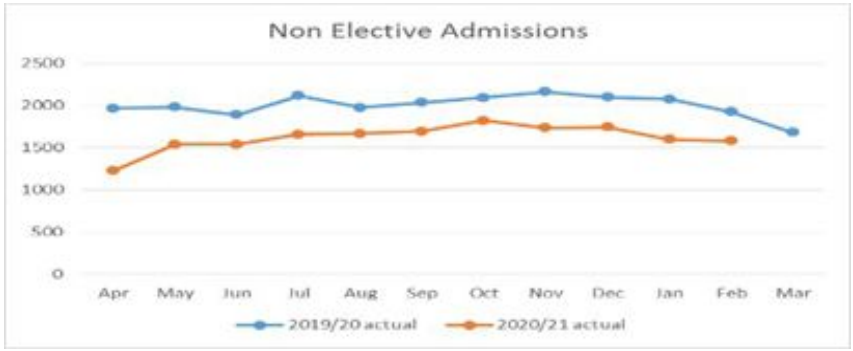
ED Performance

- Performance against the A&E 4-hour standard remained below the 95% standard in February (80.2%), 89% YTD Type 1 only. March to-date position is 83.7%
- Bottle necks to flow remain COVID-19 processes – cleaning/ distancing/ admission through side room and testing – impacts on flow to beds but also flow through complex radiology
- 6 hour stays in ED remain low apart from a spike during the 3 very pressured weeks with COVID-19 in February 8.4% of admitted patients remained 6 hours in the ED in Harrogate (cf. England mean 41%)
- No further 12 hour breaches even through most pressurised weeks.
- Clinical review of these longer stays in ED reveals ongoing good care and no harm.
- Implementation of the newly proposed ED measures during April 2021

Urgent Care Demand & Bed Utilisation

- ED attendances remain in line with previous post COVID levels.
- Non Elective admissions remain relatively stable and also in line with previous post COVID levels. The Trust continued to experience bed pressures in February as a result of the flow of patients into beds and the number of yellow beds available.
- As COVID-19 patient numbers have reduced bed capacity has improved.
- Green elective unit has been re-introduced.
- ICU moved back into their new 11 bedded unit - MAU currently empty and being readied for use as a decant facility for works.





Type 1

	Q1				Q2				Q3				Q4				YTD
	Apr 2020	May 2020	Jun 2020	Total Q1	Jul 2020	Aug 2020	Sep 2020	Total Q2	Oct 2020	Nov 2020	Dec 2020	Total Q3	Jan 2021	Feb 2021	Mar 2021	Total Q4	
Seen	2156	3051	3339	8546	3740	4083	3798	11621	3547	3319	3489	10355	3075	2896	2616	8587	39109
Breaches	176	217	179	572	363	580	454	1397	358	357	560	1275	473	633	475	1581	4825
Performance (%)	91.84	92.89	94.64	93.31	90.29	85.79	88.05	87.98	89.91	89.24	83.95	87.69	84.62	78.14	81.84	81.59	87.66

Overall Performance (Types 1 & 3)

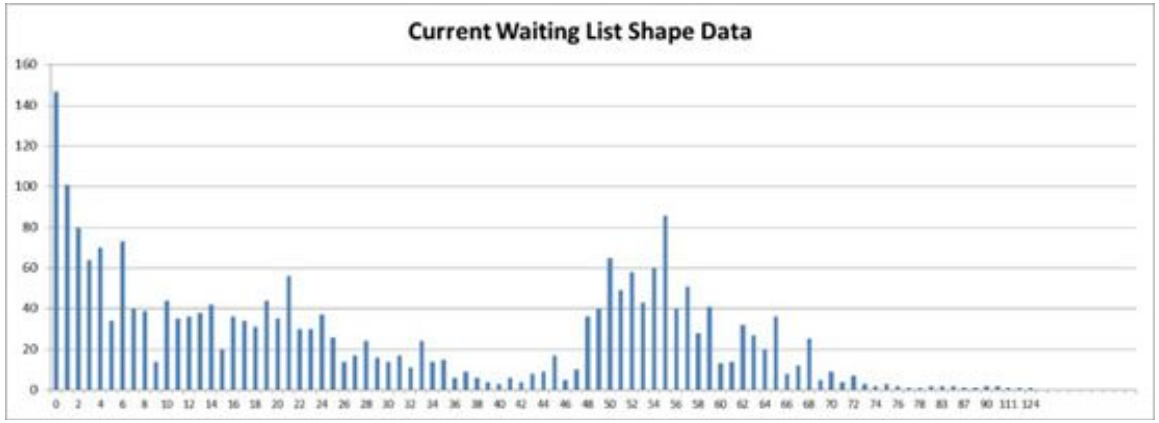
	Q1				Q2				Q3				Q4				YTD
	Apr 2020	May 2020	Jun 2020	Total Q1	Jul 2020	Aug 2020	Sep 2020	Total Q2	Oct 2020	Nov 2020	Dec 2020	Total Q3	Jan 2021	Feb 2021	Mar 2021	Total Q4	
Seen	2389	3389	3719	9497	4234	4594	4334	13162	3965	3681	3830	11476	3342	3189	2915	9446	43581
Breaches	176	217	179	572	363	580	454	1397	358	357	560	1275	473	633	475	1581	4825
Performance (%)	92.63	93.60	95.[illegible]		91.43	87.37	89.52	89.39	90.97	90.30	85.38	88.89	85.85	80.15	83.70	83.26	88.93

