



### Board of Directors Meeting Held in Public

To be held on Wednesday 27 March 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      |
|---|---|---|---------|------------|
| <b>SECTION 1: Opening Remarks and Matters Arising</b> |   |   |         |            |
| 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 31 January 2024 | Chair   | Approve | Attached   |
| 1.5   | Matters Arising and Action Log  | Chair   | Discuss | Attached   |
| 1.6   | Overview by the Chair   | Chair   | Note    | Verbal     |
| <b>SECTION 2: Chief Executive Reports</b>             |   |   |         |            |
| 2.1   | Chief Executive's Report  | Chief Executive   | Note    | Attached   |
| 2.2   | Corporate Risk Register   | -   | Note    | Supp. Pack |
| <b>SECTION 3: Ambition: Best Quality, Safest Care</b> |   |   |         |            |
| 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   | Annual Health & Safety Annual Report  | -   | Note    | Supp. Pack |
| 3.5   | Medical Director's Report   | Medical Director  | Note    | Attached   |
| <b>SECTION 4: Ambition: Great Start in Life</b>       |   |   |         |            |

| Item No.   | Item   | Lead                                       | Action  | Paper      |
|--|--|--|---------|------------|
| 4.1  | <b>Board Assurance Framework:</b><br>Great Start in Life   | Director of Strategy                       | Discuss | Attached   |
| 4.2a   | <b>Strengthening Maternity and Neo-Natal Safety Grid</b>   | Director of Nursing,<br>Midwifery and AHPs | Note    | Attached   |
| 4.2b   | <a href="#">Strengthening Maternity and Neo-Natal Safety Report</a>  | -  | Note    | Supp. Pack |
| <b>SECTION 5: Ambition: Person Centred; Integrated Care; Strong Partnerships</b> |  |  |         |            |
| 5.1  | <b>Board Assurance Framework:</b><br>Person Centred; Integrated Care;<br>Strong Partnerships                                     | Chief Operating Officer                    | Discuss | Attached   |
| 5.2  | <b>Resource Committee Update</b>   | Committee Chair                            | Note    | Verbal     |
| 5.3  | <a href="#">Integrated Board Report:</a><br><a href="#">Indicators from Responsive, Efficiency, Finance and Activity domains</a> | -  | Note    | Supp. Pack |
| 5.4a   | <b>Chief Operating Officer's Report</b>  | Chief Operating Officer                    | Note    | Attached   |
| 5.4b   | <a href="#">Chief Operating Officer's Report – background material</a>   | -  | Note    | Supp. Pack |
| 5.5  | <b>Director of Finance Report</b>  | Director of Finance                        | Note    | Attached   |
| 5.6  | <b>HDFT Planning</b>   | Director of Finance                        | Approve | Attached   |
| <b>SECTION 6: Ambition: At Our Best: Making HDFT the Best Place to Work</b>      |  |  |         |            |
| 6.1  | <b>Board Assurance Framework:</b><br>At Our Best: Making HDFT the Best Place to Work   | Director of People & Culture               | Note    | Attached   |
| 6.2  | <b>People &amp; Culture Committee Update</b>   | Committee Chair                            | Note    | Verbal     |
| 6.3  | <a href="#">Integrated Board Report – Indicators from Workforce Domains</a>  | -  | Note    | Supp. Pack |
| 6.4  | <b>Director of People &amp; Culture Report</b>   | Director of People & Culture               | Note    | Attached   |
| <b>SECTION 7: Ambition: Enabling Ambitions</b>                                   |  |  |         |            |
| 7.1  | <b>Board Assurance Framework:</b><br>Digital Transformation to Integrate Care and Improve Patient, Child and Staff Experience    | Medical Director                           | Note    | Attached   |
| 7.2  | <b>Board Assurance Framework:</b><br>Healthcare Innovation to Improve Quality and Safety   | Medical Director                           | Note    | Attached   |
| 7.3  | <b>Innovation Committee Update</b>   | Committee Chair                            | Note    | Verbal     |
| 7.4  | <b>Board Assurance Framework:</b><br>An Environment that Promotes Wellbeing  | Director of Strategy                       | Note    | Attached   |
| 7.5  | <b>Director of Strategy's Report</b>   | Director of Strategy                       | Note    | Attached   |

| Item No.  | Item  | Lead                          | Action                       | Paper      |
|---|---|-------------------------------|------------------------------|------------|
| 7.6   | WYAAT Pharmacy Aseptics: Business Case Revision   | Chief Executive               | Approve                      | Attached   |
| SECTION 8: Governance Arrangements  |   |                               |                              |            |
| 8.1   | Audit Committee Update  | Committee Chair               | Note                         | Verbal     |
| 8.2   | Going Concern 2023-24   | Director of Finance           | Approve                      | Attached   |
| 8.3   | WYAAT Programme Executive minutes   | -                             | Note                         | Supp. Pack |
| 9.0   | Section 75: HARA  | Director of Strategy          | Approve                      | Attached   |
| 10.0  | Council of Governors – Membership Engagement Strategy   | Lead and Deputy Lead Governor | Approve                      | Attached   |
| 11.0  | Any Other Business<br>By permission of the Chair  | Chair                         | Discuss/<br>Note/<br>Approve | Verbal     |
| 12.0  | Board Evaluation  | Chair                         | Discuss                      | Verbal     |
| 13.0  | Date and Time of next Board Meeting to be held in public:<br>Wednesday 29 May 2024 at 12.45 – 3.45pm<br>Venue: Boardroom, Trust Headquarters, Harrogate District Hospital |                               |                              |            |
| Confidential Motion – the Chair to move:<br>Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest. |   |                               |                              |            |

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

## Board of Directors – Register of Interests

As at 21 March 2024

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

| Board Member        | Position  | Relevant Dates From                           | To   | Declaration Details  |
|---------------------|---|---|--|--|
| Matt Graham         | Director of Strategy  | September 2021<br>April 2022                  | Date<br>Date                               | 1. Governor, Malton School<br>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<br>2. The Honourable Society of the Middle Templar (Bencher)<br>3. Director and Deputy Head of Chambers – Park Square Barristers<br>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<br>Deputy Chief Executive from March 2022 | No interests declared.                        |  |  |
| Andrew Papworth     | Non-executive Director  | March 2020                                    | Date                                       | 1. Chief Finance Officer, Insight222<br>2. Ambassador for Action for Sport   |
| Laura Robson        | Non-executive Director  | No interests declared                         |  |  |
| Wallace Sampson OBE | Non-executive Director  | March 2020<br><br>March 2020<br>November 2021 | 31 March 2023<br><br>Current<br>March 2023 | 1. Chief Executive of Harrogate Borough Council<br>2. Director of Bracewell Homes – wholly owned Harrogate Borough Council housing company.<br>3. Chair of Harrogate Public Services Leadership Board<br>4. Member of North Yorkshire Safeguarding Children Partnership Executive<br>5. Member of Society of Local Authority Chief Executives<br>6. Director of Brimhams Active - wholly owned Harrogate Borough Council leisure company.<br>7. Member of Challenge Board for Northumberland County Council.<br>8. Member of Society of Local Authority Chief Executives<br>9. Trustee for the Harrogate District Climate Change Coalition CIO (effective November 2021) |

| Board Member     | Position                     | Relevant Dates From  | To                                       | Declaration Details   |
|------------------|------------------------------|--|--|---|
|                  |                              | July 2023<br>August 2023<br>September 2023<br>October 2023 | Current<br>Current<br>Current<br>Current | 10. Advisory Board Consultant – Commercial Service Kent Ltd.<br>11. Commissioner – Local Government Boundary Commission for England<br>12. Chair – Middlesbrough Independent Improvement Advisory Board.<br>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<br>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   | 1. Director, Earlmed Ltd, provider of private anaesthetic services<br>2. Treasurer, Harrogate Anaesthesia Services, administration and co-ordination of Anaesthetic Private Practice   |
| Emma Edgar           | Clinical Director<br>(Long term & Unscheduled Care)               | No interests declared  |
| Dr Katherine Johnson | Clinical Director<br>(Planned and Surgical Care)                  | No interests declared  |
| Dr Natalie Lyth      | Clinical Director<br>(Children's and County Wide Community Care)  | 1. Member, North Yorkshire Local Safeguarding Children's Board and sub-committees.<br>2. Chair, Safeguarding Practice Review Group.<br>3. Chair, North Yorkshire and York Looked After Children Health Professionals Network.<br>4. Member, North Yorkshire and York Safeguarding Health Professionals Network.<br>5. Member, national network of Designated Health Professionals.<br>6. Member, Royal College of Paediatrics and Child Health Certificate of Eligibility of Specialist Registration (CESR) Committee and assessor of applications for CESR<br>7. Familial relationship within Harrogate & District NHS Foundation Trust<br>8. Member, NHS Safeguarding Strategic Community of Practice for ICBs (Regional). |
| Dr Matthew Shepherd  | Clinical Director<br>(Long Term & Unscheduled Care)<br>Deputy COO | 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                   | 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 | <ol style="list-style-type: none"> <li>1. Member of WYAAT Committee in Common</li> <li>2. Vice-Chair, West Yorkshire and Harrogate ICS Partnership</li> <li>3. Member of the Yorkshire &amp; Humber NHS Chairs' Network</li> <li>4. Volunteer with Supporting Older People (charity).</li> <li>5. Member of Humber Coast and Vale ICS Partnership</li> </ol>   |
| Sarah Armstrong  | Non-executive Director until 31 March 2022<br>Chair from 1 April 2022 | October 2018        | 31 March 2022 | <ol style="list-style-type: none"> <li>1. Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)</li> </ol>   |
| Jonathan Coulter | Finance Director<br>Chief Executive from March 2022                   | November 2017       | 31 March 2022 | (Interim Chief Executive) Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)  |
| Mrs Laura Angus  | NExT Non-executive Director   | January 2021        | March 2022    | <ol style="list-style-type: none"> <li>1. Strategic Lead Pharmacist/Head of Prescribing, NHS Vale of York CCG</li> <li>2. Chair of York and Scarborough Medicines Commissioning Committee</li> <li>3. Interim Chief Pharmacist at Humber, Coast and Vale ICS</li> <li>4. MTech Associate; Council Member PrescQIPP</li> <li>5. Chair of Governors at Kirby Hill Church of England Primary School</li> </ol>  |
| Steve Russell    | Chief Executive   | March 2020          | March 2022    | <ol style="list-style-type: none"> <li>1. Chief Executive of NHS Nightingale Hospital Yorkshire and Humber (ended July 2021)</li> <li>2. Member of NHS England and Improvement North East and Yorkshire Regional People Board</li> <li>3. Lead Chief Executive for Workforce in Humber Coast and Vale ICS</li> <li>4. Co-Chair of WY&amp;H Planned Care Alliance</li> <li>5. Chair of Non-Surgical Oncology Steering Group</li> <li>6. NHS Employers Policy Board Member (September 2020 and ongoing)</li> </ol> |





| Board Member        | Position  | Relevant Dates From   | To   | Declaration Details   |
|---------------------|---|-----------------------|--|---|
|                     |   |                       |  | 7. Chair of Humber Coast and Vale ICS BAME Network (August 2020 and ongoing)<br>8. Joint SRO for planned care West Yorkshire and Harrogate ICS (June 2020 and ongoing)  |
| Jordan McKie        | Deputy Director of Finance<br>(Until March 2022)                  | No interests declared |  |   |
| Richard Stiff       | Non-Executive Director<br>(resigned July 2023)                    |                       | December 2021<br><br>February 2022<br><br>February 2022<br><br><br><br><br><br><br><br>July 2023 | 1. Director and Trustee of TCV (The Conservation Volunteers) – ceased December 2021<br>2. Local Government Information Unit (Scotland) Associate – LGIU has now fully merged with LGIU listed as current interest<br>3. Chair of the Corporation of Selby College – dissolved 28 February 2022 when it became part of the Heart of Yorkshire Group.<br>4. Director (and 50% owner), Richard Stiff Consulting Limited<br>5. Director, NCER CIC (Chair of the Board from April 2019)<br>6. Member, Association of Directors of Children's Services<br>7. Member, Society of Local Authority Chief Executives<br>8. Local Government Information Unit Associate<br>9. Fellow, Royal Society of Arts<br>10. Member of the Corporation of the Heart of Yorkshire Education Group<br>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) |
| Dr Matthew Shepherd | Clinical Director<br>(Long Term & Unscheduled Care)<br>Deputy COO | April 2017            | March 2022   | Director of Shepherd Property Ltd   |
| Maureen Taylor      | Non- Executive Director   |                       | September 2022   | No Interest declared  |
| Paul Nicholas       | Deputy Director of Performance and Informatics                    | No interests declared |  |   |

**BOARD OF DIRECTORS MEETING – PUBLIC (DRAFT)**  
**Wednesday, 31<sup>st</sup> January 2024**  
**Held at Trust HQ, Harrogate District Hospital, Harrogate**

|                          |   |
|--------------------------|---|
| <b>Present:</b>          |   |
| Sarah Armstrong          | Trust Chair   |
| Jonathan Coulter         | Chief Executive   |
| Chiara DeBiase (CD)      | Non-executive Director  |
| Jeremy Cross (JC)        | 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  |
| Azlina Bulmer (AB)       | Associate Non-executive Director  |
| Kama Melly (KM)          | Associate Non-executive Director  |
| Jacqueline Andrews       | Executive Medical Director  |
| Matthew Graham           | Director of Strategy  |
| 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 |

|                       |  |
|-----------------------|--|
| <b>In Attendance:</b> |  |
| Kat Johnson           | Clinical Director for Planned and Surgical Care Directorate (PSC)  |
| Kate Southgate        | Associate Director of Quality and Corporate Affairs  |
| Leanne Likaj          | Associate Director of Midwifery  |
| Shirley Silvester     | Deputy Director of People & Culture <i>for Angela Wilkinson, Director of People &amp; Culture</i>                  |
| Denise Chong          | Prospective Non-executive Director (Insight Programme)   |
| Ian Cannings          | Deputy Clinical Director <i>for Natalie Lyth, Clinical Director for Community &amp; Children Directorate</i>       |
| Charly Gill           | Associate Director of Nursing for Long Term and Unscheduled Care <i>in attendance for Item 2 the Patient Story</i> |

|                   |   |
|-------------------|---|
| <b>Apologies:</b> |   |
| 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)         |
| Angela Wilkinson  | Director of People & Culture  |

|                      |                       |
|----------------------|-----------------------|
| <b>Observers:</b>    |                       |
| Giles Latham         | Head of Communication |
| Member of the Press  | X 1                   |
| Member of the Public | X 1                   |

| Item No.          | Item  |
|-------------------|---|
| <b>BD/01/31/1</b> | <b>Welcome and Apologies for Absence</b>    |
| <b>1.1</b>        | The Chair welcomed everyone to the meeting. |
| <b>1.2</b>        | Apologies for absence were noted as above.  |

| Item No.          | Item  |
|-------------------|---|
| <b>BD/01/31/2</b> | <b>Patient Story</b>  |
| <b>2.1</b>        | The Chair welcomed Andrea Cail on behalf of the Board to the meeting. Mrs Cail was in attendance to explain to the Board the experience of her mum Anne Stainthorp.   |
| <b>2.2</b>        | Mrs Stainthorp had been an inpatient in December 2022 before her death. It was explained that Mrs Stainthorp was diagnosed with a suspected pancreatic tumour. The family had found elements of Mrs Stainthorp's care to be lacking and explained that her fluid balance had not been effectively monitored, pain relief was not administered in a timely manner and her deterioration was not managed.   |
| <b>2.3</b>        | Mrs Cail noted that staff had been kind and thanked the Patient Experience Team for their support through the complaints process.   |
| <b>2.4</b>        | The Non-executive Director (WS) thanked Mrs Cail for sharing her mum's story with the Board. He noted that as a Board, they accepted full responsibility and apologised for the experience her mum and the family had during our care.  |
| <b>2.5</b>        | Mrs Cail noted that it was important to involve the person who understands the patient the best in providing a holistic picture of their conditions to allow for optimum treatment.   |
| <b>2.6</b>        | The Non-executive Director (AP) noted that it had been a difficult experience to hear and agreed that a holistic view was needed.   |
| <b>2.7</b>        | The Associate Non-executive Director (KM) thanked Mrs Cail for sharing her mum's story and expressed how sorry the Board was for her loss.  |
| <b>2.8</b>        | The Chief Executive and the Chair thanked Mrs Cail for sharing her mum's story.   |
| <b>2.9</b>        | <b>Resolved:</b> the patient story was noted.   |
| <b>BD/01/31/3</b> | <b>Declarations of Interest and Register of Interests</b>   |
| <b>3.1</b>        | The register of interests was received and noted.   |
| <b>3.2</b>        | The Non-executive Director (JW) noted the declaration in relation to her role as Director of Public Health for the agenda.  |
| <b>3.3</b>        | <b>Resolved:</b> The declarations were noted.   |
| <b>BD/1/31/4</b>  | <b>Minutes of the Previous Board of Directors meeting held on 29<sup>th</sup> November 2023</b>   |
| <b>4.1</b>        | Amendments were noted for 6.7 to include an s in organisation and 6.16 to change the wording to "in relation to the national mortuary incident".  |
| <b>4.2</b>        | <b>Resolved:</b> The minutes of the meeting on the 29 <sup>th</sup> November 2023 were approved as a correct record with the amendment as above.  |
| <b>BD/1/31/5</b>  | <b>Matters Arising and Action Log</b>   |
| <b>5.1</b>        | <p>The actions were noted as follows:</p> <ul style="list-style-type: none"> <li>• BD/1/25/10.3: IBR – Closed</li> <li>• 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</li> <li>• BD/7/26/24.5: Details of roles and grades of BAME colleagues – Closed</li> <li>• BD/9/27/21: WRES &amp; DES Workshop – Closed</li> <li>• BD/11/29/6.16: Fuller Report – 14 recommendations given to Trust concerned. HDFT mortality team have considered those relevant and no concerns have been noted. There may be national recommendations released at a later date</li> </ul> |

| Item No.                       | Item   |
|--------------------------------|--|
| 5.2                            | <p>which the Trust will benchmark ourselves against. Action deadline changed to July 2024 due to national publication timescales.</p> <p><b>Resolved:</b> All actions were agreed as above.</p>  |
| <b>BD/1/31/6</b><br><b>6.1</b> | <p><b>Overview by the Chair</b><br/> The Chair noted a range of activities that had taken place since the last meeting of the Board. It has been a busy and challenging time for the organisation.</p>   |
| 6.2                            | <p>The Chair highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Excellent KITE award ceremony held in January 2024.</li> <li>• Congratulations expressed to Mr Duffy for the national recognition received in relation to innovative practice for knee surgery and follow up.</li> <li>• Thanks expressed to governors for their continued work and support.</li> </ul>  |
| 6.3                            | <p><b>Resolved:</b> The Chair's report was noted.</p>  |
| <b>BD/1/31/7</b><br><b>7.1</b> | <p><b>Chief Executive Report</b><br/> The Chief Executive presented his report as read.</p>  |
| 7.2                            | <p>The following points were highlighted:</p> <ul style="list-style-type: none"> <li>• National interest around the pressures across the NHS continued. Thanks were expressed to colleagues for their hard work and care during a challenging winter period.</li> <li>• Systems pressures continue and HDFT are providing support where appropriate.</li> <li>• The planning re-set continued and there were continued challenges within the Humber and North Yorkshire system noted.</li> <li>• It was confirmed that the national Planning Guidance was awaited.</li> <li>• Maternity services continue to be an area of national interest and it was noted that the Board would be reviewing the Maternity Incentive Scheme (MIS) Year 5 as part of the agenda.</li> <li>• A number of ward moves would be taking place in the coming months and assurance was provided in relation to the Quality Impact Assessment process being in place and active</li> </ul> |
| 7.3                            | <p>The Non-executive Director (WS) queried if the system pressures were impacting on safeguarding arrangements. The Chief Executive confirmed that urgent services in the community remained in place and safeguarding was not impacted.</p>   |
| 7.4                            | <p>The Non-executive Director (LR) queried 0-19 North Yorkshire services and the model currently in place. The Executive Director of Nursing, Midwifery and AHPs noted that staff are aware of the limitations of the financial envelope, the issues are not in relation to our model but some challenges in the wider infrastructure when support services have a reduced infrastructure. Discussions are ongoing across the wider system to review where and how services can be provided appropriately.</p>   |
| 7.5                            | <p>The Non-executive Director (LR) noted that in the patient story Nutrition and Hydration were highlighted as not at an expected level. Reference was made to recent internal audit reports. The Executive Director of Nursing, Midwifery and AHPs noted that there were a number of different elements and workstreams. Historically HDFT had a nutrition group, this had been expanded and now included nutrition and hydration. This is the group that has oversight of the internal audit recommendations. It was noted that there are challenges around systems as some patient records are electronic and some are paper based which has added complexity and challenges.</p>   |

| Item No.           | Item  |
|--------------------|---|
| 7.6                | <b>Action:</b> To provide a deep dive overview of nutrition and hydration to the Quality Committee.   |
| 7.7                | <b>Action:</b> A session on Power BI and metrics to be undertaken with the Trust Board.   |
| 7.8                | The Non-executive Director (JW) queried if HDFT had received any financial support following the recent junior doctor industrial action. The Chief Executive confirmed that no specific funding had been allocated however, it had been recognised nationally that there may be an impact on organisations' financial position.   |
| 7.9                | <b>Resolved:</b> The Chief Executive's Report was noted.  |
| BD/1/31/8<br>8.1   | <b>Corporate Risk Register</b><br><b>Resolved:</b> The Corporate Risk Register was noted.   |
| BD/1/31/9<br>9.1   | <b>Board Assurance Framework – Best Quality, Safest Care</b><br>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. It was also noted that there was one Corporate Risk Register remaining in relation to this element of the BAF. It was noted that the PSIRF process had been signed off by the ICB.                            |
| 9.2                | <b>Resolved:</b> The update on the BAF: Strategic Ambition - Best Quality, Safest Care was noted.   |
| BD/1/31/10<br>10.1 | <b>Quality Committee Chair's Report</b><br>The Chair of the Committee noted that <ul style="list-style-type: none"> <li>The Maternity Incentive Scheme Year 5 had been discussed in detail and recommended for approval to the Board.</li> <li>Learning from Deaths Report had been received and noted.</li> </ul>  |
| 10.2               | <b>Resolved:</b> The update from the Quality Committee Chair was noted.   |
| BD/1/31/11<br>11.1 | <b>Integrated Board Report - Indicators from Safe, Caring and Effective domains</b><br>The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.   |
| 11.2               | <b>Resolved:</b> The Board noted the content of the report.   |
| BD/1/31/12<br>12.1 | <b>Executive Director of Nursing, Midwifery and AHPs Report</b><br>The Executive Director of Nursing, Midwifery and AHPs' report was received and taken as read. No further questions were raised.  |
| 12.2               | <b>Resolved:</b> The Board noted the content of the report.   |
| BD/1/31/13<br>13.1 | <b>Executive Medical Director</b><br>The Executive Medical Director took the report as read. It was noted that the Medically Enhanced Care Unit (MECU) would be opening shortly. This would support patients who are too unwell for a ward environment, but do not need the level of intervention that an intensive care unit would provide. This was noted as having a significant impact on the quality and care HDFT provides. |
| 13.2               | The Non-executive Director (AP) queried the progress on the Innovation Hub. The Executive Medical Director noted that significant steps had been taken in the last 12 months for innovation. The Hub would be provided at the St James Business Park and it will be launched in the Summer 2024.  |
| 13.3               | The Non-executive Director (JC) queried the Structured Judgement Reviews that had taken place and if any themes and trends had been identified. The Executive Medical   |

