



Board of Directors Meeting Held in Public

To be held on Wednesday 31 January 2024 at 12.45 – 3.45pm

Venue: Boardroom, HDFT, Strayside Wing, Harrogate District Hospital
Lancaster Park Road, Harrogate, HG2 7SX.

AGENDA

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

Item No.	Item	Lead	Action	Paper
SECTION 1: Opening Remarks and Matters Arising				
1.1	Welcome and Apologies for Absence	Chair	Note	Verbal
1.2	Patient Story	Director of Nursing, Midwifery and AHPs/ Medical Director	Discuss	Verbal
1.3	Register of Interests and Declarations of Conflicts of Interest	Chair	Note	Attached
1.4	Minutes of the previous meeting: Board of Directors meeting held in public on 29 November 2023	Chair	Approve	Attached
1.5	Matters Arising and Action Log	Chair	Discuss	Attached
1.6	Overview by the Chair	Chair	Note	Verbal
SECTION 2: Chief Executive Reports				
2.1	Chief Executive's Report	Chief Executive	Note	Attached
2.2	Corporate Risk Register	-	Note	Supp. Pack
SECTION 3: Ambition: Best Quality, Safest Care				
3.1	Board Assurance Framework: Best Quality, Safest Care	Director of Nursing, Midwifery and AHPs	Discuss	Attached
3.2	Quality Committee Update	Committee Chair	Note	Verbal
3.3	Integrated Board Report: Indicators from Safe, Caring and Effective domains	-	Note	Supp. Pack
3.4	Director of Nursing, Midwifery and AHP's Report	Director of Nursing, Midwifery and AHPs	Note	Attached
3.5	Medical Director's Report	Medical Director	Note	Attached
3.6	Learning from Deaths Quarterly Report	-	Note	Supp. Pack
SECTION 4: Ambition: Great Start in Life				

Item No.	Item	Lead	Action	Paper
4.1	Board Assurance Framework: Great Start in Life	Director of Strategy	Discuss	Attached
4.2a	Strengthening Maternity and Neo-Natal Safety Grid	Director of Nursing, Midwifery and AHPs	Note	Attached
4.2b	Maternity Incentive Scheme	Director of Nursing, Midwifery and AHPs	Approve	Attached
4.2c	Strengthening Maternity and Neo-Natal Safety Report	-	Note	Supp. Pack
SECTION 5: Ambition: Person Centred; Integrated Care; Strong Partnerships				
5.1	Board Assurance Framework: Person Centred; Integrated Care; Strong Partnerships	Chief Operating Officer	Discuss	Attached
5.2	Resource Committee Update	Committee Chair	Note	Verbal
5.3	Integrated Board Report: Indicators from Responsive, Efficiency, Finance and Activity domains	-	Note	Supp. Pack
5.4a	Chief Operating Officer's Report	Chief Operating Officer	Note	Attached
5.4b	Chief Operating Officer's Report – background material	-	Note	Supp. Pack
5.5	Director of Finance Report	Finance Director	Note	Attached
5.5b	Director of Finance's Report – background material	-	Note	Supp. Pack
SECTION 6: Ambition: At Our Best: Making HDFT the Best Place to Work				
6.1	Board Assurance Framework: At Our Best: Making HDFT the Best Place to Work	Deputy Director of People & Culture	Note	Attached
6.2	People & Culture Committee Update	Committee Chair	Note	Verbal
6.3	Integrated Board Report – Indicators from Workforce Domains	-	Note	Supp. Pack
6.4	Director of People & Culture Report	Deputy 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 Update	Committee Chair	Note	Verbal

Item No.	Item	Lead	Action	Paper
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	Audit Committee Update	Committee Chair	Note	Verbal
8.2	WYAAT Programme Executive minutes	-	Note	Supp. Pack
8.3	Collaboration of Acute Providers minutes	-	Note	Supp. Pack
8.4	Board Appointed Non-executive Roles 8.4.1: Enhancing Board Oversight 8.4.2: Non-Executive Director Board Committee Membership	Chair	Approve	Attached
8.5	Use of Trust Seal	Company Secretary	Approve	Attached
9.0	Any Other Business <i>By permission of the Chair</i>	Chair	Discuss/ Note/ Approve	Verbal
10.0	Board Evaluation	Chair	Discuss	Verbal
11.0	Date and Time of next Board Meeting to be held in public: Wednesday 27 March 2024 at 12.45 – 3.45pm Venue: TBC			
Confidential Motion – the Chair to move: <i>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.</i>				

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 31 January 2024

Board Member	Position	Relevant Dates From	To	Declaration Details
Jacqueline Andrews	Executive Medical Director	June 2020	Date	<ol style="list-style-type: none"> 1. Familial relationship with managing partner of Priory Medical Group, York 2. Lead for Research, Innovation and Improvement for Humber and North Yorkshire Integrated Care Board 3. Member, Leeds Hospitals Charity Scientific Advisory Board
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	Date	<ol style="list-style-type: none"> 1. Company director for the flat management company of current residence 2. Chief Executive, The Ewing Foundation
Azlina Bulmer	Associate Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> 1. Executive Director, Chartered Insurance Institute, 2. Familial relationship for Health Education England
Denise Chong	Insight Programme: Non-executive Director	January 2024	Date	To be advised
Jonathan Coulter	Finance Director Chief Executive from March 2022	March 2022		No interests declared
Jeremy Cross	Non-executive Director	January 2020 January 2020	Sept 2021 Date	<ol style="list-style-type: none"> 1. Chairman, Headrow Money Line Ltd 2. Chairman, Tipton Building Society 3. Director and Shareholder, Cross Consulting Ltd (dormant) 4. Chairman, Forget Me Not Children's hospice, Huddersfield 5. Governor, Grammar School at Leeds 6. Director, GSAL Transport Ltd 7. Member, Kirby Overblow Parish Council 8. Stakeholder Non-executive Director, Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Chiara De Biase	Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> 1. Director of Support and Influencing, Prostate Cancer UK 2. Clinical Trustee, Candlelighters (Children's Cancer Charity)

Board Member	Position	Relevant Dates From	To	Declaration Details
Matt Graham	Director of Strategy	September 2021 April 2022	Date Date	1. Governor, Malton School 2. Stakeholder Non-executive Director, Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Jordan McKie	Director of Finance (from July 2023)	August 2022	Date	1. Chair, Internal Audit Provider Audit Yorkshire
Kama Melly	Associate Non-executive Director	November 2022	Date	1. Kings Counsel Barrister 2. The Honourable Society of the Middle Templar (Bencher) 3. Director and Deputy Head of Chambers – Park Square Barristers 4. Inns of Court College of Advocacy – Governor
Russell Nightingale	Chief Operating Officer	April 2021	Date	1. Director of ILS and IPS Pathology Joint Venture
Emma Nunez	Director of Nursing Deputy Chief Executive from March 2022	No interests declared.		
Andrew Papworth	Non-executive Director	March 2020	Date	1. Chief Finance Officer, Insight222 2. Ambassador for Action for Sport
Laura Robson	Non-executive Director	No interests declared		
Wallace Sampson OBE	Non-executive Director	March 2020 March 2020 November 2021	31 March 2023 Current March 2023	1. Chief Executive of Harrogate Borough Council 2. Director of Bracewell Homes – wholly owned Harrogate Borough Council housing company. 3. Chair of Harrogate Public Services Leadership Board 4. Member of North Yorkshire Safeguarding Children Partnership Executive 5. Member of Society of Local Authority Chief Executives 6. Director of Brimhams Active - wholly owned Harrogate Borough Council leisure company. 7. Member of Challenge Board for Northumberland County Council. 8. Member of Society of Local Authority Chief Executives

Board Member	Position	Relevant Dates From	To	Declaration Details
		July 2023	Current	9. Trustee for the Harrogate District Climate Change Coalition CIO (effective November 2021)
		August 2023	Current	10. Advisory Board Consultant – Commercial Service Kent Ltd.
		September 2023	Current	11. Commissioner – Local Government Boundary Commission for England
		October 2023	Current	12. Chair – Middlesbrough Independent Improvement Advisory Board.
				13. Director and Shareholder – Sampson Management Services Ltd.
Julia Weldon	Non-executive Director	November 2022	Date	1. Director of Public Health / Deputy Chief Executive, Hull City Council 2. Co-chair of the Population Health Committee, Humber & North Yorkshire Integrated Care Board
Angela Wilkinson	Director of People & Culture	October 2019	Date	1. Director of ILS and IPS Pathology Joint Venture

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

Name	Position	Declaration Details
Dr Dave Earl	Deputy Medical Director	<ol style="list-style-type: none"> 1. Director, Earlmed Ltd, provider of private anaesthetic services 2. Treasurer, Harrogate Anaesthesia Services, administration and co-ordination of Anaesthetic Private Practice
Emma Edgar	Clinical Director (Long term & Unscheduled Care)	No interests declared
Dr Katherine Johnson	Clinical Director (Planned and Surgical Care)	No interests declared
Dr Natalie Lyth	Clinical Director (Children's and County Wide Community Care)	<ol style="list-style-type: none"> 1. Member, North Yorkshire Local Safeguarding Children's Board and sub-committees. 2. Chair, Safeguarding Practice Review Group. 3. Chair, North Yorkshire and York Looked After Children Health Professionals Network. 4. Member, North Yorkshire and York Safeguarding Health Professionals Network. 5. Member, national network of Designated Health Professionals. 6. Member, Royal College of Paediatrics and Child Health Certificate of Eligibility of Specialist Registration (CESR) Committee and assessor of applications for CESR 7. Familial relationship within Harrogate & District NHS Foundation Trust 8. Member, NHS Safeguarding Strategic Community of Practice for ICBs (Regional).
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care) Deputy COO	<ol style="list-style-type: none"> 1. Director, Shepherd Property Ltd (March 2019-March 2022)
Shirley Silvester	Deputy Director of Workforce and Organisational Development	No interests declared
Kate Southgate	Associate Director, Quality & Corporate Affairs	<ol style="list-style-type: none"> 1. 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	1. Member of WYAAT Committee in Common 2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership 3. Member of the Yorkshire & Humber NHS Chairs' Network 4. Volunteer with Supporting Older People (charity). 5. Member of Humber Coast and Vale ICS Partnership
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	31 March 2022	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)
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	1. Strategic Lead Pharmacist/Head of Prescribing, NHS Vale of York CCG 2. Chair of York and Scarborough Medicines Commissioning Committee 3. Interim Chief Pharmacist at Humber, Coast and Vale ICS 4. MTech Associate; Council Member PrescQIPP 5. Chair of Governors at Kirby Hill Church of England Primary School
Steve Russell	Chief Executive	March 2020	March 2022	1. Chief Executive of NHS Nightingale Hospital Yorkshire and Humber (ended July 2021) 2. Member of NHS England and Improvement North East and Yorkshire Regional People Board 3. Lead Chief Executive for Workforce in Humber Coast and Vale ICS 4. Co-Chair of WY&H Planned Care Alliance 5. Chair of Non-Surgical Oncology Steering Group 6. NHS Employers Policy Board Member (September 2020 and ongoing)

Board Member	Position	Relevant Dates From	To	Declaration Details
				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 (resigned July 2023)		December 2021 February 2022 February 2022 July 2023	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. 4. Director (and 50% owner), Richard Stiff Consulting Limited 5. Director, NCER CIC (Chair of the Board from April 2019) 6. Member, Association of Directors of Children's Services 7. Member, Society of Local Authority Chief Executives 8. Local Government Information Unit Associate 9. Fellow, Royal Society of Arts 10. Member of the Corporation of the Heart of Yorkshire Education Group 11. 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)
		May 2018	Date	1.
		January 2022 April 2022	Date July 2023	
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care)	April 2017	March 2022	Director of Shepherd Property Ltd

Board Member	Position	Relevant Dates From	To	Declaration Details
	Deputy COO			
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, 29th November 2023
Held at The Pavilions, Harrogate

Present:	
Sarah Armstrong	Trust Chair
Jonathan Coulter	Chief Executive
Jeremy Cross (JC)	Non-executive Director
Chiara DeBaise (CD)	Non-executive Director
Andy Papworth (AP)	Non-executive Director
Laura Robson (LR)	Non-executive Director
Wallace Sampson OBE (WS)	Non-executive Director
Julia Weldon (JW)	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

In Attendance:	
Emma Edgar (EE)	Clinical Director for Long Term and Unscheduled Care Directorate (LTUC)
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

Observers:	
1 Member of the Public	
Tony Doveston	Public Governor
Kevin Parry	Public Governor
Stephen Williams	Staff Governor
Jackie Lincoln	Public Governor

Apologies:	
Kama Melly	Associate Non-executive Director
Azlina Bulmer	Associate Non-executive Director
Kat Johnson	Clinical Director for Planned and Surgical Care Directorate (PSC)

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BD/11/29/1	Welcome and Apologies for Absence
1.1	The Chair welcomed everyone to the meeting.
1.2	Apologies for absence were noted as above.
<i>Due to the availability of presenters the agenda was taken out of order at this point</i>	
BD/11/29/2	Declarations of Interest and Register of Interests
2.1	The register of interests was received and noted.

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2.2	The Non-executive Director (JW) noted the declaration in relation to her role as Director of Public Health for the agenda.
2.3	Resolved: The declarations were noted.
BD/11/29/3	Minutes of the Previous Board of Directors meeting held on 27th September 2023
3.1	Resolved: The minutes of the meeting on the 27 th September 2023 were approved as a correct record, with an amendment that Richard Stiff, Non-executive Director was not present at the meeting. In addition, it was noted that the maternity training plan had been submitted and approved at the Committee. The minutes would be amended to reflect this.
BD/11/29/4	Matters Arising and Action Log
4.1	<p>The actions were noted as follows:</p> <ul style="list-style-type: none"> • BD/1/25/10.3: IBR – Ongoing – the new Head of Performance and Planning has commenced in post. As part of the HDFT Impact programme, work was ongoing to redesign the IBR. It was noted that Power BI had launched which would have a significant impact on the ability of the organisation to use data • BD/1/25/23.1: Rainbow Badge – Closed • BD/3/29/36.2: Board Effectiveness Survey – Ongoing – a meeting would be held with Board members to review the Board effectiveness and governance changes • BD/7/26/24.2 and 24.3: Learning from Industrial Action – Closed • BD/7/26/24.5: Details of roles and grades of BAME colleagues - Ongoing • BD/7/26/33: Risk Appetite – Closed • BD/7/26/34: Code of Conduct – Closed • BD/9/27/21: Workforce Race Equality Standards – had been discussed at the People and Culture Committee – Closed
4.2	Resolved: All actions were agreed as above.
BD/11/29/5	Overview by the Chair
5.1	The Chair noted a range of activities that had taken place since the last meeting of the Board.
5.2	The Chair noted that the revised governance arrangements for Board had been in place for 12 months. It was agreed that this would be reviewed following this trial. To ensure that this review was completed independently, an independent Non-executive Director would work with the Corporate Affairs Team to gather information on how the trial had worked.
5.3	The Annual Members Meeting had been held in November 2023. The session had been well received and thanks were expressed to the team that organised the event as well as the governors who helped to support the AMM. The deputy lead governors were thanked for the session they delivered on the development of the Membership Strategy. Thanks was also expressed to the individuals who attended or subsequently watched the meeting.
5.4	The Chair acknowledged that winter pressures were providing challenges to the organisation, regionally and nationally. Despite these challenges, the Chair noted the positivity that was being seen across the organisation and thanks were expressed for the care and dedication our teams provided.

