

COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Wednesday 5 March 2025 from 3.00pm – 5.30pm

Boardroom, Trust Headquarters, Strayside Wing,
Harrogate District Hospital, Lancaster Park Road, Harrogate, HG2 7SX.

Agenda items listed in blue text are to be received for information / assurance with no discussion time allocated within the agenda. Papers for these items may be found within the Supplementary paper pack

AGENDA				
<u>Specialist Update Briefing</u>				
3.00pm-3.45pm: Health Inequalities (Jack Lewis from HNY ICB and Matt Graham, HDFT Director of Strategy)				
(followed by 15minute break for the Council meeting to commence at 4pm)				
Item No.	Item	Lead	Action	Paper
1.0	Welcome and Apologies for Absence	Chair	Note	Verbal
2.0	Declarations of Interest and Conflicts of Interest	Chair	Note	Attached
3.0	Minutes of the previous meeting: - CoG: 4 December 2024	Chair	Approve	Attached
4.0	Matters arising and Action Log	Chair	Note	Attached
5.0	Chair's Update	Chair	Note	Verbal
6.0	Chief Executive's Update	Chief Executive	Note	Verbal
6.1	Corporate Risk Register		Note	Blue Box Item
6.2	Integrated Board Report		Note	Blue Box Item
7.0	Lead Governor's Update	Lead Governor	Note	Verbal
8.0	Board Sub-Committees Updates <i>To highlight the key activities undertaken by the respective Board Sub Committees since the last Council of Governors' meeting and provide assurance that the Non-executive Directors are sighted on any key risks and mitigating actions where appropriate.</i>	Chairs of Board Sub-Committees (NEDs)	Note	Verbal
9.0	Membership Engagement Strategy Review	Lead Governor	Note	Verbal
10.0	Brief Update on Progress with Autism Assessments	Chief Operating Officer	Note	Verbal
11.0	Governors' Questions on behalf of Membership and the Public	Chair	Note	Attached / Verbal
12.0	CoG Annual Workplan 2025-26	Chair	Note	Attached
13.0	Any other relevant business	Chair	Note	Verbal
14.0	Evaluation of meeting	Chair	Note	Verbal
15.0	Date and Time of Next Meeting Tuesday, 17 June at 4pm (with specialist update briefing [Subject TBA] at 3.00pm)	Chair	Note	Verbal

Council of Governors – Register of Interests As at 27 February 2025				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Sarah Armstrong	Chair from 1 April 2022	April 2022	(current)	<ol style="list-style-type: none"> 1. Director: flat management company of current residence 2. Chief Executive: The Ewing Foundation, Ovingdean Hall Foundation and Burwood Park Foundation 3. Director: Coffee Porter (family business) 4. Member: West Yorkshire Chairs & Leaders Forum 5. Member: HNY Provider Chairs 6. Member: HNY CAP Board 7. Trustee: NHS Charities Together
Jonathan Allen	Staff: Community Services	July 2024	(current)	Nil
Ian Barlow	Rest of Yorkshire	September 2023 December 2023	(current) (current)	<ol style="list-style-type: none"> 1. Trustee: Forces Online charity 2. Member: South West Yorkshire Partnership NHS Foundation Trust
Nick Brown	Stakeholder: North Yorkshire Council	May 2023	(current)	<ol style="list-style-type: none"> 1. North Yorkshire Councillor 2. Chair: Cundall with Leckby Parish Council 3. Trustee: Harrogate & District Improvement Trust 4. Board Member: Northern Aldborough Festival 5. Trustee: Harrogate International Partnership 6. Member: Skipton & Ripon Conservative Association 7. Vice-Chair: Newby & Wathvale Conservative Branch
Rachel Carter	Ripon & West District	July 2023	(current)	<ol style="list-style-type: none"> 1. Member: Barnsley Hospital NHS Foundation Trust 2. Member: Bradford District Care NHS Foundation Trust 3. Member: Leeds Teaching Hospitals NHS Trust 4. Member: Pennine Care NHS Foundation Trust 5. Member: Airedale NHS Foundation Trust

Council of Governors – Register of Interests As at 27 February 2025				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
				6. Member: Leeds & York Partnership NHS Foundation Trust
Andrew Clark	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	January 2025	(current)	1. Member – National Association of Care & Support Workers
Mike Dunn	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	July 2022	(current)	Nil
Mike Fisher	Harrogate & Surrounding Villages	January 2025	(current)	Nil
Kathy Gargan	Harrogate & Surrounding Villages	July 2022	(current)	1. Director: North of England Horticulture Society Ltd
David Haynes	Stakeholder Governor: Harrogate Healthcare Facilities Management Ltd (HIF)	November 2024	(current)	1. Employee of Harrogate Healthcare Facilities Management Ltd (t/a Healthcare Integrated Facilities – HIF)
John Hindle	Ripon & West District	September 2024	(current)	Nil
Mark Hutchinson	Staff: 0-19 Services	July 2024	(current)	1. Secretary: North East Young Dads and Lads 2. Representative: Royal College of Nursing
Emily Legge	Staff: Other Clinical	July 2024	(current)	Nil

Council of Governors – Register of Interests As at 27 February 2025				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Jackie Lincoln	Knaresborough & East District	July 2022	(current)	1. Director: Jackie Lincoln Associates - Management Consultancy (07740067) 2. Clerk to Parish (non executive): Walkingham with Occaney
Binish Mehar	Staff: Medical Professionals	October 2023	(current)	TBC
Richard Owen-Hughes	Knaresborough & East District	January 2022	(current)	1. Marketing Director: Driver Hire Group Services Ltd
Kevin Parry	Harrogate and Surrounding Villages	July 2023	(current)	1. Director: Cogenic Ltd
Dawn Raspin	Harrogate & Surrounding Villages	January 2025	(current)	Nil
Rick Sweeney	Harrogate & Surrounding Villages	July 2022	(current)	1. Trustee & Treasurer: White Rose Concert Band 2. Member/volunteer ranger: Longlands Common
Stephen Williams	Staff: Nursing, Midwifery & AHPs	October 2023	(current)	Nil
Stuart Wilson	Staff: Non-Clinical	July 2022	(current)	Nil



Register of Interests – Previous Governors As at 27 February 2025				
Council Member	Constituency	Relevant Dates From	To	Declaration Details
Clare Illingworth	Stakeholder: HIF	January 2016	July 2024	1. Employee: Harrogate Integrated Facilities
Steve Treece	Wetherby, Harewood etc.	January 2017	July 2024	1. Committee Member: Institute of Risk Management Health Special Interest Group
Donald Coverdale	Ripon & West District	September 2021	August 2024	Nil
Martin Dennys	Harrogate & Surrounding Villages	January 2019	December 2024	1. Directorships: not with any services to the NHS 2. Employee: NHS England
Tony Doveston	Harrogate & Surrounding Villages	January 2016	December 2024	Nil

COUNCIL OF GOVERNORS' MEETING (HELD IN PUBLIC)
4 December 2024
Boardroom, Trust Headquarters, Harrogate District Hospital,
Lancaster Park Road, Harrogate, HG2 7SX

DRAFT Minutes

Present:		
	Andy Papworth	Trust Vice-Chair
	Jackie Lincoln (JL)	Public Governor, Lead Governor
	Ian Barlow (IB)	Public Governor (<i>on Teams</i>)
	Councillor Nick Brown (CB)	Stakeholder Governor (<i>from item 6</i>)
	Rachel Carter (RC)	Public Governor
	Tony Doveston (TD)	Public Governor
	Mike Dunn (MDu)	Public Governor, Deputy Lead Governor (<i>on Teams</i>)
	Kathy Gargan (KG)	Public Governor
	John Hindle (JH)	Public Governor
	David Haynes (DH)	Stakeholder Governor
	Emily Legge (EL)	Staff Governor
	Richard Owen-Hughes (ROH)	Public Governor
	Kevin Parry (KP)	Public Governor
	Stephen Williams (SWm)	Staff Governor (<i>on Teams</i>)
	Stuart Wilson (SW)	Staff Governor
In Attendance:		
	Jeremy Cross (JC)	Non-Executive Director
	Laura Robson (LR)	Non-Executive Director, Senior Independent Director (<i>on Teams</i>)
	Wallace Sampson, OBE (WS)	Non-Executive Director
	Jonathan Coulter	Chief Executive
	Emma Nunez	Executive Director of Nursing, Midwifery & AHPs, Deputy Chief Executive
	Russell Nightingale	Chief Operating Officer
	Angela Wilkinson	Director of People & Culture
	Sue Grahamslaw	Assistant Company Secretary
	Giles Latham	Communications Manager (<i>via Teams from item 6</i>)
	Jimmy Parvin	Deputy Director of Strategy & Improvement
Apologies:		
	Martin Dennys (MDe)	Public Governor
	Mark Hutchinson	Staff Governor
	Binish Mehar (BM)	Staff Governor
	Richard Sweeney (RSw)	Public Governor
	Jonathan Allen (JA)	Staff Governor
	Sarah Armstrong	Chair
	Chiara De Biase (CdB)	Non-Executive Director
	Julia Weldon (JW)	Non-Executive Director
	Azlina Bulmer (AB)	Associate Non-Executive Director
	Kama Melly, (KM)	Associate Non-Executive Director
	Jackie Andrews	Executive Medical Director
	Matt Graham	Director of Strategy
	Jordan McKie	Director of Finance
	Kate Southgate	Associate Director of Quality and Corporate Affairs, and Company Secretary

SPECIALIST UPDATE BRIEFING – HARROGATE INTEGRATED FACILITIES
Present from HIF:

- Angie Gillet (Managing Director)
- Andy Colwell (Deputy Director of Estates & Facilities)
- Tim Wilkinson (Head of Operational Estates – Corporate & Sustainability)
- Adrian Kopycinski (Hotel & Site Services Manager)
- Matthew Johnson (Security & Car Park Manager)
- Elaine Stanton (Manager Sterile Services & Medical Equipment Library)
- Anna Pugh (Administrative Assistant)

The Managing Director introduced the team that would be presenting the update to the Council as follows:

- | | |
|----------------------------------|--|
| • Planning Update | Managing Director |
| • Catering Services | Deputy Director of Estates & Facilities |
| • Estates & Capital Services | Head of Operational Estates – Corporate & Sustainability |
| • Hotel Services | Hotel & Site Services Manager |
| • Porterage & Transport Services | Security & Car Park Manager |
| • Sterile Services | Manager Sterile Services & Medical Equipment Library |

A summary was provided for each service and ended with interesting facts.

The Governors engaged throughout the update, asking a number of questions:

- It was noted that the information was geared around Harrogate District Hospital as Ripon Hospital was part of NHS Property Services and so serviced under a different contract – not all of which was the responsibility of Harrogate Integrated Facilities.
- Confirmed that local catering companies were used where possible.
- The way hot food was prepared meant it could not be provided to other organisations after breakfast / lunch service. This was being considered as part of a review of food preparation.
- Equipment that could no longer be used by the Trust (eg IT equipment) was sent to other areas / countries – suggested this could be made more widely known by Procurement (not managed by HIF).
- Governors questioned whether there should be more publicity about achieving the 5-star food rating. HIF representatives replied that this was the expected standard which should be met.
- Request by Governors to review Green Plan.

Action: Ensure the Green Plan is included as an update on Workplan.

