



### Board of Directors Meeting Held in Public

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

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

## AGENDA

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

Item No.	Item	Lead	Action	Paper
<b>SECTION 1: Opening Remarks and Matters Arising</b>				
1.1	<b>Welcome and Apologies for Absence</b>	Chair	Note	Verbal
1.2	<b>Patient Story</b>	Director of Nursing, Midwifery and AHPs/ Medical Director	Discuss	Verbal
1.3	<b>Register of Interests and Declarations of Conflicts of Interest</b>	Chair	Note	Attached
1.4	<b>Minutes of the previous meeting:</b> Board of Directors meeting held in public on 29 May 2024	Chair	<b>Approve</b>	Attached
1.5	<b>Matters Arising and Action Log</b>	Chair	Discuss	Attached
1.6	<b>Overview by the Chair</b>	Chair	Note	Verbal
<b>SECTION 2: Chief Executive Reports</b>				
2.1	<b>Chief Executive's Report</b>	Chief Executive	Note	Attached
2.2	<b>Corporate Risk Register</b>	-	Note	Supp. Pack
<b>SECTION 3: Ambition: Best Quality, Safest Care</b>				
3.1	<b>Board Assurance Framework:</b> Best Quality, Safest Care	Director of Nursing, Midwifery and AHPs	Discuss	Attached
3.2	<b>Quality Committee Update</b>	Committee Chair	Note	Verbal
3.3	<b>Integrated Board Report:</b> Indicators from Safe, Caring and Effective domains	-	Note	Supp. Pack
3.4	<b>Director of Nursing, Midwifery and AHP's Report</b>	Director of Nursing, Midwifery and AHPs	Note	Attached
3.5	<b>Medical Director's Report</b>	Medical Director	Note	Attached
3.6	<b>IPC Annual Report</b>	-	Note	Supp. Pack
<b>SECTION 4: Ambition: Great Start in Life</b>				

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

Item No.	Item	Lead	Action	Paper
7.4	<b>Board Assurance Framework:</b> An Environment that Promotes Wellbeing	Director of Finance	Note	Attached
7.5	<b>Director of Strategy's Report</b>	Director of Finance	Note	Attached
<b>SECTION 8: Governance Arrangements</b>				
8.1	<b>Audit Committee Update</b>	Committee Chair	Note	Verbal
8.2	<b>Use of Trust Seal</b>	Associate Director of Quality & Corporate Affairs / Company Secretary	<b>Approve</b>	Attached
9.0	<b>Any Other Business</b> <i>By permission of the Chair</i>	Chair	Discuss/ Note/ Approve	Verbal
10.0	<b>Board Evaluation</b>	Chair	Discuss	Verbal
11.0	<b>Date and Time of next Board Meeting to be held in public:</b> Wednesday 25 September 2024 at 12.45 – 3.45pm Venue: Boardroom, Trust Headquarters, Harrogate District Hospital			
<b>Confidential Motion – the Chair to move:</b> <i>Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.</i>				

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

## Board of Directors – Register of Interests

As at 23 July 2024

Board Member	Position	Relevant Dates From	To	Declaration Details
Jacqueline Andrews	Executive Medical Director	June 2020 June 2020 December 2023 April 2024 May 2024	April 2024 Current Current Current	<ol style="list-style-type: none"> <li>1. Familial relationship with managing partner of Priory Medical Group, York</li> <li>2. Lead for Research, Innovation and Improvement for Humber and North Yorkshire Integrated Care Board</li> <li>3. Member, Leeds Hospitals Charity Scientific Advisory Board</li> <li>4. Familial relationship with Director of GPMx Ltd (healthcare consultancy)</li> <li>5. Member, Independent Advisory Group for the National Medical and Surgical Clinical Outcomes Review Programme (hosted by HQIP on behalf of NHSE)</li> </ol>
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	Date	<ol style="list-style-type: none"> <li>1. Company director for the flat management company of current residence</li> <li>2. Chief Executive, The Ewing Foundation, Ovingdean Hall Foundation and Burwood Park Foundation</li> <li>3. Director of Coffee Porter (family business)</li> <li>4. Member of West Yorkshire Chairs &amp; Leaders Forum</li> <li>5. Member HNY Provider Chairs</li> <li>6. Member HNY CAP Board</li> </ol>
Azlina Bulmer	Associate Non-executive Director	November 2022 November 2022 February 2024	February 2024 Date Date	<ol style="list-style-type: none"> <li>1. Executive Director, Chartered Insurance Institute</li> <li>2. Familial relationship, Health Education England</li> <li>3. Chief Operating Officer, Institute of the Motor Industry</li> </ol>
Denise Chong	Insight Programme: Non-executive Director	January 2024	Date	<ol style="list-style-type: none"> <li>1. Trustee, Learning Partnerships Leeds (Feb 2023)</li> <li>2. Member, Kaleidoscope Learning Trust (KLT) (Dec 2023)</li> </ol>
Jonathan Coulter	Finance Director Chief Executive from March 2022	March 2022		No interests declared
Jeremy Cross	Non-executive Director	January 2020	Date	<ol style="list-style-type: none"> <li>1. Chairman, Tipton Building Society</li> <li>3. Director and Shareholder, Cross Consulting Ltd (dormant)</li> <li>4. Chairman, Forget Me Not Children's hospice, Huddersfield</li> <li>5. Governor, Grammar School at Leeds</li> </ol>

Board Member	Position	Relevant Dates From	To	Declaration Details
				<ul style="list-style-type: none"> <li>6. Director, GSAL Transport Ltd</li> <li>7. Member, Kirby Overblow Parish Council</li> <li>8. Stakeholder Non-executive Director, Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)</li> </ul>
Chiara De Biase	Non-executive Director	November 2022 November 2022 May 2024	May 2024 Date Date	<ul style="list-style-type: none"> <li>1. Director of Support and Influencing, Prostate Cancer UK</li> <li>2. Clinical Trustee, Candlelighters (Children's Cancer Charity)</li> <li>3. Director of Health Services, Equity &amp; Improvement, Prostate Cancer UK</li> </ul>
Matt Graham	Director of Strategy	September 2021  April 2022	Date  Date	<ul style="list-style-type: none"> <li>1. Member: Local Governing Body, Malton School (part of Pathfinder Multi-Academy Trust)</li> <li>2. Stakeholder Non-executive Director, Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)</li> </ul>
Jordan McKie	Director of Finance (from July 2023)	August 2022	Date	<ul style="list-style-type: none"> <li>1. Chair, Internal Audit Provider Audit Yorkshire</li> </ul>
Kama Melly	Associate Non-executive Director	November 2022	Date	<ul style="list-style-type: none"> <li>1. Kings Counsel, Park Square Barristers</li> <li>2. Bencher, The Honourable Society of the Middle Temple</li> <li>3. Director and Deputy Head of Chambers, Park Square Barristers</li> <li>4. Governor, Inns of Court College of Advocacy</li> </ul>
Russell Nightingale	Chief Operating Officer	April 2021	Date	<ul style="list-style-type: none"> <li>1. Director of ILS and IPS Pathology Joint Venture</li> </ul>
Emma Nunez	Director of Nursing Deputy Chief Executive from March 2022			No interests declared.
Andrew Papworth	Non-executive Director	March 2020	Date	<ul style="list-style-type: none"> <li>1. Chief Finance Officer, Insight222</li> <li>2. Ambassador for Action for Sport</li> </ul>
Laura Robson	Non-executive Director			No interests declared
Wallace Sampson OBE	Non-executive Director	March 2020 July 2023	Current	<ul style="list-style-type: none"> <li>1. Member of Society of Local Authority Chief Executives</li> <li>2. Advisory Board Consultant – Commercial Service Kent Ltd.</li> </ul>

Board Member	Position	Relevant Dates From	To	Declaration Details
		August 2023 September 2023 October 2023		3. Commissioner – Local Government Boundary Commission for England 4. Chair – Middlesbrough Independent Improvement Advisory Board. 5. Director and Shareholder – Sampson Management Services Ltd.
Julia Weldon	Non-executive Director	November 2022	Date	1. Director of Public Health / Deputy Chief Executive, Hull City Council 2. Co-chair of the Population Health Committee, Humber & North Yorkshire Integrated Care Board
Angela Wilkinson	Director of People & Culture	October 2019	Date	1. Director of ILS and IPS Pathology Joint Venture

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

Name	Position	Declaration Details
Dr Dave Earl	Deputy Medical Director	<ol style="list-style-type: none"> <li>Director, Earlmed Ltd, provider of private anaesthetic services</li> <li>Treasurer, Harrogate Anaesthesia Services, administration and co-ordination of Anaesthetic Private Practice</li> </ol>
Emma Edgar	Clinical Director (Long term & Unscheduled Care)	No interests declared
Dr Katherine Johnson	Clinical Director (Planned and Surgical Care)	No interests declared
Dr Natalie Lyth	Clinical Director (Children's and County Wide Community Care)	<ol style="list-style-type: none"> <li>Member, North Yorkshire Local Safeguarding Children's Board and sub-committees.</li> <li>Chair, Safeguarding Practice Review Group.</li> <li>Chair, North Yorkshire and York Looked After Children Health Professionals Network.</li> <li>Member, North Yorkshire and York Safeguarding Health Professionals Network.</li> <li>Member, national network of Designated Health Professionals.</li> <li>Member, Royal College of Paediatrics and Child Health Certificate of Eligibility of Specialist Registration (CESR) Committee and assessor of applications for CESR</li> <li>Familial relationship within Harrogate &amp; District NHS Foundation Trust</li> <li>Member, NHS Safeguarding Strategic Community of Practice for ICBs (Regional).</li> </ol>
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care) Deputy COO	<ol style="list-style-type: none"> <li>Director, Shepherd Property Ltd (March 2019-March 2022)</li> </ol>
Shirley Silvester	Deputy Director of Workforce and Organisational Development	No interests declared
Kate Southgate	Associate Director, Quality & Corporate Affairs	<ol style="list-style-type: none"> <li>Familial relationship with Director in NHS England</li> </ol>

**Directors and Attendees**  
**Previously recorded Interests – For the 12 months period pre July 2024**

Board Member	Position	Relevant Dates From	To	Declaration Details
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	31 March 2022	1. Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Jonathan Coulter	Finance Director Chief Executive from March 2022	November 2017	31 March 2022	1. (Interim Chief Executive) Director of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Richard Stiff	Non-Executive Director (resigned July 2023)		December 2021 February 2022 February 2022  July 2023	<ol style="list-style-type: none"> <li>1. Director and Trustee of TCV (The Conservation Volunteers) – ceased December 2021</li> <li>2. Local Government Information Unit (Scotland) Associate – LGIU has now fully merged with LGIU listed as current interest</li> <li>3. Chair of the Corporation of Selby College – dissolved 28 February 2022 when it became part of the Heart of Yorkshire Group.</li> <li>4. Director (and 50% owner), Richard Stiff Consulting Limited</li> <li>5. Director, NCER CIC (Chair of the Board from April 2019)</li> <li>6. Member, Association of Directors of Children's Services</li> <li>7. Member, Society of Local Authority Chief Executives</li> <li>8. Local Government Information Unit Associate</li> <li>9. Fellow, Royal Society of Arts</li> <li>10. Member of the Corporation of the Heart of Yorkshire Education Group</li> <li>11. Stakeholder Non-Executive Director, of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)</li> </ol>
Wallace Sampson OBE	Non-executive Director	March 2020	31 March 2023	<ol style="list-style-type: none"> <li>1. Chief Executive of Harrogate Borough Council</li> <li>2. Director of Bracewell Homes – wholly owned Harrogate Borough Council housing company.</li> <li>3. Chair of Harrogate Public Services Leadership Board</li> </ol>



Board Member	Position	Relevant Dates From	To	Declaration Details
		November 2021	March 2023	<ul style="list-style-type: none"> <li>4. Member of North Yorkshire Safeguarding Children Partnership Executive</li> <li>5. Member of Society of Local Authority Chief Executives</li> <li>6. Director of Brimhams Active - wholly owned Harrogate Borough Council leisure company.</li> <li>7. Member of Challenge Board for Northumberland County Council.</li> <li>8. Trustee for the Harrogate District Climate Change Coalition CIO (effective November 2021)</li> </ul>

**BOARD OF DIRECTORS MEETING – PUBLIC (DRAFT)**  
**Wednesday, 29 May 2024**  
**Held at Trust HQ, Harrogate District Hospital, Harrogate**

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

<b>In Attendance:</b>	
Emma Edgar	Clinical Director for Long Term and Unscheduled Care Directorate (LTUC)
Kat Johnson	Clinical Director for Planned and Surgical Care Directorate (PSC)
Leanne Likaj	Associate Director of Midwifery
Natalie Lyth	Clinical Director for Community and Children's Directorate (CC)
Sue Grahamslaw	Assistant Company Secretary

<b>Apologies:</b>	
Kate Southgate	Associate Director of Quality and Corporate Affairs
Denise Chong	Non-executive Director (Insight Programme)
Azlina Bulmer (AB)	Associate Non-executive Director
Kama Melly (KM)	Associate Non-executive Director

<b>Observers:</b>	
Giles Latham	Communications and Marketing Manager
Claire Illingworth	Lead Governor; Stakeholder Governor
Tony Doveston	Public Governor
Kevin Parry	Public Governor
Stuart Wilson	Staff Governor
Members of the public	x2

<b>Item No.</b>	<b>Item</b>
<b>BD/5/29/1</b> <b>1.1</b>	<b>Patient Story</b> The Chair welcomed Richard, supported by Helen Jones (Project Manager of the Thinking Ahead Programme) from the Sir Robert Ogden Macmillan Centre (SROMC) and Charlotte Rock from End of Life Care, to share his story. The Thinking Ahead Programme for those with incurable cancer was briefly summarised, including the outline approach and trusts involved. Richard explained his condition, treatments at various stages and areas he had found difficult, including the depression he suffered.

Item No.	Item
1.2	He went on to outline how the Thinking Ahead Programme had helped him sort out his financial arrangements for his family. This coupled with the encouragement to be involved in the Active Against Cancer fitness programme had allowed him to continue to live a quality life. With the psychological assistance from the programme, he now had a positive outlook that meant he could appreciate everything he experienced every day.
1.3	The Board expressed their gratitude to him for sharing such a personal story, with the Chair commenting that the Board often heard patient stories about treatment that had been less than optimal so it was refreshing to hear about the positive difference made to Richard and his family.
1.4	Following additional questions from the board, Richard went onto explain that early accessibility to the Thinking Ahead Programme would have been beneficial. His improved mental strength had given him more control of his life and had had a positive impact on his wife's outlook as well. He noted that a carers' support group was now being set up at SROMC.
1.5	It was further noted that whilst feedback of the benefits of the Programme were excellent, uptake across the four Trusts was currently quite low. Non-executive Director (LR) suggested that there should be an ambassador for the Programme and possibly promote it by using videos and podcasts. However, there were also perceived to be some barriers amongst clinicians to having end of life discussions.
1.6	<b>Resolved:</b> The patient story was noted.
<b>BD/5/29/2</b>	<b>Welcome and Apologies for Absence</b>
2.1	The Chair welcomed everyone to the meeting and drew attention to the new look boardroom which showed the Trust's journey and commitment to continuous improvement through the HDFT Impact programme. All those present were encouraged to review the regularly updated information on the Boardroom walls.
2.2	The Chair reported that the Clinical Director for Community and Children's Directorate was attending her last formal Board meeting as she retired from some of her strategic work but would continue ensure the voice of children and young people were heard in future decision-making.
2.3	The Governor observers were welcomed and noted that for some it was their last opportunity to observe a board meeting held in public.
2.4	Apologies for absence were noted as above.
<b>BD/5/29/3</b>	<b>Declarations of Interest and Register of Interests</b>
3.1	The register of interests was received and noted.
3.2	<b>Resolved:</b> The declarations were noted.
<b>BD/5/29/4</b>	<b>Minutes of the Previous Board of Directors meeting held on 27<sup>th</sup> March 2024</b>
4.1	<b>Resolved:</b> The minutes of the meeting on the 27 March 2024 were approved as an accurate record with the correction of minor typographical errors which did not affect the materiality of the minutes.
<b>BD/5/29/5</b>	<b>Matters Arising and Action Log</b>
5.1	The actions were noted as follows:

