



Board of Directors Meeting Held in Public

To be held on Wednesday 29 May 2024 at 12.45 – 3.45pm

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

AGENDA

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

Item No.	Item	Lead	Action	Paper
SECTION 1: Opening Remarks and Matters Arising				
1.1	Welcome and Apologies for Absence	Chair	Note	Verbal
1.2	Patient Story	Director of Nursing, Midwifery and AHPs/ Medical Director	Discuss	Verbal
1.3	Register of Interests and Declarations of Conflicts of Interest	Chair	Note	Attached
1.4	Minutes of the previous meeting: Board of Directors meeting held in public on 27 March 2024	Chair	Approve	Attached
1.5	Matters Arising and Action Log	Chair	Discuss	Attached
1.6	Overview by the Chair	Chair	Note	Verbal
SECTION 2: Chief Executive Reports				
2.1	Chief Executive's Report	Chief Executive	Note	Attached
2.2	Corporate Risk Register	-	Note	Supp. Pack
SECTION 3: Ambition: Best Quality, Safest Care				
3.1	Board Assurance Framework: Best Quality, Safest Care	Director of Nursing, Midwifery and AHPs	Discuss	Attached
3.2	Quality Committee Update	Committee Chair	Note	Verbal
3.3	Integrated Board Report: Indicators from Safe, Caring and Effective domains	-	Note	Supp. Pack
3.4	Director of Nursing, Midwifery and AHP's Report	Director of Nursing, Midwifery and AHPs	Note	Attached
3.5	Safe Staffing Report	Director of Nursing, Midwifery and AHPs	Note	Attached
3.5a	Safer Nursing Care Tool Outcome Paper	-	Note	Supp. Pack
3.6	Medical Director's Report	Medical Director	Note	Attached

Item No.	Item	Lead	Action	Paper
3.7	Eliminating Mixed Sex Accommodation Statement	Director of Nursing, Midwifery and AHPs	Approve	Attached
3.8	Learning from Deaths Quarterly Report	-	Note	Supp. Pack
SECTION 4: Ambition: Great Start in Life				
4.1	Board Assurance Framework: Great Start in Life	Director of Strategy	Discuss	Attached
4.2	Strengthening Maternity and Neo-Natal Safety Grid	Director of Nursing, Midwifery and AHPs	Note	Attached
4.2a	Strengthening Maternity and Neo-Natal Safety Report	-	Note	Supp. Pack
SECTION 5: Ambition: Person Centred; Integrated Care; Strong Partnerships				
5.1	Board Assurance Framework: Person Centred; Integrated Care; Strong Partnerships	Chief Operating Officer	Discuss	Attached
5.2	Resource Committee Update	Committee Chair	Note	Verbal
5.3	Integrated Board Report: Indicators from Responsive, Efficiency, Finance and Activity domains	-	Note	Supp. Pack
5.4	Chief Operating Officer's Report	Chief Operating Officer	Note	Attached
5.4a	Chief Operating Officer's Report – background material	-	Note	Supp. Pack
5.5	Director of Finance Report	Director of Finance	Note	Attached
5.5a	Director of Finance's Report – background material	-	Note	Supp. Pack
SECTION 6: Ambition: At Our Best: Making HDFT the Best Place to Work				
6.1	Board Assurance Framework: At Our Best: Making HDFT the Best Place to Work	Director of People & Culture	Note	Attached
6.2	People & Culture Committee Update	Committee Chair	Note	Verbal
6.3	Integrated Board Report – Indicators from Workforce Domains	-	Note	Supp. Pack
6.4	Director of People & Culture Report	Director of People & Culture	Note	Attached
6.5	Public Sector Equality Duty (PSED) Report	-	Note	Supp. Pack
6.6	Gender Pay Gap Report	-	Note	Supp. Pack
6.7	Ethnicity Pay Gap Report	-	Note	Supp. Pack
6.8	Modern Slavery and Human Trafficking Annual Statement 2024	Director of People & Culture	Approve	Attached

Item No.	Item	Lead	Action	Paper
SECTION 7: Ambition: Enabling Ambitions				
7.1	Board Assurance Framework: Digital Transformation to Integrate Care and Improve Patient, Child and Staff Experience	Medical Director	Note	Attached
7.2	Board Assurance Framework: Healthcare Innovation to Improve Quality and Safety	Medical Director	Note	Attached
7.3	Innovation Committee Update	Committee Chair	Note	Verbal
7.4	HDFT Digital Strategy	Medical Director	Approve	Attached
7.5	Board Assurance Framework: An Environment that Promotes Wellbeing	Director of Strategy	Note	Attached
7.6	Director of Strategy's Report	Director of Strategy	Note	Attached
SECTION 8: Governance Arrangements				
8.1	Audit Committee Update	Committee Chair	Note	Verbal
8.2	Board Assurance Framework (BAF) Report	Chief Executive	Approve	Attached
8.2.1	BAF 2024-25 Summary			
8.2.2	BAF – 2023-24	-	Note	Supp. Pack
8.2.4	BAF – 2024-25	-		
8.3	NHS Provider Licence Annual Self-Assessment	Chief Executive	Approve	Attached
8.4	Pledge to the Code of Conduct	Chief Executive	Approve	Attached
9.0	Any Other Business <i>By permission of the Chair</i>	Chair	Discuss/ Note/ Approve	Verbal
10.0	Board Evaluation	Chair	Discuss	Verbal
11.0	Date and Time of next Board Meeting to be held in public: Wednesday 31 July 2024 at 12.45 – 3.45pm Venue: Boardroom, Trust Headquarters, Harrogate District Hospital			
Confidential Motion – the Chair to move: <i>Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.</i>				

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

Board of Directors – Register of Interests

As at 22 May 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"> 1. Familial relationship with managing partner of Priory Medical Group, York 2. Lead for Research, Innovation and Improvement for Humber and North Yorkshire Integrated Care Board 3. Member, Leeds Hospitals Charity Scientific Advisory Board 4. Familial relationship with Director of GPMx Ltd (healthcare consultancy) 5. Member, Independent Advisory Group for the National Medical and Surgical Clinical Outcomes Review Programme (hosted by HQIP on behalf of NHSE)
Sarah Armstrong	Non-executive Director until 31 March 2022 Chair from 1 April 2022	October 2018	Date	<ol style="list-style-type: none"> 1. Company director for the flat management company of current residence 2. Chief Executive, The Ewing Foundation
Azlina Bulmer	Associate Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> 1. Executive Director, Chartered Insurance Institute, 2. Familial relationship for Health Education England
Denise Chong	Insight Programme: Non-executive Director	January 2024	Date	<ol style="list-style-type: none"> 1. Trustee, Learning Partnerships Leeds (Feb 2023) 2. Member, Kaleidoscope Learning Trust (KLT) (Dec 2023)
Jonathan Coulter	Finance Director Chief Executive from March 2022	March 2022		No interests declared
Jeremy Cross	Non-executive Director	January 2020 January 2020	Sept 2021 Date	<ol style="list-style-type: none"> 1. Chairman, Headrow Money Line Ltd 2. Chairman, Tipton Building Society 3. Director and Shareholder, Cross Consulting Ltd (dormant) 4. Chairman, Forget Me Not Children's hospice, Huddersfield 5. Governor, Grammar School at Leeds 6. Director, GSAL Transport Ltd 7. Member, Kirby Overblow Parish Council 8. Stakeholder Non-executive Director, Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated

Board Member	Position	Relevant Dates From	To	Declaration Details
				Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Chiara De Biase	Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> 1. Director of Support and Influencing, Prostate Cancer UK 2. Clinical Trustee, Candlelighters (Children's Cancer Charity)
Matt Graham	Director of Strategy	September 2021 April 2022	Date Date	<ol style="list-style-type: none"> 1. Governor, Malton School 2. Stakeholder Non-executive Director, Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Jordan McKie	Director of Finance (from July 2023)	August 2022	Date	<ol style="list-style-type: none"> 1. Chair, Internal Audit Provider Audit Yorkshire
Kama Melly	Associate Non-executive Director	November 2022	Date	<ol style="list-style-type: none"> 1. Kings Counsel Barrister 2. The Honourable Society of the Middle Templar (Bencher) 3. Director and Deputy Head of Chambers – Park Square Barristers 4. Inns of Court College of Advocacy – Governor
Russell Nightingale	Chief Operating Officer	April 2021	Date	<ol style="list-style-type: none"> 1. Director of ILS and IPS Pathology Joint Venture
Emma Nunez	Director of Nursing Deputy Chief Executive from March 2022			No interests declared.
Andrew Papworth	Non-executive Director	March 2020	Date	<ol style="list-style-type: none"> 1. Chief Finance Officer, Insight222 2. Ambassador for Action for Sport
Laura Robson	Non-executive Director			No interests declared
Wallace Sampson OBE	Non-executive Director	March 2020	31 March 2023	<ol style="list-style-type: none"> 1. Chief Executive of Harrogate Borough Council 2. Director of Bracewell Homes – wholly owned Harrogate Borough Council housing company. 3. Chair of Harrogate Public Services Leadership Board 4. Member of North Yorkshire Safeguarding Children Partnership Executive 5. Member of Society of Local Authority Chief Executives

Board Member	Position	Relevant Dates From	To	Declaration Details
		March 2020 November 2021 July 2023 August 2023 September 2023 October 2023	Current March 2023 Current Current Current Current	6. Director of Brimhams Active - wholly owned Harrogate Borough Council leisure company. 7. Member of Challenge Board for Northumberland County Council. 8. Member of Society of Local Authority Chief Executives 9. Trustee for the Harrogate District Climate Change Coalition CIO (effective November 2021) 10. Advisory Board Consultant – Commercial Service Kent Ltd. 11. Commissioner – Local Government Boundary Commission for England 12. Chair – Middlesbrough Independent Improvement Advisory Board. 13. Director and Shareholder – Sampson Management Services Ltd.
Julia Weldon	Non-executive Director	November 2022	Date	1. Director of Public Health / Deputy Chief Executive, Hull City Council 2. Co-chair of the Population Health Committee, Humber & North Yorkshire Integrated Care Board
Angela Wilkinson	Director of People & Culture	October 2019	Date	1. Director of ILS and IPS Pathology Joint Venture

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

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

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

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

Board Member	Position	Relevant Dates From	To	Declaration Details
				<ul style="list-style-type: none"> 7. Chair of Humber Coast and Vale ICS BAME Network (August 2020 and ongoing) 8. Joint SRO for planned care West Yorkshire and Harrogate ICS (June 2020 and ongoing)
Jordan McKie	Deputy Director of Finance (Until March 2022)	No interests declared		
Richard Stiff	Non-Executive Director (resigned July 2023)		December 2021 February 2022 February 2022 July 2023	<ul style="list-style-type: none"> 1. Director and Trustee of TCV (The Conservation Volunteers) – ceased December 2021 2. Local Government Information Unit (Scotland) Associate – LGIU has now fully merged with LGIU listed as current interest 3. Chair of the Corporation of Selby College – dissolved 28 February 2022 when it became part of the Heart of Yorkshire Group. 4. Director (and 50% owner), Richard Stiff Consulting Limited 5. Director, NCER CIC (Chair of the Board from April 2019) 6. Member, Association of Directors of Children’s Services 7. Member, Society of Local Authority Chief Executives 8. Local Government Information Unit Associate 9. Fellow, Royal Society of Arts 10. Member of the Corporation of the Heart of Yorkshire Education Group 11. Stakeholder Non-Executive Director, of Harrogate Healthcare Facilities Management Limited t/a Harrogate Integrated Facilities (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Dr Matthew Shepherd	Clinical Director (Long Term & Unscheduled Care) Deputy COO	April 2017	March 2022	Director of Shepherd Property Ltd
Maureen Taylor	Non- Executive Director		September 2022	No Interest declared
Paul Nicholas	Deputy Director of Performance and Informatics	No interests declared		

BOARD OF DIRECTORS MEETING – PUBLIC (DRAFT)
Wednesday, 27th March 2024
Held at Trust HQ, Harrogate District Hospital, Harrogate

Present:	
Sarah Armstrong	Trust Chair
Jonathan Coulter	Chief Executive
Chiara DeBiase (CD)	Non-executive Director
Jeremy Cross (JC)	Non-executive Director
Laura Robson (LR)	Non-executive Director
Wallace Sampson OBE (WS)	Non-executive Director
Kama Melly (KM)	Associate Non-executive Director
Jacqueline Andrews	Executive Medical Director
Matthew Graham	Director of Strategy
Russell Nightingale	Chief Operating Officer
Emma Nunez	Executive Director of Nursing, Midwifery and Allied Health Professionals and Deputy Chief Executive
Angela Wilkinson	Director of People & Culture

In Attendance:	
Emma Edgar (EE)	Clinical Director for Long Term and Unscheduled Care Directorate (LTUC)
Kat Johnson (KJ)	Clinical Director for Planned and Surgical Care Directorate (PSC)
Natalie Lyth (NL)	Clinical Director for Community and Children's Directorate (CC)
Kate Southgate	Associate Director of Quality and Corporate Affairs
Karen Scarth	Deputy Director of Finance
Denise Chong	Non-executive Director (Insight Programme)

Apologies:	
Andy Papworth (AP)	Non-executive Director
Julia Weldon (JW)	Non-executive Director
Leanne Likaj	Associate Director of Midwifery
Azlina Bulmer (AB)	Associate Non-executive Director
Jordan McKie	Director of Finance

Observers:	
Giles Latham	Head of Communication
Sue Grahamslaw	Assistant Company Secretary
Claire Illingworth	Lead Governor
Governors	x 2
Member of the public	x 1

Item No.	Item
BD/3/27/1 1.1	Welcome and Apologies for Absence The Chair welcomed everyone to the meeting.
1.2	Apologies for absence were noted as above.
BD/3/27/2 2.1	Patient Story The Chair welcomed Jane Braithwaite, supported by Lesley Danby Matron to the Board to share her daughter's story. Rosie has complex health needs including cerebral palsy. Rosie attended over a weekend with an upper GI bleed. Jane shared concerns regarding medication administration, equipment provision, as well as lack of handover on transfer between wards. Communication between clinical colleagues regarding patients with complex needs was highlighted as an area of learning. Lesley

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2.2	noted the importance of documentation regarding transition between paediatric and adult services and the learning from this story that has impacted on the Trust's approach to this. Jane also shared the difficulties with accessing community care.
2.3	The Executive Director of Nursing, Midwifery and AHPs noted the development of a Children & Young People's Strategy which included transition into adult services.
2.3	The Board expressed their thanks to Jane for sharing her daughter's story.
2.4	Resolved: The patient story was noted.
BD/3/27/3 3.1	Declarations of Interest and Register of Interests The register of interests was received and noted.
3.2	Resolved: The declarations were noted.
BD/3/27/4 4.1	Minutes of the Previous Board of Directors meeting held on 31 January 2024 Minor amendments noted, but no fundamental changes to the context were made.
4.2	Resolved: The minutes of the meeting on the 31 January 2024 were approved as a correct record.
BD/3/27/5 5.1	Matters Arising and Action Log The actions were noted as follows: <ul style="list-style-type: none"> • BD/3/29/36.2 – Board Effectiveness Survey – reminder to all to complete the survey • BD/11/29/6/16 – Mortuary Services: Fuller Report – Noted as ongoing. A national questionnaire had been received and completed - Closed • BD/1/31/7.6 – Nutrition and Hydration deep dive – Completed and Closed • BD/1/31/7.7 – Power BI Workshop – transferred to Board workshop programme – ongoing until meeting held • BD/1/31/29.3 – Cyber Security briefing for governors – Completed and Closed • BD/1/31/29.4 – EPR business case – joint committee arranged - Closed
5.2	Resolved: All actions were agreed as above.
BD/3/27/6 6.1	Overview by the Chair The Chair noted a range of activities that had taken place since the last meeting of the Board. It has been a busy and challenging time for the organisation.
6.2	The Chair highlighted the following points: <ul style="list-style-type: none"> • The results of the National Staff Survey were highlighted including the positive improvements in relation to culture and staff morale. • Thanks were expressed to governors in relation to the Membership Strategy. • Recent patient feedback was highlighted. • The financial challenges for 2024-2025 were highlighted and the commitment of the Board in relation to this. • HDFT Impact and HDFTs commitment to continuous improvement was noted as being evident throughout the Board agenda.
6.3	Resolved: The Chair's report was noted.
BD/3/27/7 7.1	Chief Executive Report The Chief Executive presented his report as read.
7.2	The following points were highlighted:

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7.3 7.4 7.5 7.6 7.7	<ul style="list-style-type: none"> • The national social attitudes survey in relation to accessing appointments and staffing levels. • National strikes for junior doctors continued with dates being awaited. • Planning for 2024-2025 noted that at a system level (Humber and North Yorkshire) there was an initial deficit of £170 million with a later submission reducing to £98 million. The impact on the stretch target for HDFT and the wider system were noted. • Emergency Department standards for March 2024 noted the requirement to deliver 76% compliance. HDFT were on target to deliver this. • Nationally concern had been raised in relation to the level of measles in the community. <p>The Non-executive Director (WS) queried if the financial stretch target was pro-rata by organisation. It was confirmed that it was.</p> <p>The Non-executive Director (WS) asked whether the WYAAT strategic priority in respect of net-zero, which had been discussed at the board workshop, was to be included in the finalised WYAAT strategy. The Chief Executive confirmed this would be progressed with the WYAAT Director.</p> <p>The Non-executive Director (LR) queried the impact of the stroke network. The Chief Executive confirmed that the stroke network had been in existence for some time. The work that remained ongoing was in relation to prioritising elements of the stroke services and pathways across West Yorkshire. This provides an opportunity re focus the delivery of the service as well as capacity to deliver demand.</p> <p>The Non-executive Director (CD) queried the haematology service noted in the report. The Chief Executive noted that support was being provided by West Yorkshire colleagues in relation to staffing of the medical element of the service. The Board noted the fragility of the service.</p> <p>Resolved: The Chief Executive's Report was noted.</p>
BD/3/27/8 8.1	<p>Corporate Risk Register</p> <p>Resolved: The Corporate Risk Register was noted.</p>
BD/3/27/9 9.1 9.2	<p>Board Assurance Framework – Best Quality, Safest Care</p> <p>The Executive Director of Nursing, Midwifery and AHPs provided the Board with an overall update on the ambition and goals for this area of the BAF. It was also noted that there was one Corporate Risk Register remaining in relation to this element of the BAF which related to Health & Safety. The annual Health & Safety Annual Report was noted in relation to the reduction and mitigation of risk.</p> <p>Resolved: The update on the BAF: Strategic Ambition - Best Quality, Safest Care was noted.</p>
BD/3/27/10 10.1 10.2 10.3	<p>Quality Committee Chair's Report</p> <p>The Chair of the Committee noted that the meeting in February 2024 had focused on the improvement plan and implementation within the Emergency Department and the enhance assurance in relation to this.</p> <p>In February, the Committee had also reviewed the complaints position which were not meeting target, the maternity and neonatal safety reports and RESPECT forms. It was highlighted that the complaints position had since improved.</p>

