York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors (Public) – Blue Box

26 January 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

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NHS Foundation Trust

Board of Directors
January 2022 (December data)
Integrated Business Report Executive Summaries

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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

Executive Summaries from Integrated Performance Report

Executive Summary – Key Points

As contained in individual summaries

Recommendation

The Board is asked to receive the summaries and note the impact on KPIs and actions been taken to address performance challenges

Author: Shown on individual Executive Summaries

Director Sponsor: Shown on individual Executive Summaries

Date: January 2022

EXECUTIVE SUMMARIES

Quality & Safety

- 17 Serious Incidents declared in November (4 Clinical, 8 Pressure Ulcers and 5 Falls). One of the SI's was a Never Event; wrong site injection (radiology).
- Compliance with Stage 2 (Written) Duty of Candour in December has deteriorated to 87%.
- The incidence of pressure ulcers shows a slight increase in month and when calculated as pressure ulcers per 1000 bed days, appears to be showing normal variation.
- The incidence of falls with moderate harm or above has reduced during the month of December.
- Trust waiting time for the Rapid Chest Pain clinic data has increased to 95.65%
- There were 126 medication errors this month during December which is within the normal variation. Although this report states there were 2 medication incidents causing moderate or above harm. These are monitored at Medication Safety Group upon investigation completion.
- The sustained increase in new cases has had an impact on performance and with the exception of CG2 care groups have struggled to deal with the increase at this challenging time. Overall performance is at 53%, with 41 new complaints in December.
- 14 hr post take compliance has increased slightly at York (79.2%), and Scarborough performance has also increased to 82.6%. NEWS compliance within 1 hour has decreased at both sites York is now 84.6% and Scarborough is 91.6%.
- Deaths per 1,000 bed days have increased from previous month to 12.63 deaths per 1,000 bed days. This is higher than the December 2020 figure (11.41). There were 15 SJCR's requested by the Medical Examiners in December. These are monitored at the Learning from Deaths Group.
- There have been a total of 17 Community Onset Healthcare Associated (COHA) + Hospital Onset Healthcare Associated (HOHA) Clostridium difficile cases for the month of December 2021. This is an increase of 11 cases from the previous month (November 2021). The trust is above trajectory for C.difficile. There were 0 trust-attributed cases of MSSA bacteraemia in November 2021.
- The Emergency C-Sections rate at York from 17.9% to 13.79%; Scarborough's Emergency C-Section rate has increased further from 22.6% to 24.1%
- Performance with bookings under 10 weeks at York has decreased further to 73.2% and Scarborough has increased to 77.7%.
- The number of babies who were admitted to SCBU who were cold at York has stayed at 7, whereas Scarborough has reduced to zero.

Author	Liam Wilson, Lead Nurse Patient Safety
Director Sponsors	James Taylor, Medical Director Heather McNair, Chief Nurse

Workforce

Detailed absence analysis has revealed an increase in sickness rates across all Care Group areas. The absence rate for November 2021 was 5.62%. Daily SitRep records demonstrate a continuous rise in absences throughout December reporting in excess of 9% absence between Christmas and New Year of which circa 20% was covid related.

The recently approved Workforce Resilience Plan is operational offering a range of incentives to minimise rota gaps. The staff vaccination programme has continued with regional reporting indicating the Trust is joint 4th across the region for staff accepting the Covid-19 booster (89%).

The welfare of our workforce remains a priority. The Trust continues to deliver a significant amount of psychological support initiatives. Additional psychologist resource approved earlier in 2020 has been recruited to and we have 74 trained mental health first aiders which is an increase from 52 in July 2020. The wellbeing team also work closely with the in-house Occupational Health function to ensure staff have a short wait time to receive talking therapy. Team facilitated sessions have run in CPD time where possible with Time in Post Incident (TiPi) and RAFT being offered to capture and support those struggling from incidents at work in a timely way.

A case study submitted on behalf of the Trust's health check programme, has been successful in winning an award for the 2021 Best Wellbeing Initiative.

Author	Will Thornton, Head of Resourcing
Director Sponsor	Polly McMeekin, Director of Workforce & Organisation Development

Finance

This paper and individual summary reports on Trust's financial position for period to December 2021 (Month 9).

Emergency Financial Regime

During 2020/21, to support the NHS in its response to COVID-19 all normal financial arrangements were suspended and a new national, temporary, emergency financial framework was put in operation. This saw an arrangement where for the first half year of 2020/21 the focus was on providing whatever resources organisations needed, within reason, in responding to the pandemic; with the second half of the year seeing a change in focus through the reintroduction of financial control with the Trust being expected to live within a defined allocation agreed with system partners.

For 2021/22, the allocation based approach used in the second half year of 2020/21 was initially rolled forward and applied to the first half year (April 2021 - September 2021) only.

In late September 2021, NHSE&I announced the financial framework that will be in place for the second half year, 2021/22, which primarily signalled a continuation of the approach adopted in the first half year with some further adjustments for inflation including the meeting the cost of the 3% pay deal; together with an increased efficiency requirement

over that required in the first half of the year.

The final financial plan for the second half of the year, 2021/22 (with an indicative full year plan for information only), was submitted to and agreed by the Board at its 4 November 2021 meeting. The agreed plan was consistent with the System and individual Provider plans submitted to NHSE&I later in November. The agreed plan results in a balanced I&E position for both the second half of the year, and the full year in total.

Month 9 Position

For November, the Trust is reporting an adjusted I&E position of £37k surplus against a £257k adjusted deficit plan, placing it £294k ahead of the adjusted plan agreed by the Board. This is primarily driven by the net impact of ERF income in the first half of the year being behind plan with the associated cost of delivery also being behind plan; offset by other net underlying Trust performance being broadly equally ahead of plan.