Item No.	Item
<p>5.2</p>	<ul style="list-style-type: none"> <li>• <b>BD/3/29/36.2 – Board Effectiveness Survey</b> – The board were reminded of the importance of this tool to provide structure to future Board development. <i>Action to remain open until next set of results were reviewed at Board.</i></li> <li>• <b>BD/1/31/7.7 – Power BI Sessions</b> – the Board were reminded these sessions were still available and that one-to-one guidance would be arranged on request which would help get best use of the tool rather than being lost in prolific data. <i>The action would be closed as the facility would remain available going forwards.</i></li> <li>• <b>BD/3/27/25.3 – Review of diversity within Senior Decision makers</b> – It was noted that this information was monitored through the WRES data which was presented fully at the People &amp; Culture Committee. Proportionality was discussed and it was thought this should apply to all levels of staff which would then naturally feed through to decision makers. <i>Action to be closed.</i></li> <li>• <b>BD/3/27/25.4 – Review of diversity and board objectives</b> – the NHS EDI improvement actions formed part of the ambition to improve diversity of recruitment. It was also noted that this would form part of the HDFT Impact improvements, including individual and board objectives. Non-executive Director (AP) noted this is covered at the People and Culture Committee and would be reported through to board as part of the committee update, following Non-executive Director (WS)’s request for board oversight. <i>Action to be closed.</i></li> <li>• <b>BD/3/27/28.3 – Governor Briefing on EPR</b> – the Electronic Patient Record (EPR) briefing was delivered to Governors on 18 April 2024. <i>Action to be closed.</i></li> </ul> <p>5.3</p> <p><b>Resolved:</b> Actions were agreed as above.</p>
<p>BD/5/29/6</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p><b>Overview by the Chair</b></p> <p>The Chair noted a range of activities that had taken place since the last meeting of the Board during the busy and challenging time of year. Attention was drawn to:</p> <ul style="list-style-type: none"> <li>• Great Start in Life conference – had showcased the work to a broad audience; it had been well organised with excellent engagement and would be covered further in the Chief Executive’s report.</li> <li>• National Volunteer Week – this was the first week of June and would recognise the approximate 440 HDFT volunteers of all ages that supported the Trust’s work.</li> <li>• The start to the financial year was busy and challenging which is why the continuous improvement work was key. As this was now operational, more colleagues were engaged and the work ethic of continuous improvement was being embedded.</li> <li>• Everyone in the Trust and those who helped out were all thanked for their work and dedication.</li> </ul> <p><b>Resolved:</b> The Chair’s report was noted.</p>
<p>BD/5/29/7</p> <p>7.1</p> <p>7.2</p>	<p><b>Chief Executive Report</b></p> <p>The Chief Executive presented his report as read and the following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Output from the National Blood enquiry – including the NHS’s response. It was confirmed there were no issues at HDFT. The importance of remaining open and honest was highlighted along with the need to listen to patients.</li> <li>• National Planning processes were ongoing in challenging financial circumstances. Humber and North Yorkshire (HNY) system had been working to reduce the scale of the planned deficit across the Integrated Care Board (ICB) where risks had been discussed. Grant Thornton had provided consultancy on longer term financial sustainability, but decisions were also required to suit short, medium and long term financial stability.</li> <li>• Current funding allocation growth was at a historic low. The focus was on improving staff engagement and productivity, despite increased patient acuity and complexity. The Trust was aiming to deliver improved quality and performance.</li> </ul>

Item No.	Item
7.3	<ul style="list-style-type: none"> <li>• HDFT Domiciliary Care to support patients leaving hospital was now on the North Yorkshire Council Approved Provider list.</li> <li>• There was a focus on reducing agency spend as part of recruiting to establishments using the safe staffing model.</li> <li>• Colleague health and wellbeing was considered to be an investment in staff not a cost pressure.</li> <li>• Junior Doctors' industrial action would affect the Trust in June/July.</li> <li>• Trust's Emergency Department's performance was ranked highly amongst regional and national equivalents but the Trust was still striving to improve noting the longer a patient was in hospital, the greater the risk of harm.</li> <li>• Autism assessment remained on the Trust's risk register with demand double capacity. Solutions were being pursued but the financial challenge at both the Trust and ICB was hindering discussions.</li> <li>• Great Start In Life Foundation Conference had showcased the positive work of the Foundation and the amount of organisation involved was recognised.</li> <li>• Funding for RAAC and TIF scheme and Ripon Community Diagnostic Centre had been confirmed.</li> <li>• The Trust had been asked to lend support to the water fluoridisation consultation in the North East.</li> <li>• Even in challenging times, the right choices still needed to be made and pursued.</li> </ul> <p>Non-executive Director (LR) questioned the impact of any work currently underway in a General Election period. The Chief Executive noted that it was unlikely anything would be agreed in the six-week election period and the usual guidance had been circulated by NHSE regarding remaining apolitical.</p>
7.4	<p>Non-executive Director (AP) recognised the Trust's achievements that the Board could be positive about. However, he further noted there had been a "never" event and requested to be the NED on the incident panel owing to his previous experience.</p>
7.5	<p>The slight reduction in engagement from the staff Inpulse survey had been noted at the People &amp; Culture Committee earlier. It was advised that this was likely due to high workload pressures in the areas concerned.</p>
7.6	<p><b>Resolved:</b> The Chief Executive's Report was noted.</p>
BD/5/29/8 8.1	<p><b>Corporate Risk Register</b> <b>Resolved:</b> The Corporate Risk Register was noted.</p>
BD/5/29/9 9.1	<p><b>Board Assurance Framework (BAF) – Best Quality, Safest Care</b> The Chief Executive advised that the 2024-25 BAF would remain as work in progress following a discussion at the April 2024 Board Workshop and conversations at various Board sub-committees earlier in the day. As part of the further refinement of the BAF, it was noted that the ambition for being a "Great Place to Work" should be included again. With HDFT Impact becoming operational, the BAF should be included in the continuous improvement cycle.</p>
9.2	<p>With the closure of the 2023-24 BAF (noting the caveat at the Great Place to Work ambition), it was agreed the Board Assurance Framework ambitions at the start of each section of the agenda would not be discussed at this meeting. However, if there were any questions, Board members should asked them at the appropriate points in the meeting.</p>
9.3	<p>There were no questions on the Board Assurance Framework – Best Quality, Safest Care ambition.</p>

Item No.	Item
<p><b>BD/5/29/10</b> <b>10.1</b></p> <p><b>10.2</b></p> <p><b>10.3</b></p> <p><b>10.4</b></p>	<p><b>Quality Committee Chair's Report</b> The Chair of the Quality Committee noted that the meeting in April 2024 had reviewed:</p> <ul style="list-style-type: none"> <li>• A presentation from the Infection Prevention &amp; Control Team providing reassurance around their work both in a hospital setting and in the Community. It was suggested that the presentation could be delivered at Board to highlight some of the challenges, such as IT systems and technological development, which could also potentially deliver cost efficiencies.</li> <li>• There had been positive feedback from the recent new style CQC engagement.</li> <li>• The Maternity Services Report had not raised any worries or patient safety issues although C-section concerns were still under review.</li> <li>• The Learning from Deaths report had all actions followed up and provided the Care Quality Commission (CQC) with reassurance.</li> <li>• Martha's Rule – whilst HDFT were not part of the pilot, the Trust would liaise with those who did participate to understand their learnings.</li> <li>• Agreed the safer nursing care report and recommended it to Board.</li> </ul> <p>In May 2024, the Committee had reviewed:</p> <ul style="list-style-type: none"> <li>• The HDFT Impact strategy wall in the Boardroom in place of a presentation. The objectives relevant to the Quality Committee had been explained and the Committee were open to HDFT Impact team reviewing how it functioned.</li> <li>• The Eliminating Mixed Sex Accommodation statement had been reviewed and agreed to the wording change of Delivering Same Sex Accommodation.</li> <li>• It noted the new style Quality Report was still a work in progress.</li> <li>• The "never event" had been discussed noting its complexity within dermatology rather than being theatre-related. It was the first such incident since PSIRF had been introduced where the 48hour review now replaced a lengthier evaluation.</li> <li>• The Board were advised that the new neo-natal report contained multiple "red" alerts. However, it was explained that the system did not allow any items to be work in progress so items stayed in alert state until the item was complete.</li> <li>• The Committee agreed the Trust's clinical audit and recommended it to the Board.</li> <li>• There were lengthy discussions about what the Committee's focus and areas for improvement.</li> </ul> <p>Non-executive Director (AP) raised that the maternity reporting was red. It was explained that as the standard had only just been released, the work had not been completed and so could not be green. The limitations of reporting were noted, as maternity quality and safety was strong. The Chair suggested including a simple narrative in the MIS compliance as it was in the public domain and may cause unnecessary concern.</p> <p><b>Resolved:</b> The updates from the Quality Committee Chair was noted.</p>
<p><b>BD/5/29/11</b> <b>11.1</b></p>	<p><b>Integrated Board Report - Indicators from Safe, Caring and Effective domains</b> There were no questions on the Integrated Board Report – Indicators from Safe, and Caring and Effective domains.</p>
<p><b>BD/5/29/12</b> <b>12.1</b></p> <p><b>12.2</b></p>	<p><b>Executive Director of Nursing, Midwifery and AHPs Report</b> The Executive Director of Nursing, Midwifery and AHPs' report was received and taken as read.</p> <p>A brief summary was provided that the Trust continued to see low harm reported incidents, despite a steep increase in reporting across every directorate. Work was underway to understand the figures but it was likely that low reporting numbers are linked to issues other than staffing.</p>

Item No.	Item
12.3	<b>Resolved:</b> The Board noted the content of the report.
<b>BD/5/29/13</b> 13.1	<b>Safe Staffing Report</b> The Director of Nursing Midwifery and AHPs noted that the report was in line with National Quality Board Guidance on Effective Workforce Safeguards and provided assurance to the Board.
13.2	It was highlighted that all areas had safe staffing as agreed against the Safer Nursing Care Tool. There were increased checks on mental health, nutrition and hydration to ensure patient needs were met and nursing skill mixes appropriate.
13.3	<b>Resolved:</b> The Safe Staffing Report was noted.
<b>BD/5/29/14</b> 14.1	<b>Executive Medical Director</b> The Executive Medical Director took the report as read, highlighting the following points:
14.2	<ul style="list-style-type: none"> <li>The ICB had conducted a quality visit to the Trust's GP Out of Hours service, noting the excellent governance and service performance. Positive feedback was given. Service relocation was an item for review.</li> </ul>
14.3	<ul style="list-style-type: none"> <li>A number of leadership appointments had been made in healthcare scientist roles.</li> </ul>
14.4	<b>Resolved:</b> The Board noted the content of the Medical Director's report.
<b>BD/5/29/15</b> 15.1	<b>Eliminating Mixed Sex Accommodation (EMSA) Statement</b> The Director of Nursing, Midwifery and AHPs explained the Board were requested to approve the EMSA statement noting there had been no breaches during 2023-24.
15.2	Non-executive Director (JC) questioned how a patient would be managed if they identified differently from their gender at birth. It was advised that the mixed sex accommodation was exempt from those situations noting that they would be managed in the most effective way.
15.3	It had been noted in the Quality Committee earlier in the day that the statement had now changed to "Delivering Same Sex Accommodation (DSSA)".
15.4	Non-executive Director (CdB) raised the mandatory training compliance for medical professionals. The Clinical Director for Planned and Surgical Care advised there was compliance with specialty-specific training and that managers had been asked to ensure junior staff were released from clinical time to complete the mandatory training.
15.5	<b>Resolved:</b> The Board approved the annual declaration, for uploading to the external website, once the title and typographical errors that were not material had been amended.
<b>BD/5/29/16</b> 16.1	<b>Board Assurance Framework – Great Start in Life</b> As noted earlier in the meeting, the Board Assurance Framework ambitions would not be discussed at this meeting. However, Board members had been invited to ask any questions at the appropriate points in the meeting.
16.2	There were no questions on the Board Assurance Framework – Great Start in Life ambition.
<b>BD/5/29/17</b> 17.1	<b>Strengthening Maternity and Neonatal Safety</b> The Executive Director of Nursing, Midwifery and AHPs and the Associate Director of Midwifery presented the Strengthening Maternity and Neonatal Safety Report to the Board, outlining:

Item No.	Item
17.2	<ul style="list-style-type: none"> <li>• Bi -annual midwifery staffing report was awaiting results of the Birth Rate Plus establishment review to advise the number midwives required for service delivery.</li> <li>• Planning was ongoing with ICS/ LMNS.</li> <li>• Launched the Single Point of Contact for maternity services.</li> <li>• No new Maternity &amp; Newborn, nor Patient Safety Investigations (MNSI and PSII respectively).</li> <li>• CQC action plan had been completed with the exception of WebV training.</li> <li>• Waiting to hear if Gold Accreditation of neonatal services retained in the reassessment by Baby Friendly Initiative (BFI).</li> <li>• Maternity Incentive Scheme (MIS) plan had been updated.</li> </ul>
17.3	<p><b>Resolved:</b> The May 2024 Strengthening Maternity and Neonatal Safety report was noted.</p>
BD/5/29/18	<p><b>Board Assurance Framework – Person Centred, Integrated Care, Strong Partnerships</b></p>
18.1	<p>As noted earlier in the meeting, the Board Assurance Framework ambitions would not be discussed at this meeting. However, Board members had been invited to ask any questions at the appropriate points in the meeting.</p>
18.2	<p>There were no questions on the Board Assurance Framework – person centred, integrated care, strong partnerships ambition.</p>
BD/5/29/19	<p><b>Resource Committee Chair Report</b></p> <p>The Chair of the Resource Committee noted that a wide range of agenda items had been discussed at the Committee, including:</p>
19.1	
19.2	<ul style="list-style-type: none"> <li>• The overspend in month one of the new financial reporting cycle was expected from clearing anomalies at year end. This would even out over the year.</li> <li>• Cost Improvement Process (CIP) had been rebranded WRAP (Waste Reduction And Productivity). Efficiency projects had been identified to cover the internal planning requirements although some were high risk.</li> <li>• Elective Recovery Fund (ERF) coding had been corrected and agency spend reduced with cost savings identified from endoscopy and on generic medicines.</li> <li>• On track with Children’s services.</li> <li>• Referral to Treatment (RTT) and Patient Initiated Follow-up (PIFU) were positive with a view to moving the target to 52 weeks from 65 weeks.</li> <li>• Theatre utilisation information was positive.</li> <li>• Emergency Department 4hour standard performance dropped slightly in April but HDFT was still in the top 20 performing trusts.</li> <li>• An increase in capacity of cancer treatments was being considered.</li> <li>• The decrease in the variance to the people budget was explained by reduced use of bank and agency staff with a strong nursing pipeline.</li> <li>• Director of Strategy had outlined the capital projects, including RAAC and the backlog maintenance planned to address identified risks.</li> <li>• Reviewed the Section 75 for Gateshead which was recommended to Board.</li> <li>• Full funding for RAAC awaited.</li> </ul>
19.3	<p>Non-executive Director (WS) requested an outturn position on revenue and the WRAP performance. The Director of Finance noted the outturn would be available the following month once the accounts had been reviewed and the deficit was in line with NHSE. There were plans for efficiencies to achieve initial targets but not yet for the additional stretch target.</p>



Item No.	Item
19.4	It was noted that the Resources Committee was provided with departmental budgets so there was some clarity about where there was overspend and underspend.
19.5	<b>Resolved:</b> The Board noted the content of the verbal report.
<b>BD/5/29/20</b>	<b>Integrated Board Report - Indicators from Responsive, Efficiency, Finance and Activity Domains</b>
20.1	There were no questions on the Integrated Board Report – Indicators from Responsive, Efficiency, Finance and Activity Domains.
<b>BD/5/29/21</b>	<b>Chief Operating Officer's Report</b>
21.1	The Chief Operating Officer presented the report which was taken as read and highlighted the following point:
21.2	<ul style="list-style-type: none"> <li>The Trust was on the North Yorkshire Approved Providers List (APL) for Domiciliary Care and it was anticipated that the first package of care would be provided within a week. Feedback would be provided at the next Board meeting held in public.</li> </ul>
21.3	In response to Non-executive Director's (LR) question about recruitment, it was advised that this had been successful with six individuals now in Domiciliary Care but they were trying not to recruit from other providers.
21.4	<b>Resolved:</b> The Board noted the content of the Chief Operating Officer's report.
<b>BD/5/29/22</b>	<b>Director of Finance Report</b>
22.1	The Director of Finance presented his report which was taken as read, and highlighted the following items:
22.2	<ul style="list-style-type: none"> <li>Cash position at the end of April had been lower than anticipated owing to non-receipt of payments from some local authority partners. These issues had now largely been resolved.</li> <li>A request for working capital had been submitted for the first quarter.</li> <li>Whilst payment control mechanisms were in place, it was not yet impacting on payment practices.</li> </ul>
22.3	<b>Resolved:</b> The Board noted the content of the Director of Finance's report.
<b>BD/5/29/23</b>	<b>Board Assurance Framework – At Our Best Place to Work</b>
23.1	As noted earlier in the meeting, the Board Assurance Framework ambitions would not be discussed at this meeting. However, Board members had been invited to ask any questions at the appropriate points in the meeting.
23.2	There were no questions on the Board Assurance Framework - At Our Best, making HDFT the best place to work ambition.
<b>BD/5/29/24</b>	<b>People and Culture Committee Chair's Report</b>
24.1	The People and Culture Committee Chair provided an overview of the discussions held earlier:
24.2	<ul style="list-style-type: none"> <li>Colleague experience story from the Chair of the Disability Network was a reminder of the challenges faced by colleagues with disabilities, noting the successes within the Trust but also areas for improvement.</li> <li>Staffing establishment was as close to being fully established.</li> <li>The People Plan was considered with training compliance noted in different areas.</li> <li>Take up for checks for measles immunity amongst staff had been positive.</li> <li>There had been deep dives into Working Time Regulation breaches. This was often colleague-driven, such as working extra shifts to cope with the cost of living. The decision had been taken to stop staff working beyond 60hours a week.</li> </ul>

