

**Board of Directors Meeting (Public)**  
**To be held on Wednesday 29<sup>th</sup> November 2023 12.45 – 3.45pm**  
**Venue: Pavilions of Harrogate**

## AGENDA

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

Item No.	Item	Lead	Action	Paper
<b>SECTION 1: Opening Remarks and Matters Arising</b>				
1.1	<b>Welcome and Apologies for Absence</b>	Chair	Note	Verbal
1.2	<b>Patient Story</b>	Director of Nursing, Midwifery and AHPs/ Medical Director	Discuss	Verbal
1.3	<b>Declarations of Interest and Register of Interests</b> <i>To declare any new interests and any interests in relation to open items on the agenda</i>	Chair	Note	Attached
1.4	<b>Minutes of the Previous Board of Directors meeting held on 27<sup>th</sup> September 2023</b>	Chair	Approve	Attached
1.5	<b>Matters Arising and Action Log</b>	Chair	Discuss	Attached
1.6	<b>Overview by the Chair</b>	Chair	Note	Verbal
<b>SECTION 2: Chief Executive Reports</b>				
2.1	<b>Chief Executive Report</b>	Chief Executive	Note	Attached
2.2	<b>Corporate Risk Register</b>	-	Note	Supp. Pack
<b>SECTION 3: Ambition: Best Quality, Safest Care</b>				
3.1	<b>Board Assurance Framework: Best Quality, Safest Care</b>	Director of Nursing, Midwifery and AHPs	Discuss	Attached
3.2a	<b>Quality Committee Chair</b>	Quality Committee Chair	Note	Verbal
3.2b	<b>Integrated Board Report – Indicators from Safe, Caring and Effective domains</b>	-	Note	Supp. Pack
3.3a	<b>Director of Nursing, Midwifery and AHP Report</b>	Director of Nursing, Midwifery and AHPs	Note	Attached

3.3b	<b>Domestic Abuse and Sexual Violence</b>	Director of Nursing, Midwifery and AHPs	Note	Attached
3.4a	<b>Medical Director Report</b>	Medical Director	Note	Attached
3.4b	<b>Learning from Medical Industrial Action</b>	Medical Director	Note	Attached
3.5	<b>Learning from Deaths Quarterly report</b>	Medical Director	Note	Supp. Pack
<b>SECTION 4: Ambition: Great Start in Life</b>				
4.1	<b>Board Assurance Framework: Great Start in Life</b>	Director of Strategy	Discuss	Attached
4.2a	<b>Strengthening Maternity and Neonatal safety grid</b>	Director of Nursing, Midwifery and AHPs	Note	Attached
4.2b	<b>Strengthening Maternity and Neonatal safety report</b>	Director of Nursing, Midwifery and AHPs	Note	Supp. Pack
<b>SECTION 5: Ambition: Person Centred; Integrated Care; Strong Partnerships</b>				
5.1	<b>Board Assurance Framework: Person Centred; Integrated Care; Strong Partnerships</b>	Chief Operating Officer	Discuss	Attached
5.2	<b>Resource Committee Chair's Reports</b>	Resource Committee Chair	Note	Verbal
5.3	<b>Integrated Board Report – Indicators from Responsive, Efficiency, Finance and Activity Domains</b>	-	Note	Supp. Pack
5.4	<b>Chief Operating Officer's Report</b>	Chief Operating Officer	Note	Attached
5.5	<b>Director of Finance Report</b>	Finance Director	Note	Attached
<b>SECTION 6: Ambition: At Our Best: Making HDFT the Best Place to Work</b>				
6.1	<b>Board Assurance Framework: At Our Best: Making HDFT the Best Place to Work</b>	Director of People & Culture	Note	Attached
6.2	<b>People and Culture Committee Chair's Report</b>	People and Culture Committee Chair	Note	Verbal
6.3	<b>Integrated Board Report – Indicators from Workforce Domains</b>	-	Note	Supp. Pack

6.4	Director of People & Culture Report	Director of People & Culture	Note	Attached
SECTION 7 Ambition: Enabling Ambitions				
7.1	Board Assurance Framework: Digital transformation to Integrate Care and improve Patient, Child and Staff experience	Medical Director	Note	Attached
7.2	Board Assurance Framework: Healthcare innovation to improve quality and safety	Medical Director	Note	Attached
7.3	Innovation Committee Chair Report	Innovation Committee Chair	Note	Verbal
7.4	Board Assurance Framework: An environment that promotes wellbeing	Director of Strategy	Note	Attached
7.5	Director of Strategy’s Report	Director of Strategy	Note	Attached
SECTION 8: Governance Arrangements				
8.1	WYAAT Programme Executive minutes	-	Note	Supp. Pack
8.2	Collaboration of Acute Providers minutes	-	Note	Supp. Pack
8.3	Emergency Preparedness Statement	Chief Operating Officer	Approve	Attached
9.0	Any Other Business By permission of the Chair	Chair	Discuss/ Note/ Approve	Verbal
10.0	Board Evaluation	Chair	Discuss	Verbal
11.0	Date and Time of next Public Board meeting: Wednesday, 31 <sup>st</sup> January 2024 12:45-15:45 Venue: TBC			
Confidential Motion – the Chair to move: Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.				

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

**Board of Directors Register of Interests**  
**As at 27<sup>th</sup> September 2023**

Board Member	Position	Relevant Dates From	To	Declaration Details
Jacqueline Andrews	Executive Medical Director	June 2020	Date	<ol style="list-style-type: none"> <li>1. Familial relationship with managing partner of Priory Medical Group, York</li> <li>2. Lead for Research, Innovation and Improvement for Humber and North Yorkshire Integrated Care Board</li> </ol>
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	Date	<ol style="list-style-type: none"> <li>1. Company director for the flat management company of current residence</li> <li>2. Chief Executive of the Ewing Foundation</li> </ol>
Azlina Bulmer	Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> <li>1. Executive Director for the Chartered Insurance Institute,</li> <li>2. Familial relationship for Health Education England</li> </ol>
Jonathan Coulter	Finance Director Chief Executive from March 2022	March 2022	No interests declared	
Jeremy Cross	Non-executive Director	January 2020	Date	<ol style="list-style-type: none"> <li>1. Chairman, Tipton Building Society</li> <li>2. Chairman, Headrow Money Line Ltd (ended September 2021)</li> <li>3. Director and Shareholder, Cross Consulting Ltd (dormant)</li> <li>4. Chairman – Forget Me Not Children's hospice, Huddersfield</li> <li>5. Governor – Grammar School at Leeds</li> <li>6. Director, GSAL Transport Ltd</li> <li>7. Member - Kirby Overblow Parish Council</li> </ol>
Chiara De Biase	Non-Executive Director	November 2022	Date	<ol style="list-style-type: none"> <li>1. Director of Support and Influencing for Prostate Cancer UK</li> <li>2. Clinical Trustee for Candlelighters (Children's Cancer Charity)</li> </ol>
Emma Edgar	Clinical Director (Long term & Unscheduled Care)	No interests declared		
Matt Graham	Director of Strategy	September 2021	Date	<ol style="list-style-type: none"> <li>1. Governor – Malton School</li> <li>2. Stakeholder Non-executive Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)</li> </ol>
		April 2022	Date	

Dr Katherine Johnson	Clinical Director (Planned and Surgical Care)	No interests declared		
Dr Natalie Lyth	Clinical Director (Children's and County Wide Community Care)		Date	<ol style="list-style-type: none"> <li>1. Member of North Yorkshire Local Safeguarding Children's Board and sub-committees.</li> <li>2. Chair of the Safeguarding Practice Review Group.</li> <li>3. Chair of the North Yorkshire and York Looked After Children Health Professionals Network.</li> <li>4. Member of the North Yorkshire and York Safeguarding Health Professionals Network.</li> <li>5. Member of the national network of Designated Health Professionals.</li> <li>6. Member of the Royal College of Paediatrics and Child Health Certificate of Eligibility of Specialist Registration (CESR) Committee and assessor of applications for CESR.</li> <li>7. Familial relationship within Harrogate &amp; District NHS Foundation Trust</li> <li>8. Member of NHS Safeguarding Strategic Community of Practice for ICBs (Regional).</li> </ol>
Jordan Mckie	Director of Finance (from July 2023)	August 2022	Date	<ol style="list-style-type: none"> <li>1. Chair of Internal Audit Provider Audit Yorkshire</li> </ol>
Kama Melly	Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> <li>1. Kings Counsel Barrister</li> <li>2. The Honourable Society of the Middle Templar (Bencher)</li> <li>3. Director and Deputy Head of Chambers – Park Square Barristers</li> <li>4. Inns of Court College of Advocacy - Governor</li> </ol>
Russell Nightingale	Chief Operating Officer	April 2021	Date	<ol style="list-style-type: none"> <li>1. Director of ILS and IPS Pathology Joint Venture</li> </ol>
Emma Nunez	Director of Nursing Deputy Chief Executive from March 2022	No interests declared.		
Andrew Papworth	Non-executive Director	March 2020	Date	<ol style="list-style-type: none"> <li>1. Chief Finance Officer at Insight222</li> <li>2. Ambassador for Action for Sport</li> </ol>
Laura Robson	Non-executive Director	No interests declared		

Board Member	Position	Relevant Dates From	To	Declaration Details
Wallace Sampson OBE	Non-executive Director	March 2020	Date	<ol style="list-style-type: none"> <li>1. Member of Society of Local Authority Chief Executives</li> <li>2. Commissioner – Local Government Boundary Commission for England</li> <li>3. Advisory Board Consultant – Commercial Service Kent Ltd.</li> <li>4. Chair – Middlesbrough Independent Improvement Advisory Board.</li> </ol>
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care) Deputy COO	April 2017	March 2022	Director of Shepherd Property Ltd
Richard Stiff	Non-executive Director	May 2018  January 2022 April 2022	Date  Date July 2023	<ol style="list-style-type: none"> <li>1. Director of (and 50% owner) Richard Stiff Consulting Limited</li> <li>2. Director of NCER CIC (Chair of the Board from April 2019)</li> <li>3. Member of the Association of Directors of Children's Services</li> <li>4. Member of Society of Local Authority Chief Executives</li> <li>5. Local Government Information Unit Associate</li> <li>6. Fellow of the Royal Society of Arts</li> <li>7. Stakeholder Non-Executive Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)</li> <li>8. Member of the Corporation of the Heart of Yorkshire Education Group</li> </ol>
Julia Weldon	Non-Executive Director	November 2022	Date	<ol style="list-style-type: none"> <li>1. Director of Public Health / Deputy Chief Executive at Hull City Council and Co-chair of the population health committee for the Humber and North Yorkshire Integrated Care Board.</li> </ol>
Angela Wilkinson	Director of Workforce and Organisational Development	October 2019	Date	<ol style="list-style-type: none"> <li>1. Director of ILS and IPS Pathology Joint Venture</li> </ol>

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

Name	Position	Declaration Details
Dr Dave Earl	Deputy Medical Director	1. Director of Earlmed Ltd, provider of private anaesthetic services 2. Treasurer of Harrogate Anaesthesia Services, administration and co-ordination of Anaesthetic Private Practice
Shirley Silvester	Deputy Director of Workforce and Organisational Development	No interests declared
Kate Southgate	Associate Director, Quality & Corporate Affairs	Familial relationship with Director in NHS England

**Directors and Attendees**  
**Previously recorded Interests – For the 12 months period pre July 2022**

Board Member	Position	Relevant Dates From	To	Declaration Details
Angela Schofield	Chairman	2018	31 March 2022	<ol style="list-style-type: none"> <li>1. Member of WYAAT Committee in Common</li> <li>2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership</li> <li>3. Member of the Yorkshire &amp; Humber NHS Chairs' Network</li> <li>4. Volunteer with Supporting Older People (charity).</li> <li>5. Member of Humber Coast and Vale ICS Partnership</li> </ol>
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	31 March 2022	<ol style="list-style-type: none"> <li>1. Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)</li> </ol>
Jonathan Coulter	Finance Director Chief Executive from March 2022	November 2017	31 March 2022	(Interim Chief Executive) Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Mrs Laura Angus	NExT Non-executive Director	January 2021	March 2022	<ol style="list-style-type: none"> <li>1. Strategic Lead Pharmacist/Head of Prescribing, NHS Vale of York CCG</li> <li>2. Chair of York and Scarborough Medicines Commissioning Committee</li> <li>3. Interim Chief Pharmacist at Humber, Coast and Vale ICS</li> <li>4. MTech Associate; Council Member PrescQIPP</li> <li>5. Chair of Governors at Kirby Hill Church of England Primary School</li> </ol>
Steve Russell	Chief Executive	March 2020	March 2022	<ol style="list-style-type: none"> <li>1. Chief Executive of NHS Nightingale Hospital Yorkshire and Humber (ended July 2021)</li> <li>2. Member of NHS England and Improvement North East and Yorkshire Regional People Board</li> <li>3. Lead Chief Executive for Workforce in Humber Coast and Vale ICS</li> <li>4. Co-Chair of WY&amp;H Planned Care Alliance</li> <li>5. Chair of Non-Surgical Oncology Steering Group</li> <li>6. NHS Employers Policy Board Member (September 2020 and ongoing)</li> </ol>



				7. Chair of Humber Coast and Vale ICS BAME Network (August 2020 and ongoing) 8. Joint SRO for planned care West Yorkshire and Harrogate ICS (June 2020 and ongoing)
Jordan McKie	Deputy Director of Finance (Until March 2022)	No interests declared		
Richard Stiff	Non-Executive Director		December 2021  February 2022  February 2022	1. Director and Trustee of TCV (The Conservation Volunteers) – ceased December 2021 2. Local Government Information Unit (Scotland) Associate – LGIU has now fully merged with LGIU listed as current interest 3. Chair of the Corporation of Selby College – dissolved 28 February 2022 when it became part of the Heart of Yorkshire Group.
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care) Deputy COO	April 2017	March 2022	Director of Shepherd Property Ltd
Maureen Taylor	Non- Executive Director		September 2022	No Interest declared0
Paul Nicholas	Deputy Director of Performance and Informatics	No interests declared		

**BOARD OF DIRECTORS MEETING – PUBLIC (DRAFT)**  
**Wednesday, 27<sup>th</sup> September 2023**  
**Held at Crowne Plaza Hotel, Harrogate**

<b>Present:</b>	
Sarah Armstrong	Trust Chair
Jonathan Coulter	Chief Executive
Jeremy Cross (JC)	Non-executive Director
Chiara DeBaise (CD)	Non-executive Director
Laura Robson (LR)	Non-executive Director
Wallace Sampson OBE (WS)	Non-executive Director
Richard Stiff (RS)	Non-executive Director
Julia Weldon (JW)	Non-executive Director
Azlina Bulmer	Associate Non-executive Director
Jacqueline Andrews	Executive Medical Director
Matthew Graham	Director of Strategy & Transformation
Jordan McKie	Director of Finance
Russell Nightingale	Chief Operating Officer
Emma Nunez	Executive Director of Nursing, Midwifery and Allied Health Professionals and Deputy Chief Executive
Angela Wilkinson	Director of People & Culture

<b>In Attendance:</b>	
Emma Edgar (EE)	Clinical Director for Long Term and Unscheduled Care Directorate (LTUC)
Kat Johnson (KJ)	Clinical Director for Planned and Surgical Care Directorate (PSC)
Natalie Lyth (NL)	Clinical Director for Community and Children's Directorate (CC)
Kate Southgate	Associate Director of Quality and Corporate Affairs
Leanne Likaj	Associate Director of Midwifery
Giles Latham	Head of Communication

<b>Observers:</b>	
1 Member of the Public	1 Member of the Press
Tony Doveston	Public Governor
Kevin Parry	Public Governor
Stephen Williams	Staff Governor
Sarah Marsden	Chief Registrar

<b>Apologies:</b>	
Andy Papworth	Non-executive Director
Kama Melly	Associate Non-executive Director

Item No.	Item
<b>BD/09/27/1</b>	<b>Welcome and Apologies for Absence</b>
1.1	The Chair welcomed everyone to the meeting.
1.2	Apologies for absence were noted as above.
<b>BD/09/27/2</b>	<b>Patient Story</b>
2.1	Given recent events regarding Lucy Letby, the Trust Board determined that the Patient Story this month should focus on these events. The Executive Medical Director and the Executive Director of Nursing, Midwifery and AHPs and Deputy Chief Executive presented information to the Board.

Item No.	Item
2.2	The Trust Board were shocked at the appalling crimes that had been committed and our thoughts were with the families of those affected.
2.3	It was noted that unfortunately, this was not the first case in NHS history and a broad overview of inquiries within the NHS was given. The commitment of HDFT to support the identification of similar situations were outlined. At HDFT the organisation prioritises strong leadership, good governance and staff engagement. The revised Quality Governance Structure was outlined and the methods by which information is gathered to triangulate data to prevent a situation like Lucy Letby from happening within our Trust.
2.4	The Non-executive Director (JC) queried the triangulation of mortality information. The Executive Medical Director provided information on the Medical Examiners programme.
2.5	The Associate Non-executive Director (AB) noted the importance of executive and non-executive walk arounds and the rich information that was gathered from these.
2.6	The Non-executive Director (LR) queried the revalidation for both nursing and medical staff. The Executive Director of Nursing, Midwifery and AHPs and the Executive Medical Director provided an overview of both processes.
2.7	The Non-executive Director (WS) noted the importance of a reporting and open culture.
2.8	The Board discussed the soft intelligence available to the organisation and the importance of strong leadership, a curious nature, patients and families being partners in their care and an open and supportive culture.
2.9	<b>Resolved:</b> The Patient Story was noted by the Board.
<b>BD/09/27/3</b>	<b>Declarations of Interest and Register of Interests</b>
3.1	The register of interests was received and noted.
3.2	The Non-executive Director (JW) noted the declaration in relation to her role as Director of Public Health for the agenda.
3.3	The Non-executive Director (WS) appointed as Chair of Improvement Board for Middlesbrough.
3.4	The Non-executive Director (JC) had been appointed as HIF Stakeholder Director with effect from 27 <sup>th</sup> September 2023.
3.5	<b>Resolved:</b> The declarations were noted.
<b>BD/09/27/4</b>	<b>Minutes of the Previous Board of Directors meeting held on 26<sup>th</sup> July 2023</b>
4.1	<b>Resolved:</b> The minutes of the meeting on the 26 <sup>th</sup> July 2023 were approved as a correct record, with minor punctuation errors to be amended but these did not affect the materiality of the minutes.
<b>BD/9/27/5</b>	<b>Matters Arising and Action Log</b>
5.1	<p>The actions were noted as follows:</p> <ul style="list-style-type: none"> <li>BD/1/25/10.3: IBR – Ongoing – it was noted that this forms part of the HDFT Impact Programme and would be developed as part of this process.</li> <li>BD/1/25/23.1: Rainbow Badge – Agreed action closed at March 2023 meeting. However, Non-executive Director (KM) noted at the July 2023 meeting that</li> </ul>

Item No.	Item
5.2	<p>there had been questions on the policy about transgender issues which had now been submitted for approval. Action to now be closed.</p> <ul style="list-style-type: none"> <li>• BD/3/29/36.2: the Corporate Framework would be brought back to the Board in November following full consultation.</li> <li>• BD/7/26/24.3: Learning from Industrial Action – Not yet due.</li> <li>• BD/7/26/24.5: Details of roles and grades of BAME colleagues.</li> </ul> <p><b>Resolved:</b> All actions were agreed as above.</p>
<b>BD/9/27/6</b> 6.1	<b>Overview by the Chair</b> The Chair noted a range of activities that had taken place since the last meeting of the Board.
6.2	NHS England held an event for Chief Executives and Chairs, shortly after the Lucy Letby verdict. A proactive discussion was held during the session on the importance of culture.
6.3	It was noted that the Annual Members Meeting had be postponed due to a technical issue. Thanks were expressed to Governors for their support.
6.4	Governors had been involved with a range of Back to Basic sessions in the last two months to provide support on understanding the role of a Governor as well as discharging their duties effectively.
6.5	Thanks were expressed to governors for their continued work on the development of the Membership Strategy.
6.6	The Chair and the Chief Executive had met with Healthwatch North Yorkshire. This had been a good opportunity to meet with them and to continue to build the relationship between the two organisations.
6.7	The Chair, with support from Governor colleagues, had recently completed all of the Non-executive Director appraisals and it was noted that the deadline for undertaking this (set by NHS England for the end of September 2023) had been met.
6.8	The Friends of Harrogate Hospital launch event had been attended by the Chair and Chief Executive. Thanks were expressed to them for their ongoing support.
6.9	It was noted that Non-executive Directors would be involved with judging the KITE awards.
6.10	<b>Resolved:</b> The Chair's report was noted.
<b>BD/9/27/7</b> 7.1	<b>Chief Executive Report</b> The Chief Executive presented his report as read.
7.2	<p>The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Lucy Letby verdict and the British Journal of Surgery publication into sexual assault.</li> <li>• Humber and North Yorkshire ICB had been placed in Band 3 of the Oversight Framework.</li> <li>• Challenges within the system were noted and the impacts of managing urgent and emergency care across the system.</li> <li>• Ongoing financial pressures both within HDFT and across the NHS were noted.</li> <li>• An update was provided on the most recent and planned industrial action.</li> </ul>

Item No.	Item
7.3	The Associate Non-executive Director (AB) queried if Executive colleagues were receiving enough support during a challenged period of time. The Chief Executive confirmed that they were.
7.4	The Non-executive Director (LR) noted the open and candid chief executive report and thanks were expressed to him.
7.5	<b>Resolved:</b> The Chief Executive's Report was noted.
<b>BD/7/27/8</b> 8.1	<b>Corporate Risk Register</b> <b>Resolved:</b> The Corporate Risk Register was noted.
<b>BD/7/27/9</b> 9.1	<b>Board Assurance Framework – Best Quality, Safest Care</b> The Executive Director of Nursing, Midwifery and AHPs provided the Board with an overall update on the ambition and goals for this area of the BAF. The Corporate Risks in relation to this element of the BAF were highlighted.
9.2	It was noted that 140 whole time equivalent nursing colleagues had joined the organisation between July 2022 and July 2023. This had a significant impact on the quality of care being provided as well as the positive impact on our colleagues.
9.3	<b>Resolved:</b> The update on Best Quality, Safest Care was noted.
<b>BD/7/27/10</b> 10.1	<b>Quality Committee Chair's Report</b> The Chair of the Committee noted that one meeting had taken place since the last full meeting of the Board. A presentation had been received on the changes for the organisation in relation to the implementation of the Patient Safety Incident Response Framework (PSIRF).
10.2	An update had been provided on pathways for our stroke patients. The Quality Priorities report had been received. The Committee had also received the Quality Report and a wide ranging discussion had been held. The Annual Safeguarding Report had been received, scrutinised and approved. Two limited audit reports had been received in relation to Nutrition and Oxygen Storage. The Committee had been assured regarding the progress that was being made against the actions required following the audits. An update on the maternity CQC action plan had been provided and assurance received against ongoing progress.
10.3	<b>Resolved:</b> The update from the Quality Committee Chair was noted.
<b>BD/9/27/11</b> 11.1	<b>Integrated Board Report - Indicators from Safe, Caring and Effective domains</b> The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
11.2	<b>Resolved:</b> The Board noted the content of the report.
<b>BD/9/27/12</b> 12.1	<b>Executive Director of Nursing, Midwifery and AHPs Report</b> The Executive Director of Nursing, Midwifery and AHPs' report was received and taken as read.
12.2	It was highlighted that the quality impact of urgent and emergency care pressures were being monitored closely by the Trust as well as in the wider system. It was noted that a meeting was scheduled between Tees, Esk and Wear Valley (TEWV) NHS Trust and HDFT executive triumvirate in relation to developing strategic and operational relationships.
12.3	The Safer Nursing Care Tool for the Emergency Department had concluded its data collection and the output of that would be report shortly.