The Trusts overall CIP target for 2021/22 totals £8.1m, of which the Trust has delivered £4.08m.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 84% of suppliers being paid within 30 days.

Research & Development

Our key outcomes in the last month are as follows:

- We have had another strong month for our accruals and we are still on track to reach our CRN target of 4020 accruals by 31st March 2022 (only 321 accruals to go!!!)
- No grants have been submitted in the last month
- The Commercial Research Manager Dr Marthe Ludtmann will start in her new post on the 4th Jan 2022
- We continue to support our Trust by redeploying some Research Nurses each and every week
- The Multi Morbidity Research Hub launches on 27th January, the event has had to be rescheduled to a virtual event and if you are interested in attending on 27th January 1.00-2.00 please click on this link

  Click here to join the meeting

  The draft agenda is as follows

  1. Welcome and Meeting Chair Mr Simon Morritt – Chief Executive York & Scarborough Teaching Hospitals NHS Foundation Trust
  2. Presentation 1 Prof Alistair Hall- Clinical Lead for the Yorkshire and Humber CRN.- " ‘Multimorbidity in underserved populations- The NIHR perspective’
  3. Presentation 2 Prof Martin Wilkie from Sheffield. Renal Consultant but also the CRN's Multimorbidity Lead.- "Multimorbidity research from the clinican's and patient's perspective."

4. Presentation 3 Dr Ed Smith- "Caring for multimorbid patients- there's nowhere quite like Scarborough."
5. Presentation 4 Prof Vijay Jayagopal- "The Scarborough Multimorbidity Research Hub."
6. Closing remarks and Opening of the Research Hub

This is alongside delivering a large portfolio of clinical trials spread throughout all our six Care Groups. The challenges now are how to support this portfolio, alongside our Covid 19 trials (that still require a lot of support) and open up new opportunities, with the staff we have.

We are a very busy team!

Author(s)	Lydia Harris Head of R&D
Director Sponsor	Polly McMeekin Director of WOD

Operational Performance

Nationally, the COVID-19 Pandemic NHS Emergency Preparedness, Resilience and Response incident level moved to a level 4 national response on the 12th of December 2021. A level 4 national response is defined as “An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level”.

In response to the Omicron variant the Trust has continued to operate within its COVID-19 Command and Control structure and as at the 11th of January there were 150 COVID-19 positive inpatients in our acute and community hospitals. The number of COVID-19 positive inpatients peaked on the 26th of January 2021 at 216.

The Trust has had 4,152 COVID-19 positive inpatients since 17th March 2020, with 3,230 patients discharged, sadly 771 patients have died. Since the beginning of July 2021 there have been 1,333 new COVID-19 positive inpatients and 156 deaths.

As at the 11th of January, York Hospital has four COVID-19 positive wards with three COVID-19 positive wards/areas at Scarborough Hospital. The seven dedicated wards/areas currently equate to 122 beds that are COVID-19 only and are not available for general non-elective admissions. Not all of the COVID-19 patients are on the COVID-19 dedicated wards; a number are on a critical care ward or have been stepped down to an amber ward following clinical review as they are over their fourteen day infectious period.

The Trust’s COVID-19 surge plan is in place to respond to further requirements for additional beds.

Trust Planning

The workforce risk that the Trust has highlighted as part of the H1 2021-22 activity plan materialised to a greater extent than was anticipated and has continued into H2. This has affected not just the Trust but all partners. NYCC, TEWV, YAS, Primary Care and Vocare who have all been operating at their highest level of escalation due to workforce pressures over the last five months, limiting the availability of support from the system to reduce delays to patients or support urgent care demand. Overall the Trust sickness absence rate is 9.3% with 907 absent as at the 11th of January.

The pressure on medical staffing contributed to the cancellation of 250 outpatient clinics within fourteen days of the planned date and there were 197 elective patients cancelled by the Trust for either COVID-19 reasons (Staff isolating) or clinician/nursing unavailability during December 2021. The impact of the Omicron variant on the Trust staffing levels and bed occupancy has led, via the Surge Plan, to the cancelling of routine ordinary elective P3 and P4 patients from the 4th to the 21st of January. Day Case activity is continuing where possible however the York Day Unit PACU has been surged into due to critical care issues and three day unit lists per day at York have been stood down. At the time of writing this report the Trust is anticipating de-escalating by Monday 17th of January. As in the previous COVID waves cancer and P2 elective procedures are being prioritised.

Compared to the activity outturn in December 2019 the Trust delivered the following provisional levels of elective care activity:

Point of Delivery	December 2019 Outturn	December 2021 Actual	Variance	Proportion of December 2019 delivered in December 2021
First Outpatient Appts	12,585	11,592	-993	92%
Follow up Outpatient Appts	27,842	30,704	2,862	110%
Ordinary Electives*	536	519	-17	97%
Day Cases	5,785	6,142	357	106%

*Ordinary Elective figures are based on discharge date.

An additional £1bn Elective Recovery Fund (ERF) has been made available to the NHS in the second half of 2021-22 to support activity above the level funded within system financial envelopes.

Systems that achieve completed referral to treatment (RTT) pathway activity above a 2019-20 threshold of 89% will be able to draw down from the ERF. In December 2021 the Trust provisionally completed 92% of the RTT pathways that were completed in December 2019.