| Item No.          | Item   |
|-------------------|--|
|                   | Director confirmed that the report had been discussed in detail at the Quality Committee in January 2024. It was noted that there had been no themes and trends.   |
| 13.4              | The Non-executive Director (LR) queried the implementation of ReSPECT. The Executive Medical Director confirmed the context of the ReSPECT forms and processes. It was confirmed that the implementation would be commenced in February 2024.  |
| 13.5              | The Non-executive Director (AP) expressed his thanks to Dr Dave Earl, Deputy Medical Director and Medical Examiner for his work in relation to the Medical Examiner role.  |
| 13.6              | The Non-executive Director (CD) queried if now the ReSPECT forms are digital can themes and trends be reviewed. The Executive Medical Director would review and consider how the information can be interrogated in the future.  |
| 13.7              | <b>Resolved:</b> The Board noted the content of the report.  |
| <b>BD/1/31/14</b> | <b>Learning from Deaths Quarterly Report</b>   |
| 14.1              | The Executive Medical Director took their report as read.  |
| 14.2              | <b>Resolved:</b> The report was noted.   |
| <b>BD/1/31/15</b> | <b>Board Assurance Framework – Great Start in Life</b>   |
| 15.1              | The Director of Strategy provided the Board with an update on this element of the BAF. The Corporate Risk Register was noted in relation to Autism Assessments.  |
| 15.2              | The Non-executive Director (JW) noted that for autism and learning disabilities a collaborative approach would need to be taken.   |
| 15.3              | <b>Resolved:</b> The update on the BAF: Strategic Ambition - Great Start in Life was noted.  |
| <b>BD/1/31/16</b> | <b>Strengthening Maternity and Neonatal Safety</b>   |
| 16.1              | The Executive Director of Nursing, Midwifery and AHPs and the Associate Director of Midwifery presented the November and December Strengthening Maternity and Neonatal Safety Reports to the Board.  |
| 16.2              | NHS Resolution had requested that the Trust review the MIS Year 4 submission in relation to the CQC Maternity Inspection recommendations. A review was completed and submitted to NHS Resolution and the Trust had received confirmation that evidence was been received.  |
| 16.3              | The challenge in relation to the capacity for caesarean sections were discussed in detail.   |
| 16.4              | The Local Maternity and Neonatal Safety Report was received by the Trust Board for review.   |
| 16.5              | The Non-executive Director (AP) noted that as Maternity Safety Champion he had reviewed all action plans and noted the significant amount of work that had been completed.   |
| 16.6              | The Non-executive Director (LR) queried NICE guidance noting 3 were non compliant for maternity. The Associate Director of Midwifery noted that they were in the process of being assessed rather than being non compliant. The formal documentation need to be completed. No risks had been identified to date. |



| Item No.          | Item   |
|-------------------|--|
| 16.7              | The Non-executive Director (JC) noted that the number of 3 <sup>rd</sup> and 4 <sup>th</sup> degree tears had increased. The Executive Director of Nursing, Midwifery and AHPs noted that there were challenges due to complex deliveries. Further analysis was ongoing. The Clinical Director (PSC) noted that this was monitored through the Maternity Quality Group and it has been an area of focus with further improvement activity planned.   |
| 16.8              | <b>Resolved:</b> The November and December 2024 Strengthening Maternity and Neonatal Safety reported were reviewed and approved.   |
| <b>BD/1/31/17</b> | <b>Maternity Incentive Scheme</b>  |
| 17.1              | The Executive Director of Nursing, Midwifery and AHPs and the Associate Director of Midwifery took the report and associated documentation as read.  |
| 17.2              | The Maternity Incentive Scheme staffing report was presented and the Board agreed this evidence demonstrated compliance with supernumerary status as required for the Maternity Incentive Scheme.  |
| 17.3              | The ATAIN action plan was reviewed and agreed by Trust Board.  |
| 17.4              | The Medical Staffing Guideline which includes the management of Locums and Compensatory Rest and action plan was reviewed and agreed by Trust Board.   |
| 17.5              | The Neonatal Medical and Nursing Workforce Action Plan was reviewed and agreed by Trust Board.   |
| 17.6              | The Training Plan and Training Action plan to meet and maintain compliance at 90% was reviewed and agreed by Trust Board. It was noted that the action plan to achieve 90% compliance is now complete.   |
| 17.7              | Discussion occurred regarding the delayed notification to MBRRACE UK of a fetal demise which was born at the time of birth of its live twin born in the third trimester. The delayed notification did not impact on patient care, MDT review or completion of the Perinatal Mortality Review Tool.   |
| 17.8              | The Board noted that full evidence was available for review and assurance was received.  |
| 17.9              | The Non-executive Director (LR) noted that the Quality Committee had reviewed the information in detail and they had recommended for approval the MIS Year 5 submission.   |
| 17.10             | The Non-executive Director (AP) noted that as Maternity Safety Champion he had reviewed the information and was recommending for approval of the MIS Year 5 submission.  |
| 17.11             | <b>Resolved:</b><br>(i) ATAIN Action Plan approved.<br>(ii) Medical Staffing Guideline Action Plan approved.<br>(iii) Neonatal Medical & Nursing Workforce Action Plan approved.<br>(iv) Training Plan and Training Action Plan approved.<br>(v) The Trust Board were satisfied that the evidence provided demonstrated achievement of the NHSR Maternity Incentive Scheme ten maternity safety actions and safety actions' sub-requirements as set out in the safety actions and technical guidance document.<br>(vi) The Trust Board granted authority to the Chief Executive to sign the Maternity Incentive Scheme Board declaration form prior to submission to NHS Resolution. |

| Item No.           | Item   |
|--------------------|--|
| BD/1/31/18<br>18.1 | <b>Board Assurance Framework – Person Centred, Integrated Care, Strong Partnerships</b><br>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 and corporate risks.   |
| 18.2               | <b>Resolved:</b> The update on the BAF: Strategic Ambition - person centred, integrated care, strong partnerships was noted.   |
| BD/1/31/19<br>19.1 | <b>Resource Committee Chair Report</b><br>The Chair of the Committee noted that a wide range of agenda items had been discussed at the Committee. The following areas were highlighted: <ul style="list-style-type: none"> <li>• Finance: surplus, deficit and activity were reviewed in detail.</li> <li>• Operations: performance against key performance indicators had been reviewed in detail specifically in relation to the 4 hour ED target and RTT.</li> <li>• Workforce: noted that the Trust were ahead of establishment plans for nursing colleagues. Discussions were held on breaches against the working time directive.</li> <li>• Business development: a number of contracts and capitals works were discussed as per the Committee's delegated authority from Board.</li> </ul> |
| 19.2               | Non-executive Director (WS) queried the 65 week wait trajectory. The Chief Operating Officer confirmed that the Trust was on plan for trajectory delivery. It was noted that there had been significant improvements since April 2023.   |
| 19.3               | <b>Resolved:</b> The Board noted the content of the report.  |
| BD/1/31/20<br>20.1 | <b>Integrated Board Report - Indicators from Responsive, Efficiency, Finance and Activity Domains</b><br>The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.  |
| 20.2               | <b>Resolved:</b> The Board noted the content of the report.  |
| BD/1/31/21<br>21.1 | <b>Chief Operating Officers Report</b><br>The Chief Operating Officer presented the report as read. No further queries were received.  |
| 21.2               | <b>Resolved:</b> The Board noted the content of the report.  |
| BD/1/31/22<br>22.1 | <b>Director of Finance Report</b><br>The Director of Finance presented his report as read. Cash balance was noted as a challenged position and work was ongoing with NHS England. No further queries were received.  |
| 22.2               | <b>Resolved:</b> The Board noted the content of the report.  |
| BD/1/31/23<br>23.1 | <b>Board Assurance Framework – At Our Best Place to Work</b><br>The Deputy Director of People and Culture updated the Board on this element of the BAF. The corporate risks in relation to this element of the BAF were noted including a reduction in risk rating for workforce risk.   |
| 23.2               | <b>Resolved:</b> The update on the BAF: Strategic Ambition - At Our Best, making HDFT the best place to work was noted.  |
| BD/1/31/24<br>24.1 | <b>People and Culture Committee Chair's Report</b><br>The Committee chair provided an overview of the discussions held at the People and Culture Committee.  |



| Item No.           | Item  |
|--------------------|---|
| 24.2               | <p>It was noted that:</p> <ul style="list-style-type: none"> <li>• A colleague story had been received from the professional lead for physiotherapy.</li> <li>• Key performance indicators were reviewed in detail.</li> <li>• Breaches of the working time directive were analysed in depth.</li> <li>• Flu and Covid vaccination status was noted. It was confirmed that all eligible staff had been offered the vaccination.</li> <li>• Deep dives in two pillars of the People Strategy were undertaken. These were in Belonging and Growing for the Future.</li> <li>• The Freedom to Speak Up Guardian presented their report.</li> <li>• The Guardian of Safe Working presented their report and noted escalation in relation to the Surgical Assessment Unit (SAU).</li> <li>• The race and disability action plans received a deep dive by the Committee.</li> </ul> |
| 24.3               | <b>Resolved:</b> The Chair's update was noted.  |
| BD/1/31/25<br>25.1 | <p><b>Integrated Board Report - Indicators from Workforce Domains</b><br/>The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.</p>  |
| 25.2               | <b>Resolved:</b> The Board noted the content of the report.   |
| BD/1/31/26<br>26.1 | <p><b>People and Culture Director Report</b><br/>The Deputy Director of People &amp; Culture presented their report as read. No further queries were raised.</p>  |
| 26.2               | <b>Resolved:</b> The Board noted the content of the report.   |
| BD/1/31/27<br>27.1 | <p><b>Board Assurance Framework – Enabling Ambition: Digital Transformation</b><br/>The Executive Medical Director provided the Board with an overall update on the ambition and goals for this area of the BAF. No corporate risks were noted. The Laboratory Information Management System programme was noted as off track.</p>  |
| 27.2               | <b>Resolved:</b> The update on the BAF: Enabling Ambition: Digital Transformation was noted.  |
| BD/1/31/28<br>28.1 | <p><b>Board Assurance Framework – Enabling Ambition: Healthcare Innovation</b><br/>The Executive Medical Director provided the Board with an overall update on the ambition and goals for this area of the BAF. No corporate risks were noted.</p>  |
| 28.2               | <b>Resolved:</b> The update on the BAF: Enabling Ambition: Healthcare Innovation was noted.   |
| BD/1/31/29<br>29.1 | <p><b>Innovation Committee Chair's Report</b><br/>The Chair of the Committee noted that the Committee had a wide ranging discussion.</p>  |
| 29.2               | <p>The following were highlighted:</p> <ul style="list-style-type: none"> <li>• The Committee had visited SDEC to review their improvement activities and noted the interesting and productive session and the positive impact that the work in the area was having.</li> <li>• The programmes under the digital workstream were discussed in detail. Significant advancements were noted across a range of systems trustwide. Challenges were noted in relation to the Laboratory Information Management System.</li> <li>• The Cyber Strategy had been approved by the Senior Management Team and ratified by the Committee.</li> <li>• Electronic Patient Record (EPR) programme was discussed in detail. A positive update on progress had been received.</li> </ul>  |

| Item No.   | Item   |
|------------|--|
|            | <ul style="list-style-type: none"> <li>Establishment of the Innovation Hub was noted, with the team moving into the new premises in April 2024 and a full launch event in the Summer 2024. Congratulations were expressed to the team for the significant amount of work undertaken in relation to Innovation in the last 12 months.</li> <li>Research workstreams and associated funding was reviewed.</li> </ul> |
| 29.3       | <b>Action:</b> To share the Cyber Security Strategy with Governors via the Governors Bulletin.   |
| 29.4       | <b>Action:</b> A joint Innovation and Resource Committee to be held in June 2024.  |
| 29.5       | <b>Resolved:</b> The Chair's update was noted.   |
| BD/1/31/30 | <b>Board Assurance Framework – Enabling Ambitions: An Environment that Promotes Wellbeing</b>  |
| 30.1       | The Director of Strategy updated the Board on the environment enabling ambition. The corporate risk in relation to the Goods Yard was highlighted.   |
| 30.2       | <b>Resolved:</b> The update on the BAF: Enabling Ambition: An Environment that Promotes Wellbeing was noted.   |
| BD/1/31/31 | <b>Director of Strategy Report</b>   |
| 31.1       | The Director of Strategy presented his report as read. The HDFT Impact programme was highlighted.  |
| 31.2       | <b>Resolved:</b> The Director of Strategy Report was noted.  |
| BD/1/31/32 | <b>Audit Committee Update</b>  |
| 32.1       | The Chair of the Audit Committee provided an update on the work of the Committee.  |
| 32.2       | An informal Audit Committee had taken place to discuss the submission of the HDFT accounts.  |
| 32.3       | <b>Resolved:</b> the update was noted.   |
| BD/1/31/33 | <b>WYAAT Programme Executive Minutes</b>   |
| 33.1       | <b>Resolved:</b> The WYAAT Programme Executive Minutes were noted.   |
| BD/1/31/34 | <b>Collaboration of Acute Providers Minutes</b>  |
| 34.1       | <b>Resolved:</b> The Collaboration of Acute Providers Minutes were noted.  |
| BD/1/31/35 | <b>Board Appointed Non-executive Roles</b>   |
| 35.1       | The Chair took the report as read. The roles outlined were confirmed.  |
| 35.2       | <b>Resolved:</b> The roles and designations in the report were approved.   |
| BD/1/31/36 | <b>Use of the Trust Seal</b>   |
| 36.1       | The Company Secretary (Associate Director of Quality & Corporate Affairs) presented the report as read.  |
| 36.2       | <b>Resolved:</b> The details of the use of the Trust Seal and its use were approved by the Board.  |
| BD/1/31/37 | <b>Any Other Business</b>  |
| 37.1       | No further business was received.  |
| BD/1/31/38 | <b>Board Evaluation</b>  |
| 38.1       | Thanks were expressed to observers.  |

| Item No.           | Item  |
|--------------------|---|
| BD/1/31/39<br>39.1 | <b>Date and Time of the Next Meeting</b><br>The next meeting will be held on Wednesday, 31 <sup>st</sup> January 2024.  |
| BD/1/31/40<br>40.1 | <b>Confidential Motion</b><br><b>Resolved:</b> to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7, Section 18 (E), (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest. |

| Board of Directors (held in Public) Action Log<br>for March 2024 Board Meeting (updated after January 2024 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/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)<br>March: Survey circulated for completion mid to late March 2024                  | Ongoing  |
| 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                                     | 01 July 2024     | Update at Jan 24 Meeting: 14 recommendations given to Trust concerned. HDFT have benchmarked against these and have confirmed assurance. It was noted that there would be national recommendations which would be reported to the Board in due course. Action deadline changed to July 2024 (from March 2024) | Ongoing  |
| BD/1/31/7.6   | 31 January 2024  | Chief Executive's Report            | To provide a deep dive overview of nutrition and hydration to the Quality Committee                                | Executive Director of Nursing, Midwifery & AHPs     | 27 March 2024    | Outcomes of deep dive will be reviewed at the Quality Committee on 27 March 2024  | Propose to Close   |
| BD/1/31/7.7   | 31 January 2024  | Chief Executive's Report            | A session on Power BI and metrics to be undertaken with the Trust Board  | Deputy COO  | TBA              | Added to Board Workshop forward plan  | Ongoing  |
| BD/1/31/29.3  | 31 January 2024  | Innovation Committee Chair's Report | Share the Cyber Security Strategy with Governors via the Governor Bulletin.  | Director of Strategy                                | 01 February 2024 | Update shared on the Governor weekly bulletin on 2 February 2024  | Closed   |
| BD/1/31/29.4  | 31 January 2024  | Innovation Committee Chair's Report | A joint innovation and resource Committee to be held in June 2024 - for EPR Full Business Case                     | Interim Chief Digital Officer                       | 26 June 2024     | Update: Joint Innovation & Resource committee meeting scheduled for 26 June 2024 at 8.30am  | Ongoing  |

**BOARD OF DIRECTORS (PUBLIC)**  
**27th March 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           | <b>The Patient and Child First</b><br>Improving the health and wellbeing of our patients, children and communities  |
|  | Best Quality, Safest Care   |
|  | Person Centred, Integrated Care; Strong Partnerships  |
|  | Great Start in Life   |
|  | At Our Best: Making HDFT the best place to work   |
|  | An environment that promotes wellbeing  |
|  | Digital transformation to integrate care and improve patient, child and staff experience  |
|  | Healthcare innovation to improve quality  |
| 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)  
MARCH 2024**

**CHIEF EXECUTIVE'S REPORT**

**National and system issues**

1. The national focus has been on delivering key standards as we come to the end of 2023/24, and planning for the NHS as we move into 2024/25.
2. In terms of key national standards, the overriding ambition for the NHS as a whole is to deliver the improvements in urgent care necessary so that the four hour standard of 76% is delivered during the month of March. This is a standard that is based in evidence of improved outcomes, as well as patient experience, and is also a barometer of system delivery across the urgent care pathway.
3. As part of the focus on the four hour standard, there is an increased level of monitoring and oversight which our teams are managing. There is also a capital incentive scheme available, with up to £4m available to Trusts with a type one Emergency Department, based upon being in the top 10 in terms of March delivery or being in the top 10 most improved Trusts when compared with January.
4. Whilst improving the urgent care performance is fundamentally about improving care for patients, it is also important for the credibility of the NHS, particularly as we are currently in the planning round for 2024/25. This importance nationally is replicated locally, and we are focused on ensuring that we as an organisation demonstrate positively what we can achieve.
5. In relation to 2024/25, we are still awaiting the planning guidance from NHSE. However, planning discussions continue through the ICB and on to NHSE. There are significant challenges nationally in terms of both the delivery of improved standards of care and meeting the financial challenge.
6. The expectation is that all systems will deliver improvements in relation to waiting times, Emergency Department performance, cancer standards, and ambulance response times, and also maintain as a minimum the number of general and acute beds that are open.
7. These expectations are to be met within an extremely tight financial envelope available to the NHS, and there are some concerning financial pressures emerging across the country. The reality is that these pressures have been managed in the last twelve months non-recurrently and are now being exposed.
8. At HNY system level, an initial deficit of £170m was calculated (based upon delivering the necessary standards and with an efficiency delivery of around 5%), and a submission then made to reduce this to £98m. There are many discussions taking place locally, regionally and nationally to agree an approach, particularly in relation to the 'stretch' target, the impact of which on ourselves would be a further £6.5m efficiency improvement. We must take care that we take actions that are in line with delivering improved quality of care, and, as an important corollary, ensure that colleagues are engaged and positive in their work.

It is only through improving quality and improving staff engagement that we can deliver the longer term performance and productivity improvements that we are ambitious to deliver for our population's benefit.

9. As part of the longer term assessment of opportunities, the HNY system has now received the output of the work undertaken by Grant Thornton which was aimed at exploring financial solutions for the HNY system. We are currently analysing this work – which has identified 10 potential programmes of change – with the aim being to produce a 'blueprint' of service delivery for the system later in the financial year. A number of these areas helpfully also represent improvement opportunities for our patients (only being in hospital when necessary, reducing mental health out of area placements, improved clinical pathways, to name but three examples) and we need to maintain this focus in the face of a challenging short term financial environment.
10. Finally in relation to planning and performance, since we last met as a Board, the system has identified funding in 2023/24 to ensure that all organisations will reach financial balance, which is a positive outcome, notwithstanding the position that we are currently in in relation to planning for 2024/25.
11. Away from national and system planning, there are a number of other national and system issues to highlight.
12. There has been considerable concern in relation to the level of measles in the community, with the level of vaccination coverage a continuing worry. We are currently going through an exercise in relation to our staff to check and validate vaccination status to ensure we are protecting our staff and patients to the maximum effect.
13. The national staff survey results have now been published. We went through our results and comparison with other organisations at our Board workshop in February, but it is worth highlighting the positive findings for HDFT, where our survey results in all nine areas have improved. We also compare very favourably with other organisations in the Region.
14. Following a further period of Junior Doctor industrial action at the end of February, there are currently no strikes planned, although a settlement between the government and junior doctors still appears to be a long way off. As we have discussed regularly, this is not our dispute, but the impact on patients, colleagues (both those involved clinically and those involved managing operationally), and our finances is significant and cannot be treated as 'business as usual'.
15. In relation to West Yorkshire, the Executive Team were at an all-exec workshop with WYAAT colleagues that focused upon opportunities to improve productivity through working together. This included elective productivity, corporate service collaboration, and opportunities within local Places. This will be discussed further in April.
16. A number of HDFT colleagues were also at the relaunch of the WY stroke network, which is transferring in April to be managed by WYAAT, with a focus on agreeing key priorities for delivery in 2024/25, which are grouped around prevention, the acute stroke pathway, and rehabilitation. Again, this is important collaboration to ensure better patient outcomes.
17. The WYAAT strategy was also presented at our Board workshop, reinforcing the power of working together but also reinforcing the way in which we work together and collaborate.

This is so important as we work together to meet the challenges of the NHS both now and in the future.

18. In terms of our collaboration with our Local Authority partners, we have been in discussion with NY Council in relation to our s75 for adult services within the Harrogate and District locality. It has been agreed to extend this agreement for a further 12 months (subject to Board approval later on today's agenda) whilst we review how we organise ourselves to deliver integrated care for the benefit of our shared population.
19. It is also positive to report our agreement with Stockton council to enter into a s75 partnership agreement for the delivery of 0-19 services in the Stockton area. This is a further positive step that reinforces how we want to engage and work with key partners.

## HDFT issues

### Introduction

20. It currently feels even more important than usual to emphasise the importance of both recognising the fantastic work that our colleagues do every day whilst also acknowledging that there are improvements that we can make together. The external environment is tricky and as leaders we have to both translate the requirements for HDFT and also remain focused on our priorities.
21. Most important is to remember that *how* we do things is as important as *what* we do, as we will only succeed in delivering better services if we are consistently operating in line with our values.

### Our people

22. I have already referenced the recent period of industrial action. Let's hope that the government and BMA can constructively talk and agree a positive way forward soon.
23. We continue to have improving staffing levels across the Trust. In particular, our ward staff and our maternity staffing levels remain positive, and this is also translating into a reduction in the use of agency staff. Our turnover rate has reduced from 15.5% to 12.5% during this financial year, and our vacancy rate has almost halved from around 9% to 4.6%. We need to remain focused on areas which have local challenges (currently Wakefield 5-19 and Critical Care) but it is positive to reflect where we currently are at a trust level.
24. One area of challenge for a number of our colleagues at the moment is the impact of needing to vacate the Therapy block on the hospital site as part of our RAAC elimination programme. There are currently multiple team moves happening or due in the next few weeks and this is understandably causing some anxiety for some colleagues. We are appropriately spending significant time working with colleagues through this programme and trying at all times to be open and honest about the impact.
25. Our EDS 22 assessment review has concluded and as a result of the improvements that we have made, our rating has improved from being a 'developing' to an 'achieving' organisation. This is a significant step on our journey to ensure that all staff and patients



feel safe within HDFT and receive services that they should. Recent events highlighted in the media simply serve to re-emphasise that we can never be complacent and must continue our important work in relation to EDI as a Trust and as an NHS family.