Item No.	Item
COG/12/4/1 1.1	Welcome and apologies for absence The Vice-Chair welcomed everyone to the meeting including those participating by Teams.
1.2	Apologies for absence were received from those noted above.
COG/12/4/2 2.1	Declarations of Interest and Conflicts of Interest No further declarations of interest or conflicts of interest were noted.
COG/12/4/3 3.1	Minutes of the previous Council of Governors (Public) meeting held on 10 September 2024 Resolved: Minutes of the previous Council of Governors (Public) meeting held on 10 September 2024 were approved as an accurate record of the meeting.
COG/12/4/4 4.1	Matters Arising and Action Log The following matters arising and actions were noted: <ul style="list-style-type: none"> • COG/3/7/10.18: Overview of ICB at Informal Governor Briefing: Due to take place in January 2025. <i>Action to remain open.</i> • COG/3/6/13.2: Structure of Council / hard-to-fill seats: Carried forward until there is room to discuss as part of a Remuneration, Nomination and Conduct Committee (RNCC) meeting. <i>Action to remain open.</i> • COG/6/5/8.5: Domiciliary Care Update: Will be provided as part of an Informal Governor Briefing in 2025. <i>Action to remain open.</i> • COG/9/10/8.4: Limited Scope Audit: Response provided and noted. <i>Action closed.</i>
4.2	Resolved: Actions were agreed as above.
COG/12/4/5 5.1	Chair's Update (presented by the Vice-Chair) The Vice-Chair noted: <ul style="list-style-type: none"> • Thanks were expressed to HIF colleagues who had provided the interesting Specialist Briefing update prior to the meeting. • This was Public Governor (TD) last Council meeting; he was formally thanked for completing three terms (nine years) as a governor and was wished the best for the future. • Whilst Public Governor (MDe) was unable to attend, he was also formally thanked for his work as a governor and noted he had been a great support. • David Haynes was welcomed to the Council and thanked for taking the role of stakeholder governor. • The HDFT Impact presentation was eagerly awaited and thanks were expressed to the new Deputy Director of Strategy & Improvement who would be presenting the item later in the meeting.
5.2	Resolved: The Vice-Chair's report was noted.
COG/12/4/6 6.1	Chief Executive's Update The Chief Executive provided an update highlighting the following points: <ul style="list-style-type: none"> • The announcements by the Secretary of State and the NHS Chief Executive focused on the operating model of NHS, including how the ICB would work, with providers earning their autonomy

	<ul style="list-style-type: none"> The need for leadership from the Board, as highlighted in the Darzi report, would form part of the new NHS operating model, with the concept of league tables for provider organisations. NHS priorities were numerous (three areas of focus for the Secretary of State and five for the NHS Chief Executive) which would be clarified in the upcoming planning guidance. Areas included: operational benefits, digital, and improve our neighbourhood. However, it was noted that HDFT were already focused on these areas. Current pressures were explained as being Urgent & Emergency Care (UEC), although the Trust was managing the pressures better than in other parts of the country and in other parts of the system. There was also a focus on financial pressures within HDFT and finding further areas for savings. Financial challenges were currently around funding the pay award and high cost drugs. Productivity was high with HDFT being the best performing Trust when compared with pre-CoVid data, meaning more patients were being treated with the finances available. Two new risks were added to the Corporate Risk Register (CRR) Cardiology and Stroke Pathway. Existing key risks were autism (where the Trust was delivering what it was commissioned to provide but this only amounted to about 50% of demand) and Dental Services (where delivering the service with the available resources was the challenge). Some positive areas to note included: high position of the Emergency Department in a CQC Report (16th place out of 120 reviewed); high level Maternity Report; Cancer treatment delivery had improved; delivering in the 0-19 services; low agency spend with high productivity. The Electronic Patient Record (EPR) programme was being launched this week. There would always be challenges but there were also many areas to celebrate across the footprint and it was important to recognise those things that were being done well.
6.2	Public Governor (KP) sought clarification on the relative productivity of the Trust between current figures and those in 2019. The Chief Executive confirmed that the Trust had increased productivity by over 30% compared to 2019 which was a positive change.
6.3	The Vice-Chair noted that the Corporate Risk Register (CRR) and the Integrated Board Report (IBR) were included in the supplementary papers.
6.4	The Lead Governor commented that she considered the IBR papers in the revised format for public access were more difficult to read for those who did not have PowerBI access and requested the presentation of the data be made clearer. The Chief Executive noted that PowerBI gave clarity for those using it day-to-day to inform service delivery but the Lead Governor's comments would be noted for any future developments.
6.5	Resolved: The Chief Executive's update was noted.
COG/12/4/7 7.1	Appointment of Lead Governor The paper outlining the process for and outcome of the election of the Lead Governor was taken as read.

7.2	There were no questions or comments from the Governors.
7.3	Resolved: The appointment of Jackie Lincoln as the Lead Governor was approved.
COG/12/4/8	Lead Governor's Update
8.1	<p>The Lead Governor noted the following in her update:</p> <ul style="list-style-type: none"> Expressed thanks to the Council for being voted Lead Governor and emphasised her commitment to continue the work with the Deputy Lead Governor and aim for collaborative working with all governors The new Stakeholder Governor was welcomed Retiring governors were thanked for their service, knowledge and insight, and noted they would be missed Governor activities since the last Council meeting in September were mentioned: <ul style="list-style-type: none"> Annual Members' Meeting (AMM) (17 September 2024) Observing Board Sub Committees and Trust Board (25 September 2024 and 27 November 2024) Staff Governor meeting with Chair and Chief Executive (16 October 2024) Informal Governor Briefing (24 October 2024) where the Chief Executive updated the Governors with the latest developments with the Secretary of State's announcements, operational update for winter planning and Patient Knows Best app. Governor Development Session (4 November 2024) – a detailed discussion would take place in the private session later in the day. Governor Development and Membership Engagement Committee (6 November 2024) – again noted there would be a detailed discussion in the private session later in the day. Governor Coordination meetings (8 October 2024; 14 and 25 November 2024) – where business included feedback from the AMM, planning for forthcoming Council of Governor meetings; forum continued to work well for communicating and producing ideas, and provided a place for Sub Committee observers to share their insight.
8.2	The Vice-Chair thanked the Lead and Deputy Lead Governors for their work.
8.3	There were no further questions or comments from the Governors.
8.4	Resolved: The Lead Governor's Update was noted.
COG/12/4/9	Public Governor Elections Update
9.1	<p>The Council took the paper as read. The Assistant Company Secretary highlighted the following points:</p> <ul style="list-style-type: none"> Service provider (Civica) and timetable were agreed at the August 2024 RNCC. There were five vacancies over four constituencies for governor terms to commence on 1 January 2025. Civica were providing the election services. There had been a slight error in the nomination phase with some people not being mailed the nomination information but this was satisfactorily resolved.

<p>9.2</p> <p>9.3</p>	<ul style="list-style-type: none"> • Three constituencies received nominations – one in Wetherby, Harewood; two in Knaresborough & East District; eight in Harrogate & Surrounding Villages; no nominations for the Rest of England seat. • The uncontested nominee has been informed and DBS check and paperwork collation were underway. • Voting had commenced in other constituencies. <p>There were no comments or questions from the Governors.</p> <p>Resolved: The update on the public governor elections was noted.</p>
<p>COG/12/4/10</p> <p>10.1</p> <p>10.2</p> <p>10.3</p> <p>10.4</p>	<p>HDFT Impact</p> <p>The Deputy Director of Strategy & Improvement gave a presentation on the work of HDFT Impact, where the following points were noted:</p> <ul style="list-style-type: none"> • HDFT Impact was a continuous improvement methodology that focussed on greater impact being achieved by concentrating on fewer priorities. • This needed new habits but noted change could be challenging at the outset. • The True North metric was explained and how the connection throughout the organisation was managed through strategy deployment. • Good progress had been seen so far, especially around reducing moderate harm and managing staff availability. • Moving patients from Emergency Department to Same Day Emergency Care resulted in better patient care and redirection of the patient effectively to help meet the 4-hour Emergency Department standard. • Frontline improvements had been made in the Emergency Department by thinking of the root cause analysis and ensuring outcomes were data-driven. • The need to identify how to move patients from the Emergency Department was clear which involved ensuring frontline clinical and portering staff working together to understand each other's needs. • The Council were informed that a video had been produced by Woodlands Ward which demonstrated how the team had made HDFT Impact work for them and that engagement was easier when staff could see the process was working. <p>Action: <i>Link to Woodlands Video to be shared amongst Governors.</i></p> <p>The Vice-Chair sought clarification on the HDFT Impact timeline. It was explained that the programme was on track to have 70% of staff trained by July 2026. It was currently a 14-week training programme but as more teams became used to it, that may be able to be shortened. However, the importance of keeping robust processes was emphasised.</p> <p>Public Governor (RC) sought an understanding of how Non-executive Directors (NEDs) were assured that the True North metric was what mattered most to patients, questioning what engagement there had been with patients and the public. The Chief Executive explained that delivery of the Trust's strategy was key and the data was reviewed to consider what was required to deliver the strategy. The data would be reviewed annually alongside the metrics as part of the planning process. Furthermore, the Trust would be seeking to ensure there were projects to improve feedback from patients.</p>

10.5	Non-executive Director (JC) confirmed that the NEDs had had the data fully explained to them and the importance of trusting the data. He highlighted that an example had been the positive outcome with the People's Plan focused on filling vacancies and which had now moved to tackling staff sickness rates.
10.6	Public Governor (RC) further questioned patient engagement in the process. The Chief Operating Officer explained that the metrics focussed on the NHS required standards. The challenge was selecting the metric that would have the greatest impact. The Deputy Director of Strategy & Improvement added that the review was on the available quantitative data meaning that the improvement work was based on informed, data-driven decisions.
10.7	The Executive Director of Nursing, Midwifery & AHPs commented that the continuous improvement process had moved at pace but that transparency was key. The huddle (part of the process) took place in the middle of the ward so others could hear. When considering the processes longer term, the corporate project on Patient Experience could also provide input but the methodology for incorporating patient feedback would need careful consideration.
10.8	Public Governor (RC) noted that the more the process was discussed, the more familiar it became. She had seen some of the HDFT Impact walls and was positive about the process.
10.9	Public Governor (KP) welcomed the clear presentation. However, he questioned if constant continuous improvement could lead to instability and how would the potential impact on other teams be managed. The Deputy Director of Strategy & Improvement advised that there was only one driver metric in front-line teams and that the key was to ensure a focus was maintained with progress aligning within teams. Collaboration was important.
10.10	Public Governor (ROH) observed that, from the Woodlands Ward video, some of the improvement work was on the hospital walls for the public and patients to see as well. He further welcomed how the recruitment process had worked at HDFT compared to Leeds Teaching Hospitals Trust approach where recruitment had been put on hold. The Director of People and Culture noted that Humber & North Yorkshire (HNY) and West Yorkshire Associate of Acute Trusts (WYAAT) were outliers in their stance on vacancies and it was performing well with agency spend reduced. However, it was noted that recruitment policy had been robust to ensure only vacancies which were funded were recruited.
10.11	Resolved: The update on HDFT Impact was noted.
COG/12/4/11	Urgent Constituents' Questions
11.1	The Vice-Chair introduced the questions and sought appropriate responses from the Board as follows:
11.2	<p>Q1: Engagement Strategy (All Governors)</p> <p><i>A previous Patient and Public Participation Strategy was developed to run from 2018 to 2021. Governors note the variety and value of current patient and public engagement activities and processes managed by the Trust and reported via the Annual Report and Board/Sub Committees and recent presentations. These</i></p>

