

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC SAFE DOMAIN

Safety is a priority for everyone. People should always be safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.

- **Learning culture** - We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
- **Safe systems, pathways and transitions** - We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- **Safeguarding** - We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.
- **Involving people to manage risks** - We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.
- **Safe environments** - We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.
- **Safe and effective staffing** - We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people's individual needs.
- **Infection prevention and control** - We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.
- **Medicines optimisation** - We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Lead Committee	Quality Committee	Summary:
Executive Committee	Quality Management Group (QMG)	CHS2: The risk of accidents and unauthorized access at the HDH Goods Yard necessitates immediate attention. While temporary security measures are in place, a more comprehensive approach, including capital investment for long-term solutions, is required to ensure safety.
Initial Date of Assessment	1 st July 2022	CHS3: Ensuring compliance with fire safety regulations is critical to prevent potential harm to employees, patients, and others. Immediate action, including policy updates and infrastructure investment is necessary to address fire-related risks effectively.
Last Reviewed	April 2024	CHS5: Violence and aggression against staff has been a high importance risk for the trust, mitigations have reduced the rating to 12 in March CHS8: The risk associated with RAAC roofing presents a significant threat to safety and requires immediate action. While ongoing inspections and funding for remedial work are in place, a comprehensive plan for roofing replacement is necessary to ensure the safety of employees, patients, and others. The rating was reduced to 16 February 24. This risk has the sits highest outside the risk appetite.

Corporate Risk ID	Strategic Ambition	Type	Principle Risk:	CHS2: HDH Goods yard	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR75: CHS2 Health and Safety	An Environment that promotes wellbeing	Operational; Health & Safety	Unauthorized access and safety hazards in the HDH Goods Yard may result in major injuries, fatalities, or permanent disability due to inadequate security measures, non-compliance with safety regulations, and improper use of the area, posing a risk to the objective of maintaining a safe and secure environment for employees, patients, and others within the hospital premises.		Minimal	16	12	12	8	July 24
Key Risk Indicators			Current Position		Controls and Plans					
Board level lead for Health and Safety			Risk assessment completed for the goods yard.		Capital investment will be required to implement all control measures identified within the risk assessment. With plans to include this in backlog maintenance work.					
Annual Audit programme for Health and Safety			Temporary measures have been implemented: Security guard (Mon-Fri 8am – 6pm)		Discussions with Medical Gases Group / Pharmacy over non-conformity of physical barriers and controls in place for protection of the liquid oxygen store. Additional work will need to be included in costs for Goods Yard improvements					
Health & Safety Committee			Temporary heras fenced walkway to access Pharmacy lift and stairwell. Instruction to all Trust staff made via email and Team talk. Use of his-vis clothing for those that need to routinely access the yard as part of their duties. Review of storage of bikes in hospital buildings has been completed		Risk assessment is to be reviewed every quarter reporting to H&S committee					
			Instruction to contractors that the yard area is not to be used as a car park, delivery drop off / collection only. Loading bay entrance remains unsecure 24/7 as doors do not close. Particular security issue on an evening / during the night when staff presence is limited and access remains open to patients and others. New pedestrian crossing markings provided July 2023 at entrance to goods yard / car park		Review of access arrangements for catering entrance.					
			<ul style="list-style-type: none"> Recent incident involving T3 security guard and member of HDFT staff, has led to urgent review of provision within the Goods Yard. New communications to be shared with all HDFT staff re; use of the goods yard 		Review of waste segregating and disposal					
					Updates following meeting with waste AE: a new waste management group is to be established to assist the process					
					Backlog Maintenance consultation and introduction as packages of work					

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Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS3: Managing the risk of injury from fire	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR75: CHS3 Health and Safety	An Environment that promotes wellbeing	Operational; Health & Safety	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permanent disability to employees, patients and others, and the unauthorised access of persons to restricted areas of the hospital through the loading bay entrance.	Minimal	20	15	15	10	Sept 24
Key Risk Indicators			Current Position	Controls and Plans					
Updated Fire Safety Policy and associated management protocols			Fire risk assessments are not currently available for all areas of HDH	Review of all current fire safety provisions					
Completion of fire assessments			Fire safety measures have been identified and are in the process of being implemented fully, of these fire compartmentation and fire door safety measures are inadequate.	Review of HDH fire compartmentation being carried out, to result in action plan for required remedial work.					
Appointment of competent Fire Manager and Authorising Engineer			There is no clear picture of the Fire safety standards in properties leased by the Trust	Production of evacuation plans and training on evacuation. Mott MacDonald have produced a Fire and Life Safety Strategy Report – this details a number of urgent issues which require remedial action. To separate fire risk in to individual risk entries – General Fire (RA's/Evac Plans/Training), Fire Alarm System, Fire strategy for HD site, including compartmentation/fire doors/remedial work to fire dampers.					
Completion of assessments			As part of Backlog Maintenance report – HDH site Fire Alarm system has been identified as being in need of urgent investment, Protec have provided a quotation in excess of £1.6m to replace the existing fire system	These will be added to the H&S Risk Register and escalated where appropriate. Work on this will be reported via the Fire Safety Group/H&S Committee/Environment Board.					
Implementation of fire procedures and policies			Review of all compartmentation and fire doors at HDH. With an action plan in place to carry out identified remedial work.	Costs for the remedial work for compartmentation, fire doors and fire dampers are being obtained - Initial fire door remedial work to take place in medical records, due to high risk nature of the area, using existing 23/24 backlog funds – approx. £15k					
Communication of fire procedures to all employee			New Fire Policy and Fire Management Procedures in place.	Meeting with Operations Directors to add clinical risk priority to Backlog Maintenance paper					
Audits and reviews of the above conditions at appropriate intervals.			SLA with Leeds Teaching Hospitals NHS Trust (LTH) is fully implemented. Mark Cox attending site weekly to carry out a range of activities (including review of all fire risk assessments, review of fire strategy in relation to current construction work, delivery of ad hoc training)	Recommendations of the Fire Authority being actioned					
			Fire safety group established with monthly meetings, this provides actions from all risk assessments. The group will monitor the actions and escalate actions through the health and safety committee.	Meetings to be held with clinical teams to progress the creation of suitable evacuation plans					
			Following two fire incidents fire reviews indicated all measures were in place. Chubb have now taken over maintenance and replacement of fire-fighting equipment to address previous failure to ensure 12 month checks are completed.	New Monthly Acute and Community Fire Checklist being produced to completed by all teams / departments / community locations					