December 2021 Performance Headlines:

• 70.8% of ED patients were admitted, transferred or discharged within four hours during December 2021.
• The Trust reported 298 twelve hour Trolley Breaches.
• October 2021 saw challenging cancer performance with the Trust achieving one out of the eight core national standards.
• 1,586 fifty-two week wait pathways have been declared for the end of December 2021.
• 117 104+ week wait pathways have been declared for the end of December 2021. This number, as per national guidance, excludes those patients who have requested to defer their treatment. There was one such patient at the end of December 2021.
• The Trust saw a decline against the overall Referral to Treatment backlog, with the percentage of patients waiting under eighteen weeks at month end decreasing from 64.8% in October to 63.5% at the end of December 2021.

Author(s)	Andrew Hurren, Operational Planning and Performance Manager Lynette Smith, Deputy Director of Operational Planning and Performance Steve Reed, Head of Community Services
Director Sponsor	Wendy Scott, Chief Operating Officer

Digital and Information Service

MAIN UPDATES

The main update for the IBR this month is on the log4j bug (also called the log4shell vulnerability and known by the number CVE-2021-44228) is a weakness in some of the world's most widely used web server software known as Apache. The bug is found in the open-source log4j library, a collection of pre-set commands programmers use to speed up their work and keep them from having to repeat complicated code.

It is possible for a hacker to feed the log4j library a line of code that allows them to access it and other servers and data on our network.

The impact of this flaw is huge: one-third of the world's servers are possibly affected, including those of major corporations like Microsoft, Amazon and Apple.

In order to remove the risk it is necessary to implement software patches that fix the flaw. Unfortunately in many cases patches do not yet exist, resulting in the need to introduce mitigation measures such as disabling services where practical or limiting access to them from external sources.

DIS have identified all potentially vulnerable systems, applied patches wherever possible and mitigations where necessary. We continue to liaise with software suppliers to identify any software that uses Log4j, ascertain the version used, and upgrade where necessary. There are NHS online resources dedicated to this issue including regular webinars and daily briefings which the team have access to.

This is a vulnerability we will be managing for some significant time and progress to close the gap will be reported monthly to the Resources Committee.

INTELLIGENCE AND INSIGHT TEAM

Following successful funding bids to support required changes to Emergency Care Dataset (ECDS) and Same Day Emergency Care (SDEC), a project group has been established with work due to commence in mid-January. This will be a user-led review of the ED workflow and screens with the aim of improving efficiency in data recording and releasing clinical time to care, whilst ensuring national reporting requirements and conformance indicators are achieved. The output of this review will result in costed pieces of development work to make the required changes. The Business Intelligence and Insight team are currently on track to achieve the April implementation date of the new ECDS, recognising that compliance against clinical indicators will not achieve 95% until the review has been completed and changes to the ED screens made.

Author(s)	Dylan Roberts, Chief Digital Information Officer Nicky Slater, Head of Intelligence and Insight
Director Sponsor	Dylan Roberts, Chief Digital Information Officer

Integrated Business Report

Quality and Safety, Workforce, Finance, Research and Development, Operational Performance, Digital and Information Service.

December-2021

Produced January-2022

The Board Assurance Framework is structured around the Trust's three 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 stability

Report produced by:

Information Team

Integrated Performance Report : December-2021

Understanding the Report

1. Operational Performance Summary

This section provides a summary of key performance targets for NHSI, Quality, Workforce and Finance, plus activity data. The target is either the monthly standard and performance is coloured according to achievement. This should be read in conjunction with overall trends and not taken in isolation. The table will show performance for a 13 month rolling period, which is also displayed in the snapshot overview. Change from previous month is displayed using arrow, but again this must be read in conjunction with trend analysis.

Indicator

target if applicable

change from previous month

monthly performance or activity level

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
1.01	Emergency Care Attendances		▼	18055	18270	18256	20101	19683	18486	18800	17848	17926	17169	16770	13034	7755
1.02	Emergency Care Breaches		▼	3525	3310	3067	3785	3671	4043	3689	4337	4471	4257	3065	2131	490
1.03	Emergency Care Standard Performance	95%	▲	80.5%	81.9%	83.2%	81.2%	81.3%	78.1%	80.4%	75.7%	75.1%	75.2%	81.7%	83.7%	93.7%

trend of 13 month rolling period

2. Focus Sections

This section provides a summary of key performance targets for NHSI, Quality, Workforce and Finance, plus activity data. The target is either the monthly standard and performance is coloured according to achievement. This should be read in conjunction with overall trends and not taken in isolation. The table will show performance for a 13 month rolling period, which is also displayed in the snapshot overview. Change from previous month is displayed using an arrow, but again this must be read in conjunction with trend analysis. There is also a Red/Green indicator to ascertain where the Care Group is passing/failing target at a service level, where applicable.

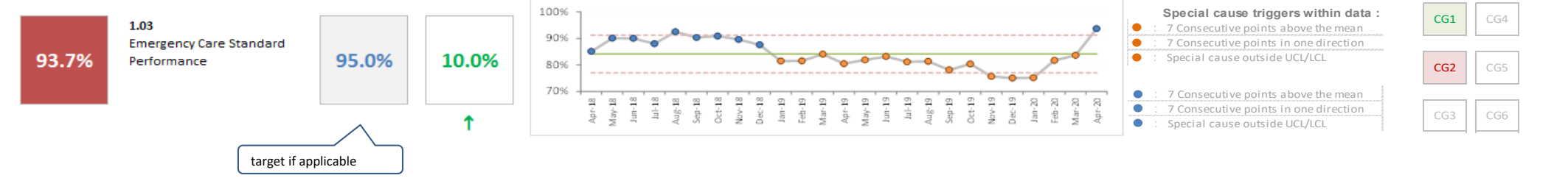
monthly performance

change from previous month

SPC for 13 month period

SPC triggers can be 1 or all of

Care Group level



target if applicable

QUALITY AND SAFETY REPORT

December-2021

Produced January-2022

The Board Assurance Framework is structured around the Trust's three 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 stability

