



Harrogate and District NHS  
Foundation Trust

# Quality Account 2023-24

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# PART 1

The Quality Account is an annual report, which reviews our performance and progress against the quality of services we provided. In the document you will find a review of 2023-24. It also sets out our key quality and safety improvement priorities for 2024-25. It demonstrates our commitment to continue improving our services and provide high quality, safe and effective care to our patients, their carers and their families. This means that it is essential that we focus on the right quality and safety priorities for the forthcoming year.

# Introducing our Quality Account

Welcome to the 2023-24 HDFT Quality Account.

Thank you for your interest in reading our 2023-24 Quality Account.

At HDFT we have worked incredibly hard during 2023-24 to review, renew and reinvigorate the work we do with regards to Quality and Safety.

In this report, we set out what we have achieved in 2023-24 with regards to the priorities we set. These priorities were acknowledged via the Trust's learning systems to identify areas of our work where we could improve the quality and safety of the care we provide, the effectiveness of our services or the experience people have whilst working with us or accessing our services.

We also set out the quality and safety improvement priorities for 2024-25.

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

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

I can confirm that the Board of Directors has reviewed the 2023-24 Quality Account and can confirm that to the best of my knowledge, the information contained within this report is an accurate and fair account of our performance.

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

With best wishes



**Jonathan Coulter**  
**Chief Executive**

# What is a Quality Account?

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

## What should a Quality Account look like?

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

The Quality Account must include:

### Part 1: Introduction

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

### Part 2: Looking Back

Looking back at the previous year's performance.

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

### Part 3: Looking Forward

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

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

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

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

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

## How will the Quality Account be published?

The Quality Account is published electronically on the NHS Choices website and we will also make them available on our own website: [www.hdft.nhs.uk](http://www.hdft.nhs.uk)

## Our Services

### Acute and Community Services for Harrogate and District and wider North Yorkshire:

- Harrogate District Hospital, which includes an Emergency Department, comprehensive medical and surgical specialities, an oncology centre, maternity services and extensive outpatient facilities,
- Community Services, which includes podiatry, district and community nursing, therapy services and community dental services.

### Children's Public Health (0-25) Services

- 9 local authorities in North East and Yorkshire,
- Looking after over 500,000 children,
- The largest provider of 0 – 25 services in England.

### HDFT in Numbers

<b>3</b> HOSPITAL PARTNERSHIPS WITH LOCAL AUTHORITIES & OTHER NHS TRUSTS	OVER <b>5,000</b> EMPLOYEES	<b>21,000</b> VIDEO CALL OUTPATIENT APPOINTMENTS
<b>118,000</b> HOME VISITS	HOSPITAL CATCHMENT AREA <b>c200,000</b>	<b>£300M</b> TURNOVER
LOOKING AFTER OVER <b>500,000</b> CHILDREN	COMMUNITY SERVICES POPULATION <b>c620,000</b>	LARGEST <b>EMPLOYER</b> IN HARROGATE AND DISTRICT
<b>55,000</b> EMERGENCY DEPARTMENT ATTENDANCES		OVER <b>2,000</b> PATIENTS TREATED FOR CANCER

# Part 2: Priorities for Improvement 2023-24 and Statements of Assurance from the Board

The information presented in this Quality Account represents information that has been monitored over the last 12 months by the Trust Board, Council of Governors, Quality Committee and the Executive led Quality Governance Management Committee.

The majority of the Account represents information from all of our Directorates presented as total figures for the Trust. The indicators to be presented and monitored were selected following discussions with the Trust Board. They were agreed by the Executive Team and have been developed over the last 12 months following guidance from senior clinical staff.

The Trust has consulted widely with members of the public and local communities to ensure that the indicators presented in this document are what the public expect to be reported.

2023-24 has been an exciting time for quality and safety at HDFT with significant work to transition towards a new approach to the quality agenda. Key activities during the year have been:

- Embedding our Trust Strategy which puts quality and safety at the heart of everything we do,
- The development of a revised Board Assurance Framework that complements the Trust Strategy,
- A full scale review of quality improvement and a decision to implement a revised continuous improvement model called HDFT Impact,
- Development of our processes, structures and frameworks for reporting and reviewing any serious incidents that may occur,
- Development of a revised patient safety events electronic learning tool,
- Clear and dedicated improvement projects for our quality priorities which are monitored and reviewed continuously through our revised governance structures.

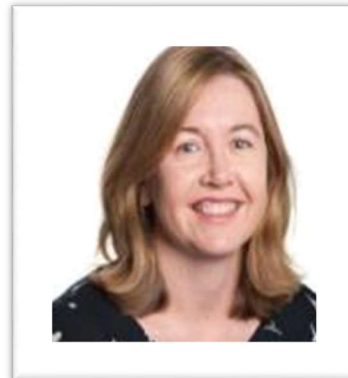
We approached 2023-24 with a strong and proactive safety culture. We have built on our dynamic quality governance framework implemented in 2022-23. This will enable us to move forward proactively with the challenges and opportunities that the next 12 months will bring. To ensure that HDFT can implement the necessary changes key initiatives will include:

- The Patient Safety Incident Responses Framework,
- The NHS Complaints Standard Framework,
- The Care Quality Commission revised inspection Framework,
- Three Year delivery plan for maternity and neonatal safety,
- NHS delivery and continuous improvement review.

We hope that our Quality Account provides you with an overview of the work that we have undertaken during 2023-24 as well as highlighting where we will go next in our continuous improvement journey.



**Emma Nunez**  
**Executive Director**  
**Of Nursing, Midwifery**  
**And AHPs / Deputy**  
**Chief Executive**



**Jackie Andrews**  
**Executive Medical**  
**Director**

# Our Quality System

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



The corporate Quality Team consists of the Patient Experience Team, the Patient Safety Team and the Compliance Team under the leadership of the Associate Director of Quality and Corporate Affairs, reporting in to the Executive Director of Nursing, Midwifery and Allied Health Professionals with support from the Executive Medical Director.

Over the past 18 months, the Quality Team in HDFT has been in a transitional period during which time a complete review of the functions and structure of the team has taken place. The new structure is now almost complete and operates under new leadership.

Core quality activities undertaken at HDFT include:

- Risk Management,
- NHS Patient Safety Strategy,
- Central Alerts system,
- Incident Management,
- Legal SLA / Budget,
- Learning from Events, Claims and Complaints,
- Patient Safety Incident Response Framework,
- LFPSE (Learning from patient safety events) [Formerly NRLS (National reporting and learning system)],
- Claims Management,
- Responding to coroners requests and assisting with inquests,
- Oversight of Datix system,
- Clinical Standards, Outcomes and Effectiveness,
- Reviewing and updating new published NICE guidance in line with HDFT procedures and processes,
- Management of CQC Regulations and all CQC related activity,
- Policy Management,
- Friends and Family Test,
- Complaints & PALs,
- Patient engagement activities,



Other activities within the Trust that provide insights to patient safety include Structured Judgement Reviews, Learning from Deaths and Quality Improvement projects, as well as our day to day activities such as safety huddles, hot de-briefs and governance meetings.

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

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

In 2023-24 we have also embarked on an ambitious continuous improvement journey:

- HDFT has been using a lean, quality improvement approach for over 10 years – we know this approach works and we have seen the improvements it can bring,
- Now we want to take our approach to improvement to the next level – to embed improvement at the centre of our culture and operating model,
- We have partnered with Catalysis and KPMG, international leaders in improving healthcare with extensive experience supporting NHS trusts,
- Over the next 18 months they will support us to develop our own improvement operating model, to train and coach our teams, and to build our capacity and capability to sustain our improvement journey,
- It will be **our** team HDFT approach, based on tried and tested principles, but tailored to our strategy, our culture, our needs.

*Further details on our HDFT Impact programme can be found in Part 3 of this document.*



# Performance Against Priorities 2023 -24

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



**Our ambition is to provide the best quality, safest care, where quality is defined by safety, effectiveness and patient experience.**

## Ever Safer Care

Through continuous learning and improvement we will make our processes and systems ever safe – we will never stop seeking improvement. Our quality programmes for 2023-24 within this are:

- Emergency Department,
- Inpatient Falls,
- Pressure Ulcers.

## Excellent Outcomes

We want excellent outcomes for our patients and the children and young people we support which improve their health, wellbeing and quality of life – we will do this by providing effective care based on best practice standards. Our quality programmes for 2023-2024 within this are:

- Acting on Missed Results.

## A Positive Experience

We want every patient, child and young person to have a positive experience of care – we will do this by listening and acting on their feedback to continuously improve. Our quality programme for 2023-24 in this area is a focus on the implementation of the new NHS Patient Experience Framework

# SAFE: Best Quality, Safest Care: Ever Safer Care through Continuous Learning and Improvement

## Quality Programme: Emergency Department

Our Emergency Department is a fast paced hub for clinical activity; at HDFT we use this opportunity for continuous learning and improvement. Below you will find details on the activities within our ED.



**What are we aiming to achieve?**  
A department that has continuous quality improvement at the core of its culture and operational management.

**What have we achieved in the last 2 years?**  
This summary highlights just some of the achievements we have been making.

**HED HANDOVER**  
Handover processes have been standardised and reduced incidents involving poor handover practice

**SHIFT LEADERS**  
NIC FC EPIC

- Shift leader workshops
- Flow Coordinator Role introduced
- Clinical and operational escalation SOPs written
- Roles & Responsibilities clarified
- Escalation SOPs have been written
- 2hrly sit-reps are documented
- EPIC role introduced to improve shift safety & accountability
- Staffing boards put up in department
- Agency RN staff induction developed

**the SHELFORD GROUP Safer Nursing Care Tool**

Significant uplift in RN establishment has seen a reduction in incidents, less complaints, less workforce turnover and a huge increase in morale. Clear career pathways from preceptorship to Band 7 roles have been defined within our department.

**HARROGATE PAEDIATRIC EMERGENCY DEPARTMENT RCPCH**  
Royal College of Paediatrics and Child Health  
Leading the way in Children's Health

- Working towards compliance with RCPCH "Facing the Future" Standards
- Improved Paediatric Mandatory Training compliance
- B7 Paeds Specialist Nurse joining the team
- RN Secondments to Paediatric ward
- Updated SOPs; Left without being seen, bruises under-1 etc.
- Two Paediatric specific waiting rooms
- Updated distraction toys/kits
- Improved Paediatric resus support
- Resuscitaire training
- Paeds Simulation training sessions
- Funding for child in ED courses

The dept now runs an app, which is a one-stop, easily accessible location for all information/guidelines/rotas etc.

**Trauma Care TaRTS**  
Trauma and Resuscitation Team Skills

After two significant events involving trauma care, we have now collaborated with Airedale Hospital to deliver in-house MDT trauma training & purchased a 2<sup>nd</sup> trauma board for easier trauma imaging transfer care



**HDFT Impact**

In January 2024, we began the journey of embedding a new operational management system with Continuous Improvement methodology at its core

**"Front door flow"**

- Rolled out new model of assessment: Streaming & Rapid Initial Assessment & Treatment
- Working with colleagues across the trust to stream patients to the right service at the right time.
- Performance against national target of 15mins for initial assessment has improved dramatically
- The percentage of patients leaving without being seen is extremely low



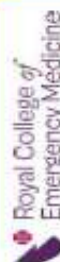
### Refurbishment

Huge capital investment in the environment has resulted in internal flow improvements and more efficient equipment management. New areas include; YAS offload bay, new Minors Care space, Fit-2-sit area, new patients and staff facilities, a new waiting area, a larger cohesive work area for shift management, improved storage solutions and a new mental health suite.



Members of the ED Team are carrying out Quality Improvement Projects on the following topics:

- ✓ Falls screening
- ✓ CFS Screening
- ✓ Delirium Screening
- ✓ Sepsis Screening and Escalation
- ✓ Acute Abdominal Imaging
- ✓ Paediatric Head Injuries
- ✓ Clinical Handovers
- ✓ NCEPOD CAP recommendations
- ✓ NCEPOD Testicular Torsion recommendations
- ✓ Allergic reactions
- ✓ Neck of femurs
- ✓ Investigation follow up
- ✓ Paediatric Asthma Management
- ✓ CT imaging delays
- ✓ Transfer to ward delays
- ✓ Nursing documentation
- ✓ Mental Health Risk Assessments
- ✓ ECG results management
- ✓ GP/111 referrals audit
- ✓ Alcohol withdrawal management
- ✓ Sedation audit
- ✓ Coding audit
- ✓ Junior Clinician Coaching Pilot
- ✓ Thoracic dissection
- ✓ DNACPR management / ReSPECT Rollout



### Clinical Education

The department is compliant with the RCEM recommendations for provision of Consultant Led educator shifts on the shop-floor. In addition the department now has 1.6 WTE practice educators to support RN and CSW learning. In-house training videos made and hosted on HED YouTube Channel



### Minors Care

- Expansion of our UCP staffing model has enabled the set-up of a robust minors care model to be achieved
- A lead nurse and lead clinician are in place to support continuous learning and service development
- The service accommodates ~60% of walk-in patients/day and contributes significantly to our 4-hour national target



### Digital Innovation

- Nursing documentation onto WebV
- Extensive visual management tools added to patient board
- Virtual Fracture Clinic embedded
- Red-dot AI image management embedded
- ASCOM referrals/messaging rolled out
- PowerBI rolled out for performance monitoring and continuous improvement data capture
- InPulse Staff Survey software rolled out and results used to drive change

All improvement work is documented and shared with the team via an electronic pin board:



### Communication of Learning

Learning from events is shared across the team of >120 staff via a number of methods; A weekly Shared Learning Bulletin, a daily safety huddle at 12:00, via monthly ED Governance Meetings and ad hoc Clinician Learning Bulletins.



# SAFE: Best Quality, Safest Care: Ever Safer Care through Continuous Learning and Improvement

## Quality Programme: Inpatient Falls

### Why Falls?

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

Falls are more common among older adults in clinical care settings, e.g. hospitals and rehabilitation units.

Harrogate is known to have a greater than average number of elderly population, and this is set to increase by 2025 for the number of residents present aged 65 and over.

Current figures show that North Yorkshire has a higher number of residents 65+ than the UK average. The UK average sits at around 10.3% and the North Yorkshire average is around 12.5%.

Therefore as a Trust, we are aware that falls can have a significant impact on quality of life, health and healthcare costs and have made the prevention of falls a Trust Quality Priority. There is a direct focus on staff education, the employment of specialist nurses, regular completion of risk assessments with interventions, and learning from previous incidents.

### What were we aiming to achieve?

We were aiming to achieve a reduction in falls and falls causing moderate to severe harm. Our plan to achieve this was by:

- The implementation of safety huddles on wards,
- Increased education for falls prevention and the importance of keeping patients moving when in hospital,
- Implementation of new training for Fundamentals of Care,
- Increased mini mobility assessments to encourage patients to keep moving whilst in hospital,
- Improved awareness around the requirement for timely medication reviews when at risk of falling,
- Creating new falls guidelines with clear pathways,
- Developing and increasing awareness of new, up to date bed rails and bed levers guidance and risk assessments,
- Ensuring all patients had a personalised toilet plan for continence,
- Creating and implementing new training for bed rail assessments,
- Education around the importance of lying and standing blood pressures, and improving overall compliance in completing these,
- Identifying that the process and documentation for reporting and reviewing falls required a different approach to ensure that learning was being shared within the directorates,
- Identifying any learning following the falls investigation process and implementing actions accordingly. This is to then feed into the different forums such as Fundamentals of Care, Patient Safety Forum and the Quality Summit,

- The development and completion of a monthly audit, to monitor the above and implement specific actions accordingly.

### What did we achieve?

- A reduction in Trust-wide falls of 21% compared to 2022-23. Each fall costs an average of £2.5K (in terms of treatment, extended length of stay etc.), so this equates to a saving of around £480,000,
- All appropriate wards now have a safety huddle embedded,
- There has been a significant improvement on the monthly falls audit, showing an increase in the completion of risk assessments, lying and standing Blood Pressure and appropriate bed rails risk assessments for those aged 65 and over,
- A new Fundamentals of Care Masterclass was developed and successful. This included relevant information and training to all staff on Falls Prevention, Contingence and Catheter Care, Dementia Support, Tissue Viability, Infection Control and Dietitian Support. Given the success of the class, there will be three more facilitated in 2024,
- A mini mobility assessment was developed with the therapy team and launched on the admission wards to encourage care staff on the wards to complete as soon as possible and aid with patient mobility and reduce deconditioning,
- Newly developed risk assessments have allowed prompting around medication reviews and key areas for monitoring,
- New and up to date Bed Rails and Falls Guidelines have been created and disseminated to all staff within the Trust,
- Contingence and continence plans have been a focus for the team with the promotion of the toileting plan section on all staff ward handovers,



- New training was created for the changes to the Bed Rails Guidelines and disseminated to all staff,
- A new process has been developed for falls learning tools, and will allow more individualised learning actions to be developed following incidents,
- Key performance indicators have been developed for falls. This will allow senior management to review compliance levels regularly and allow for learning to be developed for each ward.



The appropriate falls compliance data is captured via the monthly Tendable audit, and is viewed in graph form showing each departments compliance rates. This is available for all senior management teams to view and is shared as part of the Integrated Care Board report, at Matron and Ward Manager meetings, via the Fundamentals of Care meeting and Patient Safety Forum. This is then fed up to the Quality Summit.

The Ward Managers and Matrons set 'days without falls targets' for their departments which consisted of targets to achieve bronze, silver, gold and platinum awards. These awards have proved popular with colleagues, and allow the trust to showcase the departments that have worked hard to achieve their falls prevention targets.



# SAFE: Best Quality, Safest Care: Ever Safer Care through Continuous Learning and Improvement

## Quality Programme: Pressure Ulcers

### Why Pressure Ulcers?

Pressure ulcers are caused when an area of skin and the tissues below are damaged because of being placed under pressure sufficient to impair the blood supply. They cause pain and distress, can lead to longer stays in hospital, increased care in the community and cost the NHS a significant amount of money. They are categorised by severity according to a classification by the European Pressure Ulcer Advisory Panel from category one (least severe) to category four (most severe). They are more likely to occur in people who are ill, have a neurological condition, poor mobility, impaired nutrition, poor posture, or a medical device.

Pressure ulcers are usually preventable with good assessment of individual risk and effective application of preventative measures such as the use of effective equipment to reduce pressure, regular position change, good nutrition and hydration, and good skin care. Pressure ulcers can have a significant impact on patients and as such, the prevention of pressure ulcers has been a specific part of our quality improvement work at HDFT since 2012-13 and this focus has continued during 2023-24 through:

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

### What were we aiming to achieve?

Throughout 2023-24, our aims and ambitions have been to increase knowledge and awareness of pressure ulcers and the impact of these on patients, carers, and our workforce. Simultaneously, we strived to reduce the overall number of pressure ulcers acquired in HDFT care, both in hospital and community.

Our key aims have been:

- Reduce the incidence of category two, three, four, unstageable, mucosal and deep tissue injury pressure ulcers acquired by people whilst in HDFT care,
- Promote best practice in prevention and management of pressure ulcers,
- Understand if there have been any identifiable omissions in care or not when a pressure ulcer is investigated, and to learn from investigations into the root cause of pressure ulcers,
- Continue with our programme of pressure ulcer training and education for staff,
- Continue to support a “zero tolerance” approach to pressure ulcer development in people who are receiving HDFT care, which will be supported by our pressure ulcer prevention strategies including training and investigation processes.