Item No.	Item
12.4	The Nursing, Midwifery and AHP Conference was planned for the 16 <sup>th</sup> October 2023 with confirmed attendance from the Chief Nursing Officer for England.
12.5	<b>Resolved:</b> The Board noted the content of the report.
BD/9/27/13 13.1	<b>Executive Medical Director</b> The Executive Medical Director took the report as read and highlighted that the Clinical Strategy for the organisation had been finalised and a communication plan was in place.
13.2	Congratulations were expressed from the Board to Professor Alison Layton who had been appointed as Chair at University of York. She is our first Clinical Academic appointed to this position.
13.3	<b>Resolved:</b> The Board noted the content of the report.
13.4	<i>The Non-executive Director (JC) left the meeting.</i>
BD/9/27/14 14.1	<b>Board Assurance Framework – Great Start in Life</b> The Director of Strategy provided the Board with an update on this element of the BAF.
14.2	<b>Resolved:</b> The update on Great Start in Life was noted.
BD/9/27/15 15.1	<b>Strengthening Maternity and Neonatal Safety</b> The Executive Director of Nursing, Midwifery and AHPs and the Associate Director of Midwifery took the report as read.
15.2	It was noted that the CQC action plan and the 3 year delivery action plan had been combined into one overarching document. The Board noted the significant resource requirements for the maternity team to provide information to a wide range of external sources.
15.3	Work continued to meet the requirements of the Maternity Incentive Scheme, Three Year Delivery Plan, Core Competency Version 2 and Saving Babies Lives Version 3.
15.4	<b>Resolved:</b> The Board noted the content of the report.
BD/9/27/16 16.1	<b>Annual Safeguarding Report</b> The Executive Director of Nursing, Midwifery and AHPs presented the Annual Safeguarding report to the Board. It was noted that it had been reviewed in detail at the Quality Committee.
16.2	The Non-executive Director (WS) noted the wide range of information contained in the report. It was noted that next year's report would benefit from further data to be included.
16.3	The Non-executive Director (CD) congratulated the team on the breadth of information covered in the report. It was also noted that engagement in some areas could be improved as noted in the report. The Director of Nursing, Midwifery and AHPs confirmed that work was underway.
16.4	<b>Resolved:</b> The Annual Safeguarding Report was reviewed and noted.
	<i>The agenda was taken out of order at this point.</i>
BD/9/27/17 17.1	<b>Board Assurance Framework – At Our Best Place to Work</b>

Item No.	Item
17.2	<p>The Director of People and Culture updated the Board on this element of the BAF, noting that it had been reviewed in the People &amp; Culture Committee earlier in the day.</p> <p><b>Resolved:</b> The update on the At Our Best, making HDFT the best place to work was noted.</p>
BD/9/27/18 18.1	<p><b>People and Culture Committee Chair's Report</b> The Non-executive Director (JW) had chaired this month's meeting. The relevant Board Assurance Framework section had been reviewed in detail, as had the key workforce metrics and the most recent Inpulse survey. The Committee had discussed in depth the key corporate risks. The Committee recommended to the Board that the Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) reports be signed off for approval.</p>
18.2	The Committee had discussed in detail the Speaking Up processes and the range of methods that could be utilised within the organisation.
18.3	The Committee had heard from the Inclusion Lead for the Trust and an uplifting and encouraging discussion had ensued.
18.4	<b>Resolved:</b> The Chair's update was noted.
BD/9/27/19 19.1	<p><b>Integrated Board Report - Indicators from Workforce Domains</b> The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.</p>
19.2	<b>Resolved:</b> The Board noted the content of the report.
BD/9/27/20 20.1	<p><b>People and Culture Director Report</b> The Director of People &amp; Culture presented her report as read. It was highlighted the people metrics had been reviewed in detail at the People and Culture Committee. In addition, the engagement score from the Inpulse Survey and was highlighted as increasing. The key risks were also highlighted.</p>
20.2	<b>Resolved:</b> The Board noted the content of the report.
BD/9/27/21 21.1	<p><b>Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES)</b> The Director of People and Organisational Development confirmed that the reports had been discussed in detail at the People and Culture Committee. It had been confirmed that a more detailed action plan would be submitted to a future meeting of the Committee.</p>
21.2	The Non-executive Director (WS) noted that there were some areas of concern with some of the information contained within the two reports (WRES and WDES). In addition, the detail in relation to the percentage of BME Board members was queried. It was confirmed that this would be reviewed and further information circulated.
21.3	The Chief Executive confirmed that further work was required to review the detail of the reports and determine future actions.
21.4	<b>Action:</b> For a workshop session to be held on WRES and WDES.
21.5	<b>Resolved:</b> The WRES and WDES reports were reviewed and approved by the Board, with it being noted that further work was required to review the data and review next steps and future actions.
21.6	<i>The Non-executive Director (JC) returned to the meeting.</i>



Item No.	Item
<b>BD/9/27/22</b> <b>22.1</b>	<b>Statement of Revalidation Compliance</b> The Executive Medical Director took the report as read and provided an overview of compliance.
<b>22.2</b>	<b>Resolved:</b> The Board accepted and approved the statement of revalidation.
<b>BD/9/27/23</b> <b>23.1</b>	<b>Freedom to Speak Up Guardian Report Quarter 1</b> The Report was taken as read and the Board had no further questions. It was noted that the Freedom to Speak Up Guardian had attended the People and Culture Committee to provide an update on Quarter 1 activity.
<b>23.2</b>	<b>Resolved:</b> The report was noted.
<b>BD/9/27/24</b> <b>24.1</b>	<b>Guardian of Safe Working</b> The Executive Medical Director presented the quarterly report and noted that the Annual Report would be reviewed in November 2023 in line with national reporting timescales.
<b>24.2</b>	<b>Resolved:</b> The report was noted.
<b>BD/9/27/25</b> <b>25.1</b>	<b>Board Assurance Framework – Person Centred, Integrated Care, Strong Partnerships</b> The Chief Operating Officer provided the Board with an overall update on the ambition and goals for this area of the BAF and noted the highlights in relation to performance.
<b>25.2</b>	<b>Resolved:</b> The update on person centred, integrated care, strong partnerships was noted.
<b>BD/9/27/26</b> <b>26.1</b>	<b>Resource Committee Chair Report</b> The Chair of the Committee noted that a wide range of agenda items had been discussed at the Committee. The following areas were highlighted:
<b>26.2</b>	<ul style="list-style-type: none"> <li>£3.6m deficit year to date had been noted. The Committee had discussed in detail the actions being taken to address this.</li> <li>Progress on Cancer trajectory was noted, but further work was required for the 14 day metrics.</li> </ul>
<b>26.3</b>	<b>Resolved:</b> The Board noted the content of the report.
<b>26.4</b>	<i>The Non-executive Director (JW) left the meeting.</i>
<b>BD/9/27/27</b> <b>27.1</b>	<b>Integrated Board Report - Indicators from Responsive, Efficiency, Finance and Activity Domains</b> The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
<b>27.2</b>	<b>Resolved:</b> The Board noted the content of the report.
<b>BD/9/27/28</b> <b>28.1</b>	<b>Chief Operating Officers Report</b> The Chief Operating Officer presented the report as read. Further information was given on the current dental service specification and the impact this would have on the organisation.
<b>28.2</b>	<b>Resolved:</b> The Board noted the content of the report.



Item No.	Item
<b>BD/9/27/29</b> <b>29.1</b>	<b>Director of Finance Report</b> The Director of Finance presented his report as read. Further information was provided on the external scrutiny on the current and projected financial position.
<b>29.2</b>	The Non-executive Director (LR) noted the awards that had been received in relation to the Finance Team involvement in Project Search.
<b>29.3</b>	<b>Resolved:</b> The Board noted the content of the report.
<b>BD/9/27/30</b> <b>30.1</b>	<b>Board Assurance Framework – Enabling Ambition: Digital Transformation</b> The Executive Medical Director provided the Board with an overall update on the ambition and goals for this area of the BAF.
<b>30.2</b>	<b>Resolved:</b> The update on the Enabling Ambitions was noted.
<b>BD/9/27/31</b> <b>31.1</b>	<b>Board Assurance Framework – Enabling Ambition: Healthcare Innovation</b> The Executive Medical Director provided the Board with an overall update on the ambition and goals for this area of the BAF. Work was noted as ongoing with the Innovation Hub as well as a dedicated Research Space, both of which were currently rated Amber.
<b>31.2</b>	<b>Resolved:</b> The update on the Enabling Ambitions was noted.
<b>BD/9/27/32</b> <b>32.1</b>	<b>Innovation Committee Chair's Report</b> The Chair of the Committee noted that the Committee had a wide ranging discussion.
<b>32.2</b>	It was noted that the Innovation Hub continued to be challenging due to leasing arrangements as well as discussions taking place of the sustainability of the Hub. The Innovation Strategy, plan on a page had been reviewed and approved. The Research Strategy, plan on a page had also been reviewed and following some minor changes had been approved by the Committee.
<b>32.3</b>	The HDFT Impact programme was noted as progressing well. There were some capacity challenges, however, mitigation was in place and risks being reviewed and managed appropriately.
<b>32.4</b>	A digital discussion took place and all digital projects outside the EPR workstream were discussed with strong progress being made.
<b>32.5</b>	Governance processes for change control in relation to EPR was discussed in depth.
<b>32.6</b>	<b>Resolved:</b> The Chair's update was noted.
<b>BD/9/27/33</b> <b>33.1</b>	<b>Board Assurance Framework – Enabling Ambitions: An Environment that Promotes Wellbeing</b> The Director of Strategy updated the Board on the environment enabling ambition.
<b>33.2</b>	<b>Resolved:</b> The update on the Enabling Ambitions was noted.
<b>BD/9/27/34</b> <b>34.1</b>	<b>Reinforced Autoclaved Aerated Concrete (RAAC)</b> The Director of Strategy updated the Board on the current situation at HDFT. It was confirmed that the organisation was aware of RAAC and the required national requirements prior to recent media interest. The acute site plan was shared in the Board papers detailing where RAAC was present. Ongoing actions were also noted.
<b>34.2</b>	<i>The Non-executive Director (JW) returned to the meeting.</i>
<b>34.3</b>	

Item No.	Item
34.4	<p>An update was also provided on HDFT community properties and the review that was ongoing in conjunction with landlords.</p> <p><b>Resolved:</b> The update on RAAC was noted.</p>
BD/9/27/35 35.1	<p><b>Director of Strategy Report</b>            The Director of Strategy presented his report as read. It was highlighted that the Ripon Community Diagnostic centre had funding allocated and good progress was being made. It was noted that the Vaccination and Immunisation Service had been successfully decommissioned and transferred on the 1<sup>st</sup> September 2023. The team to provide Domiciliary Care was continue to grow and a registration review by the CQC was progressing.</p>
35.2	<p><b>Resolved:</b> The Director of Strategy Report was noted.</p>
BD/9/27/36 36.1	<p><b>Audit Committee Chair's Report</b>            The Chair of the Committee (CD) noted the Annual Report and Accounts had been slightly delayed in laying before Parliament which had impacted on the Annual Members Meeting which had been postponed. The Chair of the Committee noted that the Certificate of Completion of audit had not been received in time for laying before Parliament. The Chair noted that a meeting would be taking place with the Director of Finance to ensure that the deadlines for the 2023-2024 submission were met.</p>
36.2	<p><b>Resolved:</b> The Board noted the content of the report.</p>
BD/9/27/37 37.1	<p><b>WYAAT Programme Executive Minutes</b>  <b>Resolved:</b> The WYAAT Programme Executive Minutes were noted.</p>
BD/9/27/38 38.1	<p><b>Collaboration of Acute Providers Minutes</b>  <b>Resolved:</b> The Collaboration of Acute Providers Minutes were noted.</p>
BD/9/27/39 39.1	<p><b>Any Other Business</b>            No further business was received.</p>
BD/9/27/40 40.1	<p><b>Board Evaluation</b>            Thanks were expressed to observers.</p>
BD/9/27/41 41.1	<p><b>Date and Time of the Next Meeting</b>            The next meeting will be held on Wednesday, 29<sup>th</sup> November 2023.</p>
BD/9/27/42 42.1	<p><b>Confidential Motion</b>  <b>Resolved:</b> to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7, Section 18 (E), (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.</p>

Board of Directors (held in Public) Action Log for November 2023 Board Meeting (updated after September 2023 Board meeting)							
Minute Number	Date of Meeting	Subject	Action Description	Responsible Officer	Due Date	Comments	Status - completed is defined as confirmation received from ED responsible lead that the proposed action is completed as described in the comments column. Completed actions will not be closed until the Board has confirmed that action taken is satisfactory.
BD/1/25/10.3	25 January 2023	Integrated Board Report	The revised Integrated Board Report (IBR) to be presented at the March 2023 Trust Board.	Director of Strategy	27 September 2023	Work is ongoing – new Head of Performance and Planning has commenced in post. Experience from continuous improvement programmes in other trusts is that there is often significant change to their integrated board report as the strategy deployment process identified breakthrough objectives and driver metrics for improvement. Therefore the Readiness Assessment (due to complete in Jul 23) and Strategy Deployment will drive the revised IBR. As update will be provided in September 2023.	Ongoing
BD/1/25/23.1	25 January 2023	Rainbow Badge	Information regarding advice on the development of Policies in relation to the Rainbow Badge would be circulated to the Board.	Director of Workforce and OD	01 February 2023	Action closed at March 2023 Board meeting but questions were outstanding relating to the transgender policy. Update to be provided at the meeting. Agreed action closed at March 2023 meeting.	CLOSED
BD/3/29/36.2	29 March 2023	Board Effectiveness Survey	Discussions to be held at the August 2023 Board workshop regarding further developments as a result of the survey.	Associate Director of Quality and Corporate Affairs	31st August 2023	Corporate framework to be brought back to the Board in November following full consultation.	Ongoing
BD/7/26/24.2	26th July 2023	People and Culture Committee Chair's report	The Executive Medical Director to circulate the national learning from industrial action to Board members.	Executive Medical Director	29th November 2023	Circulated.	CLOSED
BD/7/26/24.3	26th July 2023	People and Culture Committee Chair's report	Learning for HDFT from the industrial action to be brought to Trust Board in late 2023.	Executive Medical Director	29th November 2023	New action added.	Ongoing
BD/7/26/24.5	26th July 2023	People and Culture Committee Chair's report	Details on the roles, grades and disciplines for colleagues from BAME backgrounds to be reviewed through the People and Culture Committee.	Director of Workforce and OD	27th September 2023	New action added.	Ongoing
BD/7/26/33	26th July 2023	Risk Appetite	The Associate Director of Quality and Corporate Affairs to review the category wording within the risk appetite document.	Associate Director of Quality and Corporate Affairs	27th September 2023	Complete. To be brought back in December as part of annual cycle.	CLOSED
BD/7/26/34	26th July 2023	Code of Conduct and Nolan principles	The Pledge to the Code of Conduct and Nolan Principles to be included in the Corporate Framework.	Associate Director of Quality and Corporate Affairs	27th September 2023	Complete.	CLOSED
BD/9/27/21	27th September 2023	Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES)	For a workshop session to be held on WRES and WDES.	Director of Workforce and OD	29th November 2023	New action added.	Open

**BOARD OF DIRECTORS (PUBLIC)**  
**29th November 2023**

Title:	Chief Executive's report
Responsible Director:	Chief Executive
Author:	Chief Executive
Purpose of the report and summary of key issues:	The report provides the Trust Board with key updates and actions since the previous meeting. The report highlights key challenges, activity and programmes currently impacting on the organisation.
Trust Strategy and Strategic Ambitions	<b>The Patient and Child First</b> Improving the health and wellbeing of our patients, children and communities
	Best Quality, Safest Care x
	Person Centred, Integrated Care; Strong Partnerships x
	Great Start in Life x
	At Our Best: Making HDFT the best place to work x
	An environment that promotes wellbeing x
	Digital transformation to integrate care and improve patient, child and staff experience x
	Healthcare innovation to improve quality x
Corporate Risks	All
Report History:	Previous updates submitted to Public Board meetings.
Recommendation:	The Board is asked to note this report, and identify any areas in which further assurance is required, which is not covered in the Board papers.

**HARROGATE AND DISTRICT NHS FOUNDATION TRUST  
BOARD OF DIRECTORS (PUBLIC)  
NOVEMBER 2023**

**CHIEF EXECUTIVE'S REPORT**

**National and system issues**

1. Within the last month the NHS has been asked to relook at plans for this year as part of an 'operational and financial reset'. This ask has come about following national negotiations in relation to the resources available to the NHS for the remainder of the year.
2. Following national discussions, a further £800m of funding has been released to the service to mitigate some of the financial risks that have arisen through industrial action and higher than planned inflation. It is acknowledged that the additional funding, whilst welcome, does not compensate for the level of cost pressure in the NHS, and there has been a reflection of this in the work that the NHS has been asked to do over the last few weeks.
3. The priority for the remainder of the year is clearly to ensure that patients remain safe through the winter period, particularly in relation to urgent care. Following that the expectation then is to ensure that the NHS lives within the funding that has been allocated to it by parliament. If this causes some difficulties in relation to the plans to reduce waiting lists, or other improvement initiatives, then these are to be highlighted and risk assessed, but not in the expectation of further additional funding being received.
4. This resetting of plans is being coordinated through the ICB, with submissions provided this week.
5. As we discussed at our Board briefing this week, where we went through our system and organisational position, we are in a similar position to the start of the year when we approved our 2023/24 plan. We have committed to delivering the standards that we agreed at the start of the year in relation to ED performance, cancer standards, and maximum waiting times. In relation to our financial position, we have a robust plan to deliver a position where we achieve breakeven this year, and we will continue to have an aim of delivering a surplus of £6m, but that this is very high risk and there are no definitive actions currently in train that will deliver this outturn. We will continue to assess our performance, including any opportunities to increase our funding, as part of the system discussions that will continue. It should be emphasised that our assumption – consistent with other organisations – is that there will be no further industrial action this year. If there is further action, then clearly the operational and financial risk increases.
6. Our position as an organisation is not dissimilar to other organisations both within the HNY system and further afield, where there is a significant financial challenge and risk to the overall system-wide delivery.
7. There are meetings between the national team and all of the ICBs at the end of November to go through where we collectively are in relation to operational standards and financial

delivery. It is likely that scrutiny and interest in system performance and actions will be significant as we go through the winter months.

8. The report from the Director of Finance through the Resource Committee goes through the position in more detail. For ourselves, whilst this is a national request and an ICB coordinated refresh of plan, it is important to be clear internally and externally what we can deliver and then deliver what we say, recognising the risks we need to manage. This has been discussed at SMT and the wider SMT workshop on 22<sup>nd</sup> November to ensure our teams are aware of what needs to be done.
9. Away from the operational and financial challenges, the Chief Nurse for the NHS outlined at a recent conference the fact that moving forward she will be professionally responsible for the specialist community public health nurses (SCPHN). This is important for ourselves, being the largest provider of children's public health services, and positively should increase the prominence of this group of staff at a national level. We await with interest to see the practical change that this will bring.
10. In terms of our work in the various systems within which we operate, we were recently part of a positive WYAAT workshop with all executive directors from the six WYAAT trusts. This reinforced the collaboration we already undertake, but more importantly reinforced how we collaborate with each other and our shared values and behaviours. We discussed the draft WYAAT strategy and explored future opportunities. My plan is to invite the Director of WYAAT (Lucy Cole) to the Board in the New Year to discuss what we do, and how we continue to work in the WYAAT collaboration.
11. As I write this report, I am about to go across to York with Executive Director colleagues as part of a Exec to Exec session, set up to explore how we collaborate together for mutual benefit. Again, this will be about what we do together, but more importantly it will be about how we work together, and strengthening our relationships. I will be able to give some feedback at the meeting in respect of this session.
12. We have discussed through this meeting the Urgent Care system challenges that we experience and the support we offer and the escalation process. We have now developed a protocol and flow chart to help our teams with sometimes difficult decisions in respect of mutual aid and we have discussed and shared this with partners.
13. Winter planning across the NHS has been undertaken, and arrangements are in place through Places and Providers to manage what will be a tricky winter period for the NHS.
14. Industrial action continued the week after our last Board meeting, with both Consultants and Junior Doctors on strike in the first week of October. There have been no further strike dates arranged, which is positive, but there is a further ballot about to be issued to members of the BMA, which would extend the mandate for action. As I have repeatedly said, the dispute is with the government not HDFT, and it is to be hoped that there are discussions happening between the new Secretary of State for Health and the BMA to resolve the issue as soon as possible.
15. We need to always remember the impact that this industrial action is having and the cost to patients who have services disrupted and delayed, the actual financial cost of cover, and the more significant opportunity cost, as management time is necessarily taken up with planning and managing these periods of strike action safely. We know in particular

that this has had an impact on our cancer pathways as clinics have been cancelled. And at a time when the NHS is being criticised in some quarters for poor productivity, we know that staff morale and goodwill – so important in the delivery of safe, productive services – is not helped by this ongoing dispute.

## HDFT issues

### Introduction

16. As I always state when introducing this part of the report, there are challenges that collectively we have to manage and deal with on a daily basis. And again, as always, we will try and focus on improvement, being positive, supporting colleagues, and reflecting our values. This is vitally important if we want to deliver improvements to our patients and population. It is also crucial that we continue to deliver what we say we will deliver. We do as an organisation do well and provide good services, but we are also very aware that we can do better and we have a responsibility to our patients and population to always be restless for improvement.
17. Going into the winter period we know that there will be difficult days and internal and external challenges. It is important as always that we support each other through this period, and remain positive and optimistic for the changes we can deliver and the service that we provide each day.

### Our people

18. I have already referenced the recent period of industrial action that we have managed.
19. We don't have a quarterly impulse survey this quarter, as we are currently in the closing stages of the national NHS staff survey. We have currently had over 2000 surveys completed (around 45% of all colleagues) which is slightly higher than last year. Unfortunately we won't get the feedback until the New Year, when we will discuss the findings through the People and Culture committee.
20. In respect of our staff vaccination programme, we continue with both the Flu and Covid vaccinations. We currently have 54% of people vaccinated against flu, and 33% of people vaccinated against Covid. Whilst we would want these figures to be higher – this is one of the best actions that colleagues and others can take to reduce the risk of harm over the winter period – our current staff vaccination rates are the second highest in the Northeast and Yorkshire region.
21. In terms of delivering our aim of having more people here in HDFT, it is positive to note that we have 150 more people employed across the Trust than last year. We have assessed the ward staffing levels in particular, and reduced the score within the corporate risk register. It should also be noted that we are fully staffed in our maternity service, with no vacancies for midwives, maternity support workers or obstetricians. There remain vacancies – partly as a result of positively and proactively increasing ward nursing



establishments as part of the SNCT review – but it remains an encouraging direction of travel.

22. The KITE award nominations have been received and are being judged this week, with the winners announced at our celebration event in January. It was great to see that we had 186 nominations for awards across a range of categories, and it has been brilliant to read some of the citations as part of the judging process.

### Our Quality

23. We recently had an assurance visit from our LMNS (Local Maternity and Neonatal System), which is the West Yorkshire LMNS. Given our geography and the fact that we are in HNY ICB, the visit was also attended by the HNY LMNS. This was a positive visit and we received good feedback. As part of developing a peer review process across WYAAT, this visit was also attended by the Director of Nursing and Midwifery from Calderdale & Huddersfield NHS FT, and the WYAAT exec director session that I referred to earlier discussed peer reviews as a positive approach to improvement which bring greater value than simply having external assurance visits. It is an approach we will be seeking to replicate in other areas.
24. Internally we continue to undertake internal peer reviews against CQC standards and expectation to ensure that we have appropriate systems and processes in place to deliver safe and effective care.
25. We are reviewing our compliance against NICE guidance as there are a number of areas where we need to ensure that we are up to date in terms of our NICE guidance compliance. This will be taken through our quality governance structure over the next few months.
26. As part of our work in respect of patient experience, the accessible information standard guidance has been re-written, which is part of the delivery of EDS22. This was shared and discussed at our recent extended SMT workshop.
27. As the Board will be aware, the key concern in respect of the quality of care we offer is the ability to treat people in the right environment, whether it's getting patients out of the Emergency Department, getting patients receiving timely cancer diagnosis and treatment, or getting people out of hospital and back home. There remain challenges in all of these areas and we are focused on improving our patient pathways. We have the advantage of providing both community and hospital services, and whilst difficult, it is within our gift to make things better for our patients.

### Our Services

28. Our 0-19 services continue to deliver strong performance across the majority of our geographic footprint. This is despite the operational and staffing challenges that we have been managing recently. Recent visits to 0-19 services (Middlesbrough and Wakefield, where they have been celebrating their 1<sup>st</sup> birthday within HDFT) have been positive and demonstrated the commitment and quality of service within these areas.



29. Our urgent care pathway performance has experienced challenges during the last month or so. There are a number of contributing factors, including operational issues, leadership changes, and capital estate work in the emergency department. The estate work has now been completed, we have agreed a consistent level of nurse staffing for the department over the winter period in lieu of undertaking a second SNCT audit in the new year, and the team are organising a 'perfect week' in ED before Christmas now that the estate work is complete. We have committed to delivering the ED hour standard in the last quarter of the year, and it is the key focus for many across the Trust, reflected also in the fact that it is a priority within our continuous improvement programme of work. We still perform relatively well when compared with others, but we want to meet a higher standard of delivery.
30. In relation to cancer, we continue to have challenges in delivering the standard that we would want to. It is fair to say that this is the area that has been most significantly impacted upon by the industrial action, with clinics cancelled, but if we assume that there will be no further service interruptions due to strikes, then we have plans in place to deliver the overall Faster Diagnosis Standard expected by the end of the year. We do have specific issues in respect of breast services, which a recent service timeout highlighted. The same timeout also identified some actions to help with this position whilst we develop a longer term solution.
31. We continue to deliver our elective recovery plan. As mentioned earlier, we have reassessed our performance as part of the planning reset, and we are confident and on track in respect of our reduction to below 65 weeks for all patients, despite some impact of the recent industrial action.
32. There continue to be challenges in respect of the wait times for community dental services and autism assessment services. We continue to discuss both issues with Place and ICB colleagues. There is potentially a solution emerging in the short term in respect of community dental services, and there are options being discussed in respect of autism assessment, but there are concerns that the current focus on the operational and financial reset will put barriers in place as we seek to improve these services for some of our more vulnerable members of the population. The risk remains high on our risk register, and we will continue to work with partners to get a sensible outcome.
33. We have recently received our CQC registration to provide Domiciliary Care services. Colleagues who have been working alongside our ARCH team whilst we got the registration approved, will now start delivering care services. We will review progress against this significant development and report through our Committees and the Board over the coming months as this rolls out.

### Our money

34. As you will read in the report from the Finance Director, our month 7 financial position is behind plan. The key drivers remain related to our pay expenditure, in particular the pressure on agency usage. As discussed earlier, the NHS has undertaken a financial reset following the release of some resources to cover the cost of industrial action, and I have referred to this process and outcome earlier in this report.

35. As part of our SMT and extended SMT workshop, we have discussed with our wider leadership team the requirements for the rest of the year, and more importantly the financial control and productivity improvements that we can make this year that will have the benefit of improving our runrate going into 2024/25. Our approach will continue to be to empower people to take responsibility and solve problems locally with support, and we must ensure that use of resources is part of our improvement work and not seen as a separate issue.
36. It should also be noted that as a result of the financial position, our cash balance has reduced, and we will be monitoring this closely over coming months, with any additional actions discussed through the Resource Committee.