### Our Quality

26. We have had a number of concerns raised by patients in respect of our patient appointment systems, with patients reporting difficulty on occasions in contacting our services. This has also been highlighted through Directorate risk registers and is something that we need to and will improve.
27. Our haematology service is currently struggling to maintain the level of medical capacity needed to provide the service that we would wish to. We are receiving support from our partners in WYAAT and there is a programme of work across WYAAT to find a longer term solution. The Board should be aware of the fragility and also recognise the help we are getting from other Trusts to ensure that we manage this risk in the short term.
28. We have had a number of external assessments over the last two months. We had a very positive JAG accreditation visit in February, where our endoscopy service was recognised for the services that they provide, we had a visit from the Health and Safety Executive which also went well, and our annual Place assessment demonstrated improvements in our environmental scores when compared with last year.
29. I reported in a previous meeting that we had had some concerns in relation to standards of care on Oakdale ward which had necessitated some improvement work. I am pleased to follow up and report that the position has improved and this has been triangulated with much improved patient feedback.

### Our Services

30. Our 0-19 services continue to deliver strong performance across the majority of our geographic footprint. This is despite some of the staffing challenges that we have been managing recently.
31. Our urgent care pathway remains an area of concern in terms of delivering the quality of service we would like to our population. However, the Board will see from our ED 4 hour performance information – used as a barometer for the system urgent care performance – that February showed improvement and this pattern of improvement has continued into March, where we are on target to meet the national standard of 76%. Ensuring consistency of delivery for our patients is crucial as we have variation in performance. The ED team, the Directorate, and the wider organisation all deserve credit this month for the work being undertaken, and it is very positive to demonstrate what we can deliver for our patients.
32. In relation to cancer, our performance has been improving. We met the faster diagnosis standard in February and we have gone below the year end target of people waiting over 62 days on cancer pathway. Our two week wait performance (87%) has also improved over previous months.
33. 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 the impact of industrial action through the year. The number waiting in total has also reduced.

### Our money

34. As you will read in the report from the Finance Director, our month 11 financial position has improved on Month 10, and with the continued impact of strengthened financial controls alongside ERF delivery and strike cost reimbursement, we are forecasting to break even at the end of the year.
35. The focus is very much on our financial plans for next year, with a need to deliver the productivity improvements and waste reduction that will ensure we achieve our financial plan whilst delivering our expected quality and performance standards.
36. It should also be noted that as a result of the financial position, our cash balance has reduced. We have had approval to receive the cash support we applied for, but clearly this is an issue for us to manage as we discuss the system financial position for 2024/25.

### Other

37. We continue to roll out our Continuous Improvement programme, HDFT Impact, with further areas of the Trust now part of the second wave of roll out. As we know, this is very much a long term programme and includes significant cultural and organisational development. We will be having further discussion with Board members about our role in the programme and as part of this how we utilise our Board days to reinforce the methodology. This will include a routine, structured approach to visits to services (the 'Gemba') when we come together each month.
38. In respect of significant capital developments, the Wensleydale ward refurbishment is now complete and the ward is now in use. 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). Funding for the TIF2 element has been confirmed and we are expecting the further RAAC funding to also be approved.
39. On a very positive note, we have recently won the NHSE National SEND Award in the Health Innovation Award category, for our work in developing and implementing the NHS Friends and Family Test for children and young people with complex SEND, at the SEND Awards ceremony. This is a fantastic achievement, and has enabled professionals to give a voice to children with highly complex needs.
40. Finally, whilst I have appropriately referenced the strategic and operational challenges that we are managing at the moment, it is really important that we remain positive and optimistic across the organisation about the role we can play to improve services and outcomes for our patients and population. The current financial challenge that is taking up a lot of discussion, especially externally, will only be met by having engaged colleagues, seeking improvement, and focusing on doing the right thing for our patients. It is important as leaders that we maintain this as our focus, we deliver the high standards that we say we will deliver, and ensure that we do this in a way that reinforces the way in which we want to be as an organisation.

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

### Related Corporate Risks

| ID    | Title             | Description  | Current Rating (CxL) | Target Rating (CxL) & Date | Risk Type               | Risk Appetite |
|-------|-------------------|--|----------------------|----------------------------|-------------------------|---------------|
| 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<br>(Dec 23)          | Clinical<br>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 |
|--|--|------------|--|--|--------------|
| <b>Theatres Safety</b><br>To improve the safety culture in theatres  | Reduction in SIs in theatres   | CLOSED     | <i>This project was closed during 2023. The levels of moderate and above harm continue to be monitored as per business as usual activities.</i>  | <i>This project was closed during 2023.</i>  | CLOSED       |
| <b>Falls</b><br>To reduce the number of falls in the acute setting rated moderate and above.                     | Reduction in Falls rated moderate and above per 1,000 bed days           |            | <ul style="list-style-type: none"> <li>Older people routinely risk assessed at all appointments</li> <li>Those at risk of falls have an individualised multifactorial intervention</li> <li>Older people who fall during admission are checked for injury</li> <li>Older people in the community with a known history of recurrent falls are referred for strength and balance training</li> <li>Older people who are admitted after a fall in the community offered a home assessment and safety interventions</li> </ul>   | <ul style="list-style-type: none"> <li>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</li> <li>Inpatient falls per 1,000 bed days remain within the business rules (March 2024 – IBR)</li> </ul>   |              |
| <b>Pressure Ulcers</b><br>To reduce the number of pressure ulcers in the acute setting rated moderate and above. | Reduction in pressure ulcers rated moderate and above per 1,000 bed days |            | <ul style="list-style-type: none"> <li>Pressure Ulcer Improvement Plan developed</li> <li>PURPOSE T risk assessment tool used on all patients</li> <li>Reassessment of patients as per revised SOP</li> <li>All at risk patients to have a pressure ulcer management plan in place</li> <li>Patients with MASD to have joint assessment with continence nurse and TVN</li> <li>Clinical staff to have Preventing Pressure Ulcer training</li> <li>Patients who develop Cat 3, 4 and Unstable pressure ulcer, DTI and device related pressure damage to be reviewed by a TVN</li> </ul> | <ul style="list-style-type: none"> <li>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</li> <li>Pressure ulcers – hospital acquired, category 3 or above per 1,000 bed days remain within the business rules (March 2024 – IBR)</li> <li>Pressure ulcers – community acquired, category 3 or above per 1,000 patient contacts remain within the business rules (March 2024)IBR</li> </ul> |              |

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

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

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

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

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

Executive Director of Nursing, Midwifery and AHPs

| Matters of concern & risks to escalate  | Major actions commissioned & work underway  |
|---|---|
| <ul style="list-style-type: none"><li>2.2.2 – Complaints response (79%) – an improved position from last month however 95% standard not consistently met. Refocused efforts on sustaining improvement</li><li>1.6 – Incident Reporting – low rate of reporting identified for this month. Continue to observe as watch metric</li></ul>   | <ul style="list-style-type: none"><li>IBR 1.1 – Pressure Ulcers Hospital – positive impact of HDFT Impact driver metrics, no moderate harms reported in February</li><li>Accreditation programme design commenced aligned to HDFT Impact, co-designed with teams. Testing to commence over the next month</li></ul> |
| Positive news & assurance   | Decisions made & decisions required of the Board  |
| <ul style="list-style-type: none"><li>IBR 1.8.1 &amp; 1.8.2: Registered Nurse and Care Support Worker staff availability and Care Hours Per Patient Day sustaining at good levels. Positive trajectory to remove nursing agency usage continues. 750k cost avoidance for nursing agency achieved YTD.</li><li>100% pass rate of OSCE exams for all International Nurses</li></ul> |   |



# Medical Director Report for Public Board

Date: March 2024

Author: Dr Jacqueline Andrews



## Matters of concern & risks to escalate

### Best Quality, Safest Care

### Enabling Ambitions- Digital, Research, Innovation

## Major actions commissioned & work underway

### Best Quality, Safest Care

- Clarification of scope of practice of Physician Associates at HDFT in light of national concerns
- Work to improve IPC clearance for new staff starters underway
- Clinical Effectiveness function/team renamed Clinical Standards, with refresh and simplification of team structure and portfolio
- Tobacco control policy under review in view of national “swap to stop” campaign by NHSE

### Enabling Ambitions- Digital, Research, Innovation

- EPR programme – evaluation stage coming to a close, moderation of responses now commencing

## Positive news & assurance

### Best Quality, Safest Care

- ReSPECT e-process now live
- From May 24, changes to SHMI methodology- main change is COVID-19 activity included if the discharge date is on/after 1 September 2021
- WYAAT support for fragile clinical services at HDFT- advanced plans for a new networked Haematology service model and positive conversations about Cardiology joint working with LTHT
- HDFT hosted the launch of the national “Let’s Remove It” campaign on behalf of the Royal College of Surgeons (Edin) following findings from the Working Party on Sexual Misconduct in Surgery & the Surviving in Scrubs group around sexual harassment and abuse faced in surgical specialties

### Enabling Ambitions- Digital, Research, Innovation

- More success for the HAPPi innovation project/Digital Clinical Fellow
- Digital Benefits (identification and realisation) Manager appointed

## Decisions made & decisions required of the Board

### Best Quality, Safest Care

### Enabling Ambitions- Digital, Research, Innovation



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 | Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within 3 months of referral.<br><br>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. | 12 (3x4)             | 9 (3x3)<br>(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<br>Influencing regional/national policy<br>Increased staff engagement |            | <ul style="list-style-type: none"> <li>Children's PH Strategy Workshop – Oct 22</li> <li>Draft Engagement Plan supported by Children's PH Services Board WG – Jan 23</li> <li>Children's PH Services Conference – Q3 23/24</li> <li>Branding for the Great Start in Life concept – Q4 23/24</li> </ul>  | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Booked for 16 April 2024 in County Durham. Full programme agreed, delegates invited, Key Note Speaker confirmed.</li> <li>Complete – logo produced, Great Start in Life Foundation soft launch being planned, merchandise sourced and ordered, formal launch at Great North Run 8 September 2024.</li> </ul> |              |
| Improving strategic relationship management with system partners  | Improved outcomes for children<br>Securing long-term partnerships  |            | <ul style="list-style-type: none"> <li>Children's PH Strategy Workshop – Oct 22</li> <li>Review existing strategic relationships – Dec 22</li> <li>Stakeholder Management Plan supported by Children's PH Services Board WG – Jan 23</li> <li>Strategic meetings attendance plan – Jun 23</li> <li>Establish informal meetings with Lead Commissioners and DPHs – Sep 23</li> </ul>   | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete – regular meetings with commissioners and DPHs in place. Exec Director attendance at Health &amp; Wellbeing Boards identified.</li> </ul>   |              |
| An operating model to support & enable services outside Harrogate   | Improved outcomes for children<br>Improved service delivery<br>Increased staff engagement                                      |            | <ul style="list-style-type: none"> <li>Children's PH Strategy Workshop – Oct 22</li> <li>Review of corporate support – Jun 23 (revised from Jan 23)</li> <li>Review of community estate and processes – Jun 23 (revised from Mar 23)</li> <li>Proposal for "Northern Hub" – Jul 23 (revised from Mar 23)</li> <li>Draft Operating Model supported by Children's PH Services Board – Oct 23 (revised from Apr 23)</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Delayed – Beehive building in Darlington identified as Northern Hub. Developing hot desk and meeting space for Mar 24</li> <li>Complete – support from corporate teams agreed and being implemented.</li> </ul>  |              |
| To Increase the percentage of children identified as at risk of vulnerabilities at birth who are in universal services by 30 months | Improved outcomes for children   |            | <ul style="list-style-type: none"> <li>HDFT Impact A3 analysis has identified that we do not have good data to demonstrate the impact of early intervention and prevention services. The first step to deliver this objective is to capture the data. Improvement actions will be developed once a baseline has been established.</li> </ul>  | <ul style="list-style-type: none"> <li>On Track</li> </ul>  |              |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
|  |  |  | <ul style="list-style-type: none"><li>• Electronic data capture for children at risk of vulnerabilities at birth and at 30 months in place – Jan 24</li><li>• Staff trained to capture data at birth and at 30 months – Jan 24</li><li>• Baseline data collection started – Jan 24</li></ul> | <ul style="list-style-type: none"><li>• On Track</li><li>• On Track</li></ul> |  |
|--|--|--|--|---|--|

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

| Strategic Objective   | Outcome  | Metric RAG | Plan  | Position  | Delivery RAG |
|---|--|------------|---|---|--------------|
| To embed the “Hopes for Healthcare” principles in all HDFT services | Better patient experience for children<br>Improved safety for children |            | <ul style="list-style-type: none"> <li>Establish Great Start in Life Programme Board – Jan 23</li> <li>Review of previous work on Hopes for Healthcare – May 23</li> <li>Stakeholder review of Hopes for Healthcare ambitions – Jul 23</li> <li>Relaunch of updated Hopes for Healthcare ambitions – Sep 23</li> </ul> <p>The development of the HDFT Impact A3 for this objective identified that in addition to reviewing the Hopes for Healthcare ambitions, better data is required to understand children and young people's experience of our services and how we need to improve. The plan for this objective will be updated to reflect the HDFT Impact A3.</p> | <ul style="list-style-type: none"> <li>Complete – First board held on 21 Feb 2023</li> <li>Delayed – further information to collect from directorates; Dr Cannings seeking dates to attend Directorate Boards</li> <li>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.</li> <li>The Young people's focus groups will inform the development of a CYP Patient Experience test/tool</li> <li>The Steering Group will review the Hopes for Healthcare Audit outstanding actions and HoNs will provide Directorate Update</li> </ul> |              |

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

| Strategic Objective  | Outcome  | Metric RAG | Plan   | Position   | Delivery RAG |
|--|--|------------|--|--|--------------|
| Embedded immediate and essential actions from Ockenden Report (2020 & 2022)                      | <p>A robustly funded, well-staffed and trained workforce to be able to ensure delivery of safe, and compassionate, maternity care.</p> <p>Strengthened accountability for improvements in care with timely implementation of changes in practice following incidents and complaints and compassionate investigations involving families.</p> |            | <ul style="list-style-type: none"> <li>Continue processes already in place for reporting to Maternity Safety Champions, Trust Board and external stakeholders and bodies.</li> <li>Review NICE guidance compliance document to assure guidelines are relevant and met.</li> <li>Pathways of care to be clearly described, in written information in formats consistent with NHS policy and posted on the trust website.</li> </ul> | <ul style="list-style-type: none"> <li>Processes in place</li> <li>Obstetrics NICE compliance: <ul style="list-style-type: none"> <li>Relevant guidelines – 21, of which: <ul style="list-style-type: none"> <li>Compliant – 8</li> <li>Non-compliant – 2</li> <li>Working towards compliance – 1</li> <li>Guideline under review – 4</li> </ul> </li> </ul> </li> <li>All patient information is being developed with service users via the Maternity Voices Partnership</li> </ul> |              |
| Progress actions towards the Three Year Delivery Plan for Maternity and Neonatal Services (2023) | Listening to and working with women and families, with compassion.   |            | <ul style="list-style-type: none"> <li>Work with LMNS to improve Perinatal pelvic health services.</li> <li>Audit of personalised care and equity and inequality</li> </ul>  | <ul style="list-style-type: none"> <li>Steering group meetings taking place monthly. Pelvic Health Specialist Midwife recruited. Physiotherapist recruitment progressing. Purchased equipment required.</li> <li>Personalised care audited. Equity and equality audits now implemented as part of all audits.</li> </ul>   |              |
|  | Growing, retaining, and supporting our workforce.  |            | <ul style="list-style-type: none"> <li>Implement equity and equality plan actions to reduce workforce inequalities</li> <li>Develop a recruitment and retention improvement action plan</li> <li>Maternity and neonatal leads have the time, access to training and development (Core Competency v2)</li> </ul>  | <ul style="list-style-type: none"> <li>In progress</li> <li>Recruitment and retention action plan in place.</li> <li>Business case developed. Clinical educator midwife recruited.</li> </ul>  |              |
|  | Developing and sustaining a culture of safety, learning, and support.  |            | <ul style="list-style-type: none"> <li>PSIRF implementation</li> <li>Neonatal leads to participate directly in board discussions</li> </ul>  | <ul style="list-style-type: none"> <li>Trust PSIRF in place</li> <li>Neonatal lead engaged in Maternity Safety Champion meetings with executive and non-executive Board members.</li> </ul>  |              |
|  | Standards and structures that underpin safer, more personalised, and more equitable care.  |            | <ul style="list-style-type: none"> <li>Implementation of version 3 of the Saving Babies' Lives Care Bundle</li> <li>Digital roadmap</li> </ul>   | <ul style="list-style-type: none"> <li>Progress being made. LMNS assessment – 84% compliant March 24.</li> <li>Roadmap created and approved.</li> </ul>  |              |

## Maternity – March 2024 (February's data)

| Matters of concern & risks to escalate  | Major actions commissioned & work underway  |
|---|---|
| <ul style="list-style-type: none"> <li>Informed consent – emerging theme from concerns/complaints/claims/regional team</li> </ul> | <ul style="list-style-type: none"> <li>Saving babies lives care bundle version 3 – work on-going to meet requirements</li> <li>In-house stop smoking service in development – Tobacco Dependency Advisors in post in March</li> <li>Data quality in Badgernet work on-going –Band 4 started in post in March</li> <li>Core Competency framework v2 business case undergoing further development</li> <li>4D scanning private service commencing in March</li> <li>SCORE culture survey circulated as part of NHSE Perinatal Culture and Leadership Programme.</li> <li>BaBi Harrogate research project –recruitment to study commenced</li> <li>Single Point of Contact for maternity to be launched in March</li> <li>NICE compliance – progressing assessments – 2 remain to be reviewed.</li> <li>Pelvic Health project work underway – recruited midwife with external funding to commence in April</li> <li>Creating Baby Carousel with MVP</li> <li>Birthrate Plus establishment setting review commenced</li> <li>Creating Annual Leave SOP</li> <li>NHSE Estates survey</li> <li>Initial update received from NHR regarding requirements of Maternity Incentive Scheme Year 6.</li> </ul> |
| Positive news & assurance   | Decisions made & decisions required of the Board  |
| <ul style="list-style-type: none"> <li>No new MNSI cases reported</li> <li>No on-going PSII investigations</li> </ul>             |   |



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

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

**GOALS:**

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

**Governance:**

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

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

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

**Related Corporate Risks**

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



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

| Strategic Objective                            | Outcome   | Metric RAG | Plan   | Position   | Delivery RAG |
|--|---|------------|--|--|--------------|
| ED Streaming                                   | Improved ED 4 Hour Performance<br>Improved flow through ED<br>Improved patient experience   |            | <ul style="list-style-type: none"> <li>Staff Recruitment – Sep 22</li> <li>Staff in post – Oct 22</li> <li>E-streaming in place – Oct 22</li> <li>Staff training complete – Jan 23</li> </ul>  | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>   |              |
| ED Reconfiguration:<br>Fit to Sit, Majors Area | Improved ED 4 Hour Performance<br>Improved flow through ED  |            | See “Enabling Ambition: An environment that promotes wellbeing” for details  | Stage1/3 complete. Stage 2/3 underway.   |              |
| ED/Acute Flow – Acute Referral Triage          | Reduction in ED attendances<br>Improved satisfaction from referrers<br>Patients referred to the right service first time  |            | <ul style="list-style-type: none"> <li>Workforce &amp; data review – Sep 22</li> <li>User feedback analysed – Sep 22</li> <li>Pathways written – Nov 22</li> <li>Single point of access for acute and community services in place - TBC</li> </ul>   | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Decision required on whether to progress with single point of access for acute and community</li> </ul> |              |
| ED/Acute Flow – Consultant Allocation          | Reduce delays in medical review<br>Reduce number of outliers<br>Improved clinical experience<br>Improved consultant working   |            | <ul style="list-style-type: none"> <li>Centralised ward clerk management – Nov 22</li> <li>Standard ward clerk training programme – Nov 22</li> <li>Future ward reconfiguration agreed – Nov 22</li> <li>SOP agreed – Dec 22</li> <li>Future ward reconfiguration implemented – Dec 22</li> </ul>  | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>   |              |
| ED/Acute Flow – Acute Medicine Model           | Reduced LoS for acute medicine patients<br>Compliant with 14hr senior review standard<br>Extended SDEC opening hours, increased SDEC capacity                           |            | <ul style="list-style-type: none"> <li>Acute Assessment Team &amp; SDEC specification – Jul 22</li> <li>Acute Medicine staffing review – Aug 22</li> <li>Acute Medicine matron in post – Aug 22</li> <li>Training programme in place – Dec 22</li> <li>Staff investment (business case) – Mar 23</li> <li>Increased consultant team in place – Aug 23</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>   |              |
| ED/Acute Flow – Internal Referrals             | Reduced time to request inpatient specialty review<br>Standardising process<br>Improving patient flow<br>Reduce 24 hr maximum time to accept inpatient specialty review |            | <ul style="list-style-type: none"> <li>Design SDEC and Elderly Med referral forms – Oct 22</li> <li>SDEC &amp; Elderly Med referral forms in WebV – February 23</li> <li>Train users – Feb 23</li> <li>WebV referral forms testing – March 23</li> <li>Phase 1 Go Live – March 23</li> <li>Phase 2 Comms – June 23</li> <li>Phase 2 Go live – June 23</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> </ul>                               |              |