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5.5	Resolved: The Chair's report was noted.
BD/11/29/6 6.1	Chief Executive Report The Chief Executive presented his report as read.
6.2	The following points were highlighted:
6.3	<ul style="list-style-type: none"> NHS England had published information on their expectations regarding health inequalities. This was being reviewed and would be considered by the Board in due course.
6.4	<ul style="list-style-type: none"> A significant step had been made in regard to industrial action nationally for the consultant body. The Board would await further information following a proposal for ballot.
6.5	<i>Andy Papworth, Non-executive Director joined the meeting</i>
6.6	<ul style="list-style-type: none"> Following national discussions, a further £800m of funding had been released nationally to mitigate some of the financial risks that had arisen through industrial action.
6.7	<ul style="list-style-type: none"> A re-setting of financial and operational plans had been requested nationally of all organisations. The organisation had committed to a similar position to our approved plan for 2023-24. With a commitment to delivering the standards agreed in relation to ED performance, cancer standards and maximum waiting times with a robust plan to achieve a breakeven financial position.
6.8	<ul style="list-style-type: none"> A meeting had been held at an executive level between HDFT and York to explore measures of collaboration.
6.9	<ul style="list-style-type: none"> HDFT had a recent assurance visit from the Local Maternity & Neonatal System and good feedback was received.
6.10	<ul style="list-style-type: none"> There were continued challenges with wait times for community dental services and discussions were ongoing with the ICB.
6.11	<i>Jeremy Cross, Non-executive Director joined the meeting</i>
6.12	<ul style="list-style-type: none"> The financial position was noted and further discussion would be held under the Director of Finance update.
6.13	<ul style="list-style-type: none"> The staffing position was noted as significantly improved and the corporate risk register had been updated to reflect this.
6.14	The Non-executive Director (JW) noted the importance of the relationships across health, social care and local authorities. All were challenged moving into winter and the importance of integration was highlighted. It was also noted that the Domiciliary Care Service had been registered with the CQC as a provider.
6.15	The Non-executive Director (WS) noted the recommendations in relation to a mortuary incident that had been reported nationally. The Chief Executive noted that a test against the recommendations had not been completed at this moment in time. This would occur in due course.
6.16	Action: A review of the recommendations in relation to the national mortuary incident to be brought back to the Board in March 2024.
6.17	Resolved: The Chief Executive's Report was noted.
BD/11/29/7 7.1	Corporate Risk Register Resolved: The Corporate Risk Register was noted.

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BD/11/29/8 8.1	Board Assurance Framework – Best Quality, Safest Care 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 noted as requiring update to reflect that the Nursing Shortage risk had now meet threshold to remove from the corporate risk register and the Health and Safety risk had been reduced.
8.2	Resolved: The update on Best Quality, Safest Care was noted.
BD11/29/9 9.1	Quality Committee Chair's Report The Chair of the Committee noted that two meetings had been held since the last meeting of the Board.
9.2	Discussions had been held in relation to Learning Disabilities and the Oliver McGowan training programme as well as the Lucy Letby case. Assurance had been received with regard to both of these areas.
9.3	The Missed Results Quality Priority had been discussed in detail including the progress made to date and the challenges ahead. The focus was on the implementation of the electronic patient record.
9.4	The Emergency Department Quality Priority had also been discussed and it was noted that a revised improvement plan would be reviewed by the Committee in early 2024.
9.5	The Stroke Pathway had been discussed in depth including risks and mitigation.
9.6	The maternity services CQC action plan continues to be reviewed and overseen by the Committee. The CQC action plan had now reached its conclusion, however, maternity services would continue to be reviewed at each meeting to determine ongoing assurance.
9.7	Resolved: The update from the Quality Committee Chair was noted.
BD/11/29/10 10.1	Integrated Board Report - Indicators from Safe, Caring and Effective domains The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
10.2	Resolved: The Board noted the content of the report.
BD/11/29/11 11.1	Executive Director of Nursing, Midwifery and AHPs Report The Executive Director of Nursing, Midwifery and AHPs' report was received and taken as read. It was noted that the complaints position continues to improve with 100% achieved in November 2023.
11.2	It was highlighted that an accreditation programme was in development and further information would be noted via the Quality Committee in due course. In addition, the AHP Workforce project had commence with NHS England.
11.3	Resolved: The Board noted the content of the report.
BD/11/29/12 12.1	Domestic Abuse and Sexual Violence The Executive Director of Nursing, Midwifery and AHPs' presented the report. NHS England had written to all NHS organisation in June 2023 asking them to redouble efforts on the zero tolerance of abuse of staff and patients in the NHS.

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12.2	The Board noted that Emma Nunez, Director of Nursing, Midwifery and AHP had been appointed as the executive lead for this area. The organisation had also signed up to the Sexual Safety Charter.
12.3	The Non-executive Director (JC) noted that it was more of a challenge to protect lone workers. The Executive Director of Nursing, Midwifery and AHPs noted that this would be considered as part of the ongoing programme of work.
12.4	The Non-executive Director (JW) queried if the mechanisms and support were available for colleagues who experienced violence outside of the working environment. It was confirmed that this would be reviewed as part of the programme of work.
12.5	The Non-executive Director (CD) queried how close the organisation was to fully achieve the Sexual Safety Charter. It was confirmed that a full review of the standards were being undertaken as part of the self-assessment and this would be reported through the Quality Committee
12.6	The Non-executive Director (AP) thanked the Executive Director of Nursing, Midwifery and AHPs for taking the executive role. It was noted that whilst this was monitored through the Quality Committee, the People & Culture Committee would be linked into the programme of work as required.
12.7	Resolved: The update was noted and the Board supported the programme of work
BD/11/29/13 13.1	Executive Medical Director The Executive Medical Director took the report as read. It was highlighted that a number of key posts had been recruited to. It was noted that Dr Earl had been appointed as interim Medical Director for the IPS, the Trust's joint venture for laboratory services.
13.2	In addition, mortality indicators were highlighted including the stabilisation of SHMI indicators. The MAAP leadership and governance structures had been reviewed with a programme of work commenced in partnership with WYAAT colleagues.
13.3	The Executive Medical Director gave an overview of the clinical effectiveness work stream and the impact this has on the care and services provided. It was noted that a review of the function was currently underway.
13.4	Resolved: The Board noted the content of the report.
<i>The agenda was taken out of order at this point and the Board welcomed Kerry to the meeting as our Patient Story</i>	
BD/11/29/14 14.1	Patient Story The Chair welcomed Kerry to the meeting to provide her patient story. She had a half knee replacement in April 2022. She tripped and jarred her knee causing significant pain and discomfort. From that point until her surgery in January 2023 she felt that she was not listened to and that her pain was not taken as seriously as it should have been. In August 2022, she came to the organisation with acute confusion and functional neurological episode. Kerry recalled that this was a traumatic event that has had long standing effect on her mental health, confidence and independence. This was linked to the pain from her undiagnosed condition.
14.2	Kerry then had a similar episode of hurting her knee in September 2023 and she noted that on this occasion she received excellent care and felt that she was listened to and the team managed her needs and she expressed her thanks for the kindness and care she received from the team.

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14.3	The Executive Medical Director asked if Kerry had received a timely response to her complaint. It was confirmed that she had.
14.4	Resolved: The Board expressed their thanks to Kerry for sharing her story.
<i>The agenda reverted back to the published agenda.</i>	
BD/11/29/15 15.1	Learning from Medical Industrial Action The Executive Medical Director took their report as read. It was noted that before, during and after each period of industrial action, feedback and learning was shared at local, regional and national level between Medical Directors.
15.2	The themes from the industrial action nationally and locally were noted in the report and highlighted at the meeting. This included communication, patient safety, rota planning, training gaps, supporting staff and activity levels. The report provided information on where these themes had impacted on HDFT.
15.3	Resolved: The report was noted.
BD/11/29/16 16.1	Learning from Deaths Quarterly Report The Executive Medical Director took their report as read.
16.2	Resolved: The report was noted.
BD/11/29/17 17.1	Board Assurance Framework – Great Start in Life The Director of Strategy provided the Board with an update on this element of the BAF.
17.2	Resolved: The update on Great Start in Life was noted.
BD/11/29/18 18.1	Strengthening Maternity and Neonatal Safety The Executive Director of Nursing, Midwifery and AHPs and the Associate Director of Midwifery took the report as read. The paper provided a summary and update on the board level measures for the month of October 2023 as set out in the Perinatal Quality Surveillance.
18.2	The Board received: <ul style="list-style-type: none"> • The Perinatal Mortality Review Quarterly Report (Quarter 2 July – September 2023) • ATAIN (Avoiding Term Admission into Neonatal Units) and Transitional Care Quarterly Report (Quarter 2 July – September 2023) and Action Plan • Bi-Annual Midwifery Staffing Report • Neonatal Staffing Report • Maternity Continuity of Carer Report
18.3	NHS Resolution (NHSR) had been in contact with the organisation in relation to any impact on compliance with our Maternity Incentive Scheme in light of the Maternity CQC inspection in 2022. This had been reviewed internally in light of this and compliance has been re-confirmed to NHSR with supplementary evidence supplied. This had been reviewed by the LMNS and our Maternity Safety Champion.
18.4	The Non-executive Director (AP) as the Maternity Safety Champion noted with the Board the positive changes in culture in the last 3 years that was evidenced through

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	the feedback being received through their safety walkabouts. Thanks were expressed to the leaders in maternity for their positive impact.
18.5	The Non-executive Director (CD) queried the NICE Compliance status. The Associate Director of Midwifery noted the current position.
18.6	The Non-executive Director (JW) queried the development of in-house smoking cessation. The Associate Director of Midwifery provided clarification on the standards required by the Saving Baby Lives programme. In addition, the Executive Medical Director provided a further update as executive led for smoking cessation.
18.7	<p>Resolved: The Board noted the content of the report and noted the following reports had been received:</p> <ul style="list-style-type: none"> • The Perinatal Mortality Review Quarterly Report (Quarter 2 July – September 2023) • ATAIN (Avoiding Term Admission into Neonatal Units) and Transitional Care Quarterly Report (Quarter 2 July – September 2023) and Action Plan • Bi-Annual Midwifery Staffing Report • Neonatal Staffing Report • Maternity Continuity of Carer Report • An unchanged compliance statement submitted to NHSR in relation to the Maternity Incentive Scheme
BD/11/29/19 19.1	<p>Board Assurance Framework – Person Centred, Integrated Care, Strong Partnerships</p> <p>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.</p>
19.2	Resolved: The update on person centred, integrated care, strong partnerships was noted.
BD/11/29/20 20.1	<p>Resource Committee Chair Report</p> <p>The Chair of the Committee noted that a wide range of agenda items had been discussed at the Committee. The following areas were highlighted:</p>
20.2	<ul style="list-style-type: none"> • Finance: discussions regarding the requirements to assess year end position and re-confirm this nationally and with ICB colleagues. The commitment to a break even position remained
20.3	<ul style="list-style-type: none"> • Activity: emergency preparedness and resilience response was reviewed in detail and supported. The key performance metrics were considered by the Committee in detail and the relevant mitigation.
20.4	<ul style="list-style-type: none"> • People: positive step change in metrics in relation to our workforce was highlighted.
20.5	<ul style="list-style-type: none"> • Committed to being a living wage employer approved at Committee
20.6	<ul style="list-style-type: none"> • ED Nurse Staffing Business Case was reviewed in detail and approved at Committee
20.7	<ul style="list-style-type: none"> • The forecast change protocol was reviewed at Committee
20.8	Resolved: The Board noted the content of the report.
BD/11/29/21	<p>Integrated Board Report - Indicators from Responsive, Efficiency, Finance and Activity Domains</p>
21.1	The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
21.2	Resolved: The Board noted the content of the report.

Item No.	Item
BD/11/29/22 22.1	Chief Operating Officers Report The Chief Operating Officer presented the report as read.
22.2	Resolved: The Board noted the content of the report.
BD/11/29/23 23.1	Director of Finance Report The Director of Finance presented his report as read.
23.2	The Non-executive Director (AP) queried the current cash position. The Director of Finance noted the recovery plans that were currently in place. This had been discussed in detail at the Resource Committee. The Board received further assurance on the discussions that had been held by the Committee noting that the Trust would be applying for working capital facility to provide a backstop in the case of a cash shortfall.
23.3	Resolved: The Board noted the content of the report.
BD/11/29/24 24.1	Board Assurance Framework – At Our Best Place to Work The Director of People and Culture updated the Board on this element of the BAF, noting that it had been reviewed in the People & Culture Committee earlier in the day. It was noted that the Workforce Corporate Risk had been reduced to a 12.
24.2	Resolved: The update on the At Our Best, making HDFT the best place to work was noted.
BD/11/29/25 25.1	People and Culture Committee Chair's Report The Committee chair provided an overview of the discussions held at the People and Culture Committee.
25.2	The Committee had received a colleague story from the Emergency Department. The new streaming model had been highlighted and discussions were held in relation to team work, culture and retaining staff.
25.3	Safe working, equality and inclusion would be key discussions at future meetings.
25.4	Workforce metrics were reviewed in detail and were noted as reassuring. The staff survey had recently closed, the Committee noted that the results would not be available until Quarter 4. Discussions were held on flu and covid vaccination targets and take up.
25.5	The Freedom to Speak Up quarterly report and the Guardian of Safe Working quarterly report was received and discussed in detail.
25.6	The WRES and WDES reports had been discussed and reviewed. Further discussions would be held in the new year and escalated to Board if required.
25.7	Thanks were expressed the Non-executive Director (WS) for his commitment to the staff network activity.
25.8	Resolved: The Chair's update was noted.
BD/11/29/26 26.1	Integrated Board Report - Indicators from Workforce Domains The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
26.2	Resolved: The Board noted the content of the report.

Item No.	Item
BD/11/29/27 27.1	People and Culture Director Report The Director of People & Culture presented her report as read.
27.2	Resolved: The Board noted the content of the report.
BD/11/29/28 28.1	Board Assurance Framework – Enabling Ambition: Digital Transformation The Executive Medical Director provided the Board with an overall update on the ambition and goals for this area of the BAF.
28.2	Resolved: The update on the Enabling Ambitions was noted.
BD/11/29/29 29.1	Board Assurance Framework – Enabling Ambition: Healthcare Innovation The Executive Medical Director provided the Board with an overall update on the ambition and goals for this area of the BAF.
29.2	Resolved: The update on the Enabling Ambitions was noted.
BD/11/29/30 30.1	Innovation Committee Chair’s Report The Chair of the Committee noted that the Committee had a wide ranging discussion. Governance arrangements for the EPR programme had been discussed in depth by the Committee. Decision making routes had been reviewed and the protocols for those were now in place.
30.2	In addition, the EPR programme as a whole was reviewed. The process for tendering was highlighted and the Board were reminded of the routes that needed to be taken. The procurement process was noted as on track. Clinical and specialist engagement had been strong in the development of the spec. The requirement specification had been developed in joint process with York and Scarborough.
30.3	The progress against the wider digital programme was reported and the Committee were assured that a prioritisation process had been initiated to ensure resources were deployed effectively.
30.4	Innovation programme was making good progress with the innovation hub due to be opened in Quarter 4. A launch event will be held as appropriate.
30.5	In relation to the Research Programme, the Committee had supported a request to prioritise focus on projects that have more of a commercial focus. This was noted as challenged due to the space available to host research projects. It was hoped that greater traction would be gained in 2024-2025.
30.6	The progress on the continuous improvement programme of work, known as HDFT Impact was reported to the Committee. Significant progress had been made, however, capacity across the organisation was noted as a risk to delivery. This was currently being mitigated but this would remain under review by the Committee.
30.7	The Non-executive Director (AP) queried if the HDFT Impact programme would be reviewed in its entirety in the Innovation Committee or if it would be monitored across other Committees as well. The Director of Strategy confirmed that the delivery of the overarching programme would be through Innovation Committee. However, the metrics used to assess impact on quality and culture would be reviewed in the relevant sub-committees of the Board.
30.8	Resolved: The Chair’s update was noted.
BD/11/29/31 31.1	Board Assurance Framework – Enabling Ambitions: An Environment that Promotes Wellbeing The Director of Strategy updated the Board on the environment enabling ambition.