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Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS5: Violence and aggression against staff	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR75: CHS5 Health and Safety	An Environment that promotes wellbeing	Operational; Health & Safety	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality or permanent disability to employees due to the failure to manage the risk of staff being subjected to acts of violence and aggression whilst carrying out normal duties, due to lack of suitable control measures and appropriate training.	Minimal	16	16	12	8	May 24
Key Targets			Current Position	Controls and Plans					
Suitable and sufficient assessments of risk Trust / HIF activities.			<ul style="list-style-type: none">Current policies for Violence & Aggression, Security and Lone Working are out of date and do not reflect the current makeup of the Trust, the services it provides, locations and resources.Risk assessments, where available, are generic and do not provide clear identification of hazard or control measures.Security presence in the Acute setting is limited - Security guard in place on ED 6pm - 6am, currently single LSMS supporting entire Community footprint.Training is limited and is not currently provided to staff on a risk based approach.Conflict Resolution (Breakaway Skills) training provided to approximately 220 staffEscalation procedures for staff in response to incidents and the procedures to follow when dealing with patients is limited and not consistently applied.Reports on a daily basis of incidents of violence and aggression against staff across the Trust, both physical and verbal (20-30 Datix reports per month).Trust supports and promotes a zero tolerance approach to V&A, however there is a culture of accepted levels.Trust Security Forum in place – now reports directly to the Trust H&S CommitteeLigature assessment and training scheduled	<ul style="list-style-type: none">Task and Finish group established (led by Head of H&S and HON LTUC) – broad remit to review all existing policies, procedures and implement improvements where required.					
Supported by up to date policies that reflect the activities carried out by the Trust and the geographical differences created.				<ul style="list-style-type: none">Phase 1 work reviewing managing Patients who may self-harm / those suffering with mental health issues. New policy- in draft					
Risk assessments, policies and control measures actively monitored and reviewed.				<ul style="list-style-type: none">New environmental assessments and creation of green spaces to allow safe areas for patients and staff (complete in Farndale and Oakdale) – to be continued across Acute setting					
Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.				<ul style="list-style-type: none">Provision of ligature trainingIncrease in provision of Breakaway Skills training to staff based on risk.Mandatory elearning Conflict Resolution training for all HDFT staff					
Provision of appropriate training and information to all Trust staff clinical and non-clinical.				<ul style="list-style-type: none">Visits to all Community teams/locations to identify current security, lone working proceduresPhase 2 work for Task and Finish group has started – looking at the management of patients with dementia/deliriumBusiness case for resource to increase Conflict Resolution – Breakaway Skills training					
Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS8:RAAC	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR75: CHS8 Health and Safety	An Environment that promotes wellbeing	Operational; Health & Safety	Organisational risk to compliance with legislative and NHSE requirements, with the risk of major injuries, fatalities, or permanent disability to employees, patients and others, due to the failure to manage the risk associated with RAAC roofing.	Minimal	16	20	20	8	June 24
Key Targets			Current Position	Controls and Plans to implemented					
Structural inspection / surveying			<p>The HDH sit has been surveyed by WSP and an identification and deflection survey is on going. Some temporary safety measures have been implemented to support the roof. Areas of immediate action have been identified and at risk areas have also been identified. (ALL initial RAAC emergency work is complete)</p> <p>Funding of £490k secured from NHSE for 22/23, which will cover costs already incurred, surveying and remedial work being carried out. Additional bid made for 23/24</p> <p>Responses from community landlords are being received (reminder email sent by Director of Strategy)- Data Collection Questionnaire for NHSE has been completed and sent</p> <p>The trust is expecting to hear about the funding arrangements imminently</p> <p>Year 1 report indicates increased likelihood of a panel collapse – assessment of risk of collapse vs risk of harm cancelling clinical services in those areas required</p> <p>B3 Corridor (Farndale to ITU) has had significant water ingress – increasing likelihood of panel collapse</p> <p>Year 1 Report now received from WSP – analysis shows significant areas of remedial work required. Further meetings with WSP to identify course of action</p> <p>Relocation of teams and services are being implemented and monitored through fortnightly meetings.</p>	To undertake and annual survey of every plank; or more frequently as advised by your structural engineer					
Health & Safety Committee surveying and ultimately to record plank condition				Be part of a communications approach led by NHS England, cognisant of: SCOSS Guidance; Duty of Candour; and duties under the Health and Safety at Work etc. Act 1974 Strategic plan in place to identify remedial action needed, with long term plan to eliminate RAAC from site by 2035.					
Results from Regular progress reports to board and sub committees of the current position on RAAC Plans and the Risks				Task group to be established, via Environment Board. Head of Estates and Head of H&S to lead – initial discussions with EPRR manager held					
				Business Case being developed to implement RAAC eradication plan, including additional funding from NHSE – intention is to incorporate backlog maintenance work where possible. Work to carried out includes temporary stalls, netting and a scaffold crash deck in addition to relocation of services					
				Year 1 Report now received from WSP – analysis shows significant areas of remedial work required. Further meetings with WSP to identify course of action					

