

Board of Directors (Public Meeting)

29 July 2020



BOARD OF DIRECTORS MEETING

The programme for the next meeting of the Board of Directors will take place:

On: 29 July 2020

In: via Webex

TIME	MEETING	LOCATION	ATTENDEES
09.15 - 10.45	Board Development – Session 1	Webex	Board of Directors
11.00 – 12.00	Recovery Plan	Webex	Board of Directors
12.30 – 13.30	Board Development – Session 2	Webex	Board of Directors
14.00 – 16.45	Board of Directors meeting held in public	Webex	Board of Directors Members of the public
16.45 – 17.00	Reflection	Webex	Board of Directors



Board of Directors (Public) Agenda

SUBJECT	LEAD	PAPER	PAGE	TIME
1. Apologies for absence and quorum	Chair	Verbal	-	14.00
To receive any apologies for absence				- 14.10
2. Declaration of Interests	Chair	A	7	
To receive any changes to the register of Directors' declarations of interest or to consider any conflicts of interest arising from this agenda.				
3. Minutes of the meeting held on 29 January 2020				
The minutes of the public meeting held on the 29 January 2020 were approved at a private meeting on the 29 April 2020.				
4. Outstanding actions	Chair	B	11	
To discuss any actions arising from the action log.				
5. Patient Story	Chief Nurse	Verbal	-	14.10
To receive a patient story and an update on the pandemic situation.				- 14.30
6. HYMS Development Update	HYMS Clinical Dean	Presentation	-	14.30
To receive an update on progress with the HYMS development.				- 14.50



SUBJECT	LEAD	PAPER	PAGE	TIME
7. Chief Executives Update	Chief Executive	C	To Follow	14.50 – 15.00
To receive an update from the Chief Executive				
8. Integrated Care System Update	Chief Executive	D	13	15.00 –
<ul style="list-style-type: none"> HCV Update 				
Strategic Goal: To deliver safe and high quality patient care				
Strategic Goal: To ensure financial sustainability				
Strategic Goal: To support an engaged, healthy and resilient workforce				
9. Integrated Business Report	All	<i>Separate Report</i>	-	15.10 – 15.25
To receive and discuss the IBR, highlighting any areas of concern.				
Short Break				15.25 – 15.35
Strategic Goal: To deliver safe and high quality patient care				



SUBJECT	LEAD	PAPER	PAGE	TIME
10. Quality and Resources Committees	Committee Chairs			15.35
Items for escalation to the Board.				-
<ul style="list-style-type: none"> 16.06.20 to receive and note the minutes 21.07.20 to receive and discuss the Committee Logs 		E	17	16.10
The Board is asked to approve the following:		E1 QC Log to follow	41	
<ul style="list-style-type: none"> Quality Priorities 2020-2021 		E2	45	
11. Organ Donation Report	Chair	E	51	16.10
To receive and discuss the Organ Donation Report				-
				16.20
Governance				
12. Reflections on the meeting	Chair	Verbal	-	16.30
<ul style="list-style-type: none"> BAF/CRR (part of earlier report) 				-16.40
13. Any other business	Chair	Verbal	-	16.40
14. Items for information:	Chair			-
<ul style="list-style-type: none"> CQC Report Infection Control Report Staff Survey Report WRES Report Continuity of Carer Report To receive the July 2020 Star Awards booklet 		H H1 H2 H3 H4 H5	83 93 105 111 117 123	
15. Time and Date of next meeting				
The next meeting will be held on 30 September 2020 via webex.				

Items for decision in the private meeting: - None



The meeting may need to move into private session to discuss issues which are considered to be 'commercial in confidence' or business relating to issues concerning individual people (staff or patients).

'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.



Additions:

Matt Morgan

Changes:

Ms McMeekin—HR Director—Nightingale Hospital (Yorkshire & Humber)

Deletions:

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or
Ms Susan Symington (Chair)	Non-executive Director —Beverley Building Society Director - Lodge Cottages Ltd	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Member —the Court of University of York	Nil
Jennifer Adams (Non-Executive Director)	Non-executive Director Finance Yorkshire PLC	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Spouse is a Consultant Anaesthetist at the Trust	Nil
Jenny McAleese (Non-Executive Director)	Non-Executive Director —York Science Park Limited Director —Jenny & Kevin McAleese Limited	50% shareholder and Director —Jenny & Kevin McAleese Limited	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity Member —Audit Committee, Joseph Rowntree Foundation	Member of Court —University of York	Nil
Dr Lorraine Boyd (Non-executive Director)	Nil	Equity Partner Millfield Surgery	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Ms Lynne Mellor (Non-executive Director)	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Position with BT (telecom suppliers)

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Steve Holmberg <i>(Non-Executive Director)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Jim Dillon <i>(Non-Executive Director)</i>	Nil	LLP—Members Representative	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Matt Morgan <i>(Stakeholder Non-Executive Director)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Deputy Dean —Hull York Medical School	Nil
Mr Simon Morritt <i>(Chief Executive)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity Act as Trustee Medicinema		Nil
Other: Member of the Independent Reconfiguration Panel (Independent Committee advising the Secretary of State on contested health service reconfiguration.						
Mr Andrew Bertram <i>(Executive Director Director of Finance/ Deputy Chief Executive)</i>	Nil		Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Member of the NHS Elect Board as a member representative	Nil
Mrs Heather McNair <i>(Chief Nurse)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr James Taylor (Medical Director)	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Wendy Scott (Chief Operating Officer)	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Ms Polly McMeekin (Director of Workforce & OD)	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	HR Director—Nightingale Hospital (Yorkshire & Humber)	Nil
Mrs Lucy Brown (Director of Communications)	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil

Board of Directors – 29 July 2020 Public Board Action Log – 29 January 2020

Action Log:

Outstanding actions from previous minutes (29.01.20)

Minute No. & month	Action	Responsible Officer	Due date
19/68	Consider in discussion with new CE, PCN presentation to board.	Ms Symington	Oct 19 Jan 20 Jul 20 review
19/93	Mortuary to be kept under review on the action list.	Board	Until completed
19/106	Directors asked to be visible in hospital.	Executive Team	Ongoing
20/06	Mr Jayagopal to provide an update to the Board on the plans for a new build in 6 months.	Mrs Provins	July 20 – on agenda
20/09	Mrs McNair to separate out the bigger organisational requirements in the CQC action plan.	Mrs McNair	Completed
20/11	Report front sheets to include items of real concern for Board discussion together with actions to address the concerns.	All	Feb 20 - ongoing
20/15	Wished to be kept informed regarding statutory and mandatory training compliance.	Ms McMeekin	Completed Included in IBR
20/17	Invite Care Group Quality Committee Chair's to the Quality Committee	Mrs Provins	Part of Committee structure work
20/17	BAF to be amended in light of the discussions at Corporate Directors and will be added to the February Board agenda.	Mrs Provins	Completed

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Humber, Coast and Vale Health and Care Partnership

Update Report

June/July 2020

The Partnership Executive Group, now known as the Partnership Board, returned to monthly meetings in July. The following report provides an overview of the issues and topics discussed at the meeting held on 8th July. It also provides a brief overview of recent developments from across the Partnership and highlights some examples of the ways in which the HCV Partnership is supporting the response to Covid-19 across our region as well as planning for the future.

A full list of our priorities and further information about the work of the Partnership can be found on our website at www.humbercoastandvale.org.uk.

Partnership Board Overview

Partnership Chair's Report

The Independent Chair gave an update on developments from across the Partnership over the past month and led discussions on several hot topics and issues facing the Partnership. This included updates on:

- The development of system-wide plans for the latest phase in the collective response to Covid-19 (see update on Phase 3 Planning below);
- Winter flu planning arrangements, which highlighted the need for partners to work together at pace to ensure the system can meet the demands of an anticipated expansion of the flu vaccination programme across HCV. A Humber, Coast and Vale ICS Flu Board will now be established to provide oversight and governance for delivery of the annual seasonal flu plan for 2020/21 and support coordination amongst partners;
- A [recent paper](#) from the Local Government Association (LGA) setting out opportunities and challenges for local government in relation to post-Covid recovery.
- The future role of Integrated Care Systems (ICSs) in the health and care landscape and the implications for future governance of the HCV Partnership (ICS). The Chair referenced a [recent survey](#) undertaken by the NHS Confederation of system leaders across England on the future of 'System by Default' to ensure all partners were aware of ongoing discussions at a national level about the future role of ICSs.

Partnership Operating Arrangements

The Partnership gained Integrated Care System (ICS) status in April 2020, a year ahead of the requirement set out in the NHS Long Term Plan. As part of securing ICS status it was agreed that the Partnership would confirm the operating arrangements, which partners had begun to explore through their participation in the ICS Accelerator Programme during late 2019 and early 2020. Building on the experiences of working together to respond to Covid-19, the outcomes from the



accelerator programme and following extensive engagement with executive and non-executive leaders from partner organisations across all sectors, a final set of operating arrangements for the Partnership were developed and presented to the Partnership Board.

The new operating arrangements for the Partnership were confirmed by the Board as well as the strategic objectives for the remainder of this financial year. The Board also agreed to undertake a series of further steps, which include refreshing the Partnership Governance Handbook, reviewing existing groups, forums and meetings to ensure they operate effectively within the new arrangements and developing and agreeing a Memorandum of Understanding for the Partnership. Further details of the Partnership's [shared operating arrangements](#), [leadership arrangements](#) and [strategic objectives for 2020/21](#) are available on the [Partnership website](#).

Harrogate Memorandum of Understanding

In April 2020, Harrogate and Rural District (HaRD), Hambleton, Richmond and Whitby and Scarborough and Ryedale CCGs merged to form the North Yorkshire CCG. NHS England and Improvement guidance requires that a CCG should sit in one STP/ICS for purposes of financial planning, operational and strategic planning and reporting.

Recognising that HaRD CCG and Harrogate District NHS Foundation Trust have been members of the West Yorkshire and Harrogate Health and Care Partnership since it was established in 2016 and will still have significant patient flows into West Yorkshire, a memorandum of understanding was produced to provide clarity to the two organisations and the two ICSs. The MOU describes the involvement of Harrogate and District NHS Foundation Trust and NHS North Yorkshire Clinical Commissioning Group in networks, systems and processes in the Humber, Coast and Vale Health and Care Partnership and West Yorkshire and Harrogate Health and Care Partnership.

As referenced above, a Memorandum of Understanding for the Partnership as a whole will be developed over the coming months, in line with the new operating arrangements that were agreed at the Partnership Board.

Digital “Fast Forward” Plan

The Partnership Board discussed the Digital Fast Forward Plan that is being developed through the Partnership's Digital Board. The Digital Fast Forward Plan sets out an ambitious vision for the Partnership and seeks to capitalise on the significant progress that has been made over the past three months in implementing new digital solutions and improved collaborative working in the digital arena. The work that has been undertaken by the Digital Board documents hundreds of digital innovations that have made a difference during the Covid-19 pandemic, such as, for example, the deployment of more than [500 tablet devices into care homes](#) across Humber, Coast and Vale to enable residents to stay connected to their GP and other health and care services. The strategy also demonstrates the tremendous pace and significant impact of change that has been brought about through the implementation of digital technology backed by strong collaborative working across Humber, Coast and Vale. The Partnership Board confirmed its commitment to embedding effective digital solutions across Humber, Coast and Vale to improve

access and experience for staff and patients and support improvements to health and wellbeing for citizens across our region.

Other news from the Partnership

Capturing and Evaluating Transformation

At the height of the pandemic, a large number of rapid changes and service improvements were made to ensure our staff could continue to deliver quality health and care services in a safe manner during these difficult times. In order to ensure partners are learning from the changes made to embed the positive aspects and understand/mitigate any negative impacts, the Partnership is undertaking a programme to capture and evaluate transformation undertaken in response to Covid-19.

More than 330 examples of changes and transformations across Humber, Coast and Vale were identified through the initial request for information. There were recurring themes within the submissions, including increased use of digital solutions, changes to how services are accessed (e.g. implementation of new triage systems and increased use of advice and guidance), supporting community and social care services in different ways and a focus on the workforce, including supporting their health and wellbeing. A number of enabling factors that were common across many of the changes were identified. These included the role of effective communication, collaborative working, embracing technology, agility of decision-making/removing bureaucracy and changes in behaviour and attitudes.

The Partnership is working closely with the Yorkshire & Humber Academic Health Science Network (YHAHSN) to evaluate the service improvements and changes to provide greater detail on the difference they have made.

Mental Health Programme Update

The Humber, Coast and Vale mental health programme has supported the development of a specialist bereavement service to support local people who have been bereaved by suicide across the Humber area. The new service, which officially launched in May 2020, is being delivered in partnership with local mental health charities Hull and East Yorkshire Mind and North East Lincolnshire Mind. It offers free emotional and practical support to individuals who have lost someone to suicide.

The introduction of the suicide bereavement service in the Humber area means there is now suicide bereavement support in all areas of Humber, Coast and Vale – with a similar service already established in North Yorkshire. This new service is a key part of the Partnership's broader suicide prevention strategy, which aims to reduce the stigma attached to talking about suicide, to support those affected or bereaved by suicide and to promote suicide safer communities across Humber, Coast and Vale.

Responding to Covid-19

In responding to Covid-19 within Humber, Coast and Vale, we have continued to use the strength of the Partnership to support organisations to work together for the benefit of our staff, patients and communities. This has included establishing a number of working groups to provide collective leadership on key issues such as PPE and procurement, testing and digital transformation, as well as meeting regularly through forums such as the Strategic Health Coordination Group and the Clinical and Professional Leaders' Group to share good ideas and tackle problems and challenges together.

Testing

The HCV Testing Steering Group was established in April to provide strategic leadership and oversight across all aspects of our local testing strategy. The group is chaired by our Partnership Clinical Lead Dr Nigel Wells and sponsored by Phil Mettam who has taken on the role of Chief Executive Lead for testing for HCV. Since its establishment, the group has provided a mechanism through which testing activity across the different pillars of the [Government's Testing Strategy](#) can be coordinated as well as providing a forum through which difficult issues can be tackled collectively.

Within each of six 'places' that make up Humber, Coast and Vale, an Outbreak Management Board has been established to oversee Outbreak Management Plans at a Local Authority level. The HCV Testing Steering Group provides a mechanism to coordinate between Local Authorities and NHS partners to ensure all organisations can respond effectively to outbreaks should they arise.

Phase 3 Planning

The initial phase of responding to Covid-19 involved partner organisations taking action in a number of areas to ensure the immediate support our communities needed was available, whether that be critical care capacity within our acute hospitals or community support for those isolating at home. This work was undertaken rapidly and by working together across organisations and across sectors.

Organisations across Humber, Coast and Vale are now collectively planning the next phase of the system's response to the pandemic, which is focused on building capacity back up within organisations as well as preparing for potential future spikes of Covid-19 transmission within local communities. The continued presence of Covid-19 and measures to control its spread, including strict infection and prevention control procedures, will continue to constrain the ability of partner organisations to increase their activity levels over the coming months.

System-wide plans are continuing to be developed and refined, working through the two geographical partnerships (Humber and North Yorkshire & York) to ensure the most effective use of all available capacity within the health and care system and identify the most appropriate ways to meet the health and care needs of the population.

Board of Directors – 29 July 2020 Resources Committee Minutes – 16 June 2020

Attendance: Jennie Adams (JA) (Chair), Lynne Mellor (LM), Jim Dillon (JD), Andrew Bertram (AB), Adrian Shakeshaft (AS), Polly McMeekin (PM), Andrew Bennett (ABe), Delroy Beverley (DB), Lynda Provins (LP) Joanne Best (minute taker).

The following staff were stood down from attending due to the Covid 19 situation: Graham Lamb, Kevin Beatson, Steven Kitching

Apologies for Absence:

1. Welcome

JA welcomed everyone to the meeting and declared the meeting quorate.

The meeting was shortened and the attendance was slimmed down to key personnel only but it was noted that moving forward the Committee would revert to face to face meetings when possible.

2. Declaration of Interests

There were no changes to the declarations.

3. Minutes of the meeting held on 19th June 2020

The minutes of the meeting held on 19th June 2020 were approved as a correct record.

4. Matter Arising/Action Log

JA confirmed that there had been no expectation to progress any of the items on the action log during the pandemic, but requested an update on items previously suspended as the service moves back to normal. It was noted that the majority of matters arising had been covered by submitted reports but JA requested that PM give an update with regards to the accuracy of the Workforce data within the new Board report.

Workforce data

PM stated that in relation to temporary nursing staff, the report distinguishes between bank staff, agency staff and unfilled shifts. It was noted that the period involved wards closing / wards areas being changed to COVID areas. Ward managers had not highlighted when staff were not required, this meant that the system last month reported approximately 44% unfilled rate and approximately 30% this month which is significantly higher than normal.

PM noted she had been aware that at times there had been more staff than was actually required and that this had been confirmed by the drop in demand for agency staff. She had removed the 30% figure from the report as it was felt to be inaccurate. The Chief Nurse team is exploring improved ways to capture safe staffing information.

JA noted she was assured by PM's update.

Air conditioning

JA also asked for an update in relation to plans to cope with high temperatures in the hospitals during the summer – an issue that was raised at the previous meeting. ABe confirmed that a number of chiller units had been purchased and deployed to key ward areas since the last Resources Committee meeting. AB confirmed that these have been purchased using the Central Capital spend which can be used until 19th June then claimed back. JA was pleased to hear about this solution as it would support staff wearing PPE which was uncomfortable at the best of times.

5. COVID 19 Updates

Finance Report

AB confirmed that finance had now moved to the new IBR format and that his previous written narrative had been incorporated into the report. The intention is to use this report at all meetings moving forward. AB stated that this is a developing format and would welcome feedback after the meeting.

It was noted that two items had been omitted from the tables, Capital Spend and Pay Expenditure. Both would be included in the next report.

AB stated that work on the VIU would commence within the next couple of months, this had been held up due to the current circumstances affecting contractors.

AB referred to the report noting that in April and May the Trust delivered ~~and~~ I&E balance, he confirmed that the Trust has been given the resources to support the covid response effort.

AB provided a brief overview of the emergency financial framework that has been put in place until at least 31st October 2020.

It was noted that although the Trust had under recovered on income for May once the COVID expenditure of £2.4m was included a trueing up value of £1.2m was required to bring the Trust to I&E balance. Early benchmark indicators for expenditure from other Trusts suggest a normal range of 4-6% COVID expenditure, it was confirmed that the Trust falls within this.

The trueing up value of £1.2m will be reported to NHSE/I as part of the required monthly submission.

AB continued to review the submitted report highlighting the cumulative position which will be used once the financial position returns to normal, noting that at the present time NHSE/I require the Trust to balance its financial position at the end of each month.

AB discussed all expenditure including COVID expenditure as noted on page 26 of the IBR, confirming that pay is running at £32.6 against a plan of £31.3. Agency spend is running as an under spend with a spend of £1.3m and £1.7m plan.

AB also confirmed that as at the end of May the Trust has a cash balance of £60m.

In line with the Better Payments Practice Code (BPPC) all Trusts have been asked to accelerate payments down to 7 days where possible. The Trust is consistently paying around 90% of its suppliers within 30 days of receipt of invoice but is struggling to pay within 7 days; this is mainly due to the checks and assurance required to validate payment and missing data on supplier invoices.

AB noted that there is no benchmarking information to assess our performance against but assured the committee that York Trusts performance is in line with other Trusts.

LM stated that she liked the format of the new report and that it was easy to read noting that as previously mentioned a couple of items had been omitted.

LM asked AB about plans for transformation improvements post COVID?

AB stated that all Care groups had been made aware that all delivery efficiency had been suspended following national advice, noting that at present there are no tariff restrictions but that it has been made very clear that all background planning work should continue.

The Corporate Efficiency team has continued to work on the transaction side of CIP in line with good housekeeping, but in terms of the transformational side of the efficiency programme, Corporate Operations have been taking the lead in capturing all of the good improvements that happened rapidly due to COVID, such as virtual outpatient appointments, video / virtual consultations, advice and guidance from GPs. The Corporate Efficiency Team are working alongside in order to quantify financial benefit.

The Corporate Operations team is working jointly with Commissioners and Care Groups to capture all the transformational work that has happened and find a way of keeping them in place longer term and looking at the productivity and efficiency gains associated with each of the changes.

AB noted that the Efficiency team is also working alongside Corporate Operations team with the focus on planning at the moment rather than delivery.

LM stated that once the new Chief Digital Information Officer joins the Trust he will be able to build on the good work that has already been achieved by the Digital team and develop business cases for change in which technology will be fundamental in helping to drive things forward. Particularly from an efficiency point of view there is an expectation that there will be some significant improvements as a result of technology.

JD agreed that the new format of the finance report was good and noted it was refreshing to see a balanced budget.

JD asked AB if there is any indication as to how long the current regime would continue.

AB responded that although there has been no formal indication the thought is that the current regime would continue until the end of this financial year, noting that this would be

important as we move into the recovery stage of business and suggesting that this could possibly be the new way as we move forward.

JA stated that the Board and the NEDs are keen to keep all the progress that has occurred and ensure that the significant transformation is maintained.

JA asked AB to give an overview of the PPE situation.

AB confirmed that he has personally viewed stock levels in the Trust and confirmed that the Trust does not have a shortage of PPE equipment as of today but the situation is fast moving. He stated that there is several days' worth of almost all items with the only issue being PPE3 Cone masks which are worn in Covid Hot areas. Noting that there is a national shortage of the Cone masks and that the Trust does not have any at the present time but AB confirmed that the Trust does have the alternative Duckbill masks.

AB explained that the Cone masks are first in line when people are 'fit' tested for PPE3 but confirmed that the Duckbill mask is an acceptable alternative. A slight issue has arisen as a high number of staff have been 'fit' tested for the Cone masks but as there is no availability they now require 'fit' testing for the Duckbill mask. (Fit testing is to ensure the fit of the mask to the face).

AB stated that the Trust is in the process of 'fit' testing a large volume of staff but that the change of mask has created an inconvenience rather than a problem, noting however that some staff experience difficulty fitting a duckbill mask.

AB noted that there are plans to move the York PPE store as the current space is not large enough to hold the required stock.

AB acknowledged that due to the high volumes of PPE used, stock problems could arise very quickly. The Trust relies on the push system and receives stock that is given rather than ordered but confirmed that there has definitely been an improvement in the volume of stock that has been received.

In relation to Scarborough Hospital, AB confirmed that delivery of PPE for Scarborough is sorted as stock arrives at York and transferred to Scarborough daily. The general store at Scarborough is much larger than York and is able to house the volume of PPE supplies more easily.

AB confirmed that despite all staff now wearing equipment in all areas as of today the Trust has adequate stock with enough for the rest of this week.

LM asked AB if, with the recent National directive that everyone coming into the building must wear masks, had there been many requests for masks from the public, and would this put extra pressure on the Trusts supplies?

AB confirmed that almost everybody entering both York and Scarborough hospital has had some kind of face covering, noting that all staff in shared areas are also wearing masks/face coverings and confirmed that anyone coming in to the hospital without face coverings will be given one, stating that security will challenge anyone who is not wearing a mask.

The Trust Health and Safety team have stated that if you are able to socially distance i.e. sat at your desk 2m from another person you do not need to wear a mask, but if you move into a shared area masks should be worn.

AB assured JA that he had reviewed both the BAF and the CRR and confirmed that there is are still some narrative which require updating

Workforce

PM offered apologies for not managing to convert the Workforce report in to the IBR format but will endeavor to for the next meeting.

PM provided the following overview noting that her team are supporting the restoration of patient services and also working to ensure the organisations Estate is used effectively while supporting social distancing in the workplace:

Staff Absence

The Trust is reporting a staff absence rate in April of 6.1% which is higher than it would normally be and 8.4% for YTHFM. PM confirmed that this is reducing and the sickness absence rate for May is 6.28% which is still significantly above average.

Noting that in the year May 2019 – April 2020 the Trust and YTHFM's combined sickness absence rate was 4.73%. (HR and Payroll System). It was noted that during May 62% of absences related to COVID-19 but since 8 May this has been falling week on week.

PM stated that daily headcount for staff absences had been in the 700 per day and in May the average combined (Trust and YTHFM) staff absences on a given day was 580.

Included in this number were staff who are deemed extremely vulnerable who have been medically suspended and staff who have been required to isolate due to a symptomatic member of the household, but staff absences where COVID was a secondary cause of absence have not been included.

PM stated that there is an expectation that the Government will make an announcement at the end of this week to end 'shielding' it had been anticipated that this would be extended beyond the 30th June, but with this lifted a number of staff will be welcomed back into work but that these staff will still be treated as high risk and therefore kept away from COVID related areas.

Staff Testing

The Trust continues to offer Testing and since 29th May the Trust has offered antibody testing to all staff, by the end of the day on 4th June 6762 staff had been antibody tested, 18% tested positive for antibodies.

PCR swab testing has also continued and reported that at the end of last week 1722 staff or a symptomatic family member had been tested of these 371 (21.4%) tested positive.

This work is feeding into the 'Test and Trace' initiative that has been launched nationally, but noting that this has not being launched within our region.

PM told the Committee that the Trust has created a standard operating procedure internally and as of 15th May the Trust launched an Internal Test and Trace process for individuals whose test is processed through the Trusts Laboratory and test positive.

Via Occupational Health a team of 'trackers' has been assembled using a number of staff who are shielding who haven't been able to work from home as their day job does not allow this. The trackers will be tracking the movement of these individuals for the previous 48 hours prior to them becoming symptomatic.

For the category 'I've never been unwell' 9% of staff returned a positive antibody test, 7.1% of staff who had been deployed away from Covid areas also tested positive for antibodies.

If it is confirmed that having antibodies equates to immunity this information will be extremely helpful as the Trust moves forward to recovery, vulnerable staff who were moved away from their usual role who test positive for antibodies would be able to be redeployed back.

JD confirmed that these results would be really useful in future when managing business as usual and that it was reassuring that overall the absence levels are now reducing.

JD noted that at a previous meeting PM had mentioned that staff seemed reluctant to be tested and asked for an update.

PM replied that they have been extremely pleased with the uptake of this test noting very few staff had declined.

LM thanked PM for a good report, expressing that it is positive that over 6,700 staff had been tested.

LM asked PM if the track and trace team would be tracking back to patients who could have been in contact with the 9% of staff who have never been unwell but returned a positive antibody test.

PM explained that the antibody test only confirms that the person has had the virus and the PCR swab gives a clear window as to when the individual would have been infectious.

It was confirmed that a positive PCR swab test would involve the Public Health Track and Trace team and if a person showed to have been in a hospital this would be deemed a complex environment setting and would be referred to the Health Protection Agency who would then contact the Trust and asked the Trust to do the track and trace for them. This will be done by the Trusts 'Track and Trace' team. The team presently consists of 6 staff members who provide cover from 8am to 8pm, 7 days a week.

With this in mind, reminders have been given to staff to ensure that PPE is worn appropriately and that any breach should be incident reported using the Datix system.

LM thanked PM for this response.

LM stated that as she had aired her concern at previous meetings with regards to the mental health of staff she was pleased to see that the on line Mental Health First Aid' training programme had been accessed. But noting concern that as time moves forward

there may be a rise in mental health issues for staff particularly as there could be a delay with the stress and trauma caused by the Covid situation.

LM acknowledged that some staff have accessed Occupational health but asked if there had been a rise in conversations with regards to mental wellbeing of staff from other areas

PM stated that the present situation has acted as a catalyst to roll out TiPi (Time in Post Incident) which gives a team time to pause at the end of a shift, following research by Psychologists the advice is that this can help with post traumatic stress disorder.

Ward areas have been extremely keen to support staff with mental health issues and have taken well to TiPi.

TiPi has helped to identify individuals who need further support through the RAFT (Risk Assessment Following Trauma). Since April approximately 150 individuals have been referred to RAFT, noting that this is not through the normal Occupational Health route, these have been rerouted via individuals who have been trained in RAFT. PM confirmed that this is a process that should continue post Covid as this is extremely beneficial. This is supported by the fact that there has been over 140 individuals who have volunteered to be involved with the on line Mental Health First Aid training.

LM was reassured by the response to the on line Mental Health training.

JA raised concern that medical staff do not seem to have compliance of mandatory training for infection control and asked how this will be redressed.

PM stated that the IPC team deliver practical training and agreed that this is a concern, but noted that the IPC team have been extremely busy with additional involvement in several areas such as PPE, the masks issue, daily meeting with regard to testing along with other commitments, but PM confirmed that this needs to be picked up once the Trust is in a position to step up the practical side of training. It was noted that this will be for reduced numbers and take place off site with an expectation that the training will take longer as all areas will require to be wiped down along with surfaces of each prop that has been used between each individual person undergoing training.

PM confirmed the challenges in relation to face to face training at the moment, noting it had not been possible to convert this into e learning but noting that it will be addressed as we move forward.

JA stressed concern that Nationally Covid is being transferred within hospital settings between staff and patients, she was assured by PM that as the Trust moves forwards work will be taking place to prevent this happening as much as possible.

Action: Report to be in IBR format – PM

YTHFMLLP

DB apologised to the Committee stressing that the submitted report refers to items that are recorded as 'satisfactory position'. He offered assurance to the Committee that his aim is that all items fall within the upper quartile.

It was noted that the report was part of broader work which covered performance information across the business. This will enable the management team to view what happens operationally and highlight areas of concern. DB discussed the data that he proposes to bring to the Resources Committee moving forward.

DB stated that the report highlights those areas of Core Business that are underperforming particularly noting dissatisfaction in the PLACE assessment scores, Catering, Grounds and Gardens along with Theatre cleanliness.

DB confirmed that he is working with Service Leads with the support of ABe to address these issues and achieve more acceptable scores.

JA confirmed that some of these issues have been brought to the Committee for many years and that it was refreshing to hear his intolerance around key areas of poor performance

JD agreed that the report was a good starting place to highlight the range of areas that need addressing and asked when a plan with required improvement priorities and direction would be available.

DB gave a brief overview of the areas he has been tasked to address as a priority, noting that any changes were going to be challenging. It was noted that he is liaising with HR with a view to making urgent structural changes.

The aim is to produce some proposals to the LLP Board in late summer but DB assured the Committee that issues are being addressed on a daily/weekly basis.

LM reiterated that some of the concerns have been ongoing for some time and that it is reassuring to hear the acknowledgement that these are deep within the organisation and that there is a need to address them structurally. LM noted her concern around the areas that had been listed in the report as needed addressing but was concerned that waste management which has previously been an issue was not highlighted, also noting that sickness absence is on an upturn in relation to the Trust. Stating that there are some fundamental areas which require to be addressed with some difficult challenges.

LM welcomed the plan and suggested it would be good to see some of the milestones as issues are addressed, both immediate issues and long term challenges.

DB gave a brief overview of plans for change stating that this had been shared with his senior management team, but these changes will need to be made in a way that does not destabilise business. He reassured the Committee that every area of the LLP was under review and hoped that pace can be injected into the LLP.

JA welcomed DB's transparency.

DB responding to JA stating that prior to his appointment a report had been commissioned with ACAS with regards to some of the behavioural challenges that existed in the LLP, the intention is to share this report with the Resources Committee along with an action plan to address some of the deep seated issues which have been highlighted.

JA agreed this should be shared with the Resources Committee also noting that the assessment of the backlog maintenance priorities noted on the Action log was still required.

DB gave an update noting that the initial update of the back log maintenance report was shared with the LLP Board and was received favorably. DB discussed his plans to move this forward stressing he was satisfied that in the short time he has had with the Trust significant progress had been made.

JA was assured by the continued progression of this work in spite of operational pressures.

JA was assured by DB that the LLP risks will also be captured on the BAF and CRR.

Action: ACAS report and LLP update to be shared with the Resources Committee – DB

Digital

AS stated with the assumption that everyone had read the Digital report he would give a very brief updates.

Covid

It was noted that this is a very large piece of work covering several items: -

Outpatient Services – supporting the use of video appointments, ensuring the functionality of the screen

Video Consultation – use of this system is increasing with the expectation that the increase in use will continue. Noting that the use of this has been funded Nationally until December but that the Trust may look at expanding this or possibly explore the use of an alternative system.

Bleep filtering and Tasking Mobility Pilot – The mobile app pilot has now gone live in Scarborough, the system enables nursing staff to create a task directly from the CPD screens, these tasks can be allocated to the most appropriate clinician who will receive the task via their mobile phone. This will replace the bleep system. AS confirmed that although the pilot is small scale the response so far has been very positive.

EPaCCS – the link to the regional electronic palliative care coordination system in ED is now live. AS explained that over the Vale of York there are over 2200 patients with EPaCCS records. This link will give clinicians a direct link to these records which have usually been created on GP systems and allow access to important information which could have a significant impact on decisions made in relation to patient care.

Covid Swab Tracking – AS explained that they have provided a tracking capability directly within CPD, this will allow a list of all patients that have potentially been close to Covid patients to be tracked if required.

VPN & Remote Working – AS noted that help desk support is 25% up on this time last year stating that the majority of this increase is due to the large number of people working

from home who have never had this access previously. Additional resources have been made available but this has impacted on the backlog of support calls that the team are able to deal with. It was noted that in the last month an additional 2/300 laptops have been made available for home working which potentially support the rise in helpdesk calls.

Windows 10 rollout – AS stated that due to the additional support required for the helpdesk the Windows 10 migration has been slightly slower but is still on track to be completed for October 2020.

N365 – it was noted that the Trust is working on looking for a replacement for Microsoft Office 2010 as this will be out of support later this year and are actively engaged in a national project to move to Microsoft office 365. This will be a bespoke pricing model for the NHS. The key note for this would be that the Trust would move from a one off capital payment to a subscription for license. The costing of this is underway and the number of licenses has to be confirmed by 10th July 2020 with the order placed in September. AS gave an overview of what N365 would mean for the Trust and how it would link with the cloud.

LM thanked AS for the work that has been completed, noting this had been an extremely pressurised time for the team and appreciating the new ideas that have been introduced, stating that this is the dawn of a new era in relation to technology.