Item No.	Item
31.2	Resolved: The update on the Enabling Ambitions was noted.
BD/11/29/32 32.1	Director of Strategy Report The Director of Strategy presented his report as read. It was highlighted that the Enhanced Support Volunteer Pathway was highly commended at the Helpforce awards and the Hospital Radio Chair won the Harrogate Volunteer of Year.
32.2	It was noted that the annual review of the Trust Strategy was confirmed as reviewed and reported by the Annual Report.
32.3	Resolved: The Director of Strategy Report was noted.
32.4	Resolved: The annual review of the Trust Strategy would be detailed in the Annual Report.
BD/11/29/33 33.1	WYAAT Programme Executive Minutes Resolved: The WYAAT Programme Executive Minutes were noted.
BD/11/29/34 34.1	Collaboration of Acute Providers Minutes Resolved: The Collaboration of Acute Providers Minutes were noted.
BD/11/29/35 35.1	Emergency Preparedness Statement The Chief Operating Officer took the Emergency Preparedness Statement as read. 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.
35.2	The Trust has been determined to have: 7 standards fully compliant, 53 standards partially compliant and 7 standards non-compliant.
35.3	The Non-executive Director (WS) queried if there were any areas of significant risk. The Chief Operating Officer confirmed that there were no areas that were noted as a significant risk.
35.4	Resolved: The Board approved the Emergency Preparedness Statement
BD/11/29/36 36.1	Any Other Business No further business was received.
BD/11/29/37 37.1	Board Evaluation Thanks were expressed to observers.
BD/11/29/38 38.1	Date and Time of the Next Meeting The next meeting will be held on Wednesday, 31 st January 2024.
BD/11/29/39 39.1	Confidential Motion Resolved: to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7, Section 18 (E), (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.

Board of Directors (held in Public) Action Log for January 2024 Board Meeting (updated after November 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	As part of the HDFT Impact programme, work was ongoing to redesign the IBR. It was noted that Power BI had launched which would have a significant impact on the ability of the organisation to use data. HDFT Continuous Improvement Programme has defined three metrics covering the IBR which have all been implemented in Power BI. Access will be electronic to live data for management groups and board committees; a report will be provided as a public record as part of the Board papers for meetings held in public. Continuous refinement of the report will become BAU. It is recommended to close the action.	Recommended to Close
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	A survey is being circulated to Board members in January and February with Non-executive individual discussions and Executive forum being held in February 2024 with the support of an independent lead (Mark Chamberlain)	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 People & Culture	27th September 2023	The analysis of the information was reviewed through the People and Culture Committee in September 2023 as part of the WRES submission.	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 People & Culture	29th November 2023	These were discussed at the November 2023 People & Culture Committee Meeting.	CLOSED
BD/11/29/3.1	29 November 2023	Amendments to Minutes	Note that RS not present at meeting and that maternity training plan had been submitted and approved at the Committee	Associate Director of Quality and Corporate Affairs	31 January 2024		Closed
BD/11/29/6.16	29 November 2023	Chief Executive's Report	A review of the recommendations from the mortuary trial would be brought back to the Board in March 2024	Chief Executive	31 March 2024		Ongoing

BOARD OF DIRECTORS (PUBLIC)
31st January 2024

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	The Patient and Child First Improving the health and wellbeing of our patients, children and communities
	Best Quality, Safest Carex
	Person Centred, Integrated Care; Strong Partnershipsx
	Great Start in Lifex
	At Our Best: Making HDFT the best place to workx
	An environment that promotes wellbeingx
	Digital transformation to integrate care and improve patient, child and staff experiencex
	Healthcare innovation to improve qualityx
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)
JANUARY 2024

CHIEF EXECUTIVE'S REPORT

National and system issues

1. The national focus over the last couple of months has been very much about managing services safely through the winter period. As well as the usual winter pressures that the health and care services face each year, there has been added concern in relation to managing through periods of junior doctor industrial action and increasing levels of CoVid and Flu infections in the community.
2. Information and guidance has been circulated in respect of escalation processes (a revised OPEL framework) and also management of any ambulance handover delays, with an understandable emphasis on ensuring that ambulances are not delayed at hospital Emergency Departments and are available to people in the community who need them.
3. Whilst the New Year period was challenging, and we have some challenges as I write this report, the teams have managed well through the winter so far and have managed the periods of industrial action safely. We have still been a recipient of ambulance divers through this period as other organisations in the local system have struggled to manage, and as always we have provided support when it is appropriate to do so. There have been some challenging discussions and we have endeavoured to ensure that we and all partners utilise the escalation processes that have been collectively agreed.
4. As I reported at the last Board meeting, the 2023/24 planning reset process concluded with a plan that is largely unchanged from the plan set out at the start of the year. The emphasis within the reset however is different. The priority for the remainder of the year is clearly to ensure that patients remain safe through this winter period, particularly in relation to urgent care. But following that, the expectation then is to ensure that the NHS lives within the funding that has been allocated to it by parliament. I'll cover where the system currently is standing against the financial planning requirement later in the report, but it is clear that there is significant risk that the ICB, and other ICBs across the country, do not live within the reset resource plans.
5. It should be noted that as part of the reset, it was assumed that there would be no further industrial action. Whilst there has been positive progress in relation to agreeing Consultant pay, with an offer currently being voted on by members of the BMA, there have been two periods of industrial action by junior doctors during this time, and discussions continue about any further resource available to Trusts to meet strike costs and/or to compensate for the cancelled elective work that the strike planning necessitated. As I have mentioned before, the real cost is for patients who have appointments cancelled alongside the opportunity cost of teams here being diverted away from improvement activity.
6. In terms of planning for 2024/25, the guidance that was anticipated to be released before Christmas has been delayed and is now expected at the end of January. My understanding is that the national negotiation is less about the amount of funding for the NHS in 2024/25

and more about the ask of the service in terms of improved delivery of performance that can be made within the money available. We await the guidance and will incorporate this within our ongoing planning process, but we are clear about what we need to deliver for our patients next year; higher quality care, delivered more quickly, by colleagues who are trained to do the job and work in a decent environment, and where we use public money effectively.

7. In relation to the Humber and North Yorkshire system, there is growing risk in relation to the financial position for 2023/24 across the ICB. The reset plan has a planned deficit of £30m, but without significant improvement this will not be delivered. Our position within this remains that we are forecasting a surplus. It should be noted that there is concern that if the deficit plan is not met this year, that deficits brought forward into the ICS would not be written off and would need to be paid back over a period of time. This adds to the financial challenge going into 2024/25.
8. The ICB has commissioned a piece of work being undertaken by Grant Thornton in relation to the medium term financial plan. This work is intended to focus on the development of options to improve productivity in the medium term and consider longer term transformation options to improve future sustainability. We are engaged in this work which is due to report out before the end of the financial year. Clearly for ourselves, it is important to reference the fact that we operate in many systems and our future sustainability (both for services and financially) will emerge from patient pathways that are either local to Harrogate or are into West Yorkshire.
9. In terms of our work in the West Yorkshire system, recent WYAAT discussions have been in relation to haematology, stroke services, non-surgical oncology, and neurology services. This is in addition to work we collectively do in respect of leading the elective care programme – recently congratulated on progress in a visit by Tim Briggs – and ongoing collaboration in respect of pathology, aseptics and some corporate functions. We have also as a WYAAT collaborative refreshed the WYAAT strategy and we will invite the WYAAT Director to a Board session in the near future to discuss this.
10. Discussions continue with North Yorkshire Council in relation to how best to utilise our recently registered domiciliary care service. I had a productive discussion with the Director of Health and Adult Services about how we focus our efforts to support people who are in hospital but who are not getting access to timely packages of care. The operational teams are working through how this could work to maximise the benefit to the system.
11. As part of my discussions, we also talked about the HARA section 75 agreement and the nature of our partnership arrangements. This will be a Board item for discussion in the near future.

HDFT issues

Introduction

12. It is important to reiterate the consistent message both here and across the organisation that whilst there will always be challenges in the way in which we deliver health and care services, and whilst we do deliver services relatively well to our patients and population, that there is a lot we can do to be better. It is important to be positive and optimistic about

the improvements we can make together, and ensure that we support each other in our collective aim to provide the best services we possibly can for our patients and population.

Our people

13. I have already referenced the recent periods of industrial action that we have managed. Let's hope that the government and BMA can constructively talk and agree a positive way forward soon.
14. We have received the embargoed results of the national staff survey. Almost half of our colleagues completed the survey, so the level of feedback we have received on how we are doing and how staff feel is significant. We will go through the results in our February Boar workshop, and assess where we can learn, where we need some support, and where we can demonstrate good practice.
15. We continue to have improving staffing levels across the Trust. In particular, our ward staff and our maternity staffing levels remain positive. There are though areas where it is more difficult, and there remain a number of areas within our 0-19 services where vacancies continue to provide challenges to the team. I would highlight the North Yorkshire service in particular, simply because the nature of the service and the resource available to the service leaves less flexibility for staff to cover than in our other service areas. The Directorate are very sighted on this and are providing support to ensure service delivery is maintained.
16. As the Board will be aware, as part of our capital programme for next year we are having to undertake a number of service relocations to free up space on the hospital site. We also have an estates review in part of the Northumberland service. All of these moves, whilst necessary, do impact upon our colleagues in these areas and naturally do cause anxiety. We are aware of this and are trying to be open with colleagues about the rationale and the process, but we do recognise the concern and are rightly putting time into this process.
17. We had our KITE awards ceremony last week, which was simply fantastic. Brilliantly organised and facilitated, it really showcased the wonderful teams and colleagues that we have as part of HDFT. It was great to celebrate and mark some great achievements, and was a lovely reminder of what we do so well as an organisation and what our colleagues contribute every day.

Our Quality

18. As the Board will be aware, we were asked by NHS Resolution to review last year's Maternity Incentive Scheme (MIS) submission in the light of our CQC report. We reviewed the submission, answered a number of additional questions, provided further evidence to support our assessment, and have recently been informed that NHS Resolution are happy with our assessment that we meet the necessary safety standards. This is a really good outcome for the Trust.
19. This month we have the next year's MIS submission, and this is to be discussed in Quality Committee before coming here to the Board as part of the maternity and neo-nates update.

20. We have had a number of concerns raised from patients and families about the environment within which our hospital care is provided. It is often commented that the care provided is excellent but the environment requires some attention. I recognise that we are a relatively cramped site, but there are standards of care for the environment that we are not delivering. Following some discussion with HIF colleagues, we are working through actions that would improve the appearance, tidiness and cleanliness of the hospital site.
21. A recent incident has highlighted some concerns about the processes we have in place in relation to drug controls on the wards through our Omnicell system. This has been picked up and we are reinforcing controls in place for staff who use this system.

Our Services

22. 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, and as I have referenced earlier, some particular difficulties in the North Yorkshire area due to the nature of our service provision.
23. Consultation in respect of moving to a section 75 agreement in Gateshead has closed and we are progressing with the necessary arrangements.
24. Our urgent care pathway remains the area where there is greatest concern in terms of delivering the quality of service we would like to our population. The Board will see from our ED 4 hour performance information – used as a barometer for the system urgent care performance – that December remained a challenge, and as I have referenced before, the New Year period in particular was difficult. We ran a 'perfect week' in early January and the position improved significantly, and we have also opened the ED2 facility which has been helpful. There are though a number of patients in our hospital beds who would be much better served out of hospital, and flow through the pathway is difficult as a result, with the bottleneck often being the Emergency Department itself. We continue to work internally and externally to improve this, and it should be noted that despite the challenges we have experienced, we have still been asked for system support which we have provided where we were in a position to do so.
25. 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 we have plans in place to deliver the overall Faster Diagnosis Standard expected by the end of the year. The number of people waiting beyond 62 days continues to reduce and we are also on track to deliver this year-end target. As mentioned in previous reports, we do have specific issues in respect of breast services, which we are focused on and have had a further team timeout last week. Whilst not meeting the 2 week wait requirement in this service, the polling dates are shortening which is encouraging. We absolutely recognise that for women awaiting an appointment and an answer about whether they have breast cancer, that the current wait is too long and causing undue stress and anxiety. The teams are focused on continuing to improve this pathway.

26. We continue to deliver our elective recovery plan. 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.
27. We have received notification from the ICB that recurrent financial support will be provided to assist us with our waiting time recovery in the community dental service. This is very welcome and we are working through a plan to maximise the use of this resource.

Our money

28. As you will read in the report from the Finance Director, whilst our month 9 financial position has slightly improved we remain behind our plan. The key drivers continue to be the pressure on agency usage, drugs spend, and non-delivery of savings plans.
29. As part of our financial recovery and productivity review, we are working to ensure that the activity that we undertake is appropriately recorded and coded. This will be important both for this year and also to ensure that productivity baselines are accurate going into next year's planning process.
30. 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 - applying for cash support for example - discussed through the Resource Committee.

Other

31. Work continues in respect of our EPR programme, and we have recently received a number of responses in response to our Invitation to Tender. Evaluation work is ongoing and the programme is on plan. We continue to work closely with York on this programme.
32. In respect of significant capital developments, the ED2 work is complete and has been in use since the middle of December. The Wensleydale ward refurbishment is also now complete and we are opening this for patients in February. We continue to work 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). We recently hosted a visit from regional NHSE partners, to talk through the inter-connected schemes and to show the location of the work required and the benefit of our planned development. This was a positive visit.
33. There has though been some concerns raised by the regional office separately about the timescale for completion of the TIF scheme. We are working through this currently, as we are in progress with our enabling work and are committed to utilising the funding approved as per the programme and delivering additional activity from 2025/6 onwards.
34. On a very positive note, our HAPPi project, initiated by Dave Duffy (Orthopaedic Consultant) has won a national award from Health Tech Newspaper (HTN) for Innovation

in Health and Care. This is a fantastic achievement, and has improved services to our patients.

35. Finally, whilst I have appropriately referenced the challenges that we are managing at the moment and some of the difficulties that our colleagues have to deal with on a daily basis, on most occasions we provide excellent care to our patients and population. Our focus will always be to be better, but we should recognise the great care provided by many of our wonderful staff. As the KITE awards reminded us all, health and care services are delivered to people, by people, and it is so important that we support each other, demonstrate and live by our values, and operate in a kind and respectful environment wherever we work across our services. This will continue always to be my focus and this will enable us to deliver the high standards that we are all ambitious to deliver.

Jonathan Coulter
Chief Executive
January 2024

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

Goal	Metrics		
Safety	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
Effectiveness	Number of Moderate and Above incidents for Missed results	Number of medication errors	
Patient Experience	Number of complaints	Friends and Family Test	



Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR75	Health and Safety	Organisational risk to compliance with legislative requirements due to failure in making suitable and sufficient assessment of risks	4x3=12	4x2=8 (Dec 23)	Clinical Operational	Averse

Note: The CRR5 Nursing Shortages, met target threshold of 8 (4 x 2) in October 2023. This has now been removed from the corporate risk register. This will continue to be reviewed and managed operationally.