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CQC CARING DOMAIN														
	<p>People are always treated with kindness, empathy, and compassion. They are supported to live as independently as possible. Their privacy and dignity are respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them.Kindness, compassion and dignity - We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.</p> <ul style="list-style-type: none">• Treating people as individuals - We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.• Independence, choice and control - We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.• Responding to people's immediate needs - We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.• Workforce wellbeing and enablement - We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.													
Lead Committee		Quality Committee: People and Culture (Workforce Risk)		Summary in Month: CRR93 is focused on the Caring Domain, aiming to ensure workforce wellbeing and deliver quality care. 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. CRR93 has been added to the risk register in March 24, further development of the key metrics and plans is required.										
Executive Committee		Quality Management Group (QGMG) (Clinical) Workforce Committee (Workforce)												
Initial Date of Assessment		1 st July 2022												
Last Reviewed		March 2024												
Corporate Risk ID	Strategic Ambition	Type	Principle Risk:						Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR93:	At Our Best – Making HDFT the Best Place to Work	Workforce; Supply and retention	Risk to patient safety due to low staffing levels Risk to colleague health and wellbeing due to sustained work pressures						Cautious	12	12	12	4	Sept 25
Key Targets			Current Position					Controls and Plans to implemented						
Band 6 Availability to work to increase to 80% each day			The service model in North Yorkshire differs greatly to other 0-19 models due to reduction in public health grant and financial envelope of the contract, transformation of the service to meet the specification and financial envelope, some colleagues do not want to deliver the model. This combined with national challenges to recruit and retain Health Visitors has led to reduced Band 6 availability to lead the delivery of the Healthy Child Programme. Consequence – Low staff morale impact on health and wellbeing of the workforce, challenges to meet KPIs Cause- increased work pressures due to high turnover and sickness, gaps in workforce due to difficulty recruiting to Band 6 roles.					Ongoing recruitment and retention work as part of the Workforce workstream and recruitment strategy						
• Turnover rate								• Increased number of SCPHN students supported in 24/25						
• Stability index of team								• Consultation for Virtual Team implementation commences 2/4/24						
• Long term sickness rate								• Review of standards of roster creation and agreed staffing level						
Short term sickness rate			The North Yorkshire 0-19 Service has reduced availability of Band 6 workforce to assess, plan and deliver and co-ordinate delivery of the Healthy Child Programme to the population of North Yorkshire. The service covers a geographical area covering 3100 square miles with limited estate, a reduction in the availability of band 6 practitioners delays timely delivery of mandated contacts and planned targeted and specialist support. Health Visitors and Public Health Nurses have higher than average caseloads with some Health Visitors having in excess of 1000 children they are the named Health Visitor, when the service was modelled with the reduced public health grant it was expected Health Visitors would have approx. 420 children on their caseload, numbers are currently high due to vacancy and sickness. Universal contacts provide an opportunity to deliver early intervention and prevention thus ultimately increasing pressures within the health and social care system.											

