Tab 1.1 6.1 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.

		Summary:
Lead Committee	Quality Committee	**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. Target date adjusted in July 24 in line with backlog maintenance work.
Executive Committee	Quality Management Group (QGMG)	**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.
Initial Date of Assessment	1st July 2022	**CHS5**: Violence and aggression against staff has been a high importance risk for the trust, mitigations have reduced the rating to 12 in March
Last Reviewed	July 2024	**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 and reduced to 10 in June 24.

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS2: HDH Goods yard	Appetite	Initial Rating	June Rating	July Rating	Target Rating	Target Date
CRR75: CHS2 Health and Safety	An Environment that promotes wellbeing	Operatio nal; 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	March 25

Key Risk Indicators	Current Position	Controls and Plans
Board level lead for Health and Safety Annual Audit programme for Health and Safety Health & Safety Committee	Risk assessment completed for the goods yard. Temporary measures have been implemented: Security guard (Mon-Fri 8am – 6pm) 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 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 - 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 Outline costs and plans were included in paper to Environment Board 28/5/24 as part of plans for Backlog Maintenance work in 24/25	Capital investment will be required to implement all control measures identified within the risk assessment. With plans to include this in backlog maintenance work. 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 Risk assessment is to be reviewed every quarter reporting to H&S committee Review of access arrangements for catering entrance. 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 Programme outline being developed with Contractor to allow ongoing use of the Goods Yard during construction activity.

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Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS3: Managing the risk of injury from fire	Appetite	Initial Rating	June Rating	July 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

Completion of fire assessments

Appointment of competent Fire Manager and Authorising Engineer

Completion of assessments

Implementation of fire procedures and policies

Communication of fire procedures to all employee

Audits and reviews of the above conditions at appropriate intervals. | Fire risk assessments are not currently available for all areas of HDH

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.

There is no clear picture of the Fire safety standards in properties leased by the Trust

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 Review of all compartmentation and fire doors at HDH. With an action plan in place to carry out identified remedial work.

New Fire Policy and Fire Management Procedures in place.

SLA with Leeds Teaching Hospitals NHS Trust (LTHT) 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)

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.

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.

Fire Manager position is being recruited to, recruitment process ongoing.

Oakleaf is carrying out risk assessment process; this will continue to be monitored by Fire Safety Group and reported to H&S Committee.

Fire Safety Group to review current position (next meeting 10/7/24) and advise on actions needed. | Review of all current fire safety provisions
Review of HDH fire compartmentation being carried out, to result in action plan for required remedial work.

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.

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.

Evacuation procedures to be escalated, training to clinical teams, including simulated exercise at extended SMT workshop – workshop taking place at extended SMT in July

New Monthly Acute and Community Fire Checklist being produced to completed by all teams / departments / community location

Recommendations of the Fire Authority being actioned

Meetings to be held with clinical teams to progress the creation of suitable evacuation plans

Backlog Maintenance paper for 24/25 to Environment Board to include the following fire related works: Basement compartmentation, Fire damper remedial, Main entrance remedial, upgrades to fire doors included in mini theatre refurbs. Outline proposal has been agreed, detailed costs and programme plan being developed, expected by early July |

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Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS5: Violence and aggression against staff		Appetite	Initial Rating	June Rating	July 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	12	12	8	May 24

Key Targets	Current Position	Controls and Plans

Key Targets

Suitable and sufficient assessments of risk Trust / HIF activities.

Supported by up to date policies that reflect the activities carried out by the Trust and the geographical differences created.

Risk assessments, policies and control measures actively monitored and reviewed.

Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.

Provision of appropriate training and information to all Trust staff clinical and non-clinical.

Current Position

- 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 staff
- Escalation 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 Committee
- Ligature assessment and training scheduled
- Compliance with training is being monitored and reported to exec risk review
- August H&S committee will review this risk to and introduce a separate security entry
- Security policies and procedures / physical security presence on site / Lockdown procedures / Bomb Alert / Community Support / Theft are to be reviewed

Controls and Plans

- H&S led task and finish group
- Changes to mental health triage work in ED being made – to be reflected in new Managing Patients who may self-harm / those suffering with mental health issues Policy
- Ligature assessments and training to be reviewed
- Development new course content for Conflict Resolution Training – with Provider (GoodSense)
- Plan to have 3 levels of training available to staff based on level of risk: Conflict Resolution Level 1 (e-learning), CR Breakaway Skills, and CR Physical Restraint with content to be brought in line with CQC supported Restraint Reduction Network.
- Domestic Abuse and Sexual Violence, and Sexual safety in the workplace – view to include this as part of the Violence Prevention and Reduction Strategy
- Review of Lockdown Policy and Bomb Alert Policies
- New Trust wide risk assessment developed, now being used to inform team/department risk assessments as part of new risk assessment process being implemented across the Trust – Work continues on Risk assessments within all directorates

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CQC CARING DOMAIN

*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.