Report produced by:

Information Team

Quality and Safety Report: December-2021

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

To provide the Board with an integrated overview of Quality and Safety indicators within the Trust

Executive Summary:

Key discussion points for the Board are:

• 17 Serious Incidents declared in November (4 Clinical, 8 Pressure Ulcers and 5 Falls). One of the SI's was a Never Event; wrong site injection (radiology).
• Compliance with Stage 2 (Written) Duty of Candour in December has deteriorated to 87%.
• The incidence of pressure ulcers shows a slight increase in month and when calculated as pressure ulcers per 1000 bed days, appears to be showing normal variation.
• The incidence of falls with moderate harm or above has reduced during the month of December.
• Trust waiting time for the Rapid Chest Pain clinic data has increased to 95.65%
• There were 126 medication errors this month during December which is within the normal variation. Although this report states there were 2 medication incidents causing moderate or above harm. These are monitored at Medication Safety Group upon investigation completion.
• The sustained increase in new cases has had an impact on performance and with the exception of CG2 care groups have struggled to deal with the increase at this challenging time. Overall performance is at 53%, with 41 new complaints in December.
• 14 hr post take compliance has increased slightly at York (79.2%), and Scarborough performance has also increased to 82.6%. NEWS compliance within 1 hour has decreased at both sites York is now 84.6% and Scarborough is 91.6%.
• Deaths per 1,000 bed days have increased from previous month to 12.63 deaths per 1,000 bed days. This is higher than the December 2020 figure (11.41). There were 15 SJCR's requested by the Medical Examiners in December. These are monitored at the Learning from Deaths Group.
• There have been a total of 17 Community Onset Healthcare Associated (COHA) + Hospital Onset Healthcare Associated (HOHA) Clostridium difficile cases for the month of December 2021. This is an increase of 11 cases from the previous month (November 2021). The trust is above trajectory for C.difficile. There were 0 trust-attributed cases of MSSA bacteraemia in November 2021.
• The Emergency C-Sections rate at York from 17.9% to 13.79%; Scarborough's Emergency C-Section rate has increased further from 22.6% to 24.1%
• Performance with bookings under 10 weeks at York has decreased further to 73.2% and Scarborough has increased to 77.7%.
• The number of babies who were admitted to SCBU who were cold at York has stayed at 7, whereas Scarborough has reduced to zero.

Recommendation:

The Board is asked to receive the report and note any actions being taken.

Author(s): Liam Wilson, Lead Nurse Patient Safety

Director Sponsor: James Taylor, Medical Director
Heather McNair, Chief Nurse

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report)	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.01	Number of SI's reported	▼	18	10	6	14	14	12	20	21	11	12	16	25	17
1.02	% SI's notified within 2 working days of SI being identified	◀▶	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1.03	Number of SIs where Duty of Candour is Applicable (Moderate or Above Harm)	▼	15	5	6	13	14	11	17	16	11	11	16	21	15
1.04	Number of SIs Where Stage 2 (Written) Duty Of Candour is Outstanding (Moderate or Above Harm)	▲	0	0	0	0	0	0	0	0	1	0	0	0	2
1.05	% Compliance with Stage 2 (Written) Duty of Candour for Serious Incidents (Moderate or Above Harm)	▼	100%	100%	100%	100%	100%	100%	100%	100%	91%	100%	100%	100%	87%
1.06	-Invitation to be involved in Investigation (Clinical SIs Only)	▼	10	3	1	6	3	2	10	10	6	4	7	9	1
1.07	-Given Final Report (If Requested - Clinical SIs Only - based on Investigation End Date)*	▼	2	4	3	6	3	1	7	2	3	11	7	2	0

*Data for 1.07 has been refreshed prior to Feb-21 due to error

The harm for incidents reported within the last week of the reporting period have not been validated as investigations are ongoing. The degree of harm may change from the reporter's initial depending on the outcome of the investigation.

REF	DUTY OF CANDOUR (All Incidents - data is based on the date reported)	Target	Sparkline / Previous Month	TOTAL
1.10	Incident Graded Moderate or Above			333
1.11	Stage 1 - Verbal Apology Given			302
1.12	Stage 2 - Written Apology Given			300
1.14	% Compliance with Stage 2 (Written) Duty of Candour			90%
1.15	Stage 3 - Final Written Summary Due (for incidents between Jan and Jun 21)			134
1.16	Stage 3 - Final Written Summary Completed (for incidents reported Between Jan and Jun 21)			128

*** For Incidents Reported Between 01/01/21 and 17/12/21**

Note: Duty of Candour data is based on the dates incidents were reported, not the incident date, so the number of incidents graded as moderate or above harm in the DoC data may be different to those in the incident data. All harms of moderate or above are subject to ongoing validation, so degree of harm data is subject to change. In exceptional cases, it may not be possible to provide letters to patients / relatives / carers, so percentage compliance is calculated on the number of incidents where the DoC process has been signed off signed as complete.

The Trust introduced a three stage Duty of Candour process on 18 January 21, which requires a final written summary of the investigation findings and actions taken being sent within 6 months of the incident being reported. Data on the third stage of Duty of Candour is now included above. However, compliance with Duty of Candour continues to be measured as compliance with Stage 2 where an initial written apology is provided, due to the long time period for completion of the third stage.