### Other

37. Work continues in respect of our EPR programme, and we have recently issued the Invitation to Tender. We continue to work closely with York on this programme.
38. Our continuous improvement programme continues, and we will spend some time at our December Board workshop going through the work that we are currently undertaking.
39. In respect of significant capital developments, the ED2 work is complete and handed back to us from the contractors, and the Wensleydale ward refurbishment is on track for completion in January. We are working through the plans and designs for the TIF2 theatre scheme alongside the Imaging Department development, and the plan to remove RAAC from Block C (therapies block).
40. Finally, whilst recognising the challenges that there are for ourselves and the wider health and care system across the country, we are expecting to be able to say at the end of the year that we have no-one waiting over 65 weeks on the RTT pathways, we have achieved 80% against the ED 4 hour standard (with the quality and experience benefits that this brings to patients), that we have met the Faster Diagnosis Standard, that our 0-19 services continue to deliver well for our communities, that we have more people employed by HDFT, that those people are more positive about working within HDFT, that we have delivered some significant capital improvements, and that we have done all of this whilst living within our means.
41. This would be a great outcome for our patients and population, and will only be achieved by continuing to have a values based approach to delivering and improving services. This includes supporting each other, challenging each other, having high standards and ambition, and creating the environment where all of our colleagues that work in HDFT can deliver of their best. This is the route to great care, and the current challenges across the country and the local system must not derail us from this approach.

**Jonathan Coulter**  
**Chief Executive**  
**November 2023**

## AMBITION: BEST QUALITY, SAFEST CARE

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

### GOALS:

- **Safety: Ever safer care through continuous learning and improvement**
- **Effectiveness: Excellent outcomes through effective, best practice care**
- **Patient Experience: A positive experience for every patient by listening and acting on their feedback**

### Governance:

- **Board Assurance:** Quality Committee
- **Programme Board:** Quality Governance Management Group
- **SRO:** Director of Nursing, Midwifery and AHPs, Medical Director

**Metrics** (to be developed following review of Integrated Board Report)

Goal	Metrics		
<b>Safety</b>	Number of Theatre Serious Incidents and Never Events	Number of hospital acquired category 3 and above pressure ulcers with omissions in care	Number of inpatient falls moderate and above with omissions in care
<b>Effectiveness</b>	Number of Moderate and Above incidents for Missed results	Number of medication errors	
<b>Patient Experience</b>	Number of complaints	Friends and Family Test	

### Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR5	Nursing Shortages	Risk to service delivery and patient care due to failure to fill registered nurse vacancies due to the national labour market shortage.	4x4=12	4x2=8 (Dec 23)	Clinical Workforce	Averse
CRR75	Health and Safety	Organisational risk to compliance with legislative requirements due to failure in making suitable and sufficient assessment of risks	4x4=16	4x2=8 (Dec 23)	Clinical Operational	Averse

**GOAL: BEST QUALITY, SAFEST CARE: Ever safer care through continuous learning and improvement**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
<b>Theatres Safety</b> To improve the safety culture in theatres	Reduction in SIs in theatres		<ul style="list-style-type: none"> <li>Cultural review in Theatres (B3Sixty)</li> <li>Implementation of the revised WHO Checklist – task &amp; finish group have met to discuss, awaiting Yorkshire audit results who support review to realign with national standard framework, just needs a few tweaks – template now uploaded to tendable, ipads purchased and meeting due to discuss format.</li> <li>Cleanliness: revised IPC and Cleaning audits implemented – IPC audits on tendable, weekend domestic now in post (feb 2023), no concerns</li> <li>Safety Dashboard implemented</li> <li>Implementation of revised Stop Before you Block SOP – Prep-stop, block process under the guidance of Stop Before you block, training delivered to majority of MDT, sessions ongoing to capture anyone missed due to AI sickness etc.</li> <li>Implementation of revised Swab Count SOP – all completed and embedded</li> </ul>	<ul style="list-style-type: none"> <li>Completed – Action Plan in progress</li> <li>Completed – Implemented, embedding ongoing</li> <li>Completed</li> <li>Completed</li> <li>Partially Completed – action plan outstanding</li> <li>Partially Completed – audit to be undertaken</li> </ul>	
<b>Falls</b> To reduce the number of falls in the acute setting rated moderate and above.	Reduction in Falls rated moderate and above per 1,000 bed days		<ul style="list-style-type: none"> <li>Older people routinely risk assessed at all appointments</li> <li>Those at risk of falls have an individualised multifactorial intervention</li> <li>Older people who fall during admission are checked for injury</li> <li>Older people in the community with a known history of recurrent falls are referred for strength and balance training</li> <li>Older people who are admitted after a fall in the community offered a home assessment and safety interventions</li> </ul>	<ul style="list-style-type: none"> <li>Partially completed – documentation in place in the community, further work required in Acute</li> <li>Partially completed – available on WebV, compliance to be assessed</li> <li>Partially completed – post fall initial assessment available, compliance to be assessed</li> <li>Not completed – gap analysis to be undertaken and referral process developed</li> <li>Partially completed – environmental assessments available, however process needs to be created for referral</li> </ul>	
<b>Pressure Ulcers</b> To reduce the number of pressure ulcers in the acute setting rated moderate and above.	Reduction in pressure ulcers rated moderate and above per 1,000 bed days		<ul style="list-style-type: none"> <li>Pressure Ulcer Improvement Plan developed</li> <li>PURPOSE T risk assessment tool used on all patients</li> <li>Reassessment of patients as per revised SOP</li> </ul>	<ul style="list-style-type: none"> <li>Completed</li> <li>Partially completed – assessment tool available, training continuing, compliance to be confirmed</li> <li>Partially completed – reassessment tool available, compliance to be confirmed</li> </ul>	

			<ul style="list-style-type: none"><li>• All at risk patients to have a pressure ulcer management plan in place</li><li>• Patients with MASD to have joint assessment with continence nurse and TVN</li><li>• Clinical staff to have Preventing Pressure Ulcer training</li><li>• Patients who develop Cat 3, 4 and Unstable pressure ulcer, DTI and device related pressure damage to be reviewed by a TVN</li></ul>	<ul style="list-style-type: none"><li>• Partially completed – tool in place, compliance to be confirmed</li><li>• Not completed – review and relaunch of MASD pathway to be undertaken</li><li>• Partially completed – training in place, compliance needs to be improved</li><li>• Completed</li></ul>	
--	--	--	--	---	--

**GOAL: BEST QUALITY, SAFEST CARE: Excellent outcomes through effective, best practice care**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
<b>Missed Results</b> To reduce diagnostic results not acted upon	Reduction in number of diagnostics results not acted upon		<ul style="list-style-type: none"> <li>Digital workstream to be considered</li> <li>Trust wide policy on requesting clinical investigations               <ul style="list-style-type: none"> <li>Agreed initial focus to be placed on addressing the current unfiled ICE reporting issue</li> </ul> </li> <li>Action/decision log created for specific use in relation addressing the ICE reporting issue</li> <li>Actions captured in the RPIW action plan relevant to the unfiled ICE reporting issue have been moved across into the new action/decision log</li> <li>Awaiting up-date from ICE supplier with definite confirmation whether our request for auto-filing can be completed at consultant level – Patient System Specialist leading on this</li> <li>Automated email reminders set up in Jan &amp; are being sent to clinicians to notify of unfiled reports &gt;6 week with DMD copied in</li> <li>Automatic report established to generate of numbers of unfiled reports to monitor progress - 12 week review to be completed March</li> </ul>	<ul style="list-style-type: none"> <li>Non compliant – further work required to scope</li> <li>Non compliant – on hold until a digital solution explored</li> </ul>	
<b>Medication Errors</b> To reduce medication errors and provide assurance against CQC, RPS and HTM standards	Reduction in missed doses  Reduction in safety incidents rated moderate and above		<ul style="list-style-type: none"> <li>Lead Pharmacist – Medicines Quality and Safety in post</li> <li>Develop Medicines Quality and Safety Group work plan</li> <li>Update all medicine safety policies</li> <li>Develop and implement insulin safety initiatives</li> <li>Develop and implement oxygen prescribing initiatives</li> <li>Embed high risk medicines and allergy status dashboards</li> <li>Complete fridge temperature monitoring actions</li> <li>Develop e-learning/e-assessment for medicines management</li> </ul>	<ul style="list-style-type: none"> <li>Completed</li> <li>Completed</li> <li>Partially completed – Medicine Policy Updated</li> <li>Not Complete – Action Plan to be developed</li> <li>Partially completed – further work to embed</li> <li>Partially completed – further work to embed</li> <li>Partially completed – further work to ensure full compliance</li> <li>Partially completed – tool developed, compliance to be assessed</li> </ul>	

			<p>Matrix in development on measuring progress on the scope of the Medication Error Quality Priority in respect</p> <p>Opioid Safety Group in place - First Safety Group meeting due to take place in March &amp; run alternate months</p> <p>Insulin Safety Group - Insulin meetings have been poorly attended due to winter pressures/staffing issues/sickness etc. Next meeting due to take place in March &amp; run alternate months</p>		
--	--	--	--	--	--

**GOAL: BEST QUALITY, SAFEST CARE: A positive experience for every patient by listening and acting on their feedback**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
<b>Patient Experience</b> To improve patient experience by using patient feedback to drive quality improvement and learning. This will be achieved by full compliance with the 6 principles of patient experience.	Reduction in the number of complaints when compared to the previous year  Improved completion time of complaint response		<ul style="list-style-type: none"> <li>Principle 1: Leadership – Patient experience manager in post.</li> <li>Principle 2: Organisation Culture: revised complaints process implemented</li> <li>Principle 3: Capacity and Capability to effectively collect feedback: patient experience surveys piloted in acute paediatrics</li> <li>Principle 4: Analysis and Triangulation: quality analyst in post</li> <li>Principle 5: Using patient feedback to drive quality improvement and learning: Learning Summit implemented</li> <li>Principle 6: Reporting and Publication: PE section of the Quality Report to move beyond complaints and PALs</li> </ul> <p>Successful recruitment of x2 PET Officers (one FT, one 30 hours), x1 FT PET Co-ordinator and x1 PT PET Engagement Officer</p> <p>New complaints policy and Unreasonable Behaviour Procedure developed and in use</p> <p>PET Volunteer support in place</p> <p>Open concerns records reduced from 150 cases to 32 (Dec – Feb)</p>	<ul style="list-style-type: none"> <li>Partially completed – current rating 3 (out of 5 with 5 being full compliance)</li> <li>Partially completed – current rating 2 (out of 5 with 5 being full compliance)</li> <li>Partially completed – current rating 3 (out of 5 with 5 being full compliance)</li> <li>Partially completed – current rating 2 (out of 5 with 5 being full compliance)</li> <li>Partially completed – current rating 3 (out of 5 with 5 being full compliance)</li> <li>Partially completed – current rating 2 (out of 5 with 5 being full compliance)</li> </ul>	



Trust Board November 2023



## Executive Director of Nursing, Midwifery and AHPs

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> <li>2.2.2 – Complaints response – although improved overall position (89%) standard still not achieved.</li> </ul>	<ul style="list-style-type: none"> <li>Accreditation programme proposal being drafted aligned to HDFT IMPACT work. Plan for draft framework by end of Q4 22/23</li> <li>AHP Workforce project commenced with NHSE with the aim of establishing/recommending a 'workforce model that can deliver effective therapeutic intermediate care services within 1 day of no longer meeting the criteria to reside in an acute setting'. ARCH lead has been seconded from her role to lead this work.</li> </ul>
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> <li>IBR 1.8.1 &amp; 1.8.2: Registered Nurse and Care Support Worker vacancies reduced further this month and continues the improving position.</li> <li>IBR 2.2.1 – Complaints received - Reducing number of complains received by the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Receive Domestic Abuse and Sexual Violence update, including HDFT commitment to Sexual Safety Charter</li> </ul>

## BOARD OF DIRECTORS November 2023

Title:	Domestic Abuse and Sexual Violence
Responsible Director:	Emma Nunez, Executive Director of Nursing, Midwifery and AHPs; Deputy Chief Executive
Author:	<i>Emma Nunez, Executive Director of Nursing, Midwifery and AHPs; Deputy Chief Executive</i>
Purpose of the report and summary of key issues:	<i>To update the Board on the national Domestic Abuse and Sexual Safety work and HDFT current position of implementation.</i>
Trust Strategy and Strategic Ambitions	<b>The Patient and Child First</b>
	Improving the health and wellbeing of our patients, children and communities
	Best Quality, Safest Care
	Person Centred, Integrated Care; Strong Partnerships
	Great Start in Life
	At Our Best: Making HDFT the best place to work
	An environment that promotes wellbeing
	Digital transformation to integrate care and improve patient, child and staff experience
Corporate Risks	Healthcare innovation to improve quality
Report History:	Health and Safety Committee
Recommendation:	The Board of Directors to note the contents of this report

## Board of Directors

29 November 2023

### Domestic Abuse and Sexual Violence

3.5

#### Background

NHS England wrote to all NHS organisations on 23rd June asking them to redouble efforts on the zero tolerance of abuse of staff and patients in the NHS.

In July 2022 NHS England established a Domestic Abuse and Sexual Violence (DASV) Programme to build on the robust safeguarding processes for protecting patients, to improve victim support, and focus on early intervention and prevention.

The programme will lead and co-ordinate, working in particular with ICBs, to support them to discharge responsibilities including the Serious Violence Duty which, requires organisations, including ICBs, to collaborate locally to prevent and reduce 'serious violence', which includes domestic abuse and sexual offences. The national DASV team has three priority areas of focus:

1. Supporting our staff – A review of NHS staff policies, support and training on domestic abuse and sexual violence, with best practice shared across the NHS
2. National leadership – national roundtables for senior leaders across the healthcare system to discuss how we collectively tackle sexual assault and harassment of staff in the NHS.
3. Improving data collection – A data project considering how we best capture data, reporting and analysis across the NHS, following a recent healthcare interventions audit.

Chief Executives of ICBs and trusts were asked to:

- Appoint Domestic Abuse and Violence leads: Designate a member of your Executive Team to lead this work, both internally and working with counterparts within your organisation. They will act as advocates who can prioritise this important work to help build a network of leaders to share good practice, identify issues and develop solutions to tackling these crimes with as wide a group as possible.
- Review your policies and support: To support staff and patients who experience these crimes in the course of contact with your organisation, as well as your data collection, reporting and consideration should be given to dedicated sexual safety policies. NHS England will work with colleagues to develop and share best practice.
- Sign up to the DASV Future NHS Collaborative Platform for useful resources.

A further NHS England letter was received on 4th September informing us of the launch of its first ever sexual safety charter in collaboration with key partners across the healthcare system. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. Signatories to the charter commit to implementing all ten commitments by July 2024. NHS England will use the new network of NHS DASV leads across the system to help share and promote good practice, identify issues and develop practical

solutions in relation to implementation of the charter as quickly and effectively as possible. Data capture is a key commitment in the charter, to support this NHS England has included a new question in this year's NHS Staff Survey to help understand prevalence of sexual misconduct in organisations.

### Sexual Safety Charter

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours. As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce.

We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally. Where any of the above is not currently in place, we commit to work towards ensuring it is in place by July 2024.

### Current position

- Executive Lead identified Director of Nursing, Midwifery and AHPs/Deputy CEO

- HDFT has become a signatory to the Sexual Safety Charter set out above
- Operational leads identified in Safeguarding and HR to support the work and building on good foundations at HDFT
- Executive and operational leads signed up to DASV Future NHS platform and contributed to national round table meetings
- HDFT policy is currently under review and will take into account the charter above
- HDFT engaged in HNY ICB workstreams to work collaboratively with partners on delivery
- Training strategy under review to encompass the elements in the charter
- Violence and Aggression working group already established in HDFT who are developing a workplan to encompass all elements of the charter

### **Next Steps**

- To continue with plans above and ensure monitoring of implementation via Quality Governance Management Group (QGMG) and People and Culture Programme Board
- Reporting via People and Culture and Quality Committee for assurance to Board.

**Emma Nunez**  
**Director of Nursing, Midwifery & AHPs**  
**29<sup>th</sup> November 2023**

# Medical Director Report for Public Board

Date: November 2023

Author: Dr Jacqueline Andrews



## Matters of concern & risks to escalate

### Best Quality, Safest Care

- Capacity of the Clinical Effectiveness Team due to a number of vacancies

### Enabling Ambitions- Digital, Research, Innovation

- Lease for HDFT Innovation Hub at St James' Business park still not agreed
- Although estate identified for a Clinical Research Facility, requires capital investment to provide basic clinical facilities

## Positive news & assurance

### Best Quality, Safest Care

- Mortality Indicator (SHMI) now stabilising at expected level
- A number of successful consultant recruitment campaigns (paediatrics, general surgery, histopathology, palliative care medicine)
- Deputy MD Dr Dave Earl appointed as interim MD for IPS (our joint venture for laboratory services)

### Enabling Ambitions- Digital, Research, Innovation

- National profile of HDFT Innovation project HAPPI (Harrogate Post Procedure Patient Information)
- Successful innovation bid for RPA in cancer pathways (WYAAT)
- NHSE approved ITT (intention to tender) for HDFT EPR- procurement process now underway

## Major actions commissioned & work underway

### Best Quality, Safest Care

- Clinical Validation and Harm Review Policy in final draft
- Neonatal readmissions validation project underway – coding issues identified and being corrected
- MAAP leadership and governance structure- programme of work commenced in partnership with WYAAT

### Enabling Ambitions- Digital, Research, Innovation

- New Digital Strategy in final draft
- New Communications Lead for Digital- workplan being assembled
- Clinical Lead for Research to be advertised to lead on commercial research grow plan

## Decisions made & decisions required of the Board

### Best Quality, Safest Care

### Enabling Ambitions- Digital, Research, Innovation

**TRUST BOARD in Public****29<sup>th</sup> November 2023****3.7**

<b>Title:</b>	Learning from Medical Industrial Action	
<b>Responsible Director:</b>	Dr Jacqueline Andrews, Executive Medical Director	
<b>Author:</b>	Dr Jacqueline Andrews, Executive Medical Director	
<b>Purpose of the report and summary of key issues:</b>	<p>Over the course of 2023 the unions representing Doctors in England, the British Medical Association (BMA) and the Hospital Consultants and Specialists Association (HCSA), conducted a number of periods of Industrial Action (IA).</p> <p>For junior doctors, the periods of industrial action included withdrawal of labour for emergency care. For hospital consultants, emergency care continued to be provided during industrial action.</p> <p>Before, during and after each period of industrial action, feedback and learning was shared at a local, regional and national level between Medical Directors. This paper summarises the key themes which have been identified to date.</p>	
<b>Trust Strategy and Strategic Ambitions:</b>	<b>The Patient and Child First</b> Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	x
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
<b>Corporate Risks:</b>	None noted	
<b>Report History:</b>	N/a	
<b>Recommendation:</b>	The Board is asked to note the contents of the paper and lessons learned during the industrial action.	



Freedom of Information:	Available on publication of Board papers to HDFT external website in November 2023.
-------------------------	---



**HDFT PUBLIC BOARD NOVEMBER 2023**  
**LEARNING FROM MEDICAL INDUSTRIAL ACTION 23/24**  
**29<sup>th</sup> November 2023**

3.7

## 1.0 INTRODUCTION

Over the course of 2023 the unions representing Doctors in England, the British Medical Association (BMA) and the Hospital Consultants and Specialists Association (HCSA), conducted a number of periods of Industrial Action (IA).

For junior doctors, the periods of industrial action included withdrawal of labour for emergency care. For hospital consultants, emergency care continued to be provided during industrial action.

Before, during and after each period of industrial action, feedback and learning was shared at a local, regional and national level between Medical Directors. In this paper I have summarised the key themes which have been identified to date.

## 2.0 REPORT

### 1. Communication

#### **Colleague communications**

The importance of frequent and open communication with staff members was paramount. Multiple routes of communication were used, including email updates and virtual “all hands” meetings. Relationship management with the trade unions was critical to ensure planning and staffing for industrial action was transparent and to allow any misunderstandings or concerns to be addressed quickly. At HDFT, the Chair and the Junior Doctor Representative of the LNC (local negotiating committee) was invited to attend all management IA planning meetings. The LNC Chair was permitted to use the Trust group email function to provide colleagues with information from the BMA, should they wish to engage with it.

During periods of IA, the Trust adopted a command and control structure, with an incident room and the emergency response and planning team available throughout the period of IA, with the Medical Director acting as the strategic (gold) commander. Senior members of the medical and clinical directorate team “walked the wards” to ensure rapid escalation of any safety concerns identified, and if required due to staffing levels, also undertook clinical duties during periods of IA.

External support was provided via regular virtual drop-ins with the Humber and North Yorkshire Regional Medical Director to share learning and practice across the region. At a sub-regional level, the WYAAT (West Yorkshire Association of Acute Trusts) Medical Directors conversed and met frequently to discuss shared approaches to topics such as pay rates and mutual aid as well as to gain consensus, support, and advice which was invaluable during IA.

#### **Public communications**

The national and regional Medical Director Team attended national and subnational community media outlets to discuss upcoming IA and provided information on the most

appropriate pathways for seeking medical help during periods of IA. At HDFT, the communications team liaised with local media outlets and patient groups to inform them of all available routes for accessing care during IA. Our primary care liaison lead was included in IA planning and was a highly valuable resource to ensuring smooth communication with primary care colleagues, who were performing normal levels of activity during periods of hospital IA.

## **2. Patient safety**

Mitigating any risks to patient safety was paramount during operational planning and a number of actions were taken to ensure periods of IA did not expose patients to additional risk. Some examples were:

1. Additional staffing before or after a period of IA to optimise clinical decision making and patient flow. This included non-medical staff to help with discharge, e.g., pharmacy staff.
2. DATIX reports included whether IA was a factor in the reported concern
3. Frequent huddles including during out of hours to understand any rota gaps and to optimally deploy available staff
4. Specialist nurse-led teams were upstaffed and worked extended hours during IA period (at HDFT- critical care outreach)

MDs fed back nationally that establishing remuneration strategies for the Consultant body as early as possible helped to minimise complications to overall operational planning, enhanced the pickup of acting down (consultants covering junior doctor rota slots) shifts, maintained colleague goodwill and avoided protracted discussions on pay rates distracting the focus from operational planning.

## **3. Rota Planning**

Rotas were planned in advance of the IA and although the exact approach varied between organisations, consistencies with the following approach appeared to enable successful and safe planning:

1. Responsibility delegated to clinical teams/divisional leads senior clinicians with frequent reporting into the executive team of how many locums were needed and corresponding patient safety concerns
2. Within sub-regions, agreement for specialist acute services to be held at one centre only to help redistribute staff
3. Mutual aid plans across the region which were established during the pandemic provided well organised routes should services become pressurised
4. The critical care outreach rota was used to support the medical on-call rota to ensure appropriate cover for emergency calls
5. Early understanding in the level of contribution of the SAS (Specialist and Specialty Doctors) and MAAP (Medically Associated and Advanced Practitioners) workforce during IA including terms of contract, availability and scope of practice
6. For specialities which saw high levels of rescheduled elective activity, Consultants who were willing to cover JD absence were utilised to cover acute inpatient activities
7. Support for additional services surrounding ED were increased in some areas during the strikes, e.g. mental health liaison services, integrated care teams

#### **4. Training Gaps and Requirements**

Training gaps in those providing cover during IA were quickly identified and supported prior to the commencement of IA. Examples of additional training support at HDFT were as follows:

1. Refresher sessions for Basic and Advanced Life Support and other clinical skills as required (blood gas taking and using the analyser, urinary catheter insertion and intravenous cannula procedure)
2. Refresher sessions on how to gain access to and use patient information systems, increased IT support during IA offered enhanced real time support (floor walkers)
3. Refresher sessions for electronic prescribing, pharmacists organised training as well as on the day support

#### **5. Supporting All Staff**

The importance of supporting all colleagues including those striking was communicated regularly. Examples of what support was provided at HDFT are as follows:

1. CEO and Medical Executive sent regular “all user” emails at the start and end of each period of industrial action, thanking those supporting patient care during IA but also acknowledging staff’s right to strike and that the dispute was with the government and not with HDFT/NHSE
2. HDFT provided refreshments to the picket line and the Medical Director and other Executives visited the picket line on a number of occasions
3. For Medical and MAAP colleagues covering- regular directorate meetings and access to senior leadership before, during and after IA to discuss any concerns and to reflect and identify learning on what had gone well and what could be improved prior to further strike action

#### **6. Activity during IA and Rescheduling**

At HDFT in the run up to periods of IA, Clinical Directorates regularly reported what activity they would be able to safely continue beyond core emergency services, depending on the level of IA being taken in their teams. Key inter-dependencies between services were identified and discussed with the final decision as to what activity could be continued taken by the Executive team, taking into account the terms and conditions of the trade union IA agreement.

A national derogation process to follow if patient safety concerns were identified and could not be mitigated locally was agreed between NHS England and the medical trade unions and clearly communicated to provider Medical Directors. Internally at HDFT, the process was communicated with all members of the operational teams and an internal escalation process agreed.

### **3.0 SUMMARY**

Managing multiple periods of medical industrial action in a short period of time has been extremely challenging and has had a significant impact on the productivity of the NHS, HDFT included. Each period of IA has required operational and clinical managers to spend significant periods of time planning, overseeing and reflecting on the IA to ensure patient safety risks are minimised and that as much activity continues as is safe to do so and within the terms and conditions of the trade union agreements with the government. To date at HDFT, no major



safety concerns have been identified from any of the periods of IA and much learning has been extracted, particularly about the benefits of having a multi disciplinary clinical workforce who can work flexibly and collegiately to provide safe clinical care.