LM stated that in view of all the changes that have happened, she would like to see a case for change for the improvements that have been made scoping the efficiency benefits

LM referred to the thoughts of restructuring this Committee and suggested that it would be good to spend some time demonstrating some of the changes that have happened.

It was agreed that this would be a good idea with the possibility of extending the Committee to allow demonstrations of some of these improvements.

JD stated that he was very impressed with the changes that have been made and the speed that they had been delivered and asked AS to pass his thanks on to the team. He asked AS if moving to N365/Cloud would generate significant savings in relation to storage for the Trust.

AS responded noting that although there would be some savings these will not be significant,

JA noted she felt assured that the technology was moving forward.

Action: Demonstrate changes at Resources Committee – AS

AOB

No other business was noted apart from JA stated that her aim is that this meeting should return to its normal format for next month.

Items for Board

Finance

- Transformation agenda

- PPE situation

Workforce

- what's happening to get back up and running safely
- Where staffing can be redeployed without putting staff at risk

LLP

- Transparency
- Pace
- Clear action plan to address outstanding issues
- Cultural work

Digital

- New way of working and challenges in terms of updates that have to be completed by the end of the year.

JA asked if anybody had feedback in relation to what has been included in the IBR it would be greatly appreciated.

6. Time and Date of next meeting

The next meeting will be held on 21st July 2020 at 9am by teleconference. Dial in details will follow.

ACTION LOG

Meeting Date	Action	Owner	Due Date
29.05.19	Highlight new limited assurance audits in their report to the Committee.	Executives	Monthly
30.01.20 25.10.19	Provide update on GIRFT	AB	Mar 2020
27.11.19	Escalate agreed items to Board	JA	Monthly
27.11.19	Develop some metrics for SNS section of integrated board report	KB/AS	Closed
21.01.20	Papers to be submitted in line with Committee deadline to enable effective dissemination of the agenda	All	Monthly
21.01.20	Minutes from committees reporting into resources committee to highlight items for escalation or be FIO	All	Monthly
18.02.20	Add catering hygiene scores and action plan together with summary of actions to LLP report each quarter to Resources Committee. Will now routinely feature as part of the YTHFM LLP Report	DB	Close
18.02.20	Add Estates Summary Report to the IBR each month and Summary EPAM report with key metrics to come to the Resources committee for assurance.	DB	Close

	EPAM Minutes are monthly Key metrics are part of the YTHFM LLP Report		
10.02.20	Digital section to be added to IBR in March.	AS/KB	March
18.02.20	Report on Trust performance against NHS/National standards regarding carbon/waste for next meeting.	JM	March
18.02.20	Review any risks in relation to Sustainability on BAF/CRR.	JM	Completed
18.02.20	Add KPIs to future LLP reports to show performance and highlight risks so as to provide assurance to the Resources Committee through to Board. Medical Engineering dept metrics were included in last month's report to Resources Comm. Key metrics will be provided as part of the monthly YTHFM LLP report to Resources Comm from June.	DB	Close
18.02.20	Review Digital risk scores on BAF/CRR in light of capital availability.	KB/AS	March
18.02.20	Review future plan for Asset Tracking.	Resources Cttee	March
17.03.20	Notes and action log of the Operational Pandemic Group (and other key groups) to be provided to Board as a form of assurance on Trust COVID response	LP	Closed
17.03.20	LP to ensure the Contract Management Group Terms of Reference are amended.	LP	Completed
17.03.20	LP to discuss with Jane Money / update BAF Risk on sustainability	LP	Completed
17.03.20	Detailed PLACE report and action plan to be received at the next meeting. This will be included as part of the YTHFM LLP report to the Resources Comm in June.	YTHFM	Closed
17.03.20	Committee members to feedback suggestions for digital metrics for inclusion in IBR	All	
19.05.20	Next LLP Report to include KPIs – e.g. cleanliness audit results. Key metrics will be provided as part of the monthly YTHFM LLP report to Resources Comm from June.	DB	Closed
19.05.20	LLP Report on lessons learnt during the Covid period.	DB	Aug 2020
19.05.20	Board discussion on digital Transformation leadership support	AB	May/June 2020

19.05.20	Scope out support available for best practice on digital working and management	PM	Closed
19.05.20	Workforce data quality issues in IBR to be explored and rectified	PM	Closed
16.06.20	Workforce Report to be in IBR format	PM	Late 2020
16.06.20	ACAS report and LLP update to be shared with the Resources Committee	DB	Aug 2020
16.06.20	Demonstrate IT changes that have taken place during the pandemic	AS/KB	To be decided

Board of Directors – 29 July 2020

Quality Committee Minutes – 16 June 2020

Attendance: Lorraine Boyd (LB) (Chair), Lynda Provins (LP), James Taylor (JT), Heather McNair (HM), Jenny McAleese (JM), Stephen Holmberg (SH), Lynette Smith (LS), Donald Richardson (DR), Nicky Slater (NS), Caroline Johnson (CR), Rhiannon Heraty (RH) (minutes)

Apologies for Absence: Wendy Scott (WS)

1. Welcome

LB welcomed everyone and declared the meeting as quorate.

2. Declaration of Interests

There were no declarations of interests declared.

3. Minutes of the meeting held on 19 May 2020

Two changes required – one on P8, line 11, to revise wording of ‘list of 50% colorectal work’ to ‘backlog of 50% colorectal work’ and on P9, line 6, to revise wording of ‘four lists’ to ‘four cases’.

4. Matters arising from the minutes

JM queried top of P8 re utilisation of Nuffield and Ramsay and how this will work and what the impact will be if we do not return to business as usual. LS confirmed that we have an agreement in place until the end of August and that there would be a big impact if we were to lose this. There are discussions with the independent sector around a longer term relationship, which is not currently part of the national guidance. LS said that Nuffield would like an ongoing relationship and that we are expected to hold a long term relationship with Ramsay, whose business model is focused mostly around orthopaedics. We are not currently sure of which cases will go to Ramsay. There is mitigation around getting our services up and running and increasing these is a big challenge. LS said we are expecting to return to main theatres in the next week and will submit a capital bid by the end of next week to support mitigating actions.

JT referred to action 22 on the action log and said he has agreed priorities with Simon Morritt (Chief Executive) and that Dr. Tariq Hoth will pick this up. JT said we have not met the requirements at present but we are within the new agreed timeframe.

The Committee:

- **Noted the potential risk to service delivery should the Independent Sector resources be withdrawn in the near future and were assured by the ongoing dialogue around and potential working relationship in the longer term.**
- **Welcomed the addition of delivery of action plans following NICE guideline reviews to senior medical staff appraisal goals and look forward to improvement.**

5. COVID-19 Updates

LS provided an update on priorities and restoration. With regards to our current position, we are still in the response phase (Level 4) but that this may be subject to review in the next month. We are still in Silver and Gold Command structure but have moved into the dual process of both dealing with issues as they arise and the move into restoration. Both testing and track & trace will be a big challenge over the next week. There are still Covid-19 cases but these are reducing to a more manageable level so there is the potential of switching some ward areas to increase 'non-COVID' bed capacity.

LS said that A&E attendances have started to increase and are currently at 60% of previous admission levels, which is causing some pressure on both sites but especially Scarborough. The national requirement is to deliver urgent and fast-track care services by the end of June/July. There has been a comprehensive stock-take across the care groups and their processes to assess all services that can be stepped up, which has been documented. It may be that certain deployed workforces need to return to their substantive posts, especially cancer nurse specialists as we need to escalate cancer services. PPE remains a significant factor and we need to ensure we have the right level as we expand our services.

LS confirmed that processes to test patients as they come in for treatment has been established. LS said there is a discussion of how space across the estate will be used, such as non-clinical space to support restoration, and this will be reviewed and actioned over the next two weeks.

There is an endoscopy backlog and LS confirmed she would have more detail on this at the next Committee meeting.

LS discussed the question of routine care and said there are currently 25,000 people on the wait list. It remains very challenging from a diagnostics and treatment perspective for routine patients. LS said the current timescale to step routine care back up is over the summer period. LS added that national guidance has not yet been received so there may need to be another iteration of the recovery plan to put forward ideas to help mitigate the gap and previous work. Our approach is to work with the system to continue to manage non-elective care to support our ability to provide elective treatment. There remains a significant challenge to deliver this during the winter pressures. A bid for an elective hub to pool lists/patients and work through high risk patients has been made and a bid for a modular ICU unit is also being considered. LS added there is no confirmed budget as yet but is anticipating that national guidance has been pushed to July in order to ascertain opportunities from each area, after which point a budget will be confirmed. LS said she would update the Committee as things progress. LS said she was concerned about levels of risk in wait lists and confirmed that we are working with the Patient Safety team and Dashboard Quality team to get risk stratification around this to ensure the best care.

LB said it was clear that finding solutions is high on the agenda. JM asked if we are still working on a maximum of 25% of our normal ordinary elective capacity and LS said that this is still the assumption, but that we are trying to work out credible scenarios and that she would expect the number to increase. JM said that this number has not been seen widely and said we should manage the public expectations and to avoid over-promising. LS confirmed she has met with Lucy Brown, Director of Communications and that work is being done around delivering tailored communication of the following:

1. That patient treatment/care may look different than before
2. That if patients are offered care, we need them to take it up as we cannot afford to lose capacity

LS said there are some concerns that cancer patients are nervous about coming into a hospital environment, and that this is also going to be targeted in upcoming communication. LS added that there are low levels of paediatric presentation, and communications may be needed to give people confidence to come into hospital when they need it.

JT said we are largely managing the risk of Covid-19 and we are working on reducing both the number of inpatients and number of deaths. JT said we need testing capacity, PPE and access to beds to do this and at the New Risk & Oversight Committee held this morning, it was confirmed that we still have insufficient testing capacity for all patients and not enough for regular staff testing as well as insufficient PPE. JT said social distancing in wards has taken 300 beds out of the system and added that if ED gets busier our capacity to deliver elective care will be compromised. JT said that from an ICS standpoint, if Bridlington services get reinstated, this only provides us with two operating theatres. JT said he was not sure on exact Castle Hill capacity but that it is more than Bridlington, and Nuffield has three theatres but one of these is only equipped for local anaesthetic. JT said this leaves us at a fraction of normal capacity and that we need multiple theatres but do not have them, which is one of our biggest issues. JM said that she understood the issue of reduced capacity but that the big question is how we can ensure that we minimise harm to high risk patients by prioritisation. JT said he could not give assurance on this as any risk stratification is liable to bias and that risk needs to be escalated both upwards and downwards so that we can react and adjust accordingly. JT said that if we find an area of high risk, we need to know if it will create additional risk elsewhere and added that he is not expecting a perfect system but we need to try our best.

SH said that he felt assured that we are fully cited on all risks and added that this is a huge piece of work to mitigate. SH said that primary care representatives are showing open willingness to do what they can to help but they also recognise the guidance that says care should sit with secondary providers. The bad news is that we will potentially face limited ED capacity over summer.

HM said that she had spoken about the focus on planning at Corporate Directors but that she was worried about the front door and increased pressures as we go into winter with social distancing. HM said that the greatest day-to-day risk at present may be the people waiting in ED. There is pressure around patient flow and we could find ourselves back in the position we were in before Covid-19. LB said that the command and control structure needs to continue for a long time yet. JT said that CJ gave assurance at the New Risk & Oversight Committee that she knows there are processes across care groups and that we need to check that these are standardised and consistent. There is more work that can be done on risk assessment, which needs to be dynamic as risk changes over time. HM said that staffing continues to be an issue and that less beds doesn't mean more staff.

Sickness is also impacting staffing numbers – Scarborough has a sickness rate of nearly 14%. We have 200 students (Year 2 and 3) helping out but they are limited in terms of competencies - for example they cannot help with medication.

DR said that all care groups in specialties have reviewed patients being missed in clinics due to cancellations, which has been identified as a risk. They are all being reviewed and RAG rated at every point of clinical contact from the end of June and all digital work is to be mandated by the end of June as well. There is a lot of work already but this will be an ongoing risk review for outpatients and elective surgery. At the new Risk & Oversight Committee held this morning there was an open explicit agreement on where risk lies. JM asked HM if staff sickness is Covid-19 related or other and if staff are suffering from burn-out. HM said that sickness is a combination of Covid-19 and other (including stress and psychological reasons) and that staff are potentially starting to burn out but that this is difficult to quantify. HM added that we have tried to move some teams around to different areas but that the majority of staff have wanted to stay with their original teams. JM said that PTSD services and associations have been well publicised and HM agreed that psychological services are very good but that at this stage it is difficult to know if sickness will be long-term or not.

JT said there have also been meetings around BAME staff and assessments on the processes within the Trust and added that it still feels difficult for management and staff to manage risk. SH asked if the NEDs could do anything to help. JT said we are now at the end of the first wave and the front line is very narrow. If there is a second wave we need to start planning for it and part of this could be thinking about how we use BAME staff. SH asked if there is confidence that other risks (i.e. not BAME-related) are being covered and JT said he could not be completely confident in this as all staff records are private unless they ask for a risk assessment and if we do not know about a risk, we cannot manage it. DR said that Andy Millman sent out a lot of letters to shielding staff and a large amount of staff have been risk assessed. JT said we cannot make staff ask for an assessment, which leaves us in a defensible position.

Action: LS to update Committee with developments around endoscopy and routine care

The Committee:

- **Received and discussed the verbal update on COVID-19 from the Executive Team, noting the continued impact on day to day operations and forward planning**
- **Gained assurance from the evidence of collaboration with external partners on solutions, including potential solutions at scale, to the challenges of restoring services and minimising patient harms in the current environment**
- **Gained assurance from the role of Care Groups, having undertaken a stock-take of support required for step up and increased activity, working through the command structure**
- **Noted the work with prospective patients and staff to minimise the risk of further contagion, evidenced by the IPC BAF self-assessment**
- **Noted the level of potential risk of patient harm within the waiting lists as a major concern, gaining some assurance from the focus and mitigations in train and the establishment of the Clinical Risk & Oversight Committee to provide strategic leadership**
- **Acknowledged the limited assurance that harms within Waiting Lists can be fully minimised**

- **Noted the importance of Communications to manage expectations and ensure public support for changes to the way services are delivered**
- **Noted the potential risks associated with fragile supplies of PPE, testing capacity, safe staffing exacerbated by self-isolation resulting from Test & Trace, reduced bed capacity to accommodate social distancing, rise in non-elective activity as result of winter pressures or second CV19 wave**
- **Gained assurance that BAME assessments are underway but noted the risk that outcomes may result in further staffing pressures and that there was more limited assurance that other at risk staff groups are being addressed as they rely upon self-declaration**

Escalation to Board of Directors:

- **the risk of harms in long waiters and the role of the Clinical Risk and Oversight Committee for further discussion**

6. Any matters of urgency

Integrated Business Report – LS said she has flagged the performance position to the Committee last month on diagnostics and confirmed that some work has been now been reinstated through restoration, however it remains a challenge. LS recommended that the diagnostic recovery plan is brought to the next Committee meeting. SH asked about 14-hour reviews and JT confirmed this was included in IBR. JT said SNS have done some improvement work within the system and said that we have had 24-hour consultant cover during the pandemic – this has been more the case at York than at Scarborough. JT said when we are auditing nationally we are also carrying out our own internal audit, which is improving the situation. There are fewer patients to manage and more staff are managing acute and urgent care. JT said we need to work with the systems we have in place and ensure we are recording data. JM said the IBR was a welcome narrative and she was pleased to see the ceiling of care performance improving. HM said CJ would be looking at the above report for any tweaks in the next few months. LS added that she is looking to gather some children's performance metrics and she is working with the Children's Board to include KPI's in the performance section.

The Committee:

- **Received and discussed the Integrated Board Report**
- **Noted concerns around diagnostic performance and mitigating actions**
- **Noted the planned update of the quality elements and commentary in the report**
- **Noted, with concern, the 14 hour review data but were assured by the Medical Director that data capture is not robust and doesn't fully reflect the level of care. Improvement work on data capture is underway.**
- **Welcomed the first set of community specific metrics and note the plan to expand these to include e.g. response times, CQUIN and quality measures**

52 Week Waits Report – LS said she attended the New Risk & Oversight Committee and the recommendation was to add this to the risk assessment and to feed up from the clinical harm assessment. LS said she would amend the process but that people are comfortable with taking a clinical approach. CJ agreed with dynamic approach for managing risk and said she wanted to strengthen daily oversight of risks coming through.

The Committee:

- **Received and discussed the 52 Week Waits Report**
- **Noted the significant rise in patients waiting over 52 weeks for treatment and the anticipated exponential rise in this number as a result of COVID-19 stand down of services and operational limits as restored.**
- **Approved the proposed update planned for Root Cause Analysis and Clinical Harm Review processes for long waiting routine patients, enduring risk mitigation and patient safety are the priority focus.**
- **Gained assurance from the strengthened daily oversight of the risk.**

CQC Action Plan – HM said there has not been much change since last Committee meeting. We are still waiting on feedback from our submission five weeks ago and our greatest risk is still sick children's paediatric nurses in ED and achieving the standards in the RCPCH 'Facing the future' publication. HM said she hopes our model will be accepted. Documentation is our biggest issue but HM confirmed the paper documentation has arrived and will be rolled out by the end of June, This is enough for six months until the digital solution commences in January 2021. HM confirmed that as part of the paper documentation all risk assessments have been updated.

The Committee:

- **Received and discussed the CQC Action Plan**
- **Noted the draft response to CQC**
- **Noted the progress against the response to Section 29a warning notice and Section 31 Enforcement Action**
- **Gained assurance from the availability of the interim comprehensive paper nursing record**
- **Noted the continued risk associated with paediatric nursing shortages**
- **Welcomed the improved format of the Action Plan and added clarity**
- **Gained assurance from the planned focus on reviewing and renewing evidence with Care Groups**

IPC Update & IPC BAF – HM said the BAF is produced nationally and that the checklist was circulated this morning. There were three areas where we couldn't offer evidence but two of these have now been closed (masks and waits). We need to continue audits against the standards. JM asked what HM is most concerned about and HM said C.diff cases in Scarborough (there are currently eight cases in Scarborough compared to one in York) and added that there is clearly an environmental factor. HM said that social distancing and how to maintain this is also an issue as well as patients wearing masks that have cognitive impairments or learning difficulties. LB asked about visiting hours and HM said this is kept under review but that for the time-being we will continue with suspended visiting hours with the three exceptions (end of life care, birthing partners and one parent of a sick child). HM said that Hull has introduced a staged approach on an appointment basis for people to visit cognitively impaired patients. PALS have had no complaints on the current arrangement but this will be constantly reviewed. JM said it is important to remember that hospital care is about providing care to sick people rather than allowing

visits. JT said there is concern around new primary/secondary care and said we are losing our grip on antimicrobial stewardship, which is a risk to be aware of.

The Committee:

- **Received and discussed the IPC Update and IPC BAF**
- **Gained assurance from the outcome of the self-assessment of compliance with PHE Covid related IPC and the IPC BAF indicating policies are comprehensive and fit for purpose**
- **Noted the gap in assurance around C. Difícile, noting the relatively high rate of infection in spite of the fall in admissions, and the mitigating actions to gain further understanding of the situation**
- **Noted that the utilisation of the NHSE IPC Principles for Recovery Planning Document was approved by Executive Board**

Escalation to Board of Directors:

- **Introduction of IPC BAF as source of assurance**

Nurse Staffing Report – HM said that national reporting had been suspended since March but has now been reinstated, and added that dynamic management of staff is a challenge. LB said that Jennie Adams had asked about previous assurance of providing safe staffing regarding unfilled bank and agency shifts. HM said we do not have a dynamic system where people have gone back into the system and cancelled shifts no longer required. We now have the latest module from Allocate, which ward sisters will use daily. HM said she is mindful that they only have one day a week management time and said that she is well assured on staffing levels.

The Committee:

- **Received and discussed the Nurse Staffing Report**
- **Were assured that safe staffing has been maintained by dynamic management and apparent discrepancy indicated by bank fill rates is an anomaly resulting from inconsistent data capture, being addressed.**
- **Noted potential risk associated with Track & Trace and were assured by focus on minimising risk by emphasising the importance of following national guidance on PPE, hand hygiene and social distancing.**

Consideration of the BAF/CRR - BAF and principle risks discussed and adequately reflected in registers. Consolidation of CN IPC risks noted. No further changes recommended.

End of Life Care Annual Report – HM referred to Paper C5 and said it was a good report and that the executive summary covered everything. JM said she did not feel Kath Sartain sufficiently highlighted the issue with forthcoming retirement of Ann Garry as we still need to fill her post. DR and JT confirmed they were interviewing for this post in the next couple of weeks. The Committee formally approved this report.

The Committee:

- **Received and discussed the End of Life Report**

- **Gained assurance from the evidence of progress towards the Ambitions for End of Life Care national standards**
- **Noted the risk of poorer End of Life outcomes with inadequate consultant support and the importance of securing replacement for forthcoming retiring Palliative Care Consultant**

Escalation to Board

- **Recommended Board to approve End of Life Care Annual Report**

Quality Priorities 2020-2021 – LP said that once year-end reports are done, she would move onto Quality Priorities for approval. JT said he would make some amendments re SMART objectives. JT referred to Paper C6 (P136) around patient safety ('all patients to have a senior review before midday') and said there is evidence of this being done and tracked on CPD and noted the 33% reduction in super stranded patients. DR said there has been a big improvement in reducing bottlenecks in discharge. JT referred to P138 and said there is clinical effectiveness in tracking 7-day standards, and added that the biggest issue was getting staff to comply with records. JT said he would update this report and bring to the July Committee meeting. SH said it was good to have qualitative comments regarding improvement work in case SMART targets are not the only way of assessing. JM asked what the timescale was for the Quality Report and LP confirmed it goes out to stakeholders in October for publishing in December.

The Committee:

- **Discussed the Quality Priorities for 2020-21**
- **Agreed they reflected the major areas of concern highlighted throughout the year and would provide a helpful focus for the Quality Committee programme**
- **Noted the planned amendments to ensure SMART objectives**

Nutrition Report – HM asked Tara Filby to pick this piece of work up and has written a report on how to take this forward. LB said it was assuring to see the widened scope and asked how this information will come through in future. HM said it will come through the Patient Safety team.

The Committee:

- **Were assured by the focus on nutrition and the plan to close the feedback loop from patient experience**
- **Welcomed the widened scope to support assurance**
- **Noted HM will advise how future reports will be reviewed as part of wider governance review**

Action: LS to bring diagnostic recovery plan to next Committee meeting (21 July)

Action: HM to check that nurse staffing is identified in Risk Register

Action: JT to amend Quality Priorities objectives to make these SMARTER and circulate to Committee

Action: JT to update Quality Priorities 2020-21 and bring to July Committee meeting

7. Consideration of items to be escalated to the Board or other Committees

JT said management of risk needs to be escalated and we need to find a way of incorporating this and summarising as this will be helpful.

LS said she would send the Board Report and 52 Weeks Wait Report and will raise these with regards to diagnostics, but that these will go to July Board.

Items for information:

8. Q4 Mortality Report

This item was deferred to July.

9. CNST Action Plan

This item was for information only and no further discussion by Committee was required.

10. Continuity of Carer Progress Update

This item was for information only and no further discussion by Committee was required.

11. Any other business

JM asked if we would be returning to the normal Committee format next month as it is about getting assurance, so this needs to be reviewed and the audit trail needs to be recorded. LB said she was not sure but has emailed WS and JT for clarification. JT gave his apologies for June Board but confirmed that DR would be deputising. HM said that if the format does return to normal she would like to describe the nursing/staffing position as we need to demonstrate workforce for governance. JM asked where the learning strategy has gone and HM said there is more work to be done on this.

CJ said we need to know what our main CQC risks are if they were to inspect the site tomorrow, and added that this is a crucial piece of work.

SH said that as the Committee continue to meet, it would be helpful if papers were as short and concise as possible and with an emphasis on assurance. JT said he was planning on using hyperlinks to avoid printing and LB and JM said they tend to have problems with hyperlinks. JT asked if it would be helpful to both print and supply a hyperlink and it was agreed that this would be helpful. SH said it was easier to focus on the assurances that matter.

LB asked if a longer meeting next time would be preferred. JM said that Audit Committee have a longer Time Out meeting that allows more time for consideration of bigger strategic issues. LP said she used to do this for August meetings so this may need relooking at.

12. Time and Date of next meeting

The next meeting will be held on 21 July 2020 by teleconference. Dial-in details will follow.

Action Log

Date of Meeting	Item No.	Action	Owner	Due Date
25/9/19	1.	Progress report on 14 hour consultant review	JT	Ongoing – agenda item
31/7/19	2.	Provide more assurance around outputs & triangulation with numbers.	HM	Ongoing
27/11/19	3.	To provide a hyperlink to informational appendices instead of including them in the report. Still to include essential appendices	HM	Ongoing
27/11/19	4.	JT to consolidate information streams from multiple external sources into, & within the Trust. To report progress back at April meeting.	JT	April 20
21.01.20	8.	FJ to provide Duty of Candour update at Feb meeting	FJ	Ongoing
17.03.20	21	JT to provide an update report on the plans to imbed the internal audit consent into the clinical audit care groups.	JT	Sep 20
17.03.20	22	JT to provide update in 3 or 6 months on NICE Action Plans which were due in March 2020	JT	Sep 20
17.03.20	23	JT to report on three baseline assessments on NICE guidelines	JT	Sep 20
19.05.20	25	HM and WS to look at risk to delayed discharges and assess the scoring	HM WS	Completed
19.05.20	27	HM to complete IPC BAF and send as formal paper to Board of Directors	HM	Completed
19.05.20	28	LP to check priorities for 2021 with Tara Filby to report back at next Quality Committee	LP TF	Completed
16.06.20	29	LS to update Committee with developments around endoscopy and routine care	LS	July 20
16.06.20	30	LS to bring diagnostic recovery plan to next Committee meeting	LS	July 20
16.06.20	31	HM to check that nurse staffing is identified in Risk Register	HM	Completed

16.06.20	32	JT to amend Quality Priorities objectives to make these SMARTER and circulate to Committee	JT	July 20
16.06.20	33	JT to update Quality Priorities 2020-21 and bring to July Committee meeting	JT	July 20

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee/Group: Resources	Date: 21.07.2020	Chair: Jennie Adams
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Agenda Item	Issue and Lead Officer	Receiving Body	For Recommendation or Assurance to the receiving body
Finance Report	<p>Month 3 position and looking ahead. The Trust saw additional covid revenue expenses of £2.2 in June – down slightly on last month (£2.8m) but still within the national range (now 4-6 % of income). Income and expenditure were both down on plan due to reduced activity levels. Breakeven was delivered again via the “truing up” payment regime – with only £1.1m of support needed as the underlying net position was around a £1m surplus. This system of support is confirmed for July and August and may prevail into September. However it is now clear that a fixed settlement approach is planned for later in the year - requiring financial disciplines to be demonstrated once again so as to live within this financial envelope. There will need to be an allocation for recovery in the settlement.</p> <p>Prompt payment of suppliers The Trust has maintained increased compliance with 30 day payment target – now close to 90%. However it is proving very difficult to meet the 7 day target requested during covid to help supplier cash flow.</p> <p>PPE: As of 21/7 supplies of PPE are holding up well with the exception of cone PPE3 masks. The enlarged stock area in York will be open in 7-10 days – providing much needed additional space and less chaotic conditions.</p> <p>Deloitte's Audit of Covid expenses procedures has run over 3 weeks and is not judgemental but a learning piece.</p>	Board	<p>Assurance : Covid regime ensures breakeven during H1 of 2020/21</p> <p>PPE – constantly monitored</p> <p>Committee approved a revised procurement policy but requested greater focus on sustainability issues in future versions.</p> <p>Gaps/concerns Rapid payment of suppliers – committee requested working towards an intermediate target of 2 weeks.</p> <p>Backlog maintenance and capital discussion is still outstanding and now scheduled for August Board.</p> <p>Financial regime for H2 2020/21 is uncertain including allocations for recovery and ongoing covid spend.</p>

<p>LLP Report</p>	<p>Performance The LLP report to the committee continues to evolve and provide improved levels of transparency on KPIs. Recognition of main challenges and evidence of action plans is now in place (additional meeting to gain assurance on these arranged).</p> <p>Culture The rigorous approach to addressing areas of unsatisfactory performance has been something of a shock to the organisation and a period of adjustment to new levels of accountability is underway.</p> <p>Sickness absence Levels of sickness absence (excluding covid) is high and increasing in many core LLP activities. Exploring and addressing the root cause of this issue (in liaison with HR and OH) will be a focus in the next few months – in conjunction with the ACAS work.</p> <p>Backlog maintenance Significant progress has been made to identify, risk stratify and quantify maintenance requirements. This work will be shared with the Board shortly.</p>	<p>Board</p>	<p>Assurance: Action plans shared for key performance challenges. Progress on scoping backlog maintenance.</p> <p>Gaps/Concerns: 45/120 KPIs are currently not measurable. A new monitoring system (CAFM) could provide a solution but at additional cost. Business case for this has lapsed and needs review by Trust.</p> <p>Increasing staff sickness rates could affect patient care and add to agency costs.</p> <p>Need to better understand risk to patients of poor standards in areas like catering hygiene and cleanliness in wards and theatres.</p> <p>Culture shock and pushback</p>
<p>Workforce Report</p>	<p>Staff Survey 2019 A disappointing lack of progress in key areas has refocused efforts to address some longstanding issues. The committee were assured by recent work on improvements to the staff appraisal process. The culture change work falling out of the Clever Together project is intended to address undesirable behaviours but has been delayed by covid.</p> <p>The committee wished to flag low and deteriorating scores on Quality of Care and Safety Culture to Q&S committee and Board.</p> <p>Staff absence remains an issue although % absence is falling – now 5.1% vs 5.8% in May, 7.2% in April and 8% in March. Shielding ends 1st August presenting Trust with new challenges to protect returning staff.</p> <p>Protecting staff/patients and stopping spread from NHS into community The committee were keen to understand how the latest guidance has been applied. There have been some local issues with breaches of protocols by staff but these have been analysed and learned from.</p>	<p>Board/ Quality Committee</p>	<p>Assurance: Steady fall in sickness absence from covid. Comprehensive HR data and narrative now included in IBR Unfilled nurse shift data now stable and % is below historic rates at around 20%. Improvements in appraisal and stat/mand training processes underway. New FTSU guardian now appointed</p> <p>Gaps/Concerns Challenge of returning shielded staff. Whistleblowing case re York Maternity Unit is under investigation awaiting full account of facts. Lack of progress in Staff Survey scores for 2019 and related hiatus in Clever Together actions. Workforce Race Equality Standard report highlighted</p>

			issues – incl Board diversity – add to BAF.
Digital Report	<p>Covid changes: The committee received a demonstration of new patient risk stratification function within CPD and changes made to the ward dashboards to ID covid status of patients. Progress with virtual OP appointments was also highlighted along.</p> <p>Windows 10: Conversion to Windows 10 in time for October deadline will require overtime working to increase conversion rate to 1000 a month. Currently at 40%.</p> <p>Office software: We are moving from owned licences to a subscription service N365 adding £400,000 pa to revenue costs – still to be approved by Executive Board.</p>	Board	<p>Assurance: Efforts to adapt to covid environment to protect patients from harm has been demonstrated.</p> <p>Gaps/concerns Board leadership to embed changes and champion digital. Pressure on IT helpdesk due to remote working and digital dictation queries. Need for transformation work to be linked to Trust strategy and ICS and to develop business case for changes that demonstrate efficiency and patient benefits.</p>

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Board of Directors – 29 July 2020

Quality priorities for 2020-2021

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

This report makes recommendations for the improvement trajectories for quality priorities for 2020-2021.

Executive Summary – Key Points

The Quality Committee received recommendations for draft quality priorities at previous meetings. These were accepted however further amendments have been made in response to further feedback. This report provides further detail in relation to the quality priorities and their trajectories.

Recommendation

The Board is asked to approve the Quality Priorities and trajectories for 2020-21, which were approved at the Quality Committee on the 21 July 2020.

Author: Tara Filby, Deputy Chief Nurse

Director Sponsor: Heather McNair, Chief Nurse

Date: 13th July 2020

1. Introduction and Background

The Trust submitted a Quality Report in 2018-19 and part of the regulatory requirement going forward was that the Trust had a number of quality priorities. The Quality Committee received recommendations for draft quality priorities at the meeting in May with specific trajectories being added in June. The content was accepted however the Medical Director wished to make some minor amendments and additional feedback has been received. This report provides further detail in relation to the quality priorities and their trajectories.

2. Detail of Report and Assurance

The proposed trajectories are included at 2.1.

2.1 Draft Quality Priorities for 2020-2021

Following the launch of the National Patient Safety Strategy (July 2019) and the corresponding Trust Patient Safety Strategy, there will be a requirement to redesign our patient safety system utilizing a patient-centred approach and the national patient safety curriculum to do this. This will be a significant focus for 2020-21 although it is anticipated that there may be some delay associated with responding to the current pandemic. It will include implementation of a revised Serious Incident process, renaming adverse patient experiences as Patient Safety Incidents and using Patient Safety Investigations as a way of looking into the situation.

Other draft priorities for 2020-21 include:

PATIENT SAFETY

SAFER care bundle

To embed principles of the SAFER care bundle across all inpatient wards

- All patients to have a senior review before midday (to be evidenced on Core Patient Database – CPD);
- Every patient to have a discharge status set (and recorded on CPD);
- All downstream wards who received pts from an assessment area to have discharged or transferred at least one patient by 10am (this is the golden patient);
- 33% of all discharges or transfers to have occurred by midday and Time of day of discharge/ transfer to earlier in the day (discharge curve);
- 33% reduction in super stranded pts, evidenced through CPD and the long length of stay review meeting

Antimicrobial prescribing

- Further reduction in volume of antimicrobials -2% embedded in the national contract
- OPAT Improving the percentage of patients on self-care pathway (75% for April)
- The Antibiotic Kit Review (ARK) will be rolled out Trust-wide and added to statutory and mandatory training to improve compliance

Recognition of the deteriorating patient

- Educate all relevant staff in relation to the importance of recognition, early escalation and treatment
- All Inpatients to have a Ceiling of Care (CoC) recorded on the Core Patient

Database (CPD) ideally within 24 hours of admission with regular reviews carried out and a review following change in the patient's condition. The CoC can state that all treatment is appropriate.