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CQC RESPONSIVE DOMAIN												
<p>People and communities are at the centre of how care is planned and delivered at all times. Their health and care needs are understood and they are actively involved in planning care that meets these needs. Care, support, and treatment are easily accessible, including physical access. People can access care in ways that meet their circumstances and protected equality characteristics</p> <ul style="list-style-type: none">• Person-centred care - We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.• Care provision, integration, and continuity - We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.• Providing information - We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.• Listening to and involving people - We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what’s changed as a result.• Equity in access - We make sure that everyone can access the care, support and treatment they need when they need it.• Equity in experiences and outcomes - We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.• Planning for the future - We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.												
Lead Committee	Resource Committee	Summary in Month: This area of the Corporate Risk Register is linked to the Responsive Domain. 1. CRR34: Autism Assessment <ul style="list-style-type: none">• Description: Risk to quality of care by not meeting NICE guidance regarding the commencement of autism assessment within 3 months of referral. Risk includes potential lack of access to appropriate support without a formal diagnosis, leading to deterioration in condition.• Current Status: Backlog of referrals exceeds NICE standards, with projected wait time of 43 months by end August 24.• Controls and Plans: Efforts to reduce waiting list, increase assessment capacity to meet demand, and standardize referral criteria. Lack of funding for capacity gaps poses a challenge. 2. CRR41: RTT (Referral to Treatment) – De-escalated in March 24 3. CRR61: ED 4-hour Standard <ul style="list-style-type: none">• Description: Risk of increased morbidity/mortality due to failure to meet the 4-hour standard in Emergency Departments.• Current Status: Performance below local target, with ongoing challenges such as building works limiting space and streamlining pathways.• Controls and Plans: Capital works to improve ED infrastructure, streaming initiatives, and plans for improvement likely to take 3-6 months to address contributing factors. 4. CRR90: Haematology Service Delivery – The rating has been reduced to 8 in May. This risk has been removed from the register <ul style="list-style-type: none">• Description: Risk to patient safety from failure to provide full haematology service due to staffing gaps in consultant workforce.• Current Status: Thorough review of rota to highlight future gaps, challenges with recent departure of planned locum cover.• Controls and Plans: Seeking new locum consultant, considering pausing 2-week wait referrals, recruitment of consultants and trainee ACPs, and streamlining clinic capacity.										
Executive Committee	Operational Management Group (OMG)											
Initial Date of Assessment	1 st July 2022											
Last Reviewed	April 24											
Corporate Risk ID	Strategic Ambition	Type	<u>Principle Risk:</u> CRR34: Autism Assessment				Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR34: Autism Assessment	Great Start in Life	Clinical; Patient Safety	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)				Minimal	12	15	15	8	May 26
Key Targets			Current Position				Controls and Plans to implemented					
Waiting list would have to be reduced to 120 and longest wait to 13 weeks.			We have modelled the impact of the funded Waiting List Initiative (WLI) for 2023/24 and it will only slow the growth of the waiting list. The projected wait for assessment by end August 24 is now 43 months; this has increased due to the 6 month average monthly referral rate of 86 and the higher current waiting list numbers.				The progress with PLACE based work. Mobilisation of WLI and new pathways					
Baseline capacity would need to meet the referral rate.			Non-recurrent funding challenges service management due to lead times for capacity acquisition and staff training, exacerbated by national shortages. Loss of a key clinical team member impacts medium-term assessment capacity.				In order to stabilise the waiting list we would need to increase the service capacity to approx. 90 assessments per month with the additional staffing costing £490k full year effect. The modelling has been shared at the CC Resources Review Meeting and has been escalated to the place ICB meeting with Execs as it was felt HDFT could no longer carry all the risk of these waits and there is currently no agreed plan to provide the resources required to address this longer term.					
Numbers on the waiting list												
Longest wait of CYP having commenced assessment												
Longest projected wait of CYP joining the waiting list												
Activity												
■ To meet the monthly ICB target for number of assessments												
■ Meet the annual planned target for assessments												

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CRR61 ED 4-hour Standard																	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date																																																							
CRR61: ED 4-hour Standard	Best Quality, Safest Care	Clinical; Patient Safety	Risk of increased morbidity/ mortality for patients due to failure to meet the 4 hour standard																	Minimal	12	12	12	8	November 24																																																							
																				Controls and Plans to implemented																																																												
Key Targets			Current Position																	Controls and Plans to implemented																																																												
A&E 4 hour target to be met, 6 hour breaches <102 per month and 0 x 12 hour breaches			4 hour performance The national target for the 4 hour standard has been reduced from 95% to 76% until March 2024. HDFT hope to exceed this target and our local target for the 4 hour standard is 81%. This has continued into November and December as bed occupancy has increased. Year to date performance is currently 74.33%																	Support streaming with outreach work to improve streaming pathways to HDFT specialties, however getting buy in from other departments has been a challenge																																																												
4 hour performance The national target for the 4 hour standard has been reduced from 95% to 76% until March 2024. HDFT hope to exceed this target and our local target for the 4 hour standard is 81%.			<table><tr><td></td><td>Oct 22</td><td>Nov 22</td><td>Dec 22</td><td>Jan 23</td><td>Feb 23</td><td>Mar 23</td><td>Apr 23</td><td>May 23</td><td>June 23</td><td>July 23</td><td>Aug 23</td><td>Sept 23</td><td>Oct 23</td><td>Nov 23</td><td>Dec 23</td><td>Jan 24</td><td>Feb 24</td></tr><tr><td>Type 1 & 3</td><td>68%</td><td>66%</td><td>63%</td><td>72%</td><td>81%</td><td>78%</td><td>83%</td><td>81%</td><td>80%</td><td>82%</td><td>73%</td><td>65%</td><td>70%</td><td>68.7%</td><td>66.9%</td><td>71.1%</td><td>71.8%</td></tr></table>																		Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Type 1 & 3	68%	66%	63%	72%	81%	78%	83%	81%	80%	82%	73%	65%	70%	68.7%	66.9%	71.1%	71.8%	• Capital works ongoing to reconfigure ED to support new ways of working that will improve performance (ambulance RIAT bay)																								
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			In Feb 24 there were 1,153 patients who spent longer than 6 hours in the department.																	• The plans for improvement in performance are likely to take 3-6 months to address the different elements contributing to poor performance																																																												
12 hour waits			<table><tr><td></td><td colspan="2">12 Hour DTA</td><td colspan="2">12 Hour total wait</td></tr><tr><td>May 23</td><td colspan="2">1*</td><td colspan="2">30</td></tr><tr><td>June 23</td><td colspan="2">1</td><td colspan="2">38</td></tr><tr><td>July 23</td><td colspan="2">0</td><td colspan="2">33</td></tr><tr><td>August 23</td><td colspan="2">0</td><td colspan="2">65</td></tr><tr><td>September 23</td><td colspan="2">1</td><td colspan="2">119</td></tr><tr><td>October 23</td><td colspan="2">14</td><td colspan="2">167</td></tr><tr><td>November 23</td><td colspan="2">46</td><td colspan="2">226</td></tr><tr><td>December 23</td><td colspan="2">71</td><td colspan="2">332</td></tr><tr><td>January 24</td><td colspan="2">124</td><td colspan="2">344</td></tr><tr><td>February 24</td><td colspan="2">42</td><td colspan="2">202</td></tr></table>																		12 Hour DTA		12 Hour total wait		May 23	1*		30		June 23	1		38		July 23	0		33		August 23	0		65		September 23	1		119		October 23	14		167		November 23	46		226		December 23	71		332		January 24	124		344		February 24	42		202							
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	30 Min HO (including 60+ mins)		60+ Min HO																																																																													
May 23	6		0																																																																													
June 23	9		0																																																																													
July 23	12		0																																																																													
August 23	22		3																																																																													
September 23	15		1																																																																													
October 23	34		11																																																																													
November 23	36		11																																																																													
December 23	36		10																																																																													
January 24	4		1																																																																													
February 24	7		3																																																																													