Item No.	Item
24.3	<ul style="list-style-type: none"> <li>An additional deep dive had been into the Inpulse survey which demonstrated improved engagement but there was feedback about pressures and stress.</li> <li>Freedom to Speak Up Guardian Report was received noting small numbers reporting but there was the assurance there was a route for staff to report concerns.</li> <li>Guardian of Safe Working Hours' update received and issues noted.</li> <li>Board Assurance Framework was a work in progress.</li> <li>Annual Committee Effectiveness review was received and was positive.</li> <li>Modern Slavery Statement and Public Sector Equality Duty (PSED) reports reviewed and recommended to Board for approval.</li> </ul> <p><b>Resolved:</b> The People and Culture Committee Chair's update was noted.</p>
BD/5/29/25 25.1	<p><b>Integrated Board Report - Indicators from Workforce Domains</b> There were no questions on the Integrated Board Report – Indicators from Workforce Domains.</p>
BD/5/29/26 26.1	<p><b>People and Culture Director Report</b> The Director of People &amp; Culture presented their report which was taken as read.</p>
26.2	<p>It was explained that the following annual workforce reports were required by NHSE for compliance:</p> <ul style="list-style-type: none"> <li>Public Sector Equality Duty (PSED) Report</li> <li>Gender Pay Gap Report</li> <li>Ethnicity Pay Gap Report</li> </ul>
26.3	<p><b>Resolved:</b> The Board noted the content of the People and Culture Director's report.</p>
BD/5/29/27 27.1	<p><b>Modern Slavery &amp; Human Trafficking Annual Statement 2024</b> The Director of People &amp; Culture explained why this statement was required to be presented at Board. It was confirmed that the information had been checked and updated. They were satisfied that the correct measures were in place.</p>
27.2	<p><b>Resolved:</b> The Board approved the Modern Slavery &amp; Human Trafficking Annual Statement 2024.</p>
BD/5/29/28 28.1	<p><b>Board Assurance Framework – Enabling Ambition: Digital Transformation</b> As noted earlier in the meeting, the Board Assurance Framework ambitions would not be discussed at this meeting. However, Board members had been invited to ask any questions at the appropriate points in the meeting.</p>
28.2	<p>There were no questions on the Board Assurance Framework: Digital Transformation ambition.</p>
BD/5/29/29 29.1	<p><b>Board Assurance Framework – Enabling Ambition: Healthcare Innovation</b> As noted earlier in the meeting, the Board Assurance Framework ambitions would not be discussed at this meeting. However, Board members had been invited to ask any questions at the appropriate points in the meeting.</p>
29.2	<p>There were no questions on the Board Assurance Framework: Healthcare Innovation ambition.</p>
BD/5/29/30 30.1	<p><b>Innovation Committee Chair's Report</b> The Chair of the Committee noted that the Committee had had a wide ranging discussion and the following topics were highlighted:</p>
30.2	<ul style="list-style-type: none"> <li>The committee was responsible for digital innovation, research and continuous improvement, with digital projects absorbing most of the Committee's time.</li> </ul>

Item No.	Item
	<ul style="list-style-type: none"> <li>- Laboratory Information Management System (LIMS) – continued delays resulting from resourcing issues at Leeds, but the Trust was supporting Leeds. Delays were not considered critical for the Trust at the moment – the impact would be greater on other partners.</li> <li>• ASCOM Nurse Call system implemented in Wensleydale Ward with increasing responsiveness – would be rolled out to other wards in the next year.</li> <li>• Multi-Factor Authentication (MFA) project roll out completed.</li> <li>• Committee would ensure the Digital Strategy was reflected in the new BAF.</li> <li>• Electronic Patient Record (EPR) was on track with the business case being considered in a joint Resources and Innovation Committee meeting and then an Extra-Ordinary Board meeting in June 2024.</li> <li>• Close to launching the Innovation Hub –facility requirements being finalised in preparation for opening by Autumn 2024</li> <li>• Innovation work underway to identify unmet clinical needs.</li> <li>• Major innovation projects being considered strategically to meet Trust objectives,</li> <li>• Partnership with BT Healthcare,</li> <li>• Concern over sustainability of the HDFT Impact continuous improvement model with staff turnover potentially resulting in fewer clinical areas trained which would hinder the realisation of EPR implementation benefits.</li> <li>• Clinical trials commencing July 2024 which is funded externally – aim to manage 10 clinical trials by the end of 2024</li> </ul> <p><b>30.3</b> The Medical Director noted that the Trust had been ranked 12<sup>th</sup> out of top 20 trusts for research but the positive improvement resulted in it now being ranked 8<sup>th</sup>.</p> <p><b>30.4</b> Non-executive Director (LR) queried how the improved response times on Wensleydale Ward had been achieved. It was explained that the hand-held devices enabled quicker responses.</p> <p><b>30.5</b> <b>Resolved:</b> The Innovation Committee Chair's update was noted.</p>
<p><b>BD/5/29/31</b> <b>31.1</b></p> <p><b>31.1</b></p> <p><b>31.2</b></p> <p><b>31.3</b></p> <p><b>31.4</b></p>	<p><b>HDFT Digital Strategy</b> The Medical Director presented the Trust's Digital Strategy noting that this was the next in a sequence of Trust strategies.</p> <p>The previous Digital Strategy had been written in 2019, before Covid-19. The challenges for the current strategy were to increase data security, become a digital organisation (both for patients and operationally) but also to ensure it was inclusive.</p> <p>Having been approved at the Trust's Senior Management Team meeting on 17 April 2024, the strategy was brought to the Board for retrospective approval.</p> <p>The Chair welcomed the clarity of the Strategy's ambitions and goals.</p> <p><b>Resolved:</b> The Board approved the Digital Strategy.</p>
<p><b>BD/5/29/32</b> <b>32.1</b></p> <p><b>32.2</b></p>	<p><b>Board Assurance Framework – Enabling Ambitions: An Environment that Promotes Wellbeing</b> As noted earlier in the meeting, the Board Assurance Framework ambitions would not be discussed at this meeting. However, Board members had been invited to ask any questions at the appropriate points in the meeting.</p> <p>There were no questions on the Board Assurance Framework – An Environment that Promotes Wellbeing ambition.</p>
<p><b>BD/5/29/33</b></p>	<p><b>Director of Strategy Report</b></p>

Item No.	Item
33.1	The Director of Strategy presented his report as read and provided a further brief update on the status and basic timeline of the RAAC programme around Block C.
33.2	<b>Resolved:</b> The Director of Strategy's report was noted.
<b>BD/5/29/34</b> 34.1	<b>Audit Committee Update</b> The Chair of the Audit Committee provided an overview of the discussions held at the recent Audit Committee meeting:
34.2	<ul style="list-style-type: none"> <li>• The NHS Provider self-assessment had been reviewed.</li> <li>• The Annual Governance Statement would be reviewed in the June 2024 Audit Committee meeting.</li> <li>• The accounts were approved and had been provided to the auditors on time. External audit was making good progress although the deadline was still tight. Thanks was given to the Director of Finance and the team for their work.</li> <li>• One Single Tender Action had been approved.</li> <li>• An updated on Internal Audit report was received noting the majority of fieldwork had been completed and significant assurance received.</li> <li>• New Internal Audit software had been introduced to provide more efficient information and response requirements.</li> <li>• A number of Internal Audit reports were outstanding with a request that they were spaced more evenly in future.</li> </ul>
34.3	Non-executive Director (AP) sought an understanding of the delay in receiving the Internal Audit reports. The Director of Finance explained that the contributory factors were that the delayed accounts process around Covid-19 had meant the internal audit plan focused more audits later in the year. In future, it was hoped the Internal Audit Plan would have more audits in the first and second quarters of the year. In addition, it would be helpful to be able to monitor if audits commenced at the anticipated time.
34.4	<b>Resolved:</b> The Audit Committee Chair's update was noted.
<b>BD/5/29/35</b> 35.1	<b>Board Assurance Framework (BAF)</b> The Chief Executive presented the BAF Report for 2023-24. It was noted that the report on the ambition for being a "Great Place to Work" needed to be included. <b>Action:</b> <i>Company Secretary</i>
35.2	<b>Resolved:</b> The Board approved the BAF Closure Report for 2023-24 once the additional ambition had been included.
<b>BD/5/29/36</b> 36.1	<b>BAF 2024-25 Summary</b> As advised earlier in the meeting, the Chief Executive noted that the 2024-25 BAF would remain as work in progress following a discussion at the April 2024 Board Workshop and conversations at various Board sub-committees earlier in the day. As part of the further refinement of the BAF, it was noted that the ambition for being a "Great Place to Work" should be included again.
36.2	<b>Resolved:</b> The 2024-25 BAF Summary was noted as a work in progress.
<b>BD/5/29/37</b> 37.1	<b>NHS Provider Licence Annual Self-Assessment</b> The Chief Executive introduced the Annual NHS Provider Self-Assessment, explaining that it was a review of compliance with the NHS Foundation Trust Code of Governance.
37.2	The self-certification confirmed that the Trust was meeting its licence conditions and had the resources available to operate Commissioner Requested Services. However, it was noted that the financial plans had not been finalised within the System.

Item No.	Item
37.3	The Chief Executive advised that the self-assessment had been reviewed at Audit Committee in May 2024.
37.4	<b>Resolved:</b> The Board approved the NHS Provider Licence compliance declarations.
BD/5/29/38 38.1  38.2  38.3	<b>Pledge to the Code of Conduct</b> The Chief Executive outlined the Code of Conduct included the Nolan Principles (the Seven Principles of Public Life) regarding the ethical standards expected of public office holders.  Those absent from the meeting would be sent the Code of Conduct for their declarations to be signed and returned.  <b>Resolved:</b> All directors present at the meeting duly signed the declaration and pledge to the Code of Conduct.
BD/5/29/39 39.1	<b>Any Other Business</b> There was no further business to discuss and the meeting was closed at 3.43pm.
BD/5/29/40 40.1	<b>Board Evaluation</b> The Chair thanked those who had observed the meeting and was grateful for the interest they showed in the Trust.
BD/5/29/41 41.1	<b>Date and Time of the Next Meeting</b> The next meeting will be held on Wednesday, 31 July 2024.
BD/5/29/42 42.1	<b>Confidential Motion</b> <b>Resolved:</b> to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7, Section 18 (E), (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.

Signed:

.....

Dated:

.....

Board of Directors (held in Public) Action Log for July 2024 Board Meeting (updated after May 2024 Board meeting)							
Minute Number	Date of Meeting	Subject	Action Description	Responsible Officer	Due Date	Comments	Status - completed is defined as confirmation received from ED responsible lead that the proposed action is completed as described in the comments column. Completed actions will not be closed until the Board has confirmed that action taken is satisfactory.
BD/3/29/36.2	29 March 2023	Board Effectiveness Survey	Discussions to be held at the August 2023 Board workshop regarding further developments as a result of the survey.	Associate Director of Quality and Corporate Affairs	31st August 2023	A survey is being circulated to Board members in January and February with Non-executive individual discussions and Executive forum being held in February 2024 with the support of an independent lead (Mark Chamberlain) March: Survey circulated for completion mid to late March 2024. Action to remain open until results reviewed at Board	Ongoing
BD/1/31/7.7	31 January 2024	Chief Executive's Report	A session on Power BI and metrics to be undertaken with the Trust Board	Deputy COO	May 2024	Sessions still available and one-to-one guidance can be arranged on request. Action to be closed as facility available as business as usual	Closed
BD/3/27/25.3	27 March 2024	People & Culture Director Report	Review to be conducted of the data in relation to an increase in diversity within senior decision makers	Director of People & Culture	May 2024	Information monitored through the WRES data which was presented at People & Culture Committee. Proportionality should apply to all staff levels so would feed through to decision makers. Action to be closed.	Closed
BD/3/27/25.4	27 March 2024	People & Culture Director Report	Review to be undertaken of NHS Providers information in relation to diversity and potential Board objectives.	Director of People & Culture	May 2024	Would form part of the HDFT Impact programme, including in individual and board objectives. Reviewed at People & Culture Committee and would form part of committee update to board.	Closed
BD/3/27/28.3	27 March 2024	Innovation Committee Chair's Report	Future briefing to Governors on EPR to be arranged.	Associate Director of Quality and Corporate Affairs	May 2024	Electronic Patient Record (EPR) briefing delivered to Governors on 18 April 224. Action to be closed.	Closed
BD/5/29/35.1	29 May 2024	Board Assurance Framework (BAF)	Include the ambition for "Great Place to Work" in the 2024-25 BAF.	Associate Director of Quality and Corporate Affairs	TBA		

**BOARD OF DIRECTORS (PUBLIC)**  
**31st July 2024**

Title:	Chief Executive's report	
Responsible Director:	Chief Executive	
Author:	Chief Executive	
Purpose of the report and summary of key issues:	The report provides the Trust Board with key updates and actions since the previous meeting. The report highlights key challenges, activity and programmes currently impacting on the organisation.	
Trust Strategy and Strategic Ambitions	<b>The Patient and Child First</b> 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)  
JULY 2024**

**CHIEF EXECUTIVE'S REPORT**

**National and system issues**

1. The outcome of the General Election has resulted in a number of national statements about the NHS and a number of initial pieces of work being announced by the new government.
2. A review of the state of the NHS has been launched, led by Lord Darzi, and this will report back at the end of September. The outcome of this stocktake will no doubt inform short terms plans for 2025/26, but will also inform the plan for the next 10 years, which was the other significant piece of work that has been announced. The 10 year plan is scheduled to be produced by the end of March.
3. The new Secretary of State has also described the NHS as 'broken' and in need of repair and reform. Whilst I understand the assessment at a high level, I would rather describe the NHS as having significant areas to improve within a service whose staff deliver great care and support to the population on a regular basis despite some of the constraints within which they work.
4. Clearly whilst we await the outcome of the Darzi review we need to continue as an NHS to focus on improving care and managing public money most effectively. There is an absolute national focus in the short term on reducing waiting lists, improving urgent care, improving cancer care, and improving productivity, all of which are priorities for ourselves.
5. Recent signals in respect of negotiating with junior doctors have been positive and hopefully there will be a settlement to this dispute soon. It is also encouraging that there is a recognition that there is a cost to not agreeing pay awards with colleagues, and we are expecting the pay award announcement for all colleagues for 2024/25 to be announced very soon.
6. We have also recently seen the publication of phase one of the CoVid inquiry. This has highlighted a number of shortfalls in the country's preparation for and management of the pandemic. There are a number of recommendations to government which will be considered, and we can expect a response within six months. The areas highlighted include our Emergency Planning arrangements, updating our Pandemic Strategy, and ensuring there is sufficient breadth of scientific opinion to avoid the risk of 'groupthink'. It was also highlighted in the report the brilliant work that was done by our collective health and care colleagues during the pandemic to provide support to the population of the country at a very difficult and challenging time.
7. I have reported here previously the publication of phase one of the Fuller report, which examined the arrangements in place within our mortuaries. Phase two of this process has now started and HDFT has been randomly selected as part of receiving direct feedback and evidence from a range of providers. A number of Executive Directors and myself will



be interviewed as part of this evidence gathering into how we assure ourselves of the privacy and dignity of deceased patients.

8. A significant national focus has remained upon finalising financial plans for 2024/25 (agreed in mid-June) and then concern in respect of delivery against these plans.
9. In HNY ICB, the aggregate deficit at the end of Q1 is £47m, against a plan of £40m. I should remind the Board that the year-end deficit plan agreed is £50m, with improvement phased later in the year.
10. This position has triggered national correspondence, with the system risk highlighted as being of significant concern. This in turn has generated further requests for assurance about actions being taken to improve across the system. We are engaged in these discussions, and we can highlight a route to organisational delivery for HDFT. This potential route does depend upon recognition of costs being incurred to support the system in respect of urgent care in particular, and this is part of our current discussion.
11. There is also concern in respect of urgent care delivery, with HNY performing significantly worse than the rest of the region and is a poor performer nationally. A HNY UEC summit is happening this month, and there is a further clinical summit in August. We remain a positive outlier in the system in respect of our performance in this area, and currently we continue to support other organisations in the system.
12. As part of reviewing the performance of various parts of the system, NHSE, through the Regional Office has moved HDFT from segment two to segment three as part of the national oversight framework (segment one is low risk, through to segment four being very high risk). This would then mean that we were in the same segment as the ICB and other acute providers in HNY.
13. This is solely because we have a deficit financial plan for the year, despite this being agreed as part of the ICB plan which has been approved by NHSE. We have communicated our concern in respect of this change. The NOF has five domains, and I can reassure the Board that in four of these domains (quality and access, people, leadership, health inequalities) we perform well against the indicators. And this position has been acknowledged and recognised in our dialogue with the Regional Office this week. The fifth domain – finance – is the area where we do have greater risk, alongside many providers across the NHS, and we have been informed that there have been a number of similar segmentation changes for Trusts with deficit plans across the country. The financial position has become the trigger within the framework, and as this is the case, as a Board we may need to consider how we mitigate this risk further as an organisation. This would potentially be at the expense of the unresourced urgent care support we are providing to the system. We have not yet received the formal communication of this segmentation change and what the route to exiting this segment is and the oversight and assurance process that accompanies it is.
14. Work across HNY on 'Design for the Future' (which I have previously referred to as the 'blueprint') continues, and we have positively engaged and influenced the document that is being drafted to be used to engage and socialise the framework. As part of this, we have committed to continuing and potentially expanding some areas of collaboration with York, and we are strengthening the governance arrangements of this collaborative work programme, starting with an initial 'Collaborative Board' meeting September. We will

develop some terms of reference as part of this, and I would expect that we can be in a position to share these at our Board meeting in September.

15. In terms of the West Yorkshire system, we commissioned a financial review across WYAAT, with feedback to be shared on each Trust and as WYAAT as a collaborative. We have received the report which will be discussed at the Committee in Common this month, and we will share this through the Resource Committee.
16. Alongside this, we have set up a number of productivity programmes across WYAAT, each chaired by a Chief Executive, and with Executive membership and involvement from all six trusts. This is to work on ideas that were generated from our WYAAT executive workshop earlier in the year, with the emphasis on delivering productivity improvements across all six trusts that can only be delivered by working together.
17. We continue to work with WYAAT colleagues across a range of areas, but I should highlight the work being done that is being led by HDFT to deliver a WYAAT operating list in Harrogate, with colleagues and patients (children) coming from other trusts for mutual benefit.
18. In terms of our collaboration with our Local Authority partners, as I reported last time we are now on the approved provider list (APL) as a Domiciliary Care provider for North Yorkshire. Since the last Board meeting we have undertaken a number of packages of care which has been part of a service commissioned by North Yorkshire Council. This continues to be a positive example of joint work for our population's benefit.
19. We continue to engage well with our Local Authority partners across all of our 0-19 service footprint.