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



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

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

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

| Strategic Objective            | Outcome  | Metric RAG | Plan   | Position   | Delivery RAG |
|--------------------------------|--|------------|--|--|--------------|
| Wharfedale Theatres (TIF1)     | <ul style="list-style-type: none"> <li>Additional activity (estimated 282 General Surgery Day Case, 1017 Urology Day Case, 535 Gynaecology Day Case per annum)</li> <li>Improved waiting time performance</li> </ul>   |            | <ul style="list-style-type: none"> <li>NHSE Business Case (BC) approval – Nov 22</li> <li>Internal BC approval – Jan 23</li> <li>MOU signed – Feb 23</li> <li>Proposal operationalised - Nov 23</li> <li>Contract signed – TBC</li> <li>Recruitment complete – TBC</li> <li>Construction complete – TBC</li> <li>Go Live – TBC</li> </ul>  | <ul style="list-style-type: none"> <li>On Track</li> <li>On Track</li> <li>On Track</li> <li>On Track</li> <li>Delay at LTHT, timeline under review</li> <li>Delay at LTHT, timeline under review</li> <li>Delay at LTHT, timeline under review</li> <li>Delay at LTHT, timeline under review</li> <li>Risk remains over LTHT funding (outside of HDFT control), revised timelines in place</li> </ul> |              |
| HDH Additional Theatres (TIF2) | <ul style="list-style-type: none"> <li>Additional activity (General Surgery 750 day case/inpatient, Urology 1300 day case/inpatient, Gynaecology 60 day case/inpatient, Breast 250 day case/inpatient per annum)</li> <li>Improved waiting time performance</li> </ul>   |            | <ul style="list-style-type: none"> <li>NHSE BC approval Sep 22</li> <li>HDFT capital to support enabling schemes agreed – Dec 22</li> <li>Internal BC approval – Jan 23</li> <li>Planning permission awarded – TBC</li> <li>Complete tender, appoint contractor – Aug 23</li> <li>Recruitment complete – TBC</li> <li>Therapies moved out – TBC</li> <li>RAAC issues addressed – TBC</li> <li>Construction commenced - TBC</li> <li>Construction complete – TBC</li> <li>Equipment purchased &amp; tested - TBC</li> <li>All training complete - TBC</li> <li>Go Live – TBC</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Ongoing</li> <li>Complete</li> <li>Ongoing</li> <li>Ongoing</li> <li>TBC establishing timelines</li> <li>TBC establishing timelines</li> <li>TBC establishing timelines</li> <li>TBC establishing timelines</li> <li>TBC establishing timelines</li> <li>TBC establishing timelines</li> </ul>            |              |
| Outpatient Transformation      | <ul style="list-style-type: none"> <li>Reduce Follow Ups by 25% (compared to 19/20)</li> <li>Expand uptake of Patient Initiated Follow Up (PIFU) to all major outpatient specialties</li> <li>2% of all outpatient attendances to PIFU pathway</li> <li>Deliver 16 speciality advice requests, including A&amp;G, per 100 outpatient 1<sup>st</sup> attendances</li> <li>At least 25% of outpatient appointments to take place via telephone or video</li> </ul> |            | <ul style="list-style-type: none"> <li>PIFU rolled out to Rheumatology, Orthopaedics, Ophthalmology, Gastro</li> <li>PIFU rolled out in: <ul style="list-style-type: none"> <li>Gastro, Neurology, ENT, Physiotherapy – Dec 22</li> <li>Dermatology, Cancer – Jan 23</li> </ul> </li> <li>Waiting List validation – Jan 24</li> <li>Orthopaedic Pathway Re-design complete (Hip and Knee 12mth FU) – Apr 23</li> </ul>   | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>On track</li> <li>Complete</li> <li>Complete</li> </ul>   |              |

|                       |   |  |   |  |  |
|-----------------------|---|--|---|--|--|
|                       | <ul style="list-style-type: none"><li>Improved waiting time performance</li></ul>   |  |   |  |  |
| Theatres Productivity | <ul style="list-style-type: none"><li>Increased activity through theatres</li><li>More specific metrics to be agreed through RPIW</li></ul> |  | <ul style="list-style-type: none"><li>Priority specialties agreed – GRIFT HVLC 6 Specs</li><li>Improvement events delivered – TBC</li><li>Further actions dependent on outcome of improvement events.</li></ul> | <ul style="list-style-type: none"><li>Complete</li><li>At risk</li></ul> |  |

## Operational Update March 2024 (February 2024 Performance)

### Matters of concern & risks to escalate

- Cancer 62-day wait target not achieved but improving at 82%.
- Performance against the A&E 4-hour standard was at 73% for February, an improvement but remaining below the new performance standard of 76%.
- Impact of Ripon MIU activity being removed from HDFT performance in 24/25

### Major actions commissioned & work underway

- Power BI – specialist support to aid role out commissioned. Proof of concept of cloud end to end close to completion (through EPR funding)
- Annual planning discussions with place and ICB ongoing

### Positive news & assurance

- Cancer Faster Diagnosis Standard achieved at 77% in Feb
- Number of patients over 62 days on the cancer PTL has reduced below , ahead of the 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 continues.
- Both 12 hour stay and 12 hour from DTA numbers dropped from their peak in January by over 40% in February
- Ambulance handover delays continued to improve in February and remain top quartile
- RTT waiting list remained stable with continued reductions in our longest waiting patients.
- Medical records moved offsite

### Decisions made & decisions required of the Board

HDFT Planning submission:

77% 4hour ED performance  
Zero 52 week waiters on waiting list  
80% patients under 6 weeks on diagnostic waiting lists  
RTT waiting list reduced by 1000 overall  
Achieving 77% FDS and 70% 62 day Cancer performance  
Virtual Ward at 18 beds with average of 15 occupied

Outpatient , Day case and Inpatient elective activity to at least match out turn from 23/24 with internal expectation that through productivity work theatre and outpatient delivery is higher.  
Endoscopy 900 cases more than 24/25 outturn based on 5<sup>th</sup> room and business case.

# Finance Position February 2024



| Matters of concern & risks to escalate   | Major actions commissioned & work underway  |
|--|---|
| <ul style="list-style-type: none"> <li>• Further resource has been allocated from the ICB which has resulted in our plan being changed from the £6m surplus to a breakeven plan.</li> <li>• The Trust reported a deficit position to month 11 of £6.2m, adjusting for donated asset income and grant income.</li> <li>• Cash support has been approved for March, £3.4 but this does come with further requirements and approvals to be met.</li> <li>• 2024/25 planning contains a challenging £15.6m efficiency requirement, with only 65% waste reduction and/or productivity schemes identified.</li> <li>• CIP plans are developing but there is a significant amount unidentified and a large number still need to be developed to enable them to be transacted. Directorate focused CIP sessions will be scheduled to support.</li> </ul> | <ul style="list-style-type: none"> <li>• Further recovery actions to be considered. These include but are not limited to –               <ol style="list-style-type: none"> <li>a. Hold all discretionary expenditure</li> <li>b. Specific A3 review of LTUC position, with actions to hold position in month 12.</li> <li>c. Further workforce controls for month 12.</li> </ol> </li> <li>• 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.</li> <li>• Annual Planning 24/25 underway, triangulation between Finance, Activity and Workforce to complete.</li> <li>• 24/25 Budgets are in the process of being signed off.</li> </ul> |
| Positive news & assurance  | Decisions made & decisions required of the Board  |
| <ul style="list-style-type: none"> <li>• Financial draft plan has been submitted.</li> <li>• Funding confirmed to cover strike action for December/January and February.</li> <li>• Financial Review completed by Grant Thornton</li> <li>• Supported a number of organisations with REACH reporting</li> </ul>  | <ul style="list-style-type: none"> <li>• Recommend to Board of Directors the sign off of Directorate Budgets.</li> <li>• 2024/25 plans had a triangulated plan of £20m deficit but a system ask to reduce to £11m deficit with an increased efficiency ask.</li> </ul>  |

## Board of Directors

27 March 2024

|                       |   |
|-----------------------|---|
| Title:                | <b>Annual Planning 2024/25 – Budget Sign Off</b>                              |
| Responsible Director: | Jordan McKie, Director of Finance   |
| Author:               | Jordan McKie, Director of Finance<br>Karen Scarth, Deputy Director of Finance |

|  |   |   |
|--|---|---|
| Purpose of the report and summary of key issues: | This report has been developed to outline the current planning position for 2024/25, as well as seek approval from the Board of Directors to sign off operational budgets for the year ahead. |   |
| Trust Strategy and Strategic Ambitions           | <b>The Patient and Child First</b>  |   |
|  | Improving the health and wellbeing of our patients, children and communities  |   |
|  | Best Quality, Safest Care   | X |
|  | Person Centred, Integrated Care; Strong Partnerships  | X |
|  | Great Start in Life   | X |
|  | At Our Best: Making HDFT the best place to work   | X |
|  | An environment that promotes wellbeing  | X |
|  | Digital transformation to integrate care and improve patient, child and staff experience  | X |
|  | Healthcare innovation to improve quality  | X |
| Corporate Risks                                  | CRR76 Underlying Financial Position   |   |
| Report History:                                  | Updates at previous Resources Committee meetings, Board Workshop and Senior Management Team   |   |
| Recommendation:                                  | Trust Board is recommended to approve the operational budgets for 2024/25 and note the progress in relation to the annual financial plan sign off   |   |

5.7



**Financial Planning 2024/25**  
**Board of Directors**  
**March 2024**

Following discussion over the last 6 months, the following financial plan has been developed -

|  | Month 9<br>Forecast<br>Outturn<br>£'000 | 2024/25<br>Plan<br>£'000 |
|--|---|--------------------------|
| Operating income from patient care activities  | 318,774                                 | 310,625                  |
| Other operating income   | 25,149                                  | 22,766                   |
| Employee expenses  | - 243,886                               | - 255,019                |
| Operating expenses excluding employee expenses   | - 91,903                                | - 94,280                 |
| <b>OPERATING SURPLUS/(DEFICIT)</b>   | <b>8,134</b>                            | <b>- 15,908</b>          |
| <b>FINANCE COSTS</b>   |   |                          |
| Finance income   | 1,341                                   | 213                      |
| Finance expense  | - 562                                   | - 624                    |
| PDC dividends payable/refundable   | - 4,035                                 | - 4,524                  |
| <b>NET FINANCE COSTS</b>   | <b>- 3,256</b>                          | <b>- 4,935</b>           |
| Other gains/(losses) including disposal of assets  | - 132                                   | -                        |
| Share of profit/(loss) of associates/joint ventures  | -                                       | -                        |
| Gains/(losses) from transfers by absorption  | -                                       | -                        |
| Movements in fair value of investments, investment property, financial liabilities and finance lease receivables | -                                       | -                        |
| Corporation tax expense  | -                                       | -                        |
| <b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>   | <b>4,746</b>                            | <b>- 20,843</b>          |
| Prior period adjustment  |   |                          |
| <b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR PER ACCOUNTS</b>  | <b>4,746</b>                            | <b>- 20,843</b>          |
| <b>Adjusted financial performance</b>  |   |                          |
| Add back all I&E impairments/(reversals)   | -                                       | -                        |
| Adjust (gains)/losses on transfers by absorption   | -                                       | -                        |
| <b>Surplus/(deficit) before impairments and transfers</b>  | <b>4,746</b>                            | <b>- 20,843</b>          |
| Retain impact of DEL I&E (impairments)/reversals   | -                                       | -                        |
| Remove capital donations/grants/peppercorn lease I&E impact  | - 361                                   | 720                      |
| Prior period adjustments to correct errors and other performance adjustments                                     | -                                       | -                        |
| IAS19 - Removal of Non cash Pensions on SOFP   | -                                       | -                        |
| Remove net impact of consumables donated from other DHSC bodies  | - 14                                    | -                        |
| Remove loss recognised on peppercorn lease disposals   | -                                       | -                        |
| Adjust PFI revenue costs to UK GAAP basis  | -                                       | -                        |
| <b>Adjusted financial performance surplus/(deficit)</b>  | <b>4,371</b>                            | <b>- 20,123</b>          |

Month 9 forecast is used as a comparator by the National NHSE team. As the Board will be aware this position has subsequently deteriorated to a break even position forecast for 2024/25.

The above plan is based on the national planning assumptions available to the Trust, combined with the bottom up approach detail worked through as part of our wider planning process.

The information at this stage triangulates with the operational and performance asks of the Trust, as well as the workforce needs to deliver this.

Underpinning the above £20.1m deficit is a £15.6m efficiency expectation which will need to be delivered to achieve this plan.

This position had been shared with ICS colleagues as part of early submission requirement to NHS England. At that stage the planning position required improvement, and each organisation within the ICS took on an additional level of savings requirement, as well as benefiting from a small amount of unallocated resource.

For HDFT this resulted in an additional stretch ask of £6.5m, as well as including some unallocated income, resulting in a deficit plan of £11.2m. This position is currently included within the planning return for HDFT. At present the delivery of this additional ask is being discussed in more detail with ICB colleagues.

The ICB submitted this plan to NHS England as part of the ICS position which equated to a £98m deficit.

Underpinning the above plan is the following directorate budget positions –

|                                       | 2024/25 Budget |
|---------------------------------------|----------------|
| CCCC30-COMMUNITY AND CHILDRENS        | 81,948,393     |
| CORP30-CORPORATE SERVICES             | 34,666,570     |
| LTUC30-LONG TERM AND UNSCHEDULED CARE | 93,854,767     |
| PASC30-PLANNED AND SURGICAL CARE      | 80,524,092     |
| RCDF30-HIF                            | 21,534,502     |

This includes a level of funding for pay awards which are yet to be agreed nationally.

It is acknowledged that, as well as the need to deliver efficiency levels as described above there are risks to delivery. The management of these risks is being discussed through SMT with the appropriate colleagues, and these budgets are recommended for Board of Directors sign off.

The Board of Directors is asked to note and discuss the above. The Board of Directors is also asked to approve the operational budgets that underpin the above financial plan.

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

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

### Governance:

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

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

| Goal                     | Metrics  |   |
|--------------------------|--|---|
| Looking after our people | <ul style="list-style-type: none"> <li>Physical and emotional support to be "At Our Best"</li> </ul>   | Turnover<br>Sickness Absence<br>Appraisal Compliance<br>NHS Staff Survey<br>Impulse Survey<br>Health and Wellbeing/OH Metrics<br>Exit Interview/Leaver Data<br>New Starter Data   |
| Belonging                | <ul style="list-style-type: none"> <li>Teams with excellent leadership, where everyone is valued and recognised; where we are proud to work</li> </ul> | NHS Staff Survey<br>ER cases by protected characteristic<br>WRES data<br>WDES data<br>Gender Pay Gap<br>Ethnicity Pay Gap<br>PSED<br>NHS EDI Improvement Plan   |
| New ways of working      | <ul style="list-style-type: none"> <li>The right people, with the right skills, in the right roles</li> </ul>  | Vacancy Factor<br>Agency/locum spend<br>Time to Recruit<br>Roster Compliance<br>WTR Breaches<br>Recruitment Pipeline<br>Difficult to Recruit Posts<br>International Recruitment<br>RPA/Digital Roles<br>Recruitment to Turnover<br>Recruitment Experience/Induction Quality |



|                        |   |  |  |
|------------------------|---|--|--|
| Growing for the future | <ul style="list-style-type: none"><li>Education, training and career development for everyone</li></ul> | Student Feedback (Medical and non-medical)<br>Number of courses run<br>Number of internal promotions<br>Number of leaders trained<br>Levy spend<br>Mandatory and Role Specific Training Compliance |  |
|------------------------|---|--|--|

Related Corporate Risks

| ID   | Title           | Description   | Current Rating (CxL) | Target Rating (CxL) & Date | Risk Type          | Risk Appetite |
|------|-----------------|---|----------------------|----------------------------|--------------------|---------------|
| CRR6 | Workforce Risks | Risk to patient care and safety due to potential impacts on staffing levels and increased reliance on agency workers. Potential for lower colleague engagement due to increased workload, post pandemic burn-out and poor working environment.<br>Risk of: <ul style="list-style-type: none"><li>potential increase in lapses in delivery of safe and effective care to patients and service users.</li><li>both short and long term mental and physical health impacts on staff.</li></ul> | 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"> <li>Increased staff retention.</li> <li>Reduced sickness absence.</li> <li>Improved appraisal compliance.</li> <li>Improved employee engagement via survey scores.</li> </ul> |            | <ul style="list-style-type: none"> <li>Continue to improve and embed health and wellbeing support to colleagues.</li> <li>Develop programme to support embedding of KITE behaviours and 'At Our Best' tools to support cultural change.</li> <li>Run quarterly Inpulse surveys and national staff surveys to gather ongoing feedback on employee experience.</li> <li>Review National Staff Survey feedback, develop communications plan and plan to act on feedback.</li> <li>Plans in place in Directorates to achieve 90% appraisal compliance across the Trust.</li> <li>Mandatory Training compliance of 90% across the Trust achieved.</li> <li>Review of reasons for people leaving, to ensure any recurrent themes are addressed and development of career conversation tool</li> <li>Review on-boarding experience</li> </ul> | <ul style="list-style-type: none"> <li>Health and wellbeing programme in place and recognising 'its ok to not be ok'.</li> <li>Learning materials and toolkits available across all aspects, KITE included in corporate induction and leadership development programmes – further work required at Directorate and team level.</li> <li>Quarterly Inpulse surveys embedded and Directorate and team actions taken. Increased engagement scores since January 2022. Fewer negative emotions reported.</li> <li>All Directorates working towards 90% compliance appraisal.</li> <li>All Directorates at 90% Mandatory Training compliance/Trust at 91% overall</li> <li>Implementation of employee lifecycle surveys via Inpulse platform – launch being finalised</li> <li>Career conversation toolkit developed and supported by LAOP subgroup.</li> <li>National Staff Survey response rate higher than last year.</li> <li>Positive staff survey 2023 results, Trust engagement score 7.05 and higher than benchmark (Acute/community average 6.91). We are the 4th highest regionally and have the top score in West Yorkshire Association of Acute Trusts and Humber and North Yorkshire</li> </ul> |              |
| To continue to develop employment practices and policies, which support colleague work life balance. | <ul style="list-style-type: none"> <li>Improved attraction of staff.</li> <li>Increased staff retention.</li> <li>Flexible and agile working environments.</li> </ul>  |            | <ul style="list-style-type: none"> <li>Review and implement agile working policy.</li> <li>Review Retire and Return policy.</li> <li>Implement Colleague Wellbeing Passports to support those with caring or disability/long term conditions.</li> <li>Continue to develop our health and wellbeing services in line with the NHS Health and Wellbeing diagnostic tool.</li> <li>Review flexible working offer</li> </ul>  | <ul style="list-style-type: none"> <li>Policy review completed and policy workplan agreed with Staffside.</li> <li>Retirement Policy updated and 1<sup>st</sup> October draw-down version approved at SMT and issued</li> <li>Carers Passports in development.</li> <li>NHS Health &amp; Wellbeing Diagnostic completed.</li> <li>Action plan from diagnostic developed and under regular review.</li> </ul>  |              |



|  |   |  |  |  |  |
|--|---|--|--|--|--|
|  |   |  | <ul style="list-style-type: none"> <li>• Implement reasonable adjustments passport</li> <li>• Implement carers passport</li> </ul>   | <ul style="list-style-type: none"> <li>• Reasonable adjustment passport in development</li> <li>• Carers staff network launched.</li> </ul>  |  |
| <p>To develop our leaders to ensure at compassionate and inclusive leadership is the accepted and expected leadership culture, in line with our KITE values.</p> | <ul style="list-style-type: none"> <li>• Improvement in responses to question related to leadership in staff survey.</li> <li>• Increased staff retention.</li> <li>• Reduced sickness absence.</li> <li>• Improved employee engagement via survey scores.</li> </ul> |  | <ul style="list-style-type: none"> <li>• Continue to deliver Pathway to Management and First Line Leader training.</li> <li>• Implement Pathway to Management as a mandatory requirement.</li> <li>• Develop and promote Leadership journey</li> <li>• Access to Coaching and Mentoring Training</li> <li>• Deliver Leading Transformational Triumvirates programme with ILN.</li> <li>• Working with Health &amp; Safety develop models to leaders to manage workplace stress.</li> <li>• Ensure integration of HDFT impact programme with existing leadership/appraisal processes</li> <li>• Organisational Development programme to support Pathology Services Joint Venture</li> </ul> | <ul style="list-style-type: none"> <li>• Delivery plans in place for both programmes and well attended.</li> <li>• Review of both programmes underway to reflect HDFT Impact programme within content.</li> <li>• Leadership Journey is being re-mapped and communication plan for this under development, including how to build this into our recruitment processes and link recently launched NHS Management Standards.</li> <li>• Leading Transformational Triumvirates programme completed. Proposal under development for follow-on (in-house) development for this, and wider group of leaders.</li> <li>• OD programme in Joint Venture agreed and underway.</li> <li>• 5x Coaching Skills Training (NHS Elect) sessions planned for FY 2024-25.</li> <li>• Leadership workstream of HDFT Impact is now mapped to values.</li> </ul> |  |

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

| Strategic Objective   | Outcome  | Metric RAG | Plan  | Position  | Delivery RAG |
|---|--|------------|---|---|--------------|
| To be an organisation where everyone demonstrates KITE behaviours (Kindness, Integrity, Teamwork and Equality), to care for patients, children and communities who are the focus of everything we do.   | <ul style="list-style-type: none"> <li>Improved scores on related questions from Inpulse and national staff surveys.</li> <li>Reduction in employee related matters linked to staff behaviours.</li> <li>Increased staff retention.</li> </ul>                                       |            | <ul style="list-style-type: none"> <li>Develop programme to support embedding of KITE behaviours.</li> <li>Develop programme to support 'At Our Best' tools – ABC of appreciation, Respectful Resolution, 4 S Appraisal and BUILD Feedback tools.</li> <li>Suite of EDI training to be launched.</li> </ul>   | <ul style="list-style-type: none"> <li>EDI training developed and delivery plan being developed. Available on Learning Lab</li> <li>OD Tools shared and being used within the Trust</li> <li>Suite of EDI training resources now available on Learning Lab/other resources on the intranet</li> </ul>   |              |
| To build strong teams who support each other, work collaboratively and with collective goal of delivering excellent care to our patients.   | <ul style="list-style-type: none"> <li>Improvement in responses to question related to leadership in staff survey.</li> <li>Increased staff retention.</li> <li>Reduced sickness absence.</li> <li>Improved employee engagement via survey scores.</li> </ul>                        |            | <ul style="list-style-type: none"> <li>Cascade of Inpulse survey feedback and team actions to improve team cohesion.</li> <li>Development of dashboard to highlight teams where KPI's indicate potential challenges within in team environment.</li> <li>Adhoc OD support to teams highlighted above.</li> <li>Review sickness absence by protected characteristics following NHS EDI Plan</li> <li>Annual chair and chief executive appraisals on EDI objectives (March 24)</li> </ul> | <ul style="list-style-type: none"> <li>Quarterly Inpulse surveys now well embedded with a Behaviour added into the questions each quarter to measure how well embedded our KITE behaviours are.</li> <li>Positive engagement scores from January 2022 onwards. Trust engagement score 7.05 and higher than benchmark (Acute/community average 6.91). We are the 4th highest regionally and have the top score in West Yorkshire Association of Acute Trusts and Humber and North Yorkshire</li> <li>Chair, CEO and executive have finalised EDI objectives</li> </ul> |              |
| To promote equality and diversity so everyone is valued and recognised through the embedding of Equality Impact Assessments as expected practice, the continued development of our Staff Support networks, leadership development and training of all colleagues. | <ul style="list-style-type: none"> <li>Improvement in responses to question related to leadership in staff survey.</li> <li>Increase in number of employees with protracted characteristics.</li> <li>Strong and active staff support networks in place across the Trust.</li> </ul> |            | <ul style="list-style-type: none"> <li>Continue to deliver WRES &amp; WDES action plans to support HDFT being an inclusive and diverse organisation.</li> <li>Grow membership of staff support networks and develop their role in the organisation.</li> <li>Launch of Equality Impact Assessment policy, process and training programme.</li> <li>Launch pilot of unconscious bias training</li> <li>Manage programme of events linked to Diversity Calendar.</li> </ul>               | <ul style="list-style-type: none"> <li>Additional training and development is being carried out for BAME leadership, cohort I of Reciprocal mentoring completed, cohort II just launched.</li> <li>World Staff Network day was well supported by the Trust with 200 information packs being handed out and this event has increased numbers in all staff networks.</li> <li>Actions from WRES/WDES inn train</li> </ul>   |              |

|  |   |  |   |  |  |
|--|---|--|---|--|--|
|  | <ul style="list-style-type: none"> <li>Active Diversity Calendar in place with high visibility of events.</li> <li>EDS22 Assessment Rating of Achieving.</li> <li>Increased staff retention.</li> </ul> |  | <ul style="list-style-type: none"> <li>EDS22 workforce domain action plan developed.</li> <li>Achieve Disability Confident Accreditation Level II – achieved</li> <li>Achieve Rainbow Badge Accreditation</li> <li>Retain Menopause Accreditation</li> <li>Publicise diversity of workforce on Intranet Careers page and via social media.</li> </ul> | <ul style="list-style-type: none"> <li>Network groups used WRES and WDES from 2023 to inform discussions and feedback points to feedback to Board.</li> <li>Equality Impact Assessment new process and associated training - launched January 2023. Iteration complete and now on the intranet</li> <li>Training on Unconscious Bias being rolled out.</li> <li>Neurodiversity network established.</li> <li>EDS22 – external submission made by 28 Feb 23 following Equality Reference Group agreed on outcomes. Trust has scored as Developed across all 3 domains.</li> <li>Workshop held to develop 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.</li> <li>The Equality Delivery System 2020 annual review meeting was held on 2 Feb 2024. Seven of the 11 objectives increased in their scores and four remained the same from 2023. The final scores were sufficient for the trust to improve its overall rating from being a 'developing' to an 'achieving' organisation.</li> <li>Diversity Calendar activities running well/regularly</li> <li>Achieved level II of Disability Confident</li> <li>Updating policies, additional training developed and signposting materials. Portals are live on the internet, careers landing page and intranet</li> <li>Rainbow Badge Re accreditation achieved at bronze level June 23</li> </ul> |  |
| To seek to increase diversity across our decision making forums. | <ul style="list-style-type: none"> <li>Increased equality, diversity and inclusion across all areas of Trust employment practices</li> </ul>  |  | <ul style="list-style-type: none"> <li>Promote HDFT as an inclusive and diverse employer in our recruitment information.</li> <li>Review participation in key decision making forum/governance forums and recruitment.</li> </ul>   | <ul style="list-style-type: none"> <li>Recruitment pack include statements from Network Exec Sponsors, blogs and vlogs from staff to support.</li> </ul>   |  |



|   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|  |  |  | <ul style="list-style-type: none"><li>and wider decision making and recruitment.</li><li>Increased staff retention.</li><li>Improvement in WRES/WDES data.</li></ul> | <ul style="list-style-type: none"><li>Refresh of imagery to be more reflective of the employees that work here on all media platforms and recruitment sites.</li></ul> | <ul style="list-style-type: none"><li>Signposting information to be included in the recruitment pack to encourage recruitment from outside of the locality.</li><li>Some imagery has been refreshed across the site.</li></ul> |  |
|---|---|--|--|--|--|--|

