Board of Directors Meeting Held in Public

To be held on Wednesday, 25th March 2026 at 1.00pm – 3.45pm

Venue: Boardroom, HDFT, Strayside Wing, Harrogate District Hospital

Lancaster Park Road, Harrogate, HG2 7SX.

AGENDA

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

Item No.	Item	Lead	Action	Paper
SECTION 1: Opening Remarks and Matters Arising				
1.1	**Welcome and Apologies for Absence**	Chair	Note	Verbal
1.2	**Patient Story (Audio)**	Director of Nursing, Midwifery and AHPs	Discuss	Verbal
1.3	**Register of Interests and Declarations of Conflicts of Interest**	Chair	Note	Attached
1.4	**Minutes of the meeting held on 28th January 2026**	Chair	**Approve**	Attached
1.5	**Matters Arising and Action Log**	Chair	Note	Attached
1.6	**Overview by the Chair**	Chair	Note	Verbal
1.7 1.7.1	**Chief Executive's Report** • Corporate Risk Register	Chief Executive	Note Note	Attached Supp. Pack Attached
SECTION 2: Ambition: Best Quality, Safest Care				
2.1	**Board Assurance Framework:** Best Quality, Safest Care	Director of Nursing, Midwifery and AHPs & Quality Committee Chair	**Approve**	Attached
2.2	Learning from Deaths Quarterly Q3 Report	Medical Director	Note	Supp. Pack Attached
2.3	Nursing and Midwifery Quality and Safe Staffing Report	Director of Nursing and Midwifery and AHPs	Note	Supp. Pack Attached
SECTION 3: Ambition: Great Start in Life				
3.1	**Board Assurance Framework:** Great Start in Life	Director of Nursing, Midwifery and AHPs & Quality Committee Chair	**Approve**	Attached

Item No.	Item	Lead	Action	Paper
3.2	**Strengthening Maternity and Neo-Natal Safety Report**	Director of Nursing, Midwifery and AHPs / Associate Director of Midwifery	Note	Attached
SECTION 4: Ambition: Person Centred; Integrated Care; Strong Partnerships				
4.1	**Board Assurance Framework:** Person Centred; Integrated Care; Strong Partnerships	Chief Operating Officer & Deputy Chief Executive/ Resource Committee Chair	**Approve**	Attached
4.2	**Board Assurance Framework:** Finance	Finance Director / Resource Committee Chair	**Approve**	Attached
SECTION 5: Ambition: At Our Best: Making HDFT the Best Place to Work				
5.1	**Board Assurance Framework:** At Our Best: Making HDFT the Best Place to Work	Director of People & Culture / People & Culture Committee Chair	**Approve**	Attached
5.2 5.2.1 5.2.2	**Gender and Ethnicity Pay Gap Slides** **Gender Pay Gap Report** **Ethnicity Pay Gap Report**	Director of People & Culture	Note	Attached Attached Attached
5.3	**National Staff Survey**	Director of People & Culture	Note	Attached
SECTION 6: Ambition: Enabling Ambitions				
6.1	**Board Assurance Framework:** Digital Transformation and Maturity to Integrate Care and Improve Patient, Child and Staff Experience	Medical Director & Innovation Committee Chair	**Approve**	Attached
6.2	**Board Assurance Framework:** Healthcare Innovation to Improve Quality and Safety	Medical Director & Innovation Committee Chair	**Approve**	Attached
6.3	**Board Assurance Framework:** An Environment that Promotes Wellbeing	Director of Finance / Resources Committee Chair	**Approve**	Attached
SECTION 7: BAF Summary and Escalation from Committees				
7.1	**Escalation from Sub-Committees of the Board**	All Executive and Non-Executive Directors	Discuss	Verbal
7.2	**Audit Committee Chairs Report**	Director of Finance/Audit Committee Chair	Note	Verbal
SECTION 8: Governance Arrangements				

Item No.	Item	Lead	Action	Paper
8.1	Trust Plan 2026/27 • Annual Plan • Strategic Planning Framework	Director of Finance Director of Strategy	**Approve** **Approve**	Attached Attached
9.0	**Any Other Business** *By permission of the Chair*	Chair	Discuss/ Note/ Approve	Verbal
10.0	**Board Evaluation**	Chair	Discuss	Verbal
11.0	**Date and Time of next Board Meeting to be held in public:** Wednesday 27th May 2026 at 1.00 – 3.45pm Venue: Boardroom, Trust Headquarters, Harrogate District Hospital			

Confidential Motion – the Chair to move:
Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.

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

NHS
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NHS Foundation Trust

Board of Directors – Register of Interests

As at 10th February 2026

Board Member	Position	Relevant Dates From	To	Declaration Details
Jacqueline Andrews	Executive Medical Director	June 2020 June 2020 December 2023 April 2024 May 2024 August 2025	April 2024 January 2026 Current Current August 2025 Current	1. Familial relationship with managing partner of Priory Medical Group, York 2. Lead for Research, Innovation and Improvement for Humber and North Yorkshire Integrated Care Board 3. Member, Leeds Hospitals Charity Scientific Advisory Board 4. Familial relationship with Director of GPMx Ltd (healthcare consultancy) 5. Member, Independent Advisory Group for the National Medical and Surgical Clinical Outcomes Review Programme (hosted by HQIP on behalf of NHSE) 6. Trustee, Healthcare Quality Improvement Partnership (Charity number 1127049)
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018 September 2024	Current Current	1. Company director for the flat management company of current residence 2. Chief Executive, The Ewing Foundation, Ovingdean Hall Foundation and Burwood Park Foundation 3. Director of Coffee Porter (family business) 4. Member of West Yorkshire Chairs & Leaders Forum 5. Member HNY Provider Chairs 6. Member HNY CAP Board 7. Member Trustee – NHS Charities Together
Denise Chong	Interim Non-executive Director	March 2025	Current	1. Trustee, Learning Partnerships Leeds (Feb 2023) 2. Member, Kaleidoscope Learning Trust (KLT) (Dec 2023)
Breeda Columb	Executive Director of Nursing, Midwifery & AHPs	June 2025	Current	1. Familial relationship with a Leeds Teaching Hospitals NHS Trust employee
Jonathan Coulter	Finance Director Chief Executive from March 2022	March 2022	Current	No interests declared
Jeremy Cross	Non-executive Director	January 2020	Current	1. Chairman, Tipton Building Society

Harrogate and District NHS Foundation Trust

Board Member	Position	Relevant Dates From	To	Declaration Details
				3. Director and Shareholder, Cross Consulting Ltd (dormant) 4. Chairman, Forget Me Not Children's hospice, Huddersfield 5. Governor, Grammar School at Leeds 6. Director, GSAL Transport Ltd 7. Member, Kirby Overblow Parish Council 8. Stakeholder Non-executive Director, Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Chiara De Biase	Non-executive Director	November 2022 November 2022 May 2024 February 2026	May 2024 March 2025 Current Current	1. Director of Support and Influencing, Prostate Cancer UK 2. Clinical Trustee, Candlelighters (Children's Cancer Charity) 3. Director of Health Services, Equity & Improvement, Prostate Cancer UK 4. Interim Fundraising and Health Strategy Director, Prostate Cancer UK
Matt Graham	Director of Strategy	April 2022 November 2025	Current Current	1. 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) 2. Trustee of Harrogate & District Community Action
Jordan McKie	Director of Finance (from July 2023)	August 2022	Current	1. Chair, Internal Audit Provider Audit Yorkshire
Colin Melville	Non-Executive Director	September 2025	Current	1. Trustee, Faculty of Medical Leadership and Management 2. Fellow, Royal College of Physicians, London 3. Fellow, Royal College of Anaesthetists 4. Fellow, faculty of Intensive Care Medicine 5. Honorary Fellow, Academy of Medical Educators 6. Senior Fellow, Faculty of Medical Leadership and Management 7. Honorary Professor, University of Manchester 8. Visiting Professor, Anglia Ruskin University 9. Nephew is an employee of HDFT (non-decision maker)

NHS
Harrogate and District
NHS Foundation Trust

Board Member	Position	Relevant Dates From	To	Declaration Details
Russell Nightingale	Chief Operating Officer & Deputy Chief Executive	April 2021	Current	10. Director of ILS and IPS Pathology Joint Venture
Andrew Papworth	Non-executive Director	March 2020	Current	1. Chief Finance Officer, Insight222 2. Ambassador for Action for Sport
Laura Robson	Non-executive Director	September 2017	Current	No interests declared
Wallace Sampson OBE	Non-executive Director	March 2020 July 2023 August 2023 September 2023 October 2023 August 2024	Current Current Current March 2025 Current Current	1. Member of Society of Local Authority Chief Executives 2. Advisory Board Consultant – Commercial Service Kent Ltd. 3. Commissioner – Local Government Boundary Commission for England 4. Chair – Middlesbrough Independent Improvement Advisory Board. 5. Director and Shareholder – Sampson Management Services Ltd. 6. Member – Council of Governors, Leeds University
Julia Weldon	Non-executive Director	May 2024 September 2025	Current Current	1. Fellow of the Faculty of Public Health (FPH) FPH Assessor and Advisor 2. Associate of Local Government Association (LGA) 3. Director of Julia Weldon Executive Leadership Ltd
Angela Wilkinson	Director of People & Culture	October 2019	Current	1. Director of ILS and IPS Pathology Joint Venture

Harrogate and District NHS Foundation Trust

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

Name	Position	Declaration Details
Dr Zakyeya Atcha	Clinical Director (Children and Young People's Public Health)	No interests declared
Emma Anderson	Associate Director of Nursing (Children and Young People's Public Health)	No interests declared
Rob Armstrong	Deputy Chief Operating Officer	No interests declared
Rob Eames	Deputy Director of People & Culture	No interests declared
Dr Dave Earl	Deputy Medical Director	1. Medical Director of ILS and IPS Pathology Joint Venture 2. Treasurer, Harrogate Anaesthesia Services, administration and co-ordination of Anaesthetic Private Practice
Emma Edgar	Clinical Director (Long term, Urgent, Cancer and Community)	No interests declared
Mike Forster	Operational Director (Children and Young People's Public Health)	1. Chair of King James and Knaresborough Tennis Club
Charly Gill	Associate Director of Nursing (Long term, Urgent, Cancer and Community)	1. Familial relationship with HDFT employee
Dr Katherine Johnson	Clinical Director (Planned, Surgical and Children's Care)	No interests declared
Sam Layfield	Operational Director (Planned, Surgical and Children's Care)	*(to be advised)*
Leanne Likaj	Associate Director of Midwifery (Planned, Surgical and Children's Care)	No interests declared
Jenny Nolan	Deputy Director of Nursing, Midwifery and AHPs	No interests declared
Karen Scarth	Deputy Director of Finance	No interests declared

Harrogate and District NHS Foundation Trust

Name	Position	Declaration Details
Dr Matthew Shepherd	Deputy Director of Business Intelligence, Planning, Performance and Productivity	1. Director of Shepherd Property – company lease flat.
Dr Sarah Sherliker	Deputy Medical Director	1. Clinical Private Practice providing anaesthesia services (ad hoc very occasional) 2. Shareholder TheSmartTHING Ltd (49%)
Shirley Silvester	Deputy Director of People & Culture	No interests declared
Kate Southgate	Associate Director, Quality & Corporate Affairs	1. Familial relationship with Director in NHS England
Rachael Stray	Operational Director (Long term, Urgent, Cancer and Community)	No interests declared
Julie Walker	Associate Director of Nursing (Planned, Surgical and Children's Care)	No interests declared
Andy Williams	Chief Interim Digital Officer	1. Shareholder (50%) in The Human Digital Collaborative Ltd 2. Shareholder (25%) in One Clinical Ltd. 3. Shareholder (100%) in AHLC Solutions Ltd.

Harrogate and District NHS Foundation Trust

Directors and Attendees
Previously recorded Interests – For the 12 months period pre December 2025

Board Member	Position	Relevant Dates From	To	Declaration Details
Matt Graham	Director of Strategy	September 2021	December 2025	1. Member: Local Governing Body, Malton School (part of Pathfinder Multi-Academy Trust)
Kama Melly	Associate Non-executive Director	November 2022	February 2025	1. Kings Counsel, Park Square Barristers 2. Bencher, The Honourable Society of the Middle Temple 3. Director and Deputy Head of Chambers, Park Square Barristers 4. Governor, Inns of Court College of Advocacy
Emma Nunez	Director of Nursing Deputy Chief Executive	April 2021	March 2025	1. No interests declared
Alison Smith	Interim Director of Nursing, Midwifery & AHPs	24 March 2025	June 2025	1. No interests declared
Julia Weldon	Non-Executive Director	November 2022	September 2025	1. Director of Public Health / Deputy Chief Executive, Hull City Council 2. Co-chair of the Population Health Committee, Humber & North Yorkshire Integrated Care Board

BOARD OF DIRECTORS MEETING – PUBLIC (DRAFT)

Wednesday, 28th January 2026

Held at Trust HQ, Harrogate District Hospital, Harrogate, HS2 7SX

Present:	
Sarah Armstrong	Trust Chair
Jonathan Coulter	Chief Executive
Russell Nightingale	Deputy Chief Executive and Chief Operating Officer
Jeremy Cross (JCr)	Non-executive Director, Chair of Resource Committee
Colin Melville (CM)	Non-executive Director
Andy Papworth (AP)	Non-executive Director, Chair of People & Culture Committee
Laura Robson (LR)	Non-executive Director, Chair of Quality Committee
Wallace Sampson OBE (WS)	Non-executive Director, Chair of Innovation Committee
Denise Chong (DC)	Interim Non-executive Director
Jacqueline Andrews	Executive Medical Director
Breeda Columb	Executive Director of Nursing, Midwifery and Allied Health Professionals
Matthew Graham	Director of Strategy
Jordan McKie	Director of Finance
Angela Wilkinson	Director of People and Culture

In Attendance:	
Kate Southgate	Associate Director of Quality and Corporate Affairs
Rachel Hewson	Company Secretary
Jenny Nolan	Deputy Director of Nursing, Midwifery and AHPs *for the Patient Story*
Leanne Likaj	Associate Director of Midwifery and Children's Services for the *Strengthening Maternity and Neonatal Safety report*

Apologies:	
Chiara DeBiase (CdB)	Non-executive Director, Chair of Audit Committee
Julia Weldon (JW)	Non-executive Director
Sarah Shaw (SS)	Non-executive Director (Insight Programme)

Observers:	
Governors	Jackie Lincoln
Member of the public / press	2
Colleagues	Rob Jesty
External Partners	Kim Betts, Audit Yorkshire

Item No.	Item
BD/01/28/1.1 **1.1.1** **1.1.2**	**Welcome and Apologies for Absence** The Chair welcomed everyone to the meeting. The Chair thanked all observers for attending the public meeting of the Trust Board. Apologies for absence were noted as above.
BD/01/28/1.2 **1.2.1**	**Patient Story** The Executive Director of Nursing, Midwifery and AHPs outlined the patient story which was shown via video.

Item No.	Item
1.2.2	The patient story was of Catherine – a 61-year-old lady who suffered a brain injury following a fall from a horse 11 years ago. She was initially sent to Leeds General Infirmary but was then at HDFT for rehabilitation. She suffered from anxiety and uncertainty on her condition and her story focused on the barriers she faced, as well as areas where her care was good and others where it could have been improved.
1.2.3	The non-Executive Director (WS) declared a personal interest in knowing the subject of the patient story from a previous role.
1.2.4	The Deputy Director of Nursing, Midwifery and AHPs noted that Catherine had offered to be part of a patient participation group on Engagement Strategy. It was noted that Catherine had talked in her interview about being signposted to the voluntary sector and that this is now part of the HDFT discharge process.
1.2.5	The Chair commented on the positive response of the patient to the work on the Lascelles Unit. The Deputy Director of Nursing, Midwifery and AHPs noted how volunteers had helped Catherine to navigate the hospital site and how the signage could be improved when looking at ward redesign.
1.2.6	The non-Executive Director (JC) commented on his experience as a Chair of a Children's Hospice that a Family Support Worker was funded and the benefit of having one point of contact to signpost families in the right direction.
1.2.7	The Director of Strategy noted work is ongoing with community anchors – raising awareness with clinicians which has been well received.
1.2.8	The Chief Executive commented on the need to remember how people access and experience services when designing them and the non-Executive Director (AP) observed the requirement to consider the practical side such as the need to have a physical notebook to be able to write in. The Interim non-Executive Director (DC) commented on the need to understand that what is suitable for one person is not necessarily the same for another and that bespoke care is essential.
1.2.9	The non-Executive Director (LR) questioned whether discharge would be better now than 11 years ago and the Deputy Director of Nursing, Midwifery and AHPs advised that work done over the last year has strengthened the process, noting that the patient may have had the involvement of ARCH.
1.2.10	The Chair expressed thanks to the patient for sharing her story.
1.2.11	The Deputy Director of Nursing, Midwifery and AHPS thanked Greg Dawson of the Communications team for his digital skills, and the non-Executive Director (LR) noted the benefit of having a mixture of digital stories and people in person telling their stories attending Board.
1.2.12	**Resolved:** The patient story was noted.
BD/01/28/1.3 1.3.1	**Declarations of Conflicts of Interest and Register of Interests** There were no new Declarations of Interest declared.
1.3.2	**Resolved:** The register of interests was received and noted.
BD/01/28/1.4	**Minutes of the Previous Board of Directors meeting held on 26 November September 2025**
1.4.1	The following amendments were noted:

Item No.	Item
	• Item 2.1.10 response rate on engagement to be amended to 96% • Item 3.2.4 to read "to ensure the services have appropriate governance" • Item 3.2.15 to read "acknowledged" not "acknowledge" • Item 4.2.7 to read" £2.5 to 3 million" • Item 5.1.4 to read "which has" not "which as" • Item 5.1.7 – full stop to be added after first sentence. • Item 5.1.11 to read "each Executive had sponsored a staff network"
1.4.2	**Resolved:** The minutes of the meeting on the 28 November 2025 were approved as an accurate record of the meeting noting the amendments.
BD/01/28/1.5 **1.5.1**	**Matters Arising and Action Log** There was one item on the action log – for the Director of People and Culture and the Chief Executive to discuss a mechanism to make Executives EDI Objectives more visible. The Chief Executive noted that a paper would be brought through the next People and Culture Committee on this subject.
1.5.2	No further matters arising were raised which were not already noted on the agenda.
1.5.3	**Resolved:** All actions were agreed as above.
BD/01/28/1.6 **1.6.1**	**Overview by the Chair** The Chair noted a range of activities that had taken place since the last meeting of the Board.
1.6.2 **1.6.3**	The Chair highlighted the following points: • There had been a very busy end to this financial year at a time when services were already busy with the early onset of winter. Colleagues had been working incredibly hard and a sincere thank you was expressed to all who are coping admirably at this time of year.
1.6.4	• Christmas – the Chair had attended the hospital site on Christmas morning and noted the upbeat and positive atmosphere.
1.6.5	• There was an acknowledgement of how difficult this year has been financially and that the planning process has highlighted this for the Trust. It was noted that protecting quality whilst recognising the financial challenge had resulted in additional meetings of the Resources Committee.
1.6.6	• Sir Jim Mackey, the Chief Executive of NHS England had visited HDFT between Christmas and New Year and it had been a positive visit and beneficial to host him and tell him more about HDFT's work.
1.6.7	• Maternity – the CQC report would be discussed during the afternoon, thanks were expressed to all maternity colleagues.
1.6.8	**Resolved:** The Chair's report was noted.
BD/01/28/1.7 **1.7.1**	**Chief Executive Report** The Chief Executive presented his report as read. The following points were highlighted:
1.7.2	• Planning is underway for next year. The Trust is committed to NHS priorities, being an outstanding provider is our ambition.
1.7.3	• The current plan from the ICB is to cut funding to HDFT with a gap of £40 million. Some concrete proposals will need to be confirmed on services from commissioners.
1.7.4	• The final round of planning has a deadline of 12th February, and an Extraordinary Private Board will take place on 11th February.

Item No.	Item
1.7.5	• The Chief Executive and the non-Executive Director (JCr) attended a meeting in York on 12th January to meet the regional team where it was discussed that plans must align with the ICB.
1.7.6	• Dental services went out to tender, and the Trust did not bid. This has been awarded to a community interest group in the Midlands, but discussions are ongoing as there has been a request for a slight extension.
1.7.7	• Autism – there have been some positive conversations about intent, but this is wrapped up in the overall planning process with the ICB. There continue to be unacceptable wait times at present.
1.7.8	• On Integrated care locally there is good work with NY Health Committee on how the Health and Wellbeing board can help with work outside hospitals. The Executive Directors also met with a local GP federation last week.
1.7.9	• 0-19 there is a new contract commencing in April in South Tyneside. Work in 0-19 services has been used as a case study in the recently published NHSE 'Improving postnatal care' toolkit. The case study is based upon learning from our service in Durham.
1.7.10	• Regular meetings continue to be held with Leeds Teaching Hospitals Trust on how Wharfedale Hospital can be used more effectively and to deliver more stable services across neurology, stroke and cardiology.
1.7.11	• Maternity CQC positive report was published in January.
1.7.12	• Staff survey response rate has been positive and there will be a Board workshop on this in the future.
1.7.13	• Flu vaccine rates are the highest in the country.
1.7.14	• There was national recognition on the Trust's elective recovery plan.
1.7.15	• TIF building being completed in summer will help with capacity with discussions ongoing for a Community Diagnostic Centre in Harrogate.
1.7.16	• There had been a Never Event and there will be some learning once the investigation has been completed.
1.7.17	The non-Executive Director (WS) commented on the extension to the provision of community dental services and the Chief Executive noted that there had not yet been full clarity on what the expectation is. The service is due to end currently at the end of March 2026 and there will need to be clarity on whether legally the service provision can be extended. It was noted that the service had already been extended for a year to assist with the system.
1.7.18	The non-Executive Director (LR) advised that there had been discussion at the Quality Committee about 12 hour waits and NHSE guidance on corridor care that seemed to legitimise it; and queried if people are waiting longer than 12 hours how long the waits are. The Chief Operating Officer, Deputy Chief Executive responded that in December 2025 there had been 3 patients waiting over 24 hours. The long waits are usually mental health patients and usually over a weekend. It was noted that HDFT does not allow corridor care and that NHSE will be visiting HDFT based on these low numbers.
1.7.19	The non-Executive Director (AP) questioned what engagement with service users would be if there were amendments to commissioned services, and who's responsibility it would be. The Chief Executive advised that this would be the responsibility of the commissioners but that as key providers there would be input from the Trust and an implementation plan should there be any reductions in services encompassing detailed planning and an EQIA process.
1.7.20	**Resolved:** The Chief Executive's Report was noted

Item No.	Item
BD/01/28/2.1 **2.1.1**	**Board Assurance Framework – Best Quality, Safest Care** The Executive Director of Nursing, Midwifery and AHPs provided the Board with an update on the Strategic Ambition: Best Quality, Safest Care.
2.1.2	This Strategic Ambition had two True North metrics for 2025-26.
2.1.3	The first metric was eliminating moderate and above harm, and the goal is to have 20% reduction year on year. This metric is in the second year having achieved year 1.
2.1.4	The target is to have no more than 88 moderate and above harm events. The total for year to date is 55 against a threshold of 63, continuing the trajectory to meet this metric. All is on track and there are no corporate risks associated with this metric.
2.1.5	Work on deteriorating patients is currently going through directorates.
2.1.6	On watch metrics 2 Never Events have been declared year to date along with an additional 6 PSIIs (Patient Safety Incident Investigations).
2.1.7	The second metric was an improved positive patient experience, which is also on track for delivery. It had been agreed to monitor the Friends and Family Test (FFT) experience rating which for this reporting month of November for good or very good stands at 96.45% for inpatients and 96% for outpatients.
2.1.8	Work continues on the corporate project on engagement strategy. A focus group was held at the end of last year to help develop strategy and it is hoped this will be ready for publication at the end of Q4.
2.1.9	There has been a dip on response rates to written complaints with 94% response rates within 25 days as the target. In December the response rate was 75% but there are now countermeasures in place to improve this.
2.1.10	**Resolved:** The Board Assurance Framework: Best Quality, Safest Care was noted and approved.
BD/01/28/2.2 **2.2.1**	**Nursing and Midwifery Quality and Safe Staffing Report** **Resolved:** Following review at the Quality Committee, The Nursing and Midwifery Quality and Safe Staffing Report was noted.
BD/01/28/3.1 **3.1.1**	**Board Assurance Framework – Great Start in Life** The Executive Director of Nursing, Midwifery and AHPs provided the Board with an update on the Strategic Ambition: Great Start in Life.
3.1.2	This Strategic Ambition had two True North metrics for 2025-26:
3.1.3	Early intervention and prevention - in 11 Local Authority commissioned 0-19 Services, the target is to have 90 % of all Healthy Child Programme mandated contacts delivered within national timescales. The current position with December's data now including Cumberland and Westmorland is achieving 50 of the 55 contacts. The 5 breaches were Cumberland and Westmorland and it is hoped that the target of 90% will be met by the end of the year.
3.1.4	Child Patient Experience – the goal is to engage with Children and Young People on the CYP strategy and increase the number of surveys received. Different

Item No.	Item
3.1.5	strategies have been used and an increase in those returned seen in a number of areas. Sustained increases will look at rolling out to other areas.
3.1.6	There was one Corporate Risk associated with this ambition: CRR34: Autism Assessment.
3.1.7	The Chair of the Quality Committee noted that this was also discussed in detail at Quality Committee
3.1.8	The non-Executive Director (JCr) commented positively on the format of the new Safer Staffing report.
3.1.9	**Resolved:** The Board Assurance Framework: Great Start in Life was noted and approved.
BD/01/28/3.2 3.2.1	**Strengthening Maternity and Neonatal Safety** The Associate Director of Midwifery and Children's Services took the report as read.
3.2.2	The Trust Chair noted how much effort, time and energy goes into the report.
3.2.3	There had been a positive CQC inspection rating for Maternity Services which had been found to be good in each domain and overall.
3.2.4	It was noted that compliance has been maintained in December with QIS nursing ratio and Delivery Suite co-ordinator supernumerary status.
3.2.5	Areas of concern were highlighted as: new risks on redactions of patient record requests; safety and quality of home birth services; inconsistent access to medical records relating to Mediviewer and increased scrutiny and reporting to NHS England impacting on resources.
3.2.6	An increased risk was noted to patient experience and breach of triage timescales due to a month on month increase in attendance impacting on required staffing numbers in the Maternity Assessment Centre.
3.2.7	Work underway included an ongoing review of homebirth provision; work in the Maternity Assessment Centre regarding activity and work to prevent induction of labour delays.
3.2.8	It was noted that there is nothing of concern in the appendices to the report but to note for maternity incentive schemes and for Board assurance:
3.2.9	- Appendix C - Perinatal mortality review tool – nothing to note of concern. Action plan included.
3.2.10	- Appendix E – neonatal staffing report – no change to the staffing of neonatal nurses and medical staffing in relation to BAPM standards. An action plan is in place and attached to the report.
3.2.11	The non-Executive Director (JCr) queried the sickness levels in Maternity. The non-Executive Director (AP) confirmed the usual Safety Champion walkaround had been completed and that there was now no lone working in the Maternity Assessment Centre, where previously this had been identified as a risk . The Director of People and Culture noted that maternity sickness levels had been flagged at the last People and Culture Committee meeting.

Item No.	Item
3.2.12	Maternity incentive Scheme Report – it was noted that the NHS Resolution clinical negligence scheme for Trusts requires 10 safety actions to be met each year to receive a 10% rebate on the incentive scheme. The Report details compliance and the Trust is compliant with 9 of 10 actions. Safety action 4 is breached relating to workforce planning with the breach relating to locum doctors. A locum was employed who did not meet all three criteria, they were however a regional trainee and were known to the consultant body. In terms of risk, this was mitigated and no safety concerns arose. An action plan will be sent to NHS Resolution.
3.2.13	The non-Executive Director (AP) noted the requirement to be aware of discussions on the Maternity Voices Partnership funding.
3.2.14	The Associate Director of Midwifery noted the requirement to report on consultant attendance and that audit report is included in the Board papers.
3.2.15	The non-Executive Director (CM) queried whether there is a system in place to monitor Regulation 28 Reports (Action to Prevent Future Deaths). The Executive Medical Director confirmed that the Quality Team gather reports and produce a paper with learnings from CQC/external reports.
3.2.16	The non-Executive Director (LR) asked if there is a system in place to collect information from visitor and peer reviews. The Executive Medical Director noted that compliance has been strengthened and any external visits are reported to the Quality Team.
3.2.17	The Trust Chair queried whether there was further support that would assist the Associate Director of Midwifery with reviewing the information required. The Associate Director of Midwifery noted that West Yorkshire are reporting non-compliance with Maternity Voices Partnership but that HNY commission our lead and as yet there is no assurance as to what the provision will look like.
3.2.18	**Resolved:** The Strengthening Maternity and Neonatal Safety report and the Maternity incentive Scheme report were approved.
BD/01/28/4.1	**Board Assurance Framework – Person Centred, Integrated Care, Strong Partnerships**
4.1.1	The Chief Operating Officer provided the Board with an update on the Strategic Ambition: Person Centred, Integrated Care, Strong Partnerships.
4.1.2	The Strategic Ambition for 2025-2026 had four True North metrics.
4.1.3	**Metric 1: 4-Hour ED standards:**– it was noted that year to date had achieved 72.7%, for December YTD is around 77%. The target was 78% for year and there is confidence that the 78% will be achieved in March. The winter ward remains open as there are still 20 patients and this will be kept open for a further 1-2 weeks. A senior decision maker is now working on the twilight shift, and this has shown a 5% improvement since it was implemented in December. The Trust's 12-hour performance is one of the best in the country. There had been one day in December where electives had to be cancelled. The opening of the new AMU provided 7 acute medical beds and thanks were extended to HIF and colleagues.
4.1.4	**Metric 2: Frailty:-** the March 2026 standard has been achieved and for December the Trust is close to being in the top quartile. On the Corporate Discharge Programme there is good work being done by Pharmacy on TTO's to the wards. The virtual ward is delivering 116% occupancy.

Item No.	Item
4.1.5	**Metric 3: Elective Recovery Standard (RTT):**– the target was for 70.49% within 18 weeks and this stands currently at 71.34% with the waiting list being the lowest since pre Covid. There will be 3000 extra outpatient appointments in Q4. A super clinic was held in Gynaecology on Saturday 24th January. It is anticipated that 90% compliance will be achieved by March 2027.
4.1.6	**Metric 4: Cancer 62-day treatment standard:**– the target was for 85% of patients to be waiting less than 62 days for treatment. For December this was 83.3%.
4.1.7	Breakthrough objective– time to medical bed. This target was set for 95% of patients to be moved to required department within 60 minutes of medical decision. The time taken has halved from December 2024 to December 2025 and the EPR goes live in March in ED.
4.1.8	The Chief Operating Officer, Deputy Chief Executive noted on the subject of mutual aid that since Covid thousands of patients have been seen at HDFT, supporting other local providers. There are approximately 7 specialties where services can be offered to Hull, York and Leeds.
4.1.9	There was nothing further to add from the Non-executive Director (JCr) who had chaired Resource Committee.
4.1.10	**Resolved:** The Board Assurance Framework: Person Centred, Integrated Care, Strong Partnerships was noted and approved.
BD/01/28/4.2 4.2.1	**Board Assurance Framework – Finance** The Director of Finance provided the Board with an update on the Strategic Ambition: Overarching Finance 2025-26.
4.2.2	The Director of Finance noted challenges with the financial position with an £18 million plus deficit. A forecast change protocol has been submitted following Board approval.
4.2.3	Actions had been discussed at the Resource Committee including a Q4 sprint. Recovery actions are with directorate colleagues. There is a focus on Wharfedale Hospital to ensure capacity is being utilised.
4.2.4	There are regular grip and control measures across the organisation. The WRAP programme continues across all directorates.
4.2.5	The risk relating to cash has increased to 25 with priorities being payroll and key suppliers. The Trust is working with NHSE and the ICB on a working capital submission for cash support but there has been no confirmation yet. A request was made for £11 million and £1 million was granted.
4.2.5	There was nothing further to add from the Non-executive Director (JCr) who had chaired Resource Committee.
4.2.6	The non-Executive Director (WS) queried what challenges are efficiency related on WRAP, particularly in relation to LTUCC. The Director of Finance observed that the graph on the BAF shows what was released from the budget and productivity savings. The non-Executive Director (WS) noted the size of the challenge for LTUCC in achieving the WRAP target.
4.2.7	**Resolved:** The Board Assurance Framework: Finance was noted and approved.

Item No.	Item
BD/01/28/5.1	**Board Assurance Framework – At Our Best: Making HDFT the Best Place to Work**
5.1.1	The Director of People and Culture provided the Board with an update on the Strategic Ambition: At Our Best: Making HDFT the Best Place to Work.
5.1.2	This Strategic Ambition for 2025-2026 had two True North metrics:
5.1.3	**Metric 1: Staff Engagement Index and to continually improve the Employee Engagement Score** – it was noted goals are to have a year-on-year improvement on response rate and on engagement scores and overall to be the best in class in benchmark group across both metrics. The response rate has increased by 13% to 62%. Best in class was 71% last year. The engagement score has risen from 6.75
5.1.4	to 6.84, with the best in class 7.39. In last year's survey one score was around staff involvement and there was a significant decline, so this was made into a Breakthrough objective. Questions relate to whether staff feel they can take action and make suggestions. There has been a 2% improvement in involvement score from last to this year.
5.1.5	**Metric 2: Staff Availability** – the number of staff available for work has been worsening for the last 6 months. In December the number unavailable was 747 WTEs. Sickness has been the main reason for staff unavailability for a number of months. Vacancies have just nudged it ever so lightly so currently biggest reason. Turnover is within target and the vacancy rate is within target. There are more staff in post than last month. This metric remains a focus and priority.
5.1.6	The non-Executive Director (AP) noted the improvement in response on the staff survey over the last 5 to 6 years in which responses have doubled.
5.1.7	The non-Executive Director (AP) also commended the excellent work being done by the Guardian of Safe Working, noting there are clear examples of themes and follow up actions contained in the GOSW report.
5.1.8	The non-Executive Director (CM) noted that national training survey information does not go to Board rather to People and Culture Committee meeting and queried whether NEDs could receive papers for all committees. There was agreement to discuss this outside the meeting.
5.1.9	There were no Corporate Risks associated with this ambition.
5.1.10	**Resolved:** The Board Assurance Framework: At Our Best: Making HDFT the Best Place to Work was noted and approved.
BD/01/28/6.1	**Board Assurance Framework – Enabling Ambition: Digital Transformation and Maturity to Integrate Care and Improve Patient, Child and Staff Experience**
6.1.1	The Executive Medical Director provided the Board with an update on the Enabling Ambition: Digital Transformation for 2025-26: Digital Transformation and Maturity to Integrate Care and Improve Patient, Child and Staff Experience.
6.1.2	The Enabling Ambition had one true north metric: Achieve a score of 5/5 across all seven What Good Looks Like (WGLL) pillars with the goal to achieve 3 out of 5 this year. A plan is in place to monitor the existing gap and assess the Trust's progress against the required position for the end of April.
6.1.3	There had been discussion on AI at the Innovation Committee, and it was noted that guidance was taken from NHSE but also working locally. The AI policy was

Item No.	Item
	approved at SDR last year. It had been noted that AI could not be used for clinical purposes but that this was already out of date as NHSE have said there are some providers for using clinical. There is a draft governance structure in place.
6.1.4	There are 50 projects currently live and all on track.
6.1.5	EPR is now in year 3. Phase 1 went smoothly. Phase 2 patient prescribing – a working group has been set up. There will be a 6 monthly update on benefits realisation.
6.1.6	The non-Executive Director (WS) noted the requirement to not lose sight of non-EPR projects. Reassurance had been gained at the Innovation Committee and further conversations would be had on benefits realisation at the March committee.
6.1.7	**Resolved:** Board Assurance Framework: Digital Transformation and Maturity to Integrate Care and Improve Patient, Child and Staff Experience 2025-26 was noted and approved.
BD/01/28/6.2	**Board Assurance Framework – Enabling Ambition: Healthcare Innovation to Improve Quality & Safety**
6.2.1	The Executive Medical Director provided the Board with an update on the Enabling Ambition: Healthcare Research and Innovation to Improve Quality and Safety 2025-26 which had three True North metrics: Healthcare Innovation, Children's Public Health, and Clinical Trials.
6.2.2	A new General Manager, Stephen Jarmuz has been appointed to work on Research and Innovation.
6.2.3	The Executive Medical Director, Professor Alison Layton, Consultant Dermatologist and Associate Medical Director for Research and Gui Tran, Clinical Lead for Innovation put forward a proposal on the possibility of forming a strategic alliance on Research and Innovation to the Hull York Medical School which will be presented to the University of York Senate in February 2026.
6.2.4	All metrics are on track and green. Low targets were set this year due to capacity challenges on estate and resource.
6.2.5	The non-Executive Director (WS) noted the capacity being estate related and that improvement of the metrics will be seen in future years.
6.2.6	The Director of Strategy (MG) updated on the Strategic Programme: HDFT Impact. Training - the target is 70 percent by September 2026. This is on track, but the 70 percent has changed due to the number of new services in the Trust. A risk was noted, as 2 posts (Improvement managers) are funded through EPR.
6.2.7	On the sustainability of systems and processes a revised approach is being taken - some survey work and in-person checks are being completed in order that teams can self-assess.
6.2.8	On the awareness of strategy there had been no data since July last year when the NHS Staff survey had taken place. There would be further results after the close of the Inpulse survey and there will be some employee communications to raise awareness on this.
6.2.9	**Resolved:** Board Assurance Framework: Healthcare Innovation to Improve Quality & Safety was noted and approved.

Item No.	Item
BD/01/28/6.3 **6.3.1** **6.3.2** **6.3.3** **6.3.4** **6.3.5** **6.3.6** **6.3.7**	**Board Assurance Framework – Enabling Ambitions: An Environment that Promotes Wellbeing** The Director of Finance provided the Board with an update on the Enabling Ambition: An Environment that Promotes Wellbeing. The True North metrics for the 2025-26 Ambition were: **Wellbeing (capital programme delivery)** – investment into site is in excess of £40 million this year. A substantial amount of investment has gone in to areas including the AMU. **Impact on the Environment** – a refreshed Green Plan has been developed and approved with work being carried out on ending the use of piped Nitrous Oxide. Corporate risks on security from 1st April there will be an expanded security presence. On the CAT 3 laboratory - work to address this should be done by the close of this financial year. There are also improvements in policies and funding for fire safety this year and into the next. The Director of Strategy (MG) noted that HIF Board have started using Impact methodology with one of their metrics being on the Premises Assurance Model. **Resolved:** Board Assurance Framework: An Environment that Promotes Wellbeing was noted and approved.
BD/01/28/7.1 **7.1.1** **7.1.2**	**Escalations from Sub-Committees of the Board** The Chair welcomed the Committee Chairs to raise any areas that they wished to escalate from the Committees that had taken place earlier in the day. The Committee Chairs noted that all areas of escalation had been discussed earlier in the meeting.
BD/01/28/8.1 **8.1.1**	**Use of Trust Seal Report** It was noted that there had been no use of the Trust Seal since the most recent report in July 2025.
BD/01/28/8.2 **8.2.1**	**Board Appointed Non-Executive roles and committee membership** The Trust Chair noted a new non-Executive Director, Andrew Alldred would be commencing with the Trust on 1st April 2026 and this was a timely reminder to reconsider membership of committees and also current NED Champion roles. The Chair advised that this would be an opportunity for Committee Chairs to confirm if they would be happy to remain as Chairs. It was also noted that all sub-committees had Terms of Reference reviewed and that these detailed the role of a Deputy Committee Chair which would need to be formalised. It was agreed for all to feed back to the Chair with a view to formalising updated sub-committee membership from the beginning of April 2026.
BD/01/28/9.0 **9.1**	**Any Other Business** No further business was received.
BD/01/28/10.0	**Board Evaluation**

Item No.	Item
10.1	It was noted that a wide range of business had been discussed. The Trust Chair thanked everyone for their attendance.
BD/01/28/11.0 11.1	**Date and Time of the Next Meeting** The next meeting would be held on Wednesday 25th March 2026.
BD/01/28/12.0	**Confidential Motion** **Resolved:** to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7, Section 18 (E), (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.

Signed:

Dated:

Board of Directors (held in Public) Action Log
for March 2026 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/11/26/5.1.10	26-Nov-25	EDI Objectives	The Director of People & Culture confirmed that all Executives have individual objectives but would discuss with the Chief Executive a mechanism to make this more visible.	Director of People and Culture	Jan-26		

BOARD OF DIRECTORS (PUBLIC)
25th March 2026

Title:	Chief Executive's report
Responsible Director:	Chief Executive
Author:	Chief Executive

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

HARROGATE AND DISTRICT NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)
MARCH 2026

CHIEF EXECUTIVE'S REPORT

National and system issues

1. This is the final report of this financial year, and is therefore at a time where there is significant national focus on delivering the outturn position on the priorities for 2025/26 whilst also concluding the planning discussions for 2026/27.

2. In terms of closing out 2025/26, there is rightly scrutiny on the delivery of the things that the public say are important, largely related to waiting times, whether that is for an elective appointment, a cancer pathway, or through the Emergency Department. There are elective 'sprints' in place to incentivise further improvements in the RTT position, and capital incentives attached to improvement in Emergency Department performance (the 4 hour standard). At a national level, the performance of the NHS has improved over 2025/26, although there are some significant variations across the country.

3. In relation to the planning process for 2026/27, the focus has been on finalising plans for the future that deliver the planning framework requirements, including the need to have a balanced financial plan across the NHS. Following initial submissions in December, further submissions have been made in February and in March. Systems or organisations that are struggling to be compliant with the key requirements (relating to RTT improvement, ED standard improvement, cancer standards, and financial balance) are in discussions initially with NHSE regions, to be followed by escalation to the national NHSE team, with a view to agreeing plans and contracts at the start of April. As I write this report, the national planning picture remains that there is a financial gap across the NHS that is being worked on, and also that there is a view that some organisations/systems can go further and faster in terms of performance improvement for patients.

4. It should be noted that as part of the planning review of the HNY ICB as a system, that we are now a part of the national escalation process. This is because the plans of the organisations in the system are not in total compliant with the planning guidance requirements, with a deficit of c£130m, and performance challenges in the cancer pathway, ED pathway, and elective waiting times. This escalation process including an exec to exec meeting with the national team, will take place over the next few weeks.

5. As referenced previously, the current position of the ICB and constituent organisations means that it is challenging to free up resources to support delivery in local trusts such as ourselves. We are working with the ICB to work this through over the medium term, and we also recognise that the ICB is underfunded against the national allocation formula, which again creates a challenge in terms of use of resources.

6. A key part of the new national framework relates to the financial system that will operate. The new financial system will better align the delivery of patient services to the funding received, with variable payments for activity delivered. This will in turn highlight areas where there is variation in productivity, as the income received will be independent of the cost incurred by providers. This is a positive step, and will enable the future shift of

resources to pathways and places which deliver the best value, in particular pathways and services out of hospital.

7. In relation to our contract with HNY ICB, we are now in a position where our financial numbers align. This means that we currently have a deficit plan of c£19m, whilst being compliant with all of the performance improvement requirements. This is an increase in the deficit of £6m from our previous position, and has been discussed in detail with Regional colleagues. We are preparing an MoU with the ICB to set out the programme of work that we will be taking over the next year so that we can return to financial balance in year two of our planning timescale. The key piece of work to undertake is a review of our community services to determine the level of service that should be commissioned in the future as we seek to develop neighbourhood health and encourage a 'left shift' in terms of delivering improved population healthcare.

8. Helpfully in light of the review that we are committed to undertaking, NHSE have this week published guidance in relation to Neighbourhood Health and the opportunities and expectations of neighbourhood health providers. We have already reviewed the recently published core community services guidance, and an initial stocktake review has been undertaken across North Yorkshire and York to identify gaps in provision. These threads can come together in a Harrogate place review to inform commissioning models for 2027/28.

9. The latest national oversight framework information has been published for all providers across the NHS. This reflects the Q3 position. For ourselves we remain in segment 3, which is solely driven by the financial override mechanism, without which we would be in segment 1. This gives further impetus to ensuring that we have a financial plan that delivers a breakeven, sustainable position alongside delivery of the quality and performance standards that we do very well against.

10. Finally in relation to national issues, as I referenced in my last report all Trusts received correspondence from NHSE to review the safety and quality of homebirth services following a Prevention of Future Deaths report issued by a coroner. We have completed our review, and it is a safe service but can be occasionally inconsistent in terms of availability. We have some actions agreed, but we are aware that a national framework will be published later in the year, so we will review our service against this framework once it is available.

11. In relation to the West Yorkshire system and WYAAT in particular, we continue to focus on delivering the priorities identified in the Case for Change. There is a WYAAT clinical board now in place that will oversee the services where we work together, to ensure that we maintain oversight and delivery of services when they move beyond a specific change project. In terms of the key programmes, the aseptic programme remains on track, as is the Imaging programme, with procurement and implementation of new PACS systems in the respective trusts ongoing. The imaging programme includes York & Scarborough FT in the scope of work. The pathology programme is undertaking a feasibility assessment in respect of further consolidation of microbiology.

12. In respect of our partnership with LTHT, we had our joint executive team meeting in Leeds at the end of January. These are now routine, and we have agreed to work through a proposal at our next meeting in April in respect of the use of Wharfedale Hospital. We also discussed improving the stroke pathway across Leeds, Harrogate and York and the

relevant teams are meeting to ensure that this is delivered. The Board should be assured of the genuine commitment from both LTHT and ourselves to strengthen the partnership and deliver tangible benefits for our patients.

13. We continue to work across our local care partnership and the wider North Yorkshire place to further our thinking in respect of integrated care and neighbourhood health. As referenced earlier, we will review the recent neighbourhood health guidance with local partners. In terms of the North Yorkshire Health and Wellbeing Board review, I will continue to be a member representing providers across the County, and we are collectively keen to use this opportunity to join up the governance and oversight of the Ambitious for Health programme into the H&WB and individual organisations.

14. The new HNY ICB structure was refined following feedback from partners including the North Yorkshire Health Collaborative, which has resulted in some strengthening of the local Place infrastructure. We are in active discussions within the collaborative about how we ensure that there is sufficient capacity to build on the positive partnership development that has been achieved over the last 12 months.

15. We work in partnership with Local Authority colleagues across eleven areas in relation to the provision of our 0-19 services. These relationships continue to be positive with all Local Authorities, as we work with them to deliver services to children and young people. We have also started our partnership relationship with South Tyneside council as we mobilise the service for transfer on 1st April.

16. As ever, there are a lot of moving parts that we are managing at the moment across a number of issues and systems. As always though, we are engaged in all of the discussions and are working positively with partners to deliver benefits for the population.

HDFT issues

Introduction

17. As is appropriate, the first part of this report has focused significantly on the important national and regional issues that impact upon HDFT, whilst also outlining the appropriate engagement we have with partners across a number of systems to deliver high quality care. We will continue to focus on maintaining the appropriate balance that engages externally for the benefit of patients across our systems whilst recognising the absolute importance of supporting colleagues within the organisation, which is where the improvements to services will actually be delivered.

18. As part of this balance, our internal focus is to develop priorities and plans in line with our improvement methodology, and cascade these through the organisation consistently. We are now at a point where we have agreement for approval on our breakthrough objectives, corporate projects and strategic programmes, which is positive. Our SDR session this month has confirmed that all Directorates are signed up to the plans and priorities for next year, so we will start in April with delivery of these improvements for patients.

Our people

19. The national staff survey results have been published. The survey took place last Autumn, and our response rate increased to over 60% (from 48% last year), which is a significant achievement. Of greater importance, the feedback from colleagues shows that we have delivered improvements against all elements of the people promise and have improved relative to our peers. Recognising that the baseline of last year was already very good, this feedback is very positive, and there were a number of questions ('I would feel secure raising concerns about unsafe clinical practice', 'I feel valued by my team', and a number of others) where we were the top performing Trust in the country. We know that the Trust-wide experience won't be consistently felt across all teams and individuals, and we know that colleagues with a protected characteristic don't report as good an experience as colleagues without such characteristics, so there is work that we will continue to do. We will also be reaching out to other organisations with strong feedback to learn from their work.

20. It has been announced that there will be a process of reviewing the pay and bandings of nursing staff across the NHS, in line with responsibilities undertaken. We await further detail as to how this will be undertaken. At the same time, the pay award for Agenda for Change staff for 2026/27 has been announced and will be paid (on time) from 1st April. This is a positive move and will avoid the poor experience where NHS staff are owed money by employers at a time when the cost of living is challenging.

Our Quality

21. We are now at the end of the winter period and our arrangements for increasing capacity to ensure that the quality of care for patients is maintained over this tricky period have now been stepped down. The escalation ward closed successfully in mid-February. I had the pleasure of presenting the Team of the Month award to the winter escalation ward team who came together brilliantly from other ward teams to ensure that patients on Farndale received really good, safe care. There will always be learning points to take, but this model of stepping up our escalation ward worked very well this year.

22. In respect of the staff flu vaccination programme, this has now concluded and our vaccination rates remained the highest in the country. This is a credit to our teams, and is a strong indicator of people taking steps to minimise the risk to the patients and population we serve.

23. We have recently received national correspondence in respect of Corridor Care, to ensure that there is consistency of reporting and definition across the NHS. We are reviewing the guidance to ensure that we can continue to have a zero tolerance of caring for patients in areas that are unsuitable. We will be required to report any corridor care as part of a new reporting requirement, and we will discuss our review and any actions through our usual quality governance route.

24. In respect of our maternity services, there are no risks escalated to the corporate risk register, and staffing levels, including our QIS staffing compliance, remain strong. We have recently implemented the BSOTS tool, and are aligning our maternity assessment centre processes with these requirements. This was a key part of the actions relating to our recent CQC report.

Our Services

25. Our 0-19 services continue to deliver strong performance across the majority of our geographic footprint and across the vast majority of the KPIs that we measure ourselves against. We are delivering against 51 of 55 indicators, with our new services in Cumberland and Westmoreland & Furness delivering significantly improved performance. We will be incorporating the South Tyneside service into this reporting early next year.

26. In relation to South Tyneside, the mobilisation is proceeding well, and I had the pleasure of attending our welcome events last week to meet the new teams. This was a positive session for ourselves and our new colleagues, who are looking forward to joining us shortly.

27. Our urgent care pathway performance has improved as expected after the winter period, and we will achieve the required 78% standard this month. The plan next year is to achieve 85% against this standard, and it is important that we do so, as the experience and outcome for some of our patients is not what we should be delivering. As the Board will note, improving the urgent care pathway requires many complimentary improvements within our processes, and is therefore well suited to our Impact methodology. It remains a key priority and breakthrough objective for 2026/27. It should be noted that our improvement in UEC performance has attracted the interest of the national GIRFT team, who will be using some of our work as case studies for improvement.

28. In relation to cancer, our performance remains a positive one, with significant improvement achieved since the start of 2025/26.

29. We continue to over-deliver our elective recovery plan, and we are ahead of our plan to reduce the waiting list this year. We are on track to deliver the waiting times reductions as well, which is a very positive position to be in. Our original plan was to deliver an RTT position of 70% at the end of March, and we are on course to deliver 76%, following the Q4 sprint. This is a positive outcome for our patients and is progress towards returning to the constitutional standard of 92% at the end of 2027/28.

30. We continue to struggle to meet our diagnostic waiting times standards due to the ongoing mismatch between capacity and demand for our CT/MRI services. As discussed previously, discussions are ongoing in respect of creating additional permanent capacity through a Harrogate based Community Diagnostic Centre. The business case has been developed and will be discussed at Resource Committee and as part of today's meeting. Capital has been earmarked by the national team for such a scheme and the revenue required to support such a development has now been agreed. I am confident that this will form a positive part of our improvement plan in this area for 2026/27.

31. The provision of autism assessments in a timely way continues to be a significant risk to HDFT. Discussions with the Commissioner are wrapped up in our overall planning discussions, which are challenging. There is work ongoing with TEWV about how the NHS repatriates some of the work that is delivered at a higher cost in the independent sector back into the NHS, with a view to improving the service that we deliver. This remains a risk and we will keep this high on the agenda with our partners as we seek a sustainable solution.

Our money

32. Our position at the end of Month 11 is that we have a deficit of £22.6m. As the Board is aware, we have a forecast outturn deficit of £20.8, and this is still the most likely outturn. Our actions in terms of financial control continue, and we are working through the elective sprint which will contribute to an improved financial position and an improved waiting list position for our patients.

33. We have a significant cash risk as a result of the financial position. We have received £10m cash support in February, and we have requested a further similar amount in March to cover the requirements. Payments are unfortunately being delayed, with a cost to the suppliers, our team, and also directly in terms of late payment fines. We continue to work with partners to support our requirements.

34. The route to financial balance and sustainability lies in the agreement of a contract with HNY ICB for 2026/27 that reflects the demands of the services we are providing. By necessity this will take more than one year given the financial position of the system as a whole, and there are ongoing discussions that the Board is very aware of.

35. We continue to be a very productive Trust when comparing ourselves with others. This is positive and we need to maintain our level of performance as we work through planning and contracting issues for next year and beyond.

Corporate Risk Register

As per the HDFT protocol, Performance Review Meetings (PRM) were held with all Directorates and Harrogate Integrated Facilities in February and March 2026. At the PRMs risks rated 9 and above on Directorate Risk Register were reviewed. Discussions were held on any risks to be escalated or de-escalated to/from the Corporate Risk Register.

As per the HDFT protocol the Executive have reviewed all risks currently on the Corporate Risk Register. Since the last meeting of the Board, I can confirm the following changes have been made:

- 959 - Risk to Theatre utilisation and scheduling due to aged condition of estates scoring a 12 was accepted onto the Corporate Risk Register.
- 381 – Risk of harm to patients due to unreliability of aged equipment (CT) had its score reduced to a 6 and was removed from the Corporate Risk Register to be managed at Directorate level.

No further risks were escalated from Directorates in month for inclusion on the Corporate Risk Register and no further risks were de-escalated from the Corporate Risk Register for management on directorate risk registers.

Other

36. We continue to roll out our Impact programme across the organisation, and we continue to share our learning with other organisations. We recently had a 'maturity assessment' undertaken by our KPMG colleague who supported the implementation. I will review the findings and discuss any changes that we can make to improve how we operate.

37. Our EPR programme continues as planned, with the key implementation dates at the end of April still on track. There has been some national concern about the roll-out of EPRs in other Trusts, but we continue to be assured that our roll-out is on track and are confident in delivery in a few weeks.

38. As part of our de-escalation of our winter ward we have been able to open our Clinical Research Facility on site, which is a very positive development as we seek to improve and increase the level of research that we can undertake as an organisation.

39. The Board will be aware that Russell, Angela, and Matt will be departing the organisation in May. There will be plenty of time to thank them all for their contribution to HDFT, but I would like to record in public my personal thanks for the work that they have done and the support that they have given me personally over the last few years. They will be missed.

40. As is usually reflected in my report, there is a lot happening across the NHS and across the organisation at the moment. However, whilst there is always a lot happening, we know that the success of the organisation will come down to the engagement, the skill, and the contribution of all of our colleagues across all of our services. It was wonderful to be reminded at our KITE Awards event earlier this month of the depth and spread of talented individuals and teams, and their commitment to doing the right things in the right way for the benefit of our patients and population. Our patients deserve nothing less and we will continue to be focused on making sure that we deliver for them.

Jonathan Coulter
Chief Executive
March 2026

STRATEGIC AMBITION: BEST QUALITY, SAFEST CARE 2025-2026

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:

Quality Framework

- Board Assurance: Quality Committe
- Programme Board: Quality Governance Management Group (QGMG)
- SRO: Executive Director of Nursing, Midiwfery & AHPs and Executive Medical Director
- Operational Lead: Associate Director of Quality & Corporate Affairs

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

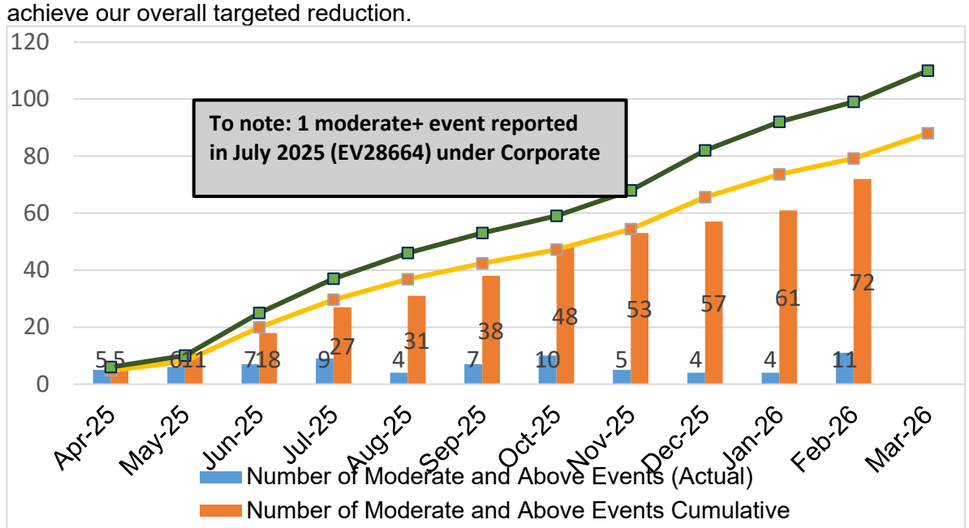
1. **Eliminating Moderate & Above Harm**
2. **Patient Experience Positive Response Rates**

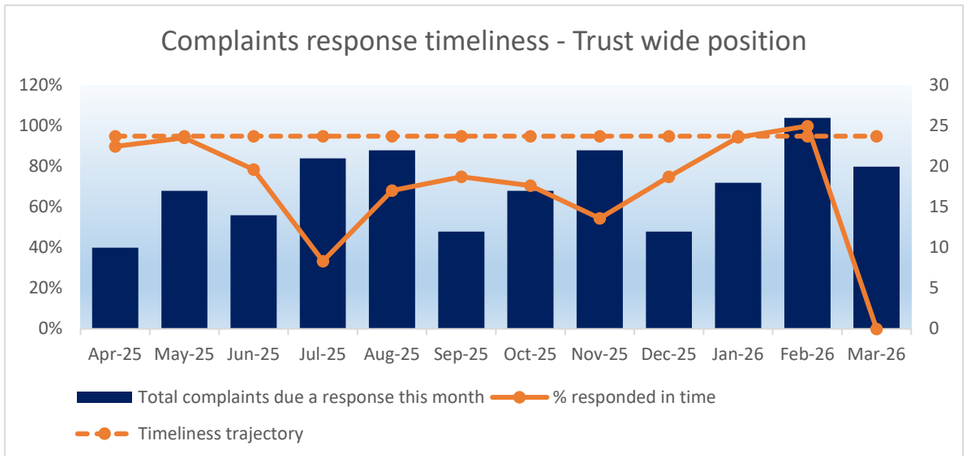
Corporate Project:	Patient Experience: Real Time Feedback
Overarching Risk Appetite:	Clinical - Minimal

Overarching Risk Summary:

Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite
				1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
Best Quality, Safest Care	**Ever Safer Care**	**Moderate & Above Harm**	**Clinical: Minimal**	
	Excellent Outcomes			
	A positive experience	**Patient Experience**	**Clinical: Minimal**	

True North Summary:

Workstream	True North Metric	Vision	Goal	Current State	Countermeasures	Level of Risk To Achieving in year goal	Level of Risk for progres sing actions
Ever Safer Care  Excellent Outcomes 	Eliminate Moderate & Above Harm	Decrease the total number of moderate & above harm incidents while increasing reporting of low or no harm	Long term: Eliminate moderate & above harm Short term: 20% reduction each year for 3 years Baseline: 140 per annum Year 1: 110 (achieved) **Year 2: 88** (approximately 7 per month) Year 3: 71	The True North Metric of eliminating moderate and above harm continues into its second year (2025-26). The target of a 20% reduction in harm was achieved in 2024-25. 2025-26 sees a step change of a further 20% reduction. This is a target of less than 88 moderate and above incidents for the year, which equates to approximately 7 per month. Of note: • There were 5 moderate and above events reported in April 2025 • There were 6 moderate and above events reported in May 2025 • There were 7 moderate and above events reported in June 2025 • There were 9 moderate and above events reported in July 2025 • There were 4 moderate and above events reported in August 2025 • There were 7 moderate and above events reported in September 2025 • There were 10 moderate and above events reported in October 2025 • There were 5 moderate and above events in November 2025 • There were 4 moderate and above events in December 2025 • There were 4 moderate and above events in January 2026 – validation continues. • There were 11 moderate and above events in February 2026 – validation continues and it is anticipate these will reduce. The total for year to date is 72 with a threshold of 80– therefore we are on trajectory to achieve our overall targeted reduction. 	Falls Improvement Plan Pressure Ulcers Improvement Plan Quality Governance Framework in place PSIRF Plan Thematic Review – Diagnosis, Treatment and Procedures Directorate Countermeasures		

Workstream	True North Metric	Vision	Goal	Current State	Countermeasures	Level of Risk To Achieving in year goal	Level of Risk for progres sing actions
				Of note, CYPP have had no moderate and above events in this financial year. The work with the Deteriorating Patient Thematic Review continues and is within the final governance stages. Following final review, directorates and specialities will review and determine next steps for their specific areas. Countermeasures are noted. Watch Metrics: • Number of Never Events – 2 declared in year • Number of PSIIs – 7 declared in year and 1 thematic review (deteriorating patients) • Level of low and no harm events reported – ratio maintaining at 99% with numbers maintaining approximately 1,085			
A Positive Experience 	Patient Experience Response Rates **Corporate Project**	For every patient to recommend our services	Long term: Development of a real time engagement tool Short term: Increase the response to FFT by 20% over the next 12 months for inpatient (baseline 447) By March 2025: 539 responses per month **(achieved)** By March 2026: 801 responses per month	As noted previously, this workstream has been re-designed to focus on the development of the Engagement Strategy. Detail is provided in the Corporate Project below. It was noted last month that there were challenges with staff availability within the corporate Patient Experience Team. It was noted that this may have an impact on the ability to deliver the required response rate to complaints. It is noted however, that the January 26 compliance was at 94% which is a significant improvement on previous months. It is also noted that the number of complaints received is increasing during the winter months with 30 new complaints registered in January 26.  Countermeasures are noted. Watch Metrics: • Number of Complaints – 30 new complaints in Jan 2026 • Percentage compliance with Complaint Response Times – 94% compliance in Jan	Corporate Project		

Corporate Project: Patient Experience

Workstream	True North Metric	Vision	Current State	Countermeasures	Level of Risk To Achieving in Year Goal	Level of Risk for progressing actions
A Positive Experience	Patient Experience Response Rates	Development of a Trust Wide Engagement Strategy	The Trust wide Engagement Strategy has been redrafted and circulated for final comment before submission for ratification at QGMG and SDR in March 2026. The full launch will then take place in from the 1st April. 4 key workstreams have been developed and the governance framework has been set.	Draft Engagement Strategy Development of Governance Framework Making Experiences Count Forum		

Related Corporate Risks

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

Related External Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	No related External Risks impacted on the above ambition currently.					