- **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:**
Executive Committee	Quality Management Group (QGMG) (Clinical) Workforce Committee (Workforce)	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.
Initial Date of Assessment	1st July 2022	
Last Reviewed	March 2024	

Corporate Risk ID	Strategic Ambition	Type	Principle Risk:	Appetite	Initial Rating	June Rating	July Rating	Target Rating	Target Date
CRR93: Health Visitor workload and staffing levels	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 ● **Turnover rate** ● **Stability index of team** ● **Long term sickness rate** **Short term sickness rate**	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. 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.	Ongoing recruitment and retention work as part of the Workforce workstream and recruitment strategy ● Increased number of SCPHN students supported in 24/25 ● Consultation for Virtual Team implementation commences 2/4/24 ● Review of standards of roster creation and agreed staffing level Procedure for management of Universal caseloads written, will be presented to 0- 19 Learning and Best Practice Group 10/7/24 Action and recovery plan in place ● Ongoing recruitment and retention work as part of the Workforce workstream and recruitment strategy ● Ongoing transformation re Virtual Delivery Team, mobilisation plan for team implementation 1/9/24 is underway ● Consideration of roll out of Optima to whole servi

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CQC RESPONSIVE DOMAIN

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

- **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**
		   • **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**
		   • **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**

Executive Committee	Operational Management Group (OMG)	
Initial Date of Assessment	1st July 2022	
Last Reviewed	July 24	

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: **CRR34**: Autism Assessment		Appetite	Initial Rating	June Rating	July 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	March 25

Key Targets	Current Position	Controls and Plans to implemented
Waiting list would have to be reduced to 120 and longest wait to 13 weeks. Baseline capacity would need to meet the referral rate. 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	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. 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. Support provided to the team; commissioners informed. ICB-wide autism and ADHD group supersedes previous locality-based group, aiming to standardize referral criteria. No extra funding available for capacity gaps. Stabilizing waiting lists requires increased capacity, costing £490k annually. Modeling shared at CC Resources Review and escalated to place ICB meeting for executive consideration. No agreed plan for long-term resource provision is currently agreed and in place.	The progress with PLACE based work. Mobilisation of WLI and new pathways 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.

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Corporate Risk ID	Strategic Ambition	Type	Principle Risk: **CRR61** ED 4-hour Standard		Appetite	Initial Rating	June Rating	July 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

Key Targets	Current Position	Controls and Plans to implemented

Key Targets

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%.

Current Position

4 hour performance
The new national target for 24-25 is 78%. Whilst we delivered 78% in March, performance deteriorated in April to 72.47% and has sustained that performance level in May and June (with fluctuations of less than 1%)

	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	Mar 24	April 24	May 24	June
Type 1 & 3	63%	72%	81%	78%	83%	81%	80%	82%	73%	65%	70%	68.7%	66.9%	71.1%	71.8%	78%	72%	73%	72%

12 hour DTA rates have comtinued to fall in June as have ambulance handover delays > 30 mins

12 hour waits

	12 Hour DTA	12 Hour total wait
September 23	1	119
October 23	14	167
November 23	46	226
December 23	71	332
January 24	124	344
February 24	42	202
March 24	35	138
April 24	66	238
May 24	54	282
June 24	31	237

We now record ambulance delays using YAS data and ambulance delays are a care group driver metric. The ED Tri management team are measuring the % patients arriving by Ambulance where handover is complete within 30 minutes. The data source is YAS.

Month	Arrivals	30 Min HO	60+ Min HO
February 24	1173	215	70
March 24	1243	190	54
April 24	1139	208	80
May 24	1262	198	68
June 24	1124	193	49

Controls and Plans to implemented

ED 4 hour standard = Trust True north objective.

Focussed HDFT Impact work at directorate, care group and ED front line level

Internal professional standards to be relaunched to support more timely specialty review;

Focussed work to ensure all patients receive an initial triage within 15 minutes of arrival

More focussed support to stream more effectively to SDEC and ED2.