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10.4 10.5	<p>In March 2024, the Committee had received an informative presentation in relation to nutrition and hydration. Assurance had been received via this that the PLACE assessment had improved to 92%.</p> <p>The Committee had received and approved the Annual Health & Safety Report. The significant improvements in year were noted.</p> <p>Resolved: The update from the Quality Committee Chair was noted.</p>
BD/3/27/11 11.1 11.2	<p>Integrated Board Report - Indicators from Safe, Caring and Effective domains The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.</p> <p>Resolved: The Board noted the content of the report.</p>
BD/3/27/12 12.1 12.2 12.3	<p>Executive Director of Nursing, Midwifery and AHPs Report The Executive Director of Nursing, Midwifery and AHPs' report was received and taken as read.</p> <p>It was noted that the positive impact on nurse staffing in relation to quality of care as well as the financial impact on reduction in agency spend. It was also highlighted that a 100% pass rate of OSCE exams for all International Nurses had been achieved.</p> <p>Resolved: The Board noted the content of the report.</p>
BD/3/27/13 13.1 13.2 13.3 13.4 13.5	<p>Executive Medical Director The Executive Medical Director took the report as read.</p> <p>Discussion continued regarding physician associates at HDFT in light of national concerns. Clarification of scope of practice had been commissioned.</p> <p>HDFT hosted the launch of the national "Let's Remove It" campaign on behalf of the Royal College of Surgeons following findings from the Working Party on Sexual Misconduct in Surgery and the Surviving in Scrubs group around sexual harassment and abuse faced in surgical specialities.</p> <p>The Non-executive Director (LR) queried if the new EPR system would improve handover, especially in relation to patients with complex care. The Executive Medical Director noted that the aim of the EPR was to reduce harm and handover would form part of this.</p> <p>Resolved: The Board noted the content of the report.</p>
BD/3/27/14 14.1 14.2 14.3 14.4	<p>Board Assurance Framework – Great Start in Life The Director of Strategy provided the Board with an update on this element of the BAF. The Great Start in Life Conference was highlighted that would be taking place in April 2024. The Children's Public Health Strategy would be launched at this event.</p> <p>In addition a tracking system for vulnerable children transitioning through specialist to universal services was now in place.</p> <p>Hopes for Health Care and the new approach was noted by the Board.</p> <p>Resolved: The update on the BAF: Strategic Ambition - Great Start in Life was noted.</p>
BD/3/27/15 15.1	<p>Strengthening Maternity and Neonatal Safety The Executive Director of Nursing, Midwifery and AHPs and the Associate Director of Midwifery presented the February Strengthening Maternity and Neonatal Safety Report to the Board.</p>

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15.2	Informed consent was noted as an emerging theme both within HDFT and nationally.
15.3	A system meeting had been held in month, to review the specialist roles required from national reports and recommendations in relation to the positive impacts and challenges some roles bring.
15.4	The Non-executive Director (CD) queried the terminology regarding The Baby Carousel. It was confirmed that this was an event where information was available regarding pregnancy, birth and post natal support.
15.5	Resolved: The February 2024 Strengthening Maternity and Neonatal Safety reported were reviewed and approved.
BD/3/27/16 16.1	Board Assurance Framework – Person Centred, Integrated Care, Strong Partnerships The Chief Operating Officer provided the Board with an overall update on the ambition and goals for this area of the BAF and noted the highlights in relation to performance and corporate risks.
16.2	Resolved: The update on the BAF: Strategic Ambition - person centred, integrated care, strong partnerships was noted.
BD/3/27/17 17.1	Resource Committee Chair Report The Chair of the Committee noted that a wide range of agenda items had been discussed at the Committee. The Committee had reviewed the 2024-2025 planning. All 3 clinical directorates had presented to the Committee the areas of challenge and future plans. Encouraging plans had been submitted, however, the Committee noted that a significant cost improvement programme would be required and risks to delivery were noted. The Committee would be monitoring those programmes closely during the year.
17.2	Projections to the end of 2023-24 noted that a break even position could be achieved if the organisation continues on trajectory as well as the impact of the elective recovery fund and the national funding regarding strike action.
17.3	Resolved: The Board noted the content of the report.
BD/3/27/18 18.1	Integrated Board Report - Indicators from Responsive, Efficiency, Finance and Activity Domains The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised.
18.2	Resolved: The Board noted the content of the report.
BD/3/27/19 19.1	Chief Operating Officers Report The Chief Operating Officer presented the report as read. No further queries were received.
19.2	The Chief Operating Officer noted cancer performance was on trajectory for the month of March and the year end.
19.3	Performance against the ED 4 hour standard was on track to deliver to national target for the month of March and year end.
19.4	It was noted that HDFT now have no 65 week waits. The Board noted this as meeting the overall trajectory.

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19.5	Resolved: The Board noted the content of the report.
BD/3/27/20 20.1 20.2 20.3	Director of Finance Report The Deputy Director of Finance presented his report as read. Cash balance was noted as a challenged position and work was ongoing with NHS England. The Non-executive Director (WS) queried the challenges ahead for cost improvement schemes for the Trust. It was noted that there were plans being developed in relation to model hospital data as well as innovative solutions for income generation. It was confirmed that this would be monitored operationally as well as through the Resource Committee on a regular basis. Resolved: The Board noted the content of the report.
BD/3/27/21 21.1 21.2 21.3	HDFT Planning The Deputy Director of Finance presented the report as read. The Board noted and discussed the report with regards of the sign off process, risks and mitigation as well as deliverability of the cost improvement programme. The Board noted that the Trust had developed the operational plan and budget. Challenges remained with the delivery of the wider system financial challenges. Resolved: The Board approved the operational budgets for 2024-2025.
BD/3/27/22 22.1 22.2	Board Assurance Framework – At Our Best Place to Work The Director of People and Culture updated the Board on this element of the BAF. The corporate risk in relation to this element of the BAF were noted included in the reduction of risk of CRR6 to a score of 9. This would be removed from the corporate risk register and monitored operationally. Resolved: The update on the BAF: Strategic Ambition - At Our Best, making HDFT the best place to work was noted.
BD/3/27/23 23.1 23.2 23.3 23.4 23.5	People and Culture Committee Chair’s Report The Non-executive Director (LR) had chaired the Committee in the absence of the Non-executive Director (AP). An overview of the discussions held at the People and Culture Committee were given including the Operational Director for CC directorate’s update on the Inpulse survey results, recommendations and improvements EDI, Gender Pay Gap and Ethnicity Pay Gap were discussed in detail and it was highlighted that HDFT were now an “achieving” organisation in relation to EDS2. The updated People Plan had been approved and recommended to Board. The Committee had received a presentation on the National Staff Survey, as well as the Freedom to Speak Up (FTSU) report and the Guardian of Safe Working (GSW) report. It was noted that the GSW report had highlighted the surgical admission unit as an area of future learning. Resolved: The Chair’s update was noted.
BD/3/27/24 24.1 24.2	Integrated Board Report - Indicators from Workforce Domains The Integrated Board Report was in the supplementary pack for reference. The Chair asked the board for any comments. None were raised. Resolved: The Board noted the content of the report.

Item No.	Item
<p>BD/3/27/25 25.1</p> <p>25.2</p> <p>25.3</p> <p>25.4</p> <p>25.6</p>	<p>People and Culture Director Report The Director of People & Culture presented their report as read. It was noted that turnover had seen a significant improvement with a continued downward trajectory in year.</p> <p>The Non-executive Director (WS) noted that within the BAF there was an ambition to increase diversity within senior decision makers and it was rated Green. Further information was requested on the rationale for this and the underpinning evidence. The Director of People & Culture noted that improvement schemes such as staff networks were in place but the evidence based would be reviewed. The Chief Executive noted that NHS Providers had shared information on EDI objectives for senior leaders including Board.</p> <p>Action: The Director of People & Culture would review the data in relation to an increase in diversity within senior decision makers</p> <p>Action: The Director of People & Culture would review the information from NHS Providers in relation to diversity and potential Board objectives.</p> <p>Resolved: The Board noted the content of the report.</p>
<p>BD/3/27/26 26.1</p> <p>26.2</p>	<p>Board Assurance Framework – Enabling Ambition: Digital Transformation The Executive Medical Director provided the Board with an overall update on the ambition and goals for this area of the BAF. An area of risk was highlighted in relation to the LIMS (Laboratory Information Management System).</p> <p>Resolved: The update on the BAF: Enabling Ambition: Digital Transformation was noted.</p>
<p>BD/3/27/27 27.1</p> <p>27.2</p>	<p>Board Assurance Framework – Enabling Ambition: Healthcare Innovation The Executive Medical Director provided the Board with an overall update on the ambition and goals for this area of the BAF. Challenges remain with regard to estate and infrastructure.</p> <p>Resolved: The update on the BAF: Enabling Ambition: Healthcare Innovation was noted.</p>
<p>BD/3/27/28 28.1</p> <p>28.2</p>	<p>Innovation Committee Chair’s Report The Chair of the Committee noted that the Committee had a wide ranging discussion.</p> <p>The following were highlighted:</p> <ul style="list-style-type: none"> • EPR remained within the procurement process and it was noted that major milestones were approaching for June 2024 including a joint Resource and Innovation Committee to review the business case. • An update was provided on the continuous improvement programme including how strategic and corporate projects were being prioritised by using a strategic filter. In addition, an update regarding the SDEC pilot was discussed. • A refresh of the digital element of the BAF had been discussed in detail, with significant progress around digital maturity being achieved. • The multi-factor authentication was moving forward at pace and assurance had been received in relation to HDFT achieving all national requirements. It was noted that this had required significant work and thanks were expressed to the teams involved. • The element of the BAF in relation to Innovation was in the process of being reviewed. A growing portfolio of innovation projects was noted at various

Item No.	Item
28.3 28.4	<p>stages of delivery. Capacity was highlighted as a limitation to delivery and the strategic filter process needed to be applied to these projects. This was an ongoing piece of work.</p> <ul style="list-style-type: none"> • Clinical research network funding for 2024-25 had been secured at the same level as 2023-24. • The Born and Bred in Harrogate project had commenced. <p>Action: Future briefing to Governors on EPR to be arranged.</p> <p>Resolved: The Chair's update was noted.</p>
BD/3/27/29 29.1 29.2 29.3	<p>Board Assurance Framework – Enabling Ambitions: An Environment that Promotes Wellbeing</p> <p>The Director of Strategy updated the Board on the environment enabling ambition. The Corporate Risk in relation to the Goods Yard was noted and the work that continued in relation to reducing this risk. RAAC roofing risk was also noted as was the ongoing work in regard to mitigating the level of risk.</p> <p>ED and Wensleydale projects have now been completed. The Aseptic Project has been delayed due to areas flagged within the quality assurance process. This was being reviewed and mitigation remained in place. In addition, the TIF 2 was noted in relation to the ongoing programme of work as noted within the report.</p> <p>Resolved: The update on the BAF: Enabling Ambition: An Environment that Promotes Wellbeing was noted.</p>
BD/3/27/30 30.1 30.2	<p>Director of Strategy Report</p> <p>The Director of Strategy presented his report as read. The HDFT Impact programme was highlighted. A small number of community landlords were outstanding for feeding back on RAAC roofing. The Trust had reviewed the age and style of these buildings and it was noted that minimal risk had been identified.</p> <p>Resolved: The Director of Strategy Report was noted.</p>
BD/3/27/31 31.1 31.2 31.3	<p>WYAAT Pharmacy Aseptics: Business Case Revision</p> <p>The Chief Executive presented the report as read and highlighted the enhanced capital risks as detailed in the document. The governance arrangements were explained and all relevant parties were being asked to review the detail in the paper.</p> <p>The Non-executive Director (CD) queried the target activity. It was confirmed that the capacity had been future proofed, rather than full capacity within the building being developed now.</p> <p>Resolved: The Board:</p> <ul style="list-style-type: none"> • Approved the pharmacy aseptic programme based on a change in scope to contain capital costs • Supported the risk-shared approach for costs above the £24m capital allocation.
BD/3/27/32 32.1 32.2	<p>Audit Committee Update</p> <p>The Chair of the Audit Committee provided an overview of the discussions held at the Audit Committee.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The Standing Financial instructions were approved • The timetable for the annual accounts was noted and approved • The annual counter fraud report was noted and approved

Item No.	Item
32.3	<ul style="list-style-type: none"> An external audit update was also provided. <p>Resolved: The Chair's update was noted.</p>
BD/3/27/33 33.1	<p>Going Concern 2023-24 The Deputy Director of Finance presented the Going Concern statement.</p>
33.2	<p>Resolved: The Going Concern statement was approved</p>
BD/3/27/34 34.1	<p>WYAAT Programme Executive Minutes Resolved: The WYAAT Programme Executive Minutes were noted.</p>
BD/3/27/35 35.1	<p>Section 75: HARA The Director of Strategy provided the Board with an overview of the proposed extension to the Section 75 for Harrogate and Rural Alliance (HARA).</p>
35.2	<p>The Non-executive Director (WS) queried what would be reviewed by when to enable a proposal to be made for agreement beyond 2025. The Chief Executive, noted that a joint manager is in place to manage adult and health services, but if an agreement was not in place then the two organisations would provide their separate areas of business. Further details on the scope and KPIs for a revised agreement would be developed for discussion by October 2024.</p>
35.3	<p>Resolved: The Section 75: HARA extension was approved.</p>
BD/3/27/36 36.1	<p>Council of Governors – Membership Engagement Strategy The Chair noted that the Membership Engagement Strategy had been reviewed and approved at the Council of Governors.</p>
36.2	<p>Resolved: The Board approved the Membership Engagement Strategy.</p>
BD/3/27/37 37.1	<p>Any Other Business No further business was received.</p>
BD/3/27/38 38.1	<p>Board Evaluation Thanks were expressed to observers.</p>
38.2	<p>It was noted by the Board, the powerful Patient Story and the links to Martha Law and the Oliver McGowan training. Transition to paediatric and adult services was an area that the Trust Board noted as a significant area of focus.</p>
BD/3/27/39 39.1	<p>Date and Time of the Next Meeting The next meeting will be held on Wednesday, 29 May 2024.</p>
BD/3/27/40 40.1	<p>Confidential Motion Resolved: to exclude members of the press and public in accordance with the Health Services Act 2006 (Schedule 7, Section 18 (E), (as amended by the Health and Social Care Act 2012) and in view of publicity being prejudicial to the public interest.</p>

Board of Directors (held in Public) Action Log for May 2024 Board Meeting (updated after March 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	Ongoing
BD/11/29/6.16	29 November 2023	Chief Executive's Report	A review of the recommendations from the mortuary trial would be brought back to the Board in March 2024	Chief Executive	01 July 2024	Update at Jan 24 Meeting: 14 recommendations given to Trust concerned. HDT have benchmarked against these and have confirmed assurance. It was noted that there would be national recommendations which would be reported to the Board in due course. Action deadline changed to July 2024 (from March 2024) Update at March 24 Meeting: A national questionnaire had been received and completed. Action now closed.	Closed
BD/1/31/7.7	31 January 2024	Chief Executive's Report	A session on Power BI and metrics to be undertaken with the Trust Board	Deputy COO	TBA	Added to Board Workshop forward plan. Will be ongoing until meeting held.	Ongoing
BD/1/31/29.4	31 January 2024	Innovation Committee Chair's Report	A joint innovation and resource Committee to be held in June 2024 - for EPR Full Business Case	Interim Chief Digital Officer	26 June 2024	Update: Joint Innovation & Resource committee meeting scheduled for 26 June 2024 at 8.30am Update at March 24 Meeting: As joint committee arranged, action to be closed.	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	TBA		Ongoing
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	TBA		Ongoing
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	TBA		Ongoing

**BOARD OF DIRECTORS (PUBLIC)
29th May 2024**

Title:	Chief Executive's report	
Responsible Director:	Chief Executive	
Author:	Chief Executive	
Purpose of the report and summary of key issues:	The report provides the Trust Board with key updates and actions since the previous meeting. The report highlights key challenges, activity and programmes currently impacting on the organisation.	
Trust Strategy and Strategic Ambitions	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest 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)
MAY 2024**

CHIEF EXECUTIVE'S REPORT

National and system issues

1. Earlier this week, the Infected Blood Inquiry published its final report. This report brings to an end the long fight for answers that those affected should not have had to face. Amanda Pritchard, on behalf of the NHS, has issued a public apology and also set out what the NHS will do next in response.
2. These next steps include supporting people affected, supporting affected staff, continuing to find and treat people with blood-borne viruses, ensuring patients have the right information, and maintaining confidence in current blood and blood products.
3. There will then be a review of the recommendations in the report to consider alongside other public bodies.
4. What is clear from the report is that this is a further example where it has required people to speak up and to continue to speak up for this issue to be addressed, and that we, the NHS, let people down both at the time and in subsequent years due to a lack of honesty and candour.
5. We know that a culture of openness, a culture where we seek to improve not blame, where we focus on the patient and genuinely listen, will improve patient safety. This culture should be in everything that we do and how we do it, and we need to constantly reinforce, demonstrate, and value this approach. There will always be difficult issues to manage and resolve, but we need to address these in a kind, inclusive and respectful way at all times.
6. The main national focus of the last two months has been on finalising the plans for the NHS for 2024/25, with a significant emphasis on the financial plans across systems and organisations. As outlined at the last Board meeting and at the Board workshop, the HNY system has been working to reduce the scale of the planned deficit across the ICB, and there is a meeting with the national team to discuss the position. There is likely to be a further tightening of the financial plan, with further financial risk to be managed across the year. I will update the Board further at the meeting in terms of the outcome of the national and regional discussions.
7. As part of improving the medium term sustainability of the system, a programme of work aligned around recommendations from the financial review undertaken by Grant Thornton is being initiated. Whilst there is an immediate financial issue to manage, it is important to spend the necessary time and energy engaging with partners in respect of the opportunities identified to improve the longer term financial sustainability of this part of the NHS, and I have been actively involved in discussions with partner colleagues in health and local government. We must continue to focus on improving health, and ensure that we do not do (as there is often a risk of doing) anything in the short term that would compromise our longer term aims as a system or organisation.