- 90% of all clinical observations and NEWS/MEWS/PAWS scores to be recorded within an hour of the due time
- Implementation of the Out of Hours team bleep filtering/ task allocation system - the aim of this system is for all clinicians working out of hours to work as part of a team instead of in their specialties. This includes an expansion of the Critical Care Outreach team to include a Clinical Support Worker. A new electronic "task" request system will be implemented on the wards including information about level of urgency. The tasks will then be allocated to the most appropriate available staff member instead of all going directly to the Medical Registrar on shift.
- Achieve requirements of CQUIN to commence from September 2020 - achieving 60% for the recording of NEWS 2 score, escalation time and response time for unplanned critical care admissions from non-critical care wards of patients aged 18 years and over
- The enhanced critical care outreach team will adopt a proactive approach using an interactive whiteboard to identify patients at risk of deterioration

Sepsis

- Implement and embed the Maternity Sepsis screening tool with an agreed audit programme to provide assurance
- Implement the Paediatric sepsis screening tool from the UK Sepsis Trust with an agreed audit programme to provide assurance

Infection Prevention & Control

- To further embed IPC in Care Groups including through governance structures, monitoring of good clinical practice, education and continuous improvement
 - Care group records demonstrate evidence that planned continuing professional development and education activities focused on the prevention of infection reaches all staff over the course of the year at a rate of 25% per quarter
- To continue work on reducing GNBSI bacteraemia by 25%

Safeguarding

- Deprivation of Liberty Safeguards - Safeguarding Adults team to monitor national and local development/roll out direction of the Liberty Protection Scheme (LPS) to ensure compliance with the Deprivation of Liberty Safeguards replacement process.

N.B. We are awaiting government release of the consultation of the code of practice which is currently on hold. On its release, a response will be formulated as an organization within the nationally determined time frame and follow the national implementation time frames for embedding the legislation in Trust processes.

Ambulance turnaround

- the Trust will continue to focus on reducing ambulance handover times on both the York and Scarborough sites - 55% reduction in 60mins delays compared to last year

CLINICAL EFFECTIVENESS
<p>7 Day Services Standards</p> <ul style="list-style-type: none"> ➤ To continue the on-going work towards improving performance against the 7 day standards (trajectory of 90%); this will be tracked on CPD with feedback to Care Groups being monitored through governance meetings
<p>Falls</p> <ul style="list-style-type: none"> ➤ 10% reduction in the average number of falls per 1000 bed days (based on the last 12 months data) ➤ A baseline assessment will be undertaken for falls with moderate harm or above, where lapses in care are identified; an improvement plan will then be designed and implemented and monitored via the Falls Improvement Group ➤ To improve the accuracy of reporting a trajectory has been set of a 50% reduction in falls with no level of harm documented
<p>Pressure Ulcers</p> <ul style="list-style-type: none"> ➤ A 50% reduction in medical device related injuries by April 2021. ➤ A baseline audit of heel damage will be undertaken; an improvement plan will then be designed and implemented and monitored via the Pressure Ulcer Improvement Group. ➤ Elimination of all Category 4 pressure ulcers, with lapses in care, by December 2020.
PATIENT EXPERIENCE
<p>Complaints & PALS</p> <p>Improve the timeliness of complaint responses</p> <ul style="list-style-type: none"> ➤ 90% trajectory: <10 days for PALS, <30 days complaints <p>Improve the quality of complaint responses</p> <ul style="list-style-type: none"> ➤ Design a process to learn from reopened complaints and demonstrate actions taken to improve the quality of complaint responses ➤ All investigating officers to have attended in-house complaints management training
<p>Learning from patient experience</p> <ul style="list-style-type: none"> ➤ Patients will know the name or names of the people who are looking after them ➤ Improvement trajectories to be agreed in response to feedback from National Surveys and complaints, e.g. experience of waiting in ED; food quality; hygiene care; discharge; attitude of staff (linked to 'Clever Together')

3. Next Steps

The quality priorities suggested for 2020-21 are largely generated from a review of outstanding priority outcomes from 2019-20 or they are stretch targets based on driving further improvements. The trajectories (where set) have been developed based on anticipated 'business as usual' activity however they do not necessarily reflect the change in nature of current activity due to the current pandemic. The priorities do provide a broad base to frame quality improvement activities for the year ahead. Any variance due to the Covid-19 pandemic will be reflected in future reports.

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.

4. Detailed Recommendation

The Board is asked to approve the Quality Priorities and trajectories for 2020-21, which were approved at the Quality Committee on the 21 July 2020.



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Board of Directors – 29 July 2020 Organ Donation Report

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

To provide the Board of Directors with an update on organ donation in the Trust.

Executive Summary – Key Points

The following reports are attached:

- Summary and Detailed Reports which review actual and potential organ donations between 1 April 2019 and 31 March 2020;
- Letter to the Chief Executive and Medical Director asking the Trust to:
 - Ensure your Trust supports your Organ Donation Committee and Clinical Lead for Organ Donation in promoting best practice as they seek to minimise missed donation opportunities;
 - Discuss activity and quality data at the Board with support from your Organ Donation Committee Chair and Clinical Lead for Organ Donation;
 - Recognise any successes your Trust has had in facilitating donation or transplantation, especially during the COVID-19 pandemic.

Recommendation

The Board of Directors is asked to discuss the reports and support the Organ Donation Service in promoting best practice and recognise the Trust's success in this area.

Author: NHS Blood and Transfusion Service
Director Sponsor: Susan Symington, Chair
Date: July 2020

York Teaching Hospital NHS Foundation Trust

Taking Organ Transplantation to 2020, 1 April 2019 - 31 March 2020

In 2019/20, from 14 consented donors the Trust facilitated 8 actual solid organ donors resulting in 14 patients receiving a life-saving or life-changing transplant. Data obtained from the UK Transplant Registry.

In addition to the 8 proceeding donors there were 6 consented donors that did not proceed.

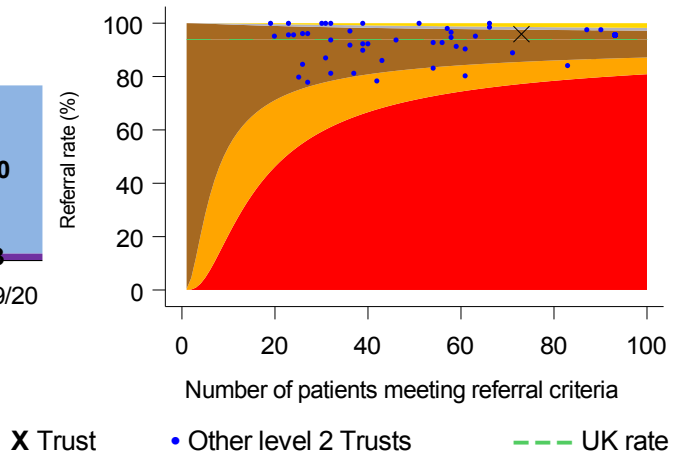
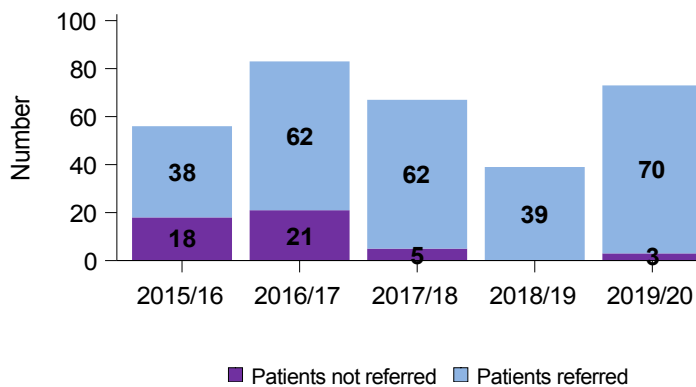
Best quality of care in organ donation, 1 April 2019 - 29 February 2020*

Referral of potential deceased organ donors

Goal: Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplant's Organ Donation Service

Aim: There should be no purple on the chart

Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



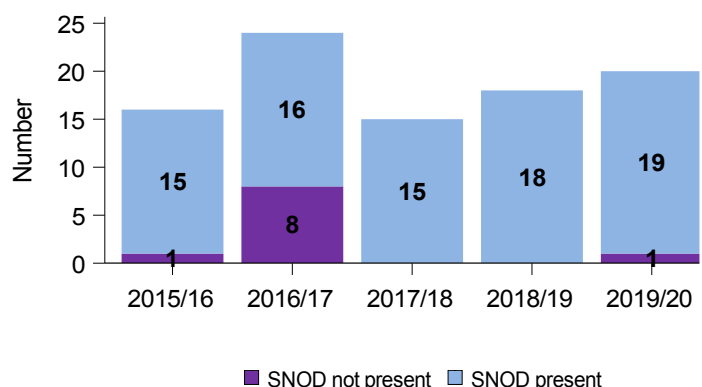
The Trust referred 70 potential organ donors during 2019/20. There were 3 occasions where potential organ donors were not referred.

When compared with UK performance, the Trust was average (bronze) for referral of potential organ donors to NHS Blood and Transplant.

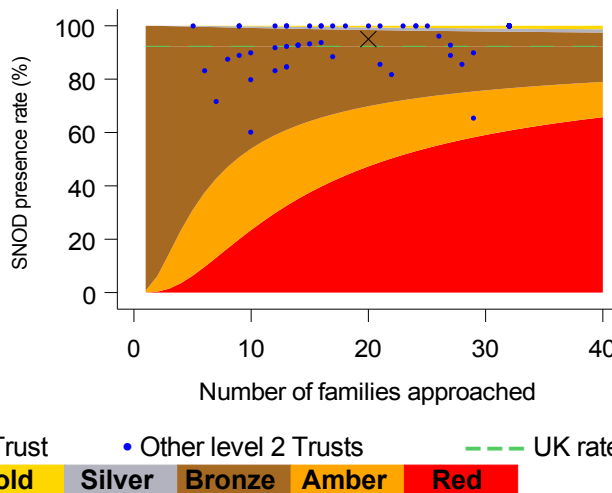
Presence of Specialist Nurse for Organ Donation

Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families

Aim: There should be no purple on the chart



Aim: The Trust (marked with a cross) should fall within Bronze, Silver, or Gold



A SNOD was present for 19 organ donation discussions with families during 2019/20. There was 1 occasion where a SNOD was not present.

When compared with UK performance, the Trust was average (bronze) for SNOD presence when approaching families to discuss organ donation.

Why it matters

- If suitable patients are not referred, the patient's decision to be an organ donor is not honoured or the family does not get the chance to support organ donation.
- The consent rate in the UK is much higher when a SNOD is present.
- The number of patients receiving a life-saving or life-changing solid organ transplant in the UK is increasing but patients are still dying while waiting.

Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	Yorkshire And The Humber*	UK
1 April 2019 - 31 March 2020		
Deceased donors	119	1,582
Transplants from deceased donors	275	3,749
Deaths on the transplant list	40	394
As at 29 February 2020		
Active transplant list	497	6,138
Number of NHS ODR opt-in registrations (% registered)**	1,981,057 (37%)	25,980,113 (40%)

*Regions have been defined as per former Strategic Health Authorities

** % registered based on population of 5.39 million, based on ONS 2011 census data

Further information

Further information on potential donors after brain death (DBD) and potential donors after circulatory death (DCD) at the Trust are shown below, including a UK comparison. Data obtained from the Potential Donor Audit (PDA).

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria ¹	9	1845	65	5676	73	7324
Referred to Organ Donation Service	9	1828	62	5235	70	6876
<i>Referral rate %</i>	G 100%	99%	B 95%	92%	B 96%	94%
Neurological death tested	7	1615				
<i>Testing rate %</i>	B 78%	88%				
Eligible donors ²	7	1542	52	3985	59	5527
Family approached	7	1368	13	1712	20	3080
Family approached and SNOD present	7	1315	12	1528	19	2843
<i>% of approaches where SNOD present</i>	G 100%	96%	B 92%	89%	B 95%	92%
Consent ascertained	6	983	7	1099	13	2082
<i>Consent rate %</i>	B 86%	72%	B 54%	64%	B 65%	68%
Actual donors (PDA data)	6	876	2	598	8	1475
<i>% of consented donors that became actual donors</i>	100%	89%	29%	54%	62%	71%

¹ DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold **Silver** **Bronze** **Amber** **Red**

For further information, including definitions, see the latest Potential Donor Audit report at www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/

*Quality of care data relating to organ donation has been restricted to exclude the period most significantly impacted by the COVID-19 pandemic. Data presented include activity from 1 April 2019 to 29 February 2020.

Detailed Report

Actual and Potential Deceased Organ Donation

1 April 2019 - 31 March 2020

York Teaching Hospital NHS Foundation Trust



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Further Information

*Data from the Potential Donor Audit (PDA) on the quality of care data in organ donation has been restricted to exclude the period most significantly impacted by the COVID-19 pandemic. Data presented include activity from 1 April 2019 to 29 February 2020.

- Appendix A.1 contains definitions of terms and abbreviations used throughout this report and summarises the main changes made to the PDA over time.
- The latest Organ Donation and Transplantation Activity Report is available at <https://www.organdonation.nhs.uk/supporting-my-decision/statistics-about-organ-donation/transplant-activity-report/>
- The latest PDA Annual Report is available at <http://www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/>
- Please refer any queries or requests for further information to your local Specialist Nurse - Organ Donation (SNOD)

Source

NHS Blood and Transplant: UK Transplant Registry (UKTR), Potential Donor Audit (PDA) and Referral Record. Issued June 2020 based on data meeting PDA criteria reported at 8 June 2020.

1. Donor Outcomes

A summary of the number of donors, patients transplanted, average number of organs donated per donor and organs donated.

Data in this section is obtained from the UKTR, 1 April 2019 - 31 March 2020

Between 1 April 2019 and 31 March 2020, York Teaching Hospital NHS Foundation Trust had 8 deceased solid organ donors, resulting in 14 patients receiving a transplant. Additional information is shown in Tables 1.1 and 1.2, along with comparison data for 2018/19. Figure 1.1 shows the number of donors and patients transplanted for the previous ten periods for comparison.

Table 1.1 Donors, patients transplanted and organs per donor, 1 April 2019 - 31 March 2020 (1 April 2018 - 31 March 2019 for comparison)

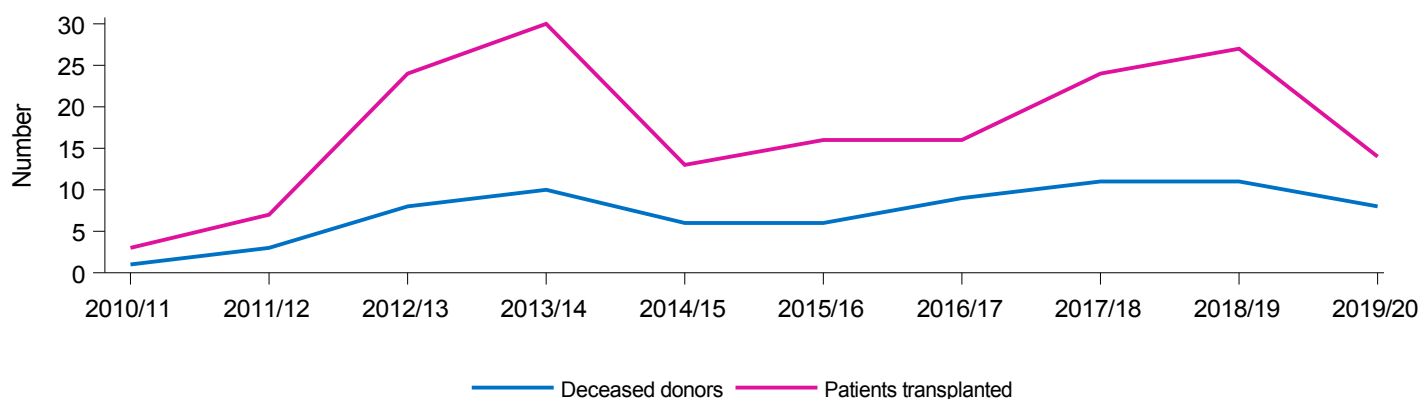
Donor type	Number of donors		Number of patients transplanted		Average number of organs donated per donor	
	Trust	UK	Trust	UK	Trust	UK
DBD	6	(7)	9	(17)	2.5	(3.3)
DCD	2	(4)	5	(10)	2.5	(3.3)
DBD and DCD	8	(11)	14	(27)	2.5	(3.3)

In addition to the 8 proceeding donors there were 6 additional consented donors that did not proceed, all where DCD donation was being facilitated.

Table 1.2 Organs transplanted by type, 1 April 2019 - 31 March 2020 (1 April 2018 - 31 March 2019 for comparison)

Donor type	Number of organs transplanted by type											
	Kidney		Pancreas		Liver		Heart		Lung		Small bowel	
DBD	7	(9)	0	(1)	1	(5)	0	(2)	2	(2)	0	(0)
DCD	4	(7)	0	(0)	1	(1)	0	(0)	0	(3)	0	(0)
DBD and DCD	11	(16)	0	(1)	2	(6)	0	(2)	2	(5)	0	(0)

Figure 1.1 Number of donors and patients transplanted, 1 April 2010 - 31 March 2020



2. Key Rates in Potential for Organ Donation

A summary of the key rates on the potential for organ donation

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

This section presents specific percentage measures of potential donation activity for York Teaching Hospital NHS Foundation Trust.

Performance in your Trust has been compared with UK performance in both Figure 2.1 and Table 2.1 using funnel plot boundaries and the Gold, Silver, Bronze, Amber, and Red (GoSBAR) colour scheme. When compared with UK performance, gold represents exceptional, silver represents good, bronze represents average, amber represents below average, and red represents poor performance. See Appendix A.3 for funnel plot ranges used.

It is acknowledged that the PDA does not capture all activity. In total there were 15 patients referred in 2019/20 who are not included in this section onwards because they were either over 80 years of age or did not die in a unit participating in the PDA. None of these are included in Section 1 because they did not become a solid organ donor.

Note that caution should be applied when interpreting percentages based on small numbers.

Goal: The agreed 2019/20 national targets for DBD and DCD consent rates are 83% and 77%, respectively.

Figure 2.1 Key rates on the potential for organ donation including UK comparison, 1 April 2019 - 29 February 2020

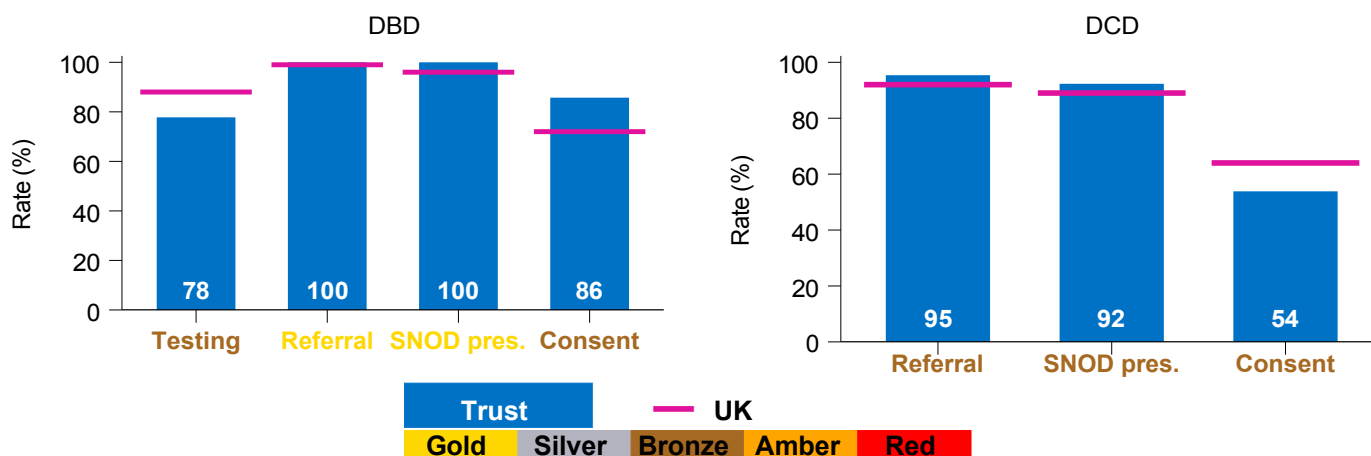
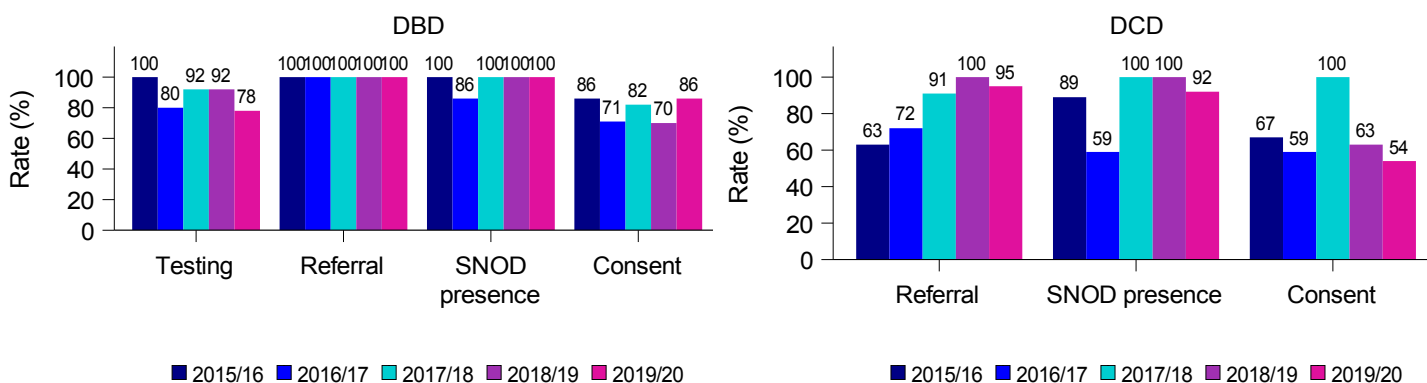


Figure 2.2 Trends in key rates on the potential for organ donation, 1 April 2015 - 29 February 2020



**Table 2.1 Key numbers, rates and comparison with national rates,
1 April 2019 - 29 February 2020**

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria ¹	9	1845	65	5676	73	7324
Referred to Organ Donation Service	9	1828	62	5235	70	6876
<i>Referral rate %</i>	G 100%	99%	B 95%	92%	B 96%	94%
Neurological death tested	7	1615				
<i>Testing rate %</i>	B 78%	88%				
Eligible donors ²	7	1542	52	3985	59	5527
Family approached	7	1368	13	1712	20	3080
Family approached and SNOD present	7	1315	12	1528	19	2843
<i>% of approaches where SNOD present</i>	G 100%	96%	B 92%	89%	B 95%	92%
Consent ascertained	6	983	7	1099	13	2082
<i>Consent rate %</i>	B 86%	72%	B 54%	64%	B 65%	68%
Actual donors (PDA data)	6	876	2	598	8	1475
<i>% of consented donors that became actual donors</i>	100%	89%	29%	54%	62%	71%

¹ DBD - A patient with suspected neurological death

DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation

DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

Gold **Silver** **Bronze** **Amber** **Red**

Note that from 1 April 2019 to 29 February 2020 there was one eligible DCD donor for whom consent for donation was ascertained who is not included in this section because they were either over 80 years of age or did not die in a unit participating in the PDA.

3. Best quality of care in organ donation

Key stages in best quality of care in organ donation

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

This section provides information on the quality of care in your Trust at the key stages of organ donation. The ambition is that your Trust misses no opportunity to make a transplant happen and that opportunities are maximised at every stage.

3.1 Neurological death testing

Goal: neurological death tests are performed wherever possible.

Figure 3.1 Number of patients with suspected neurological death, 1 April 2015 - 29 February 2020

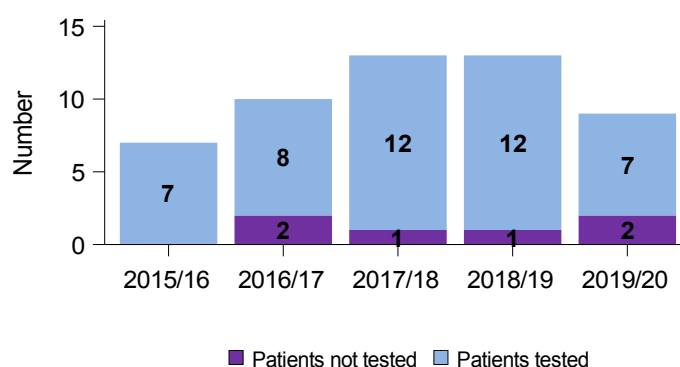


Table 3.1 Reasons given for neurological death tests not being performed, 1 April 2019 - 29 February 2020

	Trust	UK
Biochemical/endocrine abnormality	-	24
Clinical reason/Clinicians decision	1	56
Continuing effects of sedatives	-	6
Family declined donation	-	16
Family pressure not to test	-	9
Inability to test all reflexes	-	18
Medical contraindication to donation	-	4
Other	-	14
Patient had previously expressed a wish not to donate	-	1
Patient haemodynamically unstable	1	67
SN-OD advised that donor not suitable	-	5
Treatment withdrawn	-	7
Unknown	-	3
Total	2	230

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.2 Referral to Organ Donation Service

Goal: Every patient who meets the referral criteria should be identified and referred to the Organ Donation Service, as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors².

Aim: There should be no purple on the following charts.

Note that patients who met the referral criteria for both DBD and DCD donation will appear in both bar charts and both columns of the reasons table.

Figure 3.2 Number of patients meeting referral criteria, 1 April 2015 - 29 February 2020

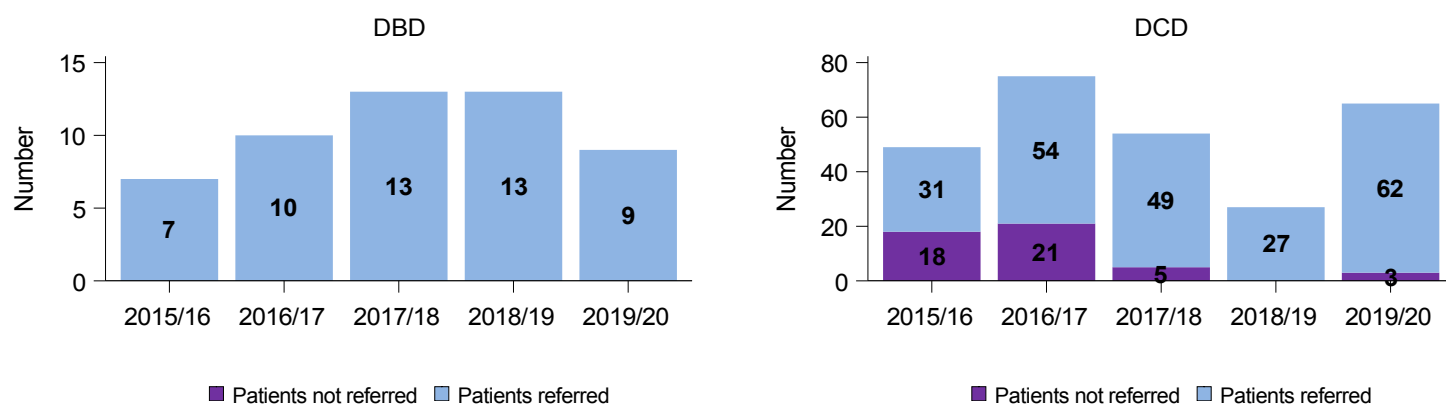


Table 3.2 Reasons given why patient not referred to SNOD, 1 April 2019 - 29 February 2020

	DBD		DCD	
	Trust	UK	Trust	UK
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	-	4
Coroner/Procurator Fiscal Reason	-	-	-	1
Family declined donation after neurological testing	-	2	-	-
Family declined donation following decision to withdraw treatment	-	-	-	10
Family declined donation prior to neurological testing	-	1	-	-
Medical contraindications	-	1	-	65
Not identified as a potential donor/organ donation not considered	-	7	-	238
Other	-	4	1	56
Patient had previously expressed a wish not to donate	-	-	-	2
Pressure on ICU beds	-	-	-	1
Reluctance to approach family	-	-	-	3
Thought to be medically unsuitable	-	2	2	60
Thought to be outside age criteria	-	-	-	1
Total	-	17	3	441

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.3 Contraindications

Table 3.3 shows the primary absolute medical contraindications to solid organ donation, if applicable, for potential DBD donors confirmed dead by neurological death tests and potential DCD donors in your Trust.

**Table 3.3 Primary absolute medical contraindications to solid organ donation,
1 April 2019 - 29 February 2020**

	DBD		DCD	
	Trust	UK	Trust	UK
Active (not in remission) haematological malignancy (myeloma, lymphoma, leukaemia)	-	11	1	204
All secondary intracerebral tumours	-	-	-	6
Any active cancer with evidence of spread outside affected organ within 3 years of donation	-	39	2	595
HIV disease (but not HIV infection)	-	1	-	8
Human TSE, CJD or vCJD; blood relatives with CJD; other infectious neurodegenerative diseases	-	1	-	7
Melanoma (except completely excised Stage 1 cancers)	-	1	-	15
No transplantable organ in accordance with organ specific contraindications	-	16	3	260
Primary intra-cerebral lymphoma	-	1	-	3
TB: active and untreated	-	4	-	13
Total	-	74	6	1111

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.4 SNOD presence

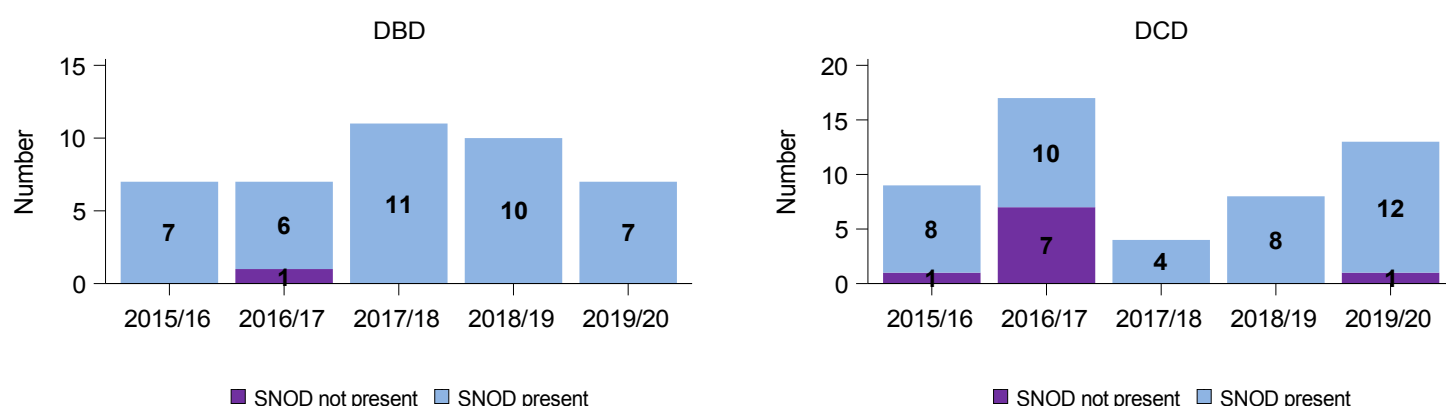
Goal: A SNOD should be present during the formal family approach as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance.³

Aim: There should be no purple on the following charts.

In the UK, in 2019/20, when a SNOD was not present for the approach to the family to discuss organ donation, DBD and DCD consent/authorisation rates were 43% and 24%, respectively, compared with DBD and DCD consent/authorisation rates of 73% and 69%, respectively, when a SNOD was present.

Every approach to those close to the patient should be planned with the multidisciplinary team (MDT), should involve the SNOD and should be clearly planned taking into account the known wishes of the patient. The NHS Organ Donor Register (ODR) should be checked in all cases of potential donation and this information must be discussed with the family as it represents the eligible donor's legal consent to donation.

Figure 3.3 Number of families approached by SNOD presence, 1 April 2015 - 29 February 2020



¹ NICE, 2011.
NICE Clinical Guidelines - CG135
[accessed 8 June 2020]

² NHS Blood and Transplant, 2012.
Timely Identification and Referral of Potential Organ Donors - A Strategy for Implementation of Best Practice
[accessed 8 June 2020]

³ NHS Blood and Transplant, 2013.
Approaching the Families of Potential Organ Donors – Best Practice Guidance
[accessed 8 June 2020]

3.5 Consent

Goal: The agreed 2019/20 national targets for DBD and DCD consent/authorisation rates are 83% and 77%, respectively.

In 2019/20 the DCD consent rate in your Trust was 54%, less than 10 families of eligible DBD donors were approached therefore this consent rate is not presented.