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

| Strategic Objective   | Outcome   | Metric RAG | Plan   | Position   | Delivery RAG |
|---|---|------------|--|--|--------------|
| To plan and design our workforce as creatively as possible, to have the right number of skilled colleagues in the right roles.                              | <ul style="list-style-type: none"> <li>Resourcing and workforce numbers aligned to service needs and financial position.</li> <li>Reduced reliance on agency/locum and other temporary workforce solutions.</li> <li>Over-recruitment to neutralise turnover rates</li> <li>Recruit using KITE Values and train to skills</li> <li>Robotic Process Automisation used for certain roles</li> <li>New role development/length of training programmes</li> <li>Full sight of recruitment channels</li> </ul>   |            | <ul style="list-style-type: none"> <li>Develop integrated Resourcing &amp; Workforce Plan to ensure we have the right numbers of skilled staff at the right time</li> <li>Explore skills mix review/new role development and new ways of working</li> <li>Develop over-recruitment process</li> <li>Implement Medical E-Rostering</li> <li>Review Medical Additional Activity Pay rates</li> <li>Review Bank Rates and Incentives</li> </ul>   | <p>Substantive Workforce:</p> <ul style="list-style-type: none"> <li>Workforce planning round for 24/25 in train.</li> <li>Over-recruitment process implemented from May 2023.</li> <li>Medical Rostering Procurement completed, system implementation project being delivered. First specialties and Doctors in Training on system by April 2024.</li> <li>E rota used on Juniors rota's in February 2024 as part of Medical Rostering Project</li> </ul> <p>Flexible Workforce</p> <ul style="list-style-type: none"> <li>Medical Additional Rates Group has reviewed pay rates, proposals approved. MARG stood down till next pay award. Will be re-launched in May/June 24</li> <li>Pay Incentives Group stood down, critical shift payment process developed. Nursing rates implemented, AHPs moving onto NHSP bank once HRMC Payroll number received. Now scheduled for April implementation.</li> <li>NHSP rates reduced in line with system on 2 April 24 following agency migration project.</li> </ul> |              |
| To recruit great colleagues by building a strong employer brand and implementing effective recruitment practices, making the best use of digital solutions. | <ul style="list-style-type: none"> <li>Recognised as a place staff want to come to work, train and learn + Recommend to others</li> <li>Publicise Diversity and opportunities</li> <li>Publicise NHS Staff Survey Results</li> <li>Resourcing and workforce numbers aligned to service needs and financial position.</li> <li>Reduced reliance on agency/locum and other temporary workforce solutions.</li> <li>Reduced time to recruit.</li> <li>Increased number of applicants for all roles.</li> </ul> |            | <ul style="list-style-type: none"> <li>Target to recruit 70 international nurses over 23/24</li> <li>20 International nurses agreed to be recruited for 24/25</li> <li>Review use of social media in recruitment processes to improve reach</li> <li>Explore opportunities to attract candidates with protected characteristics</li> <li>Reach out to wider communities e.g., Care Leavers, Project Search, Armed forces Network</li> <li>Review job descriptions, person specifications and job adverts to ensure modernized and appropriate</li> </ul> | <ul style="list-style-type: none"> <li>70 international nurses (IRN) recruited in 23/24.</li> <li>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.</li> <li>Video to help Neurodiverse candidates prepare and navigate an interview process launched on Trust website</li> <li>Bronze Rainbow Badge accreditation achieved</li> <li>Signed up to Step into Health and career Transition Programme</li> <li>Project Search running</li> </ul>  |              |

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <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"> <li>• Right staff with the right skills in the right place at the right time.</li> <li>• Realising the benefits of rostering</li> <li>• NHSP Interface turned on</li> <li>• Rosters issued 8 weeks before shift</li> <li>• WTR 60 hour and 45 hour limits turned on in roster system</li> <li>• Self-rostering pilot</li> <li>• Market tested substantive bank rates</li> <li>• Direct Engagement across all staff groups</li> <li>• Minimal Rota Gaps on Medical Rosters</li> <li>• Increased workforce visibility</li> </ul> |  | <ul style="list-style-type: none"> <li>• Embed Optima (Healthroster) into business as usual</li> <li>• E-rostering for medical staff project established</li> <li>• Develop e-roster KPIs</li> </ul> | <ul style="list-style-type: none"> <li>• Medical Rostering Procurement completed, system implementation project being delivered.</li> <li>• E rota to be used on Juniors rota's in February 2024 as part of Medical Rostering Project</li> <li>• WTR breaches reported in Subgroup, Directorate Reports and Performance Packs as well as Operational Management Group, SMT and People Culture Committee.</li> <li>• Roster compliance reported in Subgroup, Directorate Reports and Performance Packs. Large increases in rota compliance across the Board. Focus currently on WTR breaches. Reported at OMG, SMT and People and Culture Committee</li> <li>• 60 hour working time system rules applied and staff actively being monitored if breaching and reports sent to operational teams – linked to above.</li> <li>• Self-rostering in some areas up and running.</li> </ul> |  |
|---|---|--|--|---|--|

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

| Strategic Objective   | Outcome  | Metric RAG | Plan  | Position  | Delivery RAG |
|---|--|------------|---|---|--------------|
| To develop career pathways and offer development opportunities to enable colleagues to grow their skills and access career progression at teamHDFT.         | <ul style="list-style-type: none"> <li>Increased staff retention.</li> <li>Grow our own talent/succession planning.</li> </ul>   |            | <ul style="list-style-type: none"> <li>Linking with Corporate Nursing/Professional Development - develop career pathways for all professions.</li> <li>Develop and implement talent management approach.</li> <li>Training and development opportunities available to support individual growth and progression.</li> <li>Appraisal discussions held with all colleagues.</li> <li>Promote Leadership offering - Compassionate and Inclusive Leadership.</li> <li>Review Core and Role Specific Mandatory training requirements for each role</li> <li>Support development of Domiciliary Care subsidiary</li> <li>Support Medical Trainees to meet curriculum requirements</li> <li>Support Clinical Education Fellow Posts across the Trust</li> <li>Review impact of Long Term NHS Workforce Plan</li> </ul> | <ul style="list-style-type: none"> <li>Leadership Pathway for Managers is live – auto enrolment for all new managers since April 2022.</li> <li>NHS Elect is live and available for colleagues. Reporting is sent to Learning and Development.</li> <li>Training and Development opportunities added regularly to Learning Lab.</li> <li>Appraisal updated to values based, training available via Learning Lab.</li> <li>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</li> <li>Long Term Workforce NHS Plan scoped and reported at People and Culture Programme Board and subgroups. Apprenticeship Business Case developed to enable future infrastructure.</li> </ul> |              |
| To be a collaborative partner to NHS England and Higher Education Institutions.   | <ul style="list-style-type: none"> <li>Positive feedback from NHSE Provider Self-Assessment.</li> <li>Positive feedback received from HEIs on student experience.</li> <li>Positive feedback from undergraduate learners i.e. NETS, NTS.</li> <li>Number of placements increased.</li> </ul> |            | <ul style="list-style-type: none"> <li>Live running document NHSE Provider Self-Assessment discussed quarterly prior to submission.</li> <li>Regular schedule of meetings in place with NHSE and HEI's.</li> <li>Co-ordinate the annual NHSE Senior Leader visit.</li> <li>Growing for the Future sub-group in place.</li> </ul>  | <ul style="list-style-type: none"> <li>2023 Self-Assessment submitted.</li> <li>Regular attendance at DEEF, Acute Trust Meeting, Regional MEM meetings etc.</li> <li>Senior Leader date finalised February 2024</li> </ul>  |              |
| To be an excellent place to learn and develop for all colleagues and students from all professions (international and UK based), offering great placements. | <ul style="list-style-type: none"> <li>Positive feedback gained from Guardian of Safe Working.</li> <li>Positive feedback received from medical and non-medical student evaluation of placements - NETS and PARE.</li> </ul>   |            | <ul style="list-style-type: none"> <li>Recruit international nurses over 23/24</li> <li>Support Ward Based Tutors to deliver curriculum requirements.</li> <li>Meet with UoL for MPET annual review</li> <li>Review internal offering of training to meet Trust need.</li> </ul>  | <ul style="list-style-type: none"> <li>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-</li> </ul>   |              |

|  |   |  |   |   |  |
|--|---|--|---|---|--|
|  | <ul style="list-style-type: none"><li>Competent teams with diverse skill mix.</li></ul> |  | <ul style="list-style-type: none"><li>Review of Commissioned Training.</li><li>Develop Learning Lab to its fullest potential.</li></ul> | <p>week transition course which prepares them for their new Nursing and Midwifery roles.</p> <ul style="list-style-type: none"><li>International SDEC action plan downgraded by Deanery, now internally managed by DME</li><li>GMC NTS – 1 triple outlier for FY workload in acute medicine. Action plan sent to the Deanery. Presentation at SMT Q3</li><li>Ward-based Tutors continue to evaluate well from UGME.</li><li>Learning Lab hosts all Mandatory Training, a robust leadership and wellbeing offering and is continuing to grow.</li><li>MPET Meeting held in July with positive feedback from Undergraduate Students (Above benchmark)</li><li>NETS multi-disciplinary learner feedback survey now open.</li></ul> |  |
|--|---|--|---|---|--|

# People & Culture SMT



## Matters of concern and risks to escalate

### Growing for the future

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

- **Mandatory Training for Bank colleagues** against 90% target: Mandatory: 82% →, Role Specific: 77% → (Feb 2024)
- Overall **Medical Device Compliance** for theory ↓2% since last month (Feb 2024)

No applications for Simulation Lead post within Medical Education Faculty, this post is out to advert for the second time.

### New ways of working

- Roster sign off KPI is 8 weeks prior. Compliance rate per Directorate is as follows:- CCs – from 78.6% to 85.7% (14 rotas); LTUC from 61.4% to 69.8% (44 rotas); PSC from 54.8% to 91% (34 rotas); HIF's from 10% to 8.3% (12 rotas)
- The Working Time Regulations 1998 (WTR) makes provision for minimum standards in relation to working hours and rest periods. The following breaches were noted:-
  - **where staff did not receive a rest period of at least 20 minutes** -322 breaches (last month) increased to 352 breaches in February -
  - **where staff did not achieve a minimum of 2 days rest in a 14 day period** 163 breaches (last month) decreased to 131 in February
  - **where staff did not achieve a minimum of 2 days rest in a 14 day period** 218 breaches (last month) decreased to 154 in February **where staff had less than an 11 hour break between two consecutive shifts**
  - **staff exceeding 60 hours of work in any one week in February** -153. This was 120 staff in January and 191 staff in December.

Completed and signed off Job Plans are at 42.3%. Job plans need to be completed and up to date to ensure the Medical Rostering project can be delivered. This have been raised with OMG.

### Looking after our people

The new Head of Occupational Health has reviewed the legacy practice regarding staff vaccinations in relation to pre-employment and ongoing health surveillance. This has identified some cohorts of staff that need to attend occupational health with regards to Measles vaccinations, Hepatitis B vaccinations/boosters or blood tests and a very small number of EPP staff who EPP records and status is being re-checked.

## Major actions commissioned and work underway

### Growing for the future

Business Cases:

- Manual Handling rescheduled for April Business Case Review Group.
- Apprenticeship Infrastructure and Backfill rescheduled for March
- Conflict Resolution rescheduled for March

Impulse Survey on Career Progression and Opportunity closed, 75 international colleagues responded and responses being analysed.

### New ways of working

2024/25 Annual Planning is currently underway. The ICB has instructed the Trust to do "whatever possible" to maintain our WTE position. Any increase in workforce will be challenged at the ICB Challenge session as part of system and National sign off. The Workforce information team is working closely with Finance and Activity Planning to ensure we triangulate the information.

### Looking after our people

National Staff Survey: Results from IQVIA being communicated. National results released 07 March 2024.

### Belonging

Delivery of EDI programme to preceptorship nurses, cohorts 13a/13b

Delivery of unconscious bias training to multiple teams

Continued analysis of the National Staff Survey, identifying themes by protected characteristics

Reciprocal Mentoring Programme cohort 2 started 23 February 2024

## People & Culture SMT

### Positive news and assurance

#### Belonging

The Equality Delivery System 2020 annual review meeting was held on 2 Feb 2024. Seven of the 11 objectives increased in their scores and four remained the same from 2023. The final scores were sufficient for the trust to improve its overall rating from being a 'developing' to an 'achieving' organisation.

#### Growing for the future

**Mandatory Training for Substantive colleagues** against 90% target:

- Mandatory: 91% ↑1%, Role Specific: 91% → (Feb 2024)

#### Looking after our people

- **Quarterly Inpulse Survey:** Q4 Quarterly Inpulse Survey (January 2024) response rate of 27%.
- **National Staff Survey:** Organisational results looking very positive: HDFT has improved on all 7 of People Promises compared to 2022, and has scored higher than the sector average on all.

#### New ways of working

The annual ESR self service standards assessment took place and the Trust has been identified as one of the top rated Trusts in the region with reference to optimising ESR software to its full potential.

### Decisions made and decisions required of SMT

#### New ways of working

AHP Direct Engagement will commence implementation in April.



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                              | HIMMSS EMRAM Level          |  |  |
| Timely, accurate information to enable continuous learning and improvement             | DigitalBenefits Report      |  |  |
| An electronic health record to enable effective collaboration across all care pathways | Full Business Case Approved |  |  |

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 |
|----------------------------|---|------------|--|---|--------------|
| Improving Digital Maturity | Prioritise projects based on their impact on patient care, operational efficiency and wider benefits. |            | <ul style="list-style-type: none"> <li>Supported by AHLC Solutions, an "As Is" current state and "To Be" future state exercise was carried out in 2021, informed by a series of interviews/meetings with key stakeholders, an online survey to Trust staff and the acquisition of Trust documentation was completed. AHLC Solutions analysed this information and presented back their findings and recommendations.</li> </ul>  | <ul style="list-style-type: none"> <li>Digital Strategy complete and published.</li> <li>Single Sign On Completed.</li> <li>Digital approval process now embedded – HR pack developed and circulated monthly.</li> <li>Annual plan/roadmap develop and included in the HR pack.</li> <li>Draft benefits report developed.</li> <li>Applications review of PST managed applications completed and action plans agreed.</li> <li>Staff trained in ITIL (BAU now)</li> </ul>   |              |
|                            | Achieve HIMSS EMRAM Level 5   |            | <ul style="list-style-type: none"> <li>The HIMSS Electronic Medical Record Adoption Model (EMRAM) measures clinical outcomes, patient engagement and clinician use of EMR technology to strengthen organizational performance and health outcomes across patient populations.</li> <li>EMRAM scores hospitals around the world relative to their digital maturity, providing a detailed road map to ease adoption and begin a digital transformation journey towards aspirational outcomes.</li> </ul> | <ul style="list-style-type: none"> <li>Blood Tracking discovery completed and BC in development.</li> <li>Cardiology system procured – Awaiting start dates.</li> <li>Inpatient paper-lite live Feb 24.</li> <li>Outpatient paper-lite progressing – eOutcomes being deployed.</li> <li>A new Acceptable Use Policy has been drafted and awaiting publication.</li> <li>Confirmation that as a minimum, we store patient photos on WebV (PDF) from IslaCare Dermatology Patient App – HIMSS criteria/milestone marked as complete.</li> </ul> |              |



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

| Strategic Objective   | Outcome  | Metric RAG | Plan   | Position   | Delivery RAG |
|---|--|------------|--|--|--------------|
| Embed Digital Benefits Management within the Digital Delivery Process | Visibility of digitally enabled benefits across the digital portfolio to aid project, programme and corporate decision making and provide assurance on investments |            | <ul style="list-style-type: none"><li>Short Term Digital Benefits Manager Appointed – Mar 24</li><li>Draft benefits report pack delivered – Jun 24</li><li>Application of formal benefits management on all digital projects and fully embedded in processes – Mar 25</li><li>Appointment of permanent Digital Benefits Manager – Sep 24</li></ul> | <ul style="list-style-type: none"><li>Complete</li><li>On Track</li><li>On Track</li><br/><li>On Track</li></ul> |              |

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

| Strategic Objective                             | Outcome   | Metric RAG | Plan  | Position   | Delivery RAG |
|---|---|------------|---|--|--------------|
| New Electronic Patient Record                   | To improve the quality of services  |            | <ul style="list-style-type: none"> <li>Full Business Case (National Approval) – Sep 24</li> <li>Contract signed – Oct 24</li> <li>EPR delivery project starts – Nov 24</li> </ul> | <ul style="list-style-type: none"> <li>On Track</li> <li>On Track</li> <li>On Track</li> </ul> |              |
| Laboratory Information Management System (LIMS) | To provide a single LIMS across all WYAAT pathology services to enable system working and information sharing |            | <ul style="list-style-type: none"> <li>WYAAT Business Case approved – Jan 21</li> <li>Contract signed – Jan 21</li> <li>Go Live - Nov 24</li> </ul>                               | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>On Track</li> </ul> |              |



ENABLING AMBITION: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY

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

GOALS:

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

Governance:

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

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

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

Related Corporate Risks

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

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

| Strategic Objective  | Outcome   | Metric RAG | Plan  | Position  | Delivery RAG |
|--|---|------------|---|---|--------------|
| Establish Harrogate Innovation Hub                               | Facilitate and accelerate the growth of innovative healthcare solutions by building partnerships with industry, academia, government and voluntary sector and offering a real world testbed for health tech and digital innovations | Amber      | <ul style="list-style-type: none"> <li>Harrogate Innovation Hub Launch event – Oct 23</li> <li>Identify Innovation Hub location – Oct 22</li> <li>Recruit Innovation Manager – Jan 23</li> <li>Appoint Clinical Lead for Innovation – Jan 23</li> <li>Further actions to be developed.</li> <li>Innovation strategy to be developed, identify priorities - Sept 2023</li> </ul>   | <ul style="list-style-type: none"> <li>Delayed : Plan for Sept 24</li> <li>Delayed ; move due Apr 24</li> <li>Complete</li> <li>Complete</li> <li>On track</li> <li>Interim strategy complete. Full strategy due by Dec 2024</li> </ul> | Amber        |
| Research, Audit, Innovation and Service Evaluation (RAISE) group | To build collaboration with innovation partners   | Amber      | <ul style="list-style-type: none"> <li>Scoping the potential for RAISE with partners such as Academic Health Science Network, Research Design Service – Mar 23</li> <li>Innovation clinical lead and champion supporting collaborations and novel opportunities with innovation facilitator.</li> <li>Innovation facilitator identifying processes for adopting innovation for testing – Feb 24.</li> <li>Further actions TBC following scoping.</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Delayed; now due April 2024</li> <li>In progress, due April 24</li> </ul>  | Amber        |

| Strategic Objective  | Outcome  | Metric<br>RAG | Plan  | Position   | Delivery<br>RAG |
|--|--|---------------|---|--|-----------------|
| 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. |               | <b>Initiation</b> <ul style="list-style-type: none"> <li>Issue tender for an external partner – Feb 23</li> <li>Appoint external partner – Mar 23</li> <li>Complete readiness assessment – Jun 23</li> <li>Design roadmap for implementation of HDFT Impact</li> </ul> <b>Leadership Development</b> <ul style="list-style-type: none"> <li>6x monthly development sessions with Leadership Team, Aug 23 – Jan 24</li> <li>Leadership Team individual coaching –Dec 23–Jul 24</li> <li>Deputy Directors Training, Oct 23 – Jun 24</li> <li>Commence rolling OD programme – Mar 24</li> </ul> <b>Strategy Deployment</b> <ul style="list-style-type: none"> <li>Identify True North and Breakthrough Objectives – Sep 23</li> <li>Devise A3s to support True North and Breakthrough objectives – Sep-Nov 23 <ul style="list-style-type: none"> <li>Identify Strategic Initiatives &amp; Corporate Projects – Jan 24</li> <li>Strategy deployment room, go “live” – Apr 24</li> </ul> </li> </ul> <b>Improvement Operating Model</b> <ul style="list-style-type: none"> <li>Wave 1 – Sep 23 – Jan 24</li> <li>New format Performance Reviews start - Nov 23</li> <li>Wave 2 – Feb - May 24</li> <li>Wave 3 – May - Sep 24</li> </ul> <b>Centre of Excellence</b> <ul style="list-style-type: none"> <li>Recruitment of 4x Improvement Managers – Oct 23 (1 started Dec 23, 1 in Jan 24, 1 in March 24)</li> <li>Team capability assessment – Jan 24</li> </ul> <b>Business Intelligence and Analytics</b> <ul style="list-style-type: none"> <li>Implement Power BI software – Oct 23</li> <li>Trust IBR in Power BI – Dec 23</li> <li>Directorate and care group dashboards - Jan 24</li> </ul> <b>Communications and Engagement</b> <ul style="list-style-type: none"> <li>HDFT Impact brand and wave 1 launch – Sep 23<br/>Launch now planned for Jan 24 to align with wave 2</li> <li>Wave 2 launch – Jan 24</li> <li>Wave 3 launch – May 24</li> </ul> <b>EPR and CI</b> <ul style="list-style-type: none"> <li>Start clinical pathway mapping – Jan 24</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>In Progress</li> <li>In Progress</li> <li>On track</li> <li>Complete</li> <li>Complete</li> <li>In Progress</li> <li>On track</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>In Progress</li> <li>On track</li> <li>Complete</li> <li>Complete – development training underway</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>On track</li> <li>Complete (Jan 24)</li> <li>Complete</li> <li>On track</li> <li>Delayed to Apr 24</li> </ul> |                 |