EPIC internal training re standardised working planned for June

Proposal to support additional admission beds and SAU ring fence

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USE OF RESOURCES

Use of resources area Key lines of enquiry (KLOEs)

- **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:**
Executive Committee	Operational Management Committee (OMG)	This area of the Corporate Risk Register is linked to the Use of Resources Domain. Delivery of financial plan 24-25 was raised to the register in June 24
Initial Date of Assessment	1st July 2022	
Last Reviewed	July 24	

Corporate Risk ID	Strategic Ambition	Type	Principle Risk:	Appetite	Initial Rating	June Rating	July Rating	Target Rating	Target Date
CRR94 Delivery of financial plan	Overarching Finance	Financial	The Trust achieved a breakeven plan in 23/24 however for the Trust to deliver the 24/25 plan, £5.2m deficit, it will require a reduction to current run rate and delivery of the waste reduction and productivity program	Cautious	9	12	12	6	March 25

Key Targets	Current Position	Plans to Improve Control and Risks to Delivery
1. **Monthly financial reporting** 2. **NHSE productivity analysis** 3. **Agency Expenditure** 4. **Cash position**	The Trust has reviewed and established the underlying pressure moving into 24/25, £20.1m. Following further scrutiny across the wider system, the system agreed to a higher efficiency % target and an allocation of further funding. This has resulted in a £5.2m deficit plan for 24/25 which includes a 6% efficiency target. There are a number of risks contained within this plan including • Continued ED boundary divert • Inflation above the levels included in planning • Recurrent delivery of the efficiency programme • ERF Funding is achieved/over delivered The Directorate highlighted a number of issues when signing budget plans for 24/25. A number of mitigations are being reviewed to manage these. **The current run rate is having a detrimental impact on the cash balance. Cash support will be required throughout the year if the reduction in run rate is not delivered. Current cash forecast highlights that this will be required in Qtr 3 (Oct-Dec)**	1. Continued discussions with ICB. 2. Efficiency becoming a Corporate programme. Targeted Directorate training and support have been delivered to all Directorates. 3. WRAP Champions to be developed across the Trust.

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Corporate Risk ID	Strategic Ambition	Type	Principle Risk:	Appetite	Initial Rating	June Rating	July Rating	Target Rating	Target Date
CRR95 NHS Pay awards	Overarching Finance	Financial	Ability of Local Authorities to fund the impact of NHS pay award could result in a cost pressure for HDFT. The Public Health Grant for 2024/25 varies by Local Authority. While NHS national guidance suggests that the Public Health Grant has been uplifted to cover both the ICB non recurrently funded 2.9% from the 2023/24 pay award and the 2.1% proposed pay award for 2024/25 this appears not to be the case for all the Local Authorities we have contract with. Where there is a gap between LA public health grant and the cost of pay award there is a risk HDFT could be left with a financial pressure	Cautious	12	12	12	4	March 25

Key Targets	Current Position	Plans to Improve Control and Risks to Delivery
Written confirmation of funding for pay awards received from LA. Revised workforce model agreed and signed off by LA and HDFT	Written to all LA making them aware of the 2.9% pay award that now needs to be funded by them and also the proposed 2.1% in the planning guidance for 24/25. Finance have provided them with the cost and meetings are ongoing to discuss funding. Meetings being held with LA's to work through Public Health Grant allocations and cost of NHS pay awards. Monthly meeting with Directorate, Contracting and Finance set up to agree next steps based on feedback from LA's. Position being tracked with update as below A breakdown of non-recurrent 23/24 and planning guidance 24/25 that has been agreed by service has been provided to Exec risk review.	Where it has already been confirmed that the LA cannot afford any 24/25 pay award we will need to revise the model to mitigate any cost pressure. This will be done in partnership between HDFT and the relevant LA. Once the 24/25 pay award confirmed need to calculate any impact and share with LA Where this results in LA being unable to fund the 24/25 pay award we will need to meet. Where the LA cannot afford the additional cost we will need to revise the model. This will be done in partnership between HDFT and the relevant LA

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CQC EFFECTIVE DOMAIN

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

- **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	**Summary in Month:**
Executive Committee	Quality Management Group (QGMG)	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. Two corporate risks, CRR87 and CRR88, pose significant challenges to meeting NHS standards and patient safety. 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. 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.
Initial Date of Assessment	1st July 2022	
Last Reviewed	July 24	