STRATEGIC AMBITION: GREAT START IN LIFE 2025-26

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:

Public Health

The national leader for children & young people's public health services

Hopes for Healthcare

Services which meet the needs of children & young people

GOVERNANCE:

Great Start in Life

- Board Assurance: Quality Committe
- Programme Board: Great Start in Life Programme Board & Quality Governance Management Group (QGMG)
- SRO: Executive Director of Nursing, Midiwfery
- Operational Lead: Triumvirate for CYP Public Health Directorate

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

1. • Early Intervention & Prevention
2. • Child Patient Experience

Breakthrough Objective:	None
Corporate Project:	CYP Public Health Mobilisation
Overarching Risk Appetite:	Clinical - Minimal

Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite
				1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
Great Start In Life	National Leader for Children & Young People's Public Health Services	Children at Risk of Vulnerability	Clinical: Minimal	
	Hopes for Healthcare	Children's Patient Experience	Clinical: Minimal	

True North Metrics Summary:

<table>
<tr><th>Workstreams</th><th>True North Metric</th><th>Vision</th><th>Goal</th><th>Current Status</th><th>Countermeasures</th><th>Level of Risk To Achieving Goal (CxL)</th><th>Level of Risk for progressing actions</th></tr>
<tr>
<td>Public Health</td>
<td>Great Start in Life: Early intervention & prevention – Children at Risk of Vulnerability</td>
<td>‘As an organisation we aim to reduce the number of children who are vulnerable to poor health and wellbeing and to take action to mitigate risks of poor outcomes’.</td>
<td>Goal 1: To achieve 90% delivery of mandated Healthy Child Program Contacts within national timescales.

Goal 2: To deliver the HDFT Great Start in Life pathway launching April 25 to all eligible children in Darlington and report outcomes linked to Public Health high impact areas.</td>
<td>The Trust North Metric of Early Intervention and Prevention continues into its second year (2025-26). Metrics remain as per revision of year end 24/25 with the addition of QPMS Compliance reporting. This report is now live in ESR and has been launched with all teams. This will provide assurance that individual practitioners are being performance managed & supported to deliver the HCP in timescales and that supportive measure / actions are in place.
Quality and Performance Management Supervision compliance for Dec 25: Performance was 74% (inclusive of Westmorland and Furness and Cumberland).

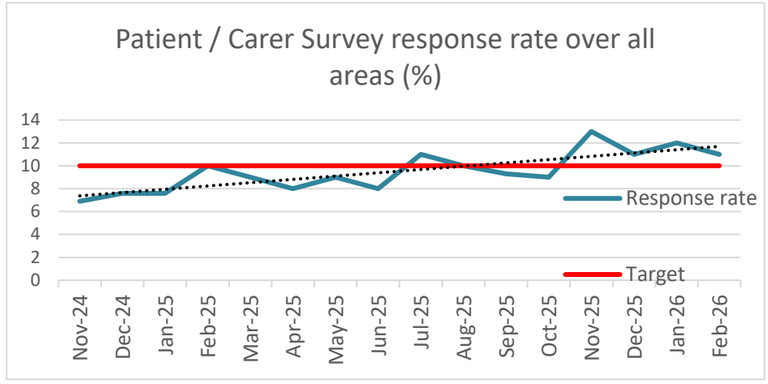
We have 11 LA Commissioned 0-19 Services. There are five mandated contacts in each service making 55 contacts. Target is to have 55 at 90% (delivering with HCP Timescales) Feb 26 data inclusive of Westmorland and Furness and Cumberland 51/55 and continues to increase month on month.

<table>
<tr><th></th><th>Metric</th><th>Target</th><th>Apr l 25</th><th>May 25</th><th>Jun 26</th><th>Jul 25</th><th>Aug 25</th><th>Sep 25</th><th>Oct 25</th><th>Nov 25</th><th>Dec 25</th><th>Jan 26</th><th>Feb 26</th></tr>
<tr><td rowspan="2">2</td><td rowspan="2">Great start in Life
Improve outcomes by identifying children by ensuring we achieve >90% for all mandated contracts</td><td>Zero mandated contacts in all our contract areas breaching business rules (four consecutive months)</td><td></td><td></td><td></td><td></td><td>11</td><td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>2</td></tr>
<tr><td>All mandated contacts at 90% or above (55 contracts)</td><td>41</td><td>43</td><td>43</td><td>43</td><td>42</td><td>46</td><td>48</td><td>48</td><td>50</td><td>51</td><td>51</td></tr>
</table>

CYPH Directorate Driver to focus on HCP Mandated Contacts not delivered within timescales over three consecutive months with associated countermeasures.

There are now only two HCP Contacts breaching business rules with significant and sustained improvement in performance, W&F and Cumberland.
Wakefield have sustained antenatal performance above 90% for 4 consecutive months and are therefore now ‘Watch’.

Watch Metrics:
Goal 2: Watch Metrics will report and include the outcomes of the GSIL Pathway linked to High Impact Areas, this will be an annual impact report on the cohort of children recruited and will be available June 26.
January data- 95% of eligible children recruited to the GSIL Pathway</td>
<td></td>
<td></td>
<td></td>
</tr>
</table>

Workstreams	True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
Hope for Healthcare	Children's Patient Experience	Improve experience of care by considering elements that matter most to children & young people so we can measure their experience of care and shape services according to their specific needs	Goal 1: Engage with children and young people with lived experience across HDFT geography to consult with on our CYP Strategy which will for part of the Clinical Strategy Goal 2: CYP Patient Experience Tool Developed-Return rate significantly low - distribution, engagement, and accesses to the tool to be developed with CYP and approach embedded with teams and professionals working with CYP.	The Trust North Metric of improving Children's Patient Experience continues into its second year (2025-26). Target return rate 10%. Active Countermeasures are noted. • Every Contract area is developing Countermeasures using HDFT Impact methodology to increase return rate. • Darlington and Wakefield are piloting in addition to the digital CYP Patient Experience Tool, a paper Survey with 3 quick questions identifying what we did well, what we didn't do well and what we could improve on? • Practitioners will bring with them the returned paper surveys to QPMS. • Data will be reported as a percentage for each Contract area and monitored via Governance Huddle with each HoN. • Approach to ensuring the sample we have is representative of the CYP population. Once we reach a threshold of responses (to be agreed once we have a denominator) we work with young people to consider how the questions might be amended to support this driver.  February data captured 1,129 Parent / carer surveys at 11% return rate. CYP returned 59 surveys. Informatics team continue to develop a report to automate the number of CYP who have received a Survey via SystmOne to measure the percentage returned. Watch Metrics: • Directorate CYP Patient Experience Champions produces a monthly report with themes, trends and areas for improvement. This will be shared with the central patient experience team and reported into MEC Forum.	CYP Patient Experience Tool 'engagement methods' to increase uptake and return being developed with involvement of CYP representatives. • Focus Groups held with GSIL Young Advisor Committees and individual advisors. • Poster design to be finalised, digitised and circulated to school's W/C 7th April 25. • Standardise paper version of survey for use. • Hopes for Health presentation to increase staff awareness and importance of gathering feedback (at all team huddles) • Assurance Survey for completion by staff to review awareness - this will inform future promotion and target support. • Meeting with S1 & IG scheduled 13th March to explore use of S1 to send survey link and push notification. • Application to charity for adaptable devises to support completion of survey by CYP All above completed.		

Breakthrough Objective:

Workstreams	Strategic Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
None relevant at present							

Corporate Project:

Workstreams	Strategic Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
None relevant at present							

Strategic Project:

Workstreams	Strategic Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
None relevant at present							

Related Corporate Risks

Datix ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR34 / ID1	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. 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. There is a need to reduce the backlog of referrals back to the NICE standard of three months (reduce the waiting list to approximately 120)	3 x 5 = 15	3 x 3 = 9 ~~March 2025~~ March 2026	Clinical: Patient Safety	Minimal

Related External Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	No related external risks					

	Metric	Target	Aprl 25	May 25	Jun 26	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26
2	Great start in Life *Improve outcomes by identifying children by ensuring we achieve >90% for all mandated contracts*	Zero mandated contacts in all our contract areas breaching business rules (four consecutive months)					11	8	7	6	5	4	2

		All mandated contacts at 90% or above (55 contracts)	41	43	43	43	42	46	48	48	50	51	51

Strengthening Maternity and Neonatal Safety Report

Harrogate and District NHS Foundation Trust

February 2026

Title:	**Strengthening Midwifery and Neonatal Safety Report**
Responsible Director:	Breeda Columb, Executive Director of Nursing, Midwifery & AHP's
Author:	Leanne Likaj (Associate Director of Midwifery and Children's Services) Andrew Brown (Lead Midwife for Safety, Quality & Clinical Governance)

Purpose of the report and summary of key issues:	The purpose of this report is to provide a summary and update on the board level safety measures for the month of February as set out in the Perinatal Quality Oversight Model (2025).	
Trust Strategy and Strategic Ambitions	**The Patient and Child First** Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	√
	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	No new corporate risks	
Report History:	Maternity Risk Management Group Maternity Quality Assurance Meeting Maternity Safety Champions	
Recommendation:	Board is asked to note the updated information provided in the report and for further discussion.	
Appendices attached for oversight	Appendix A - Explanatory notes	

Strengthening Maternity and Neonatal Safety Report

1) Summary

This paper provides a summary and update of the detail on the board level measures for the month of February 2026 as set out in the Perinatal Quality Oversight Model (2025).

2) Introduction

The Perinatal Quality Oversight Model seeks to provide consistent and methodical oversight of all services, including maternity. Strengthening trust-level oversight for quality and safety includes a focus on leadership, strong governance processes and pathways for information and escalation from floor to Board. The model includes five principles for improving oversight for effective perinatal clinical quality to ensure a positive experience for women and their families. There are local, regional and national elements of this model. At local level, the model includes a monthly review of maternity and neonatal safety and quality reported to the Trust board.

3) Proposal

The Board is asked to note the information provided in the report that provides a local update on progress and identify any areas in which further assurance is required.

4) Quality Implications and Clinical Input

The report provides an update on the key measures set out in the Perinatal Quality Oversight Model and has been analysed and presented by members of the maternity midwifery, neonatal and obstetric teams.

5) Equality Analysis

Not applicable.

6) Risks and Mitigating Actions

Sixteen ongoing risks. See below Section 4 for details.

New Risk:

- Risk to patient safety and staff anxiety resulting from potential delays in attendance to Obstetric emergencies due to lack of dedicated on-call consultant parking space (Score 4). Trust position currently that dedicated on-call parking will not be provided resulting in potential delayed attendance in time of emergency

Risks downgraded and archived:

- Risk to provision of effective and safe triage due to inability to implement national Birmingham Symptom-specific Obstetric Triage System (BSOTS) within Badgernet (Score 8). BSOTS tool now implemented. Work ongoing to update MAC triage processes in line with BSOTS requirements. Planned rollout April/May. For downgrade with fully implemented and assurance of process working correctly

7) Recommendations

a) Positive news

- All Consultant Obstetricians and Gynaecologists now have a job plan compliant with compensatory rest.
- Maintained compliance with Delivery suite co-ordinator supernumerary status.
- Access to BSOTS module on Badgernet now in place to enable roll out of BSOTS in MAC

b) Areas of concern

- Continue to remain above the National average for third- and fourth-degree tears on National Dashboard.
- Continue to remain above the National average for postpartum haemorrhage (PPH) on National Dashboard.
- Increasing incidence of issues with antenatal clinic appointments breaching Key Performance Indicators.

c) Work underway

- On-going work to review Maternity Care Bundle and Postnatal Toolkit.
- On-going review of the homebirth service provision
- Work ongoing in Maternity Assessment centre regarding activity and implementation of BSOTS
- On-going work to prevent induction of labour delays
- On-going work to prevent service diverts.

d) Decisions required of Board

- None

Narrative in support of the Provider Board Level Measures

February 2026 data

1. Introduction

The Perinatal Quality Oversight Model was updated in August 2025 and provides a model for consistent and methodical oversight of perinatal services. It supports Trusts to discharge their duties and provide a mechanism for emerging risks, trends or issues that cannot be resolved at a local level or would benefit from wider sharing. The PQOM dictates that each trust should have the following in place to ensure that board oversight for perinatal quality and safety is robust:

1. A Board safety champion non-executive director (NED) is visibly working alongside the board safety champion for perinatal (midwifery, obstetric and neonatal) to provide objective, external challenge and enquiry
2. An identified frontline midwifery, obstetric and neonatal safety champion who meets on a regular basis with the board safety champion(s)
3. The trust board (or an appropriate sub-committee with delegated responsibility) discusses perinatal safety intelligence at least quarterly, demonstrates professional curiosity and is responsible for shared learning across the organisation. Discussions must include:
    a. ongoing monitoring of services and trends over a longer time frame
    b. concerns raised by staff and service users
    c. progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework (PSIRF)
4. A board report should be presented by a member of the perinatal leadership team, who will provide supporting context. While the specific content may vary and will be agreed locally, it is recommended that the report includes the measures outlined in Annex 1. Where possible, data should be broken down by subgroups – at a minimum by ethnic group and deprivation based on the mother's postcode – to help identify potential health inequalities for investigation and action.
5. As a minimum, trust boards should consider the following data measures at least quarterly.
    a. Findings of review of all perinatal deaths using the real time data monitoring tool with actions
    b. Findings of review of all cases eligible for referral to Maternity and Newborn Safety Investigations (MNSI) programme with actions
    c. Report on:
        i. Themes and actions from patient safety incidents
        ii. Training compliance for all staff groups in maternity and neonatal critical care related to the core competency framework and wider job essential training (%)
        iii. Minimum safe staffing in maternity and neonatal services to include obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing. Planned cover versus actual
    d. Service user voice feedback – themes
    e. Staff feedback from frontline champion and walkabouts – themes
    f. Maternity and Newborn Safety Investigations (MNSI) programme, NHS Resolution, Care Quality Commission (CQC) or other organisation with a concern with or request for action made directly to the trust
    g. Coroner Reg. 28 made directly to trust, where applicable
    h. Progress in achievement of Maternity Incentive Scheme – 10 safety actions

i. Proportion of midwives responding 'agree' or 'strongly agree' to whether they would recommend their trust as a place to work or receive treatment (reported annually)
j. Proportion of specialty trainees in obstetrics and gynaecology rating the quality of clinical supervision out of hours as 'excellent' or 'good' (reported annually)

2. Obstetric cover on Delivery Suite, gaps in rota

Safe levels of cover on Delivery Suite have been maintained with any gaps filled by locum shifts, extra sessions from the substantive team, and a small number of external bank doctors. A Consultant returned from maternity leave on 5th March and a new consultant starts in post on the 1st April.

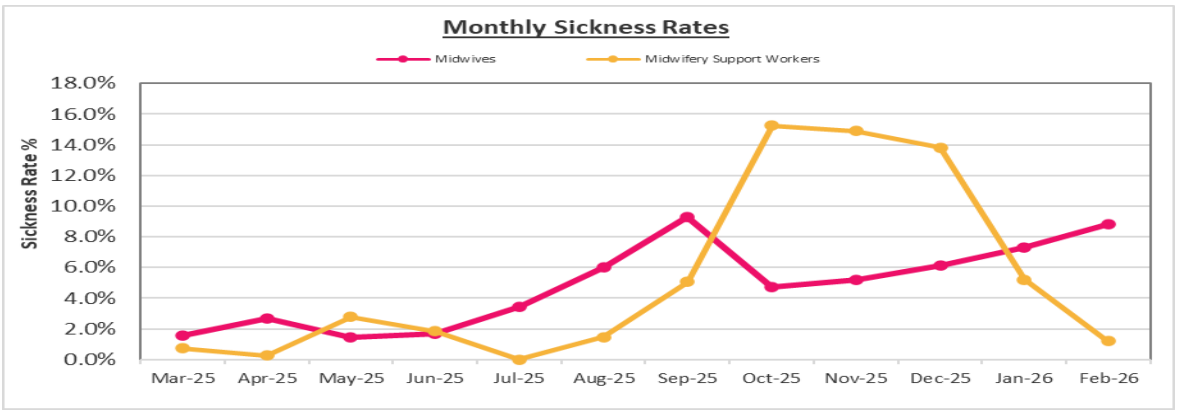
Recruitment
Three resident locally employed doctors were recruited, one of whom has commenced in post however two have withdrawn and therefore the post is back out to advert.

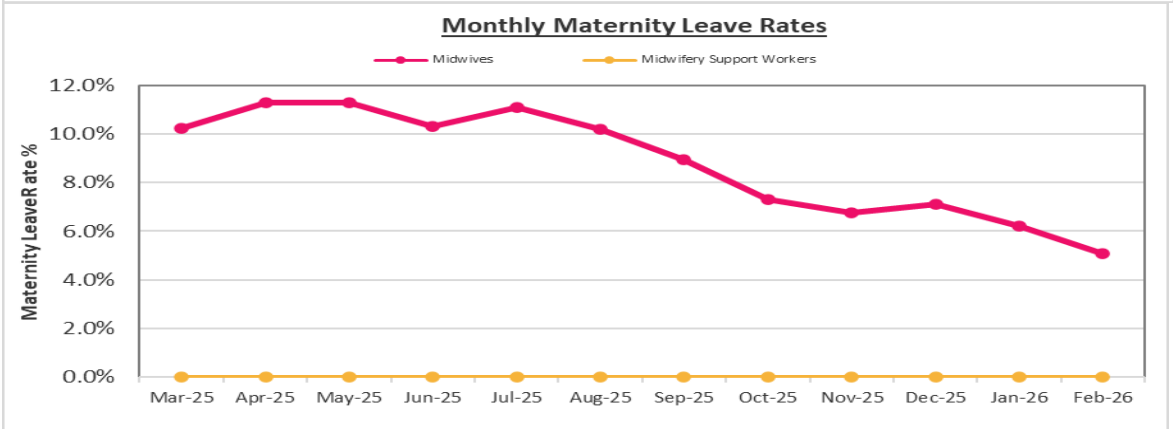
Compensatory rest progress
All consultants now have a job plan compliant with compensatory rest.

3. Midwifery safe staffing, vacancies and recruitment update

a. Absence position

Total sickness in February was 7.69 WTE midwifery and 0.4 WTE maternity support workers absence. The main causes of absence relate to stress (3WTE). 3.41 WTE midwives are on maternity leave at present. The monthly sickness and maternity leave percentages and trend can be seen below.



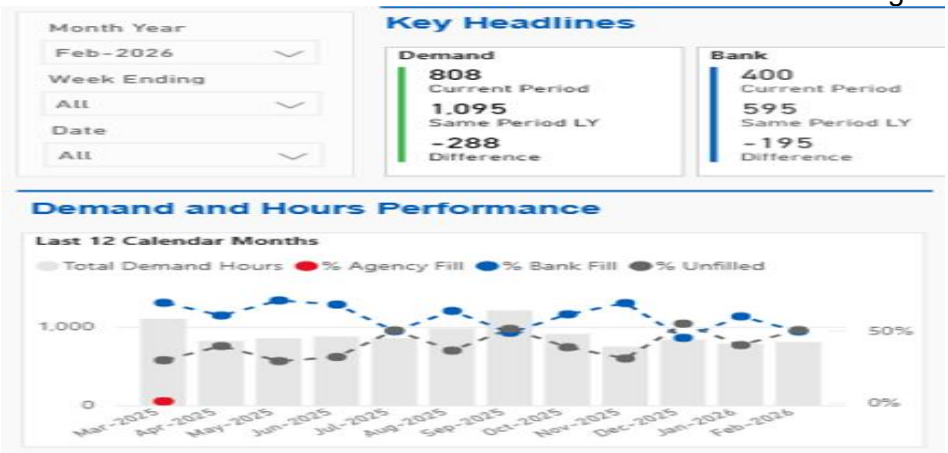


b. Vacancy position

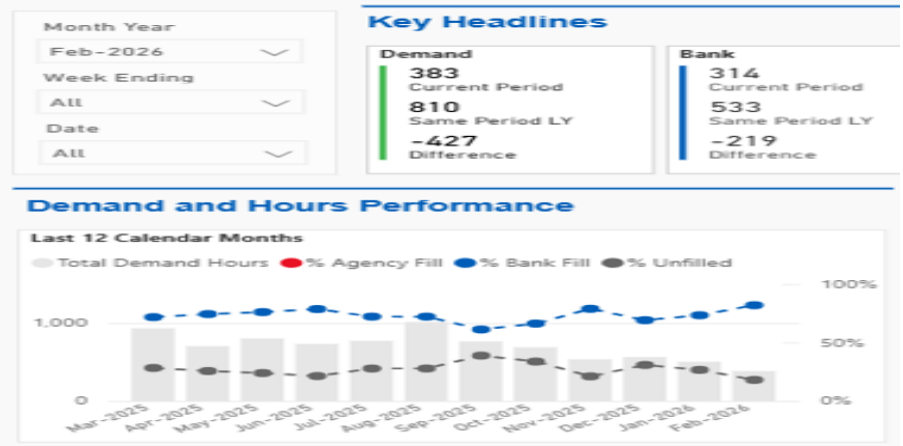
There is 1.8 WTE midwifery vacancy at present with recruitment underway. 1.7WTE midwives will start in post in March. There is 0.6 WTE maternity support worker vacancy in recruitment and 2WTE maternity support workers are awaiting a start date.
Turnover continues to be below Trust target for midwives at 5.54% for February and the maternity support worker turnover has significantly improved over the last twelve months although is impacted by small numbers. February MSW turnover is 19.9%.

c. NHSP provision

Midwives – demand has remained consistent this month. There has been no agency use.



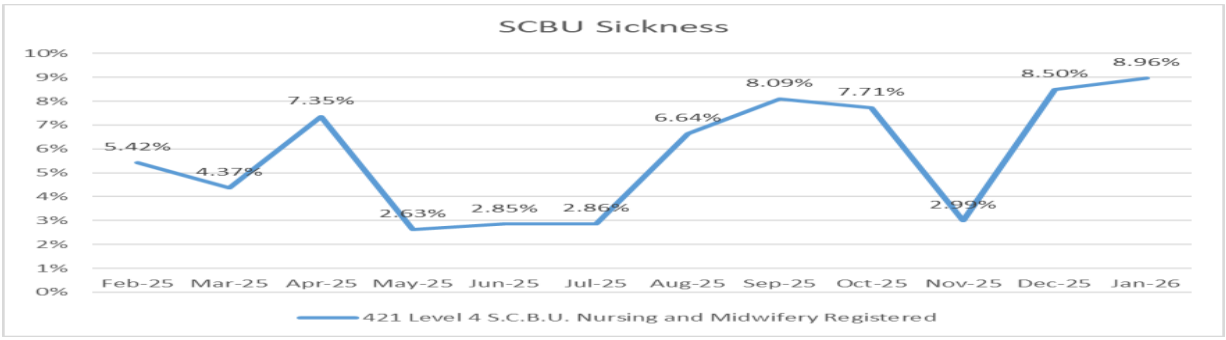
Maternity Support workers – Demand has shown a consistent reduction following increasing the maternity support worker establishment. Fill of NHSP shifts remains high.

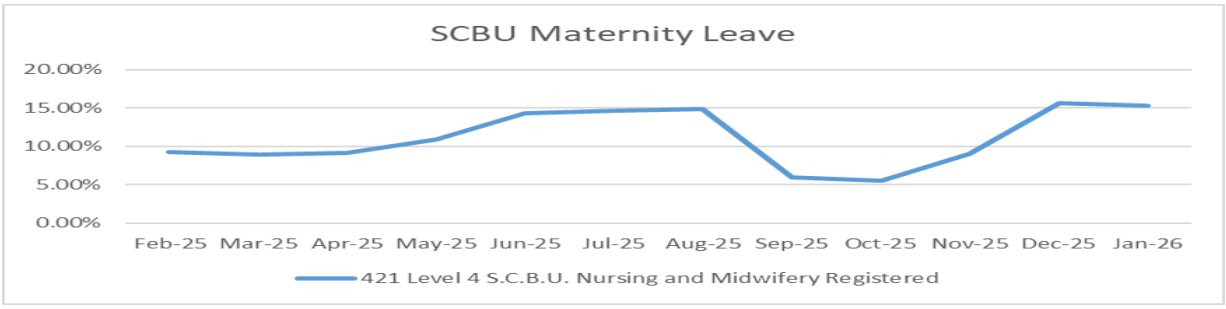


4. Neonatal services Special Care Baby Unit (SCBU) staffing, vacancies and recruitment update

a. Neonatal absence position

1.15 WTE nurse sickness absence. 2.2 WTE QIS nurses currently on maternity leave.





b. Neonatal Vacancy

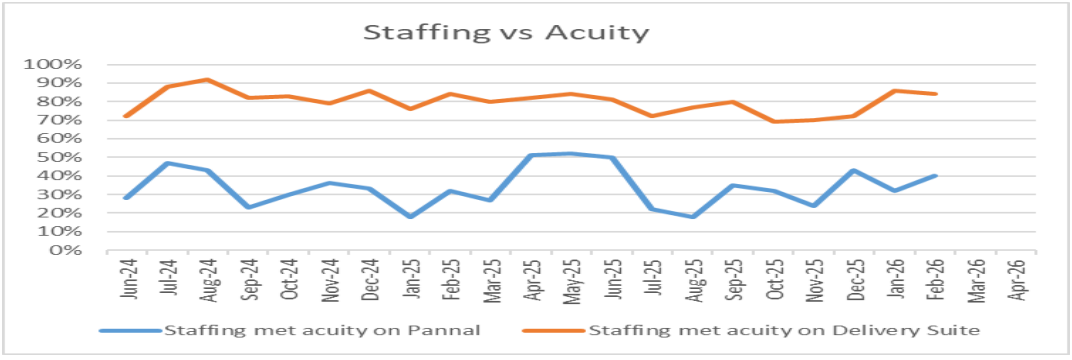
Special Care Baby unit is fully recruited however 1.84WTE nurses are in the recruitment process.

c. Qualified in Speciality (QIS) Nurses

To meet British Association Perinatal Medicine (BAPM) standards 70% of the budget establishment is required to be QIS nurses. The Operational Delivery Network (ODN) state that the QIS compliance is based on staff in post excluding any vacancy. Three nurses are on a pathway to complete their QIS qualification. QIS compliance for February was 74%.

5. Birthrate Plus Acuity Staffing Data

The trend in Birthrate Plus staffing versus acuity, on both Delivery Suite and Pannal, can be seen in the below graph.



a. Delivery Suite Staffing and impact on clinical workload

A supernumerary delivery suite co-ordinator was rostered and available at the start of every shift in February. 100% compliance with one-to-one care in labour was maintained throughout the month. According to the data captured in Birthrate Plus acuity tool staffing met the acuity

requirements 84% of the time, was up 1.5 midwives short 14% of the time and 2% of the time the service was over 1.5 midwives short. Compliance with data capture was 97.02%.

In order to manage workload during times of high activity and acuity inductions of labour were delayed and staff were redeployed from other areas of maternity services, including Pannal, Community and Specialist midwives. Clinical risk was mitigated and delays were kept as minimal as possible.

b. Pannal Ward Staffing and impact on clinical workload

According to the data capture in the Birthrate plus acuity tool, 40% of the time staffing has met acuity on Pannal. Thirty-one staffing factors were recorded as shown below –

Factors	Breakdown of Factors	Times occurred	Percentage
SF1	Unexpected MW absence/sickness	4	13%
SF2	MW redeployed to other area	19	61%
SF3	Unexpected support staff absence/sickness	0	0%
SF4	Unable to fill vacant MW shifts	8	26%
SF5	Unable to fill vacant support staff shifts	0	0%
SF6	Staff on transfer duties	0	0%
SF7	Support staff redeployed to other area	0	0%
SF8	Admin staff less than rostered numbers	0	0%
TOTAL		31	

Staff were redeployed and inductions were delayed managing the situations.

6. Homebirth provision

Home birth provision is covered by community midwives working clinically in the day and a first and second on-call midwife every night between 17:00 – 08:00.

Four homebirths were booked for the month of February. Two women had successful homebirths. Two women were still pregnant at the end of the month.

In February 2026 the home birth on call provision was unavailable on four occasions at night due to no volunteers to cover short term sickness absence. No homebirths were affected. Work is ongoing to improve the resilience of the homebirth service.

7. Red Flag Events Recorded on Birthrate Plus

a. Delivery Suite Red Flags

There were no Red Flags noted on Birthrate plus in February.

b. Pannal Ward Red Flags

There were eight Red Flags recorded on Birthrate Plus during February as follows;

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed, or cancelled, time critical activity	2	25%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%

RF4	Delay in providing pain relief	2	25%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	4	50%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife cannot provide continuous one-to-one care and support to a woman during established labour	0	0%
TOTAL		**8**	

The following management actions were taken to mitigate the risks;

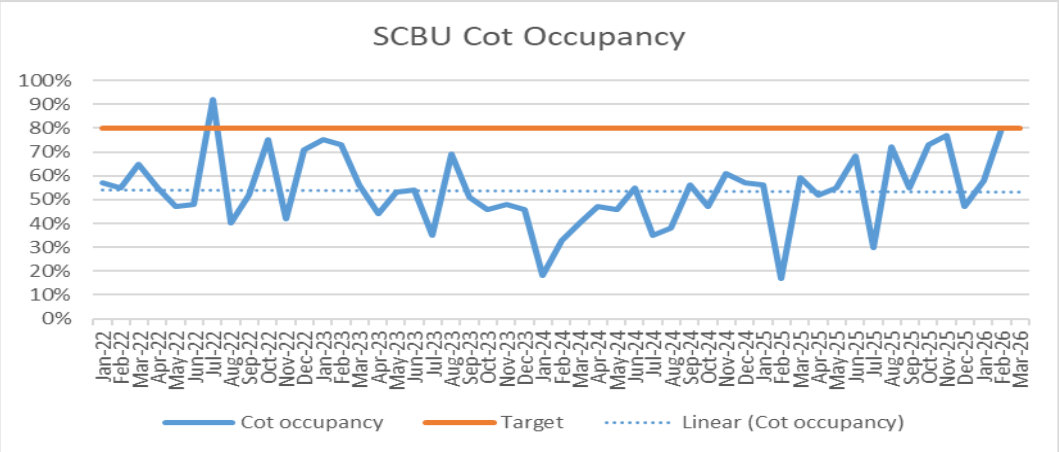
Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	10	45%
MA2	Staff unable to take allocated breaks	4	18%
MA3	Redeploy staff from training	0	0%
MA4	Specialist MW working clinically	1	5%
MA5	Manager/Matron working clinically	0	0%
MA6	Utilise on call MW	0	0%
MA7	Redeploy from community	0	0%
MA8	Maternity Unit on Divert	4	18%
MA9	Staff sourced from bank/agency	0	0%
MA10	Staff stayed beyond rostered hours	3	14%
MA11	Escalate to manager on call	0	0%
TOTAL		**22**	

c. Delayed Induction of Labour (IOL)

During February there were nine episodes of delayed induction of labour over 24 hours:

- five were delays greater than 24 hours in admission to commence IOL,
- three were delays greater than 24 hours in transferring to labour ward for artificial rupture of membranes (ARM) - following administration of prostaglandins or cervical ripening balloon (CRB)
- one occurrence was a delay greater than 24 hours in transfer for ARM, without the administration of prostaglandins or CRB.

8. SCBU Cot Occupancy



Two babies were transferred out to a tertiary unit for clinical reasons.

9. Training Compliance for All Staff Groups in Maternity Related to Core Competency Framework and Wider Job Essential Training

a. Mandatory training (as at 03/03/26)

Department	Assignment Count	Percentage Compliant
421 Level 4 Obs & Gynae - Medical Staffing	27	77%
421 Level 4 Ante Natal Clinic	12	80%
421 Level 4 Community Midwifery	20	84%
421 Level 4 Pannal Ward	35	86%
421 Level 4 Maternity Staffing	55	90%
421 Level 4 Early Pregnancy Assessment Unit	4	98%

b. Maternity Incentive Scheme and Core Competency version 2 Training Compliance

The below table demonstrates the service compliance with attendance at the following training

1. Fetal monitoring Training
2. Multi-professional maternity emergencies training
3. Neonatal resuscitation training

which is required for Maternity Incentive Scheme requirements.

Course Name	Midwives	Obs&Gynae Consultants	Obs&Gynae (Other Staff)	Anaesthetics Consultants	Anaesthetics (Other Staff)	Paediatric Consultants	Paediatric Medical (Other Staff)	Maternity Support Worker	SCBU
Resuscitation Courses	**Compliance**								
Adult Basic Life Support with paediatric modifications	94%	88%	89%			89%	79%	95%	100 %
Harrogate Newborn Intermediate Life Support (HNILS)	95%						100%		
RCUK Newborn Life Support	100%					100%	100%		91 %
Resuscitation - Level 3 - Adult Immediate Life Support	59%								
Maternity Specific Courses									
Fetal Wellbeing Competency Assessment	96%	88%	82%						
MAT - Birthing Pool Hoist	84%							81%	
MAT - Growth Assessment Protocol (GAP)	90%	75%	91%						
MAT – Maternity Training Day 2	96%	88%	91%						
MAT - Saving Babies Lives	82%	88%	73%						
MAT 3 - Personalised Care & Care in Labour	94%								
MAT-PROMPT - Emergency Skills Facilitator Led	95%	88%	83%	83%	90%			85%	
Mandatory Training - Safeguarding									
Safeguarding Adults	91%	50%	78%	95%	76%	89%	79%	95%	87 %
Safeguarding Children	93%	50%	39%	90%	81%	100%	50%	40%	80 %

Level 3 Resuscitation training – two midwives are booked to attend training, and the others have been notified however there is difficulty with course dates. The Resus team are currently changing the course structure in line with updated Resuscitation guidance.

Pool hoist - email reminders have been sent and live drills continue.

Saving babies lives training compliance has been affected by new starters and people returning from maternity leave. Plans are in place for all to attend training.

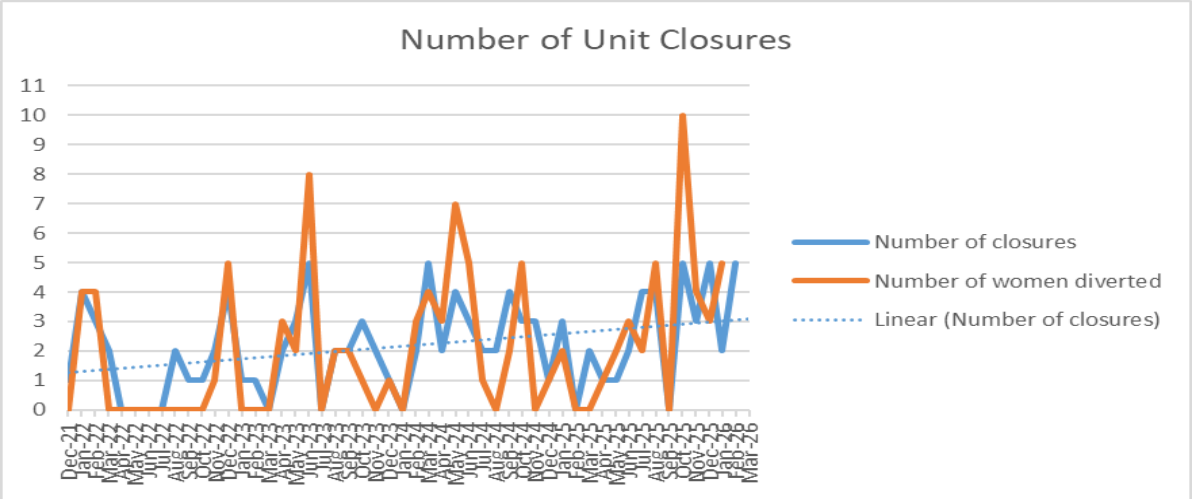
All obstetric and gynaecology staff are booked onto PROMPT + MAT 2 which will also sign off Adult Basic Life Support training and the competency assessment.

Note – one consultant on the list is still on maternity leave but appears on the report as they are in the annual leave period following maternity leave.

4. Risk and Safety

a. Maternity Unit Divert

There have been five events of divert of the unit in February 2026 two of which related to SCBU, one regarding staffing and one regarding capacity. The three maternity diverts were due to high levels of activity. Normal staffing levels were in place but was insufficient to meet demand. Several actions are underway to reduce the number of diverts including the increase in night staffing which will be fully implemented in March and the implementation of a Patient Flow Midwife in February.



b. SCBU Incidents

No moderate harm incidents.

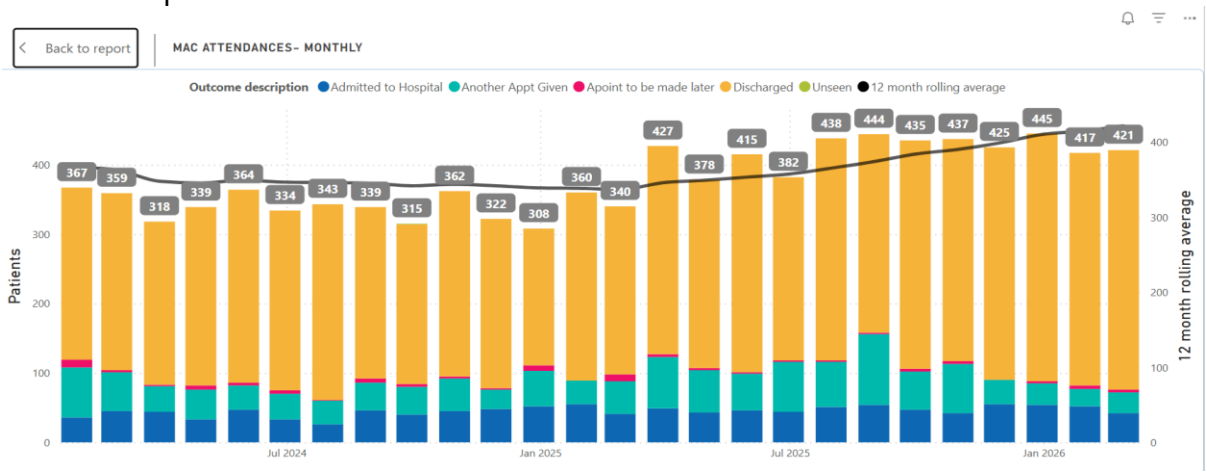
c. SCBU Risk Register

No new risks have been added to the risk register.

d. Maternity Risk Register Summary

The risk register was last formally reviewed in February 2026 and is next due for formal review in May. There are sixteen current active risks;

- **Risk to patient experience and breach of triage timescales due to insufficient midwifery staffing in Maternity Assessment Centre (Score 10)**. Launch of ANDU not had desired improvement on MAC attendances at present. Additional midwife staffing on MAC from next roster and dedicated Obstetric cover where possible. Risk score to remain the same at present.



- **Risk to Information Governance and breach of confidentiality resulting from lack of training in redaction of patient record requests (Score 9)**
  Risk remains and limited progress to date. Exploration of use of AI and external company to complete redaction for local sign-off. Current risk score to remain the same at present.
- **Risk to delivery of safe and quality care due to inability to share records electronically between healthcare providers when patients being transferred or receiving shared care between Trusts (Score 9).** Risk requested to be added by WY&H LMNS. Work ongoing at LMNS level. Score to remain the same at present
- **Risk to patient safety and experience and staff burnout due to Obstetric staffing pressures (Score 8).** Current situation remains the same but improving consultant cover. Anticipate full consultant staffing from 1st April. Score to currently remain the same.
- **Risk to patient satisfaction and safety, resulting from delays in facilitating ultrasound growth scans (USS)(Score 8).** Recent issues meeting increased demand. Sustained pressures and difficulty covering additional lists. Planned meeting to discuss ongoing service management. Score upgraded due to frequency and risk of breaching of screening timeframes.
- **Risk to safe monitoring and management of Perinatal Mental Health due to insufficient clinic capacity for PNMH appointments (Score 8).** Work still ongoing to review Perinatal Mental Health service requirements, and TEWV service launch. No current change to score.
- **Risk to patient satisfaction and safety, resulting from delays in facilitating induction of labour (IOL) (Score 8).** Patient flow coordinator role now in place. Some recent delays but anticipate improvement. No change to score at present.
- **Risk to operational running and governance surrounding safety and quality of homebirth service (Score 6).** Action plan in progress. No significant changes to cover of service, but additional community staff training and specific community scenarios. Risk score currently to remain the same.
- **Risk to patient safety and experience associated with need to divert patients to other units in times of escalation (Score 6).** Ongoing necessary diversions and recognise impact on patient experience. Risk score to remain the same at present.
- **Risk to patient experience and exposure to financial claim due to inadequate counselling and documentation of informed consent (Score 6)**. Informed consent remains a factor in some complaints. Work progressing and to monitor situation.

- **Risk to patient experience and key performance indicators due to antenatal clinic process and clerical staffing issues (Score 6)**. Issues remain with clerical staffing incidents from breaches in screening timeframes for ultrasound scanning and consultant appointments. Antenatal Assurance Group monitoring. No change
- **Risk due to inability to meet gold standard requirements for clinical documentation (Score 5)**. Some improvement noted in personalisation and updating of management plans and risk assessments. Records audit planned and for further assessment of risk score after findings. No change in score at present.
- **Risk to reputation and patient satisfaction for failing to meet national target and provide evidence-based care in relation to Continuity of Carer (Score 4).** Continuity and vulnerabilities midwife now in place. Still not providing full Continuity of Carer principles. Score to remain unchanged.
- **Risk to patient satisfaction and safety, and staff morale due to insufficient midwifery staffing (Score 4).** Improvement in midwifery staffing. Score downgraded.
- **Clinical risk related to inconsistent access to Maternity medical records related to Mediviewer (Score 4)**. Staff now have appropriate access. Risk score to remain the same for present.

New Risk:

- **Risk to patient safety and staff anxiety resulting from potential delays in attendance to Obstetric emergencies due to lack of dedicated on-call consultant parking space (Score 4).** Trust position currently that dedicated on-call parking will not be provided resulting in potential delayed attendance in time of emergency

Risks downgraded and archived:

- **Risk to provision of effective and safe triage due to inability to implement national Birmingham Symptom-specific Obstetric Triage System (BSOTS) within Badgernet (Score 8).** BSOTS tool now implemented. Work ongoing to update MAC triage processes in line with BSOTS requirements. Planned rollout April/May. For downgrade with fully implemented and assurance of process working correctly

5. Maternity Incidents

In February 2026 there were 83 total incidents reported through DCIQ (including eight incidents occurring in SCBU location and one occurring in Early Pregnancy Assessment Unit (EPAU)).

One Moderate Harm incident due a return to theatre with ongoing bleeding following caesarean section and removal of some placental fragments. RROSE review was completed and Duty of Candour letter sent.

Additional incidents of note include:

- Seven incidents of Third-degree tear reported through Datix
    - Four occurring at Spontaneous vaginal birth (one occurring at the birth of a baby born before arrival of a midwife (BBA))
    - Three occurring at forceps delivery
- Five incidents reported of appointment issues
    - Delayed actioning of single point of access (SPA) pregnancy referrals and patient inability to get through on telephone to ANC
    - Growth scan rejected in error
    - Patient had multiple appointments cancelled in error due to mistaken assumption of transferring care to another Trust
    - Email to ANC clerks requesting appointment not actioned

- Nuchal rescan request not actioned
- 4 incidents of Insufficient Ultrasound Scan capacity

Additional incidents:

- Intrauterine fetal death at 21 weeks

6. Perinatal Mortality Review Tool (PMRT)

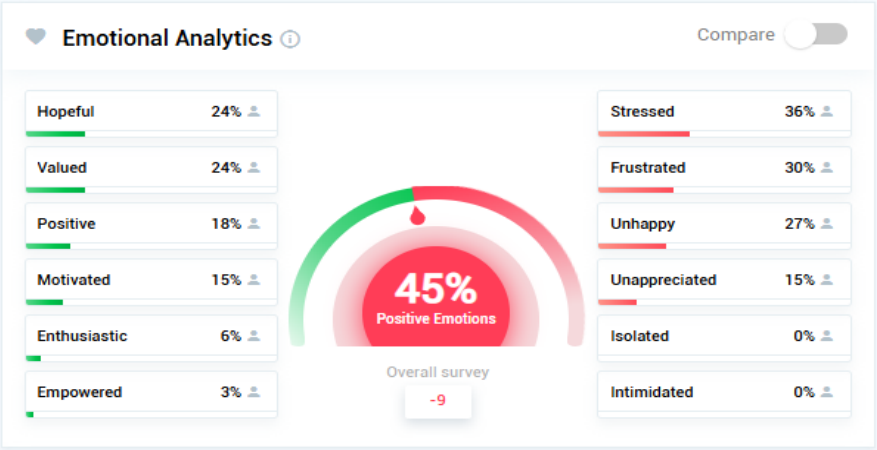
The PMRT relating to a neonatal death in November is in progress (PSII still in progress). The PMRT for the stillbirth in December is in progress and the formal MDT review is scheduled for March 2026. One antenatal stillbirth in February is not applicable for PMRT in view of fetocide at 33 weeks.

The Quarterly PMRT report for Quarter 3 is attached at Appendix C.

7. Feedback

a. Staff Feedback – Inpulse, NHS Staff Survey

The Inpulse survey was completed in January 2026. Maternity and Gynaecology had 33 responses (22%) with mixed feedback received. No responses were received from the medical staff. An action plan has been created to respond to the free text comments received which mainly related to workload and IT issues.



b. Maternity and Neonatal Voice Partnership Feedback

The MNVP attended Antenatal clinic, and a pre-natal group to gain feedback from service users during February. Snippets of the feedback are below –

"Team have been so helpful and caring. They have listened to us and answered any questions we have. We were so disappointed when we thought our discharge would be pushed back a day but the team went above and beyond to make sure we could go home today. Can't thank them all enough"

"Time on the unit was great. Everyone in Harrogate was lovely. We still have a lot of uncertainty with our little one and I feel there is so little help once you have been discharged. I'm fine a lot of the time but the 'just wait and see' can be debilitating at times."

"It was a tough few days. I really struggled at some points but I'm so glad I stuck to my birth plan (home birth). It was about 43 hours in total and made more complicated by (baby) being born in their sac. I couldn't have got through it without my husband, doula and the wonderful midwives who came out to us."

"The group felt the administration / appointment side of antenatal care is challenging. Struggle to get through then late notice about appointments. No voicemail option for appointments.

One example was - growth scan in Leeds (twins) then growth scan same day in Harrogate with consultant appointment. Doesn't know if these conversations are joined up as she doesn't hear anything. Shouldn't have two in a day but struggling to speak with anyone.

Long waits for scans 45 minutes to an hour to be seen.

Big discussion on Parent Ed course. Felt to be over subscribed as two mentioned they couldn't get a space - the system was described as clunky.

This led to four out of the group of ten women saying they had no awareness of the parent ed course at Harrogate.

BadgerNotes had mixed feedback. A few said it doesn't get updated and not consistent.

Everyone's experience with MAC has been very positive"

"Appointments come through quickly and efficiently on Badger Notes.

They go through everything thoroughly, e.g. any problems at scans are quickly followed up. Everyone is friendly. Community midwife appointments started off in Otley (where I live) but they've been moved to Harrogate. I am planning to give birth in Harrogate but would have liked my antenatal community appointments to stay in Otley."

15. Complaints, concerns, compliments

Three new complaints were received in February no theme identified. The three complaints received in January have been responded to within the required timescales.

16. Coroner Regulation 28 made directly to trust

No direct requests received however NHS England have circulated a request to urgently review the safety and quality of homebirth services following a Prevention of Future Deaths report issued by the Senior Coroner for Manchester North.

The homebirth services have been reviewed and an action plan has been created. The action plan is being monitored via Maternity Quality and Assurance Board and Maternity Safety Champions. Further details can be found in Appendix D.

17. Request for action from external bodies – NHS Resolution, MNSI, CQC

No new requests for action have been received from NHS Resolution, or MNSI.

18. Maternity and Newborn Safety Investigation (MNSI)

No new MNSI incidents reported.

19. Maternity Incentive Scheme (MIS) – year six (NHS Resolution)

The Maternity Incentive Scheme Declaration has been to the ICB and is awaiting formal sign off to allow submission to NHS Resolution. Year 8 of the Maternity Incentive Scheme is due to be launched in April 2026.

20. National priorities

a. Maternity Care Bundle (MCB)

NHS England has published the Maternal Care Bundle on 6th January 2026, which sets out best practice standards across five areas of clinical care; with the aim to reduce maternal mortality and morbidity. It is for implementation by NHS providers and commissioners across England and should be implemented in line with the medium-term planning framework. In this first version, it establishes a baseline of best practice in five areas of care associated with higher rates of maternal mortality and morbidity. The five elements are:

Element 1: Venous thromboembolism
Element 2: Pre-hospital and acute care
Element 3: Epilepsy in pregnancy
Element 4: Maternal mental health
Element 5: Obstetric haemorrhage

All NHS trusts providing maternity services and ICBs are responsible for fully implementing the MCB by March 2027. NHS trusts providing maternity services are primarily responsible for implementing the MCB locally, including:

- benchmarking current compliance and developing an improvement plan with trajectories for sign off by the trust board
- providing regular reports to the trust board on implementation against this plan and trajectories, so that the board can oversee, support and challenge local delivery. Trust boards should also ensure the involvement of all relevant services in the planning and delivery of interventions. This will include relevant medical and surgical specialties, gynaecology and urgent and emergency care, as appropriate
- ensuring that where local plans do not meet nationally recommended pathways, timescales or performance, or where local delivery subsequently deviates from these plans, this is escalated to the regional NHS England team
- engaging with maternal medicine networks. This means co-producing and complying with the local network's protocol for the management and referral of medical problems in pregnancy, across all relevant medical specialties and settings
- local reporting of routine care data relating to key process and outcome measures for each element as defined in the national implementation tool which will be made available to trusts on the FutureNHS platform in quarter 4 2025/26.

Work is underway to benchmark our services against the MCB and develop an action plan to improve services as required to meet the recommendations. The benchmarking will be completed by February and oversight of the action plan will be provided by Q1.

b. Improving postnatal care: a toolkit for integrated care boards, partners and providers

This NHS England postnatal toolkit was released on 6th January 2026 and recommends actions across four domains for ICBs, partners and providers to deliver consistent high-quality, personalised, kind and equitable postnatal care and support. These four domains are based on good practice, findings of national and local experience surveys and the National Maternity and Neonatal Recommendations Register but do not provide an exhaustive list. The four domains are as follows;

- Domain 1: Listening to women and taking a family approach
- Domain 2: Addressing inequalities
- Domain 3: Workforce, training and education
- Domain 4: Take a public health approach

These domains underpin the 3 shifts essential to achieving the 10 Year Plan for Health.

Work is underway to benchmark our services against this toolkit and develop an action plan to improve services as required to meet the recommendations.

c. Actions to improve care for women, babies and families: next steps

NHS England wrote to all Trusts in October 2025 to advise on next steps to improve care for women, babies and families. The following elements were detailed;

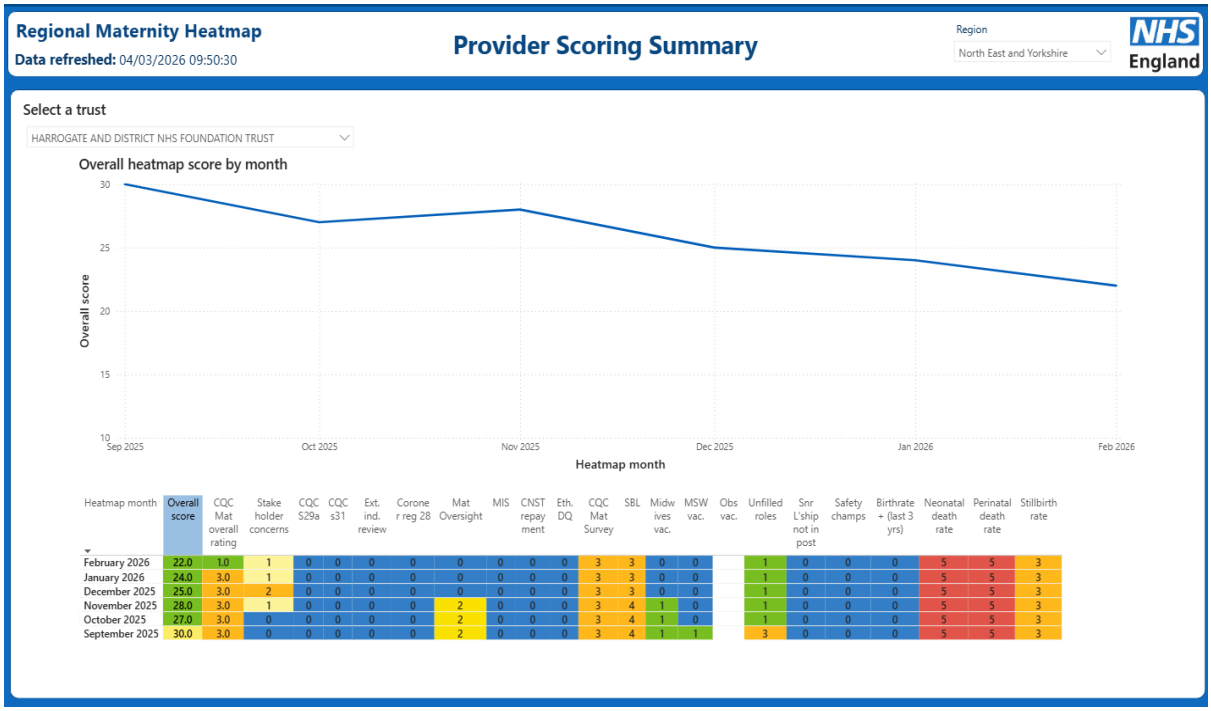
i) **Perinatal Equity and Anti-Discrimination Programme:** this will give perinatal teams the skills and tools they need to improve the experiences and outcomes of ethnic minority groups and those from deprived communities, and to improve the working lives of staff from these groups. The programme's focus is on effecting the behavioural, cultural and organisational changes needed to tackle inequalities and sustain change. Further details are expected in Quarter 4.

ii) **Submit a Perinatal Event Notification (SPEN) service:** this portal streamlines the administrative time required by frontline staff to notify perinatal safety events to MBRRACE-UK, Maternity and Newborn Safety Investigations; and NHS Resolution Early Notification Scheme. SPEN has been implemented at HDFT.

iii) Maternity and Neonatal Performance Dashboard: This set of metrics is used to monitor performance in maternity and neonatal services in all parts of the system, supporting trusts and integrated care boards to monitor and have insight into their own progress. The dashboard represents a balanced scorecard of operational, outcome and patient experience measures. These metrics, together with the broader Perinatal Quality Surveillance Model and the rollout of the Maternity Outcomes Signal System (MOSS), will enable trusts and integrated care boards to monitor their own progress, while supporting the collective work to drive improvements across all maternity and neonatal services and identifying trusts that may need additional support.

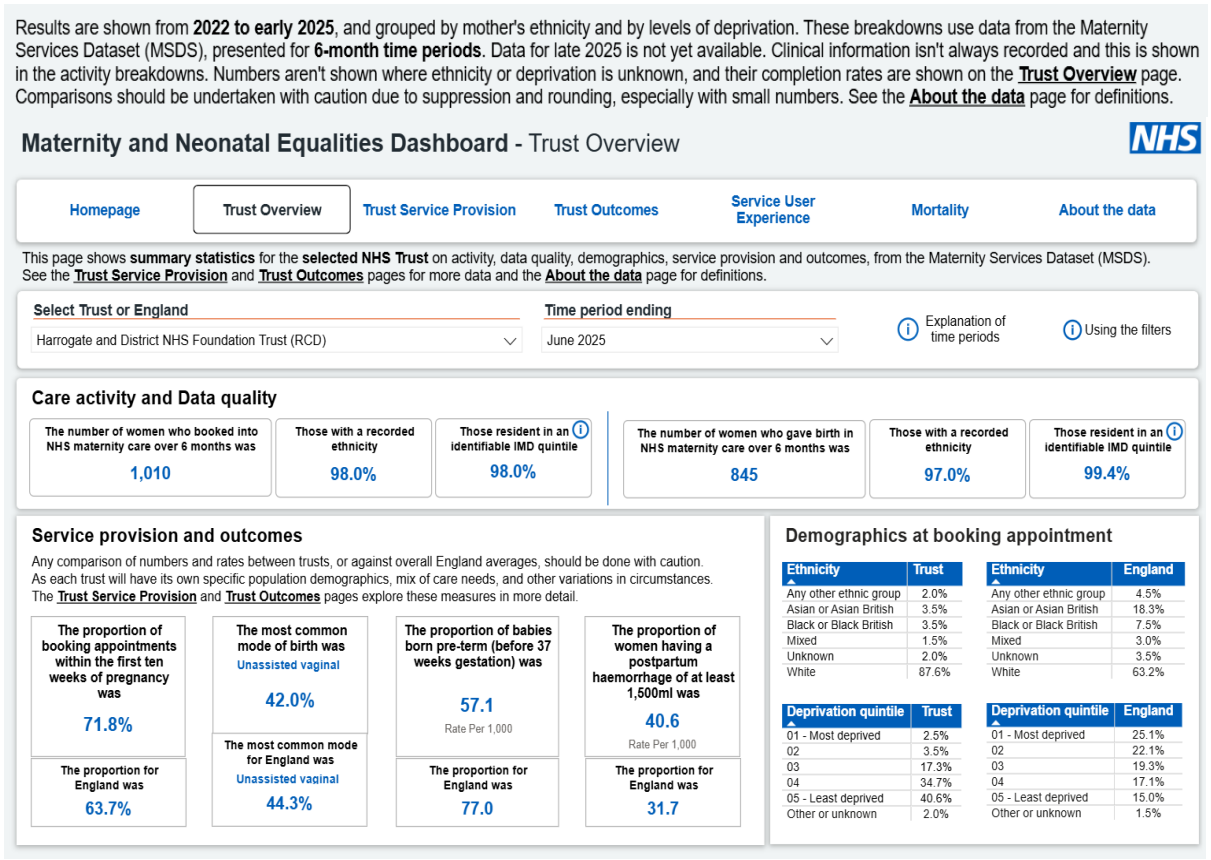
(1) Heatmap

The regional maternity heat map is an analytical tool that pulls information around trusts CQC status, regulatory notices and regulatory body/stakeholder concerns, progress towards national priorities, safe staffing, MBRRACE mortality, service user and staff feedback surveys. The heat map enables monthly oversight of the triangulated data and then scores each element to read the signals of trusts that require additional early intervention and support. The heat map is produced in a format for systems to use the information to direct work programmes to the right areas. The data is updated monthly and reports two months behind like the National Dashboard. The data for September is from the pilot month, with data completeness and accuracy work continuing throughout Q3 25/26. Please see below screenshot taken from the Regional Heatmap system. Although Neonatal Deaths and Perinatal Deaths are flagging as red on the below screenshot this is based on 2023 data and 2024 data is due to be released in March 2026 and is not expected to flag.



