CQC SAFE DOMAIN

Safety is a priority for everyone. People should always be safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.

- Learning culture We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
- Safe systems, pathways and transitions We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- Safeguarding We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.
- Involving people to manage risks We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.
- Safe environments We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.
- Safe and effective staffing We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people's individual needs.
- Infection prevention and control We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.
- Medicines optimisation We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Summary: Lead Committee Quality Committee Aligned with the CQC SAFE Domain, the organization is addressing key safety risks to protect staff, patients, and visitors while promoting a culture of continuous improvement. **Executive Committee** Quality Management HDH Goods Yard Security (CHS2): Temporary security measures are in place to prevent unauthorized access, with permanent improvements targeted by March 2025. Group (QGMG) Fire Safety (CHS3): Fire risk assessments are complete, and infrastructure upgrades are underway to reduce the risk rating by September 2024. Violence and Aggression (CHS5): Policy updates, enhanced training, and security reviews are being implemented to safeguard staff and improve safety, including addressing limited security presence and 1st July 2022 Initial Date of Assessment outdated procedures. Health & Safety – Building Security (CRR102): Outdated security policies, limited security presence, and inadequate CCTV/access control systems are being addressed through updated risk assessments, • Last Reviewed September 2024 infrastructure improvements, and enhanced staff training. Plans include replacing door access systems, expanding CCTV coverage, and preparing for compliance with Martyn's Law by April 2025. Containment Level 3 Microbiology Work (CRR98): The unavailability of the onsite CL3 lab has led to outsourcing, posing risks to patient safety and financial sustainability. Plans to recommission the CL3 facility by March 2025 are underway, alongside efforts to improve sample logistics and mitigate delays. These actions reflect the organization's proactive approach to ensuring safe systems, environments, and staffing, in line with SAFE Domain standards. Corporate Risk ID Strategic Principle Risk: CHS2: HDH Goods yard Initial Туре Appetite October November Target Target Ambition Rating Rating Rating Date Rating Unauthorized access and safety hazards in the HDH Goods Yard may result in major injuries, fatalities, or permanent disability Operation An Environment CRR75: CHS2 due to inadequate security measures, non-compliance with safety regulations, and improper use of the area, posing a risk to the al; Health that promotes March Health and objective of maintaining a safe and secure environment for employees, patients, and others within the hospital premises. Minimal 16 12 12 8 wellbeing & Safety 25 Safetv **Key Risk Indicators Current Position Controls and Plans** Board level lead for Health and Safety The organisation has taken several steps to address health and safety risks within the goods yard. Risk The organization has outlined several key plans and actions aimed at improving assessments have been completed, identifying key areas of concern. In response, temporary measures have safety and security in the goods yard: Annual Audit programme for Health and Safety been implemented to mitigate these risks: Physical Barriers and Controls: for the the protection of the liquid oxygen store, • Access Control: A temporary Heras fenced walkway has been established to safely guide staff and which will be factored into the overall improvement costs for the goods yard. Health & Safety Committee visitors to the Pharmacy lift and stairwell. Waste Management: A newly formed group is tasked with assessing the impact of Suitable and sufficient risk assessments in place Staff Communication: Instructions have been communicated to all Trust staff via email and Team Talk changes to waste separation and new waste streams on site, with a report due to regarding the safety protocols. the Health & Safety Committee in June. Implementation of control measures from • High-Visibility Clothing: High-visibility clothing is required for personnel who need routine access to the Contractor Management: A new Contractor Management Policy is awaiting assessments vard. approval, with written instructions now issued to all delivery drivers and external Contractor Guidelines: Contractors have been instructed that the yard area is strictly for delivery dropusers of the goods yard. This policy will guide future management and operations. Capital programme to implement permanent offs and collections, and not for parking. Security Review: There will be a review of the current security guard provision in physical changes to the area Security Weakness: The loading bay entrance remains unsecure 24/7 due to doors that do not close the goods vard to ensure it meets the evolving needs of the area. properly, posing a significant security risk, particularly during the night when staff presence is limited, Construction Planning: A programme outline is being developed in collaboration Control of unauthorised access leaving the area open to unauthorized access. with a contractor to ensure that the goods yard remains operational during • Safety Improvements: New pedestrian crossing markings were added at the entrance to the goods yard upcoming construction activities. and car park in July 2023. **Timeline**: The target date for completing these improvements is set for March Despite these measures, the ongoing issue of the unsecured loading bay entrance remains a critical security 2025, aligning with the organization's 24/25 backlog programme. concern that requires further attention.

Board of Directors meeting

These actions are designed to enhance the safety, security, and operational efficiency of the goods yard while maintaining confidentiality of specific details.

CRR75: CHS3 Health and Safety Key Risk Indicators	An Environment that promotes wellbeing	Operational ; Health & Safety	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permane to employees, patients and others, and the unauthorised access of persons to restricted areas of the hospital through the second	nt disability					Rating	Date			
Key Risk Indicators			loading bay entrance.		Minimal	20	15	15	10	Nov 24			
			Current Position	Controls and Plans									
Updated Fire Safety management protoc	,	ted	The Trust has made substantial progress in addressing fire safety concerns, with several key actions and improvements:	Ongoing Fire Safety Support: The Fire Safety team continues to rece requests for support from both the HDH site and Community sites.						d hoc			
Completion of fire as Appointment of com Authorising Engineer		ger and	Fire Risk Assessments : Fire risk assessments, which were initially incomplete, have now been completed for all areas of the HDH site. The process is being carried out by Oakleaf and is monitored by the Fire Safety Group with reports to the Health & Safety Committee. However, Oakleaf has been unable to meet the required level of availability, leading to a backlog in reviewing risk assessments, particularly in areas that have recently changed usage due to Block C moves. Addressing this backlog will be a priority for the new Fire Manager.	vith Infrastructure Risk Work: Efforts to separate infrastructure risk items, I of alarms, compartmentation, fire doors, and fire dampers, are ongoing a						l expected Safety			
Completion of assess			Communication Improvements : Communication of fire safety information, which was previously inconsistent, is now regularly disseminated through weekly bulletins by the Fire Manager.	ent, is Fire Alarm System Costs: An analysis of the costs for a new fire									
Implementation of fire procedures and policies Communication of fire procedures to all employee			Fire Wardens: The use of Fire Wardens remains inconsistent, highlighting an area requiring further attention. Fire Manager Recruitment: The position of Fire Manager has been advertised, attracting some interest. The										
Audits and reviews of the above conditions at appropriate intervals.			recruitment process is complete, with pre-employment checks currently underway. Contractor Assessments : The assessment of contractors and construction work is to be integrated more	Basement Corridor Improvements : Priority work is being planned to improve th compartmentation and fire stopping in the basement corridor between plant re rooms as part of the 2024/25 backlog maintenance budget. New drawings have						lant			
			consistently into Trust fire assessments and evacuation procedures. Construction Phase Plans for all CDM work are under review to include fire risk assessments and shared control measures.							Shave			
			Corridor and Exit Safety : There has been a significant improvement in keeping corridors, escape routes, and exits clear, with the HIF waste team prioritizing daily clearing. However, issues with fire doors being wedged open on wards still persist.							ve been			
			Fire Policy and Management: A new Fire Policy and Fire Management Procedures have been established. A Service Level Agreement (SLA) with Leeds Teaching Hospitals NHS Trust (LTHT) has been fully implemented, with regular site attendance to review fire risk assessments, fire strategy in relation to construction work, and provide training.	Monthly Fire being develo locations.				d Community partments, and					
			Ongoing Assessments and Reporting : The Health & Safety Team continues to report on fire safety assurances for the community estate in fortnightly CC Estates meetings. Additional information is being gathered from all community sites to assess resource needs, including risk assessments and training.		provided to c	clinical tean	ns, including	procedures and a simulated entertaint of the second	-				
			Fire Safety Testing: Significant Cause and Effect testing, especially in the main theatres, has been completed.	-			•	Maintenance p overing key fir	•	-			
			Evacuation Procedures : Ward changes and the development of updated evacuation procedures are ongoing, with the Fire Safety Manager collaborating with relevant teams. A recent lift failure in the Strayside wing has highlighted limitations in the current evacuation procedures and controls.	remedial wor	rk, and upgrad etailed costs a	des to fire c and a progr	loors. The o am plan bei	per remediation utline proposa ng developed.	I has been	n agreed			
			SLA Conclusion : The SLA with LTHT has officially ended, although support for some pre-arranged work, including SMT training, the TIF2 project, and online training is on-going.										

Tab 1 Item 1.9 - Corporate Risk Register

Board of Directors meeting - 27 November 2024 - (Public) Supplementary Papers-27/11/24

Fire Safety Group Establishment: The Fire Safety Group has been fully established, with its first meeting held on August 31, 2023. Monthly meetings are now in place, with an action being reviewed by the Fire Safety Group and escalated through the Health & Safety Committee as needed.

Corporate Risk ID	- Strategic Ambition	Туре	Principle Risk: CHS5: Violence and aggression against staff		Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date
CRR75 : CHS5 Health and Safety	An Environment that promotes wellbeing	Operational ; Health & Safety	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality or permanent to employees due to the failure to manage the risk of staff being subjected to acts of violence and aggression whilst out normal duties, due to lack of suitable control measures and appropriate training.		Minimal	16	12	12	8	Dec 24
Key Targets			Current Position	Controls and F	Plans					
Suitable and sufficient HIF activities. Supported by up to diactivities carried out geographical different Risk assessments, po actively monitored and Use of available data absence as part of th process. Provision of appropri to all Trust staff clinic	ate policies that in by the Trust and ices created. licies and control nd reviewed. sources, such Da e monitoring and ate training and i	reflect the the measures tix, sickness review nformation	 Outdated Policies: Current policies on Violence & Aggression, Security, and Lone Working are outdated and do not reflect the Trust's current structure, services, or resources. Generic Risk Assessments: Available risk assessments are generic and lack clear identification of hazards or control measures. Limited Security Presence: Security coverage is limited, with a security guard in place only in the Emergency Department from 6 PM to 6 AM, and a single Local Security Management Specialist (LSMS) supporting the entire Community footprint. Inadequate Training: Training is limited and not provided on a risk-based approach, with low compliance in Conflict Resolution and Physical Restraint training, particularly before 2024. Inconsistent Escalation Procedures: Procedures for staff response to incidents and patient management are limited and inconsistently applied. High Incident Rates: There are daily reports of violence and aggression against staff, with 20-30 incidents recorded per month, despite the Trust's promotion of a zero-tolerance approach. Cultural Issues: There is an ingrained culture of accepting certain levels of violence and aggression. Training Updates and Compliance: Conflict Resolution Level 1 (mandatory e-learning) was introduced in January 2024, with 83.9% compliance across the Trust and 77.4% compliance in the HIF. Lone Working training compliance stands at 96.7%. Pre-2024 compliance for Conflict Resolution Breakaway Skills was 56.2%, with even lower compliance for Physical Restraint training. Security Review: A limited assurance audit on Security has highlighted significant gaps, leading to a decision to separate Security risks from the broader V&A risks. This will include areas such as security policies, physical presence, lockdown procedures, and community support. Legislation Impact: The upcoming Martyn's Law, which	Task and Fini established ti them with NH 2024. Mental Healt Emergency D managing par in the approv Ligature Asse therapy area after delays of Conflict Reso developed wi the CQC-supp ensure approc case is being Community S locations are Domestic Ab of domestic a Prevention ai managers is i September/C Policy Review The Lockdow up-to-date ar New Risk Ass and is now bo part of an on Trust.	o review and HSE's Public H th Triage and repartment a tients who m val process as essments: Lig changes. Tra caused by sta oution Traini ith three leve ported Restra ported Restra ported Restra ported Restra to the sexual nd Reduction developme October. ws: New polition n developme October. ws: New polition n defective. sessment Pro-	improve al Health Appr I Policy Upc re ongoing lay self-harri s of April 20 gature risk a lining provis ffing chang ng: A new (els tailored ta laint Reducting needs as expand trai Lone Work to assess curr violence, a o Strategy. A ent, with pla cy and proce Bomb Alert press: A Tru inform tean	I existing po oach. Monti late: Change and will be i m or have m 24. ssessments sion for ligat es. Conflict Resc to staff risk I on Network sessments (' ning provisie ing: Visits to rent security e: Meetings and workplac A new policy ins for a teal edure are ur Policies are st-wide risk n and depar	licies and pro hly meetings es to mental h ncorporated i ental health i are under rev ure risks is als lution trainin evels. The coi , with ongoin TNA) across th on. all communit r and lone wo are being held es escual safe and training i m talk session hder delopme under review assessment h	cedures, ali will begin in will begin in nealth triage into a new ssues. This view due to so being ad g program ntent will a g discussion he Trust. A ty teams ar rking proce d to integra ty into the b package for h by nt for staff t to ensure as been de ssessments	igning n May e in the policy for policy is ward and dressed is being lign with ns to business ad edures. tte issues Violence r line safety. they are weloped s. This is

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Item
1.9
Corporate
Risk
Register

Corporate Risk ID	Strategic Ambition	Туре	Principle Risk: CHS10: Physical security provisions, training and support resources		Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date
CRR102 : CHS10 Health and Safety	An Environment that promotes wellbeing	Operational ; Health & Safety	Organisational risk to compliance with legislative requirements, and the risk of major injuries, fatality or permanen employees, patients, visitors or others due lack of suitable policies and procedures, and the subsequent lack of suit sufficient control measures, including physical security provision, training, resources to support implementation.		Minimal	16	16	16	8	April
Key Targets			Current Position	Controls and	Plans					
Building Security As: all premises used by include patient hom referenced in any re Supported by up to the activities carriec geographical differe Risk assessments, per measures actively m Reported via Securit Use of available data sickness absence as review process. Security incidents in action taken where Effective communic Provision of appropri information to all Tr clinical.	r Trust staff (thi les which will b levant patient p date policies the dout by the Tru inces created. folicies and cont policies and cont nonitored and r ty Forum a sources, such part of the mol vestigated and identified. ations to all sta riate training ar	s will not e plan) at reflect st and the rol eviewed. Datix, nitoring and remedial ff.	 Outdated Security Policies: Policies related to Security, Lockdown, Bomb Alert, Theft, Damage of Trust assets, personal property, and CCTV are outdated and do not reflect the Trust's geographical footprint or current operations. Generic Risk Assessments: Existing security risk assessments are generic and do not sufficiently identify hazards or provide clear control measures, particularly for building security, individual response, and lone working. Limited Security Presence: Acute Setting: Security is present only from 6 PM to 6 AM daily, with additional coverage on Monday, Friday (7 AM – 5:30 PM), and weekends (6 AM – 6 PM). Community Hospitals: No dedicated security presence, such as at Ripon Community Hospital. Community Footprint: A single Local Security Management Specialist (LSMS) covers the entire community setting, limiting response capabilities. Inconsistent Training: Staff training is limited and not risk-based. Compliance with escalation procedures during violent incidents is inconsistent, and staff are underprepared to manage security threats, including Violence & Aggression. CCTV and Access Control Limitations: CCTV: Current coverage at the HDH site is inadequate, with management delegated to the HIF. Access Control Limitations: CCTV: Current coverage at access system is outdated, unsupported, and lacks proper control over keys and lock codes. This has led to poor key management, particularly with contractors and Trust staff. High Incident Rates: Recent high-risk incidents, including absconded patients and Violence & Aggression (V&A) incidents in hospital corridors and visitor toilets, underline insufficient resources and response capabilities. Safeguarding Gaps: There is no formal communication between the Safeguarding Team, Trust Security management, and Emergency Department management, despite warnings from local law enforcement regarding County	currently up Alert, Theft, Trust's curre Risk Assess developed, responses. I level and ac Security Inf • Doo will Main • CCTT upd: • Secu and in a pers Training Im risks is unde appropriate to various ri Governance HIF to clarif Security For refining its t	pdating all re /Damage, all ent structur ments: Corr with a focu: Department cross the corr frastructure or Access Corr be replaced ntenance w V Coverage: ates planner urity Guards licencing of business ca: sonnel. provements: er review and provements: er review	elevant see nd CCTV. T e, services aprehensiv s on individ al risk asse mmunity fr Improven Introl : A ne incremen ork. A review d where ne se for secu s: Training d will be u training. / in develop Doles and re erence and yn's Law : N of Premises rk to ensur	curity polici These updat a, and geogr re security ri dual sites, lo essments ar ootprint. ments: ew door acc tally as part of CCTV sys ecessary. taining lega Guards at the uring funding on Violence a new Confl ment. clarification responsibilitie agthen the given by the the immos) Bill (Marty re complian	pending imp yn's Law), the ce, particular	Lockdowr gn policies rint. Ints are be and staff the local as been cco s Backlog bgress, with rding the his will be hal securit on and Seco eceive n program are ongoi Ily, the Tru tructure b lementatic e Trust will ly in areas	n, Bomb s with th ing HDH osted a th provision includ y curity n tailore ing with ust y on of th ll s relate
				undergo sig to terrorism Improved S establish fo	gnificant wor n risk manag Gafeguarding ormal commi ity manager	rk to ensur gement. g Commun unication o nent, and	ication: Eff channels be Emergency	ce, particular orts are bein tween the Sa Department	ly in areas g made to ifeguardin managem	s

- **Control**: A new door access system has been costed and ed incrementally as part of the Trust's Backlog work.
- ge: A review of CCTV systems is in progress, with ed where necessary.
- **ds**: HIF is obtaining legal advice regarding the provision of Security Guards at the HDH site. This will be included case for securing funding for additional security

Corporate Risk ID	Strategic Ambition	Туре	Principle Risk: Outsourcing of Hazard Group 3 Microbiology Work Due to CL3 Facility Unavailability		Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date
CRR98	An Environment that promotes wellbeing	Operational ; Health & Safety	The unavailability of the onsite Containment Level 3 (CL3) laboratory at HDFT, deemed unfit for purpose in Noven led to the outsourcing of Hazard Group 3 microbiology work to external providers. Initially outsourced to NHS Tru WYAAT and, since June 2024, to a private laboratory in London, this situation poses risks to quality, safety, and fir sustainability, including potential delays in clinical diagnosis, risk of inappropriate treatment, and significant ongo pressures.	sts within nancial	Minimal	9	15	15	6	March 25
Key Targets			Current Position	Controls and	Plans					
 Minimise de Zero staff ha exposure to 3 pathogens Zero lost san Cessation of cost pressur 	arms resulting fi unexpected ha s mples f outsourcing &	rom azard group	 Since the unavailability of the CL3 lab at HDFT and the outsourcing of Hazard Group 3 microbiology work to a private laboratory in London, significant risks have emerged related to the logistics provider (DX). These include: Sample Delays: Routine delays of one day compared to in-house testing, with an additional four-day delay for Friday samples due to weekend non-delivery. Lost Samples: In June 2024, a box of 12 samples was lost for nine days without an audit trail, raising concerns about sample integrity, data breaches, and mishandling of potentially hazardous materials. Patient Safety: Delays in sample processing may lead to inappropriate antibiotic use, missed opportunities for treatment adjustments, and patients needing to repeat invasive procedures. Mitigation Efforts: Attempts to source alternative NHS suppliers within the region have been unsuccessful, as many facilities are at capacity or under refurbishment, leaving limited options to reduce current risks. These issues present quality, safety, and financial implications that remain unresolved while awaiting further mitigation strategies. 	associated including de These includ • Reco An c pres proc and capa • DX 1 DX, f idem occu inve track • Sour Desp Hazz capa Atte the	with the out elays, lost sa de: ommissionin outline busin sented to the ceed. This bu implementa abilities and fransport In the transport tify potentia urrences of I sstigation are king, deliver rcing Altern pite ongoing ard Group 3 acity and face empts to ide progression	sourcing o mples, and ng of Onsit ness case to e BCRG on usiness case tion times reduce rel vestigation rt provider al errors ar ost or dela e awaited, y times, ar ative NHS gefforts to work, no v cility issues ntify a suit of the ons	f Hazard Gr d logistical of e CL3 Facili o recommis 2 July 2024 e will detail cale, aiming iance on ex tr d establish yed sample with the ain d overall re Suppliers: find an alte iable optio at other tru able alterna ite CL3 facil	ty: sion an onsit the lab spec g to restore of ternal provic ing an interr mitigations is. The result n of improvi	e CL3 faci ess case v ification, onsite test lers. al investig to preven s of the ng sample supplier f n found du ne region. tinue alor case.	ork, liity was vill costs, ting gation to t future e for ue to ngside
				safety, sam		•	•		nsuring pa	atient

CQC CARING DOMAIN

People are always treated with kindness, empathy, and compassion. They are supported to live as independently as possible. Their privacy and dignity are respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. Kindness, compassion and dignity - We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

- Treating people as individuals We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.
- Independence, choice and control We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.
- Responding to people's immediate needs We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.
- Workforce wellbeing and enablement We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

Lead Committee	Quality Committee: Peopl	e and Culture (Workforce Risk)	Summary in Month:							
Executive Committee	Quality Management Grou	ıp (QGMG) (Clinical)	In alignment with the CQC CARING Domain, which emphasizes treating people with kir							
	Workforce Committee (W	orkforce)	addressing risks related to patient safety and colleague health due to low staffing level							
			therefore it has been reduced form the CRR. The Trust continues its commitment to m	aintaining high standards o	of care, respe	cting patie	nt choices, an	d supporting	the wellbein	g of the
Initial Date of Assessment	1 st July 2022		workforce, in line with the values of the CARING Domain.							
Last Reviewed	September 2024									
Corporate Risk ID	Strategic Type Ambition	Principle Risk:			Appetite	Initial Rating	Rating	Rating	Target Rating	Target Date
									Rating	
Кеу	Targets		Current Position Controls and Plans							

CQC RESPONSIVE DOMAIN

People and communities are at the centre of how care is planned and delivered at all times. Their health and care needs are understood and they are actively involved in planning care that meets these needs. Care, support, and treatment are easily accessible, including physical access. People can access care in ways that meet their circumstances and protected equality characteristics

- Person-centred care We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.
- Care provision, integration, and continuity We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
- Providing information We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.
- Listening to and involving people We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.
- Equity in access We make sure that everyone can access the care, support and treatment they need when they need it.
- Equity in experiences and outcomes We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.
- Planning for the future We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

Lead Committee	Resource Com	nmittee	Summary								
Executive Committee	Operational Management (OMG)	Group	where waiting ti below the natio	n is facing critical challenges within the CQC Responsive Domain, which emphasizes timely, person-centered care and equi mes have ballooned to a projected 43 months, preventing children from receiving timely diagnoses and necessary suppor nal standard of 78%, leading to increased 12-hour breaches and ambulance handover delays. These delays compromise pa	t. Additionally, the Trus	st is strugglin	ng to meet t	the A&E 4-ho	our target, with	performanc	e dropping
Initial Date of Assessment	1 st July 2022		streamlined pro	cesses, and strategic resource allocation to ensure that care is responsive, accessible, and equitable for all patients.							
Last Reviewed	September 24	4									
Corporate Risk	ID Strate Ambi		Туре	Principle Risk: CRR34: Autism Assessment		Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date
CRR34 : Aut Assessment	Life Life	t Start in	Clinical; Patient Safety	the waiting list to approximately 120) Current Position Controls and Plans to im					15	8	March 25
Key Targets				Current Position	Controls and Plans to	implement	ed				
Waiting list would have to be reduced to 120 and longest wait to 13 weeks. Baseline capacity would need to meet the referral rate.				We have modelled the impact of the funded Waiting List Initiative (WLI) which ended on 31st Aug 24. The projected wait for assessment for a new referral added to the waiting list today is 39 months. Our commissioned capacity is now lower at 40 assessments per month which means the waiting list will grow more steeply.							
Numbers on th 1566 (target 1) Longest wait o	20)	commence	d assessment,	Non-recurrent funding challenges service management due to lead times for capacity acquisition and staff training, exacerbated by national shortages. Loss of a key clinical team member impacts medium-term assessment capacity.	been escalated to the place ICB meeting with Execs as it was felt HDFT could						-
82 weeks (targ	•		,	Support provided to the team; commissioners informed. ICB-wide autism and ADHD group supersedes							
Activity - 31 completed assessments in Aug agains ICB plan of 50 (plus 2 military assessment), YTD 25 against plan of 250.				previous locality-based group, aiming to standardize referral criteria. No extra funding available for capacity gaps. Stabilizing waiting lists requires increased capacity, costing £490k annually. Modeling shared at CC Resources Review and escalated to place ICB meeting for executive consideration. No agreed plan for long-term resource provision is currently agreed and in place.	r capacity I at CC						
 To meet t assessment Meet the assessment 	nts annual planne	0									

Corporate Risk ID

Strategic

Ambition

Туре

5606

6219

6121

6168

5913

5987

103

202

181

209

129

143

120

158

170

156

1858

1010

1079

1044

015

Target Rating 8	Target Date March 25	Tab 1 Item 1.9 - Corporate
		orate
eeting the being imple are being line levels standard.	made at s to	e Risk Register

Controls and Plans to implemented To support the Trust's True North objective of meeting the ED 4-hour MIN ED AVERAGE Ripon MIU Attendance standard, several focused actions and plans are being implemented: • Focussed Impact Work: Targeted efforts are being made at the directorate, care group, and ED front line levels to 144 785 improve performance against the 4-hour standard. 114 145 735 Internal Professional Standards: These are being relaunched, •

Appetite

Minimal

Initial

Rating

12

October

Rating

12

November

Rating

12

- with a draft prepared following a workshop, to enhance escalation processes.
- Triage Efficiency: Efforts are underway to ensure all patients receive an initial triage within 15 minutes of arrival, improving patient flow and safety.
- Effective Streaming: More focused support is being provided ٠ to improve the effectiveness of patient streaming to Same Day Emergency Care (SDEC) and ED2.
- Non-Headed Beds: These have been implemented with ٠ measurable success, contributing to better patient management and care outcomes.

Failure to Meet A&E 4-Hour Target Due to Inadequate Patient Flow, Leading to Increased 12-Hour Breaches and Ambulance CRR61: ED 4-Person centred. Clinical; integrated care, Delays, Resulting in Compromised Patient Safety and Regulatory Non-Compliance hour Standard Patient strong partnership Safety **Key Targets Current Position** A&E 4 hour target to be met, 6 hour breaches <102 4 hour performance The new national target for 24-25 is 78%. Performance: Board of per month and 0 x 12 hour breaches TOTAL ED Year Month Day Non-admitted breaches Admitted Breach Number TOTAL ED ATTENDANCE WITH RIPON MAX ED Attendance INCL RIPON 4 hour performance 64.27% 2022 Sentember The new national target for 24-25 is 78%. 68.22% 2022 October 31 857 814 5258 169 Directors meeting 66.22% 2022 November Whilst we delivered 78% in March, 63.65% 2022 December 31 641 959 5235 187 performance deteriorated in April to 72.47% 154 77.82% 2023 January 4635 80.79% 2023 February 320 551 4580 181 102 138 and has sustained that performance level in 78.45% 2021 March 83.48% 2023 April 5219 May and June (with fluctuations of less than 169 81.56% 2023 May 80.54% 2023 June 1%) 536 617 \$926 133 188 165 988 81.95% 2023 July 31 72.89% 2023 August 31 5838 784 736 \$607 177 130 152 902 65.56% 2023 September 69.87% 2023 October 809 890 5656 195 125 155 851 68.91% 2023 November 854 838 \$443 194 - 27 67.10% 2023 December 920 931 5626 205 120 158 724 71.21% 2024 January 31 71.97% 2024 February 25 778 713 5320 209 158 128 727 78.15% 2024 March

725

864

873

814

636

839

815

72.51% 2024 April

73.40% 2024 May

72.88% 2024 June

74,25% 2024 July

79.23% 2024 August

75.44% 2024 September 30 72.29% 2024 October 31

Principle Risk: CRR61 ED 4-hour Standard

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Туре	Principle Risk: CRR79 Stroke Provision	Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date	
CRR79: Stroke	Person centred,	Clinical;	Risk to patient safety due to delayed treatment caused by lack of capacity.							
Provision	integrated care, strong partnership	Patient Safety		Minimal	16	-	16	4	Dec 2024	
Key Targets			Current Position	Controls and I	Plans to imp	lemented				
All eligible patients re No patients requiring to Harrogate for Eme	HASU are directly a	dmitted	New Risk New risk entered onto the risk register.	To support the Trust's True North objective, several focu and plans are being implemented: 1. Limited control and mitigations possible as ongoing no with WY and NY are not yet concluded. Proposed pilot w inpatients and walk-ins to be referred to York remains u negotiation. 2. Continue to monitor SSNAP data and datix's raised re admissions to Harrogate. Ensure datix reports submitted					otiations h York for der irect	
				Audit with HDFT and YAS for last 12 weeks data to underst these patients were directly admitted. This will commence						
Corporate Risk ID	Strategic Ambition	Туре	Principle Risk: NEW Cardiology	Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date	
TBC : Cardiology	Person centred, integrated care, strong partnership	Clinical; Patient Safety	Cardiology: Risk to providing DGH urgent and emergency care services due to lack of 24/7 cover.	Minimal	12	-	12	3	Dec 2025	
Key Targets			Current Position	Controls and I	Plans to imp	lemented				
24/7 cardiology cove	r		 New Risk New risk entered onto the risk register. Safety risk for acute patients on CCU – recruitment process for Cardiology Fellow Staffing - Substantive post for Consultant back out to advert with R&R premia Current medical workforce do not have the skillset for temporary pacing wires and pericardiocentesis – excellent links with LGI Long waits for outpatient angios (30% waiting over 6 weeks) – using locum to reduce was 50% over 6 weeks – also review use of Cath lab ECHO service reliant on outsourcing workload (12 months ago 70% patients waiting over 6 weeks – now 22% waiting over 6 weeks – Sanus cor delivered activity and bank) – now recruited to a vacant post (starting Jan 25) and plans to grow our own No weekend Consultant ward round or ECHO provision Increasing demand on pacemaker service due to increasing aging patient profile Not meeting GIRFT requirements with 7 day service and weekend cover/ on call - Cardiology strategy planning meeting scheduled for 7 November 24. 	To support tl and plans are Wider range	e being imp	lemented:				

USE OF RESOURCES

Use of resources area Key lines of enquiry (KLOEs)

- Clinical services How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?
- People- How effectively is the trust using its workforce to maximise patient benefit and provide high quality care?
- Clinical support services How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients?
- Corporate services, procurement, estates and facilities How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?
- Finance How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients?

Lead Committee	Resourc	e Committee		Summary in Month: The Trust is currently addressing significant financial challenges under the CQC Use of Resources domain, which emphasizes the effective management of resources to maximize patient benefit and ensure sustainable, high-quality care. To deliver the 2024/25 plan, which includes a £5.2 million deficit and a 6% efficiency target, the Trust must reduce its current run rate and successfully implement the Waste											
Executive Committee	(OMG)	onal Management Cor	nmittee	sustainable, high-quality care. To deliver the 2024/25 plan, which includes a £5.2 million deficit and a 6% efficie Reduction and Productivity (WRAP) programme, despite high-risk schemes and ongoing financial pressures. Ad to fund the impact of NHS pay awards, which could further strain resources if funding gaps remain unaddressed	ditionally, the Trust f	faces potenti	al cost press	ures due to tl	ne ability of Lo	cal Authoriti	ies (LAs)				
Initial Date of Assessme	ent 1 st July 2	2022		mitigate these risks. To ensure these financial challenges are managed effectively, the Trust has implemented r											
Last Reviewed	August	24		efficiency, workforce optimization, and financial stability, all of which are critical to maintaining productivity an							iporate				
Corporate Risk ID	Strategic Ambition	Туре	Princip			Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date				
CRR94 Delivery of financial plan	Overarching Finance	Financial		ist achieved a breakeven plan in 23/24 however for the Trust to deliver the 24/25 plan, £5.2m deficit, it will requ run rate and delivery of the waste reduction and productivity program	ire a reduction to	Cautious	9	12	12	8	March 25				
	Key Targets			Current Position	Plans to Improve Control and Risks to Delivery										
	ctivity analys		Follow target	rust has reviewed and established the underlying pressure moving into 24/25, £20.1m. ving further scrutiny across the wider system, the system agreed to a higher efficiency % and an allocation of further funding. This has resulted in a £5.2m deficit plan for 24/25 includes a 6% efficiency target.	2. Efficiency bec	ntinued discussions with ICB. ciency becoming a Corporate programme. Targeted Directorate ng and support have been delivered to all Directorates.									
 Agency Expl Cash positio 			• • •	e are a number of risks contained within this plan including Continued ED boundary divert Inflation above the levels included in planning Recurrent delivery of the efficiency programme ERF Funding is achieved/over delivered	3. WRAP Cham	pions to be	e develope	d across th	e Trust.						
				irectorate highlighted a number of issues when signing budget plans for 24/25. A number of tions are being reviewed to manage these.											
				luly the Trust are ± 0.1 m behind plan due to an improvement in Directorate run rates and nition of income expected.											
				n driver of the position is the undelivered WRAP, £2.4m, high risk schemes remain at £12m. was no progress made on WRAP in July.											
				ea which continues to show improvement is agency spend which is now 1.3% against a 3.2% target.											

The current run rate is having a detrimental impact on the cash balance. Cash support will be required throughout the year if the reduction in run rate is not delivered. Current cash forecast highlights that this will be required in Qtr 3 (Oct-Dec).