3.7

**Dr Jacqueline Andrews**  
**Executive Medical Director**  
**29<sup>th</sup> November 2023**

## AMBITION: GREAT START IN LIFE

HDFT is the largest provider of public health services for children and young people in England supporting over 500,000 children and young people to have a great start in life. We have the opportunity to lead the development of children and young people's public health services, sharing our expertise to benefit children nationally. As a district general hospital we often care for children and young people in our adult services so we will ensure that every service meets the needs of children and young people by implementing the 'Hopes for Healthcare' principles co-designed with our Youth Forum. Providing high quality, safe care and a great patient experience for mothers and their babies, and ensuring they and their families have confidence in that care, is the beginning of a great start in life.

### GOALS:

- **The national leader for children and young people's public health services.**
- **Hopes for Healthcare: services which meet the needs of children and young people.**
- **High quality maternity services with the confidence of women and families**

### Governance:

- **Board Assurance:** Resources Committee; Quality Committee
- **Programme Board:** Great Start in Life Programme Board; Quality Governance Management Group
- **SRO:** Director of Strategy; Director of Nursing, Midwifery and AHPs

### Metrics

Goal	True North Metric	Breakthrough Objective
<b>The national leader for children and young people's public health services.</b>	Percentage of children identified as vulnerable at birth in universal services at 30 months	Not applicable
<b>Hopes for Healthcare: services which meet the needs of children and young people.</b>	Children's Patient Experience (metric to be developed)	Not applicable
<b>High quality maternity services with the confidence of women and families</b>	Maternity Mortality Events	Not applicable

### Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR34	Autism Assessment	<p>Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within 3 months of referral.</p> <p>Risk that children may not get access to the right level of support without a formal diagnosis and that this could lead to deterioration in condition.</p>	12 (3x4)	9 (3x3) (Mar 26)	Clinical	Minimal

**GOAL: GREAT START IN LIFE: The national leader for children and young people's public health services**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Increasing the profile and influence of our Children's PH Services	Sharing evidence and learning for Children's PH Services Influencing regional/national policy Increased staff engagement		<ul style="list-style-type: none"> <li>Children's PH Strategy Workshop – Oct 22</li> <li>Draft Engagement Plan supported by Children's PH Services Board WG – Jan 23</li> <li>Children's PH Services Conference – Q3 23/24</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Delayed – now planned for April 2024. Engagement with potential speakers, delegates underway; venue identified</li> </ul>	
Improving strategic relationship management with system partners	Improved outcomes for children Securing long-term partnerships		<ul style="list-style-type: none"> <li>Children's PH Strategy Workshop – Oct 22</li> <li>Review existing strategic relationships – Dec 22</li> <li>Stakeholder Management Plan supported by Children's PH Services Board WG – Jan 23</li> <li>Strategic meetings attendance plan – Jun 23</li> <li>Establish informal meetings with Lead Commissioners and DPHs – Sep 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete – regular meetings with commissioners and DPHs in place. Exec Director attendance at Health &amp; Wellbeing Boards identified.</li> </ul>	
An operating model to support & enable services outside Harrogate	Improved outcomes for children Improved service delivery Increased staff engagement		<ul style="list-style-type: none"> <li>Children's PH Strategy Workshop – Oct 22</li> <li>Review of corporate support – Jun 23 (revised from Jan 23)</li> <li>Review of community estate and processes – Jun 23 (revised from Mar 23)</li> <li>Proposal for "Northern Hub" – Jul 23 (revised from Mar 23)</li> <li>Draft Operating Model supported by Children's PH Services Board – Oct 23 (revised from Apr 23)</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Delayed – Beehive building in Darlington identified as Northern Hub. Developing hot desk and meeting space for Mar 24</li> <li>Complete – support from corporate teams agreed and being implemented.</li> </ul>	
To Increase the percentage of children identified as at risk of vulnerabilities at birth who are in universal services by 30 months	Improved outcomes for children		<ul style="list-style-type: none"> <li>HDFT Impact A3 analysis has identified that we do not have good data to demonstrate the impact of early intervention and prevention services. The first step to deliver this objective is to capture the data. Improvement actions will be developed once a baseline has been established.</li> <li>Electronic data capture for children at risk of vulnerabilities at birth and at 30 months in place – Jan 24</li> <li>Staff trained to capture data at birth and at 30 months – Jan 24</li> <li>Baseline data collection started – Jan 24</li> </ul>	<ul style="list-style-type: none"> <li>On Track</li> <li>On Track</li> <li>On Track</li> </ul>	

**GOAL: GREAT START IN LIFE: Hopes for Healthcare – services which meet the needs of children and young people**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To embed the “Hopes for Healthcare” principles in all HDFT services	Better patient experience for children Improved safety for children		<ul style="list-style-type: none"> <li>Establish Great Start in Life Programme Board – Jan 23</li> <li>Review of previous work on Hopes for Healthcare – May 23</li> <li>Stakeholder review of Hopes for Healthcare ambitions – Jul 23</li> <li>Relaunch of updated Hopes for Healthcare ambitions – Sep 23</li> </ul> <p>The development of the HDFT Impact A3 for this objective identified that in addition to reviewing the Hopes for Healthcare ambitions, better data is required to understand children and young people's experience of our services and how we need to improve. The plan for this objective will be updated to reflect the HDFT Impact A3.</p>	<ul style="list-style-type: none"> <li>Complete – First board held on 21 Feb</li> <li>Delayed – further information to collect from directorates; Dr Cannings seeking dates to attend Directorate Boards</li> <li>Delayed – youth forums still to be identified</li> <li>Delayed</li> </ul>	

**GOAL: GREAT START IN LIFE: High quality maternity services with the confidence of women and families**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Embedded immediate and essential actions from Ockenden Report (2020 & 2022)	<p>A robustly funded, well-staffed and trained workforce to be able to ensure delivery of safe, and compassionate, maternity care.</p> <p>Strengthened accountability for improvements in care with timely implementation of changes in practice following incidents and complaints and compassionate investigations involving families.</p>		<ul style="list-style-type: none"> <li>Continue processes already in place for reporting to Maternity Safety Champions, Trust Board and external stakeholders and bodies.</li> <li>Review NICE guidance compliance document to assure guidelines are relevant and met.</li> <li>Pathways of care to be clearly described, in written information in formats consistent with NHS policy and posted on the trust website.</li> </ul>	<ul style="list-style-type: none"> <li>Processes in place</li> <li>Obstetrics NICE compliance: <ul style="list-style-type: none"> <li>Relevant guidelines – 16, of which: <ul style="list-style-type: none"> <li>Compliant – 3</li> <li>Non-compliant – 3</li> <li>Working towards compliance – 5</li> <li>Guideline under review – 5</li> <li>Not relevant - 5</li> </ul> </li> </ul> </li> <li>Engagement with MVP on-going to improve the information available on the HDFT Maternity website.</li> </ul>	
Progress actions towards the Three Year Delivery Plan for Maternity and Neonatal Services (2023)	Listening to and working with women and families, with compassion.		<ul style="list-style-type: none"> <li>Work with LMNS to improve Perinatal pelvic health services.</li> <li>Audit of personalised care and equity and inequality</li> </ul>	<ul style="list-style-type: none"> <li>Planning stage</li> <li>Audit midwife awaiting start date</li> </ul>	
	Growing, retaining, and supporting our workforce.		<ul style="list-style-type: none"> <li>Implement equity and equality plan actions to reduce workforce inequalities</li> <li>Develop a recruitment and retention improvement action plan</li> <li>Maternity and neonatal leads have the time, access to training and development (Core Competency v2)</li> </ul>	<ul style="list-style-type: none"> <li>In progress</li> <li>In progress</li> <li>In progress</li> </ul>	
	Developing and sustaining a culture of safety, learning, and support.		<ul style="list-style-type: none"> <li>PSIRF implementation</li> <li>Neonatal leads to participate directly in board discussions</li> </ul>	<ul style="list-style-type: none"> <li>Planning stage</li> <li>Under discussion</li> </ul>	
	Standards and structures that underpin safer, more personalised, and more equitable care.		<ul style="list-style-type: none"> <li>Implementation of version 3 of the Saving Babies' Lives Care Bundle (once released).</li> <li>Digital roadmap</li> </ul>	<ul style="list-style-type: none"> <li>Released 31<sup>st</sup> May 23 – under review</li> <li>In development</li> </ul>	



## Maternity – November 2023 (October's data)

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> <li>2 on-going PSII investigations – 1 Neonatal death, 1 Undiagnosed 4<sup>th</sup> degree tear</li> <li>Capacity for Caesarean sections continues to be an issue</li> <li>NICE compliance – continued limited progress being made</li> <li>Maternity Incentive Scheme query on compliance</li> <li>3 complaints – Safeguarding, scanning and perineal tear</li> </ul>	<ul style="list-style-type: none"> <li>Saving babies lives care bundle version 3 – work on-going to meet requirements – specifically in relation to Smoking Cessation and Diabetes</li> <li>Requirement to develop in-house stop smoking service</li> <li>Preparation for LMNS assurance visit 13<sup>th</sup> November</li> <li>Data quality work in Badgernet on-going</li> <li>Core Competency framework v2 business case going through governance process – financial implication approx. £125k</li> <li>Push on training to meet Maternity Incentive Scheme requirement</li> <li>4D scanning private service being arranged</li> <li>ANC capacity and demand modelling on-going</li> <li>Perinatal Leadership Culture Programme commenced</li> <li>Preparation to undertake SCORE survey in January 2024</li> <li>BaBi Harrogate research project – training and recruitment started</li> <li>Conversations commenced regarding Single Point of Contact for maternity</li> <li>Meeting with MNSI in new format following transition from HSIB</li> <li>ATAIN quarterly report</li> <li>PMRT quarterly report</li> <li>Bi-annual staffing report</li> <li>Neonatal staffing report</li> </ul>
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> <li>No new MNSI (previously HSIB) cases reported</li> <li>Placental Growth Factor testing agreed and planned to be implemented by the end of the year.</li> <li>Frenulotomy service commenced 01/11/23</li> <li>Five new starters this month</li> <li>Fully staffed maternity service – midwives, MSWs and Obstetric staff</li> </ul>	



## AMBITION: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS

For Harrogate and District, our ambition is to support person centred, integrated care through strong local partnerships. Our goal is for Harrogate and District to be recognised as an exemplar for person centred, integrated care to ensure that patients get the right care, from the right staff, in the right place. With an increasingly elderly and frail population we will prioritise providing the highest quality care and best outcomes for this group, while ensuring that all our patients also benefit from the services and approaches for the elderly and frail. By increasing our capacity and productivity, we will reduce waiting times for planned care and ensure that there is equitable access for all.

### GOALS:

- The best place for person centred, integrated care
- An exemplar system for the care of the elderly and people living with frailty
- Equitable, timely access to best quality planned care

### Governance:

- **Board Assurance:** Resources Committee
- **Programme Board:** Elective Programme Board, Urgent & Emergency Care Programme Board
- **SRO:** Chief Operating Officer

**Metrics** (to be developed following review of Integrated Board Report)

Goal	Indicators		
Person Centred, Integrated Care			
Care of the Elderly			
Planned Care			

### Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR41	Referral To Treatment (RTT)	Risk to patient safety, performance, financial performance, and reputation due to increasing waiting times across a number of specialties as a result of the impact of Covid 19	3x4=12	3x2=6 (Mar 24)	Clinical Operational	Cautious
CRR61	Emergency Department (ED) 4 Hour Standard	Risk of increased morbidity/ mortality for patients due to a failure to meet the 4 hour standard.	3x4=12	3x2=6 (Oct 23)	Clinical Operational	Cautious

**GOAL: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS: The best place for person centred, integrated care**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
ED Streaming	Improved ED 4 Hour Performance Improved flow through ED Improved patient experience		<ul style="list-style-type: none"> <li>Staff Recruitment – Sep 22</li> <li>Staff in post – Oct 22</li> <li>E-streaming in place – Oct 22</li> <li>Staff training complete – Jan 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Ongoing</li> <li>Complete</li> </ul>	
ED Reconfiguration: Fit to Sit, Majors Area	Improved ED 4 Hour Performance Improved flow through ED		See "Enabling Ambition: An environment that promotes wellbeing" for details	Stage 1/3 complete. Stage 2/3 underway.	
ED/Acute Flow – Acute Referral Triage	Reduction in ED attendances Improved satisfaction from referrers Patients referred to the right service first time		<ul style="list-style-type: none"> <li>Workforce &amp; data review – Sep 22</li> <li>User feedback analysed – Sep 22</li> <li>Pathways written – Nov 22</li> <li>Single point of access for acute and community services in place - TBC</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Decision required on whether to progress with single point of access for acute and community</li> </ul>	
ED/Acute Flow – Consultant Allocation	Reduce delays in medical review Reduce number of outliers Improved clinical experience Improved consultant working		<ul style="list-style-type: none"> <li>Centralised ward clerk management – Nov 22</li> <li>Standard ward clerk training programme – Nov 22</li> <li>Future ward reconfiguration agreed – Nov 22</li> <li>SOP agreed – Dec 22</li> <li>Future ward reconfiguration implemented – Dec 22</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>	
ED/Acute Flow – Acute Medicine Model	Reduced LoS for acute medicine patients Compliant with 14hr senior review standard Extended SDEC opening hours, increased SDEC capacity		<ul style="list-style-type: none"> <li>Acute Assessment Team &amp; SDEC specification – Jul 22</li> <li>Acute Medicine staffing review – Aug 22</li> <li>Acute Medicine matron in post – Aug 22</li> <li>Training programme in place – Dec 22</li> <li>Staff investment (business case) – Mar 23</li> <li>Increased consultant team in place – Aug 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>To be considered as part of 22/23 planning</li> <li>Dependent on 22/23 planning outcome</li> </ul>	
ED/Acute Flow – Internal Referrals	Reduced time to request inpatient specialty review Standardising process Improving patient flow Reduce 24 hr maximum time to accept inpatient specialty review		<ul style="list-style-type: none"> <li>Design SDEC and Elderly Med referral forms – Oct 22</li> <li>SDEC &amp; Elderly Med referral forms in WebV – February 23</li> <li>Train users – Feb 23</li> <li>WebV referral forms testing – March 23</li> <li>Phase 1 Go Live – March 23</li> <li>Phase 2 Comms – June 23</li> <li>Phase 2 Go live – June 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Urgent Care Response (UCR)	Admission avoidance Reduced delayed discharges		<ul style="list-style-type: none"> <li>• UCR pathways approved – Sep 22</li> <li>• UCR clinical gov agreed with Pri Care – Oct 22</li> <li>• UCR practitioners recruited – Oct 22</li> <li>• Systm1 updated with pathways – Oct 22</li> <li>• UCR team completed training – Oct 22</li> <li>• All UCR pathways live – Oct 22</li> <li>• Update DoS with UCR service – Oct 22</li> <li>• Additional support workers recruited – Dec 22</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• At Risk (2 pathways to complete)</li> <li>• Complete</li> <li>• Complete (2 pathways not yet on Systm1)</li> <li>• Complete</li> <li>• On Track</li> </ul>	
Virtual Ward (VW)	Increased virtual ward capacity for a larger cohort of patients Reduced delayed discharges		<ul style="list-style-type: none"> <li>• Elderly medicine consultant capacity in place – Nov 22</li> <li>• Night staff recruitment – Dec 22</li> <li>• IT solution to manage VW in place – Dec 22</li> <li>• Identify first cohort of VW patients – Dec 22</li> <li>• VW beds implemented on Systm1 – Dec 22</li> <li>• Initial Hospital at Home capacity live – Dec 22</li> <li>• Full additional Virtual Ward capacity live – Dec 23</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• At Risk (Nursing recruited; HCA re-advertised)</li> <li>• At Risk (ICB solution not delivered; Trust solution now requested leading to delay)</li> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• On Track</li> </ul>	

**GOAL: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS: An exemplar system for the care of the elderly and people living with frailty**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
No strategic objectives for 22/23 identified for this goal – focus in 22/23 on urgent and emergency care flow through ED, hospital and community services.					

**GOAL: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS: Equitable, timely access to best quality planned care**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Wharfedale Theatres (TIF1)	<ul style="list-style-type: none"> <li>Additional activity (estimated 282 General Surgery Day Case, 1017 Urology Day Case, 535 Gynaecology Day Case per annum)</li> <li>Improved waiting time performance</li> </ul>		<ul style="list-style-type: none"> <li>NHSE Business Case (BC) approval – Nov 22</li> <li>Internal BC approval – Jan 23</li> <li>MOU signed – Feb 23</li> <li>Proposal operationalised - Nov 23</li> <li>Contract signed – TBC</li> <li>Recruitment complete – TBC</li> <li>Construction complete – TBC</li> <li>Go Live – TBC</li> </ul>	<ul style="list-style-type: none"> <li>On Track</li> <li>On Track</li> <li>On Track</li> <li>On Track</li> <li>Delay at LTHT, timeline under review</li> <li>Delay at LTHT, timeline under review</li> <li>Delay at LTHT, timeline under review</li> <li>Delay at LTHT, timeline under review</li> </ul>	
HDH Additional Theatres (TIF2)	<ul style="list-style-type: none"> <li>Additional activity (General Surgery 750 day case/inpatient, Urology 1300 day case/inpatient, Gynaecology 60 day case/inpatient, Breast 250 day case/inpatient per annum)</li> <li>Improved waiting time performance</li> </ul>		<ul style="list-style-type: none"> <li>NHSE BC approval Sep 22</li> <li>HDFT capital to support enabling schemes agreed – Dec 22</li> <li>Internal BC approval – Jan 23</li> <li>Planning permission awarded – TBC</li> <li>Complete tender, appoint contractor – Jun 23</li> <li>Recruitment complete – TBC</li> <li>Construction complete – TBC</li> <li>Go Live – TBC</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Delayed</li> <li>Complete</li> <li>Delayed</li> <li>Delayed, options under review</li> <li>Delayed</li> </ul>	
Outpatient Transformation	<ul style="list-style-type: none"> <li>Reduce Follow Ups by 25% (compared to 19/20)</li> <li>Expand uptake of Patient Initiated Follow Up (PIFU) to all major outpatient specialties</li> <li>2% of all outpatient attendances to PIFU pathway</li> <li>Deliver 16 speciality advice requests, including A&amp;G, per 100 outpatient 1<sup>st</sup> attendances</li> <li>At least 25% of outpatient appointments to take place via telephone or video</li> <li>Improved waiting time performance</li> </ul>		<ul style="list-style-type: none"> <li>PIFU rolled out to Rheumatology, Orthopaedics, Ophthalmology, Gastro</li> <li>PIFU rolled out in: <ul style="list-style-type: none"> <li>Gastro, Neurology, ENT, Physiotherapy – Dec 22</li> <li>Dermatology, Cancer – Jan 23</li> </ul> </li> <li>Waiting List validation – Jan 23</li> <li>Orthopaedic Pathway Re-design complete (Hip and Knee 12mth FU) – Apr 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Ongoing</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	
Theatres Productivity	<ul style="list-style-type: none"> <li>Increased activity through theatres</li> <li>More specific metrics to be agreed through RPIW</li> </ul>		<ul style="list-style-type: none"> <li>Priority specialties agreed – GRIFT HVLC 6 Specs</li> <li>Improvement events delivered – TBC</li> <li>Further actions dependent on outcome of improvement events.</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>At risk</li> </ul>	

# Operational Update

November 2023

Russell Nightingale  
Chief Operating Officer

# Operational Update November 2023 (October Performance)

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> <li>Performance against the A&amp;E 4-hour standard was at 69.6% for October, below the new performance standard of 76%.</li> <li>Cancer 2WW performance was below the 93% target at 73%, breast and colorectal remain of significant concern</li> <li>Cancer 62-day wait target not achieved at 69.1%</li> <li>Cancer 31-day wait target not achieved at 92.5%</li> <li>Industrial action continued to impact on activity and elective recovery</li> </ul>	<ul style="list-style-type: none"> <li>TIF2 – replanning in progress to align with RAAC and imaging</li> <li>Automated data transfer being piloted for activity reporting over next 6 weeks.</li> <li>Automated new national OPEL scoring on track for go live in November</li> <li>Cancer 28 day FDS improvement plan being developed</li> <li>Cancer 62 day treatment improvement plan being developed</li> </ul>
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> <li>Working towards zero 65 week waits by 31.03.2024. – ahead of achievement trajectory</li> <li>Positive reduction of diagnostic waiting lists and increased proportion waiting under 6 weeks.</li> <li>DEXA recovery from waiting list of 1300 down to 505 with 66% under 6 week wait.</li> <li>Total RTT waiting list reduced (community dental change)</li> <li>IBR transformed to digital format</li> <li>CQC Domicillary Care Registration Achieved</li> <li>6 month in a row of numbers of new outpatient appointments above the mean</li> </ul>	



# Children's and Community

Metrics	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
<b>% of antenatal contacts</b>							
Darlington	95.3%	94.9%	96.4%	98.3%	90.5%	95.0%	97.8%
Durham	87.9%	87.7%	89.6%	82.9%	88.0%	85.8%	84.4%
Gateshead	92.1%	91.9%	96.5%	92.1%	98.5%	92.9%	98.6%
Middlesbrough	92.9%	84.7%	93.9%	97.1%	94.4%	98.9%	92.6%
North Yorkshire	90.1%	89.3%	87.8%	93.6%	98.4%	97.0%	95.8%
Northumberland	86.0%	83.1%	86.8%	82.1%	88.4%	91.5%	82.0%
Stockton	90.6%	94.8%	97.2%	96.4%	98.5%	94.8%	98.5%
Sunderland	93.8%	96.1%	94.7%	195.1%	98.9%	96.2%	95.7%
Wakefield	97.1%	97.1%	95.2%	93.2%	87.9%	87.6%	86.3%
<b>% New Birth Visits completed by 14 days</b>							
Darlington	98.7%	97.7%	100.0%	98.5%	100.0%	97.4%	99.1%
Durham	95.7%	96.1%	96.4%	96.8%	96.1%	96.4%	96.2%
Gateshead	90.9%	98.7%	98.4%	90.9%	99.4%	98.4%	94.3%
Middlesbrough	97.0%	97.8%	95.3%	98.6%	99.3%	98.3%	97.3%
North Yorkshire	95.4%	92.9%	91.6%	97.2%	98.3%	93.3%	89.2%
Northumberland	92.9%	93.0%	95.0%	91.0%	94.6%	91.5%	77.8%
Stockton	94.4%	96.0%	94.0%	95.8%	97.3%	92.1%	95.4%
Sunderland	99.0%	99.5%	100.0%	99.1%	97.6%	99.5%	96.7%
Wakefield	94.8%	78.5%	74.9%	74.6%	67.9%	69.1%	71.5%
<b>% Infants Breastfeeding at 10-14 days</b>							
Darlington	59.0%	43.7%	52.1%	56.1%	62.2%	48.7%	51.9%
Durham	44.5%	43.2%	43.4%	41.9%	40.3%	46.8%	41.8%
Gateshead	50.8%	62.5%	58.9%	50.8%	59.6%	53.5%	53.2%
Middlesbrough	56.3%	54.0%	62.2%	62.0%	52.8%	54.7%	50.0%
North Yorkshire	66.8%	66.8%	66.3%	70.6%	66.9%	70.7%	67.5%
Northumberland	60.1%	52.3%	60.0%	56.6%	46.9%	54.4%	53.5%
Stockton	45.0%	47.6%	52.7%	49.7%	49.7%	53.4%	49.3%
Sunderland	48.2%	43.3%	45.7%	52.5%	44.6%	51.4%	47.3%
Wakefield	57.3%	53.1%	55.7%	51.9%	54.2%	50.2%	51.3%
<b>% infants breastfeeding at 6-8 weeks</b>							
Darlington	44.1%	37.0%	34.1%	40.8%	47.8%	39.8%	36.7%
Durham	30.4%	34.5%	29.7%	31.7%	26.5%	29.8%	36.5%
Gateshead	50.8%	33.9%	49.3%	50.8%	45.0%	47.1%	43.7%
Middlesbrough	43.7%	47.5%	49.7%	44.6%	50.0%	46.4%	41.4%
North Yorkshire	57.7%	52.7%	52.7%	54.7%	57.6%	55.0%	56.3%
Northumberland	41.6%	43.4%	36.4%	42.5%	40.9%	39.6%	39.5%
Stockton	40.0%	31.9%	35.2%	37.7%	39.0%	41.9%	39.8%
Sunderland	25.5%	33.8%	29.4%	37.4%	39.2%	31.6%	37.6%
Wakefield	32.9%	36.1%	37.4%	39.7%	37.0%	37.5%	36.5%

## % Antenatal contacts

- Northumberland – Action plan in place and under regular review with Locality and Service Managers.
- Durham - Main issue non notifications and late notification which is being picked up with Maternity
- Middlesbrough – Data being re run as validations inputted incorrectly.
- Wakefield – Targeted antenatal offer as agreed with commissioners.

## % new Birth Visits by 14 days

- Wakefield – Due to high health visitor vacancies. Service at OPEL 3 so timescales flexed to 10 to 20 days. Recovery linked to recruitment.

## % Infants Breast Feeding

- Durham – Increased focus on antenatal care including family hub developments and insights work commissioned by LA. Currently reviewing at locality level the issues.