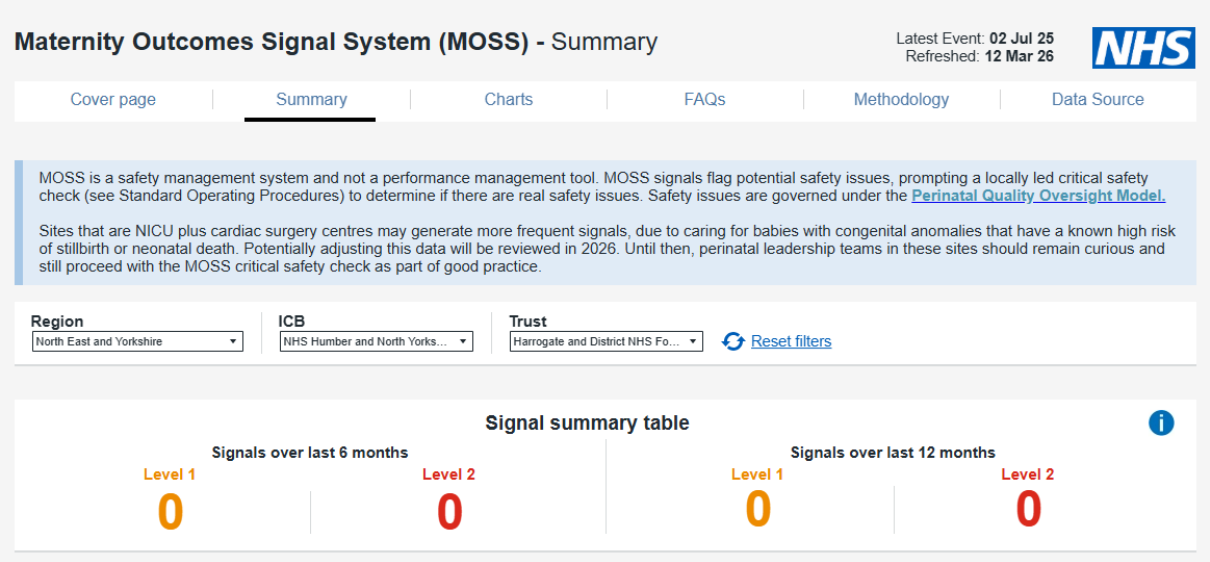
(2) Maternity and Neonatal Equalities Dashboard

A Maternity and Neonatal Equalities Dashboard has also been released and can be accessed here link. Please see below screenshot taken from the Maternity and Neonatal Equalities Dashboard. There has been no further update to the dashboard since the previous report.



(3) Maternity Outcomes Signal System (MOSS)

Trust maternity teams are required to check MOSS (and the MBRRACE-UK Real Time Data Monitoring Tool) at least monthly for discussion at perinatal quality meetings. No MOSS signal has been triggered over last 6 months or last 12 months. See below screen shot from the MOSS signal system.



d. Three Year Delivery Plan For Maternity And Neonatal Services

An action plan is in place that documents the steps required and completed to meet the requirements of the Three Year Delivery Plan. The remaining actions relate to saving babies lives, and continuity of carer.

21. Local HDFT Maternity Services Dashboard

All the data/watch metrics regarding Maternity can be found on PowerBI by following the link below.

Maternity Dashboard

Work continues to ensure accuracy of data and benchmarking is included in all data fields captured in the dashboard.

The National Maternity dashboard is available at the following link- National Maternity Dashboard. The data available in the National dashboard is up to December 2025. The Clinical Quality Improvement Metric comparison (CQIM+) tabs gives the opportunity to compare HDFT Maternity services against National services, Regional Peers, the Local Maternity and Neonatal System (HNY LMNS) peers and MBRRACE peers (other maternity services with under 2000 births per year at 24 weeks or later).

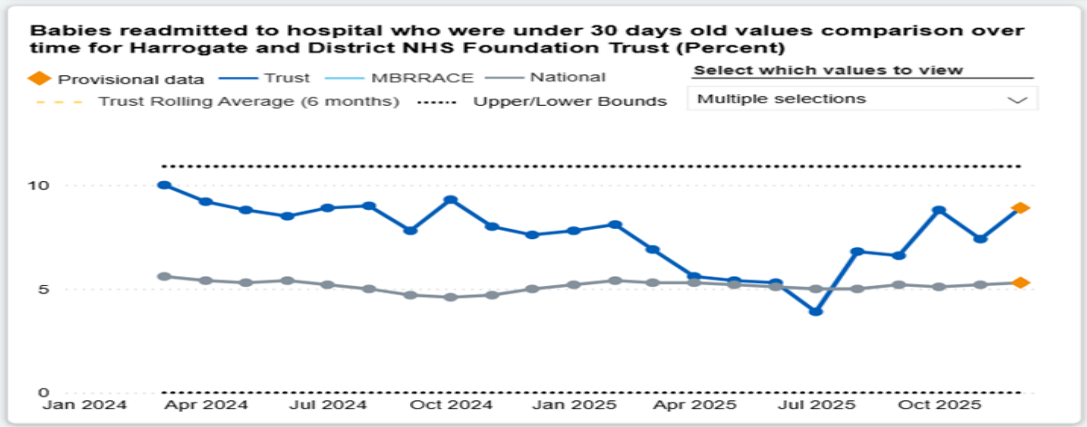
It has been identified that Harrogate & District NHS Foundation Trust Maternity Unit is currently an outlier on the National Maternity Dashboard and/or Local Dashboard Power BI.

As a result, further investigation has been undertaken to try to understand the underlying cause for this and to consider possible remedial actions.

In particular, the following areas have been identified as area of concern:

- Neonatal Readmissions
- Apgar score at five minutes 0 - 6 (local dashboard demonstrates a significant increase this month)
- Robson Group 1 (primiparous, spontaneous labour, caesarean section) and Robson Group 5 (previous caesarean section, caesarean section)
- 3rd and 4th degree tear (local dashboard demonstrates a significant increase this month)
- Postpartum haemorrhage

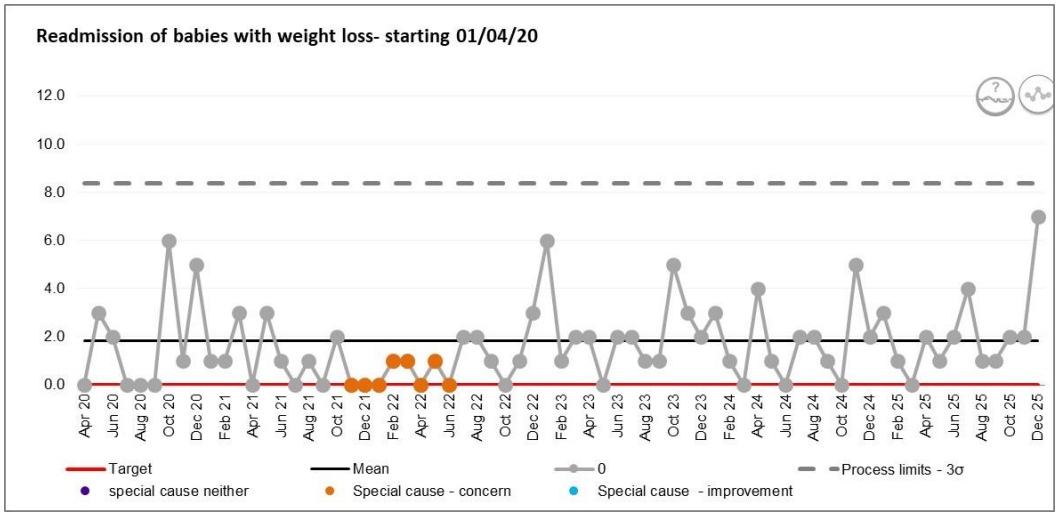
a. Neonatal Readmissions



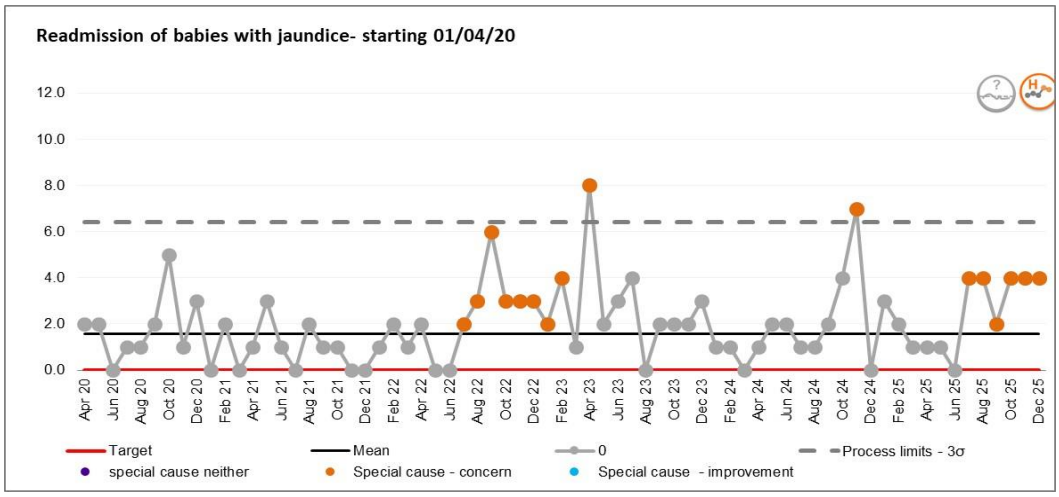
Admission criteria does differ across the UK making benchmarking across Trusts difficult. Although lower readmissions are often measured as a positive marker this may be at the detriment of exclusive breastfeeding. Breastfeeding initiation in Harrogate is currently 91.7% and supplementation rates continue to be within World Health Organisation and UNICEF UK parameters (2024/25).

The Infant Feeding Coordinator provides a bimonthly readmission report to the Maternity Risk Management Group, analysing all of the neonatal readmissions. As part of this report, it is evident that readmissions to Maternity are most commonly for reasons of weight loss and/or jaundice. All babies are routinely weighed in community on Day 3 following birth. Any baby with weight loss greater than 12.5% will be discussed with the paediatrician with the expectation that the baby will be admitted unless there are exceptional circumstances. Additional blood tests are completed, including sodium to test for evidence of hypernatraemia. Babies with any level of identifiable jaundice will be referred for confirmatory blood tests and treatment in accordance with NICE guidance.

In Quarter 3, and particularly in December 2025 there was confirmed to be a local increase in readmission rate particularly relating to weight loss. Though plotting as Statistical Process Control chart has not identified this as a special case variation, this is being monitored.



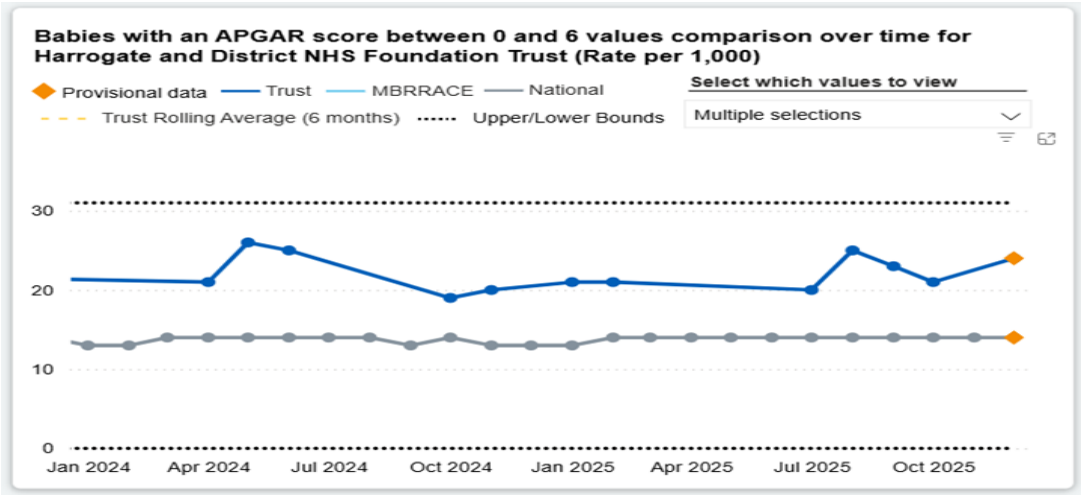
Readmissions for jaundice has also shown an increased trend over the previous 6 month period over the historic mean.



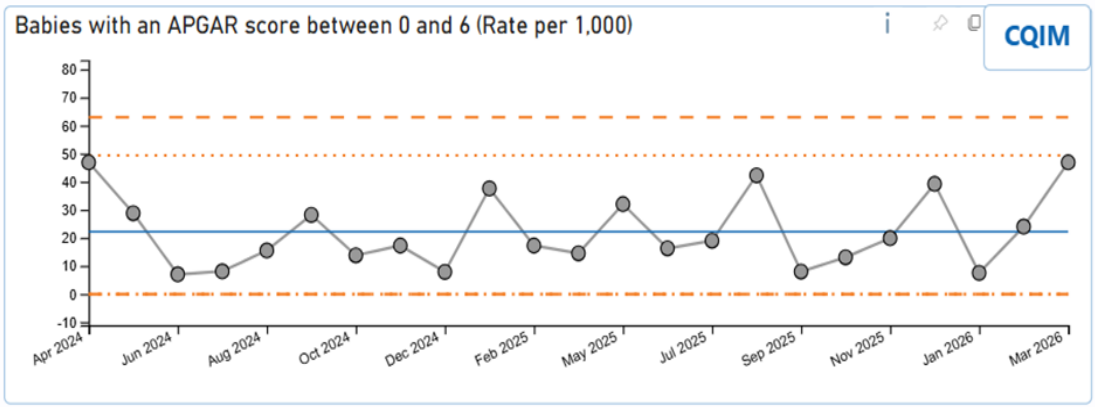
Following readmission case reviews, there were some individual findings in Quarter 3 data with evidence of good practice and some findings of unnecessary readmission. Work is on-going in this area to improve service delivery.

b. Apgar score at five minutes 0 - 6 (local dashboard demonstrates a significant increase this month)

The Apgar score is a rapid assessment of a newborn's health at 1 and 5 minutes after birth, evaluating five criteria: Appearance (color), Pulse (heart rate), Grimace (reflex), Activity (muscle tone), and Respiration (breathing). Each factor scores 0–2, with a maximum total of 10. Scores of 7–10 are typically normal, indicating the baby is adapting well, while lower scores may indicate a need for immediate intervention.



The figure above shows the national Maternity Dashboard CQIM+ data since January 2024 for Apgar score below 7 at 5 minutes of age. The latest Trust data (dark blue line) shows a rate of 24.0 per 1,000 against a national rate of 14.0 per 1,000 for December 2025 (the latest datapoint). Whilst this is not an outlier above the statistical upper limits, this is above the national average rate.



As will be noted there is a periodic increase in number of babies with low Apgar score, with similar peak occurring in January 2025, August 2025 and December 2025. In the sample period, low Apgar score occurred in an average of 2.6% of babies born.

Of the 53 babies born with low Apgar score in the sample period, 52.8% of these occurred at emergency caesarean section, with 18.9% occurring at elective caesarean section, 26.4% at spontaneous vaginal delivery and 1.9% at forceps delivery. This is compared against a total mode of birth rate of 24.8% emergency caesarean section, 21.6% elective caesarean section, 41.9% SVD, 9.1% instrumental rate. As might be expected there is an overrepresentation of babies with low Apgar score being born following emergency caesarean section, with 14.9% of Category 1 caesarean sections resulting in low Apgar score.

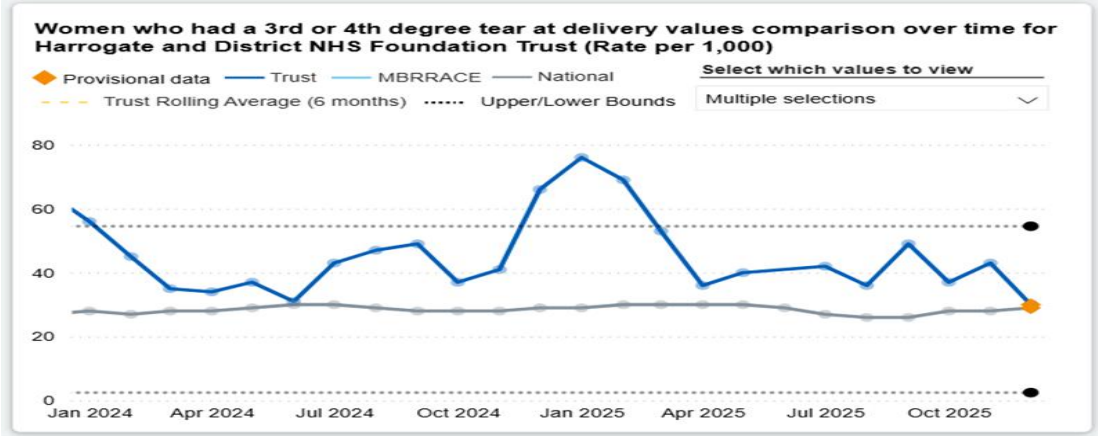
Where Apgar score was <7 at 5 minutes, in 26.4% of cases the baby was preterm less than 37 weeks. This was compared against the total preterm birth rate of 6.9%, i.e. a disproportionately high proportion of low Apgar scores. When considering Term birth, rate of low Apgar score fell to 2.0%.
After a deep dive into the data no specific modifiable factors have been identified and appropriate action appears to have been taken.

c. Robson Group 1 (primiparous, spontaneous labour, caesarean section) and Robson Group 5 (previous caesarean section, caesarean section)

As may be observed from the data, there have been some areas of increased incidence of Robson Group 1 having caesarean section., with some increases evident in July 2025, September 2025, October 2025, December 2025 and February 2025. The National Maternity dashboard data is a rolling average of 3 months data, so will account for the increased rates observed between September-November 2025. No specific modifiable factors have been identified, and appropriate action appears to have been taken.

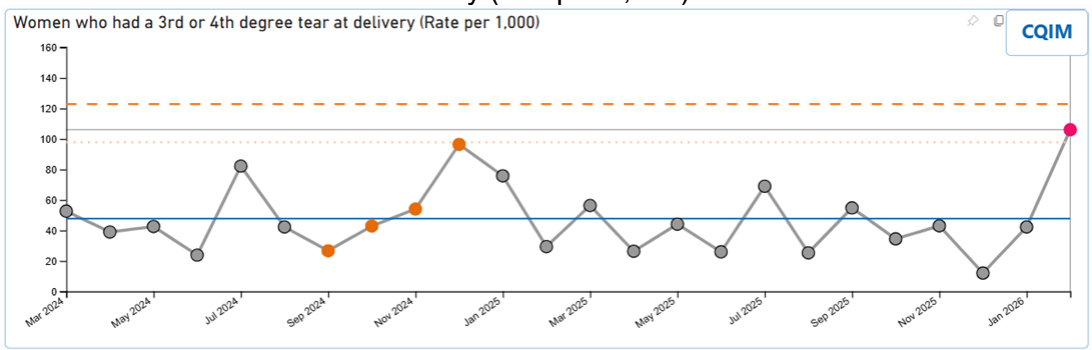
d. Third- and fourth-degree tears (local dashboard demonstrates a significant increase this month)

Third- and fourth-degree perineal tears are significant perineal trauma involving the anal sphincter and represent a class of trauma classified as Obstetric Anal Sphincter Injury (OASI).



The figure above shows the national Maternity Dashboard CQIM+ data since January 2024 for 3rd or 4th degree perineal tears. The latest Trust data (dark blue line) shows a rate of 30.0 per 1,000 against a national rate of 29.0 per 1,000 for December 2025 (the latest datapoint). Whilst this is currently not an outlier and now in line with national data, this has historically been of some concern.

Local dashboard (PowerBI) data has also identified areas of increase, with seven incidences of OASI tears in February (106 per 1,000) -



There has been a significant increase in the occurrence of OASI at forceps delivery in February, occurring in 18.8% of all forceps deliveries at Term. Occurrence at Spontaneous Vaginal Delivery (SVD) has also increased to 8.7% of all SVD births at Term

A deep dive into the data has been extracted from Badgernet for January 2025 to February 2026. The average monthly occurrence of OASI is 3.3 per month.

Of 2058 births in the data time period, there were 47 OASI perineal tears at singleton vaginal birth at Term (2.28% of all births, 4.7% of all Term singleton vaginal births).

Of these 47 cases, 37 occurred at spontaneous vaginal birth, with 10 occurring at forceps delivery. In total there were 187 forceps births performed in the period, representing 9% of the total mode of birth (but with 5.3% resulting in OASI); there were 862 spontaneous vaginal births representing 41.9% of total mode of delivery (but 4.29% resulting in OASI).

Four out of 10 forceps deliveries with third degree tear were conducted by the same surgeon, with the remaining six OASI injuries at forceps being completed by five different surgeons. This suggested there may be some technical opportunities for learning by the obstetric doctor, and this has been completed.

There does not appear to be any consistent midwife theme at SVD where OASI is sustained.

The data confirms the known association between larger birthweight and the risk of 3rd or 4th degree tear at Term gestations with vaginal birth. The average birthweight at forceps delivery having 3rd or 4th degree tear was 3638g compared to an average birthweight of 3410g at all forceps. The average birthweight at SVD with OASI injury was 3626g; compared with 3490g at all SVD. Anecdotally given the population served by HDFT being less deprived the average baby's birthweight at HDFT is higher than that in other organisations. This is not reported on a national dashboard to enable comparison.

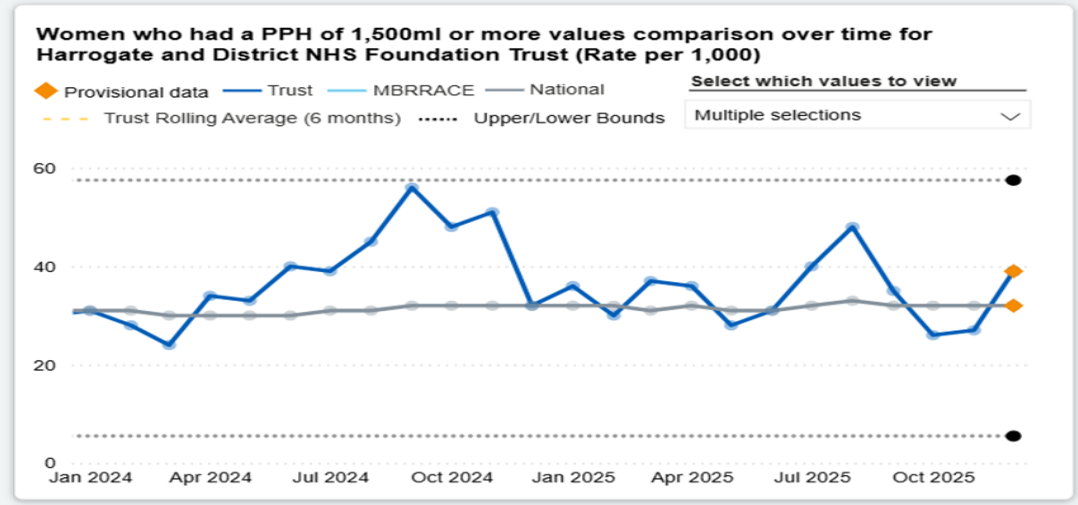
There is no association with mode of onset of labour found in the data.

Actions being taken to improve this outcome includes the following;

- Feedback and learning to the Obstetric Team
- Quality Improvement work to increase awareness of correct hands-on technique and supporting of the posterior shoulder at delivery, including at instrumental deliveries.
- Reinforcement about the correct angle of episiotomy
- Reinforcement of the RCOG OASI care bundle
- Additional training through the Pelvic Health midwife
- Awareness of increased birthweight as a risk factor, together with forceps risk factors

e. Postpartum haemorrhage

Postpartum haemorrhage is an obstetric emergency, typically reported externally when ≥1500ml. The latest Trust data (dark blue line) shows a rate of 39.0 per 1,000 against a national rate of 32.0 per 1,000 for December 2025 (the latest datapoint). Whilst this is currently not an outlier, it is currently above the national average data and has historically been of some concern.



Again, a local data deep dive has been undertaken from Badgernet report of births occurring between January 2025 to February 2026. Within the data period, there were 73 significant PPH ≥1500ml out of a total 2058 births in the period (3.5%). Of note there were a total of 37 occurring at caesarean section, 52% of the total number of significant PPH. Of these, 28 cases resulting in significant PPH had labour induced, representing 4.4% of those induced, an increased proportion of the total significant PPH rate. No specific trends to explain the recent increased rate of significant PPH.

Possible causes of increased level of significant PPH include a high caesarean section rate and an elevated induction of labour rate. Recently the use of Carbetocin has been introduced at all caesarean sections which has a prolonged duration of action against PPH and increased efficacy. The Maternity Care Bundle includes a section on Postpartum haemorrhage, and all recommendations of this Bundle will be implemented and the rates of PPH continually monitored. This includes the purchase of a ROTEM device to aid management of PPH.

22. Neonatal admissions

a. Transitional Care (TC)

Work is ongoing to look to improve the offer of Transitional Care to babies born at 34-35 weeks gestation and babies are now cared for with mum on Delivery Suite where possible to prevent separation of mum and baby wherever possible. Twelve babies received Transitional Care provision on Pannal Ward this month.

b. Avoiding Term Admissions in Neonatal Units (ATAIN)

Please see the Quarterly report for October to December at Appendix B.

23. Saving Babies Lives' v3.2 (released April 2025)

An action plan is in place, work is on-going, and compliance is reassessed by the LMNS quarterly. Harrogate maternity services have demonstrated progress in achieving compliance with all six elements Saving Babies Lives Care Bundle version three. The most recent compliance review meeting occurred in February 2026 and the Trust's overall compliance had increased from 93% (Q2 25-26) to 94% (Q3 25-26). The Trust demonstrates being fully compliant with Elements 2, 3, 4 and 6 and there was evidence of improvements with meeting ambitions for Element 1 (Reducing Smoking in Pregnancy) and Element 5 (Reducing Pre-Term Birth).

16. Maternity Safety Champions

Bi-monthly Safety Champion executive and non-executive director walk around and meetings continue. The most recent walkaround and meeting occurred on 19th January. The Exec and Non-exec Safety Champions completed the walkabout with the MNVP Lead and visited EPAU, Delivery Suite, Pannal & MAC. Feedback was positive and staff were happy that the unit was not too busy. The next meeting is scheduled for 16th March 2026.

17. Conclusion and Recommendations

a) Positive news

- All Consultant Obstetricians and Gynaecologists now have a job plan compliant with compensatory rest.
- Maintained compliance with Delivery suite co-ordinator supernumerary status.
- Access to BSOTS module on Badgernet now in place to enable roll out of BSOTS in MAC

b) Areas of concern

- Continue to remain above the National average for third- and fourth-degree tears on National Dashboard.
- Continue to remain above the National average for postpartum haemorrhage (PPH) on National Dashboard.
- Increasing incidence of issues with antenatal clinic appointments breaching Key Performance Indicators.

c) Work underway

- On-going work to review Maternity Care Bundle and Postnatal Toolkit.
- On-going improvements of the homebirth service provision and oversight
- Work ongoing in Maternity Assessment centre regarding activity and implementation of BSOTS
- On-going work to prevent induction of labour delays
- On-going work to prevent service diverts.

d) Decisions required of Board

- None

Appendix A - Explanatory notes

1. Birthrate Plus Establishment

The HDFT Birthrate plus establishment setting review was completed in August 2024 and will be required to be repeated in 2027. Following receiving the Birthrate plus report, applying professional judgement and submitting the required business cases, the maternity staffing establishment has been increased as detailed below. The headroom uplift applied to all midwives working in maternity services has now been increased to 24% as recommended by Birthrate Plus.

3.6 WTE Band 2 (Admin/Ward Clerks)
19.18 WTE Band 3 (Maternity Support Workers/Screening Admin)
0.6 WTE Band 4 (Tobacco Dependency Advisor)
81.69 WTE Band 5-8d (Midwives)

2. Birthrate Plus Acuity Staffing Data

The Birthrate Plus acuity score system is based upon indicators of normality in the progress and outcome of labour and the health of the baby at birth, together with other indicators which identify changes from normality. Using the Birthrate Plus classification system the tool provides an assessment of women's needs during their episode of care in the delivery suite and on Pannal Ward, recorded in real time on a four hourly basis to enable managers to ensure safety for women and babies during this period. The score sheet provides a research-based method to enable the midwife to assess the midwifery workload required to care for a woman at any time in the intrapartum and immediate post delivery period. Due to recording the acuity four hourly there can be numerous occurrences of one event, for example the unit being placed on divert. The unit may be on divert for 12 hours which could be captured three times in this data. Workload is based on

- A minimum standard of one to one care for all women in labour
- Increases in this standard for women with higher care needs (Categories III to V)

3. Red Flag Events Recorded on Birthrate Plus

According to NICE (2017), *a midwifery red flag event is a warning sign that something may be wrong with midwifery staffing. If a midwifery red flag event occurs, the midwife in charge of the service should be notified. The midwife in charge should determine whether midwifery staffing is the cause, and the action that is needed.*

4. Perinatal Mortality Review Tool (PMRT)

Principles for the conduct of local perinatal mortality reviews:

The fundamental aim of the Perinatal Mortality Review Tool (PMRT) is to support objective, robust and standardised local reviews of care when babies die. This is to provide answers for bereaved parents and their families about whether the care that they and their baby received was appropriately safe and personalised or whether different care may have changed the outcome. The second, but nonetheless important, aim is to ensure local and national learning results from review findings to improve care, reduce safety-related adverse events, and prevent future baby deaths.

The PMRT is designed to support the review of baby deaths, from 22 weeks' gestation onwards, including late miscarriages, stillbirths, and neonatal deaths. For about 90% of

parents, the PMRT review process is likely to be the only hospital review of their baby's death that will take place.

The aim of the PMRT programme is to support standardised perinatal mortality reviews across NHS maternity and neonatal units in England, Scotland, Wales and Northern Ireland. The tool supports:

- Systematic, multidisciplinary, high quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death, and the deaths of babies who die in the post-neonatal period having received neonatal care;
- Active communication with parents to ensure they are told that a review of their care and that of their baby will be carried out and how they can contribute to the process;
- A structured process of review, learning, reporting and actions to improve future care;
- Coming to a clear understanding of why each baby died, accepting that this may not always be possible even when full clinical investigations have been undertaken; this will involve a grading of the care provided;
- Production of a technical clinical report. This should be used for discussion with parents from which a meaningful, plain language explanation of why their baby died whether, with different actions, the death of their baby might have been prevented, and any implications for future pregnancies they may have;

Which perinatal deaths can we review using the PMRT?

- Late fetal losses (also called late miscarriages) where the baby is born between 22+0 and 23+6 weeks of pregnancy showing no signs of life, irrespective of when the death occurred, or if the gestation is not known, where the baby is over 500g;
- All stillbirths where the baby is born from 24+0 weeks gestation showing no signs of life, or if the gestation is not known, where the baby is over 500g. For the rare stillbirths which are unattended at home and where no antenatal care had been received, the review should focus on any postnatal and bereavement care provided;
- All neonatal deaths where the baby is born alive from 22+0 weeks of pregnancy but dies up to 28 days after birth, or if the gestation is not known, where the baby is over 500g;
- All neonatal deaths where the baby dies in the community up to 28 days after birth or later, who have not received any neonatal care, should nevertheless be reviewed to ensure that the baby was indeed well at discharge and that appropriate bereavement care was provided;
- Post-neonatal deaths where the baby is born alive from 22+0 but dies after 28 days following neonatal care; the baby may be receiving planned palliative care elsewhere (including at home) when they die.

Which perinatal deaths should we not use the PMRT to review?

- Termination of pregnancy at any gestation;
- Babies with brain injury who survive.

5. Maternity Incentive Scheme (MIS) – year six (NHS Resolution)

Now in its seventh year of operation, NHS Resolution's Maternity (Perinatal) Incentive Scheme (MIS) continues to support safer maternity and perinatal care by driving compliance with ten Safety Actions, which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries from the 2010 rate by 50% before the end of 2025.

Further details about each of the ten Safety Actions can be found here - https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/

6. Avoiding Term Admissions in Neonatal Units (ATAIN)

There is overwhelming evidence that separation of mother and baby at or soon after birth can affect the positive development of the mother–child attachment process. Mothers may find it harder to establish and maintain breastfeeding and it may affect their mental health. Preventing separation, except for compelling medical indications, is an essential part of providing safe maternity services and an ethical responsibility for healthcare professionals. There are five main reasons for admitting babies to SCBU and thereby separating mother and baby; infection, respiratory problems, observation, hypoglycaemia and jaundice. There is a lot of cross over between all of the reasons for admission. An ATAIN Audit tool is completed for every baby admitted to SCBU with a birth gestation over 37 weeks to review if the reason for separation was appropriate and if there is any learning to prevent future incidences of separation.

7. Saving Babies Lives' v3.2 (released 24 April 2025)

The Saving Babies' Lives Care Bundle (SBLCB) provides evidence-based best practice for providers and commissioners of maternity care across England, to reduce perinatal mortality.

The NHS has worked hard towards meeting the national maternity safety ambition, to halve rates of perinatal mortality from 2010 to 2025 and achieve a 20% reduction by 2020. Office for National Statistics (ONS) data showed a 25% reduction in stillbirths in 2020, but against the same baseline only 20% in 2021 during the COVID-19 pandemic. Much has been achieved in the past few years, but more recent data shows there is more to do to achieve the ambition in 2025.

Version 3 of the Saving Babies' Lives Care Bundle (SBLCBv3) has been co-developed with clinical experts including frontline clinicians, Royal Colleges and professional societies; service users and maternity voices partnerships; and national organisations including charities, the Department of Health and Social Care (DHSC) and a number of arm's length bodies.

Building on the achievements of previous iterations, version 3 refreshes all existing elements, drawing on national guidance, such as that from the National Institute for Health and Care Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists (RCOG) Green Top guidelines, and frontline learning to reduce unwarranted variation where the evidence is insufficient for NICE and RCOG to provide guidance. It adds a new element on the management of pre-existing diabetes in pregnancy, based on data from the National Pregnancy in Diabetes (NPID) Audit.

This means there are now 6 elements of care:

1. Reducing Smoking in Pregnancy
2. Fetal Growth: Risk Assessment, Surveillance and Management
3. Raising Awareness of Reduced Fetal Movement
4. Effective Fetal Monitoring During Labour
5. Reducing Preterm Birth
6. Management of Pre-existing Diabetes in Pregnancy

In addition to the provision of safe and personalised care, achieving equity and reducing health inequalities is a key aim for all maternity and neonatal services and is essential to achieving the national maternity safety ambition. In developing each element in SBLCBv3, actions to improve equity have been considered, including for babies from Black, Asian and mixed ethnic groups and for those born to mothers living in the most deprived areas, in accordance with the NHS equity and equality guidance.

As part of the Three year delivery plan for maternity and neonatal services, NHS trusts have been responsible for implementing SBLCBv3 by March 2024 and integrated care boards for agreeing a local improvement trajectory with providers, along with overseeing, supporting and challenging local delivery.

SBLCBv3 also sets out the important wider principles to consider during implementation. These reflect best practice care and following them in conjunction with the 6 elements is recommended, but are not mandated by the SBLCB.

Further information can be found at https://www.england.nhs.uk/long-read/saving-babies-lives-version-3-2/

Appendix B **ATAIN and Transitional Care provision report**

Quarter 3 (1st October 2025 – 31st December 2025)

1. **Report Overview**

ATAIN is an acronym for Avoiding Term Admissions into Neonatal units. It is a national programme of work initiated under patient safety to identify harm leading to term neonatal admissions. The current focus is on reducing harm and avoiding unnecessary separation of mothers and babies.

2. **The National Ambition**

In August 2017 NHSI mandated a Patient safety alert to all NHS Trusts providing maternity care. The safety alert was issued to reduce harm from avoidable admissions to neonatal units for babies born at or after 37 weeks. This fell in line with the Secretary of State for Health's ambition to reduce stillbirth, neonatal brain injury and neonatal death by 50% by 2030. This ambition is also aligned with the vision created within Better Births (2016), which aims to drive forward the NHS England-led Maternity Transformation Programme, with a key focus on;

- Reducing harm through learning from serious incidents and litigation claims
- Improving culture, team work and improvement capability within maternity units.

3. **Why is it important?**

There is overwhelming evidence that separation of mother and baby so soon after birth interrupts the normal bonding process, which can have a profound and lasting effect on maternal mental health, breastfeeding, long-term morbidity for mother and child. This makes preventing separation, except for compelling medical reason, an essential practice in maternity services and an ethical responsibility for healthcare professionals.

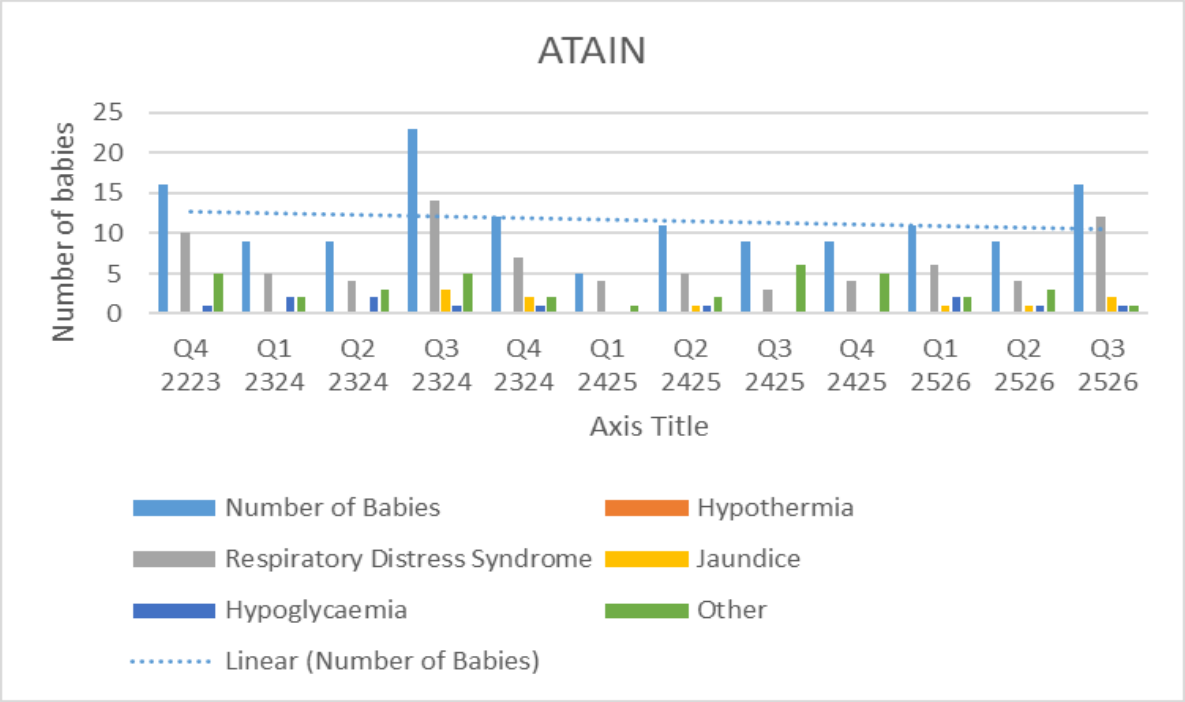
The maternity and neonatal teams review the babies born at or over 37 weeks (term) who were admitted to Special Care Baby Unit (SCBU) at designated monthly ATAIN meetings and the joint maternity and neonatal meeting. The monthly term admission rate for HDFT is reviewed and tracked on the dashboard and shared with the local maternity and neonatal system. Actions are also generated in response to any themes or concerns.

4. **ATAIN data: Quarter 3 2025/2026**

During quarter 3 there were a total of 484 registerable babies of all gestations born at HDFT. 457 of these were born at term and therefore admissible for ATAIN audit. Of the 457, 19 babies were admitted to SCBU. Reason for admissions to SCBU for this quarter are displayed below:

Reason for admission to SCBU	Respiratory distress syndrome (RDS)	Hypoglycaemia	Jaundice	Should have gone to TCU	Other	Total
Number of babies	12	1	2	3	1	19

5. **ATAIN data trend**



6. **ATAIN action plan**

- Teaching sessions prepared with input from SCBU and Pannal Team Leaders, in preparation for ATAIN teaching on MAT 3 study days commencing January 2026. Case reviews included for discussion and disseminating learning from cases effectively.
- Neonatal Hypoglycaemia and Jaundice policies shared with both maternity and paediatric teams, highlighting aspects of the policies which if adhered to, could have prevented two avoidable SCBU admissions.
- Production of 'Vomiting babies' guideline in progress, to be shared with maternity, paediatric and SCBU teams following MQAM approval.
- Production of parental poster relating to escalation of concerns and additional escalation routes if parents feel unheard in progress, and to be shared and displayed in clinical areas once approved.

7. **Transitional Care Provision and Standards**

Through family integrated care, families have been encouraged to take an active role in caring for babies on the neonatal units (NNU/SCBU). Introducing Transitional Care (TC) follows the same philosophy and thus services should be created with the needs of the family at the forefront.

One of the key advantages of TC is offering early intervention makes it less likely the neonate's condition will deteriorate. Therefore, reducing the risk of maternal and neonatal separation, increases the chance that neonates remain well. This also ensures that care is cost effective. It is important that the staff working on SCBU and the postnatal ward understand the difference between 'normal' postnatal care and TC. It is also vital that maternity and neonatal staff can

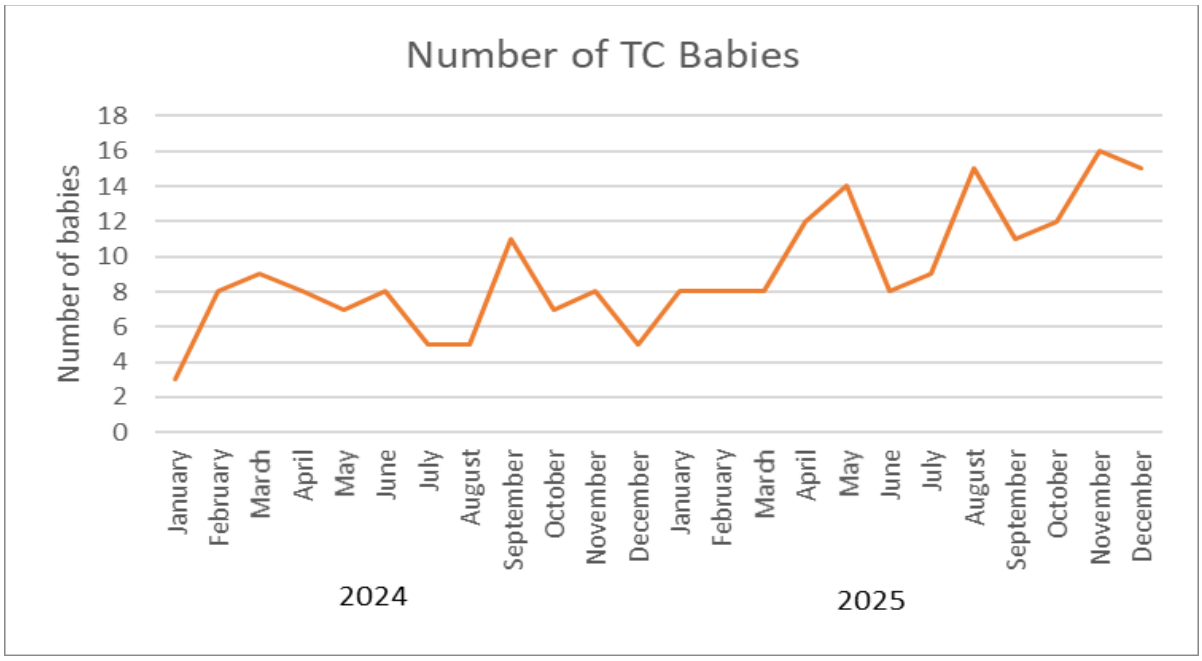
evaluate and respond to the maternal and neonatal needs whilst being able to detect signs of deterioration as early as possible, therefore multidisciplinary collaboration is essential.

At HDFT, a review of TC babies occurs daily during dedicated ward rounds, where assessment takes place and plans of care are made. This review takes place using the 'Transitional care' tab on Badgernet, enabling completion of the 'Daily summary' on each ward round. There is an escalation policy for any babies who are unwell, which is well known by the team and followed should the need arise. We are continuing, within our MDT, to ensure these occur at a set time every day and increase representation from both services.

8. **Transitional Care babies: includes pre-term as separate from ATAIN**

Month	October	November	December	Total TCU
Number of babies	12	16	15	43

9. **Transitional Care provision January 2024 – December 2025**



10. **Quarter 3 Transitional Care Data**

During this quarter we have had 43 babies on TCU on Pannal, rationale for TCU as below:

Reason for TCU	IV Antibiotics	Jaundice	Babies stepped down from SCBU	Gestation 35-35+6	Readmission for weight loss >12.5%	Total
Number of babies	18	15	4	4	2	43

11. **TCU action log**

- Transitional care reconfigured on postnatal ward 1st August 2025 with all babies and parents receiving a door label, cot card and bedside booklet with reason for Transitional care included. Identified some inconsistences in families receiving bedside booklets, door labels and cot cards – so these elements are now being provided by SCBU, on the initial TCU ward round to improve consistency.
- Feedback ongoing from service users in collaboration with MNVP following the reconfiguration of TC on Pannal ward – QR code and paper surveys in circulation. Further support sought from the MNVP in obtaining feedback, following only 1 paper survey returned and follow up telephone calls also to commence from January to TCU families, with the aim to increase feedback obtained and identify further areas for improvement.
- Work towards SBR QI project continues for determining possibility of SBR samples being run on SCBU blood gas analyser. RAG rating tool commenced for determining process of SBR samples being run on SCBU blood gas analyser vs. SBR samples to be sent to clinical sciences – to be reviewed at paediatric governance.
- Micro-dot heel lancets trial completed for newborn blood spot sampling and significant reduction in insufficient/haemolysed samples observed – further supply ordered and to be changed indefinitely for future regular stock top-ups.
- SOP in progress for 'Transitional care on Central Labour Ward Suite, for babies born 34-34+6 weeks gestation.' Planned to be reviewed at MQAM and pilot of SOP commencement planned for February 2026.
- Quotes obtained from capital planning for widening of SCBU doors, to facilitate transfer of postnatal beds to SCBU, for further minimising separation of birthing parents and neonates – works expected to commence in next financial year.

teamHDFT At our best

NHS Harrogate and District NHS Foundation Trust

Appendix C Compliance of completion of Perinatal Mortality Review Tool

Quarter 3, October to December 2025

This document provides a summary of current compliance against Safety Action 1 of the Maternity Incentive Scheme (MIS) for the third quarter, October to December 2025.

Safety action 1: *Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?*

Requirements of the Maternity Incentive Scheme Safety Action 1:

1. **Notify all deaths:** All eligible perinatal deaths from should be notified to MBRRACE-UK within seven working days.

2. **Seek parents' views of care:** For at least 95% of all the deaths of babies in your Trust eligible for PMRT review, Trusts should ensure parents are given the opportunity to provide feedback, share their perspectives of care and raise any questions and comments they may have from 1 December 2024 onwards.
3. **Review the death and complete the review:** For deaths of babies who were born and died in your Trust from 1st December 2024 onwards, multi-disciplinary reviews using the PMRT should be carried out; 95% of reviews should be started within two months of the death, and a minimum of 75% of multi-disciplinary reviews should be completed and published within six months. For a minimum of 50% of the deaths reviewed an external member should be present at the multi-disciplinary review panel meeting and this should be documented within the PMRT.
4. **Report to the Trust Executive:** Quarterly reports of reviews of all deaths should be discussed with the Trust Maternity and Board Level Safety Champions and submitted to the Trust Executive Board on an on-going basis from 1 December 2024.

MBRRACE-UK Case ID	Reported to MBRRACE (within 7 working days)	Review started (within 2 months)	Report published (within 6 months)	Parents informed of review and questions/ concerns sought
98640	Yes	Yes	Completed	Yes
99258	Yes	Yes	Completed	Yes
101001	Yes	Yes	In progress	Yes
101309	Yes	Yes	In progress	Yes
101529	Yes	Yes	In progress	Yes
Overall Compliance against targets of Safety Action 1	100% - Compliant (Target 100%)	100% - Compliant (Target 100%)	100% - Compliant (Target 100%)	100% - Compliant (Target 100%)

Table 1: Eligible perinatal death against MIS requirements

Compliance of eligible perinatal deaths with MIS requirements

During Quarter 3, there was three perinatal deaths eligible to be reported to MBRRACE-UK. This was an early neonatal death, and two third trimester stillbirths.

There are currently three ongoing case reviews, and all three are awaiting panel review in line with the MIS requirements.

Ongoing Action Plan following PMRT review

Root Cause/ Contributory Factor	Action/s	Responsible Lead	Target Date	ID no.	Risk at review (H/M/L or complete)
Parental feedback about issues with contacting MAC.	Single Point of Contact number in place. Continuous audit for successful calls and call diversion to SPOC including time to answer. Review the planned wait time duration to determine whether it is appropriate to reduce the interval before diversion. Investigate options for additional recorded message to encourage patients to stay on the line.	Switchboard Bereavement Midwife Lead Midwife for Safety, Quality & Clinical Governance	01/11/25	96659	Completed
Missed 36 week routine midwifery appointment.	Development of a fail-safe system to ensure community midwives can track when service users are being seen in community.	Community Team Leader	01/11/25	96659	Completed
Joint issue with LTH's about missed 36 week appointment relating to lack of clarity when patients receiving shared care between trusts, and inability to access blood results.	Joint working with HDFT and LTH team leaders to clarify care responsibilities and remits. Ongoing project with LMNS regarding patient pregnancy care passports for	Community and ANC Team Leaders working alongside team leaders at LTH's	01/11/25	96659	Completed
Management and escalation of pathology results	For clearer definition of roles and responsibilities, and pathway for checking and managing pathology results in all clinical areas.	Team leaders	31/03/26	98640	Medium
The baby was small for gestational age at birth, scans were	Continue auditing cases of fetal growth restriction and	Lead Midwife for Safety, Quality & Clinical	01/01/26	98640	Completed

indicated and performed but the baby was not identified as IUGR.	reporting to the LMNS and Trust Board in line with SBLCB. There is an ongoing audit on the accuracy of growth scans compared with birth weight, to confirm accuracy and offer learning points.	Governance and Audit and Clinical Effectiveness Lead Midwife			
Fundal height measurements performed alongside serial scanning pathway.	Reinforcement on mandatory training day and case study learning.	Bereavement Midwife and Professional Development Midwives	01/01/26	98640	Completed
Delay in attendance with RFM's.	Learning to be shared with MDT and MNVP as part of case study. MNVP to share information about early attendance to hospital with any episode of RFM's.	Bereavement Midwife MNVP	30/11/26	98640	Completed
Difference in perspectives on communication content and ongoing plan of care in relation to reduced fetal movements attendance.	Additional training for obstetric and midwifery staff regarding communication and discussions of recommendations for ongoing planning of care.	Professional Development Midwives	01/08/26	99258	Medium
Missed opportunity for earlier antenatal clinic appointment with obstetric team to review low ferritin level.	Continuous improvement plans ongoing. Individual feedback to staff member. Case study to be shared with MDT.	Bereavement Midwife and Community Team Leaders	31/03/26	99258	Low
Challenges in contacting community midwifery team with non-urgent queries.	Reinforcement of SPOC contact details to service users and communications from MNVP team.	MNVP	31/03/26	99258	Low

Appendix D

Urgent Review of HDFT Homebirth Services Following

Prevention of Future Deaths Report

February 2026

Operational Running of the Service

Harrogate and District Hospital NHS Foundation Trust (HDFT) run a homebirth service covering North Leeds and North Yorkshire. Home birth provision is covered by community midwives working clinically in the day and a first and second on-call midwife every night between 17:00 – 08:00. There is a separate acute on call for escalation of Delivery Suite acuity and therefore the community midwives are protected for homebirths.

HDFT have a single point of contact telephone number available 24/7 which is answered by a midwife working within the hospital. A triage assessment is made over the phone and then the on-call community midwife is dispatched to the home address. All community midwives live within the area covered and therefore can reach the home addresses within an hour of the phone call. Midwives choose whether they want to work an on call after a working day or from a day off. Where possible staff working a day shift before being on call are encouraged to take a break/rest period during the day before commencing an on-call shift. Compensatory rest is given for any call out on the following day. Alternative model's for on-call are being considered.

All midwives working within community have completed a period of time as a midwife in the hospital including delivery suite prior to rotating to work in community. On transfer to community the midwives are provided with an induction to community which includes discussion and support in homebirths. Several community midwives work as integrated midwives and work regular shifts within the hospital. Plans are in place to ensure all staff work integrated shifts regularly.

Practical Obstetric Multi-Professional Training (PROMPT) is completed each year by all maternity staff and is adapted for community midwives to ensure the scenarios are applicable to community working. Across the region HDFT midwives have also run and attended community PROMPT with Yorkshire Ambulance Service and other midwives from across the region. When women outside of guidance are preparing for a homebirth, 'skills drills' specific to the risk are provided with the community midwives to ensure skills are up to date and staff feel confident in providing care.

Once out at a homebirth community midwives are supported by oversight from the Delivery Suite Co-ordinator. In incidences of care outside of guidance this oversight also includes the Obstetric team.

Care planning and risk assessment

Women are risk assessed continually throughout their pregnancy and the management plan updated on Badgernet to reflect this. When a woman is choosing homebirth outside of guidance a specific risk assessment is completed by an Obstetric Consultant. Some women decline to see an Obstetric Consultant and therefore HDFT have a process in place in this instance. In the absence of an obstetric review (where declined) an MDT discussion takes place, and a written letter is shared with the woman outlining risks, advice etc very clearly. HDFT ensure that an appropriately senior midwife liaises with women where there are concerns regarding a woman potentially declining midwifery care. In previous such instances

HDFT have managed to maintain effective contact with women and the women have felt able to call when they wished to access care.

Governance and oversight

Homebirths are detailed in the monthly maternity board report that is shared at Maternity Risk Management Group, and Trust Senior Management Team Strategy Deployment Room Meeting monthly. Bi-monthly this report is also shared by the Associate Director of Midwifery and Children's Services at Quality Committee and Trust Board. The report includes the number of homebirths planned, the outcomes of those plans and how many times the homebirth service has been suspended during the month.

The maternity service has an audit plan in place however there hasn't previously been an audit focused specifically on homebirths due to the small numbers. At HDFT there have been 1758 births in the last twelve months, 17 (1%) of these were homebirths and 15 were BBAs or service users who didn't call for care. Some additional women have had care at home but then transferred to hospital either for medical reasons or by choice.

HDFT have homebirth guidance in place based on NICE intrapartum guidance.