8. There are some short terms proposals being mooted in relation to controls that could be counter-productive, and we are working through our approach to these.
9. The financial challenge this year is not a surprise given the historically low financial settlement that the NHS has received this year. There is also the understandable concern about the productivity of the NHS, particularly when compared to pre-pandemic services. As an organisation, our productivity reduction is not as significant as other parts of the NHS (we're in the better 25 of organisations using this measure), but there still remains the fact that we need to understand and address this issue.
10. A paper taken to the national NHSE Board last week outlined five reasons why productivity has been impacted over the last four years. These were lack of resilience as CoVid arrived in 2020, increased population needs (including the added complication of the CoVid virus), flow in the urgent care pathway, the loss of experience through people leaving the NHS, and the engagement and morale of colleagues working in the NHS. The suggested focus to increase productivity included utilising continuous improvement, delivering on GIRFT recommendations, and improving the morale and engagement of colleagues.
11. Our approach reflects the suggested solutions to improve productivity, with our focus on colleague wellbeing and engagement in particular. Our significant reduction in agency spend allied with a positive staff survey demonstrates the value of such an approach and we will continue to ensure we practically prioritise well-being through the decisions we take.
12. Internally, I have been clear through SMT that we have a plan to deliver in relation to quality, access, workforce, and finance, and we have to achieve this to maintain the confidence of the system and the freedom to operate as we would want to do.
13. Away from national and system planning, there are a number of other system issues to highlight.
14. In relation to West Yorkshire, we are working with WYAAT colleagues in respect of opportunities to improve productivity and finance. A piece of work is being commissioned by the six Trusts with a view to receiving a report out later in June. This will link with the work we discussed at the last Board meeting in relation to some key programmes of work that we agreed across WYAAT following an all-exec session together.
15. Myself and Executive colleagues were part of the HNY CAP timeout this month. This was an opportunity to work with colleagues from York and the Humber Group and discuss key challenges and how we could work together to meet some of these challenges going forward. It was helpful in particular as part of developing relationships with colleagues and having a discussion about the CAP and where it can add value to our work. Key areas of discussion included the digital agenda, clinical strategy, and how we relate to the ICB and Places across the system.
16. In terms of our collaboration with our Local Authority partners, we are now on the approved provider list (APL) as a Domiciliary Care provider for North Yorkshire. We are in positive dialogue with NYC about how we can use this opportunity and work together to help deliver care and improve the pathways for our population.

HDFT issues

Introduction

17. In what could be described as quite a tricky environment for the NHS at the moment, it is really important to emphasise the positive impact that the NHS has for our society and what our contribution is to this as HDFT. 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.
18. It also feels very appropriate at this particular time to again 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. We need to remain confident that this is the right approach.

Our people

19. 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 is also translating into a reduction in the use of agency staff. Our agency spend in April was 1.6% of our payroll, well below the target of 3.2% set nationally for 2024/25. Our turnover rate has reduced again, as has our vacancy rate. We remain focused on staff availability as a key indicator within the HDFT Impact programme.
20. I discussed last time the concerns and anxiety expressed by a number of colleagues who are impacted by the moves necessary to vacate the therapy block as part of our significant capital scheme to eliminate RAAC and create new theatres and a new imaging department. This understandable concern has significantly reduced over the last two months as we have focused on specific staff engagement on this subject.
21. Our latest quarterly inpulse survey had the highest response rate that we have had to date (31%). Around 40% of colleagues expressed positive emotions, 36% expressed negative emotions, and 24% mixed emotions. The negative emotions predominantly concerned high workloads, with frustration about high workloads and anxiety and stress about high workloads being the key themes. The survey feedback is with local managers to discuss and work through with their teams.
22. The importance of relentlessly pursuing a supportive programme of staff wellbeing and engagement is recognised and is a priority, and we are working up a further proposal to protect and enhance the work we do in this area.
23. In respect of industrial action, there are no periods currently planned, although we are still awaiting the outcome of discussions between the government and the BMA in respect of the junior doctor dispute. The recently announced general election will no doubt impact upon any immediate progress being made.
24. On a very positive note, we celebrated our SAS doctors at an event earlier this month. This was a great day, and reinforced the vital and positive contribution that our SAS colleagues provide to the care of our patients.

Our Quality

25. Our key concern at the moment reflects 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 is a significant focus for the Trust and particularly the LTUC leadership team. Whilst our delays in the urgent care pathway are not as severe as many other trusts, and that despite our challenges we have still been asked for and accepted ambulance divers during April, the current position cannot be normalised and needs to be improved.
26. As part of our focus on the urgent care pathway we have developed an option for 'non headed bed spaces' on our wards, where there are imminent discharges, as a means of improving flow out of the Emergency Department in extremis. We will be monitoring the impact of this process.
27. We have declared a never event in May related to a wrong site skin lesion being removed. No patient harm is reported, but nevertheless this is a never event and we will be examining and seeking to learn from the process.
28. The new nurse call system on our newly refurbished Wensleydale ward appears to have reduced the incidence of falls and complaints. This is very positive, and is something that we will now explore for other areas of the Trust.
29. I reported previously that we had had some concerns in relation to standards of care on Oakdale ward, and then I reported last time that the position had improved. I am pleased to say that the improvement plan has now been closed.

Our Services

30. I was delighted to attend the recent 'Great Start in Life' conference in Durham that showcased the range of brilliant services that our Children's Public health teams provide across all nine of our Local Authority areas. Feedback from both internal attendees and the invited external attendees was very positive, and I'd like to thank everyone involved.
31. Our 0-19 services continue to deliver strong performance across the majority of our geographic footprint. This is despite some of the staffing challenges that we have been managing recently, with a local pressure in the Wakefield health visiting service being experienced.
32. 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 72% in April, 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.

33. In relation to cancer, we remain below the constitutional standards but we are largely in line with where we expected to be as part of the agreed plans for the year ahead. Delivering the FDS as part of ensuring we deliver the 62 day standard is a part of our improvement programme.
34. We continue to deliver our elective recovery plan. We have no patients waiting over 65 weeks on an RTT pathway, and continue to be on track to eliminate over 52 week waits by the end of the year.
35. As you will have seen within our risk register for a number of months, the waiting times for child autism assessment continue to be significantly above where they should be for our population. We continue to have a dialogue with commissioners in respect of this issue, but given the financial challenges currently being experienced, these discussions are difficult.

Our money

36. As you will read in the report from the Finance Director, our month 1 financial position was an adverse variance against plan of £0.7m. The key drivers relate to delivery of our waste reduction programme and medical and dental expenditure.
37. 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. This was recently a focus of our SMT meeting.
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, with further areas of the Trust now identified to be in the third wave of roll out. These include our first community area (Stockton 0-19 service) and our first corporate area (digital). We are reflecting on the Board workshop in April in respect of how the Impact programme can improve how we as a Board operate going forward, which we will discuss as a Board at a later date.
40. Our RAAC elimination programme and TIF2 schemes continue, and I am pleased to report that the funding for 2024/25 (£9.5m) has been approved by NHSE.
41. I am also pleased to report that the Ripon Community Diagnostic Centre has been completed and opened in Ripon in April. This is a great development for the Trust and the population of Ripon who will have access to more local services provided at Ripon Hospital.

42. There is currently a consultation underway in the North East in respect of water fluoridation, with a proposal to expand community water fluoridation to help reduce tooth decay. As a health partner in the region, we have been asked to support the proposal.

43. Having reflected upon how I concluded previous reports to the Board, it is necessary to again repeat that whilst I have appropriately referenced the strategic and operational challenges that we are managing at the moment, it is really important that we remain positive and optimistic across the organisation about the role we can play to improve services and outcomes for our patients and population. The current financial challenge that continues to take up a lot of discussion, especially externally, will only be met by having engaged colleagues, seeking improvement, and focusing on doing the right thing for our patients. I will continue to focus on ensuring that we focus on our values, deliver what we say we will deliver, and promote a supportive environment within which are colleagues can deliver of their best.

Jonathan Coulter
Chief Executive
May 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)



Breakthrough Objective:	Pressure Ulcers
Corporate Project:	Patient Experience
Overarching Risk Appetite:	Clinical - Minimal

Overarching Risk Summary:

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

True North Summary:

Workstream	True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in year goal	Level of Risk for progressing actions	
<p>Ever Safer Care</p>	Eliminate Moderate & Above Harm Breakthrough Objective	Decrease the total number of moderate & above harm incidents while increasing reporting of low or no harm	Long term: Eliminate moderate & above harm Short term: 20% reduction each year for 3 years Baseline: 170 per annum (approx. 14 per month) Year 1: 136 Year 2: 109 Year 3: 87	December 2023 and January 2024 saw an increase in moderate and above harm safety events. Mitigation is in place to reduce this number. The target for Year 1 is 136 or less moderate and above incidents (approximately 11 per month). This will be tracked from April 2024. Falls Improvement Plan Pressure Ulcers Improvement Plan Missed Results Improvement Plan Medication Errors Improvement Plan	Break through Objective: Pressure Ulcers – noted below Falls Improvement Plan on track for delivery. 19% of moderate and above harms are linked to Falls. Slight increase in falls overall in December 2023 and January 2024. 3 moderate harms occurred. This remains within control limits. Missed results improvement plan continues to progress with enhanced reporting and escalation impacting on the number of missed results. No moderate and above incidents declared in December 2023 and January 2024. Medication errors improvement plan continues, however, enhanced risks have been identified in relation to electronic monitoring. A deep dive is currently ongoing. No patient harm has been identified to date in relation to this.			
<p>Excellent Outcomes</p>								<p>A Positive Experience</p>
<p>A Positive Experience</p>	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 % of positive response to FFT by 20% each year for 3 years	Corporate Project in development In January 2024, the trust received 447 inpatient FFT responses (out of 2619 eligible) – on average, 94% of all patients rated their care good or very good. • In January 2024, the trust received 3074 outpatient FFT responses (out of 9998 eligible) – on average, 94% of all patients rated their care good or very good.	Corporate Project In development Level of Risk for Progressing Actions: Amber due to project being in development			

Breakthrough Objective: Pressure Ulcers

Workstream	True North Metric	Vision	Countermeasures	Actions	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>Progress March 2024:</p> <ul style="list-style-type: none"> Data collection for Q3 CQUIN CCG 12 – compliance 76.1% (from 79.2%), overall compliance 75% YTD Revised Quality Oversight process in place and providing increased assurance to ICB Learning gleaned from investigation process actioned in timely and meaningful way Daily TVN teaching for areas of concern have improved risk assessment compliance Slide sheet drop in sessions complete with excellent feedback Training compliance 82% <p>Actions delivery by end of Quarter 4 2023-2024</p> <ul style="list-style-type: none"> Revised TVN training programme launched to include workshop style sessions with hands on exercises and tasks TVN link nurse role relaunched to provide opportunity for professional development and encourage specialist interests Ongoing training with the fundamentals of care nurses focusing on preventing medical device related pressure ulcers TVN Tendable audits to be tailored further based on results of Q3 of CQUIN CCG12 Training compliance to increase to 85% Q4 CQUIN CCG12 compliance 85% 		

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
A Positive Experience	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>	Development of clear project plan to including: options for potential engagement tools, review of other Trusts and private business to understand potential for gathering information, lead appointed to oversee project, governance including task and finish groups established, roll out plan for embedding. Currently rated amber for delivery as the project plan remains in development.		

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					

Executive Director of Nursing, Midwifery and AHPs

Matters of concern & risks to escalate	Major actions commissioned & work underway
<ul style="list-style-type: none"> • Best Quality, Safest Care • Complaints response (88%) continues to improve • High activity and acuity in urgent care services leading to long waits in ED requiring additional nurse staffing to support. Work continues on safe transfers of care to base wards to minimise any extended waits in ED. • Safeguarding capacity in Acute Services currently under pressure due to sickness absence. Short term mitigations in place ensuring appropriate cover 	<ul style="list-style-type: none"> • Best Quality, Safest Care • Ratio of low harm reported incidents remains low. Further exploratory work to triangulate with improved nurse staffing position and Care Hours Per Patient Day • Large intake of newly qualified nurses planned in October following first successful completion of Harrogate Pathway programme with York St John University, practice development teams working with Directorates to ensure smooth transition and preceptorship into employment.
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> • Best Quality, Safest Care • 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. • 11 CSWs progressing to shortened process to RNs (International Nurses who have not come via international recruitment programme). • New ASCOM Nurse Call system implemented in Digital Exemplar Ward demonstrating improvements in safety data; reduction in falls and complaints. Average response rate to nurse call is 75 seconds based on new system. Further analysis underway of data to inform benefits realisation of wider implementation. 	<ul style="list-style-type: none"> • Best Quality, Safest Care • Receive and accept bi-annual Safe Staffing Report

Matters of concern & risks to escalate	Major actions commissioned & work underway
	<ul style="list-style-type: none"> • Skill mix changes were required in a number of areas however these were as a result of changes to bed base or bed type • Increasing support required from Mental Health Care Support Workers due to complexity of patients in bed base • A number of Wards flagged for increased Nutritional Assistant requirements to ensure appropriate nutrition and hydration needs are met.
Positive news & assurance	Decisions made & decisions required
<ul style="list-style-type: none"> • Confirmation that all adult inpatient wards had safe staffing levels against the Safer Nursing Care Tool. 	<ul style="list-style-type: none"> • Accept the Report in line with National Quality Board Guidance on Effective Workforce Safeguards.

Medical Director Report for Public Board

Date: May 2024

Author: Dr Jacqueline Andrews



Matters of concern & risks to escalate

Best Quality, Safest Care

Enabling Ambitions- Digital, Research, Innovation

- Ongoing challenges to finalise lease for new innovation hub- opening date significantly delayed
- LIMS project at risk of further go live slippage- mutual aid being offered to LTHT from HDFT and all WYAAT Trusts

Positive news & assurance

Best Quality, Safest Care

- Lead Healthcare Scientist appointed
- Positive feedback from Quality Visit for GP Out of Hours service
- Positive ongoing dialogue for fragile services through WYAAT collaborative working
- HDFT/YSFT Paediatric Audiology de-escalated from NHSE incident command due to submission of further data providing quality assurance
- IPC national benchmarking- no outlier flags for HDFT

Enabling Ambitions- Digital, Research, Innovation

- Clinical Lead for Research appointed
- MFA successfully rolled out across HDFT by end of March in keeping with NHSE mandate

Major actions commissioned & work underway

Best Quality, Safest Care

- A3 for Clinical Services Strategy underway to agree target operating model
- Trust clinical audit programme 2024/25 approved at QGMG – HDFT Impact Methodology used to identify areas of highest priority
- New Clinical Standards Forum launched on 24th April

Enabling Ambitions- Digital, Research, Innovation

- EPR programme –moderation complete, FBC to be submitted to June HDFT Board
- A3 for EPR Benefits Realisation underway
- Funding for Clinical Research Facility now secured and planning underway

Decisions made & decisions required of the Board

Best Quality, Safest Care

Enabling Ambitions- Digital, Research, Innovation



TRUST BOARD IN PUBLIC

29th May 2024

3.7

Title:	Eliminating Mixed Sex Accommodation (EMSA) – Annual Statement
Responsible Director:	Emma Nunez, Executive Director of Nursing, Midwifery and AHPs and Deputy Chief Executive
Author:	Kate Southgate, Associate Director of Quality and Corporate Affairs

Purpose of the report and summary of key issues:	The report provides the Trust Board with the annual declaration on Eliminating Mixed Sex Accommodation (EMSA). The declaration confirms that there have been no breaches during 2023-2024.	
Trust Strategy and Strategic Ambitions:	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	x
	Person Centred, Integrated Care; Strong Partnerships	x
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks:	No Corporate Risk associated with this paper	
Report History:	The Board reviews and receives this annual deceleration each May. The report was also received for assurance at the Quality Committee on 29 th May 2024.	
Recommendation:	The Board is asked to approve the annual deceleration.	

Freedom of Information:	Available once published as part of Trust Board in Public papers.
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TRUST BOARD (in Public)
Eliminating Mixed Sex Accommodation (EMSA) – Annual Statement
29th May 2024

1.0 INTRODUCTION

The Operating Framework 2011-12 made it clear that NHS organisations are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice. During 2023-24 there have been no reported breaches at the organisation.

2.0 ANNUAL DECLARATION

Harrogate and District NHS Foundation Trust (HDFT) can confirm that the organisation is compliant with the government's requirement "to eliminate mixed sex accommodation except where it is in the overall best interest of the patient, or reflects the patients choice".

HDFT has the necessary facilities, resources and culture to ensure that patients who are admitted to our organisation are treated with respect and dignity and that the EMSA is adhered to.

Evidence of compliance includes reports of any and all breaches via the organisation's incident reporting system and is monitored through the Quality Report submitted to our operational Quality Governance Management Group and to our strategic, sub-committee of the Trust Board the Quality Committee.

3.0 RECOMMENDATIONS

The Trust Board is requested to note and approve the statement as outlined at Section 2.0 of this report. Following which the statement will be placed on the Trust website.