	<p><i>include for example, the work of the Patient Experience Team; feedback from Friends and Family Testing together with initiatives such as the Reader Group, Happi Friends and work on Children and Young Peoples Engagement. A Trust Membership Engagement Strategy was also endorsed by the Trust Board in March 2024</i></p> <ul style="list-style-type: none"> <i>• Are there plans to develop an updated overarching Trust wide engagement strategy which will encompass and co-ordinate all complementary strategies and the current and proposed engagement activities? If so, what are the proposed timescales and planned processes and monitoring arrangements to achieve this?</i> <i>• What are NEDS' perspectives about whether there is diverse representation feeding into the key decisions and priorities identified by the Trust</i> <i>• In what ways can Governors contribute to the successful performance of the Trust in the effective engagement with Trust members, stakeholders and the wider public in order to identify their priorities and improvement expectations?</i>
11.3	<p>The Executive Director of Nursing, Midwifery & AHPs reported that there was still work to be done around proactive public engagement. She noted there was a corporate project on Patient Experience and outlined some of the recent efforts to obtain feedback, such as the stand in the main hospital reception. The existing public engagement strategy was being reviewed but it was not sufficiently at a point when it could be shared. There was also the potential for patient experience to be confused with public views and they should be kept separate.</p>
11.4	<p>Non-executive Director (LR) advised that the Quality Committee had been informed about innovative HDFT Impact outcomes which was working well within the Children and Young People teams using "ambassadors" in schools.</p>
11.5	<p>The Lead Governor highlighted that the Governors' question acknowledged the existing good practice but was aimed at gaining an understanding of how the various engagement activities were being co-ordinated and in particular, how the Governors could actively support this. The Governors wanted to keep engagement on the agenda at meetings. The Chief Executive advised that the work that was being done would be shared and discussed with Governors.</p>
11.6	<p>The Executive Director of Nursing, Midwifery & AHPs added that the Trust's strategy would also need to take account of the implications of the NHS 10-year plan and the outcome of current consultations would be incorporated in that.</p>
11.7	<p>Action: <i>produce a timeline for the Patient Experience Corporate Project.</i></p>
11.8	<p>Q2: Get It Right First Time (GIRFT) initiative <i>(Public Governor, MD)</i> <i>GIRFT is the NHS' initiative that drives best clinical practice and better health outcomes in over 50 specialties. NHS England is driving the creation of GIRFT Hubs across the country which are demonstrating significant productivity and care outcome improvements - targeted at the specialities with the lowest performance in each Hub area.</i></p>

	<p><i>What activity and assurance are the NEDs driving in the committees to accelerate the creation of a GIRFT Hub in HDFT, and what assurance can they provide that GIRFT learning is being sought and applied wherever HDFT is not already in the top quartile for each of the 50+ specialities covered by GIRFT that are applicable to HDFT?</i></p>
11.9	<p>The Chief Operating Officer explained that the elective hubs being created were Targeted Investment Plan (TIF) 1 (connection to Wharfedale Hospital) and TIF2 (Block C Redevelopment). There were other schemes that would deliver in 2025 and 2026 which would provide service delivery to 75,000 more patients.</p>
11.10	<p>Public Governor (KP) questioned how GIRFT national practice was being applied locally. It was explained that there were two key metrics in GIRFT – using theatres and day patients / day case theatres. In addition, the community dental service allocated extra time around operations to allow for those with learning difficulties. The main focus on GIRFT for HDFT was around theatre utilisation. It was noted that meetings were being scheduled to help HDFT understand how to increase list capacity at the Trust, such as for cataracts where others were performing 12 cataract operations per list, whereas HDFT achieved 7-8.</p>
11.11	<p>Q3: Hospital Signage (Public Governor, KP) <i>Hospital signage has been the subject of a number of questions at Council of Governors; the most recent response indicated that this matter was under further review. Why does the Trust persist in using alpha numeric codes for locations in the hospital signage? For example, when visitors are looking for Oakdale Ward, why not indicate on the entrance and corridor signs that this is the direction for the Oakdale ward? Feedback is that it is confusing and wastes time as people try to navigate the corridors by code rather than plain English.</i></p>
11.12	<p>The Chief Executive noted the history of the issues with hospital signage and that the feedback in 2020 was that the system had been difficult for patients and visitors. The Council were advised that the alpha-numeric system was considered the easiest for those whose first language was not English, especially when services were moved around the hospital to allow for refurbishments. It was understood that there was a lack of consistency with the large number of different patient letters issued.</p>
11.13	<p>It was reported that the feedback was that the system was not ideal for everyone. However, work was underway to redesign the front entrance of the hospital to make it easier for people to get to their desired location. The same system had been used successfully in a nearby trust.</p>
11.14	<p>Public Governor (KP) asked why the names of wards or words could not be used. The Chief Executive advised that, before the new signage, there were numerous hanging signs. However, now it was felt that people could follow the colour of signs and the alpha-numeric system. Stakeholder Governor (NB) concurred.</p>

11.15	The Executive Director of Nursing, Midwifery & AHPs stated that in recognition of the diversity of staff, patients and the public, the approach used should embrace “simplified language” rather than “plain English”.
11.16	Governor (NB) advised that Healthwatch North Yorkshire had provided an exemplar of how signage should be used, including having a video of how to follow the way-finding.
11.17	Staff Governor (SW) reported that staff were always willing to help but were repeatedly stopped in the corridors asking for directions which hindered their work.
11.18	<p>Q4: Changing Places Campaign (Public Governor, RC)</p> <p><i>Changing Places Campaign is aimed at toilets installed in all public venues, so that everyone, regardless of their access needs or disability or reliance on the assistance of carers or specialist equipment, can use a toilet facility with dignity and hygienically.</i></p> <p><i>How does the Trust currently or plan to support this campaign? How are Trust facilities managed and monitored to ensure compliance with adequate standards?</i></p>
11.19	The Executive Director of Nursing, Midwifery & AHPs noted that there was a changing places facility incorporated into the Endoscopy Department during its construction in 2019, but that the opening hours were restricted. As part of the redevelopment of the front entrance, the intention was to improve accessible facilities at that point. The challenge was funding and space constraints.
11.20	<p>Q5: Rolling Contracts for Staff (Staff Governor, SW)</p> <p><i>There has been feedback from several areas suggesting that multiple non-clinical retire/return staff who are on rolling contracts, are increasingly being told their contracts are not being renewed. In some cases, the same jobs are then being advertised at a lower banding, with the staff member being encouraged to apply for their own role, but on a lower band.</i></p> <p><i>Can the Trust explain if this is purely coincidence, or if a deliberate move by the Trust to save funds?</i></p>
11.21	The Director of People & Culture responded that there were a number of flexible retirement options available to staff. Should they wish to come back to work after retirement, then their managers had the discretion to discuss any different working patterns or roles. It was the manager’s responsibility to agree what would fit with the plans for the teams. However, it was advised that the Trust did not have rolling contracts – returning staff usually did so on fixed term contracts of 6months which allowed all involved to review what worked individually and for the team. It was also confirmed that this was not intended as a means of saving expenditure.
11.22	Staff Governor (SW) advised that he had gained helpful clarification on an individual case prior to the Council meeting.
11.23	<p>Q6: Physician Associates (PAs) and Anaesthesia Associates (AAs) (Public Governor, RC)</p>

<p>11.24</p> <p>11.25</p> <p>11.26</p>	<p><i>In the light of recent media coverage, how many PAs and AAs are employed by HDFT; is this number is planned to increase, and how the NEDs are assuring themselves PAs and AAs have clear role descriptions that they are operating to, and about the management of any tensions between different staff groups?</i></p> <p>The Chief Executive noted that the Trust currently had a total of four of these PAs/AAs and were not planning to increase the number. Their roles were clear within the HDFT framework. It was explained that from December, the roles would be regulated and those staff would have to become members of the General Medical Council (GMC).</p> <p>There were no known issues, tensions or incidents with PAs or AAs at HDFT. It was noted there was an independent review underway about registration.</p> <p>Resolved: The responses to the questions were noted.</p>
<p>COG/12/4/12</p> <p>12.1</p> <p>12.2</p> <p>12.3</p>	<p>CoG Annual Workplan 2025-26</p> <p>The Council requested that updates on Domiciliary Care and the Green Plan were included on the Workplan. A specialist briefing on Quality Impact Assessments was also requested to be scheduled in for 2025</p> <p>Action: Items to be added to workplan and briefing schedule.</p> <p>Resolved: The Council of Governors' Meetings annual workplan was noted.</p>
<p>COG/12/4/13</p> <p>13.1</p> <p>13.2</p> <p>13.3</p>	<p>Any Other Relevant Business</p> <p>The Vice-Chair noted that no indication of any other business had been received prior to the meeting.</p> <p>The Lead Governor recalled that the Council had previously received a Board Sub-Committee update from a Committee Chair. However, the Vice-Chair reminded the Council that they had had the opportunity of a more in- depth presentation about HDFT Impact which had been requested previously by Governors.</p> <p>There being no further business, the meeting closed at 5:50pm</p>
<p>COG/12/4/14</p> <p>14.1</p>	<p>Evaluation of the Meeting</p> <p>The Vice-Chair asked for any comments on the meeting evaluation to be forward to him.</p>
<p>COG/12/4/15</p> <p>15.1</p>	<p>Date and Time of Next Meeting</p> <p>The date of the next meeting on 5 March 2025 was confirmed with the specialist update on Health Inequalities Data on the IBR prior to the meeting. The venue was noted as the Boardroom at Trust HQ, Harrogate District Hospital.</p>

Minute Number	Date of Meeting	Subject	Action Description	Responsible Officer	Due Date	Comments	Status - completed is defined as confirmation received from ED responsible lead that the proposed action is completed as described in the comments column. Completed actions will not be closed until the Board has confirmed that action taken is satisfactory.
COG/3/7/10.18	07 March 2023	ICB	An overview of the ICB systems that the Trust was involved with would be included at a future Informal Governors meeting.	Chief Executive	January 2025	Sue Symington (Chair, HNY ICB) to provide overview at January 2025 Informal Governor Briefing. Action to remain ongoing until meeting has taken place. Overview presented at January IGB.	Closed
COG/3/6/13.2	06 March 2024	Structure of Council of Governors	Consider if governor seats represent the Trusts' footprint and needs - with merge of Local Authority Seats to one council	Assistant Company Secretary	TBC	Update: an initial review had started at RNCC with a look at seats that were hard to fill. Added to forward plan for RNCC meeting agenda.	Ongoing
COG/6/5/8.5	05 June 2024	Focussed Update: Domiciliary Care	Detailed discussion on Domiciliary Care and patients' perceptions of the impact on their care with the Waste Reduction programme in place.	Assistant Company Secretary	TBC	Discussion to form part of an Informal Governor Briefing in 2025 - items added to schedule for Informal Governor Briefings Update Sept 2024: Noted there had been a briefing on TeamTalk and the work of Thrive.	Propose to Close
COG/12/4/10.2	04 December 2024	HDFT Impact	Link to Woodlands video to be shared with Goverenors	Assistant Company Secretary	January 2025	Link circulated 02/01/25	Closed
COG/12/4/11.7	04 December 2024	Urgent Constituents' Questions: Engagement Strategy	Provide a timeline for the Patient Experience Corporate Project.	Associate Director of Quality & Corporate Affairs	June 2025	Amended due date. February 2025 Update: Governors request to be engaged from the outset rather than being presented with a draft strategy for review.	Ongoing
COG/12/4/12.2	04 December 2024	CoG Annual Workplan 2025-26	Updates on Domiciliary Care and the Green Plan to be included on Workplan. Specialist Briefing on Quality Impact Assessments to be added to briefing schedule	Assistant Company Secretary	January 2025	Items added to 2025/26 workplan and 2025 Briefing Schedule.	Propose to Close

Governor Questions on Behalf of Membership and the Public: Council of Governors' Meeting – 5th March 2025