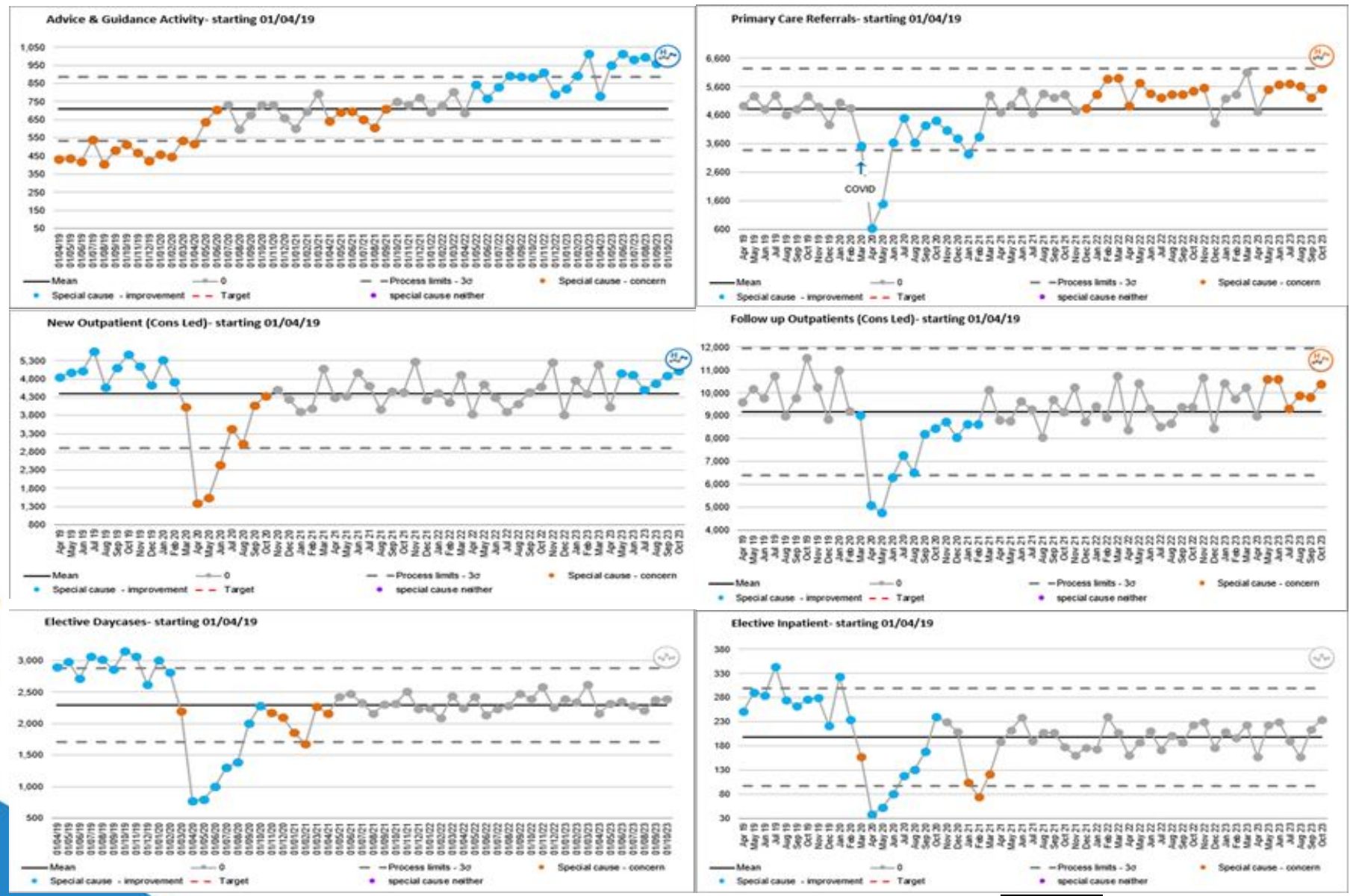
Metrics	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
<b>% of 6-8 week reviews completed by the time the infant is 8 weeks old</b>							
Darlington	98.5%	94.0%	95.3%	100.0%	97.0%	98.9%	98.9%
Durham	95.2%	91.9%	92.1%	93.1%	91.4%	92.5%	92.2%
Gateshead	97.7%	98.4%	97.3%	97.7%	98.0%	97.4%	93.0%
Middlesbrough	90.1%	90.8%	97.9%	90.0%	94.3%	95.2%	88.4%
North Yorkshire	93.0%	88.1%	85.8%	94.3%	95.8%	94.9%	93.6%
Northumberland	87.1%	82.5%	91.6%	83.8%	90.3%	94.2%	84.3%
Stockton	93.4%	95.9%	98.6%	95.3%	96.7%	96.7%	88.3%
Sunderland	98.0%	98.1%	98.5%	97.1%	96.0%	97.7%	99.1%
Wakefield	82.6%	98.5%	95.4%	90.6%	91.5%	92.1%	95.7%
<b>% of 12 month reviews completed by the time the child is 15 months old</b>							
Darlington	100.0%	98.8%	98.9%	100.0%	100.0%	98.8%	97.4%
Durham	92.1%	94.8%	97.0%	96.2%	94.1%	93.8%	92.8%
Gateshead	99.3%	98.0%	98.7%	99.3%	100.0%	95.5%	98.6%
Middlesbrough	96.2%	98.3%	100.0%	96.1%	95.2%	98.5%	100.0%
North Yorkshire	97.3%	97.9%	95.2%	99.2%	100.0%	98.3%	99.0%
Northumberland	95.2%	82.5%	92.3%	91.9%	94.6%	93.2%	92.7%
Stockton	96.5%	97.2%	99.3%	100.0%	98.8%	99.3%	98.2%
Sunderland	97.2%	96.6%	96.4%	98.1%	96.4%	97.9%	94.4%
Wakefield	94.3%	94.6%	88.73%	97.3%	97.5%	97.1%	98.3%
<b>% of 2-2.5 year reviews completed by the time the child is 2.5 years old</b>							
Darlington	100.0%	97.7%	97.8%	91.9%	97.2%	98.8%	100.0%
Durham	90.9%	92.6%	95.1%	93.7%	90.6%	94.4%	95.3%
Gateshead	97.2%	97.4%	99.2%	97.2%	97.2%	96.6%	94.3%
Middlesbrough	98.6%	95.5%	95.7%	97.4%	99.1%	95.8%	99.2%
North Yorkshire	96.2%	98.0%	91.5%	97.2%	98.2%	98.2%	97.3%
Northumberland	89.2%	91.8%	90.4%	92.9%	91.5%	91.0%	76.7%
Stockton	92.8%	97.0%	97.1%	97.0%	99.2%	94.5%	89.5%
Sunderland	94.8%	93.8%	94.6%	97.7%	95.1%	94.3%	93.6%
Wakefield	90.9%	89.9%	93.91%	97.6%	95.3%	97.7%	96.8%
<b>% of 2 to 2.5 year reviews completed in the month with a completed ASQ3</b>							
Darlington	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	98.9%
Durham	90.9%	92.6%	95.1%	93.7%	90.6%	94.4%	95.3%
Gateshead	100.0%	97.7%	97.5%	100.0%	97.5%	97.1%	96.1%
Middlesbrough	100.0%	99.2%	99.3%	100.0%	100.0%	100.0%	100.0%
North Yorkshire	99.8%	100.0%	98.7%	99.8%	99.5%	100.0%	99.5%
Northumberland	97.3%	97.5%	96.5%	95.3%	97.5%	97.0%	96.8%
Stockton	96.1%	97.5%	98.5%	94.6%	95.1%	94.9%	94.2%
Sunderland	96.0%	93.3%	96.2%	96.3%	96.0%	94.5%	95.5%
Wakefield	98.1%	99.5%	100.00%	99.3%	100.0%	99.7%	100.0%

## Planned Care Recovery

Outpatients	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of episodes moved or discharged to a patient initiated follow up plan (PIFU) - Plan	341	344	355	473	383	441	491	464	416	481	426	370
Actual	883	1,002	1,066	985	1,147	863	854					
Consultant-led first outpatient attendances (Spec acute) - Plan	3,623	3,658	3,778	5,032	4,075	4,691	5,223	4,931	4,419	5,112	4,528	3,929
Consultant-led first outpatient attendances (Spec acute) - Actual	4,037	4,945	4,916	4,505	4,676	4,898	5,023					
Consultant-led follow up outpatient attendances (Spec acute) - Plan	5,352	5,653	5,280	7,167	6,166	6,585	7,850	7,075	6,168	7,494	6,407	6,121
Consultant-led follow up outpatient attendances (Spec acute) - Actual	8,980	10,616	10,611	9,314	9,883	9,828	10,389					
<b>Elective Admissions</b>												
Total number of specific acute elective spells in period -Plan	2,103	2,480	2,270	2,977	2,878	2,711	3,035	2,957	2,499	2,944	2,691	2,057
Total number of specific acute elective spells in period -Actual	2,318	2,546	2,579	2,477	2,364	2,592	2,622					
Total number of specific acute elective day case spells in period -Plan	1,944	2,283	2,076	2,687	2,644	2,491	2,795	2,711	2,307	2,664	2,485	1,915
Total number of specific acute elective day case spells in period -Actual	2,161	2,322	2,349	2,287	2,207	2,378	2,388					
Total number of specific acute elective ordinary spells in period -Plan	159	197	194	290	234	220	240	246	192	280	206	142
Total number of specific acute elective ordinary spells in period -Actual	157	224	230	190	157	214	234					
<b>RTT</b>												
Number of completed admitted RTT pathways - Plan	840	986	897	1,161	1,142	1,076	1,208	1,171	996	1,151	1,074	828
Number of completed admitted RTT pathways - Actual	1,063	1,144	1,242	1,203	1,048	930	909					
Number of completed non-admitted RTT pathways - Plan	3,439	3,472	3,586	4,776	3,869	4,453	4,958	4,681	4,195	4,852	4,298	3,730
Number of completed non-admitted RTT pathways - Actual	3,486	4,487	4,423	4,284	4,405	4,179	4,607					
Number of New RTT pathways (clock starts) - Plan	5,339	5,534	5,622	7,688	6,738	7,136	8,152	7,576	6,756	7,824	6,949	5,688
Number of New RTT pathways (clock starts) - Actual	5,756	6,788	6,955	6,706	6,636	6,063	6,222					
Number of RTT incomplete pathways waiting +52 weeks - Plan	1,200	1,200	1,200	1,190	1,180	1,170	1,160	1,150	1,100	1,100	1,050	1,000
Number of RTT incomplete pathways waiting +52 weeks - Actual	998	1,001	1,020	1,033	1,124	673	640					
Number of RTT incomplete pathways waiting +65 weeks - Plan	470	470	470	450	440	430	390	370	350	300	200	0
Number of RTT incomplete pathways waiting +65 weeks - Actual	202	197	210	208	259	154	145					
Total number of RTT incomplete pathways - Plan	25,500	25,300	25,100	24,900	24,700	24,500	24,300	24,100	23,900	23,700	23,500	23,200
Total number of RTT incomplete pathways - Actual	25,951	25,876	25,860	25,831	25,802	23,093	22,799					
<b>Cancer</b>												
Number of cancer 62 day pathways waiting 63 days or more after an urgent suspected cancer referral - Plan	65	65	60	60	55	55	50	50	50	50	50	50
Number of cancer 62 day pathways waiting 63 days or more after an urgent suspected cancer referral - Actual	88	64	56	39	54	59	96					

Increasing elective capacity to 2019/20 levels continues to be the key focus. 12% of 2019/20 was delivered through premium out of core sessions which may not be replicable. Follow up activity continues to over deliver – further focus is needed on switching up routine follow up of patients after inpatient episodes/ treatments. This is hampered by the need to continue to 'catch up' on follow ups delayed by the pandemic. Significant increases in advice and guidance activity from 2019/20 which do not get reflected in above figures (baseline of 450/month now up to 1,000/month) – technically we have been unable to bring this into our activity figures so far.

# Elective Recovery



## Referral to Treatment (RTT)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
<b>Total incomplete RTT pathways</b>	25,951	25,876	25,860	25,831	25,802	23,093	22,799
<b>Under 52 weeks</b>	24,953	24,875	24,840	24,798	24,678	22,420	22,159
<b>&gt; 52 weeks</b>	998	1,001	1,020	1,033	1,124	673	640
<b>&gt; 65 weeks</b>	202	197	210	208	259	154	145
<b>&gt; 78 weeks</b>	5	0	1	1	4	2	0
<b>&gt; 104 weeks</b>	0	0	0	0	0	0	0

**RTT** – 22,799 patients waiting at the end of October. Total incomplete pathways has reduced in line with the move of Community Dental across to Non-RTT , ahead of plan for over 52 and 65 week waits.

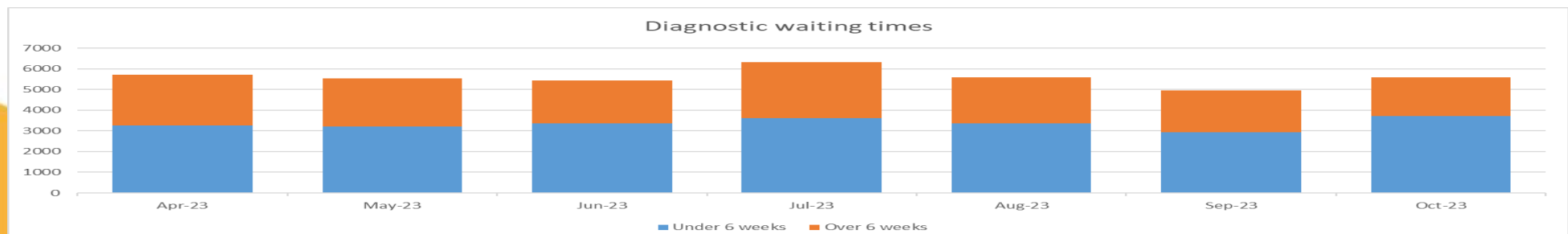
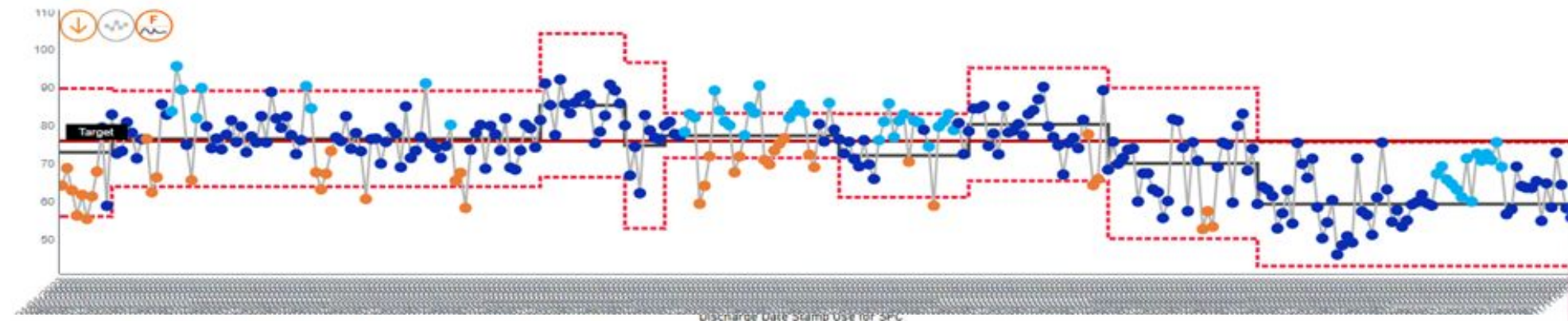
There were no patients waiting 78+ weeks at end October.

Of the patients waiting for a procedure on our waiting list, 40% are Orthopaedics and 14% are Ophthalmology.



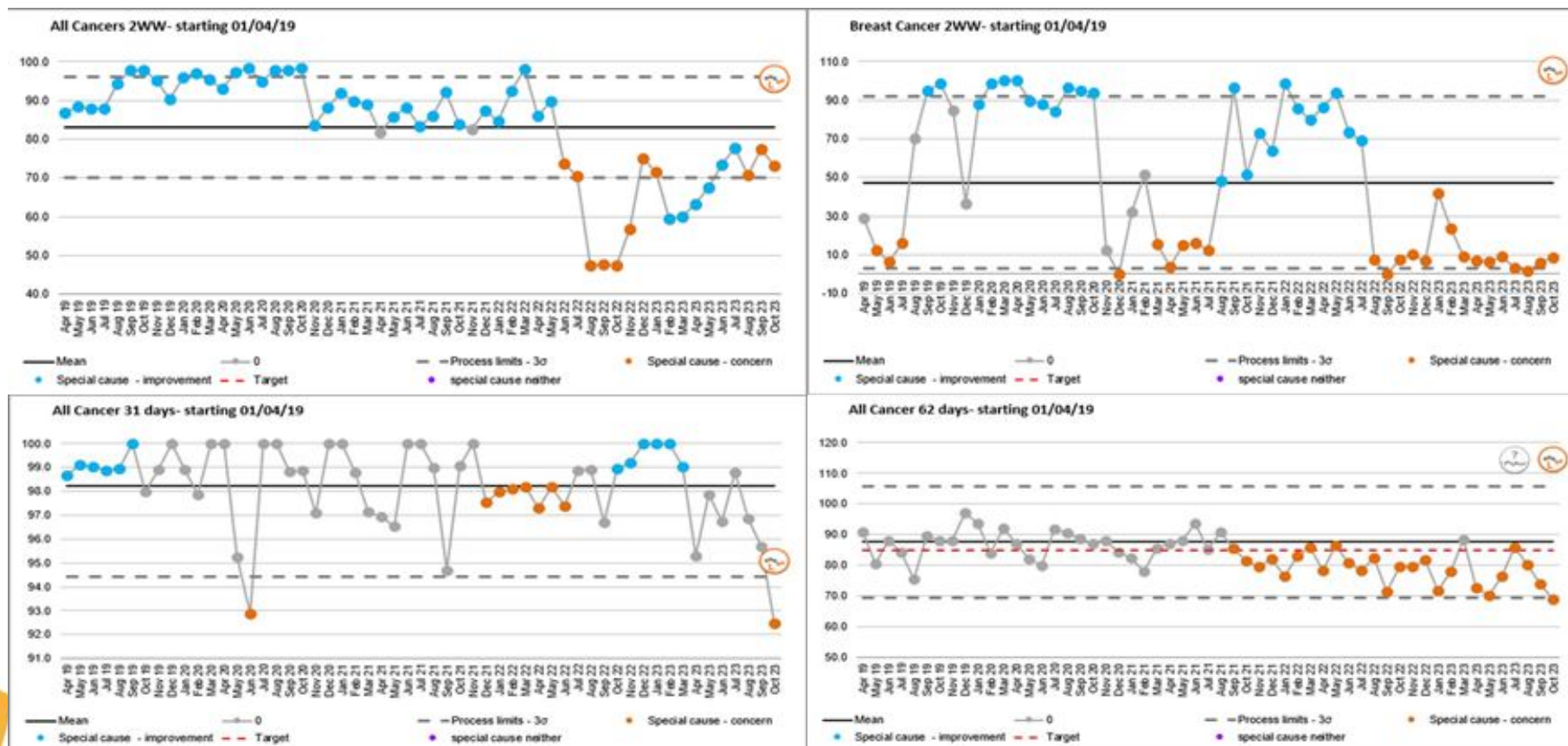
# Urgent Care and Diagnostics

SPC Type 1 ED performance by Discharge Date



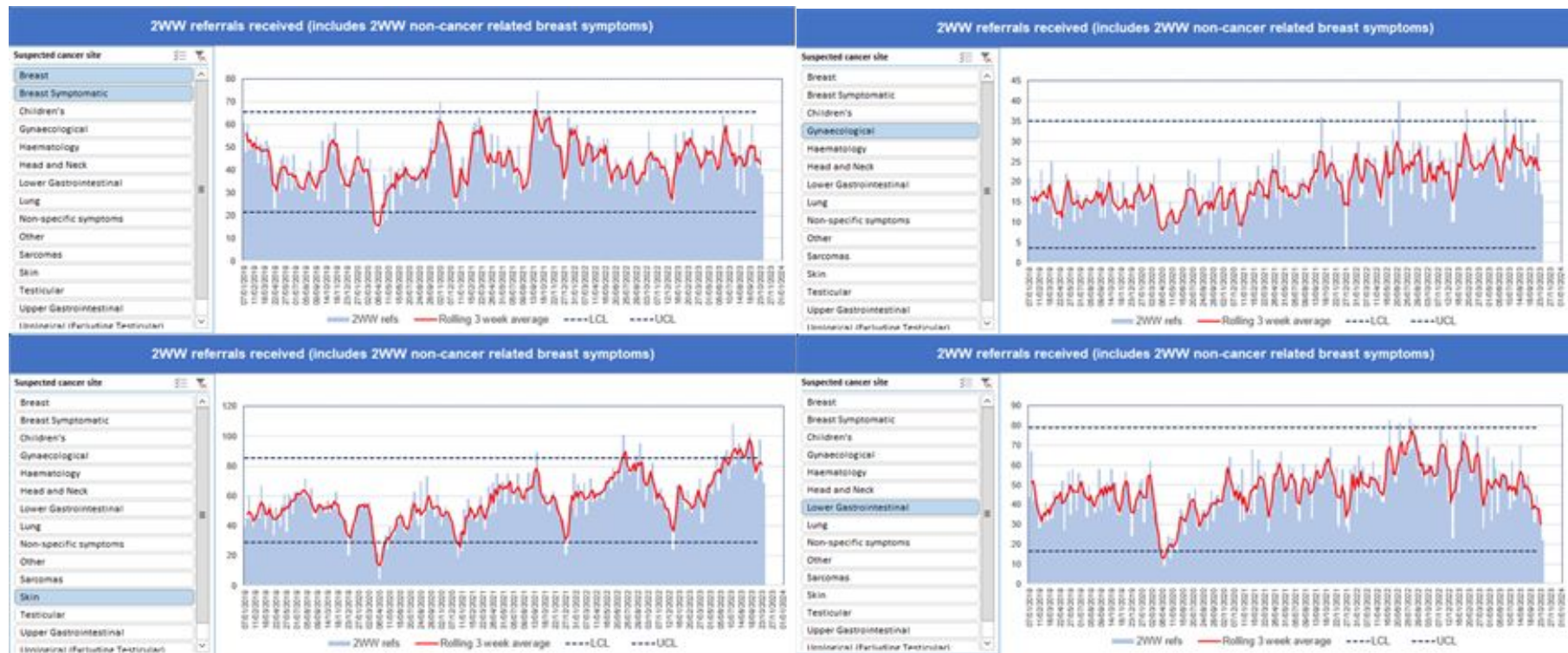
- Performance against the A&E 4-hour standard was at 69.6% in October, remaining below the new performance standard of 76%. August and September saw an increase in non-admitted patients staying longer than 6 hours and an increase in waiting times for initial assessment and to see a clinician. Ongoing building works alongside a new cohort of medical staff and a reduction in patients being streamed have all contributed to the deterioration. The last 10 days of October have seen an improvement in the time to initial assessment and to see a clinician.
- There were 14 over 12-hour trolley wait breach in October (1 in September).
- There was 39 over 30-minute ambulance handover breaches in August (15 in September) and 12 (1 in September) over 60 minutes.
- ED attendances are now back in line with 2019/20 levels.
- MRI , CT , Ultrasound and DEXA have seen improvements in number of patients waiting for diagnostics and thus a reduction in the overall diagnostic waiting list. The percentage under 6 weeks has increased to 66% (59% in September).

# Cancer Performance



- The 62-day standard was not met in October with a performance of 69.1% against the 85% standard.
- The 31-day standard was not met in October with a performance of 92.5% against the 96% standard.
- The 2-week wait standard was not met in October with a performance of 73.0%. A significant increase in 2WW referrals has been seen in several challenged services (Breast, Lower GI, Dermatology and Gynaecology).
- The 2-week wait breast symptomatic standard was not met in October with just 8% of patients being seen within 2-weeks – patients are being seen at 29-30 days.
- At the end of October, 96 (59 in September) patients remain on an open cancer pathway over 62-days with 13 (8 in September) of these over 104-days. Weekly demand continues to exceed available capacity in the Breast service.
- The cancer PTL backlogs remain one of the smallest nationally when adjusted for size.
- Support through mutual aid both in West Yorkshire and Humber & North Yorkshire is being explored particularly for the breast pathways in addition to attempting to provide additional capacity internally.

# Cancer Performance



- Performance against the 2WW Cancer standard continues to remain below the standard in October.
- Focus will remain on the early part of cancer pathways through the faster diagnosis standard (28 days) with the 2WW standard being removed in October 2023.