Figure 3.4 Number of families approached, 1 April 2015 - 29 February 2020

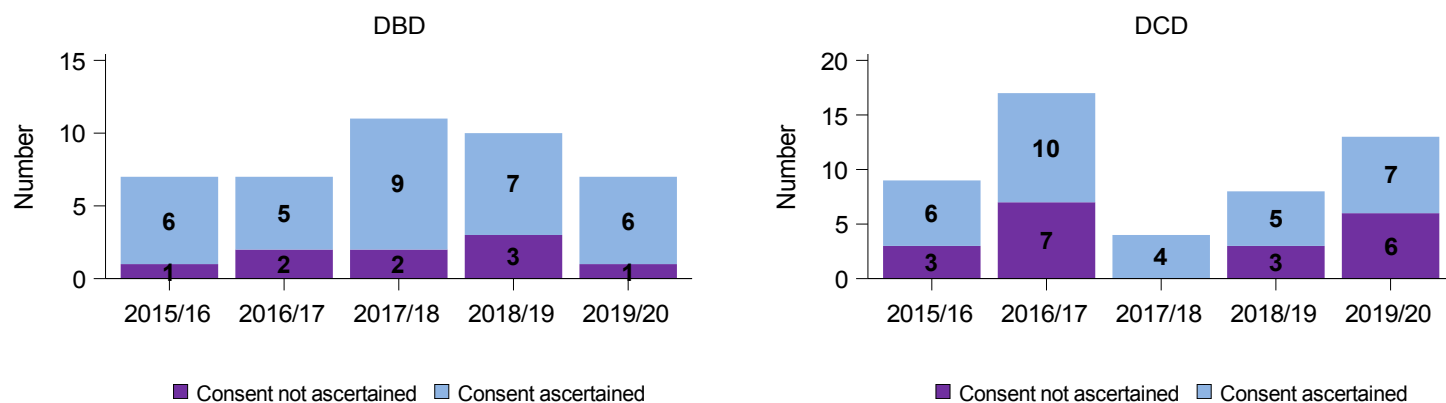


Table 3.4 Reasons given why consent was not ascertained, 1 April 2019 - 29 February 2020

	DBD		DCD	
	Trust	UK	Trust	UK
Families concerned about organ allocation	-	-	-	1
Family concerned donation may delay the funeral	-	-	-	2
Family concerned that organs may not be transplanted	-	-	-	7
Family concerned that other people may disapprove/be offended	-	-	-	1
Family did not believe in donation	-	15	-	12
Family did not want surgery to the body	-	40	1	59
Family felt it was against their religious/cultural beliefs	-	36	-	16
Family felt the body needs to be buried whole (unrelated to religious or cultural reasons)	-	22	-	13
Family felt the length of time for donation process was too long	-	20	-	109
Family felt the patient had suffered enough	-	24	1	66
Family had difficulty understanding/accepting neurological testing	-	3	-	-
Family wanted to stay with the patient after death	-	3	-	7
Family were divided over the decision	-	17	1	22
Family were not sure whether the patient would have agreed to donation	-	55	-	85
Other	-	28	1	54
Patient previously expressed a wish not to donate	1	111	1	143
Strong refusal - probing not appropriate	-	11	1	16
Total	1	385	6	613

If 'other', please contact your local SNOD or CLOD for more information, if required.

3.6 Solid organ donation

Goal: NHSBT is committed to supporting transplant units to ensure as many organs as possible are safely transplanted. The strategy for achieving this, including steps to minimising warm ischaemic injury in proceeding DCD donors, is set out in NHSBT Taking Organ Utilisation to 2020 ⁴.

**Table 3.5 Reasons why solid organ donation did not occur,
1 April 2019 - 29 February 2020**

	DBD		DCD	
	Trust	UK	Trust	UK
Cardiac Arrest	-	8	-	11
Coroner/Procurator Fiscal refusal	-	10	-	16
Family changed mind	-	9	-	15
Family placed conditions on donation	-	-	-	2
General instability	-	8	-	29
Logistic reasons	-	-	-	4
Organs deemed medically unsuitable by recipient centres	-	38	1	141
Organs deemed medically unsuitable on surgical inspection	-	11	-	7
Other	-	13	1	39
Positive virology	-	10	-	10
Prolonged time to asystole	-	-	3	226
Total	-	107	5	500

If 'other', please contact your local SNOD or CLOD for more information, if required.

⁴ NHS Blood and Transplant, 2017.
Taking Organ Utilisation to 2020
[accessed 8 June 2020]

4. Comparative Data

A comparison of performance in your Trust/Board with national data

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

This section compares the quality of care in the key areas of organ donation in your Trust with the UK rate using funnel plots. The UK rate is shown as a green dashed line and the funnel shape is formed by the 95% and 99.8% confidence limits around the UK rate. The confidence limits reflect the level of precision of the UK rate relative to the number of observations. Performance in your Trust is indicated by a black cross. The Gold, Silver, Bronze, Amber, and Red colour scheme is used to indicate whether performance in your Trust, when compared to UK performance, is exceptional (gold), good (silver), average (bronze), below average (amber) or poor (red).

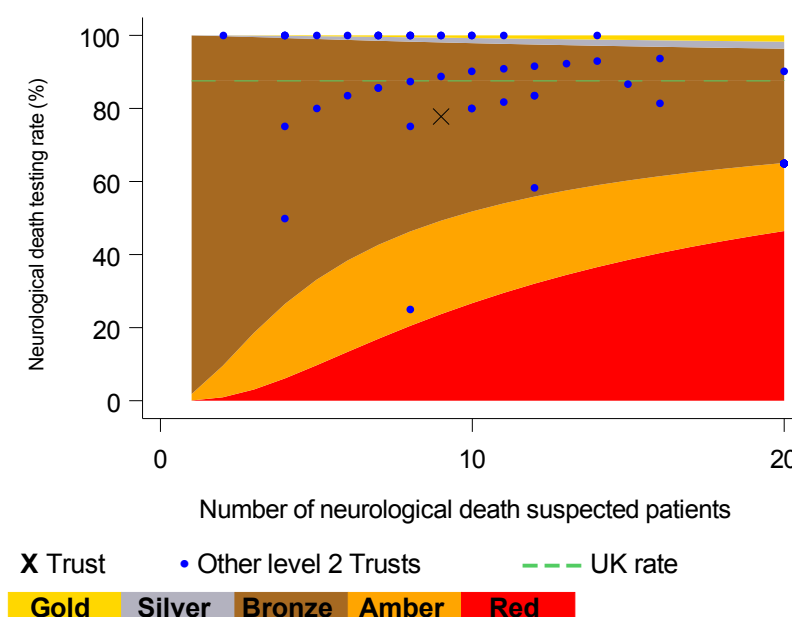
It is important to note that the differences in patient mix have not been accounted for in these plots. Further to these, separate funnel plots for DBD and DCD rates are presented in Section 7.

Note that caution should be applied when interpreting percentages calculated with numbers less than 10.

4.1 Neurological death testing

Goal: neurological death tests are performed wherever possible.

Figure 4.1 Funnel plot of neurological death testing rate, 1 April 2019 - 29 February 2020

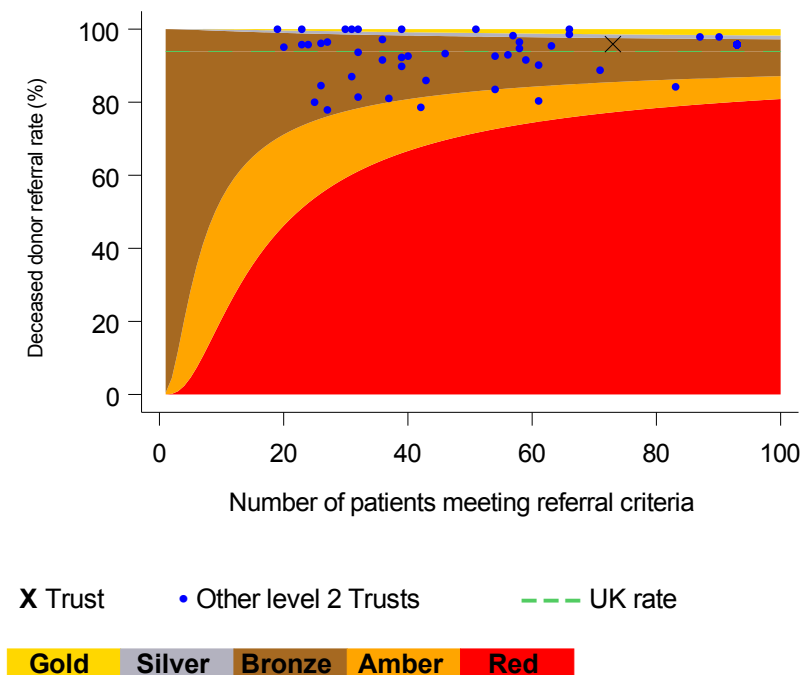


When compared with UK performance the neurological death testing rate in York Teaching Hospital NHS Foundation Trust was average (bronze).

4.2 Referral to Organ Donation Service

Goal: Every patient who meets the referral criteria should be identified and referred to NHSBT's Organ Donation Service, as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance on timely identification and referral of potential organ donors².

Figure 4.2 Funnel plot of deceased donor referral rate, 1 April 2019 - 29 February 2020

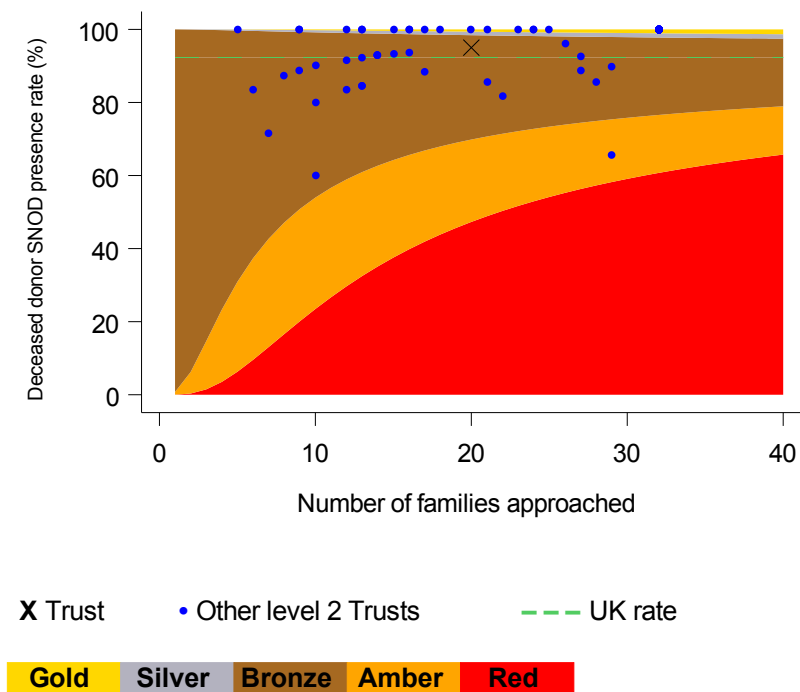


When compared with UK performance York Teaching Hospital NHS Foundation Trust was average (bronze) for referral of potential organ donors to NHS Blood and Transplant's Organ Donation Service.

4.3 SNOD presence

Goal: A SNOD should be present during the formal family approach as per NICE CG135¹ and NHS Blood and Transplant (NHSBT) Best Practice Guidance.³

Figure 4.3 Funnel plot of SNOD presence rate, 1 April 2019 - 29 February 2020

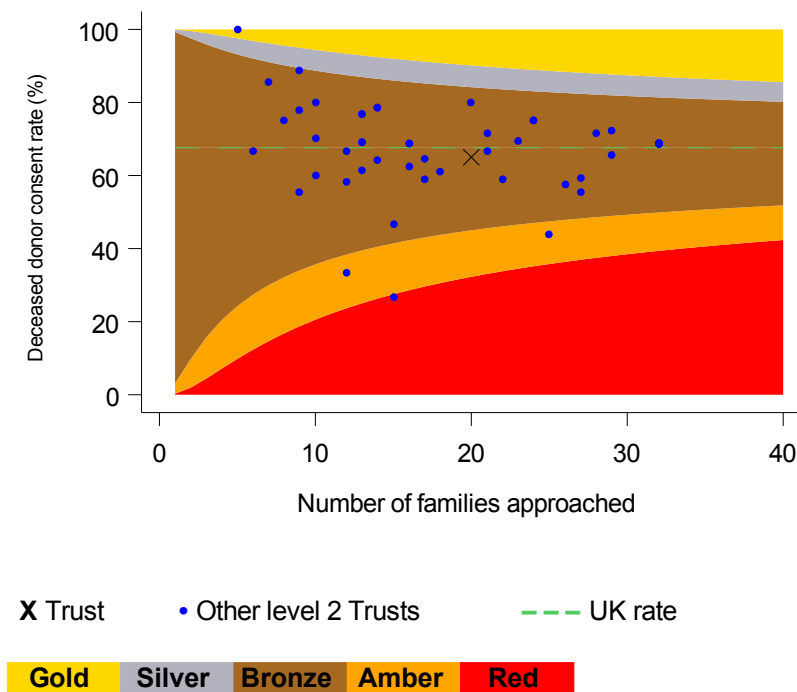


When compared with UK performance York Teaching Hospital NHS Foundation Trust was average (bronze) for Specialist Nurse presence when approaching families to discuss organ donation.

4.4 Consent

Goal: The agreed 2019/20 national targets for DBD and DCD consent/authorisation rates are 83% and 77%, respectively.

Figure 4.4 Funnel plot of consent rate, 1 April 2019 - 29 February 2020



When compared with UK performance the consent rate in York Teaching Hospital NHS Foundation Trust was average (bronze).

5. PDA data by hospital and unit

A summary of key numbers and rates from the PDA by hospital and unit where patient died

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

Tables 5.1 and 5.2 show the key numbers and rates for patients who met the DBD and/or DCD referral criteria, respectively. Percentages have been excluded where numbers are less than 10.

Table 5.1 Patients who met the DBD referral criteria - key numbers and rates, 1 April 2019 - 29 February 2020

Unit where patient died	Patients where neurological death was suspected	Patients tested	Neurological death testing rate (%)	Patients referred	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors	Eligible DBD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DBD and DCD donors from eligible DBD donors
<i>Scarborough, Scarborough Hospital</i>													
A&E	0	0	-	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	4	4	-	4	-	4	4	4	4	-	4	-	4
<i>York, York District Hospital</i>													
A&E	0	0	-	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	5	3	-	5	-	3	3	3	3	-	2	-	2
Other	0	0	-	0	-	0	0	0	0	-	0	-	0

Table 5.2 Patients who met the DCD referral criteria - key numbers and rates, 1 April 2019 - 29 February 2020

Unit where patient died	Patients for whom imminent death was anticipated	Patients referred	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors	Eligible DCD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DBD donors
<i>Scarborough, Scarborough Hospital</i>											
A&E	1	1	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	19	18	95	16	14	4	3	-	2	-	0
<i>York, York District Hospital</i>											
A&E	0	0	-	0	0	0	0	-	0	-	0
Gen. ICU/HDU	45	43	96	42	38	9	9	-	5	-	2
Other	0	0	-	0	0	0	0	-	0	-	0

Tables 5.1 and 5.2 show the unit where the patient died. However, it is acknowledged that there are some occasions where a patient is referred in an Emergency Department but moves to a critical care unit. In total for York Teaching Hospital NHS Foundation Trust in 2019/20 there were 1 such patients. For more information regarding the Emergency Department please see Section 6.

6. Emergency Department data

A summary of key numbers for Emergency Departments

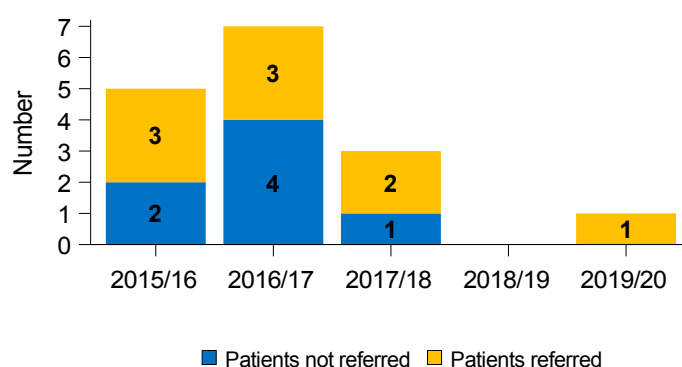
Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

Most patients who go on to become organ donors start their journey in the emergency department (ED). Deceased donation is important, not just for those people waiting on the transplant list, but also because many people in the UK have expressed a wish in life to become organ donors after their death. The overarching principle of the NHSBT Organ donation and Emergency Department strategy is that best quality of care in organ donation should be followed irrespective of the location of the patient within the hospital at the time of death.

6.1 Referral to Organ Donation Service

Goal: No one dies in your ED meeting referral criteria and is not referred to NHSBT's Organ Donation Service.
Aim: There should be no blue on the following chart.

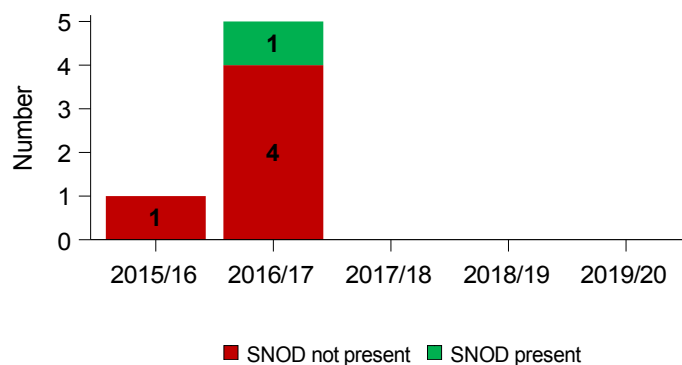
Figure 6.1 Number of patients meeting referral criteria that died in the ED, 1 April 2015 - 29 February 2020



6.2 Organ donation discussions

Goal: No family is approached in ED regarding organ donation without a SNOD present.
Aim: There should be no red on the following chart.

Figure 6.2 Number of families approached in ED by SNOD presence, 1 April 2015 - 29 February 2020



* NHS Blood and Transplant, 2016. *Organ Donation and the Emergency Department* [accessed 8 June 2020]

7. Additional data and figures

Regional donor, transplant, and transplant list numbers

Data in this section is obtained from the UKTR, 1 April 2019 - 31 March 2020

7.1 Supplementary Regional data

	Yorkshire And The Humber*	UK
1 April 2019 - 31 March 2020		
Deceased donors	119	1,582
Transplants from deceased donors	275	3,749
Deaths on the transplant list	40	394
As at 29 February 2020		
Active transplant list	497	6,138
Number of NHS ODR opt-in registrations (% registered)**	1,981,057 (37%)	25,980,113 (40%)
*Regions have been defined as per former Strategic Health Authorities		
** % registered based on population of 5.39 million, based on ONS 2011 census data		

Key numbers and rates on the potential for organ donation

Data in this section is obtained from the PDA, 1 April 2019 - 29 February 2020*

7.2 Trust/Board Level Benchmarking

York Teaching Hospital NHS Foundation Trust has been categorised as a level 2 Trust. Levels were reallocated in July 2018 using the average number of donors in 2016/17 and 2017/18, Table 7.2 shows the criteria used and how many Trusts/Boards belong to each level.

Table 7.2 Trust/Board level categories

		Number of Trusts Boards in each level
Level 1	12 or more (≥ 12) proceeding donors per year	35
Level 2	6 or more but less than 12 (≥ 6 to <12) proceeding donors per year	45
Level 3	More than 3 but less than 6 (>3 to <6) proceeding donors per year	47
Level 4	3 or less (≤ 3) proceeding donors per year	41

Tables 7.3 and 7.4 show the national DBD and DCD key numbers and rates for the UK by Trust/Board level, to aid in comparison with equivalent Trusts/Boards. Note that percentages have been excluded where numbers are less than 10.

**Table 7.3 National DBD key numbers and rate by Trust/Board level,
1 April 2019 - 29 February 2020**

Your Trust	Patients where neurological death was suspected	Patients tested	Neurological death testing rate (%)	Patients referred	DBD referral rate (%)	Patients confirmed dead by neurological testing	Eligible DBD donors	Eligible DBD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DBD and DCD donors from eligible DBD donors
Your Trust	9	7	-	9	-	7	7	7	7	-	6	-	6
Level 1	1047	916	87	1036	99	911	872	770	737	96	554	72	496
Level 2	422	368	87	420	100	360	353	304	292	96	214	70	187
Level 3	250	220	88	248	99	220	212	197	193	98	142	72	125
Level 4	126	111	88	124	98	110	105	97	93	96	73	75	68

**Table 7.4 National DCD key numbers and rate by Trust/Board level,
1 April 2019 - 29 February 2020**

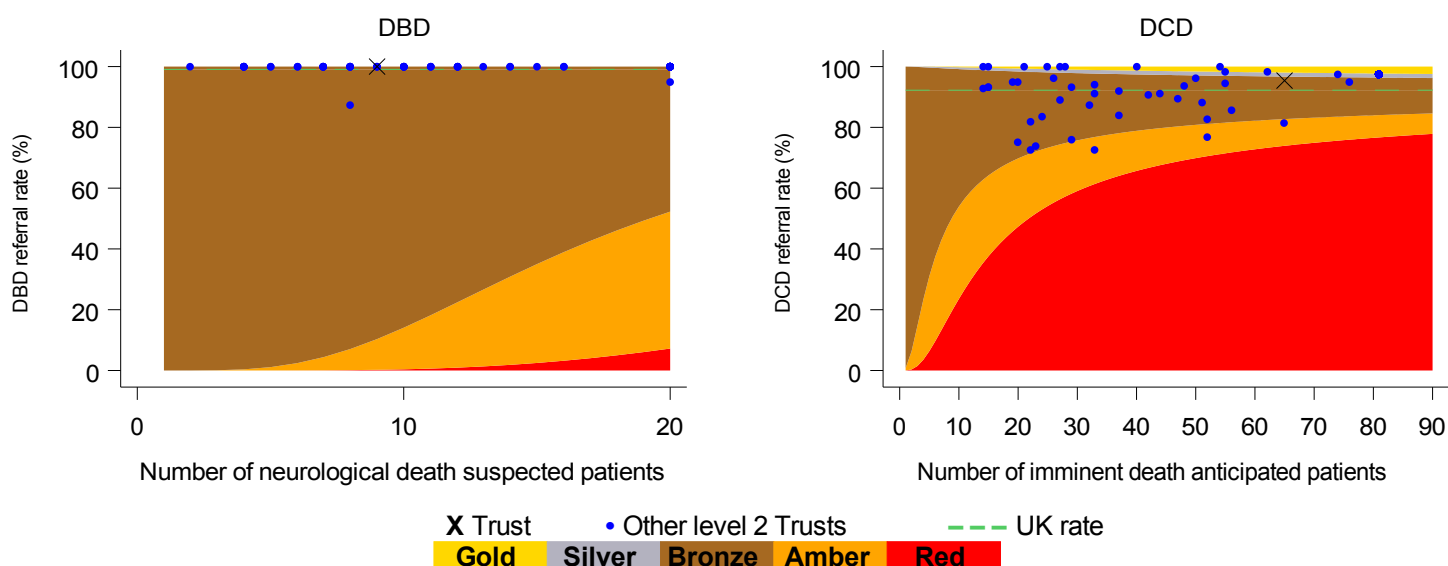
Your Trust	Patients for whom imminent death was anticipated	Patients referred	DCD referral rate (%)	Patients for whom treatment was withdrawn	Eligible DCD donors	Eligible DCD donors whose family were approached	Approaches where SNOD present	SNOD presence rate (%)	Consent ascertained	Consent rate (%)	Actual DCD donors from eligible DBD donors
Your Trust	65	62	95	58	52	13	12	92	7	54	2
Level 1	2539	2364	93	2299	1759	907	819	90	598	66	353
Level 2	1709	1558	91	1533	1239	450	404	90	281	62	143
Level 3	946	883	93	821	646	247	211	85	145	59	63
Level 4	482	430	89	447	341	108	94	87	75	69	39

7.3 Comparative data for DBD and DCD deceased donors

Funnel plots are presented in Section 4 showing performance in your Trust against the UK rate for deceased organ donation. The following funnel plots present data for DBD and DCD donors separately.

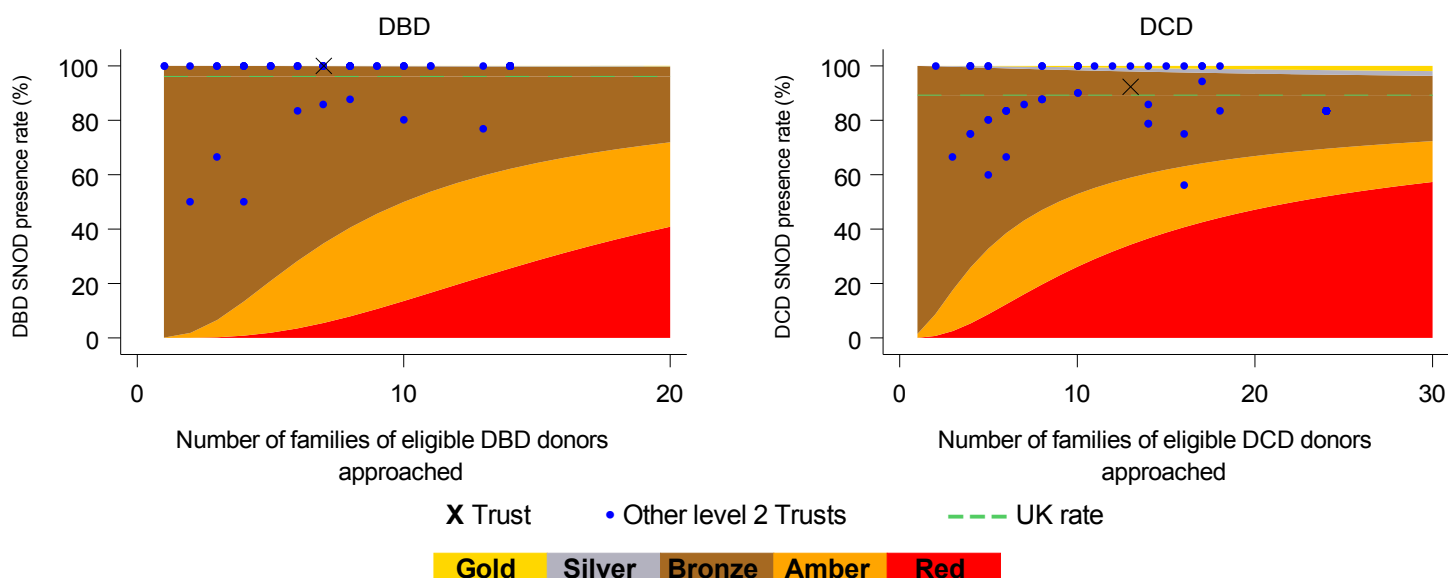
Note that caution should be applied when interpreting percentages calculated with numbers less than 10.

Figure 7.1 Funnel plots of referral rates, 1 April 2019 - 29 February 2020



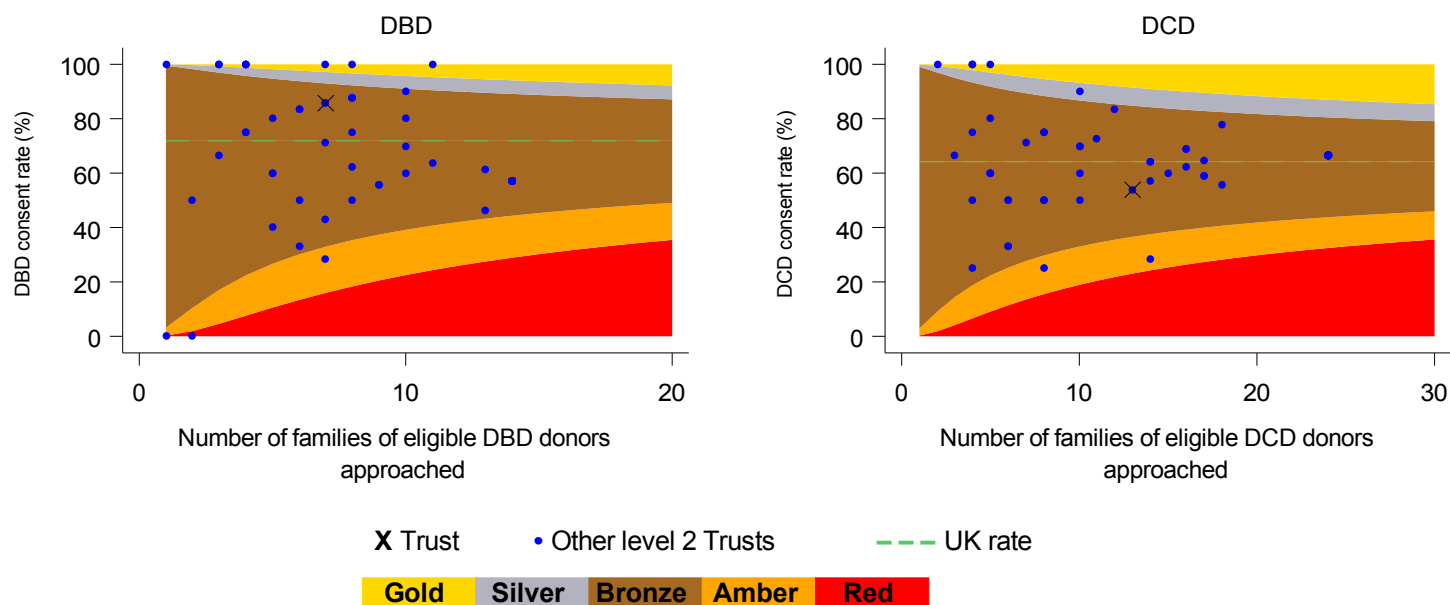
When compared with UK performance York Teaching Hospital NHS Foundation Trust was exceptional (gold) for referral of potential DBD organ donors and average (bronze) for referral of potential DCD organ donors to NHS Blood and Transplant's Organ Donation Service.

Figure 7.2 Funnel plots of SNOD presence rates, 1 April 2019 - 29 February 2020



When compared with UK performance York Teaching Hospital NHS Foundation Trust was exceptional (gold) and average (bronze) for Specialist Nurse presence in approaches to families of eligible DBD and DCD donors, respectively.

Figure 7.3 Funnel plots of consent rates, 1 April 2019 - 29 February 2020



When compared with UK performance the consent rate in York Teaching Hospital NHS Foundation Trust was average (bronze) and average (bronze) for DBD and DCD donors, respectively.

Appendices

Appendix A.1 Definitions

Potential Donor Audit Definitions

Potential Donor Audit inclusion criteria	<p>1 October 2009 – 31 March 2010 All deaths in critical care in patients aged 75 and under, excluding cardiothoracic intensive care units</p> <p>1 April 2010 – 31 March 2013 All deaths in critical and emergency care in patients aged 75 and under, excluding cardiothoracic intensive care units</p> <p>1 April 2013 onwards All deaths in critical and emergency care in patients aged 80 and under</p>
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Donors after brain death (DBD) definitions

Suspected Neurological Death	A patient who meets all of the following criteria: Apnoea, coma from known aetiology and unresponsive, ventilated, fixed pupils. Excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – less than 2 months post term'.
Potential DBD donor	A patient who meets all four criteria for neurological death testing excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – less than 2 months post term' (ie suspected neurological death, as defined above).
DBD referral criteria	A patient with suspected neurological death
Discussed with Specialist Nurse – Organ Donation	A patient with suspected neurological death discussed with the Specialist Nurse – Organ Donation (SNOD)
Neurological death tested	Neurological death tests were performed
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Absolute contraindications	Absolute medical contraindications to organ donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf
Family approached for formal organ donation discussion	Family of eligible DBD asked to support patient's expressed or deemed consent/authorisation, informed of a nominated/appointed representative, asked to make a decision on donation on behalf of their relative, or informed of a patient's opt-out decision via the ODR.
Consent/authorisation ascertained	Family supported expressed or deemed consent/authorisation, nominated/appointed representative gave consent, or where applicable family gave consent/authorisation
Actual donors: DBD	Neurological death confirmed patients who became actual DBD as reported through the PDA
Actual donors: DCD	Neurological death confirmed patients who became actual DCD as reported through the PDA
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who were discussed with the SNOD
Consent/authorisation rate	Percentage of families or nominated/appointed representatives approached for formal organ donation discussion where consent/authorisation was ascertained
SNOD presence rate	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present
Consent/authorisation rate where SNOD was present	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present where consent/authorisation was ascertained

Donors after circulatory death (DCD) definitions

Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within a time frame to allow donation to occur, as determined at time of assessment
DCD referral criteria	A patient in whom imminent death is anticipated (as defined above)
Discussed with Specialist Nurse – Organ Donation	Patients for whom imminent death was anticipated who were discussed with the SNOD
Potential DCD donor	A patient who had treatment withdrawn and death was anticipated within four hours
Eligible DCD donor	A patient who had treatment withdrawn and death was anticipated within four hours, with no absolute medical contraindications to solid organ donation
Absolute contraindications	Absolute medical contraindications to organ donation are listed here: https://nhsbtde.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf
Family approached for formal organ donation discussion	Family of eligible DCD asked to: support the patient's expressed or deemed consent/authorisation decision, informed of a nominated/appointed representative, make a decision themselves on donation, or informed of a patient's opt-out decision via the Organ Donor Register
Consent/authorisation rate	Percentage of families or nominated/appointed representatives approached for formal organ donation discussion where consent/authorisation was ascertained
SNOD presence rate	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present
Consent/authorisation rate where SNOD was present	Percentage of formal organ donation discussions with families or nominated/appointed representatives where a SNOD was present where consent/authorisation was ascertained

UK Transplant Registry (UKTR) definitions

Donor type	Type of donor: Donation after brain death (DBD) or donation after circulatory death (DCD)
Number of actual donors	Total number of donors reported to the UKTR
Number of patients transplanted	Total number of patients transplanted from these donors
Organs per donor	Number of organs donated divided by the number of donors.
Number of organs transplanted	Total number of organs transplanted by organ type

Appendix A.2 Data Description

This report provides a summary of data relating to potential and actual organ donors as recorded by NHS Blood and Transplant via the Potential Donor Audit (PDA), the accompanying Referral Record, and the UK Transplant Registry (UKTR) for the specified Trust, Board, Organ Donation Services Team, or nation.

This report is provided for information and to facilitate case based discussion about organ donation by the Organ Donation Committee at your Trust/Board.

As part of the PDA, patients over 80 years of age and those who did not die on a critical care unit or emergency department are not audited nationally and are therefore excluded from the majority of this report. Data from neonatal intensive care units (ICU) have also been excluded from this report. In addition, some information may be outstanding due to late reporting and difficulties obtaining patient notes. Donations not captured by the PDA will still be included in the data supplied from the accompanying Referral Record or from the UKTR, as appropriate.

Percentages have not been calculated for level 3 or 4 Trust/Boards and where stated when numbers are less than 10.