### What have we achieved?

- A reduction in Hospital Acquired pressure ulcers of 34% compared to 2022-23,
- A reduction in Community Acquired pressure ulcers of 19% compared to 2022-23,
- Successful implementation of a standardised, full length slide sheet for each hospital bed to reduce friction and shear when moving and handling,
- Implementation of slide sheet training on wards and clinical areas to demonstrate correct and effective ways to use slide sheets,
- “International Stop the Pressure Day” in November 2023 saw over 250 colleagues make pledges to make every contact count to reduce pressure ulcers,
- The TVN team were awarded a highly commended award for corporate team of the year,
- Rolling programmes of education delivered on wards and in community bases have ensured accessibility to all colleagues including nurses, healthcare support workers and medical teams,



- The Tissue Viability team work closely with the Trust Clinical Skills Educators to ensure all workforce groups have tailored, role specific education on skin care and pressure ulcer recognition and prevention. This training is delivered to:
  - Preceptorship groups as part of the trusts 2-year support programme for newly registered nurses,
  - Induction for healthcare support workers,
  - International nurse training,
  - Refresher training for healthcare support workers.
- Mandatory training “Preventing Pressure Ulcers” is delivered every month and has moved to face to face, covering all aspects of pressure ulcer development, management, and strategies to prevent occurrence or deterioration of existing pressure ulcers. The training offers colleagues hands on, interactive and engaging sessions which highlight the significant impact pressure ulcers have on patients, carers and the workforce. Training compliance has increased to 78%.

Pressure ulcer incidence data is displayed on the Trust’s dashboards and shared through reports to our senior management teams and as part of the Integrated Board Report. Data is displayed on quality boards in both acute and community services and monthly audit via a real time audit application (Tendable) provides assurance and highlights areas for improvement.



# SAFE: Best Quality, Safest Care: Ever Safer Care through Continuous Learning and Improvement

## A focus on Safeguarding

In 2023-24 the adult, children and maternity Safeguarding teams within acute and community settings have strengthened our approach to align and coordinate activity across the teams using the Think Family approach to safeguarding, whilst also taking into consideration the local and national safeguarding agenda.

An internal diagnostic completed in December 2023, aligned to NHS England Accountability and Assurance Framework, Safeguarding Intercollegiate Guidance and self-assessment of Section 11 audit, has enabled the Safeguarding teams to identify areas of strength and areas of focus for 2024/5.

Our priority is to understand any safeguarding risk factors for patients and their families and then refer them to the appropriate agencies for ongoing support and intervention. We continue to advocate for those patients and families throughout their stay at the hospital or within community settings, often coordinating and liaising with family members and other professionals to ensure the best outcome for those patients and service users.

**Leadership:** Revised safeguarding governance arrangements are now in place which have strengthened arrangements across organisation with an increased focus and visibility in acute settings.

An internal Trust-wide Safeguarding Governance Forum has been established which monitors and provides assurance to the Trust Board via the Quality Governance Management Group and Quality Committee regarding the safeguarding team's ongoing activity around individual work streams and priority areas in line with the Trusts statutory obligations as defined in the Children Act 2004 and The Care Act 2014. A Safeguarding Committee has been established, chaired by Executive Chief Nurse, providing external assurance to our ICB Commissioners. The Executive Nurse or Deputy Director of Nursing CYP / Safeguarding represents the Trust in North Yorkshire Safeguarding Adults Boards and ICB Safeguarding Executive meeting with Named Nurses / Professionals representing the Trust at local partnership meetings across the geographical footprint and 9 localities.

**Roles and Responsibilities:** In line with the safeguarding diagnostic a review of safeguarding workforce models and structures has taken place and recruitment to posts within a corporate safeguarding structure is currently taking place to strengthen current arrangements for staff and service users across the organisation

**Safeguarding Policies, Strategies and Procedures:** An All Age Safeguarding Strategy is in development and, following internal and external engagement with relevant stakeholders will be presented to Trust Board in September for approval as part of Trust Safeguarding Annual Report.

**Safer Recruitment:** Review of recruitment policies and processes to ensure in line with NYSCP /NYSAB/CYSAB procedures has taken place

**Training:** Revised Safeguarding Training Steering Group arrangements have been implemented to strengthen current processes and procedures to provide assurance re arrangements and compliance with national guidance.

A learning and improvement framework is in development to support a Trust-wide approach to learning and improvement from safeguarding practice reviews which will build upon the work that has taken place at locality / place.

**Management of allegations against staff and volunteers, complaints and whistleblowing:**

Safeguarding teams continue to provide support to managers and staff working closely with HR colleagues in line with processes relating to concerns and allegations against staff and volunteers. Plans are in place to further strengthen current work alongside HR colleagues.

**Equality, Inclusivity and a culture of listening to children, young people and adults / working with children, young people, families and adults:** Service user voice is integral to our safeguarding practice and this will strengthen further in 2024-25 with implementation of our All Age Safeguarding and CYP Strategies

**Supervision:** Safeguarding supervision policies and practices are currently being reviewed and will be further strengthened in 2024-25

**Information Management and Sharing:** Safeguarding teams continue to work closely internally with front line teams and directorate management teams and external partners in line with information management and sharing best practice

**Performance Management and Audit:** A strategic safeguarding audit plan is currently in development for 2024-25 which will add further assurance to current local audits taking place

**Multi-Agency Working:** HDFT safeguarding teams are a key partner working across a huge geographical footprint with positive feedback re our engagement and input into partnership meetings. A mapping exercise has taken place to provide assurance to Safeguarding Governance Forum of HDFT engagement and partnership working aligned to our statutory obligations.

**Domestic Abuse and Sexual Violence national work programme:** In line with National work programme HDFT has signed up to Sexual Safety Charter and have established a working group to deliver on the commitments within the national work programme within 2024-25

# OUTCOMES: Best Quality, Safest Care: Excellent outcomes through effective, best practice

## Quality Programme: Missed Results

HDFT performs many thousands of investigations every year, and the number continues to increase. These tests, include blood tests, x-rays, scans and other specialist investigations such as specific tests of the heart and lungs. Each investigation is always performed for a specific purpose – sometimes to diagnose or exclude a medical condition, to monitor its progress and in response to treatment or part of overall health surveillance.

It is important that every test performed has its result acted on appropriately. Although this happens correctly for the overwhelming number of tests, unfortunately sometimes an investigation result is missed and the correct action therefore not taken. Although this often results in low or no harm occurring, it can occasionally have significant consequences and therefore it is important that we try to eliminate such occurrences.

### Why Missed Results?

Previous work has shown an increase in not only the total number of missed results reported, but also an increase as a percentage of all incident reports submitted. This warranted further investigation and action, as the rise in percentage reports suggested this could not be explained by increased trust activity alone or by a general improvement in the reporting culture in the organisation.

### What were we aiming to achieve?

We wish to ensure that all results are seen promptly and appropriately actioned. In doing so, we will expect to reduce the number of cases where patients have come to harm due to avoidable delays in their treatment or investigation.

### What have we done?

We had previously looked back at all the cases since 2006 where a missed result had led to patient harm. Many of these had been investigated as Serious Incidents, and action plans implemented to prevent a similar recurrence. The specific causes in each case were often unique, but 2 themes were identified:

- 1) Occasions where the correct test had been performed but the requesting health professional did not see the result or failed to identify some concerning features in a long report (such as following a scan),
- 2) Correct procedures were followed by the requesting health professional, but further actions did not occur (when being referred on to specialist team meetings).

In the summer of 2022, a 3 day rapid improvement workshop was held, facilitated by our Quality Improvement team. This brought together individuals from a variety of clinical teams and departments, together with secretarial team members, IT experts, Consultants, Junior doctors and other Allied healthcare professionals. Following the workshop, 25 potential actions were identified.

In 2022-2023, each of these actions was either implemented or further explored as to whether they could be introduced. Overall, specific actions implemented during that year included:

- 1) Enabling results to be visible immediately in the Emergency Department on screens and on hand-held devices,
- 2) Refining which results are telephoned from the laboratory when they are abnormal,
- 3) Empowering appropriate members of the team to action or file results, which enables more senior members to focus on abnormal results,

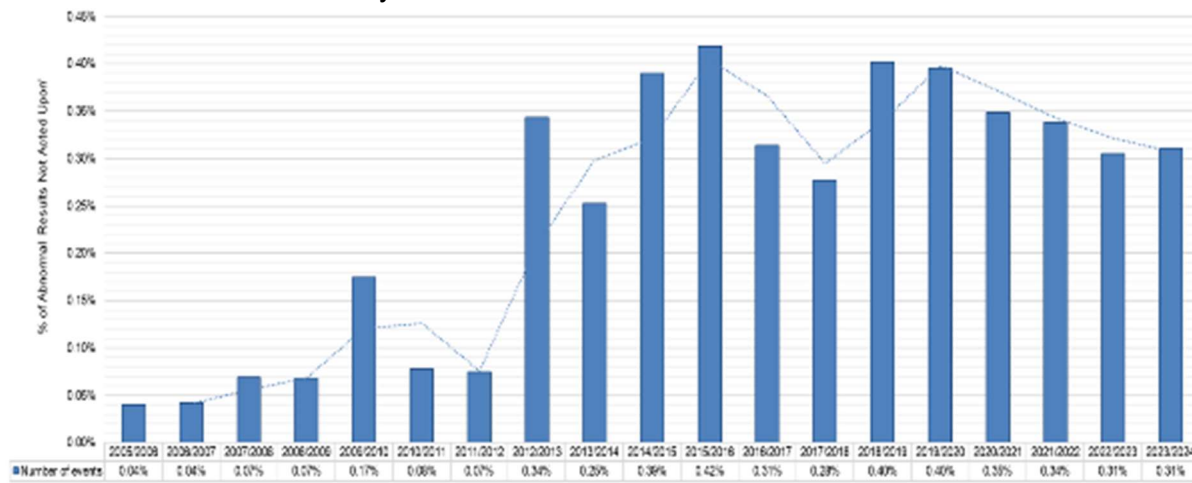
- 4) Sharing practices across teams to embed daily result reviewing as part of normal practice,
- 5) Introduction of new tracking software – the Cancer multi-disciplinary teams now use a new software solution to ensure agreed actions are followed up,
- 6) Certain teams have increased their allotted time for administrative duties.

In 2023-2024, the following further actions were implemented:

- 1) If a radiology reported is “HIGHLIGHTED” by the reporter (suggesting a potentially serious finding), the Consultant of care receives an automatic email of the report,
- 2) If a radiology report is amended at a later stage (as can occur when a more specialised radiologist reviews a previous report), the consultant of care is alerted by email,
- 3) When any histology specimen is reported in a category which is not benign, an email is sent to the Consultant of care,
- 4) Every week, each Consultant is emailed a list of all investigations under their name which have not been filed in a timely manner,
- 5) Clinical Directors receive a weekly breakdown on which consultants in their directorate have outstanding results, which can enable them to provide additional support as required,
- 6) The launch of our electronic patient record “WebV” system for inpatients means that investigation results are readily available to clinical teams, including on ward rounds. This has eliminated the risk of transcription errors when results were previously hand written into patients’ notes,
- 7) We have introduced a system called “MUSE” which electronically captures and interprets ECGs (heart tracings), reducing the chances of paper results being lost and enabling easier review of ECG changes over time,
- 8) We routinely perform a test called “troponins” on patients in the Emergency Department with chest pain. The test is highly sensitive and can often confirm or exclude if there is a problem with a patient’s heart. Abnormal tests are now phoned through from the laboratory to the Emergency Department, allowing earlier identification of patients at risk.

### What impact have these changes made?

The graph below shows that the percentages of reported events in this category has generally trended downwards over the last few years:



In 2023-24, we identified only 2 cases where the level of harm was classified as moderate or above. 1 case related to a missed radiology report and 1 to a missed ECG, both of which occurred before the changes described above were implemented.

## What do we plan going forwards?

The implementation of our second Electronic Patient Record system should enable a number of significant benefits in results management, including introduction of a standardised approach for all teams to review their results in a timely fashion.

# EXPERIENCE: Best Quality, Safest Care: A positive experience for every patient by listening and acting on feedback

Quality Programme: A focus on patient experience and engagement 2023-24

## At a Glance

<p><b>223</b></p> <p>COMPLAINTS</p>	<p><b>714</b></p> <p>CONCERNS</p> <p><b>999</b></p> <p>GENERAL ENQUIRIES &amp; INFORMATION REQUESTS</p>	<p><b>380</b></p> <p>COMPLIMENTS AND THANK YOUS RECEIVED BY PET</p>
<p><b>85%</b></p> <p>OF COMPLAINTS ON AVERAGE RESPONDED TO WITHIN 25 DAY TIMEFRAME</p> <p>(AGAINST A KPI of 95%)</p>	<p><b>25-30</b></p> <p>TOTAL OPEN CONCERNS ON AVERAGE, REDUCED LAST YEAR FROM</p> <p><b>35-40</b></p>	<p><b>7</b></p> <p>COMPLAINTS REFERRED TO PARLIAMENTARY HEALTH SERVICE OMBUDSMAN</p>
<p><b>40,997</b></p> <p>FRIENDS AND FAMILY TEST RESPONSES</p>	<p><b>93%</b></p> <p>OF PATIENTS ON AVERAGE FEEL THEIR EXPERIENCE OF CARE AT HDFT WAS VERY GOOD OR GOOD OVERALL</p>	<p><b>4</b></p> <p>PHSO INVESTIGATIONS CONCLUDED (NOT UPHELD)</p>

### FRIENDS AND FAMILY TEST (FFT)

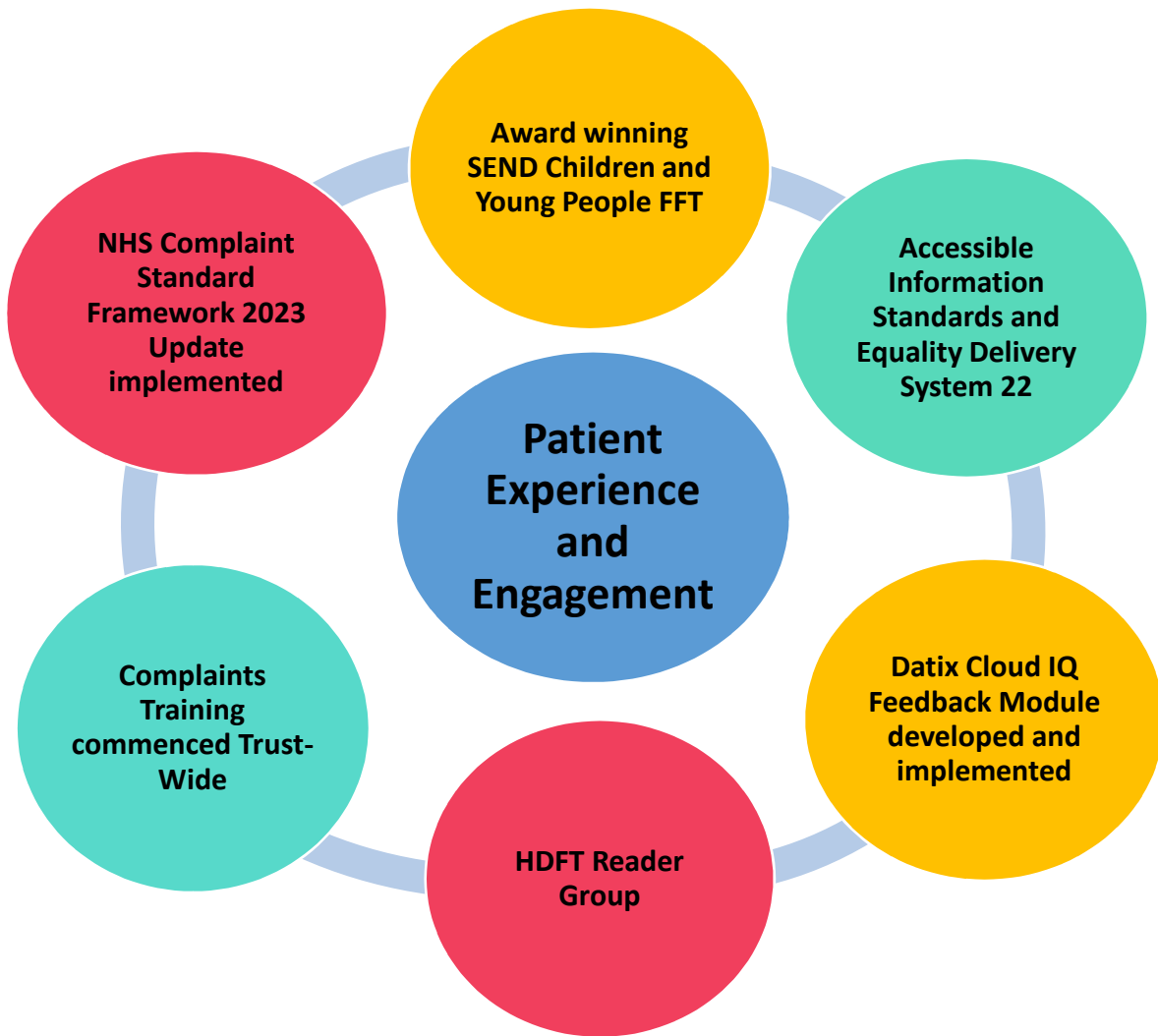
The Friends and Family Test was created by NHS England and is a quick, anonymous way for patients, carers, families, children and young people to give feedback about their experience after receiving NHS care or treatment.

It provides a valuable insight into how people feel about our services and is integral to our desire to ensure continuous learning and improvement from patient experience, based on real-time feedback.

Patients, carers, families, children and young people should have the opportunity to give regular feedback about their experience of care from all HDFT Services, and the Patient Experience Team have introduced new collection methods throughout 2023-24 to ensure accessible access to feedback;

- Updated easy-read feedback forms, with a children and young person’s version designed with help from Specialist Children’s Services,
- A new online FFT, available in standard and easy-read versions, accessible via QR (Quick Read) codes displayed on posters through HDFT departments. The URL can also be shared via email, text message or shared in virtual consultation chats and is also found on the HDFT website.

**KEY PROJECTS 2023-24**



We have selected two projects to provide further information on in greater depth:

**HDFT Reader Group**

As part of a wider Patient Experience review, we looked at how HDFT ensures the patient voice helps to tangibly influence and shape services and patient information. It was identified in 2023-24 that it would be of significant benefit to introduce a Patient and Carer Reader Group which underpins all services within the Trust.

The group has now been developed and is made up of patients, volunteers, staff and young people. The purpose of the group is to review patient and carer literature, in order to directly support improvements in the information we provide and ensure it is accessible for the intended audience. The group has gone from strength to strength, with 35 members and counting. The group have already reviewed an array of



literature and documents from services including Children’s Cardiology, Podiatry, Cancer Services and Ophthalmology and are an integral part of the quality assessment processes in the Trust.

### **Accessible Information Standards (AIS)**

The Accessible Information Standards is a standardised approach to identifying, recording, flagging, sharing and meeting the information and communications needs of patients, carers and parents where this need arises from a disability, impairment or sensory loss.

From 2016, all organisations that provide NHS care and/or are publicly-funded adult social care are legally required to follow the Accessible Information Standard.

New guidance for HDFT staff has been developed, to support the creation of information in different formats, including easy read, large print, braille, audio and other languages.