10

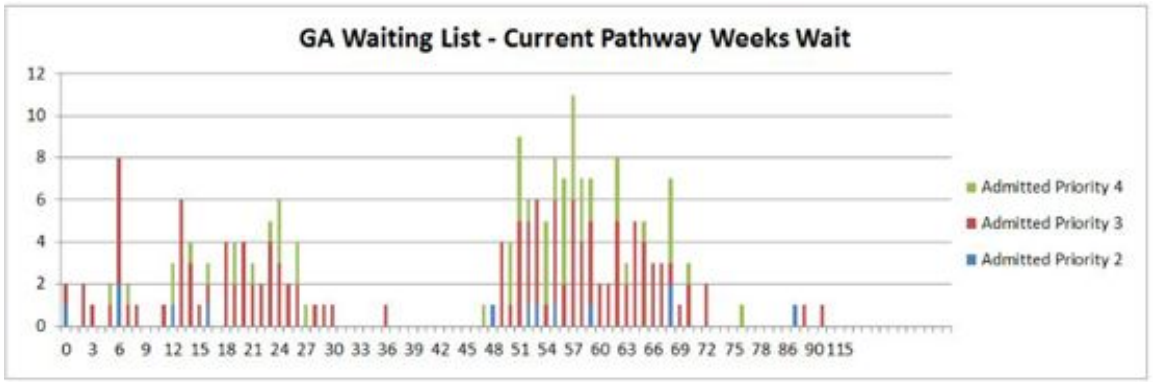
Children's & County Wide Services

NHS Harrogate and District NHS Foundation Trust

Community Dental



Performance Information	Current	Last Week
Current Waiting List Size:	2,325	2,278
No. Waiting for 1st Appointment:	1,586	1,559
No. Waiting for Outpatient Treatment:	540	526
No. Waiting for GA Treatment:	199	193
Longest Waiter:	124	123
Average Weekly Referrals:	64	52
Weekly Outpatient Capacity:	93	93
Weekly GA Capacity:	10	10
Outpatient Backlog Clearance Time (Weeks):	23	23
GA Backlog Clearance Time (Weeks):	18	19



Focus continues to be placed on reducing waiting times for both first appointment and community dental treatment. Since the recovery process started the total waiting list size has dropped from 2,587 to 2,325 at the end of February. The number of 52 week breaches at the end of February is 646.

The position continues to be monitored through the Trust Performance & Access Meeting (TPAM).Clinic templates continue to be used with improvement on clinic utilisation.

GA activity has been significantly reduced as a result of the recent COVID surge across all sites, however we are hopeful that services will resumed now that routine elective work is being restarted. The first site to have additional air handling equipment installed has gone live which will improve the number of cases that can be delivered.

5

Children's & County Wide Services

0-19/ 25 and Integrated Safeguarding Services

Challenges currently being experienced and Mitigating Actions

- Staff vacancies and difficulties recruiting, in particular B6 Health Visiting posts.
- Continued turnover of Health Visitors, School Nurses and Specialist posts in in our contract areas due to career progression, retire and return and retirements, movement to other Trusts/ Local Authorities.
- Reduced staff capacity is through unfilled vacancies, but also families requiring more time from staff due to COVID impact, Universal no longer Universal. Contacts taking longer.

Key Risks of reduced staff capacity:

- Impact on staff wellbeing- high levels of sickness due to stress and anxiety, staff feeling "overwhelmed"
- Concern about quality- to cover safeguarding lack of continuity as elements covered by staff available
- Contractual risks, not fulfilling contractual requirements
- Trust reputation

Actions/ Mitigations being taken:

- Work on the Demand and Capacity tool to reflect Band 5 & 6 Staff mix (i.e. total capacity). Sharing openly with staff groups the assumptions behind the tool to allow engagement and confidence in its use.
- Understanding the impact of isolation with staff working from home, modern equipment on its way with timelines visible to staff, Strategy of returning to bases linked to society reopening timelines- key touch points in a week to return to base.
- Sharing the recruitment strategies and realistic timeline of increasing numbers.
- Work with Durham team / North Yorks– work to understand their difficulties from the 'new contract' and level of staffing to deliver.
- Adopt Operating Pressure Escalation Level (OPEL) to reflect workload vs capacity and allow it to be seen and trigger actions.
- Design metrics to visualise and present workload/ pressures into trust – safeguarding separately
- Possible over recruitment Band 5 Staff, and recruitment of all SCPHN students due to graduate September 2021.
- Exploration of redeployment (with training) of acute hospital staff to support

6

Key March Messages

- COVID inpatients reducing in line with national position, triggered reduction in Surge Plan
- Critical Care moved into its ‘new’ unit.
- Elective recovery to step back up mid March
- Urgent Care recovery – focus back on implementation of ECIST plan
- Continue to focus on 14D cancer performance, 62D and 104D backlogs and Community Dental waits
- Challenges and pressures being experienced in Children's and County Wide Services, actions and mitigations in place
- Movement of Adult Community services into Children's and County Wide Directorate to form the new Children’s and Community Directorate with Mike Forster taking the OD role alongside Natalie Lythe as CD and Suzanne Lamb as Head of Nursing.
- Operational Director post interviews taking place on 26th March for both LTUC and PSC Directorates
- Planning of site configuration ‘post’ COVID-19 begun.

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Financial Position

Agenda Item Number:	**11.3**
Presented for:	Discuss/Note
Report of:	Deputy Chief Executive/Finance Director
Author (s):	Deputy Chief Executive/Finance Director Deputy Director of Finance
Report History:	None
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

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

11.3

Recommendation:
The Board is asked to discuss and note the items contained within this report.