Next Steps

An action plan has been created. The action plan is being monitored via Maternity Quality and Assurance Board and Maternity Safety Champions.

teamHDFT At our best

NHS Harrogate and District NHS Foundation Trust

STRATEGIC AMBITION: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS 2025-26

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:

Urgent & Emergency Care

The best place for person centred urgent and emergency care

Exemplar System

An exemplar system for the care of the elderly and people living with frailty

Equitable & Timely

Equitable, timely access to best quality planned care

GOVERNANCE:

Person-centred Framework

- Board Assurance: Resource Committe
- Programme Board: Elective Programme Board, UEC Programme Board
- SRO: Chief Operating Officer
- Operational Lead: Deputy Chief Operating Officer

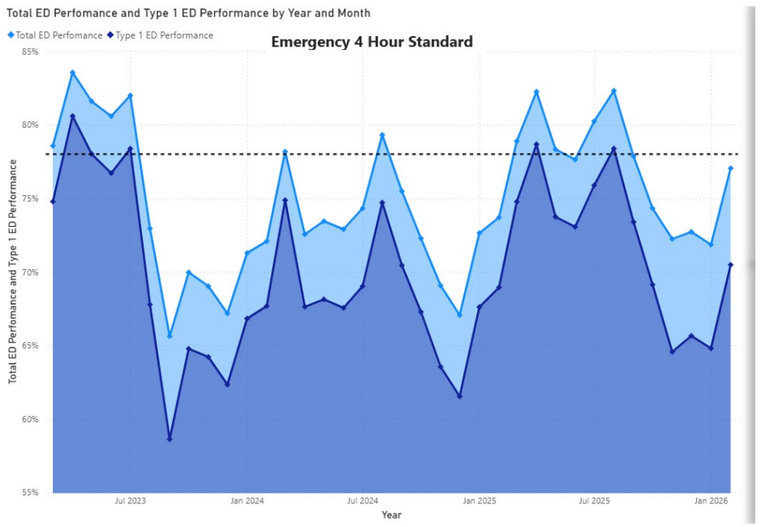
True North Metrics

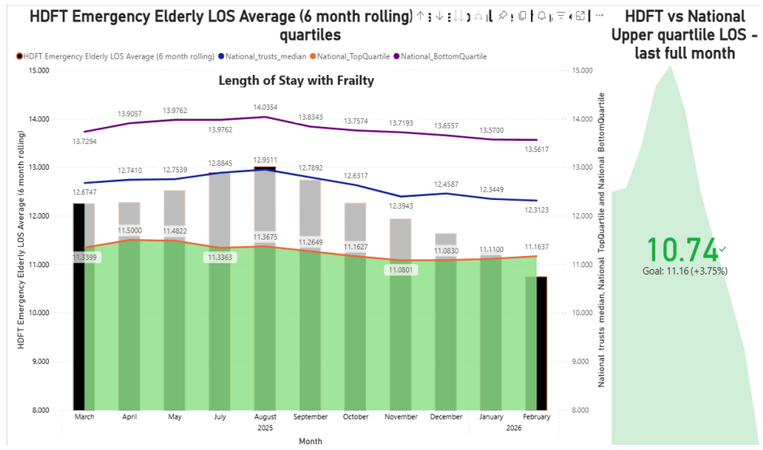
1. **ED 4 Hour Standard - 95% of patients admitted or discharged within 4 hours**
2. **Length of Stay - Top quartile nationally for patients with frailty**
3. **Elective Recovery RTT - 92% of patients waiting under 18 weeks for treatment**
4. **Cancer 62 Day Standard - 85% of patients seen and treated within 62 days on a cancer pathway**

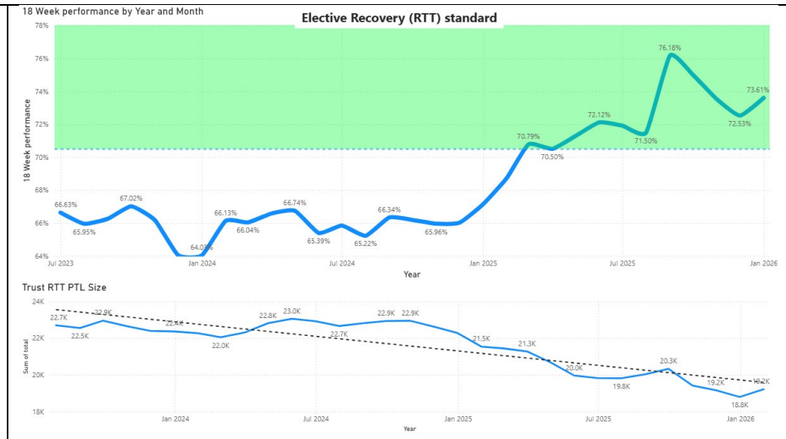
Breakthrough Objective:	Time to Inpatient Bed Reduce Follow Up Activity
Corporate Projects:	1. Bed Capacity 2. Patient Discharge
Overarching Risk Appetite:	Operational - Cautious

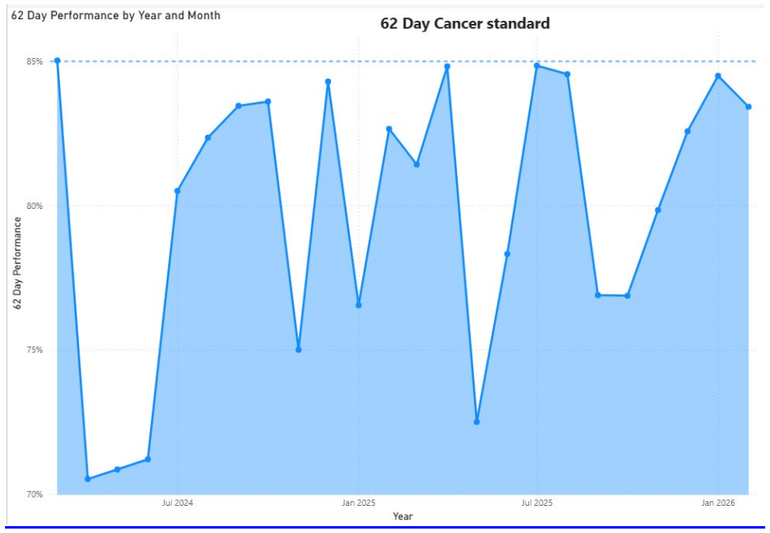
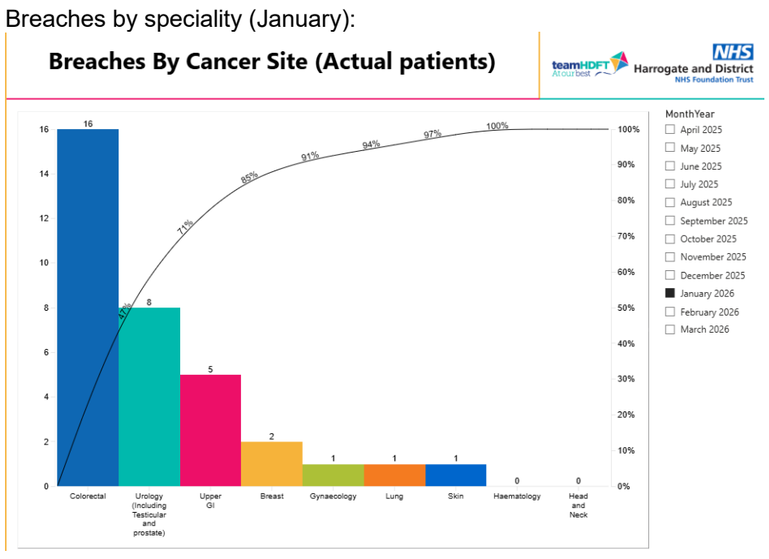
Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite 1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
Person Centred, Integrated Care, Strong Partnerships	The best place for person centred urgent and emergency care	4 Hour ED Standard	Operational: Cautious	
	An exemplar system for the care of the elderly	Length of Stay - Patients with Frailty	Operational: Cautious	
	Equitable, timely Access to Best Quality Planned Care	Elective Recovery RTT – 18 Weeks	Operational: Optimistic	
		Cancer 62 Day Standard – 62 Days Treatment	Operational: Optimistic	

Strategic Metrics Summary:

Workstreams	True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk to Achieving Goal (CxL)	Level of Risk for progressing actions
The Best Place for Person Centred, Integrated Care	ED 4 Hour Standard	95% of non-admitted patients not requiring a bed to be assessed, diagnosed, treated and discharged with 4 hours. 95% of admitted patients to be moved to required department within 60 minutes of medical decision.	By March 2026, we want to be at 78% of patients having their care completed within 4 hours. By March 2027, we want to be at 85% of patients having their care completed within 4 hours. By March 2028, we want to be at 95% of patients having their care completed within 4 hours.	Current ED 4 Hour Standard Performance Data: Year to Date Whole Trust 76.87% Performance - Historical - ED performance breaches and LOS - Power BI The target of a 78% compliance was achieved March-May and July-August 2025 with June (77.6%), Sept (77.9%) just below. October (74.3%), November (72.1%), December (72.7%) and January (71.6%) with now significant recovery in **February to (77.04%)** Countermeasures are noted. Breakthrough Objective: Time to Inpatient Bed (see below) Associated/Linked Watch Metrics: (all below threshold unless indicated) • 12-hour breach numbers • ED 'Harms' • Sepsis screening in ED • Ambulance Handovers • ED Attendances vs Plan (**at 108% YTD – additional growth**) 	ED pathways work. EEMAC (Extended Emergency Medicine Ambulatory Care) Trial begins 9th March. Breakthrough objective (BO): Time to Bed to address greatest breach contributor. Median time to medical admission bed reported as 91 minutes in September. A 60-minute improvement vs September 2024. AMU to move to Littondale from 1st Dec (+7 beds) Additional ED Senior Decision maker on twilight shift to deliver see and treat model as part of Winter Plan from 29th December. 7-day SDEC model as part of Winter Plan from 3rd January. Winter Plan Board Assurance Statement submitted to NHSE. UTC designation at Ripon Unit now live. See Corporate Project updates: Bed Capacity and Patient Discharge. See further countermeasures in BO.		

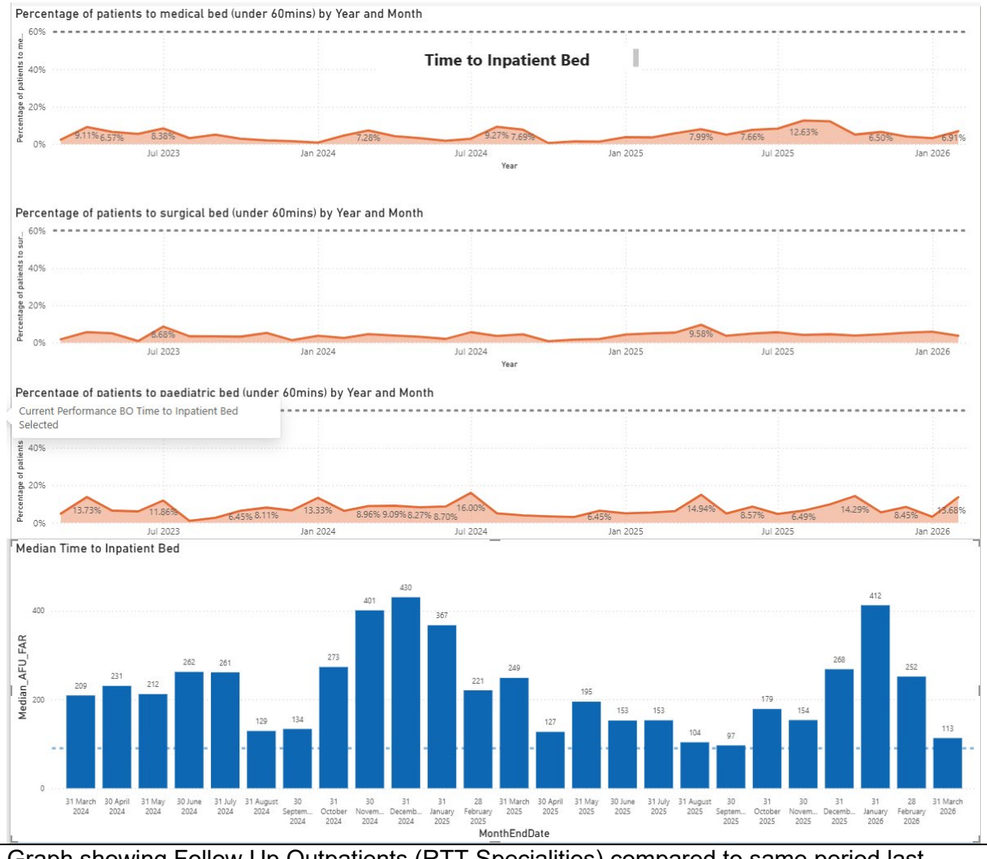
An exemplar system for the care of the elderly and people living with frailty.	Length of Stay with Frailty	Top quartile Length of Stay nationally for patients with Frailty by March 2027.	By March 2026, we will achieve top half Length of Stay for Frailty nationally. By March 2027, we will achieve top quartile Length of Stay for Frailty nationally.	HDFT vs National Upper Quartile LOS – **last full month validated: 10.74 (Goal 11.08) – we have achieved for this month Upper Quartile LOS.**  To bring this in line with other goals LTUCC and the Corporate Discharge Project will be tracking Length of Stay against the national position aiming to hit top half this year (for Length of Stay and short stay spells) and top quartile by end of 2027. LOS vs upper quartile improved this month.	Development of Data for stratification with advent of new EPR. Frailty Team Driver Metric now: meeting discharge targets. Acute Medicine Matron now covering AFU with a focus on discharge. Proposed restructure to support closer working with Frailty/Community. Recruitment to consultant (0.8wte) - incl. covering Fridays. 7-day frailty assessment model trial as part of Winter plan begins 3rd Jan. New UCP practitioner in UCR (experienced). Pathway review from UCR -> Hospital@Home. Development of a step-up pathway from Primary Care. See Corporate Project updates: Bed Capacity and Patient Discharge.		
Equitable & Timely	Elective Recovery (RTT) Standard	Sustained achievement of the 92% of patients being treated within 18 weeks.	By March 2026, we will achieve 18-week performance at 70.49% (as per national mandate). By March 2027, we will achieve 18-week performance at 92%.	Current 18-week performance data: Trust RTT metrics - RTT waiting list and trajectories from LUNA - Power BI End of February **73.61**%. An improvement from the previous month as well as sustained reduction in the overall size of the PTL. Watch metrics – theatre utilisation below target at 80%.	HDH Additional Theatres (TIF2) build on track for 2026 delivery. Outpatient Transformation, rollout of further faster programme and track key metrics: • New: Follow Up ratios • Absolute reduction in follow ups • DNA rates • Clinic cancellation rates • Patient Initiated Follow Up Rate Corporate Projects: Bed Capacity and Patient Discharge. TPAM meetings. Occurring fortnightly to review RTT performance. Ops colleagues signed up to NHSE led Impact training for RTT performance.		

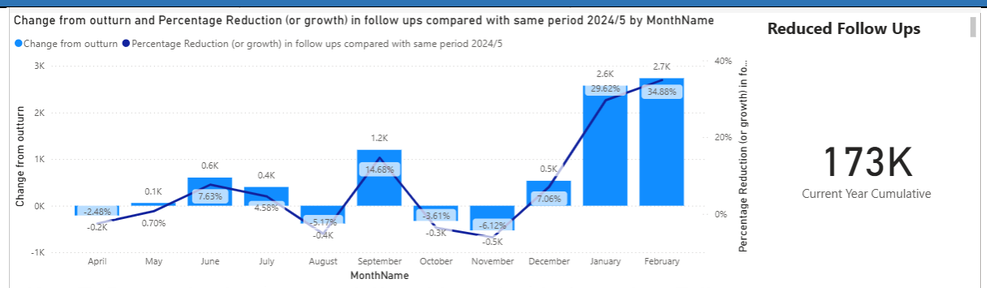
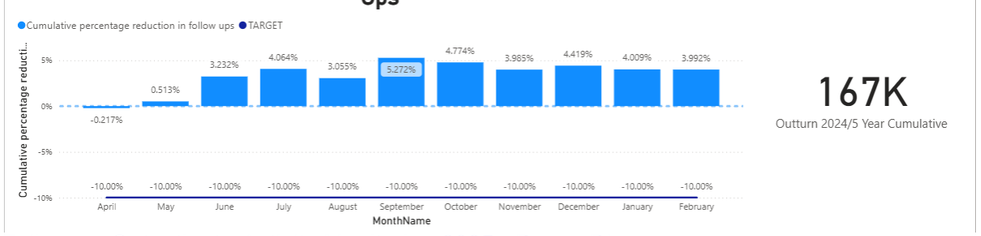
					Discussions ongoing with YSFT about SLAs for services that are provided to HDFT and not meeting activity thresholds. Countermeasures updated and set through PSCC PRM discussions/Outpatient Transformation Board: • Streamline processes and unify data - utilise RPA to take over some of the manual processes. • Reduce variation and create a consistent patient experience. • Dedicated SM time to define roles/ responsibilities with the aim to create a seamless end to end patient journey. • Greater look at DNA – have reduced by 1% across the board but still have problematic specialties like ENT causing issues. • A+G – focus on reducing the demand on first appointment working with primary care to improve the uptake. • Ensuring all booked and un-booked appointments are in scope text message validation every 12 weeks. • Maximise OPFA capacity through push on PIFU, skill mix (decision makers) in follow up clinics, converting follow ups to news. • Wharfedale and General Theatre Utilisation set as Driver Metrics. 1st OP NHSE sprint starts in Q4. HDFT plan submitted to deliver 9,000 additional outpatient activity. Additional March 26 Sprint for additional RTT recovery approved by NHSE. WDH theatre utilisation focus as part of move to corporate services to deliver more theatre sessions and increase patient throughput. Further discussions in March to agree further use of WDH estate.		
	62 Day Cancer standard	85% of our patients will commence treatment within 62 days of referral.	By March 2026, 85% of patients will have commenced definitive treatment within 62 days of referral for suspected cancer.	Cancer Performance Report - Power BI Validated Sept position **77.1**%, October position **77**% November **79.7**% (validated), December **82.6**% (validated), January **84.5**% (unvalidated) and **83.4%** (unvalidated) February. Consistently above 82.5% since December	Developing workforce capability and expertise to better guide analyst time in creation of stratified data dashboard for cancer waiting times. Ensure capacity to deliver first appointments within 19 days.		

			By March 2027, 85% of patients will have commenced definitive treatment within 62 days of referral for suspected cancer.	 Breaches by speciality (January): 	£160k secured from cancer alliance in Q4 to be used to insource CT capacity. Development of 6-4-2 in endoscopy to improve list utilisation and use of bowel cancer screening capacity. Stratify impact of complex imaging waits on cancer performance - data now available (August 2024): Imaging - Power BI. RCAs to be completed on all 104-day cancer breaches to understand themes and opportunities. See Corporate Project updates: Bed Capacity and Patient Discharge. Outpatient transformation, Theatre productivity board alongside PSCC PRM's will set and edit countermeasures: • Calling patients 48-hours pre-theatre to reduce on the day cancellations. • New theatre scheduling process gone live 1st Sept. • Theatre management team reaching out to individuals where performance <80%. Cancer Fast Track team transferred to PSC Appointment centre to increase resilience.		

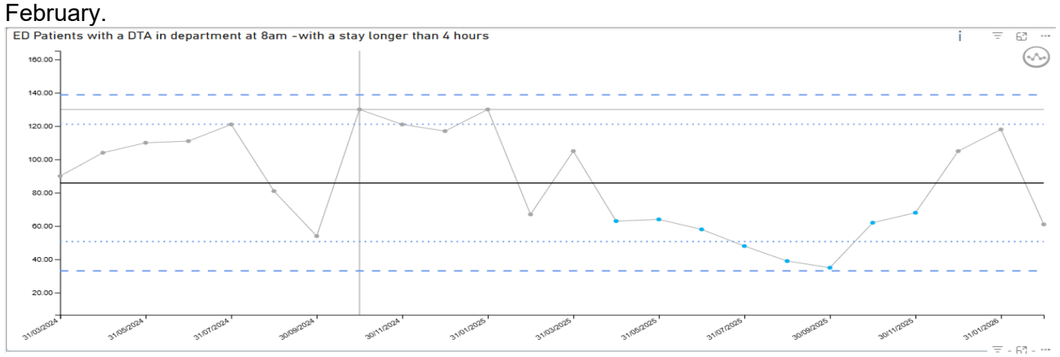
Breakthrough Objective:

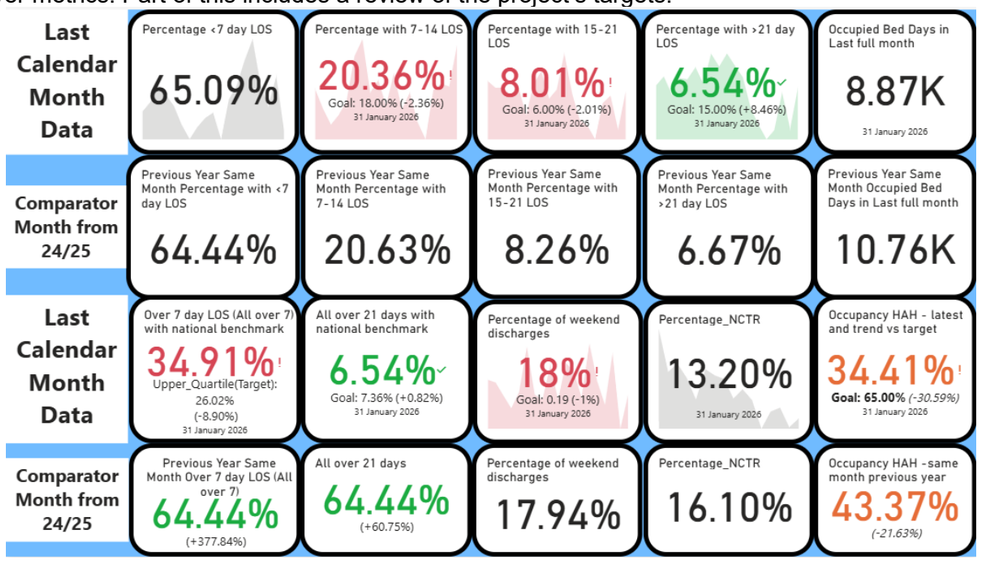
Workstreams	True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk to Achieving Goal (CxL)	Level of Risk for progressing actions
Time to move to medical bed from decision to	ED 4 Hour Standard	95% of admitted patients to be moved to required department within	By March 2026, 60% of patients will move to an inpatient bed within 60mins of	Moves to medical beds have recovered above November's 6.5% to 6.9% in February. There was a sustained and significant reduction in median time to bed up to September with progressive deterioration November to January peaking at 412 mins but now falling in February back to 252 mins.	Role and responsibilities review on AMU complete to allow 1 RN on each day shift to be identified as ED "puller".		

Workstreams	True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk to Achieving Goal (CxL)	Level of Risk for progressing actions
admit in Emergency Department		60 minutes of medical decision.	the decision to admit. By March 2027, 75% of patients will move to an inpatient bed within 60mins of the decision to admit.	Current data for the new measure below: **ED performance breaches and LOS - Power BI** 	Continuous flow embedded. Corporate project – ward configuration on AMU (Nov 25). Clinical Services strategy – now supported by GIRFT COS. Escalated as corporate risk - new ED Clinical lead for interface with imaging, sharing of data RE imaging delays. Ward discharge targets established for base wards and Driver Metric within Care Groups to improve delivery. Corporate project: Discharge – AFU/ Farndale piloting criteria-led discharge.		
Reduce Follow Up Activity	Elective Recovery (RTT) standard	Patients will avoid unnecessary follow up appointments using technology and patient initiated follow up enabling an increased in new patient capacity and reduced waiting times.	By March 2026, reduce the number of follow up appointments by 10% from outturn 2024/5. By March 2027, further reduce the number of follow ups to a 15% reduction from outturn 2024/5.	Graph showing Follow Up Outpatients (RTT Specialities) compared to same period last year. There is an in-month reduction, but year-to-date remains 3.96 % ahead of same period last year against the target of a 10 % reduction. October and November were the first consecutive months to see a reduction vs last year in month however December, January and February saw an increase on Dec24, Jan25, Feb25	1st OP NHSE sprint starts in Q4. HDFT plan submitted to deliver 9,000 additional outpatient activity. Outpatient transformation project countermeasures: • Increased Patient Initiated Follow Up (PIFU) (also monitored through TPAM).		

Workstreams	True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk to Achieving Goal (CxL)	Level of Risk for progressing actions
				 **Reduced Follow Ups** 173K Current Year Cumulative **Year To Date reduction (or growth if positive value) in Outpatient Follow Ups**  167K Outturn 2024/5 Year Cumulative [Follow up Outpatient - Activity Monitoring 2025 - Power BI]	• Develop performance data pack on outpatients for individual clinicians including benchmarking. • Use performance data of teams (Model Hospital) and individuals to challenge. • Influence change in practice through effective clinical leadership/ coaching. • Introduce demand led, data driven job planning to optimise clinic configuration and reduce unnecessary follow ups. Fortnightly TPAM with focus on FU activity.		

Corporate Project:

Workstreams	True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk to Achieving Goal (CxL)	Level of Risk for progressing actions
Bed Capacity Project	ED 4 Hour Standard Length of Stay with Frailty Elective Recovery (RTT) Standard Cancer Treatment Standard	Each day will start with a minimum of 6 assessment beds available, and no patient will be 'outlying' away from their base specialty ward. There will be no requirement for additional winter ward capacity.	By December 2025, there will be no patients in the emergency department at 8am without an inpatient bed to transfer to. By December 2026, there will be a minimum of 4 empty assessment beds available to start the day.	The average number of patients in ED at 8am with a DTA peaked in January and now fallen in February. 	Right sizing of Admission Unit. Utilisation of same day emergency and day unit capacity. SDEC rebuild. AMU to move to Littondale from 1 Dec (+7 beds). Winter escalation built into established wards.		

Workstreams	True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk to Achieving Goal (CxL)	Level of Risk for progressing actions
Patient Discharge	ED 4 Hour Standard	No patient will remain in hospital after they no longer meet the criteria to reside.	By March 2026, we will achieve NCTR <10%. By March 2026, we will achieve % of patient experiencing a Long LOS reduced: • 7-14 days to 18%. • 15-21days to 6%. • >21 days to 15%. By March 2026, we will achieve Virtual Ward Occupancy >65%. By March 2026, we will achieve 'Outliers' on wards <1%.	https://app.powerbi.com/groups/01a88572-f02f-46fc-8f40-4aabac707bbd/reports/d676ade7-3503-45ee-8101-bf3522c6b1c7/8cb1937b7015a1803e42?experience=power-bi Virtual Ward Occupancy whilst improved remains well below target. NCTR also reduced but remains above target. NCTR, LOS and H@H occupancy have improved, but are not yet at target. The project has been undergoing a re-planning activity in order to focus on areas that will achieve the best outcomes for the project over the next 6 months. The Diagnostic Delays workstream has delivered against its KPIs and has been retired. Positive improvements were delivered, especially in Cardiology and Endoscopy/Gastro. The ICT workstream is being re-focused to target activity around Leeds patients, care homes and equipment. Transport will be focusing on influencing the ambulance contract re-tender process and looking for ways to trial improvements. Criteria-Led Discharge, Pharmacy and Discharge Lounge workstreams will continue with existing planned activities. Two new workstreams are in planning: Policy and Comms, and Education and Training. The project governance model is being improved to increase focus and scrutiny on workstream driver metrics. Part of this includes a review of the project's targets. 	Criteria led discharge implementation (now in place on 2 wards and further implementation underway). Improved admissions data gathering for discharge planning. Accelerated turnaround of discharge dependent interventions (now complete). More accurate, faster and earlier submission of TTOs. Faster delivery of TTOs to wards and units. Improved and streamlined Discharge Lounge admission criteria and processes, and increased utilisation. Improved/faster transport solutions. Increased usage of H&H / work towards 7-day service. Improved and accelerated processes for Equipment and Leeds patients. Updated Discharge Policy, SOP(s) and communications. Programme of Discharge Education and Training activities.		

Strategic Programme

Workstreams	True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk to Achieving Goal (CxL)	Level of Risk for progressing actions
None relevant at present							

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR61 / ID3	Emergency Department (ED) 4 Hour Standard	Risk of increased morbidity/ mortality for patients due to a failure to meet the 4-hour standard. See the A3 & Breakthrough Objectives pertaining to this.	4 x 3 = 12	4 x 2 = 8 March 27	Clinical: Patient Safety	Minimal
CRR87 / ID6	Community Dental	Risk to patient safety due to correlation of long waiting times and increased risk of pain and infection, which may affect quality of life and treatment required. Secondary risk to Trust performance standards by failing to meet NHS annual planning target of no RTT waiters beyond 78weeks currently, 65 weeks by end March 2024 and 52wks by end March 2025.	3 x 4 = 12	3 x 2 = 6 March 26	Clinical: Patient Safety	Minimal
ID642	Cardiology: Risk to providing DGH urgent and emergency care services due to lack of 24/7 cover	Risk to HDFT being able to deliver acute DGH services due to the fragility of the cardiology service. Current Position/Issues: • Inadequate staffing 12.5 PAs down at consultant level currently filled with locum cover, • Lack of continuity of Registrar/middle grade ward cover, • Reliance on locum consultant and associated team and quality risks • Risk of burnout of current medical and ACP team due to workload pressures. • Other consequences to these factors include outpatient RTT, Angio and echo waiting time breeches. Cardiology Strategy Planning meeting scheduled for November 24. Current position managed through HDFT IMPACT and regular updates provided to LTUC Tri-Team for escalation to the executive team.	3 x 4 = 12	3 x 1 = 3 Dec 26	Operational: Business Continuity	Cautious

Related External Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	System (HNY) Urgent Care Pressure	Risk that Pressure across HNY providers will increase demand at HDFT, extend patient waiting times and numbers of patients exceeding 6 hours in the emergency department requiring admission leading to increased harm.	4 x 3 = 12	2 x 3 = 6	Clinical: Patient Safety	Minimal

STRATEGIC AMBITION: OVERARCHING FINANCE 2025-2026

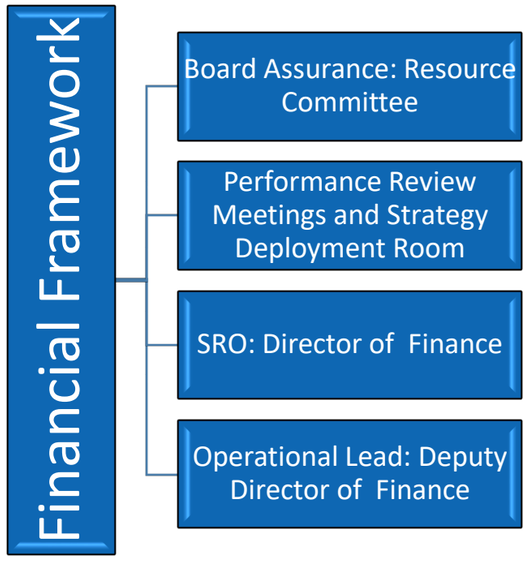
Our ambition is to provide the best quality, safest care whilst being a financially sustainable organisation.

GOALS:

Financial Sustainability

HDFT To be a financial sustainably organisation

GOVERNANCE:



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

1. • **Annual Breakeven**
2. • **System Oversight Framework Rating**

Breakthrough Objective:	NEW - In Development
Corporate Project:	Whole Trust WRAP Schemes
Overarching Risk Appetite:	Financial - Cautious

Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite
				1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
Finance	**Financial Sustainability**	**Annual Breakeven**	**Financial: Cautious**	
		System Oversight Framework Rating		

True North Metrics Summary:

True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal	Level of Risk for progressing actions
Financial Sustainability	HDFT to be a financially sustainable organisation	In 2025/26 the Trust, and therefore directorates, should live within the financial resources available to us.	The True North Metric of Financial Sustainability continues into its second year (2025-26). As at M10 the Trust reported £22.6m deficit, this is £1.5m away from the forecast protocol plan. Strike costs £783k year to date however £900k has been awarded to cover the associated strike costs. Further pressures in month included the hire of the CT scanner following the CT scanner on site being beyond repair, £72k, non-recurrent pay issues £110k and no longer receiving deficit support for Qtr 4 £441k. There is ongoing work to establish the elective sprint activity, £1.8m has been recognised YTD, forecast £2.5-£3m additional income if the activity plans submitted are delivered. Main drivers of the overall position include WRAP delivery, Wards, Medical Staffing, Pathology and Drugs. WRAP - 92% of WRAP has been actioned to date, PSC have made good progress and the majority now identified. LTUC is still making limited progress. A significant amount is non-recurrent and will make next year's plans challenging. Wards – £2m pay overspend year to date, winter escalation has been open in month but is closed for March. It is important to note £0.2m is in relation to the 1:1 care needed 247 for specific patients. Medical Staffing – £ continues to be a core pressure due to contract changes and sickness. Drugs and Devices – £2m overspent Pathology - £1.2m overspent, direct access continues to grow. Lateral flow tests are being piloted over biofire testing. Non-recurrent costs from prior year and in year items - £2m. B2 to B3 Pay Arrears £0.6m The above has all contributed to needing a revised forecast position and cash support since January 26. Countermeasures are noted. Watch Metrics:	In relation to the operational position the current countermeasures will be in place. 1. Recovery Actions – Directorate Led/Delivery of WRAP 2. Recovery Actions – Trust wide 3. Recovery Actions – Elective Sprint, £2.5/£3m 4. Recovery Action – Wharfedale • Deliver activity levels in line with original cases - £1m • Establish detailed SLA with LTHT, this has been prepared and being finalised with LTHT. 5. All non-essential spend to be held throughout March 6. All income streams reviewed (Ripon North House). 7. Opportunities to capitalise spend 8. Winter costs ceasing **Planning 26/27** In terms of the oversight framework, we continue to work through the use of deconstruction of contracts with the system. Full re-submission of plans for 26/27 are being prepared for 18th March, there are still a number of outstanding issues with the ICB. Efficiency target 4.8% of expenditure, 6.2% when Local Authority and Drug spend are removed.		

True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal	Level of Risk for progressing actions
			<table><tr><th>Metric</th><th>Purpose</th></tr><tr><td>Capital Spend YTD</td><td>To track delivery of the Capital Programme spend</td></tr><tr><td>Financial performance In Mth/YTD</td><td>To track performance against plans (Directorate/Trust)</td></tr><tr><td>WRAP delivery YTD</td><td>To track performance against WRAP target (Directorate/Trust)</td></tr><tr><td>Cash in Bank</td><td>Ensure sufficient cash to pay Suppliers and Staff</td></tr><tr><td>Aged Debt</td><td>Track invoice payment (impacts cash)</td></tr><tr><td>Better Payment Practice code</td><td>Keep track on how delivering against national standard 94% (Trust paying Suppliers)</td></tr><tr><td>Retrospective PO's</td><td>Track number of orders not following no PO no Payment process</td></tr><tr><td>Agency Spend</td><td>Ensure agency spend is within national target and plans in place to reduce usage</td></tr><tr><td>Off Framework Spend</td><td>Monitor spend - National requirement to have no off framework spend</td></tr><tr><td>ERF</td><td>Performance against 19/20 baseline (Generates additional income)Unclear on reporting needed for 25/26.</td></tr><tr><td>WD1 delivered</td><td>Ensure Directorates have a financial summary on working day1</td></tr><tr><td>REACH Reporting</td><td>To track budget holders accessing their budget reports</td></tr></table>			
		The Trust will move out of segment 3	The oversight framework has been reviewed and updated for 25/26 however due to our deficit financial position and in receipt of deficit support funding the Trust are in segment 3 and will be unable to move out of this segment. NHS Oversight Framework 25/26 – Segment 3 <table><tr><th>Segment</th><th>Description</th></tr><tr><td>1</td><td>The organisation is consistently high-performing across all domains, delivering against plans.</td></tr><tr><td>2</td><td>The organisation has good performance across most domains. Specific issues exist.</td></tr><tr><td>3</td><td>The organisation and/or wider system are off-track in a range of domains or are in financial deficit.</td></tr><tr><td>4</td><td>The organisation is significantly off-track in a range of domains.</td></tr></table> <table><tr><th>Segment</th><th>How NHS England supports</th><th>How NHS England drives improvement</th><th>How NHS England intervenes</th></tr><tr><td>3</td><td>NHS England agrees the support needs of the organisation involving the provider's relevant ICB in the decision. To do this we take account of segmentation and capability. Support is delivered through local support offers, defined national support programmes and bespoke regional interventions.</td><td>The organisation receives increased scrutiny targeted at delivering improvement in challenged performance areas.</td><td>NHS England may apply interventions and/or require the organisation to take action in specific areas of low performance. This may involve use of our enforcement powers, particularly where performance concerns persist.</td></tr></table> Forecast protocol changes have been submitted, and the Trust are working towards a £20m deficit position. (This has been approved at Board).			

Breakthrough Objective:

<table>
<tr><th>True North Metric</th><th>Vision</th><th>Goal</th><th>Current Status</th><th>Countermeasures</th><th>Level of Risk To Achieving Goal</th><th>Level of Risk for progressing actions</th></tr>
<tr>
<td>Waste Reduction and Productivity (WRAP)</td>
<td>Recurrent delivery of the WAP programme.</td>
<td>100% Delivery WRAP target</td>
<td>As at M11 92% of WRAP schemes have been actioned, £13.2m along with cash reduction schemes £7m
54% of current actioned schemes are non recurrent which will impact 26/27.

Delivery by Directorate summarised below.
<table>
<tr><th colspan="5">25-26 WRAP Summary</th></tr>
<tr><th>Directorate</th><th>Target £000</th><th>Actioned %</th><th>Actioned £000</th><th>Cost Reduction £000</th></tr>
<tr><td>Central</td><td>2,342</td><td>108%</td><td>2,528</td><td>422</td></tr>
<tr><td>Corporate</td><td>1,271</td><td>102%</td><td>1,299</td><td>863</td></tr>
<tr><td>CYPPH</td><td>1,475</td><td>100%</td><td>1,475</td><td>470</td></tr>
<tr><td>HIF</td><td>1,019</td><td>100%</td><td>1,022</td><td>0</td></tr>
<tr><td>LTUCC</td><td>4,579</td><td>49%</td><td>2,266</td><td>4,245</td></tr>
<tr><td>PSCC</td><td>4,801</td><td>97%</td><td>4,644</td><td>1,029</td></tr>
<tr><td>Total</td><td>15,486</td><td>85%</td><td>13,234</td><td>7,030</td></tr>
<tr><td>Reporting Total*</td><td>14,468</td><td>91%</td><td>13,234</td><td>7,030</td></tr>
</table>
*Excludes HIF target which is not part of Trust target but includes the actuals as reported in the PFR (Provider Financial Return)

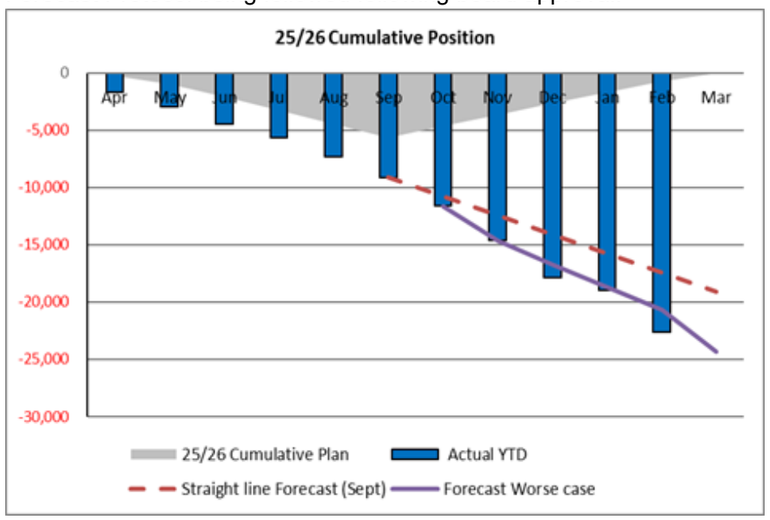
26/27 WRAP
£20.6m target, 65% plans in place, £13.7m, 30% Risk Adjusted. There are 4 schemes that will be managed centrally which include
EPR £2.8m
Estates
Bed Base/LoS
Outpatient follow up & DNA reduction</td>
<td>Suggested Countermeasures

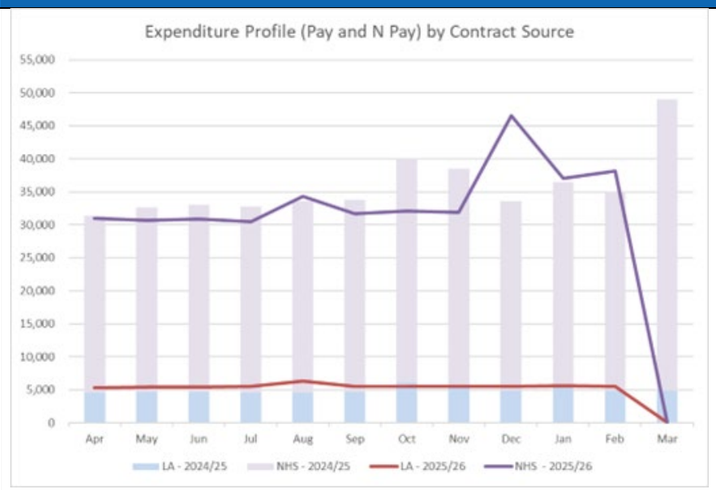
• A3’s developed for all un-actioned WRAP schemes with an estimated value of £100k or more.
• All outstanding schemes to be reviewed for October PRM’s so the risks can be understood.
• Updates at PRM
• Risk measurement clarified in line with NHSE expectations
• All non-recurrent schemes are being reviewed to identify what can be moved to recurrent.
• Internal audit has recently reviewed the WRAP process and have provided significant assurance; the team are working through a number of recommendations following the audit.</td>
<td></td>
<td></td>
</tr>
</table>

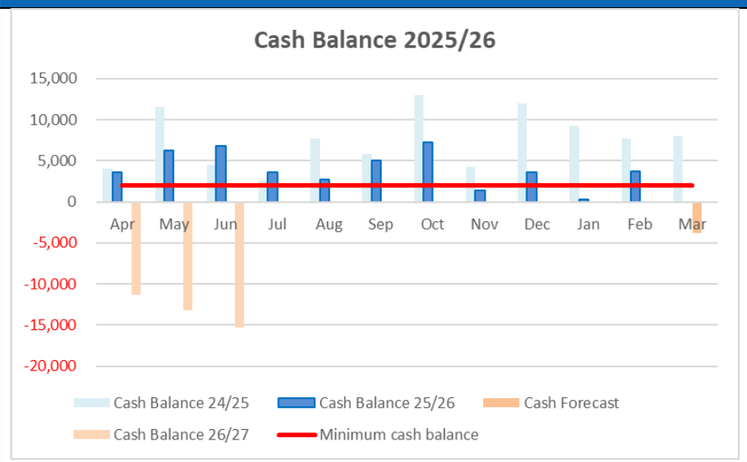
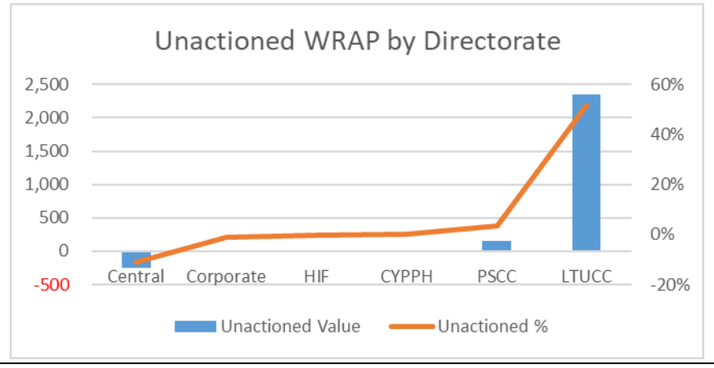
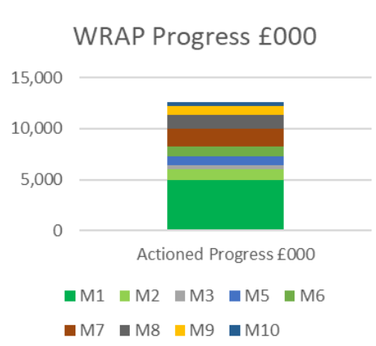
Strategic Project:

True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal	Level of Risk for progressing actions
None relevant at present						

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
ID 816	Delivery of Financial Plan 25/26	The trust has submitted a breakeven plan for 25/26 however there are a number of risks still to be mitigated including full delivery of WRAP programme, mitigating unfunded cost pressures and how the risk share with the ICB will be managed, £6m. Following the Trust submitting the forecast protocol the Trust is targeting a £20m deficit for the year. As at M11 the Trust reported £22.6 deficit, £1.5m away from the revised forecast protocol plan. The Trust has been selected to over delivery on elective day case and new outpatient appointments this has provided an opportunity to support recovery of the financial plan. Underlying issues have been described above. Forecast Protocol being followed following board approval. 	5 x 4 = 20	4 x 2 = 8 March 2026	Financial: revenue, funding and liquidity	Cautious

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
		 In December the fixed assets work was concluded between HIF/Trust the increase in non-pay spend is offset by income as an intercompany transaction due to the revised transaction that now occurs. As a reminder this ensures no assets are built up in the subsidiary.				
ID 721	Group Cash Position	A cash support request has been submitted in Jan, Feb and March. Cash support received to date totals £10m. March request for £9.7m, still awaiting an outcome. April's cash support required to be submitted 16th March. £1m was awarded in Jan and £9m in Feb in cash support. BPPC has dropped below 60% and there is over £12m of invoices that have been approved for payment but are unable to be paid. Supplier relationships have been maintained to date but are becoming strained and threats to put the Trust/HIF on hold are increasing. Fines/penalties are starting to be enacted along with escalation of breach of contract and accounts being put on hold. The bank balance for Trust and HIF was £3.7m at the end of Feb. £0.3k at the end of Jan which is £1.7m below the minimum cash balance. There has been positive focus on aged debt, however if current run rates continue cash will be an issue into 26/27.	5 x 5 = 25	4 x 2 = 8 March 2026	Financial: revenue, funding and liquidity	Cautious

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
						
ID73	Recurrent Delivery of the Efficiency programme (WRAP)	Recurrent delivery of the WRAP is crucial to the long-term financial standing of the Trust. 92% of the WRAP programme has been delivered however 54% of this is NR. PSC and LTUCC have £2.5m of WRAP outstanding to be delivered. CYPPH, HIF and Corporate have fully delivered the WRAP targets however a large proportion is non recurrent. Cost Avoidance schemes total £7m.  	4 x 3 = 12	4 x 2 = 8 March 2026	Financial Revenue, funding and liquidity	Cautious

Related External Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	Annual Planning 25/26	A breakeven plan has been submitted but there are a number of outstanding risks that are being managed through a risk share with the ICB. Contracts have now been signed and presentation of the contract agreed. Despite the good intentions of a risk share arrangement, it has not worked in practice. Drugs, Boundary Changes, Direct Access all continue to be a provider pressure. Unfortunately, Wharfedale, TIF1 scheme has also not delivered as per the business case which has left an income gap. 26/27 brings further challenge as we work with the ICB in finalising plans that triangulate. Positively contracts with West Yorkshire, Local Authorities and NHSE are all agreed.	3 x 3 = 9	4 x 1 = 4 May 2025	Financial: revenue, funding and liquidity	Cautious

STRATEGIC AMBITION: MAKING HDFT THE BEST PLACE TO WORK 2026-2027

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.

GOALS:

Looking after our people

Physical and emotional support to be "At Our Best"

Belonging

Teams with excellent leadership, where everyone is valued and recognised; where we are proud to work

New ways of working

The right people, with the right skills, in the right roles

Growing for the future

Education, training and career development for everyone

GOVERNANCE:

People & Culture Framework

- Board Assurance: People & Culture Committee
- Programme Board: People & Culture Programme Board
- SRO: Director of People & Culture
- Operational Lead: Deputy Director of People & Culture

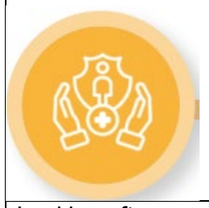
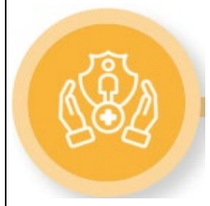
True North Metrics (Executive Lead: 10-15 Year deliverable)

1. Staff Engagement Index
2. Staff Availability

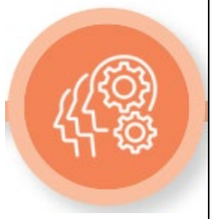
Breakthrough Objective:	Involvement
Corporate Project:	Medical and Dental Workforce Scheduling and Payment Transformation Project
Overarching Risk Appetite:	Workforce - Cautious

Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite							
				1 – 3	4 – 6	8 – 9	10	12	15	16	>20
At Our Best – Making HDFT the Best Place to Work	Looking After our people	Staff Engagement	Workforce: Cautious								
	Belonging										
	Growing for the future	Staff Availability	Workforce: Cautious								
	New ways of working										

Strategic Metrics Summary:

Workstream	True North Metric	Vision (People Plan)	Goal (True North Metric Target)	Countermeasures	Current Status	Level of Risk to Achieving in year Goal	Level of Risk for progressing actions
Looking after our people 	Staff Engagement Index .	We will develop our leaders to deliver appreciative, compassionate, inclusive and improvement focused leadership that is aligned to our KITE behaviours and our IMPACT continuous improvement programme.			National Management & Leadership Framework implementation planning underway. National launch date tbc.		
Looking after our people 	Staff Engagement Index	We will have a clearly communicated and positive focus on all aspects of health and wellbeing with the aim that every colleague feels supported. We will ensure that we give thanks and recognise the invaluable contributions from our colleagues through the recognition schemes.			Staff Flu Vaccination programme now closed. Final percentage of staff vaccinated was 68.2% putting us at the highest level within NHS England. Programme close down paper sent to March 2026 Board of Directors. Kite Awards Celebration event scheduled for Friday 6 March, including invitations to colleagues entitled to Long Service Awards		
Looking after our people 	Staff Engagement Index	We will create and maintain multiple channels for our colleagues to have a voice, be heard and feel empowered to speak up.	Maintain Inpulse survey response rate. Continuously tracking above our benchmark group engagement score. Validate the Improvement by seeing an improvement in the National Staff Survey Overall Engagement Score in the 2025 survey results. Maintain a continuously improving trend on both NQPS (Inpulse) and the NHS Staff Survey response rates and aspire to be best within our benchmark group. Achieve and maintain the best engagement score within our benchmark group.		The response rate achieved in the January 2026 Inpulse Survey was 30%. The National Staff Survey for 25/26 closed on 28 November and HDFT response rate was 62% which is the highest response rate achieved. All Directorates qualified for funding under the newly introduced incentive scheme and a total of £240K will be distributed to support patient/colleague wellbeing initiatives. A communication plan has been developed, and the Board of Directors are due to receive a presentation at the February Board Workshop. The national embargo on results is lifted on 12 March, and organisation-wide communications are scheduled to share and celebrate the result.		

Workstream	True North Metric	Vision (People Plan)	Goal (True North Metric Target)	Countermeasures	Current Status	Level of Risk to Achieving in year Goal	Level of Risk for progressing actions
Belonging 	Staff Engagement Index	We will promote equality and diversity, so everyone feels 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. Our work on Equality, Diversity and Inclusion will be nationally aligned to the NHS Equality, Diversity and Inclusion Improvement Plan.	Embedding Equality by focussed work based around the 6 EDI High Impact Actions (HIA). Progress to be made on: HIA1: Chief Executives, Chairs and Board Members should put EDI objectives in place that they are personally responsible for. The goal is: • Each Director to have an EDI objective HIA 2: Employ & Develop Staff in a fair and inclusive way and target groups that are under-represented in the organisation. The goal is: •Improve the reported lived experience of colleagues who are BME or have a disability or long-term condition		Embedding Equality paper presented to August Board Workshop and gained full support. Good progress is being made on this programme of work: EDI Data was included in the October 2025 Clinical Directorate Workforce Information Packs. The Reciprocal Mentoring Programme for colleagues with a disability or long-term condition started in September 2025. 12 pairs of aspiring and established leaders are signed up to the programme, and the initial sessions were hugely impactful. A listening event for colleagues with a disability or long-term condition has been scheduled for spring 2026 to give the opportunity for further learning about the lived experience. Recruitment is underway for our Equality & Diversity Champions - with 7 excellent colleagues signed up to the role.		
Belonging 	Staff Engagement Index	We will seek to increase diversity in our leaders and decision makers and have a representative pool of leaders.	Improve WRES metric regarding relative likelihood of appointment from shortlisting and increase diversity within senior leadership roles.		Training for Independent Panel Members is scheduled for 15 January 2026 and expressions of interest for the role were circulated and discussed with the People & Culture Programme Board membership on 4 November. 17 Independent Panel Members have been recruited – and are actively taking part in recruitment activity – currently across 8 recruitment campaigns, which is a great start. It has been agreed to include Band 7 clinical roles in the initial pilot of this role.		

Workstream	True North Metric	Vision (People Plan)	Goal (True North Metric Target)	Countermeasures	Current Status	Level of Risk to Achieving in year Goal	Level of Risk for progressing actions
Growing for the future 	Staff Availability	To ensure HDFT is the 'best place to work' there must be the right number of staffing available each day for deployment to ensure quality of care and to enable those staff to have a good experience and do their best.	Sickness levels throughout HDFT to not exceed 4.2% (HNY is 4.2%) A vacancy rate that does not exceed 6% Staff leaving within their first year of employment to not exceed 15% A Turnover rate that does not exceed 12% (HNY is 12%)		The Trust vacancy rate is 6.32% at the end of February 2026, which is above the Trust target of 7% (this is below the A3 threshold of 6%). Trust turnover is 9.51% Sickness is 5.54% Staff leaving within 1st year is 16.35% (this is a marginal increase when compared to last month, which saw a rate of 16.32%.) The main contributor to the decrease in unavailability in February is vacancies, which saw a decrease of 69.27wte when compared to the previous month. The decrease in vacancies is due to both a reduction in budgeted establishment by 67.16wte and a marginal increase in staff in post by 2.11wte. PSC accounted for 71% (47.72wte) of the budget decrease, of which 45.36wte relates to the end of funding for the Farndale Escalation Ward. In-month turnover and sickness have also seen a decrease in February by 14.42wte and 11.32wte, respectively. The reduction in turnover reflects a return to average levels following a higher than average number of leavers in CYPPH and LTUCC Directorates in January. Sickness has decreased across all Directorates in February, with the exception of CYPPH which saw an increase in sickness rates from 8.32% to 8.63%. LTUCC contributed the greatest to the reduction of sickness unavailability by 9.08wte.		

Workstream	True North Metric	Vision (People Plan)	Goal (True North Metric Target)	Countermeasures	Current Status	Level of Risk to Achieving in year Goal	Level of Risk for progressing actions
New Ways of Working 	Staff Availability	We will continue with the implementation of e-rostering and the safe care staffing tool, to ensure that safe staffing levels can be allocated and managed with maximum efficiency.	100% of rosters signed off and issued 8 weeks before		Roster sign off at 77.8% (excluding HIF, non-medical only)		

Breakthrough Objective: Staff Involvement.

Workstream	True North Metric	Vision	Countermeasures	Current Status	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
Making HDFT the best place to work	Staff Engagement Breakthrough Objective - Involvement	To create an environment within HDFT where staff feel genuinely involved in decisions that affect their work and their team, and where they are able to contribute to and influence improvements to their work. This corresponds with the True North Ambition of improving Staff Engagement. **Goals** 1. The Trust score for Involvement in the NHS Staff Survey matches the best result for the benchmark group (2024 HDFT scored 6.85 vs best in benchmark of 7.27). 2. To achieve, at Trust level, a score on question 3f, “I am able to make improvements happen in my area of work,” matching the best result in benchmark (2024 HDFT 55.37% vs 63.91%).	Hold Focus Groups with the 9 teams scoring the lowest for Involvement in the 2024 National Staff Survey to understand reasons for score and what would improve.	Work occurred to identify teams with low survey response rates/low engagement scores and advocacy and the top performing teams as well. 14 focus groups have been held across 9 care groups/services, with a total of 107 people being involved in these. The outputs from the focus groups have been used to inform the development of an Involvement Toolkit, which was launched in September 2025. Directorate level feedback on the output from the focus groups was provided to Directorate Triumvirate Teams and Composite Summary Feedback provided to SDR, People & Culture Programme Board and People & Culture Committee.		

Corporate Project.

Workstream	True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
Medical and Dental Workforce Scheduling and Payment	Staff Availability	To have all Medical Staff on the rostering system and managers really engaged in using it as a tool to help	• To ensure medical and dental staff are deployed to maximum effect • To enable workforce gaps to be planned and managed		In line with the National priority for 95% of all Job Plans to be reviewed/completed by end of March 2026, Operational Teams are working to complete this key enabling action as it also underpins project delivery.		

Workstream	True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
Transformation Project		improve patient care delivery. This will help enable us to fully align the workforce with service requirements/improvements	• For the locum bank to be managed via the e-Rostering system achieving visibility and accountability • To ensure best practice roster rollout • To have full visibility of having the right people in the right place at the right time • To have all unavailability's of staff reported • For all additional payments to be digitised for payment and removing all paper/spreadsheet submissions		Job planning compliance is at 83.5% at the end of February 2026, this has reduced as we have moved to 1st April sign off so any job plans that were due between Jan and Mar weren't renewed but were changed to reflect a 1st April start date Project Plan for SAS and consultant Optima roll out moving forwards.		

Strategic Project.

Workstream	True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
None at present							

Related Corporate Risks.

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite

Related External Risks.

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
None relevant at present						

People and Culture Committee
25 March 2026

Gender Pay Gap Report 2025

Presented by Angela Wilkinson
Director of People and Culture

Gender Pay Gap Report 2025

Legislation has made it statutory for organisations with 250 or more employees to report annually on their gender pay gap. These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their gender pay gap data, including:

- Mean gender pay gap in hourly pay.
- Median gender pay gap in hourly pay.
- Mean bonus gender pay gap.
- Median bonus gender pay gap.
- Proportion of men and women receiving a bonus payment.
- Proportion of men and women in each pay quartile.

Gender Pay Gap Report 2025

Total Staff Eligible for inclusion in the report

	31 March 2025		31 March 2024	
	Headcount	%	Headcount	%
Female	4,232	84%	4,110	84%
Male	827	16%	800	16%
TOTAL	**5,059**		**4,910**	

Mean and median gender pay gap in hourly pay

Gender	Mean Hourly Rate 2025	Median Hourly Rate 2025	Mean Hourly Rate 2024	Median Hourly Rate 2024
Male (£)	28.12	21.88	25.99	21.06
Female (£)	20.99	19.09	19.65	18.10
Difference (£)	7.13	2.79	6.34	2.96
Pay Gap %	25.35	12.73	24.40	14.07

Gender Pay Gap Report 2025

The Influence of Medical and Dental Staff and the effect on the Gender Pay Gap

Gender	Mean Hourly Rate 2025	Median Hourly Rate 2025	Mean Hourly Rate 2024	Median Hourly Rate 2024
Male (£)	19.55	18.00	18.48	16.76
Female (£)	19.23	18.66	18.17	17.69
Difference (£)	0.32	−0.66	0.31	−0.93
Pay Gap %	1.65	−3.69	1.67	−5.53

Summary: When removing Medical and Dental staff from the calculations for 2025, the pay gap percentage for the mean hourly rate is reduced from 25.35% to 1.65%. In this instance, the median hourly rate pay gap percentage is 3.69% greater for females, meaning that men earn 96p for every £1 that women earn when comparing median hourly wages.

People and Culture Committee
25 March 2026

Ethnicity Pay Gap Report 2025

Presented by Angela Wilkinson
Director of People and Culture

Ethnicity Pay Gap Report 2025

While there is currently no legal requirement to publish ethnicity pay gap data in the UK, in line with our commitment to closing gaps in workplace inequalities between our Black and Minority Ethnic (BME) staff and White staff, and as an example of good practice, we are reviewing this data alongside our mandated gender pay gap data.

The disclosure of diversity data, such as ethnicity, is optional for staff. The data used in this report is based on a snapshot of data from 31 March 2025 for colleagues who have chosen to disclose their ethnicity.

Ethnicity Pay Gap Report 2025

Total Staff Eligible for inclusion in the report

	31 March 2025		31 March 2024	
	Headcount	%	Headcount	%
White	3,986	82.9%	3,932	84.0%
BME	824	17.1%	747	16.0%
TOTAL	4,810		4,679	

Mean and median ethnicity pay gap in hourly pay

Ethnicity	Mean Hourly Rate 2025	Median Hourly Rate 2025	Mean Hourly Rate 2024	Median Hourly Rate 2024
White (£)	21.78	19.09	20.49	18.10
BME (£)	23.97	19.87	22.03	18.28
Difference (£)	−2.19	−0.77	−1.54	−0.18
Pay Gap %	−10.07	−4.04	−7.52	−0.99

Ethnicity Pay Gap Report 2025

The Influence of Medical and Dental Staff on the Ethnicity Pay Gap

Ethnicity	Mean Bonus 2025 (£)	Median Bonus 2025 (£)	Mean Bonus 2024 (£)	Median Bonus 2024 (£)
White	9,317.10	6,032.04	10,142.01	7,289.29
BME	5,054.79	4,515.89	5,791.31	4,316.00
Difference	4,262.31	1,516.15	4,350.71	2,973.29
Pay Gap %	45.75	25.13	42.90	40.79

Summary: The table shows that in removing these staff members from the calculations, the ethnicity pay gap percentage for the average mean hourly rate in 2025 increases from −10.07% to 4.91% and becomes favourable to White colleagues. The median hourly rate pay gap percentage increases from −4.04% to 0.17%, also becoming more favourable to White colleagues when Medical and Dental staff data is removed.

teamHDFT At our best

NHS Harrogate and District NHS Foundation Trust

People and Culture Programme Board
25 March 2026

Title:	Gender Pay Gap Report
Responsible Director:	Angela Wilkinson
Author:	Richard Dunston Brady

Purpose of the report and summary of key issues:	The Trust's statutory Gender Pay Gap data as at 31 March 2025, confirm compliance with the Equality Act 2010. **Summary of Key Issues:** The Trust reports a mean gender pay gap of 25.35% and a median gap of 12.73%, with the median position improving year on year. Medical and Dental staff are the primary driver of the reported gap. Excluding these roles reduces the mean gap to 1.65%, with the median gap becoming favourable to women. The gender bonus pay gap has reduced significantly, largely due to changes in Clinical Excellence Award arrangements
Trust Strategy and Strategic Ambitions:	**The Patient and Child First** Improving the health and wellbeing of our patients, children and communities

Best Quality, Safest Care	
Person Centred, Integrated Care; Strong Partnerships	
Great Start in Life	
At Our Best: Making HDFT the best place to work	x
An environment that promotes wellbeing	
Digital transformation to integrate care and improve patient, child and staff experience	
Healthcare innovation to improve quality	

Corporate Risks:	None
Report History:	People and Culture Programme Board 3 February 2026 Belonging Subgroup meeting 10 February 2026 People and Culture Committee 25 March 2026
Recommendation:	Members to agree on the content and accept for publication by 31 March 2026

Gender Pay Gap Report

Harrogate and District NHS Foundation Trust

February 2026

Presented by Richard Dunston Brady
Equality, Diversity and Inclusion Manager

Table of Contents

Gender pay gap reporting

As at 31 March 2025

Introduction

Government departments are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into force on 31 March 2017. Legislation has made it statutory for organisations with 250 or more employees to report annually on their gender pay gap. These regulations underpin the Public Sector Equality Duty and require the relevant organisations to publish their gender pay gap data, including:

- Mean gender pay gap in hourly pay.
- Median gender pay gap in hourly pay.
- Mean bonus gender pay gap.
- Median bonus gender pay gap.
- Proportion of men and women receiving a bonus payment.
- Proportion of men and women in each pay quartile.

The gender pay gap is different to equal pay. Equal pay means that men and women in the same employment who are performing equal work must receive equal pay, as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender.

The Trust pays most employees, excepting some medical and dental staff, on the Agenda for Change pay system, and this framework provides assurance that equal pay for equal work is recognised; i.e., someone entering the Band 5 scale with the same level of qualifications and experience would be paid the same irrespective of gender, and they would then have the opportunity to progress up the pay scale annually in the same way as their peers.