The guidance is available to all staff via the HDFT intranet, and has been introduced at Quality Governance Management Group, Senior Management Team meeting, Line Managers Webinar and Team Talk.

Communication support enables effective, accurate dialogue between a professional and a service user to take place. This in turn enables appropriate and independent access to health care services and allows people to make decisions about their own health, wellbeing, care and treatment.

Patient Experience also contributed to the Equality Delivery System 2022 (EDS22) Equality Reference Group Meeting in early 2023. The purpose of the group was to review and critique HDFT’s initial work and delivery of the Equality Standards from 2023, which ensures everyone has accessible and appropriate access to health services, that their health needs are met and that both patients and staff report positive experiences of services, healthcare and their working environment.

PET presented the work to date around the Accessible Information Standards to the Reference Group, highlighting steps taken to improve easy read information for patients, the introduction of the HDFT Reader Group and improvements in the collection of equality monitoring information.

The overall Trust rating was awarded as ‘Achieving’, with some areas for development noted including;

- Routinely collecting or subsequently analysing patient information across many of the ‘Protected Characteristics.’ While much of this issue will be addressed with the introduction of the new electronic patient records system, the patient information cannot be fully analysed in that regard.
- Actively engaging with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service.

## **PATIENT AND CARER SURVEYS**

**36**

**PATIENT SURVEYS SET UP  
IN 2023-2024**

**68**

**ONGOING PATIENT & CARER  
SURVEYS**

**Services Include**

**Podiatry, MacMillan Nurses,  
Speech and Swallowing**

## IN FOCUS

### Podiatry Patient Survey

- Developed to gain a better understanding of patients' experience of the service and their pain levels pre and post treatment,
- To date the survey has received over 1,300 responses,
- 95% of patients reported being "partially" or "fully satisfied" with the treatment they received,
- 96% of patients were "happy" or "very happy" with the service as a whole,
- There was an overall reduction in the amount of pain patients are experiencing following their treatment (on average a pain score of 4.2/10 reduced to 2.5/10).

### Macmillan Male Health Group Sessions:

- The survey has been developed to help understand patients' experience and to allow service improvements to take place,
- There have been 57 responses to the survey so far,
- All patients who responded felt the Male Health Group sessions were "good" or "very good" and felt staff were friendly and welcoming,
- They felt clear about their treatment plan, found the environment comfortable and suitable and felt their dignity was maintained throughout,
- Patients commented that the sessions "met a possible need for some men - a difficult subject which is not often open for discussion, was aired in a professional manner".
- Some initial ideas for improvements have included some subjects not yet covered, including infection risks and incontinence.

### Speech & Swallowing - Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

- The survey was developed to find out more about patients' experience of the procedure, to ensure resources given prior were suitable and how comfortable they felt throughout.
- All patients who responded felt this service was "good" or "very good" and they were made to feel comfortable during the procedure.
- When asked if they felt rushed during their procedure or if it was too long, all patients have responded this felt 'just right'.
- There has been lots of feedback about how lovely, informative and helpful the staff were. Patients reported they were always asked for their consent before the procedure took place, and reported that everything was explained clearly so they could understand what was happening.

# Performance Against Other Quality and Safety Indicators

This section of the Quality Account provides an update on:

- Seven day services within the NHS,
- Patient Safety Incidents,
- Serious Incidents and Never Events,
- Duty of Candour,
- Patient Safety Alert Compliance,
- NHS Staff Survey Results,
- Whistleblowing,
- Freedom to Speak Up,
- Guardian of Safe Working.

# Seven Day Services Within the NHS

## What do we mean by seven day services?

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

Ten clinical standards for seven-day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven-day services should achieve, no matter when or where patients are admitted.

To ensure our focus on seven day services, HDFT has developed an ambitious Clinical Services Strategy to support our delivery. A summary is provided below, with more detail available on our website.

## HDFT Clinical Services Strategy

During 2023-24 HDFT has undertaken stakeholder engagement to create our new Clinical Services Strategy.



The strategy which is available on our website, has a key focus on the growth of the HDFT@Home Integrated Care Services and increased networked acute service to ensure resilience of our seven day services.

# Patient Safety Events

## What is a patient safety event?

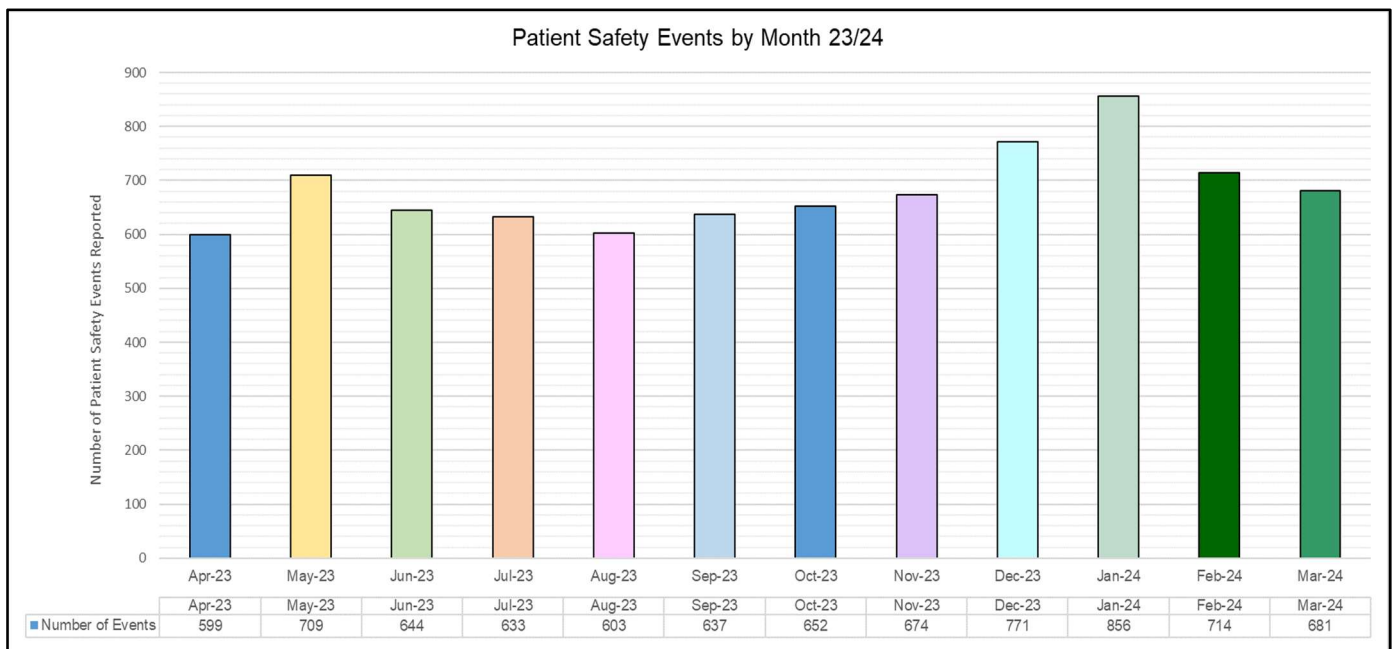
Patient safety events are any unintended or unexpected events which could have, or did, lead to harm for one or more patients receiving healthcare. HDFT encourages events to be reported and believes that a strong reporting culture (i.e. a high proportion of events reported), is a sign of a good patient safety culture and provides an opportunity to learn, prevent recurrence and improve patient safety.

## What has 2023-24 looked like for patient safety events at HDFT?

The Quality Team coordinates patient safety reviews and reporting at HDFT. This year the team has undergone significant changes, which have included the development of the New Datix Cloud system (which is now live ready for the coming year), as well as the development and implementation of the Trust's Patient Safety Incident Response Framework (PSIRF) plan.

The new Datix Cloud project will provide the Trust with an updated safety and risk management system that has the capability to record and report on information required to meet mandatory requirements. Introduction of brand-new modules will support additional mandated external reporting requirements, such as Learning From Patient Safety Events and will ensure HDFT is compliant with regulations as well as increasing staff satisfaction and engagement through creating an open and just culture.

To support these changes, there has been on-going recruitment to new specialised roles to help strengthen and change processes in relation to patient safety, event reporting, and encouraging a positive learning culture. Examples of this include the Trust's PSIRF Lead who will soon be joining the team, as well as the dedicated Patient Safety Manager.



The number of Patient Safety Events reported at the Trust, per month, during the year is noted above. The Trust has a robust policy and process to ensure that all events are identified, managed, reported and investigated in accordance with national guidance.

Learning from events is shared following investigations at the Patient Safety Events Committee, (Directorate Quality and Safety Governance Meetings, and The Quality and Learning Summit. Learning is also embedded throughout our monthly learning newsletter, “Quality Street News” and any immediate patient safety learning is shared through our own internal patient safety alert process. The Quality and Learning Summit has dedicated time to ensure cross directorate learning is identified, discussed and then shared effectively across the organisation. This learning is identified from all safety events, including no and low harm, as well as moderate and above.

Action plans from investigations are actively monitored for compliance and to ensure appropriate evidence of completion is gained.

# Serious Incidents and Never Events

## What is serious incident (event) and a Never Event?

A Serious Incident (SI) is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern. These are all events that the Trust believes to be worthy of investigation by an Independent Panel and/or fall into the category of an incident that must be reported to the local Commissioning agencies.

Some Serious Incidents are called Never Events (NE). Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

## What has 2023-24 looked like for serious incidents (events) and Never Events at HDFT?

HDFT is committed to identifying, reporting and investigating serious events, and ensuring that learning is shared across the organisations, and actions are taken and embedded to reduce the risk of recurrence. Our serious events were used to help inform our quality priorities and their associated improvement plans.

The Trust has declared a total of 19 comprehensive serious events this year, this includes 3 external investigations completed by Health Services Safety Investigation Body, and 1 Never Event. This is in comparison to an overall total number of events of 30 in 2022-2023.

As the Trust has now launched PSIRF, the Serious Incident Framework will no longer be used. Instead of Serious Incidents, the Trust will now complete Patient Safety Incident Investigations (PSIIs) which are the new mechanism for conducting comprehensive investigations into patient safety events.

## HDFT's Serious Incidents in Numbers:

**19**  
Serious Events

**3**  
HSIB Investigations

**1**  
Never Events



# Duty of Candour

## What is Duty of Candour?

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

## What has 2023-24 looked like for Duty of Candour at HDFT?

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

The number of events triggering statutory duty of candour is 136. In 89 of these cases, the duty was followed, in 32 cases the decision was made not to apply the duty of candour – the reasons for this have been documented and reviewed, all of which were appropriate. Fifteen cases are in the process of being completed.

With the implementation of the new Datix system, we have made changes that should make the compliance with Duty of Candour easier, and allow us to track it accordingly to meet the 10-day target.

# Patient Safety Alerts Compliance

## What is a Patient Safety Alert?

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

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

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

## What has 2023-24 looked like for Patient Safety Alerts at HDFT?

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

The Trust has implemented a new streamlined process relating to Patient Safety Alerts. All alerts are now captured and monitored through the new Datix Reporting System. The process has been recently reviewed to fit with the roll-out of the new system, and is awaiting review at the Patient Safety Forum.

The Trust received 16 NatPSAs within 23/24:

- NatPSA/2024/002/NHSPS - Transition to NRFit™ connectors for intrathecal and epidural procedures, and delivery of regional blocks,
- NatPSA/2023/013/MHRA - Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients,
- NatPSA/2023/014/NHSPS - Identified safety risks with the Euroking maternity information system,
- NatPSA/2023/010/MHRA - Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls,
- NatPSA/2024/001/DHSC - Shortage Of Glp-1 Receptor Agonists (Glp-1 Ra) Update,
- NatPSA/2024/003/DHSC\_MVA - Central Alerting System: Shortage Of Salbutamol 2.5mg/2.5ml And 5mg/2.5ml Nebuliser Liquid Unit Dose Vials,
- NatPSA/2023/016/DHSC - Potential for inappropriate dosing of insulin when switching insulin degludec (Tresiba) products,

- NatPSA/2023/015/UKHSA - Potential Contamination Of Some Carbomer-Containing Lubricating Eye Products With Burkholderia Cenocepacia - Measures To Reduce Patient Risk,
- NatPSA/2023/007/MHRA - Potential risk of underdosing with calcium gluconate in severe hyperkalaemia,
- NatPSA/2023/012/DHSC - Shortage of verteporfin 15mg powder for solution for injection,
- NatPSA/2023/008/DHSC - Shortage Of Glp-1 Receptor Agonists,
- NatPSA/2023/011/DHSC - Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets,
- NatPSA/2023/005/MHRA - National Patient Safety Alert: Removal of Philips Health Systems V60 and V60 Plus ventilators from service: risk of shutdown leading to complete loss of ventilation,
- NatPSA/2023/009/OHID - Potent synthetic opioids implicated in heroin overdoses and deaths,
- NatPSA/2023/006/DHSC - Shortage of pyridostigmine 60mg tablets,
- NatPSA/2023/004/MHRA - National Patient Safety Alert: Class 1 Medicines Recall Notification: Recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure.

For these alerts, the actions were completed within the required timescale, and appropriately overseen by the relevant governance groups. The only one which has required an extension is NatPSA/2023/010/MHRA (Bed Rails), which is still undergoing some work. The ICB have been made aware of this and are co-ordinating this across multiple Trusts, as it has proved challenging to all Trusts with a large offering of community services, of which HDFT is one.

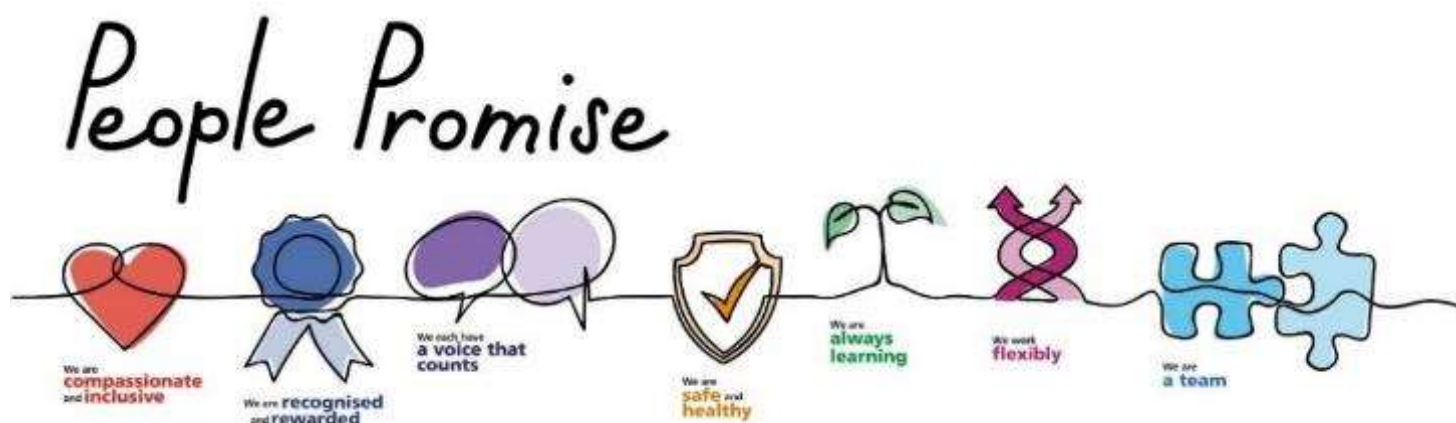
# NHS Staff Survey Results

## What is the NHS Staff Survey?

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

## Themes

The NHS staff survey is conducted annually. From 2021-22 the survey questions align to the seven elements of the NHS 'People Promise', and retains the two previous themes of engagement and morale. These replaced the ten indicator themes used in 2020-21 and earlier years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.



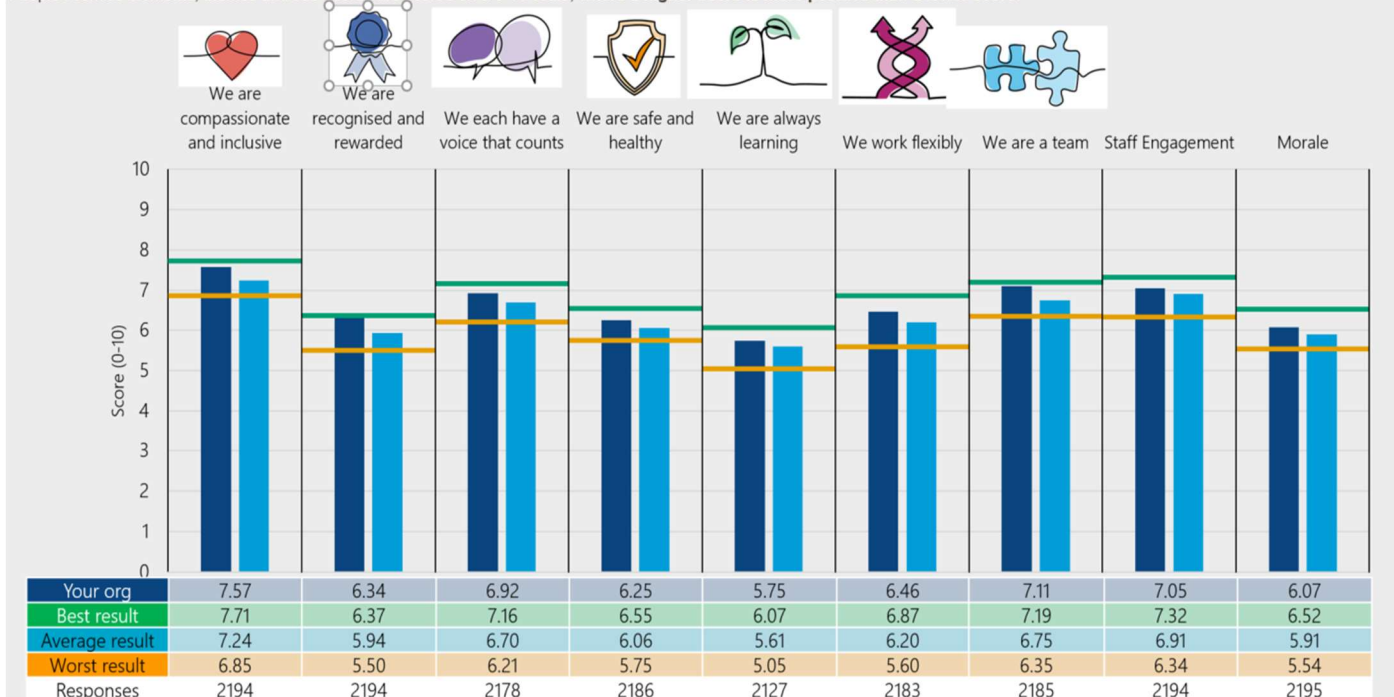
## What has 2023-24 looked like for the NHS Staff Survey at HDFT?

The response rate to the 2023-24 survey among trust staff was 46% (2022/23: 43%).

Scores for each indicator together with that of the survey benchmarking group (Acute and Acute & Community Trusts) are presented in the following table:

## People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



The Trust has scored higher than the average scores of its benchmarked group in each of the People Promises and the Themes, and all have all improved on the Trust's scores from last year.

### Areas to Celebrate

- HDFT scores for all six reported People Promises and both themes have significantly improved since 2022,
- Line management, people development and flexible working are relative strengths for the Trust.
- Team working and line management results have all shown improvement in 2023 (continuing the trend from 2022),
- Organisational support for home life balance, flexible working and flexible shift patterns have all increased and are above the benchmarking group average.