Appendix A.3 Table and Figure Description

1 Donor outcomes	
Table 1.1	The number of actual donors, the resulting number of patients transplanted and the average number of organs donated per donor have been obtained from the UK Transplant Registry (UKTR) for your Trust/Board. Results have been displayed separately for donors after brain death (DBD) and donors after circulatory death (DCD).
Table 1.2	The number of organs transplanted by type from donors at your Trust/Board has been obtained from the UKTR. Further information can be obtained from your local Specialist Nurse – Organ Donation (SNOD), specifically regarding organs that were not transplanted. Results have been displayed separately for DBD and DCD.
Figure 1.1	The number of actual donors and the resulting number of patients transplanted obtained from the UKTR for your Trust/Board for the past 10 equivalent time periods are presented on a line chart.

2 Key rates in potential for organ donation	
Figure 2.1	Key percentage measures of DBD and DCD potential donation activity for your Trust/Board are presented in a bar chart, using data from the Potential Donor Audit (PDA). The comparative UK rate, for the same time period, is illustrated by the pink line. The key rates labels are coloured using the gold, silver, bronze, amber, and red (GoSBAR) colour scheme to show the performance of your Trust/Board, relative to the UK rate, as reflected in the funnel plots (see description for Figure 4.1 below).
Figure 2.2	Trends in the key percentage measures of DBD and DCD potential donation activity for your Trust/Board are presented for the past five equivalent time periods, using data from the PDA.
Table 2.1	A summary of DBD, DCD and deceased donor data and key numbers have been obtained from the PDA. A UK comparison is also provided. Note that caution should be applied when interpreting percentages based on small numbers. Appendix A.1 gives a fuller explanation of terms used. The key rates are highlighted using the gold, silver, bronze, amber, and red (GoSBAR) colour scheme to show the performance of your Trust/Board, relative to the UK rate, as reflected in the funnel plots (see description for Figure 4.1 below).

3 Best quality of care in organ donation	
Figure 3.1	A stacked bar chart displays the number of patients with suspected neurological death who were tested and the number who were not tested in your Trust/Board for the past five equivalent time periods.
Table 3.1	The reasons given for neurological death tests not being performed in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.2	Stacked bar charts display the number of DBD and DCD patients meeting referral criteria who were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.
Table 3.2	The reasons given for not referring patients to the Organ Donation Service in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Table 3.3	The primary absolute medical contraindications to solid organ donation for DBD and DCD patients have been obtained from the PDA, if applicable. A UK comparison is also provided.
Figure 3.3	Stacked bar charts display the number of families of DBD and DCD patients approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.
Figure 3.4	Stacked bar charts display the number of families of DBD and DCD patients approached where consent/authorisation for organ donation was ascertained and the number approached where consent/authorisation was not ascertained in your Trust/Board for the past five equivalent time periods.

Table 3.4	The reasons why consent/authorisation was not ascertained for solid organ donation in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.
Table 3.5	The reasons why solid organ donation did not occur in your Trust/Board, have been obtained from the PDA, if applicable. A UK comparison is also provided.

4 Comparative data	
Figure 4.1	A funnel plot of the neurological death testing rate is displayed using data obtained from the PDA. Each Trust/Board, of the same level, is represented on the plot as a blue dot, although one dot may represent more than one Trust/Board. The UK rate is shown on the plot as a green horizontal dashed line, together with 95% and 99.8% confidence limits for this rate. These limits form a 'funnel', which is shaded using the gold, silver, bronze, amber, and red (GoSBAR) colour scheme. Graphs obtained in this way are known as funnel plots. If a Trust/Board lies within the 95% limits, shaded bronze, then that Trust/Board has a rate that is statistically consistent with the UK rate (average performance). If a Trust/Board lies outside the 95% confidence limits, shaded silver (good performance) or amber (below average performance), this serves as an alert that the Trust/Board may have a rate that is significantly different from the UK rate. When a Trust/Board lies above the upper 99.8% limit, shaded gold, this indicates a rate that is significantly higher than the UK rate (exceptional performance), while a Trust/Board that lies below the lower limit, shaded red, has a rate that is significantly lower than the UK rate (poor performance). It is important to note that differences in patient mix have not been accounted for in these plots. Your Trust/Board is shown on the plot as the large black cross. If there is no large black cross on the plot, your Trust/Board did not report any patients of the type presented. The funnel plots can also be used to identify the maximum rates currently being achieved by Trusts/Boards with similar donor potential.
Figure 4.2	A funnel plot of the deceased donor referral rate is displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 4.3	A funnel plot of the deceased donor SNOD presence rate is displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 4.4	A funnel plot of the deceased donor consent/authorisation rate is displayed using data obtained from the PDA. See description for Figure 4.1 above.

5 PDA data by hospital and unit	
Table 5.1	DBD key numbers and rates by unit where the patient died have been obtained from the PDA. Percentages have been excluded where numbers are less than 10.
Table 5.2	DCD key numbers and rates by unit where the patient died have been obtained from the PDA. Percentages have been excluded where numbers are less than 10.

6 Emergency department data	
Figure 6.1	Stacked bar charts display the number of patients that died in the emergency department (ED) who met the referral criteria and were referred to the Organ Donation Service and the number who were not referred in your Trust/Board for the past five equivalent time periods.
Figure 6.2	Stacked bar charts display the number of families of patients in ED approached where a SNOD was present and the number approached where a SNOD was not present in your Trust/Board for the past five equivalent time periods.

7 Additional data and figures

Table 7.1	A summary of deceased donor, transplant, transplant list and ODR opt-in registration data for your region have been obtained from the UKTR. Your region has been defined as per former Strategic Health Authority. A UK comparison is also provided.
Table 7.2	Trust/board level categories and the relevant expected number of proceeding donors per year are provided for information.
Table 7.3	National DBD key numbers and rates for level 1, 2, 3 and 4 Trusts/Boards are displayed alongside your local data to aid comparison with equivalent Trusts/Boards. Percentages have been excluded where numbers are less than 10.
Table 7.4	National DCD key numbers and rates for level 1, 2, 3 and 4 Trusts/Boards are displayed alongside your local data to aid comparison with equivalent Trusts/Boards. Percentages have been excluded where numbers are less than 10.
Figure 7.1	A funnel plot of the DBD and DCD referral rates are displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 7.2	A funnel plot of the DBD and DCD SNOD presence rates are displayed using data obtained from the PDA. See description for Figure 4.1 above.
Figure 7.3	A funnel plot of the DBD and DCD consent/authorisation rates are displayed using data obtained from the PDA. See description for Figure 4.1 above.

June 2020

Dear Mr Morritt and Mr Taylor,

The COVID-19 pandemic has had a significant impact on organ donation and transplantation across the UK. I would like to take this opportunity to thank you and your organisation for your ongoing support throughout the year and especially during these unprecedented times. Every donation is a reflection of the altruism of the patient and their family and a testament to the care and professionalism of colleagues across the NHS who facilitate this lifesaving process. During the COVID-19 pandemic we saw the number of potential donors decrease because people who die with, or suspected to have the infection cannot be considered as organ donors. Despite this, hospitals across the UK have continued to support organ donation and transplantation, and that support has ensured that between 11 March and 31 May, 153 organ donors were facilitated, resulting in 388 lifesaving organ transplants.

This letter explains how your Trust contributed to the UK's donation programme.

Organ donation and transplantation activity – 2019/20

From 14 consented donors, York Teaching Hospital NHS Foundation Trust facilitated 8 actual solid organ donors resulting in 14 patients receiving a transplant during the time period. During the COVID-19 pandemic (11 March and 31 May) your Trust facilitated one actual solid organ donor resulting in 2 patients receiving a transplant.

Quality of care in organ donation - Apr 2019 to Feb 2020

Quality of care data relating to organ donation, presented for your Trust, relates to the period 1 April 2019 to 29 February 2020 and therefore excludes the period most significantly impacted by COVID-19.

The referral of potential organ donors to NHS Blood and Transplant's Organ Donation Service and the presence of a Specialist Nurse for Organ Donation when approaching families to discuss organ donation are key steps in ensuring the success of organ donation.

- Your Trust referred 87 patients to NHSBT's Organ Donation Services Team; 70 met the referral criteria and were included in the UK Potential Donor Audit. There were a further 3 audited patients that were not referred.
- A Specialist Nurse was present for 19 organ donation discussions with families of eligible donors. There was 1 occasion when a Specialist Nurse was absent for the donation discussion.

What we would like you to do

- Ensure your Trust supports your Organ Donation Committee and Clinical Lead for Organ Donation in promoting best practice as they seek to minimise missed donation opportunities.
- Discuss activity and quality data at the Board with support from your Organ Donation Committee Chair and Clinical Lead for Organ Donation.
- Recognise any successes your Trust has had in facilitating donation or transplantation, especially during the COVID-19 pandemic.

Organ Donation (Deemed Consent) Act 2019 - England

On 20 May 2020 the Organ Donation (Deemed Consent) Act 2019, known as Max and Keira's Law, came into force in England. This means that all adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups. In an opt out system people still have a choice about whether or not to donate and can record their decision at any time. Where donation is a possibility, families are always consulted to ensure we know the views of the person who has died. Our hope is that the new law will help save and improve even more lives moving forward.

Thank you once again for your vital ongoing support for organ donation and transplantation.

Yours sincerely,



Anthony Clarkson
Director of Organ Donation and Transplantation
NHS Blood and Transplant



Board of Directors – 29 July 2020

Progress against Section 29 A and Section 31 Actions

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

The purpose of this report is to provide the Quality Committee with progress made on the action plans resulting from the Section 29A Warning Notice issued to the Trust on the 21st January 2020 and the Section 31 Conditions Notices issued on 17th January 2020.

Executive Summary – Key Points

Members of the Committee are asked to note that:

- Action Plans continue to be reviewed and updated
- Issues remain outstanding on Section 29 A Section 31 (1) where we await the delivery of the relevant equipment to complete the required work
- Work is commencing with TEWV to develop a Business Case for the extension of the current Mental Health Liaison Provision commissioned by North Yorkshire CCG
- Paper based nursing documentation has been rolled out within the organisation
- A robust action plan for Paediatrics has been developed and is being expedited, 13.6 WTE Registered Childrens Nurses have been appointed as a result of the recent recruitment with further recruitment ongoing.
- Evidence for all actions continues to be provided

For note: RAG rating indicates

- Blue: Action fully delivered
- Green: Action on target for delivery
- Amber: Action behind delivery, but with moderate change to delivery date
- Red: Action: Actions overdue. Significant change to delivery date

Recommendation

Members of the Committee are asked to note and discuss the progress made in response the Section 29a Warning Notices issued by the CQC on 21st January 2020 and the Section 31 Conditions Notices issued on the 17th January 2020.

Author: Fiona Jamieson, Deputy Director of Healthcare Governance

Director Sponsor: Heather McNair, Chief Nurse

Date: 21 July 2020



1. Introduction and Background

The June and July 2019 site visits by the Care Quality Commission (CQC) concluded with an approved report on 16 October 2019.

The Trust accepted the content of the report and the recommendations within. Whilst the Trust retained an overall Requires Improvement rating; Safety on the Scarborough site went from Requires Improvement to Inadequate.

The Trust was subsequently visited on 13 and 14 January 2020 when the CQC undertook spot inspection of ED and the Medical Wards in Scarborough, and ED in York. On the 17th January, the Trust received correspondence from the CQC which indicated an intention to pursue Section 31 Enforcement Action for both ED's. This was followed by correspondence on 21 January indicating that the CQC had issued Section 29A Warning Notices covering a number of issues that are to urgently be addressed.

On 20/02/2020 the Trust received two further reports from the CQC that indicate that the CQC have rated both York and Scarborough Emergency Departments as Inadequate in the Safe, Responsiveness and Well Led domains. The issues raised in the reports reflect the areas for improvement identified in the Section 29A warning notice issued on 21 January 2020.

The Trust responded to the CQC providing an update on the areas for immediate improvement on 21 April 2020 and a letter of response was received 5th May 2020 seeking further assurance on a number of issues pertaining to Mental Health, Paediatrics, Documentation and Staffing to be delivered by 13th May 2020.

On 13/7/2020 the Trust received correspondence from the CQC, Appendix 1, that stated that a decision has been made that as a result of the changes in the architecture of the trust in response to Covid-19, the previously identified risks have significantly reduced to give assurance that patients are currently receiving care and treatment in line with CQC regulations.

The CQC acknowledged the amount of work the trust has carried out in response to the warning notice. The Trust will now consider making a written application to lift the conditions on our registration.

The updated Action Plan shows the most up to date position.

2. Detail of Report and Assurance

Members of the Quality Committee are asked to note the actions taken and supporting evidence made against each requirement for improvement detailed in the Section 29A.

1. Progress against Section 29A Actions

The Section 29A warning notice issued by the CQC on the 21 January 2020 required urgent action to be taken by the Trust on the following 6 issues.

2.1 'Patients who presented at the emergency departments with mental health needs were not being cared for safely in line with national guidance (Royal College of Emergency Medicine (RCEM) guidance and Psychiatric Liaison Accreditation Network (PLAN) Quality Standards for Liaison Psychiatry Services)'

A review of the RCEM standards has been undertaken and has identified the actions required. Work has been undertaken in partnership with Tees, Esk and Wear Valley MH NHS Foundation Trust, (TEWV) in the review of pathways and a mental health risk assessment is now undertaken on all patients who attend with mental health needs in order to ensure their safety. The Trust has written to North Yorkshire CCGs about the inadequacy of the level of cover provided in the support service that they commission from TEWV and a response is still awaited. The Trust will work with TEWV to develop a Business Case to be presented to North Yorkshire CCG which articulates the requirements for the expansion of the current service. In the meantime, response times for the MHALT response are being monitored and continue to be a concern at Scarborough.

In terms of environment due to the pandemic, the identified room in **Scarborough** currently in use as a donning/doffing area for PPE and work is still to be completed. A number of critical items are on order, for example doors, which have been delayed due to the pandemic and its impact on the production lines.

York as with Scarborough, the doors are on order. There are also some outstanding works to be completed with contractors still being nervous about potentially coming onto site near COVID areas. The Estates Team are exploring options around internally supporting the completion of this work.

Current Risk Rating: Amber:

1.2. 'Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm'.

Significant work has been undertaken on access and flow at site management and scheme level to address the issues raised by the CQC; it is too early to fully assess the impact of the safer, home first and frailty schemes, particularly in the light of the current pandemic. Schemes will be evaluated in Q4 of 2020-2021.

Whilst ED performance improved during the course of the pandemic, the number of attenders on both sites is increasing.

Current Risk Rating: Green:

1.3 'Neither emergency department were meeting the standards from the Facing the future: standards for children in emergency settings'

Appendix 2 details the work undertaken to address the requirements of meeting the standards for facing the future, standards for children in emergency settings. Pathways are

in the process of being implemented and will require audit in Q4 2020/21. In addition there is an issue about the lack of a Consultant with the requisite Paediatric Emergency Medicine Qualification in Scarborough where a number of options are currently being considered.

In terms of the Section 31 concerning the presence of Registered Children's Nurses (RCN's) in both ED's the CQC have in their letter of 5th May 2020 have requested further assurance on our progress to appointing Registered Children's Nurses to the Emergency Departments. We have provided assurance that these posts have been funded and interviews took place week commencing 11/5/2020. 13.6 WTE band 6 staff have now been appointed with recruitment ongoing. A standard operating procedure has been developed and implemented in both ED's to ensure safe staffing and care of children in the department. Education and training is ongoing for all adult trained nursing staff who care for children to ensure they are competent to do so.

The CQC have requested that we provide staffing information concerning RCN's on a monthly basis.

Current Risk Rating: Amber

1.4 Systems for recording clinical information, risk assessments and care plans were not used in a consistent way across York emergency department and the medical wards at Scarborough hospital to ensure safe care and treatment for patients.

Work has been undertaken to develop a nursing documentation bundle. The documentation was rolled out with supporting education during June. The CQC have requested an audit to be undertaken of the success of the implementation during the end Q3.

An electronic solution will be developed and implemented from January 2021.

Current Risk Rating: Amber

1.5 'Not all incidents were being reported and investigated to identify mitigating actions to prevent reoccurrence and reduce the risks to patients'

Response was made to the CQC on 7/2/2020 and action closed.

1.6 There were not sufficient numbers of suitably qualified skilled, competent and experienced clinical staff at all times to meet the needs of patients within the medical wards at Scarborough and both emergency departments.

The organization can demonstrate that it has taken steps to improve the numbers of sufficiently qualified skilled, competent and experienced clinical staff. The medical vacancy rate at Scarborough remains at 10.9%. Appendix 2 details all of the actions undertaken. The recruitment of Registered Children's Nurses has taken place with 13.6 WTE having been appointed across both ED's.

The Trust continues to provide monthly staffing information for RCN's in both ED's and the RN staffing levels, actual against planned for the medical wards in Scarborough.

Current Risk Rating: Green:

Section 31 Actions

Members will see from the Action Plan that the actions pertaining to the Section 31 require the same evidence base as those for the Section 29A's. However for completeness the actions are reflected on the refreshed Action Plan.

Must Do and Should Do Actions

A review of the 'must do' and 'should do' actions that are not included in the Section 29A or Section 31 requirements has taken place with the evidence base being strengthened as part of the process.

3. Next Steps

Regular review of the Acton Plan continues as the collection of evidence which is supported by a programme of audit where necessary.

4. Detailed Recommendation

Quality Committee is asked to note the progress of the actions associated with the Section 29A Warning Notice and the Section 31 Enforcement Action.





Mr. Simon Morritt
Foundation Trust Headquarters,
(2nd Floor, Administration Block),
York Teaching Hospital NHS Foundation Trust,
Wigginton Road,
York,
YO31 8HE

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

22/06/2020

Care Quality Commission
Health and Social Care Act 2008
Re: Section 29a Warning Notice issued 17 January 2020

Our Reference: **MRR1-7082281180**
Account number: RCB

Dear Mr. Morritt

I am writing in relation to the evidence you submitted on 21 April 2020 in response to the Section 29a Warning Notice issued to York Teaching Hospitals Foundation Trust on 17 January 2020.

All of the information submitted has now been assessed, analysed and discussed at a management review meeting. A decision has been made that, due to the changes in the architecture of the trust in response to Covid-19, the previously identified risks have significantly reduced to give assurance that patients are currently receiving care and treatment in line with our regulations.

CQC would also like to acknowledge the amount of work the trust has carried out in response to the warning notice.

If you have any questions about this letter, you can contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Email: enquiries@CQC.org.uk

**Write to: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA**

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

**Sarah Dronsfield
Head of Inspection**

CQC Action Plan York Teaching Hospital NHS Foundation Trust

Jul-20

Issue Number	Executive Lead/ Assurance Committee	CQC Recommendation	Care Group (CG1, CG2 CG3 CG5 CG6) Site (SGH BH, YORK)	Action	Responsible Officer	Completion Date	Evidence of Completion	Narrative Update	Next steps/timescales	Rag Rating
1. Patients who presented at the emergency departments with mental health needs were not cared for safely in line with national guidance (RCEM guidance and Psychiatric Liaison Accreditation Network (PLAN) Quality Standards for Liaison Psychiatry Services.)										
Overall Rag Rating AMBER										
Links to MD 7	Medical Director	The environments within the ED's at York Hospital and Scarborough Hospital were not in line with RCEM guidance or Psychiatric Liaison Accreditation Network (PLAN)	CG1, CG2 & CG5 SGH and York	Assessment to be undertaken against the standards and an action plan to be implemented to ensure standards are met	ED Clinical Lead	31.03.20	For the environment to be in line with the guidance	An assessment has been undertaken against the RCEM guidance and the PLAN Quality Standards for Liaison Psychiatry regarding environment. Awaiting post COVID 19 to finish the designated cubicles. Work ongoing with CCG and MH providers regarding a robust SLA	Cubicles to be completed once the architecture of the layout of the ED can be safely updated and contractors can come onto site. MH Risk Assessment to be covered in Induction. Currently agreeing re start day with contractors	
Links to SD 6		There was a capital strategic outline business case that included a planned refurbishment/rebuild of the emergency department at Scarborough Hospital however, this was not due for completion until 2024 and there was no effective interim measures identified to keep patients safe in the current environment	CG2 SGH	Development and implementation of a risk document for both adults and children attending with MH issues. Development and implementation of a SOP for environment risk assessment. Identification of a designated room on an interim basis prior to new build	Heads of Nursing	28.02.2020	Risk assessment SOP	Risk assessment implemented from 21.01.2020 and SOP implemented in Scarborough ED from 22.04.20. At York ED the MH assessment was implemented (SI from 04.05.20 and the SOP has yet to be adopted and implemented. Room identified at both sites but awaiting doors due to current pandemic. Audit shows that MH risk assessment is consistently being completed in order to safely care for patients. 1st Business case of 5 has been completed for the new build and the Architectural Plan finalised which incorporates 2 MH rooms. 2024 remains the timeline for the completion of the build	Environmental risk assessment of the York site undertaken with Tees Esk & Wear Valley NHS Trust (MH provider) on 11.05.20 to ensure that the SOP is fit for purpose for YDH ED. SOP to be slightly amended and implemented w/c 18.05.2020	
Links to MD 7 and 10	Medical Director	Our review of records and interviews with staff on the 13 and 14 January 2020 showed there were delays with OOH provision for patients presenting with mental health needs at the ED's. We asked for further information from staff about how this was being monitored and reviewed, however they were unable to provide this.	CG1, CG2 & CG5 SGH and York	To undertake partnership work with the CCG and mental health providers to ensure that there is a robust SLA in place to deliver a MH liaison service. To encourage all staff to report delays via the DATIX reporting system	Heads of Nursing	Ongoing	DATIX submitted SLA in place and being monitored	SLA work ongoing with all partners. Review undertaken on both sites regarding length of wait to better understand performance and risk and to share with partner. Review of SGH length of time to review shared with the CCG by the Care Group 2 CD.	Regular quarterly review to be undertaken to ensure monitoring. To continue to work with the CCG to ensure a robust SLA with KPI's that meet national standards. There are now some issues with TEVIV not being able to cover their current contractual obligations. Paper being prepared for CN&MD	
2. Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were										
Overall Rag Rating GREEN										
Links to MD 9 & SD 10	Chief Operating Officer	During the inspection of the emergency departments of York Hospital and Scarborough Hospital patients were found to be waiting for long periods.	CG1 and CG2 SGH and York	To undertake a review of patient flow systems and processes implementing new processes as identified in the review.	Care Group Managers	31.03.2020	New systems and processes in place and being monitored	A review has been undertaken and new systems and processes including roles and responsibilities are being implemented. Social distancing is likely to provide a challenge on available beds and flow. Daily attendances are beginning to increase	Ongoing monitoring	
	Chief Nurse	Patients who were waiting in the department were not always cared for in suitable environments; • Including patients waiting handover from ambulance crews to emergency staff at York Hospital in a corridor remote from the main emergency department with no access to emergency equipment in this corridor. • It was common practice for patients to be cared for on trolleys at Scarborough Hospital emergency department; both awaiting a cubicle on arrival by ambulance and those awaiting admission.	CG1 and CG2 SGH and York	To undertake a review of the environment for ambulance handovers and make safe for patients and staff. Review the way patients are cared for at SGH	Heads of Nursing	31.03.2020	New systems and processes in place and being monitored	There is now designated nurse for ambulance handover and YAS also have staff on site to assist. Extra crash trolley in place to ensure access to emergency equipment. Currently no queue due to low attendance and splitting of department. No incidents recorded. There has been a review of the trolleys at SGH to ensure that appropriate equipment is used. Social distancing will also mean that ambulance handover times increase.	Ongoing monitoring	
	Medical Director	Of the 22 staff we spoke with at York Hospital ED, 9 told us that they had raised concerns about patient safety in the department	CG1 York	To ensure that all staff are aware of how to raise concerns through both the incident reporting system and other means such as the Freedom to Speak Up Guardian. To encourage ED staff to become involved in the Future Together work in trust. To develop and implement robust actions in response to the staff survey.	CG1 management team		Patient safety concerns being reported through the appropriate channels and staff getting the feedback. Longer term staff survey results			
	Chief Operating Officer	Evidence from the trust indicated that there were significant delays in discharging patients which was impacting on flow through the hospital at both sites.	CG1 and CG2 SGH and York	To undertake a review of the systems and processes for discharge, update and implement new procedures as appropriate.	CG1 and CG2 management team	31.03.2020	Appropriate systems and processes in place to ensure patients are discharged in a timely manner.	New SAFER bundles have been implemented in the Discharge Lounge, flow matron team and bed management team. Home first has recently been implemented in the trust and is becoming embedded.	Ongoing monitoring	
Links to MD 9 & SD 10	Chief Operating Officer	The trust was not meeting the national standards for emergency care.	CG1 and CG2 SGH and York	Actions as outlined above as well as work undertaken with ECIST with monitoring through the Acute Programme Board and the Trust Board	CG1 and CG2 management team	31.03.2020	Reporting and close monitoring of the trust standards	Improvement has been made against the target.	Ongoing monitoring	
3. Neither emergency departments were meeting the standards from the Facing the future: standards for children in emergency settings										
Overall Rag Rating AMBER										
	Medical Director	We reviewed ten child records in Scarborough emergency department. In two records there was no evidence of the children being streamed on initial attendance and there was a significant delay until seen by a clinician in other records.	CG2 SGH	To review the pathways for paediatrics at both York and SCJH sites and develop and implement new ones as appropriate	CG2 Head of Nursing	30.04.2020	Development of new pathways as required	New pathways and SOP's have been developed but are currently being implemented. To be audited end of Q2.	To undertake audit of the new pathways once embedded commencing in September 2020 Audit to be undertaken of the triage times and recommendations to be made regarding findings. A new Children's Record has been established which captures nursing and medical information. This is currently in paper format	
	Chief Nurse	No nursing documentation had been completed in the 5 child records reviewed including pain scores at York emergency department.	CG2 SGH	To ensure that documentation is completed as per trust standards	CG2 Head of Nursing	30.04.2020	Education and training as appropriate and further audit	Further audit to be undertaken in Quarter 4. Audit undertaken which shows good compliance with documentation however not so compliant with pain score recording. Action plan developed to ensure compliance.	To undertake further audit in Quarter 4 2020/21 once actions have been delivered.	
	Chief Nurse	The environment at both departments was not designed to accommodate the needs of children and those accompanying parents, carers and siblings.	CG1 and CG2 SGH and York	To ensure that the environment within the departments are suitable for the needs of children	CG1 & CG2 Heads of Nursing	30.09.2020	Suitable environment for children and their families	Areas identified for the development of a paediatric environment awaiting works to be undertaken following pandemic	Awaiting the change in ED following pandemic to complete the works required.	

	Medical Director	At Scarborough Hospital ED there was no Paediatric emergency medicine trained doctor.	CG2 SGH	To ensure that there is appropriate support for paediatrics in the ED from a clinical perspective	CG1 Clinical Director	31.03.2020	Appropriate clinical support in place	Scarborough ED now has an identified ED doctor for the paediatric stream each shift. This person is known to the paediatric nurse within the ED and is their direct point of contact for medical review and intervention.	To review further the medical provision at Scarborough ED. Awaiting further guidance from CQC Engagement Officer.	
4. Systems for recording clinical information, risk assessments and care plans were not used in a consistent way across York emergency department and the medical wards at Scarborough hospital to ensure safe care and treatment for patients										
Overall Rag Rating AMBER										
	Chief Nurse	During the inspection we reviewed five records from across the medical wards which showed gaps in care and escalation.	CG1 and CG2 SGH and York	For patients records to be updated contemporaneously	Head of Nursing CG 1 & 2	31.03.20	Audit showing improvement in record keeping	Care plans have been developed and printed and have been rolled out during June 2020, supported by education on both sites. To be audited at the end of Q2/Q3 at the request of the CQC	To undertake a print run which will be delivered at the end of May. Roll out of the new documentation to be commenced 4 June 2020. Trust has agreed to fund the development of a digital nursing record to be implemented January 2021	
	Chief Nurse	Of the 26 patients we reviewed where a decision to admit had been made in York Hospital ED, 11 did not have appropriate risk assessments completed.	CG1, CG2 & CG5 SGH and York	For patients to have the appropriate risk assessments undertaken and care planned accordingly	Head of Nursing CG 1, 2 & 5	30.04.20	Appropriate risk assessments in place. Audit showing improvement in risk assessments being undertaken.	A rolling programme of education and training was undertaken across all in patient areas at SGH in August 2019 to ensure all staff were refreshed regarding the requirements for documentation. An ongoing process of audit of compliance with record keeping standards has been implemented by the matrons and results/action plans are reported through the Care Group Quality Committee.	Documentation to revert to paper and rolled out across the trust from June 2020. Ongoing audit of this will be via the Perfect Ward system commencing September 2020.	
5. Not all incidents were being reported and investigated to identify mitigating actions to prevent recurrence and reduce the risks to patients										
Overall Rag Rating BLUE										
	Medical Director	Staff did not always report incidents and where they did there were often significant delays in reporting	Corporate	To ensure that staff are appropriately reporting incidents as per trust policy	Deputy Director of Healthcare Governance	This issue was covered in the Trust response to the CQC on the Regulation 29a on 23 Jan 2020	CQC responded 7/2/2020 advising no further information required			
6. There were not sufficient numbers of suitably qualified skilled, competent and experienced clinical staff at all times to meet the needs of patients within the medical wards at Scarborough and both emergency departments.										
Overall Rag Rating GREEN										
	Chief Nurse	The staffing on the medical wards at Scarborough was significantly below expected.	CG2 SGH	For staffing levels to be at the expected levels	Head of Nursing CG 2	31.01.20	Staffing establishments and rosters show adequate nurse staffing levels.	Staffing was immediately increased on Beech Ward and CCU post inspection in June 2019. Skill mix review has been completed with the business case for the permanent uplift in establishment approved. The trust continues to undertake international recruitment and has just approved a further wave of recruitment of 60 nurses in 2021. An external review of nurse staffing was commissioned by the Chief Nurse and the recommendations of this are being reviewed and worked through including the development of risk based board reporting. The trust has commissioned Coventry University to undertake nurse training at Scarborough as a satellite. (Placements currently deferred until end of June 2020). Students will qualify in 2021. The current medical vacancy rate for Scarborough is 10.9%. E roster templates have been re-configured to reflect bed occupancy at midnight.	Monthly submission of staffing data to the CQC. Process for undertaking establishment reviews being reviewed.	
	Medical Director	b) During the inspection it was found that: There were 3 WTE consultant vacancies at York Hospital ED	CG1 York	For staffing levels to be at the expected levels	Clinical Director CG1	31.03.20	Vacancies filled	The Consultant posts have been recruited to.		
	Chief Nurse	There were gaps in the RN rota at York Hospital ED.	CG1 York	For staffing levels to be at the expected levels	Head of Nursing CG1	31.03.20	Gaps in rota's to be filled	Work has been undertaken with ECIST (Richard Brownhill) following use of the BEST tool. The advice from ECIST is not to use BEST but to use the ED SMCCT and they are supporting this. The ECIST advice is to realign the model based on streaming data and demand. However with the current architecture of the ED being split into hot and cold this will need further review.	Further work to be undertaken with ECIST once able to attend the trust again.	
	Director of HR and Organisational Development	Scarborough Hospital indicated that 33% of nursing staff had done PILS	CG2 SGH	For PILS training to be at the trust defined level for mandatory training of 85%	Head of Nursing CG2	31.03.20	For staff to be trained	Further PILS training has been undertaken and Scarborough Hospital ED is expected to achieve 100% compliance by the end of July	Ongoing monitoring	
	Director of HR and Organisational Development	At Scarborough Hospital emergency department 21 out of 58 staff had done bespoke paediatric training run by the Yorkshire and Humber critical care network.	CG2 SGH	For further staff to undertake training as available	Head of Nursing CG2	31.03.21	For staff to be trained	Eight places have been requested for the sick children in ED course. HEE advise a decision has been deferred until the end of June 2020.	Awaiting confirmation of the places via HEE once Universities are able to commence courses. This will not be before the end of June 2020	

Board of Directors – 29 July 2020 Infection Prevention & Control Briefing Paper

Trust Strategic Goals:

- to deliver safe and high-quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

The purpose of this briefing paper is to update committee members on the current status of Healthcare Associated Infections (HAI) and infection control measures in York Teaching Hospitals NHS Foundation Trust.

Executive Summary – Key Points

This report provides an overview of infection prevention and control with particular reference to the incidence of Healthcare Associated Infections (HAI) against NHSE/I targets for infection control. The report provides updates on:

- Infection rates reported as part of national surveillance systems
- Outbreak data
- COVID19 update

Recommendation

The committee is asked to note this report.

Author: Martine Tune, Deputy Chief Nurse

Director Sponsor: Heather McNair, Chief Nurse

Date: 13.07.20

1. Introduction and Background

One of our key clinical priorities is to protect our patients, visitors and staff from the risk of healthcare-associated infections caused by bacteria (germs). This is in accordance with the requirements of the Code of Practice on the prevention and control of infections and related guidance, under the Health and Social Care Act 2008. York Teaching Hospitals is absolutely committed to patient safety, and that includes doing everything we can to prevent people in our care acquiring any sort of infection. Our vision is that no person is harmed by a preventable infection.

2. Detail of Report and Assurance

Key Risks

The Trust has continued to focus on arrangements for infection prevention and control during the course of the pandemic, supported by the Infection Prevention Team. This has continued to be a key priority and has been discussed on a daily basis through the Trust incident command structure and also at the Trust Infection Prevention and Control Steering Group to provide assurance that the appropriate controls are in place and actions being taken to mitigate risks as they arise. This has enabled the Trust to continue to respond rapidly to changing situations and also respond to national guidance that has continued to be issued.

There is a potential threat to safety and quality of care should a second wave of the pandemic arrive at the same time as the anticipated winter pressures related to Norovirus and flu season. It will be critical to continue to adhere to standard Infection Prevention and Control measures, hand washing, social distancing, regular and systematic cleaning and use of appropriate personal protective equipment. In addition, there will be a pressing need to encourage patients and staff to get their flu immunisation to protect those at risk, prevent ill health and minimize further impact on our services.