Harrogate and District NHS Foundation Trust

Harrogate and District NHS Foundation Trust (the Trust) employs more than 5,000 members of staff to provide essential hospital treatment, as well as community health services, to the population of Harrogate and the local area, across North Yorkshire and Leeds. In addition, it provides children's services, stretching from Berwick upon Tweed in the North to Wakefield in the South, and across the whole of North Yorkshire, from Settle in the West to Scarborough in the East.

The total number of staff eligible (full-pay relevant employees) for inclusion in this report was 5,059.

	31 March 2025		31 March 2024	
	Headcount	**%**	**Headcount**	**%**
Female	4,232	84%	4,110	84%
Male	827	16%	800	16%
TOTAL	**5,059**		**4,910**	

Figure 1 illustrates the gender distribution within the Trust at 31 March 2025.

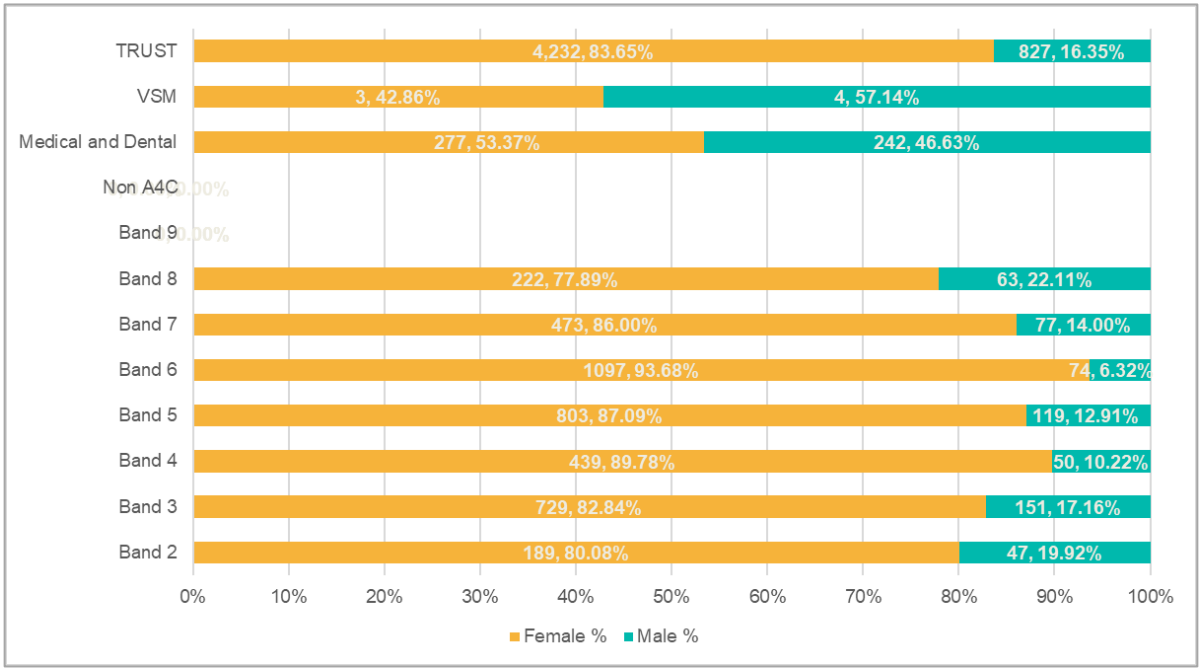
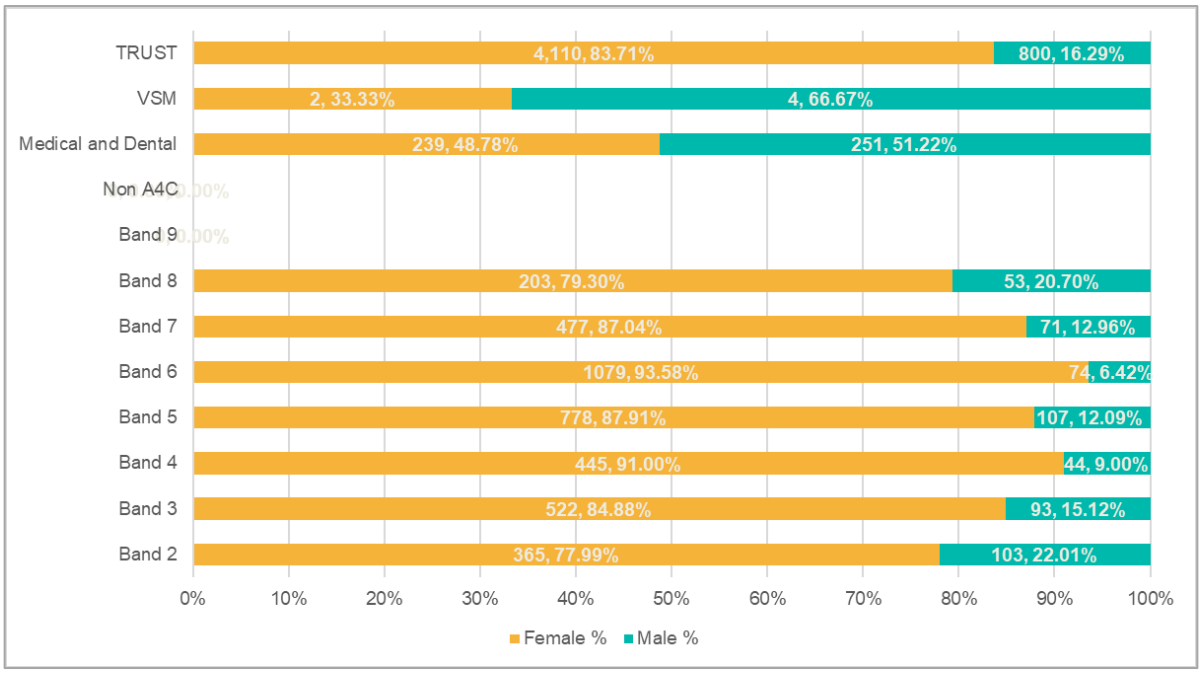


Figure 2 illustrates the gender distribution within the Trust at 31 March 2024.



Note – As part of the 2018 pay deal, Band 1 closed to new entrants with effect from 1 December 2018 and from April 2019, all existing staff on a Band 1 contract at the Trust transitioned to Band 2.

Definitions and scope

The gender pay gap is a measure that shows the difference in average earnings between men and women across an organisation.

The gender pay gap is measured in two ways: firstly, the difference between the mean of hourly rates of men and those of women; and secondly, as the difference between the median hourly rates of men and women.

Mean and Median

- The ‘mean’ is an average of all hourly rates of pay.
- The ‘median’ is the middle value in a complete list of all hourly rates of pay.

The report is based on rates of pay for the 2024/25 financial year and includes all 'full-pay relevant employees' as at 31 March 2025.

All Full Pay Relevant Employees

'Full-pay relevant employees' are those who received their usual full basic pay during the pay period. Employees who did not receive their usual full basic pay during the pay period, including staff who had reduced pay due to maternity leave, long-term sickness, or unpaid leave, are not classed as full-pay relevant employees and are therefore excluded from the gender pay calculation.

A positive figure indicates a gender pay gap disadvantageous to women; a negative figure indicates a gender pay gap disadvantageous to men.

Mean and median gender pay gap in hourly pay

Gender	Mean Hourly Rate 2025	Median Hourly Rate 2025	Mean Hourly Rate 2024	Median Hourly Rate 2024
Male (£)	28.12	21.88	25.99	21.06
Female (£)	20.99	19.09	19.65	18.10
Difference (£)	7.13	2.79	6.34	2.96
Pay Gap %	25.35	12.73	24.40	14.07

Note: all figures have been rounded to two decimal places.

- As highlighted in Figure 1, the proportion of female to male staff is higher in lower bands when compared to the senior bandings (i.e., Band 8, Medical and Dental and VSM), which would explain why there is a gender pay gap. For these senior bandings the proportion of females is lower than the overall Trust average.
- As shown, the Trust is reporting a 25.35% gender pay gap, meaning that based on an average hourly rate, men are paid 25.35% more than women.
- The figures also demonstrate that the Trust has a 12.73% median gender pay gap, which is a decrease from 14.07% in 2024.

The Influence of Medical and Dental Staff

Medical and Dental staff have a substantial impact on the Trust's gender pay gap, as the data shows that individuals in this staff group tend to be paid higher wages than other Trust employees.

Included within this report are 85 male Consultants and 89 female Consultants. As the Trust employs fewer men overall, at 10.3%, the number of male Consultants is higher than that of female Consultants (2.1%) as a proportion of the overall workforce.

To evidence the influence of medical and dental staff driving the percentage gap, the table below shows that removing these staff members from the calculations for 2025 reduces the pay gap percentage for the mean hourly rate from 25.35% to 1.65%. In this instance, the median hourly rate pay gap percentage becomes favourable to females, changing from 12.73% to −3.69%.

The data shows a marginal decrease in the gender pay gap percentage for the mean hourly rate of non-medical staff in 2025, reducing from 1.67% to 1.65% when compared to 2024.

Gender	Mean Hourly Rate 2025	Median Hourly Rate 2025	Mean Hourly Rate 2024	Median Hourly Rate 2024
Male (£)	19.55	18.00	18.48	16.76
Female (£)	19.23	18.66	18.17	17.69
Difference (£)	0.32	−0.66	0.31	−0.93
Pay Gap %	1.65	−3.69	1.67	−5.53

Note: figures have been rounded to two decimal places

Mean and median bonus gender pay gap

The bonus gender pay gap calculation shows the percentage of men and women who received bonus pay in the period. All 'relevant employees' who were employed as at 31 March 2025 are included in the data, including those who were excluded from the gender pay gap calculations due to being on reduced pay.

Clinical Excellence Awards and Long Service Awards

The Trust pays two types of bonuses: a Clinical Excellence Award (CEA) and a Long Service Award. The latter takes the shape of a £40 bonus paid to both males and females in recognition of 25, 30, 35, 40, and 50 years' service at the Trust. As this bonus is paid out at an equal level to all employees, it has no influence on the figures.

The figures below reflect the CEA payments for all Consultant medical staff, which is a payment for a lifetime CEA and was paid to 76 Consultants. The bonus pay gap calculations include bonus pay received over the previous 12-month period for all Consultant medical staff employed as at 31 March 2025.

The Trust currently employs 185 Consultants who are 'relevant employees', of whom 88 are male and 97 are female (as at 31 March 2025). Of the 88 male Consultants, 38 received a CEA payment in 2024/25 (43.2% of male Consultants) and 38 of the 97 female Consultants received a CEA payment in 2024/25 (39.2% of female Consultants).

Gender	Mean Bonus 2025 (£)	Median Bonus 2025 (£)	Mean Bonus 2024 (£)	Median Bonus 2024 (£)
Male	8,617.94	6,032.04	9,030.94	7,277.16
Female	8,473.76	5,619.56	9,137.20	4,316.00
Difference	144.18	412.49	−106.26	2,961.16
Pay Gap %	1.67	6.84	−1.18	40.69

Note: figures are rounded to two decimal places

- The data shows a 2.85% increase in the mean gender bonus gap differential from 2024 to 2025. The mean gender bonus gap was favourable to males in 2025 compared to the previous year, when it was favourable to females.
- The 2023/24 bonus pay calculations included two types of CEAs that were awarded to the Trust's Consultants. In addition to the existing lifetime CEA, a non-pensionable, non-consolidated award was also paid. The cessation of the non-consolidated award in 2024/25 has contributed to the change in the bonus pay percentages between last year and the current year, as a higher proportion of females than males received this payment, which is highlighted by the pay gap percentage figures of the Median Bonus.'
- The figures demonstrate that the Trust has a 6.84% median gender bonus gap. This is a decrease from 40.69% in 2024 and is favourable to males.

Proportion of men and women receiving a bonus payment

In addition to the above, the Trust issues Long Service Awards, a £40 bonus paid to both men and women in recognition of 25, 30, 35, 40, and 50 years' service at the Trust. As this bonus is paid out equally to both men and women, it would have no influence on the figures.

A total of 167 Long Service Awards were issued to staff still employed as at 31 March 2025. Of these, 89.0% were issued to females, with the remaining 11.0% being issued to males. All Long Service Awards carry the same financial value of £40, meaning that the gender bonus gap would be zero.

Taking both Clinical Excellence Awards and Long Service Awards into account, in 2025, 4.1% of all relevant females received a bonus compared to 6.4% of relevant males. This is again influenced by the ratio of males in receipt of a bonus.

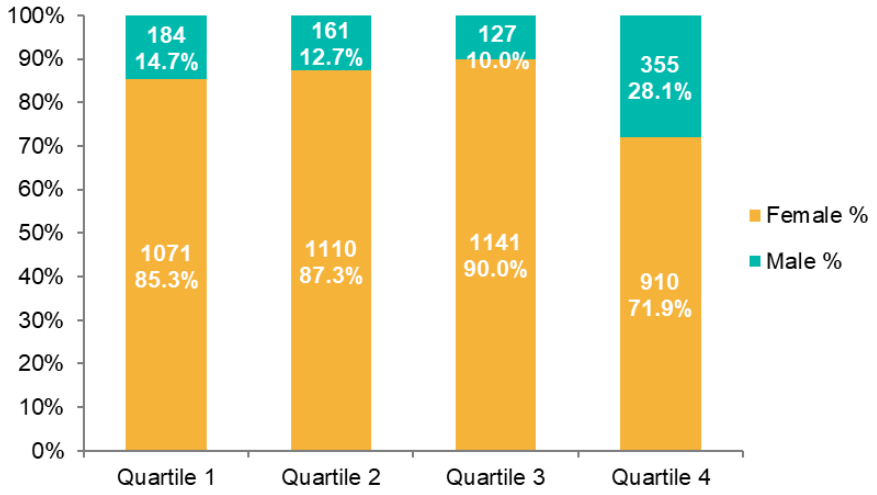
Proportion of men and women in each pay quartile

A quartile is the division of a range of data. In this case, it is the range of hourly earners, divided into four groups:

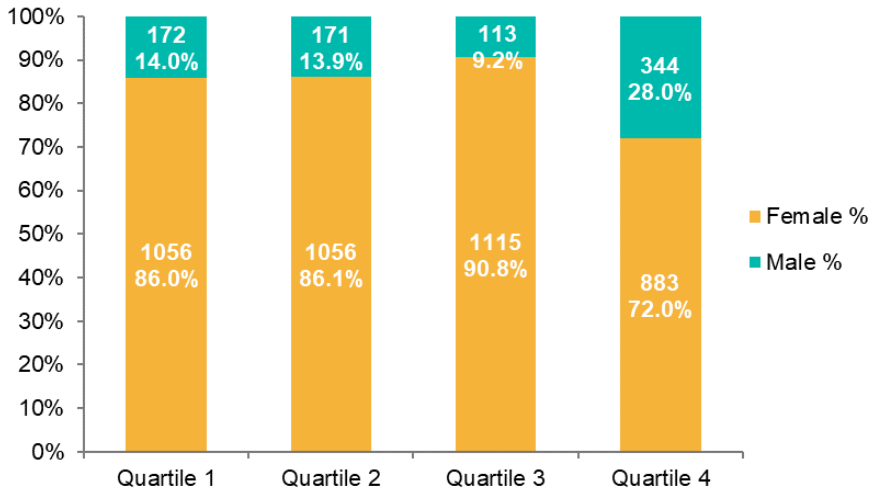
- Quartile 1 is the lower 25% of staff hourly wages;
- Quartile 2 – lower middle;
- Quartile 3 – upper middle;
- Quartile 4 – upper.

The graph below shows that the highest proportion of males and lowest proportion of females is found in the upper quartile when compared with other quartiles. This is influenced by the large proportion of male doctors and dentists within the Trust.

Proportion of male to female staff allocated to quartiles, 31 March 2025



Proportion of male to female staff allocated to quartiles, 31 March 2024



Summary and next steps in reducing the gender pay gap

Based on the data at 31 March 2025, when comparing median hourly wages, women working in HDFT earn 87p for every £1 that men earn. Their median hourly wage is 12.73% lower than men's.

When comparing mean hourly wages, women's mean hourly wage is 25.35% lower than men's.

Women occupy 71.9% of the highest paid jobs and 85.3% of the lowest paid jobs and account for 83.7% of the total workforce (full-pay relevant employees).

In the ‘Medical and Dental’ category, the number of female Consultants eligible to be included in this report increased from 80 in 2024 to 89 in 2025. Male Consultants slightly increased from 82 in 2024 to 85 in 2025.

When comparing the gender bonus pay gap, women’s mean bonus pay is 1.67% lower than men’s. The median bonus pay is also favourable to males, although there has been a decrease in the gap from 40.69% to 6.84%.

It can be seen from the data in the report that the influence of Medical and Dental staff is driving the percentage gap. When removing Medical and Dental staff from the calculations for 2025, the pay gap percentage for the mean hourly rate is reduced from 25.35% to 1.65%. In this instance, the median hourly rate pay gap percentage is 3.69% greater for females, meaning that men earn 96p for every £1 that women earn when comparing median hourly wages.

The gender pay gap report has been shared with the Trust Board to make informed decisions on actions that are required to improve it. These will include:

- Promoting awareness of opportunities and policies, including flexible and agile working arrangements, which encourage women to return to careers following maternity and other life events.
- Promoting training in equality issues as part of the First Line Leaders’ programme and Pathway to Management.
- Progressing the Working Carers Passport initiative and providing/initiating welfare discussions for all colleagues.

There is no significant risk associated with the identified pay gap.

People and Culture Committee
25 March 2026

Title:	Ethnicity Pay Gap Report
Responsible Director:	Angela Wilkinson
Author:	Richard Dunston Brady

Purpose of the report and summary of key issues:	To present the Trust's Ethnicity Pay Gap position as at 31 March 2025, including year-on-year comparisons, analysis of contributory factors, and assurance on actions required to address identified pay and bonus differentials. **Summary of Key Issues** **Overall position** Mean ethnicity pay gap widened to −10.07% (2025) from −7.52% (2024); median gap widened to −4.04% from −0.99%, favouring BME staff at Trust level. Primary driver – Medical & Dental staff Excluding Medical and Dental roles, the mean pay gap reverses to +4.91% in favour of White staff, confirming the headline position is driven by senior medical roles rather than Agenda for Change pay. **Workforce distribution – senior roles** BME Consultants account for 5.2% of the BME workforce compared to 3.1% of White staff, disproportionately influencing upper-quartile pay outcomes. **Bonus pay – scale and access** Mean Clinical Excellence Award bonus gap increased to 45.75% (from 42.9%), with 49.6% of White Consultants receiving a CEA compared to 27.9% of BME Consultants. **Data quality and confidence** Ethnicity disclosure stands at 95.1%, and BME representation increased from 16.0% to 17.1%, providing confidence in year-on-year comparisons and trend analysis.
Trust Strategy and Strategic Ambitions:	**The Patient and Child First** Improving the health and wellbeing of our patients, children and communities
	Best Quality, Safest Care

	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks:	None	
Report History:	People and Culture Programme Board 3 February 2026 Belonging Subgroup meeting 10 February 2026 People and Culture Committee 25 March 2026	
Recommendation:	Members to agree on the content and accept for publication by 31 March 2026	

Ethnicity Pay Gap Report

Harrogate and District NHS Foundation Trust

February 2026

Presented by Richard Dunston Brady
Equality, Diversity and Inclusion Manager

Harrogate and District
NHS Foundation Trust

Contents

Ethnicity Pay Gap Report
As at 31 March 2025

Diversity and inclusion are fundamental to the success of an organisation, both in the service it provides and in creating a fair, diverse, and inclusive environment for its workforce.

Research shows that organisations with diverse workforces and inclusive cultures perform better because they benefit from having a range of lived experiences and obtain a deeper understanding of the viewpoints in the room. In turn, this promotes diverse, creative, and innovative decision-making.

The culture of an organisation also depends on these values, fostering a place where people are proud to work and where they feel valued, recognised, and supported to develop their true potential.

While there is currently no legal requirement to publish ethnicity pay gap data in the UK, in line with our commitment to closing gaps in workplace inequalities between our Black and Minority Ethnic (BME) staff and White staff, and as an example of good practice, we are reviewing this data alongside our mandated gender pay gap data.

The disclosure of diversity data, such as ethnicity, is optional for staff. The data used in this report is based on a snapshot of data from 31 March 2025 for colleagues who have chosen to disclose their ethnicity.

Our mean ethnicity pay gap shows the difference in average pay between BME colleagues and White colleagues and takes into account all roles at all levels within Harrogate and District NHS Foundation Trust (HDFT). This is different to the concept of equal pay,i.e., the comparison in pay received by BME and White colleagues performing the same roles at the same grade.

HDFT pays most employees, except some Medical and Dental staff, on the Agenda for Change pay system. This framework provides assurance that equal pay for equal work is recognised; i.e., someone entering the Band 5 scale with the same level of qualifications

and experience would be paid the same irrespective of ethnicity, and would then have the opportunity to progress up the pay scale annually in the same way as their peers.

The report will provide a breakdown of:

- Mean ethnicity pay gap in hourly pay.
- Median ethnicity pay gap in hourly pay.
- Mean bonus ethnicity pay gap.
- Median bonus ethnicity pay gap.
- Proportion of White and BME colleagues receiving a bonus payment.
- Proportion of White and BME colleagues in each pay quartile.

Harrogate and District NHS Foundation Trust (the Trust) employs more than 5,000 members of staff to provide essential hospital treatment as well as community health services to the population of Harrogate and the local area, across North Yorkshire and Leeds. It also provides children's services, stretching from Berwick upon Tweed in the North to Wakefield in the South, and across the whole of North Yorkshire, from Settle in the West to Scarborough in the East.

The total number of staff eligible (full-pay relevant employees) for inclusion in this report was 4,810 from a workforce of 5,059. The data in this report is based on those who have chosen to disclose their ethnicity, which accounts for 95.1% of the workforce.

	31 March 2025		**31 March 2024**	
	Headcount	**%**	**Headcount**	**%**
White	3,986	82.9%	3,932	84.0%
BME	824	17.1%	747	16.0%
TOTAL	**4,810**		**4,679**	

We must continue to encourage staff to declare their ethnicity. The disclosure rate is important as it reflects how comfortable people are about sharing these details with us and, more broadly, whether we are creating an environment where people can truly be themselves.

Figure 1 illustrates the ethnicity distribution within HDFT at 31 March 2025.

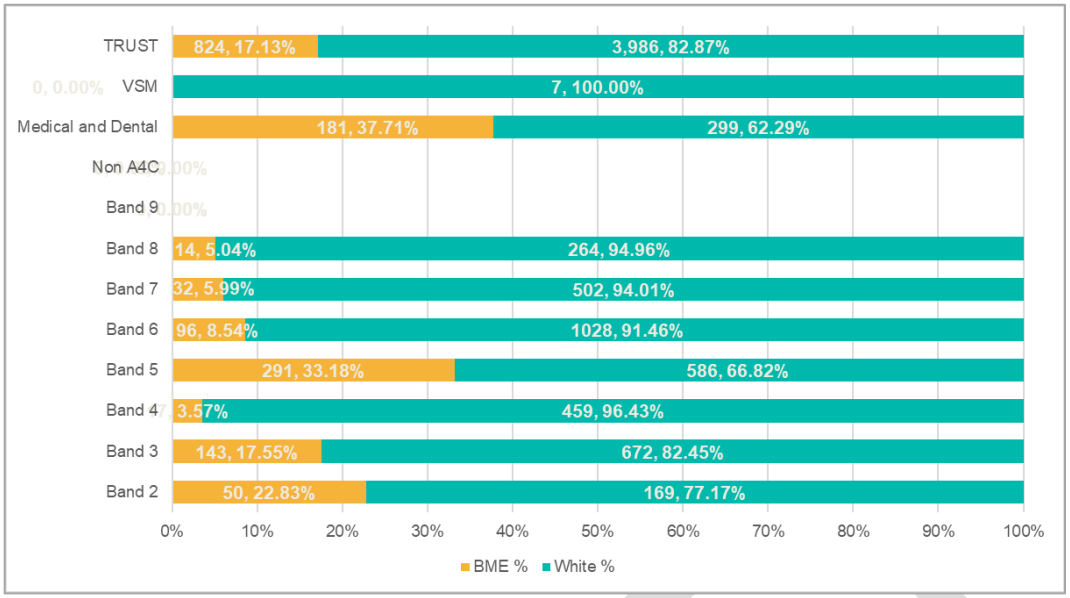
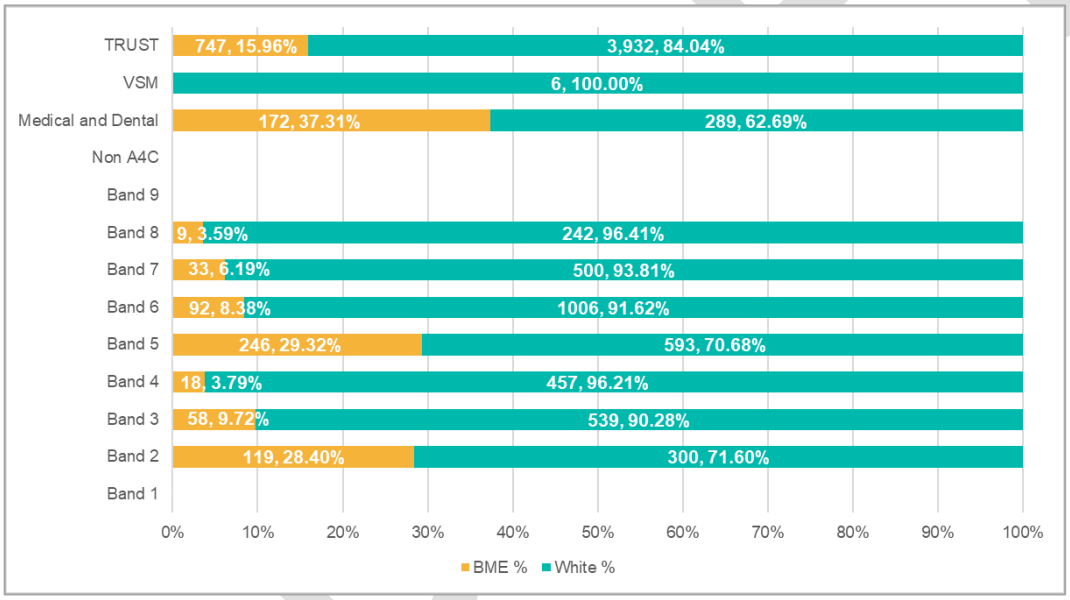


Figure 2 illustrates the ethnicity distribution within HDFT at 31 March 2024.



Note – As part of the 2018 pay deal, Band 1 closed to new entrants with effect from 1 December 2018, and all existing staff on a Band 1 contract at HDFT transitioned over to Band 2 from April 2019.

Definitions and scope

The ethnicity pay gap is a measure that shows the difference in average earnings between BME colleagues and White colleagues across the organisation.

The report is based on rates of pay for the financial year 2024/25. It includes all workers in scope ('full-pay relevant' employees) at 31 March 2025. Full-pay relevant employees are those who received their usual full basic pay during the pay period. Employees who did not receive their usual full basic pay during the pay period, including staff who had reduced pay due to maternity leave, long-term sickness, or unpaid leave, are not classed as full-pay relevant employees and are therefore excluded from the ethnicity pay calculation.

A figure above zero indicates an ethnicity pay gap disadvantageous to BME colleagues; a minus figure indicates an ethnicity pay gap disadvantageous to White colleagues.

The ethnicity pay gap is measured in two ways: firstly, the difference between the mean of hourly rates of White colleagues and their BME colleagues; and secondly, the difference between the median hourly rates of White colleagues and those of BME colleagues.

Mean and Median

- The 'mean' is an average of all hourly rates of pay.
- The 'median' is the middle value in a complete list of all hourly rates of pay.

The report is based on rates of pay for the 2024/25 financial year and includes all full-pay relevant employees as at 31 March 2025.

Mean and median ethnicity pay gap in hourly pay

Ethnicity	Mean Hourly Rate 2025	Median Hourly Rate 2025	Mean Hourly Rate 2024	Median Hourly Rate 2024
White (£)	21.78	19.09	20.49	18.10
BME (£)	23.97	19.87	22.03	18.28
Difference (£)	−2.19	−0.77	−1.54	−0.18
Pay Gap %	−10.07	−4.04	−7.52	−0.99

- As highlighted in Figure 1, the proportion of BME staff is higher in the Medical and Dental staff group than in any other pay band.
- HDFT is reporting a minus ethnicity pay gap of −10.07%, meaning that, based on an average hourly rate, BME employees are paid 10.07% more than White employees. This is a decrease from −7.52% on the 2024 figure.
- The figures also demonstrate that HDFT has a minus median ethnicity pay gap of −4.04%, an increase from −0.99% in 2024.

In 2025, both the mean and median pay gap percentages have seen a shift away 0%, indicating that the pay gap by ethnicity has widened in favour of BME colleagues in comparison to the previous year.

The Influence of Medical and Dental Staff

Medical and Dental staff have a substantial impact on HDFT's ethnicity pay gap, as the data suggests that individuals in this staff group tend to be paid higher wages than other HDFT employees.

Included within this report are 125 White Consultants and 43 BME Consultants. As the Trust employs fewer BME colleagues overall, the number of BME Consultants as a proportion of the overall BME workforce (5.2%) is higher than that of White Consultants (3.1% of the overall White workforce).

To evidence the influence of Medical and Dental staff driving the percentage gap, the table below shows that in removing these staff members from the calculations, the ethnicity pay gap percentage for the average mean hourly rate in 2025 increases from −10.07% to 4.91% and becomes favourable to White colleagues. The median hourly rate pay gap percentage increases from −4.04% to 0.17%, also becoming more favourable to White colleagues when Medical and Dental staff data is removed.

The data shows a decrease in the ethnicity pay gap percentage for the mean hourly rate of non-medical staff in 2025 when compared to 2024, from 6.47% to 4.91%.

Ethnicity	Mean Hourly Rate 2025	Median Hourly Rate 2025	Mean Hourly Rate 2024	Median Hourly Rate 2024
White (£)	19.46	18.69	18.42	17.69
BME (£)	18.50	18.66	17.23	17.08
Difference (£)	0.95	0.03	1.19	0.60
Pay Gap %	4.91	0.17	6.47	3.42

Mean and median bonus ethnicity pay gap

The bonus ethnicity pay gap calculation shows the percentage of White and BME colleagues who received bonus pay in the period. All relevant employees includng all Consultants, who were employed as at 31 March 2025 are included in the data, including those who were excluded from the ethnicity pay gap calculations due to being on reduced pay.

The Trust pays out two types of bonuses: a Clinical Excellence Award (CEA) and a Long Service Award. The latter takes the shape of a £40 bonus paid to both White and BME colleagues in recognition of 25, 30, 35, 40, and 50 years' service at the Trust. As this bonus is paid out at an equal level to all employees, it has no influence on the figures.

The figures below reflect the CEA payments for Consultant medical staff, which is a payment for a lifetime CEA, and was paid to 75 Consultants. The bonus pay gap calculations include bonus pay received over the previous 12-month period for all Consultant medical staff employed as at 31 March 2025 who have declared their ethnicity.

The Trust currently employs 170 Consultants who are relevant employees and have declared their ethnicity status. Of these, 127 are White employees and 43 are BME employees (as at 31 March 2025). In total, 63 of the 127 White Consultants received a CEA payment in 2024/25 (49.6% of White Consultants) and 12 of the 43 BME Consultants received a CEA payment in 2024/25 (27.9% of BME Consultants).

Mean and Median for Medical and Dental Staff Bonus'

Ethnicity	Mean Bonus 2025 (£)	Median Bonus 2025 (£)	Mean Bonus 2024 (£)	Median Bonus 2024 (£)
White	9,317.10	6,032.04	10,142.01	7,289.29
BME	5,054.79	4,515.89	5,791.31	4,316.00
Difference	4,262.31	1,516.15	4,350.71	2,973.29
Pay Gap %	45.75	25.13	42.90	40.79

- The data shows an increase of 2.85% in the mean ethnicity bonus gap differential and a decrease in the median bonus gap differential of 15.66%, respectively, from 2024 to 2025.
- The mean pay gap remains significantly high in favour of White Consultants.

Proportion of White and BME colleagues receiving a bonus payment

In addition to the above, the Trust issues Long Service Awards. Long Service Awards include a £40 bonus paid to both White and BME colleagues in recognition of 25, 30, 35, 40, and 50 years' service at the Trust. As this bonus is paid out equally to all ethnicities, it has no influence on the figures.

A total of 157 Long Service Awards were issued to staff still employed as at 31 March 2025 who had a recorded ethnicity, and are therefore included within this report. Of these, 98.1% were issued to White colleagues, with the remaining 1.9% being issued to BME colleagues. All Long Service Awards carry the same financial value of £40, meaning that the ethnicity bonus gap is zero.

Taking both Clinical Excellence Awards and Long Service Awards into account, 4.8% of White colleagues received a bonus compared to 1.7% of BME colleagues.

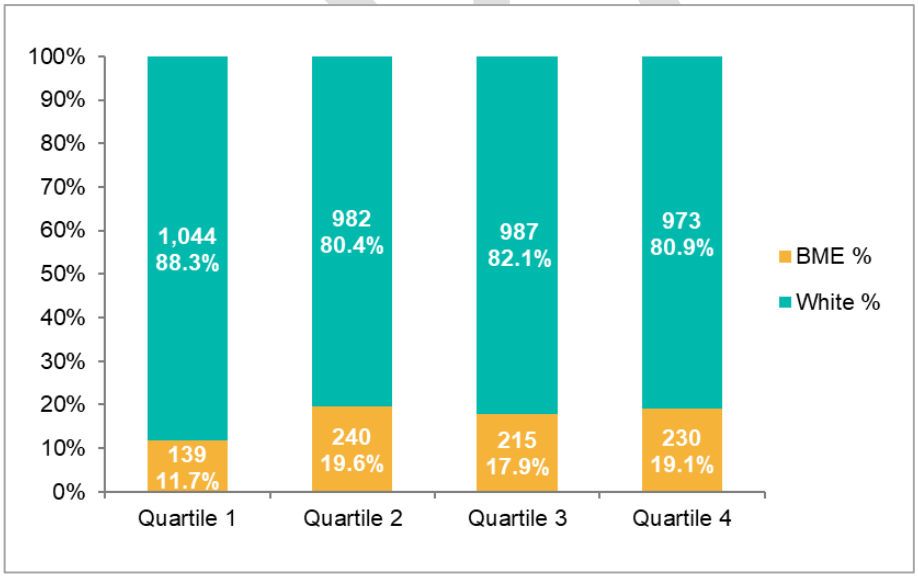
Proportion of White and BME colleagues in each pay quartile

A quartile is the division of a range of data. In this case, it is the range of hourly earners divided into four groups:

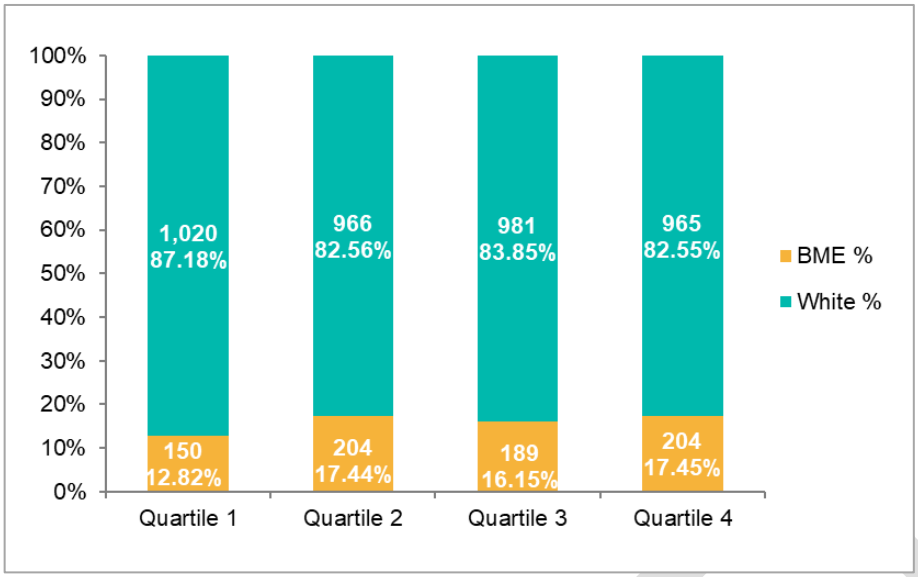
- Quartile 1 is the lower 25% of staff hourly wages;
- Quartile 2 – lower middle;
- Quartile 3 – upper middle;
- Quartile 4 – upper.

The graph below shows that the highest proportion of White colleagues is found in the lowest quartile and upper middle quartile. The highest proportion of BME colleagues is found in the upper quartile. This is influenced by the large proportion of BME doctors and dentists within HDFT. The percentage of BME colleagues has increased across all quartiles compared to the 2024 figures, with the exception of the lower quartile. However, this is due to an increase in the BME workforce, which now accounts for 17.1% of the overall workforce compared to 16.0% in the previous year.

2025



2024



Summary and next steps in reducing the ethnicity pay gap

The data in this report is based on colleagues who have chosen to disclose their ethnicity.

We acknowledge that there is a lot more to do to continue making improvements and bring positive changes for our BME colleagues, and to welcome a more diverse workforce to HDFT. In line with our Workforce Race Equality Standard (WRES) Action Plan and our Recruitment and EDI work streams, and as part of the 'At our Best' programme, HDFT is committed to increasing the ethnic diversity of our overall and senior workforces, putting a greater focus on recruiting and developing BME staff and driving initiatives that will demonstrate that we are serious about real cultural change.
Continued efforts to reduce the ethnicity pay gap actions will be taken forward in 2026/27, including:

- Progressing strategies to make recruitment and progression more equitable. This includes the delivery of the Embedding Equality programme of work which includes the use of Independent Panel Members (IPMs). The IPMs will attend interviews at bands 8a to VSM and will observe interview panels for bias.
- Continuing to listen to the lived experiences of the REACH Staff Network, engaging with and valuing their expertise.
- Encouraging staff to feel confident in disclosing their ethnicity status on ESR.

- Continuing work in relation to encouraging more applications for CEA from BME Consultants and providing support for individuals who have submitted unsuccessful applications in the past.

There is no significant risk associated with this pay gap.

Harrogate and District NHS Foundation Trust
2025 NHS Staff Survey (NSS) Results Briefing

2025 NHS Staff Survey – Key Themes

Highlights

Our survey results are very positive and great reflection of the dedicated and caring colleagues who work at HDFT. These are results we can all be proud of!

Our results have improved across all of the 7 People Promise themes, and we are equal to best result within our benchmark group in one of the themes - We Are Recognised and Rewarded.

We have also got improved scores for the 2 themes of Staff Engagement and Morale. On Staff Engagement, in our benchmark group, we are 15th/121 Trusts; on Morale we are 8th/121.

It is also great to see that we are equal to the best score within our benchmark group in 16 of the survey questions and better than the average score across the whole range of survey questions.

Areas of Focus

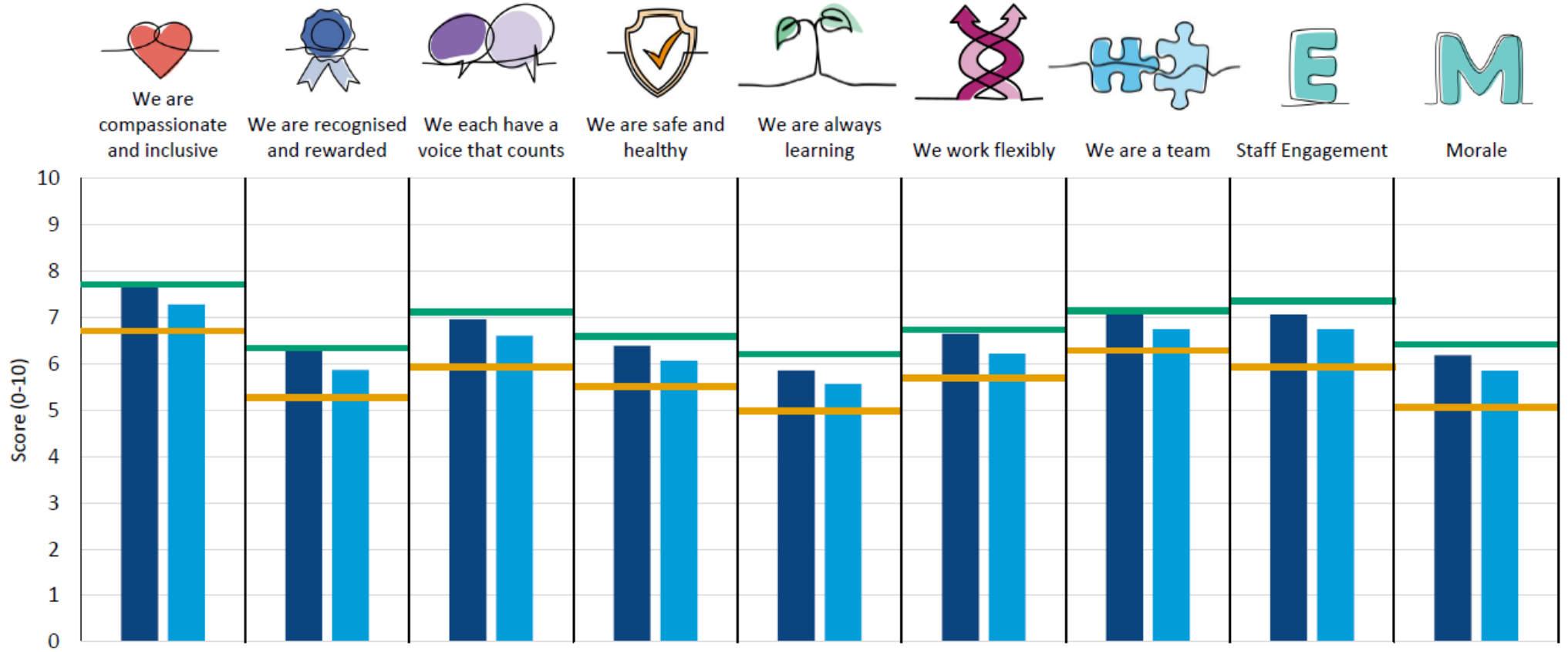
The Trust-wide results are really positive, however, we recognise that in different parts of the organisation there may be different colleague experiences, so it is really important that your local survey results are reviewed and local actions taken support any areas requiring focus.

From a Trust-wide perspective there will be a continued focus on the experience of all colleagues and their wellbeing, alongside recognition that the lived experience of colleagues with a protected characteristic does not always match that of colleagues without. We will continue to develop our work on culture to support this.

People Promise elements and themes: Overview

Survey Coordination Centre

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



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.68	6.34	6.96	6.39	5.86	6.65	7.13	7.07	6.19
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	3334	3329	3308	3306	3242	3316	3331	3331	3332

Summary of Scores

People Promise/Theme	2024 Score	Significance	2025 Score	Significance	Sector Score
People Promise 1 - We are compassionate and inclusive	7.60	Significantly Improved	7.68	Significantly Better	7.28
People Promise 2 - We are recognised and rewarded	6.25	Not Significant	6.34	Significantly Better	5.88
People Promise 3 - We each have a voice that counts	6.86	Significantly Improved	6.96	Significantly Better	6.62
People Promise 4 - We are safe and healthy	6.31	Significantly Improved	6.39	Significantly Better	6.09
People Promise 5 - We are always learning	5.70	Significantly Improved	5.86	Significantly Better	5.64
People Promise 6 - We work flexibly	6.51	Significantly Improved	6.65	Significantly Better	6.23
People Promise 7 - We are a team	7.03	Significantly Improved	7.13	Significantly Better	6.75
Theme - Staff engagement	6.99	Not Significant	7.06	Significantly Better	6.75
Theme - Morale	6.07	Significantly Improved	6.19	Significantly Better	5.88

2025 NHS Staff Survey – Areas to Celebrate

Line Management

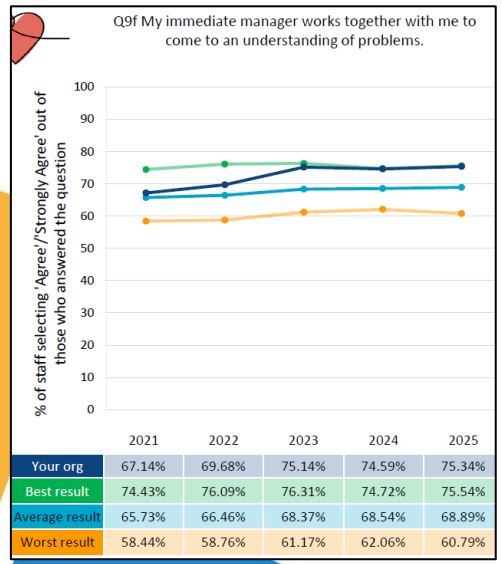
Our 2025 NHS Staff Survey results highlight something truly worth celebrating: across the organisation, colleagues consistently feel supported, listened to, and genuinely cared for by their line managers. We achieved the best scores within our benchmarking group (of 121 Acute and Acute & Community Trusts) for a number of core areas of compassionate leadership:

- Working together to understand problems
- Listening to colleagues' challenges
- Caring about concerns and wellbeing
- Providing encouragement

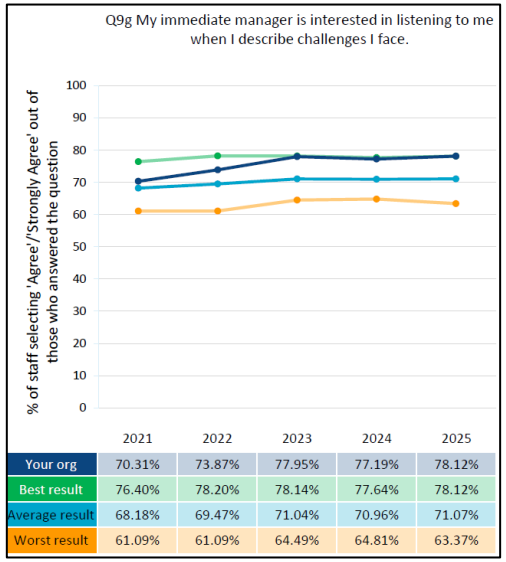
These results reflect the everyday commitment our managers show in building trust, offering support, and creating spaces where people feel safe to speak up. They also speak to the strength of our culture built on our KITE values — one where compassion is lived, not just talked about.

This is a fantastic achievement, and it belongs to every manager who takes the time to check in, every colleague who supports a team member through a difficult moment, and every conversation where someone feels heard. Thank you for helping make our organisation a place where people matter and kindness shapes how we work.

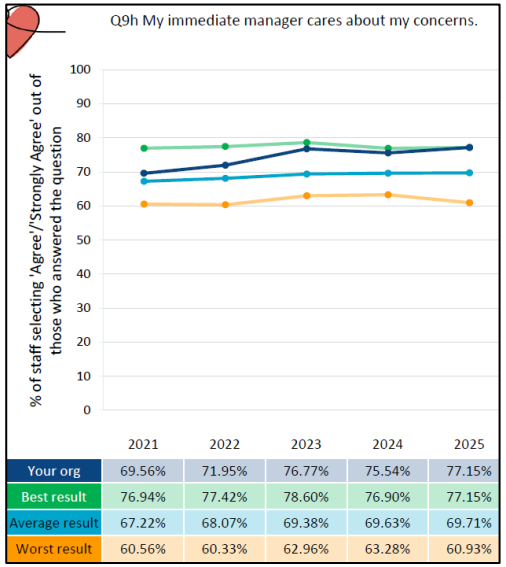
We are compassionate and inclusive: Compassionate Leadership



	2021	2022	2023	2024	2025
Your org	67.14%	69.68%	75.14%	74.59%	75.34%
Best result	74.43%	76.09%	76.31%	74.72%	75.54%
Average result	65.73%	66.46%	68.37%	68.54%	68.89%
Worst result	58.44%	58.76%	61.17%	62.06%	60.79%

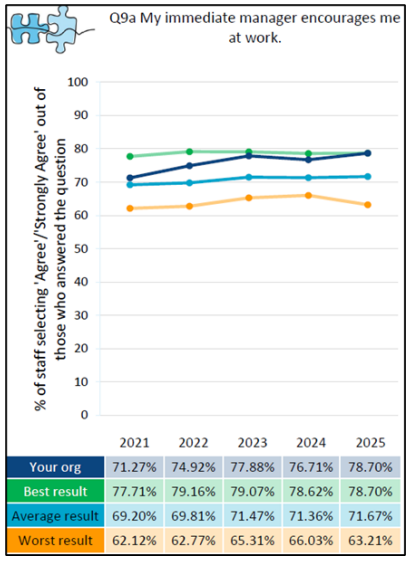


	2021	2022	2023	2024	2025
Your org	70.31%	73.87%	77.95%	77.19%	78.12%
Best result	76.40%	78.20%	78.14%	77.64%	78.12%
Average result	68.18%	69.47%	71.04%	70.96%	71.07%
Worst result	61.09%	61.09%	64.49%	64.81%	63.37%

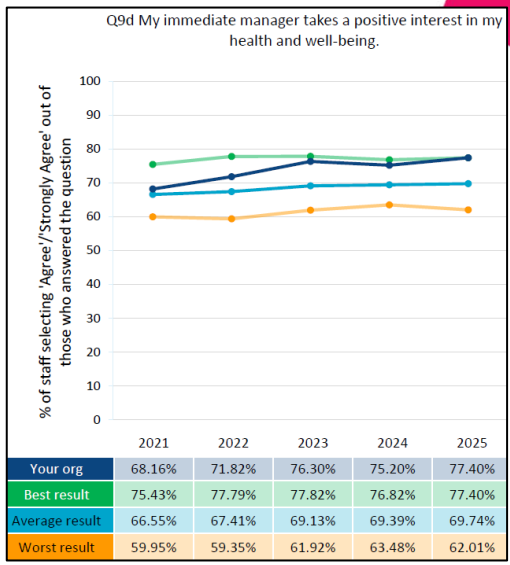


	2021	2022	2023	2024	2025
Your org	69.56%	71.95%	76.77%	75.54%	77.15%
Best result	76.94%	77.42%	78.60%	76.90%	77.15%
Average result	67.22%	68.07%	69.38%	69.63%	69.71%
Worst result	60.56%	60.33%	62.96%	63.28%	60.93%

We are a team: Line management



	2021	2022	2023	2024	2025
Your org	71.27%	74.92%	77.88%	76.71%	78.70%
Best result	77.71%	79.16%	79.07%	78.62%	78.70%
Average result	69.20%	69.81%	71.47%	71.36%	71.67%
Worst result	62.12%	62.77%	65.31%	66.03%	63.21%



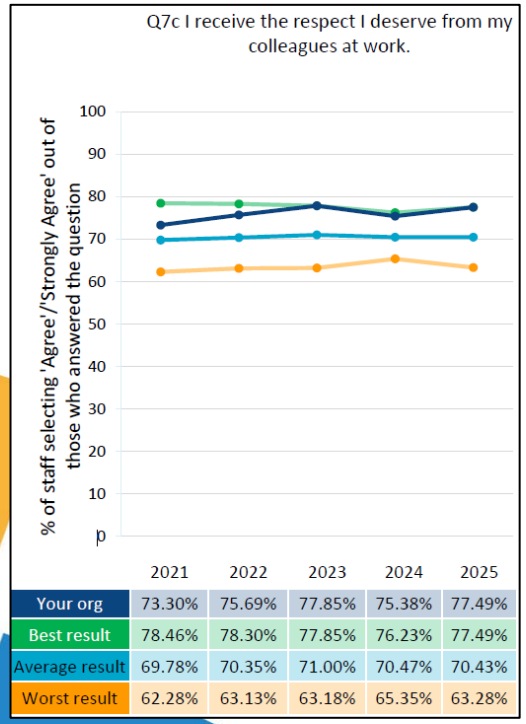
	2021	2022	2023	2024	2025
Your org	68.16%	71.82%	76.30%	75.20%	77.40%
Best result	75.43%	77.79%	77.82%	76.82%	77.40%
Average result	66.55%	67.41%	69.13%	69.39%	69.74%
Worst result	59.95%	59.35%	61.92%	63.48%	62.01%

2025 NHS Staff Survey – Areas to Celebrate

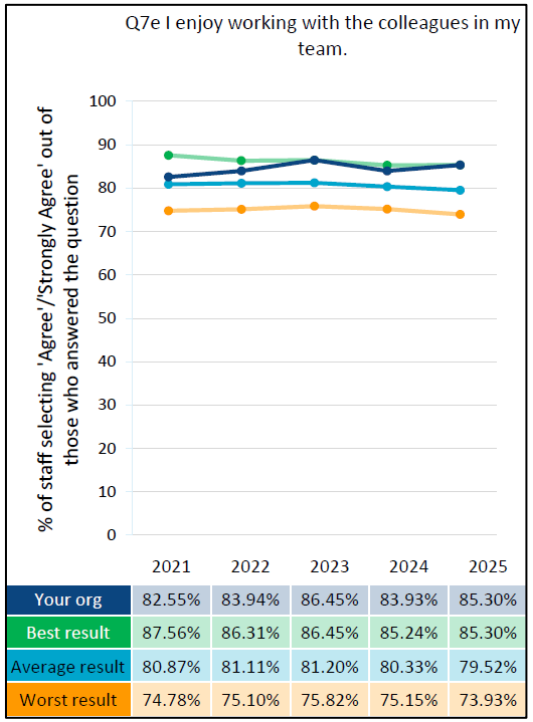
Team Working

Another strength continues to be the way we come together as teams. We achieved our highest benchmarking scores for colleagues feeling valued by their team, experiencing kindness and respect in daily interactions, and genuinely enjoying working with one another. These results reflect the positive relationships, mutual support, and everyday acts of teamwork that make this organisation a great place to work. Thank you to every team that fosters belonging, lifts each other up, and creates an environment where people can thrive together. This is a fantastic achievement—and something we should justifiably take pride in.

We are a team: Team working

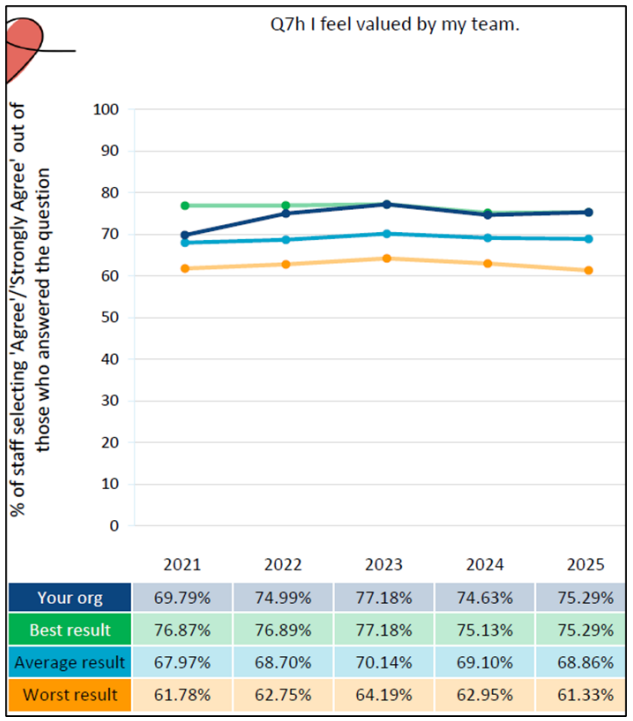


	2021	2022	2023	2024	2025
Your org	73.30%	75.69%	77.85%	75.38%	77.49%
Best result	78.46%	78.30%	77.85%	76.23%	77.49%
Average result	69.78%	70.35%	71.00%	70.47%	70.43%
Worst result	62.28%	63.13%	63.18%	65.35%	63.28%

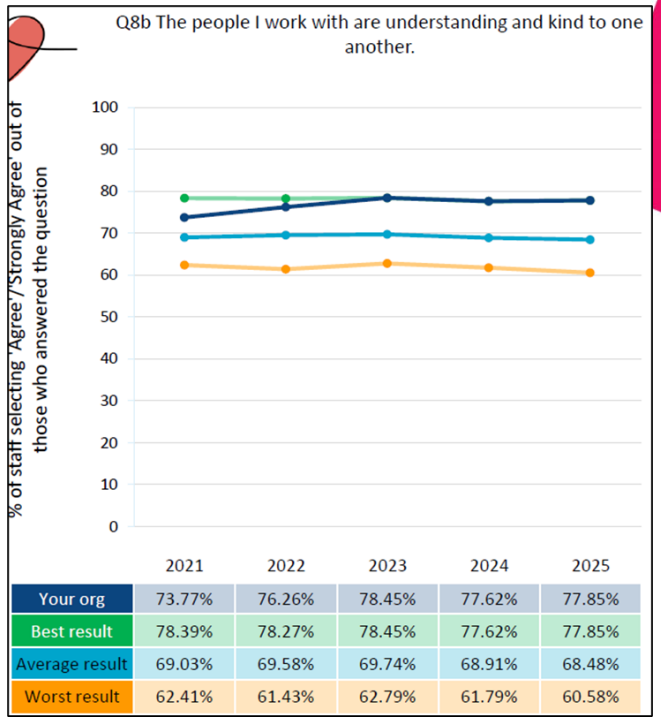


	2021	2022	2023	2024	2025
Your org	82.55%	83.94%	86.45%	83.93%	85.30%
Best result	87.56%	86.31%	86.45%	85.24%	85.30%
Average result	80.87%	81.11%	81.20%	80.33%	79.52%
Worst result	74.78%	75.10%	75.82%	75.15%	73.93%

We are compassionate and inclusive: Inclusion



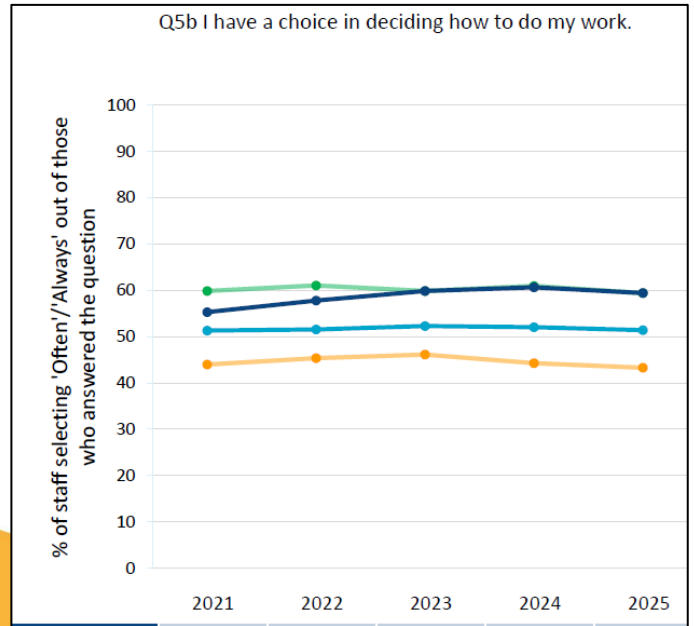
	2021	2022	2023	2024	2025
Your org	69.79%	74.99%	77.18%	74.63%	75.29%
Best result	76.87%	76.89%	77.18%	75.13%	75.29%
Average result	67.97%	68.70%	70.14%	69.10%	68.86%
Worst result	61.78%	62.75%	64.19%	62.95%	61.33%



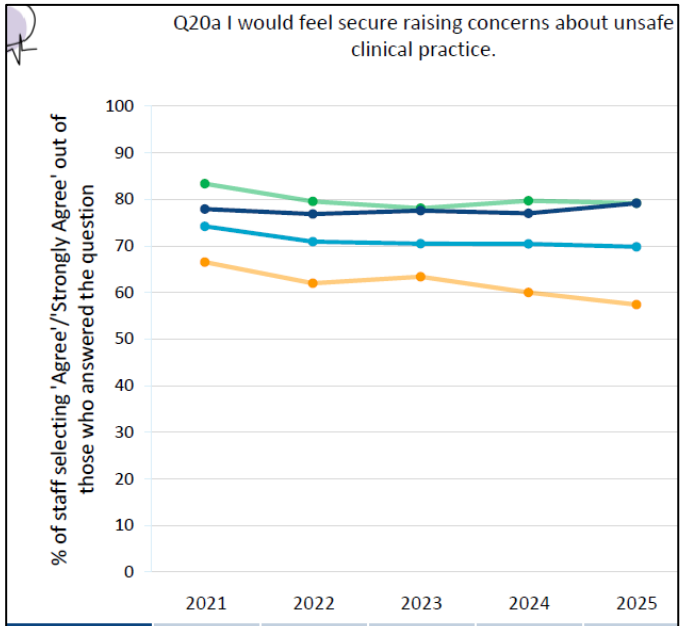
	2021	2022	2023	2024	2025
Your org	73.77%	76.26%	78.45%	77.62%	77.85%
Best result	78.39%	78.27%	78.45%	77.62%	77.85%
Average result	69.03%	69.58%	69.74%	68.91%	68.48%
Worst result	62.41%	61.43%	62.79%	61.79%	60.58%

2025 NHS Staff Survey – Areas to Celebrate

We each have a voice that counts: Autonomy and control / Raising concerns



	2021	2022	2023	2024	2025
Your org	55.29%	57.77%	59.83%	60.65%	59.39%
Best result	59.84%	61.04%	59.83%	60.94%	59.39%
Average result	51.31%	51.54%	52.28%	52.02%	51.37%
Worst result	43.95%	45.34%	46.12%	44.25%	43.28%



	2021	2022	2023	2024	2025
Your org	77.91%	76.85%	77.57%	77.01%	79.16%
Best result	83.36%	79.55%	78.09%	79.72%	79.16%
Average result	74.22%	70.95%	70.47%	70.44%	69.82%
Worst result	66.54%	61.98%	63.38%	60.04%	57.41%

Empowerment

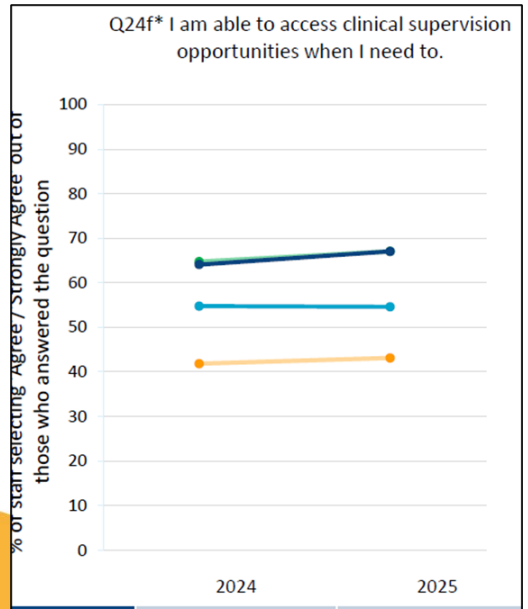
Feedback from two questions in the survey show how empowered our colleagues feel in their day-to-day roles. We achieved the best scores in our benchmarking group for two critical areas: colleagues agreeing that they have a choice in how they carry out their work, and colleagues feeling secure to raise concerns about unsafe clinical practice. In a clinical environment, this truly matters.