# Non RTT Waits

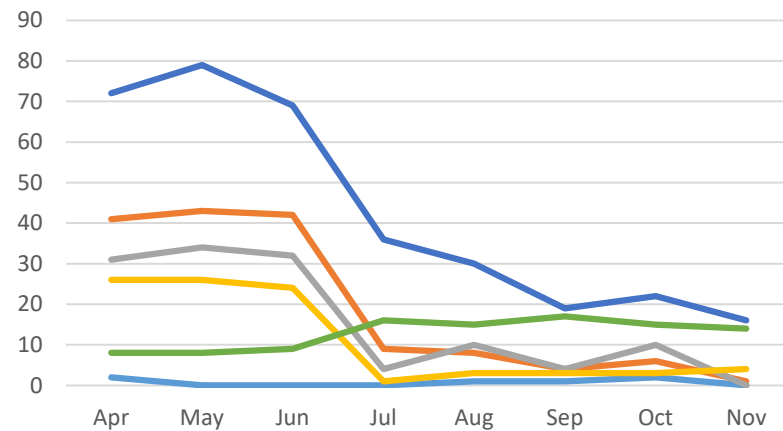
November 2023

Russell Nightingale  
Chief Operating Officer



## Therapy Services

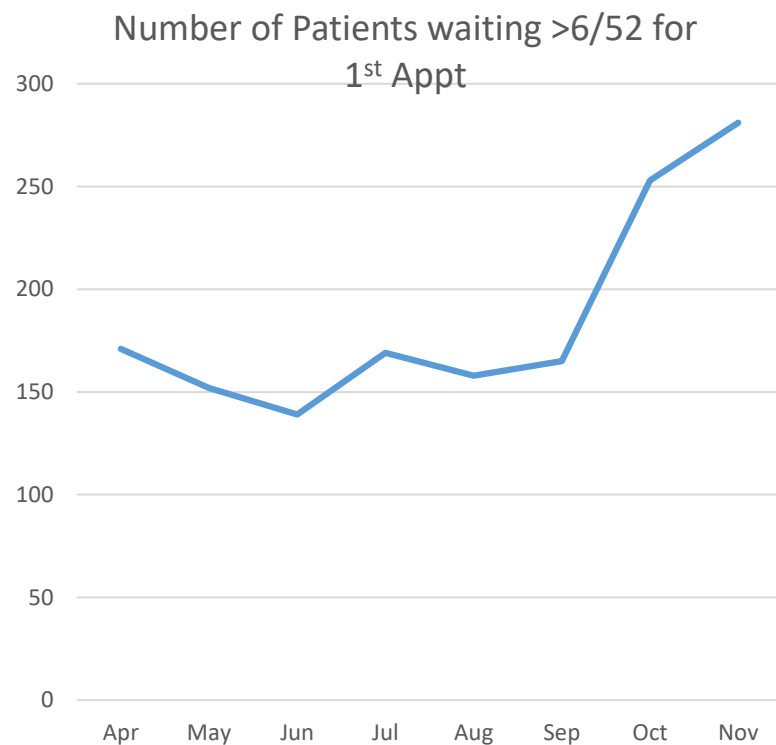
Number of Patients waiting > 6/52 for 1<sup>st</sup> appointment



- 960341: AHP Episode - Respiratory
- 960341: AHP Episode - Physiology
- 9606501: Physio - Upper Limb
- 9606502: Physio - Lower Limb

- 180 patients waiting > 6 weeks for a new appointment in April
- 35 patients waiting > 6 weeks for a new appointment in November
- Follow up waiting list – no patients overdue an follow up appointment

## Audiology



New patient waiting times had continued to reduce post-covid, however, due to high sickness within the audiology team and a locum leaving their post, waiting times have risen again from quarter 2.

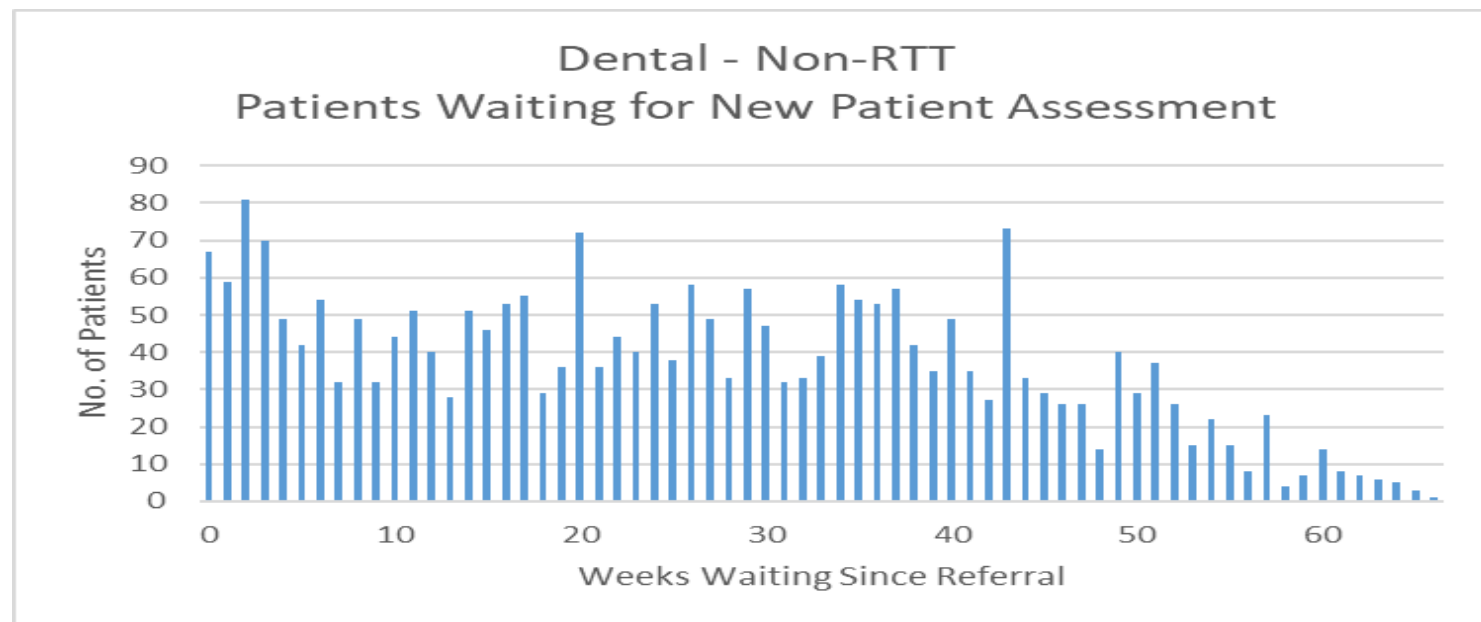
- 171 patients waiting > 6 weeks for a new appointment in April
- 281 patients waiting > 6 weeks for a new appointment in November
- 1410 patients on the follow up waiting list were overdue an appointment in April
- 1240 patients on the follow up waiting list are were overdue an appointment in November

### Actions:

- Audiology alliance across York, Scarborough and Harrogate agreed with the CCG in June 2022 that the hearing aid review pathway would change from 3 years to 4 years, providing more capacity for new hearing aid appointments
- Recruitment of a locum audiologist who has supported the service since April 2022
- Recruitment of an apprentice audiology assistant in April 2023
- Plan for recruitment of additional full time band 6 and band 5 full time audiologists before Dec 23.
- Increased administrative staffing establishment to support the admin function of the department
- Early 2024, 2 additional audiology rooms will open across Harrogate and Ripon.
- Skill mix review to increase capacity
- Development of a business case to change the service from a 5 day model to a 7 day service to offer hearing aid assessments and fittings

## Community Dental

(for oversight as recently moved from RTT dashboard monitoring)



## Adult SLT

Team	Number of patients waiting	Waiting time
<b>Harrogate team</b>		
Dysphagia	44	3/52
Neuro	46	20/52
Voice	79	34/52
Videofluoroscopy	26	8/52
<b>Hambleton &amp; Richmondshire</b>		
Communication triage	8	4/52
Communication face to face	13	29/52
Virtual	46	49/52
Swallowing	45 (3 urgent)	17/52
<b>Adult Learning Disabilities</b>		
Scarborough, Whitby and Ryedale	0	48 working hours
York and Selby	4 (due to staffing)	3/52
Northallerton	0	48 working hours

### Actions:

#### Harrogate

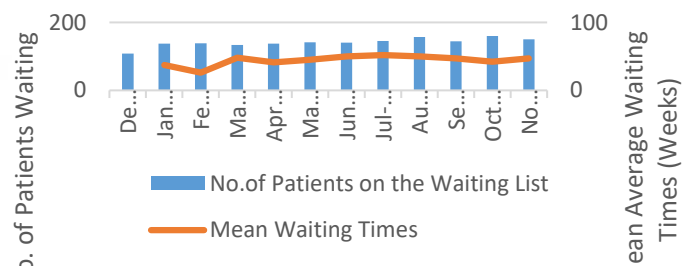
- Waiting times for dysphagia have improved considerably following the business case funding being approved last year
- The voice outpatient waiting times are at 34 weeks – agreed to shift capacity from other areas of the service to support

#### Hambleton & Richmondshire

- Significant number of vacancies over the last year, which has worsened waiting times
- Clinical triage has continued to safety net the highest priority patients
- Temporary staffing is supporting backlog
- Successful recruitment to the vacant posts in recent weeks

## Living with Pain

### Wait for 1st Appointment

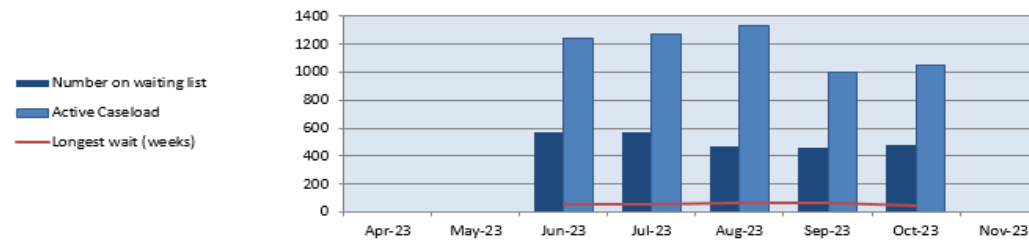


### Actions:

- Convert follow up capacity to increase new patient assessment slots
- Approval to retain bank psychologist, which will increase NP slots

## Specialist Children's Services

### Paediatric SLT

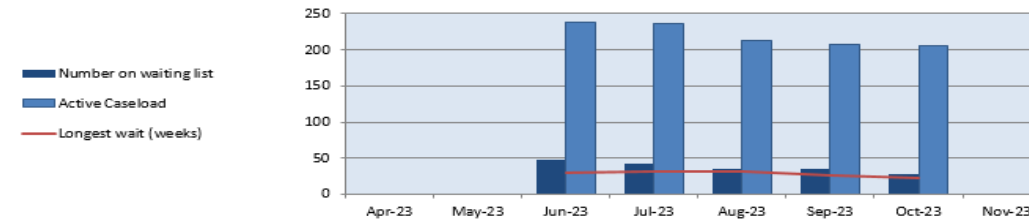


	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Active Caseload			1245	1273	1333	1003	1051	
Number on waiting list			570	570	466	459	475	
Longest wait (weeks)			56	54	63	67	44	

#### PSLT Actions:

- New pathway in dysphagia
- Change from 'drop-in' to booked screening appointments to maximise appointment time
- Skill mixing

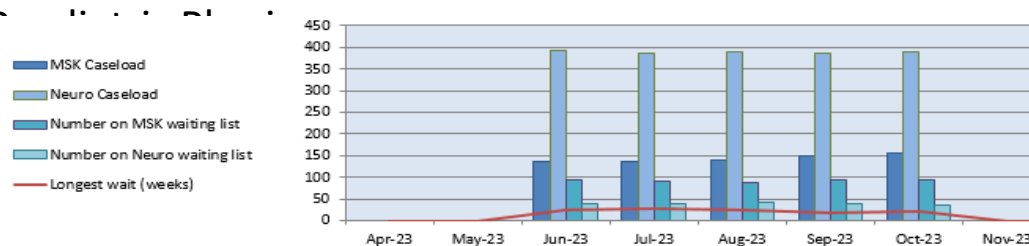
### Paediatric OT



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Active Caseload			238	236	212	208	205	
Number on waiting list			48	43	35	35	28	
Longest wait (weeks)			29	32	31	27	23	

#### POT Actions:

- Return of 2 x WTE LT sickness
- Temporary staff agreed to work through backlog



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Active Caseload			529	526	532	533	545	
Number on waiting list			131	131	131	131	129	
Longest wait (weeks)			25	28	26	19	21	

#### PPT Actions:

- Temporary staff agreed to work through backlog

## Autism Assessment

Commissioned Assessments per Month	40	40	40	40	40	50	50
Referrals Actioned in the month	66	106	118	253	320	90	93
Number of assessments in progress	39	39	40	45	42	44	45
Number of Assessments Completed - excluding Military Children	43	35	40	31	43	53	50
Number of Assessments Completed - Military Children	0	1	0	0	1	0	2
Longest Waiting Time (weeks) (for all children currently still waiting to be assessed) including exceptions	60	63	64	66	70	*84	75
Longest Waiting Time (weeks) (for all children currently still waiting to be assessed) excluding exceptions	60	63	64	66	70	68	75
Shortest Waiting Time (weeks) including exceptions for all assessments completed that month.	8	9	12	10	8	9	11
Shortest Waiting Time (weeks) excluding exceptions for all assessments completed that month.	44	52	56	56	60	60	56
Total Number of Children Still Waiting to be Assessed	891	924	983	1178	1468	*1423	1368
Military children still waiting to be assessed.	13	18	18	23	23	35	30

### Actions:

- WLI implemented for 2023/24 - modelling reflects slowed growth of the waiting list.
- The projected wait for assessment by end August 24 is 47 months, this has increased due to the 6 month average monthly referral rate of 86 and the higher current waiting list numbers.
- The ICB task and finish group for North Yorkshire & York PLACE based approach has not progressed any capacity solutions and is focussing on standardising clinical prioritisation.
- An ICB wide group for autism and ADHD (for all ages) has now superseded the PLACE based group.

# Finance Position October 2023



Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> <li>The Trust reported a deficit position in month 7 of £6.9m, adjusting for donated asset income and grant income. This is £10.5m adverse to plan, and a significant concern in terms of living within our resources.</li> <li>If we continue on the current trajectory the Trust will begin to experience cash issues at the end of quarter 3. It is therefore essential to improve the operating position, as well as address some aged receivables.</li> <li>Key drivers for the position include performance against saving requirements, premium expenditure, ward expenditure, expenditure related to poor rostering, cover for doctor strikes and drug spend. 35% of CIP still needs to be identified.</li> <li>Directorates recovery plans need a full refresh to deliver the financial plan.</li> <li>Implementation of the Elective Recovery Funding may result in further pressure.</li> </ul>	<ul style="list-style-type: none"> <li>Additional controls and decisions to be made to assist in reducing current run rate.</li> <li>Development on Model Hospital reporting as well as wider benchmarking information to support directorates in opportunity identification of savings.</li> <li>Sharing of Elective Recovery information with directorates to support improvement.</li> <li>Cash support documents to review and submit to NHSE based on current cash forecast.</li> </ul>
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> <li>REACH reporting now live</li> <li>Recruited Head of Procurement and Head of Financial Management</li> </ul>	<ul style="list-style-type: none"> <li>Agreement on further controls</li> </ul>

## AMBITION: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK

Our People & Culture Strategy, 'At Our Best', follows the NHS People Plan themes and our teamHDFT 'KITE' values and culture. Our ambition is to make HDFT the best place to work. We will provide physical and emotional support to enable us all to be 'At Our Best'. We will build strong teams with excellent leadership and promote equality and diversity so everyone is valued and recognised and we are all proud to work for HDFT. We will offer everyone opportunities to develop their career at HDFT through training and education. We will design our workforce, develop our people, recruit and retain, so we have the right people, with the right skills in the right roles to provide care to our patients and to support our children and young people.

### Governance:

- **Board Assurance:** People and Culture Committee
- **Programme Board:** People & Culture Programme Board
- **SRO:** Director of People & Culture

### Metrics (to be developed following review of Integrated Board Report)

Goal	Metrics		
Looking after our people	<ul style="list-style-type: none"> <li>Physical and emotional support to be "At Our Best"</li> </ul>	Turnover – 14.62% Vacancy Factor – 8.13% Sickness Absence – 4.44% Number of leaders trained Appraisal Compliance – 83.50% MEST Compliance – 92%	
Belonging	<ul style="list-style-type: none"> <li>Teams with excellent leadership, where everyone is valued and recognised; where we are proud to work</li> </ul>	Staff survey feedback Number of ER cases WRES data WDES data Gender Pay Gap Ethnicity Pay Gap	
New ways of working	<ul style="list-style-type: none"> <li>The right people, with the right skills, in the right roles</li> </ul>	Vacancy Factor – 8.13% Agency/locum spend Time to Recruit – 43.6 days	
Growing for the future	<ul style="list-style-type: none"> <li>Education, training and career development for everyone</li> </ul>	Student Feedback Number of courses run Number of internal promotions	

### Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR6	Workforce Risks	Risk to patient care and safety due to potential impacts on staffing levels and increased reliance on agency workers. Potential for lower colleague engagement due to increased workload, post pandemic burn-out and poor working environment. Risk of:	4x4=16	3x4=12 (Apr 23)	Clinical Workforce	Minimal



		<ul style="list-style-type: none"><li>- potential increase in lapses in delivery of safe and effective care to patients and service users.</li><li>- both short and long term mental and physical health impacts on staff.</li></ul>				
--	--	--	--	--	--	--

DRAFT

**GOAL: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK: Looking after our people: physical and emotional support to be “At Our Best”**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To have strong focus on all aspects of health and wellbeing to retain colleagues.	<ul style="list-style-type: none"> <li>Increased staff retention.</li> <li>Reduced vacancy factor.</li> <li>Reduced sickness absence.</li> <li>Improved appraisal compliance.</li> <li>Improved employee engagement via survey scores.</li> </ul>		<ul style="list-style-type: none"> <li>To work with Health &amp; Safety to deliver a programme to ensure there is a robust model in place to support workplace stress across the organisation.</li> <li>Continue improve and embed health and wellbeing support to colleagues.</li> <li>Develop programme to support embedding of KITE behaviours and 'At Our Best' tools to support cultural change.</li> <li>Run quarterly Inpulse surveys and national staff survey's to gather ongoing feedback on employee experience.</li> <li>Review National Staff Survey 2022 feedback, develop communications plan and plan to act on feedback.</li> <li>Plan in place to achieve 90% appraisal compliance across the Trust.</li> <li>Plan in place to achieve 90% MEST compliance across the Trust.</li> <li>To work with Trade Union Colleagues to deliver a Fair &amp; Just Culture programme around ER casework management</li> <li>Review of reasons for people leaving, to ensure any recurrent themes are addressed.</li> </ul>	<ul style="list-style-type: none"> <li>Managing workplace stress project to be in 3 phases – phase 1 completed and being reviewed at June People &amp; Culture Programme Board and Health &amp; Safety Committee.</li> <li>Health and wellbeing programme in place, more promotion required to ensure all colleagues aware and know 'its ok to not be ok'.</li> <li>Learning materials and toolkits available across all aspects, KITE included in corporate induction and leadership development programmes – further work required at Directorate and team level.</li> <li>Quarterly Inpulse surveys embedded and Directorate and team actions taken.</li> <li>All Directorates working to 90% compliance appraisal – current appraisal 84%.</li> <li>All Directorates working to 90% MEST compliance – current compliance 90%.</li> <li>Fair &amp; Just Culture work has commenced with Trade Union Colleagues.</li> <li>Piloting for 12 months with Last Opinion. Analysing exit interview data from Great with Talent to obtain greater feedback on reasons for leaving.</li> <li>Retention Group established as sub group of Looking After Our People and Belonging, first meeting scheduled for 22 May.</li> </ul>	
To continue to develop employment practices and policies, which support colleague work life balance.	<ul style="list-style-type: none"> <li>Improved attraction of staff.</li> <li>Reduced vacancy factor.</li> <li>Increased staff retention.</li> <li>Flexible and agile working environments.</li> </ul>		<ul style="list-style-type: none"> <li>Review and implement flexible/agile working policy.</li> <li>Revise and implement Retire and Return policy.</li> <li>Implement Colleague Wellbeing Passports to support those with caring or disability/long term conditions.</li> <li>Continue to develop our health and wellbeing services in line with the NHS Health and Wellbeing diagnostic tool.</li> </ul>	<ul style="list-style-type: none"> <li>Policy review partially completed.</li> <li>Work to commence on Colleague Wellbeing Passports.</li> <li>NHS Health &amp; Wellbeing Diagnostic 90% completed.</li> </ul>	



<p>To develop our leaders to ensure at compassionate and inclusive leadership is the accepted and expected leadership culture, in line with our KITE values.</p>	<ul style="list-style-type: none"> <li>• Improvement in responses to question related to leadership in staff survey.</li> <li>• Increased staff retention.</li> <li>• Reduced sickness absence.</li> <li>• Improved employee engagement via survey scores.</li> </ul>		<ul style="list-style-type: none"> <li>• Continue to deliver Pathway to Management and First Line Leader training.</li> <li>• Implement Pathway to Management as a mandatory requirement.</li> <li>• Develop and promote Leadership journey</li> <li>• Suite of EDI training to be launched.</li> <li>• Access to Coaching and Mentoring Training</li> <li>• Deliver Leading Transformational Triumvirates programme with ILN.</li> <li>• Working with Health &amp; Safety develop models to leaders to manage workplace stress.</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery plans in place for both programmes.</li> <li>• Leadership Team discussion required around mandating Pathway to Management.</li> <li>• Leadership Journey is being re-mapped and communication plan for this under development, including how to build this into our recruitment processes.</li> <li>• EDI training developed and delivery plan being developed.</li> <li>• Leading Transformational Triumvirates programme designed and commissioned with ILN, programme launched 23 November 22 and runs for 12 month period.</li> </ul>	
--	---	--	---	---	--

DRAFT

**GOAL: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK: Belonging: teams with excellent leadership, where everyone is valued and recognised; where we are proud to work**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To be an organisation where everyone demonstrates KITE behaviours (Kindness, Integrity, Teamwork and Equality), to care for patients, children and communities who are the focus of everything we do.	<ul style="list-style-type: none"> <li>Improved scores on related questions from Inpulse and national staff surveys.</li> <li>Reduction in employee related matters linked to staff behaviours.</li> <li>Increased staff retention.</li> </ul>		<ul style="list-style-type: none"> <li>Develop programme to support embedding of KITE behaviours.</li> <li>Develop programme to support 'At Our Best' tools – ABC of appreciation, Respectful Resolution, 4 S Appraisal and BUILD Feedback tools.</li> </ul>	<ul style="list-style-type: none"> <li>Programme to be developed and delivered by Senior OD Practitioner who joined on 09.01.23.</li> <li>Root Out Racism 'app' developed 80% to be joined with FTSU and rolled out.</li> </ul>	
To build strong teams who support each other, work collaboratively and with collective goal of delivering excellent care to our patients.	<ul style="list-style-type: none"> <li>Improvement in responses to question related to leadership in staff survey.</li> <li>Increased staff retention.</li> <li>Reduced sickness absence.</li> <li>Improved employee engagement via survey scores.</li> </ul>		<ul style="list-style-type: none"> <li>Cascade of Inpulse survey feedback and team actions to improve team cohesion.</li> <li>Development of dashboard to highlight teams where KPI's indicate potential challenges within in team environment.</li> <li>Adhoc OD support to teams highlighted above.</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly Inpulse surveys now well embedded with a Behaviour added into the questions each quarter to measure how well embedded our KITE behaviours are.</li> </ul>	
To promote equality and diversity so everyone is valued and recognised through the embedding of Equality Impact Assessments as expected practice, the continued development of our Staff Support networks, leadership development and training of all colleagues.	<ul style="list-style-type: none"> <li>Improvement in responses to question related to leadership in staff survey.</li> <li>Increase in number of employees with protracted characteristics.</li> <li>Strong and active staff support networks in place across the Trust.</li> <li>Active Diversity Calendar in place with high visibility of events.</li> <li>EDS22 Assessment Rating of Achieving.</li> <li>Increased staff retention.</li> </ul>		<ul style="list-style-type: none"> <li>Deliver WRES &amp; WDES action plans to support HDFT being an inclusive and diverse organisation.</li> <li>Grow membership of staff support networks and develop their role in the organisation.</li> <li>Launch of Equality Impact Assessment policy, process and training programme.</li> <li>Launch pilot unconscious bias training</li> <li>Manage programme of events linked to Diversity Calendar.</li> <li>EDS22 workforce domain action plan developed.</li> </ul>	<ul style="list-style-type: none"> <li>Additional training and development is being carried out for BAME leadership, cohort I and Reciprocal mentoring, cohort II.</li> <li>Network Chairs invited to PAG</li> <li>World Staff Network day was well supported by the Trust with 200 information packs being handed out and this event has increased numbers in all staff networks.</li> <li>Network groups using WRES and WDES from 2023 to inform discussions and feedback points to feedback to Board.</li> <li>Equality Impact Assessment new process and associated training - to be launched during January 2023.</li> <li>Training on Unconscious Bias and Neurodiversity will be rolled out as training available to all staff on Learning Lab. Programme written, to be piloted Feb 23.</li> <li>EDS22 – external submission made by 28 Feb 23 following Equality Reference Group agreed on outcomes. Trust has scored as Developed across all 3 domains.</li> </ul>	

				<ul style="list-style-type: none"> <li>Workshop being scheduled to support development of action plan.</li> <li>Transgender training to be implemented prior to the introduction of the Transgender Policy.</li> </ul>	
To seek to increase diversity across our decision making forums.	<ul style="list-style-type: none"> <li>Increased equality, diversity and inclusion across all areas of Trust employment practices and wider decision making and recruitment.</li> <li>Increased staff retention.</li> <li>Improvement in WRES/WDES data.</li> </ul>		<ul style="list-style-type: none"> <li>Promote HDFT as an inclusive and diverse employer in our recruitment information.</li> <li>Review participation in key decision making forum/governance forums and recruitment.</li> <li>Refresh of imagery to be more reflective of the employees that work here on all media platforms and recruitment sites.</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment pack development with statements from Network Exec Sponsors, blogs and vlogs from staff to support.</li> <li>Signposting information to be included in the recruitment pack to encourage recruitment from outside of the locality.</li> </ul>	