Harrogate and District NHS Foundation Trust Corporate Risk Register

USE OF RESOURCES		
Use of resources area Key lines of enquiry (KLOEs)		
<ul style="list-style-type: none">• Clinical services - How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?• People- How effectively is the trust using its workforce to maximise patient benefit and provide high quality care?• Clinical support services - How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients?• Corporate services, procurement, estates and facilities - How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?• Finance - How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients?		
Lead Committee	Resource Committee	Summary in Month: This area of the Corporate Risk Register is linked to the Use of Resources Domain. Agency Usage (CRR71) – The target score of 9 was met in January 24 therefore the risk has been removed from the CRR. Underlying Financial risk, (CRR76) has seen a considerable change in March 24 with the PDC draw down resulting in the target rating being met. A financial risk to the Trust’s long term objectives is due to be accepted to the register in June
Executive Committee	Operational Management Committee (OMG)	
Initial Date of Assessment	1 st July 2022	
Last Reviewed	March 24	

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC EFFECTIVE DOMAIN												
<p>People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight</p> <ul style="list-style-type: none">• Assessing needs - We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.• Delivering evidence-based care and treatment - We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.• How staff, teams and services work together - We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.• Supporting people to live healthier lives - We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.• Monitoring and improving outcomes - We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.• Consent to care and treatment - We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.												
Lead Committee		Quality Committee		<p>Summary in Month:</p> <p>This area of the Corporate Risk Register is linked to the Effective Domain. CRR87 has been raised to corporate level in August CRR88 was escalated in Jan 24 and added to the CRR is Feb 24.</p> <p>Two corporate risks, CRR87 and CRR88, pose significant challenges to meeting NHS standards and patient safety.</p> <p>CRR87 highlights the risk of failing NHS planning targets for RTT wait times in Community Dental Services, with an investment of £1.5 million underway. However, operational pressures and funding queries remain, impacting productivity and causing cancellations.</p> <p>CRR88 addresses delays in diagnosing bowel cancer due to a shortage of endoscopists and list capacity, exacerbated by retiring consultants. With Metrics for CRR88 being consistently met the likelihood score reduced. The risk rating was accepted as 9 in May and removed from the register.</p>								
Executive Committee		Quality Management Group (QGMG)										
Initial Date of Assessment		1 st July 2022										
Last Reviewed		March 24										
Corporate Risk ID	Strategic Ambition	Type	Principle Risk:				Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR87 Community Dental	Provide person centred, integrated services through strong partnerships	Clinical; Patient Safety	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.				Minimal	12	12	12	6	August 25
Key Targets			Current Position						Controls and Plans to implemented			
<ul style="list-style-type: none">•Numbers on the patients waiting to start treatment over 52weeks, 65weeks and 78weeks. Current position for RTT waiters – 0 patients over 78 weeks, 2 patients between 65-77 weeks, 8 patients between 52-64 weeks. Current position for Non RTT waiters — 27 patients over 78 weeks, 170 patients between 65-77 weeks, 335 patients between 52-64 weeks.•No of overdue continuing care patients. Current position – 2532 patients overdue. Longest waiters 4 years overdue (2 in total, due in Oct 2019).			<p>The ICB has agreed a plan to invest an additional £1.5million into the CDS service at HDFT. An updated service specification and contract have been sent through to HDFT but there are some queries being worked through to enable sign off – this contract extension would be retrospectively applied from 1st October 2023 for 18months (in line with the other regional 18month contract extensions).</p> <p>The funding envelope is not in line with the business case that was submitted so the operational team and service manager are agreeing the plan for how that investment is best used, modelling the impact on waiting times for both RTT patients, non-RTT patients (including surveillance patients).</p> <p>Key actions agreed that are being implemented already:</p> <ol style="list-style-type: none">1) Waiting list initiative (WLI) clinic sessions for December and the rest of the financial year2) WLI GA sessions at Harrogate Hospital for paediatric intubated and exodontia cases – two dates in February planned so far (coordinated with ENT paediatric sessions to make best use of additional paediatric and anaesthetic resource required) and dates tentatively agreed for March.3) Progression of the SOEL Health dental IT system replacement – procurement has commenced. SOEL is not supported from April 2024 onwards.4) Capital kit replacement progressed – dental chairs and X-ray kit etc. <p>Key risk is the operational pressures at York impacting on GA work. List cancellation due to industrial action has been avoided in Dec and Jan but due to York regularly using day surgery unit for medical</p> <p>Escalation beds, this reduces our productivity through lists with numbers having to be reduced at short notice/on the day cancellations.</p> <p>Key action for February is the IT procurement exercise and continuing the capital process for kit replacement, plus the recruitment process for additional dental capacity.</p>						<p>Discussion at Trust Board of the three options and agreed next steps / approach.</p> <p>Notification from Service to ICB commissioners that we will not be able to sign the contract while we have this discussion at Trust Board.</p> <p>Follow up with ICB at Exec to Exec level to explain the current risk and to follow up previous place level agreement to meet to discuss a joint solution to the issue.</p>			