Harrogate and District
NHS Foundation Trust

Financial Position
Month 11 – February 2021

31 March 2021

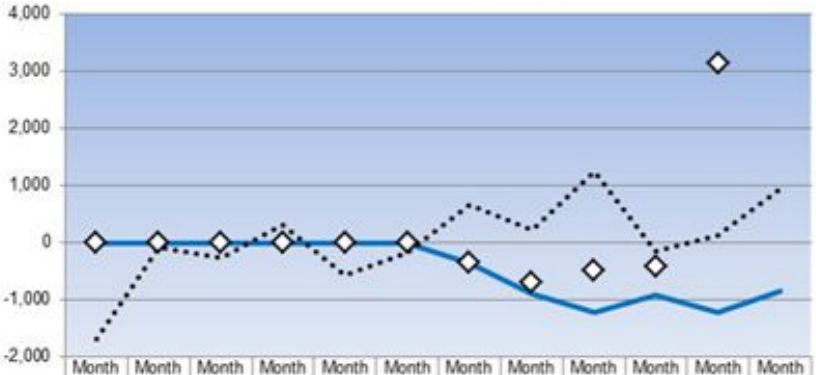
Financial Position

Harrogate and District NHS Foundation Trust

The Trust reported a surplus position in month 11 of £3,154k, significantly favourable to the month 11 plan by £4,375k. The main driver for this is the recognition of funding received to offset other "lost" income which was the main driver for the Trusts deficit plan. In month this adjustment is £3.7m, and therefore removing this would reflect a £546k deficit, more reflective of the average run rate in the second half of 2020/21.

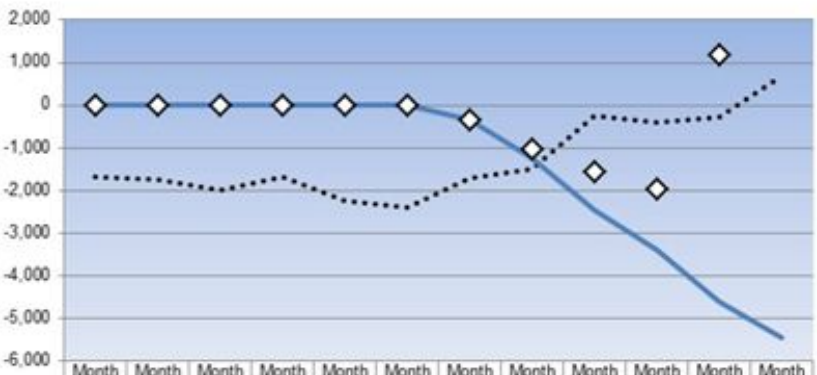
The impact of the above takes the year to date position to a surplus of £1,174k, however, as described below and in the forecasting slide, there are some significant transactions in relation to the annual leave accrual (cost of £2.7m) and further non-NHS income support that will be confirmed in April.

HDFT Monthly Financial Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Plan	0	0	0	0	0	0	-346	-892	-1,226	-920	-1,221	-845
Actual	0	0	0	0	0	0	-340	-691	-474	-421	3,154	
Prior Year	-1,677	-67	-256	326	-554	-158	674	217	1,241	-150	126	960

HDFT Cumulative Financial Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Prior Year	-1,677	-1,744	-2,000	-1,674	-2,229	-2,387	-1,713	-1,496	-254	-404	-278	682
Plan	0	0	0	0	0	0	-346	-1,238	-2,464	-3,384	-4,605	-5,450
Actual	0	0	0	0	0	0	-340	-1,031	-1,559	-1,980	1,174	

There remains a number of uncertainties in relation to the national treatment of some of these significant issues - for clarity the Trust expects to have a breakeven position against plan, with adjustments for non-NHS income and the annual leave accrual costs. See the forecasting slide for further comment.

Whilst achieving plan remains positive, directorates focus remains on managing run rates and ensuring both Covid-19, restoration and recovery costs are managed appropriately as the Trust moves into the new financial year.

The following slides give further detail on this position, as well as a forecast for year end.

Year end forecast

NHS
Harrogate and District
NHS Foundation Trust

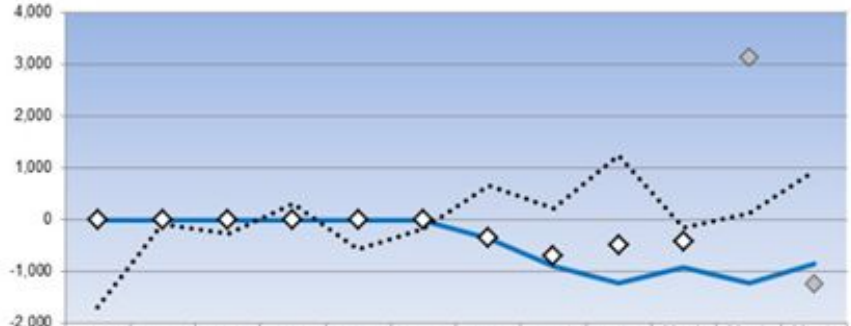
As outlined earlier in the document, guidance is still being published on the final funding arrangements to support some of the more significant transactions that will affect the year end position.

The key outstanding issue remains reimbursement for the annual leave accrual increase that will be accounted for within month 12. Whilst a level is funding is likely, it is unclear what the value is, with any variance likely to be described as an “allowable variance” to the Trust plan and the ICS resource limit.

It is likely that a level of annual leave cost will be funded, but if this then means that we (or any trust) delivers an actual surplus, then there is likely to be some clawback to the non-NHS income top-up that we receive. This is anticipated to be an adjustment in April when draft year end positions are submitted.

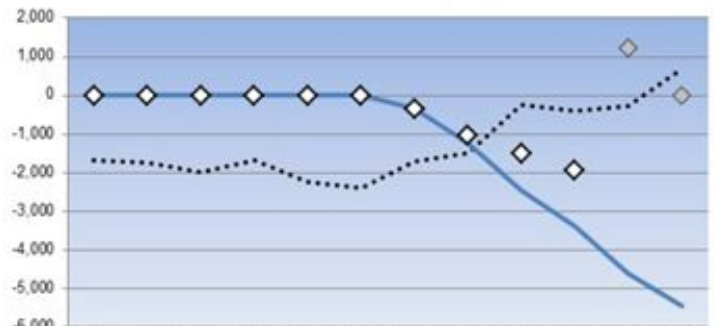
So for the purposes of the forecast below a net zero impact is assumed, essentially requiring the Trust to have a breakeven underlying position, whether through annual leave accrual funding or adjustments to non-NHS income support. The graph below outlines this.