Corporate Risk ID	Strategic Ambition	Туре	Principle Risk:		Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date
CRR95 NHS Pay awards	Finance		Ability of Local Authorities to fund the impact of NHS pay award could result in a cost pressure for HI Health Grant for 2024/25 varies by Local Authority. While NHS national guidance suggests that the P Grant has been uplifted to cover both the ICB non recurrently funded 2.9% from the 2023/24 pay aw 2.1% proposed pay award for 2024/25 this appears not to be the case for all the Local Authorities we with. Where there is a gap between LA public health grant and the cost of pay award there is a risk H loft with a financial process.	ublic Health vard and the have contract	Cautious	12	12	12	4	March 25
	Key Targets		Left with a financial pressure Current Position		Plans to	Improve Cor	ntrol and Risk	s to Delivery		
Written confirmation received from LA. Revised workforce in LA and HDFT			Finance has provided the LAs with the associated costs, and ongoing meetings are being held to discuss funding arrangements, particularly in relation to Public Health Grant allocations and the cost of NHS pay awards.	 The Trust is actively engaging with Local Authorities (LAs) to add funding required for the 2.9% pay award and the proposed 2.1% 2024/25. to 						ease for g
			being closely monitored as discussions continue.	To manage and meetings with th feedback from L These actions an funding and ensu	ne Director As and det re part of a	rate, Contr termine th a coordina	acting, and e appropria ted effort t	l Finance tea ate next step o secure the	ms to rev s. necessar	/iew

CQC EFFECTIVE DOMAIN

People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight

- Assessing needs We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
- Delivering evidence-based care and treatment We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.
- How staff, teams and services work together We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.
- Supporting people to live healthier lives We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.
- Monitoring and improving outcomes We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations of people themselves.
- Consent to care and treatment We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Lead Committee Executive Committe	e		ommittee Nanagement	Summary in Month: The CQC Effective Domain is focused on optimizing patient outcomes by addressing their specific needs and continuously improving care quality. Currently, significant risks include prolonged waiting times, which jeopardize patient safety and Trust performance against NHS targets. An additional £1.5 million investment has been secured to extend the Community Dental Services (CDS) contract, with strategic									
		Group (Q		which jeopardize patient safety and Trust performance against NHS targets. An additional £1.5 million investmer initiatives underway to manage waiting times and enhance service delivery. Despite challenges in funding alignment of the service delivery.									
Initial Date of Asses	sment	1 st July 20	022	discussions on potential funding increases and service adjustments post-election.									
Last Reviewed		August 24	4										
Corporate Risk ID	Strategic Ambition	Туре	Principle			Appetite	Initial Rating	October Rating	November Rating	Target Rating	Target Date		
CRR87 Community Dental	Provide person centred, integrated services through strong partnerships	Clinical; Patient Safety	quality	patient safety due to correlation of long waiting times and increased risk of pain and infection, which n of life and treatment required. Secondary risk to Trust performance standards by failing to meet NHS a g target of no RTT waiters beyond 78weeks currently, 65 weeks by end March 2024 and 52wks by end	annual	Minimal	12	12	12	6	August 25		
I	Key Targets			Current Position		С	ontrols and	Plans to imp	lemented				
treatment over 52 78weeks Current position for between 52-64 we Non RTT waiters - weeks, 199 patien 366 patients betw No of overdue con Current position -	centred, integrated services through strong partnerships Patient Safety nmunity ntal Key Targets key Targets The ICB months services and eeks nbers on the patients waiting to start trenent over 52weeks, 65weeks and eeks The ICB months services and possible rent position for RTT waiters -3 patients veen 52-64 weeks. Current position for RTT waiters -125 patients over 78 ks, 199 patients between 52-64 weeks. The curr manager RTT and addressi			eed to invest an additional £1.5 million into the CDS service at HDFT, extending the contract by 18 arch 31, 2025. sions suggest a potential agreement on a 7+3 contract and amended service specification, with a se in the funding envelope, though formal confirmation is pending post-general election. ding does not fully align with the submitted business case, so the operational team and service developed a plan to optimize the use of this investment, focusing on managing waiting times for both T patients. Key actions for July include recruiting a new clinical lead, continuing IT procurement, and staff engagement, which has been identified as a significant risk to service delivery.	and the imple backlogs, with The replacem procurement meet the Apr Capital kit re progressing, v 2024/25 purc Recruitment dental nurses positions in th	ementation of h additional nent of the Si t process has ril 2024 dead placement, i with 2023/24 chases. efforts are o s from the bu he East and f	of a Waiting GA and clir OEL Health faced dela line. ncluding de 4 equipmer ngoing, wit usiness case for paediati	g List Initiation dental IT sy: ys, and a dir ental chairs a nt being insta sh successful e, though cha ric specialist	lude ongoing l ve (WLI) to add planned for the stem is undervector ect award is b and X-ray equi alled and appr appointment: allenges remai s. Recruitment tart in Septem	Iress patie financial vay, althou eing sough pment, is ovals penc for dentis n in filling for key le	nt year. ugh the it to ding for sts and		

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC WELL-LED DOMAIN

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities. There are effective governance and management systems in place. Leaders proactively support staff and collaborate with partners to deliver care. This care is safe, integrated, person-centred and sustainable care and helps reduce inequalities.

- Shared direction and culture: We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
- Capable, compassionate and inclusive leaders: We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.
- Freedom to speak up: We foster a positive culture where people feel that they can speak up and that their voice will be heard.
- Governance, management and sustainability: We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
- Partnerships and communities :We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
- Learning, improvement and innovation: We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.
- Environmental sustainability sustainable development: We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.
- Workforce equality, diversity and inclusion: We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us."

Lead Committee		Trust Board	Summary in Month:							
			This area of the Corporate Risk Register is linked to the Well-Led Domain. Currently there is no Corporate Risk within this Domain.							
		Senior Management								
Committee (SMT)		Committee (SMT)								
Initial Date of Asses	ssment	1 st July 2022								
Last Reviewed		September 24								
Corporate Risk ID	Strategic Ambition	Туре	Principle Risk:		Appetite	Initial	Rating	Rating	Target	Target
						Rating			Rating	Date
	Key Targets		Current Position		Plans to	mprove Co	ntrol and Risk	s to Delivery		

2

SAFER STAFFING REPORT OCTOBER 2024

Adult Inpatient, Emergency Department and Children and Young People Inpatient Ward, Safer Nursing Care Tool (SNCT) Bi-annual Safer Staffing Review.

Brenda McKenzie: Workforce Lead



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N S Harrogate and District NHS Foundation Trust

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Safer Nursing Care Tool (SNCT) Adult Inpatient Wards Date of SNCT data collection: July 2024

SNCT review meetings: August 2024

Author: Brenda Mckenzie (Workforce Lead)

Situation

The Board of Directors are required to receive a Nurse Establishment Review twice a year. This requirement is underpinned by the direction of NHS Improvement (2018) who, in conjunction with the National Quality Board (NQB) (2016), provide a guidance framework containing the key components that should be considered as part of safe staffing review and analysis and in turn enable their nationally endorsed expectations to be met.

HDFT undertook its bi annual adult inpatient safer staffing review using the updated licenced SNCT during the month of July 2024.

Background

The NQB guidance framework (2016) is central in supporting us to develop a workforce that is fit for purpose in the context of it being safe, sustainable and productive. It comprises of a principle document which is supplemented by a suite of additional publications that collectively act as improvement resources.

The principle structure of the NQB expectations are illustrated below and together form a framework that facilitates and supports care to be underpinned by;

- · delivery of the right care, first time in the right place
- minimising avoidable harm
- · maximising the value of available resources

	Measure and Improve , people productivity and finar ate and act on incidents (inclu	
	batient, carer and staff feedbac	
	ent Care Hours per Patient Day quality dashboard for safe sust	
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi- professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency



The scope for this Safer Nursing Care Tool (SNCT) data collection encompasses the adult in patient wards. This is the second data that has been collected using the updated SNCT which encompasses the new levels of care for patients with an increased dependency in relation to enhanced care requirements.

Teams are reporting increasing levels of enhanced care requirements on a daily basis. Enhanced care relates to; *patients who require an increased level of care to prevent them harming themselves, others or absconding.* NHSE together with the Shelford Group, have made adaptations to the SNCT tool to incorporate this level of dependency within our patients.

The new levels of care will breakdown the 'Enhanced Care' requirements, which will enable us to better monitor and manage how we care for these patients, in addition to aligning establishments to allow for this level of care. At least two data collections will need to be undertaken before the data can be used to triangulate and apply professional judgment to make changes to the ward establishments, in respect of the enhanced care requirements.

Ward budgets were increased to match the outputs of the SNCT in early 2023 and recruitment in to these registered nurse vacancies is almost complete with many wards now recruiting to turnover. This new establishment aligns HDFT to a 60/40 skill mix ratio and has increased our Care Hours Per Patient Day to above the national average.

The July data collection ran for the full month. Prior to these collections, the Workforce Lead facilitated an extensive training programme; an hour training session, that was conducted via MS Teams. All attendees were assessed and were required to pass the inter-rater scoring pass levels. This information is stored on the corporate nursing 'shared drive'. It is essential that all scorers are trained to ensure that high quality, reliable data is collected. All the data was peer reviewed by the Matrons to validate and add assurance that the data was an accurate reflection of the patients on the ward and activity during the time of the audit.

The SNCT was used with a 60:40 ratio Registered Nurse (RN) to Care Support Worker (CSW) for all wards with exception of Farndale and Wensleydale, our medical admissions ward and Cardiology and Respiratory ward. For these wards a ratio of 70:30 was used to take into account the additional registered nurse input required to manage the acutely unwell patients, which is recommended by the tool with regards to these areas.

Assessment

All wards have daily safety huddles where all staff, including medical and AHP colleagues come together on the ward at a set time to discuss any patient safety risks; for example patients who are risk of falls and consider preventative measures to be put in place.

A detailed description of each ward and specific staffing, agency and quality indicators were available at the review meetings. As recommended by the SNCT; data collected



must be triangulated with quality indicators and professional judgement before any changes to establishments are agreed.

The SNCT recommendation is to review the required staffing establishment for each ward bi annually at differing periods/times of the year.

As part of the SNCT process, the Deputy Director of Nursing, Midwifery and AHP's, Associate Director of Nursing (ADoN) for Planned and Surgical Care and Long Term and Unscheduled Care, Matron and Ward Manager from each ward and the Lead for Workforce Assurance and Compliance met face to face to review the SNCT results, quality data, patient flow information, environmental factors (including PLACE inspection results), and apply professional judgement.

The discussions have been found to be useful in identifying support roles that would enhance patient care and improve the working lives of each team. Mainly, Nutritional Assistant roles and Ward Clerk hours. Complaints and concerns in relation to poor hydration and nutrition have reduced. However, most wards have highlighted the need for their Ward Clerk hours to be reviewed to meet the needs of the patients and staff.

Acuity and dependency data was provided via the ward managers and all other supportive data was provided by analytics, sitereps, Tendable, finance, NHSP and ESR

All clinical areas recognised the challenges and understood the results. Where there were perceived anomalies, these were discussed and professional judgement applied. This was pertinent to some smaller wards, wards with more than 50% side rooms, those with assessment areas and those that require non-invasive ventilation (NIV) as not all patients requiring NIV are admitted to a high observation/critical care environment at HDFT.

Headroom for each ward is calculated at an overall 21% with the following breakdown:

- 14.96% Annual leave
- 1.92% Study leave
- 3.9% Sickness.

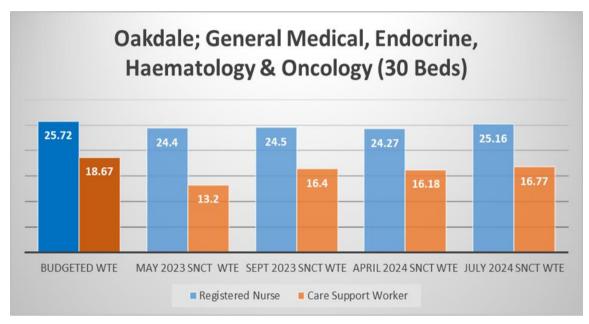


Results by Ward

Oakdale

Oakdale is a 30 bedded General Medical, Oncology, Haematology & Endocrine ward.

SNCT Data since establishment uplift in April 2023



The current staffing template for Oakdale:

	Early	Late	Night
RN	5	5	4
CSW	4	3	3
Nutritional Assistant		7 days 1.4 WTE	
MD		22.5 hours (0.6 W	FE)

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	20.72
3	0
2	18.67
2 Nutritional Assistant	1.4
2 Ward Clerk	1.0



Discussions and data pack

See appendix 1

Recommendations

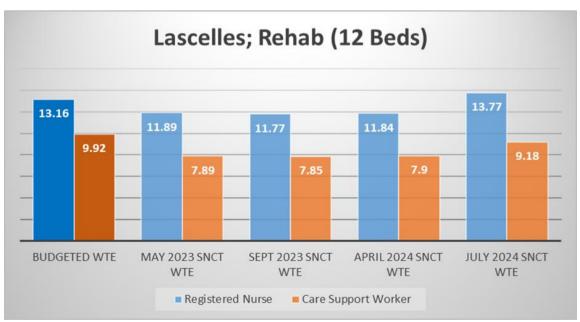
The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.

Any enhanced care requirements or unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.

Lascelles

Lascelles is a 12 bedded Rehab ward, that is based off the main HDFT site.



SNCT Data since establishment uplift in April 2023

Harrogate and District

The current staffing template for Lascelles:

	Early	Late	Night
RN	3	2	2
CSW	2	2	1
Nutritional Assistant		5 days 1.0 WTE	
MD		22.5 hours (0.6 W	ΓE)

Budgeted Skill Mix

Band	WTE
7	1
6	2
5	10.16
3	0
2	8.92
2 Nutritional Assistant	1.0
2 Ward Clerk	0.53

Discussion and data pack

See appendix 2

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.

Ward Clerk hours were identified as a concern. Additional Ward clerk hours would assist with the administrative tasks that are currently being picked up by clinical staff. This is being picked up by the directorate as part of a wider admin support review.

Any enhanced care requirements or unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

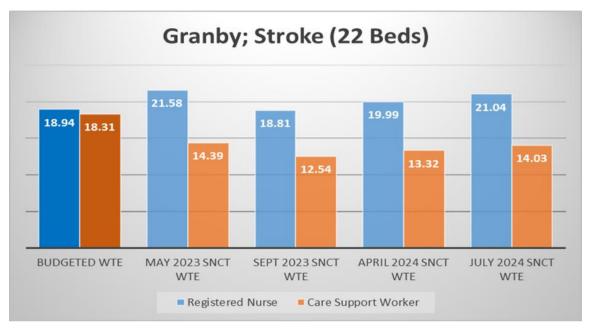
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025



Granby

Granby is a 22 bedded Stroke & Neurology ward.

SNCT Data since establishment uplift in April 2023



The current staffing template for Granby:

	Early	Late	Night
RN	3	3	3
CSW	3	3	3
RN		Early on Mon Thurs	& Fri
Nutritional Assistant		7 days 1.4 WTE	
MD		22.5 hours (0.6 W	ΓE)

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.70
5	14.24
3	0.0
2	16.91
2 Nutritional Assistant	1.4
4 Ward Clerk	0.73
2 ward Clerk	0.92
7 Specialist Nurse	1.0



Discussion and data pack

See appendix 3

Recommendations

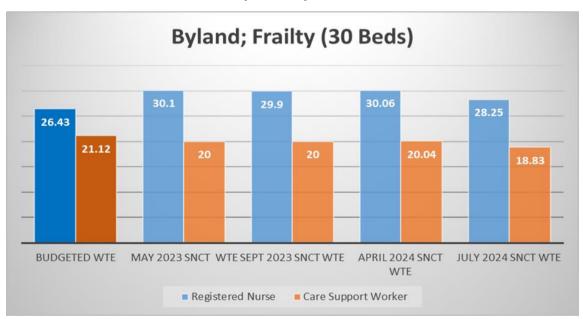
The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.

Any enhanced care requirements or unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.

Byland

Byland is a 30 bedded Frailty ward.



SNCT Data since establishment uplift in April 2023

The current staffing template for Byland:

	Early	Late	Night
RN	5	5	4
CSW	4	4	3
Nutritional Assistant		7 days 1.4 WTE	
MD		22.5 hours (0.6 WTE)	

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	21.43
3	0.0
2	19.72
2 Nutritional Assistant	1.4
2 Ward Clerk	1.0

Discussion and data pack

See appendix 4

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.

Any enhanced care requirements or unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

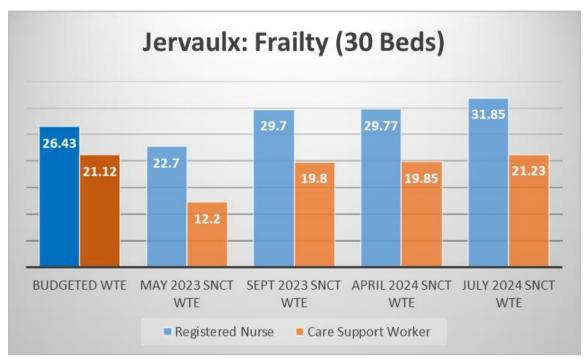
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.



Jervaulx

Jervaulx is a 30 bedded Frailty ward.

SNCT Data since establishment uplift in April 2023



The current staffing template for Jervaulx:

	Early	Late	Night
RN	5	5	4
CSW	4	4	3
Nutritional Assistant		7 days 1.4 WTE	
MD		22.5 hours (0.6 WTE)	

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	21.43
3	0.0
2	19.72
2 Nutritional Assistant	1.4
2 Ward Clerk	0.6



Discussion and data pack

See appendix 5

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) indicate no changes to the establishment as a result of this data collection.

Ensure that the Ward team are re trained and pass the interrater reliability test. Implement an external 'peer review' once a week to provide assurance of validity, reliability and usability of the data.

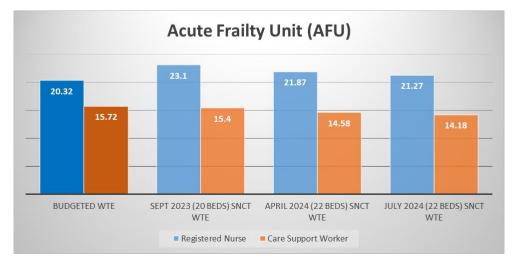
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The directorate should build a business case to encompass all of the wards, Ward Clerk requirements.

Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.

Acute Frailty Unit (AFU)

AFU is an 18 Frailty Admissions Ward with 2 assessment beds. However, due to the demand on Frailty beds the ward has been open at escalation since winter 23/24 at a total of 23 beds.



SNCT Data since establishment uplift in April 2023



The current staffing template for AFU (not including escalation beds):

	Early	Late	Night
RN	4	4	3
CSW	3	3	2
Nutritional Assistant		7 days 1.4 WTE	
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.38
5	14.94
3	1.76
2	12.56
2 Nutritional Assistant	1.4
2 Ward Clerk	0.60

Discussion and data pack

See appendix 6

The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment for the funded baseline beds (18+2). However, when open at 23 beds an additional RN and CSW is required on a night shift and CSW on the early shift.

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) indicate no changes to the establishment as a result of this data collection.

The directorate should build a business case to encompass all of the wards, Ward Clerk requirements.

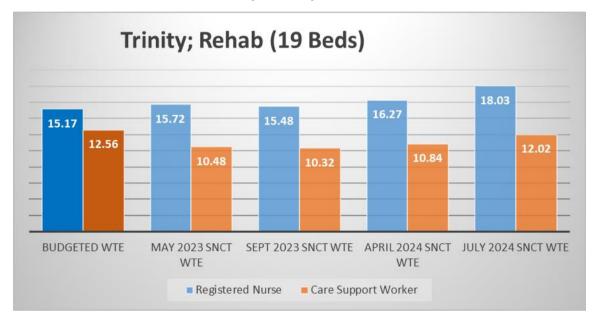
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Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.

Trinity

Trinity is a 19 bedded Rehab Ward, based within Ripon Hospital (off the main HDFT Hospital site).



SNCT Data since establishment uplift in April 2023

The current staffing template for Trinity

	Early	Late	Night
RN	3	3	2
CSW	3	2	2
RN		Early RN every Monday	(MDT)
MD		22.5 hours (0.6 W	TE)

Budgeted Skill Mix

Band	WTE
7	1.0
6	2.64
5	11.53
3	0.0



2	12.56
2 Nutritional Assistant	0.0
2 Ward Clerk	1.92

Discussion

See appendix 7

Recommendations

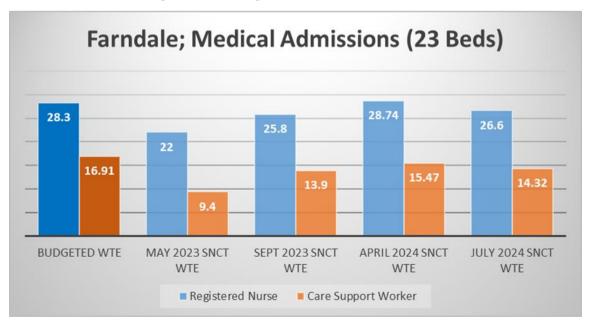
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Any unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.

Farndale

Farndale is a 23 bedded Medical Admissions ward.



SNCT Data and Changes in Nursing Establishment

The current staffing template for Farndale:

	Early	Late	Night
RN	5	5	5
CSW	3	3	3
Nutritional Assistant		7 days 1.4 WTE	
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	6.44
5	20.86
3	0.0
2	16.91
2 Nutritional Assistant	1.4
2 Ward Clerk	2.07

Discussion and data pack

See appendix 8

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.

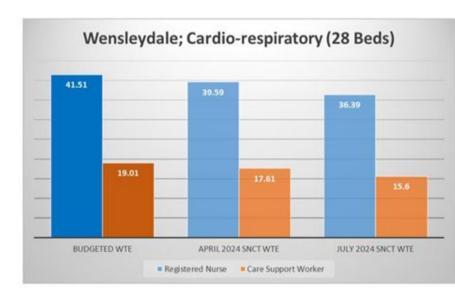
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Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in July 2024.



Wensleydale

This is a new Cardio-respiratory ward with MECU beds. This is the second SNCT data collection since the ward opened.



SNCT Data since New Ward Budget Set in April 2023

The current staffing template for Wensleydale:

	Early	Late	Night
RN	7	7	7
CSW	3	3	3
Nutritional Assistant		7 days 1.4 WTE	
MD		22.5 hours (0.6 W	TE)

Budgeted Skill Mix

Band	WTE
7	1
6	12.51
5	28.0
3	0.0
2	17.61
2 Nutritional Assistant	1.4
2 Ward Clerk	1.4

Discussion

See appendix 9



Recommendations

The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.

Any unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.

Rowan

Rowan is an Elective Orthopaedic ward with 16 beds. As highlighted by the SNCT results, the full bed capacity is not yet being utilised. However, each data collection indicates greater usage. There is a minimum baseline staffing requirement to maintain quality, safety and performance. Therefore the Budgeted establishment in not able to be changed, but can be flexed, using professional judgement by senior nursing colleagues as part of the daily safer staffing professional judgement redeployment.

SNCT Data since New Ward Budget Set in April 2023

Budgeted WTE and SNCT establishment data

Rowan's data identifies that their full bed occupancy has not been utilised across the 7 day week. This data collection identifies utilisation of 10.21 beds, which is an increase on the 9.12 beds in April 2024.

1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	May 2023	September 2023	April 2024	July 2024
Bed Occupancy	7.8	8.7	9.12	10.21

The staffing template (above) shows the current staffing for Rowan and allows for a maximum of 16 patients.



The current staffing template for Rowan:

	Early	Late	Night
RN	2	2	2
CSW	2	2	1
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.0
5	8.1
3	0.0
2	8.92
2 Nutritional Assistant	0.0
2 Ward Clerk	1.19

Discussion

See appendix 10

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.

Any unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required. It was agreed that Rowan would not recruit in to the remaining 2 WTE care support worker positions until activity increases. However, the budget and staffing template would remain the same.

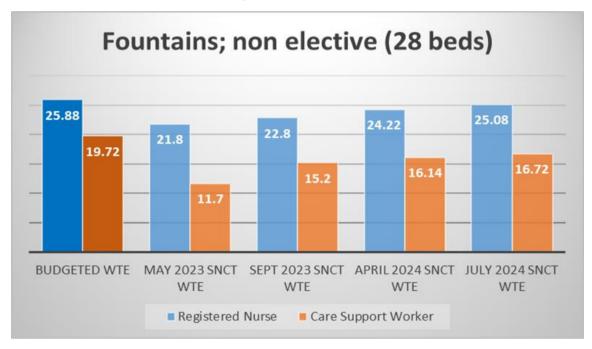
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.



Fountains

Fountains is a 28 bedded Trauma and Orthopaedics ward (Non elective).

SNCT Data since New Ward Budget Set in April 2023



The current staffing template for Fountains:

	Early	Late	Night
RN	5	5	4
CSW	4	3⁄4	3
Nutritional Assistant	7 days 1.0 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.0
5	21.88
3 Patient Liaison	1.0
3 CSW	0.0
2	18.45



2 Nutritional Assistant	1.0
2 Ward Clerk	1.0

Discussion and data pack

See appendix 11

Recommendations

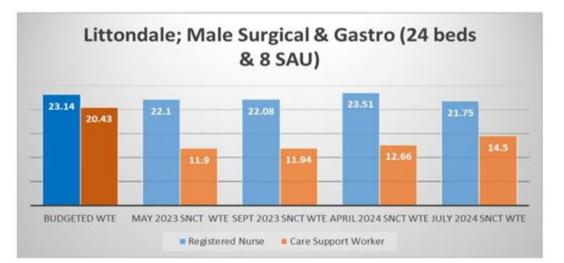
The SNCT data and triangulation supports the current funded nursing establishment and skill mix.

Any unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

Continue to collect bi annual SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.

Littondale

Littondale is a 24 bedded, male surgical and gastroenterology ward with a 8 bedded Surgical Assessment Unit.



SNCT Data since New Ward Budget Set in April 2023



The current staffing template for Littondale. This staffing model is for the 24 beds and the 8 beds in the Surgical Assessment Unit:

	Early	Late	Night
RN	5	5	3
CSW	4	4	3
Nutritional Assistant		7 days 1.0 WTE	
MD		22.5 hours (0.6 W	TE)

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.15
5	18.99
3 CSW	8.92
2	10.80
2 Nutritional Assistant	1.0
2 Ward Clerk	1.0

Discussion and data pack

See appendix 12

Recommendations

The SNCT data and triangulation supports moving Care Support Worker provision from Littondale to Nidderdale on the night shift.

Any unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

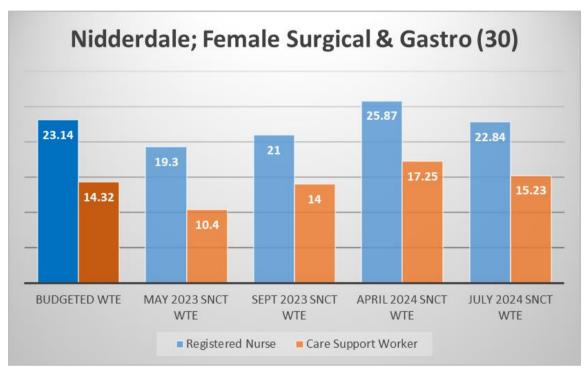
Continue to collect bi annual SNCT data, using the new levels of care SNCT tool. The next data collection will be in July 2024.



Nidderdale

Nidderdale is a 30 bedded female, multi specialist surgical ward.

SNCT Data since New Ward Budget Set in April 2023



The current staffing template for Nidderdale:

	Early	Late	Night
RN	5	5	3
CSW	3	3	2
Nutritional Assistant		7 days 1.0 WTE	
MD		22.5 hours (0.6 W	FE)

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	18.14
3	0.0
2	14.32
2 Nutritional Assistant	1.0
2 Ward Clerk	1.0



Discussion

See appendix 13

The SNCT data over the last three data collections consistently shows a deficit in registered nurse and care support worker WTE. This data has been triangulated with quality and performance data and professional judgement added. The outputs of these discussions have highlighted that there is a requirement to increase the RN and CSW establishment on a night shift.

The CSW will be moved from Littondale to Nidderdale for the Night shift, increasing the CSW establishment to 3. Following the next data collection, the directorate Tri will consider an increase on one RN on a night shift.

Recommendations

To consider increasing the RN and CSW requirements on a night shift. The CSW provision should be transferred from the Littondale establishment. The RN requirement will be monitored and confirmed at the next SNCT review meeting.

Any enhanced care requirements or unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron and professional judgement has been applied to the information within the system, a decision is made as to whether a staff redeployment should be undertaken or additional temporary workforce is required.

Continue to collect bi annual SNCT data, using the new levels of care SNCT tool. The next data collection will be in July 2024.

	Early	Late	Night
RN	5	5	4
CSW	3	3	3
Nutritional Assistant		7 days 1.0 WTE	
MD		22.5 hours (0.6 W	TE)

The recommended staffing template for Nidderdale:



Emergency Department

Background

Following a National Institute of Clinical Excellence (NICE) endorsed Safer Nursing Care Tool (SNCT) review in 2023, significant investment supported the recommended nurse staffing establishments within the Emergency Department. Therefore ensuring that HDFT are delivering "the right staff, with the right skills, in the right place at the right time" The National Quality Board (NQB) (2018) and addressing the quality, safety and performance issues and align to the overall trust strategy; best quality, safest care and great start in life.

The latest SNCT data collection took place in June 2024 with triangulation of the results with quality data and professional judgement in August 2024.

Department Description

The Emergency Department (ED) is open 24 hours a day, 7 days a week delivering unscheduled care for acutely ill/injured adults and children. The department consists of two areas (ED1 and ED2). ED1 manages those patients presenting with major medical conditions, ED2 manages patients presenting with Minor Illness and injuries.

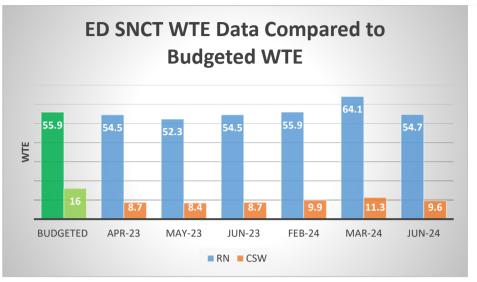
Management structure: The ED is led by a Triumvirate leadership structure consisting of a Clinical Lead, Service Manager and Matron. The matron is supported by 2 WTE Band 7 Department Managers who have 45 hours management time allocated per week. The workforce model ensures that there will be a band 7 Registered Nurse 'in charge' of each shift.

The NIC will consider staff experience, skill and competence when allocating staff to work areas, considering skill mix, workload, clinical priorities and patient dependency. The NIC is responsible for overseeing the team of Registered Nurses and Care Support Workers, ED reception clerks, patient flow in and out of the department (supported by a non-clinical patient flow coordinator and ED senior doctor: EPIC), and having an overview of patient acuity within the department. The NIC works closely with the EPIC and can escalate any concerns regarding prioritisation of patients to be seen. The NIC of each shift allocates staff to patient care areas on a shift basis:

- Streaming
- Triage
- Resuscitation room (2 enclosed cubicles and 1 curtained cubicle)
- Cubicle areas 1 -15 & ED2
- Fit 2 Sit
- YAS Rapid Initial Assessment Treatment

SNCT Raw Data





The current staffing template for the Emergency Department:

Area	Band	Early	Late	LD	Night
Nurse in	7	0	0	1	1
Charge/Staff Base					
Streaming	6	1	1	0	1
Streaming	6/5	0	0	1	1
Resus	6	0	0	1	1
Fit to Sit	5	0	0	1	1
Cubicles	5	1	1	2	3
Gynae & MH Room	5	1	1	0	1
YAS RIAT	5	0	0	1	1
YAS RIAT	3	0	0	1	1
Waiting Room RIAT	3/2	1	1	0	1
Cubicles	2	1	1	0	1

Budgeted Skill Mix

To note, the 6.0 wte band 2 CSW are in the process of being re-banded to band 3 due to an alignment of clinical skills and knowledge to the national job profiles.

Band	Budgeted	In Post	Vacancies
Band 7 Manager	2.0	2.0	0
Band 7 Clinical	5.35	5.35	0
Band 6 Clinical	12.4	12.4	0
Band 6 Practice Educator	1.8	1.8	0
Band 5	34.35	25.61	8.74
Band 3	10	6.73	3.27
Band 2	6.0	6.84	-0.84

Discussion



See appendix 14

Recommendations

The SNCT data and triangulation supports the current funded nursing establishment and skill mix.

Continue to collect bi annual SNCT data, using the new levels of care SNCT tool. The next data collection will be in January 2025.

Ensure effective rostering to meet the Key Performance Indicators and workforce model outlined in the Business Case.

Continue to strengthen the substantive workforce and reduce reliance on the temporary workforce with an aim of 'zero use' agency by the end of 2024.



Children and Young People; Woodlands Ward

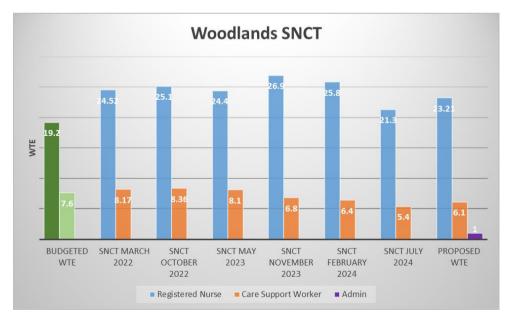
Background

Following a National Institute of Clinical Excellence (NICE) endorsed Safer Nursing Care Tool (SNCT) (2021) review, undertaken biannually. The scope for this SNCT data collection encompasses the Children and Young People inpatient ward. To note, there is another review of Children's and Young People inpatient services and pathways with the Emergency Department (ED). Specifically in relation to delivering "the right staff, with the right skills, in the right place at the right time" The National Quality Board (NQB) (2018). Therefore, the results of this review are awaiting triangulation with this additional piece of work.

Data was collected in July 2024 with triangulation of the results with quality data and professional judgement in September 2024.

Ward Description

Woodlands ward is a 16 bedded general paediatric ward admitting acute and elective medical and surgical patients. A Children's Assessment Unit (CAU) is situated within the ward which can flex the ward to a 22 bedded unit. The ward admits children and young people (CYP) from birth to 17 years old from various referral routes, general practice, emergency department, health visitors, outpatients, midwifes etc. The ward has 3 bays of 4 beds but one is the CAU and 10 side rooms, one of which acts as a high dependency unit (HDU). To note, since this data collection, there has been a Directorate change. Woodlands now sits within the PSC Directorate.