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

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Theatres Safety To improve the safety culture in theatres	Reduction in SIs in theatres		<ul style="list-style-type: none"> Cultural review in Theatres (B3Sixty) Implementation of the revised WHO Checklist – task & 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. Cleanliness: revised IPC and Cleaning audits implemented – IPC audits on tendable, weekend domestic now in post (feb 2023), no concerns Safety Dashboard implemented 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. Implementation of revised Swab Count SOP – all completed and embedded 	<ul style="list-style-type: none"> Completed Completed Completed Completed Completed 	CLOSED
Falls 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"> Older people routinely risk assessed at all appointments Those at risk of falls have an individualised multifactorial intervention Older people who fall during admission are checked for injury Older people in the community with a known history of recurrent falls are referred for strength and balance training Older people who are admitted after a fall in the community offered a home assessment and safety interventions 	<ul style="list-style-type: none"> Significant assurance has been received following an Internal Audit Review in month. The findings of this review provide additional evidence against the delivery of this workstream 	
Pressure Ulcers 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"> Pressure Ulcer Improvement Plan developed PURPOSE T risk assessment tool used on all patients Reassessment of patients as per revised SOP All at risk patients to have a pressure ulcer management plan in place 	<ul style="list-style-type: none"> Significant assurance has been received following an Internal Audit Review in month. The findings of this review provide additional evidence against the delivery of this workstream 	

			
		<ul style="list-style-type: none">• Patients with MASD to have joint assessment with continence nurse and TVN• Clinical staff to have Preventing Pressure Ulcer training• Patients who develop Cat 3, 4 and Unstable pressure ulcer, DTI and device related pressure damage to be reviewed by a TVN	

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

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Missed Results To reduce diagnostic results not acted upon	Reduction in number of diagnostics results not acted upon		<ul style="list-style-type: none"> Digital workstream to be considered Trust wide policy on requesting clinical investigations <ul style="list-style-type: none"> Agreed initial focus to be placed on addressing the current unfiled ICE reporting issue Action/decision log created for specific use in relation addressing the ICE reporting issue Actions captured in the RPIW action plan relevant to the unfiled ICE reporting issue have been moved across into the new action/decision log 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 Automated email reminders set up in Jan & are being sent to clinicians to notify of unfiled reports >6 week with DMD copied in Automatic report established to generate of numbers of unfiled reports to monitor progress - 12 week review to be completed March 	<ul style="list-style-type: none"> Work continues to obtain full digital solution Work progressing to automate reminders, track and follow up process now in place. 	
Medication Errors 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"> Lead Pharmacist – Medicines Quality and Safety in post Develop Medicines Quality and Safety Group work plan Update all medicine safety policies Develop and implement insulin safety initiatives Develop and implement oxygen prescribing initiatives Embed high risk medicines and allergy status dashboards Complete fridge temperature monitoring actions Develop e-learning/e-assessment for medicines management 	<ul style="list-style-type: none"> Completed Completed Completed Not Complete – Action Plan to be developed Partially completed – further work to embed Partially completed – further work to embed Partially completed – further work to ensure full compliance Partially completed – tool developed, compliance to be assessed 	

			
			<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 & 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 & 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
Patient Experience 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"> Principle 1: Leadership – Patient experience manager in post. Principle 2: Organisation Culture: revised complaints process implemented Principle 3: Capacity and Capability to effectively collect feedback: patient experience surveys piloted in acute paediatrics Principle 4: Analysis and Triangulation: quality analyst in post Principle 5: Using patient feedback to drive quality improvement and learning: Learning Summit implemented Principle 6: Reporting and Publication: PE section of the Quality Report to move beyond complaints and PALs <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"> Partially completed – current rating 3 (out of 5 with 5 being full compliance) Partially completed – current rating 2 (out of 5 with 5 being full compliance) Partially completed – current rating 3 (out of 5 with 5 being full compliance) Partially completed – current rating 2 (out of 5 with 5 being full compliance) Partially completed – current rating 3 (out of 5 with 5 being full compliance) Partially completed – current rating 2 (out of 5 with 5 being full compliance) 	

Trust Board January 2024



Executive Director of Nursing, Midwifery and AHPs

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> 2.2.2 – Complaints response (88%) – maintaining an improved position however 95% standard not consistently met. 	<ul style="list-style-type: none"> Review of Safeguarding structure following self assessment against Section 11 Audit
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> IBR 1.8.1 & 1.8.2: Registered Nurse and Care Support Worker vacancies reduced further this month and continues the improving position. Following review by NHS Resolution of Maternity Incentive Scheme 4 compliance submission letter received from CEO confirming full compliance with the year 4 submission and recognition of robust governance processes in Maternity Services. Revised Health and Safety Risk assessment process rolled out across HDFT Transition to PSIRF from Serious Incident Framework following sign off by the ICB 	<ul style="list-style-type: none"> Receive, discuss and approve Maternity Incentive Scheme 5 Compliance of Maternity Safety Standards as per Appendix A of Maternity and Neonatal Safety Report

Medical Director Report for Public Board

Date: January 2024

Author: Dr Jacqueline Andrews



Matters of concern & risks to escalate

Best Quality, Safest Care

- Ongoing medical industrial action
- Winter pressures due to rise in respiratory viruses

Enabling Ambitions- Digital, Research, Innovation

Major actions commissioned & work underway

Best Quality, Safest Care

- HDFT@Home Task and Finish group commenced
- Future Medical/Dental/MAAP Workforce Task & Finish Group commenced
- Planning for regulation of Physician and Anaesthesia Associates Q4
- ReSPECT Form implementation planned for Feb 24
- Review of clinical effectiveness portfolio and capacity requirements

Enabling Ambitions- Digital, Research, Innovation

- EPR programme - broad clinical input to procurement exercise

Positive news & assurance

Best Quality, Safest Care

- 8-10 bed MECU (Medically Enhanced Care Unit) due to open shortly on Wensleydale Ward (our Digital Exemplar Ward)

Enabling Ambitions- Digital, Research, Innovation

- HAPPi project- category and overall winner national heathtech awards (HTN)
- Research 23/24 targets already met- new industry funded studies, new CYP studies, grow non-medical Principal Investigators
- x2 NIHR Academic Clinical Fellows for skin research (first for HDFT)
- Innovation Hub opening April 24- summer launch planned
- 10 Innovation projects now in pipeline

Decisions made & decisions required of the Board

Best Quality, Safest Care

Enabling Ambitions- Digital, Research, Innovation

- Cyber Business case approved at SMT

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
The national leader for children and young people's public health services.	Percentage of children identified as vulnerable at birth in universal services at 30 months	Not applicable
Hopes for Healthcare: services which meet the needs of children and young people.	Children's Patient Experience (metric to be developed)	Not applicable
High quality maternity services with the confidence of women and families	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"> Children's PH Strategy Workshop – Oct 22 Draft Engagement Plan supported by Children's PH Services Board WG – Jan 23 Children's PH Services Conference – Q3 23/24 Branding for the Great Start in Life concept – Q4 23/24 	<ul style="list-style-type: none"> Complete Complete Delayed – now planned for 16 April 2024. Engagement with potential speakers, delegates underway; venue confirmed in Durham. On track – logo competition closed. 4 entries being taken forward with branding company to create one logo for consideration. 	
Improving strategic relationship management with system partners	Improved outcomes for children Securing long-term partnerships		<ul style="list-style-type: none"> Children's PH Strategy Workshop – Oct 22 Review existing strategic relationships – Dec 22 Stakeholder Management Plan supported by Children's PH Services Board WG – Jan 23 Strategic meetings attendance plan – Jun 23 Establish informal meetings with Lead Commissioners and DPHs – Sep 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete Complete – regular meetings with commissioners and DPHs in place. Exec Director attendance at Health & Wellbeing Boards identified. 	
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"> Children's PH Strategy Workshop – Oct 22 Review of corporate support – Jun 23 (revised from Jan 23) Review of community estate and processes – Jun 23 (revised from Mar 23) Proposal for "Northern Hub" – Jul 23 (revised from Mar 23) Draft Operating Model supported by Children's PH Services Board – Oct 23 (revised from Apr 23) 	<ul style="list-style-type: none"> Complete Complete Complete Delayed – Beehive building in Darlington identified as Northern Hub. Developing hot desk and meeting space for Mar 24 Complete – support from corporate teams agreed and being implemented. 	
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"> 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. Electronic data capture for children at risk of vulnerabilities at birth and at 30 months in place – Jan 24 	<ul style="list-style-type: none"> On Track 	

			<ul style="list-style-type: none">• Staff trained to capture data at birth and at 30 months – Jan 24• Baseline data collection started – Jan 24	<ul style="list-style-type: none">• On Track• On Track	
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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"> Establish Great Start in Life Programme Board – Jan 23 Review of previous work on Hopes for Healthcare – May 23 Stakeholder review of Hopes for Healthcare ambitions – Jul 23 Relaunch of updated Hopes for Healthcare ambitions – Sep 23 <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"> Complete – First board held on 21 Feb 2023 Delayed – further information to collect from directorates; Dr Cannings seeking dates to attend Directorate Boards 12 month project commenced January 2024 with the establishment of a Trust Wide CYP voice Steering Group to include focus groups with CYP in each of the 9 Contract areas and an acute CYP Patient Voice Group. Representatives will be current patients and service users with lived experience. The Young people's focus groups will inform the development of a CYP Patient Experience test/tool The Steering Group will review the Hopes for Healthcare Audit outstanding actions and HoNs will provide Directorate Update 	

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

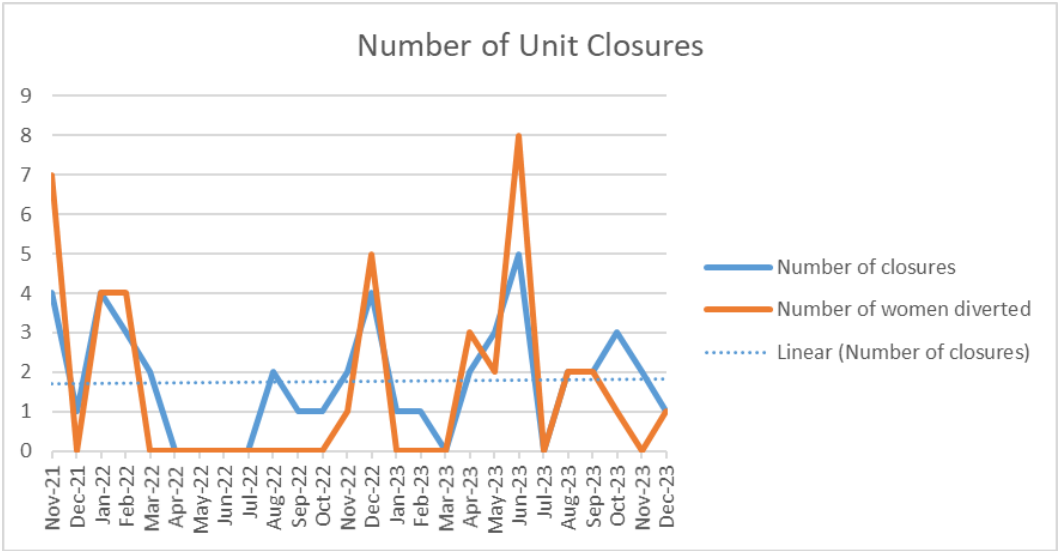
Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
Embedded immediate and essential actions from Ockenden Report (2020 & 2022)	<p>A robustly funded, well-staffed and trained workforce to be able to ensure delivery of safe, and compassionate, maternity care.</p> <p>Strengthened accountability 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"> Continue processes already in place for reporting to Maternity Safety Champions, Trust Board and external stakeholders and bodies. Review NICE guidance compliance document to assure guidelines are relevant and met. Pathways of care to be clearly described, in written information in formats consistent with NHS policy and posted on the trust website. 	<ul style="list-style-type: none"> Processes in place Obstetrics NICE compliance: <ul style="list-style-type: none"> Relevant guidelines – 21, of which: <ul style="list-style-type: none"> Compliant – 11 Non-compliant – 3 Working towards compliance – 3 Guideline under review – 4 All patient information is being developed with service users via the Maternity Voices Partnership 	
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"> Work with LMNS to improve Perinatal pelvic health services. Audit of personalised care and equity and inequality 	<ul style="list-style-type: none"> Steering group meetings taking place monthly. Out to recruitment for midwifery specialist. Physiotherapist recruitment to follow. Purchasing equipment required. Personalised care audited. Equity and equality audits required. 	
	Growing, retaining, and supporting our workforce.		<ul style="list-style-type: none"> Implement equity and equality plan actions to reduce workforce inequalities Develop a recruitment and retention improvement action plan Maternity and neonatal leads have the time, access to training and development (Core Competency v2) 	<ul style="list-style-type: none"> In progress Recruitment and retention action plan in place. <p>Business case going through governance process.</p>	
	Developing and sustaining a culture of safety, learning, and support.		<ul style="list-style-type: none"> PSIRF implementation Neonatal leads to participate directly in board discussions 	<ul style="list-style-type: none"> Trust PSIRF in place Under discussion 	
	Standards and structures that underpin safer, more personalised, and more equitable care.		<ul style="list-style-type: none"> Implementation of version 3 of the Saving Babies' Lives Care Bundle Digital roadmap 	<ul style="list-style-type: none"> Progress being made. LMNS assessment – 71% compliant. Stop smoking service moving in-house. Roadmap created and approved. 	

Staffing Report	
<u>Time Period of data</u> <u>30th May 2023 – 7th December 2023</u>	
Name & designation of person completing the summary	Leanne Likaj, Associate Director of Midwifery
Clinical area/s covered by summary:	Delivery Suite Maternity Assessment Centre (MAC) Pannal Ward Community Midwifery Antenatal Clinic
Sources of data collection	Information obtained from BirthRate Plus acuity tool, Datix
<u>Executive Summary</u>	
<ol style="list-style-type: none"> 1. The aim of this report is to provide assurance to the Trust Board that there is an effective system of monitoring of safe staffing levels in the maternity department. This is a requirement of the NHS Resolution Maternity Incentive Scheme, safety action 5. 2. The report provides assurance that there is evidence from an acuity tool that demonstrates compliance with supernumerary labour ward coordinator status 3. The evidence described in this paper provides assurance that Harrogate and District NHS Foundation Trust (HDFT) has an effective system of midwifery workforce planning and monitoring of safe staffing levels in place. 	
<u>Escalation and Unit Closures</u>	

The Birthrate Plus Acuity App assesses real time staffing based on the clinical needs of women and babies for intrapartum and ward areas. This supports the provision of safe and effective care which is both sensitive and responsive to changes in acuity and workforce.

The [maternity escalation policy](#) provides clear guidance for the midwife in charge to follow in order to manage a shortfall in staffing and the clinical and/or management actions to be taken. The clinical and management actions are also detailed in the BR+ acuity tool in order to capture the management of this shortfall. A review of the current and planned activity is undertaken to support the decision.

The maternity unit has the ability to move staff around the unit and between inpatient and outpatient areas dependent on activity and acuity as and when required. Mitigation to cover shortfalls is incorporated in the maternity escalation guideline and achieved in the short term by implementing clinical and management actions, collected in the Birthrate Plus acuity tool. Due to the nature of maternity services there will be periods of high and low activity and the unit has the ability to move staff accordingly or temporarily close to further admissions. During this period the maternity unit was on divert on 18 occasions with 16 women diverted to another hospital. A Datix incident form is completed when there is increased activity and the unit has closed or women in labour diverted to another unit as a consequence. All women diverted elsewhere are sent a letter apologising for the inconvenience of the diversion. All closures are reviewed by the Matron with the Labour Ward coordinator to discuss the activity, staffing and decision making before the escalation paperwork is signed off. There is an oversight of staffing issues through Maternity Risk Management Group (MRMG) meetings and monitored through Datix.



Compliance with Supernumerary Labour Ward Coordinator Status

The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service. (NHS Resolution, Maternity Incentive Scheme, 2023). To ensure consistency and accuracy in collection of this information on the BR+ acuity tool the following definition has been agreed locally and applied;

'The DS coordinator is defined as being supernumerary when they are able to safely provide oversight of all the activity on the ward by remaining visual and accessible to the staff working on the shift. When allocating the workload to the staff on duty you should be

aware of the full acuity of the activity on Pannal ward and whether additional support can be provided by the ward if required. Do not hesitate to use this support if it is available and ensures that you are supernumerary. As long as you are not providing 1:1 care to a woman in established labour (over a prolonged period of time) and you feel that you can provide oversight of the ward safely you should document that you are supernumerary'.