## HDFT issues

### Introduction

20. As I have referenced earlier, there is understandably a lot of focus on the NHS at the moment and a lot of challenges being highlighted. It is important to emphasise internally that HDFT is a strong organisation and could not in any way be described as 'broken'. We know that there are areas we absolutely want to improve, but we also need to recognise the care and support delivered every day to thousands of people in many communities, by our hard-working colleagues.
21. I also continue to emphasise that *how* we do things is as important as *what* we do, as we will only succeed in delivering better services if we are consistently operating in line with our values. I am confident that this is the right approach, and collectively as a Board and through our senior leadership, we need to remain confident that this is the right approach.

### Our people

22. We continue to have good staffing levels across most parts the Trust. In particular, our ward staff and our maternity staffing levels remain positive, and this continues to translate

into a reduction in the use of agency staff. Information shared with the ICB demonstrates the reduction in vacancies, reduction in bank and agency usage, and a reduction in the paybill when compared with 12 months ago. We remain focused on staff availability as a key indicator within the HDFT Impact programme.

23. As reported at the last Board meeting, we are refreshing our programme of staff wellbeing. We have asked colleagues within this quarter's Inpulse survey to identify areas where we can improve in this regard, and in parallel we have requested that colleagues in all areas identify small-scale environmental improvements that would improve their working life. We will seek to deliver these improvements through HIF.
24. In respect of industrial action, as referenced earlier, I am optimistic that the long-standing dispute between the government and Junior Doctors could be resolved. There are no periods of action planned by any groups of staff, and we await the announcement in respect of the pay award for 2024/25.
25. We submitted our Fit and Proper Person declaration at the end of June in line with the required deadline.

### Our Quality

26. Whilst our urgent care pathway and resultant time spent by patients within the Emergency Department compares favourably with other organisations locally and regionally, we are absolutely aware and focused upon the risk of patient harm as a result of long waits within our Emergency Department. The acuity of patients and the occupancy levels within the department increase the risk of harm, and we are very aware that on some occasions colleagues are struggling to deliver the level of care that we and they would want to deliver. This area of the Trust and the urgent care pathway as a whole continues to be a significant focus for the Trust and particularly the LTUC leadership team.
27. We continue to have occasions when our maternity unit has to divert patients to other units and also has to receive patients diverted from elsewhere in the local network. There remain pressures in the system, but it is also a symptom of the standards and levels of staffing required in all maternity units. Our staffing levels are strong, but there are fluctuations in pressure which we have to manage across the system at times. The resilience of our paediatric 'qualified in service' staffing has also been tested, we have risk management arrangements in place, but this is adding to some of the pressure relating to the service as a whole.
28. Our bowel cancer screening programme (Leeds, Harrogate and York programme, hosted by ourselves) is the first programme in Yorkshire and the Humber to go live with the age extension, which is a great achievement by the team.

### Our Services

29. I had the pleasure of spending time with our children's public health service in Durham. The practical way in which integration and partnership working with the local authority and community organisations was happening, with a clear benefit to the children and families in the East Durham area, was fantastic.
30. 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. This is despite some of the staffing challenges that we have been managing recently, with a local pressure in the Wakefield health visiting service still being experienced, with a recovery plan linked to further recruitment.
31. As referenced earlier in this report our urgent care pathway remains an area of concern in terms of delivering the quality of service we would like to our population. Our ED 4 hour performance was 73% in June, below the performance standard that we would want to be achieving. This reflects the pressure in the system, but there are improvements we can and must make in this area, and I am pleased to say that the position to date in July has improved.
32. In relation to cancer, this is an improving picture. Positively, we delivered the FDS in June, with 80% of patients (national target 75%) having a diagnosis within 28 days. In relation to the 62 day standard, we currently have 54 people waiting over 62 days, and we are working to ensure we have less than 50 (our target). The breast service in particular has improved in terms of the timeliness of appointments as a result of the action plan that the service developed.
33. We continue to deliver our elective recovery plan. We continue to be on track to eliminate over 52 week waits by the end of the year. The elective care programme of the ICB performs strongly and is much improved when compared to other ICB areas.
34. I referred to needing to progress a number of commissioning issues with our Place/ICB in my last report. This is still the position and is becoming more relevant for our services in the current financial situation and the segmentation change that I have highlighted. These discussions are being pursued as a matter of urgency to ensure that our services can continue to deliver well for our patients with the appropriate level of resource.

### Our money

35. As you will read in the report from the Finance Director, our month 3 financial position was a continued adverse variance against plan of around £2m. The key drivers relate to delivery of our waste reduction programme, medical and dental expenditure, ERF achievement, and costs related to services where we need a commissioning response.
36. The focus is very much on our delivering our financial plans for the year, with a need to deliver the productivity improvements and waste reduction that will ensure we achieve our financial plan whilst delivering our expected quality and performance standards.
37. There is a path through to achieving our financial plan for this year, and we are focused on the key drivers and actions to ensure that we deliver this.

38. It should also be noted that as a result of the financial position, our cash balance is being monitored closely.

### Other

39. We continue to roll out our Continuous Improvement programme, HDFT Impact. Following our Board workshop last month, we are developing some thoughts and proposals about how we operate as Board, as well as proposals in respect of some of our management arrangements such as SMT. These will be presented for discussion in August to allow us to implement any changes we agree in September.
40. Our RAAC elimination programme and TIF2 schemes continue, with Block C now empty and in the process of being demolished. The TIF scheme at Wharfedale Hospital that Leeds teaching Hospitals Trusts is implementing, is due for completion in the autumn, and as agreed in partnership with LTHT we will be starting the provision of some theatre sessions at the Otley site once this is ready.
41. I was delighted to attend the Medical Directorate showcase event in early July, which presented a range of innovative and inspiring changes that people have been generating over the last year. It was great to hear about the way in which colleagues were developing services and the commitment to improvement for our patients.
42. In the month where we have had a change of government on the day of the NHS's 76<sup>th</sup> birthday, it is helpful to remind ourselves about the role the NHS plays in our society, the importance of the NHS, and the expectations of the population and colleagues who work in the service. Surveys over the life of the NHS conclude that people want high quality services, when they need them, delivered by skilled and motivated staff within a decent environment. For our colleagues, they want people here, a decent environment, and to be appreciated for what they do. These are simple to understand and guide what we do and how we do it, and as a Board and senior leadership community, it is really important that we remain positive and optimistic across the organisation about the role we can play to improve services and outcomes for our patients and population. We will meet the challenges ahead by having engaged colleagues, seeking improvement, and focusing on doing the right thing for our patients. I will continue to focus on ensuring that we live our values, deliver what we say we will deliver, and promote a supportive environment within which are colleagues can deliver of their best. Every day that I am part of HDFT and engaging with our services and colleagues who work within them, I am optimistic about the future and the opportunities that exist to improve still further the services that we offer to our patients and population.

**Jonathan Coulter**  
**Chief Executive**  
**July 2024**

### STRATEGIC AMBITION: BEST QUALITY, SAFEST CARE 2024-2025

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

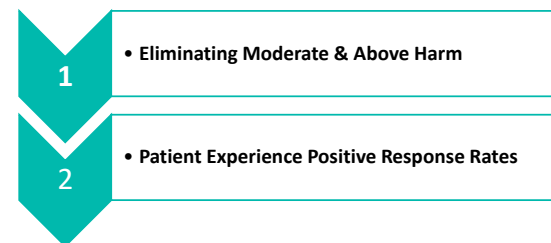
**Patient Experience**

A positive experience for every patient by listening and acting on their feedback

**GOVERNANCE:**



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





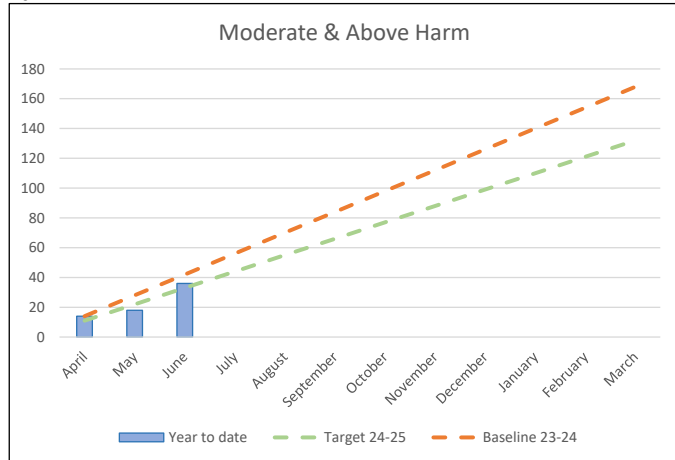
<b>Breakthrough Objective:</b>	Pressure Ulcers
<b>Corporate Project:</b>	Patient Experience
<b>Overarching Risk Appetite:</b>	Clinical - Minimal

**Overarching Risk Summary:**


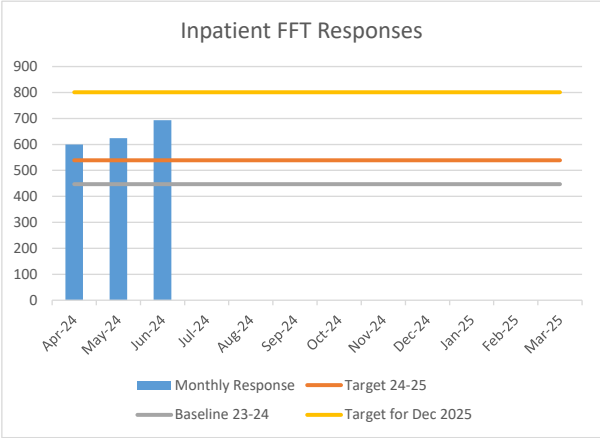
Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite							
				1 – 3	4 – 6	8 – 9	10	12	15	16	>20
Best Quality, Safest Care	Ever Safer Care	Moderate & Above Harm	Clinical: Minimal								
	Excellent Outcomes										
	A positive experience	Patient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

True North Summary:

Workstream	True North Metric	Vision	Goal	Countermeasures	Current State	Level of Risk To Achieving in year goal	Level of Risk for progressing actions
<p>Ever Safer Care</p> 	<p>Eliminate Moderate &amp; Above Harm</p> <p><b>Breakthrough Objective</b></p>	<p>Decrease the total number of moderate &amp; above harm incidents while increasing reporting of low or no harm</p>	<p>Long term: Eliminate moderate &amp; above harm</p> <p>Short term: 20% reduction each year for 3 years</p> <p>Baseline: 170 per annum (approx. 14 per month)</p> <p>Year 1: 136 Year 2: 109 Year 3: 87</p>	<p>The target for Year 1 (2024-25) is 136 or less moderate and above incidents (approximately 11 per month).</p> <p>This will be tracked from April 2024.</p> <p>Falls Improvement Plan</p> <p>Pressure Ulcers Improvement Plan</p> <p>Quality Governance Framework in place</p>	<p><b>Break through Objective: Pressure Ulcers – noted below</b></p> <p>April 2024 – 14 Moderate and above Safety Events May 2024 – 14 Moderate and above Safety Events June 2024 – 18 Moderate and above Safety Events (data being validated)</p> <p>Stratified data used for 2022-23 indicated that Pressure Ulcers was the top reported moderate and above harm, followed by Falls and Diagnostics.</p> <p>Pressure Ulcer improvement plan and breakthrough objective detailed below.</p> <p>Falls improvement plan in active use with 1 Slips, Trips and Falls logged as moderate and above harm in April 2024, 2 in May 2024 and 5 in June 2024</p> <p>Diagnostic category had 5 events in April 2024, 2 in May 2024 and 3 in June 2024.</p>	<p>High Risk</p>	<p>Medium Risk</p>
<p>Excellent Outcomes</p> 							



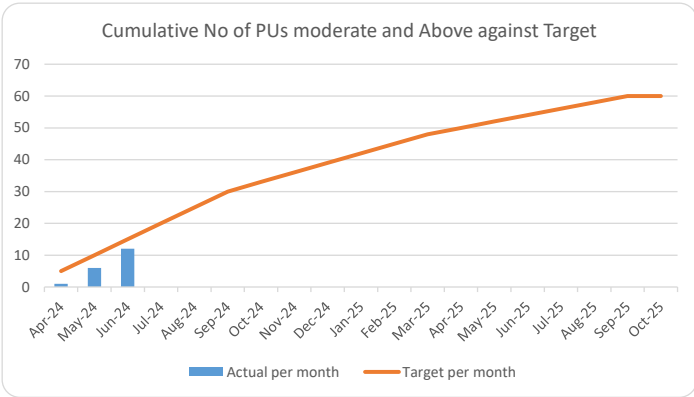
Moderate and above incidents are currently slightly above trajectory for year 1. 36 events up to the end of June 24 (data awaiting final validation). Trajectory would have been 33 events to end of June. Further work in July to ensure all moderate and above incidents have been reviewed and updated in Datix to ensure accurate data. Pressure ulcers remain the highest reported category, however, diagnosis, treatment and procedures have increased the proportion in month and further work will be undertaken in July 24 to determine any trends.

Workstream	True North Metric	Vision	Goal	Countermeasures	Current State	Level of Risk To Achieving in year goal	Level of Risk for progressing actions
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  By December 2025: 801 responses per month	Corporate Project on social value in development  Project on increasing engagement led by the Quality Team in development	Corporate Project on social value in development  In June 2024 the Trust received 693 inpatient FFT responses. With an average of 96% of patients rating their care good or very good.  Currently above trajectory (positive trend) with responses above baseline (2023-24 data) and above target for 2024-25. Steady pace being maintained to achieve the stretch target in December 2025.  		
					Plan in development of increased engagement in development with a focus on: <ul style="list-style-type: none"> <li>Public engagement events</li> <li>Review of feedback systems (Datix, FFT, Surveys etc)</li> </ul>		



Breakthrough Objective: Pressure Ulcers

Workstream	True North Metric	Vision	Countermeasures	Current State	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
Ever Safer Care	Eliminate Moderate & Above Harm	No Category 3 or 4 Pressure Ulcers	Pressure Ulcers Improvement Plan	<p>In April 2024 of the 14 Moderate and Above Events reported, 1 related to pressure damage                      In May 2024 of the 14 Moderate and Above Events reported, 5 related to pressure damage                      In June 2024 of the 18 Moderate and Above Events reported, 6 related to pressure damage, 3 of which were acute and 3 were community acquired</p> <p>Each directorate has used stratified data to determine the locations where pressure ulcers are reported in the highest number.</p> <p>In LTUC: 1 moderate and above events were reported in April 2024, 2 in May 2024 and 2 in June 2024 were reported across 3 wards (in Q1). Countermeasures have been identified including: procurement options appraisal regarding fixation devices, review of documentation location (paper based vs digital), review of length of stay linked to pressure ulcers, review of pressure damage recording on admission to ensure accuracy. Countermeasures above are all due for completion by July 2024.                      *</p> <p>In PSC: 0 moderate and above event were reported in April 2024, 1 in May 2024 and 1 in June 2024. Countermeasures are being reviewed.</p> <p>In CC: 0 moderate and above events reported in April 2024, 2 in May 2024 and 3 in June 2024 that was acquired in our care. Countermeasures have been identified including digital solutions for recording of pressure damage to ensure they are categorised appropriately..</p>		





**Corporate Project: Patient Experience**

Workstream	True North Metric	Vision	Countermeasures	Actions	Level of Risk To Achieving in Year Goal	Level of Risk for progressing actions
<b>A Positive Experience</b>	Patient Experience Response Rates	Development of real time engagement tool	<p>Corporate Project Currently in development.</p> <p>Continuing to monitor FFT rates and response whilst project in development</p>	<p>Scoping meeting took place in June 2024. Discussions held on wide range of social value initiatives. Project Plan in development.</p> <p>Discussions held on using Patient Experience at different levels to support decision making from ward to board: strategic planning, operational excellence and day to day improvement. Plans moving forward include:</p> <ul style="list-style-type: none"> <li>Strategic Planning: improved FFT return rates by giving multiple channel options (telephone, card, online survey) &amp; automated analysis and reporting of FFT</li> <li>Operational Excellence: tracking of Patient Reported Experience Measures (PREMs) and tracking Patient Reported Outcome Measures (PROMs), mapping out patient experience of pathways to understand experience by stage / process</li> <li>Day to Day: improved lessons learned and sharing of day to day process improvement</li> </ul> <p>Further review of stratified data to take place linked to wider public health impacts and programmes of work. Consideration being given to areas of focus linked to the Trust Strategy: Children and Young People and Frailty being considered.</p> <p>Currently rated amber due to project plan being in development phase.</p>		

**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.					

## Executive Director of Nursing, Midwifery and AHPs

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> <li><b>Best Quality, Safest Care</b></li> <li>Complaints response (76%) following a period of delayed responding due to capacity issues in May.</li> <li>Overall moderate and above harms are slightly above trajectory (36 events against a plan of 33). Pressure Ulcers remains the highest contributor of moderate and above harms although good progress is being made against the countermeasures to improve this.</li> </ul>	<ul style="list-style-type: none"> <li><b>Best Quality, Safest Care</b></li> <li>Patient Feedback Corporate Project commenced to develop real time feedback for patients and families.</li> <li>KITE Accreditation Corporate Project commenced roll out</li> <li>Super Intermediate Care September planned which will see additional Allied Health Professional resource into the Emergency Department, working alongside triage, to identify and support those patient appropriate for care outside of Hospital in an aim to prevent avoidable admissions to an inpatient bed.</li> </ul>
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> <li><b>Best Quality, Safest Care</b></li> <li>Registered Nurse and Care Support Worker staff availability and Care Hours Per Patient Day sustaining at good levels. Vacancy position for RN and CSWs reducing with continued attempts to eliminate agency use.</li> <li>Appointment of Head of Safeguarding across the Trust to support continued improvements in Safeguarding across Acute and Community Services</li> <li>Good response to Friends and Family Test (FFT) with an average of 96% of patients rating their care good or very good.</li> </ul>	<ul style="list-style-type: none"> <li><b>Best Quality, Safest Care</b></li> </ul> <p>None</p>