SNCT Raw Data



The current staffing template for Woodlands

Play Specialist	1.0 wte
Practice Education	0.2 wte
Admin	1.0 wte
Management Time	0.8 wte

Monday to Friday

	Early	Late	Night
RN	4	3	3
CSW	1	1	1

Saturday to Sunday

	Early	Late	Night
RN	3	3	3
CSW	1	1	1

Budgeted Skill Mix

	Budgeted WTE	Actual WTE	Vacancy
Band 7	1.0	1.0	0
Band 6	6.13	5.44	0.69
Band 5	12.14	9.91	2.23
Band 4	1.0	1.0	0
Band 3	0	0	0
Band 2	5.65	4.15	1.5
Band 2 ward clerk	1.0	1.0 LTS	0

Discussion

See appendix 15

Recommendations

The SNCT data and triangulation supports a slight increase in establishment. However, the actual requirement is still being worked through with the wider work being undertaken around the CAU and Children in ED workforce modelling.

Continue to collect bi annual SNCT data, using the SNCT tool. The next data collection will be in January 2025.

Ensure effective rostering to meet the Key Performance Indicators.

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Harrogate and District NHS Foundation Trust

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					Lascelles is a mixed sex was adults living with a variety of sclerosis. Parkinson's, mot	rd specialisin neurological	g in providing conditions su	inpatien ch as hea	t rehabilit d injuries,	ation for multiple	
Las	celles Safer No (SNC		Tool	10	sclerosis. Parkinson's, mot patients who have suffered s rehab available to the ward ha	trokes. As the	s is a rehabil	tation was	rd, the inte	insity of	
	July 2024 Dat	a Collection									
	1420-1				Patients on the ward often re delivery of their care needs. the patient's remain on La discharge planning. There w best interest meetings, disch input or care facility that is re	Due to the ci ascelles for	nce of two (c omplexity of t many month	e more) to the neurol s, which	ogical co creates	with the nditions, complex	
Matron: Tammy G Ward Manager: An					discharge planning. There w best interest meetings, disch	vill be a numl arge planning	ber of meetin meetings) to	gs require determin	e the leve	lanning. I of care	4
ADoN: Charly Gill					(District Norses, Continence for the required care package						
					admission.						
					Patient care is allocated by oversight of all patients and	the nurse in will support t	charge. The	nurse in personal	charge v	vill have	
and the second sec					of the patients.						
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							team	IDFT VP	HIF	Will sam	space and Dr
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					REGISTERED MURSES (Rends 4 - 5)						
1970	Current Roste	r Template			REGISTERED MUISES (Bands 4 - 5) (Includes qual Nurse Associates)		e.24 Nor.24 1				
urrent Staffing Template	4	r Template	ł			20.72 2	0.72 20.72 1	0.72 20.7 6.53 18.0	2 20.72	20.72 20. 18.81 20.0	72 20.7
Current Staffing Template 12 Bedded Ward	Early	Late	Night 2		(Includes quel Nurse Associates)	20.72 2 16.89 1 3.81	0.72 20.72 2	0.72 20.7	2 20.72 8 18.95 4 5.77		72 20.7 64 20.5 04 0.1
urrent Staffing Template 12 Bedded Ward Registered Nurse	4	-	Night 2 1		(Inclusive work House Associates) Budgetad Establishmant Staff in Part (as a not are month) Verterer (association) Beach (Castified (with PNL) OfCE Marke	20.72 2 16.89 1 3.83 0.00 0.00	0.72 30.72 3 6.89 18.49 3 1.83 2.33 0.00 0.00 1 1.00 0.00	0.72 30.7 6.53 38.0 4.19 2.6 0.00 0.0 0.00 1.0	2 20.72 8 18.95 4 5.77 0 0.00 0 0.00	18.81 20/ 1.91 0/ 2.00 0/ 0.00 0/	72 20.7 64 20.5 04 0.5 00 0.0
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2			(Inclusive qual Hurse Annoclates) Budgeted Establishment Staff in Post (or a col of processing) Vertices (process (or 1) Receip Qualified (with PMs)	20.72 2 16.89 1 3.83 0.00 0.00 0.00 0.00	0.72 30.72 3 6.89 58.89 1 585 2.23 0.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00	0.72 30.7 6.53 18.0 6.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1	2 20.72 8 18.95 4 5.77 0 0.00 0 0.00 0 0.00 3 0.13	18.81 20.4 1.91 0.4 2.00 0.4 0.00 0.4 0.00 0.4 0.13 0.5	72 20.7 64 30.5 04 0.5 00 0.0 00 0.0 00 0.0 13 0.5
urrent Staffing Template	Early 3	Late 2			(Inclusive work House Associates) Budgetad Establishmant Staff in Part (as a not are month) Verterer (association) Beach (Castified (with PNL) OfCE Marke	20.72 2 16.89 1 3.83 0.00 0.00 0.00 0.00	0.72 30.72 3 6.89 58.89 1 585 2.23 0.00 6.00 1.00 6.00 0.00 6.00 0.00 6.00 0.00 6.00 0.00 6.00 0.00 6.00	0.72 30.7 6.53 18.0 6.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0	30.72 18.95 18.95 19.97 0 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	18.81 20.4 1.91 0.4 2.00 0.4 0.00 0.4	72 20.7 64 30.5 04 0.5 00 0.0 00 0.0 00 0.0 13 0.3 00 0.0
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2		1	Beckness qual Norme Associates) Budgeted Establishment Staff in Peter you and a processin Vertices process with Normaly Qualified (with PH) General Reconstruction General Reconstructions To reverse	20.72 2 16.89 1 0.00 0.00 0.00 0.00 16.85 2	0.77 30.77 3 6.89 18.40 3 3.83 2.33 0.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 1.00 0.40 1.98 8.49 56.53 1	0.72 30.7 6.53 18.0 6.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1 0.55 0.0	2 20.72 8 18.95 4 5.77 0 0.00 0 0.00 0 0.00 3 0.13 0 0.00 5 18.41	18.81 201 1.91 0.0 2.00 0.0 0.00 0.0 0.13 0.1 0.00 0.0	72 30.7 64 30.5 00 0.0 00 0.0 00 0.0 13 0.5 00 0.0 55 30.4
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2		1	(Includes qual Norma Associates) Budgeted Establishment Staff in Party as and a present) Verlande (Soundhard (with PAR) Old Marca General Normalities) Tarmeet Normeet (or none science science) Martin Part (or a science science)	20.72 2 15.89 1 0.00 0.00 0.00 0.00 15.89 1 1.89	0.72 20.72 2 6.89 18.80 1 1.81 2.23 1 0.00 0.00 1 1.00 0.00 1 0.00 0.00 1 0.00 0.00	0.72 30.7 6.53 38.0 4.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1 0.55 0.0 8.06 38.9	2 20.72 8 18.95 4 5.77 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 10.00 0 0.00 0 0 0.00 0 0 0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18.81 264 1.91 04 2.00 04 0.00 04 0.00 04 0.13 05 0.00 04 20.48 205 0.04 04	77 20 7 64 30.5 04 0.1 00 0.0 00 0.0 13 0.1 00 0.0 13 0.1 14 0.0 15 30.4 17 0.8
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2		4	(Includes qual Norme Associates) Budgeted Establishment Staff in Path (an end of processit) Verlander Annuel and Association Verlander Annuel (and Path) Generation (Annuel (and Path) Generation (Annuel (and Path) Associated (Annuel (and Annuel Annuel Mathematic (and annuel annuel Mathabatic (March (and)	20.72 2 16.89 1 3.83 0.00 0.00 0.00 0.00 18.89 1 1.88 0.00	0.72 20.72 2 6.69 18.40 2 1.00 6.00 1 1.00 6.00 1 1.00 6.00 1 0.00 6.00 1 0.00 6.00 1 0.00 8.00 1 0.0	0.72 20.7 6.53 18.0 4.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1 0.55 0.0 8.08 18.9 2.44 1.7 0.00 0.0	2 20.77 8 28.95 0 0.00 0 0.00 0 0.00 0 0.00 5 28.81 7 1.99 0 0.00 1 10 1 1	18.81 264 1.91 04 2.00 04 0.00 04 0.00 04 0.13 05 0.00 04 20.48 205 0.04 04	77 20.7 64 30.5 00 0.0 00 0.0 00 0.0 13 0.1 00 0.0 55 30.4 17 0.8 00 0.0
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2			(Includes qual Norme Associates) Budgeted Establishment Staff in Path (an end of processit) Verlander Annuel and Association Verlander Annuel (and Path) Generation (Annuel (and Path) Generation (Annuel (and Path) Associated (Annuel (and Annuel Annuel Mathematic (and annuel annuel Mathematic (March (and)	20.72 2 16.89 1 3.83 0.00 0.00 0.00 0.00 18.89 1 1.88 0.00	0.72 20.72 2 0.84 1 3.88 2.33 0.00 0.00 0.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 5.94 3.84 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.72 20.7 6.53 18.0 4.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1 0.55 0.0 8.08 18.9 2.44 1.7 0.00 0.0	2 20.77 8 28.95 0 0.00 0 0.00 0 0.00 0 0.00 5 28.81 7 1.99 0 0.00 1 10 1 1	18.81 200 1.91 00 2.00 00 0.00 00 0.00 00 0.13 00 20.68 20 0.00 00 0.00 00 0.00 00	77 20.7 64 30.5 00 0.0 00 0.0 00 0.0 13 0.1 00 0.0 55 30.4 17 0.8 00 0.0
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2			(Includes qual Norme Associates) Budgeted Establishment Staff in Path (an end of processit) Verlander Annuel and Association Verlander Annuel (and Path) Generation (Annuel (and Path) Generation (Annuel (and Path) Associated (Annuel (and Annuel Annuel Mathematic (and annuel annuel Mathematic (March (and)	20.72 2 16.89 1 3.83 0.00 0.00 0.00 0.00 18.89 1 1.88 0.00	0.72 20.72 2 0.84 1 3.88 2.33 0.00 0.00 0.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 5.94 3.84 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.72 20.7 6.53 18.0 4.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1 0.55 0.0 8.08 18.9 2.44 1.7 0.00 0.0	2 20.77 8 28.95 0 0.00 0 0.00 0 0.00 0 0.00 5 28.81 7 1.99 0 0.00 1 10 1 1	18.81 200 1.91 00 2.00 00 0.00 00 0.00 00 0.13 00 20.68 20 0.00 00 0.00 00 0.00 00	77 20.7 64 20.5 64 0.5 00 0.0 00 0.0 00 0.0 13 0.1 00 0.0 55 30.4 17 0.8 00 0.0
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2			(Includes qual Norme Associates) Budgeted Establishment Staff in Path (an end of processit) Verlander Annuel and Association Verlander Annuel (and Path) Generation (Annuel (and Path) Generation (Annuel (and Path) Associated (Annuel (and Annuel Annuel Mathematic (and annuel annuel Mathematic (March (and)	20.72 2 16.89 1 3.83 0.00 0.00 0.00 0.00 18.89 1 1.88 0.00	0.72 20.72 2 0.84 1 3.88 2.33 0.00 0.00 0.00 1.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 5.94 3.84 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.72 20.7 6.53 18.0 4.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1 0.55 0.0 8.08 18.9 2.44 1.7 0.00 0.0	2 20.77 8 28.95 0 0.00 0 0.00 0 0.00 0 0.00 5 28.81 7 1.99 0 0.00 1 10 1 1	18.81 200 1.91 00 2.00 00 0.00 00 0.00 00 0.13 00 20.68 20 0.00 00 0.00 00 0.00 00	72 20.7 64 0.5 64 0.5 60 0.9 60 0.9 60 0.9 60 0.9 60 0.9 60 0.9 7 7 0.3 7 0.3 7 0.3
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2			(Includes qual Norme Associates) Budgeted Establishment Staff in Path (an end of processit) Verlander Annuel and Association Verlander Annuel (and Path) Generation (Annuel (and Path) Generation (Annuel (and Path) Associated (Annuel (and Annuel Annuel Mathematic (and annuel annuel Mathematic (March (and)	20.72 2 16.89 1 3.83 0.00 0.00 0.00 0.00 18.89 1 1.88 0.00	0.72 20.72 1 6.99 18.93 1 6.99 18.93 1 1.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00	0.72 20.7 6.53 18.0 4.19 2.6 0.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1 0.55 0.0 8.08 18.9 2.44 1.7 0.00 0.0	2 20.77 8 28.95 4 3.77 0 0.00 0 0.00 0 0.00 3 0.33 0 0.00 2 2.88 2 1.89 2 1.89 1 1.85 1 1.	18.81 200 1.91 00 2.00 00 0.00 00 0.00 00 0.13 00 20.68 20 0.00 00 0.00 00 0.00 00	77 20.7 64 30.5 60 0.1 70 0.0 00 0.0 00 0.0 00 0.0 00 0.0 13 0.3 0 0.0 13 0.3 0 0.0 13 0.3 13
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3	Late 2			(Includes qual Norme Association) Budgeted Establishment Market Establishment Market Samuel and Association Verlage about such Budgeted Establishment COCC Market General Beneralisten Market Beneralisten Market Destinations SAM (North Establishment SAM (North Samuel Samuel SAM (North Samuel Samuel SAM (North Samuel Samuel SAM (North Samuel Samuel SAM (North Samuel Samuel Samuel Samuel Samuel Samuel Samuel Samuel Samuel Samuel Samuel Samuel Samuel	20.7 2 15.90 3 0.00 0 0.00	0.77 20.77 2 6.97 3.849 5 6.97 4.849 5 0.00 6.00 5 0.00 6 0.00 6	0.72 90.7 6.53 14.0 6.13 26 0.00 0.0 0.00 0.0 1.00 0.0 0.00 0.1 0.00 0.1 0.00 0.1 2.64 1.7 0.00 0.0 2.64 1.7 0.00 0.0 0.00 0.00	2 20.37 8 28.55 4 5.77 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 1 0.00 1 1.00 1 1.	18.81 29. 1.91 01 2.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01 0.00 01	77 20.7 64 30.5 60 0.1 70 0.0 00 0.0 00 0.0 00 0.0 00 0.0 13 0.3 0 0.0 13 0.3 0 0.0 13 0.3 13
urrent Staffing Template 12 Bedded Ward Registered Nurse Care Support Worker	Early 3 2	Late 2	2		(Includes qual Norme Associates) Budgeted Establishment Staff in Path (an end of processit) Verlander Annuel and Association Verlander Annuel (and Path) Generation (Annuel (and Path) Generation (Annuel (and Path) Associated (Annuel (and Annuel Annuel Mathematic (and annuel annuel Mathematic (March (and)	20.77 2 15.80 1 15.10 0.00 0.00 0.00 15.80 1 15.90 0.00 15.80 1 15.90 0.00 15.80 1 15.90 15.9	0.72 30.72 5 689 1840 1 181 2.23 0 000 600 1 100 0.00 0 000 0.00 0 223 4.39 0 0.00 0.00 0 223 4.39 0 500 0 0.00 0.00 0 0.00	0.72 90.7 6.53 14.0 4.13 24.0 0.00 1.0 1.00 0.0 0.00 1.0 5.55 0.0 8.00 18.9 7.44 1.7 0.00 0.0 7.44 1.7 0.00 0.0 7.44 1.7 0.00 0.0 7.44 1.7 0.00 0.0 7.44 1.7 0.00 0.0 7.44 1.7 0.00 0.0 0.00 0.0 7.44 1.7 0.00 0.0 0.00 0.00	2 20.72 3 18.95 4 1.72 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 1 .000 1 .000 0 .0000 0 .000 0 .	18.81 20- 19.1 00 20.00 00 0.00 00	77 20.7 64 30.5 60 0.2 60 0.0 60 0
urrent Staffing Template 12 Bedded Ward Registered Nurse Care Support Worker	Early 3 2	Late 2	2		Beduleta guid Nore Annodites) Budgetad Extablishment Extal (Prest or and provide some) Vicinary Guideline (with PRG) OfCE Norma Research Recordstance Tarment Research Recordstance Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Research Resea	20.72 2 15.80 1 15.11 0.00 0.00 0.00 15.80 1 15.80 1 15.80 1 0.00 15.80 1 15.80 1 15.80 1 15.80 1 15.80 1 0.00 15.80 1 15.80 1 15	0.77 20.77 1 6.99 18.99 1 1.91 2.73 0 0.00 6.00 0 1.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00	0.72 30.7 4.53 14.0 4.13 26 3.00 4.0 0.00 1.0 1.00 0.0 0.00 0.1 0.05 0.0 0.00 0.0 2.44 1.7 0.00 0.0 2.44 1.7 CHP CHP	2 20.37 4 257 0 0.00 0 0.00	18.81 20- 19.1 00 20.00 00 0.00 00	77 20.7 64 30.5 60 0.2 60 0.0 60 0
urrent Staffing Template 12 Bedded Ward Registered Nurse Care Support Worker	Early 3 2	Late 2	2		Becknesse guid Norme Association) Beckgetzel Extrahistorient Table (Free Up in a strated provide) Verlange Zenet (Extrahistorient Verlange Zenet (Extrahistorient Office Association) Office Association Control (Second Control Control Control Verland Control (Second Control Control Control (Second Control (Second Control (Second Control Control (Second Control (Seco	20.7 2 15.80 1 16.1 0 0.00	0.77 20.77 1 609 18.09 1 181 2.71 0 00 0.00 0 100 0.00 0 000 0.00 0 000 0.00 0 000 0.00 0 100 0.00 0 000 0.00 0 100 0.00 0 100 0.00 0 100 0.00 0 100 0.00 0 1223 4.19 0 team taffing & NN NN NN NN NN NN NN NN NN N	0.72 30.7 6.53 18.0 4.13 2.6 0.00 0.00 0.00 0.1 0.00 0.1 0.00 0.1 0.00 0.1 0.00 0.1 0.00 0.1 0.00 0.0 0.00 0.1 0.00 0.0 0.00 0.1 0.00 0.0 0.00 0.00	2 20.37 9 19.95 1 277 0 0.060 0 0.000 0 0.000 0 0.000 1 2.000 7 1.000 7 1.0000 7 1.00000 7 1.00000 7 1.0000	18.81 201 191 01 200 01 0.00 01 0.0	77 20.7 64 30.5 60 0.1 70 0.0 00 0.0 00 0.0 00 0.0 00 0.0 13 0.3 0 0.0 13 0.3 0 0.0 13 0.3 13
urrent Staffing Template 12 Bedded Ward Registered Nurse Care Support Worker	Early 3 2	Late 2 2	2 1	No. 14 (no. 11 18.67 18.67	Beschelers qual Normer Association) Beschelers qual Normer Association) Beschelers (an a studie of personal) Versimer (and in personal) Versimer (and inpersonal) Versimer (and inpersonal) Versimer (and inperso	20.7 2 15.80 3 15.1 0.00 0	0.77 20.77 1 609 88.09 1 1.01 2.27 1 0.00 6.00 1 1.00 6.00 0 0.00	0.72 90.7 6.53 18.0 4.12 26 0.00 0.00 0.00 0.10 1.00 0.00 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.00 0.00 0.10 0.00	2 20.37 9 28.95 1 277 0 0.060 0 0.060 0 0.000 0 0.0000 0 0.000 0 0.0000 0 0.0000 0 0.0000 0	18.81 201 191 01 200 01 0.00 01 0.0	77 20.7 64 30.5 60 0.1 70 0.0 00 0.0 00 0.0 00 0.0 00 0.0 13 0.3 0 0.0 13 0.3 0 0.0 13 0.3 13
urrent Staffing Template 12 Bedded Ward Registered Nurse Care Support Worker	Early 3 2 er Vacancies 3 3 3 3 3 3 3 3 3 3 3 3 3	Late 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	non (* 1942) 28.67 19.99 19.66 174 220	Bedulates qual Norme Associates) Bedgeted Extendences Textmess provide to a studie provide some Textmess provide to a studie provide some Textmess provide to a studie to a studi	20.7 2 15.60 3 0.00 0	D77 2 20.77 1 Sep 3.849 Sep 3.843 Sep 3.84 Sep 3.843 Sep 3.84 S	0.72 90.7 6.53 18.0 4.19 2.6 0.00 0.00 0.00 0.10 1.00 0.00 0.00 0.11 0.55 0.0 8.00 18.0 1.00 0.00 0.00 0.11 0.55 0.0 0.00 0.01 0.55 0.0 0.00 0.01 0.00	2 20.37 3 28.95 1 277 0 0.060 0 0.060 0 0.000 0 0.0000 0 0.0000 0 0.0000 0 0.0000 0 0.0000	18.81 201 191 01 2.00 01 0.00 01 0.	77 20.7 64 30.5 60 0.1 70 0.0 00 0.0 00 0.0 00 0.0 00 0.0 13 0.3 0 0.0 13 0.3 0 0.0 13 0.3 13
urrent Staffing Template 12 Bedded Ward Registered Nurse Care Support Worker	Early 3 2 Pr Vacancies 51 (201)	Late 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Beschellen guid Norse Associated) Budgetad Earabitationaet Budgetad Earabitationaet Budgetad Earabitationaet Visionaet Jammin auto OriCol Name Associationaet Jammin auto Collectionaet Nationaet Jammin auto Staff on Reet Jam and Annue Annue Staff on Reet Jam and Annue Annue Staff on Reet Jam and Conner Breaks OMF (school guidente Keef) Materolity Lance and Conner Breaks OMF (school guidente Keef) Materolity School guidente Acurise Freiting Days Regard Faredale	Actual S	577 2077 1 689 849 1 11 221 1 000 600 1 100 600 0 000 600 0 000 600 0 000 600 0 100 600 0	0.72 30.7 4.53 18.0 4.13 2.6 3.00 0.0 0.00 1.0 1.00 0.0 0.00 0.1 0.05 0.0 0.00 0.1 0.05 0.0 0.00 0.1 0.05 0.0 0.00 0.00	2 20.37 8 18.25 1 49.25 1 49.25 1 49.25 0 0.00 0 0.00 0 0.00 1	28.81 29: 1.91 0: 2.06 0: 2.06 0: 0.00 0: 0	77 20.7 68 30.57 64 30.51 60 0.00 60 0.00 60 0.00 10 0.00 1
urrent Staffing Template 12 Bedded Ward Registered Nurse	Early 3 2 2 er Vacancies	Late 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Beckness qual Norme Associated) Budgeted Extension Budgeted Extension Market Extension Market Extension Normer General Recognition COLC Norme Nonether Decomposition Coll Norme Notes (Normer State Normer Notes (Normer State Normer Notes (Normer State Normer State No	Actual S	0.77 30.77 5 689 18.89 1 181 2.73 0 00 6.00 0 100 0.00 0 000 0.00 0 0.00 0.00	0.72 30.7 4.13 2.6 0.00 0.0 0.00 0.1 0.00 0.1 0.00 0.1 0.00 0.1 0.00 0.1 0.00 0.1 0.00 0.0 0.00 0.1 0.00 0.0 0.00 0.00	2 20.37 9 28.55 1 277 0 0.00 0 0.00 0 0.00 0 0.00 1 0.00 0 0.00 0 0.00 1 0.00 0 0.00 0 0.00 1 0.00 0 0.00 1 0.00 0 0.0	28.81 29: 19: 20: 20: 20: 20: 20: 20: 20: 20	77 20.7 68 30.57 64 30.51 60 0.00 60 0.00 60 0.00 10 0.00 1
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urrent Staffing Template 12 Bedded Ward Registered Nurse Care Support Worker	Early 3 2 2 2 2 2 2 2 2 2 2 2 2 2	Late 2 2 2 2 8 8 8 4 7 8 4 7 8 4 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 8 7 8 8 7 8 8 7 8 8 7 8 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 8 7 8 8 7 8 8 7 8 8 7 8 8 7 8 8 8 7 8 8 8 8 8 7 8	2 1 1 1 1 1 1 1 1 1 1 1 1 1	80 January 100 28.6.07 18.6.7 18.6.7 18.6.7 18.6.7 18.6.7 19.6.00 0.00 0.00 0.00 0.00 0.00 0.00 19.6.00 19.6.00 19.6.00 19.6.15 19.7.5 19	Beschellen guit Nicree Associated) Bedgeted Exterhistower Tahl (in Fere (un et and of processes) Victures Jonant eur) Rendy Cauditor (un et al.	Actual S	0.77 20.77 2 609 18.09 1 101 2.73 0 000 0.00 0 100 0.00 0 000 0.00 0 0.00 0.00	0.72 90.7 6.53 18.0 4.12 26 0.00 0.00 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.10 0.00 0.00 0.00 0.10 0.00 0.00 0.00 0.10 0.00	2 20.37 9 19.95 1 277 0 0.060 0 0.060 0 0.000 1 0.000 1 0.000 1 0.000 1 0.000 1 1.000 1 1.0000 1 1.0000 1 1.0000 1 1.0000 1 1.0000	18.81 29/ 191 0/ 200 0/ 000 0/ 0000 0/ 00000000	77 20.7 64 30.5 60 0.1 70 0.0 00 0.0 00 0.0 00 0.0 00 0.0 13 0.3 0 0.0 13 0.3 0 0.0 13 0.3 13
urrent Staffing Template 12 Bedded Ward Registered Nurse Care Support Worker	Early 3 2 2 ar Vacancies ar Vacancies 3 2 3 3 2 3 3 2 3 3 2 3 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	Late 2 2 2 2 3 3 3 3 3 4 3 4 3 4 4 3 4 4 4 4	2 1 1 1 1 1 1 1 1 1 1 1 1 1	54 January 14 54 January 15 54 January 15 55 Jan	Bescherken guit Nicree Association) Bedgetzel (zrakitalowani Tahl (e Fersel (un i uni del provins) Vicines Zenaritali Bescherken (uni Provins) Giffel Aurora Association (and the Arristical Tahl (the Bescherken (uni Provins) Association) (additional (addition) Association (addition) Association (addition) (a	Actual S 005 000 000 000 000 000 000 00	0.77 20.77 3 649 8.49 3 1.81 2.21 0 0.00 0.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.22 4.33 0 2.21 4.33 0 2.22 4.33 0 2.23 4.35 0 2.24 2.27 4.35 0.00 0.00 0.00 2.23 4.35 0 2.24 2.27 1.35 0.25 9.00 9.00 9.25 9.26 9.27 9.24 1.25 1.25 9.25 9.26 9.27 9.25 9.26 9.27 9.25 9.26 9.27 9.25 <td>0.72 90.7 6.53 18.0 4.12 2.6 0.00 0.00 0.00 0.10 1.00 0.00 0.00 0.11 0.55 0.0 8.00 18.0 1.00 0.00 0.00 0.11 0.55 0.0 0.00 0.01 0.55 0.0 0.00 0.00 0.00 0.01 0.55 0.0 0.00 0.00 0.00 0.01 0.55 0.0 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0</td> <td>2 20.37 3 28.95 4 1.97 0 0.060 0 0.060 0 0.060 3 0.03 3 0.33 0 0.00 3 0.33 3 0.33 0 0.00 3 0.03 3 0.33 3 0.03 3 0.03 5</td> <td>18.81 29.1 191 0.1 2.00 0.0 0.00 0.1 0.00 0.1 0.00</td> <td>77 20.7 68 30.57 64 30.51 60 0.00 60 0.00 60 0.00 10 0.00 1</td>	0.72 90.7 6.53 18.0 4.12 2.6 0.00 0.00 0.00 0.10 1.00 0.00 0.00 0.11 0.55 0.0 8.00 18.0 1.00 0.00 0.00 0.11 0.55 0.0 0.00 0.01 0.55 0.0 0.00 0.00 0.00 0.01 0.55 0.0 0.00 0.00 0.00 0.01 0.55 0.0 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0.01 0.00 0.00 0.00 0	2 20.37 3 28.95 4 1.97 0 0.060 0 0.060 0 0.060 3 0.03 3 0.33 0 0.00 3 0.33 3 0.33 0 0.00 3 0.03 3 0.33 3 0.03 3 0.03 5	18.81 29.1 191 0.1 2.00 0.0 0.00 0.1 0.00	77 20.7 68 30.57 64 30.51 60 0.00 60 0.00 60 0.00 10 0.00 1
urrent Staffing Template 12 Bedded Ward Registered Murse Care Support Worker are Support Worker ward of the Staffing Template ward of the Staffing Template the Staffing Template ward of the Staffing Template the Staffing Template	Early 3 2 2 ar Vacancies ar Vacancies 3 2 3 3 2 3 3 2 3 3 2 3 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	Laby 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2 1 1 1 1 1 1 1 1 1 1 1 1 1	54 January 14 54 January 15 54 January 15 55 Jan	Includes quel Norme Associated Bedgetief Establishment Mangetief Establishment Mangetief Establishment Mangetief Establishment Offic Norme General Descriptions Mangetief Descriptions Mangetief Descriptions Mangetief Descriptions Mangetief Descriptions Mangetief Descriptions Mangetief Descriptions Mangetief Descriptions Mangetief Descriptions Mangetief	Actual S	0.77 20.77 36.77 0.697 18.291 18.291 0.000 0.00 0.00 0.000 0.00 <td>10 22 30.7 10 23 10 23 10 23 10 23 10 33 10 33 10 33 10 3 10</td> <td>2 20.37 6 28.95 0 0.00 0 0.</td> <td>18.81 29. 191 91 91 200 81 0.00 91 0.00 91</td> <td>77 20.7 68 30.57 64 30.51 60 0.00 60 0.00 60 0.00 10 0.00 1</td>	10 22 30.7 10 23 10 23 10 23 10 23 10 33 10 33 10 33 10 3 10	2 20.37 6 28.95 0 0.00 0 0.	18.81 29. 191 91 91 200 81 0.00 91 0.00 91	77 20.7 68 30.57 64 30.51 60 0.00 60 0.00 60 0.00 10 0.00 1