There is always a delivery suite coordinator (or suitably experienced band 6 midwife in exceptional circumstances) rostered to be in charge on delivery suite and who aims to be supernumerary in order to provide oversight of all birth activity in the service. Harrogate is a small maternity unit and there is full recognition of the advantages of the delivery suite coordinator being supernumerary in improving outcomes for both mother and baby but in practice this is extremely difficult to achieve at times of acute sickness and increased activity, this being the nature of maternity services.

All information was collated using the Birthrate Plus acuity tool. During this time period there were 13 occasions when the Delivery Suite coordinator was not supernumerary out of 180 Birthrate Plus data capture occasions which equates to 96% supernumerary status. Each completion refers to a four hour period, the lack of supernumerary status may be captured several times in Birthrate plus data and the occasions of none supernumerary status may only occur for a small amount of time during each four hour period.

A deeper dive into the period where there are reports of the Delivery Suite coordinator not being supernumerary demonstrates that the escalation process is followed and the occurrence of loss of supernumerary status does not happen on a weekly basis.

The details of the episodes are as follows -

30/05/23 - Escalation process followed and the unit placed on divert 22:10 – 05:00

06/06/23 - Escalation process followed and the unit placed on divert 23:15 – 05:10

18/09/23 - 21:00. Birthrate plus showed staffing at - 0.15 staff present on Delivery Suite. Staff were being redeployed at the time of completion and at the next data capture at 01:00 the Delivery Suite Coordinator was supernumerary again.

22/09/23 - 05:39. Birthrate plus showed staffing at - 0.55 staff present on Delivery Suite. One midwife was off site whilst transferring a patient to another hospital for specialised care. The Delivery Suite Coordinator wasn't providing one to one care in labour but was unable to be supernumerary. Situation was resolved by day staff coming on duty at 07:30.

17/10/23 - Escalation process followed and the unit placed on divert 22:40 – 06:00

11/11/23 - Escalation process followed and the unit placed on divert 00:30 – 12:30

13/11/23 - Escalation process followed and the unit placed on divert 04:50 – 07:30

Recommendations

Continue monthly audit of Birthrate plus to review episodes where co-ordinator has not maintained supernumerary status, review of reasons why and if appropriate escalation occurred.

Ensure a full Birthrate plus staffing establishment review is completed in 2024 to ensure adequate staffing for workload.

Maternity – January 2024 (December's data)

Matters of concern & risks to escalate

- Capacity for Caesarean sections continues to create additional workload and poor patient experience
- Maternity Incentive Scheme query on compliance with Year 4 submission – evidence submitted, supported by Board Safety Champions.

Major actions commissioned & work underway

- Saving babies lives care bundle version 3 – work on-going to meet requirements
- In-house stop smoking service in development – recruitment of Tobacco Dependency Advisor underway
- Data quality in Badgernet work on-going – recruiting Band 4 to assist with this.
- Core Competency framework v2 business case agreed
- 4D scanning private service being arranged
- Preparation to undertake SCORE survey in January 2024 as part of Perinatal Culture and Leadership Programme.
- BaBi Harrogate research project – training and recruitment started
- Conversations commenced regarding Single Point of Contact for maternity
- 2 on-going PSII investigations – 1 Neonatal death, 1 Undiagnosed 4th degree tear
- NICE compliance – progressing assessments
- 3 complaints ongoing
- Pelvic Health project work underway – recruiting midwife with external funding to commence in April
- Creating Baby Carousel with MVP
- Board Safety Champions meeting bi-monthly with perinatal quad.

Positive news & assurance

- No new MNSI cases reported
- Training requirements met for Maternity Incentive Scheme Year 5 requirements.
- No EPAU closures
- No Maternity Unit closures
- Maternity services remains fully recruited
- Maternity Support Worker uplift to Band 3 consultation concluded
- Leon Smallwood maternity hub opening 12th January 2024

Decisions made & decisions required of the Board

Maternity Incentive Scheme – requires sign off by Trust Board. See Appendix A.

The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document. The Trust Board give their permission to the CEO to sign the Board declaration form prior to submission to NHS Resolution.

The ATAIN action plan is agreed by Trust Board.
Medical Staffing Guideline which includes the management of Locums and Compensatory Rest and action plan is agreed by Trust Board.
The Neonatal Medical and Nursing Workforce Action Plan is agreed by Trust Board.
The Training Plan and Training Action plan to meet and maintain compliance at 90% is agreed by Trust Board.

LMNS Assurance Report received at Trust Board



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"> Staff Recruitment – Sep 22 Staff in post – Oct 22 E-streaming in place – Oct 22 Staff training complete – Jan 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete 	
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"> Workforce & data review – Sep 22 User feedback analysed – Sep 22 Pathways written – Nov 22 Single point of access for acute and community services in place - TBC 	<ul style="list-style-type: none"> Complete Complete Complete Decision required on whether to progress with single point of access for acute and community 	
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"> Centralised ward clerk management – Nov 22 Standard ward clerk training programme – Nov 22 Future ward reconfiguration agreed – Nov 22 SOP agreed – Dec 22 Future ward reconfiguration implemented – Dec 22 	<ul style="list-style-type: none"> Complete Complete Complete Complete Complete Ongoing 	
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"> Acute Assessment Team & SDEC specification – Jul 22 Acute Medicine staffing review – Aug 22 Acute Medicine matron in post – Aug 22 Training programme in place – Dec 22 Staff investment (business case) – Mar 23 Increased consultant team in place – Aug 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete Complete Complete 	
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"> Design SDEC and Elderly Med referral forms – Oct 22 SDEC & Elderly Med referral forms in WebV – February 23 Train users – Feb 23 WebV referral forms testing – March 23 Phase 1 Go Live – March 23 Phase 2 Comms – June 23 Phase 2 Go live – June 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete Complete Complete Handover to BAU 	

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



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"> Additional activity (estimated 282 General Surgery Day Case, 1017 Urology Day Case, 535 Gynaecology Day Case per annum) Improved waiting time performance 		<ul style="list-style-type: none"> NHSE Business Case (BC) approval – Nov 22 Internal BC approval – Jan 23 MOU signed – Feb 23 Proposal operationalised - Nov 23 Contract signed – TBC Recruitment complete – TBC Construction complete – TBC Go Live – TBC 	<ul style="list-style-type: none"> On Track On Track On Track On Track Delay at LTHT, timeline under review Delay at LTHT, timeline under review Delay at LTHT, timeline under review Delay at LTHT, timeline under review Risk remains over LTHT funding (outside of HDFT control), revised timelines in place 	
HDH Additional Theatres (TIF2)	<ul style="list-style-type: none"> 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) Improved waiting time performance 		<ul style="list-style-type: none"> NHSE BC approval Sep 22 HDFT capital to support enabling schemes agreed – Dec 22 Internal BC approval – Jan 23 Planning permission awarded – TBC Complete tender, appoint contractor – Aug 23 Recruitment complete – TBC Therapies moved out – TBC RAAC issues addressed – TBC Construction commenced - TBC Construction complete – TBC Equipment purchased & tested - TBC All training complete - TBC Go Live – TBC 	<ul style="list-style-type: none"> Complete Complete Complete Ongoing Complete Ongoing Commenced TBC establishing timelines TBC establishing timelines TBC establishing timelines TBC establishing timelines TBC establishing timelines TBC establishing timelines 	
Outpatient Transformation	<ul style="list-style-type: none"> Reduce Follow Ups by 25% (compared to 19/20) Expand uptake of Patient Initiated Follow Up (PIFU) to all major outpatient specialties 2% of all outpatient attendances to PIFU pathway Deliver 16 speciality advice requests, including A&G, per 100 outpatient 1st attendances At least 25% of outpatient appointments to take place via telephone or video 		<ul style="list-style-type: none"> PIFU rolled out to Rheumatology, Orthopaedics, Ophthalmology, Gastro PIFU rolled out in: <ul style="list-style-type: none"> Gastro, Neurology, ENT, Physiotherapy – Dec 22 Dermatology, Cancer – Jan 23 Waiting List validation – Jan 24 Orthopaedic Pathway Re-design complete (Hip and Knee 12mth FU) – Apr 23 	<ul style="list-style-type: none"> Complete Complete Complete On track Complete Complete 	

	<ul style="list-style-type: none">Improved waiting time performance				
Theatres Productivity	<ul style="list-style-type: none">Increased activity through theatresMore specific metrics to be agreed through RPIW		<ul style="list-style-type: none">Priority specialties agreed – GRIFT HVLC 6 SpecsImprovement events delivered – TBCFurther actions dependent on outcome of improvement events.	<ul style="list-style-type: none">CompleteAt risk	

Operational Update January 2024 (December 2023 Performance)

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> Performance against the A&E 4-hour standard was at 67% for December, remaining below the new performance standard of 76%, (72% January month to date) Cancer 2WW performance was below the 93% target at 77%, breast and colorectal remain of significant concern Cancer 62-day wait target not achieved at 63% Industrial action continues to impact on activity and recovery Gynaecology remains most challenged specialty for achieving clearance of 65 week waits. 	<ul style="list-style-type: none"> TIF2 – rapid redesign program nears completion. Planning & mitigation for industrial action Power BI training rolled out – activity, ED performance, diagnostics, discharge data all moved onto the new platform. Phase 2 of IBR conversion (care groups and services) underway Perfect week methodology and post Christmas recovery in place OPEL scoring refresh and integration with system escalation and system control centres Security Lockdown, Evacuation policy updates for EPRR CQC Domiciliary Care service interview 17/10/23
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> Cancer 31-day wait target achieved at 98% Number of patients over 62 days on the cancer PTL has reduced to 58 (end of year target 50) Working towards zero 65 week waits by 31.03.2024. – ahead of achievement trajectory overall Positive reduction of diagnostic waiting lists Non admitted streaming re-established in the ED 	

Finance Position December 2023



Matters of concern & risks to escalate

- The Trust reported a deficit position to month 9 of £3.7m, adjusting for donated asset income and grant income. This is £8.2m adverse to plan. An adjusted forecast has been submitted to take into account further industrial action relating to Dec/Jan, £4.4m.
- The deficit position has mildly improved but there has been limited progress on recovery plans.
- 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.
- Cash support has been requested for quarter 4 based on current cash forecasts. Reduction from £35m to £13m as at December.

Major actions commissioned & work underway

- Specific recovery actions identified and delivery now being monitored.
- A number of actions to ensure activity is being accurately recorded and coded. This will address current financial underperformance as well as reflect more appropriately the productivity of HDFT staff.
- Annual Planning 24/25 underway, full guidance yet to be received but a clear note that no developments are to be included.
- Financial review commissioned by the ICB with Grant Thornton, this will include validating the financial position/MTFP and Balance Sheet Review.
- Charity Audit commenced and due to be completed end of Jan 24.

Positive news & assurance

- HIF Accounts completed and received by Companies House.
- National Cost Submission submitted and accepted.
- A number of new starters across the department.
- Agency spend continues to reduce and further reduction in nursing agency spend expected.
- EPR Investment agreement approved, £4.8m.

Decisions made & decisions required of the Board

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"> Physical and emotional support to be "At Our Best" 	Turnover Sickness Absence Appraisal Compliance NHS Staff Survey Impulse Survey Health and Wellbeing/OH Metrics Exit Interview/Leaver Data New Starter Data	
Belonging	<ul style="list-style-type: none"> Teams with excellent leadership, where everyone is valued and recognised; where we are proud to work 	NHS Staff Survey ER cases by protected characteristic WRES data WDES data Gender Pay Gap Ethnicity Pay Gap PSED	
New ways of working	<ul style="list-style-type: none"> The right people, with the right skills, in the right roles 	Vacancy Factor Agency/locum spend Time to Recruit Roster Compliance WTR Breaches Recruitment Pipeline Difficult to Recruit Posts International Recruitment RPA/Digital Roles Recruitment to Turnover Recruitment Experience/Induction Quality	
Growing for the future	<ul style="list-style-type: none"> Education, training and career development for everyone 	Student Feedback (Medical and non-medical) Number of courses run	

		Number of internal promotions Number of leaders trained Levy spend Mandatory and Role Specific Training Compliance	
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Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR6	Workforce Risks	<p>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.</p> <p>Risk of:</p> <ul style="list-style-type: none">- potential increase in lapses in delivery of safe and effective care to patients and service users.- both short and long term mental and physical health impacts on staff.	3x4=12	3x3=9 (Apr 24)	Clinical Workforce	Minimal

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"> Increased staff retention. Reduced sickness absence. Improved appraisal compliance. Improved employee engagement via survey scores. 		<ul style="list-style-type: none"> To work with Health & Safety to deliver a programme to ensure there is a robust model in place to support workplace stress across the organisation. Continue improve and embed health and wellbeing support to colleagues. Develop programme to support embedding of KITE behaviours and 'At Our Best' tools to support cultural change. Run quarterly Inpulse surveys and national staff survey's to gather ongoing feedback on employee experience. Review National Staff Survey feedback, develop communications plan and plan to act on feedback. Plans in place in Directorates to achieve 90% appraisal compliance across the Trust. Mandatory Training compliance of 90% across the Trust achieved. Review of reasons for people leaving, to ensure any recurrent themes are addressed and development of career conversation tool Review on-boarding experience 	<ul style="list-style-type: none"> Managing workplace stress project launch moved to New Year, Stress Management Policy to be developed. Health and wellbeing programme in place and recognising 'its ok to not be ok'. 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. Quarterly Inpulse surveys embedded and Directorate and team actions taken. Increased engagement scores from January 2022. Fewer negative emotions reported. All Directorates working to 90% compliance appraisal. All Directorates at 90% Mandatory Training compliance Retention Group established as sub group of Looking After Our People and Belonging. Implementation of employee lifecycle surveys via Inpulse platform – aiming to be in place by 30/11/23. Career conversation toolkit developed and supported by LAOP subgroup. National Staff Survey response rate higher than last year. 	
To continue to develop employment practices and policies, which support colleague work life balance.	<ul style="list-style-type: none"> Improved attraction of staff. Increased staff retention. Flexible and agile working environments. 		<ul style="list-style-type: none"> Review and implement flexible/agile working policy. Revise and implement Return policy. Implement Colleague Wellbeing Passports to support those with caring or disability/long term conditions. Continue to develop our health and wellbeing services in line with the NHS Health and Wellbeing diagnostic tool. Review flexible working offer Implement reasonable adjustments passport Implement carers passport 	<ul style="list-style-type: none"> Policy review completed and policy workplan being agreed with Staffside. Retirement Policy updated and 1st October draw-down version to be agreed with Staffside Work to commence on Colleague Wellbeing Passports. NHS Health & Wellbeing Diagnostic 100% completed. Action plan from diagnostic developed and under review. 	

				<ul style="list-style-type: none"> Reasonable adjustment and carers passports being developed – going through the governance process Establishment of Carers staff network 	
To develop our leaders to ensure at compassionate and inclusive leadership is the accepted and expected leadership culture, in line with our KITE values.	<ul style="list-style-type: none"> Improvement in responses to question related to leadership in staff survey. Increased staff retention. Reduced sickness absence. Improved employee engagement via survey scores. 		<ul style="list-style-type: none"> Continue to deliver Pathway to Management and First Line Leader training. Implement Pathway to Management as a mandatory requirement. Develop and promote Leadership journey Access to Coaching and Mentoring Training Deliver Leading Transformational Triumvirates programme with ILN. Working with Health & Safety develop models to leaders to manage workplace stress. Ensure integration of HDFT impact programme with existing leadership/appraisal processes Organisational Development programme to support Pathology Services Joint Venture 	<ul style="list-style-type: none"> Delivery plans in place for both programmes and well attended. Leadership Journey is being re-mapped and communication plan for this under development, including how to build this into our recruitment processes. Leading Transformational Triumvirates programme designed and commissioned with ILN, programme launched 23 November 22 and runs for 12 month period. OD programme in Joint Venture agreed and soon to start. 4x Coaching Skills Training (NHS Elect) sessions running in Nov 23: 2x face-to-face, 2x virtual. Leadership workstream of HDFT Impact is now mapped to values. 	