Subject	Context	Questions
1. Reducing Health Inequalities	<p>A specialist briefing on Health Inequalities, to be led by Jack Lewis from HNY ICB and Matt Graham has been scheduled to be delivered immediately prior to this meeting. The minutes from the last Council of Governors meeting said that this would cover "Health Inequalities Data on the IBR". Whilst this is appreciated and will be very helpful, there are broader issues that the governors also wish to receive assurance about.</p> <p>It is understood that reducing health inequalities is a system wide responsibility and a key role for Integrated Care Boards and Systems. However in March 2024 NHS Providers issued "Reducing Health Inequalities: A guide for NHS trust board members". This document was designed specifically for NHS trusts and recognised that the role of NHS trusts in taking concerted action to reduce inequalities had not (previously) clearly been articulated.</p>	<p>Could NEDs please provide assurance about the action HDFT is taking to reduce health inequalities within the population it serves. This question is specifically about broader health inequalities (e.g. socio-economic factors including deprivation and carers, geography including rurality, and social exclusion including people experiencing homelessness) rather than those relating to the nine protected characteristics set out in the Equality Act of 2010 (acknowledging the overlap).</p> <p>We recognise this is a broad area and would welcome further updates in the future. For this Council meeting could NEDs please help us understand:</p> <ol style="list-style-type: none"> Whether the Trust has a specific strategy or plan on health inequalities, and what the governance structure is for overseeing the Trust's work and strategy on health inequalities? How potential impact on health inequalities is assessed and optimised within the HDFT Impact programme? What data-evidenced examples we have of how we have reduced health inequalities in access or services?"
2. Mental Health Support	<p>The Trust Strategy includes a statement that under the "Great Start in Life" strategy, HDFT wants to be "The National Leader for Children and Young People's Care". However, the Lord Darzi Report highlighted that as of June 2024 more than 1 million people were waiting for community care, 80% of whom are children and young people. The HealthWatch Report for North Yorkshire (January 2025) highlighted that all of the feedback on mental health services in North Yorkshire was negative, quoting "One person mentioned that the waiting list to get referred to mental health support in North Yorkshire takes years and when they did eventually get the support, it was ill-informed and not helpful.". This is not clearly not just about Autism assessments, but the wider aspects of mental health in young people in our region and also about the challenges of resource constraints and the apparent lack of coherence in the delivery system.</p>	<p>What steps are being taken by the Trust to influence the development of a more effective strategy to be put in place in the HDFT footprint which will improve mental health service delivery to children and young people?</p>

3. Meeting the Needs of the Elderly	There is an increasing size of the elderly population in HDFT footprint and incidence of frailty and dementia conditions	<ul style="list-style-type: none"> i. How are NEDs assuring themselves that the health and wellbeing needs of the older population in the HDFT community are being met? ii. How are NEDs assured that the commitment to treating elderly patients with kindness, compassion and dignity is implemented in practice in all areas of the Trust?
4. Volunteer Transport	Improving accessibility to services for patients	<ul style="list-style-type: none"> i. A Volunteer driver scheme existed approximately six years ago; does this still exist or has it been revised? ii. What is the progress with the trial project for Nidderdale Plus drivers to check with the discharge room for patients they could transport whilst waiting for their allocated patient pickup?
5. Scrutiny of Requests for Expenditure	Controls on Trust expenditure	Staff members have requested assurance that the level of scrutiny on requests to incur expenditure by staff apply to all parts of the Trust, including for example, expenditure on expenses for Board meetings and hospitality.
6. Policy for Umbilical Cord Blood Collection for Stem Cells	Increasing national commentary on the collection of umbilical cord blood.	Does HDFT have a stated policy for Cord Blood Collection for stem cells?
7. Contingency Planning for Bad Weather	Bad weather presented some key challenges early in January this year including the ability of some staff being able to travel to their workplace.	<ul style="list-style-type: none"> i. What was the impact on patients on hospital sites but also those patients in the community reliant on, for example, nursing interventions in the home? ii. Following a proposed debrief, has there been any areas of improvement identified in future emergency planning policies and procedures?

Council of Governors Workplan – 2025-26 – v2						
Dates of Meetings (TO BE CONFIRMED)	Private / Public	Wednesday 5 March	Tuesday 3 June (TBC)	Wednesday 10 September	Wednesday 10 December	Wednesday 4 March
Final Papers required by:		26/02/25	27/05/25	03/09/25	03/12/25	25/02/26
Opening Items						
Welcome and apologies	Both	✓	✓	✓	✓	✓
Declaration of interests and Conflicts of Interest	Both	✓	✓	✓	✓	✓
Minutes of previous meeting		✓	✓	✓	✓	✓
Matters Arising and Action Log		✓	✓	✓	✓	✓
Routine Items						
Chair's Report	Public	✓	✓	✓	✓	✓
Chief Executive Report (including finance, performance and quality/patient safety)	Public	✓	✓	✓	✓	✓
Lead Governor Update	Public	✓	✓	✓	✓	✓
Non-executive Director (Committee Chair) Update (rotate)	Public	✓	✓	✓	✓	✓
For info: Integrated Board Report (IBR) – circulate with public papers	Public	✓	✓	✓	✓	✓
Feedback from Governor Committee/Group Reports: (Remuneration, Nomination and Conduct Committee, Governor Development & Membership Engagement, External Auditor Working Group)	Private	*	*	*	*	*
Governor Events, Feedback	Public	✓	✓	✓	✓	✓
Urgent Constituents' questions	Public	✓	✓	✓	✓	✓
Membership Engagement Strategy review	Public	✓				✓
Calendar of Governor Activities	Public	✓				✓
Annual Declarations of Interest and agreement with Code of Conduct	Public			✓		
Appointment of Lead Governor	Public	*	*	*	*	*
Annual Review of Committee/Group Membership	Public				✓	
Elections Update Report	Public		✓		✓	
Election Results	Public	✓		✓		✓
Annual Review of Terms of Reference – sub committees (Remuneration, Nomination and Conduct Committee; and Governor Development & Membership Engagement Committee)	Public				✓	
Constitution Annual Review	Public		✓			
Annual Review of the Effectiveness of the Council of Governors	Public			✓		
Trust Annual Planning	Public	*	*	*	*	*
Proposal for Annual Members' Meeting	Public		✓			
Annual Governor Feedback Report (AMM)	Public			✓		
External Auditor Report to Governors	Private			✓		
Annual Report and Accounts	Private			✓		
Annual Quality Report	Private			✓		
Performance Evaluation of the Chair and Non-executive Directors (recommendation from the Remuneration Committee)	Private		?	✓		
Updates requested by Governors						
Bi-annual Update on Harrogate Healthcare Facilities Management Limited (t/a Harrogate Integrated Facilities (HIF))	Public		✓		✓	
Update on the Green Plan (see December 2024 minutes) – include as part of HIF update	Public		✓		✓	

Patient Experience Team – thematic report	Public			✓		
Update on Domiciliary Care (<i>see December 2024 minutes</i>)	Public		✓		✓	
Update on Autism (<i>see September 2024 minutes</i>)	Public	✓		✓		✓
Statutory Items (as required, undefined timings)						
Appointment of Chair of the Trust – <i>to ratify</i> (recommendation from RNCC)	Private	*	*	*	*	*
Appointment of Deputy Chair of the Trust (recommendation from RNCC)	Private	*	*	*	*	*
Appointment of Senior Independent Director (recommendation from RNCC)	Private	*	*	*	*	*
Appointment of Non-executive Director – <i>to ratify</i> (recommendation from RNCC)	Private	*	*	*	*	*
Remuneration of the Chair of the Trust & Non-executive Directors to ratify (recommendation from RNCC)	Private	*	*	*	*	*
Approve the appointment of the Chief Executive (recommendation from RNCC)	Private	*	*	*	*	*
Approve any significant transactions, mergers, acquisitions, separation or dissolution	Public	*	*	*	*	*
Appointment of External Auditor – <i>to ratify</i> (recommendation from Audit Committee and tender exercise)	Public	*	*	*	*	*
Amendments to constitution – <i>to ratify</i>	Public	*	*	*	*	*
Closing Items						
Workplan Review	Public	✓	✓	✓	✓	✓
Any Other Business	Both	*	*	*	*	*
Evaluation of Meeting	Both	✓	✓	✓	✓	✓

*As and when required

Items to be Added:

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.											
<ul style="list-style-type: none">• 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: Aligned with the CQC SAFE Domain , the organization is addressing key safety risks to protect staff, patients, and visitors while promoting a culture of continuous improvement. <ul style="list-style-type: none">• HDH Goods Yard Security (CHS2): Temporary security measures are in place to prevent unauthorized access, with permanent improvements targeted by March 2025.• Fire Safety (CHS3): Fire risk assessments are complete, and infrastructure upgrades are underway to reduce the risk rating by September 2024.• Violence and Aggression (CHS5): Policy updates, enhanced training, and security reviews are being implemented to safeguard staff and improve safety, including addressing limited security presence and outdated procedures.• Health & Safety – Building Security (CRR102): Outdated security policies, limited security presence, and inadequate CCTV/access control systems are being addressed through updated risk assessments, infrastructure improvements, and enhanced staff training. Plans include replacing door access systems, expanding CCTV coverage, and preparing for compliance with Martyn’s Law by April 2025.• Containment Level 3 Microbiology Work (CRR98): The unavailability of the onsite CL3 lab has led to outsourcing, posing risks to patient safety and financial sustainability. Plans to recommission the CL3 facility by March 2025 are underway, alongside efforts to improve sample logistics and mitigate delays. These actions reflect the organization’s proactive approach to ensuring safe systems, environments, and staffing, in line with SAFE Domain standards.								
Executive Committee	Quality Management Group (QMG)										
Initial Date of Assessment	1 st July 2022										
Last Reviewed	January 2025										
Corporate Risk ID	Strategic Ambition	Type	<u>Principle Risk:</u> CHS2: HDH Goods yard			Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR75: CHS2	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	March 25
Key Target			Current Position			Plans to Improve Control and Risks to Delivery					
Board level lead for Health and Safety			The organisation has taken several steps to address health and safety risks within the goods yard. Risk assessments have been completed, identifying key areas of concern. In response, temporary measures have been implemented to mitigate these risks:			The organization has outlined several key plans and actions aimed at improving safety and security in the goods yard:					
Annual Audit programme for Health and Safety						Physical Barriers and Controls: for the the protection of the liquid oxygen store, which will be factored into the overall improvement costs for the goods yard.					
Health & Safety Committee			<ul style="list-style-type: none">• Access Control: A temporary Heras fenced walkway has been established to safely guide staff and visitors to the Pharmacy lift and stairwell.			Waste Management: A newly formed group is tasked with assessing the impact of changes to waste separation and new waste streams on site, with a report due to the Health & Safety Committee in June.					
Suitable and sufficient risk assessments in place			<ul style="list-style-type: none">• Staff Communication: Instructions have been communicated to all Trust staff via email and Team Talk regarding the safety protocols.			Contractor Management: A new Contractor Management Policy is awaiting approval, with written instructions now issued to all delivery drivers and external users of the goods yard. This policy will guide future management and operations.					
Implementation of control measures from assessments			<ul style="list-style-type: none">• High-Visibility Clothing: High-visibility clothing is required for personnel who need routine access to the yard.			Security Review: There will be a review of the current security guard provision in the goods yard to ensure it meets the evolving needs of the area.					
Capital programme to implement permanent physical changes to the area			<ul style="list-style-type: none">• Contractor Guidelines: Contractors have been instructed that the yard area is strictly for delivery drop-offs and collections, and not for parking.			Construction Planning: A programme outline is being developed in collaboration with a contractor to ensure that the goods yard remains operational during upcoming construction activities.					
Control of unauthorised access			<ul style="list-style-type: none">• Security Weakness: The loading bay entrance remains unsecure 24/7 due to doors that do not close properly, posing a significant security risk, particularly during the night when staff presence is limited, leaving the area open to unauthorized access.			Timeline: The target date for completing these improvements is set for March 2025, aligning with the organization's 24/25 backlog programme.					
			<ul style="list-style-type: none">• Safety Improvements: New pedestrian crossing markings were added at the entrance to the goods yard and car park in July 2023.								
			Despite these measures, the ongoing issue of the unsecured loading bay entrance remains a critical security concern that requires further attention.			These actions are designed to enhance the safety, security, and operational efficiency of the goods yard while maintaining confidentiality of specific details.					