Emma Nunez
Executive Director of Nursing, Midwifery and AHPs
Deputy Chief Executive

Kate Southgate
Associate Director of Quality & Corporate Affairs

May 2024

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)



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

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

True North Metrics Summary:

Workstreams	Strategic Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in Year Goal	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 into universal services	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	Increasing the profile and influence of our Children's PH Services Improving strategic relationship management with system partners An operating model to support & enable services outside Harrogate To Increase the percentage of children identified as at risk of vulnerabilities at birth who are in universal services by 30 months			
Hope for Healthcare 	Children's Patient Experience	Improve experience of care by considering elements that matter most to children & young people so we can measure their experience of care and shape services according to their specific needs	Engage with children and young people with lived experience across HDFT geography to re-establish their Hopes for Healthcare. 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. Develop a CYP Shadow Board with representation from HDFTs geography who will provide consultancy to HDFT Board and Services	To embed the "Hopes for Healthcare" principles in all HDFT services			
Maternity Services	Maternity Services – Maternity Harm Events	In order to give people the best start in life,	Reduce the number of readmissions to Pannal and term admissions to	Embedded immediate and essential actions from Ockenden Report (2020 & 2022)			

Workstreams	Strategic Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in Year Goal	Level of Risk for progressing actions
		maternity services must be of good quality.	Special Care Baby Unit by 25%		Progress actions towards the Three Year Delivery Plan for Maternity and Neonatal Services (2023)		

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)	4 x 4 = 16	4 x 2 = 8	Clinical: Patient Safety	Minimal

Related External Risks

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



Maternity – May 2024 (April's data)

Matters of concern & risks to escalate	Major actions commissioned & work underway
	<ul style="list-style-type: none"> • Saving babies lives care bundle version 3 – work on-going to meet requirements • Core Competency framework v2 business case undergoing further development • 4D scanning private service - launch delayed • SCORE culture survey results received. Listening sessions arranged • NICE compliance – progressing assessments – 2 remain to be reviewed. • Baby Carousel arranged with MVP – ‘Maternity and More’ 22nd May • Birthrate Plus establishment setting review on-going • Planning round with ICS/LMNS • Placental Growth Factor Testing agreement progressing • Plans to move Daycare activity from MAC to ANC – space being sought • Liaising with Airedale re combined triage calls • MAC call monitoring project commencing • Web V implementation on-going • BFI Gold accreditation reassessment of Neonatal services
Positive news & assurance	Decisions made & decisions required of the Board
<ul style="list-style-type: none"> • No new MNSI cases reported • No on-going PSII investigations • Pool evacuation training now above 90% • Single Point of Contact for maternity launched 	<p>Bi-annual midwifery staffing report – awaiting results of Birth Rate Plus establishment review</p> <p>Baby Friendly Initiative annual report 2024 submitted for assurance</p> <p>ATAIN Quarterly Report submitted fro 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

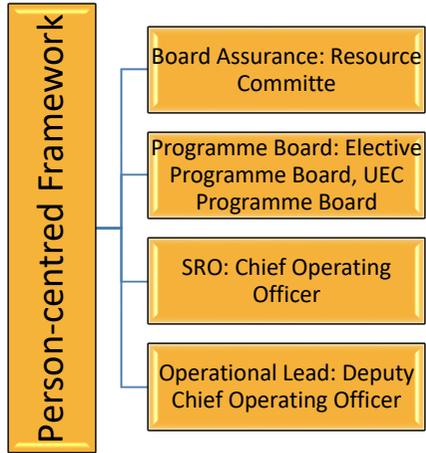
Exemplar System

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

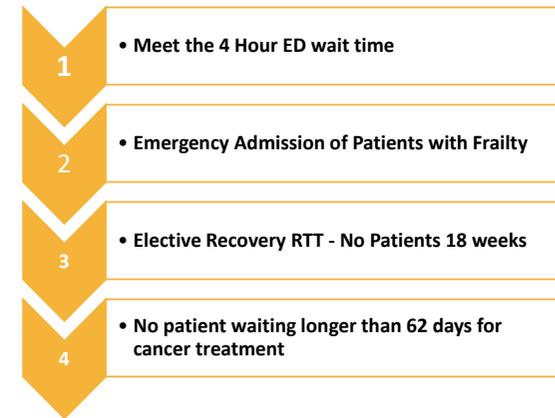
Equitable & Timely

Equitable, timely access to best quality planned care

GOVERNANCE:



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



Breakthrough Objective:	Time to first Clinical Assessment
Corporate Project:	N/A
Overarching Risk Appetite:	Operational - Cautious

Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite								
				1 – 3	4 – 6	8 – 9	10	12	15	16	>20	
Person Centred, Integrated Care, Strong Partnerships	The best place for person centred , integrated care	4 hour ED standard	Operational: Cautious									
	An exemplar system for the care of the elderly	Admissions of People with frailty	Operational: Cautious									
	Equitable, Timely Access to Best Quality Planned Care	18 Week RTT	Operational: Cautious									
		Cancer – 62 day Treatment Standard	Operational: Cautious									

Strategic Metrics Summary:

Workstreams	True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in Year Goal	Level of Risk for progressing actions
<p>The Best Place for Person Centred, Integrated Care</p>	4 Hour Waits	100% of non-admitted patients not requiring a bed to be assessed, diagnosed, treated and discharged with 4 hours. 100% of admitted patients to be moved to required department within 30 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>	December 2023 performance 67% ED Reconfiguration: Fit to Sit, Majors Area ED/Acute Flow – Acute Referral Triage Urgent Care Response (UCR) Virtual Ward (VW)	Breakthrough Objective: Time to 1 st Clinical Assessment		
<p>Care of the elderly</p>	Emergency Admission of Patients 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.	<p>1st Goal: To identify all patients with frailty by developing a suitable platform for recording and accessing Clinical Frailty Scores, and undertake more detailed evaluation of assessment admission pathways based on CFS data</p> <p>2nd Goal: to reduce the overall number of patients with frailty who are admitted by improving access for all appropriate patients to early specialist review and intervention</p> <p>3rd Goal: For those patients with frailty who do require inpatient care, to reduce the average length of stay through early specialist review and intervention</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 eg 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 >65 of CFS >5 (NELA standard)</p>			
<p>Equitable & Timely</p>	<p>Elective Recovery RTT</p> <p>62 Day Cancer</p>	<p>No patients waiting 18 weeks.</p> <p>Vision: No patient would wait longer than 62 days and 90% of</p>	<p>1st Goal : Specialities with 52 week waits to continue focus (T/O, Gynae, Gastroenterology)</p> <p>2nd Goal: 18-51 weeks pathway breaches reduced to 7000 within 6 months (April 2024)</p> <p>TBC</p>	<p>Wharfedale Theatres (TIF1) HDH Additional Theatres (TIF2) Outpatient Transformation Theatres Productivity</p> <p>Develop workforce capability and expertise to better guide analyst time in creation of</p>	<p>April 2024 – 37 of 80 patients over 62 days</p>		

Workstreams	True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in Year Goal	Level of Risk for progressing actions
		our patients would commence treatment within 55 days.		stratified data dashboard for cancer waiting times Develop process for access for Power BI alignment to cancer data in Data Warehouse			

Breakthrough Objective: Time to first Clinical Assessment

Workstream	True North Metric	Vision	Countermeasures	Actions	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
The Best Place for Person Centred Care	4 hour ED Wait Time	TBC				

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR61	Emergency Department (ED) 4 Hour Standard	Risk of increased morbidity/ mortality for patients due to a failure to meet the 4 hour standard.	4 x 4 = 16	4 x 2 = 8	Clinical: Patient Safety	Cautious
CRR87	Community Dental	Risk to Trust performance standards by failing to meet NHS annual planning target of no RTT waiters beyond 78weeks currently, 65 weeks by end March 2024 and 52wks by end March 2025. Risk to patient safety due to correlation of long waiting times and increased risk of pain and infection which may impact on quality of life and treatment required.	3 x 4 = 12	3 x 2 = 6	Clinical: Patient Safety	Cautious

Related External Risks

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

Operational Update May 2024 (April 2024 Performance)

Matters of concern & risks to escalate

- Cancer 62-day wait target not achieved in April – 71% against the 85% standard.
- Performance against the A&E 4-hour standard was at 72% for April, below the performance standard of 76%.
- Climb in ED 12 hour DTA breaches in April.

Major actions commissioned & work underway

Coding & Outcoming workshops commenced with specialties to maximise capture of available information and inform activity and ERF recovery

TIF 2 – activity mitigation plan being worked up

Ongoing involvement in elective recovery groups across HNY & WY to support system delivery

Positive news & assurance

- Cancer 31-day wait target achieved at 97%.
- Ambulance handover delays continued to improve.
- RTT - No patients waiting over 65 weeks
- Final Planning submission completed on time
- Cancer performance reporting now adjusted to new combined standard from April onwards.
- Outpatient Dashboard in place and informing DNA & Cancellation efficiency work
- 'Final' Planning submission completed on time

Decisions made & decisions required of the Board

Finance Position April 2024



Matters of concern & risks to escalate

- £1.8m deficit against a £1.1m deficit plan, biggest contributing factor is the undelivered Waste Reduction and Productivity
- £5m WRAP efficiencies have been actioned as at M1 against a £22.1m target, 65% remains high risk/unidentified at this stage (this includes the £6.2m stretch)
- Cash continues to be monitored closely and limits have been placed for Supplier payments, no payment received from 5 of the Council contracts in April (2 subsequently paid)
- Ongoing discussions with Council contracts around their contribution to the 24/25 pay award
- Coding optimization work has not become business as usual and represents a risk in relation to income

Major actions commissioned & work underway

- Continued financial pressure has meant the continuation of discretionary spend controls. Finance now a driver metric for 2 clinical directorates, and work in relation to corporate projects regarding waste reduction and productivity, as well as workforce controls
- 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

Positive news & assurance

- Accounts submitted to NHSE and Auditors
- The Trust reported a M1 position
- 24/25 Annual plan submitted

Decisions made & decisions required of the Board

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

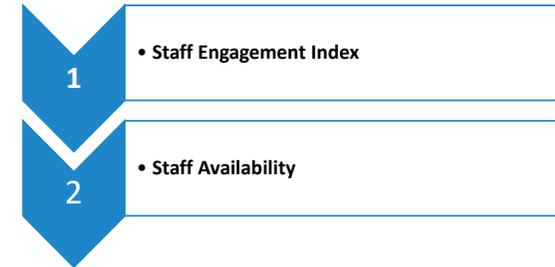
Growing for the future

Education, training and career development for everyone

GOVERNANCE:



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



Breakthrough Objective:	Vacancy Whole Time Equivalent (WTE)
Corporate Project:	N/A
Overarching Risk Appetite:	Workforce - Cautious

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

Strategic Metrics Summary:

Workstream	True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
Looking after our people 	Staff Engagement Index	To continually improve out Employment Engagement score against the 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 & Wellbeing is a key priority in the Trust	1. Increase quarterly survey response rate by 3% within 6 months and by 6% within 12 months 2. Increase positive responses to the survey questions feeding the overall engagement questions by 2% within 6 months and by 3% within 12 months 3. Validate the improvement by seeing an improvement in the National Staff Survey Overall Engagement Score in the 2023 survey results.	To have strong focus on all aspects of health and wellbeing to retain colleagues. To continue to develop employment practices and policies, which support colleague work life balance. To develop our leaders to ensure at compassionate and inclusive leadership is the accepted and expected leadership culture, in line with our KITE values. To be an organisation where everyone demonstrates KITE behaviours (Kindness, Integrity, Teamwork and Equality), to care for patients, children and communities who are the focus of everything we do. To build strong teams who support each other, work collaboratively and with collective goal of delivering excellent care to our patients. To promote equality and diversity so everyone is valued and recognised through the embedding of Equality Impact Assessments as expected practice, the continued development of our Staff Support networks, leadership development and training of all colleagues.			
Belonging 							
Growing for the future 	Staff Availability	A vacancy gap which does not exceed ? Class leading deployment (rostering) (need to define an aim). Sickness levels throughout HDFT to not exceed 2% Staff Turnover doesn't exceed a level of 5% All staff within HDFT feel valued, supported and happy with their work	Within 6 months reduce vacancy levels by 1.5% (preference for numerical rather than %) Within 12 months reduce vacancy levels by 3% (preference for numerical rather than %) 50% of wards deploying best practice workforce KPIs within 6 months 75% of wards deploying best practice workforce KPIs within 12 months	To plan and design our workforce as creatively as possible, to have the right number of skilled colleagues in the right roles. To recruit great colleagues by building a strong employer brand and implementing effective recruitment practices, making the best use of digital solutions. To continue with the implementation of e-rostering to ensure that safe staffing levels can be allocated and managed with maximum efficiency.	Breakthrough Objective: Vacancy WTE		

Workstream	True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
New Ways of Working 		Innovative roles developed and available and efficient routes to existing roles in place.	<p>Within 6 months reduce sickness levels by 1%</p> <p>Within 12 months reduce sickness levels by 2%</p> <p>Within 6 months reduce staff turnover by 1.5%</p> <p>Within 12 months reduce staff turnover by 3%</p>				

Breakthrough Objective: Vacancy Whole Time Equivalent (WTE)

Workstream	True North Metric	Vision	Countermeasures	Actions	Level of Risk To Achieving Goal (CxL)	Level of Risk for progressing actions
Growing for the Future	Staff Availability					

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

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

Belonging

- National Staff Survey results show an increase in experience of discrimination across staff with protected characteristics for Age, Disability and Gender. (presentation attached)

Growing for the future

- Overall areas for escalation in relation to Mandatory and Role Specific Training against a 90% target;
 - Mandatory Training for Bank colleagues: Mandatory: 82% →, Role Specific: 80% ↑3%, (Apr 2024)
 - Overall Medical and Dental Staff: Mandatory Training: 81%, Role Specific 81% (Apr 2024)
 - Overall Medical Device Compliance for theory and devices 82% ↓1% since last month (29 Apr 2024)

New ways of working

- Rosters sign off KPI is 8 weeks. Compliance rate per directorate is as follows:- CCs – from 85.7% to 57.1% (14 rotas); LTUC from 61.9% to 51.2% (41 rotas); PSC from 94.1% to 97.1% (34 rotas); HIF's from 0% to 66.7% (12 rotas)
- The Working Time Regulations 1998 (WTR) makes provision for minimum standards in relation to working hours and rest periods. In the previous month breaches increased and have been escalated to all Directorates.

Working Time Regulation Compliance

Month Review Date: Mar-2024

Directorate	Global WTD Average Hrs Per Week T1 Rule	Global WTD Max Hrs Per Week T1 Rule	Global WTD Min Rest In Ref Period	Global WTD Min Rest Per Day	Global WTD Shift Requires Rest Rule	TOTAL Number of Breaches
Community and Childrens	1	1	0	5	15	22
Corporate Services	10	2	3	10	26	51
Long Term and Unscheduled Care	152	108	150	73	106	589
Planned and Surgical Care	58	45	39	27	135	304
Trust Total	221	156	192	115	282	966
HIF	18	6	25	21	10	80

Major actions commissioned and work underway

Belonging

- Data collection period for Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) is open.

Growing for the future

- Nationally led mandatory training review underway
- National DiT induction package being reviewed by Learning and Development
- 3 candidates applied for Simulation lead post. Interviews mid-May.
- Preparation for August Medical Rotation underway
- Planning for Stage 2 of application to host 2 Graduate management scheme trainees with NHSE

New ways of working

- Medical Rostering - SAS and Consultant early adopters will be going live on the 6th May.
- 2024/25 Annual Planning final submission was completed on 22 April. Feedback from the ICS is expected in early May.
- Learning Lab being developed to allow 'Opt out -48 hour' to be recorded.

Looking after our people

- Measles Immunisation: Work ongoing to call staff in for vaccination. Approx. 6000 staff records have been checked.
- Cohort to Cority Transfer underway; training to start for OH Team end of May; "go-live" date anticipated. 01 July 2024.
- Exemplar Programme Cohort 2. People Promise Manager – Katy Corbett in post. Diagnostic carried out and areas of focus identified.

People & Culture

Positive news and assurance

Belonging

- BAME and Allies staff Network rebranded as REACH – Race, Ethnicity and Cultural Heritage Staff Network.

Growing for the future

Mandatory Training for Substantive colleagues against 90% target:

- Mandatory: 91% →, Role Specific: 91% → (Apr 2024)
All staff groups excluding Medical and Dental above the 90% trust target for Mandatory training

New ways of working

- Trust vacancy rate has continued to decrease month on month and is currently 4.41% which is a decrease from 4.66% last month.

Looking after our people

- Appraisal (Tgt 90%) – ↑0.02% to 81.2% in March 2024. C
- Turnover (Tgt 12%) – ↓0.51% to 11.99% in March 2024, achieving target. Generally decreasing trend since Feb 23
- Sickness (Tgt 3.9%) – ↓ 0.62% to 4.53% in March 2024. Sickness has decreased across all Directorates.
- Quarterly Inpulse Survey: (Integrity). Highest ever response rate achieved of 31%
- Exposure Prone Procedures re-checks: Completed all screening; all staff cleared as appropriate.
- HWB Day for Community: 135 attended in North East 17 April 2024; very positive feedback.
- 2023/4 Flu Vaccination campaign – we have been advised our final percentage compliance of 68% put HDFT in the top 20 Trusts nationally. Feedback is that WYATT Trusts attained around 45% compliance

Decisions made and decisions required of the Board



**Board of Directors (Public)
29 May 2024**

Title:	Modern Slavery and Human Trafficking Annual Statement
Responsible Director:	Director of People and Culture
Author:	Director of People and Culture Deputy Director of People and Culture Acting Deputy Head of Procurement

Purpose of the report and summary of key issues:	The aim of this statement is to demonstrate that the Trust follows best practice and that all reasonable steps are taken to prevent slavery and human trafficking.	
Trust Strategy and Strategic Ambitions	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	√
	An environment that promotes wellbeing	√
	Digital transformation to integrate care and improve patient, child and staff experience	
Healthcare innovation to improve quality		
Corporate Risks		
Report History:	None	
Recommendation:	The Board is asked to approve this report.	

6.8

Modern Slavery and Human Trafficking Annual Statement

Harrogate and District NHS Foundation Trust is committed to ensuring that there is no modern slavery or human trafficking in any part of our business, including our supply chains.

The aim of this statement is to demonstrate that the Trust follows best practice and that all reasonable steps are taken to prevent slavery and human trafficking.

Policies relating to Modern Slavery

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility for overall compliance.

The Trust has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking. The Trust's internal Safeguarding Adults Policy and Procedures supports our staff to identify and report concerns about slavery and human trafficking.

Our Speaking Up policy and procedures also provide supportive guidance for our employees to raise concerns about poor working practices.

Our People

We confirm the identities of all new employees and their right to work in the United Kingdom and pay all our employees above the National Living Wage.

Our Supply Chain

Members of our Procurement team are Chartered of Institute of Purchasing and Supply (CIPs) qualified and abide by the CIPs code of professional conduct. The Procurement team follow all relevant Procurement laws regarding the Modern Slavery Act 2015 including the Crown Commercial Service standards.

When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation.

Our Performance

We know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if:

No reports are received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

Risks associated with this Act are managed in accordance with the Trust's Risk Management Policy.

Approval for this statement

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes the Harrogate and District NHS Foundation Trust slavery and human trafficking statement for the financial year ending 31 March 2024.