# Medical Director Report for Public Board

Date: July 2024

Author: Dr Jacqueline Andrews



## Matters of concern & risks to escalate

### Best Quality, Safest Care

- Risks of Primary Care “collective action”- planning underway

### Enabling Ambitions- Digital, Research, Innovation

## Major actions commissioned & work underway

### Best Quality, Safest Care

- Review of operational processes and governance structure of Medicines Management including Controlled Drugs underway
- Kaizen event being held to launch Clinical Services Strategy Strategic Programme
- From 9th September Medical Examiner process becomes statutory- underpinning work to enable complete

### Enabling Ambitions- Digital, Research, Innovation

## Positive news & assurance

### Best Quality, Safest Care

- Successful Medical Directorate Showcase event held in July to celebrate work of colleagues

### Enabling Ambitions- Digital, Research, Innovation

- Electronic Patient Record Full Business Case approved by HDFT Board and submitted to NHSE ahead of deadline
- X2 Chief Clinical Digital Officers appointed
- 3 Clinical Entrepreneur Fellows commence August- the first and only such positions in the country. FY1 graduate doctors have specialist mentoring and training in entrepreneurship
- X2 Podiatrists have been successful in gaining NIHR research internships

## Decisions made & decisions required of the Board

### Best Quality, Safest Care

### Enabling Ambitions- Digital, Research, Innovation

**STRATEGIC AMBITION: GREAT START IN LIFE 2024-2025**

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

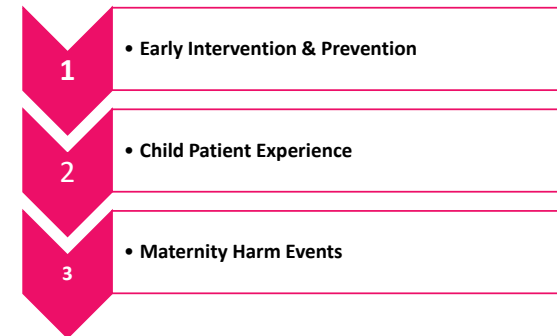
**Maternity Services**

High quality maternity services with teh confidence of women and families

**GOVERNANCE:**




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





<b>Breakthrough Objective:</b>	N/A
<b>Corporate Project:</b>	N/A
<b>Overarching Risk Appetite:</b>	Clinical - Minimal

**True North Metrics Summary:**

Workstreams	Strategic Metric	Vision	Goal	Countermeasures	Current Satus	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
Public Health 	Great Start in Life: Early intervention & prevention – Children at Risk of Vulnerability	As an organisation we wish to recognise all children at risk of vulnerabilities in the ante natal period so that by the age of 30 months the child can be graduated	1st Goal : to configure SystemOne to enable representative performance reporting across the geographies. 2nd Goal: to be able to measure the impact of early intervention and prevention by 1st June 2024	HDFT Learning and Best Practice 'Early Intervention' workstream to: Define a minimum offer / GSIL care pathway to children identified at risk of vulnerability in the antenatal period. The workstream will report into the Learning and Best Practice Group. Establish a corresponding performance framework to measure the impact of early	Annual HDFT run 0-19 Conference set up to promote the Trust as a provider of services. Set up Great Start if Life Foundation to support a charitable offer for 0-19 Services based outside Harrogate and District. <b>First one took place April 24 and date been scheduled for 25.</b>  Representation at local system meetings along with catch up meetings now	4 x 2= 8	



Workstreams	Strategic Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
		into universal services		<p>intervention and prevention and subsequent reporting enablers.</p> <p>HDFT Learning and Best Practice 'Early Intervention' workstream to: Define a minimum offer / GSIL care pathway to children identified at risk of vulnerability in the antenatal period. The workstream will report into the Learning and Best Practice Group. Establish a corresponding performance framework to measure the impact of early intervention and prevention and subsequent reporting enablers.</p>	<p>established with all LA leads. Attended by mix of 0-19 General Managers, CC Triumvirate and Director of Strategy and Planning.</p> <p>Sessions held in 2023/24 to help corporate services understand size, challenges of CC Directorate and contribution 0-19 contracts make to corporate services. Working with corporate services to offer consistent offer to staff based outside Harrogate and District. Significant improvements made in IT &amp; Occ Health Offer (local vaccination offer and Wellbeing session in Durham with plans for more in the North East). Working on logistics and movement of equipment etc with HIF.</p> <p>Draft contract for transport of drugs being set up with HIF to support 0-19 service where medicines are part of the contract (Durham, Sunderland and Northumberland).</p> <p>S1 Power BI reports developed to give data on % of patients identified at risk of vulnerabilities at birth who are in universal services by 30 months. Audit being undertaken by services to understand drivers now data available and target Contract areas to pilot the GSIL Pathway which will launch September 24.</p> <p>Research opportunity identified for HDFT to lead on a comparative study of Early Intervention prescribed pathways. This research will allow us to retrospectively examine any differences in outcomes between contract areas and to analyse what effect, if any, the differing pathways have had. Additionally, we now have an opportunity to standardise the HDFT Great Start in Life Pathway across all contract areas and therefore to prospectively compare</p>		

Workstreams	Strategic Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
					experiences and outcomes for Children and Young People who receive this pathway versus those who received the Enhanced Parenting Pathway or traditional Health Visitor lead delivery.		
<p>Hope for Healthcare</p> 	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	<p>Engage with children and young people with lived experience across HDFT geography to re-establish their Hopes for Healthcare.</p> <p>Develop an HDFT CYP Patient Experience Test which will provide outputs that will translate into themes, trends and areas for improvement. This data set will be visible and accessible across Trust governance frameworks.</p> <p>Develop a CYP Shadow Board with representation from HDFTs geography who will provide consultancy to HDFT Board and Services</p>	To embed the "Hopes for Healthcare" principles in all HDFT services	Ten Focus groups have now been delivered across all HDFT Local Authority Contract areas and the Acute setting with over 100 Children and Young People. <b>Steering Group held the 16<sup>th</sup> July 2024 where Patient Experience leads presented the outcome and video feedback by the Children and Young People. A proposal is now being developed for Board to summarise feedback involving our Great Start in Life Young Advisors and narration.</b>	3 x 4 = 12	
<p>Maternity Services</p> 	Maternity Services – Maternity Harm Events	In order to give people the best start in life, maternity services must be of good quality.	Improve the safety and quality of maternity and neonatal services with a focus on personalised care, and equity and equality.	<p>Embedded immediate and essential actions from Ockenden Report (2020 &amp; 2022)</p> <p>Progress actions towards the Three Year Delivery Plan for Maternity and Neonatal Services (2023)</p>	<p>All actions from the Ockenden report have been completed. Work is ongoing regarding personalised care and informed consent.</p> <p>Work is on-going to fully implement the recommendations of Saving Babies Lives Version 3 – specific outstanding actions relate to the embedding of the new in-house tobacco dependency service and improving</p>	4 x 2 = 8	

Workstreams	Strategic Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
					care provision to people with diabetes in pregnancy and postnatal.		

#### Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR34	Autism Assessment	Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within 3 months of referral. 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	Clinical: Patient Safety	Minimal

#### Related External Risks

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





## Maternity – July 2024 (June’s data)

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> <li>Midwifery staffing issues – incentive rate implemented</li> <li>Increase in number of caesarean sections taking place in <u>Strayside</u> theatre</li> </ul>	<ul style="list-style-type: none"> <li>Saving babies lives care bundle version 3 – work on-going to meet requirements</li> <li>Core Competency framework v2 business case undergoing further development</li> <li>4D scanning private service – delayed due to image transfer issue</li> <li>Perinatal Culture action plan developed</li> <li>Birthrate Plus establishment setting review on-going</li> <li>Plans to move Daycare activity from MAC to ANC from September</li> <li>MAC call monitoring project commencing</li> <li>Web V implementation on-going</li> <li>AQUA Induction of Labour QI project with HNY</li> <li>HNY OPEL and mutual aid pilot</li> <li>PSII following cardiac arrest</li> <li>Discussions regarding ROTEM ongoing</li> <li>2<sup>nd</sup> Maternity and More Carousel in July</li> <li>RSV vaccination to be launched in September</li> <li>Maternity Strategy being finalised</li> <li>Make Birth Better training and time out days planned for July and September</li> <li>Maternity Assessment Centre action plan</li> </ul>
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> <li>No new MNSI cases reported</li> <li>Video tour of maternity unit with MVP created</li> <li>All midwifery groups mandatory training over 90% compliance</li> <li>SCBU reaccredited WHO Baby Friendly Initiative Gold Award</li> </ul>	<p>PMRT quarterly report submitted to Board for assurance</p>

### STRATEGIC AMBITION: PERSON CENTRED, INTEGRATED CARE; STRONG PARTNERSHIPS 2024-2025

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:**

**Best Place**

The best place for person centred, integrated care

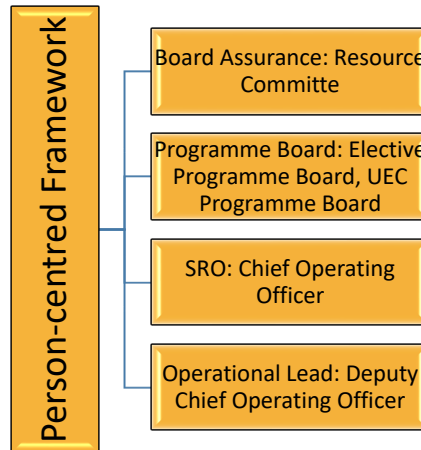
**Exemplar System**

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:**






**True North Metrics**

- 1 • ED 4hr 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 - 90% of patients seen and treated within 55 days on a cancer pathway

<b>Breakthrough Objective:</b>	Time to first Clinical Assessment
<b>Corporate Project:</b>	Discharge, Bed Configuration
<b>Overarching Risk Appetite:</b>	Operational - Cautious

Strategic Metrics Summary:

Workstreams	True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk to Achieving Goal (CxL)	Level of Risk for progressing actions
 <p>The Best Place for Person Centred, Integrated Care</p>	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.	<p>In 12 months, we want to be at 85% of patients having their care completed within 4 hours.</p> <p>In 24 months, we want to be at 95% of patients having their care completed within 4 hours.</p>	<p>Refresh of root cause analysis – revealed wait for medical bed as highest driver of 4-hour breach.</p> <p>Agreed (at PRM) switch of breakthrough objective to allow focus on this – switched to admission to medical bed within 120mins of decision to admit</p> <p>Root cause analysis of medical bed delays to be undertaken to develop directorate countermeasures</p>	June 2024: ED 4-hour performance: Admitted = 30.3% Non-admitted = 78.1%	4 x 4 = 16	3 x 2 = 6
 <p>Care of the elderly</p>	Length of Stay with frailty	To improve the health and wellbeing of our eldest and most frail patients by supporting care closer to home through the reduction in unnecessary emergency inpatient admissions and, for those who are admitted, ensure their length of stay is only as long as medically required.  Top quartile LOS nationally for patients with frailty	<p>In 12 months, we want to identify 100% of patients with frailty by developing a suitable platform for recording and accessing Clinical Frailty Scores</p> <p>In 12 months, we want to reduce the overall number of patients with frailty who are admitted by 20% by improving access for all appropriate patients to early specialist review and intervention</p> <p>In 24 months, those patients with frailty who do require inpatient care, to reduce the average length of stay through early specialist review and intervention to achieve top quartile performance, nationally.</p>	<p>Implement clear process for accurate digital recording of CFS at first point of acute assessment.</p> <p>Explore digital means of obtaining this data</p> <p>Explore the CFS being a trigger for specific interventions and admission pathways e.g. therapist or Frailty expert attendance/contact</p> <p>Transformation of admission processes for patients with frailty including exploring specialist Geriatric and MDT rostering.</p> <p>Develop pathway for geriatrician-led MDT review of all surgical patients identified &gt;65 of CFS &gt;5 (NELA standard)</p>	<p>CFS %: case note sample audit for Q4 2023/24 – 64% of ED attendances aged over 65 had CFS documented.</p> <p>Admission rates of frailty: June 2024 – Aged over 65 - 39% admitted from ED</p> <p>LoS with frailty: June 2024 - CFS&gt;5 – average LOS = 11.8 days</p>	4 x 3 = 12	3 x 2 = 6
 <p>Equitable &amp; Timely</p>	Elective Recovery (RTT) standard	No patients waiting 18 weeks.	<p>In 12 months, no patients waiting over 52 weeks for treatment</p> <p>In 12 months, 18-52 weeks pathways reduced to 6,000</p> <p>In 24 months, back to RTT 92% standard</p>	<p>Wharfedale Theatres (TIF1) goes live September 2024, staffing in place</p> <p>HDH Additional Theatres (TIF2) build on track for 2025 delivery</p> <p>Outpatient Transformation, rollout of further faster programme and track 6 key metrics</p> <p>Theatres Productivity</p>	June 2024: RTT performance: 0-17 weeks = 15,058 18-52 weeks = 7,513 52+ weeks = 422  % within 18 weeks = 65.5%	4 x 3 = 12	3 x 2 = 6
	62 Day Cancer standard	90% of our patients will commence treatment within 55 days of referral	<p>In 12 months, 80% of our patients would commence treatment within 55 days</p> <p>In 24 months, 90% of our patients would commence treatment within 55 days</p>	<p>Develop workforce capability and expertise to better guide analyst time in creation of stratified data dashboard for cancer waiting times</p> <p>Develop process for access for Power BI alignment to cancer data in Data Warehouse</p>	June 2024: 68.2% of our patients commenced treatment within 55 days	4 x 3 = 12	3 x 2 = 6

**Breakthrough Objective: Time to move to medical bed from decision to admit in Emergency Department**

Workstream	True North Metric	Vision	Countermeasures	Actions	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
<b>The Best Place for Person Centred Care</b>	4-hour ED Wait Time	<p><b>Vision:</b> All patients will move to medical ward within 120mins of the decision to admit being made</p> <p>Goal:10% Reduction in number of medical bed delays by November 2024</p>	<ul style="list-style-type: none"> <li>- Develop process map for steps from DTA to admission and then...</li> <li>- Develop data set to understand root causes of delays to medical admission</li> <li>- Agree further countermeasures based on above data by September PRM's.</li> </ul>	LTUC directorate to progress countermeasures as described by September PRM	4x4=16	

**Related Corporate Risks**

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR41	RTT	Risk to patient safety, performance, financial performance, and reputation due to increasing waiting times across a number of specialties, including as a result of the impact of Covid 19 (added 13/03/2020). On track for 52 week breach elimination, 65 week zero reached on track. Risk score to be reduced to 3x3.	3 x 3 =9	3 x 2 = 6	Clinical: Patient Safety	Cautious
CRR61	Emergency Department (ED) 4 Hour Standard	Risk of increased morbidity/ mortality for patients due to a failure to meet the 4 hour standard. See the A3 & Breakthrough Objectives pertaining to this.	4 x 4 = 16	4 x 2 = 8	Clinical: Patient Safety	Cautious

**Related External Risks**

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



**TRUST BOARD IN PUBLIC**

**31 July 2024**

<b>Title:</b>	Premises Assurance Model – Delegation of Approval
<b>Responsible Director:</b>	Matt Graham – Director of Strategy
<b>Author:</b>	Matt Graham – Director of Strategy

<b>Purpose of the report and summary of key issues:</b>	<p>The Premises Assurance Model (PAM) supports boards to make informed decisions about the development of their estates and facilities services and provides assurance that the estate is safe, efficient effective and high quality. It supports the NHS and Trusts to meet the NHS Constitution right:</p> <p style="text-align: center;">You have the right to be cared for in a clean safe, secure and suitable environment</p> <p>It is mandatory for Trusts to complete a self-assessment using the PAM at least annually. The results of the assessment should be used to inform the Trust’s priorities for improving and developing its estate and facilities. The timing of the assessment should be aligned with the Trust’s annual planning cycle so that identified priorities can be included in the capital programme and annual operational plan.</p> <p>The completed PAM does not need to be submitted to NHS England and Trusts can decide whether to keep it private or to publish it. Openness in line with government policy on transparency is advocated.</p> <p>The Board is accountable for the completeness and accuracy of the assessment and for implementation of any identified actions. The Board may delegate approval to another group or individual, however, it is recommended that a suitable summary of key issues and actions is circulated to the Board for information.</p> <p>For HDFT, it is recommended that detailed scrutiny and approval of the PAM is delegated to the Resources Committee by the Board. A summary of the key issues and actions will be provided to the Board for information.</p> <p>Operationally Environment Board will oversee the preparation and review of the assessment and the implementation of actions identified from it through the capital programme. The completion of the annual self-assessment will be led on the Trust’s behalf by the HIF estates and facilities team.</p>
<b>Trust Strategy and Strategic Ambitions:</b>	<p><b>The Patient and Child First</b> Improving the health and wellbeing of our patients, children and communities</p>

**5.3**

OFFICIAL - SENSITIVE



	Best Quality, Safest Care	X
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	X
	An environment that promotes wellbeing	X
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
<b>Corporate Risks:</b>	None	
<b>Report History:</b>		
<b>Recommendation:</b>	The Board is recommended to delegate approval of the Trust's annual self-assessment of its estates and facilities using the PAM to Resources Committee.	

<b>Freedom of Information:</b>	
--------------------------------	--

5.3

## Operational Update July 2024 (June 2024 Performance)

### Matters of concern & risks to escalate

- Cancer 62-day wait target not achieved in June – 70% against the 85% standard.
- Performance against the A&E 4-hour standard was at 73% for June, an improvement but remaining below the performance standard of 76%.
- RTT: 1 patient waiting over 65 weeks at end June - a complex patient awaiting treatment at another provider therefore unable to resolve internally.