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS3: Managing the risk of injury from fire	Appetite	Initial Rating	December Rating	January 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	TBC
Key Risk Indicators		Current Position		Plans to Improve Control and Risks to Delivery					
Updated Fire Safety Policy and associated management protocols		The Trust has made substantial progress in addressing fire safety concerns, with several key actions and improvements:		Ongoing Fire Safety Support: The Fire Safety team continues to receive ad hoc requests for support from both the HDH site and Community sites.					
Completion of fire assessments		Fire Risk Assessments: Fire risk assessments, which were initially incomplete, have now been completed for all areas of the HDH site. The process is being carried out by Oakleaf and is monitored by the Fire Safety Group with reports to the Health & Safety Committee. However, Oakleaf has been unable to meet the required level of availability, leading to a backlog in reviewing risk assessments, particularly in areas that have recently changed usage due to Block C moves. Addressing this backlog will be a priority for the new Fire Manager.		Infrastructure Risk Work: Efforts to separate infrastructure risk items, such as fire alarms, compartmentation, fire doors, and fire dampers, are ongoing and expected to be completed by April 2024. These risks will be added to the Health & Safety Risk Register and escalated where necessary, with updates reported via the Fire Safety Group, Health & Safety Committee, and Environment Board.					
Appointment of competent Fire Manager and Authorising Engineer		Communication Improvements: Communication of fire safety information, which was previously inconsistent, is now regularly disseminated through weekly bulletins by the Fire Manager.		Fire Alarm System Costs: An analysis of the costs for a new fire alarm system is being conducted, comparing the total upfront cost of switching providers versus upgrading the existing system over multiple years.					
Completion of assessments		Fire Wardens: The use of Fire Wardens remains inconsistent, highlighting an area requiring further attention. Fire Manager Recruitment: The position of Fire Manager has been advertised, attracting some interest. The recruitment process is complete, with pre-employment checks currently underway.		Basement Corridor Improvements: Priority work is being planned to improve the compartmentation and fire stopping in the basement corridor between plant rooms as part of the 2024/25 backlog maintenance budget. New drawings have been produced, and cost estimates are being sought.					
Implementation of fire procedures and policies		Contractor Assessments: The assessment of contractors and construction work is to be integrated more consistently into Trust fire assessments and evacuation procedures. Construction Phase Plans for all CDM work are under review to include fire risk assessments and shared control measures.		Evacuation Risk Management: Remedial actions are being taken to minimize risks associated with the closure of corridors for six weeks. Evacuation aids have been repositioned, and additional training is being provided to both clinical and non-clinical staff, with multiple sessions organized by the Fire Manager.					
Communication of fire procedures to all employee		Corridor and Exit Safety: There has been a significant improvement in keeping corridors, escape routes, and exits clear, with the HIF waste team prioritizing daily clearing. However, issues with fire doors being wedged open on wards still persist.		Monthly Fire Checklist: A new Monthly Acute and Community Fire Checklist is being developed for completion by all teams, departments, and community locations.					
Audits and reviews of the above conditions at appropriate intervals.		Fire Policy and Management: A new Fire Policy and Fire Management Procedures have been established. A Service Level Agreement (SLA) with Leeds Teaching Hospitals NHS Trust (LTHT) has been fully implemented, with regular site attendance to review fire risk assessments, fire strategy in relation to construction work, and provide training.		Evacuation Procedures and Training: Evacuation procedures are being escalated, with training provided to clinical teams, including a simulated exercise at an extended SMT workshop, which has been completed.					
		Ongoing Assessments and Reporting: The Health & Safety Team continues to report on fire safety assurances for the community estate in fortnightly CC Estates meetings. Additional information is being gathered from all community sites to assess resource needs, including risk assessments and training.		Backlog Maintenance for Fire Safety: A Backlog Maintenance paper for 2024/25 has been submitted to the Environment Board, covering key fire-related works, including basement compartmentation, fire damper remediation, main entrance remedial work, and upgrades to fire doors. The outline proposal has been agreed upon, with detailed costs and a program plan being developed. Costs have now been confirmed, and the work is being scheduled.					
		Fire Safety Testing: Significant Cause and Effect testing, especially in the main theatres, has been completed.							
		Evacuation Procedures: Ward changes and the development of updated evacuation procedures are ongoing, with the Fire Safety Manager collaborating with relevant teams. A recent lift failure in the Strayside wing has highlighted limitations in the current evacuation procedures and controls.							
		SLA Conclusion: The SLA with LTHT has officially ended, although support for some pre-arranged work, including SMT training, the TIF2 project, and online training is on-going.							
		Fire Safety Group Establishment: The Fire Safety Group has been fully established, with its first meeting held on August 31, 2023. Monthly meetings are now in place, with an action being reviewed by the Fire Safety Group and escalated through the Health & Safety Committee as needed.							

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS5: Violence and aggression against staff	Appetite	Initial Rating	December Rating	January 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	TBC
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
Suitable and sufficient assessments of risk Trust / HIF activities.			<p>The organization is facing several challenges related to Violence & Aggression (V&A), Security, and Lone Working:</p> <ul style="list-style-type: none">Outdated Policies: Current policies on Violence & Aggression, Security, and Lone Working are outdated and do not reflect the Trust's current structure, services, or resources.Generic Risk Assessments: Available risk assessments are generic and lack clear identification of hazards or control measures.Limited Security Presence: Security coverage is limited, with a security guard in place only in the Emergency Department from 6 PM to 6 AM, and a single Local Security Management Specialist (LSMS) supporting the entire Community footprint.Inadequate Training: Training is limited and not provided on a risk-based approach, with low compliance in Conflict Resolution and Physical Restraint training, particularly before 2024.Inconsistent Escalation Procedures: Procedures for staff response to incidents and patient management are limited and inconsistently applied.High Incident Rates: There are daily reports of violence and aggression against staff, with 20-30 incidents recorded per month, despite the Trust’s promotion of a zero-tolerance approach.Cultural Issues: There is an ingrained culture of accepting certain levels of violence and aggression. <p>Training Updates and Compliance:</p> <ul style="list-style-type: none">Conflict Resolution Level 1 (mandatory e-learning) was introduced in January 2024, with 83.9% compliance across the Trust and 77.4% compliance in the HIF.Lone Working training compliance stands at 96.7%.Pre-2024 compliance for Conflict Resolution Breakaway Skills was 56.2%, with even lower compliance for Physical Restraint training. <p>Security Review:</p> <ul style="list-style-type: none">A limited assurance audit on Security has highlighted significant gaps, leading to a decision to separate Security risks from the broader V&A risks. This will include areas such as security policies, physical presence, lockdown procedures, and community support.Legislation Impact: The upcoming Martyn’s Law, which is pending due to the election, will likely require significant changes to the Trust's security measures.Resource Limitations: The lack of dedicated security presence, especially at the HDH site, has hindered the ability to reduce the V&A risk score, with notable incidents occurring in hospital corridors and visitor toilets.Risk Score: The risk score remains at 12, reflecting the ongoing challenges and will be reviewed at the August H&S Committee Meeting. <p>The situation is compounded by a recent increase in high-risk incidents, highlighting the insufficient resources available to support both acute and community settings</p>	<p>Task and Finish Group: A Task and Finish group, led by the Head of H&S, has been established to review and improve all existing policies and procedures, aligning them with NHSE’s Public Health Approach. Monthly meetings will begin in May 2024.</p> <p>Mental Health Triage and Policy Update: Changes to mental health triage in the Emergency Department are ongoing and will be incorporated into a new policy for managing patients who may self-harm or have mental health issues. This policy is in the approval process as of April 2024.</p> <p>Ligature Assessments: Ligature risk assessments are under review due to ward and therapy area changes. Training provision for ligature risks is also being addressed after delays caused by staffing changes.</p> <p>Conflict Resolution Training: A new Conflict Resolution training program is being developed with three levels tailored to staff risk levels. The content will align with the CQC-supported Restraint Reduction Network, with ongoing discussions to ensure appropriate training needs assessments (TNA) across the Trust. A business case is being prepared to expand training provision.</p> <p>Community Security and Lone Working: Visits to all community teams and locations are underway to assess current security and lone working procedures.</p> <p>Domestic Abuse and Sexual Violence: Meetings are being held to integrate issues of domestic abuse, sexual violence, and workplace sexual safety into the Violence Prevention and Reduction Strategy. A new policy and training package for line managers is in development, with plans for a team talk session by September/October.</p> <p>Policy Reviews: New policy and procedure are under delopment for staff safety. The Lockdown Policy and Bomb Alert Policies are under review to ensure they are up-to-date and effective.</p> <p>New Risk Assessment Process: A Trust-wide risk assessment has been developed and is now being used to inform team and department-level assessments. This is part of an ongoing effort to implement a new risk assessment process across the Trust.</p>					
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.									

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Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CHS10: Physical security provisions, training and support resources	Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR102: CHS10 Health and Safety	An Environment that promotes wellbeing	Operational ; Health & Safety	Organisational risk to compliance with legislative requirements, and the risk of major injuries, fatality or permanent disability to employees, patients, visitors or others due lack of suitable policies and procedures, and the subsequent lack of suitable and sufficient control measures, including physical security provision, training, resources to support implementation.	Minimal	16	16	16	8	April 25
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
Building Security Assessments completed for all premises used by Trust staff (this will not include patient homes which will be referenced in any relevant patient plan)			Outdated Security Policies: Policies related to Security, Lockdown, Bomb Alert, Theft, Damage of Trust assets, personal property, and CCTV are outdated and do not reflect the Trust's geographical footprint or current operations.	Policy Updates: The Health & Safety (H&S) team, in coordination with HIF, is currently updating all relevant security policies, including Lockdown, Bomb Alert, Theft/Damage, and CCTV. These updates aim to align policies with the Trust's current structure, services, and geographical footprint.					
Supported by up to date policies that reflect the activities carried out by the Trust and the geographical differences created.			Generic Risk Assessments: Existing security risk assessments are generic and do not sufficiently identify hazards or provide clear control measures, particularly for building security, individual response, and lone working.	Risk Assessments: Comprehensive security risk assessments are being developed, with a focus on individual sites, lone working, and staff responses. Departmental risk assessments are ongoing at the local HDH level and across the community footprint.					
Risk assessments, policies and control measures actively monitored and reviewed. Reported via Security Forum			Limited Security Presence:	Security Infrastructure Improvements:					
Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.			<ul style="list-style-type: none"> Acute Setting: Security is present only from 6 PM to 6 AM daily, with additional coverage on Monday, Friday (7 AM – 5:30 PM), and weekends (6 AM – 6 PM). Community Hospitals: No dedicated security presence, such as at Ripon Community Hospital. Community Footprint: A single Local Security Management Specialist (LSMS) covers the entire community setting, limiting response capabilities. 	<ul style="list-style-type: none"> Door Access Control: A new door access system has been costed and will be replaced incrementally as part of the Trust's Backlog Maintenance work. CCTV Coverage: A review of CCTV systems is in progress, with updates planned where necessary. Security Guards: HIF is obtaining legal advice regarding the provision and licencing of Security Guards at the HDH site. This will be included in a business case for securing funding for additional security personnel. 					
Security incidents investigated and remedial action taken where identified.			Inconsistent Training: Staff training is limited and not risk-based. Compliance with escalation procedures during violent incidents is inconsistent, and staff are underprepared to manage security threats, including Violence & Aggression.	Training Improvements: Training on Violence & Aggression and Security risks is under review and will be updated to ensure staff receive appropriate, risk-based training. A new Conflict Resolution program tailored to various risk levels is in development.					
Effective communications to all staff.			CCTV and Access Control Limitations:	Governance and Responsibility Clarification: Discussions are ongoing with HIF to clarify security roles and responsibilities. Additionally, the Trust Security Forum's review will strengthen the governance structure by refining its terms of reference and membership.					
Provision of appropriate training and information to all Trust staff clinical and non-clinical.			<ul style="list-style-type: none"> CCTV: Current coverage at the HDH site is inadequate, with management delegated to the HIF. Access Control: The swipe card access system is outdated, unsupported, and lacks proper control over keys and lock codes. This has led to poor key management, particularly with contractors and Trust staff. 	Compliance with Martyn's Law: With the impending implementation of the Terrorism (Protection of Premises) Bill (Martyn's Law), the Trust will undergo significant work to ensure compliance, particularly in areas related to terrorism risk management.					
			High Incident Rates: Recent high-risk incidents, including absconded patients and Violence & Aggression (V&A) incidents in hospital corridors and visitor toilets, underline insufficient resources and response capabilities.	Improved Safeguarding Communication: Efforts are being made to establish formal communication channels between the Safeguarding Team, Trust Security management, and Emergency Department management to address security threats, such as County Lines gang activities.					
			Safeguarding Gaps: There is no formal communication between the Safeguarding Team, Trust Security management, and Emergency Department management, despite warnings from local law enforcement regarding County Lines gang activity.						
			Governance Gaps:						
			<ul style="list-style-type: none"> Security Leadership: Lack of clarity around executive leadership and accountability for Security within the Trust. Security Forum: The Trust Security Forum has been established and now reports to the Health & Safety (H&S) Committee. A review of membership and terms of reference is underway. 						