HDFT Monthly Financial Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Plan	0	0	0	0	0	0	-346	-892	-1,226	-920	-1,221	-845
Actual/Forecast	0	0	0	0	0	0	-340	-691	-474	-421	3,154	-1,228
Prior Year	-1,677	-67	-256	326	-554	-158	674	217	1,241	-150	126	960

HDFT Cumulative Financial Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Prior Year	-1,677	-1,744	-2,000	-1,674	-2,229	-2,387	-1,713	-1,496	-254	-404	-278	682
Plan	0	0	0	0	0	0	-346	-1,238	-2,464	-3,384	-4,605	-5,450
Actual/Forecast	0	0	0	0	0	0	-340	-1,031	-1,505	-1,926	1,228	0

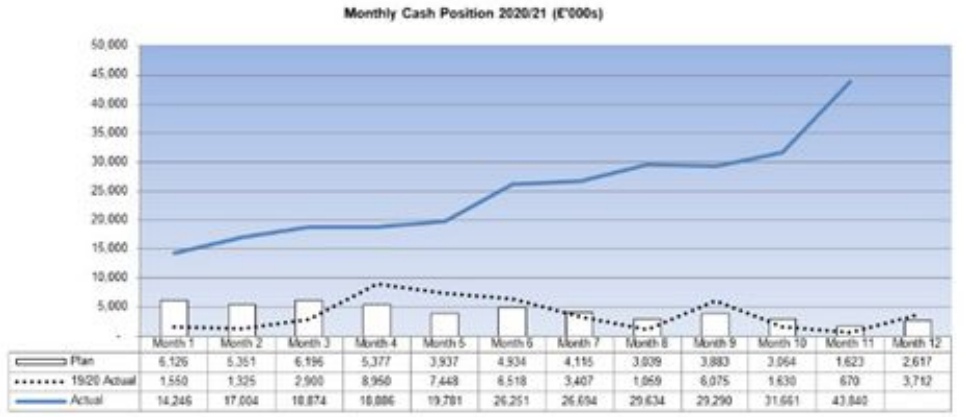
Cashflow, Debtors and Creditors

Harrogate and District NHS Foundation Trust

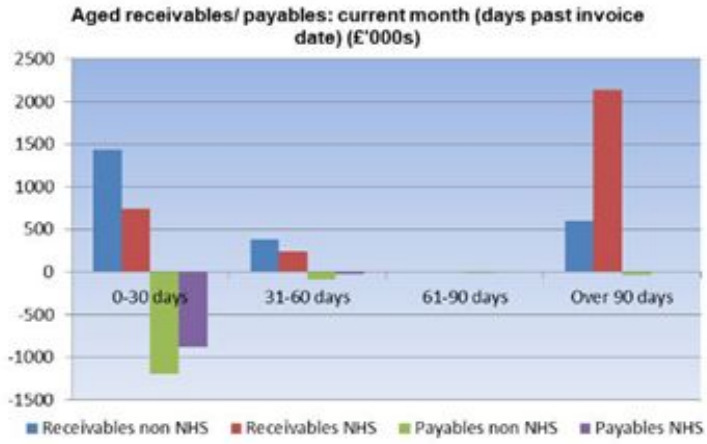
As the graph to the right highlights, the cash position for the Trust remains positive. Removing the benefits of the current cash regime mean caution is still required, with the prepayments agreed for NHS income ceasing in March. Based on this the forecast cash balance for year end will be over £20m.

Better Payment Practice Code performance is positive and improving as outlined in the information below.

As outlined last month, the aged debt position has further reduced as a result of the agreements with NYCCG. The remaining aged receivables are being reviewed and addressed.



Other indicators	Year to date			
	Current month %	Previous month %	Movement %	Trend
BPPC % of bills paid in target				
- By number	**76.6%**	**75.9%**	**0.7%**	
- By value	**71.2%**	**69.7%**	**1.5%**	