### Major actions commissioned & work underway

- Recovery plan has been implemented to ensure Clinical Coding is up to date to reflect actual ERF financial position and support strategic decision making
- A QI project on RTT status coding is underway, aimed at HDFT achieving the national target of validating 90% of the waiting list per month
- 10<sup>th</sup> August for HDFT to host WYAAT ENT Super List
- Continued rollout of Patient Knows Best App, now over 33,000 patients registered, 39,197 appointments accessed in June, 402 appointments amended and 71 cancelled by patients as not required. 41 support tickets were raised which were dealt with swiftly.

### Positive news & assurance

- Cancer 31-day wait target achieved at 97%.
- Cancer faster diagnosis 28 day standard achieved at 81%.
- RTT - total waiting reduced to 22,993 at end June, just below planned trajectory (23,000).
- Work is complete across directorates to clinical re-code activity (day cases/ procedures) to ensure elective activity and subsequent HRG's align with actual activity against plan and generate tariff income.
- Robotic Process Automation delivery has moved from Digital Delivery to Performance & Data portfolio to allow for operational oversight of efficiency and value in its rollout across the organisation.

### Decisions made & decisions required of the Board

# Finance Position June 2024



Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> <li>£8.2m deficit against a £5.2m deficit plan, resulting in £2.8m away from plan as at the end of June. Over 50% is driven by the undelivered Waste Reduction and Productivity, £2m.</li> <li>£6.5m WRAP efficiencies have been actioned as at M3 against a £22.1m target, 49% remains high risk at this stage (this includes the £6.2m stretch).</li> <li>Cash continues to be monitored closely and limits have been placed for Supplier payments. No cash support is required in Qtr2.</li> <li>Ongoing discussions with Council contracts around their contribution to the 24/25 pay award which is still to be confirmed.</li> <li>Wakefield intend to clawback a level of pay underspend as per the contract, £1m.</li> </ul>	<ul style="list-style-type: none"> <li>Workforce performance meeting to be introduced in collaboration with HR to monitor temporary workforce utilising the NHS Agency toolkit.</li> <li>A number of actions to ensure activity is being accurately recorded and coded. This will address current financial underperformance as well as reflect more appropriately the productivity of HDFT staff.</li> <li>HIF audit will commence in July, draft accounts have already been shared with Saffrey's.</li> </ul>
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> <li>23/24 group accounts were agreed and submitted.</li> <li>Finance team recruitment going well, Deputy Head of Procurement and Capital Accountant now in post.</li> </ul>	



## STRATEGIC AMBITION: MAKING HDFT THE BEST PLACE TO WORK 2024-2025

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

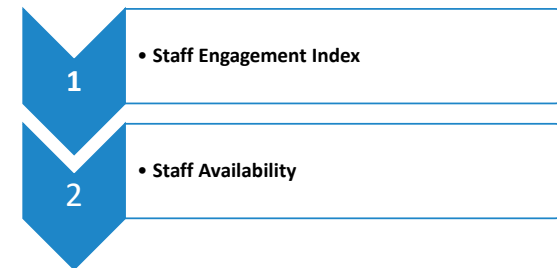
#### Growing for the future

Education, training and career development for everyone

### GOVERNANCE:





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





<b>Breakthrough Objective:</b>	Vacancy Whole Time Equivalent (WTE)
<b>Corporate Project:</b>	Medical Rostering
<b>Overarching Risk Appetite:</b>	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										
	New ways of working											

Strategic Metrics Summary:

Workstream	True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
<p>Looking after our people</p> 	Staff Engagement Index	<p>Central to HDFT’s strategic vision is that it should create a great place to work with the right people, with the right skills in the right roles. This includes providing a caring working environment that promotes wellbeing and innovation whilst improving quality and safety.</p> <p>The ambition is to understand how colleagues are feeling towards HDFT as a place to work and as an employer using a range of emotional indicators. The twin ambitions are to:</p> <ol style="list-style-type: none"> <li>1. Continuously improve the level of survey response rates.</li> <li>2. Improve the overall Staff Engagement Score</li> </ol>	<p>To continually improve our Employee Engagement Score against Pulse survey benchmark by having a framework for leaders and line managers which supports colleagues to bring their whole selves to work and that they belong, that they feel they can influence their role and suggest improvements and that they feel their Health &amp; Wellbeing is a key priority in the Trust</p> <p><b>Goals:</b></p> <ol style="list-style-type: none"> <li>1. Increase quarterly survey response rate by 3% within 6 months and by 6% within 12 months.</li> <li>2. Increase positive responses to the survey questions feeding the overall engagement questions by 0.2 within 6 months and by 0.3 within 12 months.</li> <li>3. Validate the improvement by seeing an improvement in the National Staff Survey Overall Engagement Score in the 2024 survey results.</li> </ol>	<p>Incorporating the NHSE "Expectations of Line Managers" into HDFT people management infrastructure and developing appraisal and diagnostic tool.</p> <p>Implementation of Workforce Disability Equality Standard action plan and a focused piece of work on age and disability discrimination. (Also implementing the Workforce Race Equality Standard action plan.)</p> <p>HDFT IMPACT programme (Transformation and Continuous Improvement): methodology implementation across the Trust will enable staff to influence how their role is carried out.</p>	<p>Quarterly Inpulse survey response rates have increased over the last 3 surveys / 12 month period from 19% - 32%. Still awaiting engagement index score for most recent survey (delayed due to period of pre-election sensitivity).</p> <p>Project plan for continuing to develop HDFT people management infrastructure under development, including incorporation of "Expectations of Line Managers" and development of appraisal and diagnostic tool.</p>		
<p>Belonging</p> 							

Workstream	True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
<p>Growing for the future</p> 	<p>Staff Availability</p> <p>(Staff unavailability = vacancies WTE + WTE lost to sickness + Career Break WTE + Maternity WTE + Secondment WTE + Turnover WTE + Inefficient rostering practice + time to hire) .</p>	<p>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.</p> <p>The combination of vacancies against the budgeted establishment or service line versus the number of staff that can be deployed from it at any given time determines how many staff are available for work.</p> <p>The budgeted establishment figures in August were 4,528.34 WTE for the whole of HDFT with an overall 4,179.37 WTE in post (this equates to 349 WTE vacancies).</p>	<p>To reduce the establishment gap we will focus on vacancy rates and on increasing workforce deployment.</p> <p>Where we know a vacancy cannot be filled through recruitment advertising (e.g. National or Local shortage occupations) we will ensure there is a plan to cover this gap longer term through apprenticeships, training programmes or the development of new roles.</p> <p><b>Goals:</b></p>	<p>In process of setting up the In-pulse system to understand why staff are leaving within their first year of employment. This will also be focused on by the People Promise Manager and an A3 on staff retention has been developed.</p> <p>The sickness absence process and Managing Attendance Policy has been reviewed and is going to SMT for final sign off.</p>	<p>Staff unavailability continues to be below the average value from August 2023.</p> <p>The Trust vacancy rate is 4.82% at the end of June 2024 (A3 target met) -Trust turnover is 11.60% (A3 target met) -Sickness is 4.77% (A3 target met) -Staff leaving within 1st year is 15.19% (only 0.19% above the A3 target) - 73% of rosters are signed off and issued 8 weeks before they run. (27% gap to A3 target)</p>		
<p>New Ways of Working</p> 		<p>However, there are a further 392 WTE unavailable for work for a variety of reasons including sick leave, turnover, maternity/paternity leave and careers breaks and time to hire that expand the vacancy position by creating a "workforce deployment gap". Therefore, the total gap in establishments of vacancy plus deployment gap equates to 764 WTE that were unavailable in August.</p>	<ol style="list-style-type: none"> <li>1. A vacancy rate that does not exceed 6%</li> <li>2. A Turnover rate that does not exceed 12% (HNY is 12.2%)</li> <li>3. Staff leaving within their first year of employment to not exceed 15%</li> <li>4. 100% of rosters signed off and issued 8 weeks before.</li> <li>5. Sickness levels throughout HDFT to not exceed 4.5% (HNY is 4.8%)</li> <li>6. Apprenticeship or training plan/development of new role in the medium to longer term for shortage occupations</li> </ol>				

**Breakthrough Objective: Vacancy Whole Time Equivalent (WTE)**

Workstream	True North Metric	Vision	Countermeasures	Current Status	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
<b>New Ways of Working</b>	Staff Availability	To improve the vacancy rate at Directorate level and for Directorates to be below the Trust target of 7%.	<p>Run an RIPW with the Recruitment Team.</p> <p>Involve Local Managers in RIPW to identify if any process improvements can be made and how data can be reported at Directorate Boards.</p> <p>Process and Managing Attendance Policy to be reviewed.</p>	<p>The overall Trust vacancy rate is currently 4.82% at the end of June 2024.</p> <p>This is an increase from 4.45% last month and is due to an increase in the budget by 25.86wte.</p> <p>At the end of June 2024, CC has a vacancy rate of 4.50%.</p> <p>However, LTUC has a rate of 8.66% and PSC has a rate of 7.05%.</p>		

**Related Corporate Risks**

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR93	Risk to patient safety due to low staffing levels Risk to colleague health and wellbeing due to sustained work pressures	CRR93 emphasizes the risk to patient safety and colleague wellbeing due to low staffing levels, particularly in North Yorkshire's 0-19 Service. Challenges include high turnover, sickness rates, and difficulty recruiting Band 6 roles. Mitigation efforts include recruitment strategies, support for SCPHN students, and consultation for virtual team implementation.	4 x 3 = 12	4 x 1 = 4	Workforce	Cautious
CRR66	Risk to patient care and safety due to potential impact of staffing levels, including the impact of current/future strike action and increased reliance on agency workers. Potential for lower colleague engagement due to increased workload and poor working environment.	<p>Risk of:</p> <ul style="list-style-type: none"> <li>potential increase in lapses in delivery of safe and effective care to patients and service users</li> <li>both short and long term mental and physical health impacts on staff</li> </ul> <p>The conditions that need to be in place to ensure workforce risks are managed are:</p> <ul style="list-style-type: none"> <li>The right numbers of competent and qualified colleagues present and fit to work in the workplace.</li> <li>Colleagues having the right environment/equipment/tools to enable them to fulfil their roles effectively.</li> <li>Colleagues feeling valued and appreciated for the work they are doing.</li> </ul>	3 x 3=9	2 x 2 = 4	Workforce	Cautious



**Related External Risks**

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

# People & Culture

## Matters of concern and risks to escalate

### Growing for the future

- **Mandatory Training for Bank colleagues** against 90% target: Mandatory: 82% ↓1%, Role Specific: 77% ↓2%, (Jun 2024)
- Overall **Medical Device Compliance** for theory and devices against 90% target 83%, ↑1% since last month (Jun 2024)

### New ways of working

- Roster sign off KPI is 8 weeks (6 weeks for rosters connected to medics) Compliance rate per directorate from last month is:- CCs – from 93% to 100% (14 rotas); LTUC from 41% to 54% (43 rotas); PSC from 34% to 88% (34 rotas); HIF's from 42% to 92% (12 rotas)
- Working Time Regulations 1998 (WTR) breaches:
- 320 breaches reduced to 243 breaches where staff did not receive a rest period of at least 20 minutes
- 162 increased to 191 staff who did not achieve a minimum of 2 days rest in a 14 day period
- 166 decreased to 79 staff who had less than 11 hour break between two consecutive shifts
- 73 decreased to 11 staff exceeding 60 hours of work in any one week.
- (The introduction of the new system rules/Optima controls are positively impacting on breaches)

### Looking after our people.

- Measles vaccination figures: 73 Acute and 430 Community colleagues still require their immunity checking/vaccinating.

### Growing for the future

- Some national work is currently delayed due to the election:
  - Launch of National induction resources
  - National mandatory training review timeline
  - National Apprenticeship funding

## Major actions commissioned and work underway

### Belonging

- Inclusion Calendar events for July
- South Asian Heritage Month to start in mid month

### Growing for the future

- Exploring Leeds Beckett University and LTHT to commission paediatric clinical skills training
- Stage 2 applications for GMTS (Graduate Management Trainee Scheme) submitted w/c July 2<sup>nd</sup>

### New ways of working

- Medical Rostering for second set of departments has again taken longer as the team manage the differences between job plans and rosters.
- A careers fair day took place on the 2<sup>nd</sup> July. Pupils in A-level years were invited with their school guidance counsellors to hear about a variety of roles in the Trust and wider NHS,

### Looking after our people

- **Inpulse Lifecycle Survey:** Exit survey process implemented May 2024. Implementation of onboarding survey process underway.
- **Quarterly Impulse Survey:** Q2 Quarterly Impulse Survey running 15-31 July 2024. – theme is Teamwork and also to include additional question on Health & Wellbeing.
- Project plan developed for leadership development at HDFT incorporating HDFT IMPACT behaviours, spanning training, appraisal and recruitment.
- **Staff Flu / Winter Wellbeing:** Planning process underway for 2024/25 campaign.
- **New starter policy:** Under review with regard to vaccination and immunisation status.
- **Measles vaccination & screening:** Ongoing and in line with public health requirements to minimize staff outbreaks.
- **New Occupational Health System CORITY:** Transfer of current COHORT to CORITY software system scheduled for 03 July 24. The IT software will be non-operational for a week to facilitate the transfer which will limit the day to day function in OH for 7 days. Business continuity plans in place to deal with any urgent service requests

# People & Culture

## Positive news and assurance

### Growing for the future

- Mandatory Training for Substantive colleagues against 90% target:
  - Mandatory: 91% →, Role Specific: 93% → (Jun 2024)
- Induction Compliance:
  - Corporate Induction: 87%, Local Induction Checklist: 85%
- 6 Medical Education Fellows confirmed for 2024/2025
- Medical Education have confirmed funding for 8 multi-professional PGCEs across the workforce
- MPET (multi-professional, education and training) met on 27<sup>th</sup> June with the University of Leeds to discuss undergraduate medical education feedback, which was overwhelmingly positive. Feedback attached in supplementary papers.

### Looking after our people

- **Flu Campaign:** Replacement flu vaccine secured after original manufacturer withdrew.

## Decisions made and decisions required of the Board

## ENABLING AMBITION: DIGITAL TRANSFORMATION TO INTEGRATE CARE AND IMPROVE PATIENT, CHILD AND STAFF EXPERIENCE 2024-25

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

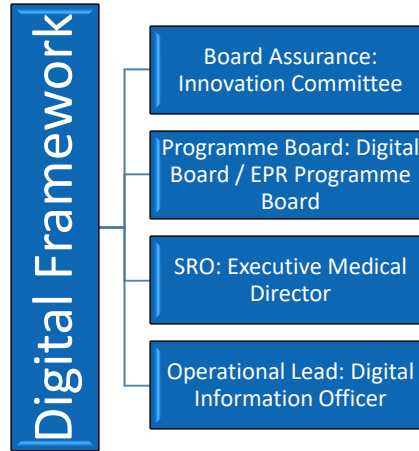
**Information**

Timely, Accurate Information to enable continuous improvement

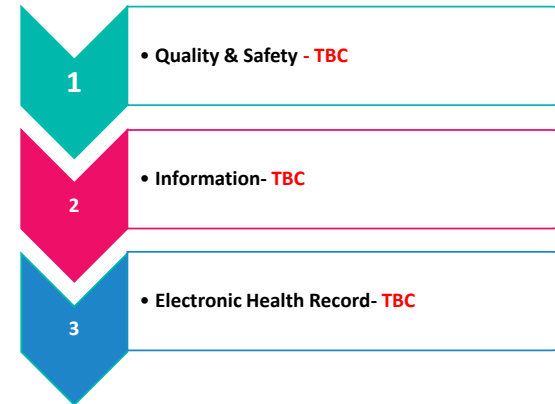
**Electronic Health Record**

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

**GOVERNANCE:**



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




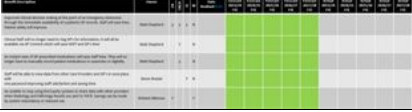


Breakthrough Objective:	N/A
Corporate Project:	N/A
Overarching Risk Appetite:	Operational - Cautious



True North Metrics Summary:

True North Metric	Vision	Goal	Countermeasures (Start Date)	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
	Systems which enable staff to improve the quality and safety of care	Removal of complex, high risk, manual data validations leading to a reduction in the length of time required for RTT team to undertake validation activities. Expected saving c.1-2 minutes per validation.	<ul style="list-style-type: none"> <li>Luna RTT Tracking (May 22)</li> </ul>	<ul style="list-style-type: none"> <li>To Be Complete Jul 24</li> <li>Solution live – The benefits anticipated have not been realised. This will be detailed in the End Project Report.</li> </ul>	3 x 2 = 6	3 x 2 = 6
		% Reduction in temporary staffing spend measured by comparing agency/bank spend against WTE establishment, vacancy and unavailability rates with 'expected' 24/25 - £150k saving 25/26 - £300k saving.....	<ul style="list-style-type: none"> <li>Medic Rostering (Jul 23)</li> </ul>	<ul style="list-style-type: none"> <li>To Be Complete Mar 25</li> <li>Solution live and being rolled out – KPI performance to start to be realised in Mar 25</li> </ul>	3 x 3 = 9	3 x 3 = 9
		Introduction of real time reporting will reduce the administration overhead and release staff time to repurpose to other tasks with the information being captured at source, without the need to investigate back through events later to find the information.	<ul style="list-style-type: none"> <li>Datix Cloud (Mar 23)</li> </ul>	<ul style="list-style-type: none"> <li>Complete Jun 24</li> <li>Project closed – Any ongoing benefits management to be picked up by Kate Southgate</li> </ul>	Complete	Complete
		Improved patient safety, experience and more prompt care resulting from more efficient patient call management, and better sleep through reduction in call noises	<ul style="list-style-type: none"> <li>ASCOM Nurse Call (Sep 23)</li> </ul>	<ul style="list-style-type: none"> <li>Live Feb 24 - Further enhancement stage being planned</li> <li>Reports for KPIs/Benefits being developed by Simon Brazier and Martin Huntley</li> </ul>	3 x 1 = 3	3 x 1 = 3
	Timely, Accurate Information to enable continuous improvement					
	An Electronic Health Record to enable effective collaboration across all care pathways	Deliver cash, quality, non-cash efficiencies and societal benefits through the reduction of paper and inefficient processes, new digital functionality, enabled by the EPR system and transformation of working processes.	<ul style="list-style-type: none"> <li>New Electronic Patient Record (Apr 22)</li> </ul>	<ul style="list-style-type: none"> <li>Complete Business Case Sep 24</li> <li>Sign Contract Oct 24</li> <li>Initiate Programme Delivery Nov 24</li> <li>Go Live Q3/Q4 24/25</li> <li>KPI's/Benefits include in the FBC – These will not be realised until after go live, some much further on</li> </ul>	4 x 2 = 8	4 x 2 = 8
		Reduce the time to access clinical applications by 50%, as well as improving the clinician's usability experience, IG and Cyber Security. The conservative estimated annual impact would be in the region of 9 extra FTE productivity realised.	<ul style="list-style-type: none"> <li>Single Sign On (Jan 23)</li> </ul>	<ul style="list-style-type: none"> <li>Completed (Mar 24) – Now BAU</li> <li>KPI/Benefits being reviewed by the digital benefits manager</li> </ul>	Complete	Complete