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Outsourcing of Hazard Group 3 Microbiology Work Due to CL3 Facility Unavailability	Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR98 Microbiology Work Due to CL3 Facility	An Environment that promotes wellbeing	Operational ; Health & Safety	The unavailability of the onsite Containment Level 3 (CL3) laboratory at HDFT, deemed unfit for purpose in November 2022, has led to the outsourcing of Hazard Group 3 microbiology work to external providers. Initially outsourced to NHS Trusts within WYAAT and, since June 2024, to a private laboratory in London, this situation poses risks to quality, safety, and financial sustainability, including potential delays in clinical diagnosis, risk of inappropriate treatment, and significant ongoing cost pressures.	Minimal	9	15	15	6	March 25
Key Targets		Current Position		Plans to Improve Control and Risks to Delivery					
<div>1. Minimise delay to patient treatment</div> <div>2. Zero staff harms resulting from exposure to unexpected hazard group 3 pathogens</div> <div>3. Zero lost samples</div> <div>4. Cessation of outsourcing & transport cost pressure</div>		<div>Since the unavailability of the CL3 lab at HDFT and the outsourcing of Hazard Group 3 microbiology work to a private laboratory in London, significant risks have emerged related to the logistics provider (DX).</div> <div>These include:<ul style="list-style-type: none">Sample Delays: Routine delays of one day compared to in-house testing, with an additional four-day delay for Friday samples due to weekend non-delivery.Lost Samples: In June 2024, a box of 12 samples was lost for nine days without an audit trail, raising concerns about sample integrity, data breaches, and mishandling of potentially hazardous materials.Patient Safety: Delays in sample processing may lead to inappropriate antibiotic use, missed opportunities for treatment adjustments, and patients needing to repeat invasive procedures.Mitigation Efforts: Attempts to source alternative NHS suppliers within the region have been unsuccessful, as many facilities are at capacity or under refurbishment, leaving limited options to reduce current risks.</div> <div>These issues present quality, safety, and financial implications that remain unresolved while awaiting further mitigation strategies.</div>		<div>A series of plans and actions are being developed to address the risks associated with the outsourcing of Hazard Group 3 microbiology work, including delays, lost samples, and logistical challenges.</div> <div>These include:<ul style="list-style-type: none">Recommissioning of Onsite CL3 Facility: An outline business case to recommission an onsite CL3 facility was presented to the BCRG on 2 July 2024. A full business case will proceed. This business case will detail the lab specification, costs, and implementation timescale, aiming to restore onsite testing capabilities and reduce reliance on external providers.DX Transport Investigation: DX, the transport provider, is conducting an internal investigation to identify potential errors and establish mitigations to prevent future occurrences of lost or delayed samples. The results of the investigation are awaited, with the aim of improving sample tracking, delivery times, and overall reliability.Sourcing Alternative NHS Suppliers: Despite ongoing efforts to find an alternative NHS supplier for Hazard Group 3 work, no viable options have been found due to capacity and facility issues at other trusts within the region. Attempts to identify a suitable alternative will continue alongside the progression of the onsite CL3 facility business case.</div> <div>These actions are critical to mitigating current risks and ensuring patient safety, sample integrity, and operational continuity.</div>					

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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: In alignment with the CQC CARING Domain, which emphasizes treating people with kindness, empathy, and compassion while supporting staff wellbeing, the organisation has been addressing risks related to patient safety and colleague health due to low staffing levels in the North Yorkshire 0-19 Service (CRR93). CRR93 scoring was reduced in September 2024 and therefore it has been reduced form the CRR. The Trust continues its commitment to maintaining high standards of care, respecting patient choices, and supporting the wellbeing of the workforce, in line with the values of the CARING Domain.									
Executive Committee	Quality Management Group (QGMG) (Clinical) Workforce Committee (Workforce)												
Initial Date of Assessment	1 st July 2022												
Last Reviewed	January 2025												
Corporate Risk ID	Strategic Ambition	Type	<u>Principle Risk:</u>					Appetite	Initial Rating	Rating	Rating	Target Rating	Target Date
Key Targets			Current Position					Plans to Improve Control and Risks to Delivery					

Harrogate and District NHS Foundation Trust Corporate Risk Register

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 The organization is facing critical challenges within the CQC Responsive Domain, which emphasizes timely, person-centered care and equitable access to services. The risks include significant delays in autism assessments (CRR34), where waiting times have ballooned to a projected 43 months, preventing children from receiving timely diagnoses and necessary support. Additionally, the Trust is struggling to meet the A&E 4-hour target, with performance dropping below the national standard of 78%, leading to increased 12-hour breaches and ambulance handover delays. These delays compromise patient safety and the quality of care, highlighting the urgent need for improved capacity, streamlined processes, and strategic resource allocation to ensure that care is responsive, accessible, and equitable for all patients.										
Executive Committee	Operational Management Group (OMG)											
Initial Date of Assessment	1 st July 2022											
Last Reviewed	January 2025											
Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CRR34: Autism Assessment				Appetite	Initial Rating	December Rating	January 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				Plans to Improve Control and Risks to Delivery					
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) which ended on 31st Aug 24. The projected wait for assessment for a new referral added to the waiting list today is 39 months. Our commissioned capacity is now lower at 40 assessments per month which means the waiting list will grow more steeply.				The progress with PLACE based work. Mobilisation of WLI and new pathways					
Baseline capacity would need to meet the referral rate.							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 1566 (target 120)			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.									
Longest wait of CYP having commenced assessment, 82 weeks (target 13)			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.									
Activity - 31 completed assessments in Aug against ICB plan of 50 (plus 2 military assessment), YTD 255 against plan of 250.												
<ul style="list-style-type: none">■ To meet the monthly ICB target for number of assessments■ Meet the annual planned target for assessments												

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Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CRR61 ED 4-hour Standard	Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR61: ED 4-hour Standard	Person centred, integrated care, strong partnership	Clinical; Patient Safety	Failure to Meet A&E 4-Hour Target Due to Inadequate Patient Flow, Leading to Increased 12-Hour Breaches and Ambulance Delays, Resulting in Compromised Patient Safety and Regulatory Non-Compliance						
Key Targets				Current Position	Plans to Improve Control and Risks to Delivery				
A&E 4 hour target to be met, 6 hour breaches <102 per month and 0 x 12 hour breaches				4 hour performance					
The new national target for 24-25 is 78%. Performance:				To support the Trust's True North objective of meeting the ED 4-hour standard, several focused actions and plans are being implemented:					
4 hour performance				The new national target for 24-25 is 78%. Performance:					
The average performance decreased during the winter months.				To support the Trust's True North objective of meeting the ED 4-hour standard, several focused actions and plans are being implemented:					
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- **Focussed Impact Work:** Targeted efforts are being made at the directorate, care group, and ED front line levels to improve performance against the 4-hour standard.
- **Internal Professional Standards:** These are being relaunched, with a draft prepared following a workshop, to enhance escalation processes.
- **Triage Efficiency:** Efforts are underway to ensure all patients receive an initial triage within 15 minutes of arrival, improving patient flow and safety.
- **Effective Streaming:** More focused support is being provided to improve the effectiveness of patient streaming to Same Day Emergency Care (SDEC) and ED2.
- **Non-Headed Beds:** These have been implemented with measurable success, contributing to better patient management and care outcomes.

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: CRR79 Stroke Provision	Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR79: Stroke Provision	Person centred, integrated care, strong partnership	Clinical; Patient Safety	Risk to patient care and safety due to delayed treatment caused by limited HASU capacity, non-adherence to the regional stroke pathway, and delays in assessing self-presenting stroke patients at HDFT ED, impacting timely and effective stroke care delivery.	Minimal	16	16	16	4	TBC
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
All eligible patients receiving HASU Care			<ul style="list-style-type: none">There is limited HASU capacity at LTHT and YTHFT, and aspects of the regional stroke pathway are not being followed.2023/24 SSNAP data indicates that 41.5% of confirmed strokes were directly admitted to HDFT, bypassing HASU care and assessment.York cannot accept HDFT patients unless they are directly referred by YAS.Due to a lack of accurate and timely data, the trust cannot report all events where patients missed HASU access. The likelihood of risk ranges from possible to likely.Existing controls include:<ul style="list-style-type: none">Awareness initiatives to ensure stroke events are reported via DCIQ.Safety investigations: One SI (18460) and a related inquest are awaiting hearing, with a potential risk of a Prevention of Future Death (PFD) report.Access to PPM+ viewing has been granted and is being rolled out to staff.	To support the Trust's True North objective, several focused actions and plans are being implemented:					
No patients requiring HASU are directly admitted to Harrogate for Emergency Care.				<ol style="list-style-type: none">Executive Support:Secure agreement from WYATT and HNY ICB for future stroke care arrangements across the region.Regional Collaboration: Engage with WYAAT to integrate stroke care pathways and discuss regional stroke care solutions. Restart paused pilot pathways for direct referrals to tertiary centres as part of WYAAT discussions. Liaise with York to develop a sustainable and comprehensive HASU support plan.Consultant Collaboration: Explore shared on-call arrangements with York to enhance consultant cover for ASU.Data Accuracy and Reporting: Conduct a 12-week audit with HDFT and YAS to investigate why stroke patients bypassed HASU care. Improve Datix reporting to ensure accurate and timely data collection for decision-making.Pilot Implementation: Proceed with the pilot project for walk-in and inpatient stroke referrals to York, pending sign-off by YTHFT management.Continue to monitor SSNAP data and datix's raised re direct admissions to Harrogate. Ensure datix reports submitted for all delays and non transfer is robust to understand root causes.					

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Cardiology	Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR105: Cardiology	Person centred, integrated care, strong partnership	Clinical; Patient Safety	Risk to HDFT’s ability to deliver acute DGH services due to the fragility of the cardiology service caused by inadequate staffing, reliance on locum cover, and increasing service demand.	Minimal	12	12	9	3	Dec 2025
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
Staffing and Workforce KRIs: <ul style="list-style-type: none">Consultant Staffing Levels: Percentage of Consultant PAs filled with substantive staff versus locums. Number of unfilled Consultant posts after each recruitment round.			<ul style="list-style-type: none">Staffing Shortages: Consultant staffing is currently 12.5 PAs short, covered by locums, resulting in lack of continuity and associated risks to quality. Recruitment for a substantive consultant post is ongoing with R&R premia offered. Cardiology Fellow recruitment is underway to address acute care continuity and safety risks. Existing workforce lacks skillsets for temporary pacing wires and pericardiocentesis; collaboration with LGI provides specialist support.	To support the Trust's True North objective, several focused actions and plans are being implemented: Strategic Planning: A cardiology strategy meeting is scheduled for November 24 to address long-term service sustainability.					
Quality and Outcomes KRIs: <ul style="list-style-type: none">Clinical Outcomes: Mortality rates for acute cardiology patients on CCU.				Workforce Development: Continue recruitment for a substantive consultant post and Cardiology Fellow.					