It reflects a culture where professional judgement is trusted, people have the autonomy to do their best work, and everyone feels confident to speak up when something doesn't feel right. This is essential to delivering safe, high-quality care and it is a powerful indication of the integrity, openness, and collective responsibility that runs throughout our organisation.

Thank you to everyone who contributes to an environment where every voice is valued and where speaking up keeps our patients and each other safe.

2025 NHS Staff Survey – Areas to Celebrate

We are always learning

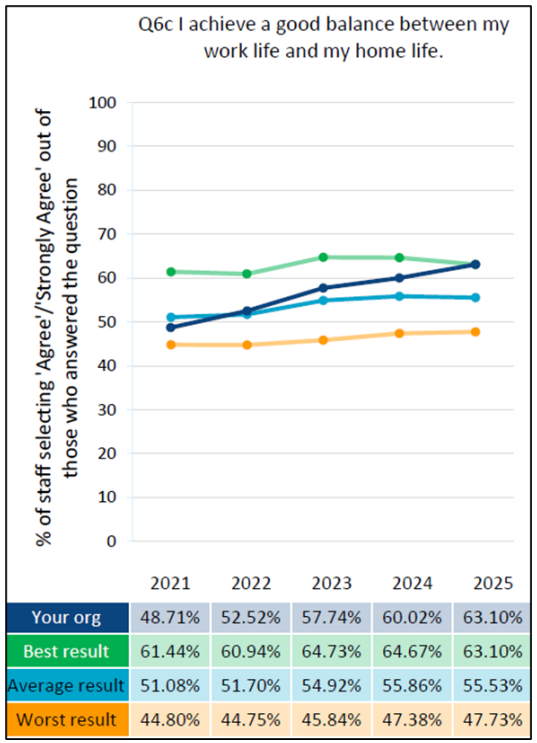


	2024	2025
Your org	64.05%	67.04%
Best result	64.74%	67.04%
Average result	54.76%	54.60%
Worst result	41.85%	43.13%

Clinical Supervision

We also achieved the best score in our benchmarking group for colleagues being able to access clinical supervision—a vital element to support high-quality, safe care. This is a fantastic achievement. Clinical supervision creates protected space for reflection, learning, and professional growth, helping colleagues develop confidence, improve practice, and maintain emotional wellbeing. These results show our commitment to investing in people's development and ensuring everyone has the support they need to learn, grow, and deliver the best possible care.

We work flexibly



	2021	2022	2023	2024	2025
Your org	48.71%	52.52%	57.74%	60.02%	63.10%
Best result	61.44%	60.94%	64.73%	64.67%	63.10%
Average result	51.08%	51.70%	54.92%	55.86%	55.53%
Worst result	44.80%	44.75%	45.84%	47.38%	47.73%

Work – Life Balance

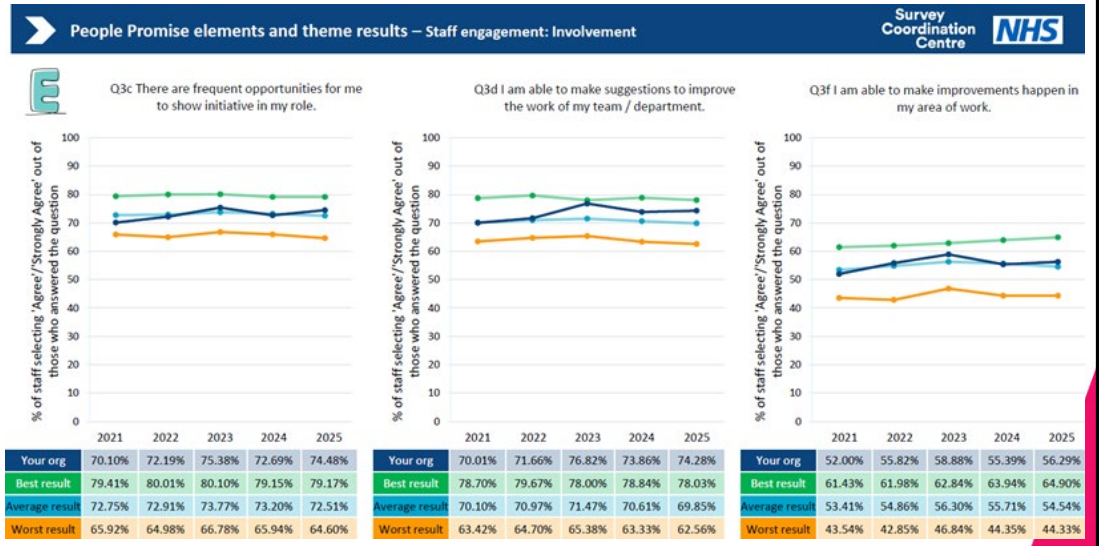
We are proud to have achieved a result equal to the best in our benchmarking group for colleagues feeling they have a good balance between work and home life. This reflects the significant work across the organisation to promote, embed, and support flexible working in ways that genuinely make a difference. It's a positive sign that our efforts are helping people manage their wellbeing, feel supported in their personal commitments, and thrive both inside and outside of work.

Priority Areas from 2024 NSS – You Said, We Did

Staff Engagement: *Positive trend over 5 years for each sub-theme; above benchmark average 2022 – 25; strongest increase in advocacy (recommend HDFT as place to work, & place to receive treatment).*

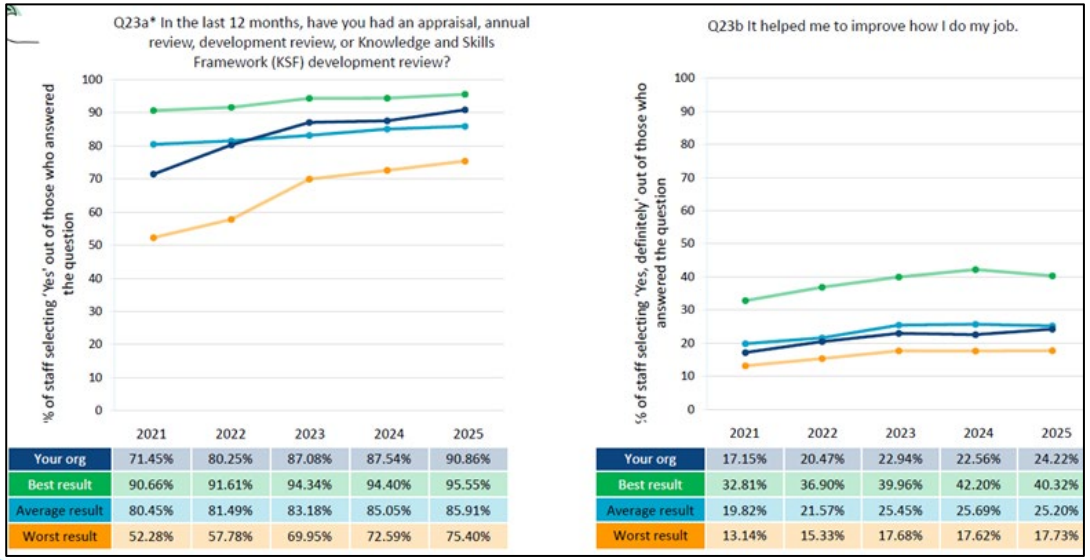
	Motivation					Involvement					Advocacy				
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
Your org	6.94	7.09	7.20	7.14	7.15	6.63	6.80	7.04	6.85	6.92	6.60	6.65	6.92	7.00	7.14
Best result	7.43	7.45	7.39	7.33	7.26	7.22	7.30	7.21	7.27	7.24	7.86	7.70	7.78	7.89	7.89
Average result	6.96	6.95	7.05	6.98	6.87	6.75	6.78	6.86	6.83	6.77	6.78	6.60	6.74	6.70	6.63
Worst result	6.56	6.48	6.63	6.48	6.41	6.32	6.28	6.44	6.20	6.20	5.67	5.60	5.73	5.24	5.17

Involvement: *Breakthrough Objective in 2025 after significant decline in 2024. All three questions have seen an improvement in 2025 NSS; all above benchmark average.*

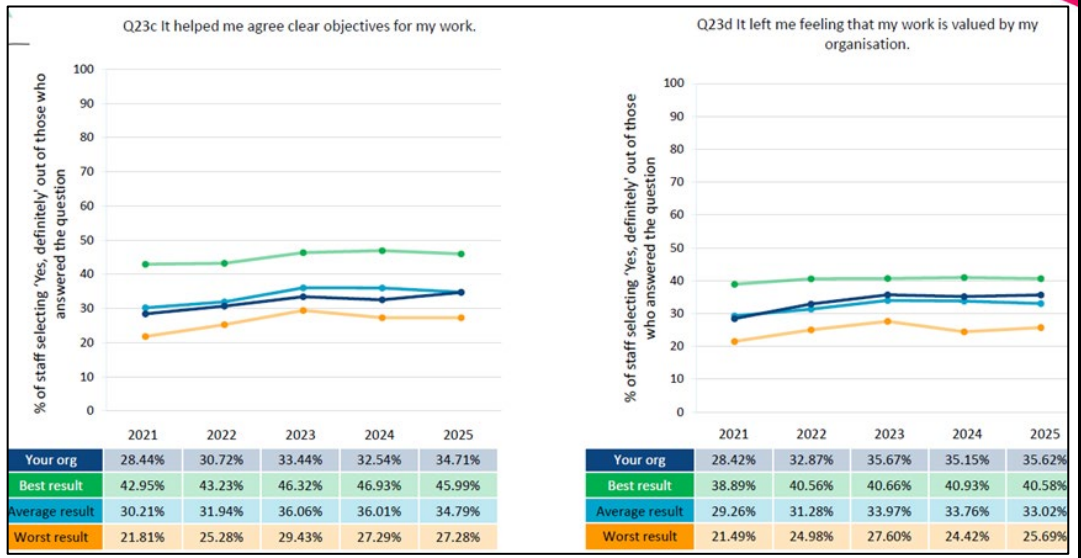


	Q3c					Q3d					Q3f				
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
Your org	70.10%	72.19%	75.38%	72.69%	74.48%	70.01%	71.66%	76.82%	73.86%	74.28%	52.00%	55.82%	58.88%	55.39%	56.29%
Best result	79.41%	80.01%	80.10%	79.15%	79.17%	78.70%	79.67%	78.00%	78.84%	78.03%	61.43%	61.98%	62.84%	63.94%	64.90%
Average result	72.75%	72.91%	73.77%	73.20%	72.51%	70.10%	70.97%	71.47%	70.61%	69.85%	53.41%	54.86%	56.30%	55.71%	54.54%
Worst result	65.92%	64.98%	66.78%	65.94%	64.60%	63.42%	64.70%	65.38%	63.33%	62.56%	43.54%	42.85%	46.84%	44.35%	44.33%

Appraisal: *HDFT scores above benchmark average 2023-25 in staff saying they have had an appraisal, but consistently below average for staff saying it helped to improve how they do their job / agree clear objectives (ie quality). However all appraisal questions saw an improvement in 2025.*



	Q23a					Q23b				
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
Your org	71.45%	80.25%	87.08%	87.54%	90.86%	17.15%	20.47%	22.94%	22.56%	24.22%
Best result	90.66%	91.61%	94.34%	94.40%	95.55%	32.81%	36.90%	39.96%	42.20%	40.32%
Average result	80.45%	81.49%	83.18%	85.05%	85.91%	19.82%	21.57%	25.45%	25.69%	25.20%
Worst result	52.28%	57.78%	69.95%	72.59%	75.40%	13.14%	15.33%	17.68%	17.62%	17.73%



	Q23c					Q23d				
	2021	2022	2023	2024	2025	2021	2022	2023	2024	2025
Your org	28.44%	30.72%	33.44%	32.54%	34.71%	28.42%	32.87%	35.67%	35.15%	35.62%
Best result	42.95%	43.23%	46.32%	46.93%	45.99%	38.89%	40.56%	40.66%	40.93%	40.58%
Average result	30.21%	31.94%	36.06%	36.01%	34.79%	29.26%	31.28%	33.97%	33.76%	33.02%
Worst result	21.81%	25.28%	29.43%	27.29%	27.28%	21.49%	24.98%	27.60%	24.42%	25.69%

NSS 2025 Areas for Focus

Workforce resilience & wellbeing is a proposed area of focus for 2026-27. Do our staff have realistic workloads? Specific questions influencing their selection is provided below.

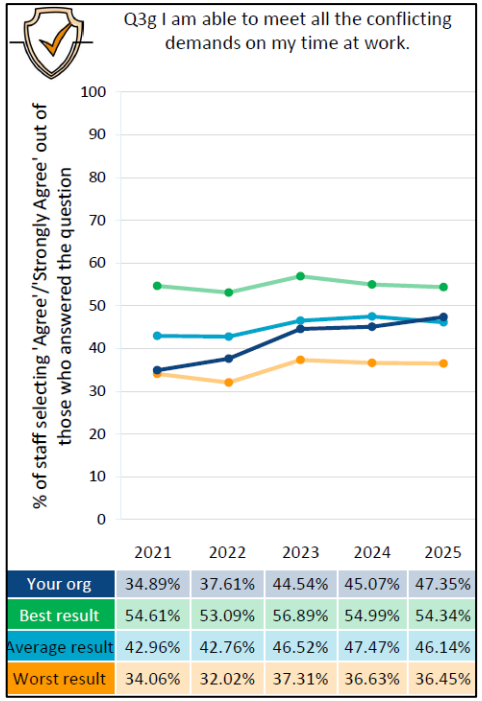
Lowest (poorest) scoring questions include those about time pressures, working unpaid hours and working when not feeling well.

Bottom 10 Scores for your organisation

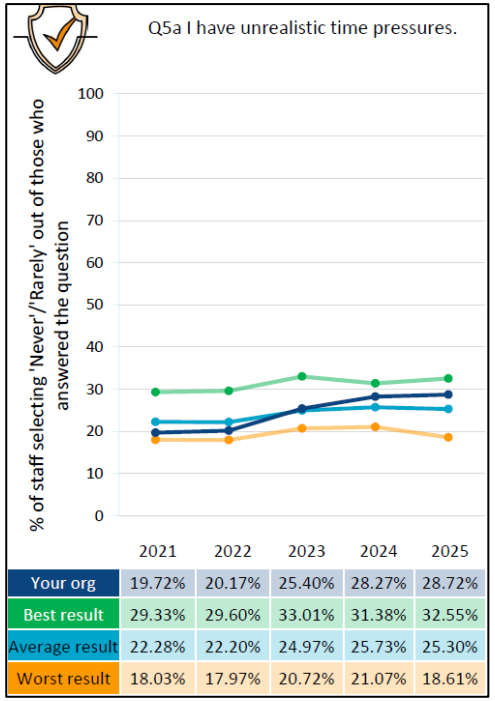
			Score
1	23b	The appraisal / review helped me to improve how I do my job.	24.2%
2	5a	I never / rarely have unrealistic time pressures.	28.7%
3	23c	The appraisal / review helped me agree clear objectives for my work.	34.7%
4	23d	The appraisal / review left me feeling that my work is valued by my organisation.	35.6%
5	4c	I am satisfied with my level of pay.	37.6%
6	3i	There are enough staff at this organisation for me to do my job properly.	39.6%
7	10c	I work additional UNPAID hours for this organisation, over and above my contracted hours.	53.9%
8	3g	I am able to meet all the conflicting demands on my time at work.	47.4%
9	4b	I am satisfied with the extent to which my organisation values my work.	49.6%
10	11d	In the last three months I have come to work despite not feeling well enough to perform my duties.	49.7%

Time pressures:

Number of staff reporting experiencing time pressures is improving but is only a little better than benchmark average. There is a possible correlation with staff working unpaid hours.



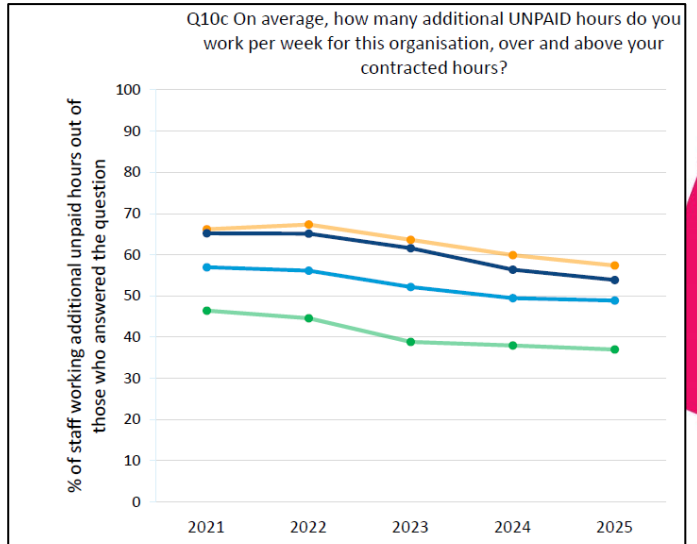
	2021	2022	2023	2024	2025
Your org	34.89%	37.61%	44.54%	45.07%	47.35%
Best result	54.61%	53.09%	56.89%	54.99%	54.34%
Average result	42.96%	42.76%	46.52%	47.47%	46.14%
Worst result	34.06%	32.02%	37.31%	36.63%	36.45%



	2021	2022	2023	2024	2025
Your org	19.72%	20.17%	25.40%	28.27%	28.72%
Best result	29.33%	29.60%	33.01%	31.38%	32.55%
Average result	22.28%	22.20%	24.97%	25.73%	25.30%
Worst result	18.03%	17.97%	20.72%	21.07%	18.61%

Working UNPAID hours

Number of staff reporting working additional UNPAID hours equates to >1750 staff. This is consistently "significantly worse" than benchmark average (and has been since 2022 NHS Staff Survey).



	2021	2022	2023	2024	2025
Your org	65.18%	65.11%	61.58%	56.37%	53.86%
Lowest	46.42%	44.57%	38.81%	37.94%	36.98%
Average	56.96%	56.11%	52.13%	49.47%	48.87%
Highest	66.17%	67.31%	63.58%	59.88%	57.36%
Responses	1603	1865	2136	2410	3263

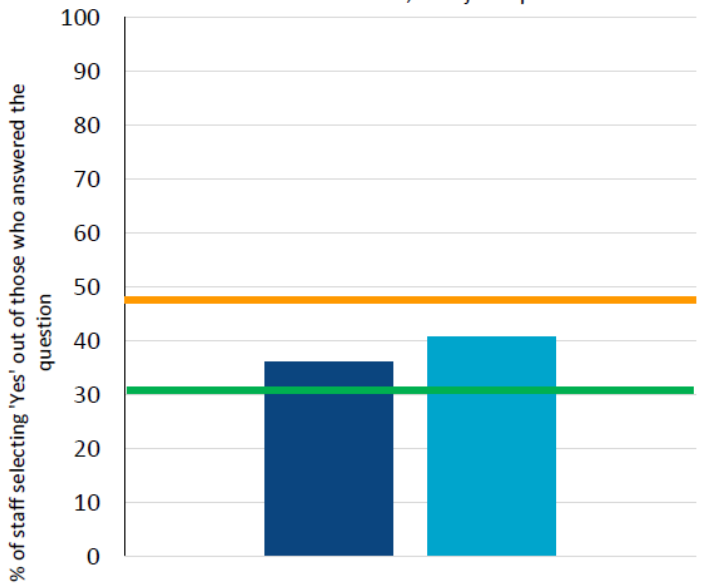
NSS 2025 Areas for Focus

Workforce resilience & wellbeing is a proposed area of focus for 2026-27. Do our staff have realistic workloads? Specific questions influencing their selection is provided below.

MSK Problems / work-related stress / working when not feeling well enough

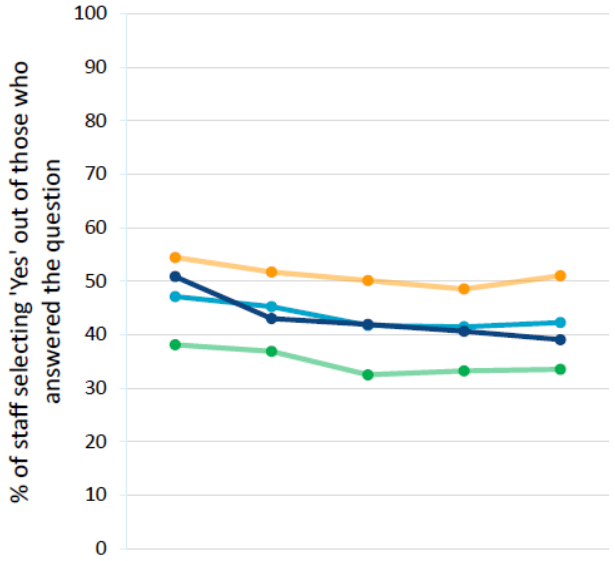
- *Number of staff reporting a work-related MSK problem equates to c1,200 staff.*
- *Number of staff reporting feeling unwell from work related stress, and coming to work despite not being well enough is improving, but equates to >1,290 and >1,640 respectively.*

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Examples may include back pain, neck or arm strains, and joint pain.



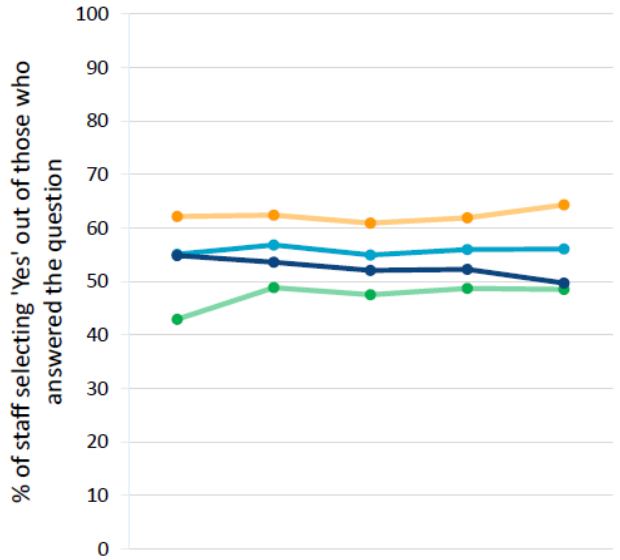
	2025
Your org	36.17%
Best result	30.97%
Average result	40.70%
Worst result	47.69%
Responses	3315

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2021	2022	2023	2024	2025
Your org	50.83%	42.99%	41.88%	40.61%	39.05%
Best result	38.09%	36.86%	32.48%	33.18%	33.51%
Average result	47.11%	45.20%	41.72%	41.44%	42.26%
Worst result	54.42%	51.68%	50.08%	48.50%	50.97%
Responses	1640	1903	2181	2450	3315

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?

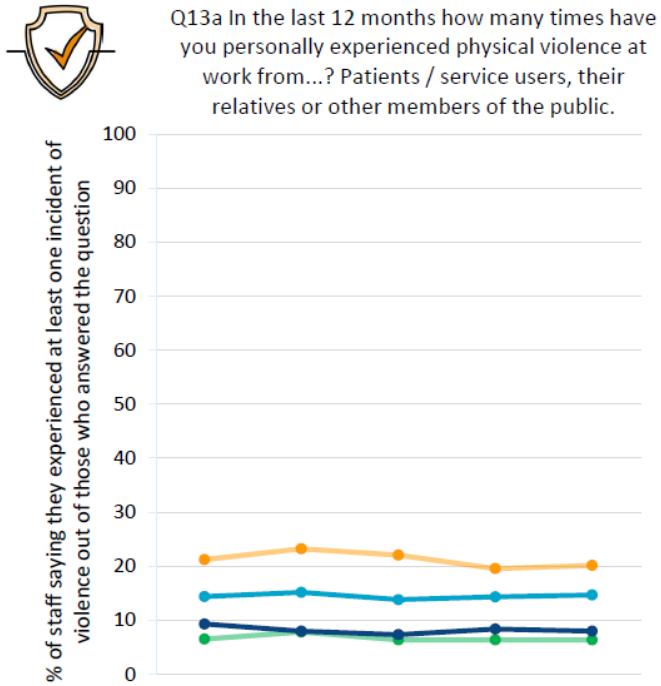


	2021	2022	2023	2024	2025
Your org	54.85%	53.61%	52.07%	52.28%	49.69%
Best result	42.92%	48.84%	47.51%	48.71%	48.53%
Average result	55.08%	56.82%	54.94%	55.96%	56.08%
Worst result	62.16%	62.39%	60.90%	61.90%	64.31%
Responses	1640	1906	2185	2446	3319

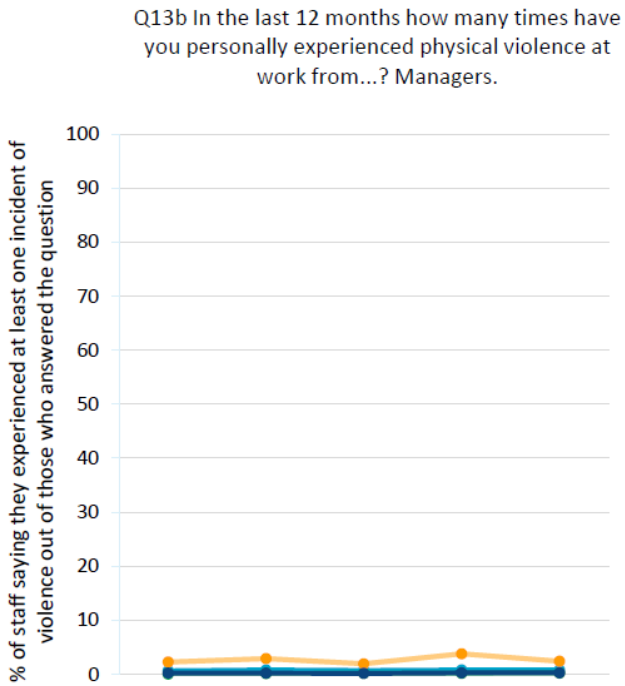
NSS 2025 Areas for Focus

Staff experiencing violence or aggression – a proposed area of focus for 2026-27.

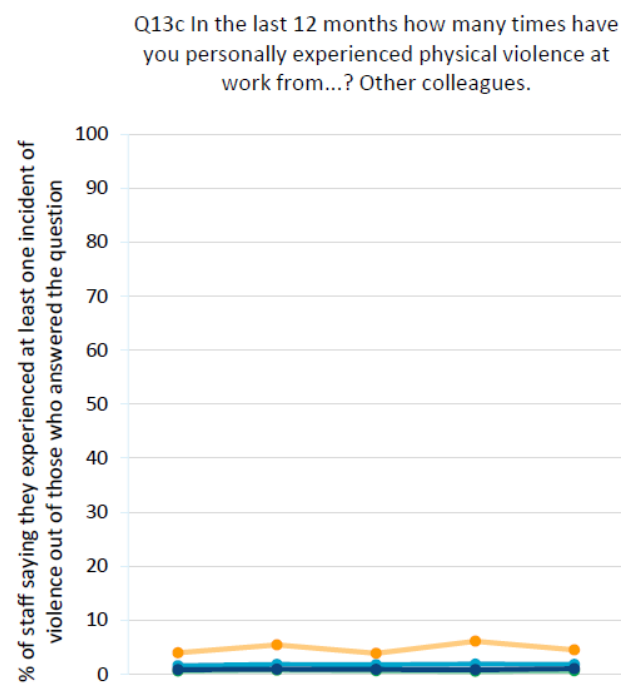
- While HDFT scores compare favourably with benchmark group, the number of staff experiencing physical violence from patients / services users etc equates to >250.
- Correlates with an increase in reported incidents of physical assault (78 between Apr 24 – Feb 25; 138 between Apr 25 – Feb 26).



	2021	2022	2023	2024	2025
Your org	9.30%	7.97%	7.31%	8.38%	7.96%
Best result	6.50%	7.81%	6.35%	6.35%	6.35%
Average result	14.38%	15.15%	13.81%	14.31%	14.65%
Worst result	21.20%	23.21%	22.02%	19.54%	20.14%
Responses	1644	1907	2187	2445	3323



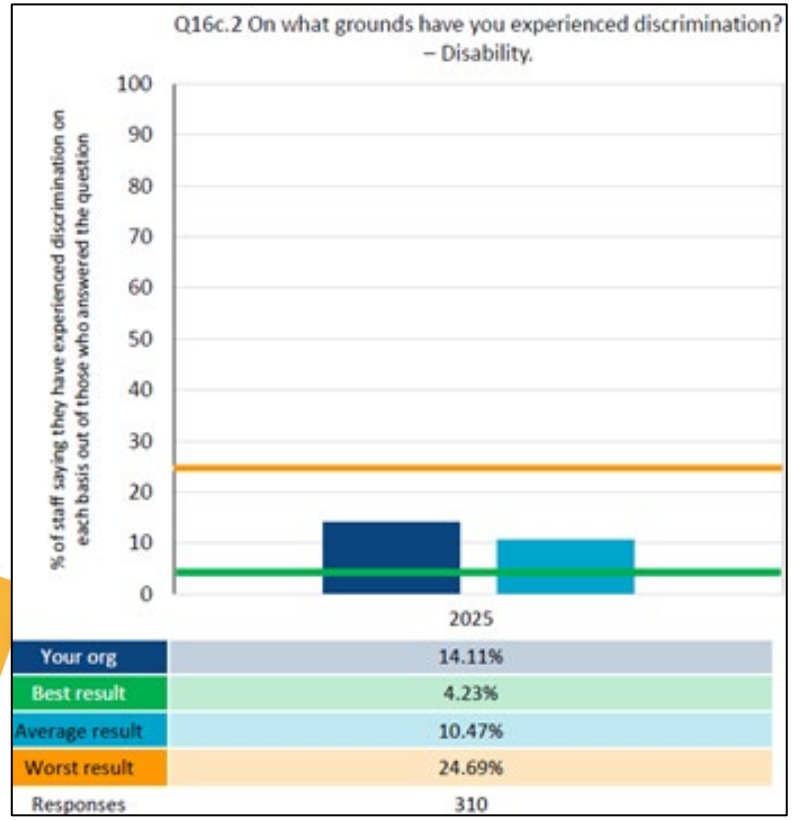
	2021	2022	2023	2024	2025
Your org	0.17%	0.18%	0.14%	0.23%	0.26%
Best result	0.00%	0.11%	0.14%	0.14%	0.21%
Average result	0.63%	0.79%	0.68%	0.76%	0.76%
Worst result	2.23%	2.90%	1.93%	3.78%	2.37%
Responses	1638	1905	2184	2437	3311



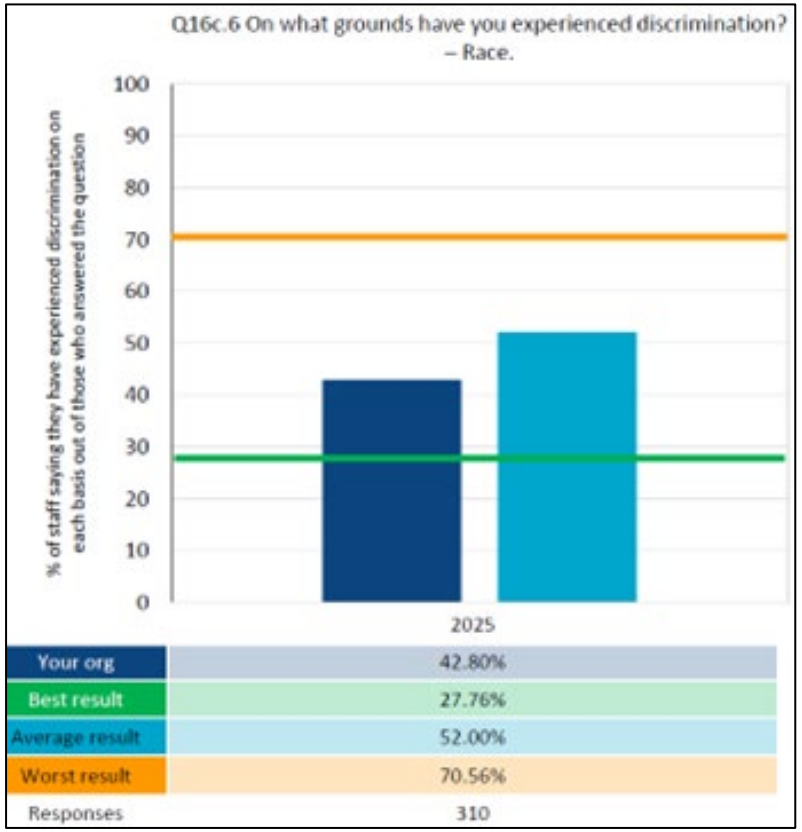
	2021	2022	2023	2024	2025
Your org	0.84%	0.92%	0.87%	0.82%	1.01%
Best result	0.56%	0.76%	0.65%	0.54%	0.63%
Average result	1.58%	1.83%	1.78%	1.88%	1.80%
Worst result	3.98%	5.44%	3.86%	6.09%	4.51%
Responses	1622	1889	2170	2419	3298

NSS 2025 Areas for Focus

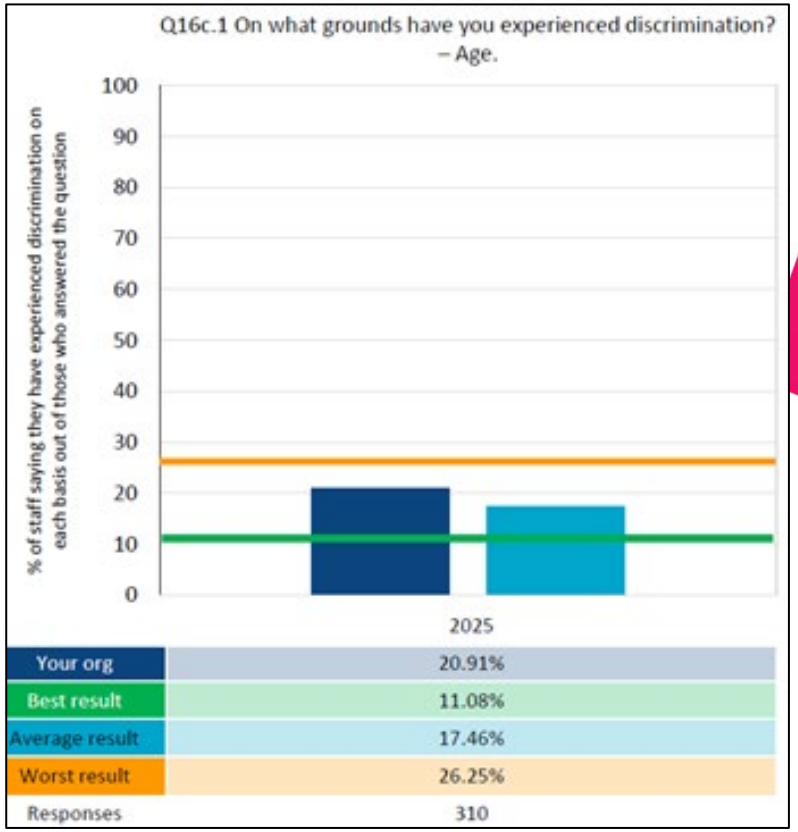
Experience of staff with disabilities / long-term conditions, and colleagues with the protected characteristics of race and age – a proposed area of focus for 2026-27. Overall on inclusion, HDFT compares favourably with sector. However, of the 310 staff saying they experienced bullying / harassment in previous 12 months, a greater proportion selected "on grounds of…" disabilities / long-term conditions and age compared with sector. The greatest proportion of those who experienced bullying / harassment cited "on grounds of…" race.



Your org	14.11%
Best result	4.23%
Average result	10.47%
Worst result	24.69%
Responses	310



Your org	42.80%
Best result	27.76%
Average result	52.00%
Worst result	70.56%
Responses	310



Your org	20.91%
Best result	11.08%
Average result	17.46%
Worst result	26.25%
Responses	310

teamHDFT At our best

NHS Harrogate and District NHS Foundation Trust

ENABLING AMBITION: DIGITAL TRANSFORMATION AND MATURITY TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE 2025-2026

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 that will revolutionise how we provide care.

GOALS:

Quality & Safety

Systems which enable staff to improve the quality and safety of care

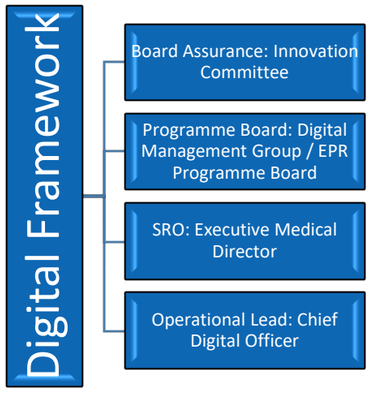
Information

Timely, Accurate Information to enable continuous improvement

Electronic Health Record

An Electronic Health Record to enable effective collaboration across all care pathways

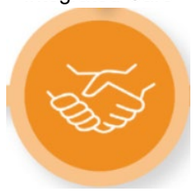
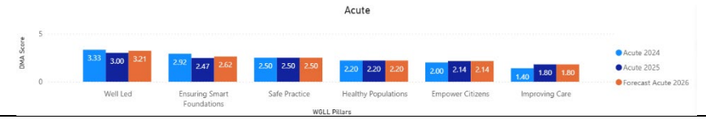
Ambition Metrics (Executive Lead: 10-15 Year deliverable)



Breakthrough Objective:	None
Corporate Project:	None
Overarching Risk Appetite:	Operational - Cautious

Ambition	True North Metric	Workstream	Ambition Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite
					1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
DIGITAL TRANSFORMATION & MATURITY TO INTEGRATE CARE & IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE	All	Well Led	Achieve a score of 5/5 across all seven What Good Looks like (WGLL) pillars	Operational: Cautious	
		Ensuring Smart Foundations		Operational: Cautious	
		Safe Practice		Operational: Cautious	
		Support People		Operational: Cautious	
		Empower Citizens		Operational: Cautious	
		Improving Care		Operational: Cautious	
		Healthy Populations		Operational: Cautious	

True North Metrics Summary:

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
Best Quality & Safest Care  Person Centred, Integrated Care  Great Start in Life  Making HDFT The Best Place to Work 	***Overarching Vision:*** To improve our Digital Maturity in keeping with the "What Good Looks Like" national programme for Digital Services in the NHS, so that our colleagues will have improved leadership skills, more advanced solutions, safe and secure digital foundations and practices, improved support and services, and will be better empowered to perform their roles. In turn, this will lead to better and more informative data and improvements in patient care and clinical services.	We aspire to achieve a score of 5/5 across all seven What Good Looks Like (WGLL) pillars. For 25/26, we aim to achieve an average score of 3/5 across the seven pillars.	Planning will be done on a domain-by-domain basis, initially focussing on the domains with the greatest priority, where A3 thinking will be applied to each one. Where pillars are larger and more complex, multiple A3's may be required. Each A3 will include countermeasures for its respective pillar, with dates for delivery over the next five years. Improvements may need funding to deliver, so in these cases, business cases will be developed to secure funding.	Our ambition is to improve the organisations digital maturity that promotes best quality, safest care and now continues into its second year (2025-26). The first year (2024-25) focused on the delivery of several projects including a new Laboratory system, further transition to paper-lite processes, patient engagement portals (PEP), cyber essentials, robot process automation, Artificial Intelligence and rostering solutions and preparation for a new EPR. The key project priority for 2025/26 is the delivery of the new Nervecentre EPR solution. However, we are also focussing on how we can improve our overall digital maturity against WGLL. We assess ourselves annually using the National Digital Maturity Assessment (DMA) tool for both Acute and Community. The results from this year's DMA were published at the end of July 2025. Our WGLL current state is now being analysed, with opportunities for improvement being identified and to be planned over the coming years. The table below describes the results of the DMA submitted in Q1 24/25. The forecast scores shown below include last year's results as the minimum expected score, but where A3 work has been developed and further improvements planned, it includes the improved forecast scores for these areas. **The scores below for all seven pillars cover Acute and Community and there are separate DMA submissions for Acute and Community. However, most scores are the same for both Acute and Community because the digital solutions, systems, governance and processes we have in place are organisation wide.** The plan for the National Digital Maturity Survey is as follows as at 18th February 2026: *"The programme has now taken the decision to delay this year's DMA by around 2 - 3 months. This is due to approval delays and internal resource uncertainty. We are still planning to give Provider trusts and regional teams plenty of preparation time for the assessment. Therefore, from early April we will require your support to validate our respondent list. We will shortly confirm the new launch date; in the meantime, we would appreciate your patience and support in managing any respondent enquiries about the delay to assure Trusts that we still intend to launch the DMA this year."* 		

<table>
<tr><th>True North Metric</th><th>Vision</th><th>Goal</th><th>Countermeasures</th><th>Current Status</th><th>Level of Risk To Achieving Goal (C x L)</th><th>Level of Risk for progressing actions</th></tr>
<tr><td rowspan="2"></td><td></td><td></td><td></td><td> 

This also includes a comparison against our counterparts in HNY:
<table>
<tr><td>ICS</td><td colspan="10">NHS HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD</td></tr>
<tr><td>Provider</td><td colspan="2">HARROGATE AND DISTRICT NHS FOUNDATION TRUST</td><td colspan="2">HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST</td><td colspan="3">HUMBER TEACHING NHS FOUNDATION TRUST</td><td colspan="2">NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST</td><td colspan="2">YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST</td></tr>
<tr><td>WGLL Pillars</td><td>Acute</td><td>Community</td><td>Acute</td><td>Community</td><td>Mental Health</td><td>Acute</td><td>Community</td><td>Acute</td><td>Community</td></tr>
<tr><td>Well Led</td><td>3.0</td><td>3.0</td><td>1.8</td><td>2.3</td><td>2.3</td><td>1.8</td><td>1.8</td><td>2.8</td><td>2.8</td></tr>
<tr><td>Ensure Smart Foundations</td><td>2.5</td><td>2.5</td><td>2.6</td><td>3.5</td><td>3.4</td><td>2.6</td><td>2.7</td><td>2.7</td><td>2.3</td></tr>
<tr><td>Safe Practice</td><td>2.5</td><td>2.5</td><td>2.0</td><td>3.0</td><td>3.5</td><td>1.5</td><td>2.0</td><td>2.3</td><td>2.3</td></tr>
<tr><td>Support Workforce</td><td>2.8</td><td>2.8</td><td>2.5</td><td>3.8</td><td>3.8</td><td>2.5</td><td>2.8</td><td>2.8</td><td>2.8</td></tr>
<tr><td>Empower People</td><td>2.1</td><td>2.1</td><td>2.9</td><td>1.9</td><td>2.1</td><td>2.6</td><td>2.7</td><td>1.9</td><td>1.9</td></tr>
<tr><td>Improve Care</td><td>1.8</td><td>1.6</td><td>2.8</td><td>2.4</td><td>2.5</td><td>2.8</td><td>3.2</td><td>2.0</td><td>2.0</td></tr>
<tr><td>Healthy Populations</td><td>2.2</td><td>2.2</td><td>2.2</td><td>3.6</td><td>3.6</td><td>2.2</td><td>2.2</td><td>2.4</td><td>2.4</td></tr>
<tr><td>Total</td><td>2.4</td><td>2.4</td><td>2.5</td><td>3.1</td><td>3.1</td><td>2.4</td><td>2.6</td><td>2.4</td><td>2.3</td></tr>
</table></td><td></td><td></td></tr>
<tr><td>Seven Pillars of WGLL:

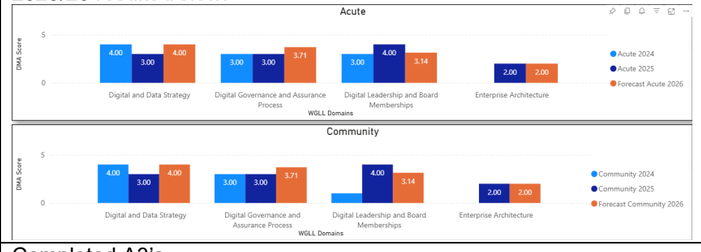
1. Well Led – A clear strategy for digital transformation & collaboration. Our leaders collectively own & drive the digital transformation journey, placing citizens & frontline perspectives at the centre. All leaders promote digitally enabled transformation to efficiently deliver safe, high-quality care</td><td>As above</td><td><table>
<tr><th>Countermeasure</th><th>Owner</th><th>Due Date</th></tr>
<tr><td>• Development of a five-year costed and funded plan to deliver the digital strategy</td><td>AW</td><td>Q3 25/26</td></tr>
<tr><td>• Refreshed Board Assurance Framework (BAF) (Whilst we have a Digital Strategy, moving forward, the BAF will replace the Digital Strategy)
• Development of Digital Strategy roadmap with time bound objectives
• Development of a workforce plan to provide capacity to deliver the strategy</td><td>AW</td><td>Q3 25/26</td></tr>
<tr><td>• Agreed with Deputy Director for Business Intelligence, Performance, Planning & Productivity for the Data & Performance BAF to include the Data Strategy so that it mirrors the approach for Digital</td><td>MS</td><td>Q2 25/26</td></tr>
<tr><td>• Consider whether these additional roles are necessary and if so, include as part of the workforce plan and five year costed plan</td><td>AW</td><td>Q1 25/26</td></tr>
<tr><td>• Consider whether this function is required, and if so, include as part of the revised digital strategy, workforce plan and five year costed plan</td><td>AW</td><td>Q1 25/26</td></tr>
</table></td><td>Completed A3’s
• Digital & Data Strategy, Digital Leadership & Board Membership, Digital Governance & Assurance Processes, Enterprise Architecture

A3’s to Complete (End March 26)
• None

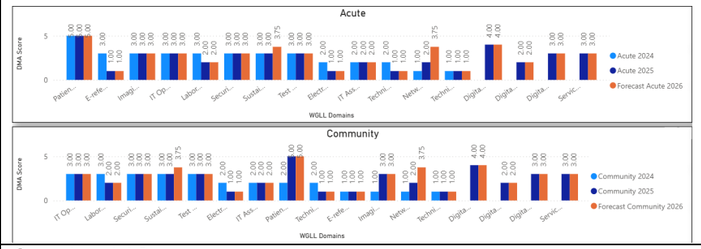
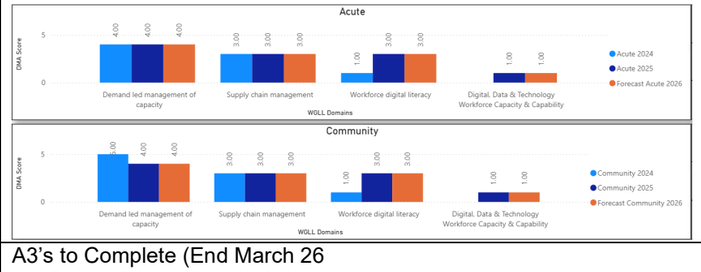
The responses to the Well Led pillar of the national DMA have been analysed and activities required to deliver improvements in 2025/26 have been prioritised, with countermeasures and a high-level plan agreed. These have been documented in an A3 Impact document for this pillar.

This Digital BAF will replace the existing Digital Strategy, so any identified shortcomings in the Digital Strategy identified through the DMA, will now be included in the BAF moving forward. The requirement for a data strategy will be mirrored in the Data BAF.

Work will be undertaken this year to produce longer term costed roadmaps, that include workforce plans, with a view to secure funding.

2025/26 results below.
 
</td><td></td><td></td></tr>
<tr><td>Ensuring Smart Foundations - Digital, data & infrastructure operating environments are reliable, modern, secure, sustainable & resilient. We have well-resourced teams who are competent to deliver modern digital & data services</td><td></td><td>June 25 – Digital SLT agreed dates to develop individual A3’s throughout 25/26 - These are likely to be a collection of domains within this pillar rather than one A3 for the pillar as the size and complexity will make this challenging</td><td>Completed A3’s
• Sustainability Agenda, Networking, Technical and Legacy Debt, Technical Infrastructure, Security and Privacy of Hardware Devices, IT and Infrastructure Asset Management

A3’s to Complete (End March 26)</td><td></td><td></td></tr>
</table>

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
				• IT Operations & Service Management, Service Quality Assurance, EPR Coverage, EPR Digital Capabilities, Patient Administration System, NHS E-Referral System, Digital Medicines – Interoperability, Digital Medicines – Prescribing & Administration, Digital Medicines – Dispensing & Suppliers, Imaging Systems, Laboratory & Pathology Specimen Management & Automation Systems, Test Management (Diagnostics), Blood Management Implementation plans for these domains to be completed End of April 26 		
	Safe Practice - We maintain standards for safe care, as set out by the Digital Technology Assessment Criteria for health & social care (DTAC) & routinely review system-wide security, sustainability & resilience		June 25 – Digital SLT agreed dates to develop individual A3's throughout 25/26 - These are likely to be a collection of domains within this pillar rather than one A3 for the pillar as the size and complexity will make this challenging	Completed A3's • Cyber & Network Security A3's to Complete (End March 26) • Clinical Safety & Assurance • Identity & Access Management • Data Governance Implementation plans for these domains to be completed End of April 26		
	Support Workforce- Our workforce is digitally literate & able to work optimally with data & technology. Digital & data tools & systems are fit for purpose & support staff to do their jobs well		June 25 – Digital SLT agreed dates to develop individual A3's throughout 25/26 - These are likely to be a collection of domains within this pillar rather than one A3 for the pillar as the size and complexity will make this challenging	Completed A3's • Digital Data & Technology Workforce Capacity & Capability, Demand Led Management of Capacity, Supply Chain Management A3's to Complete (End March 26 • Workforce Digital & Data Literacy Implementation plans for these domains to be completed End of April 26 		
	Empower Citizens - Citizens are at the centre of service design & have access to a standard set of digital services that suit all literacy & digital inclusion needs. Citizens can access & contribute to their healthcare		June 25 – Digital SLT agreed dates to develop individual A3's throughout 25/26 - These are likely to be a collection of domains within this pillar rather than one A3 for the pillar as the size and complexity will make this challenging	A3's to Complete (End March 26) • Digital Consultations, Citizen Accessible Health Records, Public Engagement & Communication, Appointment Booking & Check in, Self-Triage & Self-Referral Capabilities, Digital Front Door & Patient Portals, Condition Specific Care Apps & Portal		

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
	information, taking an active role in their health & well-being			Implementation plans for these domains to be completed End of April 26		
	Improve Care - We embed digital & data within our improvement capability to transform care pathways, reduce unwarranted variation & improve health & wellbeing. Digital solutions enhance services for patients & ensure that they get the right care when they need it & in the right place		June 25 – Digital SLT agreed dates to develop individual A3's throughout 25/26 - These are likely to be a collection of domains within this pillar rather than one A3 for the pillar as the size and complexity will make this challenging	Completed A3's • Monitoring & Operational Performance A3's to Complete (End March 26 • Shared Care Records, Care Co-Ordination, Virtual Wards & Hospital At Home, Standards & Interoperability, Artificial Intelligence Implementation plans for these domains to be completed End of April 26		
	Healthy Populations - We use data to design & deliver improvements to population health & wellbeing, making best use of collective resources. Insights from data are used to improve outcomes & address health inequalities		June 25 – Digital SLT agreed dates to develop individual A3's throughout 25/26 - These are likely to be a collection of domains within this pillar rather than one A3 for the pillar as the size and complexity will make this challenging	A3's to Complete (End March 26 • Central Data Repository & Data Lakes, Metadata Management, Design of Interventions, Predictive Analytics for Population Health, Innovation & Research Implementation plans for these domains to be completed End of April 26		

Breakthrough Objective:

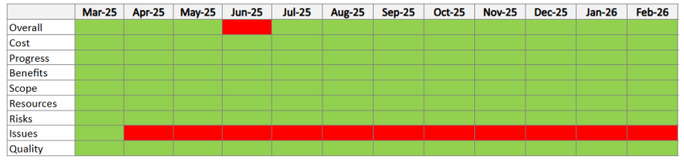
True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
None						

Corporate Project: [MAJOR PROJECTS ONLY]

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
Best Quality & Safest Care	Upgrade to the cloud version of Chemocare in readiness for a possible future regional cloud solution	Chemotherapy Prescribing System Upgrade	• Engage with supplier/service • Complete discovery • Plan & deliver solution	• Discovery in progress • Awaiting funding to be confirmed		
Best Quality & Safest Care	Radiology booking office with ability for patients to book direct into appointments	Radiology Electronic Booking Office	• Develop business case and secure funding • Complete procurement • Complete discovery • Plan & deliver solution	• Feb 26 - Business case approved by BCRG • YIC funding needs spending by Mar 26 • PM resource allocated • Procurement underway • Delivery being planned		
Best Quality & Safest Care	Replace the current Cardiology system	Cardiology System Replacement	• Engage with supplier/service • Complete discovery • Plan & deliver solution	• Feb 26 – Solution procured • Feb 26 - Project Initiated • Delivery being planned		
Best Quality & Safest Care	Electronic meal ordering system so patient can order their own meals and provide efficiencies to the catering team/Trust	Meal Ordering, Portering & Domestics System	• Piggyback off LTHT procurement • Complete business case and secure funding • Engage with supplier/service • Complete discovery • Plan & deliver solution	• Synbiotix supplier confirmed for Meal Ordering, Portering and Domestics • Business case approved by BCRG and SDR • 3 Projects being initiated and planned		

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
Best Quality & Safest Care	Delivery of a regional integrated PACS and RIS solution	Regional PACS & RIS Replacement	• Regional procurement and business case to be developed and funding secured • Work with supplier/service - regional programme to plan delivery • Deliver solution	• Awaiting procurement, business case and funding to be secured • Procurement plan shared • Procurement evaluation being planned		
Best Quality & Safest Care	Electronic Pre-Operative Assessment questionnaire to be completed by patient on PKB	Pre-Operative Assessment Questionnaire (PKB)	• Plan & deliver solution	• Oct 25 - Project Initiated – PID/Plan signed off • Feb 26 - Pilot Go Live • Mar 26 - Roll out to all specialties		
Best Quality & Safest Care	Job planning solution for AHP's	Job Planning for AHP's	• Confirm approach to procurement – Existing job planning solution (SARD) in the Trust already – AHP service would like another solution as it does not meet their needs • Complete procurement, business case and secure funding • Plan & deliver solution	• Developing requirement before testing the market		
Best Quality & Safest Care	Winpath (LIMS) Upgrade	Upgrade the Pathology LIMS solution region wide	• Plan & deliver upgrade	• 13th Apr – Go Live		

Strategic Programme: Electronic Patient Record

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
Best Quality & Safest Care		*Goals* / *Date* *EPR Live* — *Apr 26* *New processes to realise benefits* — *Apr 26* *Paper-Lite* — *Apr 26* *HIMSS Level 5* — *Apr 26* *Reduction in patient record systems* — *Apr 26* *EPR DCF 90% Achieved* — *Apr 26* *Optimised System Year 1* — *Mar27* *Enhance EPR with ePM* — *Mar28* *Optimised System Year2* — *Mar28*	Countermeasures / Owner / Date Design, build & test the EPR (T1) — RA — Sep 25 Train end users & prepare for go live (T1a) — RA — Oct 25 Go live with the new EPR, new ways of working & support (T1a) — RA — Nov 25 Design, build & test the EPR (T1b & T3a) — RA — Apr 26 Train end users & prepare for go live (T1b & T3a) — RA — Apr 26 Go live with the new EPR, new ways of working & support (T1b & T3a) — RA — Apr 26 Design, build & test the EPR (T3b&c) — RA — Oct 26 Train end users & prepare for go live (T3b&c) — RA — Oct 26 Go live with the new EPR, new ways of working & support (T3b&c) — RA — Oct 26 Optimise the solution & realise benefits — RA — 2026-28 Enhance with additional modules/functionality — RA — TBC	This Strategic Programme for the delivery of the Nervecentre EPR continues into its second year (2025-26). The first year (2024-25) focused on completing the business case and procuring the EPR solution. 2025/26 and 2026/27 focusses on delivering the Nervecentre EPR solution and delivering enhanced functionality, optimising the solution and starting to realise benefits. The delivery is monitored and reported via the monthly EPR highlight report. As we progress further into delivery, we will add further metrics related to testing and training. For now, the table below describes performance against key delivery criteria. T1a Go Live for Observations completed successfully on Wednesday 19th November. T1a Go Live for Investigations completed successfully on Tuesday 2nd December. T1b Go Live planned for 28th April and is on track. 		

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	None					

Related External Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite

teamHDFT At our best

NHS Harrogate and District NHS Foundation Trust

ENABLING AMBTION: HEALTHCARE RESEARCH AND INNOVATION TO IMPROVE QUALITY AND SAFETY 2025-2026

As an agile and innovative district general hospital and also 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 health technology and digital innovations. Second, to use our scale and expertise to be the leading NHS trust for research and innovation in children's public health services. There is strong evidence that being a research and innovation active Trust, improves quality and outcomes for patients and increases staff satisfaction. Therefore our ambition is to grow our R&I portfolio to maximise opportunities for our patients and families to take part in leading edge research studies.

GOALS:

Healthcare Innovation

To be a leading trust for the Testing, Adoption and Spread of Healthcare Innovation

Children's Public Health Research

To be a leading trust for the Children's Public Health Services Research

Research studies

To increase access for patients to clinical trials through growth and partnerships

GOVERNANCE:

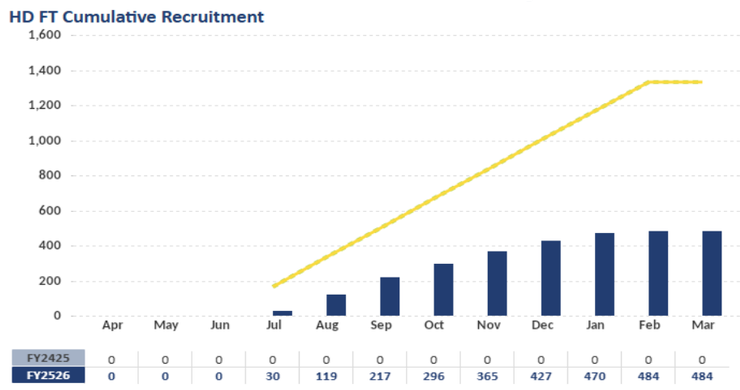
Ambition Metrics
(Executive Lead: 10-15 Year deliverable)

1. Healthcare Innovation- support of external and internal innovations and strategic partnership with industry
2. Children's Public Health
3. Clinical Trials - increased recruitment of patients into reseach studies. All studies to be delivered to time and target.