REF	CLAIMS	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.20	Number of Negligence Claims	▼	11	9	17	13	11	11	8	13	12	16	10	17	13
1.21	Number of Claims settled per Month	◀▶	1	2	2	1	4	1	1	1	13	8	2	3	3
1.22	Amount paid out per month	▼	7,500	29,000	39,841	32,500	739,500	287,582	20,000	9,500	1,406,144	103,700	1,040,000	73,946	15,000
1.23	Reasons for the payment		Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

Please note that damages data may be adjusted some time after a claim has been settled if there is a delay in agreeing a final settlement, hence data is subject to change.

Significant work has recently been undertaken by care groups to identify learning points from all claims settled in the last year. In order to capture this information in the weekly report to the Quality & Safety meeting the actual date of settlement has been omitted from the datix claim record until such point the learning information has been available for circulation. This has resulted in a slight backlog of claims settlement dates being recorded on Datix, hence the apparent rise in the number of claims settled in August and September. Going forward the learning information will be available at a much earlier stage, before settlement is agreed, and so the settlement dates will be more accurately reflected.

REF	MEASURES OF HARM	Target	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.30	Incidents Reported		▼	1,309	1,502	1,324	1,420	1,364	1,463	1,467	1,507	1,435	1,587	1,578	1,563	1,477
1.31	Incidents Resulting in No or Minor Low Harm Not Completed Within 1 Month of Reporting		▲	-	-	-	-	-	-	-	655	886	887	853	635	777
1.32	Patient Falls		▼	185	261	221	214	208	213	192	199	243	224	242	264	256
1.33	Pressure Ulcers - Newly Developed Ulcer		▲	94	138	117	94	89	94	83	91	96	89	123	126	136
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer		▼	22	22	15	20	25	22	23	12	13	17	27	19	17
1.35	Pressure Ulcers - Present on Admission		▲	159	174	164	201	166	167	149	185	196	185	170	160	216
1.36	Degree of harm: serious or death		◀▶	6	9	5	8	7	5	7	7	6	4	9	7	7
1.37	Medication Related Errors		▼	105	157	116	125	128	164	157	151	124	156	131	159	126
1.38	VTE risk assessments *	95%	▼	94.3%	94.7%	94.4%	94.2%	93.3%	94.1%	92.5%	92.9%	93.3%	87.9%	87.3%	85.2%	85.1%
1.39	Never Events	0	▼	0	0	0	1	0	0	0	0	0	0	0	2	1

As at the beginning of November, the degree of harm is being determined by the incident reporter at the time of reporting rather than being determined during the investigation. The degree of harm for incidents reported within the last week of the reporting period have not been validated as investigations are ongoing. The degree of harm may change from the reporter's initial depending on the outcome of the investigation.

Incident reporting monitoring now shows the number of investigations resulting in no or minor/low harm where the investigation has not been completed within 1 month of the incident being reported (excluding incidents which are subject to more in-depth investigation via the SI or 72 Hour reporting process. This data also excludes incidents referred to external organisations for investigation). The data shows the position for the last 11 months in the reporting period (as incidents in the most recently reported month may not yet be completed).

* VTE risk assessment percentage from Sep-21 is now calculated using the VTE Assessments dashboard. New rules have been agreed with the Pharmacy team.

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY SUMMARY: (ii)

REF	PRESSURE ULCERS***	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.40	Number of Category 2	◀▶	74	89	73	70	58	61	65	64	72	57	79	82	82
1.41	Number of Category 3	▲	1	2	3	3	9	3	2	6	5	5	3	5	8
1.42	Number of Category 4	▼	2	2	2	2	4	0	1	1	0	2	2	1	0
1.43	Total no. developed/deteriorated while in our care (care of the org) - acute	▲	87	127	94	74	67	86	74	81	74	76	100	103	109
1.44	Total no. developed/deteriorated while in our care (care of the org) - community	▲	29	33	38	40	47	30	32	22	35	30	50	42	44

REF	FALLS****	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.50	Number of falls with moderate harm	▼	5	2	4	3	3	3	2	2	3	6	5	8	3
1.51	Number of falls with severe harm	▼	1	4	1	4	5	1	2	2	2	1	2	4	1
1.52	Number of falls resulting in death	◀▶	0	0	1	0	0	0	0	1	0	0	0	0	0

Note *** and **** - falls and pressure ulcers are subject to ongoing validation. The degree of harm for incidents reported within the last week of the reporting period have not been validated as investigations are ongoing. The degree of harm may change from the reporter's initial depending on the outcome of the investigation. Inpatients developing pressure ulcers in Community Hospitals are now counted in the Acute care data above (as the care they receive is the same as patients on acute wards) so this data has been recalculated. Community pressure ulcers includes the RATS and DN Teams.

REF	DRUG ADMINISTRATION	Target	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
10.20	Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death		▼	0	1	0	0	0	0	1	0	0	1	2	3	2
10.21	Insulin Incidents		◀▶	7	13	9	20	8	14	13	16	14	12	10	12	12
10.22	Antimicrobial Incidents		▼	12	16	14	13	18	17	19	11	13	17	17	26	15
10.23	Opiate Incidents		▼	30	30	27	23	27	43	40	26	31	26	25	32	21
10.24	Anticoagulant Incidents		▼	6	13	15	8	10	14	13	19	7	18	11	19	16
10.25	Missed Dose Incidents		▼	14	38	26	23	15	41	32	41	33	32	23	41	29
10.26	Discharges Incidents		▲	11	12	14	17	32	22	19	11	18	20	20	10	12
10.27	Prescribing Errors		▼	18	33	25	33	22	36	41	36	42	37	37	44	32
10.28	Preparation and Dispensing Incidents		▼	4	8	6	11	10	14	13	13	6	10	4	8	4
10.29	Administrating and Supply Incidents		▼	52	73	55	58	68	74	70	71	48	80	61	67	61