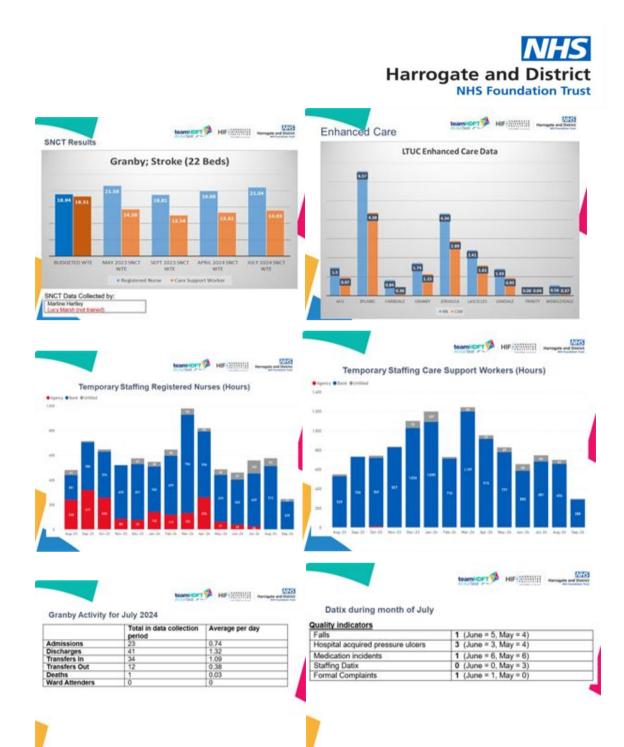


Deaths Ward Attenders

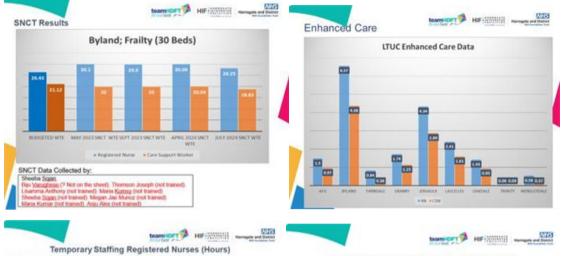
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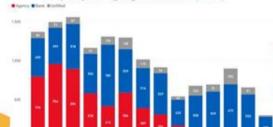
Falls	4 (June = 3, May = 2)
Hospital acquired pressure ulcers	1 (June = 3, May = 1)
Medication incidents	0 (June = 1, May = 2)
Staffing Datix	0 (June = 0, May = 0)
Formal Complaints	0 (June = 0, May = 0)

pendix 3					
	teamHC Atour best	HIF	Harrogate and District		teamstor A HiF
Gr	ranby Safer N (S	Nursing Care	e Tool	Granby (Sti Description of ward	troke & Neurology ward) 22 beds
	July 2024 D	ata Collecti	on	The cord is a '2' shaped cord. There are three the cord in modulations the left is a control behind	a performant and, in accounts particultures (in model to Specify their an uses of the address or general methods on balance large and have engineering the addression and so that the temperature to be the distribution for the final solution to addression addression address and the state of the temperature composition to the temperature of the solution to addression addression addression addression addression and propagation to the temperature of the solution to the solution of the solution
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Ward Manager: Ma	artine Hartley	12		The Second of the second is a chartering with regard	ne na incend, hav the time that Davily section exploratory used. In his presentation as after particle constitution incentively that is thin, then may be accession/had as existing to
ADoN: Charly Gill				machine and regardency of the partners on the	name, ang papanon. Mala namba adronala tagindan ta manda banya sinata patinita ada madradiana namba sama disanta ina disa mina an A la nambadi adalah manana midana ao mang apatra 2001 kan atrah masara anamal daris inati ina sinata.
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		ter rempres		REGISTERED NURSES (Bands 4 - 5) Onchedes qual Nurse Associated	
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22 Bedded Ward	Early	Late	Night	Matthin Post (as a real of processes) Variance (second last)	9.08 9.42 10.41 10.42 11.42 11.41 12.43 1 5.16 4.83 3.83 3.83 2.83 2.83 2.83 1.89
Registered Nurse	3	3	3	Newly Qualified (with PNI) OSCI Norve	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Care Support Worker	3	3	3	Several Recruitment	0.00 1.00 0.00 1.00 0.00 0.00 1.00 0.00 0
and a ship are rearried				and the second se	
648		Felder Freder MP	T	Turning of Manager of Sound, address of Sound	
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648	lay, Thursday and	Friday Early; MD	IT responsibilities.	Mattheward (Meanth Fred)	0.00 0.00 <th< td=""></th<>
648	lay, Thursday and	Friday Early; MD	IT responsibilities.	Mariff in Party (as a used of success month)	0.33 0.00 <th< th=""></th<>
648		Friday Early; MD	HIF (Staff in Port (pr and dramad sound) VARIANCE (Aburth Trad) Materianity (case and Carear Breaks SAP (uncare and carear break)	0.33 0.00 <th< td=""></th<>
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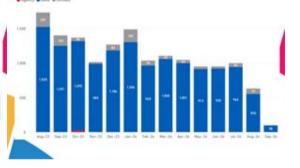


pendix 4									
	team			mogate and District			teamicer 3	HOP (200310)	Harrogate and D
	Adiquat	Ded -	PROTECT PRO	NOC Insendence Front	1	Syland (Frailt	v) 30 beds		
	Byland Safe	r Nursing Ca	re Tool		Byland ward is a 30 bedd				
		(SNCT)			There are four bays of siz			hich are en-so	uite.
	July 2024	4 Data Collec	tion		The ward is an "L" shape linen room, staff room, tr staff base and around the	eatment room an	nd two single roo	ms out of sigh	flice, kitchen at of the main
Matron: Jo Burn Ward Manager:		ese			The staff base is at the a the staffroom. There is a visible to the nurses' st	some visibility o tation. None of	f bay 1 and 2 and the bays have p	nd side rooms	2 and 3 an
ADoN: Charly G					The ward is led by an ex are also experienced Ban	perienced Ward	Manager and an	experienced 1	latron. Ther
					Due to the high number of falls, pressure ulcers CSW to support with the	and absconding	patients is high.	The ward req	rium, the ris pests a dail
		teamilter \$	HIF XXXXXX .	MITS terregate and Denter			team for the	HIF	Namagata and Date
	Current R	oster Templa	ate		Registered Nurse Va	cancies			
	ourientit	outer rempi			REGISTERED NURSES (Remits 4 - 3) Orcholes qual Prove Associates)	April May 28	Aur 24 - Au 24 - Aug	r24 top 24 Gid.	24 Marc24 Des
Current Staffing Templat	ie i				Bodgeted Existences	21.40 21.40 38.20 38.00		1.43 21.43 21. 1.09 22.98 23.	
30 Bedded Ward	Early	Late	Night	3	Variance (ment local	3.20 2.40	2.40 0.80 0	1.34 1.35 1.	40 3.55 3
Registered Nurse	5	5	4		Newly Continue (with PRI) OfCE Norme	1.00 0.00		1.00 0.00 L	
Care Support Worker	4	4	3		General Recolumn	8.90 0.00 8.00 8.00	1.00 0.00 1	1.00 1.00 0	6.00 6
					Management (see Array of Second Second Second	6.20 0.00	1.00 0.47 0	0.00 0.00 0	00 0.00 0
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					UNRADES (March End) Materially Laws and Carter Breaks	2.40 2.40		L95 2.43 3	1
					Matering Laure and Carter Breaks	5.40 1.00			27 0.36 2
		teamiddi'r 🕬	HIP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MICS terregate and Desites			beams iDit 1	HEF NUMBER	Remogate and Dear
	er Vacancies	5			Planned vs Ad	ctual Staffi	ng & CHPI	PD	
are Support Work	Apr 24 May	24 sec.24 sec.24 s	agit Septit Ter-	a and the st		Day RN CSW	Night RN CSW RN	CHPPD CSW Overa	
are Support Work	and the second s		19.73 29.72 15 18.21 29.00 16			nil (%) Fill (%) I	rational matternal		
are Support Work	19.72 19. 13.89 15.	83 3.35 2.35	1.51 0.77 6/ 0.00 0.00 5/	0.00 0.23	Acute Fraility Unit Byland	95% 322% 85% 101%	91% 133%		.4
are Support Work	13.89 15. 5.83 3.	and the second	0.00 0.00 0.0	00.0 0.00 0.00	Farndale Fountains	85% 104% 96% 98%	87% 103%		.5
are Support Work	13.89 15. 5.83 3. 0.00 0. 0.00 0.	00.0 00.0 00.0			Granby	92% 92%		3.3 3.5 6	.8
are Support Work	13.89 15 5.81 3 0.00 0. 0.00 0. 2.00 0.	00 0.00 0.00 00 0.00 0.00 52 2.00 1.00	0.96 0.00 1.0		(THOMPLE		1000		
are Support Work	13.85 15. 5.81 3. 0.00 0. 3.00 0. 3.00 0. 0.00 0.	00 0.00 0.00 00 0.00 0.00 52 2.00 1.00 00 0.00 0.00 00 1.00 0.00	0.96 0.00 11 0.17 0.17 01 0.00 0.00 51	17 0.17 0.17 00 0.00 0.00	ITU/HDU Jervisula	85% 58% 90% 112%	91% 139%		.a
are Support Work Units Index States Units Index States Units Index Index States Index Index Index Index Index Index Index	13.89 15. 5.81 3. 0.00 0. 3.00 0. 0.00 0. 0.00 0. 15.89 16.	00 0.00 0.00 00 0.00 0.00 52 2.00 1.00 00 0.00 0.00 00 1.00 0.00 00 1.00 0.00 41 17.41 18.21	0.96 0.00 1. 0.17 0.17 0. 0.00 0.00 5. 19.00 18.83 19.	17 0.17 0.17 00 0.00 0.00 06 19.49 19.32		85% 58% 90% 112% 95% 83% 100% 91%	91% 139% 96% 111%	3.3 3.7 7 4.1 3.3 7	
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are Support Work Constant Index Seconds Constant Index Seconds General Constant Cons	11.89 15 5.81 5. 0.00 0. 0.00 0. 2.00 0. 0.00 0. 0.00 0. 15.89 16. 4.00 1.	00 0.00 0.00 00 0.00 0.00 52 0.00 1.00 00 0.00 0.00 00 0.00 0.00 100 1.00 0.00 11 17.41 18.31	0.96 0.00 1. 0.17 0.17 0. 0.00 0.00 5. 19.00 38.83 19. 0.77 0.89 8.	17 0.17 0.17 00 0.00 0.00 66 19.49 39.32 96 0.23 0.40 66 0.40 0.40	Jervisula Lascelles Uttondale Matemity Nidderdale Gowan Special Care Baby Unit	85% 54% 90% 112% 95% 83% 100% 91% 83% 92% 96% 94% 97% 105% 103% 111%	91% 139% 96% 111% 96% 91% 93% 95% 102% 99% 95% 112% 96% 71% 100% 2	3.3 3.7 7 4.1 3.3 7 4.1 3.7 7 9.9 3.1 13 3.8 2.6 6 3.5 3.2 6 7.3 3.2 10 0.8 0.0 20	1 4 3 0 4 3 5 3
Care Support Work Control Instruction Control Instruction Control Instruction Control	11.89 15 5.81 5. 0.00 0. 0.00 0. 2.00 0. 0.00 0. 0.00 0. 15.89 16. 4.00 1.	00 0.00 0.00 00 0.00 0.00 52 2.00 1.00 00 0.00 0.00 00 0.00 0.00 00 1.00 0.00 17.42 18.33 00 0.00 0.00	0.96 0.00 1.1 0.17 0.17 0. 0.00 0.00 5. 19.00 38.80 16. 0.77 0.89 51 0.40 0.40 0.	17 0.17 0.17 00 0.00 0.00 66 19.49 39.32 96 0.23 0.40 66 0.40 0.40	Jervaule Laccelles Uttoodale Maternity Nidderdale Oaktale Rowan Special Care Baby Unit Trinity	85% 58% 90% 112% 95% 83% 10% 91% 83% 93% 95% 94% 97% 105% 111% 98% 111%	92% 139% 96% 91% 90% 90% 102% 99% 95% 112% 96% 71% 100% 2	3.3 3.7 7 4.1 3.3 7 4.1 3.7 7 9.9 3.1 13 3.8 2.6 6 3.5 3.2 6 7.3 3.2 10 0.8 0.0 20 3.2 3.1 6	1 4 3 0 4 3 5 0 1 1 1
are Support Work Units Index Deleted Sciences International International Index Deleted Sciences International Index Deleted Sciences International International Index Deleted Sciences International International Index Deleted Sciences International Int	11.89 15 5.81 5. 0.00 0. 0.00 0. 2.00 0. 0.00 0. 0.00 0. 15.89 16. 4.00 1.	00 0.00 0.00 00 0.00 0.00 52 2.00 1.00 00 0.00 0.00 00 0.00 0.00 00 1.00 0.00 17.42 18.33 00 0.00 0.00	0.96 0.00 1.1 0.17 0.17 0. 0.00 0.00 5. 19.00 38.80 16. 0.77 0.89 51 0.40 0.40 0.	17 0.17 0.17 00 0.00 0.00 66 19.49 39.32 96 0.23 0.40 66 0.40 0.40	Jervisula Lascelles Uttondale Matemity Nidderdale Gowan Special Care Baby Unit	85% 54% 90% 112% 95% 83% 100% 91% 83% 92% 96% 94% 97% 105% 103% 111%	91% 119% 96% 111% 96% 91% 90% 50% 101% 99% 96% 71% 100% 21% 96% 96% 111% 96% 96%	3.3 3.7 7 4.1 3.3 7 4.1 3.7 7 9.9 3.1 13 3.8 2.6 6 3.5 3.2 6 7.3 3.2 10 0.8 0.0 20 3.2 3.1 6 6.2 3.1 9 0.0 3.1 13	





Total in data collection period Temporary Staffing Care Support Workers (Hours)



Byland Activity for July 2024

Average per day

0.12
1.87
2.38
0.22

Datix during the month of July

Quality indicators

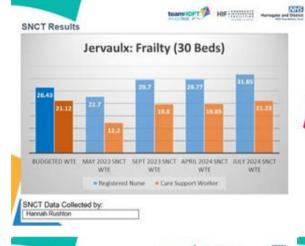
Falls	5 (June = 6, May = 7)
Hospital acquired pressure ulcers	14 (June = 22, May = 16)
Medication incidents	2 (June = 3, May = 4)
Staffing Datix	3 (June = 2, May = 1)
Formal Complaints	1 (June =1, May = 0)



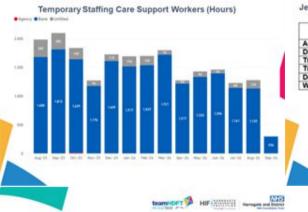
Admissions Discharges Transfers In Transfers Out Deaths Ward Attenders

Harrogate and District NHS Foundation Trust

Staffing Template Late Night 30 Bedded Ward Early Late Night 648 7.20 648 2.46 14.43	ppendix 5				_							
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<text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text>		teamH		335913	EXXII	Je	ervaulx (Fra	ilty) 30 b	eds			
<text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text>		Alcuster	10 mm	CLITCH MARINGHAM AND	Je				tere are	four bays o	of six an	d six
<text><text><text><text><text><text><text></text></text></text></text></text></text></text>	Je	(5	SNCT)		Th lin are tre	e ward is an "L" shape en room, staff room, an ound the corner from a atment room where the	d ward. Along nd two single r the main ward new Omnicell	the entry co ooms out of area. At th medication	f sight of e bottor	f the main s n of the wa	taff base and there	e and e is a
<text><text><text><text><text><text></text></text></text></text></text></text>	Matron: Jo Burns				Th	e staff base is at the a the single rooms 2 a	pex of the "L" and 3. None of	. Bay 1 and of the bays	2 are vi have pa	sible to the tient bathro	staff ba	se as lities,
<text><text><text><section-header></section-header></text></text></text>			son		Th	e ward is led by an	experienced 1		per and	Matron, th	ere are	also
<image/> <image/> <image/> <image/> <image/> <image/> <image/> <image/>	ADON: Charly Gil				ex	perienced Band 6 Ward	Sisters.					
<section-header></section-header>					C	W to support with the e	enhanced care	needs of pa	tients.			
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			Archarland, P. S.	Hilf Littling Hang	gate and Dystell Bill Installer Set	Registered Nurse	Vacancies					
		Current Re	oster Templa	te				dep24 - tur-24	- MARKA	1024 Sep.24	Datas a	w24 Dec D
Current Support Worker Late Night Night Registered Nurse 5 5 4 Care Support Worker 4 3 Weiter Support Worker 4 3						Resignment Extended on over	21.43					
Registered Nurse 5 5 4 Care Support Worker 4 3 Over Support Worker 0 <td>Current Staffing Template</td> <td></td> <td></td> <td>All of a</td> <td></td> <td>Variance (Munit Duris</td> <td>and the second se</td> <td>7.20 6.80</td> <td>2.40</td> <td>2.60 0.47</td> <td>1.46</td> <td>1.40 1.8</td>	Current Staffing Template			All of a		Variance (Munit Duris	and the second se	7.20 6.80	2.40	2.60 0.47	1.46	1.40 1.8
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						GAP (mining meaning losse)	8.20	7.80 1.80	1.00	1.47 0.46		
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Display Display <t< td=""><td>Care Support Work</td><td>er Vacancies</td><td>I.</td><td></td><td></td><td>Planned vs A</td><td>Actual Stat</td><td></td><td>HPP</td><td>D</td><td></td><td></td></t<>	Care Support Work	er Vacancies	I.			Planned vs A	Actual Stat		HPP	D		
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Market Registration COI 0.00 <td>Budgeted Establishment Staff in Part (as aland it your ment)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Fill (%) Fill (%)</td> <td>Fill(%) Fill</td> <td>(N)</td> <td>2042310/07/2014</td> <td></td> <td></td>	Budgeted Establishment Staff in Part (as aland it your ment)						Fill (%) Fill (%)	Fill(%) Fill	(N)	2042310/07/2014		
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Martin Provi 20/13		Contraction of the local division of the loc	40 6.00 6.00	0.36 0.36 0.56	0.56 0.56	ITU/HDU	85% 585	106%	26.9	3.2 30.5		
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Moderetale 90% 044 101% 90% 044 101% 90% 044 2.47 1.19 0.00 <th< td=""><td></td><td>Contraction of the</td><td>States in the second</td><td>223-2225-2005</td><td>States and the</td><td></td><td>100% 915</td><td>i 96% !</td><td>91% 4.1</td><td>3.7 7.8</td><td></td><td></td></th<>		Contraction of the	States in the second	223-2225-2005	States and the		100% 915	i 96% !	91% 4.1	3.7 7.8		
Special area and a special spec						Nidderdale	96% 949	101%	99% 1.8	2.6 6.4		
Trinity 845 101% 96% 96% 3.2 3.1 6.3 Weodlands 120% 83% 121% 6.2 3.1 6.3 Weodlands 98% 00% 94% 6.2 3.1 9.3						Rowan	103% 1119	96%	71% 7.3	3.2 10.5	1	
Woodlands 98% 90% 98% 94% 10.0 3.1 13.1	LNP (metaling harmonic) isologi	1.47 1	47 0.00 0.14	1.30 1.53 1.37	121 1.04	Trinity	84% 1017	6 96%	NN 3.2	3.1 6.3		
	1											
						Total	93% 98%	6 98% I	12% 4.9	3.5 8.4		



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Jervaulx Activity for July 2024

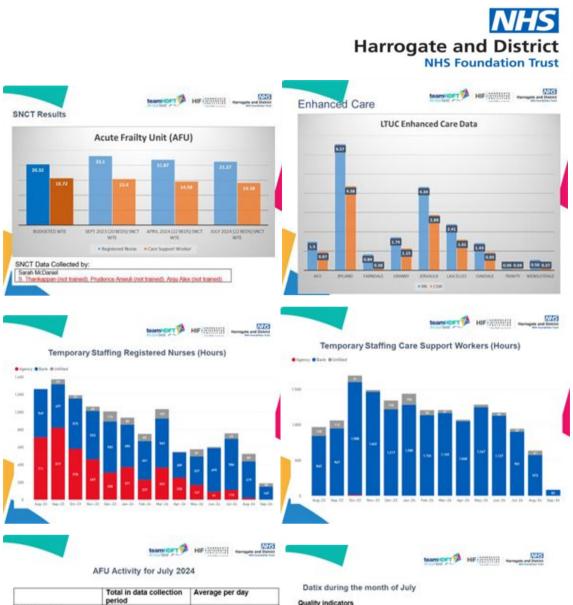
	Total in data collection period	Average per day
Admissions	1	0.03
Discharges	31	1
Transfers In	59	1.90
Transfers Out	19	0.61
Deaths	5	0.16
Ward Attenders	0	0

Datix during the month of July

Quality indicators

Falls	4 (June = 4, May = 5)	
Hospital acquired pressure ulcers	17 (June = 10, May = 9)	
Medication incidents	5 (June = 5, May = 8)	
Staffing Datix	0 (June = 1, May = 3)	
Formal Complaints	0 (June = 0, May = 0)	

Acute Frailt	ty Safer Nul (SNCT) 2024 Data C	a Belgerry		AFG			-	in the end	- H	- Jan	193 H	anopelu an	e Dayster
Acute Frailt July 2	ty Safer Nui (SNCT)	rsing Care		AFG	Reads Frankler II.								
July 2	(SNCT)	a Belgerry	Tool	A.FU 855	Acute Frailty Unit	(AFU)1	8 beds	2 ass	essm	ient b	eds		
July 2	(SNCT)	a Belgerry		855	U is an acute frailty admis	sions uni	t designe	d to be	18 beda	ded un	it with	2 frailty	to
	EVEN Data C	Jonection		AFL	essment beds. U has 3x bays can have up	to 4 pati	ents in e	ach but	very tic	sht due	to size	e so ke	*0
Matron: Jo Burns				3 p.	atients in 2x bays then 1x ms; used for infections p	4 to keep	numbers	of patie	nts at 1	18. The	ward	has 8 s	ide
madon. oo burns				war	ward is long, with side ro d. The ward also has 2x P	railty to a	issess be	ids for in	i essen	toe day	case ;	patient	ain s
Ward Manager: Sarah Mc	Daniel				t can be turned around fo mission to hospital	lowing th	eatment of	or Physi	otherap	ay inpu	it to pr	event	
ADoN: Charly Gill					wever, since winter 2023/2 d a total of 23 open beds (
				staf	ffing has been resources	through te	emporary	staffing	1.				
								Terrare I	-	ME	Nation		
	tean	HIF		an reading for				Alcurber	in'		CONTRACTOR OF		an Les
Curre	nt Roster	Template			Registered Nurse Va	cancie	5						
	in noster	rempiare			COTTERED NURDED (Names 4 - 5) schudes qual Name Associated								
cute Frailty Unit					idgeted Establishment	14.5	-	14.94	_	14.94	14.94	14.94	-
arrent Staffing Template : 8 Bedded Ward Early		Late	Night		aff in Part (as a and of previously) status (ments)	12.8		2.33	13.41	13.44	34.63	14.63	15.25
Registered Nurse 4		4	3		early Qualified (with PN)	0.0	and the second second	0.00	0.00	0.00	0.00	0.64	0.00
Care Support Worker 3		3	2		SCE Nurse manual Recordsment	0.0	and the second division of the second divisio	1.00	0.00	1.00	0.00	0.00	0.00
						9.9				0.00	0.00	0.00	
ALL ALL ALL AND THE PARTY AND A REAL AND A	1000					0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		ded constations	hade been 2		et majoriet i Stretchiet Million also general house, bekennel house	0.0	0 0.00	0.00	0.00	0.00	0.00	0.00	0.00
o note the April and July 2024 SN	NCT data inclu			ant wat	erninet Sector of Jac Sector Constraint and Plan Park (and and a sector sector)	0.0 1.0 11.8	0 0.00 0 1.10 0 12.61	0.00	0.00	0.00	0.00 0.00 14.61	0.00 0.00 15.25	0.00
o note the April and July 2024 SM tai). Following the September 202 iduced (removal of 1 RN each ni	NCT data inclu 23 SNCT data ight shift). This	collection, the s staffing temp	RN establishm late (shown al	entwas bove) is	ernand Internation off for Paul (on a single of same source) MANNER (Showshi Kudi)	0.0	0 0.00 0 1.10 0 12.61	0.00	0.00	0.00	0.00	0.00	0.00 0.00 15.25 0.81
o note the April and July 2024 SM tai). Following the September 202 duced (removal of 1 RN each ni r 18 beds and 2 assessment beds	NCT data inclu 23 SNCT data ight shift). This s (20). Therefo	collection, the s staffing temp re, when escal	RN establishm late (shown al	entwas bove) is	erninet Sector of Jac Sector Constraint and Plan Park (and and a sector sector)	0.0 1.0 11.8	0 0.00 0 1.10 0 12.61	0.00	0.00	0.00	0.00 0.00 14.61	0.00 0.00 15.25	0.00
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o note the April and July 2024 SM tai). Following the September 202 duced (removal of 1 RN each ni r 18 beds and 2 assessment beds	NCT data inclu 23 SNCT data ight shift). This s (20). Therefo	collection, the s staffing temp re, when escal	RN establishm late (shown al	entwas bove) is	ensated (ensated (in a strap of the strap (if is Part (in a strap of causes of strands)) MANCE (March 1 rul) (if is not the strap of the strap o	and 10 10 11 10 10 10 10 10 10 10 10 10 10 1	0 0.00 0 5150 0 52.83 0 0.00 0 0.00 8 2.33	0.00 13.61 1.80 0.00 1.30	0.00	0.00 34.43 0.00 0.33	0.00 0.00 14.41 0.00 0.10	0.00 15.25 0.00 0.00 0.00	0.00 15.25 0.33 0.00
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anote the April and July 2024 SM tai). Following the September 2024 duced (removal of 1 RN each ri additional RN and CSW resource additional RN and CSW resource setting of the Section Sectio	NCT data inclu 23 SINCT data inclus: s (20). Therefo ce is required. ncies 12 34.12 54.3 13.92 13.4 13.92 13.4 13.93 13.4 13.94 13.4 14.94 13.4 14.94 14.4 15.94 14.4 15.94 15.4 15.95 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.55 15.	Land Control C	RN establishm late (shown al ation beds are stored outs 14.32 54.32 14.32 54.32	ent was bove) is opened	Present () () () () () () () () () ()	Ctual 000 000 000 000 000 000 000 0	0 0.00 0 1.10 0 22.41 4 2.31 0 0.000 4 2.32 5 Califi cswv rstr(th) 1222%	0.00 13.41 1.97 0.00 1.33 1.33 1.33 1.33 1.33 1.33 1.33	0.00 1141 1.31 0.00 1.31 1.31 CCHI Market 1.33 0.00 1.33 1.33	0.00 0.00 14.41 0.31 0.00 0.31 0.00 0.31 0.33 0.00 0.33 0.00 0.33 0.00 0.33 0.00 0.33 0.00	0.00 0.00 14.51 0.00	0.00 0.00 15.23 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	0.00 15.25 0.33 0.00
anote the April and July 2024 SM tai). Following the September 2020 duced (removal of 1 RN each ni r 18 beds and 2 assessment beds additional RN and CSW resource and CSW resour	NCT data inclu 23 SINCT data inclu 23 SINCT data (20) Therefore (20) Therefore (2	collection, the s staffing temp re, when escal 2 44.32 2 44.32 2 13.78 3 70 0 0.00 0 0.00 0 0.00	RN establishm late (shown al ation beds are 1000000 atom 1400000 atom 1400000 atom 140000 atom 14000 atom 1400000 atom 140000 atom 14000000000000000000000000000000000000	ent was bove) is opened a present book 14.33 14.12 13.86 13.54 14.32 14.12 13.86 13.54 14.30 13.54 14.30 13.54 13.56 13.54 13.56 13.54 13.56 13.54 13.56 13.54 13.56 13.55 13.55 13.56 13.55 13	Present () Provide and Carter Brack () Provide and Carter Brack () Provide and Carter Brack () Planned vs A Planned vs A Ward Acute Fraility Unit Byland Familia Granby	Ctual	0 0.00 0 1241 0 1241 4 2.30 0 0.00 4 2.30 0 0.00 4 2.30 0 0.00 1241 1241 10 10 10 10 10 10 10 10 10 10 10 10 10	0.00 1141 139 0.00 1.31 0.00 1.33 0.00 1.35 0	0.00) 1141 1.131 0.00) 1.131 1.131 CCHI V A csw rift(N) 1.232 0.001 1.131	0.00 0.00 3441 0.00	0.00 0.00 14.61 0.00	0.00 0.00 15.21 0.00 0.31 0.00 0.31 0.00 0.31 0.00 0.31	0.00 15.25 0.33 0.00
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anote the April and July 2024 SM tai). Following the September 200 duced (removal of 1 RN each ni r 18 beds and 2 assessment beds additional RN and CSW resource and ditional RN and RN	NCT data inclu 23 SNCT data inclu 23 SNCT data (20) Therefore (20)	Collection, the staffing temp re, when escal	RN establishm late (shown al ation beds are seen beds are	ent was bove) is opened	reserved In the Law and Concertments Decemp Laws and Concertments Planned vs A Planned vs A Ward Acute Frailing Unit Ferniale Ferniale Ferniale Ferniale Ferniale Control Utionslate Utionslate Maternity Notdeerdate Cakitale Rowan	000 000 118 118 118 118 118 118 118 118	0 0.00 0 1204 0 1204 0 0 1204 0 0 1204 0 0 0.00 0 1204 0 0 0.00 0 0.00 0 1204 0 0 0.00 0 0.00 0 1204 0 0 0.00 0 0 1204 0 0 0.00 0 0 1204 0 0 0.00 0 0 1204 0 0 0 0.00 0 0 1204 0 0 0 0.00 0 0 1204 0 0 0 0.00 0 0 0.00 0 0 0 0 0 0 0 0 0 0	0.00 E1442 1.33 0.00 1.33 0.00 1.33 0.00 1.33 0.00 1.33 0.00 1.33 0.00 1.33 0.00 1.33 0.00 1.33 0.00	000 13.41 1.33 0.00 1.31 1.31 0.00 1.31 1.31 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.31 0.00 0.00 1.31 1.32 1.35 1	0.00 0.00	0.00 0.00	0.00 0.00 15.25 0.00 0.31 0.00 0.31 0.31 0.31 0.31 0.31	0.00 15.25 0.33 0.00
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anote the April and July 2024 SM tai). Following the September 200 duced (removal of 1 RN each ni r 18 beds and 2 assessment beds additional RN and CSW resource and ditional RN and CSW resource and for a state of per sector and here a duce and per sector and here a duce a duce a duce a duce and here a duce a duce a duce a duce and here a duce a duce a duce a duce and here a duce a duce a duce a duce and here a duce a duce a duce a duce and here a duce a duce a duce a duce and here a duce a duce a duce a duce and here a duce a duce a duce a duce a duce and here a duce a duce a duce a duce a duce a duce a duce a duce a duce	NCT data inclu 23 SNCT data inclu 23 SNCT data (20) Therefo ce is required. (20) Therefo ce is required	Collection, the staffing temp re, when escal	RN establishm late (shown al ation beds are seen beds are	ent was bove) is opened	reserved of the Tool Concernent of Concernent of Concernent Concernent of Concernent	00000000000000000000000000000000000000	0 0.00 0 1244 4 2.43 4 2.43 5 2.25 5	0.00 1.1.42 1.33 0.00 1.33 1.35	000 1141 1.31 0.00 1.31 1.31 0.00 1.31 1.31 0.00 1.31 0.00 0.00 1.31 0.000 0.00 0.00 0.00 0.0000 0.0000 0.000 0.000 0.000 0.0000 0.0000 0.00	0.00 0.00	0.00 0.00	0.00 0.00 0.15.22 0.13 0.13 0.13 0.13 0.13 0.13 0.13 0.13	0.00 15.25 0.33 0.00



	Total in data collection period	Average per day
sions	177	5.70

Admissions	177	5.70	
Discharges	73	2.35	
Transfers In	30	0.96	
Transfers Out	86	2.77	-
Deaths	8	0.25	
Ward Attenders	1	0.03	

Jual	ity i	ndi	cat	ors	

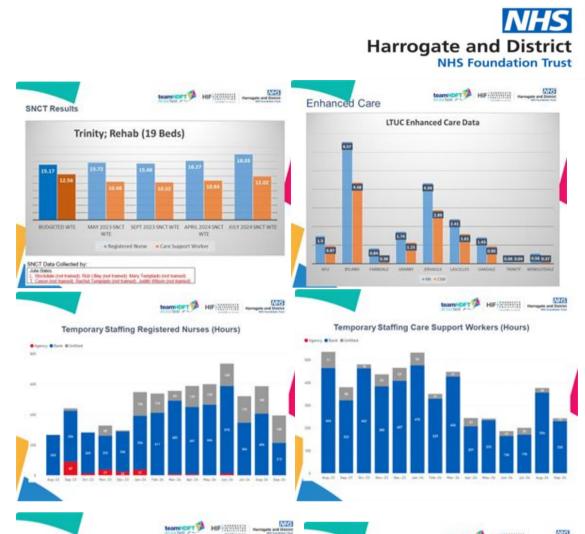
Falls	2 (June = 15, May = 7)	
Hospital acquired pressure ulcers	8 (June = 2, May = 7)	
Medication incidents	5 (June = 5, May = 3)	
Staffing Datix	4 (June = 1, May = 0)	-
Formal Complaints	0 (June = 1, May = 0)	



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Harrogate and District NHS Foundation Trust