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"> Improved scores on related questions from Inpulse and national staff surveys. Reduction in employee related matters linked to staff behaviours. Increased staff retention. 		<ul style="list-style-type: none"> Develop programme to support embedding of KITE behaviours. Develop programme to support 'At Our Best' tools – ABC of appreciation, Respectful Resolution, 4 S Appraisal and BUILD Feedback tools. Suite of EDI training to be launched. 	<ul style="list-style-type: none"> EDI training developed and delivery plan being developed. Available on Learning Labs OD Tools shared and being used within the Trust Suite of EDI training resources are available on Learning Labs Other resources are to be found on the intranet 	
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"> Improvement in responses to question related to leadership in staff survey. Increased staff retention. Reduced sickness absence. Improved employee engagement via survey scores. 		<ul style="list-style-type: none"> Cascade of Inpulse survey feedback and team actions to improve team cohesion. Development of dashboard to highlight teams where KPI's indicate potential challenges within in team environment. Adhoc OD support to teams highlighted above. Review sickness absence by protected characteristics following NHS EDI Plan 	<ul style="list-style-type: none"> Quarterly Inpulse surveys now well embedded with a Behaviour added into the questions each quarter to measure how well embedded our KITE behaviours are. Positive engagement scores from January 2022 onwards 	
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"> Improvement in responses to question related to leadership in staff survey. Increase in number of employees with protracted characteristics. Strong and active staff support networks in place across the Trust. Active Diversity Calendar in place with high visibility of events. EDS22 Assessment Rating of Achieving. Increased staff retention. 		<ul style="list-style-type: none"> Continue to deliver WRES & WDES action plans to support HDFT being an inclusive and diverse organisation. Grow membership of staff support networks and develop their role in the organisation. Launch of Equality Impact Assessment policy, process and training programme. Launch pilot unconscious bias training Manage programme of events linked to Diversity Calendar. EDS22 workforce domain action plan developed. Achieve Disability Confident Accreditation Level II – achieved Achieve Rainbow Badge Accreditation Retain Menopause Accreditation Publicise diversity of workforce on Intranet Careers page and via social media. 	<ul style="list-style-type: none"> Additional training and development is being carried out for BAME leadership, cohort I and Reciprocal mentoring, cohort II. 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. Network groups using WRES and WDES from 2023 to inform discussions and feedback points to feedback to Board. Equality Impact Assessment new process and associated training - launched January 2023. Iteration complete and now on the intranet Training on Unconscious Bias being rolled out. Dates arranged for SCHPHON trainees at Tees University and Pharmacy during Oct 23 Neurodiversity network established. 	

				<ul style="list-style-type: none"> EDS22 – external submission made by 28 Feb 23 following Equality Reference Group agreed on outcomes. Trust has scored as Developed across all 3 domains. Workshop being scheduled to support development of action plan. Aug 23. Action fully developed and is being worked through with the EDI lead overseeing domain 1 for patient services. HDFT are being peer reviewed with York and Scarborough Trust and work is taking place to collate the information. Domain 2 is supported by occupational health and wellbeing. Transgender training to be implemented prior to the introduction of the Transgender Policy. Now re scheduled until the policy has been re revised by NED and presented to SLT Diversity Calendar activities on track Achieved level II of Disability Confident Updating policies, additional training developed and signposting materials. Portals are live on the internet, careers landing page and intranet Rainbow Badge Re accreditation achieved at bronze level June 23 	
To seek to increase diversity across our decision making forums.	<ul style="list-style-type: none"> Increased equality, diversity and inclusion across all areas of Trust employment practices and wider decision making and recruitment. Increased staff retention. Improvement in WRES/WDES data. 		<ul style="list-style-type: none"> Promote HDFT as an inclusive and diverse employer in our recruitment information. Review participation in key decision making forum/governance forums and recruitment. Refresh of imagery to be more reflective of the employees that work here on all media platforms and recruitment sites. 	<ul style="list-style-type: none"> Recruitment pack include statements from Network Exec Sponsors, blogs and vlogs from staff to support. Signposting information to be included in the recruitment pack to encourage recruitment from outside of the locality. Some imagery has been refreshed across the site. 	

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"> Resourcing and workforce numbers aligned to service needs and financial position. Reduced reliance on agency/locum and other temporary workforce solutions. Over-recruitment to neutralise turnover rates Recruit using KITE Values and train to skills Robotic Process Automisation for certain roles New role development/length of training programmes Full sight of recruitment channels 		<ul style="list-style-type: none"> Develop integrated Resourcing & Workforce Plan to ensure we have the right numbers of skilled staff at the right time Explore skills mix review/new role development and new ways of working Develop over-recruitment process Implement Medical E-Rostering Review Medical Additional Activity Pay rates Review Bank Rates and Incentives 	<p>Substantive Workforce:</p> <ul style="list-style-type: none"> Workforce planning round for 24/25 about to start. Over-recruitment process implemented from May 2023. Medical Rostering Procurement completed, system implementation project being delivered. Potential launch April 2024. E rota to be used on Juniors rota's in February 2024 as part of Medical Rostering Project <p>Flexible Workforce</p> <ul style="list-style-type: none"> Medical Additional Rates Group has reviewed pay rates, proposals approved. MARG stood down till next pay award. Pay Incentives Group stood down, critical shift payment process developed. Nursing rates implemented, AHPs moving onto NHSP bank once HRMC Payroll number received. 	
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"> Recognised as a place staff want to come to work, train and learn + Recommend to others Publicise Diversity and opportunities Publicise NHS Staff Survey Results Resourcing and workforce numbers aligned to service needs and financial position. Reduced reliance on agency/locum and other temporary workforce solutions. Reduced time to recruit. Increased number of applicants for all roles. 		<ul style="list-style-type: none"> Target to recruit 70 international nurses over 23/24 Review use of social media in recruitment processes to improve reach Explore opportunities to attract candidates with protected characteristics Reach out to wider communities e.g., Care Leavers, Project Search, Armed forces Network Review job descriptions, person specifications and job adverts to ensure modernized and appropriate 	<ul style="list-style-type: none"> 70 nurses recruited. We provide Nurses, Midwives and AHP's joining us through our OSCE programme with a comprehensive induction to help them settle into their new home and role resulting in good retention of international staff. Introduced access information and guidance for candidates using google translate, contrast colours and video platforms. Job adverts going out to third sector job boards focusing on disability and LGBT+ Video to help Neurodiverse candidates prepare and navigate an interview process launched on Trust website Bronze Rainbow Badge accreditation achieved Signed up to Step into Health and career Transition Programme Project Search running 	

<p>To continue with the implementation of e-rostering to ensure that safe staffing levels can be allocated and managed with maximum efficiency.</p>	<ul style="list-style-type: none"> • Right staff with the right skills in the right place at the right time. • Realising the benefits of rostering • NHSP Interface turned on • Rosters issued 8 weeks before shift • WTR 60 hour and 45 hour limits turned on in roster system • Self-rostering pilot • Market tested substantive bank rates • Direct Engagement across all staff groups • Minimal Rota Gaps on Medical Rosters • Increased workforce visibility 		<ul style="list-style-type: none"> • Embed Healthroster into business as usual • E-rostering for medical staff project established • Develop e-roster KPIs 	<ul style="list-style-type: none"> • Medical Rostering Procurement completed, system implementation project being delivered. Potential launch April 2024. • E rota to be used on Juniors rota's in February 2024 as part of Medical Rostering Project • WTR breaches reported in Subgroup, Directorate Reports and Performance Packs. • Roster compliance reported in Subgroup, Directorate Reports and Performance Packs. Large increases in rota compliance across the Board. • 60 hour working time system rules applied and staff actively being monitored if breaching. • Self-rostering in some areas up and running. 	
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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"> Increased staff retention. Grow our own talent/succession planning. 		<ul style="list-style-type: none"> Linking with Corporate Nursing/Professional Development - develop career pathways for all professions. Develop and implement talent management approach. Training and development opportunities available to support individual growth and progression. Appraisal discussions held with all colleagues. Promote Leadership offering - Compassionate and Inclusive Leadership. Review Core and Role Specific Mandatory training requirements for each role Support development of Domiciliary Care subsidiary Support Medical Trainees to meet curriculum requirements Support Clinical Education Fellow Posts across the Trust Review impact of Long Term NHS Workforce Plan 	<ul style="list-style-type: none"> Leadership Pathway for Managers is live – auto enrolment for all new managers since April 2022. NHS Elect is live and available for colleagues. Reporting is sent to Learning and Development. Training and Development opportunities added regularly to Learning Lab. Appraisal updated to values based, training available via Learning Lab. There are currently 1 50/50 Clinical Education fellow in Frailty, and 2 colleagues supporting 2 education days in Medicine. Obs and Gynae have one clinical educator 20education:80clinical Advertisements for next clinical fellow will be Feb/March 2023 onwards Long Term NHS Plan impact being reviewed in subgroup 	
To be a collaborative partner to NHS England and Higher Education Institutions.	<ul style="list-style-type: none"> Positive feedback from NHSE Provider Self-Assessment. Positive feedback received from HEIs on student experience. Positive feedback from undergraduate learners i.e. NETS, NTS. Number of placements increased. 		<ul style="list-style-type: none"> Live running document NHSE Provider Self-Assessment discussed quarterly prior to Q3 submission. Regular schedule of meetings in place with NHSE and HEI's. Co-ordinate the annual NHSE Senior Leader visit. Growing for the Future sub-group in place. 	<ul style="list-style-type: none"> 2nd submission of new style self-assessment due Oct 31st 2023. Review undertaken. 2023 Self-Assessment submitted. Regular attendance at DEEF, Acute Trust Meeting, Regional MEM meetings etc. Senior Leader date finalised February 2024 Annual Undergraduate Accountability Report due December 22nd 2023. 	
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"> Positive feedback gained from Guardian of Safe Working. Positive feedback received from medical and non-medical student evaluation of placements - NETS and PARE. 		<ul style="list-style-type: none"> Recruit international nurses over 23/24 Support Ward Based Tutors to deliver curriculum requirements. Meet with UoL for MPET annual review Review internal offering of training to meet Trust need. 	<ul style="list-style-type: none"> Whilst completing OSCE training, the Nurses and Midwives continue to be supported pastorally and practically as they settle in. Once they have taken their OSCE they will complete their Trust induction, all mandatory training and undertake a two 	

	<ul style="list-style-type: none">Competent teams with diverse skill mix.		<ul style="list-style-type: none">Review of Commissioned Training.Develop Learning Lab to its fullest potential.	<p>week transition course which prepares them for their new Nursing and Midwifery roles.</p> <ul style="list-style-type: none">International SDEC action plan downgraded by Deanery, now internally managed by DMEGMC NTS – 1 triple outlier for FY workload in acute medicine. Action plan sent to the Deanery. Presentation at SMT Q3Ward-based Tutors continue to evaluate well from UGME.Learning Lab hosts all Mandatory Training, a robust leadership and wellbeing offering and is continuing to grow.MPET Meeting held in July with positive feedback from Undergraduate Students (Above benchmark)NETS multi-disciplinary learner feedback survey now open.	
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People & Culture

Matters of concern and risks to escalate	Major actions commissioned and work underway
<div><u>Growing for the future</u><ul style="list-style-type: none">• Training for Bank colleagues (90% target), Mandatory: 82% ↓ decreased 2%, Role Specific: 77% ↓ decreased 2%.• Mandatory Training Compliance below 50% Substantive staff: Newborn Basic Life Support 46% → remained the same, Safeguarding Adults level 3 35% ↑ increased 11%, Safeguarding Adults level 4 0% → remained the same.• Mandatory Training Compliance below 50% for Bank Staff: Harrogate Advanced Life Support 20% ↓ decreased 20%, Harrogate Intermediate Life Support 22% ↑ increased 9%, Newborn Basic Life Support 0% → remained the same, RCUK Immediate Life Support 44% ↑ increased 6% and Safeguarding Adults Level 3 0% → remained the same.<u>New ways of working</u><ul style="list-style-type: none">• Roster KPI (8 weeks in advance) - progress in some areas but still below 100% compliance.• CCs – from 84.6% to 86.7% (15 rotas); LTUC up from 53.3% to 72.7% (44 rotas); PSC reduced from 77.4% to 75% (32 rotas); HIF up from 8.3% to 16.7% (12 rotas)• Working Time Regulations 1998 (WTR) – 471 breaches where staff did not receive a rest period of at least 20 minutes.• 229 staff did not achieve a minimum of 2 days rest in a 14 day period -• 217 colleagues had less than 11 hour break between two consecutive shifts and• 191 colleagues exceeding 60 hours of work in any one week.<p>The breaches have been escalated to OD's, GM's and HoNs and will be picked up in rota review meetings.</p><u>Looking after our people</u><ul style="list-style-type: none">• Turnover (target 12%) – ↑ 0.13% to 13.29% in December 2023 (first rise since Feb 23). All Directorates except Corporate saw an increase. Turnover is highest within band 2 workforce, and within staff with less than 2 years of service.• Sickness (target 3.9%) – ↑ 0.58% to 5.61% in December 2023. Sickness has increased across all Directorates. Short term sickness remains stable but long term sickness has increased 2.82% to 3.34%. Anxiety/stress/ depression remains the top reason for sickness absence.• Appraisal (target 90%) – ↑ 0.49% to 83.96% in December 2023. CC and LTUC Directorates have the highest appraisal rates of 86.18% and 87.24% respectively. Corporate Services has the lowest appraisal rate of 73.29%.</div>	<div><u>Belonging</u><ul style="list-style-type: none">• Cultural Competency training to be delivered as part of the Pathway to Management programme.• January bulletin – Holocaust Memorial Day 27 Jan<u>Growing for the future</u><ul style="list-style-type: none">• Developing Learning Lab accessible information standards for all education content• Developing page for Foundation Dr specific learning on Learning Lab, ie Mandatory Training days, weekly teaching and resources<u>New ways of working</u><ul style="list-style-type: none">• Job Planning compliance is now reported at NWOW and will be reported in directorates performance reports. 84.9% of consultant and SAS doctors have started an online Job plan however only 37.2% have had full sign off from all required signatories within the directorate.• Bank and Agency spend per directorate will also be shared in directorate reports.<u>Looking after our people</u><ul style="list-style-type: none">• January bulletin - Dry January• Q4 Quarterly Impulse Survey planned to run latter half of January 2024.• HSE Stress Management Standards Audit – team workshops have begun as part of pilot.</div>



People & Culture

Positive news and assurance	Decisions made and decisions required of the Board
<p><u>Belonging</u></p> <ul style="list-style-type: none">• Successful launch of the Working Families and Carers Network• £1200 secured from Charities for Period Poverty initiative and order placed.• £2000 secured from NHSE to deliver Gender inclusion training for maternity services. <p><u>Growing for the future</u></p> <ul style="list-style-type: none">• Mandatory Training for Substantive colleagues against 90% target:<ul style="list-style-type: none">• Mandatory: 90% ↑1%, Role Specific: 91% →, Overall: 90% → (Jan 2024)• Apprenticeship page live on Learning Lab as of 03/01/2023.• Identifying areas suitable for Clinical Education Fellows for the academic year 2024/2025• 5 T Level students commencing Care support worker placements in February in conjunction with Harrogate College <p><u>New ways of working</u></p> <ul style="list-style-type: none">• Trust vacancy rate has continued to see a decrease month on month and is currently 4.85%. <p><u>Looking after our people</u></p> <ul style="list-style-type: none">• Flu uptake at end of December is 63.5%, with a decline rate of 14% - we have offered the vaccine to 77.5% of staff.• Covid uptake at end of December is 41.5%, with a decline rate of 15% - we have offered the vaccine to 56.5% of staff.	<p><u>Growing for the future</u></p> <ul style="list-style-type: none">• Adding Practice Assessor Training to NMC Band 6 and above (relevant to role) as a Role Specific requirement