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

| Strategic Objective   | Outcome  | Metric RAG | Plan  | Position   | Delivery RAG |
|---|--|------------|---|--|--------------|
| To understand Children’s PH research and identify how we can contribute   | Build the evidence base for Children’s PH Services<br>Improved outcomes for children |            | <ul style="list-style-type: none"><li>Children’s PH Services Strategy Workshop – Oct 22</li><li>Paper on Children’s PH research for 0-19 Children’s PH Services Board</li><li>To explore implementing further PH / database studies across the 0-19 network</li></ul> | <ul style="list-style-type: none"><li>Complete</li><li>Complete</li><li>On track - In progress ongoing re Babi trial .</li></ul> |              |
| To provide opportunities for Children’s PH services, and the children and families they support, to be involved in research studies | Build the evidence base for Children’s PH Services<br>Improved outcomes for children |            | <ul style="list-style-type: none"><li>Identify and open research studies into children’s public health – Mar 23- 6 studies opened this year ; research report on Service manager meetings monthly. Workforce capacity plan for 24/25</li></ul>                        | <ul style="list-style-type: none"><li>On track</li></ul>   |              |

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

| Strategic Objective                  | Outcome   | Metric RAG | Plan   | Position  | Delivery RAG |
|--------------------------------------|---|------------|--|---|--------------|
| Dedicated research clinic space      | Retain Clinical Research Network funding                    | Amber      | <ul style="list-style-type: none"> <li>Identify dedicated clinic space within HDH for research clinics – Sep 22 - (Accommodation acquired/ funding being established / Refurb with planning team).</li> </ul>  | <ul style="list-style-type: none"> <li>Delayed – due to establishing funding &amp; refurb</li> </ul>                                    | Amber        |
| Increase research workforce capacity | To increase capacity to deliver research in HDFT            | Amber      | <ul style="list-style-type: none"> <li>4 additional research staff</li> <li>2 additional clinical fellows to support research in frailty, neurology and rehabilitation – Jan 23 (Unable to appoint to Neurology and Rehab) - 3 attempts – funding for posts this year to be reviewed?</li> <li>Education and training of clinical staff on research – (Internship programme for 24/25 )</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Delayed – due to funding &amp; failed recruitment</li> <li>On track</li> </ul> | Amber        |
| Implement clinical trials in HDFT    | To increase the number of clinical trials delivered at HDFT |            | <ul style="list-style-type: none"> <li>Implement a novel pilot mechanism to prioritise and assess feasibility of studies – Feb 23</li> <li>Establish partnership with IQVIA (a leading global provider of analytics and clinical research services)</li> </ul>   | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> </ul>  |              |





**ENABLING AMBITION: AN ENVIRONMENT THAT PROMOTES WELLBEING**

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

**GOALS:**

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

**Governance:**

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

**Metrics**

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



Related Corporate Risks

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

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

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



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

| Strategic Objective                   | Outcome   | Metric RAG | Plan  | Position   | Delivery RAG |
|---------------------------------------|---|------------|---|--|--------------|
| <b>Aseptics</b>                       | <ul style="list-style-type: none"> <li>To meet standards for aseptic production for medicines safety and staff safety</li> </ul>                      |            | <ul style="list-style-type: none"> <li>Initial Design complete – Aug 22</li> <li>Tender &amp; Contract award and Design – Mar 23</li> <li>Build complete – November 23</li> <li>Commissioning complete – Dec 23</li> <li>In service – Dec 23</li> </ul>   | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Completed in Feb 24 (Drainage issues, AHU, Design sign off, supply chain issues)</li> <li>Delayed to May 24</li> <li>Delayed to May 24</li> </ul>   |              |
| <b>Imaging Reconfiguration</b>        | <ul style="list-style-type: none"> <li>To improve reliability and capacity of imaging services</li> </ul>   |            | <ul style="list-style-type: none"> <li>Feasibility study, including phasing – Sep 22</li> <li>Initial costs – Oct 22</li> <li>Design concept – Jan 23</li> <li>Detailed Design Sep 23</li> <li>Tender &amp; Contract award – Dec 23</li> <li>Fully in service – Feb 25</li> </ul> <p>CT Business Continuity:</p> <ul style="list-style-type: none"> <li>Canon Dismountable: 26 May 23</li> <li>Operational 10 Jun 23</li> <li>Portakabin on site 22 Jun 23</li> <li>Siemens CT in Portakabin operational 24 Jul 23</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>In review – developing design options for Imaging department alongside revised approach to HDH Theatres (TIF2) project</li> <li>Delayed</li> <li>Delayed</li> <li>Complete</li> <li>Complete</li> <li>Delayed to Jan 24 due to manufacturing capacity</li> <li>Delayed to May 24 due to delays in completing the environment to accommodate the Siemens CT Scanner delivery.</li> </ul> |              |
| <b>ED2 (UTC) Reconfiguration</b>      | <ul style="list-style-type: none"> <li>Improved ED 4 Hour Performance</li> <li>Improved flow through ED</li> </ul>                                    |            | <ul style="list-style-type: none"> <li>Design complete – Nov 22</li> <li>Tender issued – Nov 22</li> <li>Contract award – Mar 23</li> <li>Build start – Mar 23</li> <li>Build complete – Aug 23</li> <li>Commissioning complete – Sep 23</li> <li>In service – Sep 23</li> </ul>  | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete (December 2023)</li> </ul>   |              |
| <b>Wensleydale Ward Refurbishment</b> | <ul style="list-style-type: none"> <li>Dedicated cardiology and respiratory ward, including High Observation/Non-invasive Ventilation Beds</li> </ul> |            | <ul style="list-style-type: none"> <li>Design complete – Nov 22</li> <li>Tender issued – Nov 22</li> <li>Contract award – Mar 23</li> <li>Build Start – Apr 23</li> <li>Build complete – Oct 23</li> <li>Commissioning complete – Nov 23</li> <li>In service – Dec 23</li> </ul>  | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete (February 2024)</li> </ul>   |              |

| Strategic Objective            | Outcome  | Metric RAG | Plan  | Position   | Delivery RAG |
|--------------------------------|--|------------|---|--|--------------|
| HDH Additional Theatres (TIF2) | <ul style="list-style-type: none"> <li>Additional activity (General Surgery 750 day case/inpatient, Urology 1300 day case/inpatient, Gynaecology 60 day case/inpatient, Breast 250 day case/inpatient per annum)</li> <li>Improved waiting time performance</li> </ul> |            | <ul style="list-style-type: none"> <li>NHSE BC approval Sep 22</li> <li>HDFT capital to support enabling schemes agreed – Dec 22</li> <li>Internal BC approval – Jan 23</li> <li>Planning permission awarded – Jan 23</li> <li>Complete tender, appoint contractor – Jun 23</li> <li>Recruitment complete – May 24</li> <li>Construction complete – Jul 24</li> <li>Go Live – Aug 24</li> </ul> | <ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Delayed – demolition planning submission mid Jan 24</li> <li>Complete</li> <li>Delayed</li> <li>Therapy Department services relocation to commence April 24</li> <li>RAAC eradication scheme for Therapy Department due to commence June 24.</li> <li>New construction due to commence September 24</li> <li>Will not be met – now expected Dec 25</li> </ul> |              |

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

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

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

Mar 24

# Director of Strategy



## Matters of concern & risks to escalate

### Business Development, Charity, Volunteers, Comms

- HHCC website down 8 Feb – 6 Mar

### HDFT Impact

- Risk of parallel process to manage financial pressures outside the HDFT Impact driver metrics; finance A3s being developed by directorates
- Turnover of trained staff in SDEC – training of other SDEC staff
- Risk that HDFT Impact will not be rolled out to sufficient clinical areas in the next 2 years to provide capacity to realise EPR benefits
- Lack of capacity delays restart of RPIW programme beyond Apr 24.

### Block C (Therapies) Redevelopment Programme

- Mar 24 target for relocation of services out of Block C will not be met; now planning early May. Programme being revised to maintain end date
- Timescales and funding profile for rebuild and re-fit as theatres/treatment rooms/ward and imaging department by Dec 25.
- 24/25 RAAC funding business case submitted to NHSE; awaiting approval

### Capital Planning

- Paed Audiology booth installation delayed due to design issues to Jun 24
- 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

- Final (5<sup>th</sup>) improvement manager appointed
- Wave 2 IOM: training underway, regular coaching, 2<sup>nd</sup> workshop 21 Mar

### Business Development, Charity, Volunteers, Comms

- Thrive Home Care workforce now 7.6 wte
- New comms assistant recruited to start in Apr 24
- Board approved s75 partnership for Stockton 0-19 service
- Great Start in Life Foundation (charity) logo and approach approved

### Capital Planning.

- RAAC: replacement of ceiling on ITU/Farndale corridor underway
- Bariatric mortuary fridges completed on 6 Mar and now operational
- Majority of teams moved from 50LPR to Kingswood on 7 Mar
- National Capital Delivery Oversight Group approval of strategy for therapies, theatres and imaging programme; secures TIF2 funding.
- Planning permission received to demolish Block C Therapies
- Ripon CDC on track to commence services in Apr 24

## Major actions commissioned & work underway

### HDFT Impact

- Prioritisation of Strategic Programmes and Corporate Projects through the Project Delivery System: 22 Feb and 20 Mar
- Development of Training Strategy
- Improvement Academy capability development training
- Performance meetings at Dir/CG and CG/FL to start in Apr

### Business Development, Charity, Volunteers, Comms

- Future HHCC events: Art Event, 10 Apr; Yorkshire 3 Peaks, 12 May; Summer Extravaganza, 30 Jun
- Great Start in Life Conference preparations (16 Apr 24)
- Work Experience: options appraisal in development
- Comms: EPR, HDFT Impact, Junior Doctors industrial action, Ripon CDC, RAAC (site moves and Block C, Therapies demolition)

### Capital Planning

#### • Block C Redevelopment:

- Enabling works for service moves in progress (Cedar, Med Records, Avensys Store); service moves to start as new spaces become available. End of moves now expected May 24
- Grove Park Court lease expected to complete w/c 11 Mar
- Stakeholder engagement to design new theatres/ward and imaging
- Preparation for demolition (Apr 24) and rebuild (Sep 24 – Dec 25)
- Wharfedale Theatres (TIF1): build underway to complete Sep 24
- CT: remaining enabling works planned to enable delivery of scanner (delayed from 13 Mar)

## Decisions made & decisions required

None





TRUST BOARD held in Public  
27 March 2024

|  |   |   |
|--|---|---|
| Title:   | WYAAT Pharmacy Aseptics: Revision to Business Case  |   |
| Responsible Director:                            | Jonathan Coulter, Chief Executive   |   |
| Author:  | Lucy Cole, WYAAT Director   |   |
| Purpose of the report and summary of key issues: | The purpose of the paper was to seek support from the WYAAT Committee in Common (CiC) to proceed with the pharmacy asepsis programme based on a change in scope to contain capital costs and to seek support for a risk-share approach for costs above the £24m capital allocation. This paper was approved by the CiC. |   |
| Trust Strategy and Strategic Ambitions:          | <b>The Patient and Child First</b><br>Improving the health and wellbeing of our patients, children and communities  |   |
|  | Best Quality, Safest Care   |   |
|  | Person Centred, Integrated Care; Strong Partnerships  |   |
|  | Great Start in Life   |   |
|  | At Our Best: Making HDFT the best place to work   |   |
|  | An environment that promotes wellbeing  |   |
|  | Digital transformation to integrate care and improve patient, child and staff experience  |   |
|  | Healthcare innovation to improve quality  | ✓ |
| Corporate Risks:                                 |   |   |
| Report History:                                  | Approved at WYAAT Committee in Common (CiC), subject to the different Trusts' Board approvals.  |   |
| Recommendation:                                  | The Board is asked to: <ul style="list-style-type: none"><li>• approve the pharmacy asepsis programme based on a change in scope to contain capital costs</li><li>• support the risk-share approach for costs above the £24m capital allocation</li></ul>   |   |
| Freedom of Information:                          | Available through Freedom of Information  |   |

7.6

## WEST YORKSHIRE ASSOCIATION OF ACUTE TRUSTS

|   |   |              |   |
|---|---|--------------|---|
| Date:   | 13 March 2024   | Agenda Item: | 3 |
| Meeting:  | WYAAT Committee in Common (Extraordinary Meeting)                         |              |   |
| Title:  | Pharmacy Aseptics: Variance from Business Case                            |              |   |
| Programme   | Pharmacy Aseptics   |              |   |
| Author:   | Charlotte Cleveland, WYAAT Programme Manager<br>Lucy Cole, WYAAT Director |              |   |
| Presented By:   | Lucy Cole, WYAAT Director   |              |   |
| SRO:  | Jonathan Coulter, Chief Executive, HDFT                                   |              |   |
| Purpose of the Report   |   |              |   |
| The purpose of the paper is to seek support from the WYAAT Committee in Common to proceed with the pharmacy aseptics programme based on a change in scope to contain capital costs and to seek support for a risk-share approach for costs above the £24m capital allocation.   |   |              |   |
| Key Points to Note  |   |              |   |
| <p>The West Yorkshire Association of Acute Trusts (WYAAT) has been allocated £24m of national capital to build a pharmacy manufacturing unit (hub). The capital is aimed at constructing a new regional aseptic manufacturing hub hosted by Leeds Teaching Hospitals (LTHT) as well as the redevelopment of the aseptic unit at Bradford Teaching Hospitals (BTHFT).</p> <p>The case for change for this programme outlines the critical state of aseptic capacity within the region and the benefits established in the business case are consistent with the recommendations in the Transforming NHS Pharmacy Aseptic Services in England Report, Lord Carter 2020.</p> <p>At RIBA stage two the forecast costs of the WYAAT Aseptic Manufacturing Hub were estimated to be significantly in excess of the approved funding allocation. Contributory factors include issues relating to the original costing of the works, containment of the scheme within the allocation, and subsequent regulatory changes.</p> <p>A value engineering exercise has been undertaken to develop a do minimum preferred option and bring scope and costs in line with the affordability envelope and has currently concluded:</p> <ul style="list-style-type: none"><li>• Headline capital cost of £27.7m gross including £3.6m risk and contingency allowance based on the stage of design information.</li><li>• Benefit delivery will be reduced however is sufficient to meet demand across WYAAT</li><li>• A likely reduction in the overall revenue impact of the development.</li></ul> <p>Due to the capital funding profile, in order to proceed LTHT must enter the lease for the identified site before 31 March 2024. This issue has been escalated within NHSE to seek support/relief to remove this time pressure but no support has been forthcoming.</p> |   |              |   |
| Recommendation  |   |              |   |

1

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

7.6

The Committee is recommended to:

- Confirm a decision in principle to support the preferred option noting that further work should be undertaken to further reduce costs and associated risk and contingency requirements.
- Agree to a risk share model should the risk and contingency funding be required to support completion of the scheme.
- Additionally, WYAAT agreement is required that the £4.47m allocated to the Bradford aseptic unit is considered as a reprovion of capital by WYAAT based on rephasing this development to future years.
- Seek formal approval of the recommendations through each Trust Board (or appropriate Committee in line with each Trust's Standing Financial Instructions) before 28 March 2024.

7.6

2

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

Complete if paper is seeking formal Gateway approval (ie Case for Change, Options Appraisal, Business Case or Implementation Plan)

|                                  |                         |                               |                 |
|----------------------------------|-------------------------|-------------------------------|-----------------|
| <b>Gateway Approval:</b>         | <b>3. Business Case</b> |                               |                 |
| <b>Previous Gateway Approval</b> | <b>3. Business Case</b> | <b>Previous Approval Date</b> | 31 January 2023 |

#### GATEWAY APPROVAL ADVICE SUMMARY

|                            |  |
|----------------------------|--|
| <b>Programme Executive</b> | 5 March 2024   |
| <b>Recommendation:</b>     | Programme Executive supported the recommendations in the paper for progression to the Committee in Common.   |
| <b>Key Points</b>          | <p>Support was given for the continuation of the project given the resilience risks posed by current aseptics services and the benefits available from the implementation of a collaborative model.</p> <p>Programme Executive requested that the lessons learned exercise was completed quickly and a report compiled with the outcomes and actions of this process, for review by WYAAT Programme Executive.</p> <p>The validation of the baseline demand and capacity analysis and releasing nursing time to care benefit should be prioritised, alongside confirming the benefits realisation approach and plan.</p> |

|  |  |
|--|--|
| <b>Clinical Reference Group</b>  | 16th Sept 2022 (Medical Directors)<br>23rd Sept 2022 (Chief Nurses)  |
| <b>Recommendation:</b>   | The Medical Directors and Chief Nurses supported the submission of the case to the Committee in Common                               |
| <b>Key Points</b><br>- <b>Quality Impact</b><br>- <b>Sustainability Impact</b> | Given the benefits to the trusts and the model remain as within the original case, no further assurance has been requested from CRG. |

|  |   |
|--|---|
| <b>Directors of Finance Group</b>              | 5 March 2024  |
| <b>Recommendation:</b>                         | Directors of Finance supported the recommendations in the paper for progression to the Committee in Common.   |
| <b>Key Points</b><br>- <b>Financial Impact</b> | <p>Support was given for the continuation of the project given the resilience and associated financial risks posed by current aseptics services, and the benefits available from the implementation of a collaborative model.</p> <p>Directors of finance requested that the lessons learned exercise was completed quickly and a report compiled with the outcomes and actions of this process for consideration in current and future WYAAT capital projects.</p> <p>The validation of the baseline demand and capacity analysis and releasing nursing time to care benefit should be prioritised, alongside confirming the benefits realisation approach and plan.</p> |

3

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

7.6



|                             |  |                 |
|-----------------------------|--|-----------------|
| Strategy & Operations Group |  | 11 October 2022 |
| Recommendation:             | The Directors of Strategy and Chief Operating Officers supported the recommendation of a one hub model and submission of the case to the Committee in Common   |                 |
| Key Points                  | Given the benefits to the trusts and the model remain as within the original case, no further assurance has been requested from Strategy and Operations group. |                 |
| - Quality Impact            |  |                 |
| - Sustainability Impact     |  |                 |

**WYAAT Committee in Common (Extraordinary Meeting)**  
**Pharmacy Aseptics: Variance from Business Case**  
**13 March 2024**

## 1. Purpose

The purpose of the paper is to seek support from the WYAAT Committee in Common to proceed with the pharmacy aseptics programme based on a change in scope to contain capital costs and to seek support for a risk-share approach for costs above the £24m capital allocation.

## 2. Background

The WYAAT Pharmacy Programme identified aseptic transformation as a project for collaboration in 2019 and work commenced to identify a four-phase approach to implementation of a hub and spoke operating model. This was approved by WYAAT Committee in Common (CIC) in October 2021.

In May 2022, whilst the Phase 2 OBC was under development, WYAAT was invited to submit a bid for national capital as part of the national transformation programme. The bid, for £24m, was successful and in October 2022 an NHSE OBC for the full implementation of a revised single-phase programme was initiated.

The options appraisal carried out for the original OBC identified a preferred option with capital costs estimated at £29.7m. Potential for additional capital was discussed with and supported by the national programme team. However following submission of the OBC, WYAAT was informed that additional capital would not be available. Costs were reviewed to constrain the scheme within the allocation and the case was resubmitted in the Short Form Business Case (SFBC). This work was undertaken by a consultancy firm, external to WYAAT.

The SFBC was submitted in February 2023 to the Regional NHSE team following support from WYAAT Committee in Common in January 2023. Regional and national approval was confirmed in November 2023 and LTHT was issued with the Memorandum of Understanding (MoU) in January 2024. During this period, Unit 2, Leeds Valley Park, was identified as the preferred site and lease negotiations started. It was established that a lease commencement on or before 31st March 2024 would be required to align with the capital profiling.

A design team was appointed in November 2023 and provided with a brief established by the LTHT pharmacy team. Over a series of workshops, a proposed fit-out design was created, and a costing exercise conducted in January 2024 identified a significant gap between the funding available and the budget required to complete the hub construction.

Of the total £24m capital, £4.47m was allocated to support the redevelopment of the unit at BTHFT, the remaining £19.53m was allocated to construct the hub hosted by LTHT. The initial cost evaluation estimated the hub construction costs at c. £41m.

### 2.1. Cost Evaluation

5

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

An initial evaluation of the cost differences between business case and current cost estimates has identified the following elements contributing to the cost increase.

- **Size and attribution of costs:** Business case costs were based on a generic clean room drawing from an independent clean room company, which was scaled up to accommodate the single hub model. The assumptions applied in this method have resulted in omissions from the scope of areas to be costed.
- **Insufficient fees and design costs:** Due to the inclusion of fees in the clean room contractor quote, fees applying to office, warehouse and ancillary areas are insufficient.
- **Risk, Contingencies & Inflation:** Insufficient costs included in the short form business case.
- **Scope change:** Consists of three key areas: Update to regulatory standards resulting in increase of high-cost areas within the design; siting mechanical plant on a constructed mezzanine deck due to lack of footprint in the warehouse; and the inclusion of a training space not originally accounted for in the business case.
- **Extrapolated Costs:** Application of VAT, fees, inflation etc. to higher baseline cost.

It should be noted that other factors contributing to the above include:

- Need to contain capital within £24m allocation from the national programme.
- Change of business case format to short form business case supported by external consultancy.
- The delay in national approval meant that design teams were only appointed in November leading to delays in identifying the issues described.

The WYAAT Director is investigating these issues further and will instigate a formal review of project governance and controls to ensure that lessons can be applied to avoid similar issues arising in future projects.

The current evaluation has been developed by the LTHT capital team using our standard approach to inform RIBA stage two including detailed brief, design team, mechanical and engineering and quantity surveyor input. This differs from the costs in the original business case which were developed by an external consultancy without these subject matter expert inputs. We are therefore confident that the current estimates are more robust, with uncertainty recognised through appropriate risk and optimism bias allowance.

The costs presented later in this paper for revised options are informed by the same methodology using revised briefing information, but without the same level of design information due to the pace of the cost review. The additional risk and uncertainty that this entails is recognised by an increased level of optimism bias allowance in the revised option costs.

## 2.2. National Programme & Pathfinders

Neighbouring schemes in Greater Manchester (£12m) and North East & North Cumbria (£29.7m) have encountered similar issues when carrying out costing reviews, compared with their bid value. To manage these significant differentials, both programmes have implemented the following

6

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

actions:

- Reduction in clean room facility footprint, resulting in reduction of product and volume scope and associated benefits.
- Alternative procurement process - clean room design and build.
- Significant design review and value engineering.
- Alternative operating model.