pendix 7											
						team	HDFT	HIF	CORNEL OF	Harrog	and and
			MIS NO		nity (Reha	ib) 19 b	eds				
	team	PFT P HIF	Harrogate and District	Description of Ward Trinity Ward is a 19 bedded	elderly rehal	ditation v	ward w	th 2 pall	ative	care be	eds
				included in this number. The ward is located within R							
T		Nursing Care	Tool	at the Ripon site.							
		SNCT) Data Collecti	on	The layout of the ward cons male bay, a 9 bedded female also a pallative care area co historic nature of the buildin	ists 1x7 bed bay and 1 s ontaining 1 b g not all the	ded male ide room ed that ca beds are	bay an locater an be m visible	d a side d in the f tale or fe from th	emale male. e nurs	bay. T Due to es stat	f in th here o the tion
				which is located at the entra The ward also has a day roo MOT and other meetings. Th			is also	used as	a mee	ting ro	om fe
Matron: Jo Burns				MOT and other meetings. The The ward is predominantly r	urse led wit	h medical	or pate I cover	provided	taff us d by a	consul	Itant.
Ward Manager: Ju ADoN: Charly Gill				The ward is predominantly n ACP's and GPs. ACPs visit an ACP visit on a Wednesda ward and these visit Monday site co-ordinator role.	Monday and iy when the r r. Wednesda	Friday m main MDT ry and Frid	orning is held day. Th	and a fra 1. 2 local e Ward 1	iltý co GPs (nanag	covert er also	the has
				Enhanced care is generally confused patients are exclu- exits and the close proximit	y of the ward	to the ro	ad.				
				Length of stay on the ward of patient needs. Patients who of 2 people to mobilise. We	can be from come to Tri are also inv	3 days to nity usual ofved in m	weeks By required	dependi lire a mir implex d	ng on himum lischar	the ind of ass ge pro	lividu ustan cess
			HE WILL BERNE			team t	-	HIF	- 100	-	NITS:
1612	Current Re	ster Templa	to	Registered Nurse Vaca	ncies						
		ater rempia		REGISTERED NUMBER (Bands 8 - 5)	Apr.24 Mar 2		-	-			
Current Staffing Template	1			(Includes used Name Associates)				11.5			
19 Bedded Ward										11.11.2	
to because theirs	Early	Late	Night	Budgeled Establishment Staff in Part (or a sol of previously	13.50 11.5 6.33 7.3	12 7.33	11.53	9.33 10.1	30.3	0 38.9	5 11
Registered Nurse	Early 3	Late 3	Night 2	Bullgerind Excellences Mail: In Part (or a solid previous) Variante (mail: Lar) Namin (mail: Lar)	6.33 7.3 3.30 6.2	11 P.33 0 4.30	4.30 3.20	9.33 10.1	0 30.3	10 10.3 10 1.2	5 11 0 0
			Night 2 2	Budgeter (Englishedenaar Staff in Peet (on east of prevented) Variante providing) Astroly Qualified (with Proj CVCE Prove	6.33 7.3 9.30 8.2 0.00 0.0 1.00 0.0	13 7.33 10 4.30 10 0.00 10 0.00	8.33 3.20 0.00 0.00	9.33 30. 2.20 1.) 0.00 0.0 1.00 0.0	13 30.3 10 1.4 10 0.4 10 0.4	13 35.3 89 1.3 89 0.7 89 0.0	5 11 0 0 7 0 0 0
Registered Nurse	3	3	Night 2 2	Bungsstad Carlandschunder Haaff in Peak (an or ned of processonik) Warlands (gewanth haar) Marachy Goostifiched (with PMI) GOER Norse General Restructionest Tartmanis	6.33 7.3 1.30 4.2 0.00 0.0	13 7.33 10 4.30 10 0.00 10 0.00 10 1.00	8.33 8.20 6.00 8.00 1.00	9.33 30.3 2.30 1.3 0.00 0.0	 30.3 10 1.3 10 10.3 10 10.4 10.4	13 30.3 10 1.2 10 0.7 10 0.0 10 0.0	13 13 0 6 7 6 0 6
Registered Nurse Care Support Worker	3	3 2	Night 2 2	Budgened Erstationen Hard im Andel Jone and demension Verlander providing in an out a generation Verlander providing (such Phil) COLE Network Generation Rescutationen Furthermoni Antonimient (such angel frame, such as an Antonimient (such angel frame, such as an and an antonimient (such as an and such as an an antonimient (such as an and such as an an antonimient (such as an and such as an an antonimient (such as an an an an an an an an an an an an an a	6.13 73 5.30 42 0.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0	13 7.33 10 4.30 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00	8.13 5.20 6.00 5.00 1.00 6.00 6.00	9.33 10.1 2.36 1.3 0.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0	13 10.3 10 1.3 10 0.3 10 0.3 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4	10 55.3 10 1.9 10 0.7 10 0.9 10 0.	
Registered Nurse Care Support Worker	3	3 2	Night 2 2	Budgened Erstationnen Hardin Reich jewannt angeweinnen Verlander promitik konj Narwly Oberland (sector Phil) ODE Nervie General Rescuttment Forstweit Mehrennent pie der einer sinder sonder Saff for Paiel (sie an einer sinder sonder	6.33 7.3 5.30 4.2 0.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 7.33 7.5	7.33 9 4.30 00 6.00 00 6.00 00 1.00 00 0.00 00 0.00 00 0.00 00 0.00 00 0.00 00 0.00 00 0.00 00 0.00	8.13 5.20 6.00 5.00 1.00 6.00 6.00	9.33 10. 2.20 1.) 0.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0	13 10.3 10 1.3 10 0.3 10 0.5 10 0.	10 55.3 10 1.9 10 0.7 10 0.9 10 0.	13 13 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker	3	3 2	Night 2 2	VARIANCE (March End)	6.33 7.3 5.20 4.2 5.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 7.33 7.3 4.29 4.2	11 7.13 15 4.20 16 0.00 17 0.00 18 0.00 19 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 8.33 10 8.39	8.13 5.20 6.00 5.00 1.00 6.00 6.00	9.33 10.3 2.20 1.3 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.33 10.3 1.89 1.4	10 100 10 100 10 000 10 000	13 35.3 10 1.3 10 0.7 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 11.0 1.0 11.0 0.4	13 11 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse	3	3 2	Night 2 2		6.33 7.3 5.30 4.2 0.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 7.33 7.5	11 7.13 15 4.20 16 0.00 17 0.00 18 0.00 19 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 8.33 10 8.39	8.13 5.20 6.00 5.00 1.00 6.00 6.00	9.33 10. 2.20 1.) 0.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0	10 100 10 100 10 000 10 000	10 55.3 10 1.9 10 0.7 10 0.9 10 0.	
Registered Nurse Care Support Worker	3	3 2	Night 2 2	VARIANCE (March End)	6.33 7.3 5.20 4.2 5.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 7.33 7.3 4.29 4.2	11 7.13 15 4.20 16 0.00 17 0.00 18 0.00 19 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 8.33 10 8.39	8.13 5.20 6.00 5.00 1.00 6.00 6.00	9.33 10.3 2.20 1.3 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.33 10.3 1.89 1.4	10 100 10 100 10 000 10 000	13 35.3 10 1.3 10 0.7 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 10 0.9 11.0 1.0 11.0 0.4	13 11 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker	3	3 2	2 2	VARIANCE (March End)	6.33 7.3 5.20 4.2 5.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 7.33 7.3 4.29 4.2	1 7.3 6.20 0.20 0.00 0	1.11 1.27 0.00 0.00 1.00 0.00 1.00 1.00 1.00 7.33 1.00 7.20	9.33 10.1 2.20 1.3 0.00 0.0 0.00 0.00	11 10.5 11 10.5 12 0.2 13 0.2 14 0.2 15 10.5 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 17 1.6 18 1.6 19 1.2 10 1.4 10 1.4 10 1.4	10 53.3 10 5.3 10 5.3 10 5.3 10 0.3 10 0.3 10 0.3 10 0.3 11 0 10 0.4 10 0.4	
Registered Nurse Care Support Worker	3	3 2	Night 2 2	VARIANCE (Munich Envi) Meteoricly Lawer and Exerce Breaks GdP (mining namoning trans)	6.33 72 537 82 10,00 04 0,00 04 0,00 04 0,00 04 0,00 04 1,33 72 4,40 42 0,00 00 4,33 72 4,40 42 0,00 00	1 7.3 0 6.3 0 0 0.0 0 0 0	4.11 1.22 0.00 0.00 0.00 0.00 0.00 0.00 1.00 1.00 1.20 1.20 1.20	4.33 10. 3.30 1.3 0.00 0.0 0.00 0.00	11 10.5 11 10.5 12 0.2 13 0.2 14 0.2 15 10.5 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 17 1.6 18 1.6 19 1.2 10 1.4 10 1.4 10 1.4	10 53.3 10 5.3 10 5.3 10 5.3 10 0.3 10 0.3 10 0.3 10 0.3 11 0 10 0.4 10 0.4	5 31 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1	3 2 ИОТ	2 2	VARIANCE (March End)	6.33 72 537 82 10,00 04 0,00 04 0,00 04 0,00 04 0,00 04 1,33 72 4,40 42 0,00 00 4,33 72 4,40 42 0,00 00	1 7.3 0 6.3 0 0 0.0 0 0 0	4.11 1.22 0.00 0.00 0.00 0.00 0.00 0.00 1.00 1.00 1.20 1.20 1.20	4.33 10. 3.30 1.3 0.00 0.0 0.00 0.00	11 10.5 11 10.5 12 0.2 13 0.2 14 0.2 15 10.5 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 17 1.6 18 1.6 19 1.2 10 1.4 10 1.4 10 1.4	10 53.3 10 5.3 10 5.3 10 5.3 10 0.3 10 0.3 10 0.3 10 0.3 11 0 10 0.4 10 0.4	5 31 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1	3 2 ИОТ	2 2	VARIANCE (Munich Envi) Meteoricly Lawer and Exerce Breaks GdP (mining namoning trans)	4.33 72 137 42 137 42 100 04 000 04 000 04 000 04 000 04 100 04 000 04 100 0000000000	11 7.33 0 4.30 0 0.00 0 0.0	4.10 1.27 0.00 0.00 0.00 1.00 0.00 1.00	4.33 10. 3.30 1.3 0.00 0.0 0.00 0.00	11 10.5 11 10.5 12 0.2 13 0.2 14 0.2 15 10.5 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 16 0.6 17 1.6 18 1.6 19 1.2 10 1.4 10 1.4 10 1.4	10 53.3 10 5.3 10 5.3 10 5.3 10 0.3 10 0.3 10 0.3 10 0.3 11 0 10 0.4 10 0.4	3 11 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1	3 2 MOT Seame COT 1	2 2	VARXAVE (Mueris Fang) Material (Lenes And Career Results Add (Science and Career Results) Material (Science Results) Material (Science Results) Material (Science Results)	6.13 72 127 42 100 00 000 00 00	13 7.33 0 4.20 0 0.00 0 0.0	111 122 000 000 000 000 000 000	10 10	13 103 10 13 10 13 10 0 05 10 0 10 0 10 10 0 10 0 1	2 553 8 59 8 59	3 11 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1 er Vacancies	3 2 WDT	2 2 2 HF 1000000 Marcola Marcola Marcola 22.56 22.56 22.56 22.56 22.56 23.55 23.64 11.277 11.29 13.59 13.57	VARXAUE (Munich Stad) Materialy (seare And Green Norwal) Materialy (seare And Green Norwal) Materialy (seare And Green Norwal) Material Stades (Stades)	6.13 72 527 42 500 64 100 64 0.00 00 7.13 73 4.20 42 0.00 00 7.13 73 4.20 42 4.20 42 4	13 7.33 0 4.30 0 0.00 0 0.0	4.13 1.22 0.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00 1.00 1.00 1.00 0.00 1.00 0.00 1.00 0.00	10 10	13 103 10 13 10 13 10 0 00 10 000	2) 253 20 523 20 52 20 60 20 00 20 0 20 00 20 00 2	3 11 0 0 7 0 0 0 0 0 0 0 0 0 0 0 5 11 8 0 1 1 8 1 1 1 8 1 1 1 1 8 1 1 1 1 1 1 1 1
Registered Nurse Care Support Worker	3 3 Wednesday for I er Vacancies	3 2 MOT 5000000000000000000000000000000000000		VARIANCE (Movers Faul) Materialy (Lower And Crease Norods Add Sciences and Crease Norods Add Sciences Norods Planned vs Acc Ward Accele Frailing Unit Byland Farndale Fountains	4.33 72 127 42 127 42 120 42 100 40 400 40 40 400 40 40 40 40 40 40 40 40 40 40 40 40 40 4	11 7.33 0 4.30 0 0.00 0 0.0	111 122 000 000 000 000 000 000	4.13 (0.1) 2.00 (1.) 2.00 (1.) 2.00 (0.) 2.00 (0.)	13 10.3 10 10.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 0.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4 10 1.4	1 553 524 525 526 527 526 527 527 527 527 527 527 527 527	3 11 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1 er Vacancies 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 2 MOT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	VARIANCE (Movers Faul) Materiary (Lawa and Crease Reveal off (including non-weak) Materiary (Including Non- Planned vs Acc Number Accele Frailing Unit Byland Farndalie Fountains Granby Granby	6.33 72 5.27 22 5.27 22 5.2	13 7.33 0 2.30 0 0.00 0 0.0	111 122 000 000 000 000 000 000	4.13 10.1 2.01 1.2 2.01 1.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 1.00 0.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0	10 103 10 13 10 13 10 14 10 04 10 04 10 04 10 04 10 04 10 04 10 04 10 14 10 14 1	13 553 14 555 14 555 14 555 14 555 14 555 14 555 14 5555 14 55555 14 55555 14 555555 14 555555 14 5555555 14 5555555 14 555	3 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1 er Vacancies 1 256 125 1177 119 000 00 000 00	3 2 MDT 5 12.56 12.56 1 1.56 12.56 1 1.56 1.256 1 1.56 1.256 1 1.56 1.256 1 1.56 1.256 1 2 1.56 1.56 1.56 1.56 1.56 1.56 1.56 1.56	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	VARIANCE (Moved Star) Material (seas And Career Roads) Add (season) Material (season) Planned vs Acc Ward Acute Frailly Unit Byland Frandalie Foantains Granby ITU/NPU	4.33 72 127 42 127 42 120 42 100 40 400 40 40 400 40 40 40 40 40 40 40 40 40 40 40 40 40 4	13 7.33 0 2.30 0 0.00 0 0.0	111 122 000 000 000 000 000 000	111 10.1 2.01 1.1 2.01 1.1 2.01 1.1 1.00 0.0 0.00 0.0 <td>33 30 30 34 30 9.0 9.0 30 9.0 9.0 9.0 9.0 30 9.0 9.0 9.0 9.0 9.0 30 9.</td> <td>10 553 10 553 10 527 10 527</td> <td>3 11 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0</td>	33 30 30 34 30 9.0 9.0 30 9.0 9.0 9.0 9.0 30 9.0 9.0 9.0 9.0 9.0 30 9.	10 553 10 553 10 527 10 527	3 11 0 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1 er Vacancies 11256 125 1127 115 000 00 000 00 000 00 000 00	3 2 MDT 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	VARIANCY (Novers Find) Materiary (sease and Carear Fiscals) MP (sources and Carear Fiscals) MP (sources and carear fiscals) Planned vs Acc Ward Acute Frainly Unit Byland Fandalit Fountains Granby ITU/NDU Jervaula Lascelles	4.33 72 1.27 22 1.27 22 1.2	11 1	1.11 1.22 1.22 0.00	9.33 10.7 2.01 1.0 0.00 0.0 1.00 0.0 1.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 1.00 1.0 <td>33 10 10 10 11 10 10 0 0.0 0.0 10 0 0.0 0.0 10 0 0.0 0.0 10 0 0.0 0.0 10 0 0.0 0.0 10 0 0.0 0.0 10 1.0 0.0 0.0 10 1.0 0.0 0.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0</td> <td>1) 553 1) 553 1) 527 2) 507 2) 507</td> <td>3 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>	33 10 10 10 11 10 10 0 0.0 0.0 10 0 0.0 0.0 10 0 0.0 0.0 10 0 0.0 0.0 10 0 0.0 0.0 10 0 0.0 0.0 10 1.0 0.0 0.0 10 1.0 0.0 0.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0 0.0 1.0 10 1.0	1) 553 1) 553 1) 527 2) 507 2) 507	3 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1 4 1256 125 1177 119 000 00 000 00	3 2 MDT 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	VAULAUX (Mound) Material (area and Creat Roads AP) (and a second data Planned vs Acc Nater Notes Failty Unit Byland Fontains Granby ITU/NDU Aervaula Latoefies Utiondale Materialy	6.13 72 5.00 6.0 1.00 6.0 0.00 0.0 0.00 0.0 7.13 7.3 4.20 4.2 0.00 0.0 4.20 4.2 5.2 5.2 5.2 5.2 5.2 5.2 5.2 5	11 1	tai t	111 101 1201 111 1201 111 1201 111 1201 111 1201 111 1201 111 1202 121 1203 121 1204 121 1205 121 1207 12 1208 12 1209 12 1209 12 1209 12 1209 12 1209 12 1209 12 1209 12	33 10 10 10 10 0 0 10 0 0 0 0 10 0 0 0 0 0 10 0 0 0 0 0 0 10 0	1) 555 1) 555 1) 557 1) 557	3 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 Wednesday for 1 4 1256 125 1177 119 000 00 000 00	3 2 MDT 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Additional 2 polymeria (2000) Addressing (2000) Addressing (2000) Addressing (2000) Addressing (2000) Addressing (2000) Add	4.33 72 127 22 120 22 100 04 000 04 000 04 000 04 133 73 4.39 42 000 04 133 73 4.39 42 100 04 133 73 4.39 42 100 04 133 73 4.39 42 100 04 133 73 133 72 133	11 7.33 0 2.30 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 0.00 0 4.20 0 4.20 0 4.20 0 4.20 0 4.20 0 4.20 0 4.20 0 4.20 0 4.20 0 4.20 0 4.20 0 4.20 0 5.20 0 5.20 0 5.20	1.11 1.22 0.00	111 101 201 111 201 111 201 111 201 111 100 00 000 00 000 00 000 00 000 00 000 00 000 00 000 00 100 10 100 10 100 10 100 10 100 10 100 10 100 10 100 10 1100 10 1100 110 1100 110 1100 110 1110 110 1110 110 1110 110 1110 110 1110 110 1110 110 1110 110 1110 10 11110 <	13 15.2 13 15.2 10 0.4	10 555 10 557 10 527 10 527	5 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 3 Wednesday for 1 1256 125 1199 119 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.00 0.0	3 2 WDT 550000 CPT 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Addressing (Jacobies Stand) Materiary (Jacobies Stand) Materiary (Jacobies Address Stand) Materiary (Jacobies S	6.13 72 1.27 22 1.20 0.0 0.0 1.00 0.0 0.00 0.0 7.33 7.3 4.20 4.2 0.00 0.0 4.20 4.2 1.20 4.20 4.20 4.20 4.20 4.20 4.20 4.20 4	13 733 0 735 0	1.11 1.22 1.22 1.20 0.00 0.00 0.00 0.00 0.00 1.00 1.00 0.00 0.00 1.00	9.33 10.0 0.0 2.00 1.0 0.0 3.00 0.0 0.0 1.00 0.0 0.0 1.00 0.0 0.0 1.00 0.0 0.0 1.00 0.0 0.0 1.00 0.0 0.0 1.01 1.0 1.0 1.02 1.0 1.0 1.03 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0 1.0 1.00 1.0	4.6 4.6 4 1.7 3 1.7 3 1.3 3 4.1 3 3.3 3	8 555 10 555 10 57 10 57 1	3 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 3 Wednesday for 1 1 1 1 2 5 6 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 1 9 1 1 9 1 1 1 9 1 1 1 9 1 1 9 1	3 2 MDT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Additional (province of and (province of and of a second of a se	6.13 72 100 0.0 100		1.32 3.32 3.32 3.32 3.32 3.32 3.32 3.32 3.30 3.33 1.00 3.35 1.00 3.35 1.00 3.35 1.00	9 313 00.00 2 20 1.1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4.6 4.6 4 1.7 3 1.7 3 1.3 3 4.1 3 3.3 3	10 553 10 553 10 57 10 605 10 07 10 07	5 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 3 Wednesday for 1 1 1 1 2 5 6 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 1 9 1 1 9 1 1 1 9 1 1 1 9 1 1 9 1	3 2 MDT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Additional of the second secon	4.11 72 127 22 1200 40 100 40 0.00 00 7.11 73 4.20 4.21 0.00 00 7.11 73 4.20 4.21 4.20 4.21 4.21 5.21 5.55 5.55 5.55 5.55 5.55 5.55 5	11 733 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 7	1.13 2.20 3.00	913 10 201 10 201 10 100 0.0 100 0.0 100 0.0 100 0.0 100 0.0 100 0.0 100 0.0 100 0.0 100 0.0 100 1.0 100 1.0 100 1.0 101 1.0 1010 1.0 1010 1.0 1010 1.0 1010 1.0 1010 1.0 1010 1.0 1010 1.0 1010 1.0 1010 1.0 1115 1.0 1125 1.0 11275 2.0 905 1.0	4.6 4 12 1.5 13 1.5 14 1.6 15 1.1 16 1.1 17 1.1 18 1.1 19 1.2 10 1.2 11 1.1 12 1.1 13 1.1 14 1.2 15 1.3 13 3.3 14.1 3 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1.8 2 1	8) 553 8) 553	3 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Registered Nurse Care Support Worker Additional RN Early on a	3 3 3 Wednesday for 1 1 1 1 2 5 6 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 9 1 1 1 9 1 1 9 1 1 1 9 1 1 1 9 1 1 9 1	3 2 MDT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Addressing (Second Facility Addressing (Second Addressing) Addressing (Second Addressing) Planned vs Acc Ward Accute Frailing Unit Byland Frandale Fountains Granby TU/MDU Arrwalk Lascelles Littordale Maternity Nidderdale Oakdale Borcial Care Baby Unit	6.13 72 100 0.0 100	11 733 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 73 12 7	1.32 3.32 3.32 3.32 3.32 3.32 3.32 3.30 3.30 3.33 1.00 3.35 1.00 3.35 1.00 3.35 1.00	111 101 201 11 201 11 201 11 201 11 201 11 201 11 201 11 201 11 201 11 201 12 201 12 201 12 202 21 203 12 204 12 205 2 2075 21 208 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21 209 21	33 35 35 33 36 37 34 36 36 35 37 37 36 4.6 4 37 30 4.6 38 5.2 3 38 5.2 3 39 3 3.8 3.8 2.8 3 3.8 2.8 3 3.8 2.8 3 3.8 2.8 3 3.8 2.8 3	10 55.5 10 55.7 10 57.7 10 57.7 12 3 12 3 12 3 12 3 12 3 12 3 13 1 14 1 15 1 16 1 17 1 18 1 19 1.0 10 1.0 11 1 12 3 13 1 14 1 15 1 16 1 17 1 18 1 19 1.0 10 1 11 1 12 1 13 1 14 1 15 1	5 11 0 0, 0 0,



Trinity Activity for July 2024

Datix during the month of July

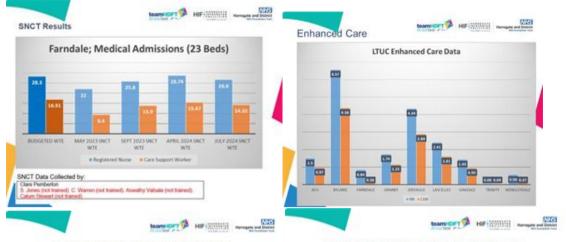
	Total in data collection period	Average per day
Admissions	1	0.03
Discharges	28	0.90
Transfers In	23	0.74
Transfers Out	0	0
Deaths	1	0.03
Ward Attenders	0	0

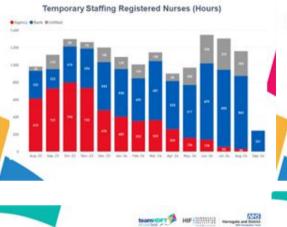
Quality indicators

Falls	0 (June = 3, May = 3)
Hospital acquired pressure ulcers	9 (June = 4, May = 3)
Medication incidents	1 (June = 1, May = 2)
Staffing Datix	1 (June = 0, May = 0)
Formal Complaints	0 (June = 0, May = 0)

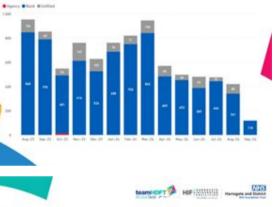


	team		IF WASHE	Harrogate and	NHS d District			toar	THOPT S	HEFI	(9)(9)	and Dis
						Farndale (N	ledical /	Admission	s Ward)	23 bec	ls	
Far		r Nursing C	are Tool			Description of ward						
		(SNCT) Data Colle	ction			- 25						
		Data Cont			3	 Famdale is a 23 bedded high acuity for medical 			turnove turnove	r of patie	ntsand	
and the second second second						17 of these beds are sid	ie rooms to	r infectious pa	tients.			
Matron: Rebecca H						 Farndale is able to acce nurses are skilled to car 				cardiac m	sonitoring, and	dthe
Ward Manager: Cla ADoN: Charly Gill		rton				ingo ses are skined to car	e ini pane	instruction in R a	LOVE MIT.			
ADON: Charly Gli												
	Current R	oster Tem	Contraction of the second s	1111 seearg	AVIS and Branket	Registered Nurse V	/acancie	tea	MHOFT S	HIF	999) 	and Dat
e budget for Famdale w	as increased	following the k	ast SNCT est	ablishment	review	REGOTERED MURDES (Rando 4) Discholes qual Partie Accordance	Neri	14 May 24 Aun 2	- MARLAN	gil kpi	4 0x5-24 Mary 2	
e SNCT data below has						Burlgeted Establishment	15.4	15.46 15.4		15.46 15.4 14.07 15.9	15.46 15.46	
ere are 75% or more side	e					Versions power swey Newly Coulding (with 199) OICE Norve General Recodemics Summer	5.5 1.6 1.6 1.6 1.6	0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00	0 0.00 1.00 0.00 0.00	1.30 0.4 1.00 0.0 1.00 0.0 0.00 1.0 0.14 0.1	30 1.00 0.00 30 0.00 0.00 30 0.00 0.00 4 0.14 0.14	
3 Bedded Ward legistered Nurse	Early 5	Late 5		light		Manual in Party in a and of conservation	15.1			5.00 6.0 15.90 56.7		
are Support Worker	3	3	1	3		VARIABLE (March Lod)		1 2.00 2.0	1.00	8.47 1.1	13 1.80 2.24	•
						Maturally Loove and Career Breeks		0.00 0.0	0.00	8.00 0.0	0.00 0.00	
						EAP (subality relevants term)	6.	1 2.00 2.0	1.30	8.47 1.3	1.80 2.24	
Ire Support Worker	Vacancies	teamint of T	🖇 негоди	1111 	MU253 and Danier	Planned vs /	Actual		& CHI		9999 	and D
are Support Worker	An IN March	in the AC AN AN AN	Aug 24 5 5 24	0031 his	and Destrict	Planned vs /	Day	Staffing	& CHE	PPD	190	and D
are Support Worker Constant formation and Statistications and Statistications	r Vacancies	91 16.91 16.91	5-g 24 5-c 24 16-91 26-91 27-89 27-33	16.91 16.9 17.39 16.6	end Gran (4) 14 Day (4) 16 93 16 49	Planned vs /	Actual	Staffing	& CHE	PPD		and t
Inter Support Worker Inter Support Worker Inter Support Provided States Inter Support Inter	1 Am 18 Mar 1	H 16.91 16.91 91 16.91 16.91 95 15.95 15.28 36 1.06 1.45	Aug 24 - 24p 24 36-93 - 36-93	0-234 Stim 2 36.92 36.9	and Deprint Carp 14 10 16:03 10:48 20 16:49	Ward Acute fraility Unit Byland	Day	Staffing csw RN rat(%) rat(%) 122% 122 101% 91	& CHE	CHP EN CSW 4.6 4 3.2 3	170 7 Overall 8 9.4 .4 6.6	and D
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Are Support Worker Support Suppo	1 Am 18 Am 2 16.91 16.9 13.65 184 1.20 2.0 0.00 0.0 0.00 1.0	H 16.97 14.97 14 16.97 16.97 15 15.85 15.36 16 0.00 0.00 10 0.00 0.00 10 0.00 0.00 10 0.00 0.00 10 0.00 0.00 10 0.00 0.00 10 0.00 0.00 10 0.00 0.00 10 0.00 0.00	14 1 10 14 14 15 15 14 15 15 14 15 15 14 15 15 14 15 15 15 14 15 15 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	10.14 14.9 17.18 16.6 0.27 0.3 18.40 0.0 0.00 0.0 0.00 0.0	and Swinki C 16 10 15 16 10 16 16 10 16 16 10 16 16 10 16 1	Ward Acute Frailty Unit Byland Fauntains Granby TU(HDU Jervsabs	Day RN Fill (%) 85% 85% 86% 96% 92% 85% 90%	CSW RW rel(%) rel(%) 122% 122 104% 91 104% 91 92% 92 92% 92 104% 91 112% 91	& CHF	CHU CHU CSW 4.6 4 3.2 3 5.2 4 3.7 3 3.3 3 26.9 3 3.3 3	PPD / Overall 8 9.4 A 6.6 3 9.5 8 7.5 5 6.8 2 90.1 .7 7.3	i and 0
Are Support Worker Part Support Strends 2.3 and Statistics (Second Strends 2.3) and Statistics (Second Strends 2.3) an	16.91 56.9 35.95 58.9 1.30 2.0 0.00 0.0 0.00 1.0 0.00 1.0 0.00 0.0	2 2 3 4 3 4 3 4 3 4 3 4	1693 9691 1748 37.13 0.37 0.47 0.00 0.00 0.00 0.00 0.00 0.00 0.13 0.13 0.00 0.00 1.13 0.13 0.00 0.00	00234 1449 15.58 1565 0.27 0.3 16.60 0.0 0.00 0.0 0.15 0.1 0.00 0.0 15.63 164	and Bueney 1 5 116 10 10 116 10 10 116 10 10 116 10 10 100 10 000 10 0000 10 000 10 000 10 0000 10 0000 10 0000 10 0000	Ward Acote Fraility Unit, Byland Fandale Fountains Grandby TTU/HDU Jervisols Lacotles Uttondale	Day RN Fill (%) 95% 85% 96% 92% 85% 96% 95% 95% 95% 90%	Staffing CSW RN Fill(%) Fill(%) 104% 87 90% 87 58% 106 1128 91 1128 91 1128 91 1128 91 1128 91 1128 91 1128 91	& CHF 300y RefM CSW Fill (N) 5 264% 5 264% 5 264% 5 264% 5 264% 5 264% 5 264% 5 264% 5 264% 5 20% 5	4.6 4 3.2 3 5.2 4 3.7 3 3.3 3 76.9 3 3.3 3 4.1 3	PPD / Overall 8 9.4 4 0.6 3 9.5 8 7.5 5 6.3 2 30.1 7 7.3 3 7.4 7 7.8	E and D
And Support Worker Part Support Sources Part Support Sources Part Support Sources Part Sources	26-93 06-9 35-95 06-9 35-95 08-8 1.20 2.0 0.00 0.0 0.00 1.0 0.00 1.0 0.00 0.0 0.00 1.0 0.00 0.0 0.00 0.0	H H	Aug 24 202 24 16 91 96.91 37.93 1.37 9.44 97.93 39.93 0.357 0.44 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 1.7.31 17.14 0.42 0.27	002.14 1002 16.91 14.9 17.38 16.6 0.77 0.3 1.4.0 0.0 0.00 0.0 0.00 0.0 0.00 0.0 0.13 0.1 0.00 0.0 16.63 16.4 1.4.63 16.4	2 Sec. 34 10 14.90 10 14.40 10 14.40 10 14.40 10 14.41 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 10 0.00 14 14.13 10 0.15	Ward Acote Fraility Unit Byland Fandale Fountains Grandby TTU/HDU Jervisols Lacotles Uttondale Maternity Nidderdale	0wy RN Fill (%) 95% 85% 85% 96% 96% 96% 96%	CSW RN Fill (%) Fill (%) Tal (%) Fill (%) 12286 123 104% 81 02% 82 02% 82 11256 91 11256	& CHF	CHE 4.6 4 5.2 4 5.2 4 5.2 4 5.2 4 5.2 4 5.3 3 3.3 3 26.9 3 3.3 3 4.1 3 9.9 3 8.8 2	PPD / Overall 8 9.4 4 6.6 3 95 8 7,5 5 6.8 2 30,1 7 7,2 3 7,4 7 7,8 1 13,0 6 6.4	and D
And State Support Worker Constant Constant States and and States States and States States States States States States and States States States States States States and States States States States States States States and States States States States States States States and States States Sta	Ker Ho Ho 15.91 16.91 16.91 16.91 15.85 Batt 1.20 7.0 0.00 0.00 0.0 0.00 0.00 0.00 0.0 0.0 0.00 0.00 0.0 0.0 0.00 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0	H H	Aug 24 2497 245 16 92 245 31 31 31 31 31 31 31 31 32 <td< td=""><td>000.14 New 3 16.91 14.9 17.38 146.9 0.77 0.3 0.77 0.3 0.90 0.0 0.90 0.0 0.90 0.0 0.95 0.0 16.59 16.4 0.90 0.0 16.69 16.4 0.90 0.0</td><td>Image: Second Second</td><td>Ward Acute Fraility Unit, Byland Fandale Fountains Grandby TTU/HDU Jervisols Laiscelles Uttondale Maternity Nidderdale Oakdale Rowan</td><td>Day RN Fill (S) 95% 85% 95% 92% 95% 95% 95% 95% 95% 95% 92%</td><td>Staffing (SW PN Fill(%) Fill(%) 12296 122 101% 95 104% 95 104% 95 104% 95 104% 95 104% 95 104% 95 104% 95 105 112% 95 105 105 105 105 105 105 105 10</td><td>& CHF</td><td>CHP CHP CHP CSW 4.6 4 3.2 3 5.2 4 3.5 2 4.3 3 3.3 3 26.9 3 3.5 3 26.9 3 3.4 1 3.9 9 3.8 2 3.5 3 7.3 3 3.9 9 3.8 2 3.5 3 7.3 3 3.9 9 3.8 2 3.5 3 7.3 3 3.9 9 3.8 2 3.5 3 7.3 3 7.5 3 7</td><td>PPD / Overall 8 9.4 4 6.6 3 9.5 8 7.5 3 9.5 8 7.5 3 7.4 7 7.1 3 7.4 7 7.2 3 7.4 3 6.6 4 6.6 2 8.5 6 6.6 2 6.6 4 2.6 5 6.6 4 2.6 5 6.6 5 6.6 5 6.6 5 6.6 5 6.6 5 6.6 5 6.6 5 6.6 5 7.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 7.5 5 6.5 5 7.5 5 7.5</td><td></td></td<>	000.14 New 3 16.91 14.9 17.38 146.9 0.77 0.3 0.77 0.3 0.90 0.0 0.90 0.0 0.90 0.0 0.95 0.0 16.59 16.4 0.90 0.0 16.69 16.4 0.90 0.0	Image: Second	Ward Acute Fraility Unit, Byland Fandale Fountains Grandby TTU/HDU Jervisols Laiscelles Uttondale Maternity Nidderdale Oakdale Rowan	Day RN Fill (S) 95% 85% 95% 92% 95% 95% 95% 95% 95% 95% 92%	Staffing (SW PN Fill(%) Fill(%) 12296 122 101% 95 104% 95 104% 95 104% 95 104% 95 104% 95 104% 95 104% 95 105 112% 95 105 105 105 105 105 105 105 10	& CHF	CHP CHP CHP CSW 4.6 4 3.2 3 5.2 4 3.5 2 4.3 3 3.3 3 26.9 3 3.5 3 26.9 3 3.4 1 3.9 9 3.8 2 3.5 3 7.3 3 3.9 9 3.8 2 3.5 3 7.3 3 3.9 9 3.8 2 3.5 3 7.3 3 3.9 9 3.8 2 3.5 3 7.3 3 7.5 3 7	PPD / Overall 8 9.4 4 6.6 3 9.5 8 7.5 3 9.5 8 7.5 3 7.4 7 7.1 3 7.4 7 7.2 3 7.4 3 6.6 4 6.6 2 8.5 6 6.6 2 6.6 4 2.6 5 6.6 4 2.6 5 6.6 5 6.6 5 6.6 5 6.6 5 6.6 5 6.6 5 6.6 5 6.6 5 7.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 6.5 5 7.5 5 7.5 5 6.5 5 7.5 5 7.5	
And State St	Ker Ho Ho 15.91 16.91 16.91 16.91 15.85 Batt 1.20 7.0 0.00 0.00 0.0 0.00 0.00 0.00 0.0 0.0 0.00 0.00 0.0 0.0 0.00 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0	1 16.93 16.93 15 12.85 15.38 16 90 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 15 13.26 17.48 16 1.63 6.33 0 0.00 0.00	4-2 3-0 3-5 16 91 2-6-91 17.44 87.5 3-5 0.53 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.73 37.14 0.43 0.27 0.00 0.00	000.14 New 3 16.91 14.9 17.38 146.9 0.77 0.3 0.77 0.3 0.90 0.0 0.90 0.0 0.90 0.0 0.95 0.0 16.59 16.4 0.90 0.0 16.69 16.4 0.90 0.0	Image: Second	Ward Acute Fraility Unit Byland Fandale Fountains Granby TTU/HDU Jarvisols Laiscelles Uttoedale Muternity Niddeedale Oakidale Rowan Special Care Baby Unit Trinity	Day RN Fill (%) 95% 85% 96% 95% 100% 82% 95% 100% 82% 95% 95% 95% 95% 95% 95% 95% 95% 95% 95	Staffing Fal(%) Fal(%) 104% 87 104% 87 104% 87 92% 92 104% 87 92% 92 104% 97 104% 97 104% 97 104% 97 105% 96 105% 96	& CHF 3// Ng/n CSW 1 F/R (SS) 13/95 13	CHE N CSW 4.6 4 3.2 3 5.2 4 3.7 3 3.5 3 3.3 3 4.1 3 5.2 4.1 3 5.2 4.1 3 5.2 4.1 3 5.3 4.1 3 5.3 4.1 3 5.3 4.1 3 7.3 3 7.	PPO / Overall 8 9.4 4 6.6 3 9.5 5 6.8 7 7.5 5 6.8 7 7.5 7 7.5 7 7.5 7 7.5 6 6.4 2 6.8 2 6.8 2 0.5 0 20.8 1 6.5 3 0.5 1 6.5 1 7.5 1 7.5	Land D
And a second sec	Ker Ho Ho 15.91 16.91 16.91 16.91 15.85 Batt 1.20 7.0 0.00 0.00 0.0 0.00 0.00 0.00 0.0 0.0 0.00 0.00 0.0 0.0 0.00 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0 0.400 0.0 0.0 0.0	1 16.93 16.93 15 12.85 15.38 16 90 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 15 13.26 17.48 16 1.63 6.33 0 0.00 0.00	4-2 3-0 3-5 16 91 2-6-91 17.44 87.5 3-5 0.53 0.6 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.73 37.14 0.43 0.27 0.00 0.00	000.14 New 3 16.91 14.9 17.38 146.9 0.77 0.3 0.77 0.3 0.90 0.0 0.90 0.0 0.90 0.0 0.95 0.0 16.59 16.4 0.90 0.0 16.69 16.4 0.90 0.0	Image: Second	Ward Acute Fraility Unit Byland Fandale Fountains Granby ITU/HDU Iervision Lascelles Utbondale Maternity Maderdale Oakidale Rowan Special Care Baby Unit	Day RN Fail (%) 95% 85% 96% 95% 95% 100% 83% 95% 100% 95% 100% 95% 95% 95% 95% 95% 95%	CSW PN CSW PN Tal(5) TA 104% 92 104% 92 104	& CHF 20/y rg/w rs/w rs/w rs/(rs) 2075 20	CHP 4.6 4 3.2 3 5.2 4 3.3 3 20.9 3 3.3 3 20.9 3 3.3 3 4.1 3 4.1 3 9.9 3 4.1 3 9.9 3 2.5 3 7.3 3 2.5 3 2.	PPO 0 0	Card D