### Areas to Focus On

- Below average scores for the quality of appraisals, and for staff saying they “always know what their work responsibilities are” indicate an area requiring focus,
- HDFT is notable in the discrepancy of staff working additional unpaid hours,
- Further work to improve the lived experience of colleagues with protected characteristics.

### Priorities and Targets for the Future

The key priority areas arising from the 2023 NHS Staff Survey results include a review of non-medical appraisals with a view to increasing their quality, and to continue the monitoring of hours being worked over contracted hours.

The appraisal review will seek to incorporate the recently introduced “True North” metrics, aligning organisational, departmental and personal objectives. Greater emphasis will be put on the completion of appraisal as part of this process, seeking an increase in appraisal compliance throughout the organisation. This metric is already monitored monthly against a trust target of 90%.

# Whistleblowing

## What is Whistleblowing?

Whistleblowing occurs 'when a worker raises a concern about dangerous or illegal activity that they are aware of through their work' (Public Concern at Work). A 'protected disclosure' is one where a worker must have a reasonable belief and in good faith believes that their disclosure is in the public interest.

## What has 2023-24 looked like for Whistleblowing at HDFT?

HDFT is committed to achieving the highest possible standards of quality, honesty, openness and accountability in all of our practices. An important aspect of accountability and openness is a mechanism to enable employees, workers and volunteers to voice their concerns in a responsible and effective manner and for them to feel valued for doing so.

Confidentiality is a fundamental term of every contract of employment, however, where an individual discovers information which they believe shows serious malpractice or wrongdoing within the Trust, this information should be disclosed without fear of reprisal. To qualify for the protection (a 'qualified disclosure') afforded by The Public Interest Disclosure Act 1998, staff must have a reasonable belief that one or more of the following matters is either happening, has taken place or is likely to happen in the future:

- A criminal offence,
- The breach of a legal obligation,
- A miscarriage of justice,
- A danger to the health and safety of any individual,
- Damage to the environment,
- Deliberate attempt to conceal any of the above.

In addition to the legal framework, in 2010 the NHS Staff Council agreed that 'Employees in the NHS have a contractual right and duty to raise genuine concerns they have with their employer about malpractice, patient safety, financial impropriety or any other serious risk they consider to be in the public interest'. This change has been incorporated into the Terms and Conditions of Service Handbook for staff employees.

The Francis Report 'Freedom to Speak Up – A review of whistleblowing in the NHS' published in February 2015, clearly indicated that NHS staff did not feel safe raising their concerns about patient care that was being delivered. A key theme of the report was the requirement for openness, transparency and candour about matters of concern; the need for a 'just culture' as opposed to a 'no blame culture'. Sir Francis also recommended the introduction of a 'Freedom to Speak Up Guardian' post as an additional person staff can raise concerns with and at HDFT Joanna Cann, currently fulfils this role.

At HDFT we have a wide range of avenues for colleagues to raise their concerns:

- DATIX (Incident Reporting tool),
- Line Manager,
- Lead Clinician,
- Matron,
- Staff Side Representative,
- Human Resources,
- Occupational Health,

- Chaplains,
- Freedom to Speak Up Guardian,
- Guardian of Safe Working,
- Associate Director of Quality and Corporate Affairs,
- Safeguarding Team.

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

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

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



# Freedom to Speak Up

## What is Freedom to Speak Up (FTSU)?

The National Guardian's Office and the role of the Freedom to Speak Up (FTSU) 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 Francis 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 effect the cultural change that ensures speaking up becomes business as usual.

## Introduction

At HDFT, our Freedom to Speak Up Guardian works alongside existing systems and processes for staff to raise concerns e.g. directly with Managers, Lead Clinicians or Tutors, to other departments e.g. Human Resources, Risk Management, or to other staff e.g. Staff Governors, Chaplains, Trade Union representatives, executive or non-executive Directors. The Freedom to Speak Up Team provide advice and support to staff who raise concerns, work to support a culture of speaking up, providing challenge where required.

## What were we aiming to achieve?

At HDFT we aim to make it as easy as possible for every colleague to speak up safely when they want to raise a concern that they do not feel they can do through the usual methods of speaking to their line manager. We aim for speaking up to be business as usual at HDFT and to have Fairness Champions in each clinical and non-clinical area to support with signposting and championing speaking up. We aim for colleagues and ex-colleagues, whether employed directly or as contractors, students or volunteers to be able to speak up about anything that gets in the way of doing a good job.

## What have we done?

We have continued to embed the Freedom to Speak Up values of courage, impartiality, empathy and learning into our shared understanding of the key elements of a fair, just and safe culture, which are:

1. Fairness, compassion and psychological safety: ensuring each individual knows they will be treated fairly and compassionately by the organisation if things go wrong or they speak up to stop problems occurring,
2. Diversity, inclusivity, trust and respect: ensuring people are treated fairly regardless of ethnicity, gender, disability or other characteristic,
3. Speaking up and listening: ensuring speaking up about concerns, events, errors or poor behaviour is welcomed, and seen not just as safe, but the right thing to do,
4. Leadership and teamwork: ensuring supportive, effective and ideally multidisciplinary teamwork alongside compassionate and collective leadership to reinforce a sense of care and belonging, a culture of honesty, authenticity and safe conflict,
5. Trust Values and behaviours: ensuring we promote and expect positive behaviours that improve patient safety and colleague experience, and that behaviour which is at odds with our values is called out and challenged,
6. Open to learning and improvement: ensuring that when things go wrong there is focus on no blame, a just culture, an understanding of human factors, supporting staff, and learning.



Over the last year we have trained 4 additional Fairness Champions across the organisation and have confirmed ongoing commitment from the existing Champions, with 10 Champions currently within the induction process.

The National Guardian Office’s training “Speak Up” for all colleagues employed by the organisation, “Listen Up” for all leaders and Fairness Champions and “Follow Up” for all senior management has been rolled out as a ‘role based’ requirement for all staff members Trust-wide to complete.

Freedom To Speak up Guardian attendance at Trust-wide events, forums, training and activities such as Team Talk, Trust Induction, Pathway to Management training, staff meetings and Well Being Event Days to increase engagement with and awareness of Freedom to Speak Up continues to be a regular occurrence and well received.



**What are the results?**

Currently, the Freedom to Speak Up Team includes:

- 1 x Freedom to Speak Up Guardian
- 1 x Freedom to Speak Up Associate Guardian
- 28 x Fairness Champions across the organisation.

Since the start of April 2023 to the end of March 2024 there have been 42 formal contacts made and recorded with the FTSU Guardian. Out of these 42, they are broken down by the following staff groups:

Medical	4
Registered Nurses, Midwives, AHPS & other Registered Clinical Staff	23
Administration, Clerical & Maintenance/Ancillary	8
Non-registered Clinical Support Staff	2
Undisclosed	5

These themes are analysed and reported to the National Guardian Office quarterly.

In June 2023 National Guardian’s Office published analysis of the Freedom to Speak Up questions as outlined in the NHS Staff Survey 2022 Fear and Futility: what does the staff survey tell us about speaking up in the NHS? - National Guardian's Office. As an organisation HDFT was identified as being in the top ten most improved in terms of the Freedom to Speak Up sub-score (called the Raising Concerns sub-score in NHS Staff Survey reports). The sub-score is made up of the four questions relating to speaking up.

## Summary

A culture that inhibits speaking up because of recrimination and blame acts as a significant barrier to staff wellbeing and patient safety. The work to promote a fair, just and safe culture is focused on ensuring our Leaders and Managers create positive, supportive environments for all colleagues, knowing that they will then create caring, supportive environments and deliver high quality care for patients. We must promote and expect positive behaviours that improve patient safety and staff experience, constructively challenging behaviour that is at odds with our values to enable people to learn about the impact of their words or actions. All colleagues need to be confident that they will be treated fairly and compassionately, and that speaking up about concerns, events, errors or poor behaviour is welcomed, the right thing to do and an opportunity to learn. We must continue to train colleagues to be positive and compassionate leaders and effective members of teams, where they can reinforce a culture of honesty, authenticity and safe conflict. We continue on a journey towards ensuring all of our staff work in positive and supportive environments that enable them to deliver the highest quality of care for our patients.

## What is a Guardian of Safe Working Hours (GSW)?

The safety of patients is a paramount concern for the NHS. Significant staff fatigue is a hazard both to patients and to the staff themselves. The safeguards around working hours of doctors and dentists in training are outlined in the terms and conditions of service (TCS) and are designed to ensure that the hazard of staff fatigue is removed.

The Guardian is a senior person, independent of the management structure within the organisation, for whom the doctor in training is working and/or the organisation by whom the doctor in training is employed. The Guardian is responsible for protecting the safeguards outlined in the 2016 TCS for Doctors and Dentists in training. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the Doctor and /or employer, as appropriate; and will provide assurance to the trust board or equivalent body that Doctors' working hours are safe.

## What has 2023-24 looked like for the Guardian of Safe Working Hours at HDFT?

At Harrogate, as for the wider NHS, safe, patient focused care is at the centre of everything we strive to achieve. Sadly staff fatigue is a hazard to patients and the staff themselves. The Junior Doctors Contract introduced in 2016; enshrined safeguards around Doctors' working hours to ensure that this risk is effectively mitigated.

As a part of the new contract, the trust has appointed Dr Matthew Milsom, Director of Undergraduate Education, as Guardian of Safe working, a role independent of the management structure of the trust with these primary responsibilities:

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

As Guardian of Safe Working Hours Dr Milsom monitors exception reports from Junior Doctors of breaches in agreed work schedules, whether this is working over hours, covering more than one bleep, or missing educational opportunities. These exception reports serve as a barometer of Junior Doctor sentiment towards working conditions and provide valuable information enabling Dr Milsom to look for repeating patterns and solutions.

Dr Milsom is able to liaise with supervisors to agree time off in lieu or additional payment for the extra time worked. He can levy fines against the Trust if there are major breaches and is tasked with using these funds to improve conditions for the Junior Doctors. Dr Milsom works with HR, medical education, and with Doctors in training through a Junior Doctors Forum, used to highlight any concerns.

*Dr Milsom states "I see the role as much more than a statutory safeguard, and rather as one part of the jigsaw of patient safety that links quality of training for doctors with the safety and well-being of our patients".*

As Guardian, Dr Milsom provides the Board of Directors with a Guardian of Safe Working Report each quarter. Its purpose is to convey the state of safe working of Doctors in training ('Junior Doctors') and ensure that any issues of compliance with hours or rota patterns are addressed by the Doctor and the trust as appropriate. All rota patterns, in all specialties at Harrogate are compliant. Dr Milsom is also a member of the HDFT People and Culture Sub-Committee of the Board.



The 2023-24 year has seen a further increase in the number of exception reports submitted, staffing levels and workload pressures leading to the need to work beyond scheduled hours to maintain safe patient care remain the predominant reasons for doctors to submit an exception.

There have been 11 significant breaches of contract reported during the 2023-24 year. Following each fine, a focused investigation and analysis is conducted by the Guardian of Safe Working and the directorate leadership to understand what happened and more importantly what learning can be taken from the event to prevent further breaches from occurring. 2023-24 has seen an expansion of Education Fellowship posts at HDFT, these non-training posts have been introduced in recognition of excessive workload within medicine and the need to bolster the workforce. This is a fantastically positive outcome and highlights the importance of the exception reporting process and the beneficial actions they can lead to. 2024-25 will see the fellowship numbers increase further as HDFT looks to create a more sustainable workforce model.

# Statements of Assurance from the Board

This section of the Quality Account provides an update on:

- A Review of Services,
- Participation in Clinical Audits,
- Participation in Clinical Research,
- Goals agreed with our Commissioners,
- What others say about the Trust: CQC,
- Secondary Uses Service,
- Information Governance,
- Payment by Results Clinical Coding Audit,
- Learning from Deaths Update,
- Reporting Against Core Indicators.

# Review of Services

During 2023-24 HDFT provided and/or sub-contracted 61 relevant health services.

HDFT has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2023-24 represents 99% of the total income generated from the provision of relevant health services by HDFT for 2023-24.

## What is Clinical Audit?

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

## What has 2023-24 looked like for Clinical Audit at HDFT?

### National Audits

During 2023-24, 38 National Clinical Audits and 2 national confidential enquiry and clinical outcome review programme (2 individual topics) covered relevant health services that HDFT provides.

During that period, HDFT participated in 92% of National Clinical Audit programmes and 100% of national confidential enquiries which were open and it was eligible to participate in.

To provide further context, there were 28 mandatory audit programmes on the National Clinical Audit and Patient Outcome Programme (NCAPOP), 15 of which were relevant to HDFT. The trust participated in 14 (94%) of the open NCAPOP programmes which it was eligible to participate in.

There were also 27 non-NCAPOP audits listed, 22 of which were relevant to HDFT: The trust participated in 20 of the open non-NCAPOP programmes which it was eligible to do so.

The National Clinical Audits and national confidential enquiries that HDFT participated in, and for which data collection was completed during 2023-24 are listed in the Annex 3, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

The reports of 66 National Clinical Audits and studies and 3 NCEPOD reports were reviewed by HDFT during 2023-24. This included national audits for which data was collected in earlier years with the resultant report being published in 2023-24. In response to the findings, quality improvement actions have been identified, monitored and completed to improve the safety and quality of healthcare provide by HDFT.

### Local Audits

During 2023-24 a Trust-wide clinical audit programme was completed. This focused on the high priority areas for the Trust in order to provide assurance through the governance structure. The audits included in the programme were aligned to:

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

The reports of 45 local projects (clinical audits, service evaluations and patient surveys) were completed and reviewed by relevant audit or governance groups at HDFT during 2023-24 and HDFT intends to take the relevant actions to improve the quality of healthcare provided.

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

### Local Audit 1: Throat Pack Audit

The Community Dental Service delivers dental care for adults and children under general anaesthesia across 4 hospital sites across North Yorkshire and York, including Harrogate District Hospital.

Throat packs have traditionally been inserted by anaesthetists after induction of anaesthesia for dental surgery. New guidance was introduced in July 2022, the key change being that throat packs should not be routinely placed in patients anaesthetised for dental treatment under general anaesthesia. An initial audit in 2023 found that the guidance had changed practice to a degree but was not fully embedded. This aim of this re-audit was to review clinical practice to determine if adherence with the guidance has increased since the audit in 2023.

### Standards, Criteria and Expected Performance of the Audit

Criteria	Expected level of Performance
Indication for use documented	100%
Visual check – sticker on patient forehead	100%
Visual check – throat pack end remained visible	100%
Documentary check- insertion and removal recorded on anaesthetic chart	100%
Documentary check – Insertion and removal recorded on accountable items record	100%
Documentary check – insertion and removal recorded on white board	100%

### Results

(33 Patients observed in total)

Use of throat packs was specifically discussed in 27 out of the 33 observed cases. Of the 6 cases where it was not discussed, throat packs were not utilised. This compares to the audit in 2023 where a throat pack was used in 21 out of the 43 observed cases

A throat pack was inserted in 2 patients (both paediatric comprehensive care cases) and was discussed in the pre-operative huddle. Compliance with the safety measures in the 2 cases where a throat pack was used is set out in the following table:



Criteria	Expected level of Performance	Actual level of performance	
		Cycle 1	Cycle 2
Indication for use documented	100%	0	1 (50%)
Visual check – sticker on patient forehead	100%	17 (81%)	2 (100%)
Visual check – throat pack end remained visible	100%	21 (100%)	2 (100%)
Documentary check- insertion and removal recorded on anaesthetic chart	100%	14 (67%)	2 (100%)
Documentary check – Insertion and removal recorded on accountable items record	100%	21 (100%)	2 (100%)
Documentary check – insertion and removal recorded on white board	100%	21 (100%)	2 (100%)

### Conclusion

- Use of throat packs has reduced significantly and appears to no longer be routine practice,
- Use of throat packs was specifically discussed in 8 out of the 10 pre list patient safety huddles,

These findings demonstrate a considerable increase in compliance with guidance regarding the use of throat packs. Discussion around the use of throat packs is well embedded within our theatre teams and the use of throat packs is not routine across all sites.

### Local Audit 2: Effectiveness of Hydrodistension

The hydrodistension service offered at HDFT is part of the Stiff Shoulder Pathway.

#### Aims and objectives of Audit:

- To assess the clinical effectiveness of shoulder hydrodistension at HDFT as a treatment for frozen shoulder,
- To ensure that patients are receiving appropriate and effective treatment,
- To look for trends in patients that have an unsuccessful outcome,
- To highlight areas of concern with the multi-disciplinary team and adjust referral process, technique, exercises as required.

Criteria	Target
Patients attending for hydrodistension (65) (includes those who have attended previously)	100
1 <sup>st</sup> Hydro	59
2 <sup>nd</sup> hydro	8

Data from March – June 2023, A Total of 67 patients of mixed age range, mixed genders and a wide range of co morbidities

## Results

Total attendees	67
Right shoulder	31
Left shoulder	36
1 <sup>st</sup> Hydrotherapy	59
2 <sup>nd</sup> Hydrotherapy	8
No. of physiotherapy attendances	
1 attendance	14
2 attendances	23
Multiple attendances	27
DNA/No follow up appointment	3
No. of patients with follow up	63 (58 positive outcomes)

## Conclusion:

A total of 64 procedures were carried out, of which: 59 were successful and 5 were unsuccessful giving a success rate of 92%

## Performance against Audit Criteria

Criteria	Target %	Actual %
Positive outcome	100	92
No Benefit	0	8
Success of repeat procedure	100	87%

The hydrodistension service is successful and provides a treatment that carries a low risk to the patient, it is carried out as an outpatient procedure and is minimally invasive.

## What is Clinical Research?

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

## What has 2023-24 looked like for Clinical Research at HDFT?

HDFT remains fully committed to delivering Research and Innovation (R&I) as a means of improving care for all patients. The organisation recognises the benefits of R&I for participants, staff and the trust as a whole, appreciating positive aspects include:

- Delivering novel treatments and improving care to patients, and their relatives,
- Leading to breakthroughs enabling earlier diagnosis, more effective treatments, prevention of ill health, better outcomes, and faster returns to everyday life,
- Benefiting healthcare professionals who can develop imaginative solutions for real NHS problems, improving care and increasing job satisfaction,
- Benefiting the trust through recruitment and retention of staff,
- Benefiting patients as 'research active' trusts have lower mortality rates than those that are not and this effect is not limited to research participants.

Over the last three years, four national strategic documents that set out visions and objectives for research being part of everyday care and every health care professionals' role have been published. These were the: -

- General Medical Council / Royal College of Physicians, Research for All: Developing delivering and driving better research,
- Chief Nursing Officer for England Strategic Plan for Research,
- Allied Health Professions Research and Innovation Strategy for England,
- Chief Midwifery Officer for England Strategic Plan for Research and Midwifery.



Classification: Official  
Publication approval reference: PAR0000\_0



Making research matter  
Chief Nursing Officer for  
England's strategic plan for  
research

Version 2, November 2021

The main themes of each of these four documents encouraged:

- Linking research to practise,
- Enabling equal access to research opportunities,
- Celebrating research and raising awareness,
- Research leadership and influencing.

These themes have provided a foundation for HDFT's strategic aims during 2023/2024 to increase the workforce capacity of research, change the workforce culture in regard to research and ultimately to ensure all patients, relatives and staff have the opportunity to take part in research within HDFT. The research department has delivered on these themes and made a significant contribution to enabling participants to be involved in research through increasing workforce capacity, training and awareness.