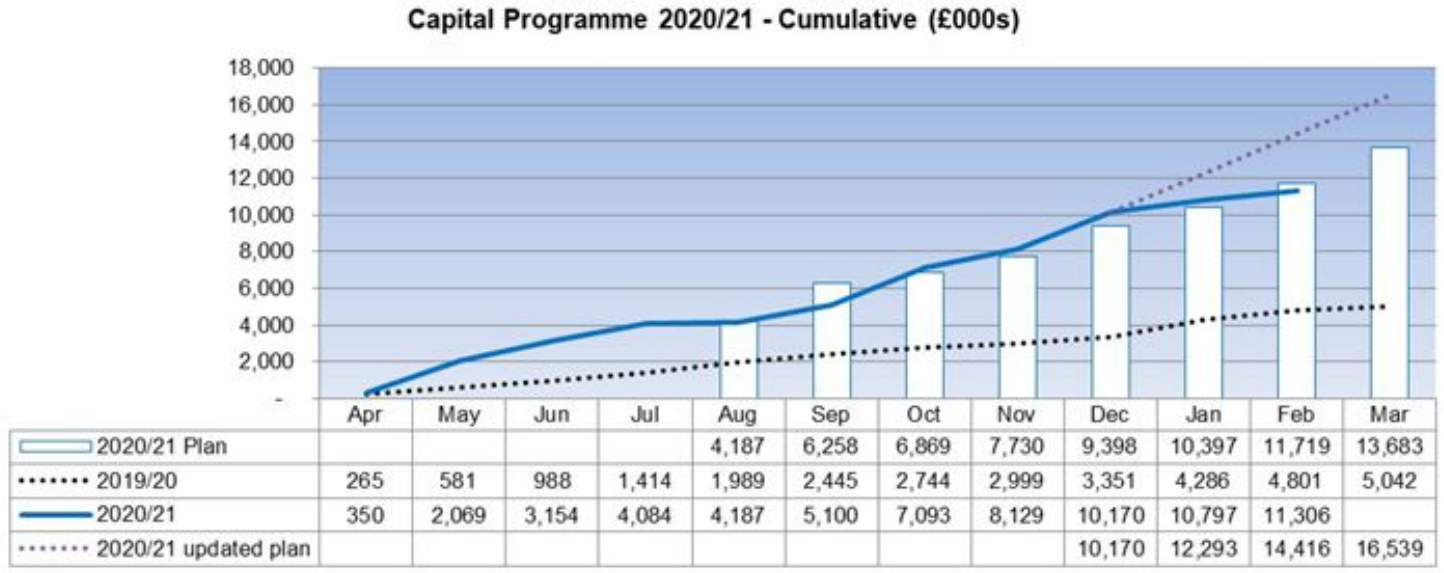


	Year to date		
	Current month	Previous month	Movement
BPPC % of bills paid in target			
Non NHS			
- By number	**77.4%**	**76.6%**	**0.8%**
- By value	**69.0%**	**67.5%**	**1.6%**
NHS			
- By number	**65.2%**	**65.7%**	**(0.5%)**
- By value	**77.2%**	**76.4%**	**0.8%**

Capital Programme

NHS
Harrogate and District
NHS Foundation Trust

The below is a snapshot of the IBR, outlining the summary of the capital position to February 2021.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21 Plan					4,187	6,258	6,869	7,730	9,398	10,397	11,719	13,683
2019/20	265	581	988	1,414	1,989	2,445	2,744	2,999	3,351	4,286	4,801	5,042
2020/21	350	2,069	3,154	4,084	4,187	5,100	7,093	8,129	10,170	10,797	11,306	
2020/21 updated plan									10,170	12,293	14,416	16,539

The approved plan and CDEL cover is £16.5m. The table opposite outlines the movement from Month 11 to Month 12

Month 11 Position	**11306**
IT replacement programme	1323
pathology equipment	457
Scan for safety	439
critical care	840
webV	200
cath lab completion	312
mammography	114
retention payments	196
equipment (various)	535
infrastructure	400
other	350
current M12 forecast	**16472**

Harrogate and District NHS Foundation Trust

Board of Directors Meeting (held in Public)
31 March 2021
Annual Planning 2020/21

Agenda Item Number:	**11.3.1**
Presented for:	Discuss/Approve
Report of:	Annual Planning – Financial plan and Capital programme
Author (s):	Deputy Chief Executive / Finance Director Deputy Director of Finance
Report History:	Resource Committee March 2021
Publication Under Freedom of Information Act:	This paper has been made available under the Freedom of Information Act 2000

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

11.3

Recommendation:

It is recommended that the Board:

- Note the current position in relation to financial planning for 2021/22
- Approve the proposed internal budgets and financial plan for Q1 2021/22
- Note that further updates will be provided to the Resource Committee next month, in particular relating to the allocation of system financial resources, in advance of submitting a financial plan to our external partners and Regulators
- Note the capital planning process to date, including the discussion at Resource Committee
- Approve the capital programme for the Trust for 2021/22

2021/22 Annual Planning – Budget Setting
March 2021

Summary Position

Based on the national approach of rolling over budget for the first 6 months of 2021/22, the following paper outlines the budgets that reflects this position within the Trust. Overall the Trust is planning on the basis that income will support this approach for April to September, however, funding will be released to directorates for quarter one only. Quarter two will be released following additional review of deployment of resources, and in particular the work underway in respect of bed configuration, theatre scheduling, and CoVid recovery, both for hospital services and community services.

This approach and output has been discussed in the Resource Committee in detail.

The Board is asked to support the approval of the following quarter one budgets for each directorate. These budgets are net of income that is directly managed by Directorates.

Directorate	£'000s
Long Term & Unscheduled	- 19,515
Planned & Surgical	- 17,818
Children's & CWCC	- 13,508
Corporate	- 11,277
Total	**- 62,118**

In addition, the Board is asked to approve the summary financial plan for quarter one.

Type	£'000s
Income	71,000
Pay Expenditure	- 44,057
Non Pay Expenditure	- 26,942
Surplus	**0**

Underlying financial plan

In order to provide certainty in the medium term, the Trust is reflecting the national approach to planning outlined in the national consultation.

As at the time of writing this report, we are still awaiting final guidance for planning for H1, and we are yet to receive confirmation of funding allocations to the system for onward allocation to individual organisations. A national financial briefing is set for Friday morning, so I can update the Board further at the meeting.

However, we are aware that from an income perspective, guidance is that NHS income is reflective of the block contracts currently in place in 2020/21. Therefore the Trust is planning on this basis for 2021/22, alongside the anticipated income from Local Authority Contracts. There remains a risk with this position based on the historic affordability issues of North Yorkshire Clinical Commissioning Group, and until we receive the allocation numbers and assumptions there remains a financial risk going into 2021/22. This though is a relatively low risk, given the financial regime that is being rolled over to next year.

There will be an elective recovery fund available to systems to deliver additional patient care above specific assumed levels (to be confirmed in guidance due this week). Given the nature

of our patient flows and relationship with WYAAT we will need to work with colleagues across NYY and WYAAT to understand the funding flows that could result from delivering additional activity, given that any allocation will be dependent upon system performance.

Expenditure assumptions are based on the 2019/20 exit run rate, with adjustments made for cost pressures across 2020/21 and expected in 2021/22, for example pay awards, CNST premia.

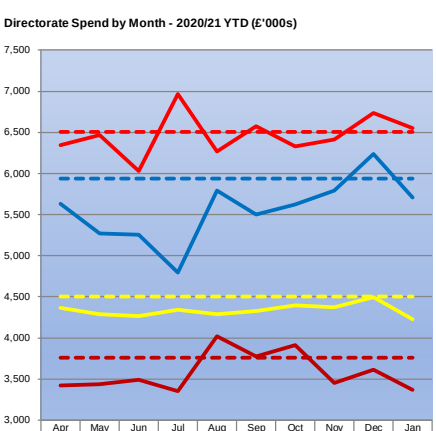
Internally the Trust will continue to process this position, drawing in guidance as it is published, as well as allowing time for peer review of directorate positions. For certainty, however, it is proposed that this Q1 budget position is uploaded to support Trust reporting and Directorate management. This position reflects the full year effect of quarter one planning described below, less Covid-19 costs.