Temporary Staffing Care Support Workers (Hours)



Farndale Activity for July 2024

	Total in data collection period	Average per day
Admissions	394	12.70
Discharges	163	5.25
Transfers In	10	0.32
Transfers Out	183	5.90
Deaths	5	0.16
Ward Attenders	0	0

Quality indicators

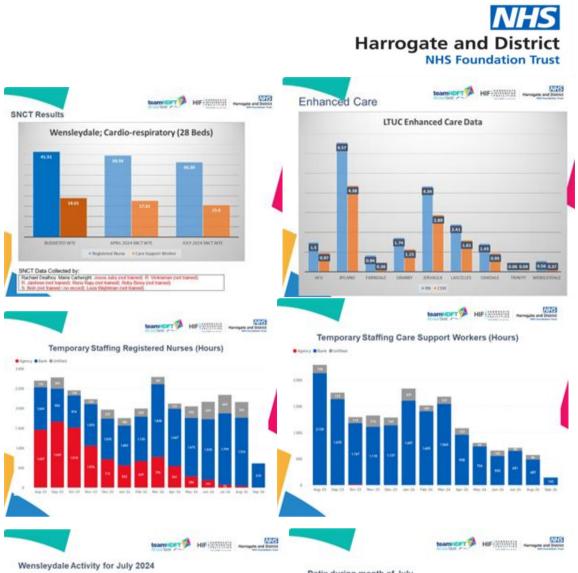
Datix during month of July

Falls	2 (June = 5, May = 11)	
Hospital acquired pressure ulcers	5 (June = 2, May = 4)	
Medication incidents	2 (June = 8, May = 11)	
Staffing Datix	1 (June = 3, May = 6)	
Formal Complaints	0 (June = 0, May = 0)	



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opendix 9										
							tea	MIOFT	HIF	WINI Harrowsky
	team		William .	Rerrogate and District	Wensleydale (Cardio-re	spiratory beds	ward w	ith MEC	:U) 28
Wer		afer Nursing ((SNCT) I Data Collect			Wensleydale is a 28 be- 8 bedded Coronary Car due to this area with a 1 refurbished and incorp- enables all staff to iden	e Unit and M high turnover orated digital	edical Enhant of patients. technology	The lines for the n	Unit. The ar ward has urse call s	acuity is high is recently be ystem which
					The ward has recruited especially in CCU and I	a full time cl	inical educa	tor to dev	velop all st	taff training
Matron: Rebecca	Heseltine/S	imon Brazier			increased medical need	is.		0.000000	9 Mar 1967 C	
Ward Manager: F	tachael Deal	lhoy			The ward has 7 day war staff more time with pat		nutritional se	sw froque	rkers to er	nable clinical
ADoN: Charly Gi	11									
								-	Lase MARTIN	1111 Norman and
		team or the	HIF	Managate and Datest			beam	HER COL	HOF	IIII Nerrogate and
	Current Ro	oster Templa		All hadden fint	Registered Nurse V	acancies				
					REGISTERED NURSES (Rands 4 - S Dechades qual Nurse Associates)	Apr 24	May 24	MOR N	gill Septi	01124 Nov24
ment Staffing Template					Budgeted Establishment	28.00		28.00	28.00 28.00	
is is a new Cardio-respi				have two	Mall in Part (as at and at pass month).	25.00	26.03 26.00	26.03	1.97 2.13	36.30 28.53 1.30 0.53
ta collections and there	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	and the second second			Newly Contined (with 1980)	0.00	0.00 0.00	0.00	0.00 0.00	2.00 0.00
8 Bedded Ward tegistered Nurse	Early 7	Late 7	Night 7		CRCE Norte General Recollment	0.00	0.00 0.00	0.00	0.00 0.00	0.00 0.00 6.00 0.00
are Support Worker	3	3	3		Terneser Monocommittee	1.00	0.00 0.00	0.00	0.17 0.17	0.17 0.17 0.00 0.00
					Mall in Post (as a and of surnaments)	26.00	26.03 26.00		25.87 26.70	28.53 28.37
					VINISANCE (Month Eng)	1.97	1.40 1.47	1.97	2.13 1.30	0.53 0.37
					Malacsity Loans and Career Breaks	0.00	0.00 0.00	0.00	0.00 0.00	0.00 0.00
					GAP (minding replacetly been and Caree	Basel 1.57	1.97 1.97	1.97	2.13 1.30	0.53 0.37
		learni DFT	HE NUMBER	(112) Normality and Dates	Planned vs /	Actual S	taffing 8	CHP		III senant and
are Support Work	भ Vacancies	team Ort	HIP (XIMAG)	MITS! Remaphs and Defer	Planned vs /		1	ely .	PD	_
are Support Works	-31 Apr.24 May 3	14 mar 24 mar 24 mar	434 34934 Di	Names and Danier		Day RN CS	Nig W RN	Aly M CSW R	PD	_
are Support Works	1 44424 Mar 1 5765 876 35.12 850	61 17.61 17.61 07 13.07 16.07	11 - 54 - 21 - 55 27.42 - 57.41 - 2 25.84 - 16.70 - 2	Permanents and Date int 17.61 27.61 27.61 0.56 33.42 25.20	Ward	Day RN CS Fill (%) Fill	a Ng	aly M	PD	_
are Support Works	1] Apr.24 Mar.2 1741 174	61 57.61 57.61 1 07 53.07 16.07 1 14 3.54 1.54	12 34 34 34 34 34 34 34 34 34 34 34 34 34	Permanents and Date int 17.61 17.61 17.61 8.56 35.42 16.79 1.01 2.19 2.31	Ward Acute Fraility Unit Byland	Day RN CS Fill (%) Fill 95% 0 85% 1	Ng W RN (%) Fill (%) 22% 122% 01% 91%	AV CSW R TREOG 264% 132%	PD chippo csw o 4.6 4.8 3.2 3.4	Sverall 9.4 0.6
are Support Works Control of the second second second S	11 444 24 4444 3 5745 5745 5745 3513 550 249 23 0.00 0.00 0.00 0.00	11 11 12 12 14 11 17 16 17 16 17 12 15.07 166.07 1 14 13 15.4 1.14 1 10 0.00 0.00 0.00 10 0.00 0.00 0.00	11 1-1 1 17.61 57.61 5 55.64 56.70 5 1.77 0.01 1.00 0.00 0.00 0.00	Remedia and Data 17.41 27.41 27.41 18.54 25.42 25.24 1.05 2.19 2.11 1.06 0.00 0.00	Ward Acute Fraility Unit Byland Farnfalle Fountains	Day RN CS Fill (%) Fill 95% 3 85% 1 86% 3 90%	3 Ng W RN (%) Fill (%) 22% 122% 02% 91% 04% 82%	00 CSW 80 584% 132% 132% 130%	CHPPD CHPPD 4.6 4.8 3.2 3.4 3.2 4.3 3.7 3.8	9.4 9.5 7.5
Arre Support Works Provide Support Works Provide Support Works Provide Support Provide	13 57-61 87-6 35-13 85-6 3-61 25-6 3-61 25-6 0.00 0.00	11 14 17.41 17.41 17.41 11 17.41 17.41 17.41 1 13 154 17.41 1 1 14 254 1.14 1 1 150 0.00 0.90 0.90 0.90 10 0.00 0.00 0.00 0.90 10 0.00 0.00 0.00 0.90	17.41 57.41 5 15.84 16.70 5 1.71 0.01 1.00 0.00 0.00 0.00	Numerical and Desired 1.1 Numerical and Desired 1.2.1 Numerical and Desired 1.2.1 Numerical and Desired 1.2.1 Numerical and Desired 1.2.1 Numerical and Desired 1.00 Numerical and Desired 1.00 0.00 0.00	Ward Acute Fraility Unit Byland Faroliale Fountains Granby TTU/HDJ	Day RN CS Fill (%) Fill 95% 3 85% 1 85% 1 85% 3 95% 92% 85%	22% Park (%) Park (%) 22% 22% 02% 91% 04% 87% 92% 92% 58% 20%	AV CSW RJ 564% 132% 103% 130% 97%	CHPPD 4.6 4.8 3.2 3.4 5.2 4.3 3.7 3.8 3.3 3.5 26.9 3.2	See all 9.4 0.6 9.5 7.5 6.3 30.1
Are Support Works	1743 1744 174 15.13 184 25.13 184 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	It It< It< It< <thi< td=""><td>11 4 14 14 15.44 15.764 5 15.45 15.764 5 15.46 15.70 1 1.00 0.00 0.00 0.00 0.00 0.00 0.44 0.14 0.00 0.00</td><td>Remete and Daniel 124 37.41 37.41 127.41 37.41 37.41 100 35.42 55.32 100 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00</td><td>Ward Acute Frailty Unit Byland Foundaire Foundaire Granby ITU/HDU Jarwish</td><td>Day RN C5 Fill (%) Fill 95% 0 85% 1 86% 1 96% 92% 85%</td><td>2215 1225 0215 2215 2215 0215 2215 2215 0215 2215 0215 2215 0215 2215 0215 2215 0215 2215 0215</td><td>AV CSW 83 CSW 83 CS</td><td>CHPPD CHPPD 4.6 4.8 3.2 3.4 5.2 4.3 3.7 3.8 3.3 3.5 26.9 3.2 3.3 3.7</td><td>9.4 6.6 9.5 7.5 6.8 30.1 7.3</td></thi<>	11 4 14 14 15.44 15.764 5 15.45 15.764 5 15.46 15.70 1 1.00 0.00 0.00 0.00 0.00 0.00 0.44 0.14 0.00 0.00	Remete and Daniel 124 37.41 37.41 127.41 37.41 37.41 100 35.42 55.32 100 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Ward Acute Frailty Unit Byland Foundaire Foundaire Granby ITU/HDU Jarwish	Day RN C5 Fill (%) Fill 95% 0 85% 1 86% 1 96% 92% 85%	2215 1225 0215 2215 2215 0215 2215 2215 0215 2215 0215 2215 0215 2215 0215 2215 0215 2215 0215	AV CSW 83 CSW 83 CS	CHPPD CHPPD 4.6 4.8 3.2 3.4 5.2 4.3 3.7 3.8 3.3 3.5 26.9 3.2 3.3 3.7	9.4 6.6 9.5 7.5 6.8 30.1 7.3
Are Support Works	21 8,9723 Meril 5743 274 31,13 250 0,00 0,00 0,00 0	I I	37.61 57.61 5 37.63 57.64 5 37.64 16.70 2 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.44 0.14 0.14 0.57 54.56 6	Remarks and Desire 121 27241 27441 136 15542 1538 100 239 233 100 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.01 0.00 0.00 0.02 0.00 0.00	Ward Acote Frailhy Ueit Byland Fauntales Grandale TrutykbD Jervisits Lacotles Uttoordale	Day RN CS Fill (S) Fill 95% 58 95% 22% 85% 1 95% 20% 95% 10%	Nor Nor WW RN (%) Fill (%) 22% 122% 02% 92% 02% 92% 58% 100% 12% 92% 92% 92% 92% 92% 92% 92% 92% 92% 92% 92% 92% 92% 92% 92%	AV CSW RJ 564% 133% 103% 130%	CHIPPO CHIPPO CSW 0 4.6 4.8 3.2 3.4 5.2 4.3 3.7 3.8 3.3 3.7 4.1 3.3 4.1 3.7 4.1 3.3	9.4 6.6 9.5 7.5 6.8 90.1 7.3 7.4 7.8
are Support Works Support Vorket Support Support Works Support Support Support (* Press Support Support (* S	2) 49424 4944 2743 2745 274 2443 275 0.00 0.00 0.00 0.00	1	211 147 15 27.61 17.61 2 15.84 16.70 2 1.77 0.91 1.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.14 0.14 1 0.00 0.00 1 0.14 0.14 1 0.14	Nameska od Datest 12.4 12.41 13.4 12.41 14.5 12.41 15.6 5.54 15.7 12.53 1.00 0.99 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.01 0.14 0.14 0.14 0.53 25.54 2.10 2.11	Ward Acote Frailhy Ueit Byland Fantalae Fountains Granby TTU/HDU Jervisite Lacoelles Uttoodate Matternity Nidderdak	Day RN C3 Fel (%) Fel 95% 2 85% 1 96% 2 95% 2 95% 2 100% 2 95% 2 100% 2 95% 3 100% 3 95% 3 100% 3 10	2 http: http: http://www.selectropy.com/ http://wwww.selectropy.com/ http://wwww.selectropy.com/ http://www.selectropy.com/ http://www.selectropy.com/ http://wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	AV M CSW 83 564% 132% 503% 130% 130% 130% 130% 130% 93%	PD CHPPD CSW 0 46 48 32 34 52 43 3.7 3.8 3.3 3.5 20.9 2.2 3.3 3.7 4.1 3.7 9.9 2.1 1.8 2.6	9.4 9.5 9.5 7.5 80.1 7.3 7.4 7.8 13.0 6.4
Are Support Works Support Works Support Support Works Support Supp	21 8,9723 Meril 5743 274 31,13 250 0,00 0,00 0,00 0	I 17.41 17.41 37 13.07 16.07 14 3.15 16.07 15 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.33 0 1.00 0.39 37 26.07 25.44 14 1.54 1.71 00 0.20 0.200	11 14 1 15.44 15.7.41 2 15.44 15.7.41 2 17.7 0.91 1 1.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.014 0.44 1 0.02 0.00 1 0.014 0.45 1 0.02 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1	Namples and Description 12.4 12.41 13.4 12.41 14.5 55.42 15.6 55.42 10.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Ward Acote Frailhy Ueit Byland Fantalae Fountains Granby TTU/HDU Jervisite Lacoelles Uttoodate Matternity Nidderdak	Day RN C3 Fill (%) Fill 95% 3 86% 1 96% 3 85% 1 95% 3 10% 10% 83% 96% 3 97% 3	2 NY R1 (%) F3 (%) 22% 122% 02% 92% 92% 92% 58% 106% 12% 92% 92% 92% 92% 92% 92% 92% 93% 90% 93% 95%	AV M CSW R 18445 1305 1305 275 1395 1115 915 915 915 1129 1125	PD 4.6 4.8 3.2 3.4 5.2 4.3 3.7 3.8 3.3 3.5 (0.9 1.2 3.3 3.7 4.1 3.3 4.1 3.7 4.1 3.3 4.1 3.7 4.1 4.7 4.1 4.7 4.1 4.7 4.1 4.7 4.1 4.7 4.1 4.7 4.1 4.7 4.1 4.7	9.4 9.4 9.5 7.5 8.8 9.7 7.4 7.3 7.4 5.6 6.8
Arre Support Works are Support Works Support	2) 49424 4944 2743 2745 274 2443 275 0.00 0.00 0.00 0.00	I 17.41 17.41 37 13.07 16.07 14 3.15 16.07 15 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.33 0 1.00 0.39 37 26.07 25.44 14 1.54 1.71 00 0.20 0.200	11 14 1 15.44 15.7.41 2 15.44 15.7.41 2 17.7 0.91 1 1.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.014 0.44 1 0.02 0.00 1 0.014 0.45 1 0.02 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1	Nameska od Datest 12.4 12.41 13.4 12.41 14.5 12.41 15.6 5.54 15.7 5.23 1.00 0.99 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.01 0.14 0.14 0.14 0.53 25.34 1.50 2.54	Ward Acute Frailhy Unit Byland Fandale Fountains Granby ITU/HDU Jervouh Lacotlin Utoordale Maternity Nodderdale Oaddedale Roman Special Care Baby Unit	Day RN C3 Fill (%) Fill 95% 3 95% 3 96% 3 95% 3	2 NY RH (%) Fil (%) 22% 122% (01% 91% 02% 92% 38% 106% 12% 92% 92% 92% 92% 92% 92% 92% 10% 10% 95% 11% 96% 91% 96% 10%	AV M CSW R E425 1355 1355 1355 1355 1355	CHPPD 4.6 4.8 5.2 4.3 5.2 4.3 3.7 3.8 3.3 3.5 7.0,9 3.2 3.3 3.7 4.1 3.3 9.9 3.1 1.8 2.6 3.5 3.2 7.3 3.2 3.2	9.4 9.6 9.5 7.5 8.8 9.0.1 7.3 7.4 7.8 10.0 6.8 20.8
A Des Constantino de la consta	2) 900 20 900 20 1763 1764 1512 150 2.01 23 0.000 0.00 0.000 0.000 0.00 0.000 0.000 0.00 0.000 0.000 0.000 0.000 0.000 0.0000 0.000 0.0000 0.0000 0.000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000000000	I 17.41 17.41 37 13.07 16.07 14 3.15 16.07 15 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.33 0 1.00 0.39 37 26.07 25.44 14 1.54 1.71 00 0.20 0.200	11 14 1 15.44 15.7.41 2 15.44 15.7.41 2 17.7 0.91 1 1.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.014 0.44 1 0.02 0.00 1 0.014 0.45 1 0.02 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1	Namesta ed Datasi 12.4 12.41 13.4 12.41 14.5 12.41 15.6 5.5.42 16.7 12.7.41 10.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Ward Acute Frailhy Unit Byland Fandale Fountains Granby ITU/HDU Jervouh Lacotlinn Ultoridale Maternity Nodderdale Oakidale Roman Special Care Baby Unit Trinity Wenkydale	Day RN CS Fill (%) Fill 95% 10 85% 1 96% 22% 95% 1 96% 100% 100% 100% 100% 100% 103% 1 103% 1 103% 1 103% 1 103% 1	2 W RN (S) Pall (S) 228 1229 1228 1229 1228 1229 1287 1298 1018 91% 1018 91% 1018 91% 1018 91% 1018 91% 1018 91% 1018 91% 1018 91% 1018 91% 1018 95% 1018 95%	AV Nt CSW R 564% 237% 130% 97% 139%	PD 4.6 4.8 4.2 2.4 5.2 4.3 3.3 3.5 5.0.9 3.2 3.3 3.7 4.1 3.3 4.1 3.7 9.9 3.1 8.8 2.6 5.5 2.2 9.9 3.1 8.8 2.6 5.2 2.3 1.1 5.2 2.3 4.5 5.2 4.3 5.2 4.3 5.3 4.3 5.2 4.3 5.3 4.3 5.2 4.3 5.3 5.3 5.3 5.3 5.4 5.3 5.4 5.3 5.4 5.3 5.4 5.3 5.4 5.4 5.4 5.	9.4 6.6 9.5 7.5 90.1 7.4 7.4 7.4 12.0 6.8 10.5 6.8 10.5 6.8 10.5 9.3
And a series of a	2) 900 20 900 20 1763 1764 1512 150 2.01 23 0.000 0.00 0.000 0.000 0.00 0.000 0.000 0.00 0.000 0.000 0.000 0.000 0.000 0.0000 0.000 0.0000 0.0000 0.000 0.0000000000	I 17.41 17.41 37 13.07 16.07 14 3.15 16.07 15 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.00 0 0.00 0.33 0 1.00 0.39 37 26.07 25.44 14 1.54 1.71 00 0.20 0.200	11 14 1 15.44 15.7.41 2 15.44 15.7.41 2 17.7 0.91 1 1.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.014 0.44 1 0.02 0.00 1 0.014 0.45 1 0.02 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1 0.00 0.00 1	Namesta ed Datasi 12.4 12.41 13.4 12.41 14.5 12.41 15.6 5.5.42 16.7 12.7.41 10.0 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Ward Acute Fraility Unit Byland Fernfalle Feuntains Granby ITU/NDU Jervisals Lacoties URtondate Maternity Nidderdate Galdate Special Care Baby Unit Trinity	Day RN C3 Fiel (SL) Fiel 95% 1 85% 1 96% 2 95% 2	2 W RN (%) F8(%) 122% 122% 122% 122% 122% 91% 82% 95% 92% 106% 91% 92% 92% 92% 93% 96% 91% 96% 100% 95% 100% 91% 96% 128 96% 128 96%	AV Nt CSW R 564% 237% 130% 97% 139%	CHPPD CHPPD CSW 0 4.6 4.8 5.2 4.3 5.2 4.3 5.2 4.3 5.2 4.3 5.2 4.3 5.2 4.3 5.2 4.3 5.2 4.3 5.3 5.2 9.9 2.1 5.5 4.2 7.3 3.2 20.8 0.0 1.2 4.2 1.2 4.2 1.3 5.2 1.2 4.2 1.2 4.2	9.4 6.6 9.5 7.5 80.1 7.3 7.4 7.8 13.0 6.4 6.8 10.5 20.8 20.5 6.3



	Total in data collection period	Average per day
Admissions	116	3.74
Discharges	126	4.06
Transfers In	86	2.77
Transfers Out	60	1.93
Deaths	8	0.25
Ward Attenders	0	0

Datix during month of July

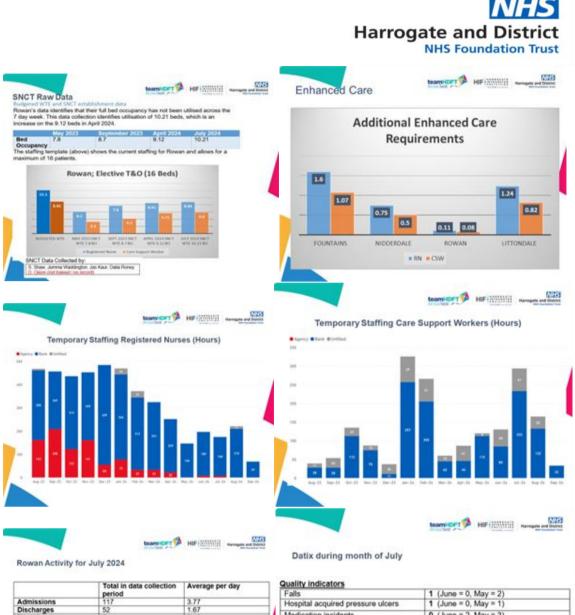
Quality indicators

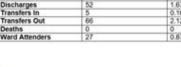
Falls	1 (June = 5, May = 4)	
Hospital acquired pressure ulcers	5 (June = 10, May = 4)	
Medication incidents	3 (June = 5, May = 6)	
Staffing Datix	0 (June = 3, May = 4)	
Formal Complaints	1 (June = 1, May = 0)	





pendix 10					
					toarni (DET 🥬 HEF (SAMATE) Managers
19 A 19	teamHD		ANNI Harrogate and District		Rowan 16 Beds
	Al our best y	HIP 102	ATTEN Harrogate and District	Description of Ward	
	anna Cafas M	union Core 7		Bauss is an Electric better	an address of webbility \$6, basis how \$60 above to \$16 address and an exception of the second s
R	owan Safer N	Ursing Care 1 NCT)	001		paedic ward with 16 beds but has 20 physical bed spaces the orthopaedic LLP Lists at weekend.
		ata Collection		If escalation beds these an	e used, a 3 rd RN is required to ensure quality, safety and
	1			performance.	n be fast patients aim discharge 1-2 days post surgery.
					n be fast patients aim discharge 1-2 days post surgery. s varies, from week to week, but from October, this activit
Matron: Jonathan	Slack			will increase.	
Ward Manager: Je	mma Wadding	gton		There is a dedicated treatment	nent room where patients return to be reviewed as ward ind problems and they are dealt with by the ward nurses
ADoN: Julie Walke	er			and reviewed by Ortho Re	
			07231		
		team/cort / Hil	F MANAGER AND DESIGN	Desidented Name Vie	
24	Current Rost	er Template		Registered Nurse Va	
				Encludes qual Nuclei Associated	
Current Staffing Templat	e			Budgetond Establishment	8.10 8.10 8.10 8.10 8.10 8.10 8.10 8.10
30 Bedded Ward	Early	Late	Night	Staff in Past (as a set of pre-month) Variance (month laws)	10.48 10.47 10.35 9.35 8.36 8.36 8.36 8.36 2.79 2.37 2.25 1.25 0.26 0.26 0.28 0.26
Registered Nurse	2	2	2	Namely Contribut (with PDD) CRCE Name	0.00 0.00 0.00 0.00 0.00 0.00 0.00
Care Support Worker	2	2	1	General Recolliniant	0.00 5.00 5.00 0.00 5.00 0.00 0.00 0.00
				the second second second second	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
				Mall in Post (at and of Longent maniful)	20.47 20.25 9.25 8.36 8.36 8.36 8.36 8.36
				VARIANCE (March Lod)	2.17 2.25 1.25 0.26 0.26 0.26 0.26 0.26
				Maturnity Leave and Career Breaks	1.00 0.00 0.00 0.00 0.00 0.00 0.00
				AP Intelling second land	L37 2.23 L25 9.28 9.28 6.28 0.38 6.28
		teamiliter 🖗 Hi	F SWITTER		
				Planned vs A	ctual Staffing & CHPPD
re Support Worker	Vacancies				
re Support Worker	r Vacancies	war war nya	549-24 Cor24 Nov-24 Doc24		Day Night CHPPD RN CSW RN CSW RN CSW Overall
re Support Worker	Apr. 34 - May 34 8.97 - 8.92	8.92 8.97 8.97		Ward	Day Night CHPPD RN CSW RN CSW RN CSW Overall Fill (%) Fill (%) Fill (%)
re Support Worker	I April May 24	8.92 8.92 8.92 8.19 0.29 6.00 2.73 2.71 2.12		Ward Acute Frailty Unit Byland	Day Night CHPPD RN CSW RN CSW RN CSW Overall
re Support Worker Control to and the Source of the Source of Australia to Party I and the Source I and the Source of Source of Source of Source I and the Source of Source	1 Nor 24 Wey 24 8.97 8.97 5.39 6.19 3.77 2.71 6.00 6.00	6.19 6.29 6.60 2.71 2.73 2.12 0.00 0.00 0.00	8.51 6.41 6.32 6.23 2.41 2.53 2.60 2.09 0.60 6.00 6.00 6.00	Acute Frailty Unit Byland Farndale	Day Naght CHIPD RN CSW RN CSW RN CSW Overall 101(%) 741(%) 741(%) 741(%) 741(%) 741(%) 95% 322% 122% 164% 6.6 8.8 9.4 85% 104% 82% 102% 523% 3.2 3.4 6.6
re Support Worker (GATIPED MALLS Stands Z (GATIPED MALLS Stands Z (GATIPED MALLS Stands Z (Fall Status) (Fall Status) (F	3 Apr 34 Way 54 8.87 8.82 5.28 6.19 8.37 2.25	6.19 6.19 6.60 2.71 2.71 2.12	4.51 6.41 6.32 6.21 2.41 2.15 2.00 2.09 0.00 6.00 6.00 6.00 0.00 6.00 6.00 6.00	Acute Fraility Unit Byland Farndale Fountains Granby	Day Naght CHIPD RN CSW RN CSW VN CSW Overall 95% 522% 122% 164% A.6 A.8 9.4 85% 101% 122% 128% 3.2 3.4 6.6 85% 104% 87% 103% 5.2 4.3 9.5 96% 98% 120% 3.7 3.8 7.5 92% 92% 97% 3.3 3.5 6.8
re Support Worker Individual Standards Individual Standards Ind	3 Arr 34 Wey 34 8.97 8.93 5.38 6.19 8.72 2.73 6.00 6.00 6.00 6.00 6.00 6.00	6.19 6.29 6.60 2.71 2.73 2.12 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1.00 0.00 0.00 1.00 0.00 0.19 0.00 0.00	0.52 0.42 0.12 0.21 0.41 2.15 2.00 2.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Acute Frailty Unit Byland Farnfalle Fountains Granby ITU/HDU	Day Neght CHPPD RN CSW RN CSW NV CSW Overall 95% 122% 122% 126% A.6 A.8 9.4 95% 122% 122% 122% 54% A.6 4.8 9.4 85% 101% 91% 128% 5.2 3.4 6.6 86% 104% 92% 122% 126% 3.8 7.5 96% 96% 86% 100% 7.3 3.5 6.8 85% 102% 92% 92% 92% 3.2 3.2 3.1
re Support Worker Soft Toron Ministry Second 2 and Endelshamed 10 Parties and anterest and Endelshamed 10 Januar 10	3 Aur 34 Wey 34 8.97 8.93 5.29 6.19 8.77 2.75 6.00 6.00 6.00 0.00 6.00 0.00	6.19 6.29 6.60 2.71 2.73 2.22 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	4.52 6.43 8.32 6.21 3.41 2.13 2.06 2.09 0.60 0.00 6.00 6.00 0.60 0.00 6.00 6.00 0.60 0.00 6.00 6.00 0.60 0.00 6.00 6.00 0.60 0.00 6.00 6.00 0.60 0.00 6.00 6.00 0.60 0.00 6.00 6.00 0.60 0.00 6.00 6.00	Acute Fraility Unit Byland Farnfalle Fountains Granby ITU/HDU Janvaula Lascelles	Day Fight CHPPD FR CSW RN CSW NV CSW Overall FR FR FR SS FR FR SS FR SS FR SS FR FR SS FR FR SS FR
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The Support Worker International Analysis International Analysis International Analysis International Inte	Apr:34 Mar; 34 8,07 9,82 5,35 6,15 7,35 6,15 7,35 6,15 8,00 0,00 8,00 0,00 8,00 6,00 9,00 0,00 1,00 6,00 2,27 2,77 6,00 0,00	6.13 6.12 6.00 2.71 2.73 2.12 0.00 6.00 6.00 0.00 1.00 6.00 0.00 1.00 6.00 0.01 1.00 6.00 0.02 1.00 6.00 0.03 6.00 6.00 0.13 6.00 6.00 6.13 6.00 6.11 2.77 2.32 2.41 1.00 1.00 1.00	4.21 6.42 6.42 6.42 6.41 5.41 2.13 2.06 2.06 2.06 0.600 6.00 6.00 6.00 6.00 0.600 6.00 6.00 6.00 6.00 0.600 6.00 6.00 6.00 6.00 0.600 6.00 6.00 6.00 6.00 0.600 6.00 6.00 6.00 6.00 0.600 6.00 6.00 6.00 6.00 0.600 6.00 6.00 6.00 6.00 0.600 6.00 6.00 6.00 6.00 0.600 6.00 6.00 6.00 6.00 0.41 6.12 6.23 6.33 1.32 2.51 2.60 2.60 2.60 2.60 1.00 1.00 1.00 0.00 1.00	Acute Frailty Unit Relation Farndalle Foundalle Foundalle Granby ITU/HDU Jarvouls Lascelles Uttoodale Maternity Nidderdale Galidale Rowan Special Care Baby Unit Trinity Wenseptale	Day Neght CSW PN PN
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Falls	1 (June = 0, May = 2)
Hospital acquired pressure ulcers	1 (June = 0, May = 1)
Medication incidents	0 (June = 2, May = 3)
Staffing Datix	0 (June = 0, May = 0)
Formal Complaints	0 (June = 0, May = 0)