### 3. Proposal

A summary of the full options assessment is available in Appendix 1.

The five options assessed are:

1. Do Nothing
2. Do Minimum (Preferred)
3. Option 3: Explore alternative premises
4. Option 4: Explore alternative operating model
5. Option 5: Source alternative funding to support full cost

Due to the capital profile (detailed in section 4), the lease of Unit 2, Leeds Valley Park must be entered into by 28th March 2024 to spend the 2023/24 capital allocation (£6.5m). Therefore Options 3, 4 and 5 have been discounted at this stage. The preferred option will be explored to assess whether a cost-effective solution is available with sufficient risk mitigation to obtain WYAAT approval.

The preferred option will require the full £24m capital envelope. Therefore, by implication capital funding for the Bradford redevelopment will need to be agreed separately to this by WYAAT. The BTHFT Director of Finance has confirmed the project is in the early stages of development and the capital will not be required until 25/26 or later.

**Do Nothing:** The do-nothing option presents significant risk both clinically and financially. The case for change demonstrates that without the investment in a large-scale manufacturing hub to increase aseptic capacity, the future growth in demand cannot be met. Therefore, to continue providing patient treatments, third party supplies will need to be purchased from a limited market, resulting in increased costs beyond that of the business case. Additionally, increased regulatory legislative requirements put the current Aseptic provision across WYAAT at risk see section 5. A recent 10-week Aseptic service closure at Airedale General Hospital cost circa £400,000 in additional medicines expenditure.

**Preferred option:** A high level review of the possible value engineering and reduced aseptic clean room footprint has been completed and indicates that an affordable solution may be available. This includes the following changes:

- Reduction of clean room footprint.
- Removal of high value equipment.
- Layout reconfiguration to remove need for construction of a mezzanine floor.

7

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.



- Reduction in supporting areas including laboratories, training, office accommodation, warehouse and welfare areas to ensure containment within 4,800m<sup>2</sup> footprint of the original business case scope.

The preferred option would deliver output of 450,000 unit per annum which is in line with the forecast demand for WYAAT and would be a significant uplift against current LTHT capacity of circa 250%. The original business case targeted output of 650,000 units however this assumed the additional capacity could be used to target income generation. The preferred option would also offer opportunity to increase capacity in future by changing workforce models and additional clean room construction in a phased approach.

#### 4. Financial Implications

The agreed funding profile with NHS England is summarised below:

|   | 2022/23 | 2023/24 | 2024/25 | Total         |
|---|---------|---------|---------|---------------|
| CDEL (in operational envelope)            | 2,000   | 9,000   | 13,000  | <b>24,000</b> |
| Cash (the £6.5m lease is not cash backed) | -       | 2,500   | 15,000  | <b>17,500</b> |

7.6

The £9m planned expenditure for 2023/24 was made up as follows:

- £1.1m brokered with DIT – committed.
- £6.5m Valley Park Lease – not yet committed.
- £1.4m Building & Engineering and salary costs related to the Aseptics programme – spend to date is c.£290k.

##### 4.1. Do Nothing Option

Expenditure to date is £3,390k, however this includes £3,100 of capital brokerage with DIT with plans in place to repay this in 2024/25. The sunk costs to WYAAT are therefore c.£290k if the scheme is stopped as per the do-nothing option.

No cash has been drawn down to date and therefore no cash payback would be required, however there would be an impact on the year end cash forecast of c.£1.4m (£2.5m cash expected less paused costs of c.£1.1m no longer being incurred).

However, this option would likely lead to significant revenue pressures in the future to meet the demand for patient treatments via third party suppliers in the absence of an aseptic manufacturing hub.

##### 4.2. Preferred Option

The preferred option has been developed with the aim to deliver an affordable proposal within both the capital and revenue funding envelope identified within the original business case.

The funding profile includes a £6.5m CDEL allocation in 23/24 to enter a lease for the identified premises at Valley Park. This funding must be spent within 23/24 creating a time pressure to enter the lease by 31 March in the event the preferred option is approved, otherwise this capital funding will be lost. The WYAAT SRO has escalated this issue to NHSE, however no support has been offered to enable the capital to be deferred into 24/25 and support at this stage of the financial year is deemed to be highly unlikely.

An updated draft OBC-level cost has been developed based on the revised areas briefed by the pharmacy team. Revised designs are being developed, but these are not yet at a sufficient level to inform a more detailed cost plan.

The draft OBC-level cost is currently estimated at £27.7m including VAT. VAT relief is assumed on construction design fees but otherwise included at the full rate. VAT on the lease cost is excluded, being a revenue cost.

The risk & contingency provision is c. £3.6m net of VAT:

- £1.1m planning contingency (10% of construction costs)
- £2.5m Optimism Bias (18.2% of construction, non-works, equipment and fees). This has been calculated using recognised NHS methodology and is at an increased percentage than the January 2024 cost plan, to reflect the reduced level of design detail currently available.

Inflation has also been built into the cost plan at £614k to construction mid-point.

In this option, WYAAT support is required that any costs requiring a drawdown of the risk and contingency will be born collectively by the member trusts on the fair shares model.

Additionally, WYAAT agreement is required that the £4.47m allocated to the Bradford aseptic unit is considered as a reprovion of capital by WYAAT based on rephasing this development to future years.

### 4.3. Property Lease

Lease discussions with the Landlord for 2 Leeds Valley Park are continuing to protect the ability enter a lease prior to the end of March 2024.

The available RIBA Stage 2 design information for the current design (based on the brief issued in November 2023) has been issued to the Landlord for 2 Leeds Valley Park. An addendum related to the M&E strategy is under development for issue to the Landlord. The Landlord has reserved their position pending disclosure of all the information and has recently requested further information including the proposed elevations for any external work and any proposed intrusions in the external walls and roof.

It is anticipated that this level of detail will be sufficient for inclusion in the License to Alter; final information is required by 11 March 2024.

There are approximately six other legal points outstanding in relation to the Lease, but it is

9

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

expected that these can be resolved in the timescale required.

Due to the reduction in the brief and changes in design, the information in the current RIBA 2 design pack does not reflect what would be the final layout. There will therefore be the requirement to agree variations to the License to Alter after the lease is executed. These will be subject to Landlord review and approval. However, the final layout is expected to be similar in scope, but smaller in scale, than the current RIBA 2 design package.

#### 4.4. Power Supplies

Prior to any decision to enter the lease confirmation is required that the total power available to the site is sufficient to supply the business demands:

- The cost review recognises that additional power is required, however additional assurance in these costs is needed.
- Formal Distribution Network Operator (DNO) agreement is needed that sufficient power is available from the grid to support the works required. This is expected by 6 March 2024.
- Confirmation that the additional power supplies can be provided without new cabling, ducting or other new installations to the Unit is required, as these are not allowed by the Landlord.

Without these items being resolved, entering the lease would be at a higher than acceptable risk level, based on the financial loss associated with the lease value.

#### 4.5. Planning Status

Planning permission will be required for works to develop the warehouse unit. Given the stage of briefing and design, this will not be decided prior to the date when the lease is proposed to be executed. This therefore presents a risk to the use of the unit for its proposed use for pharmacy manufacturing.

#### 4.6. Further potential mitigations

Potential cost mitigations include:

- Direct appointment of clean room companies for discrete elements of the work. A saving of up to £2.8m has been suggested. However, this needs to be validated by the project team. If the route is feasible, it is not certain that it will achieve the full suggested saving due to the programme and risk implications which need to be factored into the appraisal.
- Length of lease recognised up front. This is under review as a potential lever to reduce costs further. However, this would lead to a further capital requirement to renew the lease sooner (10 years) when compared with the original proposal (15 years).

#### 4.7. Revenue model

The revenue model will require a full update; however, the impact of the preferred model has been assessed and is likely to result in a reduced revenue impact. This is based on the following factors:

- Workforce: The reduction in cleanroom footprint, reduces the number of WTE working in the unit. However, to achieve the maximum possible benefits, the workforce will not reduce

10

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

at the same ratio. The introduction of alternative shift working patterns anticipates that workforce will be reduced by c. £1.5m per year compared to full phase 5 workforce costs. This will result in total output from the hub which will meet the WYAAT needs but will not offer additional spare capacity. The spare capacity could be generated by increasing the workforce back up to the full revenue costs within the business case.

- Equipment: Several revenue reductions will be applied due to the reduced maintenance costs.
- Cleanroom maintenance: High-cost cleaning materials required to maintain the facilities extensive cleaning regime will be reduced.
- Utilities: The reduce cleanroom footprint will lead to a reduction in Air Handling Unit provision which will reduce the high electricity consumption.

## 5. Risk

There remains financial risk associated with the preferred option in respect of the lease commencement prior to RIBA 3 & 4 development. As mitigation, the project team continues to work towards building sufficient assurance to mitigate the risk associated with the cost review and enable a lease commencement.

As stated in section 3, the do-nothing option would pose several risks. Without the aseptic transformation, the existing licensed aseptic infrastructure in the region, the most significant of which is the facility at Moor House, LTHT, will fail to meet updated regulatory requirements. The non-compliance against updated EU “Good Manufacturing Practice” (GMP) legislation will likely result in critical deficiencies at the facilities next MHRA inspection, for which the unit is current 28 months overdue. Failure to renew the aseptic infrastructure would leave WYAAT at risk of being unable to respond to the growing demands of multiple specialist services e.g., chemotherapy, immunotherapy, parenteral nutrition, clinical trials requests.

## 6. Next steps

Subject to support from the Committee in Common and approval by each Trust, final approval to enter the lease will be provided by LTHT via Chair’s action or Ex-O Board meeting.

The WYAAT Director will instigate a formal review of project governance and controls to ensure that lessons can be applied to avoid similar issues arising in future projects. A report will be submitted to the WYAAT Committee in Common to confirm the recommendations for implementation as a result of the review.

Subject to approval of the recommendations in this paper, a quarterly report will be provided to WYAAT CiC for onward reporting to Trust Boards as the design stages progress, and costs are further refined and finalised.

## 7. Communication and Involvement

Pharmacy staff across WYAAT will be briefed once a recommendation has been approved. NHSE programme team will be updated at bi-monthly progress meetings.

11

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.



8. Equality Analysis

Equality screening analysis indicated no differential impact. This will continue to be reviewed as the workforce plan progresses.

9. Recommendation

The Committee is recommended to:

- Note the contents of the paper.
- Confirm a decision in principle to support the preferred option noting that further work should be undertaken to further reduce costs and associated risk and contingency requirements.
- Agree to a risk share model should the risk and contingency funding be required to support completion of the scheme.
- Additionally, WYAAT agreement is required that the £4.47m allocated to the Bradford aseptic unit is considered as a reprovision of capital by WYAAT based on rephasing this development to future years.
- Seek formal approval of the recommendations through each Trust Board (or appropriate Committee in line with each Trust’s Standing Financial Instructions) before 28 March 2024.

10. Appendices

Appendix 1: Options Matrix

| Option   | Risk, Implications and Recommendation   |
|--|---|
| 1. Do Nothing: stand down the programme and return funding | <ul style="list-style-type: none"><li>• Case for change and benefit objectives not met.</li><li>• Clinical risk associated with insufficient aseptic capacity to meet current and future demand.</li><li>• Fragility of commercial sector limits options to purchase products from third party suppliers.</li><li>• Risk of financial impact associated with purchasing from third party suppliers.</li><li>• £3.1m CDEL pressure from 2023/24 assuming all funding is required to be returned in this financial year. This could be limited to c.£300k if we could agree funding to be returned in 2024/25.</li><li>• c. £100-500k revenue risk</li><li>• Risk of reputational risk to WYAAT</li><li>• <b>Recommendation: Discount</b></li></ul> |

|   |  |
|---|--|
| 2. Do Minimum: Revise project brief to include scope reduction and value engineering of hub, to identify likely cost profile. In parallel, continue with lease negotiations for Unit 2, Leeds Valley Park to maintain ability to enter lease. | <ul style="list-style-type: none"> <li>• Ability to cost minimal capital solution.</li> <li>• Possible opportunity to meet capital spend profile for lease if minimal capital solution is affordable.</li> <li>• Majority (75-80%) programme benefits achievable with revised working pattern (no revenue impact).</li> <li>• All WYAAT requirements met.</li> <li>• Reduced running costs.</li> <li>• Retain design flexibility for future product changes</li> <li>• Full £24m national capital required. Re-assessment of future options for Bradford redevelopment. i.e. no spoke developed in 2024/2025.</li> <li>• Risk appetite for lease of unit surplus to programme requirements</li> <li>• <b>Recommendation: Preferred Option</b></li> </ul> |
| Option 3: Explore alternative premises  | <ul style="list-style-type: none"> <li>• Timelines for lease commencement likely to result in CDEL undershoot and probable capital loss of £7.6m.</li> <li>• Co-location of Leeds Pharmacy Store (LPS) services may be limited, which carries significant financial risk for LTHT if they are retained at Moor House, due to the limited remaining lifespan of the lease (6 years).</li> <li>• Remaining £16.4m capital required to achieve maximum possible benefits. Re-assessment of future options for Bradford redevelopment. i.e., no spoke developed in 2024/2025.</li> <li>• <b>Recommendation: Discount</b></li> </ul>  |
| Option 4: Explore Alternative operating model   | <ul style="list-style-type: none"> <li>• Full programme review required.</li> <li>• Likely to result in CDEL undershoot and probable capital loss of £7.6m due to time scales involved.</li> <li>• Co-location of LPS can be incorporated into review to reduce risk for LTHT.</li> <li>• <b>Recommendation: Discount</b></li> </ul>   |
| Option 5 - source alternative funding to support full programme   | <ul style="list-style-type: none"> <li>• Low likelihood of NHSE funding.</li> <li>• Inability to meet required timescales for commercial investment.</li> <li>• <b>Recommendation: Discount</b></li> </ul>   |

7.6

## Appendix 2: Advice from planning consultants

The following information is provided by Lichfields, being the planning consultants appointed to the scheme.

*“Forming a component of the Leeds Valley Park industrial estate, the site benefits from planning permission 20/07516/FU for 6 industrial units (Use Classes B2, B8 and E(g)) in 2020. The Trust seeks to occupy unit D under this existing permission.*

13

WYAAT incorporates Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Harrogate and District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Teaching NHS Trust.

*The use of buildings for the purpose of an Aseptics facility (for pharmacy manufacturing unit with warehouse space with offices to service the supply chain and meet clinical and operations function) has elsewhere been viewed to accord with the Use Class B2, B8 and E(g). It is recommended by Lichfields that with respect to unit D, consistency with the approved use classes should be confirmed through an application to Leeds City Council for a Certificate of Lawfulness of Proposed Use or Development.*

*The alterations proposed to the external appearance of the buildings including stack structures will require planning permission. This could take the form of full application or a variation to the extant permission. Subject to structural changes proposed, an application supported by necessary technical reporting to address noise and air quality which demonstrate no harm to the neighbouring environment would be expected to accord with the development plan and therefore be acceptable.”*

7.6

**From:** Jordan McKie – Director of Finance

**To:** Board of Directors

**Date:** 27 March 2024

## CONSIDERATION OF THE GOING CONCERN PRINCIPLE

### Harrogate and District NHS Foundation Trust

The 2023/24 Department of Health and Social Care Group Accounting Manual (DHSC GAM) refers to paragraphs 4.18 to 4.27 regarding the adoption of the going concern basis extract below:

#### Going concern

4.18 The \*FReM notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context.

4.19 For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

4.20 A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

4.21 Sponsored entities whose statements of financial position show total net liabilities must prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate.

4.22 Where an entity ceases to exist, it must consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.

4.23 While an entity will disclose its demise in various areas of its Annual Report and Accounts such as in the Performance Report and cross reference this in its going concern disclosure, this event does not prevent the accounts being prepared on a going concern basis or give rise to a material uncertainty in relation to the going concern of the entity.

4.24 DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.

4.25 Where a DHSC group body is aware of material uncertainties in respect of events or conditions that may bring into question the going concern ability of the entity, these uncertainties must be disclosed.



4.26 As the continued provision of service approach, per paragraph 4.22, applies to DHSC group bodies, material uncertainties requiring disclosure, will only arise in very exceptional circumstances.

4.27 Should a DHSC group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is required to be disclosed (which will only arise in exceptional circumstances), it must raise the issue with its sponsor division or relevant national body as soon as possible.

*\*HM Treasury – The Government Financial Reporting Manual 2023/24 (FReM).*

The DHSC GAM also states that it is only expected in extremely limited circumstances that the Going Concern basis might be called into doubt.

The Audit Committee reviewed this information at the last committee meeting (6<sup>th</sup> March 2024) and agreed to recommend to the Board of Directors that the Accounts should be prepared on a Going Concern basis, following consideration of this information.

**Actions Requested:**

- The Board of Directors is asked to note the Audit Committee review of the guidance extracted from the DHSC GAM and the appropriateness of preparing the 2023/24 Accounts on a Going Concern basis and;
- The Board of Directors is asked to approve the Audit Committee recommendation that the Accounts should be prepared on a Going Concern basis.

**Group Accounts incorporating Harrogate Healthcare Facilities Management Ltd (HHFM) and the Harrogate Hospital and Community Charity (Charity).**

The Trust’s wholly owned subsidiary company HHFM and Charity Accounts will be incorporated into the Group Accounts (excluding inter-company transactions). These Group Accounts will be aligned to the Trust Accounts and will be prepared on a Going Concern basis.

The directors of HHFM will need to formerly make their own consideration of Going Concern having prepared/reviewed future cash flow forecasts etc. prior to adopting their Accounts.

The Trustee of the Charity will also need to formerly make their own consideration of Going Concern, in practice this may be delegated to the Charitable Fund Committee. Again cash flow forecasts will form part of the decision process for the Trustee to consider.

**Note:**

- The Audit Committee agreed to approve the Group (consolidated Accounts) be prepared on a Going Concern basis, following the above consideration at Board of Directors.



**TRUST BOARD IN PUBLIC****27 MARCH 2024**

|                              |  |
|------------------------------|--|
| <b>Title:</b>                | Harrogate and Rural Alliance (HARA) – Extension to Governance Arrangements   |
| <b>Responsible Director:</b> | Matt Graham – Director of Strategy   |
| <b>Author:</b>               | Karen Siennicki - Assistant Director Adult Social Care, North Yorkshire Council<br><br>Contributions:<br>Mike Forster – Operational Director Community and Children<br>Chris Watson – Alliance Director Harrogate and Rural Alliance |

|   |  |   |
|---|--|---|
| <b>Purpose of the report and summary of key issues:</b> | <p>The Board is asked to approve this proposal for the extension of the existing Section 75 agreement for the Harrogate and Rural Alliance (HARA) for a period of twelve months.</p> <p>The partnership is governed by two Section 75 agreements, between the Humber and North Yorkshire Integrated Care Board and North Yorkshire Council and Harrogate and District NHS Foundation Trust and North Yorkshire Council. In addition, there is an Alliance Agreement which includes the parties to both section 75 agreements and also Tees Esk and Wear Valleys NHS Trust and Yorkshire Health Network (the local general practice federation)</p> <p>The key priority for the period of this extension would be the further development of intermediate care, to support early discharge and admission avoidance, with a focus on home first and maximising independence.</p> |   |
| <b>Trust Strategy and Strategic Ambitions:</b>          | <b>The Patient and Child First</b><br>Improving the health and wellbeing of our patients, children and communities   |   |
|   | Best Quality, Safest Care  |   |
|   | Person Centred, Integrated Care; Strong Partnerships   | X |
|   | Great Start in Life  |   |
|   | At Our Best: Making HDFT the best place to work  |   |
|   | An environment that promotes wellbeing   |   |
|   | Digital transformation to integrate care and improve patient, child and staff experience   |   |
|   | Healthcare innovation to improve quality   |   |
| <b>Corporate Risks:</b>                                 | None   |   |

OFFICIAL - SENSITIVE



|                                |  |
|--------------------------------|--|
| <b>Report History:</b>         | <p>The proposal is supported by the CC Directorate triumvirate and has been reviewed and supported by Leadership Team.</p> <p>It has also been approved by the NYC Health and Adult Services Executive.</p>  |
| <b>Recommendation:</b>         | <p>The Board is asked to approve the extension to the HARA S75 for a further 12 months, including:</p> <ul style="list-style-type: none"> <li>• The priority of further development of intermediate care, as described in the paper</li> <li>• The development and implementation of a new, longterm partnership agreement for HARA by 31 March 2025.</li> </ul> |
| <b>Freedom of Information:</b> |  |



## HARROGATE AND RURAL ALLIANCE (HARA) – EXTENSION TO GOVERNANCE ARRANGEMENTS

### 1.0 Background

The Harrogate and Rural Alliance (HARA) has been operating since 30 September 2019. It is providing community health and social care to the people, over 18 years of age, who live in the Harrogate and Rural area. It is an alliance of five partners governed by two Section 75 agreements and an Alliance agreement. These agreements have been extended twice previously and we now need to put in place new agreements that will facilitate the next phase of HARA's development.

The partners had three aims when the Section 75 was launched: -

- Improving the Health and Wellbeing of people in Harrogate and Rural District (Better Health, Good Quality of Life, Reduced Inequalities)
- Maintaining the high quality of care, with people at the heart of everything we do
- Making the Health & Social Care System affordable and sustainable

The Section 75 Partnership Agreement commenced on 03 October 2019 for three years. This was then extended by a further 12 months from 1 April 2022 to 31 March 2023. The parties then entered into further extension agreement which will expire on 31 March 2024.

### 2.0 Issues for consideration

The further extension will allow HARA to continue to operate within its current governance framework with a strategic priority for 2024/25 to focus on the further development of intermediate care.