Half one/Quarter one budget setting

Whilst detail is still being developed, the national position is that the same position for the first 6 months of 2021/22 will be reflective of 2020/21 operating positions. Originally the guidance was that this would be for quarter one of 2021/22, and as a result the following directorate budgets have been developed for this period –

Type	Directorate	Proposed Q1 budget
Income		
	Commissioner Income	64,604
	Long Term & Unscheduled	1,378
	Planned & Surgical	105
	Children's & CWCC	133
	Corporate	1,137
	Hosted	-
	Other	3,643
Income Sub Total		**71,000**
Pay		
	Commissioner Income	
	Long Term & Unscheduled	- 15,654
	Planned & Surgical	- 12,444
	Children's & CWCC	- 12,508
	Corporate	- 3,452
	Hosted	-
	Other	-
Pay Sub Total		**- 44,057**
Non Pay		
	Commissioner Income	
	Long Term & Unscheduled	- 5,239
	Planned & Surgical	- 5,479
	Children's & CWCC	- 1,134
	Corporate	- 8,962
	Hosted	-
	Reprovide	- 1,346
	Other	- 4,783
Non Pay Sub Total		**- 26,942**
Surplus/Deficit		**0**

All pre inflation, post top up.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
CCCC	4,367	4,290	4,263	4,343	4,289	4,330	4,398	4,372	4,499	4,230
Corporate (excl. Covid)	3,421	3,434	3,490	3,352	4,018	3,775	3,912	3,455	3,611	3,366
LTUC	6,343	6,468	6,029	6,966	6,266	6,573	6,329	6,418	6,735	6,550
PSC	5,634	5,270	5,253	4,792	5,791	5,498	5,625	5,794	6,239	5,707
Q1 CCCC	4,503	4,503	4,503	4,503	4,503	4,503	4,503	4,503	4,503	4,503
Q1Corporate	3,759	3,759	3,759	3,759	3,759	3,759	3,759	3,759	3,759	3,759
Q1 LTUC	6,505	6,505	6,505	6,505	6,505	6,505	6,505	6,505	6,505	6,505
Q1 PSC	5,939	5,939	5,939	5,939	5,939	5,939	5,939	5,939	5,939	5,939

For simplicity, added to the income position described in the underlying position above, the Trust anticipates top up and Covid funding of £6.7m in the first quarter of 2021/22. This is based on the 2020/21 second half income streams. As a result the current proposal is –

1. To have a Trustwide plan that reflect 6 months of the above assumptions, doubling the figures described above.

2. Hold quarter two directorate funding until greater certainty on the wider financial regime is in place, as well as having greater clarity on the operational requirements of the Trust recovery position

3. To have a financial plan that delivers a breakeven position in line with current national expectations

This will mean the above table is ultimately reflected in quarter one planning whilst we work through the developing guidance for 2021/22.

External financial planning requirements

As referenced earlier, we are awaiting guidance for 2021/22 financial planning. It is anticipated that we will be required to submit a financial plan for H1 of 2021/22 in May, having received system funding allocations and agreed a system-wide financial planning approach that is consistent with each organisation. Our system for financial planning purposes is North Yorkshire & York.

Further work will then be undertaken in advance of a H2 financial plan which will need submission later in the year.

Resource Committee will receive an update in April in respect of financial planning guidance, system allocations, and the system approach to deliver a balanced plan during H1 of 2021/22.

Recommendation

The Board of Directors is asked to

- Note the current position in relation to financial planning for 2021/22
- Approve the proposed internal budgets and financial plan for Q1 2021/22
- Note that further updates will be provided to the Resource Committee next month, in particular relating to the allocation of system financial resources, in advance of submitting a financial plan to our external partners and Regulators

BOARD OF DIRECTORS – 31st March 2021

Capital Planning 2021/22

Summary

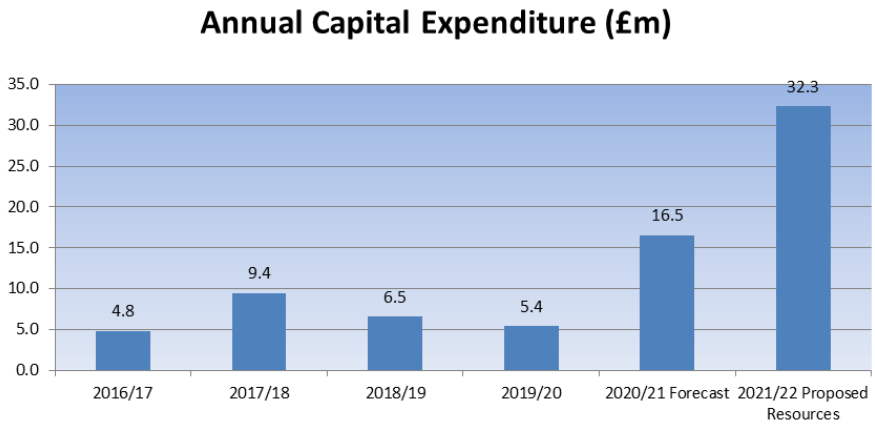
The following paper outlines the background, resources and schemes which have been prioritised as part of the 2021/22 capital planning process. This paper will be discussed by the Resource Committee at its meeting on 29th March.

Background

Following review of the replacement requirements across the Trust, emerging risk requirements and the key operational requirements for 2021/22, a clear set of priorities have emerged. This document sets out these priorities, alongside the funding discussions to support this.