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

Jonathan Coulter
Chief Executive

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 which 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

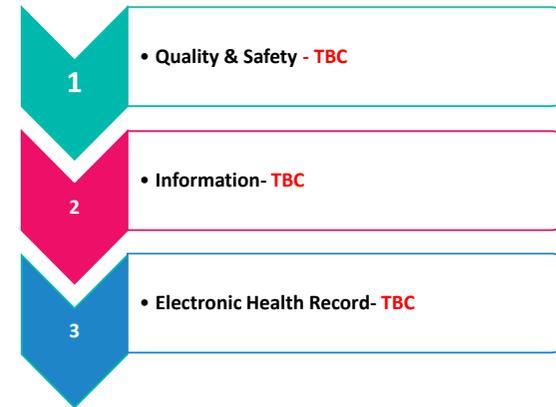
Electronic Health Record

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

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	
Digital Transformation	Quality & Safety	TBC	Operational: Cautious		●							
	Information	TBC	Operational: Cautious		●							
	Electronic Health Record	TBC	Operational: Cautious		●							

True North Metrics Summary:

True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in Year Goal	Level of Risk for progressing actions
<p>Quality & Safety</p>	Systems which enable staff to improve the quality and safety of care		Luna (RTT Tracking) eRostering Datix Cloud ASCOM Nurse Call (linked to Wensleydale Digital Exemplar Ward)			
<p>Information</p>	Timely, Accurate Information to enable continuous improvement					
<p>Electronic Health Record</p>	An Electronic Health Record to enable effective collaboration across all care pathways		New Electronic Patient Record Maternity Electronic Patient Record Single Sign On Laboratory Information Management System (LIMS) Scan4Safety Medicines Management (Omnicell) Somerset (Cancer Tracking) Outpatient Flow and eOutcomes Robotic Process Automation Yorkshire & Humber Care Record			

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 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 Clinical Research Network

GOALS:

Healthcare Innovation

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

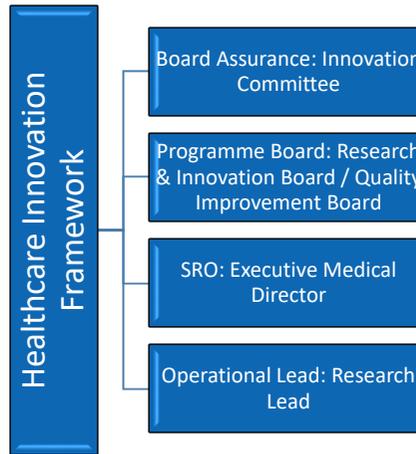
Children's Public Health

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

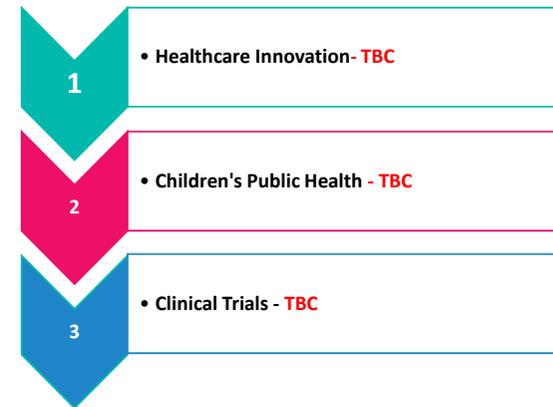
Clinical Trials

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

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	
Healthcare Innovation	Healthcare Innovation	TBC	Operational: Cautious									
	Children’s Public Health	TBC	Operational: Cautious									
	Clinical Trials	TBC	Operational: Cautious									

True North Metrics Summary:

True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in Year Goal	Level of Risk for progressing actions
<p>Healthcare Innovation</p>	To be a leading trust for the testing, Adoption and Spread of Healthcare Innovation	<p>Establish HDFT Innovation Hub</p> <p>Develop robust innovation governance processes and pathway</p> <p>Develop workforce and create a culture of innovation</p> <p>Secure sponsorship and funding to support infrastructure</p> <p>Build key innovation partnerships</p> <p>Identify areas of unmet clinical need</p>	<p>To facilitate and accelerate the growth of innovative healthcare solutions in HDFT by:</p> <ul style="list-style-type: none"> establishing HDFT Innovation Hub; building partnerships with industry; academia, government and voluntary sector; developing robust innovation governance processes; raising profile of innovation and developing workforce; Generating income through sponsorship and grant applications 	<p><u>Establish HDFT Innovation Hub</u></p> <ul style="list-style-type: none"> Move into new hub – June 24 HDFT Innovation Hub Launch event – Autumn 24 Organise networking event with HNY-ICB IRIS – Oct 24 <p><u>Develop innovation governance procedures</u></p> <ul style="list-style-type: none"> Test adoption process on innovative device – Oct 23 Devise new adoption process for medical device – May 24 <p><u>Workforce development</u></p> <ul style="list-style-type: none"> Deliver regular introductory innovation training events Deliver innovation training programme – Feb 24 Plan for 2nd cohort of training programme – Sept 24 <p><u>Secure sponsorship and funding to support infrastructure</u></p> <ul style="list-style-type: none"> Secure sponsorship from industry – June 24 Apply for funding from UK Share Prosperity Fund – Aug 24 <p><u>Build key partnerships</u></p> <ul style="list-style-type: none"> WYAAT collaboration IRIS <p><u>Identify areas of unmet clinical need</u></p> <ul style="list-style-type: none"> Work with Health Innovation to proactively identify key priority areas and unmet needs 		
<p>Children's Public Health</p>	To be a leading trust for the Children's Public Health Services Research	<p>Build the evidence base for Children's PH Services</p> <p>Improve outcomes for children</p> <p>Utilise extensive data from BaBi Harrogate</p>	<p>To understand Children's PH research and identify how we can contribute</p> <p>To provide opportunities for Children's PH services, and the children and families they support, to be involved in research studies</p>	<p>Identify and open research studies into children's public health</p> <p>Work with ICB to identify opportunities for data sharing and collaborative projects.</p>		

True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in Year Goal	Level of Risk for progressing actions
		study to further inform research children's PH research				
Clinical Trials 	To increase access for patients to clinical trials through growth and partnerships	To increase commercial research by 10% Develop academic partnerships Sustain Research Delivery Network (RDN) income Develop clinical leadership and comms strategy	To establish a clinical research facility (CRF) at HDFT To increase research workforce capacity To generate income through increase in commercial research Align with the strategy of the newly formed Research Delivery Network (RDN)	Develop plans for CRF Work with Skin Research Centre to develop further partnerships within University of York. Deliver HLO as outlined by RDN Appoint Clinical Lead for Research Work with hospital charity to support pilot studies Develop patient research ambassador scheme		

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					



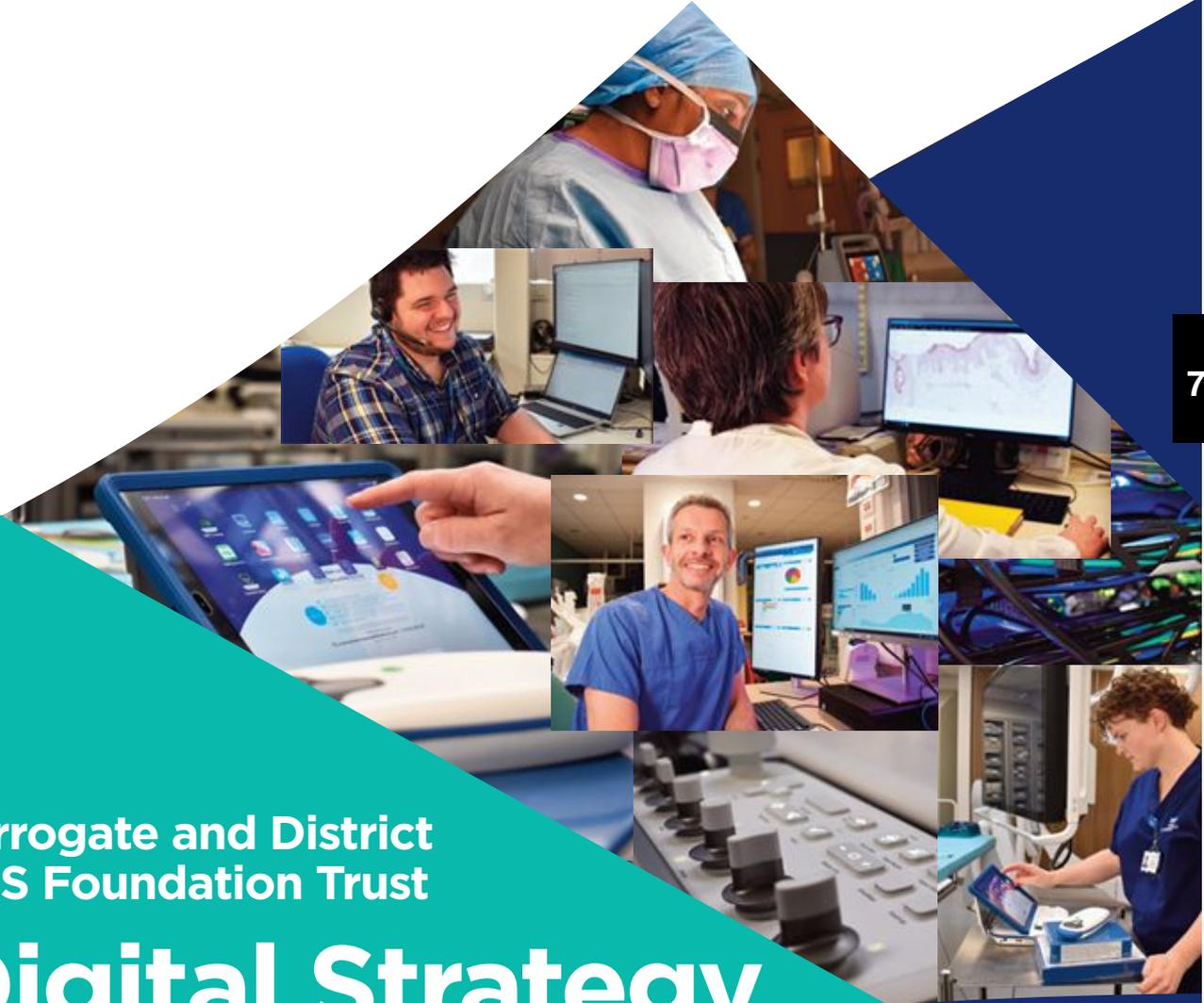
TRUST BOARD in Public
29th May 2024

Title:	HDFT Digital Strategy	
Responsible Director:	Jackie Andrews, Executive Medical Director	
Author:	Andy Williams, Interim Chief Digital Officer	
Purpose of the report and summary of key issues:	The purpose of this report is to approve the Trust's new Digital Strategy. The aim of our Digital Strategy is to establish shared understanding and clarity for our Harrogate and District NHS Foundation Trust (HDFT) colleagues, patients and partners, about how we will enable HDFT's purpose, ambitions and priorities - our True North.	
Trust Strategy and Strategic Ambitions	The Patient and Child First	
	Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	
	An environment that promotes wellbeing	
Digital transformation to integrate care and improve patient, child and staff experience	X	
Healthcare innovation to improve quality		
Corporate Risks	None	
Report History:	Following approval by the Trust's Senior Management Team at a meeting on 17 April 2024, this report is being submitted to the Trust Board for retrospective approval.	
Recommendation:	Trust Board are requested to retrospectively approve the Digital Strategy, noting it was approved at the Senior Management Team meeting on 17 April 2024.	

7.4



7.4



Harrogate and District
NHS Foundation Trust

Digital Strategy



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WELCOME TO OUR

Digital Strategy for 2024 and Beyond



The National Health Service and our own Trust have changed significantly since we published our last Digital Strategy in 2019.

Our health service has become much more collaborative, with organisations working more closely together to improve the health and wellbeing of the people living in our communities. There has also been a focus on reducing inequalities to ensure everybody can access the best possible healthcare.

We have experienced significant change within Harrogate and District NHS Foundation Trust (HDFT) over this time. For instance, there has been significant growth in our children and young people's public health services, where our reputation for quality has enabled us to become the largest provider of 0-19 services in England – with the service stretching from Berwick upon Tweed in the north to Wakefield in the south, and across the whole of North Yorkshire, from Settle in the west to Scarborough in the east.

Whilst there is a lot to celebrate, we have also faced some extraordinary challenges. The COVID-19 pandemic was unlike anything we have experienced in living memory and put immense pressure on the National Health Service. Its aftermath will continue to impact us in the weeks, months and years ahead as we recover from its effects.

Our new Digital Strategy recognises the changes and pressures we have faced over the last few years, and sets the future direction of our Trust to further improve on the high quality health and care service we provide. Our key digital transformation project over the next few years will be the implementation of our new Electronic Patient Record (EPR) system, which brings enormous opportunities for the future delivery of patient care.

Our Digital Strategy enables our ambitions and aspirations and during its creation, we engaged with our colleagues in the Trust and key stakeholders, to ensure that we develop the digital capability that will increase colleagues work satisfaction, improving both the quality and efficiency of their work.

We are committed to providing the best and safest possible healthcare and we can only do this with the help of our wonderful colleagues. As such, it is important that the Digital Strategy empowers, excites and mobilises everyone in the Trust behind a common purpose and supports our Trust values of Kindness, Integrity, Teamwork and Equality.

By aligning our efforts, our Digital Strategy will enable us to work together to achieve our ambitions and fulfil our purpose – to put the patient and child first and improve the health and wellbeing of our patients, children and communities.

Our Digital Strategy has the flexibility to adapt over time so that it continues to focus on what is important to the people we serve and to colleagues throughout our organisation. We look forward to continuing to develop digital as a key enabler to provide outstanding healthcare at HDFT.



Kind regards,

Dr Jacqueline Andrews
Medical Director and Executive Lead for Digital
Harrogate and District NHS Foundation Trust

Introduction

The aim of our Digital Strategy is to establish shared understanding and clarity for our Harrogate and District NHS Foundation Trust (HDFT) colleagues, patients and partners, about how we will enable HDFT's purpose, ambitions and priorities - our True North.

Our Digital Strategy provides a framework to align our endeavours and mobilise our resources and workforce. It is for everyone in the Trust, in every role and every function. It will drive what we do as a Trust, as Directorates, Services and individually.

The Trust does not operate in isolation. We are part of a large and complex health and care system and we will only be successful if we work in collaboration and partnership. Our Digital Strategy must align with and support delivery of the national and system strategies, and complement those of our partners.

The Trust exists to serve two groups: the patients who we care for in our hospitals and community services in Harrogate and District and wider North Yorkshire; and the children and young people who we support through our Children's Public Health Services across large parts of the North East and Yorkshire. Our Strategy makes it clear that our patients and children always come first.



Our purpose is to improve the health and wellbeing of our patients, children and communities.

As well as caring for patients when they require our services, we can also help improve people's health and contribute to the wellbeing of our communities through our services and how we use our resources.

To do this our True North Ambitions are to:



These are supported by three enabling ambitions:



Our Digital Strategy describes how we will use digital transformation to enable the delivery of our purpose and True North ambitions. Annually, we will set clear, specific enablers to support the delivery of the priorities and objectives for each ambition and goal.



About HDFT

Our Services

Acute & Community Services for Harrogate and District, and wider North Yorkshire:

- Harrogate District Hospital
- Ripon Community Hospital
- Harrogate & Rural Alliance
- North Yorkshire Specialist Community Services

Children's Public Health (0-19) Services

- 9 local authorities in North East and Yorkshire
- Looking after over 500,000 children
- The largest provider of 0-19 services in England



About HDFT

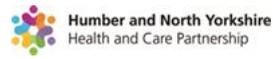
In Numbers

3 INTEGRATED CARE SYSTEMS	OVER 5,000 COLLEAGUES	21,000 VIRTUAL OUTPATIENT ATTENDANCES
118,000 HOME VISITS	HOSPITAL CATCHMENT POPULATION c200,000	£300m TURNOVER
LOOKING AFTER OVER 500,000 CHILDREN	COMMUNITY SERVICES POPULATION c620,000	LARGEST EMPLOYER IN HARROGATE & DISTRICT
55,000 EMERGENCY DEPARTMENT ATTENDANCES	OVER 2,000 CANCER TREATMENTS	

National and System Strategies

The Trust does not operate in isolation – we are part of a large and complex health and care system and we will only be successful if we work in collaboration and partnership. Our Digital Strategy aligns with and supports delivery of the national and system strategies, and complements those of our partners.

HDFT is part of three Integrated Care Systems:



Humber & North Yorkshire
To provide person centred, integrated care we need to work with local partners, including primary care, North Yorkshire County Council, the voluntary and community sector, and other NHS trusts – in Harrogate, in North Yorkshire and more widely.

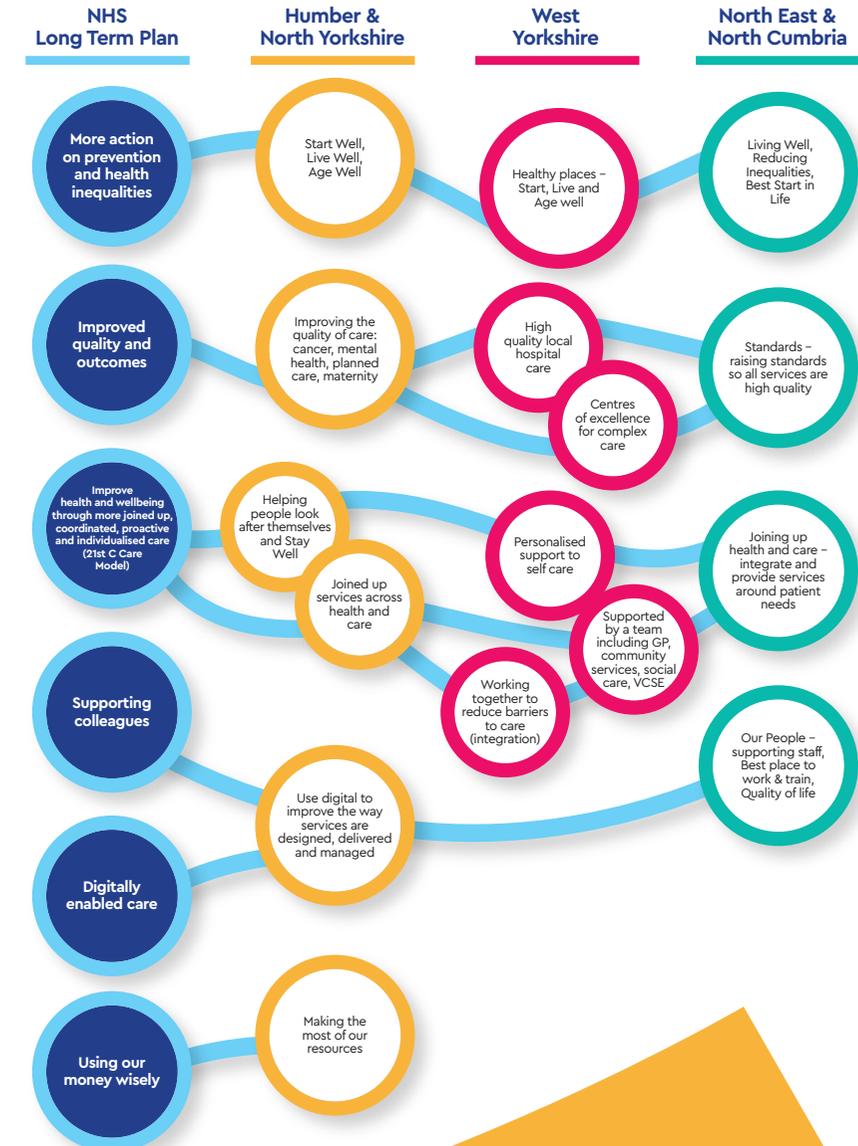


West Yorkshire
HDFT is a member of the West Yorkshire Association of Acute Trusts (WYAAT) and many of our patient pathways for more specialised hospital services are with West Yorkshire and WYAAT.



North East & North Cumbria
HDFT provides Children and Young People's Public Health Services for most of the North East. We are a member of the Child Health and Wellbeing Network and committed to delivering the "Working Together" strategy.