The R&I team have successfully created and run three nurse preceptorship research sessions; five foundation (F1) Doctors induction sessions; a specialty and specialist awareness session, several presentations raising research awareness to 0-19 service managers and Allied Health Professionals (AHPs) about the governance and safety processes related to delivering research.

The Nurse Internship collaboration programme with York St John's University has progressed and there are plans to ensure this is offered to Nurses and Allied Health Professionals this year. A plan to offer a research foundation course for every staff member is underway.

The impact of the awareness raising and developmental programmes run by the research department is evidenced by the number of healthcare professionals now engaging in research and applying for national developmental grants to improve their clinical academic career.

This year the trust has supported:

- 6 new principle investigators leading trials in the trust,
- 2 podiatrists who have won National Institute for Healthcare and Research internships to undertaken research within their clinical practice,
- Training for 25 Community Midwives to deliver a public health study,
- 5 AHPs who have undertaken national standardised research training on the governance and safety of research ( GCP- Good clinical practice course ) and gone on to deliver national portfolio research trials for the trust in areas of stroke, elderly care, paediatrics and diabetes,
- An Associate PI in dermatology as part of the NIHR initiative to develop early career researchers.

This year the R&I department has appointed a new Clinical Lead for innovation and a new Clinical Innovation Champion. This will be followed in the next few months with a Clinical Lead for research. Our research Matron continues to be part of the national community of practice for Matrons and Health Care Leaders to look at how research can be better represented and included in every AHP's and Nurse job role. She has identified the opportunity to utilise the newly validated NHS England's SORT tool (Self-Assessment of Organisational Readiness for Research tool) to establish directorate readiness for research within the trust and to improve the capacity of nursing and AHP research further in the trust.

### Research performance in 2023-24 at HDFT.

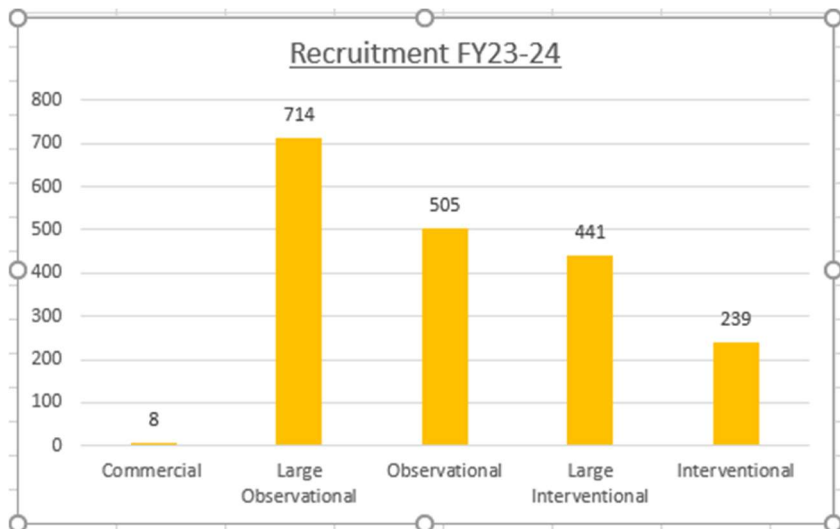
From April 2023 to March 2024 the trust had **72 clinical trials** open or in follow up. This included **3 commercial studies** and **69 non-commercial** national trials.

**44** clinicians / AHPs and Specialist Nurses along with **31** Research Delivery Nurses and Administrative Staff led these studies.

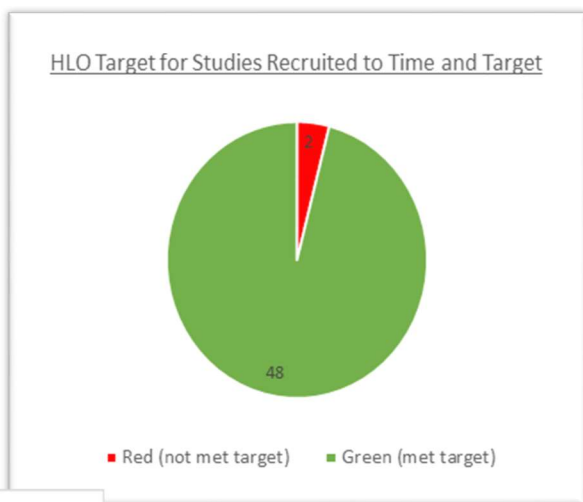
Based on the number of participants recruited into research trials, HDFT was **ranked in 10th** position out of the 24 NHS partner organisations in Yorkshire and Humber. This is an excellent achievement given the size of the organisation and an improved ranking for the trust this year

The number of participants who were recruited and participated into our national research studies in 2023-24 was 1903. This is an improvement in numbers compared with the last 3 years:- 2022-23: 1532, 2021-22:1767, and 2020-21: 1387.

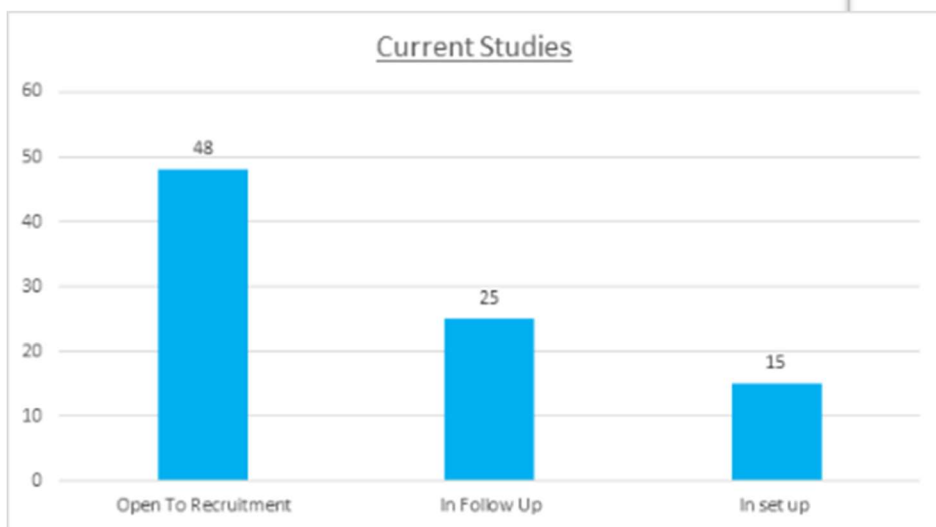
The department has delivered a range of different types of trials such as interventional and observational studies as illustrated in the graph below alongside the number of participants.



One of the contractual targets set by our main funding partner the Yorkshire and Humber Clinical Research Network (Y&HCRN), on behalf of the National Institute for Health Research (NIHR) was to ensure we recruited the agreed number of participants into each trial we opened at HDFT in the timeframe we were given. The target set for all trusts was to have 90% of our commercial and non-commercial trials recruited to time and target. The graph shows that 48 out of our 50 trials opened this year have been on target.



The number of trials open, in follow up or in set up over 2023-24 at HDFT is shown in the graph below



A key objective in 2023-24 was to increase the number of commercial studies undertaken, offering participants access to novel treatments and devices. An increase in commercial studies provides the trust opportunity to further develop and sustain research capacity and to work towards a more self-sufficient model of funding.

During 2023 – 2024 estate has been dedicated to develop a research delivery unit (RDU) to enable a further increase in commercial research. This is a suite of rooms on the trust hospital site which is currently undergoing refurbishment to enable an appropriately equipped area to safely deliver an increased number of more complex trials. This year we have focussed on developing our commercial and academic partners so that we can operate the unit once it has been refurbished to its maximum capacity. Partners from York University Skin Research Centre and several new commercial research partners have been established and we will work together to achieve our ambitions.

All research undertaken at the trust is regularly performance managed against annual targets set by the Y&H CRN, Reporting on performance is undertaken monthly to the Y&H CRN and biannually to the CRN executive group. The R&I team were commended on their progress in 2023-2024 in meeting targets and strategically implementing novel opportunities to develop research aligned to health care needs and workforce.

This year the trust has also set objectives for the R&I department and performance against these objectives are reported every two months to our multi-disciplinary Research and Innovation Management Group. This meeting is chaired by our Executive Medical Director. Financial performance, safety and risk factors are reviewed at this meeting.

Any areas that require organisational support are shared at the bi-monthly Innovation Committee (a subcommittee of the trust board). The R&I management team also engage with the Clinical Effectiveness Forum to support safety and governance issues of research, as this group looks at all emerging developments and issues across all three-quality assurance / improvement areas.

### **Research governance and safety of delivering clinical research trials at HDFT.**

All research conducted at HDFT fully complies with the UK Policy framework for health and social care research standards. All trials at HDFT are risk assessed before opening and must have Health Research Authority approvals in place. Contractual agreements between the trial sponsor and the trust ensure all responsibilities are clearly defined. Indemnities and financial arrangements are also agreed before trials are opened. The R&I department has established systems for quality assurance and continue to comply with the external audit conducted on the department in 2021/ 2022.

A recent report confirmed the R&I department has fully complied with all recommendations and evidenced improvements aligned to all suggestions within the audit.

In addition to rigorous performance reporting and governance systems that are in place for research before opening studies and throughout its delivery journey, all staff involved in research must comply with the Good Clinical Practice ( GCP ) framework and principles and must regularly complete this course at HDFT. Records of completion of the course are collated by the research department and additional competence monitoring is undertaken utilising a competence framework. This year alongside the novel research training developed and offered (as highlighted near the beginning of this report), the department has also offered NIHR courses online via the Leeds Hospital Teaching Academy to all staff and several AHPS and Clinicians within the trust have undertaken the NIHR associate principal investigator scheme. 3 members of the research delivery team this year have also completed research PG certificates or MSc modules at Northumbria University. This course along with a number of other opportunities offered in 2024 form part of a strategic career pathway for staff and will enable succession planning.

## Patient and Public Involvement

Each year the research department actively seeks feedback from patients involved in research at HDFT and this data has been fed into the National Institute for Health participant in research database.

The National Institute for Health Research (NIHR) sets targets for HDFT to complete a number of feedback surveys of research participants each year. Harrogate had a target of 52 this year, which was easily met with 60 participants. The results reflected a high level of patient satisfaction with the trust research services and below are a number of comments that were quoted from participants this year.

**“Good communication”**    **“Respectful”**

**“A chance to give back”**    **“ Open and well presented”**

**“It was a very positive experience”**

**“Caring staff who were happy to work around my schedule ”**

**“Staff were kind in difficult times”**    **“ Well explained and quick”**

**“My input has been helpful for future research”**

**“The team have provided a strong support network”**

Research participants feedback comments

### Cancer Study

*“Very helpful guidance and explanation , the staff have been terrific.*

### Gastro study

*To find the drug is working with very little in the way of side effects is like a dream come true for me ”*

### Diabetes trial

*“I lost weight, found the staff friendly, caring and excellent communicators. There was nothing else I could ask for, superb service “*

### Acne study

*“It was a very positive experience and I learnt lots about research and my condition”*

Following several successful research promotion and awareness raising sessions at HDFT such as Red for Research Day, International Clinical Trials Day and World Diabetes Day the research department now have a healthy population of patient volunteers with a passion to increase research. Our Patient Research Ambassadors (PRA's) will be involved this year in:



- Assisting research and Healthcare Staff to understand more about the experience of those who participate in research,
- Engaging in public events to present the importance of patient and public involvement,
- Reviewing study documentation and attending research meetings,
- Promoting research.

HDFT research has a dedicated presence on social media platforms such as Facebook and X to ensure research continues to be connected to patients across our communities. The community of users (HDFT and public) is growing, and the use of these mediums is proving to be an excellent method of result dissemination, recruitment to studies and increasing knowledge of the research activity of the Trust.

### Value and impact of research

Our research aims continue to feed into and align with the Department of Health and Social Care themes, such as greater community-based service research, collaboration with social care partners and co-morbidity self-directed care programmes.

One of our objectives this year was to ensure further research was developed within our communities with our 0-19 service for children's and public health research. We have successfully opened three national research projects for example.



The 'Early Surveillance for Autoimmune Diabetes study' (ELSA). The ELSA study has the potential to reduce acute admission of ill children at diagnosis of type 1 diabetes and gives high risk children the opportunity to be part of other intervention studies to prolong the onset of type 1 diabetes. We are proud to continue to recruit

into this UK-first screening programme of this type.

The BaBi (Born and Bred in) study has already shown to have made an impact on the health of each community that it serves, and this trial has now been rolled out into Harrogate. This is an exciting development, for HDFT as the data collated will not only help highlight local health needs in children, it can also inform local research to improve the health of children and families in Harrogate for the future. The data collected will also be joined with a national data base to influence further national research and government policy The BaBi research team have already trained 25 Midwives on the principles of research delivery and good clinical practice. Those Midwives are now successfully offering all women, giving birth at HDFT an opportunity to join the study.



In addition to children and public health research, the department covers many clinical specialities in research and all the trials opened impact on individual participant lives in some way, for example:





The department currently have 5 breast cancer trials that are offered to patients. One of these trials is POETIC A. This trial offers patients with early-stage breast cancer other treatments not normally available. Potential participants are seen and supported from their time of

diagnosis, during treatment and in long-term follow-ups.

Another study also making a difference for patients is the UKGPCS genetic prostate cancer study. This registry study has already contributed to the finding of genetic markers to help target treatment options for prostate cancer.

The department also currently offers patients at HDFT, 5 haematological trials. One of these trials called FLAIR compares the standard therapy with two new therapies in patients with previously untreated chronic lymphocytic leukaemia.

The patients in oncology and haematology clinical trials have stated through feedback that “the research team joint the dots between clinical and research care and take the stress out of some of the clinical aspects of their treatment”.



Following a successful study supported by an NIHR HTA study using Spironolactone in the treatment of adult females with acne the trust are working with NHS-E repurposing group to submit an application to the MHRA for this medication to be licensed. This would encourage the use of this medication in place of antibiotics therefore aligning with national policies on antimicrobial resistance.

### Innovation at HDFT

The Innovation Team (recruited in 2023-24) have been working towards the Trust’s ambition to become a leading trust for healthcare innovation and a test bed for novel approaches over the past year. An interim innovation strategy has been developed identifying key clinical priorities and work is underway to develop robust governance processes to facilitate the safe adoption and testing of innovative medical devices.

The R&I team are working to actively identify and support innovative ideas generated within HDFT and to engage with Medtech and digital tech companies offering novel solutions to clinical problems. Over 13 innovation projects at various stages of the innovation pathway and covering all directorates of HDFT are currently being supported. For example, the Harrogate Post-Procedure Patient Innovation has been developed by orthopaedic surgeon, Mr. Duffy, to provide post-operative patient information to help improve patient care and reduce follow-up appointments

NHS-E awarded £600k to the Trust to support this project and the innovation has now been rolled out to numerous disciplines in HDFT and other NHS Trusts in the region. In recognition of the success of the innovation, the project received the Innovation in Health Care Award and named overall winner of the HTN Now Awards 2024, and has been shortlisted for two Health Service Journal awards. Mr. Duffy has also been shortlisted as Digital Innovator of the Year at the same awards.

The R&I team have forged links with many stakeholders and developed an extensive network of partners and collaborators across other NHS Trusts in WYAAT, the HNY Integrated Care Partnership, York and North Yorkshire Combined Authority, academic institutes, and regional and international health tech companies, as well as innovation support organisations such as Health Innovation Yorkshire and Humber, Medipex and Medilink. Work continues to develop the Innovation Hub, with an anticipated opening later in 2024 which will help facilitate collaboration with external partners.

The innovation team continue to develop the workforce and raise awareness of innovation activity and processes. Innovation training has been delivered to over 60 HDFT staff in partnership with Leeds and Bradford Teaching hospitals, Health innovation Humber and Yorkshire and Medipex, explaining the principles of innovation, protecting intellectual property and how to develop innovative healthcare solutions.



# Goals Agreed with Commissioners (CQUINS)

## What is CQUIN?

The Commissioning for Quality and Innovation (CQUIN) framework is about improving the quality of healthcare. Commissioners reward excellence by linking a proportion of income to the achievement of locally set and agreed improvement goals. These goals are embedded into contracts and are essential for the implementation of National Institute for Health and Care Excellence (NICE) Quality Standards, resulting in improved patient care, experience and improvements against outcomes.

## What CQUINS looked like in 2023-2024 at HDFT?

NHS England have identified a small number of clinical priority areas, where improvement is expected across 2023-2024. Many of these are short-term clinical improvements that have been selected due to their ongoing importance in the context of COVID-19 recovery. The selected priorities were:

### CQUIN01: Staff flu vaccinations

**Applicability:** Acute, Specialised Acute, Community, Mental Health, Specialised Mental Health, Ambulance

**CQUIN goal:** 75% to 80%

**Supporting ref:** NICE NG1031

Staff flu vaccinations are critical in reducing the spread of flu during winter months; protecting those in clinical risk groups and reducing the risk of contracting both flu and COVID-19 at the same time and the associated worse outcomes, and reducing staff absence and the risk for the overall safe running of NHS services. The proportion of patient-facing NHS staff accessing seasonal flu vaccinations declined dramatically in the 2021/22 flu season and it is important that we do all we can to reverse this to protect staff and patients. Section 1.7 of NICE guideline NG103 makes recommendations for increasing the uptake of vaccination amongst healthcare staff. The green book is clear that this should include non-clinical staff who have contact with patients.

#### Rationale for HDFT

National and local reduction in uptake in 2022-2023 - additional support to recover levels to 2021-2022 and beyond being worked up

### CQUIN03: Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria

**Applicability:** Acute

**CQUIN goal:** 60% to 40% (NB lower % = more compliant)

**Supporting ref:** NICE NG153

There are significant benefits to IVOS interventions demonstrated in research literature including: increasing hospital bed capacity to support recovery from the COVID-19 pandemic; reducing exposure to broad spectrum antibiotics; increasing nursing workforce capacity; reducing drug expenditure; reducing carbon footprint of medicines; and reducing healthcare-associated bloodstream infections. This CQUIN aligns with a commitment in NHS England's 2022-23 Priorities and Operational Planning Guidance to support reduced lengths of hospital stays by ensuring that intravenous antibiotics are only used for as long as clinically necessary.