3. Key Healthcare Associated Infection Headlines for July 2020

Please see attached Infection Prevention Weekly Update dated 09/07/20 (Appendix 1). There have been 2 further cases of clostridium difficile infection in Scarborough Hospital in July which takes the total number of cases this financial year up to 14. The c.difficile meetings have been reinstated at the Scarborough site and actions have been agreed and worked through

There have been no further cases of methicillin-resistant staphylococcus which means there have been zero cases across the Trust for the past year.

Novel Coronavirus (COVID-19)

Infection Control Principles for Recovery Planning were approved by Executive Board in June 2020 and these will inform the safe planning and restoration of services.

The newly implemented Infection Prevention and Control Board Assurance Framework, in June 2020, will be brought back to this committee each quarter or sooner if there is need for escalation of any emergent risks/issues.

Please see attached weekly COVID19 Bulletin - Appendix 2

Outbreaks

At the time of writing this report, there are no beds or ward closed due to any outbreak.

4. Detailed Recommendation

The committee is asked to note this report.



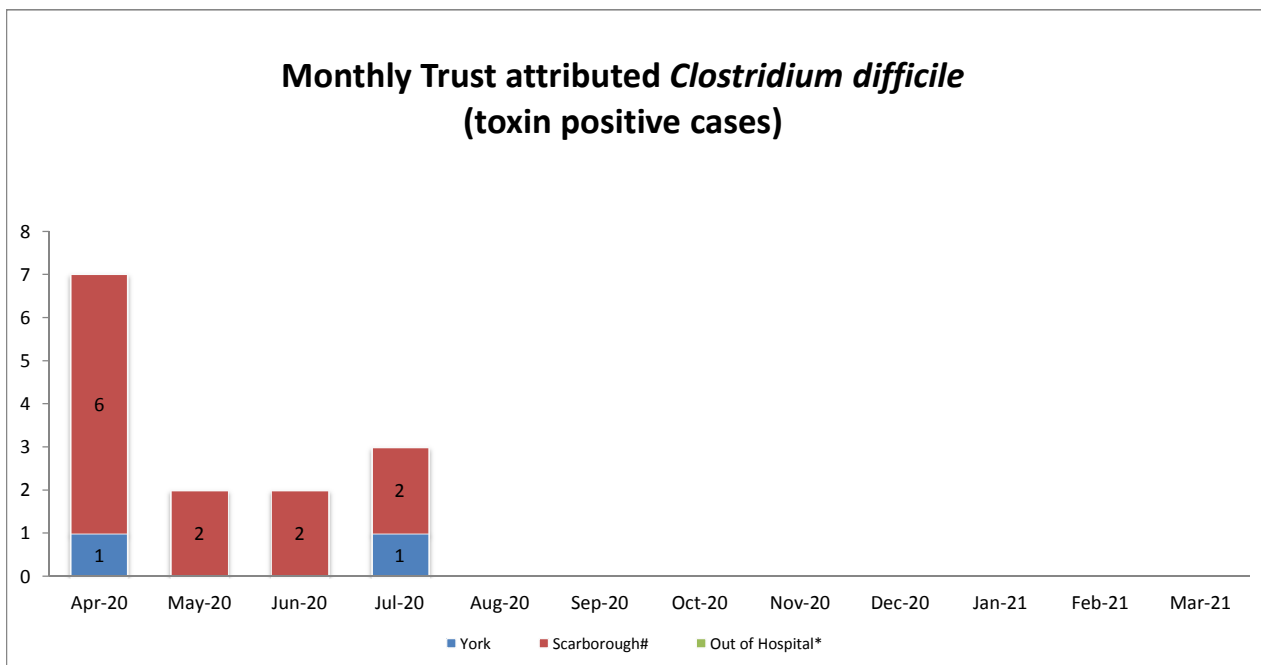
APPENDIX 1 - Infection Prevention Weekly Update - 09.07.2020

Infection Prevention Health Care Acquired Infection incidence

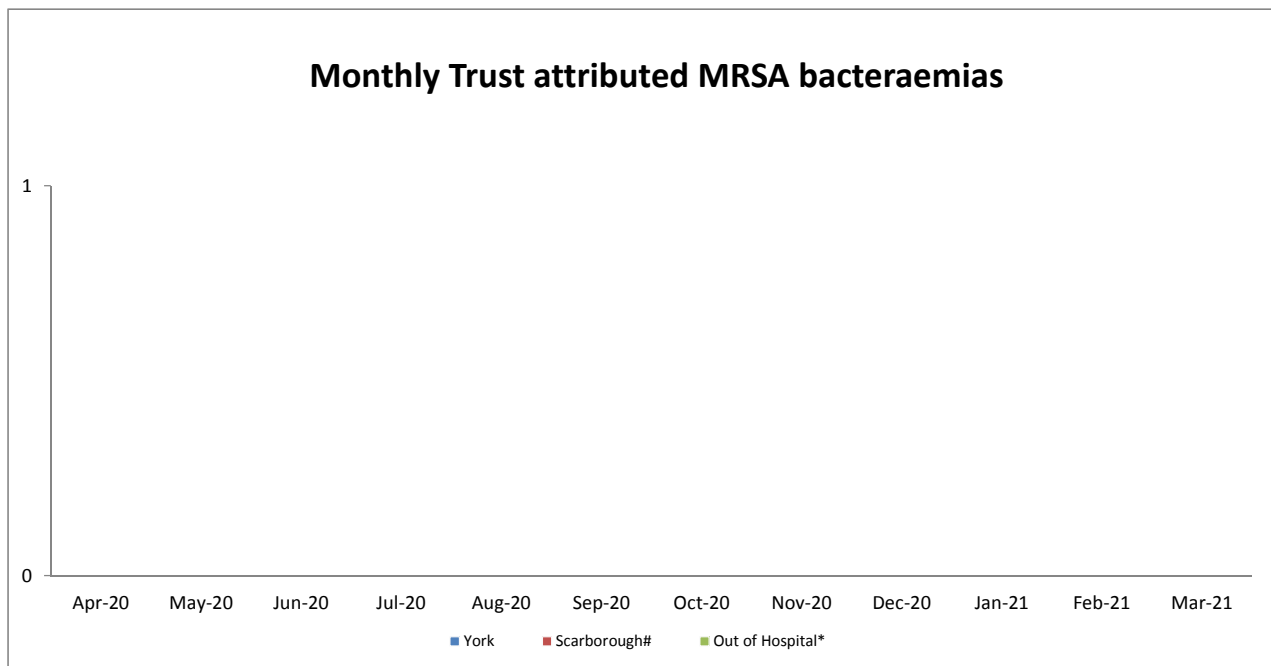
#Scarborough includes Bridlington

*Out of hospital includes Selby, St Monicas and Rehabilitation units

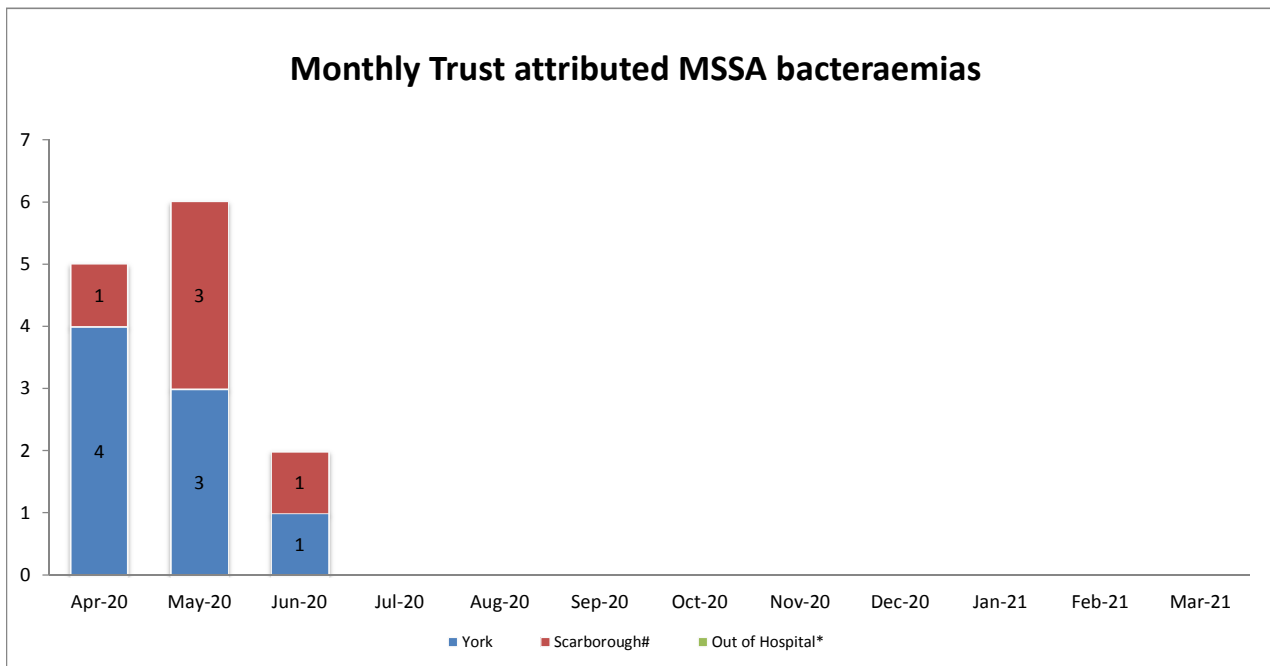
Clostridium difficile toxin			Days since last case on 09/07/2020			
	York	Scarborough	Out of hospital	Trust		
Date of last case	02/07/2020	04/07/2020	24/01/2020	04/07/2020		
Days since last case	7	5	167	5		
Clostridium difficile toxin	York	Scarborough [#]	Out of Hospital*	Total	Accumulated total	Accumulated threshold
Apr-20	1	6	0	7	7	
May-20	0	2	0	2	9	
Jun-20	0	2	0	2	11	
Jul-20 to date	1	2	0	3	14	
Aug-20	0	0	0	0	14	
Sep-20	0	0	0	0	14	
Oct-20	0	0	0	0	14	
Nov-20	0	0	0	0	14	
Dec-20	0	0	0	0	14	
Jan-21	0	0	0	0	14	
Feb-21	0	0	0	0	14	
Mar-21	0	0	0	0	14	
Total	2	12	0	14		



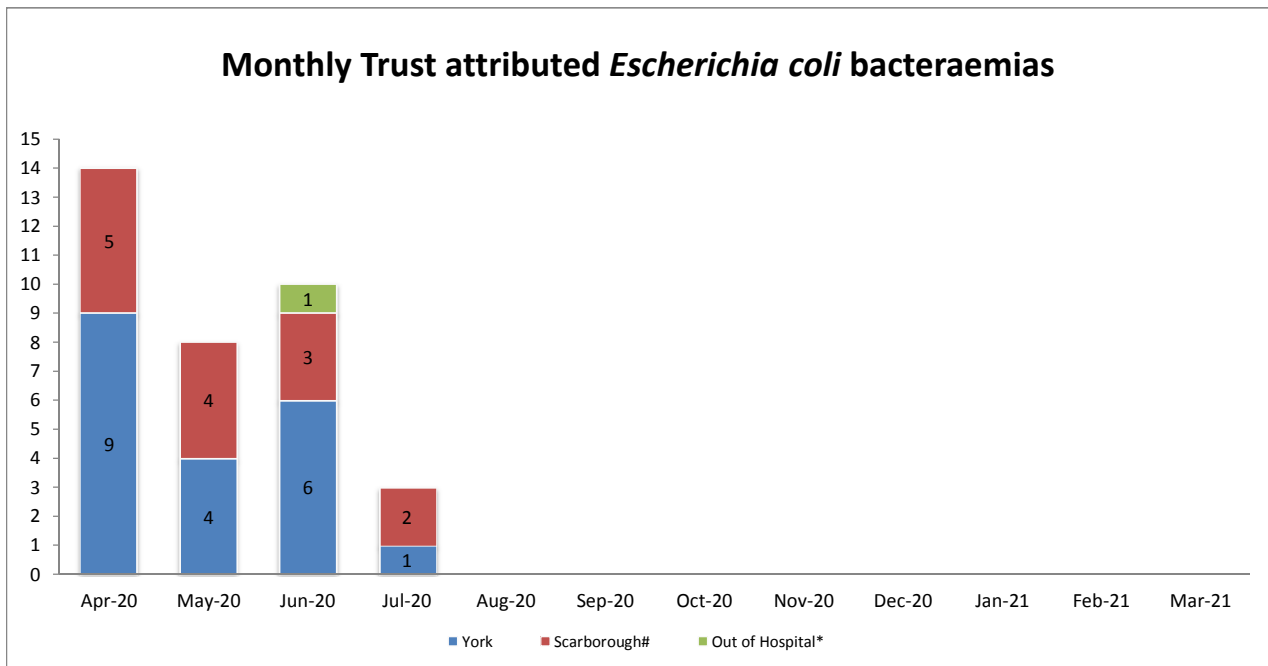
MRSA bacteraemia			Days since last case on 09/07/2020			
	York	Scarborough	Out of hospital	Trust		
Date of last case	22/07/2019	11/07/2019	07/10/2016	22/07/2019		
Days since last case	353	364	1371	353		
MRSA bacteraemia	York	Scarborough [#]	Out of Hospital*	Total	Accumulated total	Accumulated threshold
Apr-20	0	0	0	0	0	Threshold = zero tolerance
May-20	0	0	0	0	0	
Jun-20	0	0	0	0	0	
Jul-20 to date	0	0	0	0	0	
Aug-20	0	0	0	0	0	
Sep-20	0	0	0	0	0	
Oct-20	0	0	0	0	0	
Nov-20	0	0	0	0	0	
Dec-20	0	0	0	0	0	
Jan-21	0	0	0	0	0	
Feb-21	0	0	0	0	0	
Mar-21	0	0	0	0	0	
Total	0	0	0	0		



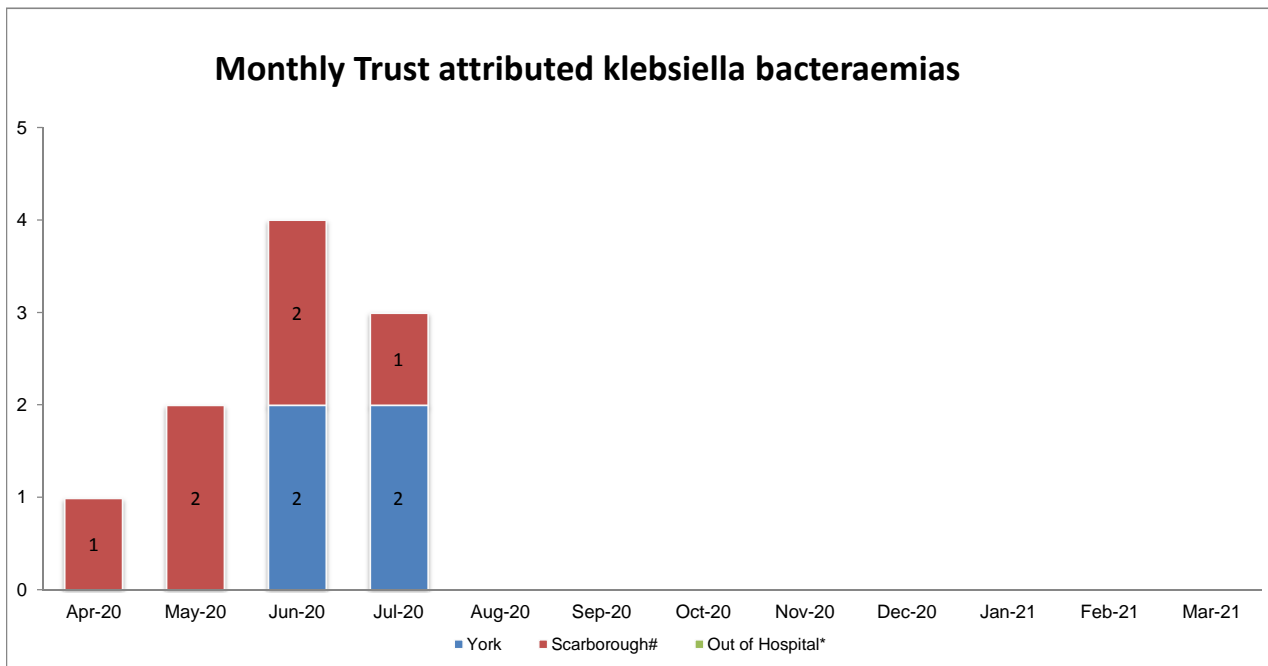
MSSA bacteraemia			Days since last case on 09/07/2020			
	York	Scarborough	Out of hospital	Trust		
Date of last case	13/06/2020	20/06/2020	26/11/2019	20/06/2020		
Days since last case	26	19	226	19		
MSSA bacteraemia	York	Scarborough [#]	Out of Hospital*	Total	Accumulated total	Accumulated threshold
Apr-20	4	1	0	5	5	
May-20	3	3	0	6	11	
Jun-20	1	1	0	2	13	
Jul-20 to date	0	0	0	0	13	
Aug-20	0	0	0	0	13	
Sep-20	0	0	0	0	13	
Oct-20	0	0	0	0	13	
Nov-20	0	0	0	0	13	
Dec-20	0	0	0	0	13	
Jan-21	0	0	0	0	13	
Feb-21	0	0	0	0	13	
Mar-21	0	0	0	0	13	
Total	8	5	0	13		



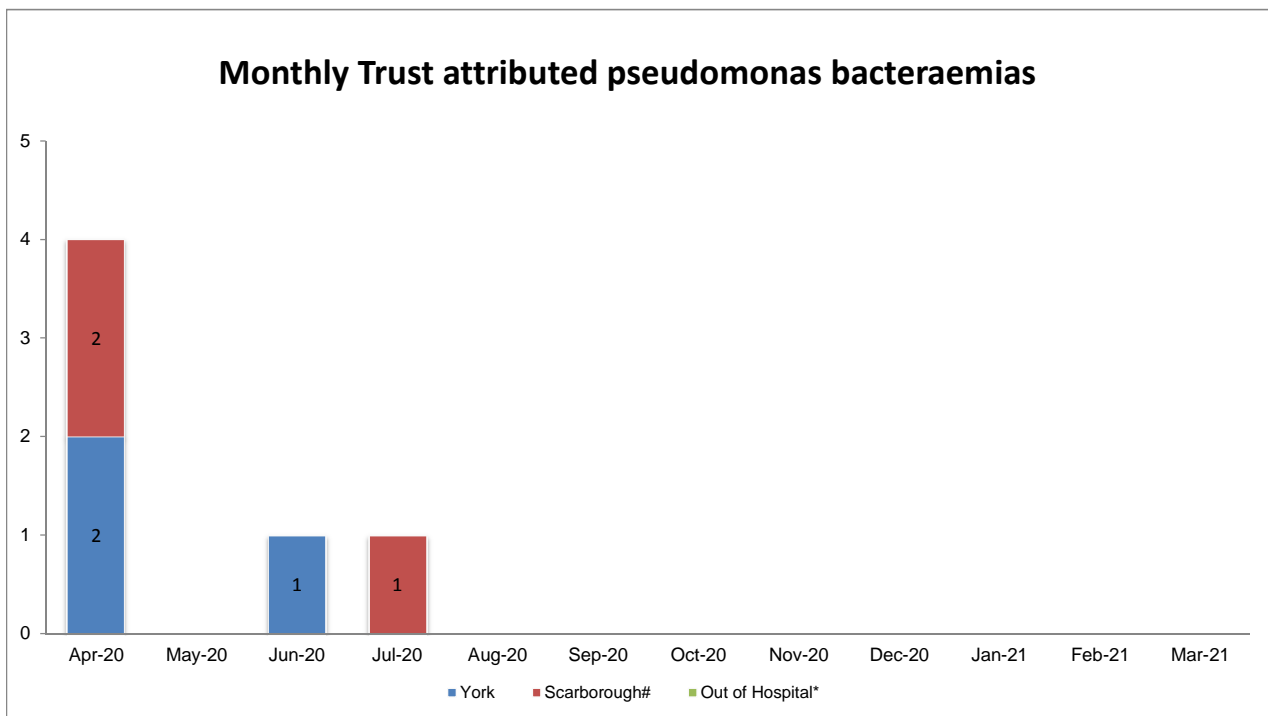
E Coli bacteraemia			Days since last case on 09/07/2020			
	York	Scarborough	Out of hospital	Trust		
Date of last case	06/07/2020	02/07/2020	23/06/2020	06/07/2020		
Days since last case	3	7	16	3		
E coli bacteraemia	York	Scarborough [#]	Out of Hospital*	Total	Accumulated total	Accumulated threshold
Apr-20	9	5	0	14	14	
May-20	4	4	0	8	22	
Jun-20	6	3	1	10	32	
Jul-20 to date	1	2	0	3	35	
Aug-20	0	0	0	0	35	
Sep-20	0	0	0	0	35	
Oct-20	0	0	0	0	35	
Nov-20	0	0	0	0	35	
Dec-20	0	0	0	0	35	
Jan-21	0	0	0	0	35	
Feb-21	0	0	0	0	35	
Mar-21	0	0	0	0	35	
Total	20	14	1	35		



Klebsiella species bacteraemia			Days since last case on 09/07/2020			
	York	Scarborough	Out of hospital	Trust		
Date of last case	06/07/2020	03/07/2020	12/02/2019	06/07/2020		
Days since last case	3	6	513	3		
Klebsiella bacteraemia	York	Scarborough [#]	Out of Hospital*	Total	Accumulated total	Accumulated threshold
Apr-20	0	1	0	1	1	
May-20	0	2	0	2	3	
Jun-20	2	2	0	4	7	
Jul-20 to date	2	1	0	3	10	
Aug-20	0	0	0	0	10	
Sep-20	0	0	0	0	10	
Oct-20	0	0	0	0	10	
Nov-20	0	0	0	0	10	
Dec-20	0	0	0	0	10	
Jan-21	0	0	0	0	10	
Feb-21	0	0	0	0	10	
Mar-21	0	0	0	0	10	
Total	4	6	0	10		



Pseudomonas bacteraemia			Days since last case on 09/07/2020			
	York	Scarborough	Out of hospital	Trust		
Date of last case	25/06/2020	01/07/2020	26/10/2019	01/07/2020		
Days since last case	14	8	257	8		
Pseudomonas bacteraemia	York	Scarborough[#]	Out of Hospital*	Total	Accumulated total	Accumulated threshold
Apr-20	2	2	0	4	4	
May-20	0	0	0	0	4	
Jun-20	1	0	0	1	5	
Jul-20 to date	0	1	0	1	6	
Aug-20	0	0	0	0	6	
Sep-20	0	0	0	0	6	
Oct-20	0	0	0	0	6	
Nov-20	0	0	0	0	6	
Dec-20	0	0	0	0	6	
Jan-21	0	0	0	0	6	
Feb-21	0	0	0	0	6	
Mar-21	0	0	0	0	6	
Total	3	3	0	6		



COVID-19 WEEKLY REPORT



York Teaching Hospital
NHS Foundation Trust

Trust Summary for Week 27 (w/e 05/07/20)

Similar number of cases this week as last week

Total number of COVID-19 deaths (from 9th March): 214

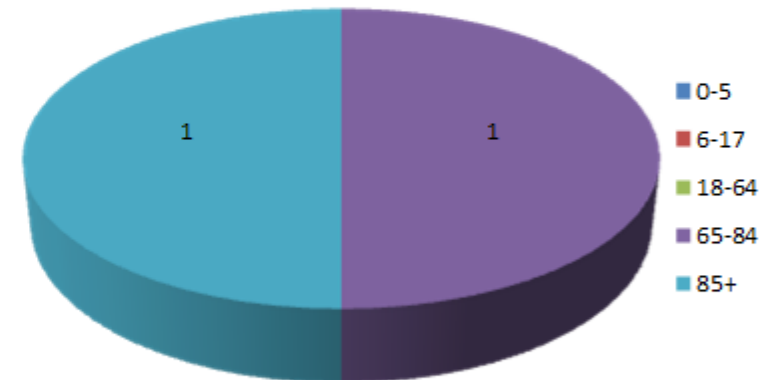
Number of patients with hospital attributed Covid-19:

Swab taken 3-7 days from admission = 0

Swab taken 8-14 days from admission = 0

Swab taken 15 or more days from admission = 0

YTH NHS Foundation Trust
Age Analysis Week 27 (w/e 05/07/20)
COVID-19 positive inpatients



Total number of laboratory tests =

Trust total number of swabs	1774
Trust positive test rate	0.3%
National positive test rate	0.6%

Wider Picture

Rolling 7-day COVID positive rate per 100 000 population (Week 27 data). These figures are for Pillar 1 and Pillar 2* combined:

Local		National**		High	
York	3.3	Leeds	5.6	Leicester	116
North Yorkshire:	2.6	Manchester	9.5	Bradford	32.7
East Riding	3.2	Liverpool	12.4	Barnsley	31.8
		Newcastle	2		

* Pillar 1 = swab testing in PHE labs and NHS hospitals. Pillar 2 = swab testing for wider population

** No national benchmark available

EARLY INDICATORS:

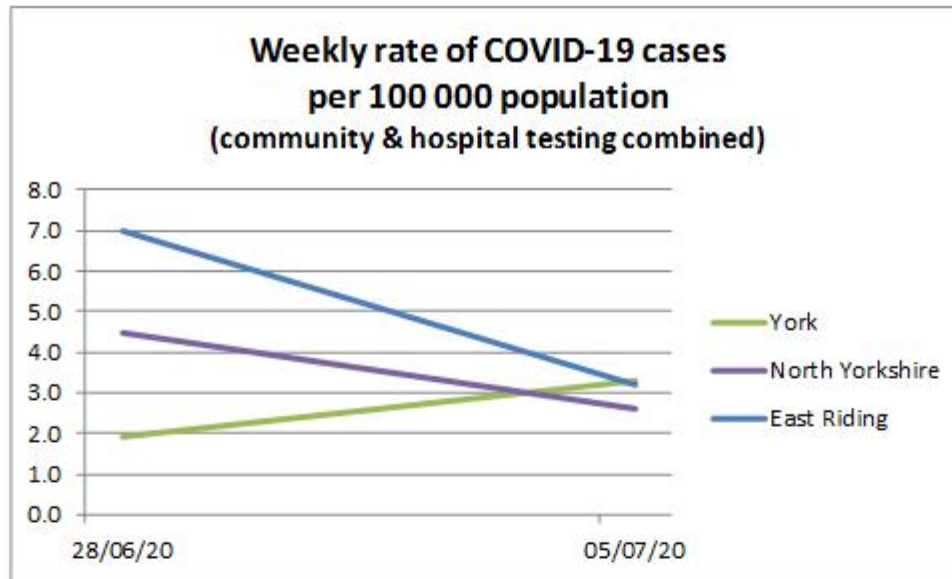


Figure 6: Weekly laboratory confirmed COVID-19 case rates per 100,000 population tested under (a) Pillar 1 and (b) Pillar 2, by PHE Centres and sample week

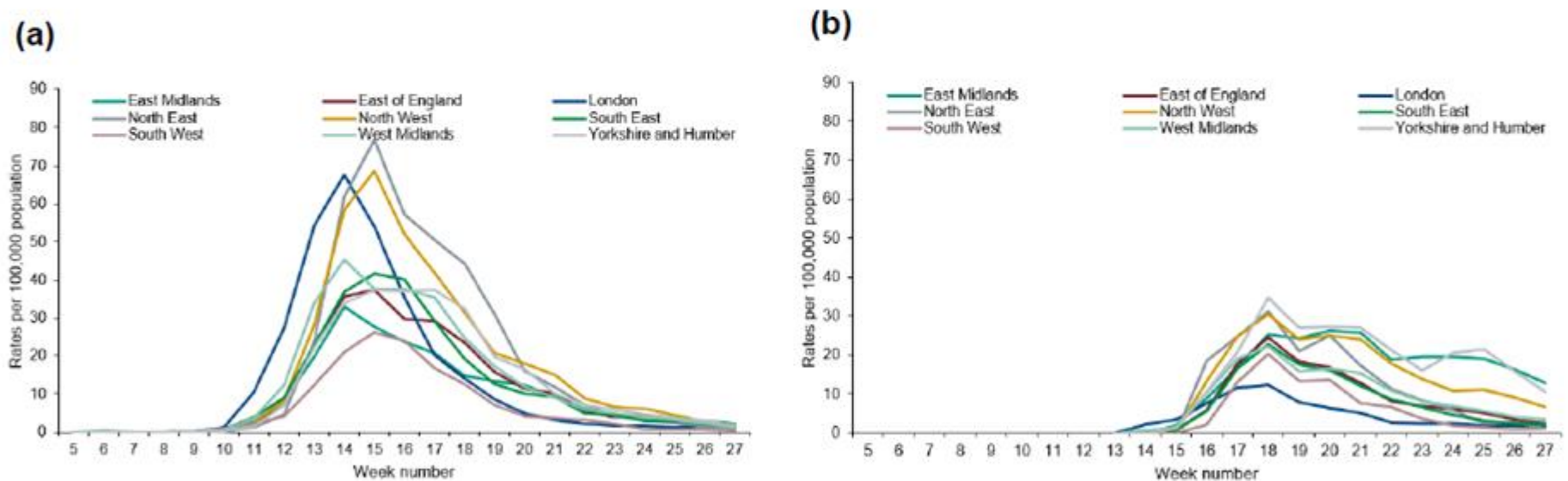


Figure 1: Laboratory confirmed COVID-19 cases tested under Pillar 1 (n=161,514) and

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Board of Directors – 29 July 2020 Staff Survey Results 2019

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

This report has been shared with the Resources Committee and is escalated to Board of Directors for information. The report summarises the action plan following the 2019 Staff Survey Results and the details on how this links to the Clever Together engagement project, Our Voice Our Future with a summary of results.

Executive Summary – Key Points

A summary of the 2019 Staff Survey Results and actions.

Recommendation

For Information

Author: Brian Tomlinson, Care Group Workforce Lead

Director Sponsor: Polly McMeekin, Director of Workforce and OD

Date: July 2020

1. Introduction and Background

The Trust received the 2019 national staff survey results, comparing York Teaching Hospital NHS Foundation Trust to its benchmark group of 48 'Combined Acute and Community Trusts'. As in previous years a full census was undertaken with 43% completing the survey, totaling 3203 respondents. This was below the benchmark group average of 46% and a reduction from 2018 when 45% completed the survey.

The findings detailed in this report exclude York Teaching Hospital Facilities Management (LLP). The LLP were surveyed and received a separate report.

2. Summary of results

The national results for the 2019 survey have been categorised into 11 themes. Each theme is scored out of ten with a number of questions comprising each theme.

A summary of the overall scores for each theme is shown in (Appendix A). The table below summarises by theme the results when compared with the 2018 survey. The Trust deteriorated in four themes, the most significant being the quality of appraisals with a 0.4 reduction. Whilst the Trust failed to make improvements in any of the themes; equality, diversity and inclusion as well as health and wellbeing were two themes that maintained scores above the average for our benchmark group.

Theme	2018 Trust Results	2019 Trust Results	2019 Benchmarking Average Results	Change from 2018
Equality and Diversity and Inclusion	9.4	9.3	9.2	0.1
Health and Wellbeing	6.2	6.2	6.0	NA
Immediate managers	6.8	6.8	6.9	NA
Morale	6.2	6.2	6.2	NA
Quality of Appraisals	5.8	5.4	5.5	0.4
Quality of Care	7.3	7.2	7.5	0.1
Safe Environment – Bullying and Harassment	8.2	8.2	8.2	NA
Safe Environment - Violence	9.5	9.4	9.5	0.1
Safety Culture	6.4	6.4	6.8	NA
Staff Engagement	6.9	6.9	7.1	NA
Team Working	6.5	6.5	6.7	NA

3. Action Plan

The following initiatives have been established with the aim of improving workforce experience. These initiatives have developed from the 2019 staff survey results and feedback from the online forum, Our Voice, Our Future, in conjunction with Clever Together:

- The Trust has recently appointed a chair and deputy chair for a new BAME network, the network is to be established within the workforce. Alongside this, and in

conjunction with the BAME network, the Trust Workforce Race and Equality action plan will be updated.

- In conjunction with the Gender Pay Gap Analysis an action plan was produced which seeks to review flexible working policy and practice across the Trust as well as implementation of the talent management framework in March 2020.
- With a focus on improving the health and wellbeing of the workforce, a review of the Trust's Sickness Absence policy and procedure is underway and the Trust's sites will become 'Smoke free' in August 2020. Some of the on line forum feedback highlighted staff feeling that availability of showers, water coolers, bike sheds and changing areas would be a benefit to them. The trust is actively bidding for central charitable money recently donated to the NHS in response to the pandemic. A work-stream dedicated to improving agile and flexible working is underway as part of the Trust's response to creating a COVID safe working environment.
- Work has been undertaken to improve the quality of appraisals. An appraisal window has been created so that all non-medical staff have an appraisal within the first four months following the business planning process (March to June) although this has been extended to September due to Covid-19. The process involves a clear cascading of organisational objectives which is new for the trust. New forms and guidance have been produced to help managers gain a better understanding of team members' aspirations, and make conversations more meaningful for each individual. These changes form part of a larger piece of work to create a strong talent management framework, as outlined by the Workforce and Organisational Development Strategy which will also inform the workforce plan.
- Our Voice, Our Future confirmed the need to change the Trust name alongside our values and behaviours. The values and behaviours have been agreed through the forum (and ratified at Board) and included as part of the new appraisal process. Once the new Trust name is confirmed a rebranding exercise will take place launching the new Trust values and behaviours and further cultural change will commence to embed these within the organisation.
- Line manager training packages will be updated to start to embed a new, supportive culture within in the organization in line with the new values and behaviours. We will need to adapt how we deliver development programs with more training likely to be delivered via eLearning and online workshops. The recently launched talent management framework and revision of the appraisal documentation for non-medical staff should frame a more constructive and supportive dialog between the individual and their line manager.
- The Trust will continue to embed the core principles to deliver a Just and Learning culture. Supporting this work will be the new Deputy Director of Patient Safety who commenced in role in May 2020. This change in culture should encourage the use of incident reporting and the confidence of staff members to raise concerns ultimately improving the quality of patient care. As part of this change in culture the workforce team is working towards using the Just and Learning culture framework when dealing with any employee relations cases.