Harrogate and District NHS Foundation Trust Corporate Risk Register

Readmission rates for cardiology patients within 30 days of discharge.	<p>Long outpatient wait times for angiograms (30% waiting over six weeks, down from 50%) and ECHO services (22% waiting over six weeks, improved from 70%). Pacemaker service demand is increasing due to an aging population. No weekend Consultant ward rounds or ECHO provision, failing to meet GIRFT standards.</p> <p>• Current Mitigations: Locum consultants and registrars are in place to maintain minimum service levels. Outsourcing of ECHO workload has reduced backlogs, with a permanent post recruited (starting Jan 2025). Cath lab utilization is under review to further address angio delays. HDFT IMPACT meetings and LTUC Tri-Team updates ensure escalations are reported to the executive team.</p>	<p>Develop "grow your own" plans for the ECHO team to ensure workforce resilience.</p> <p>Service Improvements: Review Cath lab utilization to further reduce angio waiting times. Evaluate options to provide weekend Consultant ward rounds and ECHO provision to meet GIRFT standards.</p> <p>Collaboration: Strengthen links with LTHT's Clinical Lead for specialty support and shared learning.</p> <p>Demand Management: Explore solutions to manage the increasing demand on the pacemaker service due to the aging population.</p>
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Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Imaging for ED Patients	Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR10: Imaging for ED Patients	Person centred, integrated care, strong partnership	Clinical; Patient Safety	Risk to patient safety due to potential delays in diagnostic imaging for ED patients caused by intermittent CT scanner breakdowns, lack of MRI access out of hours, and delays in CT reporting for trauma cases due to unclear job planning and Medica processes. These issues could lead to delayed diagnoses, compromised patient outcomes, and increased treatment times, impacting the organisation's ability to provide timely and effective emergency care.	Minimal	12	12	12	3	Dec 2025
Key Targets		Current Position		Plans to Improve Control and Risks to Delivery					
<ul style="list-style-type: none"> Reduction in incidents breakdown of CT scanner Access to MRI out of hours Reduction in Delays for CT reporting out of hours for trauma 		<p>HDFT faces a significant risk to patient safety due to delays in diagnostic imaging caused by:</p> <ul style="list-style-type: none"> Equipment and Access Issues: <ul style="list-style-type: none"> Intermittent breakdowns of the CT scanner, requiring reliance on temporary solutions like a dismountable Canon CT scanner and mobile CT scanner. Lack of access to MRI services out of hours, resulting in non-compliance with GIRFT recommendations for 24/7 access (compliance deadline June 2024). Operational and Reporting Delays: <ul style="list-style-type: none"> Delays in CT reporting for trauma cases caused by unclear job planning and Medica processes. Delays to scans due to the unavailability of a 24/7 transfer team. <p>Short-term mitigation includes a Standard Operating Procedure (SOP) for diverting patients to Leeds when the CT scanner is down and the use of temporary CT scanner facilities. Longer-term plans involve permanent infrastructure improvements to house a new CT scanner within the hospital building.</p> <p>Equipment and Infrastructure:</p> <ul style="list-style-type: none"> A dismountable Canon CT scanner and mobile CT scanner are operational on-site to maintain service continuity. An SOP is in place to divert patients to Leeds when the CT scanner is non-functional. <p>Reporting and Escalation:</p> <ul style="list-style-type: none"> Continued escalation and updates through operational teams to address Medica delays and job planning gaps for CT reporting. 		<p>Plans for Improvement:</p> <ol style="list-style-type: none"> Infrastructure Development: <ul style="list-style-type: none"> Complete works for installing a permanent CT scanner within the hospital building to ensure reliable imaging services. MRI Access and Compliance: <ul style="list-style-type: none"> Develop and implement a plan to achieve 24/7 MRI access by June 2024 to meet GIRFT requirements. This includes exploring partnerships, additional staffing, or equipment procurement. Operational Efficiency: <ul style="list-style-type: none"> Address delays in CT reporting by revising job planning and ensuring clear processes with Medica. Review and enhance transfer team availability to support 24/7 imaging needs. Monitoring and Review: <ul style="list-style-type: none"> Conduct regular reviews of imaging service delays, including equipment downtime, reporting timeframes, and transfer delays, to track improvements. Evaluate the effectiveness of temporary CT solutions and escalate any gaps to the executive team. <p>This approach prioritises patient safety by ensuring continuous access to diagnostic imaging services while addressing equipment, staffing, and operational challenges.</p>					

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: The Trust is currently addressing significant financial challenges under the CQC Use of Resources domain, which emphasizes the effective management of resources to maximize patient benefit and ensure sustainable, high-quality care. To deliver the 2024/25 plan, which includes a £5.2 million deficit and a 6% efficiency target, the Trust must reduce its current run rate and successfully implement the Waste Reduction and Productivity (WRAP) programme, despite high-risk schemes and ongoing financial pressures. Additionally, the Trust faces potential cost pressures due to the ability of Local Authorities (LAs) to fund the impact of NHS pay awards, which could further strain resources if funding gaps remain unaddressed. The Trust is engaging in continuous discussions with LAs to secure necessary funding and mitigate these risks. To ensure these financial challenges are managed effectively, the Trust has implemented monthly meetings across directorates, contracting, and finance teams, focusing on corporate efficiency, workforce optimization, and financial stability, all of which are critical to maintaining productivity and delivering high-quality, patient-centered care.										
Executive Committee	Operational Management Committee (OMG)												
Initial Date of Assessment	1 st July 2022												
Last Reviewed	January 2025												
Corporate Risk ID	Strategic Ambition	Type	Principle Risk:					Appetite	Initial Rating	December Rating	January 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	16	16	8	March 25
Key Targets		Current Position					Plans to Improve Control and Risks to Delivery						
1. Monthly financial reporting		<p>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.</p> <p>There are a number of risks contained within this plan including</p> <ul style="list-style-type: none">• Continued ED boundary divert• Inflation above the levels included in planning• Recurrent delivery of the efficiency programme• ERF Funding is achieved/over delivered <p>The Directorate highlighted a number of issues when signing budget plans for 24/25. A number of mitigations are being reviewed to manage these.</p> <p>As at December the Trust are £8.6m away from plan, £12.5m deficit YTD however the current forecast suggests this will worsen and is likely to be between a £18m to £20m deficit, there are a number of areas contributing to this.</p> <p>An area which continues to show improvement is agency spend which is now 1.3% against a 3.2% NHSE target.</p> <p>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 March 25.</p>					<p>1. Continued discussions with ICB.</p> <p>2. Efficiency becoming a Corporate programme. Targeted Directorate training and support have been delivered to all Directorates.</p> <p>3. WRAP Champions to be developed across the Trust.</p>						
2. NHSE productivity analysis													
3. Agency Expenditure													
4. Cash position													

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk:	Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR95	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
NHS Pay awards									
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
Written confirmation of funding for pay awards received from LA.			The Trust has communicated with all Local Authorities (LAs) regarding the need for them to fund the 2.9% pay award and the proposed 2.1% increase for 2024/25.	The Trust is actively engaging with Local Authorities (LAs) to address the funding required for the 2.9% pay award and the proposed 2.1% increase for 2024/25.					
Revised workforce model agreed and signed off by LA and HDFT			<p>Finance has provided the LAs with the associated costs, and ongoing meetings are being held to discuss funding arrangements, particularly in relation to Public Health Grant allocations and the cost of NHS pay awards.</p> <p>To ensure progress, monthly meetings have been established with the Directorate, Contracting, and Finance teams to track feedback from the LAs and determine the next steps. The situation is being closely monitored as discussions continue.</p> <p>The financial impact of NHS pay awards on Local Authority (LA) Commissioned Services remains a significant risk, with varying positions across LAs for 2024/25.</p> <p>Pay Award Coverage and Challenges:</p> <p>The Public Health Grant for 2024/25 is insufficient in some areas to fully cover the 2.9% pay award from 2023/24 (previously funded by the ICB on a non-recurrent basis) and the proposed 2.1% pay award for 2024/25.</p> <ul style="list-style-type: none">Where there are funding gaps, service models may need adjustment to align with available budgets, introducing potential risks to service delivery. <p>Local Authority Funding Positions:</p> <ul style="list-style-type: none">Middlesbrough: Public Health Grant uplift does not cover the 2.9% or 2.1% pay awards; discussions are ongoing.North Yorkshire: Grant uplift covers the 2.9% but not the 2.1%; awaiting final pay award confirmation.Wakefield: Currently not funding due to contract underspend; discussions ongoing on using the 23/24 underspend to fund future pay awards.Durham, Darlington, and Northumberland: Public Health Grant is sufficient to cover both pay awards.Gateshead, Stockton, and Sunderland: Awaiting further confirmation or budget adjustments; discussions are ongoing..	<p>Finance has provided detailed cost estimates to the LAs, and ongoing meetings are being held to negotiate the funding, particularly concerning Public Health Grant allocations.</p> <p>To manage and monitor progress, the Trust has established monthly meetings with the Directorate, Contracting, and Finance teams to review feedback from LAs and determine the appropriate next steps.</p> <p>These actions are part of a coordinated effort to secure the necessary funding and ensure financial stability for the upcoming fiscal year.</p> <p>Escalation and Mitigation Efforts:</p> <ul style="list-style-type: none">Finance and contracting teams have informed LAs about the funding requirements and provided cost details.Monthly meetings are in place between the Directorate, Contracting, and Finance to monitor LA feedback and plan next steps.Contracting has escalated unresolved issues, such as in Wakefield, to the Deputy Director of Finance. <p>• Potential Service Implications:</p> <p>Where funding gaps persist, service models may require adjustments. If these adjustments pose risks, they will be reviewed by the CC Board and escalated as needed</p>					

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		Summary in Month: The CQC Effective Domain is focused on optimizing patient outcomes by addressing their specific needs and continuously improving care quality. Currently, significant risks include prolonged waiting times, which jeopardize patient safety and Trust performance against NHS targets. An additional £1.5 million investment has been secured to extend the Community Dental Services (CDS) contract, with strategic initiatives underway to manage waiting times and enhance service delivery. Despite challenges in funding alignment, IT system replacement, and recruitment, efforts are progressing, including regional discussions on potential funding increases and service adjustments post-election.								
Executive Committee		Quality Management Group (QGMG)										
Initial Date of Assessment		1 st July 2022										
Last Reviewed		January 2025										
Corporate Risk ID	Strategic Ambition	Type	Principle Risk:				Appetite	Initial Rating	December Rating	January Rating	Target Rating	Target Date
CRR87 Community Dental	Provide person centred, integrated services through strong partnerships	Clinical; Patient Safety	Risk to patient safety due to correlation of long waiting times and increased risk of pain and infection, which may affect quality of life and treatment required. Secondary risk to Trust performance standards by failing to meet NHS annual planning target of no RTT waiters beyond 78weeks currently, 65 weeks by end March 2024 and 52wks by end March 2025.				Minimal	12	12	12	6	August 25
Key Targets		Current Position					Plans to Improve Control and Risks to Delivery					
Numbers on the patients waiting to start treatment over 52weeks, 65weeks and 78weeks Current position for RTT waiters –3 patients between 52-64 weeks. Current position for Non RTT waiters — 125 patients over 78 weeks, 199 patients between 65-77 weeks, 366 patients between 52-64 weeks.		The ICB has agreed to invest an additional £1.5 million into the CDS service at HDFT, extending the contract by 18 months until March 31, 2025. Regional discussions suggest a potential agreement on a 7+3 contract and amended service specification, with a possible increase in the funding envelope, though formal confirmation is pending post-general election. The current funding does not fully align with the submitted business case, so the operational team and service manager have developed a plan to optimize the use of this investment, focusing on managing waiting times for both RTT and non-RTT patients. Key actions for July include recruiting a new clinical lead, continuing IT procurement, and addressing low staff engagement, which has been identified as a significant risk to service delivery.					The key plans and actions for the CDS service include ongoing liaison with the ICB and the implementation of a Waiting List Initiative (WLI) to address patient backlogs, with additional GA and clinic sessions planned for the financial year. The replacement of the SOEL Health dental IT system is underway, although the procurement process has faced delays, and a direct award is being sought to meet the April 2024 deadline. Capital kit replacement, including dental chairs and X-ray equipment, is progressing, with 2023/24 equipment being installed and approvals pending for 2024/25 purchases.					
No of overdue continuing care patients. Current position – 2169 patients overdue. Longest waiter - 4 years overdue.		The CDS team is also being encouraged to participate in the HDFT Impact work as part of phase 4 to further support service improvements.					Recruitment efforts are ongoing, with successful appointments for dentists and dental nurses from the business case, though challenges remain in filling positions in the East and for paediatric specialists. Recruitment for key leavers is also ongoing, with many new staff expected to start in September 2024.					