True North Metric	Vision	Goal	Countermeasures (Start Date)	Current Status	Level of Risk To Achieving Goal (C x L)	Level of Risk for progressing actions
		More resilient systems, improved patient outcomes through earlier diagnosis and staff time saved through harmonisation of working practices in Pathology for trusts and a consolidation of work in the region.	<ul style="list-style-type: none"> <li>Laboratory Information Management System (LIMS) (Jan 22)</li> </ul>	<ul style="list-style-type: none"> <li>BT Live Jun 24</li> <li>Remaining specialities to be complete Nov 24</li> <li>KPIs/Benefits will be picked up by the JV post go live – This project is seen as an enabler – Transformation to take place post project</li> </ul>	3 x 3 = 9	3 x 2 = 6
		Assists specialists to schedule and review surveillance tests for patients who have completed treatments without the need for face to face appointments. RMS supports individuals who are suitable to be on a self managed pathway. This will enable clinicians to work more efficiently, and patients can access their own records digitally.	<ul style="list-style-type: none"> <li>Somerset Remote Monitoring System (Dec 22)</li> </ul>	<ul style="list-style-type: none"> <li>To be complete Jul 24</li> <li>KPI/Benefits being reviewed by the digital benefits manager</li> </ul> 	3 x 1 = 3	3 x 1 = 3
		Introduction of check-in kiosks for patients, a patient app, call screens to call patients to clinic rooms and give Clinicians the ability to record patient outcomes electronically along with a system for Room Booking. This will lead to a reduction in paper, improved data quality and patient experience, reduction in lost outcomes and quicker appointment booking.	<ul style="list-style-type: none"> <li>Outpatient Flow and eOutcomes (Sep 23)</li> </ul>	<ul style="list-style-type: none"> <li>To be complete Aug 24</li> <li>KPI/Benefits being reviewed by the digital benefits manager</li> </ul> 	3 x 1 = 3	3 x 1 = 3
		RPA bots to automate repetitive, digital activities usually performed by human workers. Deploying RPA reduces the amount of WTE's required to perform day to days tasks and in turn support our Trust in delivering staff time efficiencies, cash and quality benefits.	<ul style="list-style-type: none"> <li>Robotic Process Automation (Apr 23)</li> </ul>	<ul style="list-style-type: none"> <li>ERS automation live Jan 24</li> <li>ReSPECT automation live Feb 24</li> <li>Multiple further automations planned during 24/25</li> <li>KPIs/Benefits report being managed by the PM – Available on request</li> </ul> 	3 x 2 = 6	3 x 2 = 6
		The YHCR will enable staff to share with and view data from other providers including GPs, Mental Health, Social Care and other Trusts that currently can be only be shared via paper, email and phone. This will help improve clinical decision making and save staff time,	<ul style="list-style-type: none"> <li>Yorkshire &amp; Humber Care Record (Sep 20)</li> </ul>	<ul style="list-style-type: none"> <li>GP Connect live via WebV Jul 22</li> <li>PAS data sent to YHCR Jul 22</li> <li>YHCR via S1 Apr 24</li> <li>Further delivery plans being developed</li> <li>KPI/Benefits being reviewed by the digital benefits manager</li> </ul> 	2 x 2 = 4	2 x 2 = 4

**Related Corporate Risks**

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
508	RTT LUNA Capacity	There is a risk that if the RTT Team were to cease RTT Status Coding letters in the AM and had additional capacity to validate, that they would be hindered by the system build of LUNA which is completed by 09:00 daily. There would be additional costs for the increase in RAM capacity required, and associated review by LUNA if they were to conduct the deconstruction of data themselves. If they were to undertake this, it would allow the system to be updated prior to 8am.	2 x 5 = 10	1 x 2 = 2	Operational / Business Continuity	Not added
512	RTT LUNA Funding	There is a risk that there is limited capital available to continue to fund LUNA post March 2025. This would leave the organisation in a position where we lose our PTL tracking/ validation tracker and analytical insights.	2 x 4 = 8	1 x 1 = 1	Financial / Revenue Funding	Not added
513	LUNA System Administrator	There is a risk that patient information via LUNA can be accessed by staff that no longer require access or have left the organisation, posing a data breach as there is no SOP in place for the administration of the platform.	2 x 1 = 2	2 x 1 = 2	Regulation / Legal and Governance	Not added
407	Inability to spend National EPR funding on the new EPR within the financial years that funding is provided resulting in either additional local funding required or an unaffordable solution	Inability to spend National EPR funding on the new EPR within the financial years that funding is provided resulting in either additional local funding required or an unaffordable solution	4 x 2 = 8	4 x 1 = 4	Financial / Financial Management	Averse
415	Risk of being required to move to a single EPR instance with Y&S	Risk of being required to move to a single EPR instance with Y&S. This requirement is significantly more complex than separate instances for each Trust and is highly likely to result in a revised OBC, possibly requiring re-submission through the whole approvals process, change to the tender documents, including the OBS, a much longer delivery timescale resulting from agreeing future state and configuration, and possible additional cost. Scored as a 4x2=8 until preferred supplier is known.	4 x 2 = 8	4 x 1 = 4	Operational / Information Technology	Averse
66	Delays to the regional LIMS programme	Risk that ongoing delay to the regional LIMS programme result in extended WTE to support the delivery with possible increased costs. There have been ongoing delays to the regional LIMS programme - Most of these beyond the control or influence of HDFT - These ongoing delays require delivery support from the Digital teams and Pathology for a longer period of time, resulting in inability to focus/deliver other work and at cost to the organisation (time).	3 x 3 = 9	3 x 1 = 3	Operational / Information Technology	Averse
416	Risk that not enough cash releasing benefits are available to self fund/sustain the Robot Process Automation solution and service once the current contract ends in Mar 26	HDFT procured the Blue Prism RPA solution in March 23 for a three year period. Once the contract ends, funding will be required to continue using it. The hope is that there will be enough cash efficiencies from automated processes to fund this ongoing. However if there is not, there will be a cost pressure which will need funding - This could result in the solution not being extended and having to revert back to manual processes.	3 x 2 = 6	3 x 1 = 3	Operational / Information Technology	Minimal

**Related External Risks**

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
523	Political changes and instability	There is a risk that political changes/government instability will give rise to changes in policy and EPR funding priorities that leave the trust without sufficient budget to complete the programme.	4 x 3 = 12	4 x 1 = 4	Operational / Information Technology	Averse



## ENABLING AMBITION: HEALTHCARE INNOVATION TO IMPROVE QUALITY AND SAFETY 2024-25

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

### GOALS:

#### Healthcare Innovation

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

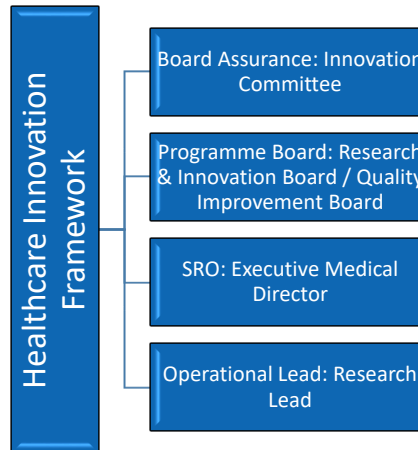
#### Children's Public Health

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

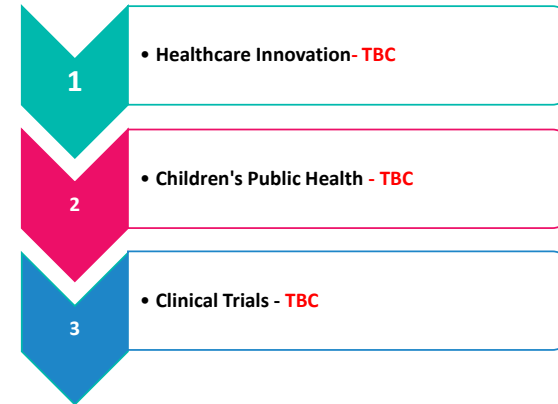
#### Clinical Trials

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

### GOVERNANCE:




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





Breakthrough Objective:	N/A
Corporate Project:	N/A
Overarching Risk Appetite:	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
 <p>Healthcare Innovation</p>	<p>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</p>	<p>Establish a regional Innovation Hub led by HDFT, building partnerships with industry; academia, government and voluntary sector by:</p> <ol style="list-style-type: none"> <li>moving into new dedicated estate by end of 2024</li> <li>Holding launch event/opening by end of 2024</li> <li>holding at least twice-yearly regional networking events</li> </ol>	<ol style="list-style-type: none"> <li>Working with planning department and HIF to complete lease and redecorate for move in date –Sept/Oct 24</li> <li>Innovation Launch event/opening in planning for Autumn/Winter 24</li> <li>Planning IRIS Innovation Community of Practice networking event for Oct 24.</li> </ol>	<ol style="list-style-type: none"> <li>Further delays to lease completion, expected end Aug</li> <li>Delayed due to delay moving</li> <li>Planning on track but looking at alternative venues due to delay in lease.</li> </ol>	High	Medium
		<p>Develop workforce and create a culture of innovation by:</p> <ol style="list-style-type: none"> <li>providing introductory innovation training at least twice yearly</li> <li>providing in-depth innovation training at least yearly</li> <li>establishing unique Clinical Entrepreneur Fellow programme for at least 3 trainee doctors</li> </ol>	<ol style="list-style-type: none"> <li>Work with Medipex to deliver regular intro innovation training events; Present at nurse preceptorship programme.</li> <li>Deliver innovation training programme in partnership with LTHT, BTHFT Medipex, HI Y&amp;H – Autumn/Winter 2024</li> <li>Begin 2 year unique Clinical Entrepreneur Fellows – August 2024 Identifying opportunity to employ 3 Innovation fellows with funding through NHSE for training / mentorship.</li> </ol>	<ol style="list-style-type: none"> <li>Presented at 2 x preceptorship sessions to &gt;50 nurses</li> <li>Planned 2<sup>nd</sup> cohort of training Oct 2024.</li> <li>Fellows agreed – June 2024: Mentors appointed – July 2024</li> </ol>	Medium	Medium
		<p>Develop robust innovation governance processes by:</p> <ol style="list-style-type: none"> <li>Developing and implementing new processes for approving and adopting medical devices through a New Interventional Procedure form</li> <li>Developing new Intellectual Property Policy</li> </ol>	<ol style="list-style-type: none"> <li>Work with Deputy Medical Director for Clinical Operational and Workforce Development to develop novel governance processes for innovation</li> <li>Work with Medipex and other Trusts on IP and contractual aspects - ongoing</li> </ol>	<ol style="list-style-type: none"> <li>Complete - May 24; seeking approval -July 24</li> <li>Updating IP policy for approval and adoption - Autumn 2024</li> </ol>	Medium	Medium
		<p>Develop innovation infrastructure by:</p> <ol style="list-style-type: none"> <li>Securing at least 1 industrial sponsorship by March 25</li> <li>Identifying, applying for and securing at least 1 grant to support infrastructure by March 25</li> </ol>	<ol style="list-style-type: none"> <li>Develop partnerships with industry</li> <li>Apply for funding from UK Share Prosperity Fund and/or Mayoral Investment Fund – Nov 24</li> </ol> <p>Continue to identify other funding opportunities – ongoing</p>	<ol style="list-style-type: none"> <li>Applied for funding from B Braun – Dec 23, awaiting outcome</li> <li>Formed closing working relationship with LEP</li> </ol> <p>New funding streams for Mayoral Investment Fund released.</p>	Medium	Medium

		Build key innovation partnerships by collaborating with regional NHS partners	WYAAT collaboration – ongoing with bi-monthly meetings Close collaborative working with IRIS = Networking event with HNY-ICB IRIS being organised – Oct 24 Developing relationships with the University of York to identify synergies to enable collaborations and synergies – working closely with the Associate Dean of Partnerships for the University, the Skin Research Centre and data analytics company. Working with the North Yorkshire Combined Authority – bimonthly meetings Working with external 3 <sup>rd</sup> party (BT) to develop proof of concept and minimal visible product for an area of unmet need in radiology using remote sonography	On track, identifying areas of shared work.  Planning on track but looking at alternative venues due to delay in lease. Met July 2024 and supporting an innovation strategy  Signing of collaboration agreement delayed due to IP queries.		
		Identify areas of unmet need to improve health care through innovation	Continuing to scope potential areas of unmet need and care pathways within the trust where innovation would improve health care including novel approaches and practices which could be adopted to deliver this goal. Integration of Artificial intelligence into radiology reporting pathways for fracture detection	Working with Health Innovation to proactively identify key priority areas and unmet needs to improve healthcare through innovation AI processes being audited currently		
HDFT Impact	To develop our capacity and capability and to embed the culture for continuous improvement through the Implementation of the Impact Improvement Operating Model. To align and enable everyone in the Trust to make improvement in line with our Strategy as part of their daily work so that local improvements reinforce and amplify each other to deliver significant improvement in our True North Ambitions (as measured by our True North Metrics) at Trust level.	<b>Strategy Deployment:</b> Establish True North metrics and cascade throughout the Trust to set deliberate priorities and areas of focus for improvement.	Establish Breakthrough Objectives and Directorate Driver Metrics	Complete		
			Identify and deliver Strategic Programmes and Corporate Projects	Strategic Programmes and Corporate Projects agreed; scope and milestones to be developed		
			Establish Strategy Deployment Room and Performance Review systems to maintain focus on identified improvement priorities	Directorate PRMs in place; SDR established and now transitioning into SMT and Board routines		
		<b>Leadership Development:</b> Create a framework of behaviours that will reinforce the culture of continuous improvement throughout HDFT.	Integrated Leadership Behaviours framework defined and signed off (Jul 2024)	On track		
			Roadmap for 2025 agreed (Jul 2024)  LB framework in appraisals for Senior Leadership Team (Sep 2024)	On track  On track		
<b>Impact Improvement Operating Model:</b> 70% of teams trained by June 26 (% TBC – needs confirmation of total teams and required capacity) .	Wave 3, July 2024 Wave 4, Oct 2024 Wave 5, Jan 2025 Wave 6, Apr 2025	On track				

		All trained teams rated as “Level 3 – Maturing” across all tools and processes by Mar 2025.	Roadmap implementation for waves 1 and 2, Jan 2024 Process Confirmation – 90% green tickets by Apr 2025.	On track On track – 60% green tickets		
		<b>Improvement Academy:</b> Build capacity and capability to support high quality training, coaching and facilitation.	Whole team baseline assessment	Complete		
		<b>Communications:</b> 67% “strongly agree” or “agree” with Impact Inpulse survey question by Mar 25.	Design and deliver a communications and engagement strategy that will support the IOM roll-out, generate awareness and understanding of Impact.	On track		
Children's Public Health 	To be a leading trust for the Children's Public Health Services Research	Build the evidence base for Children's PH Services to improve outcomes for children; Identify some key Children's public health needs and research priorities by January 25	Scoping Children's PH research and identifying how we can contribute, to provide opportunities for children and families they support, to be involved in research studies. Create strategic plan for this area by end March 2025  Scoping the workforce within children's public health services to establish training needs to expand the opportunities to engage with research. Scoping to be completed by December 2024 .  Utilise extensive data from BaBi Harrogate study to further inform children's PH research. Identify some key public health needs and research priorities by January 25	Identified National validated 'SORT tool' to be used in scoping the training needs of workforce . Developing plan to implement in trust by March 25  Continue to recruit into BaBi Harrogate: target for 2024-2025 = 172 current recruitment since March 24 = 286  Research prioritisation workshop planned for late October, plan in progress .  Continued work with the ICB to identify opportunities for data sharing and collaborative projects.		
Clinical Trials 	To increase access for patients to clinical trials through growth and partnerships	To continue to deliver the contractual agreement with the RDN as a partner organisation to provided research opportunities and to sustain Research Delivery Network (RDN) income through delivery of HLOs. a) trust recruitment target of 2001 annually b) 80% of studies recruiting to time and target	Align HDFT strategy with the strategy of the newly formed Research Delivery Network (RDN). Create new trust research strategy by March 2025. Working to deliver agreed HLOs as outlined by RDN Regular performance mapping / reporting for RDN	Current recruitment at 892 which is on target for this financial year. . Currently 8 <sup>th</sup> Position in region for number of patients in research. Studies on time and target 94%		