**GOAL: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK: New ways of working: the right people, with the right skills, in the right roles**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To plan and design our workforce as creatively as possible, to have the right number of skilled colleagues in the right roles.	<ul style="list-style-type: none"> <li>Resourcing and workforce numbers aligned to service needs and financial position.</li> <li>Reduced reliance on agency/locum and other temporary workforce solutions.</li> </ul>		<ul style="list-style-type: none"> <li>Develop integrated Resourcing &amp; Workforce Plan to ensure we have the right numbers of skilled staff at the right time</li> <li>Explore skills mix review/new role development and new ways of working</li> <li>Review Core and Role Specific Mandatory training requirements for each role</li> <li>Support development of Domiciliary Care subsidiary</li> <li>Support Clinical Education Fellow Posts across the Organisation</li> <li>Support Less Than Full Team as guided by HEE</li> <li>Support Medical Trainees to meet curriculum requirements</li> <li>Escalate exception reports</li> <li>Organisational Development programme to support Pathology Services Joint Venture</li> <li>E-job planning</li> </ul>	<ul style="list-style-type: none"> <li>Workforce planning underway – 2 workshops held – Activity and Workforce with Finance workshop scheduled for early February. All workshops completed in readiness for annual submission.</li> <li>Directors reviewing MEST requirements for each role across the Trust</li> <li>There is currently 1 50/50 Clinical Education fellow in Frailty, and 2 colleagues supporting 2 education days in Medicine. Awaiting further interest from other specialities with the intention of supporting 6 from Sept 23-24.</li> <li>E-job planning - project for implementing e-job planning will go to next workforce systems board. Meeting with ODs and CDs to find a solution regarding final sign off of job plans. E- Job Planning project was signed off at the workforce systems board. Signing off of job plans is still a task but a solution has been found.</li> </ul>	
To recruit great colleagues by building a strong employer brand and implementing effective recruitment practices, making the best use of digital solutions.	<ul style="list-style-type: none"> <li>Resourcing and workforce numbers aligned to service needs and financial position.</li> <li>Reduced reliance on agency/locum and other temporary workforce solutions.</li> <li>Reduced time to recruit.</li> <li>Increased number of applicants for all roles.</li> </ul>		<ul style="list-style-type: none"> <li>Achieve Disability Confident Accreditation Level II – achieved</li> <li>Achieve Rainbow Badge Accreditation</li> <li>Retain Menopause Accreditation</li> <li>Publicise diversity of workforce on Intranet Careers page and via social media</li> <li>Review use of social media in recruitment processes to improve reach</li> <li>Explore opportunities to attract candidates with protected characteristics</li> <li>Reach out to wider communities e.g., Care Leavers, Project Search</li> <li>Review job descriptions, person specifications and job adverts to ensure modernized and appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Working towards level II of Disability Confident Employer scheme – submitting application with evidence end of Feb – completed.</li> <li>. Updating policies, additional training developed and signposting materials.</li> <li>Rainbow Badge Re accreditation submission end of March 23. Additional resources were created, signposting materials and changes to policies to be more inclusive.</li> <li>Introducing improved access information and guidance for candidates using google translate, contrast colours and video platforms.</li> <li>Job adverts going out to third sector job boards focusing on disability and LGBT+</li> </ul>	

				<ul style="list-style-type: none"> <li>Working with Project Search to provide core skills and work experience for four interns. Increasing numbers to 10 from September.</li> </ul>	
To continue with the implementation of e-rostering to ensure that safe staffing levels can be allocated and managed with maximum efficiency.	<ul style="list-style-type: none"> <li>Right staff with the right skills in the right place at the right time.</li> </ul>		<ul style="list-style-type: none"> <li>Embed Healthroster into business as usual</li> <li>E-rostering for medical staff project established</li> <li>Develop e-roster KPIs</li> </ul>	<ul style="list-style-type: none"> <li>Roster review meetings in place to support compliance and KPIs on a monthly basis. 27/10/22 - E-rostering for clinical staff has been rolled out and project is complete. Next step is to embed and ensure good rostering practices are being followed. E-rostering team have ward review meetings on a monthly basis with a number of non-compliant teams to improve performance. Rostering compliance will be reported to directorate performance reviews on a monthly basis commencing in July. Medical e-roster - awaiting procurement to update us on figures in order to update us on business case. Project team currently identifying suppliers to showcase their products. Kick off project meeting for Medical e-Roster is taking place week commencing 19th June.</li> </ul>	

**GOAL: AT OUR BEST – MAKING HDFT THE BEST PLACE TO WORK: Growing for the future: education, training and career development for everyone**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To develop career pathways and offer development opportunities to enable colleagues to grow their skills and access career progression at teamHDFT.	<ul style="list-style-type: none"> <li>Increased staff retention.</li> <li>Grow our own talent/succession planning.</li> </ul>		<ul style="list-style-type: none"> <li>Linking with Corporate Nursing/Professional Development - develop career pathways for all professions.</li> <li>Develop and implement talent management approach.</li> <li>Training and development opportunities available to support individual growth and progression.</li> <li>Appraisal discussions held with all colleagues.</li> <li>Promote Leadership offering - Compassionate and Inclusive Leadership.</li> </ul>	<ul style="list-style-type: none"> <li>Leadership Pathway for Managers is live – auto enrolment for all new managers since April 2022.</li> <li>NHS Elect is live and available for colleagues.</li> <li>Training and Development opportunities added regularly to Learning Lab.</li> <li>Appraisal updated to values based, training available via Learning Lab.</li> </ul>	
To be a collaborative partner to Health Education England and Higher Education Institutions.	<ul style="list-style-type: none"> <li>Positive feedback from HEE Provider Self-Assessment.</li> <li>Positive feedback received from HEIs on student experience.</li> <li>Positive feedback from undergraduate learners i.e. NETS.</li> <li>Number of placements increased.</li> </ul>		<ul style="list-style-type: none"> <li>Live running document HEE Provider Self-Assessment discussed quarterly prior to Q3 submission.</li> <li>Regular schedule of meetings in place with HEE and HEI's.</li> <li>Co-Ordinate the annual HEE Senior Leader visit.</li> <li>Growing for the Future sub-group in place.</li> </ul>	<ul style="list-style-type: none"> <li>1<sup>st</sup> submission of new style self-assessment Dec 2022. Review due 30<sup>th</sup> Jan 2023 – GFF.</li> <li>Regular attendance at DEEF, Acute Trust Meeting, Regional MEM meetings etc.</li> <li>Potential Senior Leader date for 19<sup>th</sup> October.</li> <li>Growing for the Future Sub group 2<sup>nd</sup> meeting Jan 30<sup>th</sup>.</li> </ul>	
To be an excellent place to learn and develop for all colleagues and students from all professions (international and UK based), offering great placements.	<ul style="list-style-type: none"> <li>Positive feedback gained from Guardian of Safe Working.</li> <li>Positive feedback received from medical and non-medical student evaluation of placements - NETS and PARE.</li> <li>Competent teams with diverse skill mix.</li> </ul>		<ul style="list-style-type: none"> <li>Target to recruit 31 international nurses</li> <li>Support Ward Based Tutors to deliver curriculum requirements.</li> <li>Review internal offering of training to meet organisational need.</li> <li>Review of Commissioned Training.</li> <li>Develop Learning Lab to its fullest potential.</li> </ul>	<ul style="list-style-type: none"> <li>Current exception report escalations and NETS feedback resulted in a triggered visit by HEE. Currently following action plan on SDEC.</li> <li>Ward-based Tutors continue to evaluate well from UGME.</li> <li>Learning Lab hosts all Mandatory Training, a robust leadership and wellbeing offering and is continuing to grow.</li> </ul>	



## People & Culture

### Matters of concern and risks to escalate

#### Belonging

- Concerns escalated from colleagues in Disability and Long Term conditions network group that managers are unclear how to access equipment required for reasonable adjustments and how this is paid for
- Conservative party publicly announced that transgender women should be banned on female wards.

#### Growing for the future

Hotspot areas for escalation in relation to Mandatory and Role Specific Training against a 90% target;

- Mandatory Training for substantive colleagues** against 90% target:  
Mandatory: 89% ↓1%, Role Specific: 91% →, Overall: 90% → (Nov 2023)
- Bank Training Compliance**  
Mandatory: 81% ↑2%, Role Specific: 78% →, Overall: 80% ↑3% (Nov 2023)
- NMC Compliance**  
Mandatory: 88% ↓3%, Role Specific: 87%, Overall: 87% ↑3% (Nov 2023)
- Foundation Training Overall Compliance**  
Mandatory: 79% ↑12%, Role Specific: 64% ↑4%, Overall: 71% ↑8% (Nov 2023)
- Overall **Medical Device Compliance** for theory and devices 75% ↓5% (Nov 2023)  
New approved changes should help address this
- Simulation Lead resigned

### Major actions commissioned and work underway

#### Belonging

- EDS22 actions are being worked on across all three domains.
  - Peer review with York and Scarborough NHS Trust agreed for New year as part of Domain 3 progress
  - Executive Director appraisals held in November to include individual EDI objectives
- Working Families and Carers Network to be launched on the 20 November, to coincide with Carers Rights day 23<sup>rd</sup> November
- Working on NHS EDI Improvement Plan and its six high impact actions
- WRES and WDES actions plans developed

#### Growing for the future

- Medical Role Specific Training Review underway (electronically)
- Undergraduate Medical Accountability Report detailing the utilisation of the Undergraduate Medical Placement Tariff underway, due 22.12.23
- Changes from the Role Specific Reviews for Nursing, Midwifery, unregistered support workers and Allied Health Professionals are being implemented on Learning Lab.

## People & Culture

### Matters of concern and risks to escalate

#### New Ways of Working

- Rosters are required to be published a minimum of 8 weeks prior to the commencement date. HIF's compliance has dropped from **54.5% to 27.3%** (2 rotas)
- The Working Time Regulations 1998 (WTR) make provision for minimum standards in relation to working hours and rest periods. In the previous month of September, there was a total of **1,411 breaches within HDFT**
- The Roster team has identified 135 staff members exceeding 60 hours work in one week. This has been escalated to General Managers and Head's of Nursing.

#### Looking after our People

- **Turnover** (Tgt 12%) – ↓0.71% to 13.77% in September 2023. (This incorporates voluntary and involuntary turnover.) CC Directorate had the greatest decrease from 15.31% to 14.63%. Corporate Services is the only directorate with increased turnover this month (increasing trend since October 2022) and is currently at 17.41%.
- **Sickness** (Tgt 3.9%) – ↓0.29% to 4.66% in September 2023. CC Directorate saw the greatest reduction in sickness this month, from 6.48% to 5.99%.
- **Appraisal** (Tgt 90%) – ↓0.19% to 81.97% in September 2023. CC and LTUC Directorates have the highest appraisal rates of 83.43% and 81.81% respectively. Corporate Services had an increase of 4.52% (to 77.65%).
- **Vacancy** – ↓1.79% to 5.92% in September 2023. This equates to 265.87wte vacancies. The TUPE transfer out of the Immunisation teams at the end of August has impacted the September data.

### Major actions commissioned and work underway

#### New Ways of Working

- Refer a Friend Scheme has been agreed for staff to refer a friend to the Trust's vacancies. Payment is made to both the successful applicant and the staff member at 12 months to encourage staff to remain with the Trust. This is currently being communicated across the Trust to ensure staff are aware of the scheme and the process.
- Job Planning compliance will be reported on at NWOW and once the reporting style is approved at the next meeting, it will be added to directorates reports.

#### Looking after our People

- **2023 National Staff Survey underway:** 36% response rate for HDFT at 5 week point against a IQVIA contracted peer group average of 38%. (At the same point in 2022 HDFT response rate was 32%.)
- **Career conversations** – template approved by the P&C Sub Group (Looking after our People) for approval at P&C Board
- **Covid vaccination:** As at 06/11/23 Covid vaccine uptake at 26%.

## People & Culture

### Positive news and assurance

#### Belonging

- The WDES Project Team have validated our headline results. 5.3% of people with a disability or long-term condition have disclosed this on ESR which is greater than the 4.9% overall NHS average
- Colleagues feel they have a voice that is listened to 100%
- Employee blogs are becoming a regular feature on the careers landing page
- Tees University has asked the EDI lead to attend and deliver bias training to the new cohort of health visitor students for the second year
- First EDI board workshop taken place this year and positive feedback has been received from members
- Following the success of the BAME Leadership Development Programme the Reciprocal Mentoring Programme is now full. Dates are set and invites sent.

#### Growing for the future

- NHSE Self-Assessment completed
- NHSE are no longer monitoring SAU as progress meets the Quality Support Framework. The requirement has been closed.
- Recruited into Year 5 and Year 3 lead for Undergraduate Medical Education
- Nursing, Midwifery, unregistered support workers, Allied Health Professionals and Admin and Clerical Role Specific training profiles agreed
- Midwifery uplift showed 2.99% WTE required to undertake mandatory and role specific training

### Decisions made and decisions required of the Board

#### Belonging

- Approval of the Workforce Race Equality Standard and Workforce Disability Equality Standard actions have been updated following comments from the national project teams.
- Equality Impact Assessments now available on the intranet in the revised format
- Calendar of Awareness events agreed for December:
  - World Aids Day
  - Purple Space
  - Diwali
  - Christmas

#### Growing for the future

Role Specific Training decisions made:

- Medical Device Training agreed as 3 yearly instead of annual, for departments with daily use
- Oliver McGowan Mandatory Training agreed as mandatory for all staff groups
- Conflict Resolution Level 1 agreed as mandatory for all staff groups
- Conflict Resolution Breakaway Skills required for Acute and Community NMC registered staff. Due to resource requirement, business case to be submitted by December
- 10 New training requirements were approved for the acute site specific to role and department
- 5 Training requirements were removed from 9 roles for the acute site specific to role and department

## People & Culture

### Positive news and assurance

#### New Ways of Working

- Trust vacancy rate has continued to see a decrease month on month and is currently **5.92%**.
- Roster Compliance rate per directorate has continued to improve from last month:- CCs – from **50% to 92.6%** (13 rotas); LTUC from **51.2% to 68.1%** (18 rotas); PSC remains **96.9%** (31 rotas);

#### Looking after our People

- **KITE Colleague and Long Service Awards:** 185 nominations received for KITE awards.
- **Flu vaccination:** As at 06/11/23 Flu vaccination uptake at 50%; on track to match or exceed 2022 vaccination rate. **Currently 2<sup>nd</sup> highest in the region.**

### Decisions made and decisions required of the Board

#### New Ways of Working

- The subgroup has agreed a recommendation of using Spareroom.com as an option for assisting with the difficulty of temporary accommodation in Harrogate. The Recruitment project team will run a communications campaign explaining the benefits of the scheme.

#### Looking after our People

- Career Conversation template was approved at LAOP subgroup. To be approved at P & C Board.

## ENABLING AMBITION: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE

Digital technology is an essential part of delivering high quality healthcare, but it is also important to remember that it is a tool, not an end in itself. Our ambition at HDFT is provide digital tools and services which make it easier for us to provide the best quality, safest care and which help us provide person centred, integrated care that improves patient experience. Through digitisation we can also collect huge amounts of data about our services – we will increase our ability to create useful information which enables us to learn and continuously improve our services. Over the next few years, we intend to implement a new electronic health record which will revolutionise how we provide care.

### GOALS:

- **Systems which enable staff to improve the quality of care**
- **Timely, accurate information to enable continuous learning and improvement**
- **An electronic health record to enable effective collaboration across all care pathways**

### Governance:

- **Board Assurance:** Innovation Committee
- **Programme Board:** Digital Board, EPR Programme Board
- **SRO:** Medical Director

**Metrics** (to be developed following review of Integrated Board Report)

Goal	Metrics		
Systems which enable staff to improve the quality of care			
Timely, accurate information to enable continuous learning and improvement			
An electronic health record to enable effective collaboration across all care pathways			

### Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	No related Corporate Risks currently					

**GOAL: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE: Systems which enable staff to improve the quality of care**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Luna (RTT Tracking)	To improve the quality of waiting list data in order to support timely treatment of patients		<ul style="list-style-type: none"> <li>Business Case approved – Jun 22</li> <li>Contract signed – Jun 22</li> <li>Initial Go Live – Feb 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>	
eRostering	To improve how staff are rostered for shifts in order to provide a better staff experience (better planning and management of shifts) and more efficient and effective utilisation of staff		<ul style="list-style-type: none"> <li>Business Case approved – Dec 20</li> <li>Contract signed – Dec 20</li> <li>Initial Go Live – Jun 21</li> <li>Project complete – Dec 22</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>	
Datix Cloud	To provide a robust clinical governance and risk management platform for the Trust to underpin our quality learning and improvement system		<ul style="list-style-type: none"> <li>Business case approved – Apr 22</li> <li>Initial Go Live – <del>Jun 23</del> Oct 23</li> <li>Project complete – <del>Aug 23</del> Nov 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>At Risk</li> <li>At Risk</li> </ul>	
ASCOM Nurse Call (linked to Wensleydale Digital Exemplar Ward)	To improve quality and staff experience by enabling more effective and efficient response to patient calls		<ul style="list-style-type: none"> <li>Business Case approved – Mar 22</li> <li>Wensleydale refurbishment starts – Apr 23</li> <li>Wensleydale back in service – Jan 23</li> <li>Basic nurse call solution live – Jan 23</li> <li>Task management live – Mar 24</li> <li>Medical device integration – Jun 24</li> </ul>	<ul style="list-style-type: none"> <li>Complete (implementation delayed due to timescales for Wensleydale refurbishment)</li> <li>Complete</li> <li>On Track</li> <li>On Track</li> <li>On Track</li> <li>On Track</li> </ul>	

**GOAL: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE: Timely, accurate information to enable continuous learning and improvement**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Adoption of LTHT Data Platform	To improve decision making by providing more accurate, timely information to clinicians and managers. Reduce cost of delivery by sharing and reusing development assets with LTHT		<ul style="list-style-type: none"> <li>Discovery – Feb 23</li> <li>HDFT to agree Agilisys proposal - Feb 23</li> <li>HDFT and LTHT to agree above proposal – March 23</li> </ul>	<ul style="list-style-type: none"> <li>On Track</li> <li>On Track</li> <li>On Track</li> </ul>	
Implement Microsoft Azure/Power BI	To improve decision making by providing more accurate, timely information to clinicians and managers		<ul style="list-style-type: none"> <li>Business Case – Oct 22</li> <li>Contract signed – Dec 22</li> <li>Go Live – Mar 23</li> </ul>	<ul style="list-style-type: none"> <li>Cancelled</li> <li>On Hold pending outcome of LTHT discussions</li> <li>On Hold pending outcome of LTHT discussions</li> </ul>	

**GOAL: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE: An electronic health record to enable effective collaboration across all care pathways**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
New Electronic Patient Record	To improve the quality of services		<ul style="list-style-type: none"> <li>Strategic Outline Case – Aug 22</li> <li>Outline Business Case (Internal Approval) – Jun 23</li> <li>Outline Business Case (National Approval) – <del>Aug 23</del> – Sept 23</li> <li>Full Business Case (National Approval) – <del>May 24</del> – Jul 24</li> <li>Contract signed – <del>May 24</del> Aug 24</li> <li>EPR delivery project starts – <del>Jun/Jul 24</del> Sep 24</li> <li>Initial Go Live – TBC, likely Q3/4 25/26</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>On Track</li> <li>On Track</li> <li>On Track</li> <li>On Track</li> <li>TBC</li> </ul>	
Maternity Electronic Patient Record	To improve quality of maternity services and staff experience through better clinical information, more efficient and effective ways of working.		<ul style="list-style-type: none"> <li>Business Case approved – Mar 22</li> <li>Contract signed – Mar 22</li> <li>Go Live – Mar 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>	
Single Sign On	To improve the security of Trust IT systems, save staff time and implement an enabler for the EPR		<ul style="list-style-type: none"> <li>Business Case – Nov 22</li> <li>Contract signed – Dec 22</li> <li>Initial Go Live – <del>Jun 23</del> Oct 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>On Track</li> </ul>	
Laboratory Information Management System (LIMS)	To provide a single LIMS across all WYAAT pathology services to enable system working and information sharing		<ul style="list-style-type: none"> <li>WYAAT Business Case approved – Jan 21</li> <li>Contract signed – Jan 21</li> <li>Blood Transfusion Go Live Nov 23</li> <li>Remaining Go Lives – <del>Nov 23</del> TBC</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Behind schedule – Regional delays – Being re-planned</li> </ul>	
Scan4Safety Medicines Management (Omniceil) (Link to Medicines Safety Quality Priority)	Reduction in medicines safety incidents		<ul style="list-style-type: none"> <li>Business Case approved – Jul 21</li> <li>Contract signed – May 22</li> <li>Initial Go Live – Oct 22</li> <li>Project complete – Mar 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>	
Somerset (Cancer Tracking)	To enable the timely management of cancer referrals and meet mandated cancer reporting requirements		<ul style="list-style-type: none"> <li>Business Case approved – Aug 21</li> <li>Contract signed – Feb 22</li> <li>Initial Go Live – Oct 22</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>	
Outpatient Flow and eOutcomes	To improve outpatient outcomes data and outpatient productivity by capturing of outcomes at point of care and supporting flow		<ul style="list-style-type: none"> <li>Business Case approved – Apr 22</li> <li>Contract signed – Feb 23</li> <li>Initial Go Live – Sep 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>On Track</li> </ul>	
Robotic Process Automation	To release staff time, reduce delays and improve data processing accuracy by using automating information processes		<ul style="list-style-type: none"> <li>Business Case approved – Dec 22</li> <li>Contract signed – Mar 23</li> <li>Initial Go Live – Jun 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Delayed</li> </ul>	



Yorkshire & Humber Care Record	To enable sharing of patient information across systems and organisations		<ul style="list-style-type: none"><li>Regional Business Case approved – Jun 20</li><li>Regional contract signed – Jun 20</li><li>Initial Go Live – May 22</li></ul>	<ul style="list-style-type: none"><li>Complete</li><li>Complete</li><li>Complete</li></ul>	
--------------------------------	---	--	---	--	--



ENABLING AMBITION: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY

As a district general hospital and the largest provider of children's public health services in England, HDFT has two key opportunities. First, to use our agility to become the first choice for testing healthcare innovations to improve care for patients. We will develop partnerships with industry, academia, government, the voluntary sector and our local system to offer a real world testbed for healthtech and digital innovations. Second, to use our size and expertise to be the leading NHS trust partner for research in children's public health services. Access to research and clinical trials improves quality and outcomes for patients so we will increase access for our patients through more clinical trials at HDFT and through partnerships with our Clinical Research Network

GOALS:

- To be a leading trust for the testing, adoption and spread of healthcare innovation
- To be the leading trust for children's public health services research
- To increase access for patients to clinical trials through growth and partnerships

Governance:

- Board Assurance: Innovation Committee
- Programme Board: Research and Innovation Board, Quality Improvement Board
- SRO: Medical Director

Metrics (to be developed following review of Integrated Board Report)

Goal	Metrics		
To be a leading trust for the testing, adoption and spread of healthcare innovation			
To be the leading trust for children's public health services research			
To increase access for patients to clinical trials through growth and partnerships			

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	No related Corporate Risks currently					

**GOAL: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY: To be a leading trust for the testing, adoption and spread of healthcare innovation**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Establish Harrogate Innovation Hub	Facilitate and accelerate the growth of innovative healthcare solutions by building partnerships with industry, academia, government and voluntary sector and offering a real world testbed for health tech and digital innovations	Amber	<ul style="list-style-type: none"> <li>Harrogate Innovation Hub Launch event – Oct 23</li> <li>Identify Innovation Hub location – Oct 22</li> <li>Recruit Innovation Manager – Jan 23</li> <li>Appoint Clinical Lead for Innovation – Jan 23</li> <li>Further actions to be developed.</li> <li>Innovation strategy to be developed, identify priorities - Sept 2023</li> </ul>	<ul style="list-style-type: none"> <li>Delays due to lease issues – now expected Feb/Mar 24</li> <li>Complete, delays moving in due to lease issues, due Jan/Feb 2024</li> <li>Complete – appointed and in post from Feb 23</li> <li>Complete - appointed and in post from May 23</li> <li>On track</li> <li>On track – interim strategy complete.</li> </ul>	Amber
Research, Audit, Innovation and Service Evaluation (RAISE) group	To build collaboration with innovation partners		<ul style="list-style-type: none"> <li>Scoping the potential for RAISE with partners such as Academic Health Science Network, Research Design Service – Mar 23</li> <li>Innovation clinical lead and champion supporting collaborations and novel opportunities with innovation facilitator.</li> <li>Innovation facilitator identifying processes for adopting innovation for testing.</li> <li>Further actions TBC following scoping.</li> </ul>	<ul style="list-style-type: none"> <li>On track - now attending QI meetings to report on innovations. Innovation facilitator regularly meeting with HNY-ICB programme director for IRIS and colleagues in AHSN.</li> <li>On track - Identified novel collaborators and opportunities to build on this further.</li> <li>Evaluating process of implementation and development of pathway for trust to be a test bed for innovations.</li> </ul>	
Building on our quality improvement approach, embed a philosophy and operating model for continuous improvement throughout the Trust	Improvement is embedded in daily work and linked to strategy enabling us to continuously improve quality across the Trust, including to realise the benefits of the new EPR.		<ul style="list-style-type: none"> <li>Issue tender for an external partner – Feb 23</li> <li>Appoint external partner – Mar 23</li> <li>Complete readiness assessment – Jun 23</li> <li>Operating model cohort 1 complete – Mar 24</li> <li>Operating model cohort 2 complete – Aug 24</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete (delayed to 20 Jul 23)</li> <li>On Track</li> <li>On Track</li> </ul>	

**GOAL: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY: To be the leading trust for children's public health services research**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
To understand Children's PH research and identify how we can contribute	Build the evidence base for Children's PH Services Improved outcomes for children		<ul style="list-style-type: none"> <li>Children's PH Services Strategy Workshop – Oct 22</li> <li>Paper on Children's PH research for 0-19 Children's PH Services Board</li> <li>To explore implementing further PH / database studies across the 0-19 network</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Presented July 2023</li> <li>To discuss further with ICBs.</li> <li></li> </ul>	
To provide opportunities for Children's PH services, and the children and families they support, to be involved in research studies	Build the evidence base for Children's PH Services Improved outcomes for children		<ul style="list-style-type: none"> <li>Identify and open research studies into children's public health – Mar 23</li> </ul>	<ul style="list-style-type: none"> <li>PH and social care small team in post since Oct 22. ; 6 studies opened since this time. 4 currently remain open and 2 in set up . Report on performance and pipeline to 0-19 board July 23.undertaken.</li> <li>Contact with ARC West Yorkshire/ North East to form partnership.</li> <li>Loss of lead team member and no funding to replace may slow progress.</li> </ul>	

**GOAL: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY: To increase access for patients to clinical trials through growth and partnerships**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Dedicated research clinic space	Retain Clinical Research Network funding	Amber	<ul style="list-style-type: none"> <li>Identify dedicated clinic space within HDH for research clinics – Sep 22</li> </ul>	<ul style="list-style-type: none"> <li>Accommodation acquired in Hawthorn Ward (Apr 23), plans formulated for stage 1 refurbishment, now awaiting plans and costings.</li> <li>Costing for stage one refurb £47,500 .</li> <li>Funding via charities , sponsorship being pursued but this could take time and slow refurb /dept progress.</li> </ul>	Amber
Increase research workforce capacity	To increase capacity to deliver research in HDFT		<ul style="list-style-type: none"> <li>4 additional research staff</li> <li>2 additional clinical fellows to support research in frailty, neurology and rehabilitation – Jan 23</li> <li>Education and training of clinical staff on research</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Research fellow (1 day per week) in neurology and rehabilitation appointment due to start August 2023. Frailty fellow not appointed to review at next round of interviews.</li> <li>Preceptorship research training for nurses commenced and AHPS course starts OCT 23.</li> <li>Internship for nurses /AHP for research being scoped. Possible partnership with YSJ, work in progress.</li> <li>Clinical lead for research, recruiting</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
Implement clinical trials in HDFT	To increase the number of clinical trials delivered at HDFT	Amber	<ul style="list-style-type: none"> <li>Implement a novel pilot mechanism to prioritise and assess feasibility of studies – Feb 23</li> <li>Establish partnership with IQVIA (a leading global provider of analytics and clinical research services)</li> </ul>	<ul style="list-style-type: none"> <li>Feasibility form now in place and utilised to improve reliability and fairness of decision making on trials to open. On track to meet CRN High Level objectives this year.</li> <li>Pipeline of commercial studies being offered to trust. but cannot agree until CRF refurbished</li> </ul>	Amber



ENABLING AMBITION: AN ENVIRONMENT THAT PROMOTES WELLBEING

The environment in which we work or are cared for has a huge impact on our physical and emotional wellbeing. At HDFT we will continuously improve our estate and our equipment to promote wellbeing and enable us to deliver the best quality, safest care. We will prioritise investments and design new facilities to promote wellbeing and best quality. As the largest employer in Harrogate and District, and covering a huge footprint across the North East and Yorkshire, we have an important leadership role in reducing our impact on the planet through our buildings, energy use, transport and food. We will build on our strong track record to continuously reduce our impact on the environment and achieve net zero carbon by 2040.