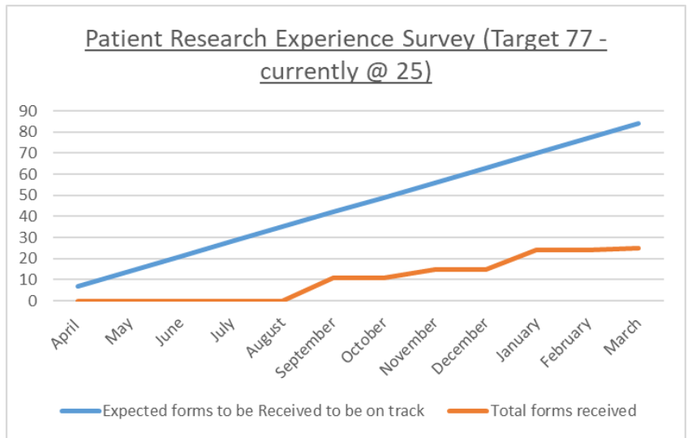
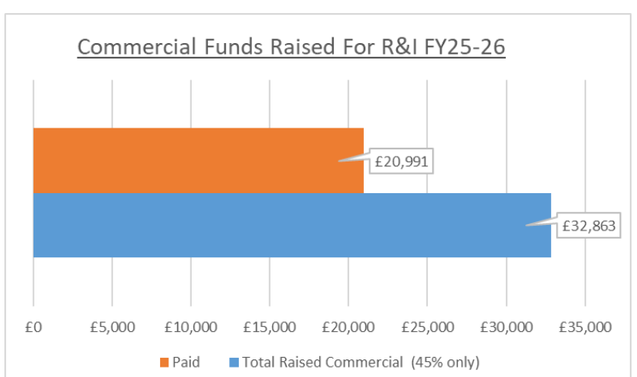
Breakthrough Objective:	None
Corporate Project:	Research 3T MRI and CRF -
Overarching Risk Appetite:	Operational - Cautious

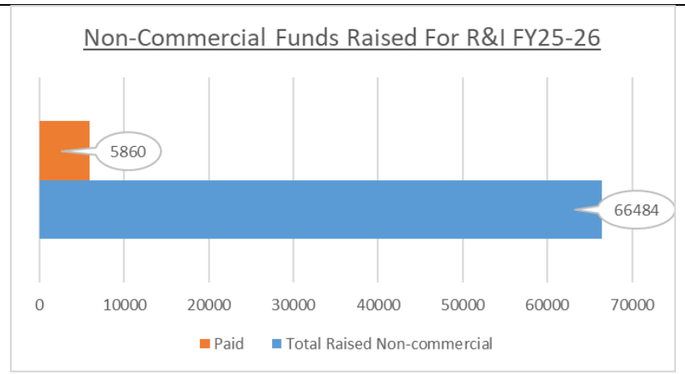
Ambition	True North Metric	Workstream	Ambition Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite
					1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
Healthcare Research and Innovation	All	Healthcare Innovation	Adopt / develop health innovations that improve the health and care of our patients and CY&P	Operational: Cautious	
		Children's Public Health Research	To be a leading trust for 0- 19 research and undertake research and evidence based around our CYP populations needs.	Operational: Cautious	
		Research Studies	To be a self-funding department, providing opportunities for all potential participants to have access to research.	Operational Cautious	

True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk to Achieving Goal (C x L)	Level of Risk for progressing actions
Healthcare Innovation 	To be a leading trust for the testing, adoption and spread of Healthcare Innovation and to facilitate and accelerate the growth of innovative healthcare solutions in HDFT	Generate >£50,000 income Deliver 3 x Clinical Entrepreneur Fellowship Scheme Support ≥ 2 external innovations Support ≥ 2 internal innovations	• Clinical Advice Service created to support companies developing innovations and to generate income for HDFT ○ 6 applications received – 2 from Uni of York, 3 from companies with tech related to CYP health • Second cohort of Clinical Entrepreneur Fellows (3 x FY2s) continue entrepreneurial work ○ Formal integration of CEFs with Health Innovation's Propel programme giving access to training and partnership with start-up companies. • Multiple regional collaborations in progress ○ Strategic partnerships with University of York / Hull York Medical School in discussion ○ Organising event to bring together academics and clinicians to develop collaboration (13th Mar 26) • Innovation training planned with WYAAT, Health Innovation and Medipex (to re-commence in Jan 26; in-depth sessions to start in Apr 26) • Active innovation projects are summarised below: 	Support offers for internal and external innovations Robust governance procedures Innovation Hub Culture of Innovation		
Children's Public Health 	To be a leading trust for 0- 19 research and undertake research and evidence based around our CYP populations needs.	Develop 2 sponsored research studies relevant to HDFT 0-19 population Deliver at least 1 portfolio research study Deliver at least 1 0-19 showcase events	This Enabling Ambition for Children's Public Health continues into its second year (2025-26). The first year (2024-25) focused on: • the development of an evidence base for Children's Public Health Services with the aim of improving outcomes for Children and Young People • identification of key Children's Public Health needs and research priorities The focus for 2025-26 will be around building pathways, infrastructure and funding for creating new research and delivering national and local programmes of research and working with academic partnerships that develop our ambitions further. *This will be monitored through monthly updates on research studies in discussion, development or open alongside monitoring the rationale for declining studies.*	Utilising Babi research prioritisation data *prioritisation event completed, report completed* Developing research partnerships with CAMHR at York and ARC; YH ARC - *presented YH ARC Babi`s arrival – A HDFT perspective.* Cultivate a research active culture and infrastructure *Liaising with the Education team to integrate GCP training on learning*		

		.	**Studies in discussion:** Escalator (ELIM -1) NIHR 207059 **Studies in set up:** Care UK IRAS 1009041 Circle by the Sea NIHR 162162 **Declined studies:** Core Kids Knee IRAS 348278 - AHP physiotherapy; reason staffing Super penguin NIHR IRAS 333572 study 1 study 2 NIHR 333389 – AHP SLT reason staffing **Accrual activity** The Fit for the future: 10 Year plan for England (2025) highlights the importance of the Generation study as it provides the opportunity to inform longer-term ambition to make genomic sequencing at birth universally available. **The Generation Study recruitment**  *Countermeasures are noted.* Watch Metrics: To ensure SOPS for department in relation to 0-19 research are updated by end of 2025 and system in place to review regularly n = 17, *Gantt chart developed, allocated & in development. Update March: 6 policies ratified and now on PolicyStat. Research & Innovation Working Group set up to progress 0-19 pathway/policy/sop development* GCP training numbers increase Year on Year for 0-19 trust staff. *Working with Education Team to integrate GCP access onto the learning lab platform – drafted* PRES feedback target for RRDN overall (TBC for 25/26) is achieved and a percentage target (10%) is received from 0-19 research participants. Currently 0, this is being monitored. PRES target for 25/26 *removed* from RRDN high level objectives.	*lab, centralised space to promote research focused carer development opportunities. Supporting x2 AHP NIHR pre doctoral applicants.* Develop and implement a 0-19 briefing and pathway for delivery of research. *Briefing paper completed. Next steps meeting arranged 9/03/26* Source funding and create infrastructure for delivery of research. Support, guide, mentor and monitor the delivery of research to ensure governance and targets are achieved. Ex*amples: include the Housing Project and supporting AHP pre doctoral award applicants.* Disseminate the findings and outcomes of any studies delivered to the 0-19 HDFT service via appropriate media. 0-19 regional network and YH ARC – *presentations Babi`s arrival – A HDFT perspective.* Collaborating with MSc data analytic course UoY to identify opportunities for evaluating CYP datasets. Update March 5th x1 MSc student taking this opportunity forward. Further opportunities identified through the centre of excellence DAIM (Data Science, AI and Modelling) University of Hull. Application for 0-19 delivery resource funding submitted Jan 25, results due late February 26. Update March 5th some of funding applied for received. Band 6 research practitioner to be recruited 0.6WTE April 26.		

Study	August	Sept	Oct	Nov	Dec	Jan	Feb
BaBI	44	43	26	44	25	28	22
Generation (monthly target 100)	89	100	76	47	62	43	14
Journey						2	

Clinical Trials	To increase access for patients to clinical trials through growth and partnerships	Sustain partnership and funding for department with Y&H Research Delivery Network Deliver contractual agreement and high-level objectives. (Still to be confirmed for 2025/26). To Increase commercial research by at least 20% to generate more income for research staffing and trust. Continue to develop new partnerships to progress research via WYATT, NSO and academic and commercial alliances. Increase patient engagement for research. Develop 4 patient ambassadors and at least one research speciality patient engagement group.	This Enabling Ambition for Clinical Trials continues into its second year (2025-26). The first year (2024-25) focused on: • Delivery of contractual agreement with Research and Development Partner • Increase commercial research • Development of academic partnerships • Development of clinical leadership • Increased patient engagement The focus for 2025-26 will be the same as 2024 -25 This will be monitored through: Number of studies open (commercial and non-commercial; number of patients recruited into studies; number of studies recruiting to time and target. Comparisons with other trust in the Y&H region. List of partnership outcomes achieved. Numbers and impact of patient engagement. Countermeasures are noted.   	Contractual arrangements with Yorkshire & Humber Research Delivery Network. (Recent annual feedback re trust performance very good - Jan 26). Partnerships via WYATT, NSO and academic and commercial alliances. Recent bid for funding for project manager for NSO successful March 26 Funding for collaboration project between YHN GP federation and HDFT research dept submitted January 26. results due Feb 26. Update 3rd March, successful bid for funds but limited to £40 K to recruit project manager. Talks began with GP fed. Update 3rd March; patient partner evening advertised and to go ahead 10th march at research hub. 18 people signed up for event.		



Detailed Decline Commercial FY25/26.	Count of Sponsor.
HDFT cannot facilitate Phase II trials.	72
Capacity-Investigator.	49
Treatment not performed at HDFT; only LTH.	19
HDFT cannot facilitate Phase I trials.	17
Capacity-Delivery Team.	16
Lack of Clinical Interest.	15
Insufficient Patient Population.	12
EOI SUBMITTED.	11
No Response.	11
Pending Response.	4
Capacity-Support Departments.	3
Trial is for Primary Care.	3
Lack of required facilities/equipment.	2
Deviates from Local Care Pathway.	1

Reason if Declined Non-Commercial (FY25/26).	Count of Sponsor
Capacity-Investigator	30
Lack of Clinical Interest	14
No Response	13
EOI SUBMITTED	12
Capacity-Delivery Team	9
Insufficient Patient Population	8
Treatment is not provided at HDFT, performed at LTH	4
Pending Response	2
Phase I/II	2
Capacity-Support Departments	1
Competing Studies	1
Lack of the Required Facilities/Equipment	1

N B: Year-on-year data on **commercial study income** from 2022 is currently being collated and will be included in research report. from April 2026 Additionally, **research setup times for both commercial and non-commercial trials** will be tracked and reported in the research report, as this has become a national objective for all research departments from April 2026.

Breakthrough Objective

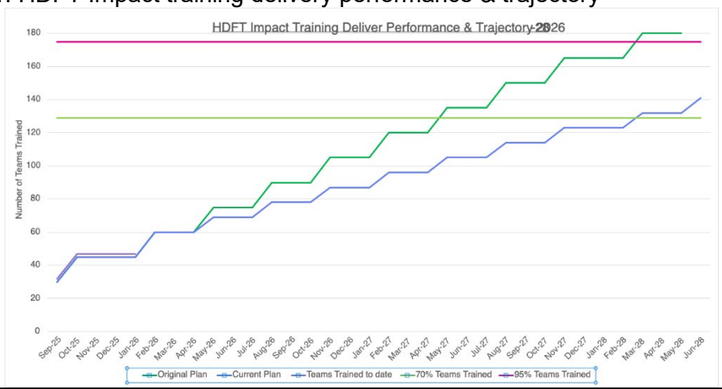
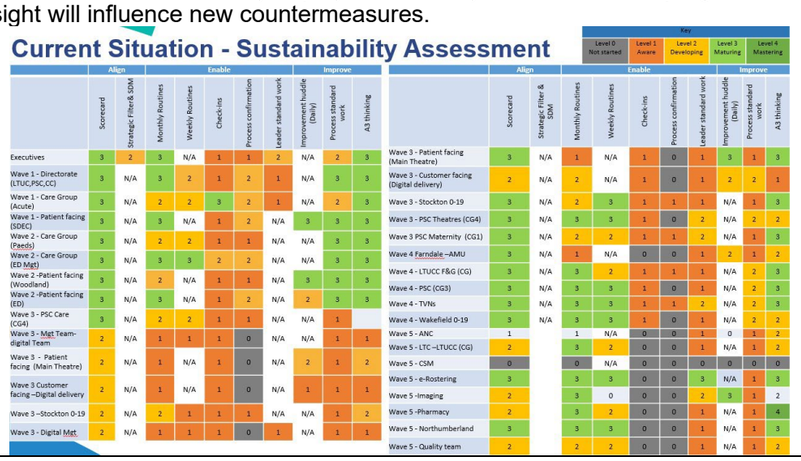
True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
None						

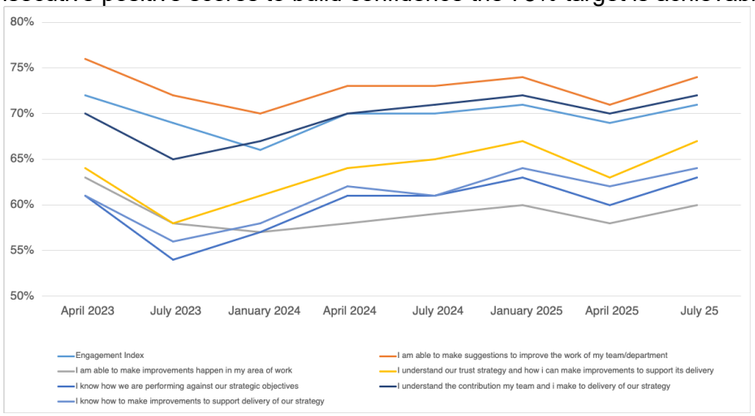
Corporate Project: 3T MRI and CRF

True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
Best Quality Safest Care: Healthcare Innovation 	To have outstanding MRI technology and associated facilities that enable the delivery of our research and innovation ambitions	Procure and install a new 3T MRI scanner.	Scoping phase behind original trajectory although not affecting overall plan at present. TIF2 timeline ahead of trajectory and therefore not a risk to this project at present.	• Pre Market Engagement exercise underway including supplier visits February 2026. • Mechanical and Engineering report awaited with early highlights indicating ventilation needing further investigation – plant sizing exercise underway. Electrical supply thought to be adequate. Both pairs of chillers requiring replacement. • Business case to include staffing requirements underway.		

Strategic Project: HDFT Impact

True North Metric	Vision	Goal	Current Status	Countermeasures	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
All	To develop our capacity and capability and to embed the culture for continuous improvement through the Implementation of the Impact Improvement Operating Model.	Training: 70% of Teams will be trained to use HDFT Impact by Sept 2026	This Strategic Programme for HDFT Impact continues into its second year (2025-26). The first year (2024-25) focused on the development of HDFT Impact at a strategic level with a focus on our Operating Model, Governance Arrangements and Training Programme. Due to the scale of this it will continue as the focus for 2025-26. Performance of our key goals will be monitored with three driver metrics the first is the percentage of teams trained across HDFT. • The 14 teams in Wave 7 have now completed their Impact training. • There are 12 teams in Wave 8 now in the onboarding process. The reduced number of team in this Wave reflects reduction in capacity of the Improvement Academy. • Wave 8 will test the new model of training which has refined core content to compress the offer from 15 to 8 weeks duration and reduce the time requirement by 30%. • The chart below has been updated to reflect the reduced capacity of the Improvement Academy as well as the modified training offer. • The adjusted trajectory demonstrates the initial 70% target will be achieved by March 2028 (12-months beyond original plan). • Significant changes to the delivery model have mitigated some of the capacity / demand mismatch, however, cannot currently close the gap to the original target.	Apply learning from the completed testing of the revised frontline training model developed with CYPPH to the new delivery model for acute services from Wave 8 forward. Revised onboarding process for Wave 8 is receiving positive feedback. The changes to the setup process integrate feedback from Improvement Managers and operational leaders. The confirmation of Wave 9 teams at Impact programme board 13+ weeks ahead of their start date is an important part of this process supporting effective planning. The review of existing ‘Silver’ & ‘Bronze’ training offers has been completed. At present this indicates delivery of these training products can		

			• Consideration of setting a revised target which remains ambitious but is more representative of the current organisational context is being considered. Chart 1: HDFT Impact training delivery performance & trajectory  	continue albeit at a reduced frequency. Work to quantify the cash-releasing benefits of the improvement manager business case was completed. The full case was recommended by the business case review group and will go to the Strategy Deployment Room meeting for approval this month		
		Sustainability: 90% of those who have completed training will have embedded the routines and processes of the Improvement Operating Model after 4 months.	Teams who have completed the HDFT Impact training will reach level 3 maturity (sustainable independence with routines & processes). This metric comprises process confirmation scores for Wave 1-5; teams who completed HDFT Impact training over 4 months ago. The overall sustainability score remains 36%. This is unchanged from the last report in the absence of new data which was expected in Jan'26. The new metric has taken longer than anticipated to develop and deploy. The data collection tool has now been successfully tested on a small scale. Agreeing the process for deployment is in process. This element has been delayed by competing priorities for directorate leaders. It is anticipated that data will begin to flow from operational teams during March. Consequently, aggregated data is expected to be available for reporting in Apr '26. The ABC survey tool to understand the barriers to effective sustainability of Impact processes has been successfully deployed and analysis offered to the programme board. This insight will influence new countermeasures.  	Finalise the sustainability metric reporting process with directorate leaders and begin two-way data flow enabling targeted data-informed intervention. Develop the consistency and influence of executive and senior leader Gemba (go, see) visits which have re-started this month. Feedback on learning is now a standard item in the first section of every monthly performance review meeting (PRM) and should inform supportive action. Co-design and deploy standard work for the wider processes that are required to enable an effective and valuable PRM. Continue to work collaboratively to support timely access to accurate driver metric data for operational teams.		

		75% of HDFT staff will answer positively to the question: 'I understand our trust strategy and how I can make improvements to support its delivery' by Mar 2026.	There is no new data to inform our strategic awareness scores this month. The last data from the January InPulse survey showed positive movement for all questions and indices scores. Notably: • Engagement index: 71% • I understand our trust strategy and how i can make improvements to support its delivery: 67% • I understand the contribution my team and i make to delivery of our strategy: 72% The programme board agreed to support the contribution of regular content to feed directorate and organisation-wide communications. The goal rating remains at amber as despite encouraging data in January there is a need to see consecutive positive scores to build confidence the 75% target is achievable.  	Several new activities in this workstream have begun this month, including planning to create video content from stories of staff using Impact methodology. Secure contributions from 2 frontline or operational teams to showcase successful improvement activities delivered using Impact methodology. Publish via video and written formats to maximise coverage. Establish a schedule for regular contributions.		

Related Corporate Risks

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

Related External Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	No related external risks at this time					

teamHDFT At our best

NHS Harrogate and District NHS Foundation Trust

ENABLING AMBTION: AN ENVIRONMENT THAT PROMOTES WELLBEING 2025-26

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:

Wellbeing

A patient and staff environment that promotes wellbeing

Quality & Safety

An environment and equipment that promotes best quality, safest care

Environmental Impact

Minimise our impact on the environment

GOVERNANCE:

Environment Framework

- Board Assurance: Resource Committee
- Programme Board: Environment Board
- SRO: Director of Finance
- Operational: Associate Director of Capital Planning

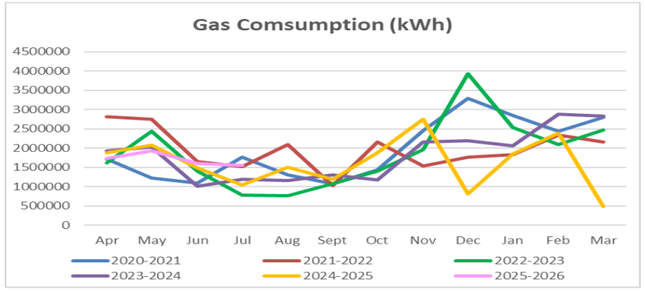
Enabling Ambition Metrics (Executive Lead: 10-15 Year deliverable)

1. **Wellbeing - Capital Programme Delivery (spend vs budget)**
2. **Quality & Safety - Premises Assurance Model Areas requiring >moderate improvement**
3. **Impact on the environment - Monthly Natural Gas Consumption**

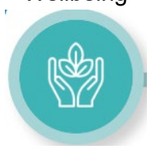
Breakthrough Objective:	N/A
Corporate Project:	Block C Theatres & Imaging
Overarching Risk Appetite:	Operational - Cautious

Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite
				1 – 3 | 4 – 6 | 8 – 9 | 10 | 12 | 15 | 16 | >20
An Environment that promotes wellbeing	**Wellbeing**	**Capital Programme Delivery (Spend vs Budget)**	**Operational: Cautious**	
	Quality & Safety	**PAM >moderate improvement**	**Operational: Cautious**	
	Environmental Impact	**Natural gas consumption**	**Operational: Cautious**	

Enabling Ambitions Metrics Summary:

Enabling Ambition Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk to Achieving Goal	Level of Risk for progressing actions
Wellbeing	A patient and staff environment that promotes wellbeing	To improve the environment for patients and staff Capital spends vs budget – to ensure delivery against allocated budget.	• Deliver 2025/26 Capital Programme • Deliver Block C Theatres & Imaging Corporate Project (see Corporate Projects below)	• 2025/26 Capital Programme plan is £45,876m. • Spend YTD is 70% • Predicted spend forecast is 100% • On Track.		
Quality & Safety	An environment and equipment that promotes best quality, safest care	To improve the Trust's premises infrastructure and services. 2022/23 • 21 Moderate Improvement SAQs 2023/24 PAM • 37 Moderate Improvement SAQs 2024/25 PAM • 28 Moderate Improvement SAQs To reduce critical infrastructure backlog maintenance risks.	• Premises Assurance Model ○ Expand coverage to include Ripon CH ○ Deliver 25/26 action plan • Deliver £1.6m fire systems improvement programme. • RAAC – eradicate remaining RAAC (outside Block C) on HDH site ○ Water tank room/Swaledale Fire Exit ○ Site wide design work ○ 50 Lancaster Park Road – Decant facility refurbishment	• On Track • Ripon CH included in 25/26 submission • Critical infrastructure risk funding from HNY ICB confirmed. • Business case for additional RAAC funding outside of Block C - Approved. • On Track – March 26 Completion • On Track – March 26 Completion • Delayed due to 50LPR asbestos & lead paint £1m underspent (will become pressure for 26/27 programme)		
Environmental Impact	Minimise our impact on the environment	HDFT to be carbon net zero by 2040 Achieve 1,700 tCO2e reduction in Scope 1 and 2 emissions by 2028 	• Refreshed Green Plan developed and approved • Carbon accounting process implemented • Estates & Facilities ○ Replacement of CHP with more modern, efficient system ○ Investigate geothermal energy ○ Investigate onsite waste to energy system ○ PSDS 4 Works • Medicines- Complete nitrous oxide removal and develop Entonox reduction plan.	• Complete • On Track • TBC depending on funding • On Track • On Track • On Track • External funding has been received and order placed for Trolleys to house localised canisters. Then the piped network will be capped off. Entonox project to be initiated following this.		

Related Corporate Project

Enabling Ambition Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk to Achieving Goal	Level of Risk for progressing actions
Wellbeing 	To increase elective capacity and improve quality and patient experience in imaging services	To deliver a new facility that provides: • 2x operating theatres • 2x treatment rooms • 14 bed daycase ward • New imaging equipment: 2xCT, 2xMRI, 3x XR, 1x Fluoroscopy, 7x Ultrasound	• Start on site for main construction • Theatres floor complete • Imaging floor complete	• Complete • On Track – October 2026 • On Track – December 2026		

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
ID 117	Violence and aggression against staff	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality or permanent disability to employees due to the failure to manage the risk of staff being subjected to acts of violence and aggression whilst carrying out normal duties, due to lack of suitable control measures and appropriate training.	4 x 3 = 12	4 x 2 = 8 March 2026		
CRR98 / ID 264	Containment Level 3 Laboratory	The unavailability of the onsite Containment Level 3 (CL3) laboratory at HDFT, deemed unfit for purpose in November 2022, has led to the outsourcing of Hazard Group 3 microbiology work to external providers. Initially outsourced to NHS Trusts within WYAAT and, since June 2024, to a private laboratory in London, this situation poses risks to quality, safety, and financial sustainability, including potential delays in clinical diagnosis, risk of inappropriate treatment, and significant ongoing cost pressures.	3 x 5 = 15	3 x 1 = 3 ~~April 26~~ June 2026	Operational: Health & Safety	Minimal
CRR102 / ID 577	Physical security provisions, training and support resources	Organisational risk to compliance with legislative requirements, and the risk of major injuries, fatality or permanent disability to employees, patients, visitors or others due lack of suitable policies and procedures, and the subsequent lack of suitable and sufficient control measures, including physical security provision, training, resources to support implementation.	4 x 4 = 16	4 X 2 = 8 April 26	Operational: Health & Safety	Minimal

Related External Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite

Title:	Strategic Planning 2026/27 – Strategic Planning Framework	
Responsible Director:	Matt Graham – Director of Strategy	
Author:	Matt Graham – Director of Strategy	
Purpose of the report and summary of key issues:	To set out the Trust's Strategic Planning Framework for 2026/27 including the Strategic Programmes, Trustwide Projects and Breakthrough Objectives which will prioritise and drive improvement across the Trust. The Strategic Planning Framework provides the basis for the new Board Assurance Framework for 2026/27. The paper also identifies several True North Ambitions within our Trust Strategy which need redevelopment and refinement, and notes the Directorate Driver metrics which have been agreed between the Executive Team and Directorates..	
Trust Strategy and Strategic Ambitions:	**The Patient and Child First** Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	X
	Person Centred, Integrated Care; Strong Partnerships	X
	Great Start in Life	X
	At Our Best: Making HDFT the best place to work	X
	An environment that promotes wellbeing	X
	Digital transformation to integrate care and improve patient, child and staff experience	X
	Healthcare innovation to improve quality	X
Corporate Risks:	All Corporate Risks are relevant to the Strategic Planning Framework	
Report History:	SDR 18 March 2026	
Recommendation:	The Board is recommended to approve the Trust's Strategic Planning Framework for 2026/27.	
Freedom of Information:	Public Board Paper	

Strategic Planning 2026/27

Trust Board

25 March 2026

THE PATIENT AND CHILD FIRST
Improving the health and wellbeing of our patients, children and communities

True North Ambitions (TNA)
(Perpetual Aspiration 10 – 20 years)

Best Quality, Safest Care (BQSC)	Person Centred, Integrated Care (PCIC)	Great Start in Life (GSIL)
Moderate+ Harm Events Clinical Effectiveness – to revisit True North metric Patient Experience – to revisit FFT	Emergency Care Standard (4Hr ED) 18 Week RTT 62 Day Cancer Frailty True North – to redevelop	Early Intervention & Prevention Children's Patient Experience Non-CYPPH Children's Services True North – to revisit

Making HDFT the Best Place to Work (BPTW)

Staff Engagement / Staff Availability

Enabling Ambitions (EA)
(10 – 20 years)

An Environment that Promotes Wellbeing (Environment)	Digital Transformation (Digital)	Healthcare Innovation to Improve Quality (Innovation)	Financial Sustainability (Finance)
Capital Spend vs Plan High Risk Backlog Maintenance Natural Gas Usage	WGLL Ratings EPR Programme Delivery	Internal/External Innovations CYP PH Studies Patient Recruitment	Finance Actual vs Plan SOF Rating

Strategic Programmes (3 – 5) years	Trustwide Projects (12 – 24 months)	Breakthrough Objectives (12 – 18 months)
HDFT Impact Electronic Patient Record Clinical Services Strategy CYP Public Health Strategy	Medical & Dental Scheduling Payment Transformation Imaging Harrogate Estates Plan Productivity & Sustainability	Checklist Completion (Never Events) Time to next destination (ECS) CYP in research studies (CYP Research) % Budgets in Balance (Finance)

New or changes for 2026/27 in red

Proposed 2026/27 Strategic Programmes
(and associated Projects / Workstreams)

No.	Name	TNA / EA	Corporate Support	26/27 Proposal	10 Yr Plan Shift
1	**Electronic Patient Record**	**EA: Digital**	**Digital**	**Continue – close following optimisation**	Analogue to Digital
1a	EPR Benefits	All	Improvement Academy EPR Benefits Team	Continue – within WRAP Trustwide Project	
2	**Clinical Services Strategy**	**BQSC**	**Strategy Deployment & Project Delivery (SDPD) /DepMD/DepDoN/ADAHP**	**Continue**	Hospital to Community Treatment to Prevention
2a	Neighbourhood Health	PCIC	Strategy Partnerships Manager / ADAHP	Continue – Projects in Clinical Services Strategy	
2b	Clinical Standards Review	BQSC	SDPD / DepMD		
2c	Care Gateway Options	BQSC	SDPD / DepDoN		
3	**CYPPH Strategy** • Org Form • Growth Plan • National Influence • CYP PH Research	**GSIL**	**Business Developmet Team & CYPPH Tri Team**	**New Strategic Programme** (was Corporate Project in 25/26)	Treatment to Prevention
4	**HDFT Impact** • IOM Training • Sustainability • Communications	**EA: Innovation**	**Improvement Academy/ SDPD**	**Continue**	Supports all 3 shifts

2026/27 Trustwide Projects

No	Name	TNA / EA	Corporate Support	26/27 Proposal
1	Medical & Dental Scheduling Payment Transformation	BPTW	SDPD / People & Culture	Continue – to complete by 31 Jul 26
2	Imaging (including CDC, 3T MRI)	PCIC	SDPD / PSCC	Continue
3	Harrogate Estates Plan	EA: Environment	Capital Planning / HIF	**NEW**
4	WRAP • EPR Benefits Realisation • Model Health System Outpatient Transformation • Model Health System Bed Utilisation (Length of Stay, Left Shift) • Others TBC	EA: Finance	Finance / SDPD	**NEW** Separate project for each scheme

Breakthrough Objectives 2026/27

1. **Best Quality Safest Care - Ever Safer Care (Never Events / Patient Harm)**
   - **Increase the completion of safety checklists in order to eliminate never events and reduce patient harm**
   - Primary focus on eliminating never events, but for teams/services where never events are not relevant, focus on reducing harm
2. **Person Centred Integrated Care - Urgent & Emergency Care (Emergency Care Standard)**
   - **Reduce the time for patients to move to their next destination following Emergency Department (ED) in order to improve emergency care standard performance**
   - Broader objective than solely "time to inpatient bed", any destination following ED (eg SDEC, SAU)
3. **Great Start in Life - Children's Public Health Research**
   - **Increase the number of children and young people participating in research in order to build the evidence base for children's public health services**
   - Predominantly CYPPH Directorate objective but would include children and young people's research in any service or specialty too.
4. **Financial Sustainability – Balanced Budgets**
   - **Increase % of budgets in balance in order to achieve financial sustainability for Trust**
   - To cover all budgets and budget holders, to the most granular level. If the lowest level budgets are in balance, the whole Trust will be in balance.

Directorate Driver Metrics

True North	Breakthrough Objective	LTUCC	PSCC
BQSC – Safety	Safety Checklists	Moderate Harm Pressure Ulcers Safety Checklists – Interventional Areas	**Safety Checklists (A3)**
BQSC – Effectiveness			
BQSC – Patient Experience			
PCIC – ECS	Time to next destination	Time to Medical Bed	
PCIC – RTT			Theatre Utilisation **3 month Follow Up Backlog (A3)**
PCIC – Cancer			
PCIC – Frailty		**Frailty (A3)**	
GSIL – Early Intervention	# CYP in Research Studies		
GSIL – CYP Experience			
GSIL – Maternity & Paediatrics			
BPTW – Staff Availability		Staff Sickness	Staff Sickness
BPTW – Staff Engagement			
Financial Sustainability	# Budgets in Balance	Directorate Budget Variance	**Medical Staffing Budget Variance (A3)**

Directorate Driver Metrics

True North	Breakthrough Objective	Corporate	CYPPH
BQSC – Safety	Safety Checklists		
BQSC – Effectiveness		Policies in Date	
BQSC – Patient Experience			
PCIC – ECS	Time to next destination		
PCIC – RTT			
PCIC – Cancer			
PCIC – Frailty			
GSIL – Early Intervention	# CYP in Research Studies		All mandated contacts >90% in timescales % Cumberland 2.5 Year Reviews in timescales **# CYP in Research Studies (A3)**
GSIL – CYP Experience			% CYP Survey Responses
GSIL – Maternity & Paediatrics			
BPTW – Staff Availability			Staff Sickness
BPTW – Staff Engagement		Appraisals	Involvement Index
Financial Sustainability	# Budgets in Balance	# Budgets in Balance	

Proposed Prioritisation Framework

1. **Delivery of Clinical and Operational Services for Patients (75-80%)**

Improvement (20-25%)

2. Breakthrough Objectives
3. True North Ambitions with Breakthrough Objectives
4. Strategic Programmes
5. Trustwide (Corporate) Projects
6. Other team Driver Metrics or Projects

Next Steps

1. SDR approval of Strategic Planning Framework, 18 Mar 26 - Complete
2. **Board approval of Strategic Planning Framework, 25 Mar 26**
3. Re-develop True North Ambitions, May 26:
   - Clinical Effectiveness
   - Patient Experience
   - Exemplar System for Elderly & People Living with Frailty
   - Non-CYPPH children's services (maternity, paediatrics)
4. Update CYPPH Strategy and establish as Strategic Programme, May 26
5. Develop A3s and establish new Trustwide Projects, May 26:
   - Harrogate Estates Strategy
   - Productivity and Sustainability
6. Directorates develop A3s for new Driver Metrics, May 26
7. New Driver Metrics reported in Directorate PRMs from May 26 (April 26 data)

HARROGATE & DISTRICT NHS FOUNDATION TRUST
FIVE YEAR STRATEGIC PLAN
2026-2031

1. EXECUTIVE SUMMARY

Harrogate and District NHS Foundation Trust (HDFT) delivers a unique combination of acute, community, primary care and children's public health services across a wide geography, supporting around 200,000 local residents, over 100,000 additional acute patients from Leeds, and more than 700,000 children and families across 11 local authorities. Our Five-Year Strategic Plan sets out how we will improve health outcomes, strengthen service sustainability, and ensure the Trust continues to provide high-quality, equitable and person-centred care aligned with national, regional and local strategic priorities.

Harrogate and District faces rapidly rising demand driven by an ageing population, increasing multimorbidity, higher prevalence of long-term conditions and a shrinking working-age population. Deprivation-related inequalities remain significant, with large variance in healthy life expectancy. Across Cumbria, the North East and Yorkshire children and young people face deepening health challenges, including the highest levels of obesity and child poverty in England, compounded by food insecurity and persistent deprivation.

HDFT has a long record of financial discipline but faces increased pressure following COVID-era decisions and structural underfunding. The Trust continues to deliver large-scale efficiency programmes, supported by external reviews (eg KPMG) and close collaboration with Humber and North Yorkshire (HNY) Integrated Care Board (ICB) to ensure sustainable service provision.

Our Five Year Strategic Plan is structured in line with the True North and Enabling Ambitions in our Trust Strategy which is aligned to national and regional strategies including the 10 Year NHS Plan, the NHS People Plan, NHS Constitution, the HNY and West Yorkshire (WY) ICB strategies, and the North Yorkshire (NY) Ambitious for Health plan.

The key priorities in the Plan are:

1. Best Quality, Safest Care

- Reduce moderate and above harm events by 20% per year for three years.
- Strengthen patient engagement through a new Patient Engagement Strategy.
- Deliver a comprehensive Clinical Services Strategy that prioritises frailty, integrated pathways, clinically sustainable acute services and excellent maternity and children's services via stronger networks with Leeds Teaching Hospitals NHS Trust (LTHT) and through the West Yorkshire Association of Acute Trust (WYAAT) acute provider collaborative,.

2. Person-Centred, Integrated Care

- Improve Emergency Care Standard performance to 82% by March 2027, rising to 85% by 2028/29.
- Reduce inpatient bed delays, with long-term target that 60% of patients transfer within 60 minutes.
- Achieve the Referral To Treatment (RTT) 18-week standard by March 2029 and over 80% by March 2027.
- Reduce follow-up appointments by 15% to increase first appointment capacity.

- Deliver the 62-day Cancer standard of 85% by 2027.
- Improve frailty length of stay to top quartile nationally.

3. Great Start in Life

- Achieve >90% of mandated Healthy Child Programme contacts within national timescales across all local authority areas.
- Improve the experience of children, young people and families through enhanced engagement tools.
- Deliver our Children's Public Health Services Strategy, expanding services (including South Tyneside in 2026), and strengthening research leadership.

4. Best Place to Work

- Deliver the HDFT People Plan to improve wellbeing, leadership, inclusion, new ways of working and workforce development.
- Improve staff engagement and specifically staff involvement in decision-making.
- Reduce vacancy (<6%), sickness (<4.2%) and turnover (<12%) rates.
- Complete the medical job planning and rostering project to improve the effectiveness and efficiency of medical and dental staff.

5. Enabling Ambitions

- Financial Sustainability: achieve a break-even position annually and deliver 3–5% productivity improvement, including £20.6m WRAP in 2026/27.
- Estates: eradicate Reinforced Autoclaved Aerated Concrete (RAAC), improve theatres, diagnostics and site accessibility, and develop a new Estates Plan.
- Digital Transformation: implement the Nervecentre Electronic Patient Record (EPR) to achieve Hospital Information and Management Systems Society (HIMSS) Level 5, enhance data quality and improve digital workflows.
- Innovation & Research: deliver the Clinical Research Facility and 3 Tesla Magnetic Resonance Imaging (3T MRI) scanner, grow commercial research, and position HDFT as the national leader in children's public health research.

Our Five-Year Strategic Delivery Plan sets a clear, ambitious and deliverable roadmap for improving quality, reducing inequalities, and ensuring sustainable, person-centred care for the communities HDFT serves. Through strong partnerships, data-driven continuous improvement, and a focus on prevention, clinical sustainability and workforce wellbeing, HDFT will continue to deliver high-quality services while adapting to significant demographic, financial and system-wide challenges.

2. STRATEGIC CONTEXT

a. Population Health Needs

i. Harrogate & District

Harrogate already has an older than average population with 23.3% aged 65+ in 2021 and many people live with long-term health problems such as hypertension, depression, musculoskeletal issues and circulatory diseases. Over 15,600 people aged 65+ have limiting long-term illness, with 42% significantly limited in daily activities. It is generally affluent with good health outcomes but has pockets of significant deprivation, including one Lower Super Output Area (LSOA) in Woodfield Ward among the 10% most deprived in England, which leads to significant inequality in life expectancy (11 year variation) and health outcomes. There are small but important minority ethnic populations (approximately 4%). Key modifiable risks include smoking, obesity (57% of adults), alcohol-related harm, increasing fuel poverty and housing related health needs.

By 2030, the population is projected to continue age sharply, with a 25% increase in people over 65 and a 34% increase in those over 85. At the same time, the working age population is projected to fall by 7-16% reducing the local labour supply. Longer life expectancy and more years lived with disability mean increases in multimorbidity, dementia, mobility and sensory impairments. There will be increased demand for services to support frailty, dementia and end of life care and increased need for prevention programmes for cardiovascular disease, diabetes and falls

ii. Children's Public Health Services

Children in Cumbria, the North East and Yorkshire continue to face some of the most significant and persistent health inequalities in the country. Current data reveals a widening gap between the region and the national average on key indicators including obesity, poverty, smoking exposure, and food insecurity. Looking ahead to 2031, while the overall number of children in the region is projected to decline, the intensity and complexity of need among those who remain is expected to increase.

Childhood obesity represents one of the most pressing population health challenges in Cumbria, the North East and Yorkshire. According to the National Child Measurement Programme (NCMP) for the 2023/24 school year, obesity prevalence among reception-aged children stands at 10.8%, one of the highest regional rates in England and above the national figure of around 9.6%. Among Year 6 children, the picture is even more stark, with the North East recording the highest obesity prevalence in the country at 24.5%, compared with 19.1% in the South West, the best-performing region. These findings are consistent with wider analyses showing that nearly one in four Year 6 children in the region is living with obesity, a challenge exacerbated by high levels of deprivation and inadequate access to affordable, nutritious food. Emerging evidence also highlights increasing food insecurity, which rose by 5.5% between 2019/20 and 2022/23 in the North and is closely associated with both childhood obesity and long-term health inequalities.

Child poverty remains a core underlying driver of these widening health disparities. Cumbria, the North East and Yorkshire continue to experience some of the highest rates of child poverty in the UK. In 2023/24, 31% of children in the North East were living in poverty—matching the UK average but masking substantially higher concentrations within specific localities. Constituency-level data shows that areas such as Middlesbrough and Thornaby East have child poverty rates as high as 52%, while several others record levels above 40%. Longer-term analysis confirms a steep rise in child poverty across the region: between 2014/15 and 2021/22, relative poverty increased from 26% to 35%, the largest increase recorded in any UK region during that period. The region also has significant levels of deep and very deep poverty, with over 100,000 children living in deep poverty and around 60,000 in very deep poverty. These levels of socioeconomic hardship directly correlate with poorer physical and mental health outcomes, reduced school readiness, and increased likelihood of chronic disease later in life.

Patterns of smoking across the region further compound these inequalities. While children's smoking rates are not directly measured in the same way as adult smoking prevalence, household smoking exposure remains a major determinant of respiratory illness and long-term health outcomes. Although long-term smoking prevalence has declined significantly since 2006, Cumbria, the North East and Yorkshire still show higher rates than England, for instance 16% in the North East in 2024 compared to 10.4% on average across England. Such patterns reinforce the cyclical relationship between deprivation, smoking, and intergenerational health risk, particularly in communities already experiencing elevated poverty and obesity.

Population projections to 2031 indicate that the number of children under 16 in Cumbria, the North East and Yorkshire is set to fall, continuing a longer-term demographic trend. For instance, the most recent projections (from 2018) for the North East estimate a decline of around 11,600 under-16s by 2028, rising to almost 13,000 by 2043. While the child population is shrinking, the region's population is ageing rapidly, with the number of people aged 65 and over projected to increase substantially. This demographic shift will place additional strain on family and community networks, increasing the vulnerability of children in low-income households who rely on extended family for care and support.

Taken together, these indicators describe a region where children's health needs are both immediate and deepening. Cumbria, the North East and Yorkshire face a dual challenge: high prevalence of adverse health determinants today, combined with projected demographic and socioeconomic pressures that are likely to intensify inequalities by 2031. The persistently high levels of childhood obesity, entrenched poverty, elevated smoking exposure, and rising food insecurity underscore the need for coordinated, system-wide action—spanning health, education, social care, and economic policy.

Addressing these challenges will require a comprehensive approach focused on early intervention, whole-family support, and tackling the root causes of deprivation. The evidence clearly shows that while the number of children may decline, the level of

need per child is increasing, and without targeted action the health gap between Cumbria, the North East and Yorkshire and the rest of England is likely to widen further.

b. Clinical Services

HDFT is a unique acute, community, primary care and children's public health services provider. The Trust has over 5000 staff (including our wholly owned subsidiary, Harrogate Integrated Facilities) and a turnover of approximately £400m per year.

i. Harrogate & District

HDFT is the principal provider of hospital and community services to the population of Harrogate and the surrounding district, with a catchment population of around 200,000 people. It also provides hospital services to patients from North and West Leeds, an additional catchment population of over 100,000 people. In addition, the Trust provides some community services across the whole of North Yorkshire (with a population of 621,000 people).

Harrogate District Hospital provides emergency, urgent, outpatients, day case and inpatient services across a comprehensive range of medical and surgical specialties. Facilities at Harrogate District Hospital include:

- An Emergency Department.
- Extensive outpatient facilities.
- An Intensive Therapy Unit and a High Dependency Unit.
- A Coronary Care Unit.
- Five main theatres, a Day Surgery Unit with three further theatres, one dedicated Obstetric theatre. The Trust also operates one theatre at Wharfedale Hospital. The Wharfedale Hospital theatre and Day Surgery Unit are surgical hub accredited.
- The Sir Robert Ogden Macmillan Centre (SROMC) provides assessment, diagnosis and treatment for patients with cancer.
- Maternity services with an Antenatal Unit, Central Delivery Suite, Special Care Baby Unit (SCBU) and Post Natal ward, together with an Early Pregnancy Assessment Unit.
- Dedicated purpose-built facilities are also provided on site for Cardiology, Endoscopy, Pathology, Pharmacy, Imaging and Therapy Services, as well as a Child Development Centre, Stroke Ward and Women's Unit.

HDFT also provides a range of community services in Harrogate and the local area as well as across North Yorkshire. Our dedicated and experienced staff, who are based in the communities they serve, offer expertise across a variety of disciplines and work closely with primary care, acute hospitals, social care, mental health and voluntary sector providers. Services include:

- Community Podiatry Services
- District and Community Nursing
- Community Therapy Services

- GP Out of Hours Services
- Infection Prevention and Control/Tuberculosis Liaison Services
- Minor Injury Units
- Older People and Vulnerable Adults Services
- Safeguarding Children Services
- Community Dental Services (only until May 2026)
- Specialist Community Services, and
- Provision of discharge care packages

In April 2025, at the request of HNY ICB, the Trust took over our first general practice, North House Surgery in Ripon.

These services are commissioned by HNY and WY ICBs with a total income of £320m in 2025/26 and are delivered by approximately 2000 staff (excluding our central Corporate Services).

ii. Children and Young People's Public Health Services

HDFT also provides Children's and Young People's Public Health Services (also known as 0-19 or 0-25 services) for 11 local authorities: North Yorkshire, County Durham, Darlington, Middlesbrough, Stockton-On-Tees, Sunderland, Gateshead, Northumberland, Wakefield, Cumberland and Westmorland and Furness. In total, the 1200 staff in these services look after over 700,000 children and their families across the majority of Cumbria, the North East and Yorkshire.

These are universal services which are delivered by multi-disciplinary teams led by Specialist Children's Public Health Nurses, both as Health Visitors (for children up to 5 years old) and School Nurses (for children from 5 years old). The needs and voices of children, young people and families are at the core of the service which is designed to identify and address their needs at the earliest opportunity, as well as to recognise and build on the strengths that are within individuals. This enables them to be part of the solution to overcome challenges, identifying and developing resources within communities. This enables children, young people and their families to have access to support when and where they need it.

We work closely with other trusts, local authorities and other organisations to be a strong partner. We are part of the local governance and system working for children's services and we tailor our services to the strengths and challenges of the local population. Many of these services are now delivered through partnership agreements with local authorities and this is a strategy we are keen to replicate in other areas because it enables long term investment and development of the services.

These services are commissioned through the public health grant by local authority Directors of Public Health with a total income of approximately £70m in 2025/26. We ensure that local authority funding is spent on supporting children in its area, with no cross subsidy between contracts or between Children's Public Health Services and

NHS services. Each contract operates as a trading account which is expected to break even each year (after a 6% contribution to our central Corporate Services).

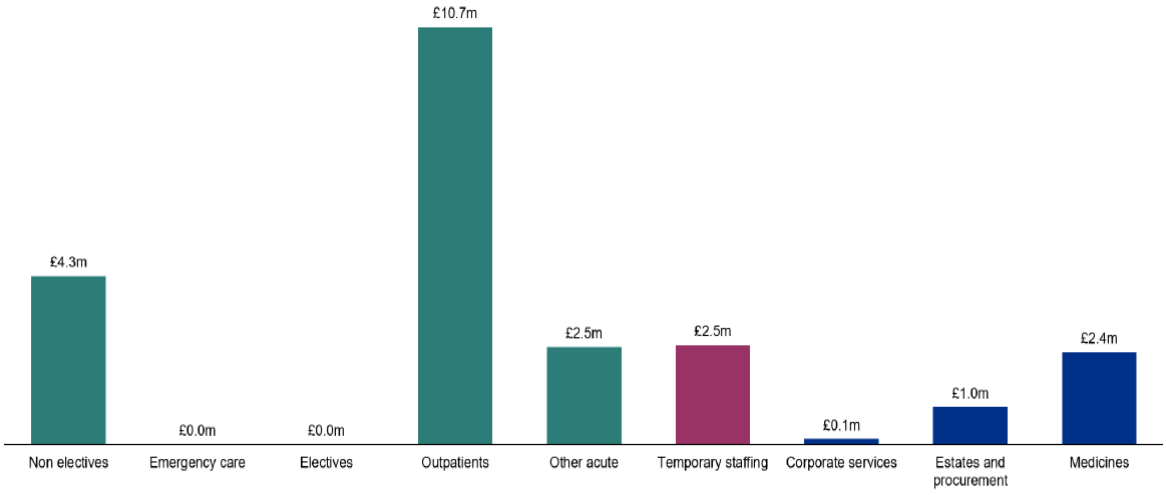
c. Financial Context

HDFT is committed to delivering long-term financial sustainability and has a history of financial balance and strong financial control. For many years there has been a system deficit in North Yorkshire highlighting a imbalance between available resources and demand for services. This was highlighted by Carnall Farrar's strategic review of the Harrogate and District system in 2019.

In 2024/25 financial pressures began to emerge based on decisions made during the COVID recovery period. NHSE NE&Y supported the Trust in that financial year with £16m of non-recurrent "surge" funding despite the Trust delivering savings of £15.6m, 4% of turnover. In 2025/26 a deficit of £20m emerged following the agreement of an ambitious plan which would have addressed demand. In year we will deliver over £15m savings again.

Multiple benchmarks indicate that the Trust is highly productive overall:

- Reference Costs for 2024/25 are 94
- HDFT was one of the few Trusts not set a corporate cost reduction target by NHSE in 2025/26
- Model Health System indicates efficiency opportunities of around £20m, of which £14m are cash releasing:



The Trust Board has taken the affordability challenge seriously. To ensure our internal controls are robust and all efficiency opportunities have been identified the Trust has commissioned KPMG to complete a rapid review of our financial governance and opportunities. This will include a review of the drivers for the 2025/26 position shared as part of the forecast change process, assurance in relation to the effectiveness of the Trust control environment and opportunities for improvement to supplement our current work. The national process for deconstruction of block contracts had identified several areas

where the Trust is underfunded for the activity it delivers and the Trust is working closely with HNY ICB on the affordable provision of services for Harrogate and District.

3. DELIVERY APPROACH

a. Our Vision, Values and Strategy

Our Strategy makes it clear that our Patients and Children always come first. We exist to serve two groups:

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

Our purpose is to improve the health and wellbeing of our Patients, Children and Communities. As well as caring for patients when they are unwell, we can also help improve people's health and contribute to the wellbeing of our communities through our services and how we use our resources.

Our Strategy guides our decision-making about priorities, ensuring they support our purpose and long-term ambitions. Annually, we set clear, specific priorities and objectives for each ambition and goal, and track their delivery through the Board Assurance Framework and our governance and management processes.

b. HDFT Impact

Central to our strategic planning and delivery is our continuous improvement approach, HDFT Impact. This operating model and management system enables prioritisation and focus on the activities and developments which will deliver the greatest improvement. It is predicated on A3-thinking: a scientific problem-solving methodology, supporting data informed decision-making by those closest to the issue.

HDFT Impact enables us to identify and prioritise opportunities that will deliver the greatest positive impact for our service users and staff. These priorities are shaped into Breakthrough Objectives which connect to our True North Ambitions. The management system ensures connectivity between frontline operational improvement activities and Trust-wide Breakthrough Objectives which aim to engage a large proportion of the organisation and deliver significant and sustainable change through collective effort.

Breakthrough Objectives are discussed by the Senior Leadership Team monthly. Specific business rules apply which means that sustained improvement in performance can result in an exchange to a new objective or the introduction of a stretch target. This means that our Five Year Strategic Plan will always include Breakthrough Objectives which will be dynamic and responsive to organisational priorities.

These are supported by long-term Strategic Programmes and annual Corporate Projects which aim to deliver transformational change to our capabilities in areas of high priority and are frequently aligned to support Breakthrough Objectives.

Our Strategic Planning Framework, which is updated at least annually through our planning process, provides a high-level summary of our Vision, True North and Enabling Ambitions and the current Breakthrough Objectives, Strategic Programmes and Corporate Projects (see section 4, True North Ambitions, below for our current Strategic Planning Framework).

c. Collaboration and Partnership Working

HDFT is part of three integrated care systems and interacts with numerous partners. These relationships are an important part of our future delivery planning.

i. Humber and North Yorkshire Integrated Care System (HNY ICS)

Due to the location of our acute and adult community services in North Yorkshire, HDFT is formally a member of the HNY ICS, led by the HNY ICB, although most of our acute patient pathways are into Leeds and WY. A large proportion of the funding for our NHS services, including capital funding, flows through the HNY ICB. As an acute and community services provider, the Trust is a member of the HNY Collaborative of Acute Providers (CAP) and the HNY Community Collaborative. The HNY CAP includes York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT), Hull University Teaching Hospitals NHS Trust (HUTH) and North Lincolnshire and Goole NHS Foundation Trust (NLAG). Each Trust has been reviewing its services to identify any services that are currently unsustainable, and how closer collaboration with partners could improve or mitigate these risks. This builds on existing significant collaborations with YSTHFT on:

- Our joint electronic patient record programme.
- Urgent and emergency care through a formal change to the ambulance catchment boundary so that more ambulances, from closer to York, bring patients to the HDFT emergency department.
- A joint stroke pathway with hyper acute stroke care for Harrogate patients provided by YSTHFT and LTHT.
- Various services such as ear nose and throat, audiology and nephrology, where YSTHFT provides services to HDFT, and others such podiatry where HDFT provides the service to YSTHFT.

However, while there are opportunities to share good practice and ideas, the distance between Harrogate and HUTH/NLAG means there are very limited patient flows and direct clinical links.

HNY ICS is made up of six places based on local authority areas. HDFT is part of North Yorkshire (NY) Place alongside North Yorkshire Council (NYC), Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Yorkshire Ambulance Service (YAS) NHS Trust, primary care, the voluntary, community and social enterprise sector and other partners. In 2025 NY established the NY Health Collaborative (NYHC) with a

Joint Committee between HNY ICB and NYC to oversee a Section 75 agreement and aligned NHS and local authority budgets of over £600m per year. The NYHC is leading a transformation programme across health and social care called "Ambitious for Health". Supporting the Joint Committee, a Directors' Group and Community Provider Collaborative have been established to lead Ambitious for Health. Both groups are chaired by HDFT and the Trust provides significant project management to support Ambitious for Health, demonstrating our commitment to collaboration in our Place.

The Harrogate and Rural District Local Care Partnership (HARD LCP) brings together partners across health, care and beyond to improve the health and wellbeing of the Harrogate and District population. This builds on our well-established partnership for older adult community and social care, the Harrogate and Rural Alliance (HARA). HARA has continued to develop its services and now provides a comprehensive range of community health services and social care services for older adults. During 2025 HDFT took an increasingly active leadership role in HARD LCP, including leading work on health inequalities, wound care and neighbourhood health. HDFT's leadership is credited with strengthening relationships in the LCP, particularly with primary care and VCSE.

As the acute and community provider for Harrogate and District, HDFT has important roles as a health care provider and as an anchor institution for our community. We have built strong links with local schools and education providers through volunteering and work experience. Our partnership with Harrogate College has supported training for our international nurses, the delivery of the Healthcare T Level, and our supported internship programme for young people with learning disabilities and autism.

ii. West Yorkshire Health and Care Partnership

Being located only 15 miles to the north, Harrogate has always had strong links with Leeds and West Yorkshire. HDFT was a founder member of the West Yorkshire Association of Acute Trusts (WYAAT) which is nationally recognised as a leading provider collaborative. WYAAT brings together the six acute trusts in West Yorkshire and Harrogate: Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale and Huddersfield NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust, and Mid Yorkshire Hospitals NHS Trust, and HDFT. The WYAAT trusts continue to collaborate on a wide range of programmes and issues including:

- Implementation of a single laboratory information management system to connect pathology services in all six WYAAT Trusts
- A networked clinical model for non-surgical oncology to provide resilience and improved quality
- A centralised aseptics production facility to manufacture aseptic pharmaceutical products at scale for all WYAAT Trusts to improve safety, release nursing time and reduce costs
- Elective theatres at Wharfedale Hospital, with HDFT committing to fully utilise one theatre

- The Yorkshire Imaging Collaborative (YIC) implemented transformational AI imaging and decision support tools that could help diagnose patients with life-threatening diseases more quickly.

HDFT has a significant number of patients from North Leeds and Wetherby. The majority of our patient pathways for tertiary (specialist) hospital services, such as cancer, cardiothoracic surgery and neurosurgery, are to LTHT, our nearest, and most comprehe nsive, provider of tertiary services, membership of WYAAT will remain strategically important to us and our patients.

In July 2025, the HDFT and LTHT Boards approved a partnership agreement to recognise and strengthen the links between the Trusts. For HDFT this is key strategic initiative to ensure that HDFT's acute services are clinically sustainable in the long-term. Initially the partnership is focussed on improving theatre productivity and clinical networks in cardiology, neurology and stroke.

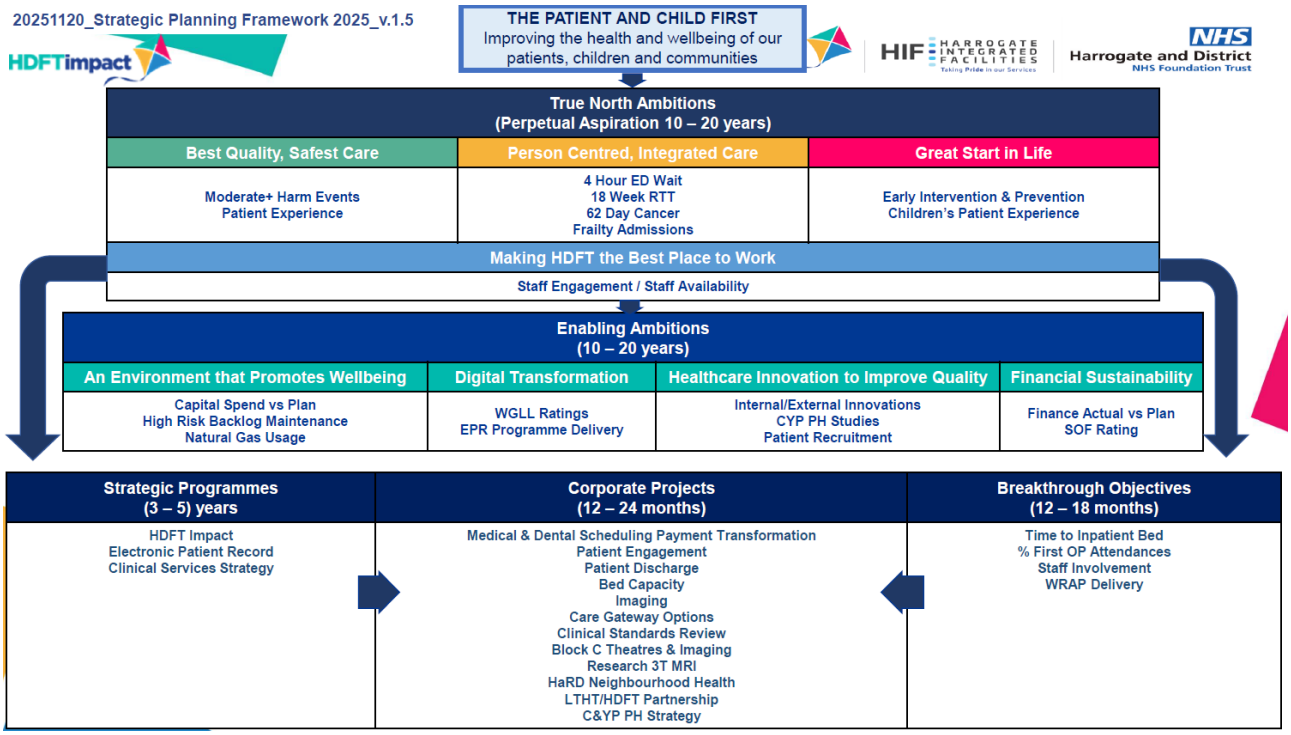
iii. North East and North Cumbria Integrated Care System

HDFT provides children and young people's public health (CYPPH) services to nine local authorities in the Northeast and North Cumbria: County Durham, Darlington, Middlesbrough, Stockton-On-Tees, Sunderland, Gateshead, Northumberland, Cumberland and Westmorland and Furness. Building on the success of our services, we have established Section 75 partnership arrangements with the local authorities for Darlington, Stockton-On-Tees, Gateshead and Northumberland. We have worked hard to improve our strategic relationships with our local authority partners, through the Directors of Public Health and membership of Health and Wellbeing Boards and Healthy Children's Boards.