REF	SAFEGUARDING	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.70	% of staff compliant with training (children)	◀▶	87%	86%	86%	86%	87%	87%	87%	88%	88%	88%	88%	88%	88%
1.71	% of staff compliant with training (adult)	◀▶	87%	87%	87%	86%	87%	87%	88%	88%	89%	88%	88%	88%	88%
1.72	% of staff working with children who have review DBS checks														

REF	PATIENT EXPERIENCE: COMPLAINTS, PALS AND FFT	Target	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
2.01	New complaints this month †		▼	37	36	48	56	41	34	57	56	46	54	61	61	41
2.02	% Complaint responses closed within target timescale	30 days	▼	65%	61%	81%	64%	74%	50%	71%	61%	47%	60%	51%	54%	53%
	CG1	30 days	▲	43%	25%	69%	44%	61%	31%	67%	50%	55%	55%	53%	42%	52%
	CG2	30 days	◀▶	61%	33%	70%	70%	78%	67%	100%	67%	50%	82%	65%	100%	100%
	CG3	30 days	▲	71%	82%	100%	71%	92%	57%	56%	75%	36%	63%	54%	38%	67%
	CG4	30 days	▲	100%	-	100%	100%	75%	100%	75%	67%	33%	-	67%	50%	-
	CG5	30 days	▼	100%	83%	100%	100%	100%	60%	83%	63%	43%	29%	8%	67%	13%
	CG6	30 days	▼	67%	50%	67%	50%	43%	50%	71%	50%	57%	67%	57%	43%	18%
2.03	New PALS concerns this month		▼	92	86	132	132	144	142	159	166	160	150	88	48	24
2.04	% PALS responses closed within target timescale	10 days	▼	73%	77%	86%	71%	74%	74%	77%	77%	78%	71%	53%	62%	57%
	CG1	10 days	▼	69%	69%	92%	74%	73%	67%	67%	66%	65%	66%	60%	69%	64%
	CG2	10 days	▲	56%	78%	72%	63%	96%	90%	95%	80%	88%	100%	83%	90%	100%
	CG3	10 days	▼	85%	67%	88%	68%	68%	63%	69%	84%	77%	71%	46%	60%	57%
	CG4	10 days	▼	71%	75%	88%	100%	82%	100%	92%	90%	83%	73%	80%	100%	33%
	CG5	10 days	▼	71%	100%	100%	77%	67%	55%	69%	76%	82%	44%	20%	29%	25%
	CG6	10 days	▲	88%	79%	86%	67%	50%	72%	87%	76%	79%	65%	44%	50%	100%
2.05	FFT - York ED Recommend %	90%	▼	90.4%	93.0%	94.3%	91.5%	86.4%	96.0%	85.0%	78.2%	82.3%	80.2%	81.3%	72.9%	-
2.06	FFT - Scarborough ED Recommend %	90%	▼	87.1%	83.9%	88.4%	85.7%	84.3%	93.5%	87.1%	83.3%	75.6%	80.5%	75.0%	72.1%	-
2.07	FFT - Trust ED Recommend %	90%	▼	90.0%	91.6%	93.5%	90.7%	86.0%	95.5%	85.4%	78.8%	81.2%	80.3%	80.2%	72.8%	-
2.08	FFT - Trust Inpatient Recommend %	90%	▼	97.7%	98.8%	95.3%	98.2%	98.0%	98.3%	97.4%	97.1%	97.2%	95.8%	98.3%	96.9%	-
2.09	FFT - Trust Maternity Recommend %	90%	▼	99.5%	98.4%	100.0%	99.7%	100.0%	100.0%	99.1%	98.4%	98.6%	100.0%	99.0%	97.5%	-

† Please note that the Feb-21 figure for New Complaints has been corrected to 48. On previous reports it was stated as 42.

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY SUMMARY: (iii)

REF	CARE OF THE DETERIORATING PATIENT	Target	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
3.01	14 hour Post Take - York *	90%		81%	79%	82%	79%	79%	79%	81%	79%	78%	80%	80%	79%	79%
3.02	14 hour Post Take - Scarborough *	90%		77%	78%	81%	82%	81%	82%	83%	81%	79%	81%	80%	79%	83%
3.03	NEWS within 1 hour of prescribed time †	90%		89.6%	87.7%	89.6%	91.0%	91.8%	91.1%	90.8%	90.3%	90.5%	89.0%	89.1%	88.5%	87.6%
3.04	Elective admissions: EDD within 24 hours of admission	93%		93.2%	93.9%	94.8%	94.1%	93.8%	94.1%	92.8%	90.2%	91.6%	91.8%	94.5%	92.3%	94.2%

* Data includes non-elective inpatients only, excludes Maternity, and excludes patients only admitted to the Patient Lounge. The numerator (those included as having had a Senior Review within 14hrs) includes any patient who has been marked on CPD as having had a Senior Review (post take still required) or Post Take Completed within 14 hours of admission time. It also includes any patients who have had a Length of Stay less than 14hrs.