As previously outlined, the Trust historically has aimed to live within self-funding cash resource less loan repayments – eg Depreciation (£5m) less loan repayments (£2m). Whilst this resource would have increased in 2021/22 as a result of the greater capital programme in 2020/21, the decision has also been made to prioritise all of this resource on the capital programme before accounting for loan repayments. Indicatively this would result in a £7m self-funded programme. This approach has been discussed with colleagues at the ICS and NHSI.

For context the Trust capital spend for the last five years is highlighted in the graph below, alongside the proposed resources for 2021/22.



Resources Available 2021/22

There are two issues to consider in relation to capital resources available. Firstly, the cash and sources of cash to spend on schemes, and secondly the impact on CDEL, which is effectively a national capital expenditure limit allocated to ICS, which gives the system the permission to undertake capital spending.

In relation to cash and sources of cash to spend, there are a number of sources of cash as set out below:

- **Internally generated cash** - the Trust has an internally generated, in year funding level of £7m, generated through depreciation. This can be supplemented by additional cash that the Trust currently holds or generates through in year surpluses. There are no planned in year surpluses in 2021/22 given the financial regime in operation, however due to the significantly improved cash position of the Trust the proposal is to supplement this by £5m in 2021/22. This improvement in cash reflects the working capital improvement achieved by translating debtors into cash, and managing creditors in line with good payment practice.

- **Grant funding** – the Trust has approved grant funding in respect of the public sector decarbonisation programme. This total £14.1m.

- **Charitable funding** – we have the ability to raise funds for particular capital projects. We have assumed currently that we will have £250k available, but spending will be tailored to the amount of funding available

- **External / ICS funding** - a number of schemes within the proposed programme relate to ICS funded programmes of work, predominantly from the West Yorkshire and Harrogate ICS (WY&H). These are in different stages of development, with schemes such as LIMS and Scan for Safety approved and actively progressing, through to Aseptics which is currently at outline business case stage. The current assumption with these schemes is that if they are not externally funded they will not progress.

In relation to the impact on CDEL, the following issues should be noted:

- The ICS has received a CDEL allocation limit of £72.5m
- This limit applies to internally generated and funded schemes, ie it excludes grant funding, charitable funding and ICS ad hoc approved schemes.
- The current 'ask' from Providers in HCV totals £76.8m.

Whilst the sum of current Provider plans exceeds the CDEL allocation, this is entirely manageable and will not impact upon our ability to spend our planned level of resource. We may need to assume slippage in order to submit a balanced/compliant ICS capital plan, but there will be slippage during the year across the ICS and wider, additional funding will emerge (eg diagnostic equipment fund, which the ICS is currently exploring), and there has not been a year in the NHS when the capital CDEL limit has been reached.

Finally in terms of resources, we continue to discuss the impact of loan repayments. This has been escalated, it is a funding priority for the ICS, and currently we would be supported in applying for emergency capital to offset any loan payments. This is not completely satisfactory, but work continues and it should not detract from our capital planning for 2021/22.

Proposed Programme

The table below outlines the proposed capital programme for 2021/22:

Scheme	Total	internal funding	grants	charity	ICS
ED X ray / mammo (slippage from 20/21)	1,000	1,000			
IT	1,500	1,500			
Equipment	1,200	1,200			
CT replacement	1,500	1,500			
Ward refurbishment 1	3,500	3,500			
Environment / health & wellbeing	1,700	1,700			
orthopaedic OP	150	150			
dental facilities	200	200			
backlog (inc Lifts)	750	750			
internal contingency	500	500			
SALIX scheme	14,180		14,180		
WebV	1,600				1,600
Scan for safety	890				890
LIMS	1,300				1,300
Asceptics	1,000				1,000
Imaging collaborative	600				600
community estate	500				500
breast unit	250			250	
TOTAL	**32,320**	**12,000**	**14,180**	**250**	**5,890**

It should be noted that whilst IT equipment at £500k is low, this is in addition to £1.3m on IT equipment that we have brought forward into March 2021. Also, the ED X Ray and mammo scheme is committed (and the slippage has funded the IT scheme that we have brought forward into 2020/21) and therefore will be the first scheme funded.

In terms of finalising a programme that is contained within the resources available, discussions have been held with Directorates, the Director Team and SMT (and shadow SMT). A survey was distributed to all colleagues across the Trust to elicit views, and feedback received has helped to shape the proposed programme.

Recommendation

The Board of Directors is asked to:

- Note the capital planning process to date, including the discussion at Resource Committee
- Approve the capital programme for the Trust for 2021/22.

GLOSSARY OF ABBREVIATIONS

A

A&E	*Accident and Emergency*
AfC / A4C	*Agenda for Change*
AHPs	*Allied Health Professionals*
AIC	*Aligned Incentive Contract*
AMM	*Annual Members' Meeting*
AMU	*Acute Medical Unit*
AQP	*Any Qualified Provider*

B

BAF	*Board Assurance Framework*
BME	*Black and Minority Ethnic*
BoD	*Board of Directors*

C

CAT	*Clinical Assessment Team (Will be ACU)*
C.diff	*Clostridium difficile*
CC	*Community & Children's Directorate*
CCG	*Clinical Commissioning Group*
CCU	*Coronary Care Unit*
CE / CEO	*Chief Executive Officer*
CEA	*Clinical Excellence Awards*
CEPOD	*Confidential Enquiry into Perioperative Death*
CIP	*Cost Improvement Plan*
CLAS	*Children Looked After and Safeguarding Reviews*
CoG	*Council of Governors*
COO	*Chief Operating Officer*
CQC	*Care Quality Commission*
CQUIN	*Commissioning for Quality and Innovation*
CRR	*Corporate Risk Register*
CRRG	*Corporate Risk Register Group*
CSW	*Care Support Worker*
CT	*Computerised Tomography*
CT DR	*Core trainee doctor*

D

Datix	*National Software Programme for Risk Management*
DBS	*Disclosure and Barring Service*
DNA	*Did not attend*
DoH	*Department of Health*
DoLS	*Deprivation of Liberty Safeguards*
Dr Foster	*Provides health information and NHS performance data to the public*
DToC	*Delayed Transfer of Care*