Our Digital Strategy has been developed to align with and support delivery of the ICB strategies, which are summarised and compared below:



Who we Engaged to Develop our Digital Strategy

To develop the Trust's Digital Strategy, we engaged with colleagues and key stakeholders in a number of ways:

ELECTRONIC PATIENT RECORD (EPR) SURVEY

RECEIVED OVER

308

RESPONSES

STAFF WORKSHOPS

WHICH OVER

160

COLLEAGUES ATTENDED

INTERACTIVE SESSIONS

10

WITH INTERNAL AND EXTERNAL STAKEHOLDERS



The key themes highlighted through our engagement, have been reflected in our Digital Strategy's ambitions and goals:



Recognising our role in **IMPROVING HEALTH AND WELLBEING** by reducing health inequalities



The importance of focusing on **DELIVERING HIGH QUALITY CARE** and listening to what is important to our patients, children and young people



WORKING IN COLLABORATION and partnership to integrate care



Building on our position as the **LARGEST PROVIDER OF CHILDREN'S PUBLIC HEALTH SERVICES IN ENGLAND**



THE ABSOLUTE IMPORTANCE OF SUPPORTING OUR WORKFORCE having sufficient, skilled colleagues; training and developing people; creating a compassionate, diverse culture with great leaders - being a great place to work



PROVIDING EXCELLENT SUPPORTING INFRASTRUCTURE - estates, equipment, digital - to enable the best care

OUR PURPOSE, AMBITIONS & ENABLING AMBITIONS

Trust Strategy - Digitally Enabled



Purpose



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

True North Ambitions



BEST QUALITY, SAFEST CARE

TRUE NORTH METRICS

- Moderate & Above Harm Events
- Patient Experience



PERSON CENTRED, INTEGRATED CARE, STRONG PARTNERSHIPS

TRUE NORTH METRICS

- ED 4 Hour Standard
- 18 Week Referral to Treatment
- Cancer – 62 Day Treatment Standard
- Admissions of People with Frailty



GREAT START IN LIFE

TRUE NORTH METRICS

- Children at Risk of Vulnerability
- Maternity Harm Events
- Children's Patient Experience

AT OUR BEST: MAKING HDFT THE BEST PLACE TO WORK

Our KITE Behaviours

KINDNESS

INTEGRITY

TEAMWORK

EQUALITY

TRUE NORTH METRICS

- Staff Engagement
- Staff Availability

Enabling Ambitions



AN ENVIRONMENT THAT PROMOTES WELLBEING



DIGITAL TRANSFORMATION
to integrate care and improve patient, child and staff experience



HEALTHCARE INNOVATION TO IMPROVE QUALITY



AMBITION

Best Quality, Safest Care - Digital Safety



EVER SAFER CARE

Through our new EPR System, Clinical Decision Toolkits and continuously improving our skills and processes in Information Governance, Cyber Security, Data Management & Security, Privacy and Ethical considerations in respect to emerging technologies (e.g. AI and Data Analytics)



EXCELLENT OUTCOMES

Through implementing Key Performance Indicators to measure the success of digital initiatives and providing data and insights for decision making to drive digital transformation



A POSITIVE EXPERIENCE

Through expanding Patient Engagement Portals for appointment scheduling, access to medical records, and secure communication with healthcare providers

TRUE NORTH METRICS

- Moderate & Above Harm Events

TRUE NORTH METRICS

- Patient Experience

Our ambition is to provide the best quality, safest care, where quality is defined by safe systems, effective information sharing and improved patient and staff experience.

Through continuously monitoring and updating cybersecurity protocols we will aim to protect against evolving threats.

Continue to align to the NHS Digital Clinical and Patient Safety Strategies to be the safest digital health system in the world through Scan 4 Safety and Electronic Point Of Care Traceability.



AMBITION

Person Centred, Integrated Care; Strong Partnerships - Digital Integration



THE BEST PLACE FOR PERSON CENTRED, INTEGRATED CARE

Enhance the new Electronic Patient Records (EPR) system through implementing interoperability standards for seamless data sharing among health and care providers through the Yorkshire and Humber Care Record

TRUE NORTH METRICS

- ED 4 Hour Standard



AN EXEMPLAR SYSTEM FOR THE CARE OF THE ELDERLY

Telemedicine, virtual wards and remote monitoring for chronic disease management to improve access to care and reduce the burden on physical attendance to support people living with frailty

TRUE NORTH METRICS

- Admissions of People with Frailty



EQUITABLE, TIMELY ACCESS TO BEST QUALITY PLANNED CARE

Through implementing Patient Engagement Portals to support access and management whilst reducing administration burdens

TRUE NORTH METRICS

- 18 Week Referral to Treatment
- Cancer - 62 Day Treatment Standard

For Harrogate and District, our ambition is to support person centred, integrated care through strong partnerships and collaboration with other health and care providers, digital vendors and government agencies and ensuring that we share the right information about the right person at the right time.

We will continue to strive for a consistent patient experience across the Trust, that is user-led and continually considers the needs of our patients through collaboration and learning.



AMBITION

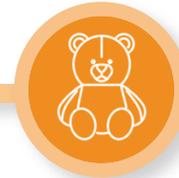
Great Start in Life - Digital Lives



THE NATIONAL LEADER FOR CHILDREN AND YOUNG PEOPLE'S PUBLIC HEALTH SERVICES

Through actively seeking out opportunities for extending the digitisation of children's services and records

TRUE NORTH METRICS
• Children at Risk of Vulnerability



HOPES FOR HEALTHCARE

Creating a sustainable healthcare system by considering the environmental impact of digital infrastructure and seeking eco-friendly solutions where possible. Enabling the reduction of CO2 emissions and environmental impact throughout the organisation using digital technology and supporting the teamHDFT Green Plan and the NHS targets for net zero

TRUE NORTH METRICS
• Children's Patient Experience



HIGH QUALITY MATERNITY SERVICES

Through a fully integrated Digital Maternity Record System with the new EPR and Patient Held Records, led by our Digital Midwife

TRUE NORTH METRICS
• Maternity Harm Events

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.

Providing high quality, safe systems 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.

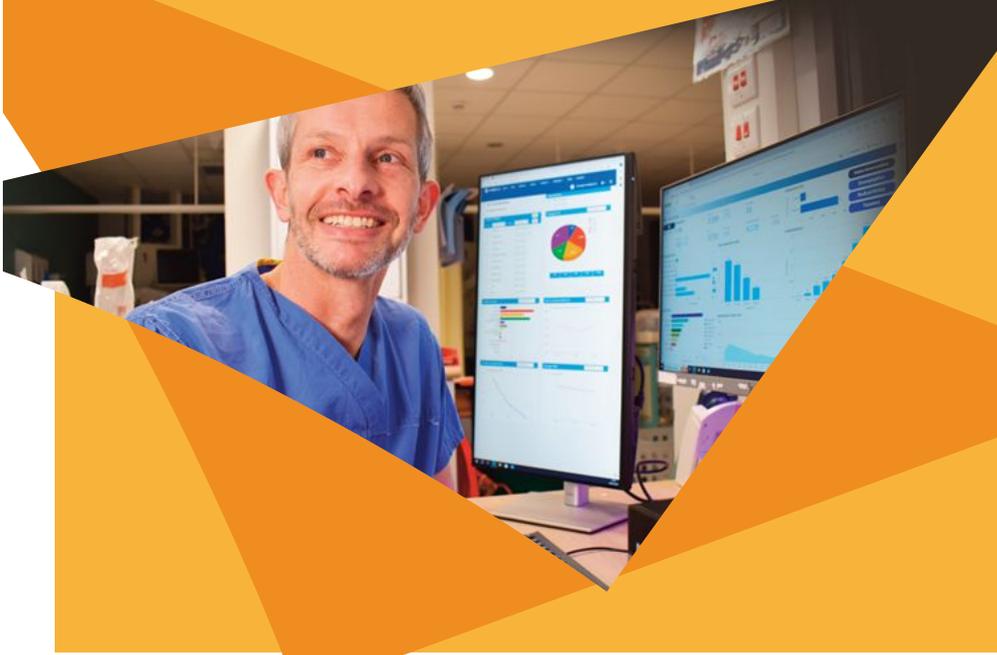
Infrastructure and Connectivity

We will invest in robust IT infrastructure, including high-speed internet and cloud computing capabilities, to provide digital services for the next generation and ensure redundancy and disaster recovery plans to minimize downtime.



AMBITION

At Our Best: Making HDFT the Best Place to Work - Digital Works



LOOKING AFTER OUR PEOPLE:

Make our colleague's working lives better by making their jobs simpler, easier and quicker to do by removing some of the administrative burden and manual tasks through the provision of digital solutions, including Robotic Process Automation

BELONGING:

Through a focus on digital inclusion for staff and patients on how to use, navigate and benefit from digital healthcare services

GROWING FOR THE FUTURE:

Through giving our staff better digital solutions to care and treat patients. Through providing patients with access to digital solutions when they visit their place of care and in their own homes to share information about their health and wellbeing

NEW WAYS OF WORKING:

Provide education and training for everyone to ensure they are proficient in using digital tools and are aware of security best practices. Through providing digital solutions in line with HDFT Impact, our continuous improvement programme to improve our operating and business systems to reduce waste and improve efficiency and experience

TRUE NORTH METRICS

- Staff Engagement

TRUE NORTH METRICS

- Staff Availability

Our People & Culture Strategy, 'At Our Best', follows the NHS People Plan themes, our team HDFT 'KITE' values of kindness, integrity, teamwork and equality, and our culture.

Communication and Change Management:

- Develop a communication plan to keep all stakeholders informed of progress and changes.
- Implement change management strategies to ease the transition to digital healthcare.
- Work with the Estates Service to ensure digital integration in estates planning, including SMART buildings.



ENABLING AMBITION

Digital Transformation

To Integrate Care and Improve Patient, Child and Staff Experience



SYSTEMS WHICH ENABLE STAFF TO IMPROVE THE QUALITY AND SAFETY OF CARE

Prioritise projects based on their impact on patient care, operational efficiency and wider benefits



TIMELY, ACCURATE INFORMATION

To enable continuous learning and improvement, adopting the data architecture principles in the Government's Data Strategy



A NEW ELECTRONIC HEALTH RECORD

To enable effective collaboration across all care pathways meeting HIMSS (Healthcare Information and Management Systems Society) Level 5

Our ambition at HDFT is to provide digital tools and services which make it easier for us to provide the best quality, safest care and which help us provide person centred, integrated care that improves patient experience.

Digital technology is an essential part of delivering high quality healthcare, but it is also important to remember that it is a tool, not an end in itself.

Through digitisation we can 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.

Digital Maturity Programme

Priorities and objectives agreed each year to improve towards our goals through the Digital Management Group and Innovation Committee



Conclusion

Everything we do at HDFT is focussed on the patients and children we serve. This Digital Strategy should serve as a foundation for the Trust's digital transformation journey, promoting better patient outcomes, operational efficiency and data security.

We exist to improve the health and wellbeing of our patients, children and communities by:



Because healthcare is provided by people for people, we want to be the best place to work:



To support our people we will:



We will be an organisation where everyone demonstrates our KITE behaviours of Kindness, Integrity, Teamwork and Equality, to care for the patients and children, who are the focus of everything we do.





The HDFT Digital Leadership Team



Dr Jacqueline Andrews
Medical Director and
Executive Lead for Digital



Andy Williams
Interim Chief
Digital Officer



Dr Matt Shepherd
Deputy Chief Operating
Officer and Chief Clinical
Information Officer



Martin Gartside
Head of IT
& Cyber Security



Jo MacLean
Head of
Patient Systems



Richard Atkinson
Head of
Digital Delivery

7.4

www.hdft.nhs.uk
www.harrogateintegratedfacilities.co.uk



ENABLING AMBITION: 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

Ambition	Workstream	True North Metric	Risk Appetite	Level of Risk to Achieve Metric – Linked to Risk Appetite								
				1 – 3	4 – 6	8 – 9	10	12	15	16	>20	
An Environment that promotes wellbeing	Wellbeing	TBC	Operational: Cautious		●							
	Quality & Safety	TBC	Operational: Cautious					●				
	Environmental Impact	TBC	Operational: Cautious			●						

True North Metrics Summary:

True North Metric	Vision	Goal	Countermeasures	Actions	Level of Risk To Achieving in year Goal	Level of Risk for progressing actions
 <p>Wellbeing</p>	A patient environment that promotes wellbeing		To improve the working environment for staff			
 <p>Quality & Safety</p>	An environment and equipment that promotes best quality, safest care		Aseptics ED2 (UTC) Reconfiguration Wensleydale Ward Refurbishment RAAC – Block C, Therapies HDH New Theatres, Treatment Rooms and Ward (TIF2) Imaging Reconfiguration CT Business Continuity			
 <p>Environmental Impact</p>	Minimise our impact on the environment		Delivery of the Trust "Green" Plan SALIX Carbon Reduction Programme Travel Plan			

Related Corporate Risks

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
CRR75	CHS1 – Health & Safety: Identification & Management of risk.	There is a risk of incidents arising and a risk of failure of compliance with legislative requirements due to a failure to make a suitable and sufficient assessment of the risks to the health & safety of employees, patients and others.	4 x 3 = 12	4 x 2 = 8	Operational: Health & Safety	Minimal
	CHS2 – Health & Safety: HDH Goods Yard	Risk of major injuries, fatality or permanent disability to employees, patients and others due to a failure to comply with legislative requirements.	4 x 3 = 12	4 x 1 = 4	Operational: Health & Safety	Minimal
	CHS3 – Health & Safety: Managing the risk of injury from fire.	Risk of major injuries, fatality or permanent disability to employees, patients and others due to a failure to comply with legislative requirements.	5 x 3 = 15	5 x 2 = 10	Operational: Health & Safety	Minimal

ID	Title	Description	Current Rating (CxL)	Target Rating (CxL) & Date	Risk Type	Risk Appetite
	CHS5 – Health & Safety: Violence & Aggression against Staff	Risk of major injuries, fatality or permanent disability to employees, patients and others due to a failure to comply with legislative requirements including a lack of suitable control measures and training.	4 x 4 = 16	4 x 2 = 8	Operational: Health & Safety	Minimal
	CHS8 – Health & Safety: RAAC Roofing	Risk of major injuries, fatality or permanent disability to employees, patients and others due to a failure to comply with legislative requirements.	4 x 5 = 20	4 x 2 = 8	Operational: Health & Safety	Minimal

Related External Risks

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

May 24

Director of Strategy

Matters of concern & risks to escalate

HDFT Impact

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

Block C (Therapies) Redevelopment Programme

- Ability to maintain overall programme for Dec 25 opening at risk due to delays to decant from Block C and multiple revisions of the theatres layout
- Affordability of scheme – 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
- 24/25 RAAC funding business case submitted to NHSE; awaiting approval

Capital Planning

- Paed Audiology booth installation delayed due to design issues to Jun 24
- RAAC HDH. Therapies decant will allow risk reduction in Jun; submission of further BC to NHSE for other areas by end of May.
- RAAC Community. No RAAC identified in areas used by HDFT staff; only a small number of landlords still to confirm
- Fire. Fire risk assessments at HDH complete, prioritisation of resulting actions underway. No new areas of risk identified.

Positive news & assurance

HDFT Impact

- Wave 2 training complete; team coaching ongoing
- EPR benefits identification and validation workshops held
- 5th Improvement Manager and new project support officer start 28 May

Business Development, Charity, Volunteers, Comms

- Great Start in Life Conference held on 16 April
- Thrive Homecare approved as North Yorkshire APL
- Two National Hospital Radio gold awards for Harrogate Hospital Radio
- New comms assistant and intranet manager in Comms Team

Capital Planning.

- B3 Corridor re-opened on 29 Apr after removal of RAAC roof
- New medical records receipting room opened
- Neuro and respiratory therapies moved to Bolton Ward temporarily
- MSK Gym moved to previous Neuro therapies

PMO

- Ripon CDC opened in Apr 24

Major actions commissioned & work underway

HDFT Impact

- Implementation of the Strategy Deployment Room and Exec Gemba walks
- Strategic Programme A3s to be complete by end Jun 24
- Project prioritisation nearing completion
- Improvement Academy capability development training
- IOM Wave 3 teams confirmed (Digital Mgt, Digital Delivery, PSC CG4 (Theatres), Main Theatres, Stockton 0-19 Mgt)
- Planning 3rd “Bootcamp” training programme for senior leaders

Business Development, Charity, Volunteers, Comms

- Stockton & Gateshead s75 agreements
- Volunteer thank you events in Jun & Sep; volunteers week 3-9 Jun
- Work Experience: options appraisal to Growing for Future group in May
- Comms: EPR, HDFT Impact, Ripon CDC, RAAC (site moves and Block C, Therapies demolition), charity events, GSIL Foundation

Capital Planning

Block C Redevelopment:

- Pre-construction P23 contract agreed by HIF
- Enabling works for service moves continue
- Moves planned for w/c 20 May: Ortho OPs, Fract Clinic, MSK Therapies
- Planning application for rebuild to be submitted w/c 20 May
- Contract for demolition approved, to start mid Jun.
- **CT:** Agreed way forward for flooring which will enable CT installation
- **Paed Audiology Booth:** ventilation design issues resolved allowing booth to be manufactured; delivery w/c 24 Jun; completion mid Jul

Decisions made & decisions required

None



TRUST BOARD in Public

29th May 2024

Title:	Board Assurance Framework
Responsible Director:	Jonathan Coulter, Chief Executive
Author:	Kate Southgate, Associate Director of Quality and Corporate Affairs

Purpose of the report and summary of key issues:	This report provides the Trust Board with a summary of the activity in relation to the Trust Strategy and corresponding BAF for 2023-2024. The report also provides details of the proposed BAF for 2024-2025.	
Trust Strategy and Strategic Ambitions:	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	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:	The Corporate Risks associated with the BAF are detailed throughout the report	
Report History:	The Board and its sub-committees review the BAF at each of its formal meetings.	
Recommendation:	The Trust Board are recommended to: 1. Approve the close down the BAF for 2023-2024 2. Approve the opening of the BAF for 2024-2025	

Freedom of Information:	Available once published as part of Trust Board in Public papers.
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8.2

TRUST BOARD in Public
29th May 2024

1.0 INTRODUCTION

Assurance goes to the heart of the work of any NHS Board of Directors. The provision of healthcare involves a wide range of risk and being assured of the controls and mitigation in place is a key component of an effective Trust Board.

The Board Assurance Framework (BAF) brings together in one place all of the relevant information on the risks to the organisations strategic objectives and ambitions. This document is based on our HDFT Trust Strategy and brings together our key ambitions, risks to delivering those ambitions and the key workstreams in place to mitigate that risk.

2.0 BOARD ASSURANCE FRAMEWORK 2023-2024

HDFT made significant steps forward in 2023-2024 with the development and embedding of the Trust's Strategy. In November 2022, with the launch of the revised strategy, the Board Assurance Framework was redesigned to reflect our new ambitions.

In addition, our risk management and governance structures were enhanced with the introduction of the Executive Risk Management Group. This Group, chaired by the Chief Executive oversees the Corporate Risk Register and the operational delivery of the workstreams that contribute to the BAF.

To support the enhanced assurance, the sub-committees of the Trust Board were allocated an area of the BAF to oversee. This was aligned to their terms of reference. The BAF is submitted on a bi-monthly basis for oversight of the strategic delivery of the workstreams that contribute to the BAF.

The Trust Board agenda was also adapted to ensure the BAF was a key assurance document that was reviewed through-out public Trust Board meetings. Each element of the BAF now forms an overview section of the agenda, supported by Executive Director updates, Non-executive Director Committee reports and specialists subject reports as required.