4. Ongoing Engagement – Clever Together

During the first few weeks of the Covid19 response, several staff members asked how we could capture the rapid change and innovation that was taking place in response to the serious challenges posed by the pandemic. There was a clear appetite to ensure changes and ideas were not lost.

We therefore launched an online workshop on 7 May, to do three things:

1. Capture the great work done in response to this pandemic that we may want to continue.
2. Hear suggestions on how we could support staff health and wellbeing during this sustained period of uncertainty.
3. Provide a space for staff to say thank you to their colleagues, and to share their stories about someone who has made a difference.

A small group of staff drawn from various services across the Trust regularly reviewed the suggestions and comments made, and took the following action:

- Where they had relevant knowledge to enable an immediate response, they posted this in the platform
- Where they knew that work was already ongoing, they asked the relevant people for general communications to be shared
- Where they were unsure if work was ongoing, they shared ideas/comments with the relevant management team, and if informed that work was ongoing, asked for general communications to be shared
- Where the team were unclear either about the meaning of the idea, or which service it might be applicable to, they requested that Clever Together contact the individual via the platform (thereby maintaining the individual's anonymity) and inform the individual that we wanted to understand more, and who to contact if they were willing to have a conversation.

Where ideas and comments have overlapped with other corporate pieces of work e.g. lessons learned in terms of Emergency Planning and/or Restoration of Services, ongoing CG service improvement plans; these have been fed through by members of the Corporate Operations, Service Improvement and Resource Management teams.

Once a full evaluation of the suggestions and comments has been undertaken, a summary document providing a 'You Said We Did/Our Response' will be shared with staff.

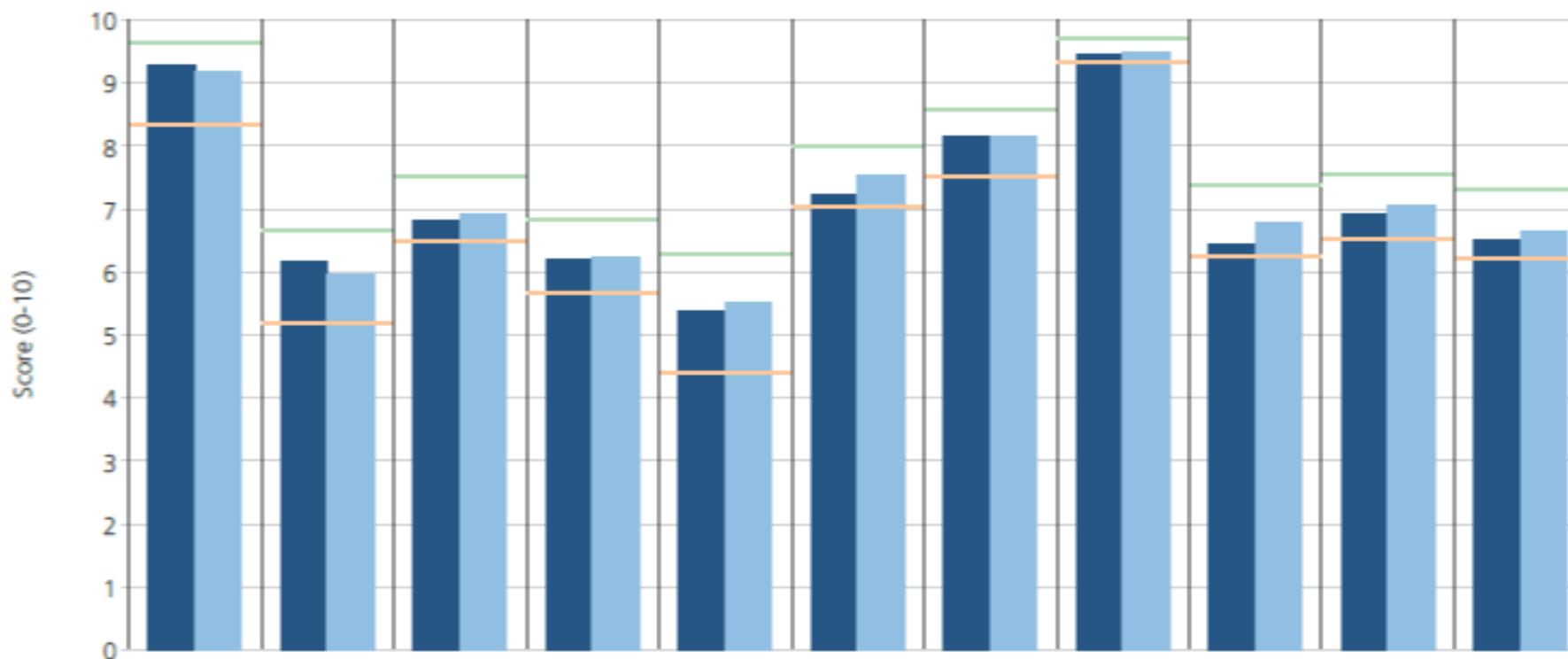
Key themes to date:

- Free onsite car parking – very much welcomed by staff
- Free staff lunches – these were provided during the period when it was hard for staff to undertake food shopping/access external food outlets as normal, and were very much appreciated.
- Donations from local communities and care packages funded by the Trust's charity were highly appreciated in terms of a boost to individual wellbeing.
- Flexibility to work from home –

- Broadly welcomed by many staff affected but also recognition that we need both IT and culture changes, to make it fully effective versus crisis management/ surviving at home which is what many remote workers have actually been doing during the initial phase of the pandemic.
- Recognition that more non-clinical staff could work off-site but need further investment in technology e.g. some systems can only be accessed remotely via work laptops rather than the personal devices that many staff are relying upon.
- Need culture change from the top of the organisation to give 'permission' for teams to work flexibly (both in terms of remote working and patterns of work) at the point that it will be safer for remote workers to come back onsite.
- Recognition of the positive impact on the environment in terms of reduced travel (both of remote workers not commuting, and other staff travelling between sites less).
- Virtual clinics –staff acknowledged the benefits for patients and for the service, and want to retain the option to deliver care this way in the future.
- Staff recognition and 'thank yous'
- Capital developments, there appears to be a lack of understanding that NHS finances have been adversely affected by the pandemic and there is possibly the need for wider explanation to staff that smaller developments that they wanted/expected, might not happen this year.
- Requests for more and better secured cycle storage – plus shower & changing facilities, to enable a reduced reliance on public transport.
- Requests for increased/more effective local communication to support remote workers, both in terms of keeping up to date with what is happening onsite, but also with the specific challenges relating to working at home.
- Psychological support measures welcomed e.g. virtual/socially distanced Schwartz Rounds, and asked for the Calm Rooms/staff break rooms to continue to be available after the pandemic.

The on-line forum will close on Wednesday 15th July 2020.

Equality, diversity & inclusion Health & wellbeing Immediate managers Morale Quality of appraisals Quality of care Safe environment - Bullying & harassment Safe environment - Violence Safety culture Staff engagement Team working



Best	9.6	6.7	7.5	6.8	6.3	8.0	8.6	9.7	7.4	7.6	7.3
Your org	9.3	6.2	6.8	6.2	5.4	7.2	8.2	9.4	6.4	6.9	6.5
Average	9.2	6.0	6.9	6.2	5.5	7.5	8.2	9.5	6.8	7.1	6.7
Worst	8.3	5.2	6.5	5.7	4.4	7.1	7.5	9.3	6.2	6.5	6.2

Responses 3,199 3,199 3,200 3,201 2,820 2,777 3,193 3,191 3,196 3,202 3,173

Board of Directors – 29 July 2020 NHS Workforce Race Equality Standard

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

This report is for information and has been shared with the Resources Committee for discussion prior to submitting the Workforce Race Equality Standard (WRES) return for 2020 to NHS England by August. The WRES action plan will be drafted in partnership with the BAME Network and will be submitted before 31st October 2020 deadline.

Executive Summary – Key Points

The WRES data is to be submitted to the Strategic Data Collection Service (SDCS) by 31 August 2020 with an associated action plan to be published by 31st October 2020. The workforce profile highlights the lack of diversity among staff in pay bands 8a upwards and the significant need to address this balance from Board level positions down.

Initiatives will be developed in conjunction with the new BAME network and will seek to influence recruitment to higher bands, access to training and the talent management framework.

Recommendation

The Board of Directors is asked to note the content of the Workforce Race Equality Standard prior to its publication on the Trust website and submitted to NHS England.

Author: Lorna Fenton, Workforce Lead

Director Sponsor: Polly McMeekin, Director of Workforce and OD.

Date: 13 July 2020

1. Introduction and Background

The Trust is required to complete the Workforce Race Equality Standard (WRES) each year and submit the data to NHS England by 31 August 2020. The data and action plan must be published on the Trust website before 31 October 2020.

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black, asian and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The WRES requires us to demonstrate progress against a number of indicators on workforce equality, including a specific indicator to address the low levels of BAME Board representation. For the purposes of our submission York Teaching Hospital Facilities Management has been excluded and will be reported separately.

2. WRES submission.

The Trust WRES return is included at Appendix A for review prior to submission. Whilst indicators one and nine work to snap-shot dates of 31st March 2019 and 31st March 2020; indicators two, three and four take data over a twelve-month period 1st April 2019 to 31st March 2020. This report details 2018/19 and 2019/20 financial years. Indicators five, six, seven and eight are taken from the 2019 annual staff survey.

Workforce Race Equality Standard Indicators		31 st March 2019	31 st March 2020
1	Staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff 	See table below.	
9	Percentage difference between the organisations' Board membership and its overall workforce	-7.2%	-7.9%
		2018/19	2019/20
2	Relative likelihood of staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts	1.38 x more likely	1.76 x more likely
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.	1.48 x more likely	0 disciplinaries for BAME staff vs 0.4% of white staff
4	Relative likelihood of staff accessing non-mandatory training and CPD	0.89 x more likely	0.86 x more likely
Data from 2019 Staff Survey		BAME / White	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	26.5% / 23.6 %	NA
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	30.5% / 24.2%	NA

7	Percentage believing that trust provides equal opportunities for career progression or promotion	78.4% / 87.2%	NA
8	In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues	16.1 / 5%	NA

Indicator 1: The data below summaries the representation of BAME staff members employed across the organisation

	Mar-18	Mar-19	Net change 2018-2019	Mar-20	Net change 2019-2020	Net change 2018-2020
Band 1	21	1	-20	0	-1	-21
Band 2	78	77	-1	82	5	4
Band 3	14	17	3	18	1	4
Band 4	30	31	1	35	4	5
Band 5	188	175	-13	240	65	52
Band 6	55	61	6	69	8	14
Band 7	20	22	2	27	5	7
8a	6	8	2	7	-1	1
8b	0	0	0	0	0	0
8c	0	0	0	0	0	0
8d	0	0	0	0	0	0
9	0	0	0	0	0	0
VSM	0	2	2	0	-2	0
Consultant	77	89	12	90	1	13
Non-Consultant Career Grade	27	70	43	82	12	55
Trainee Grade	121	113	-8	143	30	22

2.1 Data Analysis

The number of staff reporting BAME as their ethnicity has increased although the workforce profile highlights a significant BAME staff deficit in higher banded roles specifically within the non-medical staff groups above band 8a. Over the past 12-months the workforce has grown and this has presented a deteriorating position for indicator nine relating to board level representation. However a positive shift can be seen in the lowest

pay band with a reduction of BAME staff to zero in pay band 1 in March 2020. The Band 1 closed to applicants across the NHS in December 2018 and employers have been encouraged to develop staff to progress to band 2. The Trust employed only four white staff in band 1 on 31st March 2020.

The parameters for indicator two has changed this year to include internal recruitment. This has seen a greater disparity in the data. The implementation of our talent management framework should support progression of BAME employees into the higher bands.

Indicators five, six, seven and eight relate to the 2019 annual staff survey. They highlight the differing adverse perceptions of our BAME staff about their experience whilst at work when compared to their white colleagues. Whilst staff experiencing harassment bullying and abuse from patients and relatives is below the national benchmark for both groups of staff; it is a deteriorating position from 2018 with a significant leap of 4.6% for BAME staff. Conversely experience of adverse behaviour from colleagues is reportedly above our benchmark group for all staff it is showing an improving (reducing) trajectory.

Whilst all staff continue to report a perception the Trust provides fairly equal opportunities for career progression; this has deteriorated when compared with the previous year and is once again less favourable among our BAME colleagues.

16.1% of our BAME staff reported they had experienced discrimination from colleagues over the previous 12 months. This compares less favorably against 5% of our white workforce. Whilst they are both lower than the benchmark group this is also a deteriorating position.

2.2 Action Plan

The Trust is in the process of implementing a BAME network. Appointment of the Chair and Deputy Chair for the Trust's BAME network was confirmed in early July and they are progressing with the establishment of their network.

The Trust is required to create and publish our WRES action plan by 31st October 2020. In light of this the intention is to work collaboratively with the BAME Network to develop objectives they feel will be transformational and for which they can hold the Trust to account on.

BAME representation at Board would be a significant step forward. Any new appointments to the Board will pro-actively seek to address this imbalance.

Strategies to support recruitment to senior roles, access to training and talent management will all feature in the Trust's action plan.

SubmissionTemplate

Workforce Race Equality Standards 2019/20 template

	Answer Required
	Auto Populated
	N/A

INDICATOR	DATA ITEM	MEASURE	2019			2020			Notes		
			WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL			
1	Percentage of staff in each of the AFC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	1a) Non Clinical workforce	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures			
		1	Under Band 1	Headcount	0	0	0	0	0		
		2	Band 1	Headcount	24	1	1	4	0	0	
		3	Band 2	Headcount	983	31	36	974	35	28	
		4	Band 3	Headcount	708	17	15	702	17	18	
		5	Band 4	Headcount	452	25	6	475	29	7	
		6	Band 5	Headcount	140	5	1	158	7	1	
		7	Band 6	Headcount	122	6	0	114	6	1	
		8	Band 7	Headcount	120	7	3	110	8	1	
		9	Band 8A	Headcount	74	1	2	74	1	3	
		10	Band 8B	Headcount	21	0	0	25	0	1	
		11	Band 8C	Headcount	26	0	0	17	0	0	
		12	Band 8D	Headcount	7	0	0	13	0	0	
		13	Band 9	Headcount	1	0	0	2	0	0	
		14	VSM	Headcount	12	2	0	13	0	0	
				1b) Clinical workforce of which Non Medical							
		15	Under Band 1	Headcount	0	0	0	0	0	0	
		16	Band 1	Headcount	0	0	1	0	0	0	
		17	Band 2	Headcount	585	46	17	630	47	17	
		18	Band 3	Headcount	151	0	5	144	1	4	
		19	Band 4	Headcount	78	6	3	88	6	2	
		20	Band 5	Headcount	1137	170	58	1100	233	55	
		21	Band 6	Headcount	1077	55	32	1099	63	32	
		22	Band 7	Headcount	479	15	17	516	19	20	
		23	Band 8A	Headcount	125	7	2	127	6	1	
		24	Band 8B	Headcount	19	0	1	21	0	1	
		25	Band 8C	Headcount	17	0	0	17	0	0	
		26	Band 8D	Headcount	5	0	0	7	0	0	
		27	Band 9	Headcount	0	0	0	0	0	0	
		28	VSM	Headcount	2	0	1	1	0	1	
				<i>Of which Medical & Dental</i>							
		29	Consultants	Headcount	271	89	12	280	90	14	
		30	<i>of which Senior medical manager</i>	Headcount	1	0	0	1	0	0	
31	Non-consultant career grade	Headcount	90	70	13	87	82	12			
32	Trainee grades	Headcount	191	113	24	202	143	22			
33	Other	Headcount	1	0	0	0	0	0			
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants	Headcount	4265	1348	81	2689	543	72	
		35	Number appointed from shortlisting	Headcount	175	40	7	1201	138	44	
		36	Relative likelihood of appointment from shortlisting	Auto calculated	4.10%	2.97%	8.64%	44.66%	25.41%	61.11%	
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	1.38			1.76			

SubmissionTemplate

Workforce Race Equality Standards 2019/20 template

	Answer Required
	Auto Populated
	N/A

INDICATOR	DATA ITEM	MEASURE	2019			2020			Notes	
			WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL		
3 Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38	Number of staff in workforce	Auto calculated	6919	666	250	7000	793	241	
	39	Number of staff entering the formal disciplinary process	Headcount	56	8	0	32	0	1	
	40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.81%	1.20%	0.00%	0.46%	0.00%	0.41%	
	41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		1.48			0.00		
4 Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce	Auto calculated	6919	666	250	7000	793	241	
	43	Number of staff accessing non-mandatory training and CPD:	Headcount	4089	440	159	5225	688	186	
	44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	59.10%	66.07%	63.60%	74.64%	86.76%	77.18%	
	45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	0.89			0.86			
9 Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator	46	Total Board members	Headcount	15	0	0	12	0	0	
	47	of which: Voting Board members	Headcount	13	0	0	11	0	0	
	48	: Non Voting Board members	Auto calculated	2	0	0	1	0	0	
	49	Total Board members	Auto calculated	15	0	0	12	0	0	
	50	of which: Exec Board members	Headcount	2	0	0	1	0	0	
	51	: Non Executive Board members	Auto calculated	13	0	0	11	0	0	
	52	Number of staff in overall workforce	Auto calculated	6919	666	250	7000	793	241	
	53	Total Board members - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
	54	Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
	55	Non Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
	56	Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
	57	Non Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
58	Overall workforce - % by Ethnicity	Auto calculated	88.3%	8.5%	3.2%	87.1%	9.9%	3.0%		
59	Difference (Total Board -Overall workforce)	Auto calculated	11.7%	-8.5%	-3.2%	12.9%	-9.9%	-3.0%		

Board of Directors – 29 July 2020

Implementing Continuity of Carer in midwifery services

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input checked="" type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input checked="" type="checkbox"/>		

Purpose of the Report

Action plan to deliver 51% of continuity of midwifery carer to York Teaching Hospitals NHS Foundation Trust by March 2021

Executive Summary – Key Points

There is strong evidence along with many national drivers to support the use of Continuity of Carer in maternity services as an operating service model and choice for women.

To implement this recommendation, with relation to achieving the 2019/2020 target of 35% of women being cared for within a continuity of carer model, at York Hospitals we have:

- Piloted 3 schemes at Scarborough and York sites
- Successfully bid for transformation funds 2019/20 to implement wholesale change at Scarborough site
- Launched the wholesale change at Scarborough site
- Launched an on-call case-loading team at York site.

Further investment is necessary to meet the target of 51%. Specifically we are asking for assistance with the following:

- Community Hubs, bases for teams to work from and meet women and families. Community midwives currently see women in a variety of settings; however the majority work from GP practices. Covid 19 has exposed the vulnerability of this model, as many GP practices have withdrawn space needed. This has left midwives struggling to find accessible areas to meet women.

- Improved methods of monitoring and evaluation. Improved digitalisation of maternity records and working in partnership with BI colleagues will enable more accurate predictions and planning.
- 10 additional WTE midwives and 5 WTE maternity support workers. It is vital that we reduce current caseloads to make case-loading a possibility.
- 10 additional sets of equipment

Recommendation

The key recommendation linked to this report is for most women to receive continuity of carer (CofC), to ensure safe care based on a relationship of mutual trust and respect in line with the woman's choices and decisions.

Author: Bev Waterhouse

Director Sponsor: Heather McNair, Chief Nurse

Date: 01/07/20



1. Introduction and Background

Maternity Services in England have remained in the spotlight since the publication of Better Births in April 2016, the report of the National Maternity Review. The national Maternity Transformation Programme is the vehicle used to facilitate the implementation of the Better Births recommendations.

Continuity of carer means there is consistency of the midwife or clinical team that provides hands on care for a woman and her baby throughout the three phases of her maternity journey: pregnancy, labour, and the postnatal period. This includes a named midwife taking responsibility for coordinating a woman’s care, and for ensuring all the needs of the woman and her baby are met, at the right time and in the right place, throughout the antenatal, intrapartum and postnatal periods. Consequently the woman will develop an ongoing relationship of trust with her midwife, who cares for her over time.

2. Detail of Report and Assurance

Month	Number of births attended by woman’s continuity team midwife	Births attended by woman’s continuity team midwife as a percentage off all Scarborough births.	Births attended by Continuity Team midwife as percentage of all Trust births	Births attended by non-continuity midwife as percentage of Trust births
January	33	31%	9%	91%
February	28	26%	8.5%	91.5%
March	32	27%	8.7%	91.3%
April	21	21%	6.4%	93.6%
May	28	24.8%	7.7%	92.3%
June	36	26%	11%	89%

Total Trust bookings for June = 372

All women booking for care with Scarborough teams are placed onto a continuity pathway.

Scarborough bookings = 118

York Sapphire teams include 4 GP cohorts / geographically based.

Sapphire team bookings = 17

In addition the re-launched Sapphire team have placed 59 women onto their pathway (<28+6)

CoC booking percentage for June = 45%

As a Trust we have provided 11% of continuity of carer for births in June.

Scarborough

5 geographical teams have been established to provide an integrated approach to continuity of carer

In June, 26% of all births at Scarborough had continuity team midwife present. The integrated nature of the model means the “right” midwife is not always on the “right” shift. Work has progressed at the Scarborough site, with one team transitioning into an on-call model from 13th July. This has achieved without additional staffing and will improve the levels of continuity.

The Sapphire team have now re-launched, and are operational.

The continuity of carer lead midwife reports progress locally, to the LMS and regional continuity of carer sub group. Assurance reports and visits have been conducted from the regional continuity team, with feedback indicating York Teaching Hospitals NHS Foundation Trust are progressing well with plans.

Local audits are completed on a monthly basis, with plans to involve service user feedback to continually improve care.

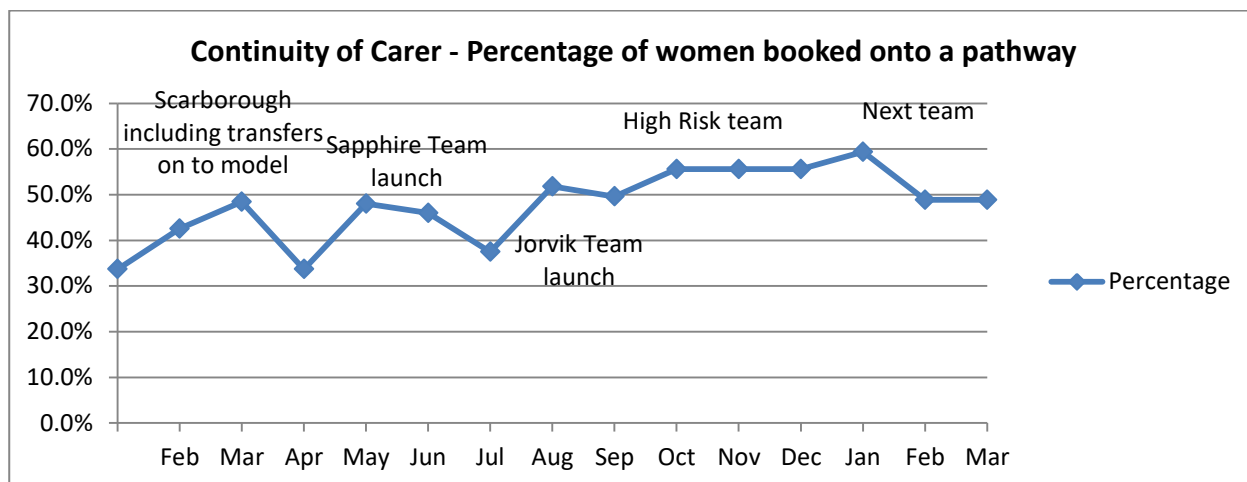
3. Next Steps

3 further continuity teams are planned at York site to reach our target of 51% of women being booked on to a continuity pathway.

- Refinements will be continually made to the Scarborough model to ensure that continuity goals, staff and patient satisfaction achieved.
- September 2020– York based mixed risk team caseload approximately 260 women
- October 2020 – High Risk hospital based team caseload approximately 220 women
- January 2021 – Geographically based mixed risk team caseload approximately 220 women.

See charts below which depict effects of adding new teams to percentage of women being booked on to continuity models. We must continue to make progress with new teams, or we will fail to meet the target as set out by NHS E.

	sgh bookings	ydh bookings	total bookings (A)	sgh transfers	ydh transf	Total Tran	A+B	B+C	Percentage	
Feb	160	0	160			0	160	475	33.7%	
Mar	160	0	160	100	0	100	260	611	42.6%	
Apr	160	0	160	136	0	136	296	611	48.4%	
May	160	0	160		0	0	160	475	33.7%	
Jun	160	18	178		50	50	228	475	48.0%	Sapphire Team
Jul	160	18	178		50	50	228	496	46.0%	
Aug	160	18	178			0	178	475	37.5%	
Sep	160	36	196		50	50	246	475	51.8%	Jorvik
Oct	160	36	196		50	50	246	496	49.6%	
Nov	160	54	214		50	50	264	475	55.6%	High Risk
Dec	160	54	214		50	50	264	475	55.6%	
Jan	160	54	214		50	50	264	475	55.6%	Next team
Feb	160	72	232		50	50	282	475	59.4%	
Mar	160	72	232			0	232	475	48.8%	
Apr	160	72	232			0	232	475	48.8%	



A business case will be required to support plans for 2020/21.

Based on available evidence, case-loading 700 women will provide the following positive outcomes:

- 16% less likely to lose their baby
- 15% fewer epidurals, providing an annual cost benefit of £21,250.
- 24% fewer preterm birth, providing a cost benefit of £12,505.87 for each Level 2 cot day plus ongoing costs of caring for a preterm infant.
- 16% fewer episiotomies, which would equate to 22 women every year not having an episiotomy
- 10% less likely to have an instrumental birth, which would equate to 10 fewer women having an instrumental birth every year.

4. Detailed Recommendation

What we need to achieve our ambitions:

- Community Hubs, bases for teams to work from and meet women and families. Community midwives currently see women in a variety of settings; however the majority work from GP practices. Covid 19 has exposed the vulnerability of this model, as many GP practices have withdrawn space needed. This has left midwives struggling to find accessible areas to meet women.
- Improved methods of monitoring and evaluation. Improved digitalisation of maternity records and working in partnership with BI colleagues will enable more accurate predictions and planning.
- 10 additional WTE midwives and 5 WTE maternity support workers. It is vital that we reduce current caseloads to make case-loading a possibility.
- 10 additional sets of equipment

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York Teaching Hospital
NHS Foundation Trust

StarAward

★ A monthly award which recognises the achievements of staff and volunteers ★

Nominations Booklet
July 2020

StarAward

★ A monthly award which recognises the achievements of staff and volunteers ★
★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Nominations for July 2020

Richard Dobson
Stores Supervisor

Bridlington Hospital

Nominated by
Elaine Barraclough
A colleague

Richard has helped me, to order stock quickly and efficiently that was needed for training and patient use over the pandemic. He is the most helpful stores man I know and I just want to say a huge thank you for all your help.

Clare Pethullis
District Nurse

Community

Nominated by
Danielle Hallam and
Emily Joesbury
Colleagues

Since December the Community District Nursing Teams have undergone radical changes, including shift changes, mobile working and team integration. These changes came with many challenges and anxiety. Clare is always professional, calm and support to all team members. Despite staff shortages Clare kept the team motivated and was always accessible to queries when dealing with important changes to her role. The team would not have functioned without Clare!

StarAward

★ A monthly award which recognises the achievements of staff and volunteers ★
★ ★ ★ ★ ★ ★ ★ ★ ★

**Louise Milnes
District Nurse**

Community

**Nominated by
Danielle Hallam and
Emily Joesbury
Colleagues**

Louise will short be leaving the East Hub Community District Nursing Team to move to the North. She will be greatly missed by everyone in the East Team! Louise has embraced change, always with positive outlook. Louise has thoroughly supported all the Nurses and is very popular with all the staff. The North are very lucky to have her on their team!

**Single Point of
Access Team**

Community

**Nominated by
Karen Wiley
A colleague**

I would like to nominate Margaret Stary, Team Leader and the call handlers in the Single Point of Access Team. During the start of the COVID-19 pandemic situation and lock down, Patients needs in the community increased and in order to accommodate the service we provide (by the district nursing team) the call handlers agreed to extend the well needed service from 18.00 until 20.00 in the evening allowing nursing staff to attend patients need. The team have come together to achieve this and shows great team work, listening in order to improve which adheres to the core trust values. A well deserved recognition. Thank you.

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★ ★ ★ staff and volunteers ★ ★ ★

Elaine Hildrick
Community Nurse

Community

Nominated by
Sue Sharkie-Hurrell
A relative

My elderly aunt is being cared for in her home as she recovers from COVID-19, having refused hospitalisation. My mother is being supported as a vulnerable adult in her own home having exhausted herself mentally and physically helping my aunt and has now been diagnosed as having Alzheimer's. Whilst Elaine is clear that she is simply doing her job our family feels differently and would like to commend her for her unfailing kindness, compassion and efficiency both to my aunt and mum and in her dealings with us as the wider family – all of whom live many miles away from York. Elaine's grasp of the disparate aspects of the situation is outstanding and her communication with the wider family is both realistic and reassuring, whilst still having regard to my aunt's entitlement to privacy. Whatever the outcome for them both, we feel that every care and consideration is being given to their individual needs. Like many in the UK, we applaud the NHS every Thursday night, but this episode has illustrated to us the professionalism, care and compassion of the NHS and Adult Social Care teams in York, as exemplified by Elaine Hildrick.

StarAward

★ A monthly award which recognises the achievements of
★ ★ ★ ★ ★ staff and volunteers ★ ★ ★ ★ ★

Jan Sockett Sister

Scarborough Hospital

Nominated by A colleague

Jan is a fantastic mentor, friendly and team player. She is a role model to the staff on Lilac Ward. Jan is a true leader and her leadership skills make it easy to manage the team even with the diverse profession background. In the era of COVID, she has been engaged and very supportive. She is a great manager, mentor, teacher and guide.

Sarah Welburn Clinical Nurse Specialist

Scarborough Hospital

Nominated by Katie Golding A colleague

Sarah has recently been the driving force in amalgamating two CNS teams (Upper GI and Lower GI) in York and Scarborough. She took on all this just before the start up to COVID-19 and has gone above and beyond to assist all staff in each area. Sarah works over her hours every week to make sure that we are all happy in our work and checks up on us in her spare time. We all really appreciate what she does for us and I am nominating her for this reason, she is an absolute credit to Cancer services!

StarAward

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Karen Edmond
Sister

Scarborough
Hospital

Nominated by
Emma Brady
A colleague

Oak Ward should have a management team of 1 Senior manager and 4 deputy managers to support. Unfortunately due to COVID Karen was the only manager for Oak for the whole of April. Karen has done the most fantastic job in ensuring the continued safe running of the ward. She has provided the team with unfailing support, both practically and emotionally. Karen only joined Oak Ward 3 months prior to this and has had to undertake a significant number of new management tasks all of which she has completed perfectly. Karen kept me updated as I was sick due to COVID and knowing she was providing such fantastic management and leadership was a huge source of comfort to me as I tried to recover. Karen is the most wonderful asset to Oak Ward and has shown amazing dedication, swapping and changing her own shifts at the last minute, welcoming new staff and completing their HR paperwork, continuing to nurse sick patients and supporting their relatives remotely, and ensuring the continued safe running of the ward. The pandemic has brought out the best in the best people and I believe Karen to be the best of the best! I will never be able to fully express my gratitude to her for all she has done 'captaining' our ship in my absence.

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Ramesh Patel
Locum Consultant

Scarborough
Hospital

Nominated by
A colleague

Dr Patel is a model of clinical commitment. He arrives very early to work and works very efficiently. He prioritises patient care and holistic well being above all other considerations and is a pleasure to work with across all professional levels and disciplines. He has a very measured temperament and would support his colleagues and juniors to unbelievable extents. He performs his duties effortlessly and appears to be tireless. He does not forget any patients or the slightest clinical detail. He is dedicated to his practice and is a calming presence to everyone in the ward. He is definitely someone everyone would love to be their doctor were they to become unwell and his devotedness to work in the COVID areas is amazing.

David Santon
Domestic

Scarborough
Hospital

Nominated by
Alison Culpepper
A colleague

Throughout the COVID peak Dave worked 12 hour shifts in full PPE 3 5 days a week. He worked tirelessly in extreme, demanding and often exhausting situations. He had never worked in ITU before but adapted to the challenge and soon became a valued member of the team. He kept the ward clean and tidy despite our best efforts to undo all his good work always with a smile and never grumbled. He's already a star.

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**Natalie Barker-
Dunwell
Midwife**

**Scarborough
Hospital**

**Nominated by
Bethany Woodgate**

On the 17th April I went to Antenatal Day Assessment Unit with reduced movements for a second time, despite the current pandemic and having to wear a mask Natalie was very pleasant and welcoming, you could tell she was smiling at you behind her mask. After monitoring and been told my baby was fine Natalie explained I would be having a growth scan as it was my second time with reduced movements. After previously having a growth scan and been told my baby was measuring big I was extremely anxious and nervous about giving birth. I explained this to Natalie and she said I was in my rights to say no to the scan, after speaking to the consultant I agreed to it, but it did not help with how anxious and nervous I still felt. I started to cry because of a mixture of emotions I did feel silly but Natalie told me I wasn't silly, it was quit normal to feel this way. Natalie stood with me (at a distance) and talked to me until I stopped crying and sorted my self out, all the time she was so caring and pleasant I could not thank her and apologise enough. At a time where I felt really emotional and anxious I could not have asked for anyone more calming to talk to me. During the current pandemic a midwife like Natalie is just what you need. Smiling under her mask still showing and providing the best care she could. Thank you Natalie.

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Bradley Callaghan
Bank Healthcare
Assistant

Scarborough
Hospital

Nominated by
Rachael Draper and
Angela Lee
Colleagues

Racheal said:

Brad is such a lovely kind caring guy. He works on the bank and if anyone is worried or unsure about anything he always helps out and replies to people on the bank forum. Anyone that is new to the hospital, he always makes them feel at ease and welcomes everyone with open arms ... I'm sure his patients love him as much as us staff all do.