E

ECIST	*Emergency Care Improvement Support Team*
ED	*Emergency Department*
EDI	*Equality, Diversity & Inclusion*
EDS2	*Equality Delivery System 2*
eNEWS	*National Early Warning Score*
ENT	*Ear, Nose and Throat*
ERCP	*Endoscopic Retrograde Cholangiopancreatography*
ESR	*Electronic Staff Record*
EWTD	*European Working Time Directive*

F

FFT	*Friends and Family Test*
FIMS	*Full Inventory Management System*
FOI	*Freedom of Information*
FT	*NHS Foundation Trusts*
FY DR	*Foundation Year doctor*

G

GDMEC	*Governor Development and Membership Engagement Committee*
GIRFT	*Get it right first time*
GPOOH	*GP Out of Hours*

H

HaRD CCG	*Harrogate and Rural District Clinical Commissioning Group*
HaRCVS	*Harrogate and Ripon Centres for Voluntary Service*
HBC	*Harrogate Borough Council*
HCV	*Humber Coast & Vale*
HDFT	*Harrogate and District NHS Foundation Trust*
HDU	*High Dependency Unit*
HEE	*Health Education England*
HFMA	*Healthcare Financial Management Association*
HHFM	*Harrogate Healthcare Facilities Management Ltd*
HIF	*Harrogate Integrated Facilities*
HR	*Human Resources*
HSE	*Health & Safety Executive*
HSMR	*Hospital Standardised Mortality Ratios*

I

ICS	*Integrated Care System*
ICU or ITU	*Intensive Care Unit or Intensive Therapy Unit*
IG	*Information Governance*
IBR	*Integrated Board Report*
IT or IM&T	*Information Technology or Information Management & Technology*

K

KPI	*Key Performance Indicator*
KSF	*Knowledge & Skills Framework*

L

LAS DR	*Locally acquired for service doctor*
LAT DR	*Locally acquired for training doctor*
LCFS	*Local Counter Fraud Specialist*
LMC	*Local Medical Council*
LNC	*Local Negotiating Committee*
LoS	*Length of Stay*
LPEG	*Learning from Patient Experience Group*
LSCB	*Local Safeguarding Children Board*
LTUC	*Long Term and Unscheduled Care Directorate*

M

MAC	*Maternity Assessment Centre*
MAPPA	*Multi-agency Public Protection Arrangements*
MARAC	*Multi Agency Risk Assessment Conference*
MASH	*Multi Agency Safeguarding Hub*
MAU	*Medical Admissions Unit*
MDT	*Multi-Disciplinary Team*
Mortality rate	*The ratio of total deaths to total population in relation to area and time.*
MRI	*Magnetic Resonance Imaging*
MRSA	*Methicillin Resistant Staphylococcus Aureus*
MTI	*Medical Training Initiative*

N

NCEPOD	*NCEPOD (National Confidential Enquiry into Perioperative Death)*
NED	*Non-Executive Director*
NHSE	*National Health Service England*
NHSI	*NHS Improvement*
NHSR	*National Health Service Resolution*
NICE	*National Institute for Health & Clinical Excellence*
NMC	*Nursing and Midwifery Council*
NPSA	*National Patient Safety Agency*
NRLS	*The National Reporting and Learning System*
NVQ	*National Vocational Qualification*
NYCC	*North Yorkshire County Council*

O

OD	*Organisational Development*
ODG	*Operational Delivery Group*
OSCE	*The Objective Structured Clinical Examination*

P

PACS	*Picture Archiving and Communications System – the digital storage of x-rays*
PbR	*Payment by Results*
PEAT	*Patient Environment Action Team*
PET	*Patient Experience Team*
PET SCAN	*Position emission tomography scanning system*
PESH	*Patient Experience Safety Huddle*
PHSO	*Parliamentary and Health Service Ombudsman*
PMO	*Project Management Office*
PROM	*Patient Recorded Outcomes Measures*
PSC	*Planned and Surgical Care Directorate*
PST	*Patient Safety Thermometer*
PSV	*Patient Safety Visits*
PVG	*Patient Voice Group*

Q

QIA	*Quality Impact Assessment*
QIPP	*The Quality, Innovation, Productivity and Prevention Programme*
QPR	*Quarterly Performance Review*

R

RCA	*Route Cause Analysis*
RIDDOR	*The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations*
RTT	*Referral to Treatment. The current RTT Target is 18 weeks.*

S

SALT	*Speech and Language Therapy*
SAS DR	*Speciality and associate specialist doctors*
SCBU	*Special Care Baby Unit*
SHMI	*Summary Hospital Mortality Indicator*
SI	*Serious Incident*
SID	*Senior Independent Director*
SIRI	*Serious Incidents Requiring Investigation*
SLA	*Service Level Agreement*
SMR	*Standardised Mortality rate – see Mortality Rate*
SMT	*Senior Management Team*
SpR	*Specialist Registrar – medical staff grade below consultant*
ST DR	*Specialist trainee doctors*
STEIS	*Strategic Executive Information System*
STP	*Sustainability and Transformation Plan*
SVPSG	*Supporting Vulnerable People Steering Group*

T

TOR	*Terms of Reference*
TU	*Trade Union*

TUPE	*Transfer of Undertakings (Protection of Employment) Regulations 2006*

V

VC	*Vice Chairman*
VSM	*Very Senior Manager*
VTE	*Venous Throboembolism*

W

WLI	*Waiting List Initiative*
WTE	*Whole Time Equivalent*
WY&H HCP	*West Yorkshire and Harrogate Health Care Partnership*
WYAAT	*West Yorkshire Association of Acute Trusts*

Y

YTD	*Year to Date*

Further information can be found at:
NHS Providers – Jargon Buster –
http://nhsproviders.org/programmes/governwell/information-and-guidance/jargon-buster