Corporate Risk ID	Strategic Ambition	Type	Principle Risk:	Appetite	Initial Rating	June Rating	July 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
Numbers on the patients waiting to start treatment over 52weeks, 65weeks and 78weeks No of overdue continuing care patients. **Current position – 2230 patients overdue. Longest waiter - 4 years overdue.**	. 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). 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). Key actions agreed that are being implemented already: 1) Waiting list initiative (WLI) clinic sessions for December and the rest of the financial year 2) 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. Escalation beds, this reduces our productivity through lists with numbers having to be reduced at short notice/on the day cancellations. 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. Key actions for July are the continued focus on recruitment for clinical lead following resignation, the continued input into the IT procurement and recruitment process for additional dental leavers. To support the CDS team, we have recommended that they go forward with HDFT Impact work in phase 4 as we recognised the low staff engagement score in the service is a key risk to service delivery.	ICB liaison Waiting list initiative (WLI) clinic sessions for the financial year ongoing – 2 GA sessions ran in April and 1 a month is planned from July to March. Progression of the SOEL Health dental IT system replacement – procurement has commenced. SOEL is not supported from April 2024 onwards. Delays to procurement process, following no provider meeting essential criteria from procurement process. Capital kit replacement progressed – dental chairs and X-ray kit etc. 2023/24 capital replacement kit ordered and due to be delivered/installed. Recruitment of additional staffing. Good progress with dentist and dental nurse appointments however majority of contract start dates agreed until now are for September 24.

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Tab 1.1 6.1 Corporate Risk Register

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:**
Executive Committee	Senior Management Committee (SMT)	This area of the Corporate Risk Register is linked to the Well-Led Domain. Currently there is no Corporate Risk within this Domain.
Initial Date of Assessment	1st July 2022	
Last Reviewed	March 24	

Corporate Risk ID	Strategic Ambition	Type	Principle Risk:	Appetite	Initial Rating	February Rating	March Rating	Target Rating	Target Date

Key Targets	Current Position	Plans to Improve Control and Risks to Delivery

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Tab 1.2 6.2 Integrated Board Report

INTEGRATED BOARD REPORT

🔍 Filter by keyword   ≔ List view   + New ˅

✓ Metrics 79	● BO DRIVER Breach of ... 0	● BO DRIVER - Stable or... 5	● WATCH -SPC Breach -... 11	● WATCH -Within tolera... 63	● WATCH- SPC Breach- ... 0

Name	Status	Progress	Trend
1.1 Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days - SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	0.92 ↑ 0% monthly	
1.2 Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	1.56 ↑ 0% monthly	
1.3 Inpatient falls per 1,000 bed days SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	3.48 ↑ 0% monthly	
1.4 Infection control - Hospital acquired C.difficile cases, lapse in care identified SAFE - Best quality Safest Care	WATCH -SPC Breach - refer to b...	6 ↑ 0% MoM	
1.5 Infection control - Hospital acquired MRSA cases, lapse in care identified SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	0 ↑ 0% MoM	
1.6 Incidents - ratio of low harm incidents SAFE - Best quality Safest Care	WATCH -SPC Breach - refer to b...	37.67 ↑ 0% monthly	
1.7.1 Incidents - comprehensive serious incidents (SI) SAFE - Best quality Safest Care	WATCH -SPC Breach - refer to b...	1 ↑ 0% MoM	
1.7.2 Incidents - Never events SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	0 ↑ 0% MoM	
1.8.1 Safer staffing levels - fill rate SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	98.2% ↑ 0% monthly	
1.8.2 Safer staffing levels - CHPPD SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	8.40 ↑ 0.00 monthly	

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Tab 1.2 6.2 Integrated Board Report