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"> Business Case approved – Jun 22 Contract signed – Jun 22 Initial Go Live – Feb 23 	<ul style="list-style-type: none"> Complete Complete Complete 	
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"> Business Case approved – Dec 20 Contract signed – Dec 20 Initial Go Live – Jun 21 Project complete – Dec 22 	<ul style="list-style-type: none"> Complete Complete Complete Complete 	
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"> Business case approved – Apr 22 Initial Go Live – Jun 23 Feb 23 Project complete – Aug 23 Mar 23 	<ul style="list-style-type: none"> Complete At Risk At Risk 	
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"> Business Case approved – Mar 22 Wensleydale refurbishment starts – Apr 23 Wensleydale back in service – Jan 23 Basic nurse call solution live – Jan 23 Task management live – Mar 24 Medical device integration – Jun 24 	<ul style="list-style-type: none"> Complete (implementation delayed due to timescales for Wensleydale refurbishment) Complete On Track On Track On Track On Track 	



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
			<ul style="list-style-type: none">	<ul style="list-style-type: none">	
			<ul style="list-style-type: none">	<ul style="list-style-type: none">	

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"> Strategic Outline Case – Aug 22 Outline Business Case (Internal Approval) – Jun 23 Outline Business Case (National Approval) – Aug 23 – Sept 23 Full Business Case (National Approval) – May 24 – Sep 24 Contract signed – May 24 Oct 24 EPR delivery project starts – Jun/Jul 24 Nov 24 Initial Go Live – TBC, likely Q3/4 25/26 	<ul style="list-style-type: none"> Complete Complete On Track On Track On Track On Track TBC 	
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"> Business Case approved – Mar 22 Contract signed – Mar 22 Go Live – Mar 23 	<ul style="list-style-type: none"> Complete Complete Complete 	
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"> Business Case – Nov 22 Contract signed – Dec 22 Initial Go Live – Jun 23 Oct 23 	<ul style="list-style-type: none"> Complete Complete Complete 	
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"> WYAAT Business Case approved – Jan 21 Contract signed – Jan 21 Blood Transfusion Go Live Nov 23 - TBC Remaining Go Lives – Nov 23 TBC 	<ul style="list-style-type: none"> Complete Complete Behind schedule – Regional delays – Being re-planned 	
Scan4Safety Medicines Management (Omnicell) (Link to Medicines Safety Quality Priority)	Reduction in medicines safety incidents		<ul style="list-style-type: none"> Business Case approved – Jul 21 Contract signed – May 22 Initial Go Live – Oct 22 Project complete – Mar 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete 	
Somerset (Cancer Tracking)	To enable the timely management of cancer referrals and meet mandated cancer reporting requirements		<ul style="list-style-type: none"> Business Case approved – Aug 21 Contract signed – Feb 22 Initial Go Live – Oct 22 	<ul style="list-style-type: none"> Complete Complete Complete 	
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"> Business Case approved – Apr 22 Contract signed – Feb 23 Initial Go Live – Sep 23 - Nov 	<ul style="list-style-type: none"> Complete Complete Complete 	
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"> Business Case approved – Dec 22 Contract signed – Mar 23 Initial Go Live – Jun 23 – Jan 24 	<ul style="list-style-type: none"> Complete Complete Delayed 	

Yorkshire & Humber Care Record	To enable sharing of patient information across systems and organisations		<ul style="list-style-type: none">Regional Business Case approved – Jun 20Regional contract signed – Jun 20Initial Go Live – May 22	<ul style="list-style-type: none">CompleteCompleteComplete	
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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"> Harrogate Innovation Hub Launch event – Oct 23 Identify Innovation Hub location – Oct 22 Recruit Innovation Manager – Jan 23 Appoint Clinical Lead for Innovation – Jan 23 Further actions to be developed. Innovation strategy to be developed, identify priorities - Sept 2023 	<ul style="list-style-type: none"> Delays due to lease issues – now expected Apr/May 24 Complete, delays moving in due to lease issues, due Mar/Apr 24 Complete – appointed and in post from Feb 23 Complete - appointed and in post from May 23 On track On track – interim strategy complete. 	Amber
Research, Audit, Innovation and Service Evaluation (RAISE) group	To build collaboration with innovation partners	Amber	<ul style="list-style-type: none"> Scoping the potential for RAISE with partners such as Academic Health Science Network, Research Design Service – Mar 23 Innovation clinical lead and champion supporting collaborations and novel opportunities with innovation facilitator. Innovation facilitator identifying processes for adopting innovation for testing – Feb 24. Further actions TBC following scoping. 	<ul style="list-style-type: none"> Now attending QI meetings to report on innovations. Innovation facilitator regularly meeting with HNY-ICB programme director for IRIS and colleagues in AHSN. Identified novel collaborators and opportunities to build on this further. Evaluating process of implementation and development of pathway for trust to be a test bed for innovations. Liaising with other Trusts to compare processes and meeting organised with senior team to discuss new process in Jan 24 	Amber
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"> Issue tender for an external partner – Feb 23 Appoint external partner – Mar 23 Complete readiness assessment – Jun 23 Operating model cohort 1 complete – Mar 24 Operating model cohort 2 complete – Aug 24 	<ul style="list-style-type: none"> Complete Complete Complete (delayed to 20 Jul 23) On Track On Track 	

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"> Children's PH Services Strategy Workshop – Oct 22 Paper on Children's PH research for 0-19 Children's PH Services Board To explore implementing further PH / database studies across the 0-19 network 	<ul style="list-style-type: none"> Complete Presented July 2023 To discuss further with ICBs. Jan 24 Work began with new research lead for ICB 	
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"> Identify and open research studies into children's public health – Mar 23 	<ul style="list-style-type: none"> 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. Loss of two team members for next few months may slow progress.. No funding identified yet to recruit new band 7 leaves area without leadership. Jan 24 Some funding for new post now identified and applied for . 	

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"> Identify dedicated clinic space within HDH for research clinics – Sep 22 	<ul style="list-style-type: none"> Accommodation acquired in Hawthorn Ward (Apr 23), plans formulated for stage 1 refurbishment, now awaiting plans and costings. Costing for stage one refurb £47.500 being reviewed Working on funding opportunities from charities, sponsors etc but this will take several months. Project on hold until funding achieved. Jan 24 Further funding bids for refurbishment identified and to be applied for. 	Amber
Increase research workforce capacity	To increase capacity to deliver research in HDFT		<ul style="list-style-type: none"> 4 additional research staff 2 additional clinical fellows to support research in frailty, neurology and rehabilitation – Jan 23 Education and training of clinical staff on research 	<ul style="list-style-type: none"> Complete 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. Preceptorship research training for nurses commenced and AHPS course starts OCT 23. Internship for nurses /AHP for research being scoped. Partnership with YSJ being developed. Jan 24 Further meetings re internship development undertaken and specification being developed. 	<ul style="list-style-type: none">
Implement clinical trials in HDFT	To increase the number of clinical trials delivered at HDFT	Amber	<ul style="list-style-type: none"> Implement a novel pilot mechanism to prioritise and assess feasibility of studies – Feb 23 Establish partnership with IQVIA (a leading global provider of analytics and clinical research services) 	<ul style="list-style-type: none"> 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. Complete- pipeline of commercial studies being offered to trust. Commercial studies growth slowed because of halt in development of Clinical research unit refurbishment Jan 24 Some growth of commercial studies this month although progress is slow as funding refurbishment of clinical space is still required 	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)	4 (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.	20 (5x4)	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">• Minor refurbishments and redecoration• Complex schemes project briefs and designs – Oct 22• Complex schemes costing and detailed design – Nov 22• Complex schemes prioritisation – Dec 22• Prioritised complex schemes completed – Mar 23	<ul style="list-style-type: none">• Complete• Complete• Complete• Complete• Complete	



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
Aseptics	<ul style="list-style-type: none"> To meet standards for aseptic production for medicines safety and staff safety 		<ul style="list-style-type: none"> Initial Design complete – Aug 22 Tender & Contract award and Design – Mar 23 Build complete – November 23 Commissioning complete – Dec 23 In service – Dec 23 	<ul style="list-style-type: none"> Complete Complete Delayed to Feb 24 (Drainage issues, AHU, Design sign off, supply chain issues) Delayed to May 24 Delayed to May 24 	
ED2 (UTC) Reconfiguration	<ul style="list-style-type: none"> Improved ED 4 Hour Performance Improved flow through ED 		<ul style="list-style-type: none"> Design complete – Nov 22 Tender issued – Nov 22 Contract award – Mar 23 Build start – Mar 23 Build complete – Aug 23 Commissioning complete – Sep 23 In service – Sep 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete Complete - Nov 23 Complete – Dec 23 Complete – Dec 23 	
Wensleydale Ward Refurbishment	<ul style="list-style-type: none"> Dedicated cardiology and respiratory ward, including High Observation/Non-invasive Ventilation Beds 		<ul style="list-style-type: none"> Design complete – Nov 22 Tender issued – Nov 22 Contract award – Mar 23 Build Start – Apr 23 Build complete – Oct 23 Commissioning complete – Nov 23 In service – Dec 23 	<ul style="list-style-type: none"> Complete Complete Complete Complete (started 24 Apr 23) Due 22 Jan 24 Due 29 Jan 24 Due 30 Jan 24 	
RAAC – Block C, Therapies	<ul style="list-style-type: none"> To eradicate RAAC from Block C, Therapies by demolishing and rebuilding the block 		<ul style="list-style-type: none"> Relocation of services to new locations – end of Mar 24 Pre-construction for demolition complete – Mar 24 Demolition starts – Apr 24 Demolition complete – Sep 24 Pre-construction for new block (shell) complete – Jul 24 New block (shell) construction starts – Sep 24 New block (shell) construction complete – TBC 	<ul style="list-style-type: none"> On Track On Track On Track On Track On Track On Track TBC 	

Strategic Objective	Outcome	Metric RAG	Plan	Position	Delivery RAG
HDH New Theatres, Treatment Rooms and Ward (TIF2)	<ul style="list-style-type: none"> Additional activity Improved waiting time performance 		<ul style="list-style-type: none"> NHSE BC approval Sep 22 HDFT capital to support enabling schemes agreed – Dec 22 Internal BC approval – Jan 23 Complete tender, appoint contractor – Jun 23 Decision to revise project from a standalone block on the Briary Wing carpark to fitting out the first floor of the new block replacing Block C – Oct 23 Pre-construction phase complete – Jul 24 Fit out starts – Jan 25 (TBC) Fit out complete – Dec 25 Go Live – Dec 25 	<ul style="list-style-type: none"> Complete Complete Complete Complete Complete On Track TBC On Track On Track 	
Imaging Reconfiguration	<ul style="list-style-type: none"> To improve reliability and capacity of imaging services 		<ul style="list-style-type: none"> Feasibility study, including phasing – Sep 22 Initial costs – Oct 22 Design concept – Jan 23 Decision to revise project from reconfiguration of the existing imaging department to fitting out the ground floor of the new block replacing Block C – Oct 23 Pre-construction phase complete – Jul 24 Fit out starts – Jan 25 (TBC) Fit out complete – Dec 25 Go Live – Dec 25 	<ul style="list-style-type: none"> Complete Complete Complete Complete On Track TBC On Track On Track 	
CT Business Continuity	<ul style="list-style-type: none"> To ensure HDFT has a reliable CT service to support emergency care 		<ul style="list-style-type: none"> Canon Dismountable on site: 26 May 23 Canon dismountable operational 10 Jun 23 Portakabin on site 22 Jun 23 Siemens CT in Portakabin operational 24 Jul 23 	<ul style="list-style-type: none"> Complete Complete Delayed to Jan 24 due to manufacturing capacity Delayed to Mar 24 due Siemens specification change and manufacturing capacity 	

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"> 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 Each work group delivering this year's objectives and reporting to the Sustainability Board. Including N20 waste and Food waste projects Develop the website with more content to engage with our staff 	<ul style="list-style-type: none"> On Track On Track On Track 	
SALIX Carbon Reduction Programme	To improve the estates infrastructure at Harrogate District Hospital in order to reduce carbon emissions		Revised programme (second extension): <ul style="list-style-type: none"> Window replacement – Apr 23 Air and ground source heat pumps – Jun 23 Solar panels – Aug 23 Roof Top Plant Rooms – Aug 23 Air Handling Units – Sep 23 	<ul style="list-style-type: none"> Significantly behind original programme which was due to complete in Apr 22 Complete Complete Additional work needed. PV Array – Solar panels require a new power logger as requested by the national grid / DNO. Requires a power shut down. New plant rooms complete; Kitchen Plant Room has RAAC roof which has delayed work Complete X-ray basement. Pumps to be replaced after a flood in 23. Programme now expected to be complete in Feb 24 	
Travel Plan	To develop sustainable models of transport for patients, staff and visitors		<ul style="list-style-type: none"> Work with local and national cycle retailers to obtain a discount code for staff – promote this through newsletters and a Travel Information Leaflet. 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. Deliver cycle training to staff who are interested in cycling commuting. Investigate a renewed partnership with Liftshare or internal equivalent to encourage car sharing both for commuting and business trips. 	<ul style="list-style-type: none"> Discount now obtained , this will be promoted via the sustainability section on our website by end of October – on Track 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 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 Summer 2023 - complete 	

			
		<ul style="list-style-type: none">• Sign up to Modeshift STARS.• Reintroduction of parking permits. Revenue raised to be used to support active and sustainable transport initiatives.	<ul style="list-style-type: none">• Complete• September 2023part of the Car Parking Project – Complete

Jan 24

Director of Strategy



Matters of concern & risks to escalate

HDFT Impact

- Capacity to sustain daily improvement huddles in SDEC

PMO

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

Block C (Therapies) Redevelopment Programme

- Timescales for relocation of services out of Block C by end of Mar 24 in order to enable demolition, rebuild and re-fit as theatres/treatment rooms/ward and imaging department by Dec 25.
- Confirmation of RAAC funding for 24/25 by NHSE following business case submission

Capital Planning

- RAAC HDH. £2m funding for 23/24 approved by NHSE to relocate services from Block C, eradicate RAAC from ITU/Farndale corridor, 2024 surveys and complete design work for other areas of HDH.
- RAAC community. No RAAC identified in areas used by HDFT staff; only a small number of landlords still to confirm
- Fire. Fire risk assessments at HDH complete, prioritisation of resulting actions underway. No new areas of risk identified.