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC WELL-LED DOMAIN

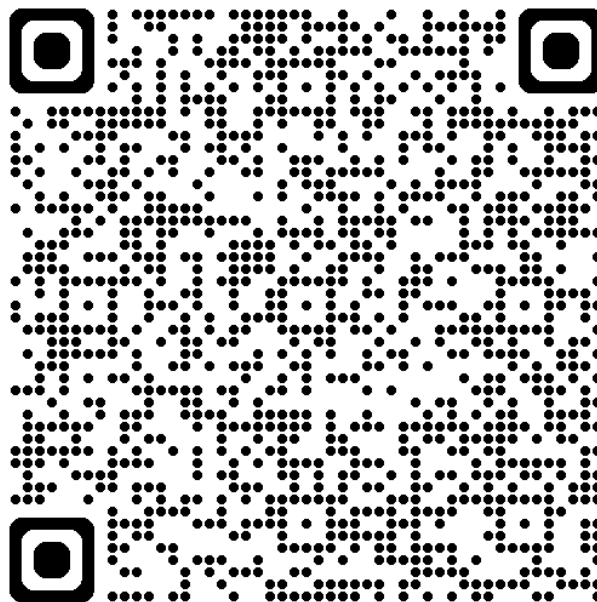
There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities. There are effective governance and management systems in place. Leaders proactively support staff and collaborate with partners to deliver 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		September 24							
Corporate Risk ID	Strategic Ambition	Type	Principle Risk:	Appetite	Initial Rating	Rating	Rating	Target Rating	Target Date
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					

HDFT Trust IBR – static view for January 2025





Live view:



[Integrated Board Report - Power BI](#)




Integrated Board Report – True North Metrics – In Breach

True North Metric - not meeting


» Name ▾	Progress ▾	Trend ▾
<u>TN4 Emergency Department 4 hour performance - True North Metric - Best Quality Safest Care</u>   	73.11% /78.00% ↑ 9.24% MoM	

Integrated Board Report – True North Metrics – Within Tolerance

True North - Improving/Achieving

» Name ▾	Progress ▾	Trend ▾
TN1 - Staff Availability - True North Metric - Person Centred, Integrated Care; Strong Partnerships	96.4% ↑ 1.07% MoM	
TN2.1 RTT - percentage of patients on an RTT pathway under 18 weeks - True North Metric- Best Quality and Safest Care	66.4%/90% ↑ 0.76% WoW	
TN3 Moderate Harm & Above - True North Metric - Best Quality and Safest Care	59/125 ↑ 18% MoM	

True North Submetric - on track

TN2.2 RTT - pathways over 52 weeks active by April 2025 to be zero	544/0	
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Integrated Board Report – Breakthrough Objectives – In Breach

BO Submetric - not achieving

BO2.2 LTUCC - average time to inpatient bed - BO Submetric

476.09_{/120.00}



BO2.3 PSC (Adult) - average time to inpatient bed - BO Submetric

300.67_{/120.00}



BO2.4 PSC (Paeds) - average time to inpatient bed - BO Submetric

137.38_{/120.00}



Integrated Board Report – Breakthrough Objectives – Within Tolerance

BO Stable or Improving

✓ BO1.1 - PRESSURE ULCERS HOSPITAL - Breakthrough Obj - Best Quality and Safest Care

11/26



BO1.2 PRESSURE ULCERS COMMUNITY - Breakthrough Obj - Best Quality and Safest Care

11/16














BO2.1 - Average time to inpatient bed <120mins (from DTA in ED)- Breakthrough Obj - Best Quality and Safest Care

425.2/120.0



Integrated Board Report – Watch Metrics – In Breach

Watch - SPC Breach

» Name ▾	Progress ▾	Trend ▾
1.3 Inpatient falls per 1,000 bed days SAFE - Best quality Safest Care	66.92	
1.4 Infection control - Hospital acquired C.difficile cases, lapse in care identified SAFE - Best quality Safest Care	4	
1.5 Infection control - Hospital acquired MRSA cases, lapse in care identified SAFE - Best quality Safest Care	1	
1.7.1 Incidents - comprehensive serious incidents (SI) SAFE - Best quality Safest Care	1	
1.8.2 Safer staffing levels - CHPPD SAFE - Best quality Safest Care	7.9	
1.14 Sepsis screening - inpatient wards SAFE - Best quality Safest Care	79.41%	
2.2.2 Complaints - % responded to within time CARING - Person Centred, Integrated Care; Strong Partnerships	75%	
3.2 Mortality - SHMI EFFECTIVE - Best Quality Safest Care	1.13	
3.3.1 Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions EFFECTIVE - Best Quality Safest Care	4.1 %	
4.1 Appraisal rate - Non Medical and Medical Staff WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	83.0 %	
5.3 Diagnostic waiting times - 6-week standard RESPONSIVE - Best Quality Safest Care	67.2%	

Integrated Board Report – Watch Metrics – In Breach (2)

Watch - SPC Breach

Name ▾	Progress ▾	Trend ▾
5.6 A&E 4 hour standard RESPONSIVE - Best Quality Safest Care	73.1%	
5.7 Ambulance handovers - % within 15 mins RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	41%	
5.10 Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals RESPONSIVE - Best Quality and Safest Care	62.3 %	
5.11 Cancer - 28 days faster diagnosis standard (suspected cancer referrals) RESPONSIVE - Best Quality and Safest Care	71.9 %	
5.23 Community Care Adult Teams - performance against new timeliness standards RESPONSIVE- Person Centred, Integrated Care; Strong Partnerships	80.0 %	
6.2 Surplus/ Deficit and variance to plan EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	-£3.06M	
6.5.2 Long stay patients - superstranded (>21 days LOS) EFFICIENCY & FINANCE- Person Centred, Integrated Care; Strong Partnerships	75	
6.6 Occupied bed days per 1,000 population EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	67.3	
6.7.2 Length of stay - non-elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	6.3	
7.2 Outpatient activity (New Consultant/Nurse) against plan ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	85.8%	
5.8 A&E - number of 12 hour trolley waits RESPONSIVE Best Quality Safest Care	88	
5.8.1 A&E - number of 12 hour from arrival stays RESPONSIVE Best Quality Safest Care	371	

Integrated Board Report – Watch Metrics – Within Tolerance (1)

Watch - Within Tolerance

Name	Progress	Trend
1.1 Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days - SAFE - Best quality Safest Care	0.79	
1.2 Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts SAFE - Best quality Safest Care	1.67	
1.6 Incidents - ratio of low harm incidents SAFE - Best quality Safest Care	69.80	
1.7.2 Incidents - Never events SAFE - Best quality Safest Care	0	
1.8.1 Safer staffing levels - fill rate SAFE - Best quality Safest Care	100.6 %	
1.9 Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d SAFE - Best quality Safest Care	95.8 %	
1.11 Infant health - % women smoking at time of delivery SAFE - Great Start in Life	2.2%	
1.12 Infant health - % women initiating breastfeeding SAFE - Great Start in Life	96.0 %	
1.13 VTE risk assessment - inpatients SAFE - Best quality Safest Care	93.0 %	
1.15 Sepsis screening - Emergency department SAFE - Best quality Safest Care	91.80%	
2.1.1 Friends & Family Test (FFT) - All Patients CARING - Person Centred, Integrated Care; Strong Partnerships	93.0 %	
2.1.2 Friends & Family Test (FFT) - Adult Community Services CARING - Person Centred, Integrated Care; Strong Partnerships	91.0 %	

Integrated Board Report – Watch Metrics – Within Tolerance (2)

Watch - Within Tolerance

▼ Name ▼	Progress ▼	Trend ▼
2.2.1 Complaints - numbers received CARING - Person Centred, Integrated Care; Strong Partnerships	25	
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	7.7 %	
3.4 Returns to theatre EFFECTIVE - % returns within 30 days - Best Quality Safest Care	1.8 %	
3.5 Delayed Transfer of Care - % inpatients not meeting the criteria to reside EFFECTIVE - Person Centred, Integrated Care; Strong Partnerships	11.0 %	
4.2 Mandatory and Essential Skills Training rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	92.0 %	
4.3 Staff sickness rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	5.2 %	
4.4 Staff turnover rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	11.0 %	
4.5 Vacancies WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	3.5 %	
5.1.1 RTT Incomplete pathways performance - median weeks wait RESPONSIVE - Best Quality Safest Care	11	
5.1.2 RTT Incomplete pathways performance - 92nd centile RESPONSIVE - Best Quality Safest Care	35	
5.1.3 RTT Incomplete pathways - total RESPONSIVE - Best Quality Safest Care	21.69K	
5.1.4 RTT Incomplete pathways - 52- <104 weeks RESPONSIVE - Best Quality Safest Care	261	










Integrated Board Report – Watch Metrics – Within Tolerance (3)

Watch - Within Tolerance

▼ Name ▼	Progress ▼	Trend ▼
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	4.91	
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;	-1.00	
5.5 Data quality on ethnic group - inpatients RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	90.5 %	
62 day waits- Cancer Treatment RESPONSIVE - True North Metric - Best Quality and Safest Care	40	
5.12 Cancer - Combined 31 day wait (First and Subsequent Treatments)	97.4 %	
5.9.2 Cancer - 62 days maximum wait from referral to treatment for all cancers RESPONSIVE - Best Quality and Safest Care	76.9 %	
5.13.1 Children's Services - 0-12 months caseload RESPONSIVE - Great Start in Life	2.08K	
5.13.2 Children's Services - 2-3 years caseload RESPONSIVE - Great Start in Life	2.09K	
5.14 Children's Services - Safeguarding caseload RESPONSIVE - Great Start in Life	1.51K	
5.15 Children's Services - Ante-natal visits RESPONSIVE - Great Start in Life	93.2 %	
5.16 Children's Services - 10-14 day new birth visit RESPONSIVE - Great Start in Life	94.8 %	
5.17 Children's Services - 6-8 week visit RESPONSIVE - Great Start in Life	94.4 %	

Integrated Board Report – Watch Metrics – Within Tolerance (4)

Watch - Within Tolerance

▼ Name ▼	Progress ▼	Trend ▼
5.18 Children's Services - 12 month review RESPONSIVE - Great Start in Life	98.0 %	
5.19 Children's Services - 2.5 year review RESPONSIVE - Great Start in Life	95.1 %	
5.27 Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation RESPONSIVE- Best Quality Safest Care	32.4 %	
5.28 Home visit: Face to face consultations started for URGENT cases within 2 hrs RESPONSIVE Best Quality Safest Care	90.5 %	
6.1 Agency spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	£335.00K	
6.3 Capital spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	£16.25M	
6.4 Cash balance EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	£9.25M	
6.5.1 Long stay patients - stranded (>7 days LOS) EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	171	
6.7.1 Length of stay - elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	2.6	
6.8 Avoidable admissions EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	195	
6.9 Theatre utilisation (elective sessions- capped) EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	79.1 %	
6.10 Day case conversion rate EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	1.5 %	

Integrated Board Report – Watch Metrics – Within Tolerance (5)

Watch - Within Tolerance

» Name ▾	Progress ▾	Trend ▾
7.1 GP Referrals against 2019/20 baseline ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	114.0 %	
7.3 Elective activity against plan(EIP/EDC/OP+Proc), cumulative YTD - Person Centred, Integrated Care; Strong Partnerships	99.2%	
7.4 Non-elective activity(inpatient admissions) against plan ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	96.0 %	
7.5 Emergency Department attendances against plan - Person Centred, Integrated Care; Strong Partnerships	96.0 %	