In 2023-2024 the BAF focused on:

- Best Quality, Safest Care:
 - Theatres workstream was **completed** in year,
 - Falls workstream was rated **Green** at year end with significant assurance received from internal audit
 - Pressure ulcers workstream was rated **Green** at year end with significant assurance received from internal audit
 - Missed results workstream was rated **Green** at year end with a focus on the move to the new EPR
 - Medication errors workstream was rated **Green** at year end with revised governance structures in place
 - One corporate risk remained open at year end – CRR75 Health & Safety
- Person Centred, Integrated Care, Strong Partnerships
 - ED workstream rated **Green** overall at year end with major programmes on the ED streaming model and redesign of ED2 completed
 - Urgent Care Response workstream **completed in year**
 - Virtual Wards workstream rated **Amber** at year end linked to IT solutions delayed

- Equitable, timely access to best quality care planned care rated **Green** overall at year end with a wide range of construction and re-development taking place in year with additional theatre capacity and outpatient transformation programme
- Two corporate risks remain open at year end – CRR41 Referral to Treatment and CRR61 Emergency Department 4 hour standard
- Great Start in Life
 - National leader for children and young people's public health service workstream rated **Green** at year end with developments and enhancements to the children's public health strategy
 - Hopes for Healthcare rated **Amber** at year end with delays impacting on the relaunch of Hopes for Health Care programme
 - High Quality Maternity Services rated **Green** at year end with progress made against all key action plans: Ockenden, three year delivery plan and CQC
 - One risk remains open on the Corporate Risk Register at year end – CRR34 – Autism Assessment
- An Environment that Promotes Wellbeing
 - A patient and staff environment that promotes wellbeing workstream **completed** at year end
 - An environment and equipment that promotes best quality, safest care rated **Green** overall with elements of **Amber**. Of note the ED2 reconfiguration and Wensleydale Ward Refurbishment completed. RAAC demolition and construction planned and on track
 - Minimise our impact on the environment was rated **Green** overall, however, the Salix Carbon Reduction Programme closed the year with a **Red** rating due to delays in refurbishment activities.
 - Three risks remain open on the Corporate Risk Register at year end – CHS2 HDH Goods Yard, CHS3 Managing the Risk of Injury from Fire and CHS8 RAAC Roofing at HDH
- Digital Transformation to Integrated Care and Improve Patient, Child and Staff Experience
 - Systems which enable staff to improve the quality of care workstream rated **Green** at year end with significant step changes made in digital maturity
 - Timely, accurate information to enable continuous learning and improvement rated **Green** at year end, of note is the appointment of the Digital Benefits Manager
 - An electronic health record to enable effective collaboration across all care pathways workstreams rated **Green** overall with the new EPR on track for deliver. The Laboratory Information Management System (LIMS) is rated **Amber** however, but mitigation is in place to bring delivery back on track with a go live date of November 2024.
 - There were no open risks on the Corporate Risk Register at year end.
- Healthcare Innovation to Improve Quality & Safety
 - To be the leading Trust for the testing, adoption and spared of healthcare innovation workstream closed the year rated **Amber**. This was due to delays in launching the Harrogate Innovation Hub and the Research, Audit, Innovation and Service Evaluation (RAISE) group
 - Continuous Improvement workstream was rated **Green** at year end. Significant progress had been made in year with the development, adoption



and embedding of the new HDFT Impact continuous improvement programme

- To be a leading trust for children's public health services research workstream closed the year with a rating of **Green**.
- To increase access for patients to clinical trails through growth and partnership workstream was rated **Amber** at year end due to delays in launching a dedicated research clinic space and increasing the workforce capacity.
- There were no open risks on the Corporate Risk Register at year end.

At the May 2024 meeting of the Trust Board in Public it is recommended to close the 2023-2024 BAF in preparation for the opening of the 2024-2025 BAF.

The full 2023-2024 Board Assurance Framework can be found in the supplementary pack.

3.0 BOARD ASSURANCE FRAMEWORK 2024-2025

The significant progress made against the delivery of the Trust Strategy is evidenced in Section 2 of this report. During the year the Trust has commenced an ambitious continuous improvement programme called HDFT Impact.

The BAF for 2024-2025 has been redesigned to mirror the developments to the Trust Strategy with HDFT Impact and include details of our Risk Appetite, Strategic Programmes and the development of our Breakthrough Objectives and Corporate Projects.

The revised BAF will also provide greater detail on our risk profile linked to our risk appetite and current levels of risk.

At the May 2024 meeting of the Trust Board in Public it is recommended to approve the opening of the 2024-2025 BAF.

The full 2024-2025 Board Assurance Framework can be found in the supplementary pack.

4.0 RECOMMENDATIONS

The Trust Board is asked to review the 2023-2024 and the 2024-2025 BAF and:

1. Approve the closing down of the 2023-2024 BAF, and
2. Approve the opening of the 2024-2025 BAF

Kate Southgate
Associate Director of Quality & Corporate Affairs

May 2024

HDFT – BOARD ASSURANCE FRAMEWORK 2024-25

HDFT has set its Strategy with an overall purpose of improving the health and wellbeing of our patients, children and communities. To do this we have set our True North Ambitions: to deliver the best quality, safest care; to provide person centred, integrated services through strong partnerships; to give our children and young people a great start in life and to be a great place to work with the right people with the right skills, in the right roles. These will be supported by a strong financial foundation and by our three enabling ambitions to provide care and working environment that promotes wellbeing; to use digital transformation to integrate care and improve patient, children and staff experience; and to be innovative to improve quality and safety.

To support our Strategy, HDFT have set our risk appetite within 6 domains:

Domain	Appetite	
Clinical	Minimal <i>Threshold – 12</i>	Appetite for taking very limited clinical risks if essential to patient care and outcomes. Such risks are properly assessed with mitigating controls in place
Operational	Cautious <i>Threshold - 16</i>	Risk Management capabilities in place to meet regulatory standards to deliver safe and effective patient services. Robust oversight processes in place

Domain	Appetite	
Financial	Cautious <i>Threshold - 16</i>	Limited financial impacts or losses are accepted if they yield upside opportunities elsewhere in HDFT. Minimum cash balance retained for a trust our size
Workforce	Cautious <i>Threshold - 16</i>	Seek options to deliver safe and effective patient care and outcomes with limited workforce risks only if it could yield patient care opportunities elsewhere in the Trust

Domain	Appetite	
Reputational	Minimal <i>Threshold - 12</i>	Only prepared to accept the possibility of minor adverse publicity if related to actions that are essential to the safe and effect patient care and outcomes
Regulation	Averse <i>Threshold – 8</i>	Zero appetite for any decisions that present risks to the Trust maintaining its CQC registration and complying with the law

Summary of Risk

Summary of Activity since last report:

The report was last reviewed at the Trust Board in Public in March 2024. Since that meeting, the BAF has been revised in line with the HDFT Impact approach. The report contains information in relation to the risk of non-delivery of our True North ambitions. The report provides details of the current level or risk and if the status of delivery is in line with our risk appetite. There are three True North Metrics currently above our HDFT's risk appetite: 4 hour ED standard, 19 Week RTT, Cancer – 62 day treatment standard and Children's Patient Experience. Plans are in place to mitigate these risks and bring in line with our risk appetite.

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									
Person Centred, Integrated Care, Strong Partnerships	The best place for person centred , integrated care	4 hour ED standard	Operational: Cautious									
	An exemplar system for the care of the elderly	Admissions of People with frailty	Operational: Cautious									
	Equitable, Timely Access to Best Quality Planned Care	18 Week RTT	Operational: Cautious									
		Cancer – 62 day Treatment Standard	Operational: Cautious									
Great Start in Life	National Leader for Children & Young People's Public Health Services	Children at Risk of Vulnerability	Clinical: Minimal									
	Hopes for Healthcare	Children's Patient Experience	Clinical: Minimal									



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
	High Quality Maternity Services	Maternity Harm Events	Clinical: Minimal		[Progress bar]						
At Our Best – Making HDFT the Best Place to Work	Looking After our people	Staff Engagement	Workforce: Cautious			[Progress bar]					
	Belonging					[Progress bar]					
	Growing for the future	Staff Availability	Workforce: Cautious			[Progress bar]					
Finance	New ways of working					[Progress bar]					
	Financial Sustainability	Financial Sustainability	Financial: Cautious			[Progress bar]					
An Environment that promotes wellbeing	Wellbeing	TBC	Operational: Cautious		[Current Risk Level]	[Progress bar]					
	Quality & Safety	TBC	Operational: Cautious			[Progress bar]					
	Environmental Impact	TBC	Operational: Cautious			[Current Risk Level]	[Progress bar]				
Digital Transformation	Quality & Safety	TBC	Operational: Cautious		[Current Risk Level]	[Progress bar]					
	Information	TBC	Operational: Cautious		[Current Risk Level]	[Progress bar]					
	Electronic Health Record	TBC	Operational: Cautious			[Current Risk Level]	[Progress bar]				
Healthcare Innovation	Healthcare Innovation	TBC	Operational: Cautious			[Current Risk Level]	[Progress bar]				
	Children's Public Health	TBC	Operational: Cautious		[Current Risk Level]	[Progress bar]					
	Clinical Trials	TBC	Operational: Cautious		[Current Risk Level]	[Progress bar]					

Key:
 Risk Appetite threshold [Blue bar]
 Current Risk Level [Circle]



TRUST BOARD in PUBLIC

29th May 2024

Title:	Self-certification with regard to the Provider Licence and Review of Compliance with the NHS Foundation Trust Code of Governance
Responsible Director:	Jonathan Coulter, Chief Executive Officer
Author:	Kate Southgate, Associate Director of Quality and Corporate Affairs

Purpose of the report and summary of key issues:	This report provides the proposed content of the Provider Licence and the review of compliance with the NHS Foundation Trust Code of Governance for approval.	
Trust Strategy and Strategic Ambitions:	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	x
	Person Centred, Integrated Care; Strong Partnerships	x
	Great Start in Life	x
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	x
	Digital transformation to integrate care and improve patient, child and staff experience	x
	Healthcare innovation to improve quality	x
Corporate Risks:	Non noted	
Report History:	The report was presented to the Audit Committee on the 5 th May 2024	
Recommendation:	The Trust Board are recommended to approve the Compliance declaration.	

Freedom of Information:	Available following approval at the Trust Board in Public
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8.3



TRUST BOARD in Public

Self-certification with regard to the Provider Licence and Review of Compliance with the Code of Governance for NHS Providers

29th May 2024

1.0 INTRODUCTION

NHS Foundation Trusts are required to self-certify annually whether or not they have complied with the conditions of the NHS provider licence. In addition, NHS England (NHSE) requires the Trust to make a number of governance declarations which are certified by the Board of Directors.

NHS England (NHSE) replaced the *NHS Foundation Trust Code of Governance* on 1st April 2023 with the *Code of Governance for NHS Provider Trusts*.

The declarations required in relate to the following conditions of the licence are:

1. Condition GS6(3): Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution by 31st May each year and publish this by 30 June each year.
2. Condition FT4(8): Providers must certify compliance with required governance standards and objectives by 30th June each year.
3. Section 151(5) of the Health and Social Care Act 2012 Training of Governors: Providers must review whether their governors have received enough training and guidance to carry out their roles. It is up to providers how they do this by 30th June each year
4. Conditions to support continuity of service (CoS7): Allows NHSE to assess whether there is a risk to services and to set out how services will be protected if a provider gets into financial difficulty by 31st May each year.

As reported to the Audit Committee and Board of Directors in 2023, the Guidance on Good Governance and Collaboration was enacted by NHSE in October 2022. Therefore the Trust is also required to review its compliance in relation to this guidance for 2023-24.

The key characteristics and illustrative minimum behaviours and KLOEs have been added to the template the Trust has in place for seeking compliance with the Provider Licence (under condition FT4).

The Executive Lead is identified as the Chief Executive Officer, supported by his Executive Directors and the Associate Director of Quality and Corporate Affairs (*company secretary*).

This paper provides a summary of the Provider Licence, the contextual information and sources of assurance.

These documents are presented as follows:

- HDFT self-assessment of compliance with the Provider Licence Conditions (including the information required with regard to Good Governance and Collaboration) (Section 2 of this report and Appendix 1)
- Statements required to be confirmed by the Board and published by the Trust (Appendix 2)

The Board will be required to provide a specific declaration with regard to Condition FT4(8) of the provider licence in the form of the annual report. To support the self-certification against Condition FT4(8), the Board of Directors will be required to certify that they are satisfied with the risks and mitigating actions against each area listed.

The Annual Report will be presented to the Executive Management Team for sign-off prior to final submission to the Board for approval on the 26th June 2024.

2.0 SELF-CERTIFICATION

Condition GS6(3) Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution

From the assurance provided the Trust Board of Directors is required to certify that it “is satisfied that, during the financial year most recently ended, it has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.”

It is recommended as outlined in Appendix 1 that this is certified as **Confirmed**

Conditions to support continuity of service (CoS7)

“After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.” NB This declaration depends on the outcome of the financial planning process, therefore further information will be added in relation to the relevant factors once that process is complete.

It is recommended as outlined in Appendix 1 that this is certified as **Confirmed**

Section 151(5) of the Health and Social Care Act 2012 Training of Governors

From the assurance provided the Trust Board is required to certify that it “is satisfied that, during the financial year most recently ended, the Trust has provided necessary training to its governors, as required by S151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.”

It is recommended as outlined in Appendix 1 that this is certified as **Confirmed**

Condition FT4(8): Providers must certify compliance with required governance standards and objectives by 30th June each year.

Is subject to the above, and will be review as part of the Annual Report and Accounts discussed at Trust Board in June 2024.

3.0 RECOMMENDATIONS

The Trust Board is recommended to:

- Confirm approval of the self-certification as outline in Section 2 of this report and in Appendix 1

Jonathan Coulter
Chief Executive
May 2024

Kate Southgate
Associate Director of Quality & Corporate Affairs

Condition GS6(3) Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution

The Trust is required to respond 'Confirmed' or 'Not confirmed' to the following statement. Explanatory information should be provided where required.

	Statement	Response (and supporting information/ assurance)	Risks and Mitigations
	<p>Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution</p>	<p>Confirmed Audit Committee received the draft annual in late April 2024.</p> <p>The Trust's Internal Audit progress report highlighted that they believe that the Head of Internal Audit Opinion would confirm that "there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently".</p> <p>The Head of Internal Assurance Report is planned to be presented to the Audit Committee. This is a key piece of evidence to support compliance against this condition of the provider licence. Further evidence to support this condition includes the Board Workshops and Board meeting discussions on the Annual Plan 2023-24. This includes all known risks to compliance, risk reports presented to each Audit Committee and Board meetings, the development of the Board Assurance Framework supported by the Annual Assurance Framework Opinion from Internal Audit, Resource Committee reports, Quality Committee reports, the Integrated Board Reporting arrangements, the quality governance review and the development of the Corporate Governance Framework.</p> <p>The Trust's information processes provide the opportunity to review performance data across multiple domains, to improve the availability and accuracy of data and the flow of information and assurance through the governance structure.</p>	<p>No risks identified</p>

Conditions to support continuity of service (CoS7)		
The Trust is required to respond 'Confirmed' or 'Not confirmed' to the following statement. Explanatory information should be provided where required.		
Statement	Response (and supporting information/ assurance)	Risks and Mitigations
This condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.	Confirmed The Trust complies with this condition and has agreements and contracts in place with Commissioners to continue to provide services. Full details are contained in the Annual Report	No risks identified

Section 151(5) of the Health and Social Care Act 2012 Training of Governors

The Trust is required to respond 'Confirmed' or 'Not confirmed' to the following statement. Explanatory information should be provided where required.

	Statement	Response (and supporting information/ assurance)	Risks and Mitigations
	<p>The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.</p>	<p>Confirmed During the year a wide range of activities have taken place to ensure that Governors have required training. This has included:</p> <ul style="list-style-type: none"> • Training, learning and development opportunities are available to Governors throughout the year and a comprehensive Governor induction programme is in place for new Governors. • All Governors have access to the external courses programme delivered by Governwell (the National Training Programme for Governors) which is routinely publicised amongst Governors • Communications from a range of sources, including the Kings Fund, NHS Providers, NHS England, CQC, WYAAT, ICB and the local Healthwatch are shared with Governors as appropriate to inform and support the development of their knowledge base with regard to the national and local health economy. • 4 x a year Public and Private Council of Governor meetings • 6 weekly informal governor sessions where the Chair, Chief Executives and rotating executive directors meet with governors to brief them on key areas of business as well as respond to a wide range of questions • Bespoke training sessions which have included: back to basis training, code of conduct training, specific topics such as digital strategy and PSIRF • 2 x governors observe each sub-committee of the Board • Weekly governor briefing via email 	<p>No risk identified</p>

Condition FT4(8): Providers must certify compliance with required governance standards and objectives			
The Trust is required to respond 'Confirmed' or 'Not confirmed' to the following statements, setting out any risks and mitigating actions planned for each one.			
	Statement	Response (and supporting information/ assurance)	Risks and Mitigations
1.	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	<p>Confirmed</p> <p>The Annual Governance Statement (AGS) outlines the main arrangements in place to ensure the Trust applies the principles, systems and standards of good corporate governance expected of it as a provider of health and social care services. This was reviewed in draft at the Audit Committee in May 2024.</p> <p>There is an internal audit programme including clinical audits in place, under the direction of the Audit Committee to ensure systems and processes are appropriately tested.</p> <p>The external auditors will deliver a robust annual audit plan reporting directly to the Audit Committee.</p>	No risks identified
2.	The Board has regard to such guidance on good corporate governance as may be issued by NHS E from time to time.	<p>Confirmed</p> <p>Declaration of compliance included in Annual Report;</p> <p>NHSI segmentation as per its Single Oversight Framework;</p> <p>Well Led assessment by the CQC last rated as "Good".</p>	No risks identified
3.	The Board is satisfied that the Licensee implements: (a) Effective Board and Committee structures (b) Clear responsibilities for its Board, for Committees reporting to the Board and for staff reporting to the Board and those Committees; and	<p>Confirmed</p> <p>The Board Committee structures reporting to the Board are defined and supported through a review of Committee Terms of Reference and reporting arrangements. The Board has formally delegated specific responsibilities to the Committees listed below, summary Chair's reports and formal minutes are provided to the Board following each of their meetings.</p>	No risks identified



	<p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	<ul style="list-style-type: none"> • Quality Committee • Resource Committee • Remuneration Committee • Audit Committee • People and Culture Committee • Innovation Committee <p>The Trust’s governance structure ensures the appropriate flow and review of information at service level and up through the Directorates to Senior Management Team (SMT) and SMT supporting groups, providing assurance to the Board and its Committees. The quality/clinical governance structure has been reviewed and revised, with Quality Governance Management Group playing a key role in this.</p> <p>The monthly SMT meeting provides scrutiny and monitoring of operational performance, which supports the working of the Board’s Committees.</p> <p>An internal audit review of governance through the working of the Board Assurance Framework was carried out during 2023-24, the report of which is expected in May 2024 to the Audit Committee noting Significant Assurance.</p>	
	<p>The Board is satisfied that the Licensee effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations;</p>	<p>Confirmed</p> <p>The Board’s infrastructure includes Board scrutiny/assurance Committees and various operational groups, to ensure that the Board of Directors can be assured that the organisation’s decisions and business are monitored effectively and efficiently.</p> <p>There are clear escalation routes up to the Board of Directors (as described above).</p> <p>b) SMT and supporting groups scrutinise key areas of performance including quality, workforce, finance, operational and contractual. The Committees review performance and risk by exception (and in accordance with ToR) at each meeting and subsequently provide</p>	<p>No risks identified</p>