Positive news & assurance

HDFT Impact

- Trust IBR update to include True North Metrics, Breakthrough Objectives and Watch Metrics
- Significant improvements in SDEC driver metrics (inappropriate referrals, patients streamed to SDEC)
- Improvement Op Model Wave 1 training completed, ongoing coaching
- 2x improvement managers started; 3rd improvement manager appointed

Business Development, Charity, Volunteers, Comms

- Successful HHCC Christmas events: raffle, Father Christmas letters & visit
- HHCC Accounts 21/22 submitted to Charity Commission

Capital Planning

- ED2 opened to patients; phlebotomy returned to front of hospital

Major actions commissioned & work underway

HDFT Impact

- Prioritisation of Strategic Programmes and Corporate Projects through the Project Delivery System (Leadership Team workshop on 25 Jan)
- Improvement Operating Model Wave 2 started (ED, Acute Paeds)
- Catalysis coaching for Exec Team started
- Full programme comms launch w/c 22 Jan

PMO

- Ripon CDC project on track to open in Apr 24
- Reviewing priorities for OP Transformation project for next 6 months

Business Development, Charity, Volunteers, Comms

- KITE Awards – 19 Jan 24
- Future HHCC events: Art Event, 10 Apr; Summer Extravaganza, 30 Jun
- Domiciliary Care: applications for Leeds City Council and City of York
- Intranet – new administrator started 6 month project to populate intranet content and train teams to manage their pages
- Gateshead Children's PH partnership s75 – consultation launched
- Work Experience – working group established to scope offer
- Comms: KITE awards, EPR, HDFT Impact, Junior Doctors industrial action, Ripon CDC, RAAC, update to social media policy

Capital Planning

- Wensleydale: works and commissioning complete by 29 Jan
- Block C Redevelopment:** engaging contractors for works to enable service relocation; stakeholder engagement to develop designs for new block; planning for demolition and rebuild
- CT: Portakabin now on site, fit-out underway
- Bariatric Mortuary Fridges: enabling works agreed, fridges ordered
- Paed Audiology Booth: booth ordered, enabling works agreed to proceed
- 50 LPR: Kingswood lease agreed, awaiting NHSPS on St James' Park

Decisions made & decisions required

Board of Directors (Public)
31 January 2024

Title:	Enhancing Board Oversight
Responsible Director:	Chair
Author:	Kate Southgate, Associate Director of Quality and Corporate Affairs

Purpose of the report and summary of key issues:	<p>In December 2021, NHS England issued a document “<i>Enhancing Board Oversight – A new approach to non-executive director champion roles</i>”. This document confirmed that there are a small number of statutory requirements that still require a designated individual, however there are many issues where NHSE consider progress will be best made through existing committee structures rather than through individual Non-Executive Champion roles. It is believed that this approach will enhance Board oversight.</p> <p>HDFT considered the recommended approach and, in January 2022, approved the appointment of Non-executive Directors to the various Champion roles recommended by NHSE to provide assurance to the board on specific issues. This was in addition to the assurance provided by Board sub-committee reports.</p> <p>As this method of assurance has been in place for two years, it is considered appropriate to review the outcomes of the approach.</p>	
Trust Strategy and Strategic Ambitions:	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	x
	Person Centred, Integrated Care; Strong Partnerships	x
	Great Start in Life	x
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	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:	Initial report approved by Trust Board in January 2022.	
Recommendation:	The Board is recommended to review the content of this report and approve: <ul style="list-style-type: none"> the continued use of the recommended champion roles; and the Non-Executive Directors either in place or suggested for each role. 	

HARROGATE AND DISTRICT NHS FOUNDATION TRUST TRUST BOARD (PUBLIC)

ENHANCING BOARD OVERSIGHT

1.0 PURPOSE

In December 2021, NHS England issued a document “*Enhancing Board Oversight – A new approach to non-executive director champion roles*”. This document confirmed that there are a small number of statutory requirements that still required a designated individual, however there were many issues where NHSE considered progress would be best made through existing committee structures rather than through individual Non-Executive Champion roles. It was believed that this approach would enhance Board oversight.

HDFT considered the recommended approach and, in January 2022, approved the appointment of Non-Executive Directors (NEDs) to the various Champion roles recommended by NHSE to provide assurance to the board on specific issues. This was in addition to the assurance provided by Board sub-committee reports.

As this method of assurance has been in place for two years, it is considered appropriate to review the outcomes of the approach.

2.0 Retained NED Champion Roles

Role	Type of Role	Legal Basis	Background	Named Individual
Maternity Board Safety Champion	Assurance	Recommended	In response to the Morecambe Bay Investigation (2015), the Safer Maternity Care (2016) and the Ockenden Review (2020)	Andy Papworth
Wellbeing Guardian	Assurance	Recommended	In response to the Pearson Report and adopted through the “We are the NHS People Plan 2020-2”	Sarah Armstrong
Freedom to Speak Up	Functional	Recommended	In response to the Robert Francis Freedom to Speak Up Report (2015)	Laura Robson (as Senior Independent Director)

Role	Type of Role	Legal Basis	Background	Named Individual
Doctors disciplinary champion / independent member	Functional	Statutory	In response to the 2003 Maintaining High Professional Standards in the modern NHS: A framework for the Initial Handling of Concerns about Doctors and Dentists in the NHs and the associated Directions on Disciplinary Procedures 2005.	A Non-Executive Director is assigned to each case.
Security Management	Assurance	Statutory	Under the Directors to NHS Bodies on Security Management Measures 2004.	Chiara De Biase (as Chair of Audit Committee)

Additional Roles

Whilst the review was undertaken for 2022, the organisation also determined that a Non-Executive Director Lead for Equality and Diversity was required. This is noted as Wallace Sampson, Non-Executive Director.

2.3 Issues to be overseen through Committee Structures

This section provides information on areas that were recommended to review within the Committee Structure, which HDFT implemented:

Quality Committee

Issue / Topic	Detail	Position
Hip fractures, falls and dementia	The focus is on hip fractures and other serious harms resulting from inpatient falls can be linked to dementia. It is suggested that the executive lead for dementia attends the Quality Committee as well as the Dementia Steering Group.	Falls, including themes such as dementia are regularly reviewed in the Patient Safety Forum and escalated through Quality Governance Management Group and on to the Quality Committee. Consideration is being given to if a dementia steering group is required in HDFT.
Palliative and End of Life Care	The focus is on the six ambitions for the improvement of Palliative and End of Life Care as outlined in Ambitions for Palliative and End of Life Care National Framework 2021-26. The Board should be aware of standards of care in PEOLC.	The Executive lead is Emma Nunez, Director of Nursing, Midwifery and AHPs. End of Life feeds into the HDFT Making Experiences Count Forum and is escalated through the Governance Structure. The End of Life and Mortality Committee reports to the Quality Board Sub Committee bi-monthly.
Resuscitation	The Health Service Circular Services: HSC 2000/028 stated that all trusts should give a NED designated responsibility on behalf of the Board for ensuring the resuscitation policy is agreed, implemented and regularly reviewed within the clinical governance framework. It is suggested that the Quality Committee may wish to discharge this duty rather than a specific Non-Executive Director.	The Resuscitation Policy is managed via the Patient Safety Forum with Annual Reports submitted to the Quality Committee.
Learning from Deaths	All Non-Executive Directors play a crucial role in constructively challenging the executives to satisfy themselves that clinical quality controls and risk management systems are robust and defensible. It is suggested that the Quality Committee should understand the Learning from Deaths review process, champion quality improvement that leads to actions that improve patient safety.	A Medical Examiner is in place and a well-established process is in place with Quarterly Reports submitted to the Board with numbers, themes and trends.
Health and Safety	Strong leadership at board level and a strong safety culture, combined with NED scrutiny are essential. The wide range of	As recommended, the Health and Safety Committee was moved to Level 3, reporting to the

Issue / Topic	Detail	Position
	issues that this encompasses could be better scrutinised within a Committee structure.	Quality Committee. This commenced in the fourth quarter of 2022/23 as planned.
Safeguarding	The Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff suggests that boards should consider the appointment of a Non-Executive Director, however, this could be discharged by a committee in ensuring appropriate scrutiny of the safeguarding performance, all Board members should have Level 1 core competencies in safeguarding and must know the common presenting features of abuse and neglect and the context in which it presents.	The Executive Lead for Safeguarding (Children and Adults) is Emma Nunez, Director of Nursing, Midwifery and AHPs. Safeguarding is managed through the Safeguarding Forum as well as regular reports through the Quality Committee and Annual Reports to the Board.
Safety and Risk	The CQC Well-Led framework notes that a range of Non-Executives will be interviewed who have safety and risk as their priority. It is noted in the report that organisations can determine if they wish to designate the role to a Committee or a specific Non-Executive Director.	A well-established process is in place with reports submitted on a monthly basis to Quality Committee and escalated to Board as required.
Children and Young People	The CQC Children and Young People Framework states that a Non-Executive will be interviewed. This could be a designated Non-Executive Director with this responsibility or the Quality Committee Chair.	A 0-19 Sub Committee of the Board working group was agreed in November 2021 at the Trust Board and meetings commenced February 2022. In addition, the Trust has Laura Robson, Non-Executive Director and Chair of Quality Committee as the lead for Children and Young People.

Audit Committee

Issue / Topic	Detail	Position
Counter Fraud	The role is primarily a senior manager within an organisation, however the Audit Committee Chair will be required to ensure that Counter Fraud is considered at the Committee.	The executive lead is Jordan McKie, Director of Finance. Thomas Morrison, Head of Financial Accounts is the HDFT champion with updates provided at every Audit Committee.
Emergency Preparedness	The NHSE Emergency Preparedness, Resilience and Response Framework sets out the responsibility of the accountable emergency officer (AEO). The Framework suggests that a Non-Executive could have responsibility for holding the AEO to account, however, the Board will want to ensure that they have oversight.	The AEO is Russell Nightingale, Chief Operating Officer. An update on Emergency Preparedness was submitted.

Resource Committee

Issue / Topic	Detail	Position
Procurement	This should be overseen by the Resource Committee with escalation to the Board as required.	Well established process of review at the Resource Committee with 6 monthly updates.
Cyber security	Each organisation should have a Senior Information Risk Owner (SIRO). The Board or Committee should regularly review cyber security risks. This should include information on the removal of unsupported systems from Trust networks, timely patching of systems and prompt action on high severity Alerts when they are issued and ensuring robust and immutable backups are in place. It is recommended that the Board undertake annual cyber awareness training.	The SIRO is Russell Nightingale, Chief Operating Officer. Cyber Risks are discussed on a monthly basis at the IT Steering Group. Innovation Committee workplan updated to include 6-monthly report.

People and Culture Committee

Issue / Topic	Detail	Position
Security management - violence and aggression	As set out in the NHS People Plan and the NHS Violence Prevention and Reduction Standard 2020, organisations should commit to develop a violence prevention and reduction strategy that is endorsed by the Board and a senior management review is undertaken twice a year as a minimum to evaluate and assess the Violence Prevention and Reduction programme.	Violence and aggression is overseen by the Quality Governance Management Group and escalated as required to the Quality Committee. Full scale review completed and in line with NHS England and HSE requirements. Further development work in 2024-2025.



3.0 RECOMMENDATIONS

The Board is recommended to review the content of this report and approve:

- The continued appointment of Non-Executive Director champions to the roles recommended by NHSE and highlighted as a need by the Trust.
- The governance arrangements for the management of all highlighted issues in section 2.3 of this report and confirm that these will be managed via the Committee Structure rather than a designated Non-Executive Director.

Kate Southgate
Company Secretary

31 January 2024



Board of Directors (Public)
31 January 2024

Title:	Committee Membership – Non-executive Directors	
Responsible Director:	Chair	
Author:	Kate Southgate, Associate Director of Quality and Corporate Affairs	
Purpose of the report and summary of key issues:	The report provides the Trust Board with updates on changes to Non-executive Directors on Sub-Committees of the Board.	
Trust Strategy and Strategic Ambitions:	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	x
	Person Centred, Integrated Care; Strong Partnerships	x
	Great Start in Life	x
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	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 approve the Non-executive director membership of each Board sub-committee as outlined in this report.	



HARROGATE AND DISTRICT NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)
JANUARY 2024

Non-Executive Director Board Committee Membership from February 2024

With the natural turnover of Non-Executive Directors and the ongoing changes to the duties and responsibilities of each committee as outlined in their Terms of Reference, the Non-Executive Director membership has also been updated to accommodate these changes. The following arrangements have been put in place in the past few months and, as they are working well, the Board is now formally requested to approve the Non-Executive Director memberships from February 2024.

Non-executive Director Committee Membership from February 2024			
Committee	Audit Committee	Charitable Funds Committee	Innovation Committee
Committee Chair	Chiara De Biase	Sarah Armstrong	Wallace Sampson
Non-executive Director (NED) Members	Jeremy Cross	Julia Weldon	Chiara De Biase
	Laura Robson		Kama Melly (Associate NED)
Committee	People and Culture Committee	Quality Committee	Resources Committee
Committee Chair	Andy Papworth	Laura Robson	Jeremy Cross
Non-executive Director (NED) Members	Laura Robson	Julia Weldon	Chiara De Biase
	Julia Weldon	Kama Melly (Associate NED)	Andy Papworth
	Azlina Bulmer (Associate NED)		Azlina Bulmer (Associate NED)

NOTE: In addition, the Trust has engaged in the Gatenby Sanderson Insight programme for the development of Non-Executive Directors. Whilst not fulfilling a formal role within the organisation, Denise Chong will be observing the Trust's work for a 6-12month period from January 2024.

Harrogate Healthcare Facilities Management Limited

In addition, the shareholder directors on the Harrogate Healthcare Facilities Management Limited Board of Directors are now:

- Matt Graham
- Jeremy Cross

Sarah Armstrong
Chair
January 2024

TRUST BOARD (held in Public)

31 January 2024

USE OF THE TRUST SEAL

1.0 INTRODUCTION

The Board's Standing Orders (SOs) provide the Trust with a governance framework to be followed. The Trust Seal is used by the Board of Directors to execute legal documents (such as formal contracts and lease agreements) agreed on behalf of the Trust. Section 10 of the Trust's Standing Orders states that the Board shall review the use of the Trust Seal annually.

2.0 PURPOSE OR MAIN BODY OF REPORT

Under the Board's Standing Orders, a register shall be kept to record the sealing of these documents. The Register of Use of the Trust Seal for 2023 is provided in the table below:

Seal	Description of Documents Sealed	Date	Directors
190	Community Service Space, Glebe House Surgery, Bedale, DL8 2AT	10 January 2023	Jonathan Coulter (CEO) Kate Southgate (Company Secretary)
191	Lease in duplicate: York House, 1 st floor, Wakefield	10 January 2023	Jonathan Coulter (CEO) Kate Southgate (Company Secretary)
192	Lease: 3 Linnet Court, Cawledge Business Park Alnwick, Northumberland NE66 2GD	27 March 2023	Sarah Armstrong (Chair) Jonathan Coulter (CEO)
193	Growing Well, Living Healthily Contract: Stockton Borough Council	30 May 2023	Sarah Armstrong (Chair)
194	0-19 Healthy Child Service: Stockton Borough Council	30 May 2023	Sarah Armstrong (Chair)
195	Lease: Suite 6, Beehive, Lingfield Point, Darlington, DL1 1RW: Lingfield Point No 1 Ltd	19 June 2023	Andy Papworth (Vice Chair) Jonathan Coulter (CEO) Kate Southgate (Company Secretary)
196	Lease: WHSmiths Retail Unit at HDH	29 August 2023	Sarah Armstrong (Chair) Jonathan Coulter (CEO)
197	Revised lease (due to partner retirement): Glebe House Surgery, Bedale, DL8 2AT	1 November 2023	Sarah Armstrong (Chair) Jonathan Coulter (CEO)
198	Licence to Assign & Renewal Lease by reference to an existing lease: Lloyds Outpatients Pharmacy	6 December 2023	Sarah Armstrong (Chair) Emma Nunez (Deputy CEO)

8.5



Seal	Description of Documents Sealed	Date	Directors
199	Contract: Provision of SystmOne Support and Registration Authority between Council at North Tyneside & HDFT	20 December 2023	Sarah Armstrong (Chair) Jonathan Coulter (CEO)
200	Lease: Rooms at West Middlesborough Children’s Centre	16 January 2024	Sarah Armstrong (Chair) Jonathan Coulter (CEO)

3.0 RECOMMENDATIONS

The Trust Board is requested to authorise the use of the Trust’s seal

Kate Southgate
Associate Director of Quality & Corporate Affairs
Company Secretary
31 January 2024

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