#### Rationale for HDFT

Identified as a potential CIP and quality improvement programme by our IPCC

#### **CQUIN04: Compliance with timed diagnostic pathways for cancer services**

Applicability: Acute  CQUIN goal: 35% to 55% Supporting ref: Rapid cancer diagnostic and assessment pathways4	Faster diagnosis is proven to improve clinical outcomes: patients are more likely to receive successful treatment when diagnosed earlier. This indicator sets out key elements of the timed pathways for colorectal, lung, oesophago-gastric, prostate, head & neck and gynaecological cancers, which have been identified by a clinical expert group as crucial to achieving faster diagnosis targets. There is currently a lack of focus on the pathways. In many cases the required diagnostic tests and actions are happening, but not within the required timeframes and in some cases possibly not in the right order, making achievement of faster diagnosis standards less likely.
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#### **Rationale for HDFT**

Slippage in performance due to pandemic - new community diagnostic centres and other pathway changes being brought on line

#### **CQUIN05: Identification and response to frailty in emergency departments**

Applicability: Acute  CQUIN goal: 10% to 30%  Supporting ref: SDEC guide to frailty5	There are well-evidenced links between frailty and adverse health outcomes including deconditioning, malnutrition and irreversible cognitive decline which may all lead to increased health and care requirements. Early identification of frailty can mitigate some of these risks. Under the NHS Long Term Plan, every acute hospital with a Type 1 Emergency Department (ED) was asked to provide acute frailty services for at least 70 hours a week. Patients with grades of frailty CFS 6 or above should be assessed for frailty associated syndromes via a comprehensive geriatric assessment and/or be referred to the acute frailty service.
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#### **Rationale for HDFT**

Due to HDFT district demographic this is a priority focus for us - new acute frailty unit recently opened

#### **CQUIN12: Assessment and documentation of pressure ulcer risk**

Applicability: Acute; Community hospital inpatients  CQUIN goal: 70% to 85%  Supporting ref: NICE CG17916 NICE QS8917	NICE clinical guideline CG179 sets out clear best practice for assessing the risk of pressure ulcer development and acting upon any risks identified. It is fully aligned with the recently republished NPIAP (National pressure injury advisory panel) international clinical practice guidelines. This indicator has been expanded for 2022/23 to include inpatients in acute settings as well as community hospitals. This is expected to contribute to reducing the number of pressure ulcers nationally, improving standards of care for patients in both settings.
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#### **Rationale for HDFT**

Ongoing HDFT local Quality Priority

# What Others Say About the Trust: CQC

## What is the CQC?

The Care Quality Commission (CQC) regulates and inspects health and social care services in England. They check that services meet the Health and Social Care Act 2008 ('the Act') and the CQC Fundamental Standards. If they feel that an organisation provides good, safe care the CQC registers it without conditions. The CQC provides assurance to the public and commissioners about the quality of care through a continuous monitoring of a Trust's performance across a whole range of core services.

## What did the CQC note in 2023-24 for HDFT?

HDFT is required to register with the Care Quality Commission and our current registration status is: **"Registered without Conditions"**.

The Care Quality Commission has not taken enforcement action against HDFT during 2023-2024.

HDFT have not received a full inspection of services since 2016 – 2018, however in 2022-2023 our Maternity Services were inspected in the Safe (Requires Improvement) and Well-Led (Good) Domains.

HDFT have not taken part in any special reviews or investigations during 2023-24.

The current overall ratings for HDFT are **GOOD**.

# Secondary Service Users

## What is a Secondary Users Service?

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

## What has Secondary Users Service looked like in 2023-24 for HDFT?

The Trust submitted records during 2023-24 to the Secondary Users Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- **99.9%** for admitted patient care,
- **100.0%** for outpatient care,
- **99.3%** for emergency care.

Which included the patient's valid General Practitioner Registration Code was:

- **100.0%** for admitted patient care,
- **100.0%** for outpatient care,
- **100.0%** for emergency care.



## What is Information Governance?

The legal framework governing the use of personal confidential data in a health care setting is complex and includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act 2018, and the Human Rights Act. The law allows personal data to be shared between those offering care directly to patients, but it protects patients' confidentiality when data about them are used for other purposes.

## What has Information Governance looked like in 2023-24 for HDFT?

The Data Security and Protection Toolkit (DPST) is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 Data Security Standards.

The assessment year runs from 1<sup>st</sup> July 2023 to the 30<sup>th</sup> June 2024. The levels of assurance are:

- Standards Met,
- Standards Exceeded.

The results of this year's submission was: **Standards Met**

During the year Internal Audit audited 13 of the 33 mandatory standards. The levels of assurance were:

- Unsatisfactory,
- Limited,
- Moderate,
- Substantial.

The overall assurance level was rated as **Substantial**



# Payment by Results Clinical Coding Audit

## What is Clinical Coding?

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

## What has Clinical Coding looked like in 2023-2024 for HDFT?

The Trust was subject to the Payment by Results clinical coding audit during 2023-24 by the Audit Commission.

The Trust commissioned an external Payment by Results clinical coding audit by D&A Consultancy during 2023-2024 and the accuracy rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

- Primary Diagnosis = **96%**,
- Secondary Diagnosis = **93%**,
- Primary Procedure = **98%**,
- Secondary Procedure = **97%**.

Results should not be extrapolated further than the actual sample audited. Specialties audited were Trauma & Orthopaedics, Gynaecology and General Medicine.

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

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



# Learning from Deaths

## What is Learning from Deaths?

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

## What has Learning from Deaths looked like in 2023-24 for HDFT?

During 2023-2024, **712** of the Trust inpatients died compared to **837** in 2022 - 2023. This comprised the following number of deaths in each quarter of that reporting period:

- **172** in the first quarter,
- **168** in the second quarter,
- **189** in the third quarter,
- **183** in the fourth quarter.

In this period, 77 case record reviews were carried out in relation to these deaths. These cases were analysed using the Structured Judgement Review (SJR) tool, as described in the National Mortality Case Record Review Programme by the Royal College of Physicians.

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

- **19** in the first quarter,
- **15** in the second quarter,
- **20** in the third quarter,
- **23** in the fourth quarter.

1 case out of the 77 was assessed to have received poor care. This case record was initially highlighted by a Medical Examiner, and following a rapid SJR, a Serious Incident investigation was launched.

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

- Highlighted by the Medical Examiner as possible poor care,
- The patient had a learning disability or autism,
- The cause of death was linked to urinary tract infections,
- The cause of death was linked to liver disease,
- The cause of death was due to a stroke,
- The cause of death was linked to ischaemic heart disease,
- The cause of death was pneumonia.

## Summary of learning points identified

These case reviews have highlighted that in the majority of cases, the standard of clinical care delivered is of good or excellent quality, with frequent Consultant reviews of the majority of our inpatients. Areas for improvement identified included improved use of checklists and better documentation.

## Actions taken

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

- Any cases where individual aspects of care could have been improved are discussed at the specialty Quality and Governance meetings,
- More trained SJR reviewers have been recruited across the specialties, so that each team can review a proportion of their own cases for assurance,
- We have developed a module in our new Datix iCloud system to allow better tracking and visibility of SJRs, with the potential to identify trends at an earlier stage,
- We have identified a number of documents to convert to electronic formats,
- Care Groups present cases which may be of a wider interest at the monthly Mortality Review Group,
- The End of Life Care Group has expanded to include representation from the Medical Examiner, Palliative Care, Organ Donation, Paediatrics, Maternity and the Mortuary teams.

The impact has been:

- A greater variety of cases are being reviewed across the specialities, and we are achieving our target of 10% of all cases being reviewed,
- A better understanding and visibility of all aspects of patient care around the time of death, including a stronger focus on care for the bereaved,
- Better systems for detecting areas for targeted quality improvement.

# Reporting Against Core Indicators: NHS Digital

## What is NHS Digital?

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

## What have the Core Indicators like in 2023-24 for HDFT?

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

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

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

### Summary Hospital Mortality Index (SHMI)

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

### SHMI (Summary Hospital Level Mortality Indicator)

	Data period	
	Dec 21 - Nov 22	Dec 22 - Nov 23
HDFT value	1.013	0.984
HDFT banding	2 (as expected)	2 (as expected)
National average	1.000	1.000
Highest value for any acute Trust	1.222	1.256
Lowest value for any acute Trust	0.717	0.720

*Jan 23 to Dec 23 data due to be published 09/05/24*

Note - highest and lowest trust scores include all providers with data published by NHS Digital,

Note - figures for table 2 now only published to 0 decimal places,

Note - SHMI methodology changes coming in from May-24 - will need to reference next time.

Data source:

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

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

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

HDFT has taken the following actions to improve the quality of its service, so this rate, by:

- Actively using the Healthcare Evaluation Data tool that enables the Trust to clinically review and analyse mortality data in detail on an on-going basis. This has been rolled out across the organisation,
- Implementing the learning from deaths processes within the Trust and contributing to the national database using Datix mortality review tool. This methodology has been rolled out nationally across England and Scotland. It is an accepted methodology for case note review and in line with recommendations in National Guidance on Learning from Deaths (National Quality Board March 2017). In addition to specialty specific case note reviews, focused reviews of situation specific deaths are undertaken as required,
- Individual specialty alerts are investigated as deemed appropriate, either through the mortality review process, coding anomalies or discharge processes or a combination of these. The overall Trust SHMI remains below expected levels.

### Palliative care coding

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

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

	Data period	
	Dec 21 - Nov 22	Dec 22 - Nov 23
HDFT value	39	41
National average	40	42
Highest value for any acute Trust	66	66
Lowest value for any acute Trust	13	16

Note - highest and lowest trust scores include all providers with data published by NHS England,

Note - figures now only published to 0 decimal places.

Data source:

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

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

- Independent Clinical Coding Audits are carried out on an annual basis by Accredited Clinical Coding Auditors to provide assurance of the accuracy of coded data,
- The data is reviewed and signed off on a quarterly basis by the Medical Director;
- This data originates from the clinical coding of specialist palliative care input by the Palliative Care Team (PCT) and is based on evidence documented in patient records,
- The PCT record all face-to-face and telephone contacts on an electronic patient system called SystemOne, whilst the Clinical Coders base their coding on information in the paper medical record. If there is telephone contact only, documentation in patients' paper medical records will be by the ward team, but may not always be recorded clearly as PCT input and therefore may be difficult for Clinical Coders to identify. Previously the Information Services team also extracted activity data from SystemOne for accurate submission of mortality data, but due to reduced capacity in the Information Services team, this did not happen for some months. This was resumed in May 2019,

- The use of the HDFT Care Plan for Last Days and Hours of Life is well established on adult wards. This supports ward staff to care for dying patients and in theory means that fewer patients require referral to the PCT.

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

- Continued PCT attendance at multi-disciplinary team (MDT) meetings.

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

**PROMs – Patient Reported Outcome Measures**

PROMs calculate the health gain after elective surgical treatment using pre- and post-operative patient surveys. Four common elective surgical procedures were included in the survey: groin hernias, hip replacements, knee replacements and varicose vein operations. However the mandatory varicose vein surgery and groin-hernia surgery national PROM collections ended on 1 October 2017. A high health gain score is good.

Data for PROMs has not been collected or submitted at a national level since 2020-2021.

**Emergency readmissions within 30 days**

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

	2020/21	2021/22	2022/23	2023-24
<b>Total number of emergency readmissions within 30 days</b>	3328	4218	4243	5525
<b>As a percentage of all emergency admissions</b>	16.98%	18.76%	18.34%	21.43%
<b>Number of emergency readmissions within 30 days (Payment by Results exclusions applied)</b>	2445	2861	2887	4048
<b>As a percentage of all emergency admissions</b>	12.48%	12.72%	12.48%	15.70%

*Data source – local data collection*

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

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

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

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

### Inpatient survey – responsiveness to patients’ personal needs

This measure is the average weighted score of five questions from the national inpatient survey relating to responsiveness to inpatients’ personal needs. The scores are an average weighted score of five questions relating to responsiveness to inpatients’ personal needs, presented out of 100 with a high score indicating good performance.

#### Inpatient survey - responsiveness to inpatients' personal needs

	Data period				
	2018/19	2019/20	2020/21	2021-22	202122
<b>HDFT value</b>	71.4	68.7	77.1	-	-
<b>National average</b>	67.2	67.1	74.5	-	-
<b>Highest value for any acute Trust</b>	85	84.2	85.4	-	-
<b>Lowest value for any acute Trust</b>	58.9	59.5	67.3	-	-

<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021/domain-4-ensuring-that-people-have-a-positive-experience-of-care-nof/4.2-responsiveness-to-inpatients-personal-needs>

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

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

#### VTE (venous thromboembolism) risk assessment - % eligible admitted patients risk assessed for VTE

	Data period							
	Q1 2022/2 3	Q2 2022/2 3	Q3 2022/2 3	Q4 2022/2 3	Q1 2023- 24	Q2 2023- 24	Q3 2023- 24	Q4 2023- 24
<b>HDFT value</b>	96.02	95.80	95.49	93.91	94.05	94.33	94.53	95.76
<b>National average</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Highest value for any acute Trust</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Lowest value for any acute Trust</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Q3 2019/20 national data was published Mar-20. Collection has been suspended since then due to Covid-19

Data now archived by NHSE:

<https://webarchive.nationalarchives.gov.uk/20210401163623/https://www.england.nhs.uk/mat-transformation/venous-thromboembolism-vte-risk-assessment-201920/>

The VTE data collection and publication remains suspended (as at Apr-22) to release capacity in providers and Commissioners to manage the COVID-19 pandemic. This was communicated via this letter on 28th March 2020. HDFT considers that this data is as described for the following reasons,

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

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

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

### Clostridium difficile rates

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

	Data period			
	2019/20	2020/21	2021/22	2022/23
<b>HDFT value</b>	22.84	25.73	26.74	21.21
<b>National average</b>	13.60	15.39	16.24	18.32
<b>Highest value for any acute Trust</b>	51.01	80.65	53.62	73.34
<b>Lowest value for any acute Trust</b>	0.00	0.00	0.00	0.00

**Data source:**

<https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data>

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

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

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

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

## Patient safety incidents

The data looks at two measures related to patient safety incidents reported to the National Reporting and Learning System (NRLS) compared to all acute non-specialist trusts:

- The rate of incidents reported per 1,000 bed days. A high rate is good; however incident reporting rates may vary between trusts and this will impact on the ability to draw a fair comparison between organisations,
- The number and percentage of those reported incidents that resulted in severe harm or the death of a patient. A low score is good.

HDFT's latest published scores are below:

	2020/21		
	Rate of incidents reported (per 1,000 bed days)	Incidents that resulted in severe harm or death	
		Number	Rate (per 1,000 bed days)
<b>HDFT value</b>	100.70	34	0.460
<b>National position (all acute trusts)</b>	57.33	6828	0.252
<b>Highest value for any acute Trust</b>	118.74	261	1.083
<b>Lowest value for any acute Trust</b>	27.18	4	0.033

	2021/22		
	Rate of incidents reported (per 1,000 bed days)	Incidents that resulted in severe harm or death	
		Number	Rate (per 1,000 bed days)
<b>HDFT value</b>	95.20	32	0.329
<b>National position (all acute trusts)</b>	54.88	7116	0.221
<b>Highest value for any acute Trust</b>	205.52	216	0.846
<b>Lowest value for any acute Trust</b>	23.67	3	0.016



Data source:

NHS England » Organisation patient safety incident reports

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

- The data relating to patient safety incidents is reported by front line staff,
- There is a robust policy and process within the Trust to ensure that all incidents are identified, managed, reported and investigated in accordance with national guidance,
- The Trust ensures that there are appropriate measures in place to prevent recurrence and also promotes organisational learning,
- Since 1 April 2019 the Trust has reported all 'present on admission' pressure ulcers to the NRLS in line with national guidance,
- All of the severe harm and death incidents reported were robustly investigated in line with the Trust's policy and processes and actions to address the findings have been put in place.

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

- Continuing to promote patient safety as a key objective across the organisation and implementing a number of mechanisms to ensure compliance with, and delivery of national frameworks,
- Commencing development of a continuous learning and improvement programme whereby output from events and complaints is disseminated to targeted staff groups in a manner which maximises learning,
- Ensuring there is a continued focus on quality at an organisational, directorate and front line level through a variety of structures, for example quality of care teams, quality governance groups at corporate and directorate level, patient safety visits, quarterly monitoring reports, case conferences and learning events,
- Undertaking a restructure of the Trust's quality governance framework including development of a Patient Safety Forum supporting implementation of the National Patient Safety Strategy, which aims to continuously improve patient safety,
- Purchasing Datix IQ which will be implemented and rolled out across the Trust over the next financial year to assist in the robust reporting and monitoring of incidents.

### Performance against indicators in the Single Oversight Framework

The following table demonstrates HDFT's performance against the national standards included in the Operational Performance Metrics section of NHS Improvement's Single Oversight Framework for each quarter in 2022/23

April 2023-2024

Performance Indicator Description	Q1	Q2	Q3	Q4	YTD
RTT - total incomplete pathways	25860	23093	22488	22454	22454
RTT - Patient waiting >52 weeks	1020	673	577	488	488
RTT - Patient waiting >65 weeks	210	154	129	0	0
Diagnostic waiting times - maximum wait of 6 weeks	61.8%	59.0%	61.4%	67.5%	67.5%
Trust total - Total time in A&E - % within 4 hours	81.6%	73.2%	68.4%	73.7%	74.2%
All Cancers: 14 Days Target	68.2%	75.3%	75.2%	78.4%	74.3%
All Cancers: 14 Days Target All Breast Referrals	7.4%	3.4%	4.9%	4.9%	5.3%
All Cancers: 31 Day Target - 1st Treatment	96.6%	97.1%	96.0%	98.1%	96.9%
All Cancers: 31 Day Target - Subsequent Treatment - Surgery	97.7%	100.0%	98.4%	90.9%	96.8%
All Cancers: 31 Day Target - Subsequent Treatment - Drug treatment	100.0%	98.3%	100.0%	100.0%	99.6%
All Cancers: 62 Day Target	73.1%	79.2%	63.4%	80.1%	73.9%
All Cancers: 62 Day Target Screening	48.9%	34.7%	49.2%	51.1%	46.0%
All Cancers: 62 Day Target Cons Upgrade	84.7%	74.6%	92.4%	78.8%	84.0%
Cancer 28 day waits (faster diagnosis standard)	69.1%	66.4%	63.9%	70.6%	67.5%
Incidence of hospital acquired C-Difficile (Cumulative)	6	13	23	32	32
Incidence of hospital acquired C-Difficile (Cumulative cases due to a lapse in care)	1	1	2	3	3

#### Key performance to note:

- There were 8 periods of industrial action across the year which impacted the Trust's ability to deliver outpatient and elective activity,
- The overall RTT waiting list was at 22,500 in Mar-24. The in-year reduction was mostly due to the move of Community Dental across to Non-RTT,
- The Trust has reported zero 104+ week waits since July 2022 and zero 78+ week waits since Oct-23. The Trust has also made significant improvements on reducing the numbers waiting 52+ and 65+ weeks and reported zero 65+ week waiters for the first time in March 2024,
- The Trust did not achieve the diagnostic waiting times standard in 2023-24 with on average, 68% of patients being seen within 6 weeks, an improvement from 61% in 2022/23. Whilst the standard is not yet being achieved, progress in reducing long waiting patients has been made across all diagnostic modalities,
- Performance against the A&E 4-hour standard was below the 76% standard for 3 out of 4 quarters but has seen a sustained improvement during Quarter 4 2023-24,
- There were 44 ambulance handover delays of over 60 minutes reported in 2023-24 (290 in the previous year) and 197 handover delays of over 30 minutes (465 in the previous year). Prevention of ambulance handover delays continues to be a focus with the Trust operational processes being shared across the region by NHS England. Despite the high bed occupancy, acuity and activity, the lost hours to handover in Harrogate remains very low and in the top quartile nationally,

- 3 out of 7 cancer waiting time standards were achieved for the year overall with the exceptions being the 14 day standards for suspected cancer and breast symptomatic referrals, the 62 day treatment standard and the 62 day screening standard. The Trust achieved 68% against the standard of 75% for the new 28 day faster diagnosis standard,
- The Trust reported 32 cases of hospital acquired C. difficile in 2023-24, compared to 23 in 2022/23. Root cause analysis has been completed on all cases and indicated that 29 of these were not due to lapses in care. 3 cases were deemed to be due to lapses in care. No cases of hospital acquired MRSA (methicillin-resistant staphylococcus aureus) were reported in 2023-24.