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC WELL-LED DOMAIN

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities. There are effective governance and management systems in place. Leaders proactively support staff and collaborate with partners to deliver care. This care is safe, integrated, person-centred and sustainable care and helps reduce inequalities.

- Shared direction and culture:** We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
- Capable, compassionate and inclusive leaders:** We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.
- Freedom to speak up:** We foster a positive culture where people feel that they can speak up and that their voice will be heard.
- Governance, management and sustainability:** We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
- Partnerships and communities :**We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
- Learning, improvement and innovation:** We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.
- Environmental sustainability – sustainable development:** We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.
- Workforce equality, diversity and inclusion:** We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.”

Lead Committee		Trust Board		Summary in Month: This area of the Corporate Risk Register is linked to the Well-Led Domain. Currently there is no Corporate Risk within this Domain.									
Executive Committee		Senior Management Committee (SMT)											
Initial Date of Assessment		1 st July 2022											
Last Reviewed		March 24											
Corporate Risk ID	Strategic Ambition	Type	<u>Principle Risk:</u>					Appetite	Initial Rating	February Rating	March Rating	Target Rating	Target Date
Key Targets			Current Position					Plans to Improve Control and Risks to Delivery					

Static IBR – May 2024



INTEGRATED BOARD REPORT

Filter by keyword

List view

+ New

Metrics 78 BO DRIVER Breach of ... 0 ✓ BO DRIVER - Stable or... 5 WATCH -SPC Breach -... 9 WATCH -Within tolera... 64 WATCH- SPC Breach- ... 0

Name	Status	Progress	Trend
62 day wait for first treatment from urgent GP referral to treatment RESPONSIVE - Breakthrough Obj- Best Quality and Safest Care	BO DRIVER - Stable or Improving	45 + 0% MoM	
Staff Availability - Breakthrough Obj - Person Centred, Integrated Care; Strong Partnerships	BO DRIVER - Stable or Improving	81.75% + 0% MoM	
Moderate Harm and above - Breakthrough Obj - Best Quality and Safest Care	BO DRIVER - Stable or Improving	17 + 32% MoM	
Improved ED Waiting Times - Number of patients waiting longer than 90 mins for clinical assessment by a clinical decision maker - Breakthrough Obj - Best Quality	BO DRIVER - Stable or Improving	459 + 12.07% WoW	
RTT - percentage of patients on an RTT pathway under 18 weeks - Breakthrough Obj - Best Quality and Safest Care	BO DRIVER - Stable or Improving	66.23% + 0.15% WoW	