In the last year we have taken on new CYPPH contracts in Cumberland and Westmorland & Furness and are already seeing significant improvement in performance and staff satisfaction reflecting the quality of our delivery model. In addition, we are in the process of mobilising services in South Tyneside which will be our 10th contract in the region (and 12th in total). We continue to explore opportunities for long-term partnerships in all our contract areas and to expand our services where we can add value and improve care for children and families.

4. TRUE NORTH AMBITIONS (Delivery Areas and Transformation)

Central to our strategic planning and delivery is our continuous quality improvement approach, HDFT Impact. HDFT Impact enables us to identify and prioritise opportunities that will deliver the greatest positive impact for our service users and staff. These priorities are shaped into Breakthrough Objectives which connect to our True North Ambitions and which aim to engage a large proportion of the organisation and deliver significant and sustainable change through collective effort. These are supported by long-term Strategic Programmes and annual Corporate Projects which aim to deliver transformational change to our capabilities in areas of high priority. Our delivery plan is summarised in our Strategic Planning Framework which is described in more detail below, for our True North Ambitions, and in section 5, Enabling Ambitions section.:

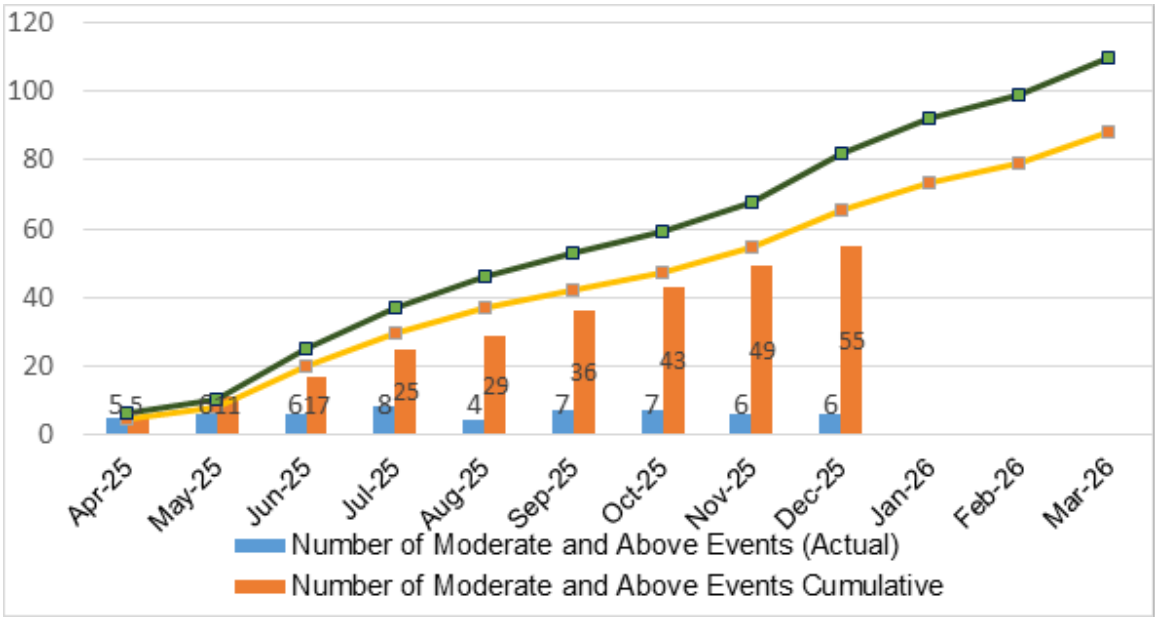


a. Best Quality, Safest Care

i. Patient Safety: Eliminate Moderate and Above Harm

Our long-term vision is to eliminate moderate and above harm events, while increasing the reporting of low and no harm events. Our short term goal is to deliver a 20% reduction in moderate and above harm events each year for three years. During our baseline year 2023/24 we had 140 moderate and above harm events which set our targets as:

- 2024/25: 110 – Achieved
- 2025/26: 88 – currently ahead of trajectory (see chart below)
- 2026/27: 71



ii. Patient Experience: Improve Patient Experience

Our long-term vision is that every patient will recommend our services. Our most recent data (January 2026) shows that 93% of patients rate their experience as good or very good.

Our short-term goal is to increase the response rate for the inpatient Friends and Family Test by 20% each year for 3 years. In 2023/24, our baseline year, we averaged 447 responses per month, giving a target of 536 responses per month for 2024/25 which we achieved.

However, in 2025/26 we had to close a text message feedback system which reduced the number of responses significantly. This True North Ambition was re-designed to focus on the development of our Patient Engagement Strategy (see Corporate Project below) which is currently being finalised. Goals for 2026/27 and beyond will be set based on the approved strategy.

iii. Corporate Project: Patient Engagement Strategy

To support our long-term vision for patient experience, we are developing a Patient Engagement Strategy. This will set the Trust's framework for patient engagement over the next 3 years and beyond. The NHS 10 Year Plan puts considerable emphasis on patient engagement and our Engagement Strategy will align to its priorities and be our delivery mechanism.

iv. Strategic Programme: Clinical Services Strategy

The aim of our clinical services strategy is to provide a framework to align our clinical services to our Trust wide purpose, ambitions, values and enabling ambitions, as the delivery of high quality and safe clinical services are key to the delivery of our overarching HDFT Strategy. There are four key priorities in our Clinical Services Strategy:

- **Best Quality, Safest Care with a Focus on Frailty.** Due to our increasingly elderly and frail population in Harrogate and District, HDFT aims to provide high quality District General Hospital and community care for our population, prioritising and ensuring a proactive approach to people living with frailty in our community.

- **Integrated Care Delivered as Close to Home as Possible.** In line with the NHS 10 Year Plan, HDFT will lead on delivery of Neighbourhood Health in Harrogate and District to transform clinical pathways and services to support people to live longer, healthier and more independent lives. We will grow and develop local, place-based networked relationships with Primary Care, Community Services, Social Care, Mental Health Services and Voluntary Sector Providers (through HARDLCP – Harrogate and Rural Local Care Partnership).

- **Clinical Networks and Partnerships.** For acute services to remain clinically sustainable in the long-term, we will grow and develop clinical networks and partnerships through the West Yorkshire Association of Acute Trusts and, in particular, with Leeds Teaching Hospitals NHS Trust. For some specific services we will also have networks within Humber and North Yorkshire, particularly with York and Scarborough Teaching Hospitals NHS FT.

- **Children and Young People.** HDFT will deliver high quality obstetric and midwifery led maternity services at Harrogate District Hospital. we will ensure that all our services are accessible and appropriate for children and young people through our seven “Hopes for Healthcare” principles, designed and approved by our Youth Forum.

Within our Clinical Services Strategy programme, we currently have four Corporate Projects:

- **Care Gateway.** Initially focussed on developing options to provide seamless, consistent management of integrated urgent care pathways across acute and community settings.

- **Clinical Standards.** A comprehensive review of our baseline position against clinical standards by service and across multi-professional pathways to identify and mitigate risks, and to enable improvement through partnerships, workforce development and new processes.

- **LTHT/HDFT Partnership.** Harrogate and District NHS Foundation Trust (HDFT) and Leeds Teaching Hospitals NHS Trust (LTHT) have a long-standing history of close clinical and operational collaboration. Building on the findings of the West Yorkshire Association of Acute Trusts (WYAAT) service review, both Trusts identified significant opportunities to use their complementary strengths to improve outcomes, enhance quality, strengthen workforce resilience, increase productivity, and ensure sustainable local access for the populations we serve. In July 2024, both Boards approved a formal partnership agreement. This established joint governance and delivery assurance arrangements and set out shared principles

for the partnership: joint accountability, equity, ambition, and a commitment to applying continuous improvement methodologies across collaborative programmes. Guided by these principles, the Trusts have agreed a shared workplan focusing on three priority clinical areas. Each has been selected through benchmarking and analysis of Trust data, identifying services where joint clinical networks, shared delivery pathways, and coordinated workforce plans can protect local access while consolidating expertise and reducing the operational costs of duplicate infrastructure: surgical services at Wharfedale Hospital, stroke services and pathways, cardiology and neurology clinical networks.

- **Harrogate and District Neighbourhood Health.** With partners in HaRD LCP, HDFT is working to deliver neighbourhood health to enable the shift from treatment to prevention and from hospital to community. HDFT has strong relationships with the 4 HaRD Primary Care Networks, VCSE Community Anchor Organisations and North Yorkshire Council. The Neighbourhood Health Corporate Project aims to align existing work underway, coordinate improvement work across HDFT and HaRD and strengthen links between existing services, connecting assets around the population and developing workstreams that directly influence the 6 components of neighbourhood health. Initially, there are four workstreams within the Neighbourhood Health Corporate Project, the Neighbourhood Health Stocktake, North Yorkshire Community Services Provider Collaborative Community Nursing Transformation, HaRD Health Inequalities projects and HaRD Wound care project. HDFT will build upon these as the Neighbourhood Health Project matures.

b. Person Centred, Integrated Care

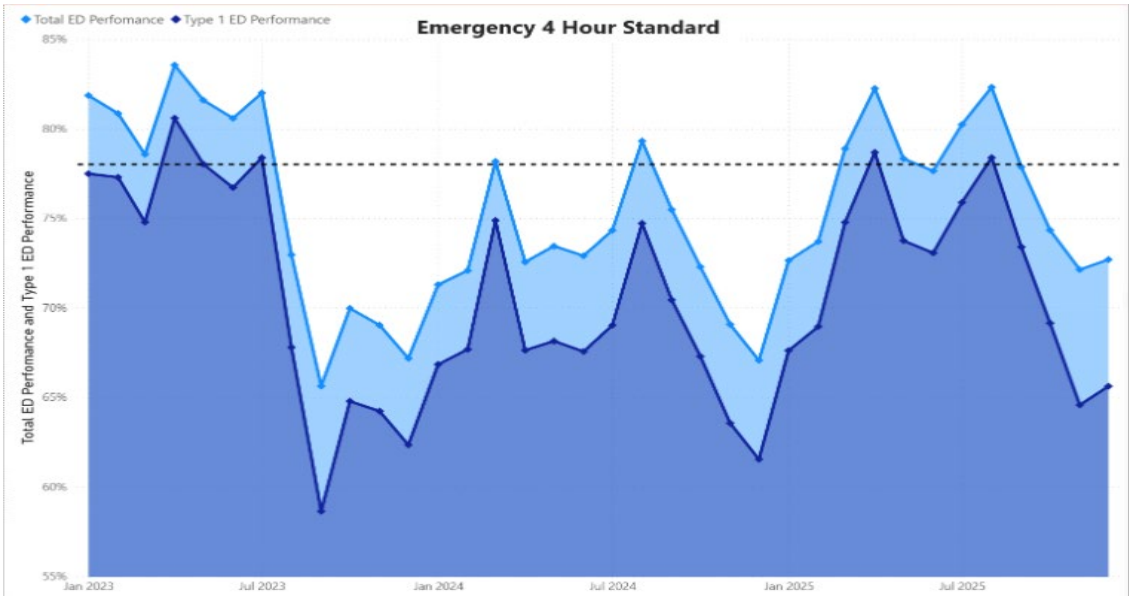
i. Urgent & Emergency Care: ED 4 Hour Standard

Our long term vision, by March 2028, is to meet the NHS Constitutional Standard of 95% of urgent and emergency patients to have their care completed (ie either admitted or discharged) within 4 hours.

Our short-term goals are:

- March 2026: 78% of patients having their care completed within 4 hours.
- March 2027: 82% of patients having their care completed within 4 hours.
- March 2028: 85% of patients having their care completed within 4 hours.
- March 2029: 85% of patients having their care completed within 4 hours.

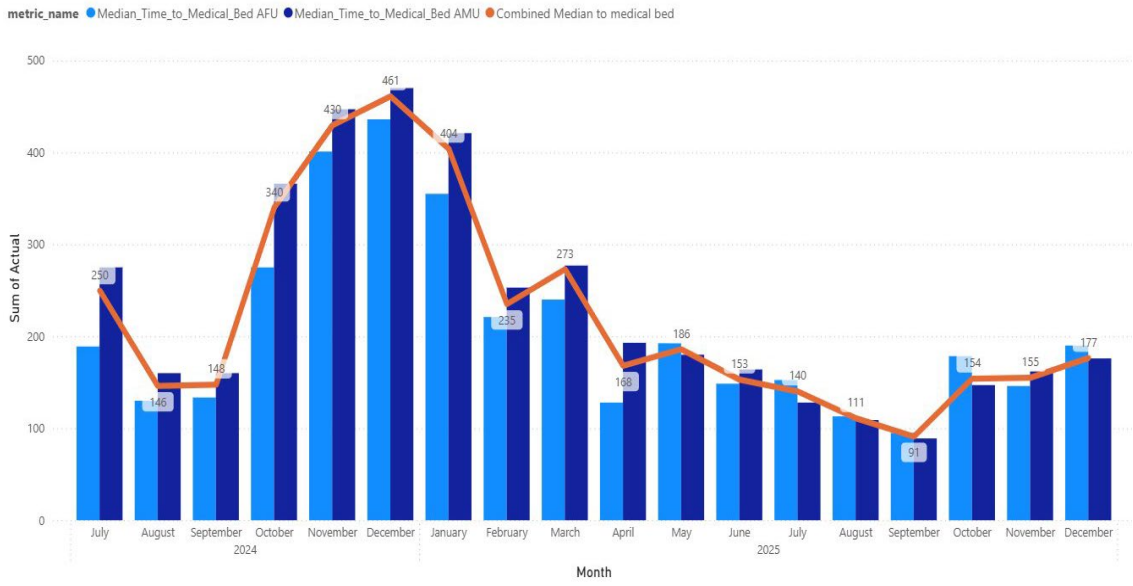
Our current performance at the end of December 2025 (and subject to further validation) is 74.3%:



ii. Urgent & Emergency Care Breakthrough Objective: Reducing the time patients wait for an inpatient bed

Based on our analysis of our ED performance, the biggest contributor to patients not completing their care within 4 hours is the time it takes from the decision to admit to when the patient is transferred to a ward. Our long-term vision is for 60% of patients to be transferred within 60 minutes. Our short-term goal is to reduce the median time to under 120 minutes.

Current performance for our medical beds is 177 minutes (December 2025) which while still above our target is a significant reduction compared to 461 minutes in December 2024.



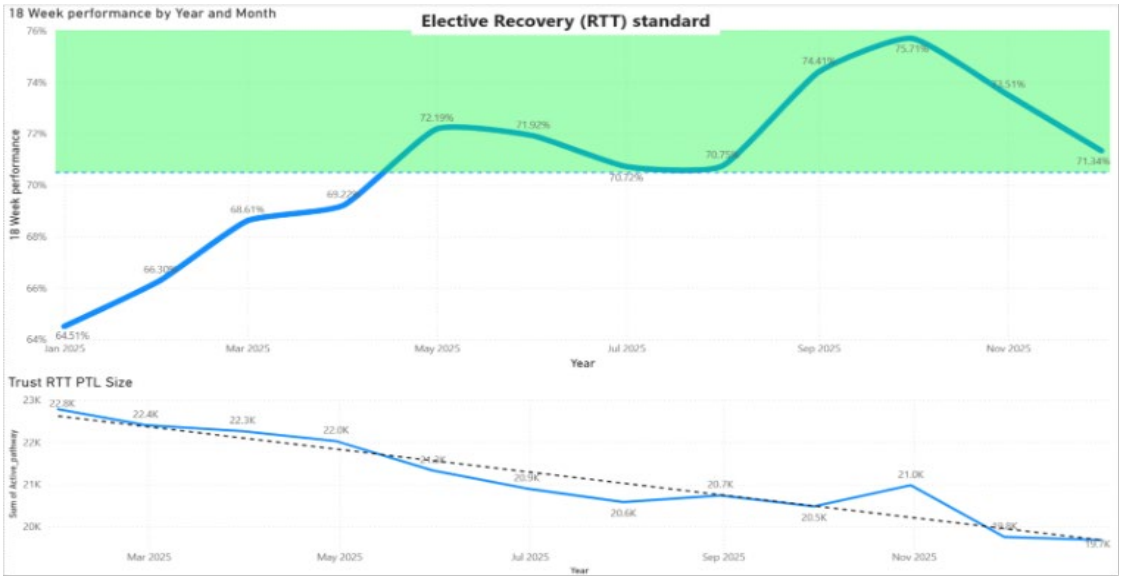
iii. Equitable & Timely Planned Care: 18 Week Referral to Treatment Standard

Our long-term vision, by March 2029, is to meet the NHS Constitution referral to treatment standard of 92% of incomplete patients waiting less than 18 weeks.

Our short term goals are:

- March 2026: 72% of incomplete patients waiting less than 18 weeks.
- March 2027: 80.5% of incomplete patients waiting less than 18 weeks.
- March 2028: 87% of incomplete patients waiting less than 18 weeks.
- March 2029: 92% of incomplete patients waiting less than 18 weeks.

Our current performance, as at 31 December 2025, is 71.3% which has reduced from a high of 76% in October 2025 due to a planned focus on closing pathways over 18 weeks and reducing the overall size of the waiting list.



iv. Equitable & Timely Planned Care Breakthrough Objective: Reduce the number of follow-up outpatient attendances

The majority of patients on our RTT waiting list are non-admitted so the biggest contributor to reducing waiting times and achieving the 18 week RTT standard is reducing the number of follow-up attendances in order to increase capacity for first attendances. Our long-term vision is to reduce the number of follow-up attendances by 15% compared to 2024/25. Our short-term goal is to reduce the number of follow-up attendances by 10%.

Despite exceeding our target for Patient Initiated Follow Ups and reducing our new to follow-up ratio, current performance is an increase in follow-ups of 4%:

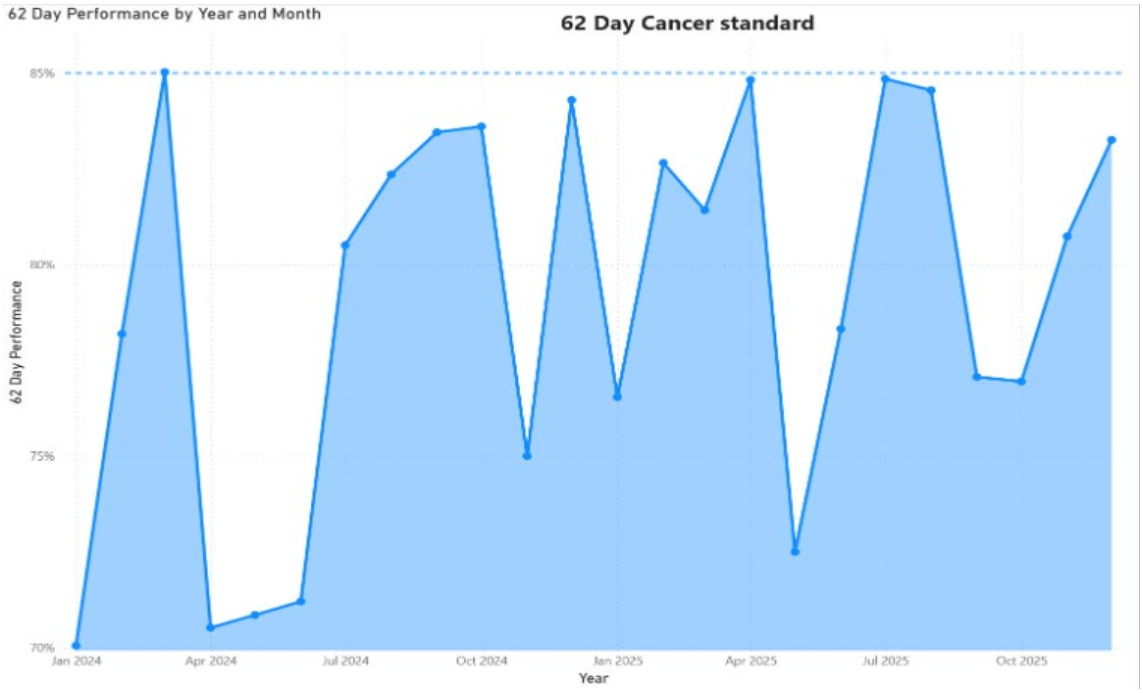
v. Cancer Care: 62 Day Treatment Standard

Our long-term vision, by March 2027, is that we will meet the standard of 85% of patients commencing their treatment within 62 days of referral for suspected cancer.

Our short-term goals are for the following percentages of patients to have commenced definitive treatment within 62 days of referral for suspected cancer:

- March 2026: 83%
- March 2027: 84.2%
- March 2028: 85.3%
- March 2029: 87.6%

Our current performance for December 2025 (unvalidated) is 83%:



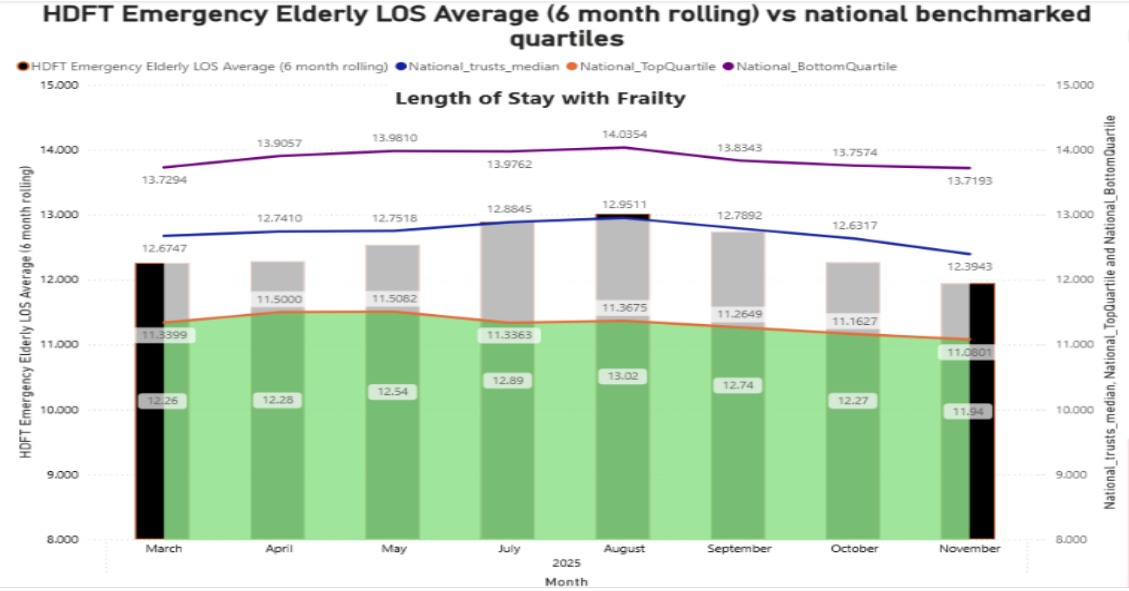
vi. Care of the Elderly & People Living with Frailty: Length of Stay for Patients with Frailty

Our long-term vision is for our length of stay for patients with frailty to be in the top quartile nationally by March 2027.

Our short-term goals are:

- March 2026: Top 50% nationally for length of stay for patients with frailty.
- March 2027: Top 25% nationally for length of stay for patients with frailty.

Current performance is 11.94 days which is better than the national median of 12.39 days.



vii. Corporate Project: Imaging Services

The Trust has a significant imbalance between capacity and demand for imaging services, particularly for CT and MRI, leading to poor performance on the 6 week target for diagnostic services. The Imaging Services Corporate Project aims to improve the efficiency of imaging services and also to invest in additional imaging capacity in order to improve performance. The project incorporates workstreams on improved rostering, a community diagnostic centre in central Harrogate and a 3T MRI for research which will also offer some NHS capacity.

c. Great Start in Life

i. Early Intervention and Prevention: All mandated Healthy Child Programme Contacts at >90% within national timescales

The Healthy Child Programme is an evidence based public health programme to improve outcomes for children. It delivers a range of interventions supporting children and their families, including five mandated contacts which should be achieved within specified timescales. Our long-term vision is to deliver all five mandated contacts within the specified timescales for over 90% of the children we support.

We currently deliver the Healthy Child Programme for eleven local authorities, giving a total of 55 mandated contact metrics. Contracts with two local authorities, Cumberland and Westmorland and Furness started in April 2025 with very low levels of compliance with the specified timescales for their mandated contacts. Our current performance is that 50 of our 55 mandated contacts are achieving the specified

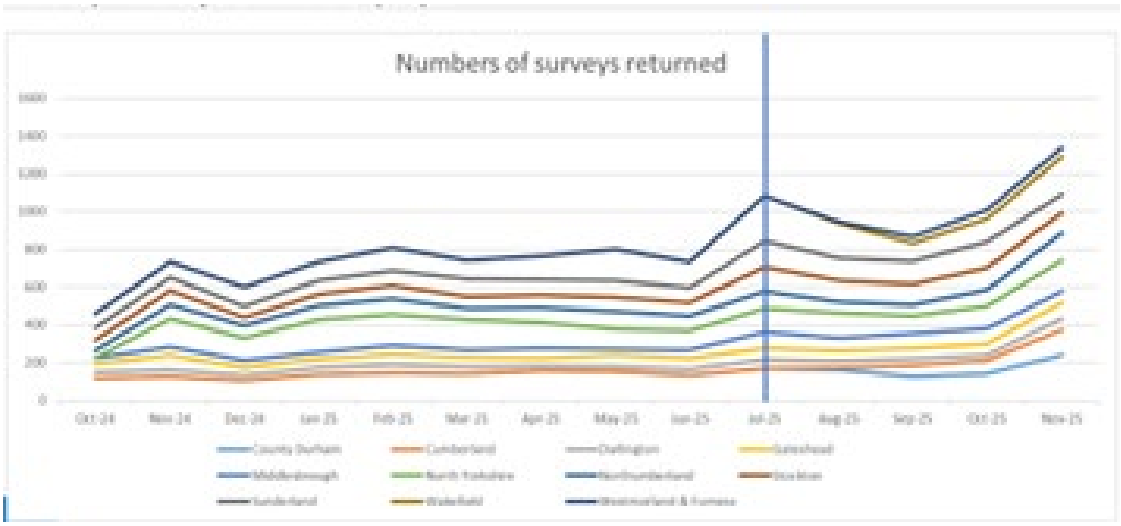
timescales for over 90% of children. The five not achieving are all in either Cumberland or Westmorland and Furness.

ii. Children's Patient Experience

In addition to delivering the Healthy Child Programme effectively, we also need to ensure that our services meet the needs of children and young people. Our long-term vision is to improve the experience of children and young people by understanding what matters most to them about our services.

Our short-term goals are to increase the response rate to our Children and Young People's Experience Tool and our Parents' and Carers' Experience Tool.

Our current performance shows that response rates are increasing across all contract areas and a variety of countermeasures are being tested to continue to improve.



iii. Strategic Programme: Children's Public Health Services Strategy

HDFT is the largest provider of public health services for Children and Young People in England supporting over 600,000 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 and Young People nationally. Our size and expertise in Children and Young People's public health services creates a unique opportunity for us to be the leading NHS trust partner for research into children's public health services. The strategy is set out in the graphic below.

Where we can add value and improve outcomes for children and young people, we will continue to seek opportunities to expand our services into new areas. From April 2026 we will take on children's public health services for South Tyneside, our twelfth local authority area.

d. Best Place to Work (Workforce)

The HDFT People Plan provides a framework to meet our True North Ambition to be "The Best Place to Work". The plan is underpinned by the NHS People Promise and the 10 Year NHS Plan and sets out four areas of priority and focus:

- **Looking after our People.** Providing physical and emotional support to enable staff to be at their best.

- **Belonging in the NHS.** Building teams with excellent leadership where everyone is valued and recognised, where diversity is celebrated and colleagues feel included and proud to work.
- **New Ways of Working.** Ensuring we have the right people with the right skills in the right roles by planning and designing our workforce, recruiting great colleagues and developing medical associated and advance practice roles.
- **Growing for the Future.** Ensuring colleagues can reach their full potential through career pathways, talent management and excellent opportunities for learning and development.

i. Workforce Planning

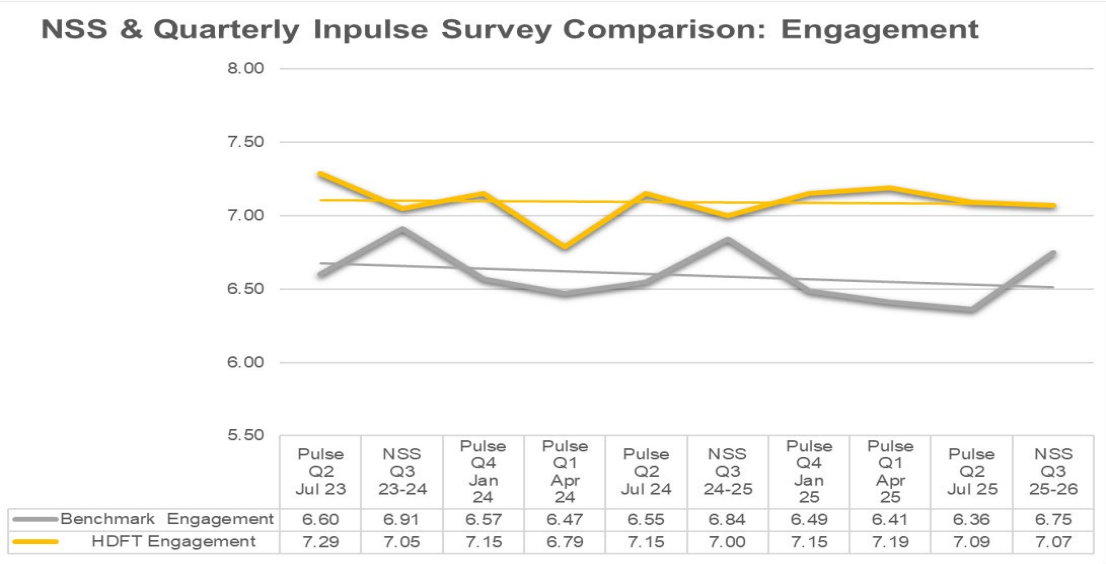
Our 5 year workforce plan maintains our substantive workforce at a stable level, with the only material changes limited to already approved and funded business cases and contract changes (including TUPE transfers in and out of the Trust). The plan includes the expected reductions in bank and agency use to support workforce and financial sustainability.

ii. Staff Engagement: Quarterly Inpulse Staff Engagement Index

Evidence shows that staff engagement is the most important factor in NHS trust performance and is closely associated with care quality and, in the acute sector, avoidable patient mortality. Our long-term vision is to achieve and maintain the best staff engagement index in our benchmark group for both the National Staff Survey (NSS) and the National Quarterly Pulse Survey (NQPS), while simultaneously increasing our response rates in both surveys.

Our most recent performance in NQPS (July 2025) was 7.09, putting us 3rd in our benchmark group. Our initial results for NSS 2025 show a small increase in engagement index to 7.07, from 7.00 in 2024.

Our response rate is increasing: NQPS July 2025 was 38%, our highest ever, and NSS 2025 was 62%, an increase of 13% on 2024.



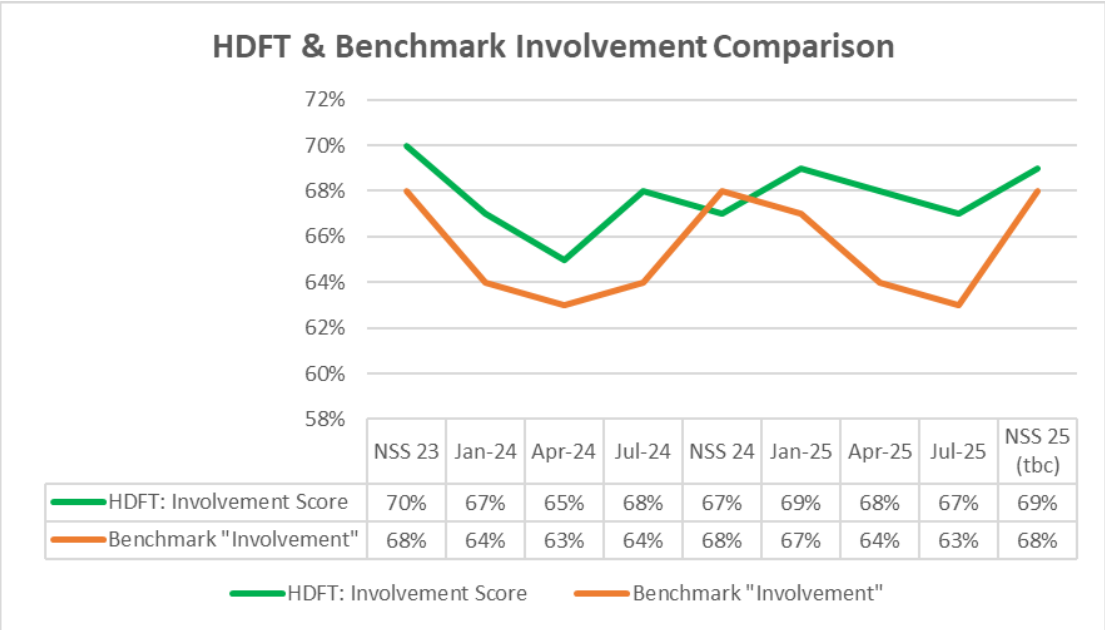
	Pulse Q2 Jul 23	NSS Q3 23-24	Pulse Q4 Jan 24	Pulse Q1 Apr 24	Pulse Q2 Jul 24	NSS Q3 24-25	Pulse Q4 Jan 25	Pulse Q1 Apr 25	Pulse Q2 Jul 25	NSS Q3 25-26
Benchmark Engagement	6.60	6.91	6.57	6.47	6.55	6.84	6.49	6.41	6.36	6.75
HDFT Engagement	7.29	7.05	7.15	6.79	7.15	7.00	7.15	7.19	7.09	7.07

iii. Breakthrough Objective: Improving our Staff Involvement Index

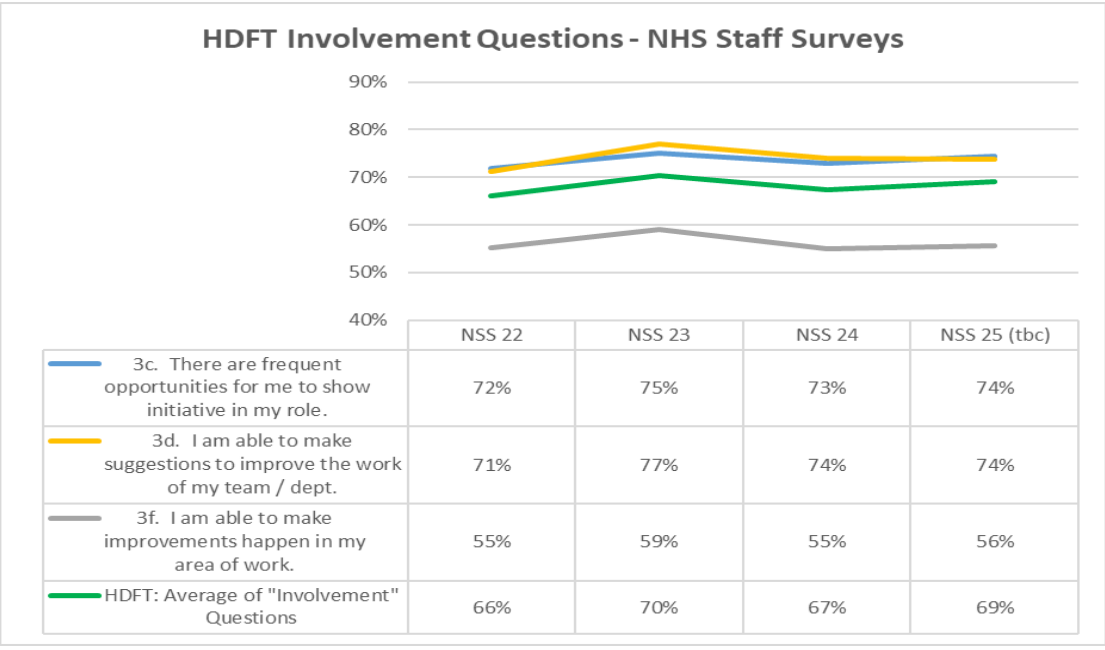
Within the overall staff engagement index, staff involvement in decision making is the most important element. HDFT's NSS 2024 results showed a statistically significant decrease in our staff involvement index and, therefore, it was identified as a Breakthrough Objective. Our long-term vision is to match the best involvement index in our benchmark group of 7.27 (compared to 6.85 for HDFT).

The biggest contributor to our score is in relation to staff feeling they can make improvements happen in their area of work (HDFT 55.4% vs 63.9% for best).

Our current performance has improved slightly since NSS 2024:



	NSS 23	Jan-24	Apr-24	Jul-24	NSS 24	Jan-25	Apr-25	Jul-25	NSS 25 (tbc)
HDFT: Involvement Score	70%	67%	65%	68%	67%	69%	68%	67%	69%
Benchmark "Involvement"	68%	64%	63%	64%	68%	67%	64%	63%	68%



	NSS 22	NSS 23	NSS 24	NSS 25 (tbc)
3c. There are frequent opportunities for me to show initiative in my role.	72%	75%	73%	74%
3d. I am able to make suggestions to improve the work of my team / dept.	71%	77%	74%	74%
3f. I am able to make improvements happen in my area of work.	55%	59%	55%	56%
HDFT: Average of "Involvement" Questions	66%	70%	67%	69%

iv. **Staff Availability: WTE Gap between Establishment and Staff Available to Work**

Our workforce planning sets the establishment for the staff we need to deliver high quality care and evidence indicates that substantive staff, with good leadership in strong teams, deliver the best care. Therefore, our long-term vision is to be fully staffed with no vacancies and low sickness so that our patients are cared for by substantive staff, with bank and agency staff very rarely needed.

Our short-term goals are:

- Vacancy rate below 6%
- Turnover rate below 12%
- Sickness rate below 4.2%

Current performance is:

- Vacancy rate: 6.22%
- Turnover rate: 9.38%
- Sickness rate: 6.24%

v. **Corporate Project: Medical & Dental Job Planning & Rostering**

The Medical & Dental Job Planning & Rostering project aims to ensure that our medical and dental staff are deployed as effectively and efficiently as possible. It will ensure that all medical and dental staff have accurate, up-to-date job plans which enable robust rostering to cover routine and on-call work. This will improve management of activity and rotas, minimising agency and bank requirements.

5. ENABLING AMBITIONS

a. Financial Sustainability

Our long-term vision is that HDFT is a financially sustainable organisation, able to live within the financial resources allocated. Our short-terms goal is that HDFT delivers a break-even financial position each year.

For our NHS services, our fundamental principle is that performance, activity, workforce and finance must all be aligned: our performance ambitions must be matched to the activity to deliver them, with the workforce to deliver the activity, and the finance linked to the activity. Our waste reduction and productivity target for NHS services will be between 3-5% of turnover. All must be agreed with commissioners and captured in an affordable contract.

Alongside our NHS services, we deliver eleven (twelve from April 2026) local authority children's public health contracts worth £70m per year. These contracts are managed as trading accounts with each expected to break even (after a 6% contribution to corporate costs) so that funding for each local authority is used to support children and families in that area.

Our financial plan for 2026/27 is:

Total Revenue:	£418m (of which HNY ICB £244m)
Operating Expenditure:	£410m
Other Expenditure:	£8m
Surplus/Deficit:	£0m
WRAP:	£20.6m (5% of total turnover, 6.44% of NHS funding)

b. Environment that Promotes Wellbeing

The environment in which we work or are cared for has a huge impact on our physical and emotional wellbeing. We aim to continuously improve our estate and equipment, prioritising investments and designing new facilities which promote wellbeing and best quality. As the largest employer in Harrogate and covering a huge footprint across Cumbria, the North East and Yorkshire, we have an important role in reducing our impact on the planet and achieving net zero carbon by 2040.

Over the next 2 years, the Trust will develop a new Estates Plan to provide a long-term plan for organising, developing and managing our estate in relation to the Trust's service and business needs. The Estates Plan will support the Clinical Strategy and People Plan in providing the best environment possible for our staff to see, treat and care for patients. It will also ensure compliance with statutory building responsibilities, CQC standards and manage the reduction in backlog maintenance and business continuity risks.

Our work on a new Estates Strategy builds on strong foundation of recent programmes to improve the HDFT environment. We have successfully eradicated around 50% of RAAC panels on our main Harrogate District Hospital site, undertaken significant schemes under TIF1 and TIF2 theatre investment programmes, redeveloped our Emergency Department

and Acute Medical Unit, and made significant improvements to our emissions in line with our Green Plan. In conjunction with NHSE and ICB partners, we are actively engaged in regional groups to work collaboratively with other Acute Providers to ensure best practice is shared and adopted.

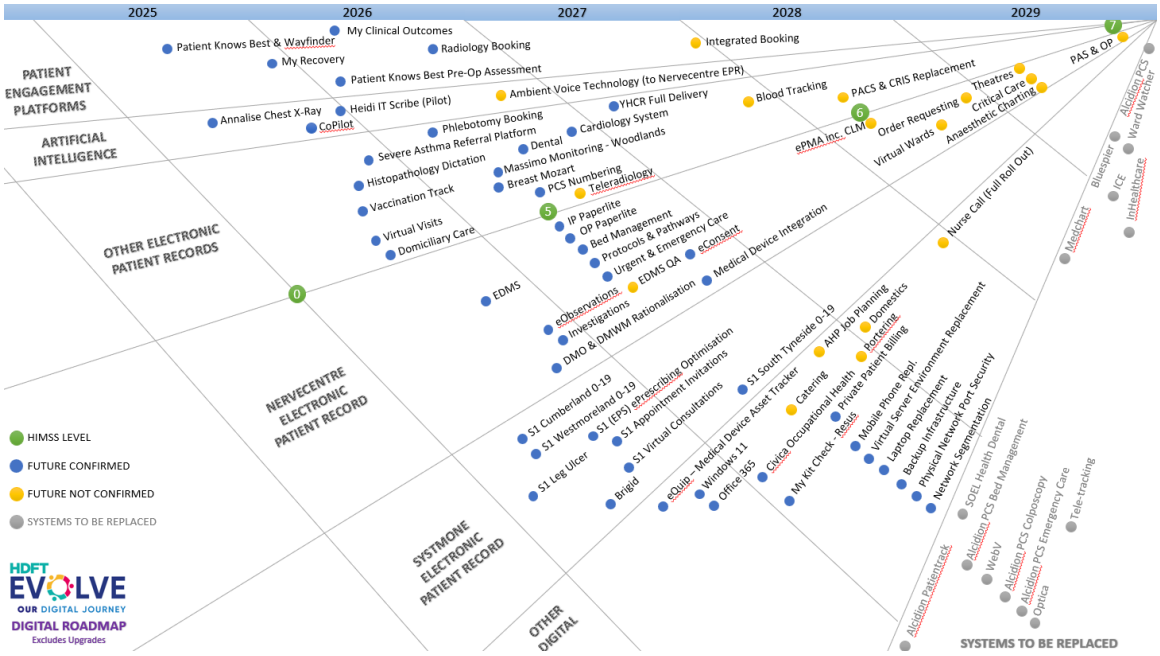
Our goals over the next 5 years are to:

- Ensure the physical condition of our estate is fully compliant with health and safety, and statutory building standards.
- Improve the accessibility of our estate for a more inclusive environment.
- Improve our facilities to provide the best possible working environments our staff members.
- Improve our resilience from the risk of fire by upgrading fire systems and compartmentation.
- Invest in our Imaging and Diagnostic Services to ensure they fully support all clinical pathways and constitutional standards.
- Fully eradicate RAAC concrete from the Harrogate District Hospital estate.
- Improve our Elective, Acute and Trauma operating theatre environments.
- Reconfigure clinical services and move non-acute services from the acute HDH site where suitable.
- Deliver our Green Plan for 2025-28, reducing our direct CO2e by 1700 tonnes and our indirect CO2e by reducing single use plastic by 10%.

c. Digital Transformation

Our ambition at HDFT is to 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. Digital technology is an essential part of delivering high quality healthcare and enables us to collect huge amounts of data about our services which will enable us to learn and continuously improve.

HDFT is actively planning and progressing improvements in its digital maturity in line with the national “What Good Looks Like Digital Maturity Assessment”. The roadmap for this transformation is illustrated below.



i. Strategic Programme: Nervecentre Electronic Patient Record

This Strategic Programme will deliver a new generation electronic patient record (EPR) for acute hospital sites across HDFT. It will replace the existing WebV system and provide functionality to enable the Trust to reach HIMSS Level 5. The system is modular and will be implemented in several tranches. The first tranche went live in October 2025 providing eObservations, clinical results and clinical photography. A larger tranche covering outpatients, ?? will go live in April 2026. In parallel to the digital implementation, significant preparation is going into benefits realisation utilising our HDFT Impact methodology to engage frontline staff in process improvement enabled by the EPR.

d. Healthcare Innovation to Improve Quality

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 and second to use our size and expertise to be the leading NHS trust partner for research in children's public health services. In addition we know that access to research and clinical trials improves quality and outcomes for patients so we want to increase access to more trials at HDFT.

i. Healthcare Innovation

The Trust has a long-term vision to be a leading trust for the testing, adoption and spread of healthcare innovation, with the aim of improving quality, safety and patient outcomes. To support this ambition, targeted investment has been made in both staffing and infrastructure including an innovation manager, clinical innovation lead and innovation champion, and a dedicated Research and Innovation (R&I) Hub. The Hub acts as a visible focal point for innovation within the Trust, providing a clear route for external organisations to engage with clinicians and services. Importantly, it also offers a space away from the main hospital site to create an environment for collaboration and progression of new ideas, whilst supporting partnership activity.

The Trust has recruited 3 clinical entrepreneur fellows for 2025/26 and we are exploring a larger cohort for 2026/27. We are developing strategic partnerships with the University of York, Hull York Medical School and the York and North Yorkshire Combined Authority.

There are currently 45 active innovation projects at various stages of development, including both internal projects developed by HDFT staff and external projects where we are working with startups and industry partners.

ii. Children's Public Health Research

HDFT is the largest provider of children's public health services in England, supporting over 700,000 children and their families. As such we have the long-term vision to be a leading trust for children's public health research and to develop the evidence base for what works in supporting children and young people.

We already have three research studies open, including BaBI (Born and Bred In) and the Genomics England Generation study where we are the leading recruiter regionally. Five further studies are in discussion.

We are seeking to establish academic partnerships with children's public health researchers across the UK where there are opportunities to use our patient cohort and data, and also to develop our own studies. To support this we are providing training and education to children's public health staff to build research capability and infrastructure.

iii. Clinical Research

Our vision is to increase access to clinical trials for our patients in order to improve quality and outcomes. Our short-term goals are to: deliver our agreement with the Yorkshire and Humber Research Delivery Network, increase commercial trials by at least 20% and to develop new research partnerships. The key workstream is to deliver the Clinical Research Facility and 3T Research MRI project below.

iv. Corporate Project: Clinical Research Facility and 3T Research MRI

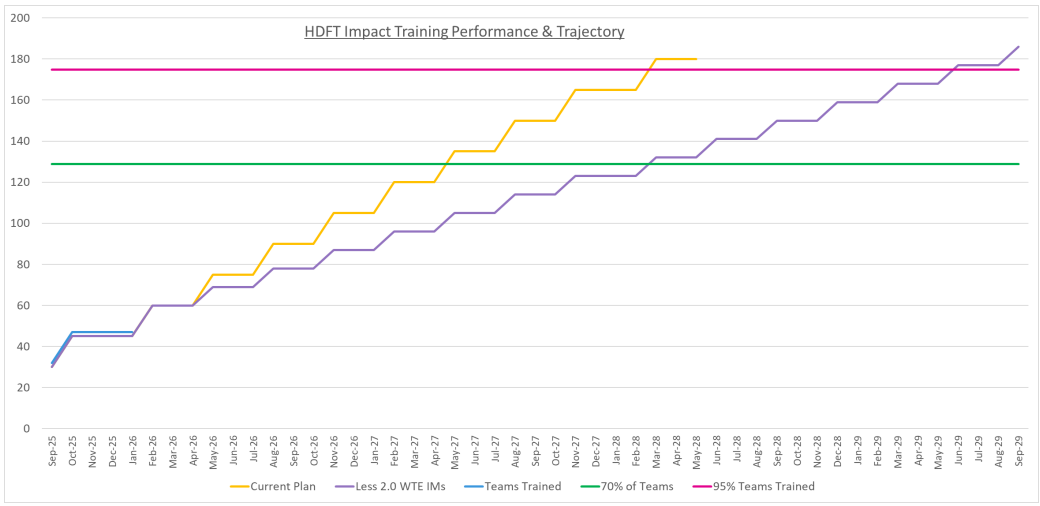
HDFT's ability to increase research activity, particularly commercial research, is limited by our access to clinical space for research. As part of our estates strategy, we have identified space for a permanent clinical research facility. This requires several other linked estates moves so, in the meantime, we are establishing a temporary CRF in unused ward space.

In 2025 HDFT was awarded £1.4m NIHR capital funding to establish a 3T MRI scanner for research by April 2027. The intention is to install the 3T MRI in space released by the development of our new Imaging Department (see Environment section below). The project is underway with assessment of scanner options and early design work on the new facility.

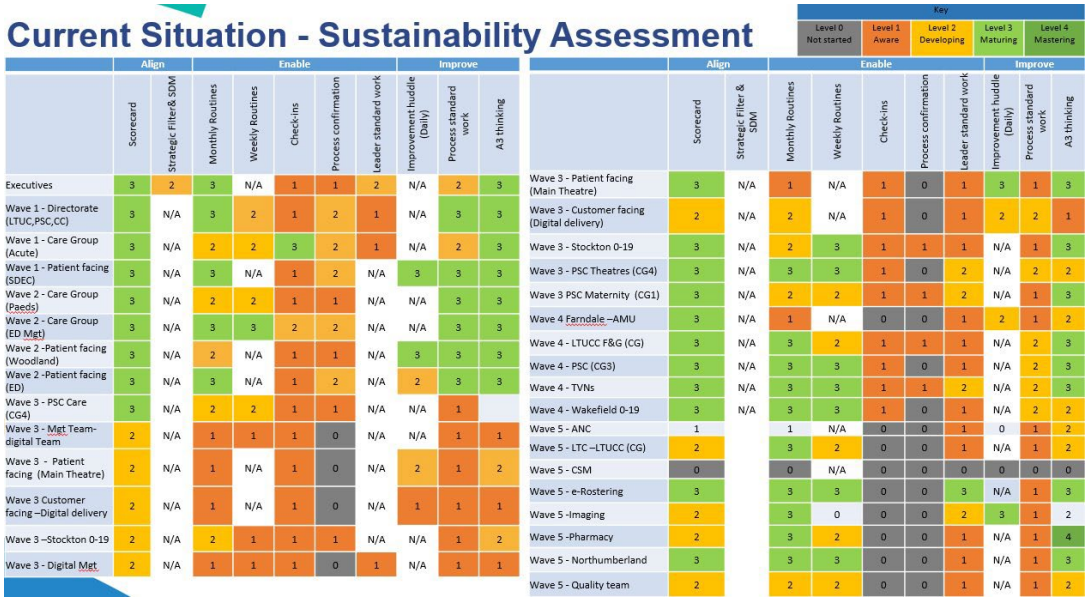
v. Strategic Programme: HDFT Impact

As described in section 3.b above, HDFT Impact is our continuous improvement approach: an operating model, management system and leadership culture which enables improvement, aligned to our strategy, at every level of the Trust. We have three goals for the programme:

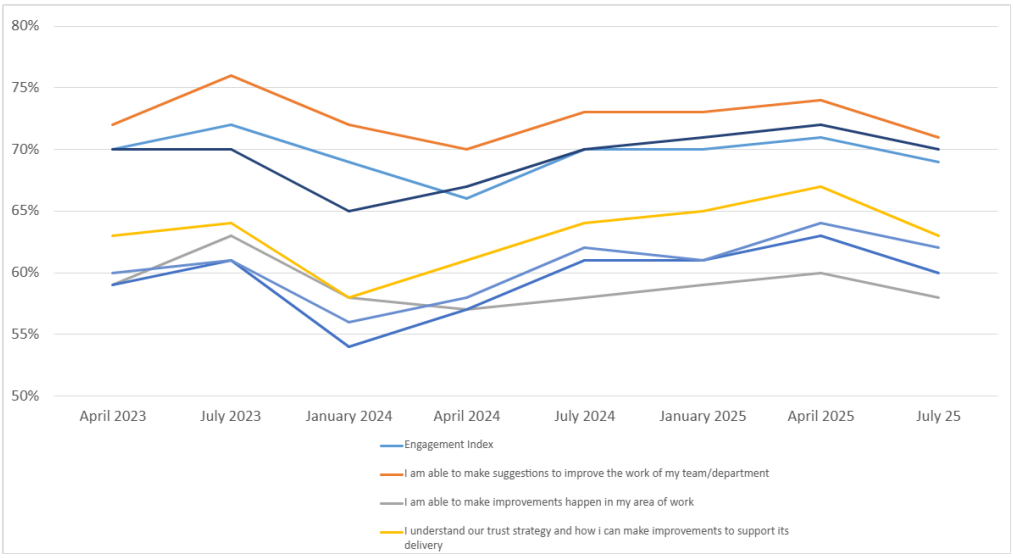
- 70% of teams trained in HDFT Impact by August 2027. 44 teams trained to date.



- 90% of teams trained sustaining HDFT Impact routines and processes.



- 75% of HDFT staff understand our Strategy and how to make improvements to support its delivery.



6. RISK & MITIGATIONS

a. Risk Model

The Trust records strategic risks to the organisation in the Board Assurance Framework (BAF) and operational risks to the organisation on the Corporate Risk Register.

The BAF is used to effectively structure our Board and Sub-committee agendas. It is reviewed on a bi-monthly basis at the Trust Board meeting held in public and the relevant sections are also scrutinised at the responsible Sub-Committee of the Board. For oversight and assurance, the BAF is also considered at the monthly meetings of the Strategy Deployment Room (formerly Senior Management Group). Our use of the BAF was given “high assurance” by our auditors in 2025.

The Corporate Risk Register is reviewed on a bi-monthly basis at the Trust Board meeting held in public. All risks that are scored at 9 or above are reviewed at monthly Directorate Performance Review Meetings (PRMs) with those scoring 12 or above escalated to the Executive Risk Management Group and Strategy Deployment Room each month.

b. Risk Analysis

The key corporate risks to the Trust and to delivery of our Strategic Plan are below:

Risk	Rating	Mitigation
Risk that the Trust has insufficient cash to meet its commitments	25	Cash support request submitted to NHSE Close monitoring of cash position, aged debt and supplier payments. Delivery of a balanced financial plan
Risk that the Trust will not deliver its 2025/26 financial plan	20	Triple lock process in place to control spend. Forecast change protocol submitted for £24m deficit for 2025/26

Risk	Rating	Mitigation
Risk of injury to staff, patients and visitors due to lack of physical security service	16	Implementation of a new onsite security team from April 2026
Risk to patient safety and experience due to delays in routine MRI and CT imaging (not meeting the 6 week diagnostic waiting time target)	16	MRI and CT capacity reviewed and ringfenced capacity provided to cancer, urgent and routine scans. Business case developed for increased radiographer capacity. Developing a business case for additional community diagnostic capacity in Harrogate.
Risk of harm to patients due to old and unreliable CT scanner	16	Temporary mobile CT scanner in place (January 2026) while CT internal CT scanner is replaced (starting February 2026). Long term mitigation is opening of new imaging department (currently under construction) in Q4 2026/27
Risks to quality and safety (eg testing delays, lost samples) due to the outsourcing of Hazard Group 3 microbiology testing to London.	15	Refurbishment of the onsite Containment Level 3 facility is underway due for completion in Q1 2026/27
Risk to quality of care due to not meeting NICE guidance to commence autism assessment within 3 months of referral	15	Increased autism assessments commissioned from April 2026
Risk to quality, staff and UKAS accreditation due to insufficient histopathology space for the workload	15	Development of a capital business case to expand the histopathology laboratory.
Risk of staff being subject to acts of violence and aggression at work	12	Conflict resolution training Community staff and lone worker security Integration of domestic abuse and sexual violence reduction into the violence prevention and reduction strategy
Risk of patient harm due to failure to meet the ED 4 Hour Standard	12	Robust operational systems and escalation processes, Low numbers of 12 hour DTA breaches with all having full root cause analysis.
Risk to DGH acute services due to fragility of cardiology service	12	Recruitment to additional consultant cardiologist roles Clinical network with LTHT

Risk	Rating	Mitigation
Risk of delays to patient medicines due to failure of pharmacy robot	12	Business continuity plan for robot failure in place. Replacement business case developed should capital funding become available
Risk that the Trust's £14.4m WRAP programme for 2025/26 is not delivered	12	£9m actioned, £12m forecast (Dec 25) £6.2m further cost reduction schemes
Risk to patient experience due to patients waiting over 52 weeks for dental care	12	Service recommissioned with new provider by HNY ICB. Being decommissioned and transferred to new provider in Q1 2026/27

7. GOVERNANCE, MONITORING AND REPORTING

HDFT is governed by a Trust Board comprising of both Executive Directors, appointed to specific roles in the organisation, and Non-executive and Associate Non-executive Directors who are considered independent and offer external expertise and perspective. The Board of Directors is a unitary Board with collective responsibility for all areas of performance of the Trust such as clinical and operational performance, financial performance, governance and management.

Delivery of the Trust's 5 Year Strategic Plan and our annual financial, operational and workforce plans is overseen by the Trust Board and its sub-committees. The Board and sub-committees meet bi-monthly with an informal Board Workshop in between. The Board and sub-committees use the Board Assurance Framework to structure their agendas, with sections of the Trust Strategy (True North and Enabling Ambitions) allocated to specific sub-committees for in depth scrutiny and challenge. Our use of the BAF to focus on strategic delivery was given "high assurance" by our auditors in 2025.

Decision making and operational management of the Trust is led by the Executive Directors reporting to the Chief Executive as Accountable Officer. Executive leadership of our strategy and annual plans is delivered through the monthly Senior Management Team meeting. As with our Board, this is structured using the Board Assurance Framework to cover our Trust Strategy (True North and Enabling Ambitions) and known as our "Strategy Deployment Room". For each ambition, we review the True North metrics, breakthrough objectives, corporate projects and strategic programmes to ensure we focus on the issues and actions that will deliver the greatest improvement. We also review the "watch metrics" and corporate risks for each ambition to ensure deterioration in metrics or risks is identified and decisions made whether to escalate them into an improvement priority.

At Directorate, Care Group and Service level, monthly performance review meetings provide support, challenge and escalation for improvement priorities (driver metrics), watch metrics, risks and issues. This structure allows escalation of issues to where they can best be managed while maintaining alignment to our Strategy and focus on our key improvement priorities.

Alongside our performance management system, our corporate teams manage governance systems in each of their areas (for instance, quality, people and culture, finance, digital, environment) to provide in depth scrutiny and lead improvement.

Corporate Projects and Strategic Programmes are led by an Executive Director and supported by dedicated project and programme management, with, where appropriate, dedicated clinical leadership too. Robust project and programme management is put in place with project/programme boards, clear plans and risk management.