GOALS:

- A patient and staff environment that promotes wellbeing.
- An environment and equipment that promotes best quality, safest care.
- Minimise our impact on the environment.

Governance:

- Board Assurance: Resources Committee
- Programme Board: Environment Board
- SRO: Director of Strategy

Metrics

Goal	Metrics	
A patient and staff environment that promotes wellbeing.		
An environment and equipment that promotes best quality, safest care.		
Minimise our impact on the environment,		

**Related Corporate Risks**

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CHS2	HDH Goods Yard	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permanent disability to employees, patients and others due to unauthorised access to restricted areas of the hospital through the loading bay entrance.	12 (4x3)	8 (4x1) April 2024	Operational	Minimal
CHS3	Managing the risk of injury from fire	Organisational risk to compliance with legislative requirements, with risk of major injuries, fatality or permanent disability to employees, patients and others due to fire hazards.	15 (5x3)	10 (5x2) March 2024	Operational	Minimal
CHS8	RAAC Roofing at HDH	Organisational risk to compliance with legislative and NHSE requirements, with the risk of major injuries, fatalities, or permanent disability to employees, patients and others, due to the failure to manage the risk associated with RAAC roofing.	16 (4x4)	8 (4x2) March 2024	Operational	Minimal

**GOAL: AN ENVIRONMENT THAT PROMOTES WELLBEING: A patient and staff environment that promotes wellbeing.**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Wellbeing Improvements	To improve the working environment for staff		<ul style="list-style-type: none"> <li>Minor refurbishments and redecoration</li> <li>Complex schemes project briefs and designs – Oct 22</li> <li>Complex schemes costing and detailed design – Nov 22</li> <li>Complex schemes prioritisation – Dec 22</li> <li>Prioritised complex schemes completed – Mar 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>	



**GOAL: AN ENVIRONMENT THAT PROMOTES WELLBEING: An environment and equipment that promotes best quality, safest care**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
<b>Aseptics</b>	<ul style="list-style-type: none"> <li>To meet standards for aseptic production for medicines safety and staff safety</li> </ul>		<ul style="list-style-type: none"> <li>Initial Design complete – Aug 22</li> <li>Tender &amp; Contract award and Design – Mar 23</li> <li>Build complete – November 23</li> <li>Commissioning complete – Dec 23</li> <li>In service – Dec 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Delayed to Feb 24 (Drainage issues, AHU, Design sign off, supply chain issues)</li> <li>Delayed to May 24</li> <li>Delayed to May 24</li> </ul>	
<b>Imaging Reconfiguration</b>	<ul style="list-style-type: none"> <li>To improve reliability and capacity of imaging services</li> </ul>		<ul style="list-style-type: none"> <li>Feasibility study, including phasing – Sep 22</li> <li>Initial costs – Oct 22</li> <li>Design concept – Jan 23</li> <li>Detailed Design Sep 23</li> <li>Tender &amp; Contract award – Dec 23</li> <li>Phase 1 complete – May 24</li> <li>Phase 2 complete – Aug 24</li> <li>Phase 3 complete – Nov 24</li> <li>Phase 4 complete – Jan 25</li> <li>Fully in service – Feb 25</li> </ul> <p>CT Business Continuity:</p> <ul style="list-style-type: none"> <li>Canon Dismountable: 26 May 23</li> <li>Operational 10 Jun 23</li> <li>Portakabin on site 22 Jun 23</li> <li>Siemens CT in Portakabin operational 24 Jul 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>On hold – reviewing options for imaging department reconfiguration and refurbishment, alongside revised approach to HDH Theatres (TIF2) project</li> <li>Complete</li> <li>Complete</li> <li>Delayed to Jan 24 due to manufacturing capacity</li> <li>Delayed to Mar 24 due Siemens specification change and manufacturing capacity</li> </ul>	
<b>ED2 (UTC) Reconfiguration</b>	<ul style="list-style-type: none"> <li>Improved ED 4 Hour Performance</li> <li>Improved flow through ED</li> </ul>		<ul style="list-style-type: none"> <li>Design complete – Nov 22</li> <li>Tender issued – Nov 22</li> <li>Contract award – Mar 23</li> <li>Build start – Mar 23</li> <li>Build complete – Aug 23</li> <li>Commissioning complete – Sep 23</li> <li>In service – Sep 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete (started May 23)</li> <li>Complete - Nov 23</li> <li>In progress - Nov 23</li> <li>Delayed – Dec 23</li> </ul>	
<b>Wensleydale Ward Refurbishment</b>	<ul style="list-style-type: none"> <li>Dedicated cardiology and respiratory ward, including High Observation/Non-invasive Ventilation Beds</li> </ul>		<ul style="list-style-type: none"> <li>Design complete – Nov 22</li> <li>Tender issued – Nov 22</li> <li>Contract award – Mar 23</li> <li>Build Start – Apr 23</li> <li>Build complete – Oct 23</li> <li>Commissioning complete – Nov 23</li> <li>In service – Dec 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete (started 24 Apr 23)</li> <li>Delayed to Dec 23</li> <li>Delayed to Jan 24</li> <li>Delayed to Jan 24</li> </ul>	

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
<b>HDH Additional Theatres (TIF2)</b>	<ul style="list-style-type: none"> <li>Additional activity (General Surgery 750 day case/inpatient, Urology 1300 day case/inpatient, Gynaecology 60 day case/inpatient, Breast 250 day case/inpatient per annum)</li> <li>Improved waiting time performance</li> </ul>		<ul style="list-style-type: none"> <li>NHSE BC approval Sep 22</li> <li>HDFT capital to support enabling schemes agreed – Dec 22</li> <li>Internal BC approval – Jan 23</li> <li>Planning permission awarded – Jan 23</li> <li>Complete tender, appoint contractor – Jun 23</li> <li>Recruitment complete – May 24</li> <li>Construction complete – Jul 24</li> <li>Go Live – Aug 24</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Delayed due to revised timescales to appoint PSCP</li> <li>Delayed</li> <li>Complete</li> <li>On Track</li> <li>Reviewing options for delivery of new theatres due to increased costs and timescales, and potential opportunities to combine the scheme with imaging reconfiguration and eradication of RAAC. Options appraisal by PSCP (Morgan Sindall) completed in Oct 23.</li> <li>Will not be met – now expected not before Mar 25</li> </ul>	

**GOAL: AN ENVIRONMENT THAT PROMOTES WELLBEING: Minimise our impact on the environment**

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Delivery of the Trust "Green" Plan	A long term plan and governance structure for the reduction of the Trust's carbon emissions		<ul style="list-style-type: none"> <li>Green sub groups for each of the work streams to deliver the programme of work with Governance structure, Sustainability Board, in place reporting to HIF Board</li> <li>Each work group delivering this year's objectives and reporting to the Sustainability Board. Including N20 waste and Food waste projects</li> <li>Develop the website with more content to engage with our staff</li> </ul>	<ul style="list-style-type: none"> <li>On Track</li> <li>On Track</li> <li>On Track</li> </ul>	
SALIX Carbon Reduction Programme	To improve the estates infrastructure at Harrogate District Hospital in order to reduce carbon emissions		<p>Revised programme (second extension):</p> <ul style="list-style-type: none"> <li>Window replacement – Apr 23</li> <li>Air and ground source heat pumps – Jun 23</li> <li>Solar panels – Aug 23</li> <li>Roof Top Plant Rooms – Aug 23</li> <li>Air Handling Units – Sep 23</li> </ul>	<ul style="list-style-type: none"> <li>Significantly behind original programme which was due to complete in Apr 22</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>New plant rooms complete; Kitchen Plant Room has RAAC roof which has delayed work</li> <li>Complete</li> <li>Programme now expected to be complete and contractor offsite in Jan 24</li> </ul>	
Travel Plan	To develop sustainable models of transport for patients, staff and visitors		<ul style="list-style-type: none"> <li>Work with local and national cycle retailers to obtain a discount code for staff – promote this through newsletters and a Travel Information Leaflet.</li> <li>Investigate the possibility of holding cycle maintenance training at Harrogate and Ripon hospitals. This should include the provision of a permanent cycle maintenance kit to be placed at both sites.</li> <li>Deliver cycle training to staff who are interested in cycling commuting.</li> <li>Investigate a renewed partnership with Liftshare or internal equivalent to encourage car sharing both for commuting and business trips.</li> <li>Sign up to Modeshift STARS.</li> <li>Reintroduction of parking permits. Revenue raised to be used to support active and sustainable transport initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>Discount now obtained , this will be promoted via the sustainability section on our website by end of October – on Track</li> <li>Local provider found but at a cost, enquiries with two local bike shops who are considering supporting free of charge if they can also promote their services Summer 2023 – now end of Oct – on track</li> <li>Free of charge provider now found, action to promote to all staff Summer 2023 – now end of Oct via new section on website -on Track</li> <li>Summer 2023 - complete</li> <li>Complete</li> <li>September 2023 part of the Car Parking Project – Complete</li> </ul>	

Nov 23

# Director of Strategy



## Matters of concern & risks to escalate

### Charity

- Control of direct debit set up – work underway with Finance and bank to strengthen processes
- Accounts – 2021/22 accounts complete; working through processes with Charity Commission to upload to their website

### PMO

- HDH Theatres (TIF2): cost/time risk, dependencies on Imaging and RAAC

### HDFT Impact

- Development of A3 analysis of strategic ambition metrics, breakthrough objectives and directorate driver metrics

### Capital Planning

- RAAC. Ongoing survey and monitoring; further remedial work, contingency planning, communications; completing review of all community properties
- Fire. Fire risk assessments on track for completion by 31 Dec, prioritisation of resulting actions underway

## Major actions commissioned & work underway

### HDFT Impact

- 5 candidates shortlisted for remaining Improvement Manager roles
- Improvement Operating Model Wave 1 – final training day on 5 Dec
- Confirmation of Trust and Directorate watch metrics
- Finalisation of communications plan and intranet page

### Business Development, Charity, Volunteers, Comms

- Intranet – new design completed and being tested
- Stockton Children's PH s75 agreement – consultation closed 6 Nov
- Gateshead Children's PH partnership – development underway
- KITE Awards event preparations
- Domiciliary care: CQC registration received, finalising APL documents
- HHCC Christmas Market preparations
- Work Experience – working group established to scope offer
- Comms: KITE awards, EPR, HDFT Impact, vaccination, nursing conference, car parking, Annual Members Meeting, RAAC

### Capital Planning

- Capital processes workshop held 13-14 Nov
- Wensleydale/ED2: ED handover 22 Nov, ward 22 Dec
- Development of a major programme consisting of several projects: Block C – service relocation and demolition (RAAC eradication); Build of new 4000sqm, two storey block; Fit out of first floor as theatres & ward; Fit out of ground floor as imaging department
- RAAC: In addition to Block C, working to mitigate risks in Energy Centre/Estates/Stores; expecting funding to be available in 23/24
- CT: Work on Rowan pad, programme for Portakabin/CT being confirmed
- Other Schemes: Bariatric Mortuary Fridges, Paed Audiology Booth, 50 LPR service relocation

## Positive news & assurance

### HDFT Impact

- First new format Performance Reviews held on 8 Nov
- Improvement huddles have started in SDEC
- Ongoing training of Bronze (10) and Silver (9) improvement champions

### Business Development, Charity, Volunteers, Comms

- Enhanced Support Volunteer Pathway highly commended at Helpforce awards
- Hospital Radio Chair won Harrogate Volunteer of the Year
- HHCC/Volunteers attending careers events at Harrogate & Rosset High Schools

### Capital Planning.

- Jo Parker joined team as Senior Strategic Planning Manager
- Assistant Land & Property Manager starts on 4 Dec

## Decisions made & decisions required

- The Trust Strategy was published in Nov 22 so an annual update is on the Board workplan for Nov 23. Since our annual plans are focussed on delivery of our Strategy, our Annual Report provides a detailed, annual update of delivery of the Strategy. The 2022/23 Annual Report was structured around the ambitions in the Trust Strategy.
- Therefore the Board is requested to agree that the annual update on the Trust Strategy is provided through the Trust Annual Report each year.


## Trust Board

29<sup>th</sup> November 2023

Title:	Emergency Preparedness, Resilience & Response Assurance Process 2023-24
Responsible Director:	Russell Nightingale, Accountable Emergency Officer
Author:	Alexander Chatten, EPRR & Site Support Officer

Purpose of the report and summary of key issues:	<p><i>The NHS core standards for EPRR are the minimum EPRR requirements commissioners and providers of NHS-funded services must meet.</i></p> <p><i>These core standards are the basis of the EPRR annual assurance process. Commissioners and providers of NHS-funded services must assure themselves against the core standards.</i></p> <p><i>The Trust has been assessed against the 10 domains containing 62 applicable core standards and 1 domain has had a deep dive with 10 applicable standards. 72 applicable standards assessed.</i></p> <p><i>Appendix A – Statement of Compliance</i></p> <p><i>Appendix B – Core standards and action plan</i></p> <ul style="list-style-type: none"> <li><i>The Trust has been determined to have:</i> <p><i>7 Standards fully compliant</i></p> <p><i>53 Standards partially compliant</i></p> <p><i>7 Standards non-compliant</i></p> <p><i>The overall compliance rating against the NHSE Core Standards and is therefore categorised as ‘non-compliant.’ (&lt;76% of standards fully compliant)</i></p> </li> <li><i>The process for the assurance this year has been modified and where previously consisted of only a self-assessment, it now consists of a self-assessment, upload of relevant evidence, and then a check &amp; challenge by NHSE/ ICB. A more thorough explanation into the new process can be found below in a letter from Paul Dickens, NHSE Regional Head of EPRR.</i></li> </ul>
	<p><b>The Patient and Child First</b></p> <p>Improving the health and wellbeing of our patients, children and communities</p> <p>Best Quality, Safest Care</p>

8.3

Trust Strategy and Strategic Ambitions	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks		
Report History:	HDFT's previous rating in 2022 was 78%	
Recommendation:	<p><i>The HDFT Final Self-Assessment Submission below contains a comprehensive draft of the action plan (see 'Action Plan' tab), including the deep dive, to start working towards achieving better compliance in the 2024 Core Standards Assurance.</i></p> <div style="text-align: center;">               HDFT NHS EPRR              Core Standards - Fin           </div> <ul style="list-style-type: none"> <li>• Consider the compliance self-assessment, rating and associated guidance and provide feedback accordingly.</li> <li>• Approve the overall compliance rating and associated action plan for the 2023-24 work programme.</li> </ul>	

## 1. INTRODUCTION

The NHS needs to be able to plan for and respond to a wide range of emergencies and business continuity incidents that could affect health or patient safety. Under the Civil Contingencies Act (2004) and Health and Social Care Act 2012, NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients. This work is referred to in the health service as 'Emergency Preparedness, Resilience and Response' (EPRR).

## 2. NHSE EPRR CORE STANDARDS ASSURANCE PROCESS

The NHS EPRR Core Standards were introduced to clearly set out the minimum standards expected of NHS organisations and providers of NHS funded care with respect to emergency preparedness, resilience, and response.

The NHSE EPRR Core Standards enable agencies across the country to share a common purpose and to coordinate EPRR activities in proportion to the organisation's size and scope. In addition, they provide a consistent cohesive framework for self-assessment, peer review and assurance processes.

These standards will be reviewed and updated as lessons are identified from testing, national legislation, and guidance changes and/ or as part of the rolling NHSE EPRR governance programme.

### 2.1. Change to NHSE EPRR Core standards assurance process 2023-24

The assurance process for 2023-24 has changed from previous years. In the wake of lessons identified from recent incidents such as the Manchester Arena, Grenfell and COVID-19, it is clear that the standard which organisations must achieve is one which requires a dedicated robust assurance process which can ensure our collective system resilience.

This year's model required organisations to submit evidence against each core standard, which went through a formal review and subsequent check and challenge, whereby they were given 5 days to submit supplementary evidence against any final challenges before finalising their assurance position.

The pilot, run in the midlands in 2022-23, demonstrated that despite efforts of organisations delivering their EPRR responsibilities, there were substantial differences between the self-assessment and the evidential review of the documentation. This change indicated that there were areas of collective and individual action which would improve system resilience at both organisational and system level.

Implementation of the same model within the North East & Yorkshire & North West regions was agreed with the intention to undertake an open, honest and transparent review of evidence associated with the core standards with the objective of improving our collective resilience for patients and communities.

### 3. PREVIOUS YEAR'S POSITION (2022-23)

In the 2022-23 NHSE Core standards assurance process, the Trust was determined to have a compliance rating of 78% - 'Partially Compliant.'

Percentage Compliance	<b>78%</b>
Overall Assessment	<b>Partially Compliant</b>

#### 3.1. Domains

A breakdown of the 10 domains, and the deep dive into evacuation and sheltering, is seen below:

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Not Compliant	Not Applicable
<b>Governance</b>	6	5	1	0	0
<b>Duty to risk assess</b>	2	2	0	0	0
<b>Duty to maintain plans</b>	11	10	1	0	0
<b>Command and control</b>	2	2	0	0	0
<b>Training and exercising</b>	4	3	1	0	0
<b>Response</b>	7	7	0	0	0
<b>Warning and informing</b>	4	4	0	0	0
<b>Cooperation</b>	4	2	2	0	3
<b>Business continuity</b>	10	1	9	0	1
<b>CBRN</b>	14	14	0	0	0
<b>Total</b>	<b>64</b>	<b>50</b>	<b>14</b>	<b>0</b>	<b>4</b>

#### 3.2. Deep Dive

Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
<b>Evacuation and Shelter</b>	13	1	12	0	0
<b>Total</b>	<b>13</b>	<b>1</b>	<b>12</b>	<b>0</b>	<b>0</b>



#### 4. CURRENT POSITION

We have self-assessed the trust against the 64 applicable core standards and 13 deep dive standards. Any standard that has been rated as partially or non-compliant has been automatically transferred into an action plan that will form the Trusts EPRR Work plan for the following 12 months.

Our overall position for this year has therefore been determined as non-compliant with us meeting compliance with 76% or less with the core standards. Our total compliance figure is 10%, being fully compliant with 6 of the 62 core standards. This is a reduction from the partially compliant rating last year.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	The organisation is 100% compliant with all core standards they are expected to achieve. The organisations Board has agreed with this position
<b>Substantial</b>	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisations Board has agreed an action plan to meet compliance within the next 12 months.
<b>Partial</b>	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisations Board has agreed an action plan to meet compliance within the next 12 months.
<b>Non-compliant</b>	The organisation is compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisations Board has agreed an action plan to meet compliance within the next 12 months. The action plan will be monitored on a quarterly basis to demonstrate progress towards compliance.

It is noted from NHSE's Regional Head of EPRR, Paul Dickens, that the change in process has come at a very difficult time for EPRR professionals across organisations given the competing pressures and that it is important for Boards to note that changes in compliance ratings do not signal a material change or deterioration in preparedness but should be considered as a revised and more rigorous baseline in which to improve plans for preparedness, response and recovery. Similar changes in ratings have resulted in most other provider organisations.

#### 4.1. Summary of compliance with Core Standards for 2023-24

Domain	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
<b>Governance</b>	6	0	6	0	0
<b>Duty to risk assess</b>	2	0	2	0	0
<b>Duty to maintain plans</b>	11	0	11	0	0
<b>Command and control</b>	2	0	2	0	0
<b>Training and exercising</b>	4	0	4	0	0
<b>Response</b>	7	3	4	0	0
<b>Warning and informing</b>	4	0	4	0	0
<b>Cooperation</b>	4	0	4	0	3
<b>Business continuity</b>	10	1	6	3	1
<b>Hazmat/CBRN</b>	12	2	10	0	7
<b>Total</b>	<b>62</b>	<b>6</b>	<b>53</b>	<b>3</b>	<b>11</b>

8.3

Deep Dive	Total Applicable Standards	Fully Compliant	Partially Compliant	Non Compliant	Not Applicable
<b>EPRR Training</b>	10	1	5	4	0
<b>Total</b>	<b>10</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>0</b>

Percentage Compliance	10%
Overall Assessment	Non-Compliant

#### 5. ACTIONS

Actions that have been identified from the Core Standards and Deep Dive process have been compiled into an action plan contained in the EPRR Core Standards Self-Assessment Tool itself on the 'Action Plan' tab.



## 6. CONCLUSION

The actions identified from this process will become part of the EPRR work programme for the remainder of 2023-24 and will be monitored regularly as part of the Emergency Planning Steering Group and escalated to the Operational Management Group where necessary.

Any outstanding actions will continue to form the basis for the 2024-25 EPRR Work Programme.

## 7. RECCOMENDATIONS

The Trust Board are asked to:

- Consider the compliance self-assessment, rating and associated guidance and provide feedback accordingly.
- Approve the overall compliance rating and associated action plan for the remainder of 2023-24 and 2024-25.

## North East & Yorkshire Emergency Preparedness, Resilience and Response (EPRR) assurance 2023-2024

### STATEMENT OF COMPLIANCE

Harrogate & District NHS Foundation Trust has undertaken a self-assessment against the revised requirements of the EPRR Core standards self-assessment tool v1.0 in NHS North East and Yorkshire.

Where areas require further action, Harrogate & District NHS Foundation Trust will meet with the LHRP to review the attached core standards, associated improvement plan and to agree a process ensuring non-compliant standards are regularly monitored until an agreed level of compliance is reached.

Following self-assessment, against the revised requirements, the organisation has been assigned an EPRR assurance rating of Non-compliant (from the four options in the table below) against the core standards.

Overall EPRR assurance rating	Criteria
<b>Fully</b>	The organisation is 100% compliant with all core standards they are expected to achieve.  The organisation's Board has agreed with this position statement.
<b>Substantial</b>	The organisation is 89-99% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Partial</b>	The organisation is 77-88% compliant with the core standards they are expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
<b>Non-compliant</b>	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.  For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.  The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

I confirm that the above level of compliance with the core standards has been agreed by the organisation's Board/governing body along with the enclosed action plan and deep dive responses.

Signed by the organisation's Accountable Emergency Officer

Date signed

29/11/2023  
Date of Board/ governing body  
meeting

29/11/2023  
Date presented at Public Board

\_\_\_\_\_  
Date published in organisations  
Annual Report