# PART 3: Plans for the Future and Priorities for Improvement

This section of the Quality Account provides an update on:

- Consultation
- 2023-2024 Priorities:
  - Best Quality, Safest Care: Ever safer care through continuous learning,
  - Best Quality, Safest Care: Excellent outcomes through effective, best practice care,
  - Best Quality, Safest Care: A positive experience for every patient by listening and acting on feedback,
- Our plans for the Patient Safety Incident Response Framework (PSIRF).

## Our Commitment

At HDFT we are committed to ensure we focus on the areas of quality and safety that will make a real difference to the people we serve. Whilst improvement projects can sometimes make a big impact over a short period of time, we committed to a three year development programme across our key quality priorities between 2022 and 2025. The priorities we selected during that time were done following consultation with colleagues across the Trust, the region and nationally as well as with our governors and a wide range of individuals and stakeholders who took part in the development of our Trust Strategy.

During 2023-24 HDFT saw a significant step change with our continuous improvement journey through the development of HDFT Impact.

The focus on selecting quality and safety priorities moving forward will be based on HDFT using data to identify our areas of concern. This means that there will be less of a focus on consulting widely on ad-hoc programmes of work. The organisation will become data driven to identify the areas of greatest impact to ensure our resources are used in the most appropriate way.

The following pages provide an overview of our new approach to continuous improvement in the organisation, as well as an overview of the focus we will have on our 2024-2025 quality priorities.

# Our Strategy and HDFT Impact

HDFT has been using “lean” improvement methods for over 10 years and we have seen the improvements it can bring for patients and colleagues. HDFT Impact builds on this experience to put continuous improvement at the centre of our culture and ways of working. It will align improvement with our [Strategy](#) and enable improvement through coaching and support. Through proven systems, routines and tools, teams will make significant, long lasting improvements as part of their daily work. HDFT Impact will mobilise all 5,000 colleagues in TeamHDFT to improve quality in everything we do. We will celebrate and encourage improvement by everyone and everywhere throughout the Trust.



The aim of our Strategy is to establish shared understanding and clarity for our workforce, Board of Directors and partners about the Trust’s purpose, ambitions and priorities. It provides a framework to align our endeavours and mobilise our resources and workforce. Our Strategy is for everyone in the Trust, in every role and every function. It drives our activities as a Trust, as Directorates, Services and individually.

We exist to serve two groups:

- The patients who we care for in our hospitals and community services in Harrogate and District, including wider North Yorkshire,
- The children and young people who we support through our Children’s and Young People’s Public Health Services across large parts of the North East and Yorkshire.

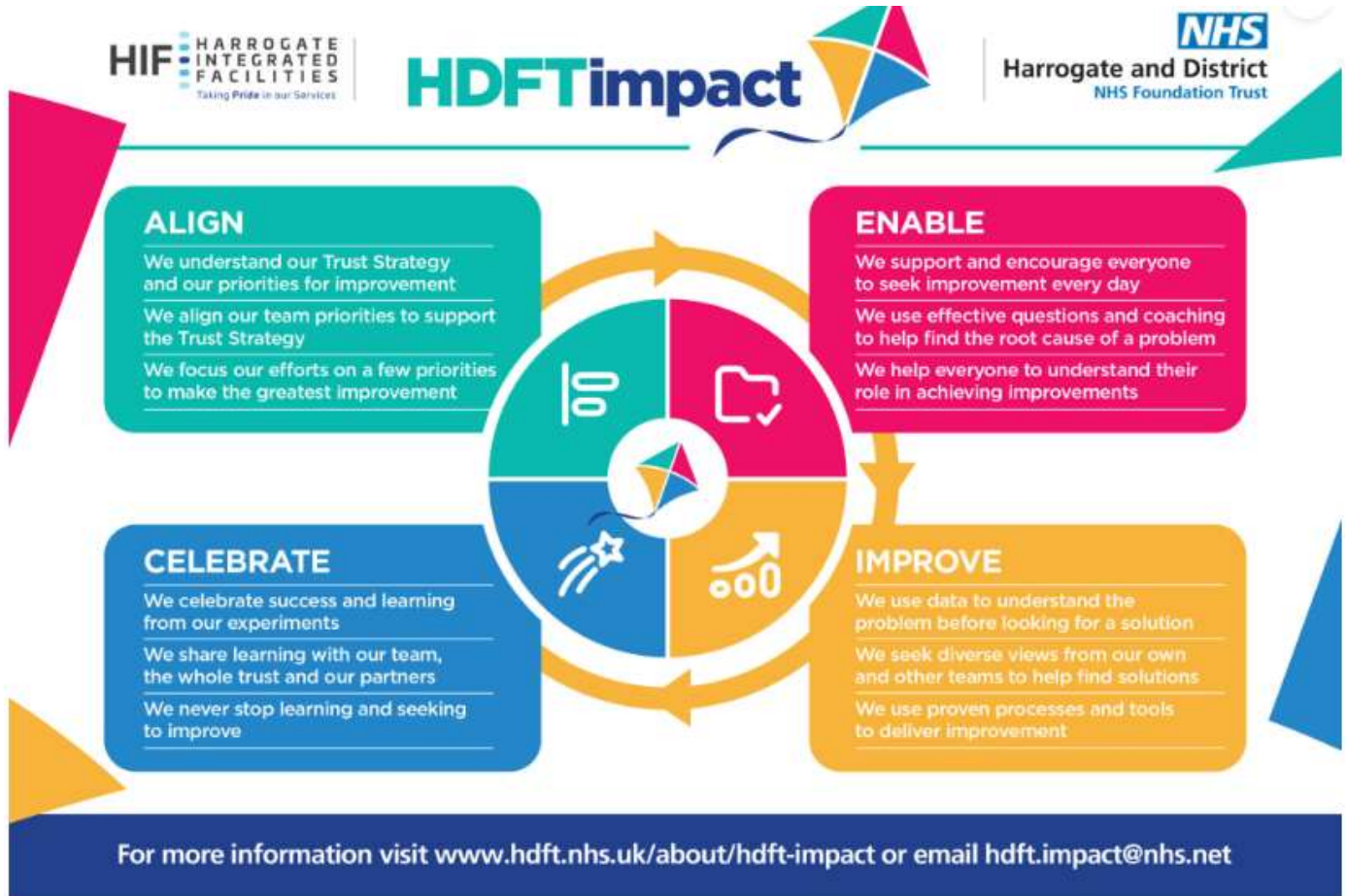
Our Strategy makes it clear that our patients and children always come first.

Our Strategy guides our decision-making about today’s priorities, ensuring they support our purpose and long-term ambitions. Annually, we set clear, specific priorities and objectives for each ambition and goal,

and track their delivery through the Board Assurance Framework and our governance and management processes.

## Our Approach

Through HDFT Impact we will:



## Our Vision

Our vision for HDFT Impact is that all of our colleagues are able to say:

- I understand our [Strategy](#) and how we are performing against our goals,
- I understand the contribution to the strategy that my team and I need to make using improvement techniques,
- I am able to deliver my work and improve how I do it as part of my day job.

## HDFT Impact Structure

HDFT Impact consists of six work streams:

- **Leadership Development** – to develop behaviours for improvement and a coaching culture in our Leadership Team and throughout HDFT,
- **Strategy Deployment** – to align improvement with a focused set of strategic priorities,
- **Improvement Operating Model** – to empower and enable teams to seek continuous improvement every day, aligned to our strategic priorities,
- **Centre of Excellence** – to build our capacity and capability to sustain and spread HDFT Impact throughout HDFT,

- **Business Intelligence** – to provide the data and analysis for improvement,
- **Communications** – to build support and enthusiasm for HDFT Impact.

## Partners

Over the last decade many colleagues will have been involved in improvement workshops run by the Improvement & Transformation Team. We know this approach works and we have seen the improvements it can bring for patients and colleagues. In December 2022 the Trust Board supported our plans to build on these foundations and take our approach to improvement to the next level – to embed improvement at the centre of our culture and operating model so we can provide the best quality, safest health and care services for our patients and children; and make HDFT the best place to work for our colleagues.

In March 2023 we appointed Catalysis and KPMG as our partners to support us to develop our own improvement operating model, and philosophy, to train and coach teams across the Trust in the approach and to build our own capacity and capability to continue and sustain our improvement journey. Following a Readiness Assessment during April-August 2023, we designed the initial implementation programme which will run from September 2023 to September 2024 with KPMG and Catalysis' support. Since then the Trust has continued to implement the approach through its own capability and capacity. This has included identifying our True North vision and metrics, our strategic programmes and our breakthrough objectives for this year.

## Our Improvement Academy

The Improvement Academy's role is to drive the HDFT Impact programme in the future ourselves so that we can develop and sustain our improvement journey.

The Improvement Academy is the motor that drives HDFT Impact's philosophy and programme through the Trust. The team comprise qualified and highly experienced continuous improvement experts with diverse clinical, management and leadership expertise across and beyond public and private health and care systems.

All team members have detailed knowledge of the HDFT Impact operating model and all the supporting tools and techniques. It is their job to ensure the success of our approach by delivering high quality teaching, coaching, advice, facilitation, planning and logistics support.

## What is our True North Vision?

As an organisation our purpose is to put the patient and child first and to improve the health and wellbeing of our patients, children and communities. This is our True North, working as a compass to provide a guide to take us from where we are currently to where we want to be. We have developed a number of True North Ambitions with metrics – measurable goals and benchmarks – which will be the focus of our improvement efforts in the years ahead.





### What does the programme look like?

Over time, colleagues from all teams will be invited to HDFT Impact training and coaching sessions which will take place over a four month period. Each module will consist of initial training supported by weekly coaching sessions to help embed the tools.



Each module will consist of various forms of training methods:

- Digital and Face to Face Training will introduce the tools, techniques and behaviours of HDFT Impact
- Coaching are 'hands on' practical sessions in your immediate teams where you'll embed what you have learned in your daily routines

The journey has already begun for some teams within HDFT with Wave One commencing in October 2023. The first wave included Long Term Unscheduled Care (LTUC) Planned and Surgical Care (PSC) and Community and Children's Directorate's (CC) management teams, Acute Services' management team and Same Day Emergency Care (SDEC). The second wave of teams start their training in January 2024 and they comprise the Emergency Department and their management team, and the Acute Paediatrics management team and their colleagues in Woodlands Ward.

## Our Values

Our values are a key component of what makes HDFT the organisation it is today. Our values are:



# Our 2024-25 Priorities

## STRATEGIC AMBITION: BEST QUALITY, SAFEST CARE 2024-2025

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

### GOALS:

#### Safety

Ever safer care through continuous learning and improvement

#### Effectiveness

Excellent outcomes through effective, best practice care

#### Patient Experience

A positive experience for every patient by listening and acting on their feedback

### True North Metrics (Executive Lead: 10-15 Year deliverable)

1

- Eliminating Moderate & Above Harm

2

- Patient Experience Positive Response Rates

### GOVERNANCE:



### FOCUS:

1

- Breakthrough Objective: Pressure Ulcers

2

- Corporate Project: Patient Experience

# PSIRF: A focus on the next 12 months

## What is PSIRF?

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

Unlike previous frameworks, PSIRF is not a tweak or adaptation of what came before. PSIRF is a whole system change to how we think and respond when an event happens to reduce the risk of recurrence.

Previous frameworks have described when and how to investigate a serious incident, PSIRF focuses on learning and continuous improvement. With PSIRF we are responsible for the entire process, including what to investigate and how. We will work collaboratively with our commissioners and regulators during this process. There are no set timescales or organisations to approve what we do. There are a set of principles that we should work to but besides that it is up to us to determine how we want to investigate and learn. This makes it exciting, innovative but can also make us feel some level of trepidation.

Over the past 18 months HDFT has focused on improving our approach to patient safety events, with many examples of learning and involvement. Essential to this is about promoting a *just culture* in which people feel safe to talk. Having conversations with people relating to a patient safety event can be difficult and we will continue to explore how we can equip and support our colleagues to best hear the voice of those involved. In doing so, we will also support our core ambition of working in partnership with patients to improve safety.

The challenge for us is to develop an approach to investigations that facilitates thematic insights to inform ongoing improvement. Our approach must acknowledge the importance of organisational culture and what it feels like to be involved in a patient safety event. Along with our HR colleagues we must look to further develop and foster a restorative just culture in which people feel psychologically safe. We recognise that changing culture is complex and we are passionate about being an organisation that lives and breathes a safety culture in which people feel safe to speak.

## What will PSIRF look like in 2024-25 for HDFT?

At Harrogate and District Hospital NHS Foundation Trust (HDFT) we are fully committed to ensuring the development, implementation and success of the Patient Safety Investigation Response Framework (PSIRF). As a Trust Board we have welcomed the changes from the Serious Incident Framework to PSIRF. This gives us the opportunity to focus our efforts on learning and continuous improvement. The organisation has spent the last 12 months ensuring that we are prepared both with our systems and processes as well as our culture to ensure that we can fully immerse ourselves in the new framework. As a Trust Board, we now make a pledge to fully support the implementation of the PSIRF Plan for HDFT.

This section of the Quality Account provides an update on:

Annex 1:

- Statements from Key Stakeholders

Annex 2:

- Statement of directors responsibilities

Annex 3:

- Abbreviations and definitions
- Clinical Audit
- How to provide feedback
- Other formats

# ANNEX 1: Statements from Key Stakeholders

## Statement from Council of Governors:

On behalf of the Council of Governors, I am delighted to provide my response to the Annual Quality Account for Harrogate and District NHS Foundation Trust (HDFT). I appreciate the comprehensive and compelling report, which reflects the dedication and hard work of everyone involved in improving the quality of services provided by the Trust. HDFT has been identified as one of the top ten most improved organisations in terms of the Freedom to Speak Up sub-score (Raising Concerns sub-score in NHS Staff Survey reports). This significant achievement is a testament to the Trust's commitment to creating an open and supportive environment for staff.

The commissioning of the new emergency department area is showing promising results in supporting the improvement of patient flow. This is a significant step forward in enhancing the efficiency of emergency services. The report highlights substantial progress in the reduction of pressure ulcers. This success is a cause for celebration and demonstrates the effectiveness of the initiatives and colleagues' pledges to continue reducing these incidents. I am pleased to see the excellent response rate to the People Promise survey, which has improved on last year's response, indicates better staff engagement. This reflects the Trust's awareness and proactive approach to addressing areas that require focus.

At HDFT, there is full commitment to the development, implementation, and success of the Patient Safety Investigation Response Framework (PSIRF). The transition from the Serious Incident Framework to PSIRF allows a focus on learning and continuous improvement. Over the past 12 months, systems, processes, and culture have been prepared to fully embrace this new framework. The Trust Board pledges full support for the implementation of the PSIRF Plan for HDFT. Looking ahead, the Council will be interested in the impact of the Datix cloud project and the changes implementing the Patient Safety Incident Response Framework (PSIRF). The introduction of new quality team roles is also anticipated to enhance the Trust's quality improvement efforts.

The HDFT Impact initiative aims to mobilise all 5,000 colleagues in TeamHDFT to improve quality across the Trust. The Governors will look forward to seeing how this initiative will celebrate and encourage improvement by everyone and everywhere, underscoring the Trust's dedication to excellence.

In conclusion, I commend the Trust for its achievements, ongoing commitment to quality and safety, its future plans and priorities for improvement. I look forward to continuing collaborative efforts to ensure that HDFT remains a leader in healthcare excellence. The information contained within this report is an accurate and fair account of the Trust's performance and progress to the best of my knowledge. Thank you for your dedication and hard work in serving our community.

Kind regards

Clare Illingworth

Lead Governor on behalf of the Council of Governors

## Feedback Statement from Humber & North Yorkshire Integrated Care Board



**Humber and North Yorkshire**  
Health and Care Partnership



**Humber and  
North Yorkshire**  
Integrated Care Board (ICB)

Health House,  
Grange Park Lane,  
Willerby,  
HU10 6DT.

Mr Jonathan Coulter  
Chief Executive  
Harrogate and District NHS Foundation Trust

Dear Mr Coulter

### **Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB) for Harrogate and District NHS Foundation Trust Quality Account 2023/24.**

NHS Humber and North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Harrogate and District NHS Foundation Trust (HDFT) Quality Account for 2023/2024. This response includes reflections from York and North Yorkshire Places.

We welcome the comprehensive overview of the Trust's efforts to enhance the quality of care delivered to patients and the commitment towards continuous improvement.

#### **Overview**

The Quality Account outlines the Trust's commitment to maintaining high standards of care, patient safety, and clinical effectiveness. We commend the Trust for the work to develop its plan for the new Patient Safety Incident Response Framework (PSIRF) with a focus on learning for improvement, which demonstrates a clear commitment to improving patient outcomes and experiences. We also note the focus on developing the Trusts' Clinical Research and Innovation Team which will afford excellent triangulation, alongside results from national and local clinical audit to further drive quality improvement.

#### **Achievements**

We are pleased to see the significant progress made in several key areas:

**Patient Safety:** The work being undertaken to reduce pressure ulcers and falls is particularly noteworthy. Whilst we recognise there is still more work to do, it is positive to see attention has been placed on further reduction and that it continues to feature prominently in plans. The implementation of safety huddles and the fundamentals of care masterclasses has evidently contributed to this improvement. The ICB notes that the work to reduce missed results has yielded positive results.

**Clinical Effectiveness:** The advancements in updating practice with the use of throat packs in dental anaesthesia following audit are commendable. The data provided on participation in national clinical audits and national confidential enquiry and clinical outcome review

HDFT Quality Account ICB Statement June 2024



programmes (NCAPOP) shows a clear trajectory towards achieving national targets and it is pleasing to see the direct link afforded to improvement projects.

**Patient Experience:** The initiatives to enhance patient engagement and satisfaction, such as new collection methods for the Friends and Family Test and the introduction of the HDFT Reader Panel, reflect a genuine effort to place patients at the heart of care delivery.

**Freedom to Speak Up:** The organisation's support to train 4 additional Fairness Champions across the organisation is noted and the rolling out of the National Guardian's Office training as a 'role based' requirement for all staff members Trust wide is welcomed.

### Areas for Further Development

While recognising the Trust's achievements, we acknowledge that there are areas identified by the Trust where continued focus and improvement are necessary:

**Waiting Times/ Performance against indicators in the Single Oversight Framework:** We note the challenge in meeting some targets, for example in the diagnostic waiting times standard, but acknowledge that whilst the standard was not met, progress on the previous year has been made in many areas. We encourage the Trust to continue to explore innovative approaches to manage demand and capacity more effectively.

**Staffing and Workforce:** The concerns around staffing levels and workload pressures are acknowledged. We support the Trust's introduction of Education Fellowship posts and welcome the growth of these to support in building a more sustainable model.

**PSIRF:** Positive work has taken place in terms of transitioning the Trust from the Serious Incident Framework to PSIRF, including the recruitment of staff in specialist roles and in the development of HDFT Impact. The ICB recognises that this work will be built upon across the coming year to change culture, draw on themes and inform improvement projects. We commend the Trust's ambition to be more data driven in support of this work, maximising impact, and employing best use of resource.

### Future Priorities

We recognise the Trust's continued efforts to improve quality and are supportive of its identified priorities for the coming year, particularly:

The roll out and implementation of the Trust Strategy and HDFT Impact, for all staff, and the quality ambitions it outlines.