† NEWS performance includes MEWS from Dec 2021

REF	MORTALITY INFORMATION	Target	Sparkline / Previous Month	Apr 17 - Mar 18	Jul 17 - Jun 18	Oct 17 - Sep 18	Jan 18 - Dec 18	Apr 18- Mar 19	Jul 18 - Jun 19	Oct 18 - Sep 19	Jan 19 - Dec 19	Apr 19- Mar 20	Oct 19 - Sep 20	Jan 20 - Dec 20	Apr 20 - Mar 21	Jul 20 - Jun 21
10.33	Summary Hospital Level Mortality Indicator (SHMI)	100		99	99	98	100	100	98	100	99	99	97	95	94	94

REF	INFECTION PREVENTION	Target*	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
6.01	Clostridium Difficile - meeting the C.Diff objective			6	10	5	6	7	12	12	13	13	16	12	6	17
6.02	Clostridium Difficile - meeting the C.Diff objective - cumulative			57	67	72	78	7	19	31	44	57	73	85	91	108
6.03	MRSA - meeting the MRSA objective	0		0	0	0	0	0	0	0	0	1	0	0	0	0
6.04	MSSA			11	7	7	3	5	7	8	7	7	8	4	5	6
6.05	MSSA - cumulative			45	52	59	62	5	12	20	27	34	42	46	51	57
6.06	ECOLI			6	20	7	17	15	12	20	11	13	16	15	15	14
6.07	ECOLI - cumulative			115	135	142	159	15	27	47	58	71	87	102	117	131
6.08	Klebsiella			4	6	6	3	5	3	4	7	7	7	5	4	4
6.09	Klebsiella - cumulative			41	47	53	56	5	8	12	19	26	33	38	42	46
6.10	Pseudomonas			0	3	2	0	3	4	1	4	2	3	4	1	1
6.11	Pseudomonas - cumulative			15	18	20	20	3	7	8	12	14	17	21	22	23
6.12	MRSA Screening - Elective †	95%		82.5%	87.0%	75.7%	87.9%	80.3%	83.3%	84.8%	89.7%	91.0%	80.4%	84.3%	82.0%	77.7%
6.13	MRSA Screening - Non Elective †	95%		93.6%	92.3%	93.8%	94.9%	94.4%	95.0%	94.4%	92.6%	93.3%	89.5%	89.8%	88.2%	86.3%

* Thresholds to be confirmed for 2021-22 for MSSA, ECOLI and C-DIFF.

From April 2020 - PHE change of definitions for Trust attributed cases - reported cases include any patient positive within 28 days of last discharge

† The MRSA Screening data has been refreshed from Sep-20 to align with the Oversight & Assurance Report for Quality and Safety, using the same data model

REF	DOLS	Target	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
8.01	Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome			6	9	5	6	4	32	12	8	19	4	2	21	19
8.02	Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation			25	34	34	31	44	15	61	53	23	40	11	29	34
8.03	Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward			14	8	21	11	9	9	8	16	5	8	28	18	19
8.04	Standard Authorisation Granted: Local Authority granted application			0	0	1	0	0	0	0	0	0	0	0	0	0
8.05	Application Not Granted: Local Authority not granted application			0	0	0	0	0	0	0	0	0	0	0	0	0
8.06	Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application			6	14	10	13	6	21	8	10	7	10	29	14	16
8.07	Safeguarding Adults concerns reported to the Local Authority against the Trust			4	8	8	9	11	4	8	11	7	7	7	6	3
8.08	Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment			13	9	7	4	5	4	6	6	5	15	22	14	16

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month		Q3 20/21	Q4 20/21	Q1 21/22 †	Q2 21/22 †	Sep-21	Oct-21	Nov-21	Dec-21
9.01	All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days*	Non-payment of costs associated with cancellation and re-scheduled episode of care	0		◀▶	-	-	-	-	-	-	-	-
9.02	No urgent operation should be cancelled for a second time*	£5,000 per incidence in the relevant month	0		◀▶	-	-	-	-	-	-	-	-
9.03	Sleeping Accommodation Breach ‡	£250 per day per Service User affected	0		▲	8	22	51	51	16	8	4	22
9.04	% Compliance with WHO safer surgery checklist (not currently recorded)	No financial penalty	100.00%			-	-	-	-	-	-	-	-
9.05	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99.00%		▲	99.93%	99.95%	99.93%	99.86%	99.88%	99.92%	99.93%	-
9.06	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95.00%		▲	99.52%	99.78%	99.66%	99.41%	99.48%	99.38%	99.66%	-
9.07	Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if		▲	7.61%	5.81%	4.52%	6.55%	8.13%	9.58%	10.07%	-
	Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	Set baseline in Q1 and agree trajectory	Monthly Provider Report									
9.08	Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99.00%		▲	88.78%	88.16%	75.63%	83.12%	82.89%	58.18%	83.18%	95.65%
	Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	Best Practice Standards	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.									
9.09	Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90.00%		▼	91.36%	94.32%	94.48%	90.77%	91.69%	92.52%	91.22%	89.14%
9.10	Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent (not currently recorded)	General Condition 9	95.00%			-	-	-	-	-	-	-	-
	All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	0	CCG to audit for breaches									
	All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	0	CCG to audit for breaches									

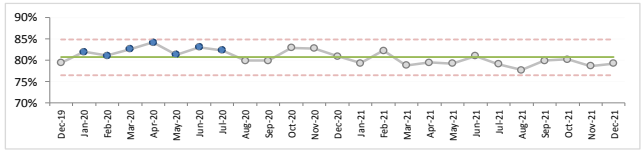
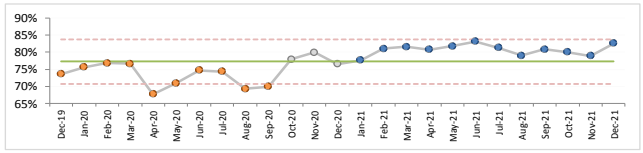
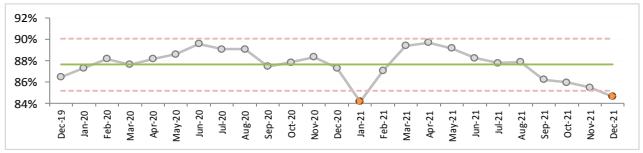
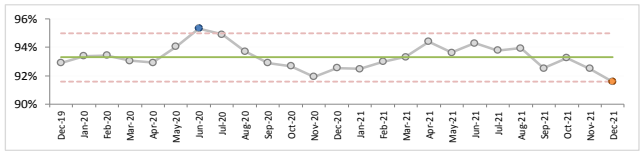
*QMCO and Monthly Sitrep Return suspended due to Covid-19