	<p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p> <p>(d) For effective financial decision-making, management and control <i>(including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern)</i>;</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to</p>	<p>assurance to the Board of Directors through the Chair's reports highlighting any key recommendations or key risks identified.</p> <p>c) The Quality Committee reviews the patient experience and quality report, with quality performance data available and the Trust's compliance with CQC fundamental standards using an on-line tool to support service self-assessments against the CQC domains.</p> <p>An approved Quality Improvement and Audit Programme is in place, overseen by the Audit Committee.</p> <p>The Trust will also produce a Quality Account in accordance with regulatory requirements.</p> <p>d) The Trust reviewed its Standing Financial Instructions (SFIs) in 2019/20 to reflect current procurement practices and to respond to COVID; this determines the agreed framework for financial decision making, management and control. Following consideration by the Audit Committee and Board these temporary changes were made permanent in 2020/21. The SFIs are due for full review in 2024-25</p> <p>Systems of internal control are in place and are subject to regular audit on an annual basis through the Trust's internal audit programme and by external auditors.</p> <p>The Resource Committee and Audit Committee are the principal Committees that maintain oversight on this area. It is determined that there are robust systems and processes in place to monitor and oversee all CIP schemes.</p> <p>The Trust has a good track record of effective financial management and of achieving its statutory financial duties and this is of particular note during the COVID pandemic period.</p> <p>e) The Board and Committee meeting dates are scheduled to allow the most up-to-date information to be provided to meetings for scrutiny and assurance.</p>	
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	<p>date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (<i>including but not restricted to manage through forward plans</i>) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor NHS Improvement delivery of business plans (<i>including any changes to such plans</i>) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	<p>The Standing Orders for the Practice and Procedure of the Board of Directors enable the Chair to call a meeting of the Board at any time.</p> <p>The review of the quality governance framework as well as the introduction of the Corporate Framework is evidence of continued review and refresh required to ensure the information provided to the Board is timely and up to date.</p> <p>f) The Trust has an approved Risk Policy in place, the Board Assurance Framework (BAF) and Corporate Risk Register provide the framework through which risks are considered, reviewed and managed.</p> <p>The Board receives a summary of the Corporate Risk Register.</p> <p>The Board Assurance Framework forms the basis of the structure to Trust Board in Public and each section is reviewed at each Sub-Committee of the Board. The Audit Committee retains overall review of the process for the development of the BAF. The BAF is in the process of being revised for 2024-25 to align to the HDFT Impact Programme.</p> <p>g) The Trust has an Annual Planning process that ensures future business plans are developed and supported by appropriate engagement across the organisation. The Annual Plan is discussed in detail at the Resource Committee and by the Board before this is approved.</p> <p>h) The governance, risk and control processes in place ensures that any risks to legal requirements are considered to ensure the Trust remains compliant.</p>	
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5.	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) There is collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other</p>	<p>Confirmed</p> <p>a) There are appraisal processes in place to support Board members individually and collectively. The outcome of appraisals are reported to the Remuneration Nomination and Conduct Committee for Non-executive Directors, including the Chair and to the Remuneration Committee for the Executive Directors including the Chief Executive.</p> <p>b) There are QIA and EIA processes in place to support decision making processes for any service development or changes and any impact on the quality of care is carefully considered.</p> <p>c) The Quality Committee supports the monitoring of information on the quality of care; the monthly SMT receive a quality performance report from the Executive Director of Nursing, Midwifery and AHPs and the Executive Medical Director and the Quality Committee consider a detailed patient experience and quality report. Review and refresh of the quality/clinical governance in 2020/21 aims to further strengthen this area.</p> <p>The Quality Committee Chair reports any key decisions, risks and escalations to the Board.</p> <p>d) As above - the Board receives a report from the Quality Committee Chair and receives approved minutes of the Committee at the Board meeting held in private. The Board also receives the Quality Account.</p> <p>e) The Board, both Executive and Non-executive Directors play an active part in the organisation and the visibility of this was highlighted in the NHS Staff Survey. This has been further enhanced in year with</p>	No risks identified
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	<p>relevant stakeholders and takes into account, as appropriate, views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>a programme of “Meet the Executives” and “Walk-arounds” being development.</p> <p>Freedom to Speak Up arrangements were strengthened with the support of associate FTSUGs and champions, the “At Our Best” programme to support the cultural agenda, the health and well-being offer was particular strengthened, which was all overseen by People and Culture Committee.</p> <p>One of the Non-executive Directors (NED) is nominated as a NED lead to support ‘Freedom to Speak Up’ for the Trust and the Executive Director of Nursing, Midwifery and AHPs support the assurance arrangements in place to provide advice and support to the Board as necessary.</p> <p>The members of the Board, meet with the Council of Governors formally 4 times a year with 6 weekly informal meetings being held. Ad hoc activities are also programmed in through out the year.</p> <p>f) There is clear accountability for quality of care through the governance structures in place across the Trust, which reported to the Executive Director of Nursing, Midwifery and AHPs and the Executive Medical Director supported by the Associate Director of Quality and Corporate Affairs.</p>	
6.	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Confirmed</p> <p>All members of the Board, Clinical Directors, relevant Deputy Directors and those that carrying out a role to provide advice to the Board comply with the requirements of the Fit and Proper Persons Regulation. All members of the Board and senior decision makers are required to comply with the declaration of interests including loyalty interest policy, which was refreshed and processes and systems strengthened during the year.</p>	No risks identified

		<p>The annual appraisal process supports effective succession planning through talent conversations and a number of senior managers are engaged in national programmes to support their development to Director level, as appropriate.</p> <p>The Board of Directors during the year had considered its development needs discussing through its Board Workshops. External facilitation was engaged to support the Board development agenda throughout the year.</p>	
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Appendix 2 – Statements Required to be Confirmed by Board by May and June 2024

1. Statements required to be confirmed by Board by 31 May 2024

G6 Declaration

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

CoS7 Declarations

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

2. Statements required to be confirmed by Board by 30 June 2024

FT4 Declaration

1. The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time
3. The Board is satisfied that the Licensee has established and implements: a. Effective board and committee structures; b. Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and c. Clear reporting lines and accountabilities throughout its organisation.
4. The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:
 - a. To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
 - b. For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
 - c. To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;
 - d. For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);
 - e. To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making

- f. To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;
 - g. To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and h. To ensure compliance with all applicable legal requirements.
5. The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:
- a. That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
 - b. That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
 - c. The collection of accurate, comprehensive, timely and up to date information on quality of care;
 - d. That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
 - e. That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
 - f. That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.
6. The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

3. Certification on Training of Governors in accordance with s151(5) of the Health and Social Care Act 2012

The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

TRUST BOARD in Public

29th May 2024

Title:	Pledge to the Code of Conduct, Nolan Principles and HDFT Kite Values
Responsible Director:	Sarah Armstrong, Chair Jonathan Coulter, Chief Executive
Author:	Kate Southgate, Associate Director of Quality and Corporate Affairs

Purpose of the report and summary of key issues:	<p>Governance principles are set out in the Nolan Principles: The Seven Principles of Public Life, which sets out the behaviours of senior leaders and Boards of Directors. This is supported by the Health and Social Care Act Regulation 2015 which sets out the requirements for NHS bodies to meet the Fit and Proper Person Test as well as supporting the principles of Duty of Candour which should ensure that the Trust is open, honest and transparent.</p> <p>All NHS Boards and Council of Governors are required to have a Code of Conduct that underpins the behaviours of members. The Trust Board are annually invited to endorse their support to the Code of Conduct for Directors at HDFT.</p>	
Trust Strategy and Strategic Ambitions:	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	x
	Person Centred, Integrated Care; Strong Partnerships	x
	Great Start in Life	x
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	x
	Digital transformation to integrate care and improve patient, child and staff experience	x
Healthcare innovation to improve quality	x	
Corporate Risks:	No Corporate Risk associated with this paper	
Report History:	The Board reviews and receives this annual deceleration each year.	
Recommendation:	The Trust Board are recommended to endorse the Board of Directors Code of Conduct and ensure all Directors of HDFT sign the deceleration.	

Freedom of Information:	Available once published as part of Trust Board in Public papers.
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8.4

TRUST BOARD (in Public)

PLEDGE TO CODE OF CONDUCT, NOLAN PRINCIPLES AND HDFT KITE VALUES 29th May 2024

1.0 INTRODUCTION

Governance principles are set out in the Nolan Principles: The Seven Principles of Public Life, which sets out the behaviours of senior leaders and Boards of Directors. This is supported by the Health and Social Care Act Regulation 2015 which sets out the requirements for NHS bodies to meet the Fit and Proper Person Test as well as supporting the principles of Duty of Candour which should ensure that the Trust is open, honest and transparent.

All NHS Boards and Council of Governors are required to have a Code of Conduct that underpins the behaviours of members.

The Trust Board are annually invited to endorse their support to the Code of Conduct for Directors at HDFT.

The Council of Governors are bi-annually invited to endorse their support to the Code of Conduct for Governors and the wider Council at HDFT.

2.0 BOARD OF DIRECTORS - CODE OF CONDUCT

The Board of Directors – Code of Conduct is detailed in full at Appendix 1.

3.0 RECOMMENDATIONS

The Board are recommended to endorse the Board of Directors Code of Conduct and ensure all Director of HDFT sign the declaration.

Kate Southgate,
Associate Director of Quality and Corporate Affairs

May 2024

Harrogate and District NHS Foundation Trust Board of Directors – Code of Conduct

1. Introduction

High standards of corporate and personal conduct are an essential component of public service enabling public confidence and assurance. The purpose of this Code of Conduct ('the Code') is to provide clear guidance on the standards of conduct and behaviour expected of all directors.

As an NHS Foundation Trust, Harrogate and District NHS Foundation Trust (HDFT) complies with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice. The HDFT Board of Directors is a unitary Board, meaning that Directors have equal and shared accountability. This code also applies to non-voting Associate and Clinical Directors who attend Board of Director meetings.

The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all Directors. It seeks to outline the appropriate conduct for Directors of Harrogate and District NHS Foundation Trust ('the Trust'). It addresses both the requirements of office and of personal behaviour.

This Code, with the Board Code of Conduct and the NHS constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust. The Code is intended to operate in conjunction with the Trust's Constitution, Standing Orders and the Code of Governance for NHS Foundation Trusts. The Code applies at all times when Directors are carrying out the business of the Trust or representing the Trust.

2. Compliance, interpretation & concerns

All Directors are required to give an undertaking that they will comply with the provisions of this Code. Questions and concerns about the application of the Code should be raised with the Company Secretary. The Chair will be the final arbiter of interpretation of the Code.

3. Principles of public life

The principles underpinning this Code of Conduct are drawn from the 'Seven Principles of Public Life'¹ as follows:

- **Selflessness:** Holders of public office should act solely in terms of the public interest.
- **Integrity:** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- **Objectivity:** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- **Accountability:** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

- **Openness:** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty:** Holders of public office should be truthful.
- **Leadership:** Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

4. The Trust's vision & values

The Trust's purpose is "the patient and child first", meaning improving the health and wellbeing of our patients, children and communities. To do this the Trust's ambitions are to provide:

- Best quality, safest care;
- Person-centred, integrated care; strong partnerships;
- A great start in Life.

The Trust's values lie at the heart of who we are, what we do, and the culture we want to establish, having a direct impact upon both colleagues and the public we service.

Our KITE values are:

- **Kindness** - We show compassion, and are understanding and appreciative of other people.
- **Integrity** - We display personal and professional integrity, are honest and bring a positive attitude.
- **Teamwork** - We are helpful to each other, listen intently and communicate clearly.
- **Equality** - We show respect, we are inclusive and we act fairly

5. General principles, directors' duties and liabilities

Foundation Trust Boards' of Directors have a duty to conduct business with probity, to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct. The general duty of the Board of Directors, and of each director individually, is to:

- Promote the success of the organisation so as to maximise the benefits for the members of the organisation as a whole and for the public.
- Work with the Trust's Council of Governors in an open and transparent way and observe and embed of a duty of candour throughout the organisation.
- Set an example in the conduct of its business and to promote the highest corporate standards of conduct.
- Ensure that the provisions of the Constitution, the Standing Orders, Standing Financial Instructions and accompanying scheme of delegation conform to best practice and serve to enhance standards of conduct. The Board of Directors expects that this code will inform and govern the decisions and conduct of all Directors.

6. Confidentiality and access to information

Directors must comply with the Trust's confidentiality policies and procedures. Directors must not disclose any confidential information, except in specified lawful circumstances, and advisably, only in consultation with the Company Secretary.

Information on decisions made by the Board of Directors and information supporting those decisions should be made easily available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation and Directors must not seek to prevent a person from gaining access to information to which they are legally entitled.

The Board of Directors has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be followed at all times by Board of Directors.

Nothing said in this code precludes Directors from making a protected disclosure within the meaning of the Public Disclosure Act 1998.

Nothing said in this Code precludes Directors from making a protected disclosure within the meaning of the Public Disclosure Act 1998. The Company Secretary or the Freedom to Speak Up Guardian should be consulted for guidance.

7. Fit and proper person

It is a condition of the Trust's licence that each Director serving on the Board of Directors is a 'fit and proper person'. A person may not continue as a member of the Board of Directors if they are:

- (a) a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged,
- (b) a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it,
- (c) a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her,
- (d) subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

Directors must certify on appointment, and each year, that they are/remain a fit and proper person. If circumstances change so that a Director can no longer be regarded as a fit and proper person, or if it comes to light that a Director is not a fit and proper person, they are suspended from being a Director with immediate effect pending confirmation and any appeal. Where it is confirmed that a Director is no longer a fit and proper person, their membership of the Board of Directors is terminated in accordance with the Constitution.

8. Register of interests

Directors are required to register all relevant interests in the Trust's register of interests in accordance with the provisions of the Constitution and the Trust's Conflicts of Interest Policy. It is the responsibility of each Director to provide an update to their register entry (within 7 days) if their interests change. A pro forma is available from the Company Secretary. Failure to register a relevant interest in a timely manner may constitute a breach of this Code.

9. Conflicts of interest

Directors are required to comply with the Trust's Conflicts of Interest Policy. In particular, Directors must avoid a situation in which they have a direct or indirect interest that conflicts or may conflict with the interests of the Trust. Directors must not accept a benefit from a third party by reason of being a Director for doing (or not doing) anything in that capacity. Directors must not offer a benefit to a third party by reason of being a Director for doing (or not doing) anything in that capacity.

Directors are required to declare the nature and extent of any interest at the earliest opportunity. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. It is then for the Chair to advise whether it is necessary for the Director to refrain from participating in discussion of the item or withdraw from the meeting. Failure to comply is likely to constitute a breach of this Code.

10. Gifts & hospitality

The Board of Directors will set an example in the use of public funds and the need for good value in incurring public expenditure. The use of the Foundation Trust budget for hospitality and entertainment, including hospitality at conferences or seminars, will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board of Directors is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the Foundation Trust in the eyes of the community.

The Board of Directors has adopted a policy on gifts and hospitality (The Conflicts of Interest Policy) which will be followed at all times by Directors. Directors must not accept gifts or hospitality other than in compliance with this policy.

11. Whistle-blowing / Speaking Up

The Board of Directors acknowledges that staff must have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature and positively establishes a culture for sharing concerns. The Board of Directors has adopted a Speaking Up (whistle-blowing) policy on raising matters of concern which will be followed at all times by Directors and all staff.

12. The Bribery Act 2010

The Board of Directors will ensure that it acts at all times in compliance with the Bribery Act 2010, acknowledging that it is a criminal offence to give, promise, or offer a bribe and to request, agree or receive a bribe.

13. Meetings

Directors have a responsibility to attend meetings of the Board of Directors and of any committees or working groups to which they are appointed. When this is not possible, apologies should be submitted to the Company Secretary in advance of the meeting. Persistent absence from Board of Directors' meetings without good reason is likely to constitute a breach of this Code.

14. Personal conduct

Directors are expected to adopt and promote the values of the Trust and the NHS. Moreover, Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute. Specifically, directors must:

- Treat each other, Directors and Trust staff with respect; not breach the equality rights and not bully any person.
- Not seek to use their position improperly to confer an advantage or disadvantage on any person and must comply with the Trust's rules on the use of its resources.
- Uphold the seven principles of public life (see above).
- Be honest and act with integrity and probity at all times;
- Respect and treat with dignity and fairness, the public, service users, relatives, carers, NHS staff and partners in other agencies.
- Seek to ensure that fellow Directors are valued as colleagues and that judgements about colleagues are consistent, fair and unbiased and are properly founded;
- Accept responsibility for their actions.
- Show their commitment to working as a team member by working with colleagues in the NHS and wider community.
- Seek to ensure that the membership of the constituency they represent is properly informed and able to influence services.
- Seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social or economic status or national origin.
- Comply with the Standing Orders and Standing Financial Instructions of Harrogate and District NHS Foundation Trust.
- Respect the confidentiality of individual patients and comply with the confidentiality policies of the Trust.
- Not make, permit, or knowingly allow to be made, any untrue or misleading statement relating to their duties or the functions of the Trust.
- Seek to ensure that the best interests of the membership, general public, service users, stakeholders and staff are upheld in decision making and the decisions are not improperly influenced by gifts or inducements.
- Acknowledge that Harrogate and District NHS Foundation Trust is an apolitical organisation.
- Support and assist the Accountable Officer of the Trust in their responsibility to answer to the Independent Regulator, Commissioners and the public in terms of fully faithfully declaring and explaining the use of resources and the performance of the total NHS in putting national policy into practice and delivering targets.
- Must have regard to advice provided by the Chair, Chief Executive and Company Secretary pursuant to their duties.

It is essential that the conduct and behaviour of Directors at all times support the ethos and values of the Trust. Should there be any concern about the activities of a Director the nature of which might undermine public confidence then the Chair's decision on that person's role will be final.

15. Training & development

The Trust is committed to providing appropriate training and development opportunities for Directors to enable them to carry out their role effectively. Directors are expected to undertake to participate in training and development opportunities that have been



identified as appropriate for them. To that end, Directors will participate in the appraisal process and any skills audit carried out by the Trust.

16. Visits to Harrogate and District NHS Foundation Trust Premises or other services provided by the Trust

Where Directors wish to visit the premises or services of Harrogate and District NHS Foundation Trust in a formal capacity, as opposed to individuals in a personal capacity, the Director should make arrangements in advance.

17. Review and revision of the Code

This Code has been agreed by the Board of Directors on *26 July 2023*. The Company Secretary will lead an annual review of the Code. It is for the Board of Directors to agree to any amendments or revisions to the Code.

18. Declaration

I hereby confirm that I will adopt and comply with this Code of Conduct for the Board of Directors.

Signed:

Name:

.....

.....

Date:

1. <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life-->