This was felt to be the right area of focus as it will help address the following local issues;

- Pathway one discharges are currently below national best practice levels so we have opportunity to go further to support home first and reduce the use of out of hospital beds.
- We are above the national target for the % of patients in hospital who do not meet the criteria to reside.
- We have opportunity to further the reduce the number of Long Stay Patients (>21 days) in hospital beds (which can lead to deconditioning and increase use of care homes)
- We have opportunities to minimise duplication across HARA teams to ensure we use existing resource to better meet home first demand

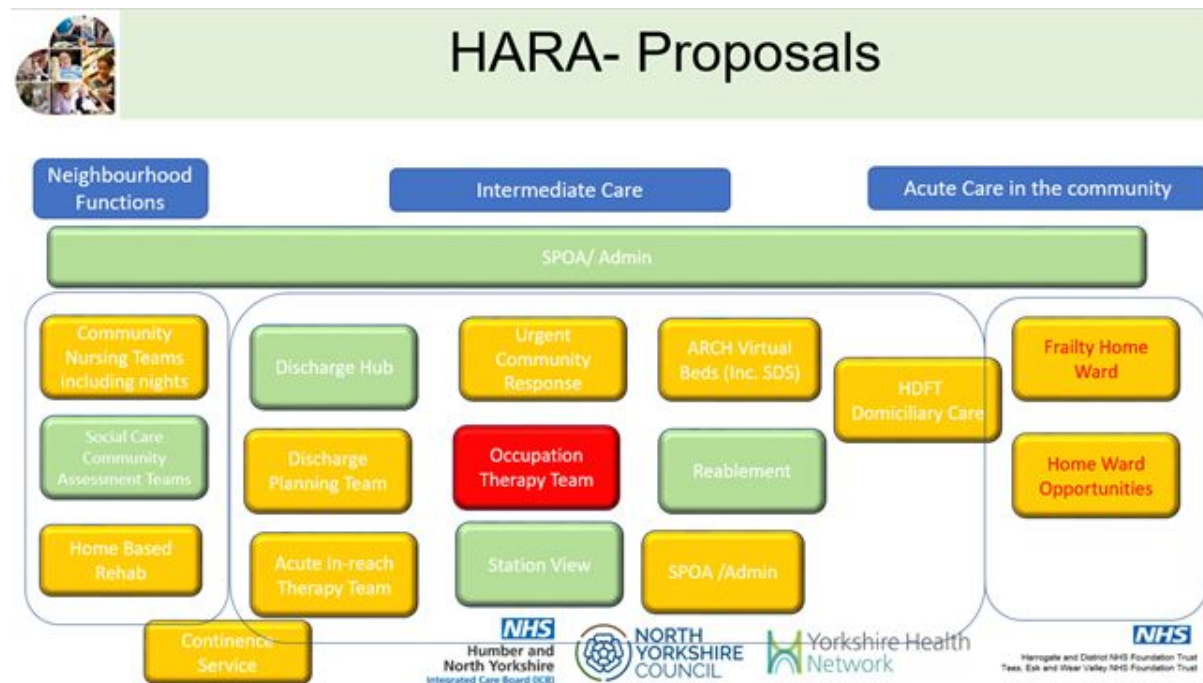
By focussing on intermediate care and addressing the above issues there is the potential to;

- Improve care and experience for people in our service
- Maximise the use of scarce resources across Health and Social Care
- Reduce expenditure on support in care homes
- Reduce unnecessary delays and costs due to delays in acute hospital beds

OFFICIAL - SENSITIVE

- Increase job satisfaction for workers in the service

The picture below shows the services we will be working with to support more timely intermediate care provision with a focus on home first (services in green are NYC, amber are HDFT, red are HDFT & NYC) and how they fit in with other HARA services.



This approach aligns with the strategic priorities as follows;

- Aligns with the HNY ICB / NYC work on the Development of Intermediate Care Hubs and the work we have been commissioned to undertake by NHSE on developing national models of intermediate care.
- HARA and the integrated way of working will be a key enabler to allow us to implement the emerging learning from these pieces of work.
- Increasing integrated care and implementing the HDFT@Home model are priorities in the HDFT Clinical Services Strategy, which is one of four Strategic Programmes identified through HDFT Impact.

### The requirements for consultation

A formal consultation was undertaken as part of the process for the approval of the Section 75s in 2019, which included the options to extend with the Section 75s.

Three (3) other potential options have been considered in regards to the development / future of the HARA model

1. Ending the Section 75 agreement and replacing it with a different contractual arrangement continues to be a consideration, however due to restricted timescales it is not possible to develop a robust new contractual platform prior to April 2024.



2. Ending the contract on 31<sup>st</sup> March would move away from the HARA integrated model. We would revert back to a model that is mirrored across the rest of North Yorkshire and some of our strategic ambitions around integrated working may be lost as a result.
3. Extending the agreement for longer than 1 year. There are contractual limitations of how long this agreement can be extended for, therefore it is important that this next twelve months are efficiently used to fully explore future agreements.

All parties to the Section 75 agreement have considered the alternative options and all partners are in agreement with the proposed extension of the Section 75 agreement.

### 3.0 Performance Implications

As the focus for the next 12 months is proposed to be intermediate care there will be a focus on the following key performance indicators (KPI's).

- Establishing expected timeliness of discharge (proposal as follows) and ensure we have an improving trend of delivery over the year;
  - Pathway 1 (home with short term support) – Same day/ next day
  - Pathway 2 (short term bedded rehabilitation / rehabilitation) - Next day
  - Pathway 3 (long term care) - Three working days
- Reduction in the No Criteria to Reside baseline % when compared to the same period in the preceding 12 months.
- Increase occupancy of virtual beds to 80% and maintain this performance
- Patients in short stay bedded placements to remain on average within the 40 cap
- Ensure any step up from community are achieved on same day/next day
- Reduced % of patients placed into interim bedded care when compared to the same period in the preceding 12 months.
- Increase the % of patients discharged home on Pathway 1 over the course of the year with a aim of hitting the national best practice of 45%.
- Patient Experience of using integrated services

### 4.0 Financial Implications

This Section 75 arrangement currently works under a general principal of a “pooled fund” which defines budgets for each party. The defined budget for HDFT is the defined budget to deliver Adult Community Health Care services in Harrogate & District.

This Section 75 supports shared budgets, but the principal of shared budgets has not been implemented. There are no plans to implement a shared budget in this extension.

As a result of this there are no financial implications to HDFT in respect of the extension to this Section 75 agreement.

### 5.0 Legal Implications and Governance compliance

OFFICIAL - SENSITIVE



The extension is within the scope of the original partnership agreement and therefore there is no known legal risk associated with this extension.

## 6.0 Equalities Implications

The Equality Impact Assessments will be reviewed as part of the extension arrangements, including revised proposals to be presented within the period 2024/25.

## 7.0 Recommendations

It is recommended that this Section 75 Agreement for the Harrogate and Rural Alliance is extended, within scope of the original contract, for a term of 12 months from 01/04/2024 to 31/03/2025.

The benefits of extending the Section 75 are that: the legal framework is already in place, the extension has been agreed by partners and it allows the work to be undertaken to develop the intermediate care model and review the wider HARA model in terms of the vision for this moving forward. The additional timeframe would allow the partners to undertake further transformation of the services to offer increased quality of services to the population in accordance with National policies or local strategic priorities which set out the direction of travel for integration and intermediate care. #

However, this is the second 12 month extension of the existing s75. It is recommended that HDFT works with NYC and HNY ICB to establish robust project governance to ensure that the aims of the extension are delivered and new, longterm partnership agreement for HARA is developed and implemented during the 12 month extension.



**TRUST BOARD in Public****27<sup>th</sup> March 2024**

|                              |  |
|------------------------------|--|
| <b>Title:</b>                | <b>HDFT Membership Engagement Strategy</b> |
| <b>Responsible Director:</b> | Chair                                      |
| <b>Author:</b>               | Lead/Deputy Governors                      |

|   |  |   |
|---|--|---|
| <b>Purpose of the report and summary of key issues:</b> | <p>The Membership Engagement Strategy report sets out:</p> <p>A vision which demonstrates:</p> <ul style="list-style-type: none"> <li>• Commitment and responsiveness of the Trust to the membership</li> <li>• How members will be well informed and have improved understanding of the work of the Trust</li> <li>• A membership which can influence the shaping of future services delivered by the Trust</li> </ul> <p>Key Objectives of the Strategy are to:</p> <ul style="list-style-type: none"> <li>• Increase, develop and effectively manage membership</li> <li>• Encourage membership which is representative of communities, staff and stakeholder groups</li> <li>• Increase types and quality of engagement with the membership and other groups.</li> <li>• Measure and track success on the implementation of the Strategy via an action plan</li> </ul> |   |
| <b>Trust Strategy and Strategic Ambitions:</b>          | <b>The Patient and Child First</b><br>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:  | Council of Governors 6 <sup>th</sup> March 2024                  |
| Recommendation:  | The Board is asked to approve the Membership Engagement Strategy |

|                         |   |
|-------------------------|---|
| Freedom of Information: | Available on publication of Board papers to HDFT external website in March 2024 |
|-------------------------|---|

## **Harrogate and District Foundation Trust**

### **Membership (Engagement) Strategy 2023- 2025**

#### **1. Introduction by Chair**

##### **1.1 Why is membership development and engagement important?**

Harrogate District Hospitals Foundation Trust is an important part of the communities it serves, and exists to serve those communities and its patients. We want inform all of our stakeholders (and operational areas) that the Trust is there for them and to feel an ownership of, and ideally an attachment to, the Trust.

As a Foundation Trust we were formed as a membership organisation. We must ensure our members have access to information, events and benefits. It is through our membership we gain insight into the wants and needs of our communities and stakeholders. By understanding what matters most to our members, we can improve our services for the benefit of the local community.

The Trust Board is accountable to the members directly, and through Governors (elected from and by the membership) who have the power to appoint the Chair and other Non-Executive Directors and to oversee the Board's performance.

##### **1.2 Our ambition**

Our vision is for an actively-engaged, vibrant and representative membership.

This means that:

- Our members will feel informed, and listened to, and be able to see that their views are reflected in the actions of the Trust.
- As a Trust we will be able to improve our services by listening and responding to the needs and wants of the communities we serve.
- Our membership will truly be representative of the communities we serve, so that our services can better reflect the diverse nature and needs of those communities.

##### **1.3 How will we move forward**

Our membership list has evolved since we became a Foundation Trust in 2005 and it has been some time since the Membership Strategy has been reviewed. We have some work to do to review our current membership database; to check and update the information held; to understand better how representative our membership is of the communities we serve; and to make sure that in future we can communicate effectively and efficiently with our members.

We will work with our members to provide a range of information and engagement opportunities so that members can be involved to the extent that they choose.

The development of this strategy has been led by our Council of Governors and its Governor Development and Membership Committee. The strategy will be supported by an action plan which will set out what we need to do in practice to achieve our vision, and how we will measure our progress.

Our Membership is a valuable asset and we want meaningful engagement between members and the Trust so they can influence the development and design of services to reflect the needs of the communities served by the Trust.

It has been some time since the Membership Strategy has been updated and it has been reviewed to reflect that the many changes and challenges over recent years. We aim to build and develop a more active and informed membership.

We want to ensure we gain more views and ideas from the membership and other stakeholders. Also, to develop how we can take forward and implement actions which will achieve the objectives of our strategy and demonstrate our values.

At **teamHDFT** we value:

|   |  |   |  |
|---|--|---|--|
| <b>kindness</b><br>We show <b>compassion</b> , and are <b>understanding</b> and <b>appreciative</b> of other people | <b>integrity</b><br>We display personal and professional <b>integrity</b> , are <b>honest</b> and bring a <b>positive</b> attitude | <b>teamwork</b><br>We are <b>helpful</b> to each other, <b>listen</b> intently and <b>communicate</b> clearly | <b>equality</b><br>We show <b>respect</b> , we are <b>inclusive</b> and we act <b>fairly</b> |
|---|--|---|--|

2. About The Trust

Harrogate & District NHS Foundation Trust (“the Trust”) was founded under the Health and Social Care (Community Health and Standards) Act 2003 and authorised as an NHS Foundation Trust from 1 January 2005.

The Trust is the principal provider of hospital services to the population of Harrogate and surrounding district, and also provides services to north and west Leeds - representing a catchment population for the acute hospital of approximately 720,000.

In addition, the Trust provides some community services across North Yorkshire (with a population of 400,000) and provides Children’s Services between birth and up to 19 years of age in North Yorkshire, County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Sunderland, Gateshead and Wakefield, covering a total population of around 1.75m.

The full range of services provided by HDFT can be found on our website at [www.hdft.nhs.uk](http://www.hdft.nhs.uk) and in more detail in the Annual Report and Accounts (<https://www.hdft.nhs.uk/about/trust/statutory-info/>)

## 2.1 Trust Strategy and Ambitions

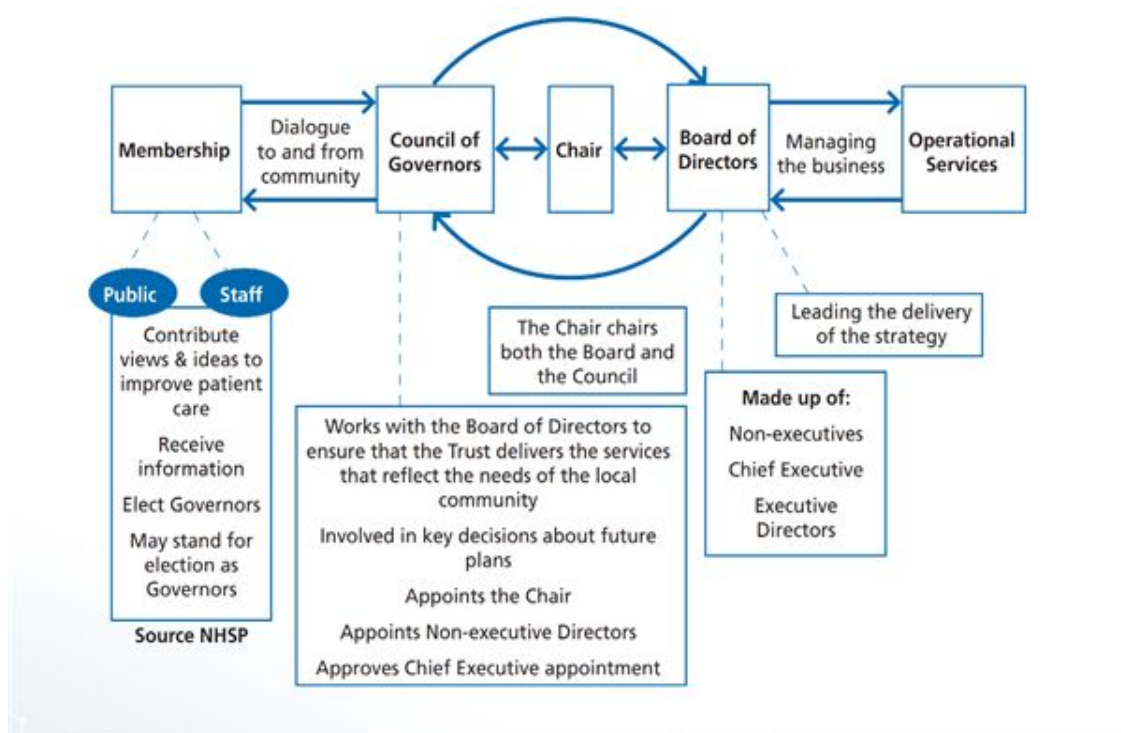


More detail about the strategy can be found here [Our Strategy and Ambitions - Harrogate and District NHS Foundation Trust \(hdfnhs.uk\)](https://www.hdfnhs.uk/our-strategy-and-ambitions)

## 2.2 Trust Local Accountability

The Trust is accountable to the local community, the patients it cares for and the people it employs through its membership. By becoming members, local people, patients, carers and our colleagues are able to have a say in the design and delivery of services. Governors elected by the membership perform a vital role in holding the non-executive Board members to account for the performance of the Board.

The diagram below summarises the links between the Trust, the Governors, the membership and community.



### 3. Who are our Members

As a Foundation Trust, HDFT is accountable to its membership; the membership includes people from the communities the Trust serves, the patients it cares for and the people it employs. Our membership helps us to stay in touch with what people feel they need from our services and being a member provides an opportunity to contribute to how we run Harrogate District Hospital as well as our community services across North Yorkshire and beyond.

#### 3.1 Public members:

Membership is open to anyone over the age of 16 who is a resident of the Trust's constituencies (see map below), or a patient of the Trust and/or their carer.

Anyone who does not meet the criteria is welcome to join as an Affiliate.

You can sign up for membership online here [Introduction \(membra.co.uk\)](https://membra.co.uk)



### 3.2 Staff members

All employees of Harrogate and District NHS Foundation Trust holding a permanent or fixed term contract of at least 12 months are automatically enrolled as members of the Trust unless they express a wish to opt out.

As a member you can vote for, or stand as, a Governor to represent the interests of your colleagues/constituents and feed back to them about the performance of the Trust. The staff constituency is divided into six classes

- Medical practitioners
- Nursing, midwifery and AHPs (Allied Health Professionals)
- 0-19 services (including North Yorkshire, County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Sunderland, Gateshead and Wakefield)
- Community services
- Other clinical
- Non-clinical

**3.3 Current membership**

As at November 2023, we have 15,611 people on our membership database. This includes 10,943 public members and 4,668 staff members.

The list of staff members is up to date and we have work email addresses for all staff members.

The breakdown of staff members by constituency is given below; most of our staff members also live in one of our public constituencies:

| Constituency   | Number of members (Nov 23) |
|--|----------------------------|
| Medical practitioners  | 342                        |
| Nursing, midwifery and AHPs (Allied Health Professionals)  | 1,236                      |
| 0-19 services (including North Yorkshire, County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Sunderland, Gateshead and Wakefield) | 227                        |
| Community services   | 1,231                      |
| Other clinical   | 624                        |
| Non-clinical   | 1,008                      |

The database of public members has grown since the creation of the Foundation Trust in 2005.

We recognize that we need to:

- have more confidence in the accuracy of our database
- improve the way in which we identify and collect appropriate information which would help us develop a more representative membership
- Improve communication with our membership and potential future members



The breakdown of public members by constituency is:

| Constituency  | Number of members (Nov 23) |
|---|----------------------------|
| Harrogate and surrounding villages  | 4959                       |
| Ripon and west district   | 1414                       |
| Knaresborough and east district   | 1714                       |
| Wetherby and Harewood, including Otley and Yeadon, Adel and Wharfedle and Alwoodley wards | 1556                       |
| The rest of North Yorkshire and York  | 424                        |
| The rest of England   | 822                        |
| Affiliate   | 54                         |
|   |                            |

3.4 Benefits of Membership

As a member, you can choose the extent to which you engage with HDFT.

- gaining information to help improve the understanding of how the local health care system works and is changing;
- sharing your experience and views on services to help shape future design;
- volunteering or working with the Trust;
- voting for Governors who will represent your interests;
- standing as a Governor yourself;
- Additionally all members are eligible to be part of the Health Discounts Scheme [Health Service Discounts: NHS Discounts, Offers & Codes](#)

10

4. Representing the Interests of the Membership

NHS Foundation Trust governors are accountable to the members who elect them and must represent their interests and the interests of the public. As a member you can vote for, or stand as a Governor to represent your constituency or and provide feedback about the performance of the Trust.

Members views and opinions are heard through the Council of Governors.

The Council of Governors currently consists of 20 elected and six nominated Governor positions.

#### **4.1 Staff Governors are elected by staff representing the following groups:**

- Medical practitioners (1)
- Nursing, midwifery and AHPs (Allied Health Professionals) (1)
- 0-19 services (1)
- Community services (1)
- Other clinical (1)
- Non-clinical (1)

#### **4.2 Public Governors are elected by the following constituencies:**

- Harrogate and surrounding villages (5)
- Ripon and west district (2)
- Knaresborough and east district (2)
- Wetherby and Harewood, including Otley and Yeadon, Adel and Wharfedale and Alwoodley (2)
- The rest of North Yorkshire and York (1)
- The rest of England (1)

#### **4.3 Stakeholder Governors nominated by the following:**

- Harrogate Integrated Facilities (1)
- Local Authority (2)
- Further/Higher Education/Research establishment (1)
- Voluntary Sector (1)
- Patient Experience Sector (1)

#### **4.4 The Council of Governors is responsible for:**

- Representing the interests of members and the public.
- Appointing the Chair and other Non-Executive Directors, and holding them to account for the performance of the Board.
- Approving the appointment of the Chief Executive by the Non-Executive Directors.
- Receiving the Trust's Annual Report and Accounts.
- Appointing the Trust's external auditors
- Approving "significant transactions" acquisitions and mergers
- Approving amendments to the Trust's constitution.

More about the Council of Governors can be found here  
<https://www.hdft.nhs.uk/about/council-of-governors/>

### **5. The Purpose of the Membership Strategy**

To set out a **vision** which demonstrates:

- Commitment and responsiveness of the Trust to the membership
- How members will be well informed and have improved understanding of the work of the Trust
- A membership which can influence the shaping of future services delivered by the Trust

**6. Objectives of Membership Strategy**

- Increase, develop and effectively manage membership
- Encourage membership which is representative of communities, staff and stakeholder groups
- Increase types and quality of engagement with the membership and other groups...
- Measure and track success on the implementation of the Strategy via an action plan

The table below sets out the supporting aims of each objective

|  |
|--|
| <b>Objective 1: Increase and develop membership and effectively manage its adminstration</b>   |
| <ul style="list-style-type: none"><li>• Review on-line recruitment process and membership information packs</li><li>• Review accuracy of existing database information</li><li>• Raise awareness of benefits of belonging as members</li><li>• Develop new marketing materials – differentiated according to stakeholder group</li><li>• Examine potential broadening of media used to promote recruitment</li><li>• Consider regularity of posting/issuing news stories to develop and maintain profile of membership</li></ul> |
| <b>Objective 2: Encourage membership which is representative of communities, staff and stakeholder groups</b>  |
| <ul style="list-style-type: none"><li>• Regularly analyse membership data and identify underrepresented groups</li><li>• Consider ways in which those served by and working with 0- 19 Services outside Harrogate and North Yorkshire can be effectively represented and young people in the community</li><li>• Develop targeted campaigns to increase recruitment from underrepresented groups and encourage involvement from younger people</li></ul>   |
| <b>Objective 3: Increase types and quality of engagement with membership and other groups</b>  |

|  |
|--|
| <ul style="list-style-type: none"> <li>• Review and develop existing ways of communicating with members</li> <li>• Improve opportunities for more and varied Governor engagement with the communities, staff, and stakeholder groups they represent</li> <li>• Ensure that respective patient and service user strategies are co-ordinated and complementary (i.e Trust and Membership Engagement Strategies) and improve engagement opportunities between Governors and other organisations representing patients, communities, and other stakeholder interests so that voice and feedback can be strengthened</li> <li>• Devise a programme of events to meet the needs and interest of members</li> </ul> |
| <b>Objective 4: Measure and track success on the implementation of the Strategy</b>  |
| <ul style="list-style-type: none"> <li>• Devise detailed action plan which will set out steps to be taken towards achieving objectives and delivering the vision</li> <li>• Establish annual reporting to Council of Governors and Annual Members' meetings</li> <li>• Identify key performance indicators establish baselines against which to measure progress</li> </ul>  |

## **7. Process of Consultation, Approval and Implementation of Membership Strategy.**

| <b>Action</b>  | <b>By</b>   | <b>Timescale</b>  |
|--|---|---|
| Initial Discussion on Membership Strategy Objectives                         | Informal Council of Governors                               | 19 <sup>th</sup> September 2023                         |
| Production of Draft Strategy and Action Plan                                 | Membership Engagement Working Group                         | 31 <sup>st</sup> October 2023                           |
| Finalise Draft Strategy prior to consultation at Annual Members' Meeting     | Governor Development and Member Engagement Committee(GDMEC) | 15 <sup>th</sup> November 2023                          |
| Presentation of strategy at the Members Annual Meeting and gather feedback   | Lead Governors  | 21 <sup>st</sup> November 2023                          |
| Develop Detailed Membership Strategy Action Plan                             | Membership Engagement Working Group/GDMEC                   | January to March 2024                                   |
| Membership Strategy Final Approval   | Council of Governors Trust Board                            | 6 <sup>th</sup> March 24<br>27 <sup>th</sup> March 2024 |
| Progress Reports on Implementation of Strategy and monitoring of Action Plan | Governor Development and Engagement Committee               | Quarterly reporting ongoing 3 years                     |

|                          |                                   |                      |
|--------------------------|-----------------------------------|----------------------|
|                          | (Minutes to Council of Governors) |                      |
| Annual Report to Members | Annual Members Meeting            | September 2024/25/26 |