0	
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Registered Nurse 5 5 4 Care Support Worker 4 % 3 In CSW's on a Late Mon to Fri 5 5 4 VARIANCE (March Later Counting and Later Mon to Fri 5 5 4 VARIANCE (March Later Counting and Later Mon to Fri 5 5 4 VARIANCE (March Later Counting and Later Mon to Fri 5 5 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	teamHC		Marrogate and District		Fountain			er (2000)	I Remogate and
Poundamin Safer Nursing Care Tool (SCT) July 2024 Data Collection Matron: Jonathan Slack Ward Manager: Germa Umpleby ADok: Julie Walker Current Roster Template Registered Nurse vacancies Registered Nurse vacancies Registered Nurse vacancies Registered Nurse vacancies CSVY son a Late Mon to Fri Nurse vacancies Registered Nurse Vacancies <tr< th=""><th></th><th>COURSE STORE</th><th></th><th></th><th>Description of Ward</th><th></th><th>S 20 De</th><th>us</th><th></th><th></th></tr<>		COURSE STORE			Description of Ward		S 20 De	us		
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Trivity R4K 101N 90% 90% 3.2 3.1 6.3 Wendeydale 110% R3N 111N 101N 6.2 3.1 9.3	re Support Works	18.00 58.20 0.44 1.16 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 18.29 18.29 1.16 1.16	18.29 17.89 38. 1.36 1.56 1. 0.00 0.00 0. 0.00 1.00 0. 0.00 1.00 0. 0.00 0.40 0. 17.89 18.25 38. 1.56 1.20 1.	0 3.36 1.56 1.79 1.89 0 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0.00 0 17.90 17.40 17.40 14.40 16 3.53 1.70 1.86 2.00	Farndale Fountains Granby ITU/HDU Jarviade Lakočiles Uttondale Matemity Nidderdale	80% 100 96% 99 92% 00 85% 50 95% 80 100% 99 82% 90 95% 90	BES BES 2% 92%	130% 3 97% 3 20 139% 3 111% 4 91% 4 91% 4 90% 9 99% 3	3 35 9 32 3 37 1 33 1 37 9 31 8 26	6.8 30.1 7.1 7.4 7.8 13.0 6.4
Wersleydate 110% #3% 111% 6.2 3.1 9.3	re Support Works International Process Based International Process Based International Process Based International International Prog International International Prog International International Prog International International Prog International Interna	18.00 58.20 0.44 1.16 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 18.29 18.29 1.16 1.16	18.29 17.89 38. 1.36 1.56 1. 0.00 0.00 0. 0.00 1.00 0. 0.00 1.00 0. 0.00 0.40 0. 17.89 18.25 38. 1.56 1.20 1.	0 1.54 1.55 1.3% 0 0.80 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 1.73 1.77 1.75 1.74 1 1.53 1.70 1.44 2.00 00 0.00 0.00 0.00 0.00	Farnslaite Foundaines Granby ITU/HDU Jarvouch Lascelles Uttondale Maternity Niderdale Guidale Rywan	80% 100 96% 91 92% 95 85% 53 90% 111 95% 80 100% 97 83% 90 95% 10 103% 111	APS APS 75 9255 85 10655 91 9055 95 9156 95 9156 95 9056 95 9255 95 9256 95 9258 95 9556 95 9656	130% 3 97% 3 139% 3 111% 4 91% 4 91% 4 90% 9 99% 3 112% 3 71% 7	3 3.5 9 3.2 3 3.7 1 3.3 1 3.7 9 3.1 8 2.6 5 3.2 3 3.7	6.8 30.1 7.4 7.8 13.0 6.4 6.8 10.5
	re Support Worke International Interest Schwarts of International Interest Schwarts of Interest Schwartswart Interest Schwartswart Interest Schwartswart Interest Schwartswarts Interest Schwartswarts Interest Schwartswartswartswartswarts Interest Schwartswartswartswartswartswartswarts Interest Schwartswartswartswartswartswartswartswarts	18.00 58.20 0.44 1.16 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 18.29 18.29 1.16 1.16	18.29 17.89 38. 1.36 1.56 1. 0.00 0.00 0. 0.00 1.00 0. 0.00 1.00 0. 0.00 0.40 0. 17.89 18.25 38. 1.56 1.20 1.	0 1.54 1.55 1.3% 0 0.80 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00 0.00 0 1.73 1.77 1.75 1.74 1 1.53 1.70 1.44 2.00 00 0.00 0.00 0.00 0.00	Farnslahe Fountaines Granbay ITU/HDU Jarvauds Lascelles Uttondale Maternity Niderdale Galidale Rowan Special Care Baby Unit Trinity	86% 10 96% 90 85% 50 85% 50 100% 97 83% 90 95% 10 103% 11 103% 11 84% 10	BPN BPN 7% 92% 5% 206% 5% 91% 1% 96% 1% 96% 1% 92% 1% 92% 1% 92% 1% 92% 1% 92% 1% 92% 1% 92% 1% 92% 1% 92% 1% 96% 1% 96% 1% 96%	130% 3 97% 3 139% 3 111% 4 91% 4 90% 9 99% 3 112% 3 71% 2 90% 3	3 35 9 32 3 37 1 33 1 37 9 31 8 26 5 32 3 32 8 0.0 2 3.1	6.8 30.1 7.1 7.8 13.0 6.4 6.8 10.5 20.8 6.3

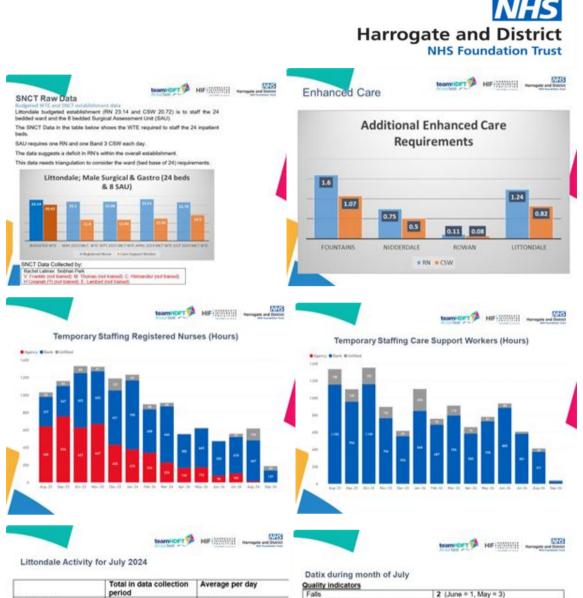




Staffing Datix Formal Complaints

Harrogate and District NHS Foundation Trust

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to people		Internet in	INHS			team Det	HIF RESERVE	Narrogata and D
	teamH At our best	HIP HIP	ANGUNE I	Harrogate and District		le 24 beds &	8 Assessmer	ntbeds	
					Description of War				
Littor		r Nursing Ca	are Tool		Littondale is a 24 bedde surgical assessment unit		d gastroenterolog	tyward, which i	houses a
Matron: Lesley Dan	July 2024 D	SNCT) Data Collect	ion		The ward is a "T" shape six single rooms, all of w are opposite bay 3 and 4 the central staff base bu room 6 at the far end of	d ward. With four hich are not in sig and single room t visibility is still li the ward. Two sin	ht of the main sta 8 and 9 are oppos mited. The double gle rooms one wi	If base. Single ite bay 6. Roor side room is a th ensuite are	room 1 and 2 n 5 is opposit djacent to on the entry
Ward Manager: Rac					corridor to the main war face the bays. Other roo				
ADoN: Julie Walker					treatment room, doctor	s' office, quiet roo	m, therapy storag	e and staff roo	m, which are
ADON: Julie Walker					all located a distance aw	vay from the main	patient areas alor	ng the entry co	rridor.
					The ward is led by an ex Ward Sisters.	perienced Ward N	fanager and Matr	on, with experi	ienced Band i
		team-OFT	HIF (2001)	Name			teamilDFT	HIFT	iii Marriqueta ar
0	Dec.	ter Terrele			Registered Nurse	Vacancies			
Ci	urrent Ros	ster Templa	Ie		RESISTERCO NURSES Diands 4		IN NO.24 MILE	Aug24 Sep-24	Dol-14 Nov-14
Current Staffing Template					Decludes qual Nurse Associates Bodested Establishment	18.94 18	99 18.99 18.90	18.99 18.99	18.90 18.90
24 Bedded Ward	Early	Late	Mahi		Staff in Post (as at and at pre- wants)	16.83 38	83 58.83 36.83	18.47 19.32	28.17 25.02
Registered Nurse	4	4	3		Variance (Month Start) Newly Couldfeet (with PIN)	2.83 0	16 0.16 2.16 00 0.00 0.00	0.52 0.33 0.00	4.18 6.03 2.00 0.00
Care Support Worker B2	1.5	3	2		OSCI Norme	1.00 0.	00.0 00.0 00	1.00 0.00	0.00 0.00
					Terroren		00 0.00 1.00	0.00 4.00	0.00 0.00
8 Bedded SAU	Early	Late	Night		Management par strongs of basis, internal	0.00 0 18.83 18	00 1.00 0.64 83 36.83 18.47	0.00 0.00	0.00 0.00 25.02 34.87
Registered Nurse	1	1			VARIANCE (Munch End)	0.31		0.33 4.38	0.00 5.89
		1	1			10000	1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1	6.11 4.14	4.01 3.00 I
Care Support Worker B3	1	1.1							
	1	11			Materially Leave and Carner Break GAP (actually subscriptions)	17	00 1.00 1.64 18 3.18 2.35	1.64 1.64 1.81 2.54	1.64 1.64 4.30 4.34
	1				Materiary Leves and Covers Month	17	19 19 19 19 19 19 19 19 19 19 19 19 19 1		Charles and
	1			622	Material (and and Cener Book	17	19 19 19 19 19 19 19 19 19 19 19 19 19 1	2.91 2.54	Charles and
Care Support Worker B3		team OFT	HUF INVITUDI	Pungata and Datas minimum for			teamidor	KRI 2.54	4.30 4.34
Care Support Worker B3					Planned vs /	Actual Staf	team COT	L31 234	4.30 4.34
	/acancies	team GFT	HIF MANNING		Planned vs /	Actual Staf	team iter	KRI 2.54	4.30) 4.34
Care Support Worker B3	/acancies	team GFT	HIF (2007)	1000 Paragete and Databat 1000 1000 1000 1000 1000 1000 1000 10	Planned vs /	Actual Staf	to and 234	ыл 254 нег (254) РРД снято	4.30) 4.34
Care Support Worker B3	Accancies Apr 24: May 24 19-72 14-42 14-42 14-25 14-	100000 1000000	HIF	8.17 29.95 29.74 1.55 0.23 0.02	Planned vs / Ward Rote Frailing Unit Baland	Actual Staf	beamstorry fing & CHF 235 Refn Saw refn Saw ref No Tat (S) 1228 Bees 95% Lase	HIF (254)	4.32 4.24
Care Support Worker B3	/acancies	10.72 10.72 10 10.72 10.72 10 10.72 10.73 10 10.73 10.73 10 10.73 10.73 10 10.73 10.73 10 10.73 10 10.73 10 10.73 10 10.73 10 10.73 10 10.73 10 10 10 10 10 10 10 10 10 10 10 10 10 1	HIF - 2000 - 200 872 89-72 8 740 81-81 8 740 81-81 8 710 8-00 000	8.17 29.95 29.74	Planned vs / Ward Acute Fraility Unit	Actual Staf	team LOT fing & CHF New rat to rate 122% best	HIF (254)	4.30) 4.34
Care Support Worker B3	Accancies 19.77 19.72 14.43 1420 19.77 19.72 14.43 1420 19.70 0.00 0.00 0.00 0.00 0.00	10-071 10-77 10-72 10 10-73 10-72 10 14-73 16-13 15 14-73 16-13 16 14-73 16-13 16 14-73 16 14-73 16 14-73 16 14-73 16 14-73 16 14-73 16 14-73 16 14-73 16 14-74 16 14	HIF	8.17 19.95 19.76 1.95 0.33 0.427 0.00 0.00 0.00 0.40 0.40 0.40 0.40 0.40 0.40 2.90 0.40 0.40	Planned vs / Mard Acute Fraility Unit Byland Sandale Fandale Fandale Fandale Fandale Fandale Fandale	6.01 3 Actual Staff Day F01 (Staff 100% 95% 122% 85% 100% 96% 91% 90% 92% 92% 92%	10 516 236	HEF 254 HEF 254 PPD CHIPPO NI CSW OW 45 4.8 32 3.4 3.7 3.8 3.3 3.5	4.30 4.34
Care Support Worker B3	Accancies 19.77 19.72 14.427 14.20 14.427	10-77 19-72 19 10-77 19-72 19 1-77 19-72 19-	HIF + 2014	B.17 198.95 198.74 1.95 0.23 0.627 0.00 0.00 0.00 0.00 0.20 0.00 2.90 0.20 0.400 0.22 0.22 0.22	Planned vs A Ward Acute Fraility Unit Byland Fandalis Foundains	631 3 Actual Staff Day NN CGW PRI(%) FRI(%) 95% 3238 85% 103% 96% 99% 96% 98%	team COT Sign 234 beam COT fing & CHF Asiy Ne CSW Fill (S) Fill (S) Sign 235 Sign 235 S	HEF 254 HEF 254 PPD CHIPPO NI CSW OW 45 4.8 32 3.4 3.7 3.8 3.3 3.5	4.30 4.34 mail 9.4 9.5 6.6 9.5 6.8 9.5 9.5 9.5 9.5 9.5 9.5 9.5 9.5
Care Support Worker B3	Accancies Res 21 Mer 21 14.07 14.20 14.07 14.20 14.07 5.10 0.00 0.00 0.00 1.00 0.00 1.00	10-72 10-72 19 10-72 10-72 19 10-72 10-72 19 10-72 10-12 19 10-72 10-12 19 10-72 10-12 19 10-72 10-12 19 10-72 10-72 10-72 19 10-72 10-72 10-72 19 10-72 10-	HIF	8.17 19.95 19.76 1.95 0.33 0.427 0.00 0.00 0.00 0.40 0.40 0.40 0.40 0.40 0.40 2.90 0.40 0.40	Planned vs / Mard Aute Frailty Unit Byland Fandale Fandale Fauntains Granby Iffu/JDD Jarvaola Lacelles	Lil 1 Actual Staf Day MN CSW Fat(%) Fat(%) SS% 101% SS% SS	Init Init Init	HEF 254 HEF 254 CHIPPO IN CSW Ove 4.6 4.8 3.2 3.4 5.2 4.3 3.7 3.8 3.3 3.5 2.6.9 3.2 3.3 3.7 2.6.9 3.2 3.3 3.7 4.1 3.3	4.30 4.34 Management and 9.4 6.6 9.5 7.5 8.6 8.1 7.4
Care Support Worker B3	Accancies 19.72 19.72 14.43 14.20 0.00 0.00 0.00 1.53 0.00 1.00 0.00 1.00	18-72 19-72 19 18-72 19-72 19 18-73 18-13 19 19-90	HIF	A.17 28.95 28.74 3.55 0.23 0.62 0.40 0.00 0.60 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40 0.40	Planned vs./ Planned vs./ Ward Acute Frailing Unit Byland Romabile Foundaile Foundaile Foundaile Foundaile Foundaile Foundaile Harmabile Liaccelles Unitonidaile Materning	6.01 5 Constraint Constraint Part (No) Part (No)	Init 3.16 2.16 Initian Initian Initian	HIF CHIPPO HIF CON Ove CHIPPO CHIPO CHIPO CHIPPO CHIPO CHIPO CHIPO CHIPPO CHIPPO CHIPPO CH	4.30 4.34 Monoperative 9.4 6.6 9.5 7.5 9.5 7.5 8.3 9.5 7.1 7.1 7.4 1.2.0
Care Support Worker B3	Accancies 19.72 19.72 14.43 14.20 10.00 0.00 0.00 1.51 0.00 1.00 14.20 14.20 14.20 14.20 15.13 0.00 1.00 14.20 14.70	10-72 10-72 20 14-72 14-72 20 14-73 14-13 15 15-50 11-13 15 15-50 11-13 15 15-50 11-13 15 15-50 11-13 15 15-50 11-13 15 15-50 11-15 15-50 11-15 15-500	HIF	ALT 128.95 18.74 1351 0.22 0.42 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.20 0.00 0.00 0.20 0.22 0.22 0.00 0.00 0.00 0.90 0.20 0.22 0.00 0.00 0.00 19.95 19.74 19.52	Planned vs.	5.01 3.0 Day R Part CSW PSN CSW PSN CSW PSN Day PSN CSW PSN SSN	to and 2.14 to any Corr (to any C	HEF 000000 HEF 000000 CHPPO N CSW Ow CSW O	4.30 4.34 manual for the second seco
Care Support Worker B3	Accancies 19.72 19.72 19.73 19.72 19.73 19.73 19.73 19.73 19.75 19.73 19.75 19.75 19.75 1	10-72 19-72 10 14-72 19-72 10 14-73 16-13 15 10-000 0.00 0 2-200 1.00 10 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0	HIF	ALT 12.95 13.74 1.95 0.38 0.42 1.95 0.38 0.42 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Planned vs./	5.01 3.0 Day Staff Day CSW PR (SU) PR (SU) PR (SU) PR (SU) PSN 2025 PSN 2025 PSN 2025 PSN 2025 PSN 2025 PSN 2035 PSN 990 PSN 997 PSN 998 PSN 997 PSN 997 PSN 997 PSN 997	Init S.16 2.36 Deserve of the second	HEF 101111 HEF 101111 CHPPD N GW Ow CHPPD N GW OW CHPD N GW OW CH N GW OW CH N GW OW CH N GW OW CH CH N GW OW CH CH CH CH CH CH CH CH CH CH	4.30 4.34 media 9.4 9.4 9.4 9.5 9.5 6.6 9.5 9.5 12.0 6.4 6.4 6.4 6.4 6.4 10.5
Care Support Worker B3	Accancies 19.72 19.72 14.43 14.20 10.0 0.00 0.00 1.51 0.00 1.00 14.30 1.51 0.00 1.00 14.30 1.51 0.00 1.00 14.30 14.70 15.13 5.00 0.00 0.000	10-72 19-72 10 14-72 19-72 10 14-73 16-13 15 10-000 0.00 0 2-200 1.00 10 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0	HIF	ALT 12.95 13.74 1.95 0.38 0.42 1.95 0.38 0.42 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Planned vs / Mari Acute Frailing Unit Prantice Prantice Paratalis Faratalis Gramby HulyADU Jarvauh Lascellas Uttondate Maternity Moderabe Cakala Roscial Care Baby Unit Tray	5.01 3. Day BN CSW Part (SA) 742 (SA) 742 (SA) 95% 925% 925% 95% 926% <td>Init 3.16 2.36 Deserve COPY Filmg & CHF Sign CSW Films CSW Films Films <</td> <td>HEF 254 HEF 254 CHPPO NI CSW Ow CHPPO NI CSW Ow CSW OW CSW</td> <td>4.30 4.34 reall 9.4 6.6 9.5 6.6 9.5 6.3 13.0 6.4 6.4 6.4 6.3 20.8 6.3</td>	Init 3.16 2.36 Deserve COPY Filmg & CHF Sign CSW Films CSW Films Films <	HEF 254 HEF 254 CHPPO NI CSW Ow CHPPO NI CSW Ow CSW	4.30 4.34 reall 9.4 6.6 9.5 6.6 9.5 6.3 13.0 6.4 6.4 6.4 6.3 20.8 6.3
Care Support Worker B3	Accancies 19.72 19.72 19.73 19.72 19.73 19.73 19.73 19.73 19.75 19.73 19.75 19.75 19.75 1	10-72 19-72 10 14-72 19-72 10 14-73 16-13 15 10-000 0.00 0 2-200 1.00 10 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0 0.000 0.00 0	HIF	ALT 12.95 13.74 1.95 0.38 0.42 1.95 0.38 0.42 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Planned vs./	5.31 3. Actual Staff Day FIE (NL) FIE (NL) FIE (NL) FIE (NL) SSN 104N 90% 92N 85% 104N 90% 92N 85% 104N 90% 92N	Init 3.16 2.36 Deams LOFF Fing & CHF Sign CSW Fight SSW	HEF 254 HEF 254 PDD CHIPPO NI CSW Ow CHIPPO NI CSW Ow CHIPPO CHIPO CHIPO CHIPO CHIPPO CHIPPO CHIPPO CHIPO CHIPO CHIPPO CHIPO CHIPPO CHIPO CHIPO CHIPO CHIPO CHIPO CHIP	4.30 4.34 4.30 4.34 4.30 4.



	Total in data collection period	Average per day
Admissions	56	1.80
Discharges	86	2.77
Transfers In	93	3
Transfers Out	59	1.90
Deaths	3	0.09
Ward Attenders	0	0

Falls	2 (June = 1, May = 3)	
Hospital acquired pressure ulcers	2 (June = 0, May = 2)	
Medication incidents	3 (June = 3, May = 6)	
Staffing Datix	0 (June = 0, May = 0)	-
Formal Complaints	0 (June = 0, May = 1)	

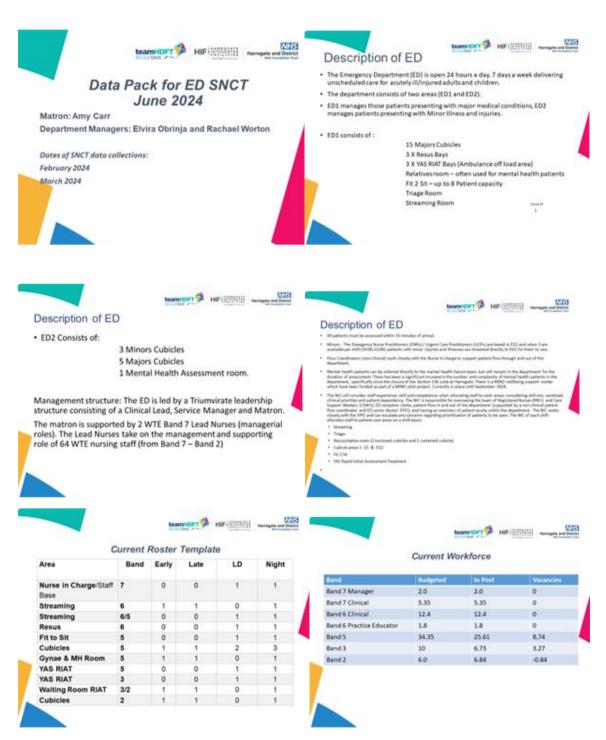
Harrogate and District NHS Foundation Trust

pendix 13				_					
	team		Ramga	te and District	Description of Wa		teameters ale 30 Beds	HEF	Terrapit of
Nid		fer Nursing C (SNCT) Data Collecti			Nidderdale is a 30 b We are a fast paced clinics. We care for for Gynae patients.	1 – high turnov both elective	er ward , admittin ind acutes and ha	ng from ED, 5 we a ward at	SAU , GPs an tender serv
Matron: Lesley Da Ward Manager: R					needs.	we also have a	s gastro deus in v	niçi çan na	ve very con
ADoN: Julie Walk									
		teamilter 7	HIF (2009)	MURA maste and District			teami-DFT	A HE 12000	II servets and
urrent Roster Te	mplate				Registered Nurse	e Vacancies			
Bedded Ward	Early	Late 5	Night	1	REGISTERED NURSES (Bands) (Includes goal Nurse Associat	Auto Autor A	No.24 No.24 No.24	Aug 24 Sep 24	0.024 NW-24
are Support Worker	3	3	2		Budgeted Establishment	18.14	18.54 18.34 18.34 14.63 34.63 14.63	18.14 18.14 15.60 15.57	18.14 18.14 17.52 21.47
ädderdale's data shows	s a steady clin	nb in acuity and de			Variants (Month Rent) Newly Coalified (with PN) OKCE Name	2.51 0.00 0.00	3.53 3.55 3.85 0.40 0.60 0.60 0.60 0.60 1.00	0.00 0.00	0.40 3.33 4.00 0.00 0.00 0.00
idderdale's data shown onths, with almost full i below) shows an optio resented at Establishmi taffing Template to be o	s a steady clin utilisation of th n to be consi ent Review Pa considered	nb in acuity and de eir bed base (30 be dered at the SNC	ids). The staffing t	emplates	CHCE Name General Recollinent Termini Montenet (so down of term, one Shaft (s Part (so down of cover o	0.00 0.00 0.00 1.00 1.00 54.63	0.00 0.00 0.00 0.00 0.00 1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.403 14.63 15.63	0.00 0.00 0.00 2.00 0.05 0.05 0.00 0.00 15.57 57.52	4.00 0.00 0.00 0.00 0.05 0.00 0.05 0.05 0.05 0.05 21.47 21.41
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Harrogate and District **NHS Foundation Trust**

Appendix 14





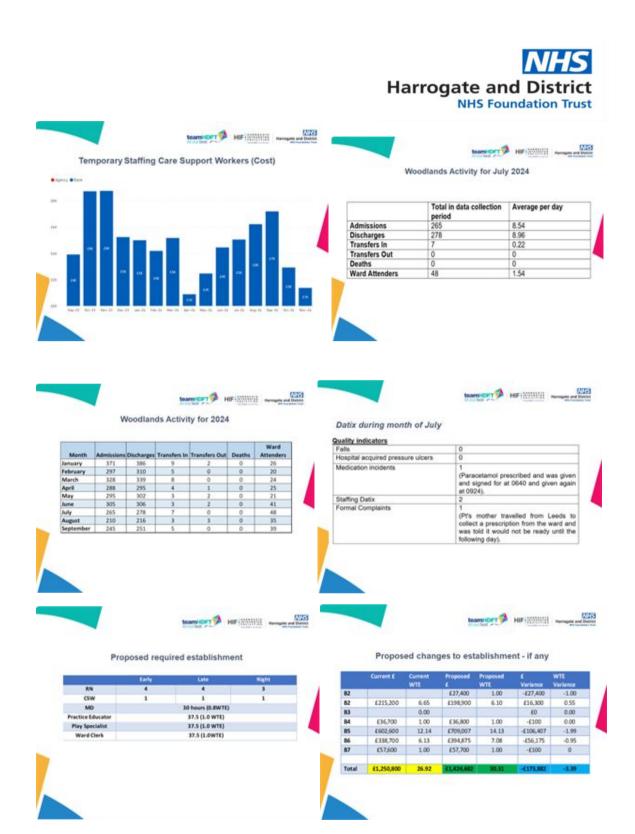


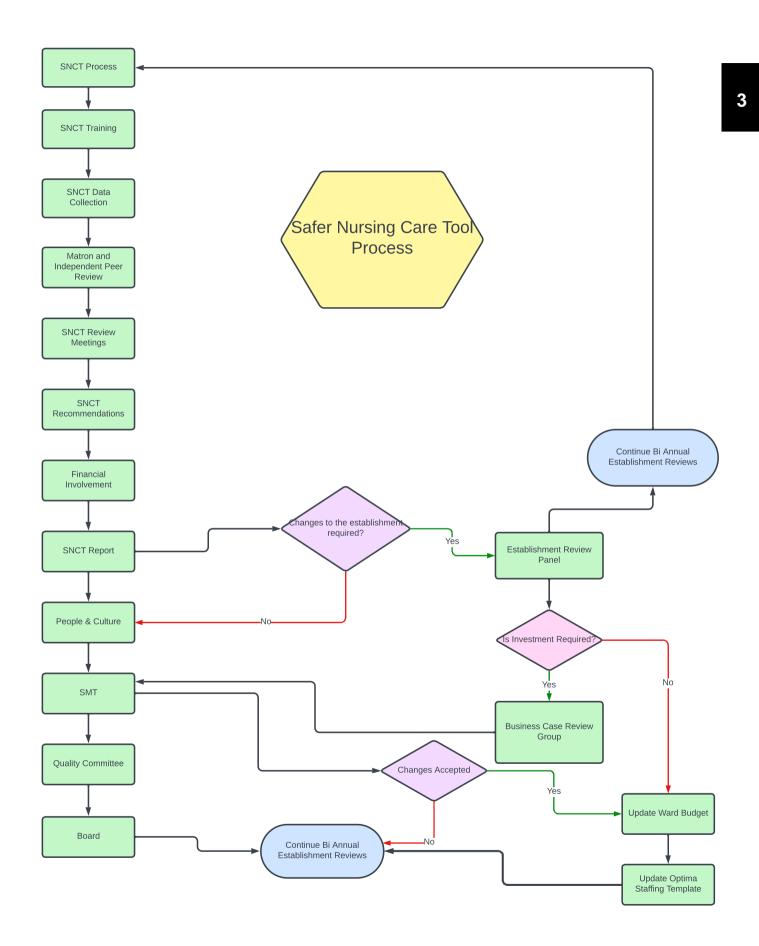
Harrogate and District

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Woodlands Safer Nursing Care Tool (SNCT)	Description of ward		











Board Meeting Held in Public Wednesday 27th November 2024

Title:	Learning from Deaths Quarterly Report Q2: Jul-Sep 2024
Responsible Director:	Executive Medical Director
Author:	Deputy Medical Director for Quality and Safety

Purpose of the report and summary of key issues:	The board is asked to note the surveillance of mortality indice the trust.	s across
	AIM 1: To be an outstanding place to work	
BAF Risk:	BAF1.1 to be an outstanding place to work	
	BAF1.2 To be an inclusive employer where diversity is celebrated	
	and valued	
	AIM 2: To work with partners to deliver integrated care	
	BAF2.1 To improve population health and wellbeing, provide	Х
	integrated care and to support primary care	
	BAF2.2 To be an active partner in population health and the	
	transformation of health inequalities	
	AIM 3: To deliver high quality care	
	BAF3.1 and 3.4 To provide outstanding care and outstanding	Х
	patient experience	
	BAF3.2 To provide a high quality service	Х
	BAF3.3 To provide high quality care to children and young people	
	in adults community services	
	BAF3.5 To provide high quality public health 0-19 services	
	AIM 4: To ensure clinical and financial sustainability	[]
	BAF4.1 To continually improve services we provide to our	
	population in a way that are more efficient BAF4.2 and 4.3 To provide high quality care and to be a financially	
	sustainable organisation	
	BAF4.4 To be financially stable to provide outstanding quality of	
	care	
Corporata Diaka	N/A	
Corporate Risks		
Report History:	Paper also submitted to Patient Safety Forum, Quality Gov Management Group and Quality Committee	rernance
Recommendation:	The board is asked to note the contents of the report, inclumetrics and methodology used.	ding the



Board Meeting Held in Public

Wednesday 27th November 2024

Learning from Deaths Quarter 2 Report

Executive Medical Director

1.0 Executive Summary

Crude mortality rates for the trust continue to oscillate around national level.

SHMI remains around the expected level and compares favourably with regional and national peer organisations.

19 cases have undergone a structured judgement review since the last report, 13 of which were from deaths in the Q2 period. Our new Datix SJR module is now live and enables better oversight and interrogation of SJR themes.



2.0 Introduction

Although mortality represents a very small percentage of all trust activity, it is important that it is monitored and examined appropriately. This report aims to triangulate mortality indices with other markers of quality of care, in particular that provided by structured judgemental reviews (SJRs) of medical notes.

3.0 Findings

3.1 Crude Mortality Data

The crude mortality rate for admissions gives a long-term view of trust mortality. In total, 175 deaths were recorded in Q2, slightly up from 171 in the preceding Q1 and also compared to Q2 in 23/24 which had 168 deaths. This data is not risk-adjusted so takes no account of the unique characteristics of individual admissions. Comparison with the national mortality rate is also shown where data is available (shown in the darker blue line in Figures 1 and 2). This demonstrates that the peaks and troughs we see in HDFT are often mirrored at the national level. Figure 2 gives a "zoomed in" view of data from the last 2 years. Note that the 12 month rolling mortality has generally declined since 20210 (apart from the impact of the Covid pandemic). It should be remembered that the denominator for this data is the number of hospital episodes, so as we increase elective work (including endoscopies), the percentage of deaths would be expected to fall.

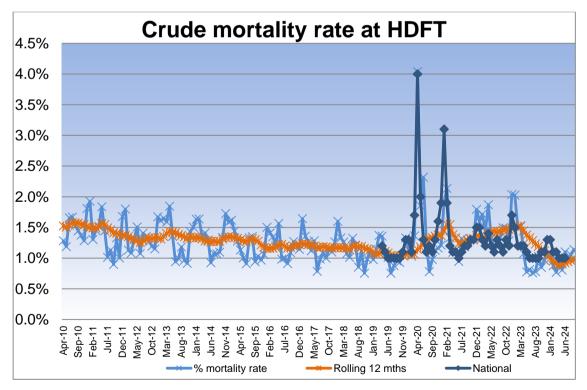


Figure 1: Crude mortality rates over the last 14 years (%deaths per hospital episode)



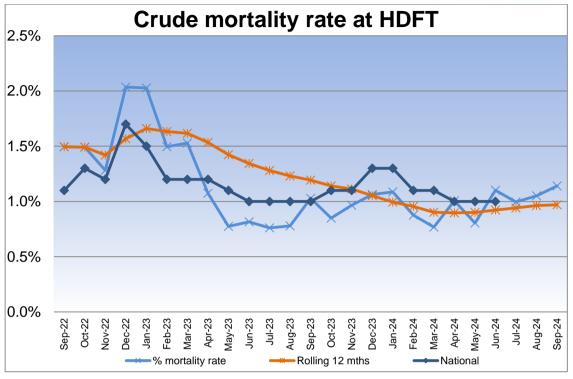
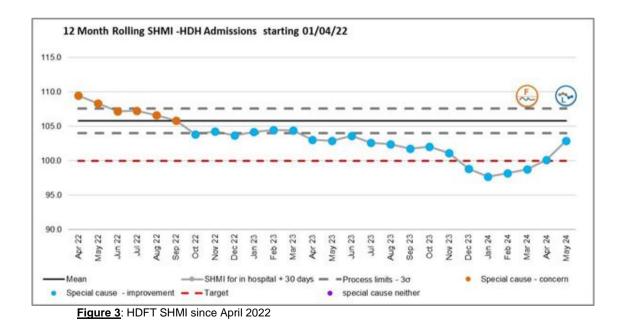


Figure 2: Expanded crude mortality rates over the last 2 years (%deaths per hospital episode)

3.2 Standardised Hospital Mortality Index (SHMI)

Figure 3 shows a decline in SHMI from a peak in April 2022.





Figures 4 and 5 demonstrate the observed and expected death predicted by the SHMI model, with Figure 6 demonstrating the difference between these two values. The number of observed deaths rose to a peak in March 2023 whereas the expected numbers peaked in November 2023.

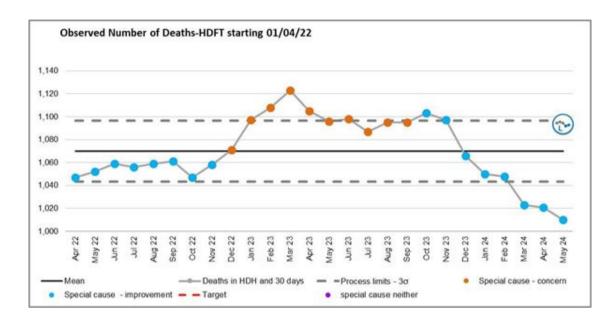


Figure 4: Observed deaths included into SHMI

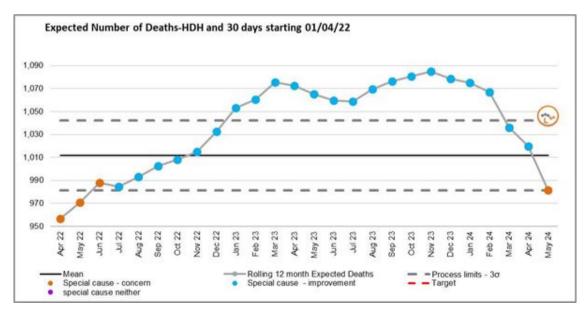


Figure 5: Expected deaths as predicted by SHMI.



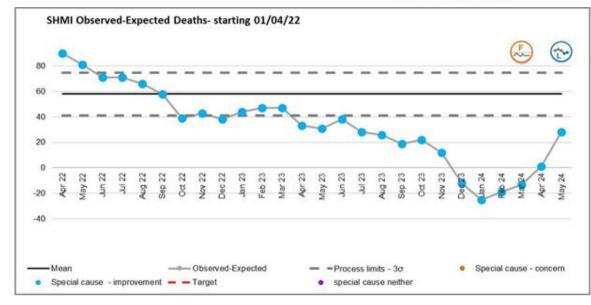
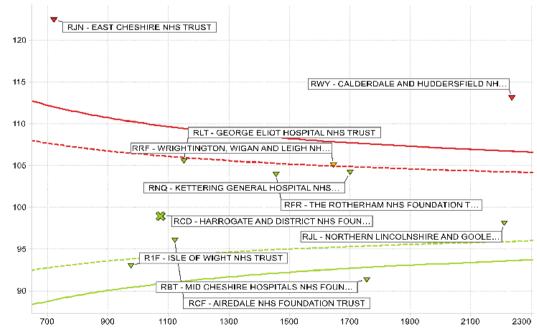


Figure 6: Observed-Expected Deaths, as predicted by SHMI

Figures 7 and 8 demonstrate our 12 month rolling SHMI against that of national peer and regional trusts:



Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlighting all data items and checking grand total in Tab 3 breakdown table.