The defined goal of working towards ever safer care and excellent best practice outcomes, with positive patient experience. This is being delivered through a variety of means: including digital transformation, integrated and coordinated care and through quality improvement initiatives.

The strengthening of quality governance arrangements with a continued focus on improvement methodologies that will be instrumental in driving sustainable change.





**Humber and North Yorkshire**  
Health and Care Partnership



**Humber and  
North Yorkshire**  
Integrated Care Board (ICB)

These priorities will undoubtedly feed into the positive work done both to date and planned for the year ahead regarding falls and pressure ulcers. The ICB welcomes the opportunity to continue working collaboratively with the Trust to support its quality improvement ambitions.

The ICB values the transparent and detailed Quality Account provided by HDFT. We look forward to continued partnership working, ensuring there remains a coordinated, collaborative approach towards the quality and safety of services provided to our patient population, whilst developing innovative new ways of working to deliver improvements across pathways of care.

We are confident that with the continued dedication of the Trust's leadership team and staff, the challenges ahead can be effectively addressed, leading to improved health outcomes for all patients.

The ICB can confirm that to its best knowledge the information provided within the HDFT 2024/25 Annual Quality Account is an accurate and fair reflection of the Trust's performance. It is clearly presented in the format required and the information it contains accurately represents the Trust's Quality profile.

Yours Sincerely

Michelle Carrington  
Place Nurse Director – York and North Yorkshire Place

# ANNEX 2: Statement of Directors Responsibilities

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

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

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

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

By order of the Board

**Chair of HDFT: Sarah Armstrong**

**Signature:**



**Date:** 26/06/2024

**Chief Executive of HDFT: Jonathan Coulter**

**Signature:**



**Date:** 26/06/2024

# ANNEX 3: Abbreviations and Definitions

Abbreviation / Name	Definition
<b>ACP</b>	Advanced Care Practitioner
<b>Audit</b>	An audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.
<b>AMU</b>	Acute Medical Unit
<b>BAME</b>	Black and minority ethnic
<b>BSL</b>	British sign language
<b>CAT</b>	Clinical Assessment Team – changed to Combined Assessment Team (December 2018)
<b>CATT</b>	Clinical Assessment, Triage and Treatment
<b>CAS</b>	The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.
<b>CCG</b>	Clinical Commissioning Group Clinical Commissioning Groups (CCGs) commission a majority of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations and ensuring that they are provided.
<b>CEM</b>	Royal College of Emergency Medicine
<b>CHC</b>	Continuing Healthcare
<b>Clinical Audit</b>	This is a quality improvement process that looks at improving patient care and outcomes through a review of care against a set of criteria. This helps to ensure that what should be done in a Trust is being done.
<b>Clinical Outcome</b>	A clinical outcome is the “change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions.
<b>Clinical Research</b>	Clinical research is a branch of medical science that determines the safety and effectiveness of medication, diagnostic products, devices and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.
<b>CNS</b>	Clinical Nurse Specialist
<b>COPD</b>	Chronic obstructive pulmonary disease
<b>Covid-19</b>	A highly contagious respiratory disease caused by the SARS-CoV-2 virus.
<b>CQC</b>	Care Quality Commission Care Quality Commission (CQC) regulates and monitors the Trust’s standards of quality and Safety.
<b>CQUIN</b>	Commissioning for Quality and Innovation A payment framework which enables commissioners to reward excellence, by linking a proportion of payments to the achievement of targets
<b>CTG</b>	Cardiotocography
<b>CVI</b>	Certificate of visual impairment
<b>Dashboard</b>	Data visualisation tool that displays the current status of metrics and key performance indicators
<b>Data Quality</b>	Ensuring that the data used by the organisation is accurate, timely and informative.
<b>Datix</b>	DATIX is the Trust-wide incident reporting system
<b>ED</b>	Emergency Department

	The Emergency Department (ED) assesses and treats people with serious injuries and those in need of emergency treatment. Its open 24 hours a day, 365 days of the year.
<b>EoL</b>	End of life
<b>EPaCCS</b>	Electronic palliative care co-ordination system
<b>ePMA</b>	Electronic prescribing and medicines administration system
<b>FFT</b>	Friends and Family Test The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.
<b>GP</b>	General practitioner
<b>HaRD</b>	Harrogate and Rural District
<b>HDFT</b>	Harrogate and District NHS Foundation Trust
<b>ICE</b>	Requesting and reporting software
<b>ICNARC</b>	Intensive care national audit and research centre
<b>Just Culture</b>	A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution.
<b>LD</b>	Learning disabilities
<b>MAU</b>	Medical Admissions Unit
<b>MCA</b>	Mental Capacity Act
<b>MDT</b>	Multidisciplinary team
<b>NCAPOP</b>	National Clinical Audit and Patient Outcome Programme
<b>NCEPOD</b>	National Confidential Enquiry into Patient Outcome and Death
<b>Never Event</b>	A Never Event is a type of serious incident (SI). These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'
<b>NEWS</b>	National Early Warning Score (NEWS) is based on a simple scoring system in which a score is allocated to six physiological measurements already taken in hospitals – respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate Hull University Teaching Hospitals NHS Trust - Quality Account 21/22 Page 89 of 92 Abbreviation Definition and level of consciousness. NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness.
<b>NICE</b>	The National Institute for Health and Care Excellence The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to ensure the service provided is safe, effective and efficient.
<b>NPSA</b>	National Patient Safety Agency Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develops advice for the NHS that can help to ensure the safety of patients. Advice is issued to the NHS as and when issues arise, via the Central Alerting System in England and directly to NHS organisations in Wales. Alerts cover a wide range of topics, from vaccines to patient identification. Types of alerts include Rapid Response Reports, Patient Safety Alerts, and Safer Practice Notices.
<b>NIHR</b>	National Institute for Health Research The National Institute for Health Research commissions and funds research in the NHS and in social care.

<b>NMC</b>	The Nursing and Midwifery Council (NMC) are the professional regulator for nurses and midwives in the UK, and nursing associates in England.
<b>NRLS</b>	National Reporting and Learning System National Reporting and Learning Service is a central database of patient safety incident reports. Since the NRLS was set up in 2003, over four million incident reports have been submitted.
<b>PPE</b>	Personal Protective Equipment is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment.
<b>PVG</b>	Patient Voice Group
<b>RCEM</b>	The Royal College of Emergency Medicine (RCEM) is an independent professional association of emergency physicians in the United Kingdom which sets standards of training and administers examinations for emergency medicine in the United Kingdom and Ireland.
<b>RTT</b>	Referral to treatment
<b>SI</b>	Serious Incident An SI is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where health care is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.
<b>SAU</b>	Surgical Assessment Unit
<b>SJR</b>	Structured judgement review
<b>SHMI</b>	Standardised Hospital Mortality Indicator - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
<b>SSNAP</b>	Sentinel Stroke National Audit Programme
<b>VTE</b>	Venous thromboembolism
<b>WDES</b>	Workforce Disability Equality Standard
<b>WRES</b>	Workforce Race Equality Standard
<b>WTE</b>	Whole time equivalent

# ANNEX 3: Clinical Audit

The national clinical audits and national confidential enquiries that HDFT was eligible to participate in during 2023-24 are as follows:

1. Breast and Cosmetic Implant Registry
2. Case Mix Programme (CMP)
3. Child Health Outcome Review Programme
4. Elective Surgery (National PROMs Programme)
5. Emergency Medicine QIPs (*did not participate*)
  - *Care of Older People*
  - *Mental health (self - harm)*
6. Falls and Fragility Fracture Audit Programme (FFFAP)
  - FFFAP b. National Audit of Inpatient Falls
  - FFFAP c. National Hip Fracture Database
7. Improving Quality in Crohn's & Colitis ( IBD audit)
8. LeDeR - Learning Disabilities Mortality Review
9. Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)
  - Perinatal confidential enquiries
  - Perinatal mortality surveillance
  - Maternal mortality surveillance and confidential enquiry
10. Medical and Surgical Clinical Outcome Review Programme
  - Endometriosis
11. National Adult Diabetes Audit (NDA)
  - National Diabetes Core Audit ,
  - National Pregnancy in Diabetes Audit
  - National Diabetes Foot care Audit
  - National Diabetes Inpatient Safety Audit
12. National Asthma and COPD Audit Programme (NACAP)
  - NACAP - Adult asthma secondary care
  - NACAP - Paediatric - Children and young people asthma secondary care
  - NACAP - Pulmonary Rehabilitation
  - NACAP - Chronic Obstructive Pulmonary Disease (COPD)
13. National Audit of Cardiac Rehabilitation
14. National Audit of Care at the End of Life (NACEL)
15. National Audit of Dementia (NAD)
  - NAD - Care in general hospitals
16. National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)
17. National Cardiac Arrest Audit (NCAA)
18. National Cardiac Audit Programme (NCAP)
  - NCAP - Myocardial Ischaemia National Audit Project (MINAP)
  - NCAP - National Audit of Cardiac Rhythm Management Devices and Ablation
  - NCAP - National Heart Failure Audit
19. National Child Mortality Database (NCMD)
20. National Comparative Audit of Blood Transfusion
  - 2023 Audit of Blood Transfusion against NICE Quality Standard 138
  - 2023 Bedside Transfusion-Audit
21. National Early Inflammatory Arthritis Audit (NEIAA)
22. National Emergency Laparotomy Audit (NELA)
23. National Gastro-intestinal Cancer Audit Programme (GICAP)
  - National Oesophago-Gastric Cancer Audit (NOGCA)
  - National Bowel Cancer Audit (NBOCA)
24. National Joint Registry
25. National Lung Cancer Audit Programme
26. National Maternity and Perinatal Audit (NMPA)

27. National Neonatal Audit Programme (NNAP)
28. National Ophthalmology Database Audit
29. National Paediatric Diabetes Audit (NPDA)
30. National Perinatal Mortality Review Tool
31. National Prostate Cancer Audit (NPCA)
32. Perioperative Quality Improvement Programme
33. UK Renal Registry Chronic Kidney Disease Audit
34. UK Renal Registry National Acute Kidney Injury Audit
35. Respiratory Audits
  - Adult Respiratory Support Audit
36. Sentinel Stroke National Audit Programme (SSNAP)
37. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
38. Society for Acute Medicine Benchmarking Audit
39. Trauma Audit & Research Network

The national clinical audits and national confidential enquiries that HDFT participated in and for which data collection was completed during 2023-24 are as follows:

1. breast and Cosmetic Implant Registry
2. Case Mix Programme (CMP)
3. Child Health Outcome Review Programme
4. Elective Surgery (National PROMs Programme)
5. Falls and Fragility Fracture Audit Programme (FFFAP)
6. Inflammatory Bowel Disease (IBD) Audit
7. LeDeR - Learning Disabilities Mortality Review
8. Maternal, Newborn and Infant Clinical Outcome Review Programme
9. Medical and Surgical Clinical Outcome Review Programme
10. Muscle Invasive Bladder Cancer Audit
11. National Adult Diabetes Audit (NDA)
12. National Asthma and COPD Audit Programme (NACAP)
13. National Audit of Cardiac Rehabilitation
14. National Audit of Dementia (NAD)
15. National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)
16. National Cardiac Arrest Audit (NCAA)
17. National Cardiac Audit Programme (NCAP)
18. National Child Mortality Database (NCMD)
19. National Early Inflammatory Arthritis Audit (NEIAA)
20. National Emergency Laparotomy Audit (NELA)
21. National Gastro-intestinal Cancer Audit Programme (GICAP)
22. National Joint Registry
23. National Lung Cancer Audit Programme
24. National Maternity and Perinatal Audit (NMPA)
25. National Neonatal Audit Programme (NNAP)
26. National Ophthalmology Database Audit
27. National Paediatric Diabetes Audit (NPDA)
28. National Perinatal Mortality Review Tool
29. National Prostate Cancer Audit (NPCA)
30. Perioperative Improvement Programme
31. Renal Audits
32. Respiratory Audits
33. Sentinel Stroke National Audit Programme (SSNAP)
34. Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme
35. Society for Acute Medicine Benchmarking Audit
36. Trauma Audit & Research Network

The eligible National Audits that HDFT did not participate in were:

- UK Renal Registry Chronic Kidney Disease Audit,
- National Audit of Care at the End of Life (NACEL),
- National Comparative Audit of Blood Transfusion.

The national clinical audits and national confidential enquiries that HDFT participated in, and for which data collection was completed during 2023-24 are listed at Appendix 1, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.



	Name of Audit/Clinical Outcome Review Programme	NCAPOP Audit	Number of patients for which data submitted 2022/23	Data submitted as a percentage of the number of registered cases required for that audit
1	Breast and Cosmetic Implant Registry	No	60	100%
2	Case Mix Programme (CMP)	No	463	100%
3	Child Health Clinical Outcome Review Programme – <i>Testicular Torsion</i>	Yes	2	100%
4	Elective Surgery (National PROMs Programme)	No		
4a	<i>Hip replacement</i>		566	98%
4b	<i>Knee replacement</i>		738	99.8%
5	Falls and Fragility Fracture Audit Programme (FFFAP)	Yes		
5a	<i>National Audit of Inpatient Falls</i>		9	45%
5b	<i>National Hip Fracture Database</i>		316	100%
6	Inflammatory Bowel Disease (IBD) Audit <i>*Refers to all new patients on biologics Cumulative total = 168 Check this</i>	No	183	100%
7	LeDeR - Learning Disabilities Mortality Review NB Continuous Data Collection	No	11	100%
8	Maternal, Newborn and Infant Clinical Outcome Review Programme NB Continuous Data Collection	Yes		

<b>8a</b>	Perinatal confidential enquiries		Ad hoc	
<b>8b</b>	Perinatal mortality surveillance		8	100%
<b>8c</b>	Maternal mortality surveillance and confidential enquiry		1	100%
<b>9</b>	Medical and Surgical Clinical Outcome Review Programme – <i>Endometriosis</i>	Yes	3	60%
<b>10</b>	Muscle Invasive Bladder Cancer Audit	No	TBC	TBC
<b>11</b>	National Adult Diabetes Audit (NDA)	Yes		
<b>11a</b>	<i>National Diabetes Core Audit</i>		1097	100%
<b>11b</b>	<i>National Pregnancy in Diabetes Audit</i>		5	100%
<b>11c</b>	<i>National Diabetes Footcare Audit</i>		419	100%
<b>11d</b>	<i>National Inpatient Diabetes Audit including National Diabetes In-patient Audit – Harms</i>		0	100%
<b>12</b>	National Asthma and COPD Audit Programme (NACAP)	Yes		
<b>12a</b>	<i>NACAP - Adult asthma secondary care</i>		TBC	TBC
<b>12b</b>	<i>NACAP - Paediatric - Children and young people asthma secondary care</i>		TBC	TBC
<b>12c</b>	<i>NACAP - Pulmonary Rehabilitation</i>		TBC	TBC
<b>12d</b>	<i>NACAP - Chronic Obstructive Pulmonary Disease (COPD)</i>		TBC	TBC
<b>13</b>	National Audit of Cardiac Rehabilitation	No	TBC	TBC

14	National Audit of Dementia	Yes	40	100%
15	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Yes	TBC	TBC
16	National Cardiac Arrest Audit (NCAA)	No	45	100%
17	National Cardiac Audit Programme (NCAP)	Yes		
17a	<i>NCAP-Myocardial Ischaemia National Audit Project (MINAP)</i>		324	100%
17b	<i>NCAP-National Audit of Cardiac Rhythm Management Devices and Ablation</i>		163	100%
17c	<i>NCAP-National Heart Failure Audit</i>		TBC	TBC
18	National Child Mortality Database (NCMD)	Yes	Participated	Unable to ascertain
19	National Early Inflammatory Arthritis Audit (NEIAA) <i>*refers to patients recruited to the study in timeframe.</i>	Yes	17	Unable to ascertain
20	National Emergency Laparotomy Audit (NELA)	Yes	59	88%
21	National Gastro-intestinal Cancer Audit Programme (GICAP)	Yes		
21a	<i>National Oesophago-Gastric Cancer Audit (NOGCA)</i>		49	99.3%
21b	<i>National Bowel Cancer Audit (NBOCA)</i>		287	99.3%
22	National Joint Registry	No	527	100%
23	National Lung Cancer Audit Programme <i>* based on diagnoses in 2022/23</i>	Yes	121	100%
24	National Maternity and Perinatal Audit (NMPA)	Yes	1708	100%

<b>25</b>	National Neonatal Audit Programme (NNAP)	Yes	TBC	TBC
<b>26</b>	National Ophthalmology Database Audit	No	750	100%
<b>27</b>	National Paediatric Diabetes Audit (NPDA)	Yes	79	100%
<b>28</b>	National Perinatal Mortality Review Tool	Yes	2	100%
<b>29</b>	National Prostate Cancer Audit (NPCA)	Yes	204	99.3%
<b>30</b>	Perioperative Improvement Programme	No	TBC	TBC
<b>31</b>	Renal Audit	No		
<b>31a</b>	National Acute Kidney Injury Audit		3896	100%
<b>32</b>	Respiratory Audits	No		
<b>32a</b>	<i>Adult Respiratory Support Audit</i>		TBC	TBC
<b>32b</b>	<i>Smoking Cessation Audit – Maternity &amp; Mental Health Services</i>		Audit cancelled by BTS	
<b>33</b>	Sentinel Stroke National Audit Programme (SSNAP)	Yes	274	90+%
<b>34</b>	Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	No	Ad hoc	
<b>35</b>	Society for Acute Medicine Benchmarking Audit	No	44	100%
<b>36</b>	Trauma Audit & Research Network	No	241	100%

*Please note: data for all continuous projects continues to be reviewed and validated therefore final figures may change.*

For information, the Trust also participated in the following National audits and registries which were not listed on the 2023-24 Quality Account List:

Name of Audit	NCAPOP Audit	Number of patients for which data submitted 2023-24	Data submitted as a percentage of the number of registered cases required for that audit
National Audit of Breast Cancer in Older People (NABCOP)	No	75	99.3%
<b>UK National Hand Registry</b>	No	Participated	TBC

The following 7 NCAPOP audits were not relevant to HDFT due to the Trust not providing the service:

1. Mental Health Clinical Outcome Review Programme,
2. National Audit of Cardiovascular Disease Prevention in Primary care,
3. National Clinical Audit of Psychosis,
4. National Obesity Audit,
5. Neurosurgical National Audit Programme,
6. National Vascular Registry,
7. Paediatric Intensive Care Audit Network (PICANet).

The following individual NCAPOP audits within relevant work streams were not relevant to HDFT due to the Trust not providing the service

- Falls & Fragility Fractures Audit Programme (FFFAP): Fracture Liaison Service Database,
- Medical and Surgical Clinical Outcome Review Programme (NCEPOD): Juvenile Idiopathic Arthritis,
- NCAP - National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty),
- NCAP - National Adult Cardiac Surgery Audit,
- NCAP - National Congenital Heart Disease Audit (NCHDA).

The following 6 non-NCAPOP audits were not relevant to HDFT due to the Trust not providing the service:

1. Cleft Registry and Audit Network (CRANE),
2. National Audit of Pulmonary Hypertension (NAPH),
3. Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry,
4. Prescribing Observatory for Mental Health,
5. UK Cystic Fibrosis Registry,
6. Urology Audits,
7. National Bariatric Surgery Registry.

## ANNEX 4: How to Provide Feedback and Other Formats

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

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

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