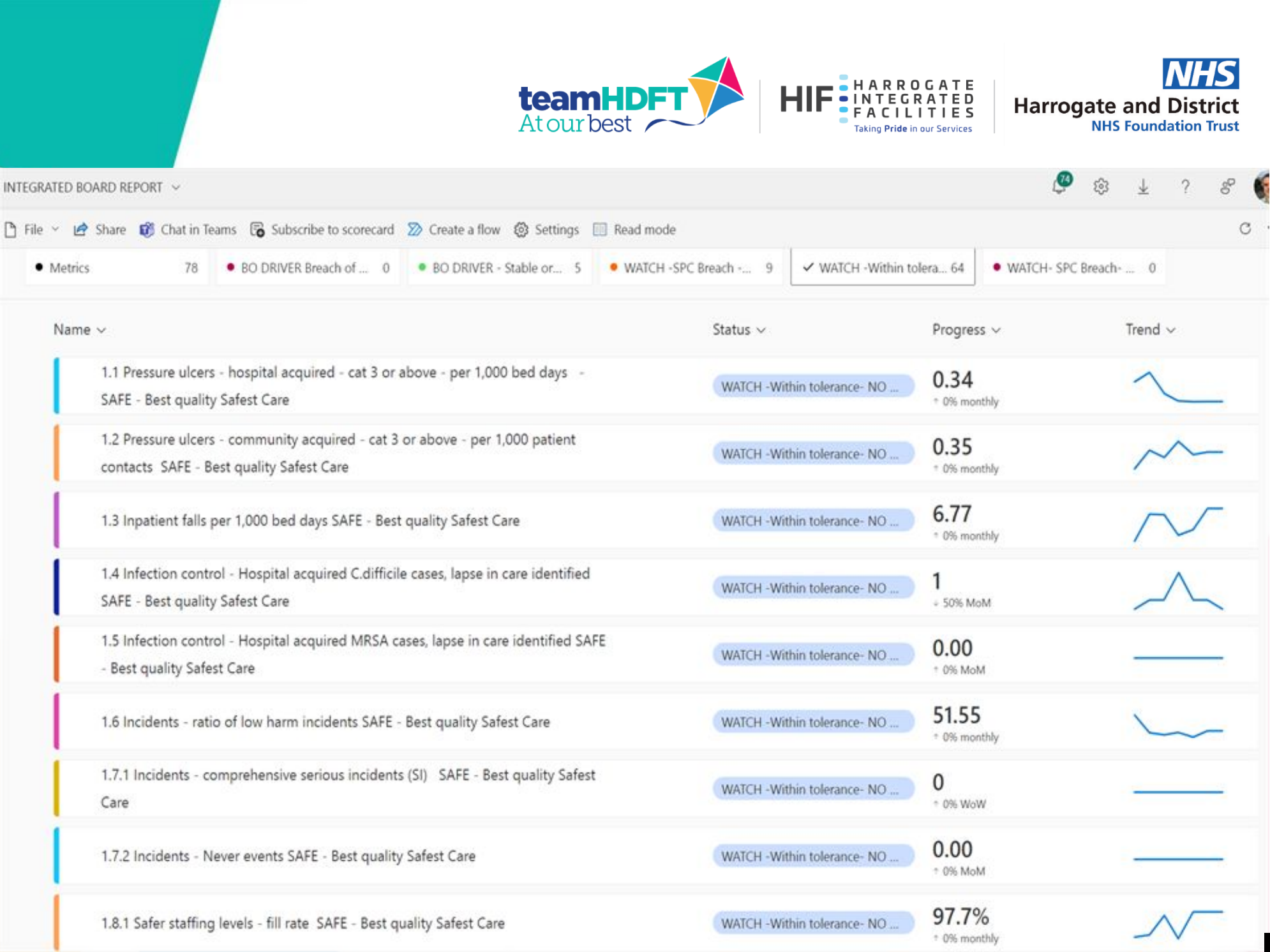


INTEGRATED BOARD REPORT

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Metrics 78 BO DRIVER Breach of ... 0 BO DRIVER - Stable or... 5 WATCH -SPC Breach +... 9 WATCH -Within tolera... 64 WATCH- SPC Breach- ... 0

Name	Status	Progress	Trend
3.4 Returns to theatre EFFECTIVE - Best Quality Safest Care	WATCH -SPC Breach - refer to b...	16.00 + 60% MoM	
3.5 Delayed Transfer of Care - % inpatients not meeting the criteria to reside EFFECTIVE - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	11.19 + 0.03% MoM	
4.1 Appraisal rate - Non Medical and Medical Staff WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	80.4% + 0.80% MoM	
5.2.3 RTT waiting times - learning disabilities differential in median weeks wait (gap between those with LD flag and those without- negative indicates a shorter	WATCH -SPC Breach - refer to b...	-14 + 0% MoM	
5.19 Children's Services - 2.5 year review RESPONSIVE - Great Start in Life	WATCH -SPC Breach - refer to b...	30.7% + 0% MoM	
6.1 Agency spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	£556.00 + 0% MoM	
6.5.1 Long stay patients - stranded (>7 days LOS) EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	403.00 + 0% MoM	
6.10 Day case conversion rate EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	0.92 + 0% MoM	
7.1 GP Referrals against 2019/20 baseline ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	131.4% + 0% MoM	





INTEGRATED BOARD REPORT			
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1.8.2 Safer staffing levels - CHPPD SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	8.50 ± 0.00 MoM	
1.9 Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	96.4% ± 2.92% MoM	
1.11 Infant health - % women smoking at time of delivery SAFE - Great Start in Life	WATCH -Within tolerance- NO ...	6.45% ± 108.06% MoM	
1.12 Infant health - % women initiating breastfeeding SAFE - Great Start in Life	WATCH -Within tolerance- NO ...	87.1% ± 6.65% MoM	
1.13 VTE risk assessment - inpatients SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	86.44% ± 1.02% monthly	
1.14.1 Sepsis screening - inpatient wards SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	95.6% ± 1.29% MoM	
1.14.2 Sepsis screening - Emergency department SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	92.8% ± 1.79% MoM	
2.1.1 Friends & Family Test (FFT) - All Patients CARING - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	93.11% ± 0.63% MoM	
2.1.2 Friends & Family Test (FFT) - Adult Community Services CARING - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	92.31% ± 0.89% MoM	
2.2.1 Complaints - numbers received CARING - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	11.00 ± 42.11% MoM	