Figure 7: SHMI data for national peer organisations



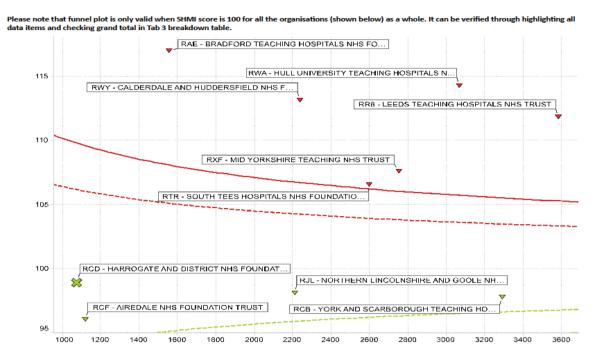


Figure 8: SHMI monthly data for regional peer organisations



3.3 Structured judgement reviews (SJR)

19 cases have been reviewed in this quarter with 13 relating to deaths in this period, 5 from the preceding Q4 and one from December 2023.

We have only received 1 "amber alert" for a diagnostic category with possible excess mortality in this quarter – deaths categorised as being due to "congestive heart failure". This is a diagnostic area which has previously between explored with no concerns identified. We are currently finalising "business rules" as to when such intermittent alerts would trigger a more in-depth exploration of clinical cases.

In this quarter, cases chosen and reviewed by the Acute Medical team have been included. They have selected cases that they have already identified as having possible lapses in care and therefore this quarter has a higher number of episodes of poor care identified than previously (where a higher proportion of cases for review were selected at random).

2 cases were in patients with a learning disability who will receive a second external review as part of the LeDeR process. Feedback on their findings will be provided in subsequent papers when the reports are received.

All cases in this quarter were reviewed using the new Datix iCloud SJR module which uses the most up-to-date national question set. New questions include a subjective assessment of the avoidability of death – if this were deemed to be higher than 50:50 then a Patient Safety Incident Investigation (PSII) would usually be initiated. A second new field is whether there were gaps in clinical care, organisational aspects or both. In this quarter, organisational aspects noted were delays in admissions from the Emergency Department and failure to be reviewed by a consultant within 14 hours of admission.

Date of admission	Care in First 24 hours	Ongoing Care	Avoidability of Death	Clinical and Organisational score (NCEPOD)	Overall Care
13/06/2024	Good care	Good care	Definitely not avoidable	Good practice	Good care
12/12/2023	Good care	Adequate care	Slight evidence of avoidability	Room for improvement in organisational care	Good care
02/07/2024	Good care	Good care	Definitely not avoidable	Good practice	Good care
06/06/2024	Adequate care	Poor care	Definitely not avoidable	Room for improvement in clinical and organisational care	Poor care
02/06/2024	Poor care	Not Applicable	Possibly avoidable but not very likely (less than 50:50)	Room for improvement in clinical care	Poor care
29/07/2024	Good care	Good care	Definitely not avoidable	Room for improvement in clinical care	Good care
19/08/2024	Good care	Good care	Definitely not avoidable	Good practice	Excellent care

The overall assessment of the standard of care of is shown in Table 1:



02/06/2024	Poor care	Good care	Slight evidence of avoidability	Room for improvement in clinical and organisational care	Good care
23/08/2024	Good care	Good care	Definitely not avoidable	Good practice	Good care
15/07/2024	Good care	Good care	Definitely not avoidable	Room for improvement in organisational care	Good care
05/07/2024	Poor care	Poor care	Definitely not avoidable	Less than satisfactory (either area)	Poor care
27/08/2024	Good care	Good care	Definitely not avoidable	Room for improvement in clinical care	Adequate care
17/07/2024	Good care	Not Applicable	Definitely not avoidable	Good practice	Good care
31/07/2024	Adequate care	Poor care	Definitely not avoidable	Room for improvement in clinical and organisational care	Adequate care
04/09/2024	Good care	Excellent care	Definitely not avoidable	Room for improvement in clinical care	Good care
30/06/2024	Good care	Good care	Definitely not avoidable	Good practice	Good care
08/07/2024	Good care	Not Applicable	Definitely not avoidable	Good practice	Good care
05/09/2024	Good care	Not Applicable	Definitely not avoidable	Good practice	Good care
14/09/2024	Good care	Good care	Definitely not avoidable	Room for improvement in clinical care	Good care

Table 1: Cored details of the cases reviewed this quarter

Three cases had overall care described as "poor". All have been highlighted for a second review by a different clinician. One case, as a result of 2 SJRs, has been declared an PSII. A second case was felt to be adequate care by the second reviewer. The third case is still undergoing a review.

End of Life Care				
	24/25	24/25		
	Q1	Q2		
Good care	12	11		
Adequate care	4	2		
Not Applicable	2	3		
Poor care	1	1		
Excellent care	0	2		
tal	19	19		

Patient Record Quality			
24/25 Q1 24/25 Q2			
Good	14	12	
Adequate	5	6	
Excellent	0	1	
Total	19	19	

Tables 2 and 3: End of Life Care provided and Quality of Patient Records



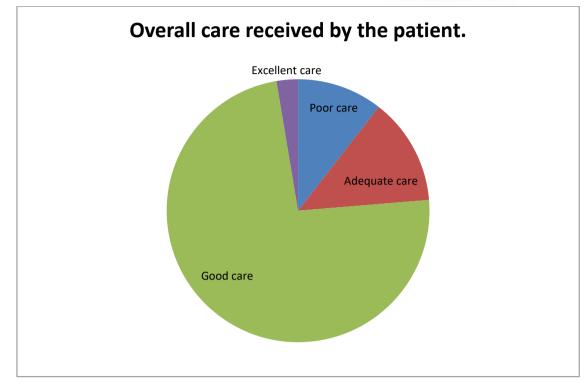


Figure 9: Overall care in all cases reviewed this financial year

Another new section of the Datix SJR is the ability for the review to identify any positive or negative learning points from the cases. These are shared with the clinicians via the regular Medical Directorate newsletter. Positive themes this quarter related to excellent use of the Critical Care Outreach team and strong communication with family members. Negative themes include early recognition of disease severity (especially in younger adults) and communications between clinical teams.

The Medical Examiner team have identified a possible theme related to early recognition and escalation of unwell patients. This will form a part of an ongoing PSII and will be the focus of some work by the Quality Team/Deputy Medical Directors.



4.0 Recommendation

The Board is asked to note the contents of this report and the processes for ensuring learning from deaths.





Trust Board Freedom to Speak Up Annual Report

27 th November 2024				
Title:	Freedom to Speak Up Guardian Annual Report			
Responsible Director:	Emma Nunez, Executive Director of Nursing, Midwifery and AHPs / Deputy Chief Executive			
Author:	Joanna Cann, Freedom to Speak Up Guardian			
Purpose of the report and summary of key issues:	To provide details of activities relating to Freedom Speak Up within year and highlight next steps.			
Trust Strategy and Strategic Ambitions:	The Patient and Child First Improving the health and wellbeing of our patients, children and communities			
	Best Quality, Safest Care	Х		
	Person Centred, Integrated Care; Strong Partnerships			
	Great Start in Life			
	At Our Best: Making HDFT the best place to work X			
	An environment that promotes wellbeing			
	Digital transformation to integrate care and improve patient, child and staff experience			
	Healthcare innovation to improve quality			
Corporate Risks:	None			
Report History:	Quarterly report submitted to People and Culture Committ Trust Board	ee and		
Recommendation:	The Committee is asked to review the content of this report including next steps.			

Freedom of Information:	This report will be available once published through Board reports
internation.	





Freedom to Speak Up Guardian Annual Report

1.0 Executive Summary

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

2.0 Background

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

3.0 Introduction

- 3.1 All NHS trusts are required to appoint a Freedom to Speak Up Guardian and an assessment of speaking up is at the heart of the well led domain of CQC inspections of NHS trusts.
- 3.2 There is a risk that poor standards of care can proliferate unless patients and staff are listened to, and their concerns welcomed and acted upon.

4.0 Equality Analysis

4.1 This work aims to impact positively on all staff but particularly on staff who might be more vulnerable to speaking up.

5.0 Risks and Mitigating Actions

5.1 Minimal time currently allocated to Guardian role, reduced resilience when taking leave.

6.0 Consultation with Partner Organisations

6.1 This Board Report was created from internal discussions only.

7.0 Monitoring Performance

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

8.0 Recommendation

8.1 The Board is asked to review and comment on the content of this Board Report to evaluate the work in relation to embedding a culture of speaking up.

9.0 Supporting Information

9.1 The following paper appended makes up the detail of the report

Joanna Cann

Freedom to Speak Up Guardian





Freedom to Speak Up Guardian Annual Report

Introduction

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

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

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

"If leaders and managers create positive, supportive environments for staff, they in turn create caring, supportive environments and deliver high-quality care for patients. Such leadership cultures encourage staff engagement". (The King's Fund: Improving NHS culture)

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

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

All Fairness Champions have been asked to complete the Speak Up and Listen Up training. Following the Mandatory Training Review Panel, all members of HIF and HDFT are required to complete "Speak Up" and all people in a Line Management or Leadership position are required to complete "Listen Up". The final module, "Follow Up" is undertaken by members of the Senior Management Team. This is to raise the profile and awareness of FTSU across the organisation and also provide staff with opportunity to reflect and consider how they can support and promote a Just Culture. As part of Speaking Up Month, October 2024, reminders were sent to any colleagues with this training outstanding. Engagement and completion continues to increase:-

Workforce	Required	Not Achieved	Compliance %
HDFT			
Substantive	4844	327	93%
HDFT Bank	152	33	78%

The overall compliance for Trust staff to date:

Workforce	Required	Not Achieved	Compliance %
HIF			
Substantive	334	38	89%
HIF Bank	55	15	73%



Workforce	Required	Not Achieved	Compliance %
Overall HDFT			
& HIF			
Substantive	5178	365	93%
Overall HDFT			
& HIF Bank	207	48	77%

Local work

The Freedom to Speak Up Guardian role update

The allocation for the Guardian role is currently 7.5 hours per week at Band 6. Scoping has shown this to be generally less time allocation, and lower banding, than comparable organisations across the region. Thus, reactive aspects of the role are prioritised over proactive aspects due to time constraints. FTSU capacity is being factored into future planning.

The Guardian is part of the Regional Guardian Network and, time allowing, attends network meetings and opportunities to share best practice.

Next steps / Action Plan:

- Continue regular meetings with Executive Director of Nursing to capture anonymised data from the concerns raised directly to the Director team
- Continue to raise awareness of and promoting engagement with FTSU, in particular during Speaking Up Month.
- To continue to include the FTSU Guardian and Associate role in the current work on the organisational culture, values and behaviours
 - Presented on Team Talk
 - Attended multiple staff engagement meetings and more planned.
 - Just and learning culture
 - Speak Up, Listen Up, Follow Up training modules.
 - Supporting FTSU Champions
 - Facilitating induction training
 - Facilitating Pathway to Management training
- To continue the rebrand of FTSU at HDFT Best Place to Work through HDFT Impact to embed FTSU into the #teamHDFT values and 'At our Best' programme, current project plan.
- Further define the FTSU model within HDFT, with particular consideration towards additional Guardians and associate roles.
- The Fairness Champion Directory has been updated. Applications are being accepted to become a champion and new recruits are being trained on a rolling annual basis.



Action Required	Lead	Date for completion
Continue with the launch of the visible "Pledge Wall" and other FTSU material	Communication & Marketing Team	Ongoing
Review the NGO Gap Analysis and Just Culture Gap Analysis	FTSU Lead & HR / OD	Ongoing
Launch the e - learning package as mandatory training	Learning & Development	Completed
Update of Fairness Champions directory	FTSU Lead and Associate	Completed
Regional scoping of comparative FTSU models	FTSU Lead via Regional Network	Completed
To gain feedback from completed cases and use this to inform FTSU process moving forward.	FTSU Lead	Ongoing
Review the wider HDFT model of delivery	Associate Director of Quality and Corporate Affairs	Ongoing

The following table captures the numbers of cases received by the Freedom to Speak Up Guardian, between November 1st 2023 and October 31st 2024. These include a comparison of the previous year, however, please note that the figures from the previous year may not fully reflect the extent of FTSU activity.

Туре	Group	1 Nov 2023 - 31 st Oct 2024	
Numbers of cases brought by professional level	Student Worker Manager Senior leader Not disclosed <u>TOTAL</u>	37 9 0 5 <u>5</u>	2 30 5 0 5 42
Numbers of cases brought by professional group	Medical Registered Nurses, Midwives & AHPS Administration, Clerical & Maintenance/Ancillary Non-registered clinical support staff Undisclosed <u>TOTAL</u>	5 21 8 12 5 0 51	4 23 10 0 3 2 42
Number of cases raised anonymously		1	2
Number of cases with an element of bullying or harassment		18	14





In Summary:-

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. We encourage colleagues to be aware of the different ways within the Trust, Freedom to Speak Up being one of them.

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 group 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 characteristics;

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.

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
 - o 28 x Fairness Champions across the organization
- The next cohort of Champions awaiting training currently stands at 9 colleagues.
- Speak Up Month Listen Up October 2024, was marked with a presentation on Team Talk, awareness raising across the Trust and a drive to complete elearning.





- Collaborative work and constructive signposting, within the Trust established and continuing, including with:
 - Union Representatives
 - The Wellbeng Team
 - o Occupational Health
 - o Human Resources
 - Equality, Diversity & Inclusion Team
- Regular facilitating within Trust Induction
- Regular facilitating within Pathway to Management training
- > Attendance as a presenter on Team Talk
- Regular attendance and updates provided to the People & Culture Committee.
- Fulfilling requests to attend team meetings / huddles including within SROMC; Matrons; SDEC teams and ensuring this offer is given when in communication with managers and their teams.
- Attendance at both Harrogate & Durham Wellbeing Days
- Contributor to Equality Delivery System 2022.
- Speaker at the Professional Nurse Advocate Timeout Day
- Recognition of need for and completion of reflective resilience training and mental health training by Guardian.
- Conversation with CQC in the context of FTSU at HDFT

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.





T E E D E S

Premises Assurance Model 2023/2024 Summary Report

Produced by:Daniel Munroe, Estates Compliance ManagerDate:August 2024

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1. Introduction

The NHS Premises Assurance Model (PAM) is a monitoring tool developed by the Department of Health to provide information relating to the NHS Estate. Estate costs are the third highest in the NHS after staff and drugs and nationally the estate is valued at tens of billions of pounds. It is therefore essential we provide a safe, high quality and efficient estate, supporting patients' right to be "cared for in a clean, safe, secure and suitable environment".

The intended benefits of PAM are to:

- the ability to demonstrate to patients, commissioners and regulators that robust systems are in place and to provide assurance that the premises and associated services are safe;
- helps trusts prioritise investment decisions in order to raise standards in the most advantageous way; and
- the ability to measure compliance against legislation and guidance across the whole NHS.

NHS Boards have a responsibility to hold their own organisations to account, but the specialised nature of Estates and Facilities (E&F) can make this challenging. The PAM tool is intended to offer assurance to Boards in a consistent way nationally, recognising that this is a self-assessed, high level view, rather than a detailed operational tool for each service.

The tool has developed over time, both in terms of addition, amendment and removal of questions but also with fundamental structural changes, with the current format last updated in April 2024. The NHS England E&F maintain the model with a user group comprising NHS trusts, regional colleagues, Care Quality Commission and other users overseeing the changes within the model. The PAM submission is an online submission allowing comparison of data with other Trusts, with the 23/24 return to be formally submitted in September 2024.

2. Structure of the Premises Assurance Model Tool

The current PAM tool contains 370 self-assessment questions (SAQs) categorised into main 5 domains:-

- Safety (Hard FM and Soft FM)
- Patient Experience
- Efficiency
- Effectiveness
- Organisational Governance

Within the 22/23 submission, an additional domain in the form of Helipad was introduced although this is not applicable to HDFT.

Self-assessment responses to each question can be stated as:-

- Not applicable
- Outstanding
- Good
- Requires Minimal Improvement
- Requires Moderate Improvement
- Inadequate

Appendix B details the selection of self-assessment questions present within each domain.

3. 23/24 Model Amendments

A number of additions and amendments were made to the 23/24 model resulting in an additional 8 questions based on the previous year's model, bringing the total quantity to 370.

Alterations have been made to Safety, Efficiency, Effectiveness and Helipads domains with all details located within Appendix C.

Majority of amendments fall within the Safety Hard section with the addition of SH21 focusing on Built Environment: Reducing Harm by Ligature in Practice. Although primarily aimed at Mental Health trusts, the SAQ is applicable to HDFT through the presence of the Emergency Department, with particular emphasis on the ability to report on the requirements of safer wards and never events.

SH20 – Medical Gases Framework has been removed from the submission although may return in future years dependent on the release of supplementary guidance.

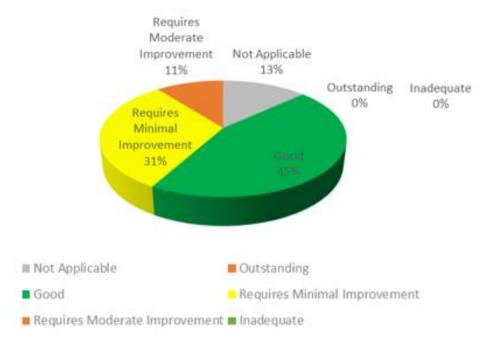
The bulk of remaining amendments constitute an update of guidance, legislation and regulations, evidence to be used within the self-assessment and further Net Zero focused requirements.

4. Summary of Results

Domain	Submission Year	Not Applicable	Outstanding	Good	Requires Minimal Improvement	Requires Moderate Improvement	Inadequate	Total SAQs
Hard FM - Safety	23/24	16	0	61	51	22	0	150
	22/23	24	0	47	70	12	0	153
Soft FM - Safety	23/24	10	0	39	42	9	0	100
	22/23	9	0	27	52	6	0	94
Patient Experience	23/24	6	0	19	3	0	0	28
	22/23	6	0	18	3	1	0	28
Efficiency	23/24	4	0	17	7	3	0	31
	22/23	7	0	17	4	0	0	28
Effectiveness	23/24	1	0	8	12	5	0	26
	22/23	4	0	10	9	2	0	25
Governance	23/24	3	0	22	1	0	0	26
	22/23	1	0	17	8	0	0	26
Helipad	23/24	9	0	0	0	0	0	9
	22/23	8	0	0	0	0	0	8
	23/24	49	0	166	116	39	0	370
Totals	22/23	59	0	136	146	21	0	362

The table below shows the number of questions in each domain across the self-assessment ratings, with a comparison shown for 22/23 and 23/24 submissions.

The summary of results shows the majority of answers were rated good at 44.9% with no SAQs determined as outstanding or inadequate. 31.3% were rated as requiring minimal improvement and 10.5% requiring moderate improvement. Not applicable accounted for 13.3% of the responses. This is further represented via the summary chart below.



Proposal for improvements within future PAM submissions include closer collaborative working between HIF & HDFT enabling a smoother assessment process and greater accuracy in the review and inclusion of community sites.

5. Outstanding areas

There were no areas assessed as outstanding.

6. Good areas

166 areas were defined as good which is an increase in comparison to the 22/23 submission, although this is attributed over a slightly greater quantity of questions. An increase from 37.5% to 44.9% between years showcases a positive improvement. Patient Experience, Efficiency and Effectiveness domains scored particularly well in this area.

7. Requires Minimal Improvement areas

116 areas were rated as requiring minimal improvement which provided a decrease in comparison with 22/23, although across a higher quantity of SAQs with a reduction of 8%.

Mains areas of improvement are linked to the periodic reviewing of BCPs, associated testing exercises (in particular practical assessments) and the reviewing, development and control of polices, SOPs etc.

Remedial actions were carried out over the previous annum assisting in the decline of the minimal improvement rating.

Full details of all areas requiring minimal improvement are shown in the costed action plan (Appendix A).

8. Requires Moderate Improvement areas

There were 39 areas rated as requiring moderate improvement relating primarily to the hard and soft safety domains, providing an increase in the rating of 4.74%.

These are largely pin pointed general security assurance, evidence of functional suitability demonstrated across sites and the additional inclusion of SH21 – Reducing harm by ligature in practice which highlights a number of areas of improvement within high risk areas across the trust.

Full details of all areas requiring moderate improvement are shown in the costed action plan (Appendix A).

9. Inadequate areas

There were no areas assessed as inadequate.

10. Costed action plans

Where SAQs within the PAM tool have been defined as requiring minimal improvement, moderate improvement or inadequate, a costed action plan has been devised to support in providing a minimum rating of good, with 191 actions present within the current position.

The majority of the actions fall within the Safety Domain (both Hard and Soft FM) with the quantity of actions falling broadly in line with the previous submission.

The actions quantified do not have a bearing or provide an improvement to the current trust backlog position which is circa £54m. The actions and associated costs provide a baseline for governance, productivity and efficiency within the E&F service.

Costs attributed to the action plan are budget, with additional development required to drill down the costs and provide a further accurate financial position.

The following tables provide a summary of each domains generated actions and applicable costs.

SH - Safety Hard			
Reference	Number of Actions	CapEx (£)	OpEx (£)
SH1	6	0	60,000
SH2	5	0	0
SH3	4	0	0
SH4	11	0	17,000
SH5	2	0	10,000
SH6	8	0	3,000
SH7	4	0	0
SH8	6	0	0
SH9	7	0	0
SH10	4	0	0
SH11	6	0	0
SH12	6	0	0
SH13	5	0	0
SH14	6	0	0
SH15	0	0	0
SH16	1	0	0
SH17	2	0	0
SH18	7	0	0
SH19	3	0	0
SH21	6	0	0
Total	107	0	90,000

SS - Safety Soft			
Reference	Number of Actions	CapEx (£)	OpEx (£)
SS1	11	95,000	87,698
SS2	0	0	0
SS3	7	0	
SS4	4	0	0
SS5	3	0	0
SS6	7	0	0
SS7	3	0	500
SS8	3	0	0
SS9	4	0	500
SS10	4	15,000	50,000
Total	46	110,000	138,698

P – Patient Experience				
Reference	Number of Actions	CapEx (£)	OpEx (£)	
P1	0	0	0	
P2	1	0	0	
P3	1	0	0	
P4	0	0	0	
P5	0	0	0	
P6	1	0	0	
Total	3	0	0	

F – Efficiency			
Reference	Number of Actions	CapEx (£)	OpEx (£)
F1	0	0	0
F2	2	10,000	0
F3	3	25,000	15,000
F4	0	0	0
F5	5	25,000	204,000
Total	10	60,000	219,000

E – Effectiveness			
Reference	Number of Actions	CapEx (£)	OpEx (£)
E1	3	0	0
E2	5	20,000	0
E3	1	50,000	0
E4	15	287,000	110,000
Total	24	357,000	110,000

G – Governance				
Reference	Number of Actions	CapEx (£)	OpEx (£)	
G1	1	0	0	
G2	0	0	0	
G3	0	0	0	
Total	1	0	0	

Capital Planning department have assessed the 4 SAQs under Efficiency and 11 SAQS relating to Effectiveness. IT department completed the assessment of SS10 and the 8 associated SAQs.

These actions are predominantly trust led with HIF support in certain areas mainly in line with Sustainability and Net Zero.

Total Actions: 191

Total Projected Costs: £1,084,697.60

Highlights of typical actions found within each domain against Requires Minimal Improvement and Requires Moderate Improvement can be found below. Cost action plan in its entirety can be found within Appendix A.

Domain	Requires Minimal Improvement	Requires Moderate Improvement
SH - Safety Hard	 Training and Staff Development (additional CPs, APs) BCP Testing (non desktop) Policy and Procedure Review/Development (inc. SOPs) 	 Asset Register Development Operational Maintenance Digital Improvements Ligature Risks (Development of Policy, Roles & Responsibilities, High Risk Area Assessments)
SS - Safety Soft	 Policy and Procedure Review/Development Risk Assessment Review (Waste, Security, Catering) Review of 24/7 Catering Offering PSTN Migration Plan 	 Training and Staff Development (Security, Laundry/Linen Services) Development of Improved Security Asset Maintenance Programme
P – Patient Experience	 Review of Benchmarking Review of Survey and Focus Group Strategy Food & Drink Strategy Review 	No Actions
F – Efficiency	 Development of 2025-30 Green Plan Net Zero Digital Improvements Sustainability Training including Departmental Leads Appointed Heat Decarbonisation Plan Development Finalisation of Capital Management Playbook Space Utilisation Survey Improvements 	No Actions
E – Effectiveness	 Review of E&F Strategy Implementation of E&F Communication Plan Further collaboration with NYCC in Relation to Town Planning and Control Development of 20/20/60 Waste Management NHSE Target Smart Metering Plan Development and Implementation 	• Water Efficiency Review and Inclusion Within Relevant Policy
G – Governance	Development of Corporate Governance Framework	No Actions

11.Next Steps

To enhance the accuracy of future submissions, a number of improvements would assist in the development and efficiency of the process.

The establishment of a quarterly PAM Assurance Group incorporating both HIF and HDFT would enable a 'soft' periodic review of the live position, tracking progress against actions, departmental development and highlighting any further risks/actions that may have arisen within the period. Domain workshops would provide the ability to conduct local reviews with relevant stakeholders prior to reporting to the main assurance group. Target action completion dates also require formalising and monitoring.

A review of domain and action owners will ensure the relevant personnel are assigned to accurately develop, resolve and escalate a formal reassessment of the model. Findings should then be inputted onto relevant risk registers if applicable.

Governance route to be formalised ensuring information is taken through all relevant groups, committees and boards for oversight, comment and approval. An appointment of a board level Senior Responsible Officer (SRO) within both HIF and HDFT will enhance the process and give high level exposure of all conclusions.

With current costed action plans attributed with budget costs only, development of costs will provide a true financial position to assist in the goal of achieving a 'Good' or greater rating across all domains within the model. Cost development would be tracked through the assurance group providing a live position at all times.

The community estate requires inclusion within the model, with currently HIF maintained sites providing the basis for the submission. Inclusive of the community will further develop the trust's overall position and any potential unknown risks and actions.

12. Appendix A HDFT PAM XLS Risk Assessed Costed Action Plan 2024-2025.xlsx



13. Appendix B

PAM Domains – Areas of Focus and Questioning

Domain – Safety Hard

Areas covered by this section include:-

- E&F operational management
- Design, layout and use of properties
- E&F document management
- · Health and safety at work
- Asbestos
- Medical gas systems
- · Natural gas and specialist piped systems
- · Water safety systems
- Electrical systems
- · Mechanical systems
- · Ventilation, air conditioning and refrigeration systems
- · Lifts, hoists and conveyance systems
- Pressure systems
- · Fire safety
- Medical devices and equipment
- Resilience, emergency and business continuity planning
- · Reporting of safety related issues and auctioning safety related alerts
- Ensuring E&F services are safe and suitable when the organisation is not directly responsible for providing these services
- Contractor management
- Built Environment Reducing harm by ligature in practice

Typical questions in all of these areas focus on:-

- Policies and procedures
- · Roles and responsibilities
- Risk assessment
- Maintenance
- · Training and development
- Review process
- · Costed action plans

Domain – Safety Soft

Areas covered by this section include:-

- Catering services
- Decontamination processes
- Waste and recycling management
- Cleanliness and infection control
- Laundry and linen services
- Security management
- Transport services and access arrangements
- Pest control
- · Portering services
- · Telephony and switchboard

Typical questions in all of these areas focus on:-

- Policies and procedures
- Roles and responsibilities
- Risk assessment
- Maintenance
- Training and development
- Review process
- · Costed action plans

Domain – Patient Experience

Areas covered by this section include:-

- Ensuring engagement and involvement on E&F services from people who use the services, public and staff
- Ensuring patients, staff and visitors perceive the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory
- Ensuring patients, staff and visitors perceive cleanliness of the estate and facilities to be satisfactory
- Ensuring that access and car parking arrangements meet the reasonable needs of patients, staff and visitors
- Provide high quality and supportive environments to patients, visitors and staff in relation to grounds and gardens
- Ensuring that Catering Services provide adequate nutrition and hydration through the choice of food and drink for people to meet their diverse needs

Typical questions in these areas focus on:-

- PLACE assessments
- Other assessments
- Views and experiences
- Engagement
- Prioritisation
- Value
- Costed action plans

Domain – Efficiency

Areas covered by this section include:-

- · Having a well-managed approach to performance management of E&F operations
- · Having a well-managed approach to improved efficiency in running E&F services
- · Improved efficiencies in capital procurement, refurbishments and land management
- Having well-managed and robust financial controls, procedures and reporting relating to E&F services
- Ensuring E&F services are continuously improved and sustainability ensured

Typical questions in these areas focus on:-

- Analysing performance
- Benchmarking
- Business planning
- Commercial opportunities
- Capital procurement
- · Policies and procedures
- Quality and sustainability
- Financial pressures
- Continuous improvement
- Costed action plans

Domain – Effectiveness

Areas covered by this section include:-

- · Having a clear vision and a credible strategy to deliver good quality E&F services
- · Having a well-managed approach to town planning
- Having a well-managed robust approach to management of land and property
- Having a suitable sustainability approach in place and being actioned.

Typical questions in these areas focus on:-

- Vision and value
- Strategy
- Development
- Progress
- Local and neighbourhood planning
- Planning control
- Enforcement
- Disposal, leases and acquisitions
- Governance
- Costed action plans

Domain – Governance

Areas covered by this section include:-

- 1. Ensuring the E&F governance framework has clear responsibilities and that quality, performance and risks are understood and managed
- 2. Ensuring the estates and facilities leadership and culture reflects the vision and values, encourages openness and transparency and promoting good quality E&F services
- 3. Ensuring that the organisations Board has access to professional advice on all matters relating to E&F services

Typical questions in these areas focus on:-

- Governance frameworks
- Roles
- · Partners and third parties
- · Performance, assurance and monitoring
- Audit
- Risk
- Leadership
- Staff feelings
- Culture
- Promoting safety, health and wellbeing
- Teamwork
- E&F professional advice
- Costed action plans

14. Appendix C

PAM Annual Amendments 23/24

Safety Hard

Legislation & guidance updated.

SH16, SH17, SH18 and G2 evidence: 'The organisation demonstrates that it undertakes process to identify lessons from events and incidents, with a robust process for implementing the learning into new or amended organisational policy, procedure or ways of working'

SH4 H&S - MH wording added - (cell E47)

Mental Health (MH) service Providers (and Trusts who may treat MH patients such as A&E) should consider:

• Ligature Reduction

- Barricade Reduction ironmongery
- Absconding Reduction
- Windows/Falls from Height
- Ceiling Height
- Air Locks
- Fence heights
- Bolt down Fixed Furniture and Equipment
- Non Pick Mastic
- Reduced breakable glass/plastic/fabric
- MH court yards and Garden/furniture

SH4 H&S - MH wording added (cell E45)

4. The ability to report on the regulatory requirements regarding safer wards (ligature).

5. Demonstrate clear ability to report on never events relating to estates and facilities items (window restrictors/non collapsible rails/surface temperature) particularly when in relation to Mental health facilities and A&E wards.

SH10 - wording updated

SH14 - Fire safety guidance added (cell F147)

18. Approved Document B

19. Equality Act 2010

20. Regulation 38 – operating within the building on Fire Safety.

SH19 - Safety Hard added - SH19.3 'contract expiry' and updated wording SH19.2

Previous SH20 - regarding medical gasses (Framework TBC) - removed - will be added next year if the guidance is available on this)

SH20 - removed

SH21- Added separate question regarding ligature

Safety Soft

Legislation and guidance updated

Cleanliness and infection control

Legislation and guidance updated

SS1.sub questions 15-21 wording updated slightly

SS4 - Cleanliness and infection control - Sub questions 9,10,11 added

SS4.8&9 wording added: (Although the mandatory requirement is to display in patient facing areas however a trust may choose to display in other areas so this is capturing evidence where trusts are improving standards for staff) also guidance note 'Consider ambulance cleaning supplement' SS9 - Portering services - wording added within the guidance (cell f114):

To note we are working on guidance for portering which will be available for reference next year, covering:

- Service strategy (workforce)

- Technology and equipment
- Policy

- Working with clinical teams

SS10 - PSTN - added sub question SS10.7 - updated

Efficiency

Evidence updated:

F3 Improved efficiencies in capital procurement, refurbishments and land management guidance and evidence updated (Cell E30 and F25)

F3 Efficiency - added F3.2. 'Capital project Management' (also updated wording for F3.1)

F4 Efficiency - added F4.3. 'Board reporting and contracting'

'health system' updated, Procure 23 added - 10. NHS Net Zero Building Standard, 11. Estates Net Zero Carbon Delivery Plan (NZCDP), evidence wording updated to 'site level' 2. The organisation considers the NHS Net Zero Building Standard when undertaking construction and refurbishment projects

Effectiveness

Evidence updated (Cell E33-39)

Guidance legislation updated.

-New Transport question proposed in E4.5

- Updated E4.7 regarding procurement

-Recently published Net Zero Travel & Transport strategy added to 'relevant guidance & legislation'

Helipad - Question has been restructured to provide more evidence examples

(cell B7-9) wording added to sub questions

1.-The Trust should have a responsible person able to demonstrate and documented evidence/policy in relation to Downwash helipad factors and considerations within the Trust.

2. -The Trust should have a responsible person able to demonstrate and documented evidence/policy in relation to general helipad factors and considerations within the Trust.

3. - In addition - The Trust should have a responsible person able to demonstrate and documented evidence/policy in relation to Fire risk regarding