Indicator	Status	Value	
1.9 Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	96.5% ↓ 1% MoM	
1.11 Infant health - % women smoking at time of delivery SAFE - Great Start in Life	WATCH -Within tolerance- NO ...	4 % ↑ 28.33% MoM	
1.12 Infant health - % women initiating breastfeeding SAFE - Great Start in Life	WATCH -Within tolerance- NO ...	90% ↑ 0% MoM	
1.13 VTE risk assessment - inpatients SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	95.8 % ↑ 0% monthly	
1.14 Sepsis screening - inpatient wards SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	96% ↑ 0% MoM	
1.15 Sepsis screening - Emergency department SAFE - Best quality Safest Care	WATCH -Within tolerance- NO ...	92.1% ↑ 0.13% MoM	
2.1.1 Friends & Family Test (FFT) - All Patients CARING - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	93.2% ↑ 0.22% MoM	
2.1.2 Friends & Family Test (FFT) - Adult Community Services CARING - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	95.7% ↑ 1.81% MoM	
2.2.1 Complaints - numbers received CARING - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	25 ↑ 13.64% MoM	
2.2.2 Complaints - % responded to within time CARING - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	91% ↑ 19.74% MoM	
3.2 Mortality - SHMI EFFECTIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	1.0 ↑ 0% MoM	
3.3.1 Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions EFFECTIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	3.5% ↓ 5.41% MoM	
3.3.2 Readmissions to the same specialty within 30 days - following non-elective admission - as % of all non-elective admissions EFFECTIVE- Best Quality Safest Care	WATCH -Within tolerance- NO ...	7.1% ↓ 2.74% MoM	

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Tab 1.2 6.2 Integrated Board Report

Metric	Status	Value	Trend
3.4 Returns to theatre EFFECTIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	**3** ↓ 25% MoM	
3.5 Delayed Transfer of Care - % inpatients not meeting the criteria to reside EFFECTIVE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	**22.6%** ↑ 18.93% MoM	
4.1 Appraisal rate - Non Medical and Medical Staff WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	**81 %** ↑ 0% MoM	
4.2 Mandatory and Essential Skills Training rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	**91 %** ↑ 0% MoM	
4.3 Staff sickness rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	**5.2 %** ↑ 0% MoM	
4.4 Staff turnover rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	**11.4 %** ↑ 0% MoM	
4.5 Vacancies WORKFORCE -Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	**4.3 %** ↑ 0% MoM	
5.1.1 RTT Incomplete pathways performance - median weeks wait RESPONSIVE- Best Quality Safest Care	WATCH -Within tolerance- NO ...	**11** ↑ 0% MoM	
5.1.2 RTT Incomplete pathways performance - 92nd centile RESPONSIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	**37** ↑ 0% WoW	
5.1.3 RTT Incomplete pathways - total RESPONSIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	**22.76K** ↑ 0% MoM	
5.1.4 RTT Incomplete pathways - 52-<104 weeks RESPONSIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	**399** ↑ 0% MoM	
5.2.1 RTT waiting times - by ethnicity(gap between BME & White (positive is shorter wait for BME) RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	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- Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	**-12** ↑ 0% MoM	

Tab 1.2 6.2 Integrated Board Report

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 wait for those with LD flag in place) RESPONSIVE- Person Centred, Integrated Care; Strong Par	WATCH -Within tolerance- NO ...	**-12** ↑ 0% MoM	
5.3 Diagnostic waiting times - 6-week standard RESPONSIVE - Best Quality Safest Care	WATCH -Within tolerance- NO ...	**75.0 %** ↑ 0% MoM	
5.5 Data quality on ethnic group - inpatients RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	**91.4%** ↑ 0% MoM	
5.6 A&E 4 hour standard RESPONSIVE -Best Quality Safest Care	WATCH -SPC Breach - refer to b...	**74.1 %** ↑ 0% MoM	
5.7 Ambulance handovers - % within 15 mins RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	**97.4 %** ↑ 0% MoM	
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	**15** ↑ 2 monthly	
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 ...	**78.1 %** ↑ 0% MoM	
5.11 Cancer - 28 days faster diagnosis standard (suspected cancer referrals) RESPONSIVE - Best Quality and Safest Care	WATCH -Within tolerance- NO ...	**80.5 %** ↑ 0% MoM	
5.12 Cancer - Combined 31 day wait (First and Subsequent Treatments)	WATCH -Within tolerance- NO ...	**96.8 %** ↑ 0% MoM	
5.9.2 Cancer - 62 days maximum wait from referral to treatment for all cancers RESPONSIVE - Best Quality and Safest Care	WATCH -Within tolerance- NO ...	**6** ↑ 0% MoM	
5.13.1 Children's Services - 0-12 months caseload RESPONSIVE - Great Start in Life	WATCH -Within tolerance- NO ...	**1.97K** ↑ 0% MoM	
5.13.2 Children's Services - 2-3 years caseload RESPONSIVE - Great Start in Life	WATCH -Within tolerance- NO ...	**2.00K** ↑ 0% MoM	
5.14 Children's Services - Safeguarding caseload RESPONSIVE - Great Start in Life	WATCH -Within tolerance- NO ...	**1.37K** ↑ 0% MoM	