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5.1.3 RTT Incomplete pathways - total RESPONSIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	24.171K + 0.45% WoW	
5.1.4 RTT Incomplete pathways - 52-<104 weeks RESPONSIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	480 + 1.88% WoW	
5.2.1 RTT waiting times - by ethnicity(gap between BME & White (positive is shorter wait for BME) RESPONSIVE - Person Centred, Integrated Care; Strong	WATCH -Within tolerance- NO ...	4.91 + 6.21% MoM	
5.2.2 RTT waiting times - by level of deprivation- differential median wait in weeks (negative gap reflects high deprivation waiting a shorter time) RESPONSIVE-	WATCH -Within tolerance- NO ...	-12.00 + 0% MoM	
5.3 Diagnostic waiting times - 6-week standard RESPONSIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	70.79% + 2.96% MoM	
5.5 Data quality on ethnic group - inpatients RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	96.69% + 0% MoM	
5.6 A&E 4 hour standard RESPONSIVE -Best Quality Safest Care	WATCH -Within tolerance- NO ...	72.800 + 0.75% WoW	
5.7 Ambulance handovers - % within 15 mins RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	100.00 % + 0.75% MoM	
5.10 Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals RESPONSIVE - Best Quality and Safest Care	WATCH -Within tolerance- NO ...	72.29% + 0% MoM	
5.11 Cancer - 28 days faster diagnosis standard (suspected cancer referrals) RESPONSIVE - Best Quality and Safest Care	WATCH -Within tolerance- NO ...	73.62% + 0% MoM	

INTEGRATED BOARD REPORT

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5.12 Cancer - 62 days maximum wait from diagnosis to treatment for all cancers
RESPONSIVE - Best Quality and Safest Care

WATCH -Within tolerance- NO ...

95.44%

+ 0% MoM



5.13.1 Children's Services - 0-12 months caseload RESPONSIVE - Great Start in Life

WATCH -Within tolerance- NO ...

0.92

+ 0% MoM



5.13.2 Children's Services - 2-3 years caseload RESPONSIVE - Great Start in Life

WATCH -Within tolerance- NO ...

0.93

+ 0% MoM



5.14 Children's Services - Safeguarding caseload RESPONSIVE - Great Start in Life

WATCH -Within tolerance- NO ...

1.46

+ 0% MoM



5.15 Children's Services - Ante-natal visits RESPONSIVE - Great Start in Life

WATCH -Within tolerance- NO ...

130.95%

+ 0% MoM



5.16 Children's Services - 10-14 day new birth visit RESPONSIVE - Great Start in Life

WATCH -Within tolerance- NO ...

98.01%

+ 0% MoM



5.17 Children's Services - 6-8 week visit RESPONSIVE - Great Start in Life

WATCH -Within tolerance- NO ...

93.29%

+ 0% MoM



5.18 Children's Services - 12 month review RESPONSIVE - Great Start in Life

WATCH -Within tolerance- NO ...

96.08%

+ 0% MoM



5.23 Community Care Adult Teams - performance against new timeliness standards RESPONSIVE- Person Centred, Integrated Care; Strong Partnerships

WATCH -Within tolerance- NO ...

95.9%

+ 0% MoM



5.27 Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation RESPONSIVE- Best Quality Safest Care

WATCH -Within tolerance- NO ...

12,900%

+ 0% MoM





INTEGRATED BOARD REPORT					74				
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5.28 Home visit: Face to face consultations started for URGENT cases within 2 hrs	RESPONSIVE Best Quality Safest Care	WATCH -Within tolerance- NO ...	5,100%	+ 0% MoM					
6.2 Surplus/ Defecit and variance to plan EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	£ 0.00	+ 100% MoM					
6.3 Capital spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	£20.90K	+ 0% MoM					
6.4 Cash balance EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	12M	+ 0% MoM					
6.5.2 Long stay patients - superstranded (>21 days LOS) EFFICIENCY & FINANCE- Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	153.00	+ 23.39% MoM					
6.6 Occupied bed days per 1,000 population EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	53.08	+ 0% MoM					
6.7.1 Length of stay - elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	3.30	+ 23.49% MoM					
6.7.2 Length of stay - non-elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	10.52	+ 10.04% MoM					
6.8 Avoidable admissions EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	0.10	+ 0% MoM					
6.9 Theatre utilisation (elective sessions) EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships		WATCH -Within tolerance- NO ...	84.63%	+ 3.95% MoM					

6.9 Theatre utilisation (elective sessions) EFFICIENCY& FINANCE - Person Centred, Integrated Care; Strong Partnerships

WATCH -Within tolerance- NO ...

84.63%
± 3.95% MoM



7.2 Outpatient activity (consultant led) against plan (new and follow up) ACTIVITY - Person Centred, Integrated Care; Strong Partnerships

WATCH -Within tolerance- NO ...

124.22%
± 9.22% MoM



7.3 Elective activity against plan - Person Centred, Integrated Care; Strong Partnerships

WATCH -Within tolerance- NO ...

106.71%
± 0% MoM



7.4 Non-elective activity against plan ACTIVITY - Person Centred, Integrated Care; Strong Partnerships

WATCH -Within tolerance- NO ...

114.12%
± 0% WoW



7.5 Emergency Department attendances against plan - Person Centred, Integrated Care; Strong Partnerships

WATCH -Within tolerance- NO ...

106.15%
± 0% MoM



5.8 A&E - number of 12 hour trolley waits RESPONSIVE Best Quality Safest Care

WATCH -Within tolerance- NO ...

69.00
± 0% WoW



We Value