Angela Said:

Bradley is a very kind helpful person who quietly works really hard he is very shy but loved by all he works with and cares for he will do anything he can to help and support others especially new staff.

The Catering Team

Scarborough
Hospital

Nominated by
Amanda Chapman
A colleague

The catering department have always been so friendly and welcoming when as a member of staff I have gone to Pat's Place to collect my free sandwiches. I have really appreciated how this team have kept smiling and organising the food for all the staff. They definitely need some recognition. Nothing is too much trouble for them.

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**Karen Morley
Staff Nurse and
Helen Kirk**

**Scarborough
Hospital**

**Nominated by
Eleanor Fawthrop
A colleague**

Healthcare Assistant

On a busy day in February there was myself Deputy Sister, Karen a newly qualified nurse and Helen a HCA working on Duke of Kent Children's Ward. We were managing well with a busy ward and then we had a child admitted who became critically ill. This was Karen's first emergency situation since qualifying and she remained calm and positive throughout. She thought logically and worked with me to make sure the child was safe and stable before being transferred to another hospital. Karen reassured the family and they were very complimentary about her. Helen was able to look after the rest of the patients on the ward, this was a massive help as this meant we could concentrate on stabilising the sick patient. Helen made sure every patient had what they needed and explained the situation to them. I believe they worked amazingly as part of the team, escalated appropriately and made sure all patients and families were safe and well cared for. They both need recognising for their work that day and I couldn't have run the ward without them.

**The Team on the
Woman's Unit**

**Scarborough
Hospital**

**Nominated by
Debbie Scott
A colleague**

The COVID crisis has resulted in many of the staff on the women's unit needing to shield. This has resulted in almost half of the staff being away from the department. During this time, the staff have coped really well. They have worked flexibly, often working extra shifts in order to continue to provide a high level of care to women attending. As a new matron to the area, I also am very grateful to the support they have given me during this period.

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Tracey Wilson
Healthcare Assistant

Scarborough
Hospital

Nominated by
Anne Phillips
A patient

I attended Scarborough Hospital on Thursday after a 999 call with extreme heart palpitations and breathlessness. After an initial 4 hours in Covid19 Red Zone Assessment area I was transferred to Graham Ward to await heart / blood test results. Tracy seemed to lead the ward but I'm not sure of her job title. She was superb. I observed her communicate clearly and attentively to myself and other patients. Her skills at putting me at ease, relaying information and the clarity with which she did this are some of the best I've ever seen. I have worked in HR/ Leadership and Talent Development at Board level in large FTSE 100 companies. If I was working (retired now) I would have happily recruited her into a role requiring this skill set. Please can you confirm that this feedback reaches her and convey a big thank you to her for making a difference on a deeply upsetting day for me personally. I hope she receives this award.

Asela Dassanyake
Specialist Registrar

Scarborough
Hospital

Nominated by
Helen Gilbert and
Hannah Price
Colleagues

In an emergency situation, Asela acted calmly and methodically to ensure safe care. Prior to arrival of the patient the team were briefed and roles allocated to assess the patient swiftly and make clear decisions. He escalated for senior help and acted to save the lives of a mother and baby. He helped to support the patient and staff members involved and made a potentially catastrophic situation feel calm, well managed and under control.

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Clare Dove
Orthodontic
Therapist

Scarborough
Hospital

Nominated by
Mark Jenkinson
A relative

When the trust realised that certain departments could not maintain safe working for patients and staff at our hospitals due to COVID-19, some departments were closed temporarily. My sister Clare Dove asked if she could be relocated to another area to continue working rather than be sent home. A post that needed extra staff was the See and Swab team at Scarborough. This group of people had some initial training and started to See and Swab suspected Covid 19 staff and patients. This has been mainly done outside Scarborough Hospital in full PPE in all weathers and they have overcome considerable challenges. I am particularly proud of my sister as through this time I fell ill with COVID-19 and was tested positive. Clare also helped me at this time with daily living and making sure I had enough food shopping for me as well as her family. I feel a star award is appropriate for the constant care and compassion she and the team she went to work in gave bearing in mind they all came from different parts of the hospital; they successfully ran the See and Swab department. Clare will be going back to her own job in the near future and I'm sure the trust is very proud of the way that she has continued to keep her self safe in most challenging times. Thank you.

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Claire Ramsey
Deputy Sister

Selby Hospital

Nominated by
Helena Demir
A colleague

Despite being shielded due to the Covid pandemic, Claire has remained a constant source of support to the staff in her role as deputy sister. She has continued to manage the eRoster, ensuring shifts are signed off and staffing levels have been appropriately managed, with support from the team. Claire has been an invaluable asset to the ward sister during her absence due to COVID and has maintained open communication between the team and the ward sister. Claire has also effectively managed the sickness within the team in the ward sisters absence, despite not being physically present within the unit. Claire has kept clear and concise records which have been provided to both the ward sister and matron via email to ensure both parties are up to date with what has occurred and what needs to happen. Claire is still developing within her deputy sister role however it is evident to see she is gaining a lot of confidence and is highly regarded by the team as she operates in a fair and kind manner. Claire is deserving of the Star Award as she clearly demonstrates and upholds Trust values.

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**Pat Hand and Jo
Chatham
Porters**

Selby Hospital

**Nominated by
Katie Meloy and
Rebecca Smart
Colleagues**

We would like to nominate Pat and Jo for a star award for not only their hard work and dedication to their job, but also to Selby Hospital. They go above and beyond their role to help everybody and support the hospital, working extra hours without complaint due to COVID-19 staffing shortages. Both have a smile on their faces 24/7 and are always polite, friendly and approachable to all staff and patients. They check to make sure we are all ok and support us with everything we need across all departments. They always work selflessly, bravely and tirelessly however more so with pandemic and we can not think of two people more deserving of recognition for their immense efforts.

**Lisa Noble
Staff Nurse**

Selby Hospital

**Nominated by
Helena Demir
A colleague**

In the absence of the ward sister (COVID illness) and deputy sister (shielding), Lisa has shown that she is able to step up and take on a higher level of responsibility to ensure that patient safety and care remains at a high standard. Lisa has demonstrated that she is able to effectively and appropriately escalate issues to the appropriate people and will seek solutions when identifying an issue. Lisa has also demonstrated her ability to manage staffing levels as at times has been responsible for adding sickness to the eRoster then finding cover for the vacant shifts. Lisa has been effective in her communication to higher management and shown that she has good problem solving skills. Lisa is a hardworking individual and an asset to the team.

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The Inpatient Unit Team

Selby Hospital

Nominated by Helena Demir A colleague

Despite experiencing staffing issues due to the Covid pandemic, the team have consistently gone above and beyond to ensure that patient care and safety are not compromised. In absence of both the ward sister and the deputy sister, the team have organised cover for the majority of the bank shifts within the existing team by staff working additional hours to ensure staffing levels remain adequate. They have also continued to ensure that the Selby Inpatient service is of a high standard of care; liaising with other members of the Multi-Disciplinary Team (MDT) on the ward, the Discharge Liaison Team and external care providers to maintain patient flow. The team have all maintained a high level of communication between themselves and liaised with the matron when problems have arisen to guarantee that a solution is found in a timely manner. The whole team should be recognised for their fantastic commitment to the service and their clear demonstration of upholding of the Trust values. They are truly a hardworking, cohesive and friendly team, who deserve to be recognised for their efforts.

Pierre Gomez Retail Catering Manager

York Hospital

Nominated by Beverley Burke A colleague

Pierre is doing a great job keeping the team on the York site fed and watered every day. It cannot be easy to keep us socially distanced on our breaks/lunch breaks but with Pierre's great planning we are doing so. If the planning needed tweaking that has happened also - well done. Pierre is always visible, working alongside his team every time I'm in there (Mon-Fri) working with a smile.

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**Theatre Recovery
Team**

York Hospital

**Nominated by
Glen O'Hara
A patient**

The theatre recovery team at York as a whole cared for me with compassion and professional detail whilst combining a humour and light hearted approach, which helped lift my mood. Although my principle care was provided by Sally, the whole team contributed to my care when my stay with the unit was protracted due to waiting for a ward bed. An excellent team. Thank you all.

**Abigail Ebbitt
Deputy Sister**

York Hospital

**Nominated by
Glen O'Hara
A patient**

Abigail provided care for me on the unit late in the evening providing me with compassionate and professional care. Her commitment to caring for patients was evident and was mixed with a good sense of humour, which helped lift my spirits. She also sourced some food for me late in the day which I really appreciated. Her treatment late in the evening ensured my surgical procedure the following day was speeded up. I am very grateful to her.

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Arran Carney
Trainee Emergency
Nurse Practitioner

York Hospital

Nominated by
Glen O'Hara
A patient

In a time of pressure and stress for the health services Arran treated me with care, compassion and diligence. His assessment of my injuries saw me referred to the orthopaedic department and I received surgery within 24hrs of sustaining my injury. I am grateful for his treatment which has ensured the best possible chance of an early recovery.

Caroline Wilson
Healthcare Assistant

York Hospital

Nominated by
Laura Capaldi
A patient

Caroline was an amazing support to me whilst I was on the post labour ward. Following my C-section I really struggled both physically and emotionally especially with feeding my baby (Isla) Caroline regularly checked on me, and made me feel so calm and supported. When I had a particularly bad night she reassured me when she would be back on shift and did all she could to ensure whilst she was not at work that I was well looked after by her colleagues. Caroline really was like a mother figure to me in there, especially given the current situation and having no family or partner for support. Both myself, my husband and my mum owe Caroline so much for that, and hope she gets this message.

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**Lisa Mead and the
Microbiology Team** **York Hospital**

**Nominated by
Joanne Andrew
A colleague
Chloe Palmer
A colleague**

Joanne said:

The microbiology laboratory team led by Lisa have introduced a complex COVID-19 test in record time. Introducing this test has involved the team learning how to use new complex equipment and techniques and also to implement a 24/7 working pattern at very short notice. The team have worked together to ensure this has been a success and are now providing a very valuable and essential service for the Trust.

Chloe said:

I have nominated the Microbiology team for a star award for their continued efforts and hard work to ensure the continuation of COVID testing for the region. The staff have had to implement rapid changes including new scientific processes, new machinery, new working patterns/shifts plus a lot more. Change is never easy but these guys have gotten their heads down and cracked on. Because the labs are behind closed doors and away from the public eyes, they do not get the credit that they deserve. The team are working around the clock, under a new 24/7 rota, to ensure the service is available at all times. Each person here has their own problems that the pandemic has issued. They all have families to care for and bills to pay but they haven't faltered. Please award and recognise the unsung heroes!

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The Ellerby's Team

York Hospital

**Nominated by
Yvonne Cross and the
Antenatal Clinic Team
Debbie Taylor and
Wendy Smith
Shirley Richardson
Colleagues**

Yvonne & the Antenatal Team said:

We take our very large list down each day from the Antenatal clinic to collect our lunches, which are always ready on time, due to the massive team effort in dealing with over 2,000 lunches everyday, along with ensuring there is a hot meal available for those who prefer this. We are always met with smiling faces and nothing is too much trouble (even to swap a bag of crisps). The staff are extremely hard working and dealing with difficult circumstances due to the current Covid-19 situation, however they always remain polite and friendly. They hand these out with speed and professionalism at all times in order that staff don't have to wait. A big shout out to an all too often forgotten team who are so important to every member of staff in supplying sustenance to keep us all going!! Well done to each and every one of them, from all the staff in the Antenatal department.

Debbie & Wendy said:

The team in Ellerby's are always helpful and cheerful. In this difficult time, there is great organisation in Ellerby's during these difficult times which is much appreciated.

Shirley Said:

This is a big thank you to an amazing team in Ellerby's staff restaurant. It is for all of the staffs hard work during this unprecedented time of the Coronavirus pandemic. The staffs have been kind and friendly providing packed lunches to many staff members throughout the hospital as well as many hot meals to ward staff that have been unable to leave their wards to access meals. I am sure Ellerby's staff would have preferred to be getting on with their normal day to day duties however, they have supported us all and we as Occupational Therapists and Physiotherapist working on the wards have appreciated their support and dedication. Continue to keep up the good work you all do, as you are a vital support for us all.

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Nasser Ayoubi **York Hospital**
Associate Specialist

Nominated by
Caroline Ryder
A relative

My daughter was admitted to York A&E with breathing difficulties on 3 occasions last week. Mr Ayoubi saw her at her worst and provided excellent care and treatment for her; however, he went above and beyond while she was in resus to ensure that a place was found for her on a children's ward not an adult ward or special unit as was planned. She is 17 and was extremely distressed by the mention of her being placed on an adult ward without a parent to support and reassure. Mr Ayoubi was an excellent professional, stayed with her for hours to ensure that both her physical and emotional needs were well met. As a parent this was an extremely traumatic time when we feared the worst; Mr Ayoubi went above and beyond with his care and compassion he left us at 11pm after being with us for 3 hours and was back to reassess my daughter on the Ward at 8am. I wish to thank him sincerely and recommend him to you as an extremely worthy winner of this award. Thank you Mr Ayoubi for everything. I am eternally grateful for your care and compassion allied with excellent medical skills and knowledge.

Veronica Sampson **York Hospital**
Team Leader

Nominated by
Kevin Strachan
A colleague

Ronnie has the can do attitude that a team leader needs. She is always ready and happy to help everyone. During the last month she has led from the front and would never ask her team to do anything (I mean anything) she wouldn't do. She has covered shifts on ITU and in theatres and covered sickness to the detriment of her own health.

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Nicky Kidd
Senior Medical Rota
Co-ordinator

York Hospital

Nominated by
Leanne Howcutt
A colleague

The Medical Rota Team have been managing all the rota changes for the doctors to support the new and changing needs in the departments to manage the COVID crisis. I am specifically nominating Nicky for a star award as she has gone above and beyond during these unsure times. She has provided me and the rest of the team with much needed managerial support while taking on additional work herself. I am very proud of what our team has been able to accomplish but we wouldn't have been as effective without Nicky. Her knowledge and experience in writing and managing rotas has been invaluable as we have been turning rotas around in a very short space of time. I feel very privileged to have worked with such a strong and supporting leader.

Sarah Lillie &
Rhiannon Heraty
Personal Assistants

York Hospital

Nominated by
Chris Hagyard
A colleague

Both Sarah and Rhiannon have taken on training and mentoring myself and another new starter, Joy Jackson, as well as managing their own workload for the Directors. This has been made even harder by the loss of 2 members of the Reception Team. Both ladies have been supportive, instructive and dedicated to the new starters and have excelled in representing the Trust values.

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★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Jane Bond
Midwife

York Hospital

Nominated by
Rebecca Trotter
A patient

I never thought I would give birth to my first child during a pandemic, I was anxious, nervous, scared! Jane looked after us for the majority of my labour and was absolutely amazing, as were the midwives on the postnatal ward. However, Jane was by my side constantly providing support, it felt like she was a friend! In the final stages my baby's heart rate kept dropping and had to have a forceps delivery which was the one intervention I was scared of the most. I couldn't have got through it without her! I know this may be a daily occurrence for most midwives but they deserve to be recognised. Our NHS staff are hugely undervalued.

Sarah Ellis
Nurse Specialist

York Hospital

Nominated by
Julia Precious
A colleague

Sarah has worked for the NHS for over 38 years. She currently works with young and vulnerable people who have been exploited or sexually assaulted, as an outreach nurse, who is soon retiring. Sarah is such a valuable member of the team and will be sorely missed. I am concerned that she will retire with no celebration and no commemoration of the hard work and dedication she has given to the NHS, her patient and every member of staff she has come into contact with. I think that a star nomination may just give her that bit of recognition she so rightly deserves. Thank you.

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The Stroke Ward Team

York Hospital

**Nominated by
A colleague**

Acute Stroke and Stroke rehab have emerged as one ward. They have moved wards twice through this difficult period. Not only has the ward adapted to this big change but they have also embraced the new way of the two teams working together. The Ward Sister has put in some unbelievable hours and the Stroke specialist nurse Michael Keeling has also supported and been a great source of support for all staff when they have been apprehensive, both staying late everyday to make things run smoother all for the good of the patients and the staff. The team are really pulling together through these unprecedented hard times and many members of staff still displaying the core values of the hospital trust. The HCAs and the PSOs on the ward deserve recognition for going above and beyond each day to comfort their patients and really pulling together and adapting to change. The therapy team are marvellous and are working so well with the nursing team, the nurses always have a smile no matter what is thrown at them and the staff generally care for each other and look after each other, what an amazing ward and team.

The Team on Ward 32

York Hospital

**Nominated by
Mike Pollard and
Julie Nutall
A relative and
patient**

The care and friendliness of the team on ward 32 was wonderful. They kept us informed all the way throughout Julie's treatment. Julie has early onset dementia. Her behaviour can be challenging, but the fantastic social intervention, throughout her stay, from the staff was amazing. We can't thank the staff enough. The only thing I can think of to improve our experience would have been crispy bacon for breakfast!

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★ ★ ★ ★ ★ ★ ★ ★

Michael Gilbank
Domestic

York Hospital

Nominated by
Patricia Hunter
A colleague
James Bennett
A colleague

Patricia Said:

I would like to nominate Mike as he has gone above and beyond to deliver notes to my Dad William Allen who is on Ward 29, a COVID-19 ward, to let him know we love and miss him and to try and keep his morale up. Dad will be 90 this year he contracted COVID-19 whilst in here being treated for another illness he came in with. Mike has been able to keep this contact with him from me by delivering him my notes as we have not seen dad for nearly 3 weeks. Mike puts a smile on dads face as he is scared and frightened so this brightens up his day. I cannot thank Mike enough for what he is doing it just makes me feel a bit closer to my dad and that he is not alone.

James Said:

Mike has been the cleaner on the COVID positive ward from the very beginning of the outbreak. He always comes onto the ward with a happy and enthusiastic attitude no matter how busy the ward is and has always been friendly and professional to staff and patients alike, all while working with his fellow domestics to keep the ward spotless!

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Ward 37 Team

York Hospital

**Nominated by
Tina Leake
A colleague**

I would just like to nominate all the staff currently working on Ward 37. It is a "mish mash of staff", who have been redeployed from everywhere in the hospital and I would like everyone to know what a fantastic team they have been. All the staff have come out of their comfort zones to come and work on a negative COVID ward that had to be set up from scratch in mid April. From day 1, they have fully supported each other, and have gelled together as a team brilliantly. Each one of them brings his/her own experience, skills, knowledge and contributions to this team, and together, they make a formidable team! We have been moved 3 times during the past few weeks, but there has been no complaining or moaning. Instead they have shown what a resilient, professional, positive group they are, and I appreciate all of what they have done and continue to do! Thank you!

**Ellen Lawrence
Healthcare Assistant**

York Hospital

**Nominated by
Rachael Sanderson
A patient**

Ellen went out her way to help me when I was struggling in a room with a difficult patient and asked a nurse to distract the other patient, whilst she moved me to another room. Ellen then helped me settle in and when she had a free moment came back and helped me set up my TV, explaining that I could get some for free due to the current pandemic. Ellen was such a helpful, happy smiley lady and made me feel a lot better just being around.

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**Jessica Bateman
and David Laffey
Physiotherapist
David Laffey**

York Hospital

**Nominated by
Scott Caul
A colleague**

I would like to nominate both Jessica and David for a star award after supporting a lady through her final moments. As physiotherapists it's not often that we support patients that are at the end of their life. During a routine physiotherapy review session, the lady unexpectedly deteriorated and passed away. Both Jess and David showed extreme courage and strength to guide her through her last moments and make her comfortable. The Critical Care Outreach Team also helped to guide and support the team through the door to make her passing as comfortable as possible. It was an extremely sad and deeply stressful situation in which they were determined to do all they could. The pair are true stars and deserve recognition of their courage in these testing times.

**Rick Lovie
Deputy Quality
Manager**

York Hospital

**Nominated by
A colleague**

Rick deserves a star award as he has gone above and beyond to help the Microbiology team carry out a 24 hour service to enable COVID-19 testing to be increased, nominating himself for nightshifts to help the team.

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Jenny Olivey
Advanced Clinical
Specialist
Physiotherapist

York Hospital

Nominated by
Scott Caul
A colleague

Over the past 4 months Jenny has worked tirelessly to plan, treat and support the Respiratory Therapy Service across an ever changing environment. Being responsible for the service in this very testing time, writing new guidance, running countless training sessions and supporting staff with respiratory patients across all wards has been a tremendous feat. Although, only part time, she somehow manages to get twice the amount of work done when in work and is often working late into the night behind the scenes. She is a true inspiration and fountain of knowledge for the entire therapy team, which deserves the highest recognition in these testing times.

Richard Grimes and **York Hospital**
team
Painters

Nominated by
Andrea Ward
A colleague

Over the past few weeks Richard and his team have been decorating the Magnolia Centre. Not only have they done a great job and smartened up the unit, they have been lovely to have around. Richard has consulted with me every day to see where the best place would be for them to work on that day. They have tried really hard to be thoughtful about working round the clinics going on in the unit and sensitive when patients were being given sad and bad news. They have really gone the extra mile and it has been a pleasure to have them around.

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★ ★ ★ staff and volunteers ★ ★ ★

**Hannah
Chamberlain
Registrar**

York Hospital

**Nominated by
Angie Mead
A colleague**

A postnatal patient who had experienced a Neonatal death with her last baby at 36hrs old delivered her second baby. As her baby approached 36hrs old, the mum started to experience extreme anxiety. The holistic care and support Hannah provided to the patient was both heart warming and refreshing. She performed an ECG to rule out SVT (Supraventricular Tachycardia, the cause of her previous babies neonatal death) recognised the need for extra support and appropriately referred to CONI (Care Of Next Infant) for additional support and even went through BLS (Basic Life Support), using a manikin with the new mum to ensure that not only was her baby physically healthy but that mum was emotionally and psychologically well supported and feeling equipped to care for her new baby confidently.

**Nick Tootel
Domestic**

York Hospital

**Nominated by
Robert Blizzard
A colleague**

Nick is the domestic for the eye clinic at York Hospital. He does a marvellous job. The clinic is spotless once he's completed his magic, which makes the clinic a pleasant place to work for the clinical staff and a safe place to access care for the patients. I suspect that as he tends to work outside of social hours, once the clinical team have gone home, so he may not get the praise and recognition that he deserves. On some occasions when I have either been working out of hours on call he has helped me to access the clinic out of hours when an urgent clinic issue has arisen - saving time and allowing the patient to access care faster. Nick is without fail, friendly and upbeat. His positivity is infectious. He is flexible in his working and offers to return later to clean a room if it is unexpectedly in use.

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Vicky Clancey
Diabetic Liaison
Nurse

York Hospital

Nominated by
Louisa Watkins
A patient

Vik is a Specialist Diabetes Nurse at York Hospital. When I started university three years ago as an 18 year old, I was faced with the daunting prospect of managing my Type 1 Diabetes independently for the first time. Being so far from home, I was worried that I would struggle to live with my health condition at university. However, I soon found that whenever I had a problem, I was able to discuss it with Vik or a member of the marvellous diabetes team, and work towards finding a solution. Vik has been there for me throughout my university years providing not only physical care, but also going out of her way to look after my emotional health. This has been a lifeline for me.

Recently, Vik has empowered me to challenge discrimination, stigma and misconceptions around Type 1 Diabetes. Vik has reinforced the idea that having this long-term health condition does not have to limit your ambition, by offering me such fantastic support in every endeavour I undertake. I can't thank her enough for the patience, empathy and understanding she has shown me through the ups and downs that come with living with and managing Type 1 Diabetes. Vik genuinely cares about patients, and the reassurance that she is there for support has allowed me to live life to the full, in spite of my condition. I am sure so many others (as well as our families) truly thank Vik for her hard work – she's a star!

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The Virtual Visiting Team York Hospital

**Nominated by
The Patient
Experience Team
Colleagues**

The Patient Experience Team would like to nominate Rebekah Boulton, Jasmine Rayner and Portia Cason for setting up the virtual visiting service for the Trust. When visiting was suspended, the team quickly co-ordinated and set up a virtual visiting service, in order to help bridge the gap between patients and their families. The team recently facilitated multiple calls to a patient who was end of life, so the family were able to properly be with the patient, and supported the family of a 95+ year old who was recently discharged following COVID. This team is a credit to the organisation and are a true example of the community spirit evident in the last couple of months.

Marija Laurieniene York Hospital Domestic

**Nominated by
Pamela Corkhill and
Alison Ridsdale**

Marija is an enthusiastic, hard working individual with a good attitude to work. She is very thorough in the cleaning work carried out and this is demonstrated by the overall result she produces. In addition to this Marija demonstrates good dedicated working commitment in comparison to others.

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Karen Lederer
Speech and
Language Therapist

York Hospital

Nominated by
Rebecca Morgan
A colleague

When we were suddenly faced with an unprecedented global pandemic, Karen showed true leadership and guided us as a team through challenging processes. She has gone above and beyond her role to answer constant questions and provide reassurance to the team, whilst delivering specialist care to patients both on the wards and in outpatient settings. As we continue to work as a team to provide our services during this time, Karen continues to be motivated, approachable and reactive. She has listened to staff concerns and made us feel valued and respected.

The COVID Serology **York Hospital**
Testing Team

Nominated by
Daniel Turnock

Several staff members within the biochemistry and microbiology laboratories worked extra hours to help ensure that the laboratory is able to offer COVID serology testing prior to start of June. This test has been made available in record time thanks to the hard work of these individuals in running verification samples and setting up the necessary IT systems to help create a local testing capacity of 3,000 samples per day commencing in June. This would not have happened without the willingness of the team to put in extra hours especially over the late May Bank Holiday weekend.

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Tracey Whitelam
Domestic

York Hospital

Nominated by
Susan Jackson
A colleague

Following a recent incident on the Labour ward where the main drains under the maternity unit became severely blocked, meaning waste from the main drains was visible in the clinical areas, and the smell was horrendous. Tracy came on shift and worked tirelessly to clean the affected areas, including the staff changing areas, kitchen and clinical areas to ensure every where was disinfected and scrubbed. This at times left Tracy visibly upset, but she got on with the job leaving the maternity unit clean and smelling much better (though it took some time for the smell to totally go) Tracy is amazing at what she does, is always cheerful and undertakes all her work regardless of what she is faced with in a positive manner. This incident was definitely going above and beyond what was expected of her and we thank her for her dedication.

The Team on the
Early Pregnancy
Assessment Unit

York Hospital

Nominated by
Lois Benecke
A patient

I would like to nominate the early Pregnancy Assessment Unit Team, Debbie Dungworth and the sonographer for their genuine understanding of the emotions I was going through on 29th of May Debbie was absolutely amazing as was the sonographer I cannot thank these two ladies enough for the care I received during the unknown of my pregnancy. They were thorough and so helpful and caring my experience here has been first class thank you from the bottom of my heart.

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**Ruth Saoirse
(Feeney)**

York Hospital

**Nominated by
Michaela Philips
A colleague**

Healthcare Assistant

From day one of the COVID-19 pandemic, Ruth has shown tireless effort to maintain positivity and morale amongst the ward 34/36 team. Firstly, she started a new WhatsApp group as support for us to talk, vent, share funny memes and stay connected. This helped the team greatly as many colleagues became sick as we also moved to a new ward. Unfortunately Ruth herself and her family became ill, but her WhatsApp group showed to be huge support to herself and fellow colleagues in keeping in touch and offering practical help. Once back on her feet, Ruth has come up with great ideas to make staff and patients feel at home on yet another new ward, ward 36. Ward 36 is the new COVID HDU where we get very hot wearing full PPE3 for 12 hours straight and caring for very unwell patients. She provided us with phone cases so we could safely use our phones on our break. Ruth also recognised that patients were very unsettled and scared by being unable to see staff in masks, visors and hairnets so she has laminated pictures of staff to staple to our gowns. I can see myself how this simple idea is putting patients at ease being able to see who is caring for them throughout an incredibly scary illness. Well done Ruth for these fantastic ideas and continued support to keep us all on ward 34/36 positive and upbeat, we love you!

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Ward 25

York Hospital

Nominated by
A patient
A relative

The Patient said:

I was transferred to Ward 25 from A&E with COVID symptoms. While I was waiting for my swab result the staff were very reassuring, helping me to get over my anxiety and I really appreciated the respect and kindness that I was given by the team. I would like to mention Dani and Chris who were very helpful trying to make me feel “that I was in a safe place” and making sure that I ate and drank and to Bernie, the sister who kept me and my family up to date at all times.

The Relative said:

My father was a patient on ward 25 and died unexpectedly. They called me and allowed me to see my dad to say goodbye. They helped me to get in touch with the chaplain, which help me to feel much better.

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**Jennifer Stanley and York Hospital
Susan Loates
Domestics**

**Nominated by
Vikki Smith
A colleague**

On 15th May the Special Care Baby Unit had to decant to another area within the hospital due to a blockage in the drains underneath the unit. When Sue came to the unit to start her evening shift, she found the nursing staff in the process of moving patients and equipment up to Ward 17 and the works department staff preparing to run drainage pipes through the unit. It was obvious that she wouldn't be able to undertake any cleaning. Instead of leaving the team, she contacted her supervisor and arranged to stay to help with the move. She helped with moving equipment and also ensured the nursing staff had a drink, as we had already been relocating for several hours without any refreshment (on a hot day). The next day, we were given the go ahead to move back to the unit. Jen came on duty for her morning shift and single handedly worked her way around the entire unit ensuring that it was 100% clean enough for the babies to move back, including all windows, walls and doors and even managed to clean the non-clinical areas, that are part of her normal schedule. Both of these ladies are very much a valued part of our SCBU team and their dedication to ensuring the best possible environment for our patients and their commitment to team working and the trust values should be recognised.

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Jessica Horgan
Staff Nurse

York Hospital

Nominated by
Ru Kerrigan
A colleague

Jess has been a beacon of light and a calm sea in what has been a challenging few of months for the entire hospital. Having been deployed early doors on ward 25, the admissions ward for queried COVID-19 patients, she has seamlessly transitioned into her role and provided amazing care to her patients and with a cool head has acted as a sounding board for all team members working on the ward. Having worked at separate intervals on the ward during on call shifts, whenever I saw Jess working on the ward I felt a wave of relief. She has been the constant rock of the team, offering clarity in terms of present guidelines and thinking practically and pragmatically about conditions frequently encountered that do not have guidelines for which to follow. Her attention to her patients needs ability to comfort patients and their relatives and continue to keep her head above water and make sure the ward runs efficiently is inspirational. Having spoken to numerous others that have worked on the ward I know that this feeling is not just my own. With everything going on in the world right now due to COVID-19 characters like this shine and Jess has exactly the sort of exceptional behaviour that that we should be celebrating as a trust.

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**The Head and Neck York Hospital
Out Patient
Department
Healthcare Assistant
Team**

**Nominated by
Kirsty Bottomley
A colleague**

I would like to acknowledge and recognise the amazing work that the redeployed HCA's from Head and Neck OPD have done over the last 10+ weeks. On the 31st March my HCA's were redeployed to the COVID changing area up on the second floor next to Ward 27. They were supported by Matron Daniel Palmer and over a couple of days swiftly changed offices in to male and female changing rooms for the staff working on the COVID wards. This is a job I feel may have gone unnoticed. They cleaned up muck and dust and made the place look inviting to the amazing Drs/ Nurses/ AHPs/ Domestic/ catering team and anyone else who needed to use the changing areas, including patients saying goodbye to loved ones. They have continuously ensured that there are enough clean scrubs in every shape and size for all who needed them. They have picked up dirty scrubs/ bagged them and taken them to the infected waste area. They have helped people into and out of PPE. They have wiped away tears and acted as work mums and agony aunts, listening to stories from the staff on the front line and supported those who needed someone to listen to them. They have helped distribute donated parcels of food and refreshments to the staff on the COVID wards. They ensure that the PPE cupboard is always stocked up. They act as runners, chasing and collecting all manner of the things from one end of the hospital to the other. They have worked weekends and bank holidays (which they would not normally do) and have made the role their own with little guidance from me their line manager – I am so very proud of them. The stories they have told me have been inspirational – I don't think many of the hospital staff would have coped without them and I really think they need some sort of recognition as I believe they are the unsung heroes. I would very much appreciate your support in thanking and recognising; Sophie Naylor, Michelle Hughes, Samantha Mitchell-Robinson, Anne-Marie Sinclair, and Jackie Fieldhouse

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Samantha Eiles
Deputy Sister

York Hospital

Nominated by
Jennifer and Dean
Eiles
A patient and
relative

Jennifer said:

I nominate my sister in law Sam for a star award for supporting me whilst I was in hospital. I was in ICU for 4 weeks with COVID and once I was moved to the wards, Sam would come and visit me having obtained permission to do so and adhering to the PPE requirements. I was so lucky to have some family contact as I was unable to see my husband and 2 sons for 6 weeks. She improved my mental health as I was often in a side room alone. Sam would chat to me and encourage me to do my physio exercises for my wellbeing. She would come in on her days off and even visited me everyday during her annual leave. Sam went over and above her duties as a nurse and I feel she needs recognition for this.

Dean Said:

Sam deserves the Star Award because she went over and above her duties as a Nurse and also my sister. She helped me and my 2 sons while my wife had COVID and was hospitalised for 6 weeks, with 4 of them in ICU on a ventilator. Sam phoned up ICU 3 times a day for me because I just couldn't retain the information and she explained it to me in layman's terms. Sam also worked long shifts and still made time to cook us meals and food shop for us. Sam was a rock for me and my boys and I don't know how I would have coped without her.

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Jenn Morton
Image Support
Worker

York Hospital

Nominated by
Louise Coxon
A colleague

Jenn was looking after a patient who had come to radiology as an outpatient. Jenn took the time to listen to this patient who was struggling to care for themselves. Jenn made her concerns known to me and as a result this patient was admitted while care could be put into place for the patient at home. Without Jenn taking the time to listen to this patient and knowing to take it further this patient could have slipped through the net and not gotten the help they needed.

The Star award nomination form can be accessed through the Star Award link on the website and Staff Room.

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