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Tab 1.2 6.2 Integrated Board Report

Indicator	Status	Value	Trend
5.15 Children's Services - Ante-natal visits RESPONSIVE - Great Start in Life	WATCH -Within tolerance- NO ...	91.7% ↑ 0% MoM	
5.16 Children's Services - 10-14 day new birth visit RESPONSIVE - Great Start in Life	WATCH -Within tolerance- NO ...	89.3% ↑ 0% MoM	
5.17 Children's Services - 6-8 week visit RESPONSIVE - Great Start in Life	WATCH -Within tolerance- NO ...	93.3% ↑ 0% MoM	
5.18 Children's Services - 12 month review RESPONSIVE - Great Start in Life	WATCH -Within tolerance- NO ...	87% ↑ 0% MoM	
5.19 Children's Services - 2.5 year review RESPONSIVE - Great Start in Life	WATCH -Within tolerance- NO ...	93.9% ↑ 0% MoM	
5.23 Community Care Adult Teams - performance against new timeliness standards RESPONSIVE- Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	82.3% ↑ 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 ...	32.2 % ↑ 0% MoM	
5.28 Home visit: Face to face consultations started for URGENT cases within 2 hrs RESPONSIVE Best Quality Safest Care	WATCH -Within tolerance- NO ...	95.4 % ↑ 0% MoM	
6.1 Agency spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	£300.00K ↑ 0% MoM	
6.2 Surplus/ Defecit and variance to plan EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	£ 1.64M ↑ 141.77% MoM	
6.3 Capital spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	£4.72M ↑ 0% MoM	
6.4 Cash balance EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	£2.56M ↑ 0% MoM	
6.5.1 Long stay patients - stranded (>7 days LOS) EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	148 ↑ 0% MoM	

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Tab 1.2 6.2 Integrated Board Report

Metric	Status	Value	MoM
6.5.2 Long stay patients - superstranded (>21 days LOS) EFFICIENCY & FINANCE- Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	66	↑ 0% MoM
6.6 Occupied bed days per 1,000 population EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	58.9	↑ 0% MoM
6.7.1 Length of stay - elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	2.0	↑ 0% MoM
6.7.2 Length of stay - non-elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	5.4	↑ 0% MoM
6.8 Avoidable admissions EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	200	↑ 0% MoM
6.9 Theatre utilisation (elective sessions- capped) EFFICIENCYN& FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	77.7 %	↓ 3.12% MoM
6.10 Day case conversion rate EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	1.6%	↑ 0% MoM
7.1 GP Referrals against 2019/20 baseline ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	110.5%	↑ 0% MoM
7.2 Outpatient activity (consultant led) against plan (new and follow up) ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	97%	↑ 0% MoM
7.3 Elective activity against plan - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	82.2 %	↓ -17.8 % MoM
7.4 Non-elective activity against plan ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	WATCH -Within tolerance- NO ...	98.4 %	↑ 0% MoM
7.5 Emergency Department attendances against plan - Person Centred, Integrated Care; Strong Partnerships	WATCH -SPC Breach - refer to b...	88.7 %	↑ 0% MoM
5.8 A&E - number of 12 hour trolley waits RESPONSIVE Best Quality Safest Care	WATCH -Within tolerance- NO ...	39	↑ 0% MoM

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Tab 1.2 6.2 Integrated Board Report

Staff Availability - Breakthrough Obj - Person Centred, Integrated Care; Strong Partnerships	BO DRIVER - Stable or Improving	96% ↑ 0.45% MoM	
Moderate Harm and above - Breakthrough Obj - Best Quality and Safest Care	BO DRIVER - Stable or Improving	14 ↓ 17.65% monthly	
Improved ED Waiting Times - Number of patients waiting longer than 90 mins for clinical assessment by a clinical decision maker - Breakthrough Obj - Best Quality and Safest Care	BO DRIVER - Stable or Improving	306 ↓ -70 monthly	
RTT - percentage of patients on an RTT pathway under 18 weeks - Breakthrough Obj - Best Quality and Safest Care	BO DRIVER - Stable or Improving	64.5% ↑ 0.3% monthly	

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