		<p>c) Patient experience survey annual target 52</p> <p>Aligning with strategic working of the regional non- surgical oncology (NSO) research group</p> <p>Increasing research workforce capacity through training and education:</p> <ul style="list-style-type: none"> <li>-Increase awareness and workforce capacity through training and education:</li> <li>-Continue delivery of Nursing preceptorship course</li> <li>-Research included in medical induction</li> <li>-Awareness sessions for SAS staff, 0-19 service managers and AHP professionals on-going</li> <li>- Develop research fundamentals course to pilot and then produce learning hub version By March 25 .</li> <li>- Develop research internship programme in collaboration with local I university</li> </ul>	<p>PRES (Patient Research Evaluation Survey) 6 returned - active campaign to improve this with new monthly reviews in place.</p> <p>Research clinical lead representing trust on the NSO from June 2024</p> <p>2 Nurse preceptorship courses completed this month both evaluated extremely well.</p> <p>Research fundamentals course key elements of content developed.</p>		
	<p>To increase commercial research by 10% this year and to generate income to maintain and increase research staffing .</p>	<p><b>Increase commercial research</b></p> <p>Establishing a clinical research facility (CRF) at HDFT</p> <p>Increasing research workforce capacity for commercial research. Find funding and recruit new team by June 25</p> <p>Developing commercial research partnerships.</p> <p>Working with RDN and IQVIA to identify new commercial partners and opportunities</p>	<p>Plans for a dedicated CRF underway, charitable funding secured – plan to open Q4 2024</p> <p>Scoping possible funding sources for staff funding .</p> <p>New commercial partnership with INCYTE formed. ( Oncology and Dermatology trials )</p>	Amber	
	<p>Develop 2 new academic partnerships by end March 2025</p>	<p>Applying for funding to deliver studies – aim to secure 2 grants</p>	<p>Working with the Skin Research Centre at the University of York</p> <ul style="list-style-type: none"> <li>a) Supporting 2 HYMS academic clinical fellows appointed June 2024 and September 2024</li> <li>b) developing further clinical studies and translational research projects</li> <li>c) one small grant awarded in collaboration with the</li> </ul>		



				UoY, further grant application in development		
		Develop clinical leadership	<p>Providing leadership to further develop oncology and commercial research</p> <p>Scope / identify clinical academics working in trust who we could potentially develop research in their clinical areas. By end of March 2024</p>	<p>Clinical Lead for Research appointed June 2024 – leading a strategy developing oncology and commercial research. Representing HDFT on new regional NOS research group.</p> <p>Work with hospital charity to identify resource to support potential pilot studies through a process of open competition – by end of 2024</p>		
		Increase Patient engagement in research. Develop 4 patients ambassadors and one speciality patient research group by end March 25	<p>Develop patient research ambassador scheme</p> <p>Encourage development of speciality patient research groups via social media and research engagement days</p> <p>Continue to have lay people involved in research key meetings</p> <p>Improve our profile to encourage public involvement on social media and through and active publicity campaign.</p>	On-going - delays to start of work because of significantly reduced staff numbers in last 2 months.		

#### 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
ICB	TBC					

## ENABLING AMBTION: AN ENVIRONMENT THAT PROMOTES WELLBEING 2024-25

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:





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




Breakthrough Objective:	N/A
Corporate Project:	N/A
Overarching Risk Appetite:	Operational - Cautious

### True North Metrics Summary:

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal	Level of Risk for progressing actions
Wellbeing 	A patient environment that promotes wellbeing	To improve the working environment of staff	<ul style="list-style-type: none"> <li>24/25 Staff Wellbeing Works - minor refurbishments and redecoration – March 2025</li> </ul>	<ul style="list-style-type: none"> <li>On target</li> </ul>		
Quality & Safety	An environment and equipment that	<b>Aseptics</b>	<ul style="list-style-type: none"> <li>Initial Design complete – Aug 22</li> <li>Tender &amp; Contract award and Design – Mar 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> </ul>		

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal	Level of Risk for progressing actions
	promotes best quality, safest care	To meet standards for aseptic production for medicines safety and staff safety	<ul style="list-style-type: none"> <li>Build complete – November 23</li> <li>Commissioning complete – Due Dec 23</li> <li>In service – Due Dec 23</li> </ul>	<ul style="list-style-type: none"> <li>Complete (delayed to Feb 24 due to Drainage issues, AHU, Design sign off, supply chain issues)</li> <li>Delayed to October 24</li> <li>Delayed to October 24</li> </ul>		
		<b>RAAC – Block C, Therapies</b>  To eradicate RAAC from Block C, Therapies by demolishing and rebuilding the block	<ul style="list-style-type: none"> <li>Relocation of services to new locations – end of Mar 24</li> <li>Pre-construction for demolition complete – Mar 24</li> <li>Demolition starts – Apr 24</li> <li>Demolition complete – Sep 24</li> <li>Pre-construction for new block (shell) – Sep 24</li> <li>New block (shell) construction starts – Oct 24</li> </ul>	<ul style="list-style-type: none"> <li>Complete - June 2024</li> <li>Complete - complete June 2024</li> <li>Complete – commenced June 2024</li> <li>On Track</li> <li>On Track</li> <li>On Track</li> </ul>		
		<b>HDH New Theatres, Treatment Rooms and Ward (TIF2)</b>  To increase elective operating capacity and improve waiting time performance.	<ul style="list-style-type: none"> <li>NHSE BC approval Sep 22</li> <li>HDFT capital to support enabling schemes agreed – Dec 22</li> <li>Internal BC approval – Jan 23</li> <li>Complete tender, appoint contractor – Jun 23</li> <li>Decision to revise project from a standalone block on the Briary Wing carpark to fitting out the first floor of the new block replacing Block C – Oct 23</li> <li>Pre-construction phase complete – Sep 24</li> <li>Fit-out complete – Dec 25</li> <li>Go Live – Dec 25</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>On Track</li> <li>On Track – financial risk</li> <li>On Track</li> </ul>		
		<b>Imaging Department</b>  To improve reliability and capacity of imaging services	<ul style="list-style-type: none"> <li>Feasibility study, including phasing – Sep 22</li> <li>Initial costs – Oct 22</li> <li>Design concept – Jan 23</li> <li>Decision to revise project from reconfiguration of the existing imaging department to fitting out the ground floor of the new block replacing Block C – Oct 23</li> <li>Pre-construction phase complete – Sep 24</li> <li>Fit out complete – TBC</li> <li>Go Live – TBC</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>Complete</li> <li>On Track</li> <li>TBC – financial risk</li> <li>TBC</li> </ul>		

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal	Level of Risk for progressing actions
		<p><b>CT Business Continuity</b></p> <p>To ensure HDFT has a reliable CT service to support emergency care</p>	<ul style="list-style-type: none"> <li>• Canon Dismountable on site: 26 May 23</li> <li>• Canon dismountable operational 10 Jun 23</li> <li>• Portakabin on site 22 Jun 23</li> <li>• Siemens CT in Portakabin operational 24 Jul 23</li> <li>• Additional works to Portakabin needed for CT installation – August 24</li> <li>• Go Live – Planned September 24</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• Complete</li> <li>• Delayed to July 24 due to delays in completing the environment to accommodate the Siemens CT Scanner delivery.</li> <li>• On track</li> <li>• On track</li> </ul>		
<p>Environmental Impact</p> 	<p>Minimise our impact on the environment</p>	<p><b>Delivery of the Trust “Green” Plan</b></p> <p>A long term plan and governance structure for the reduction of the Trust’s carbon emissions</p>	<ul style="list-style-type: none"> <li>• Green sub groups for each of the work streams to deliver the programme of work with Governance structure, Sustainability Board, in place reporting to HIF Board</li> <li>• Each work group delivering this year’s objectives and reporting to the Sustainability Board. Including N20 waste and Food waste projects</li> <li>• Develop the website with more content to engage with our staff</li> </ul>	<ul style="list-style-type: none"> <li>• On Track</li> <li>• On Track</li> <li>• On Track</li> </ul>		
		<p><b>SALIX Carbon Reduction Programme</b></p> <p>To improve the estates infrastructure at Harrogate District Hospital in order to reduce carbon emissions</p>	<p>Revised programme (second extension):</p> <ul style="list-style-type: none"> <li>• Window replacement – Apr 23</li> <li>• Air and ground source heat pumps – Jun 23</li> <li>• Air Handling Units – Sep 23</li> <li>• Solar panels – Aug 23</li> <li>• Roof Top Plant Rooms – Aug 23</li> </ul>	<ul style="list-style-type: none"> <li>• Significantly behind original programme which was due to complete in Apr 22</li> <li>• Complete</li> <li>• Complete</li> <li>• X Ray Basement pump replacement – Complete April 24</li> <li>• Additional work needed. PV Array – Solar panels require a new power logger as requested by the national grid / DNO. Requires a power shut down. TBC.</li> <li>• New plant rooms complete</li> <li>• Kitchen Plant Room – RAAC funding approved to replace RAAC roof</li> </ul>		
		<p>Travel Plan</p> <p>To develop sustainable models of transport for patients, staff and visitors</p>	<ul style="list-style-type: none"> <li>• Work with local and national cycle retailers to obtain a discount code for staff – promote this through newsletters and a Travel Information Leaflet.</li> </ul>	<ul style="list-style-type: none"> <li>• Discount now obtained , this will be promoted via the sustainability section on our website by end of October – on Track</li> </ul>		

True North Metric	Vision	Goal	Countermeasures	Current Status	Level of Risk To Achieving Goal	Level of Risk for progressing actions
			<ul style="list-style-type: none"> <li>Investigate the possibility of holding cycle maintenance training at Harrogate and Ripon hospitals. This should include the provision of a permanent cycle maintenance kit to be placed at both sites.</li> <li>Deliver cycle training to staff who are interested in cycling commuting.</li> <li>Investigate a renewed partnership with Liftshare or internal equivalent to encourage car sharing both for commuting and business trips.</li> <li>Sign up to Modeshift STARS.</li> <li>Reintroduction of parking permits. Revenue raised to be used to support active and sustainable transport initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>Local provider found but at a cost, enquiries with two local bike shops who are considering supporting free of charge if they can also promote their services Summer 2023 – now end of Oct – on track</li> <li>Free of charge provider now found, action to promote to all staff Summer 2023 – now end of Oct via new section on website -on Track</li> <li>Summer 2023 - complete</li> <li>Complete</li> <li>September 2023 part of the Car Parking Project – Complete</li> </ul>		

#### Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR75	CHS2 – Health & Safety: HDH Goods Yard	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permanent disability to employees, patients and others, and the unauthorised access of persons to restricted areas of the hospital through the loading bay entrance.	4 x 3 = 12	4 x 1 = 2 Mar 25	Operational: Health & Safety	Minimal
	CHS3 – Health & Safety: Managing the risk of injury from fire.	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permanent disability to employees, patients and others due to the failure to ensure that suitable and sufficient assessment of the risk from fire has been carried out, and that the necessary control measures are in place. H&S Managing the risk of injury from fire	5 x 3 = 15	5 x 2 = 10 Sep 24	Operational: Health & Safety	Minimal

#### Related External Risks

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

# Director of Strategy



## Matters of concern & risks to escalate

### HDFT Impact

- Sustainability and embedding of HDFT Impact processes eg huddles not happening consistently
- Risk that HDFT Impact will not be rolled out to sufficient clinical areas in the next 2 years to provide capacity to realise EPR benefits

### Block C (Therapies) Redevelopment Programme

- Ability to maintain overall programme for Dec 25 opening at risk due to delays to decant from Block C and multiple revisions to new build layout
- Affordability – need to reduce estimated cost by at least £4m
- Funding profile – current PSCP spend profile assumes less spend in 24/25 than funding, but more spend than funding in 25/26; need to bring forward spend into 24/25

### Capital Planning

- Paed Audiology booth installation delayed due to design issues to Oct 24
- RAAC Community. No RAAC identified in areas used by HDFT staff; only a small number of landlords still to confirm
- Fire. Fire risk assessments at HDH complete, prioritisation of resulting actions underway. No new areas of risk identified.

## Major actions commissioned & work underway

### HDFT Impact

- IOM Wave 3 underway
- IOM rollout plan under development
- Strategic Programme A3s to be complete by end Jun 24
- Reviewing Board and SMT processes to support HDFT Impact
- EPR Benefits Realisation preparation

### Business Development, Charity, Volunteers, Comms

- Finalising Gatehead s75 (delayed by Gateshead Council)
- Support to decommissioning of Hambleton & Richmondshire GP OOHs
- Preparation for potential tender opportunities
- **Charity:** GSIL Foundation launch, Yorkshire 3 Peaks Sep 24, Christmas 2024 Events, KITE Awards,
- **Volunteers:** Harrogate Thank You Event Sep 24, volunteer meals/expenses processes, work experience offer
- **Comms:** EPR, HDFT Impact, RAAC, charity events, JD strike planning

### Capital Planning

- **Block C Redevelopment:**
- Demolition of Block C Jun-Oct 24
- Planning application approval expected early Sep.
- Detailed design sign-off (C-sheets)
- Preparation for contract price proposal from PSCP – Business Case to Resources Committee and Trust Board in July.
- Identification of MRI and Fluoroscopy systems underway
- Brief for new X-Ray Room 3 shared with HIF
- **Paed Audiology** – booth manufacture in Jul-Aug, installation in Sep, handover in Oct
- **CT:** Enabling works complete 22 Jul; delivery and installation afterwards
- **Clinical Research Facility.** Brief for works to create CRF on Briary Wing share with HIF

## Positive news & assurance

### HDFT Impact

- Sustainability Workshop completed
- 8 corporate projects agreed by Exec Team
- 3<sup>rd</sup> Bootcamp completed

### Business Development, Charity, Volunteers, Comms

- THRIVE Homecare delivered first package of care on 1 Jul
- Project SEARCH year 2 graduation – 11 Jul

### Capital Planning.

- Second business case for 24/25 RAAC approved by NHSE
- **Grove Park Court** - podiatry moved in on 19 July

## Decisions made & decisions required

None

**HARROGATE AND DISTRICT NHS FOUNDATION TRUST**  
**STANDING ORDERS**  
**July 2024**

**1.0 PURPOSE**

To approve those matters reserved to the Trust Board in accordance with the Trust's Standing Orders and Standing Financial Instructions.

**2.0 APPROVAL OF SIGNING AND SEALING OF DOCUMENTS**

The Trust Board is requested to authorise the use of the Trust seal as follows:

<b>SEAL</b>	<b>DESCRIPTION OF DOCUMENTS SEALED</b>	<b>DATE</b>	<b>DIRECTORS</b>
<b>No 192</b>	3 Linnet Court, Cawledge Business Park, Alnwick, Northumberland, NE66 2GD (Lease)	27/03/2023	Sarah Armstrong (Chair) and Jonathan Coulter (Chief Executive)
<b>No 193</b>	Stockton Borough Council Living Well, Growing Healthy Contract	30/05/2023	Sarah Armstrong (Chair)
<b>No 194</b>	Stockton Borough Council 0 – 19 Healthy Child Service	30/05/2023	Sarah Armstrong (Chair)
<b>No 195</b>	Lease – Suite 6, Beehive, Lingfield Point, Darlington, DL1 1RW  Lingfield Point No.1 Ltd & Harrogate and District Foundation Trust	19/06/2023	Sarah Armstrong (Chair) and Jonathan Coulter (Chief Executive)
<b>No 196</b>	WHSmiths Retail Unit at HDH	29/08/2023	Sarah Armstrong (Chair) and Jonathan Coulter (Chief Executive)
<b>No 197</b>	Revised lease of Glebe House Surgery (due to retirement of GP Partner)	01/11/2023	Sarah Armstrong (Chair) and Jonathan Coulter (Chief Executive)
<b>No 198</b>	Licence to Assign & Renewal lease by reference to an existing Lease – Lloyds Outpatients Pharmacy	06/12/2023	Sarah Armstrong (Chair) and Emma Nunez (Deputy Chief Executive)
<b>No 199</b>	Contract of Provision of SystemOne Support and Registration Authority between Council of North Tyneside & HDFT	20/12/2023	Sarah Armstrong (Chair) and Jonathan Coulter (Chief Executive)
<b>No 200</b>	Lease of rooms at West Middlesbrough Children's Centre	16/01/2024	Sarah Armstrong (Chair) and Jonathan Coulter (Chief Executive)
<b>No 201</b>	Lease for Unit 7, Grove Park Court	01/03/2024	Jonathan Coulter (Chief Executive) and Emma Nunez (Deputy Chief Executive)



<b>SEAL</b>	<b>DESCRIPTION OF DOCUMENTS SEALED</b>	<b>DATE</b>	<b>DIRECTORS</b>
<b>No 202</b>	Room 11, Team's Family Hub, Gateshead Lease	26/02/2024	Jonathan Coulter (Chief Executive) and Emma Nunez (Deputy Chief Executive)
<b>No 203</b>	License to alter for 7 Grove Park Court	01/03/2024	Jonathan Coulter (Chief Executive) and Emma Nunez (Deputy Chief Executive)
<b>No 204</b>	Stockton-On-Tees Section 75 Partnership Agreement	27/03/2024	Jonathan Coulter (Chief Executive) and Emma Nunez (Deputy Chief Executive)
<b>No 205</b>	Lease relating to part of Unit 2 (Plot 3), Grimbald Cragg Court, St James Business Park, Knaresborough	18/06/2024	Jonathan Coulter (Chief Executive) and Sarah Armstrong (Chair)
<b>No 206</b>	Lease of offices in Hawthorn Unit to TEWV	18/06/2024	Jonathan Coulter (Chief Executive) and Sarah Armstrong (Chair)
<b>No 207</b>	Outpatient Pharmacy Lease	18/06/2024	Jonathan Coulter (Chief Executive) and Sarah Armstrong (Chair)

### 3.0 RECOMMENDATIONS

The Trust Board is requested to:

- Authorise the use of the Trust's seal

**Kate Southgate**

**Associate Director of Quality and Corporate Affairs**

**25 July 2024**