† The quarterly figures for Q1 & Q2 21/22 have been refreshed due to error

‡ The Sleeping Accommodation Breaches for Dec-21 are currently unvalidated due to a Datix issue. For Nov-21, 5 breaches were declared to NHSE but only 4 have been validated as breaches. This figure will be updated when the national window for corrections opens

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Dec-21	METRIC :	TARGET :	vs LM :	
79.2%	**3.01** 14 hour Post Take - York	90.0%	0.6% ↑	
82.6%	**3.02** 14 hour Post Take - Scarborough	90.0%	3.7% ↑	
84.6%	**10.01** NEWS within 1 hour (York)	90.0%	-0.9% ↓	
91.6%	**10.02** NEWS within 1 hour (Scarb)	90.0%	-0.9% ↓	

CG1 CG4 CG2 CG5 CG3 CG6

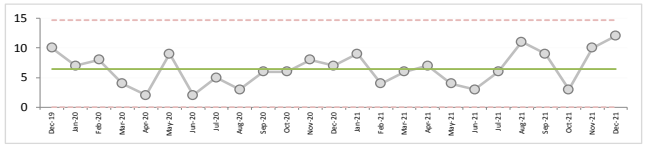
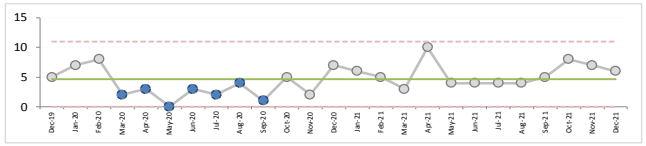
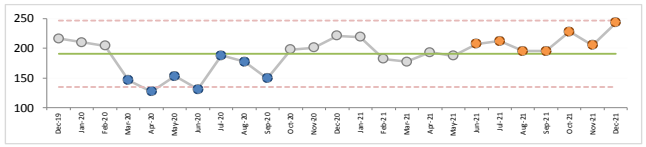
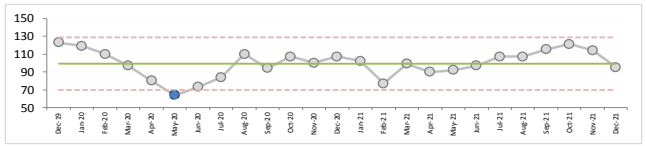
HIGHLIGHTS FOR BOARD TO NOTE :

There has been an increase of 14 hour post-take performance at both sites, by 0.6% at York and 3.7% at Scarborough. This is monitored at SAFER Group monthly.

NEWS2 performance within 1 hour has fallen again to 84.6% at York and 91.6% at Scarborough. NEWS 2 observation compliance continues to remain below 90% at the York Site. This was discussed at our last Deteriorating patient meeting and numerous contributing factors were postulated. We have decided to perform an equipment assessment in the ward areas and publish a patient safety briefing.

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Dec-21	METRIC :	TARGET :	vs LM :	
12	**10.10** Crash Calls (York)	-	2 ↑	
6	**10.12** Crash Calls (Scarb)	-	-1	
243	**10.13** Calls to Outreach Team (York)	-	38 ↑	
95	**10.14** Calls to Outreach Team (Scarb)	-	-19	

HIGHLIGHTS FOR BOARD TO NOTE :

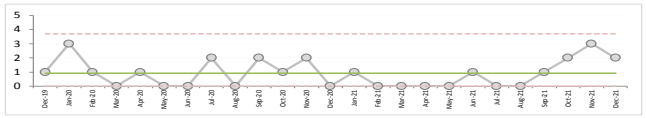
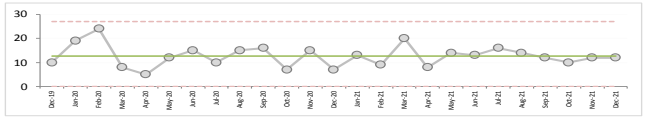
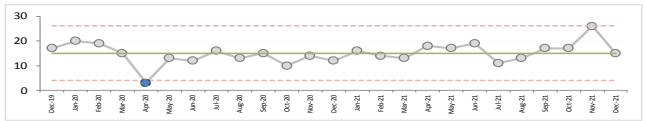
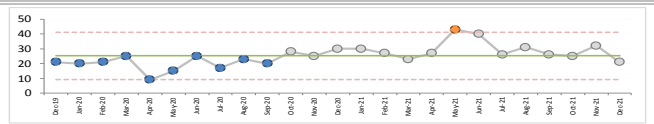
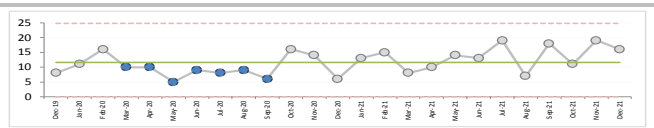
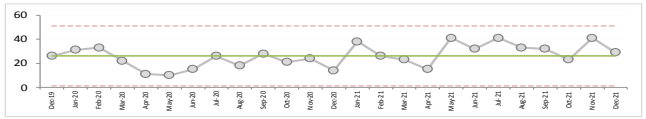
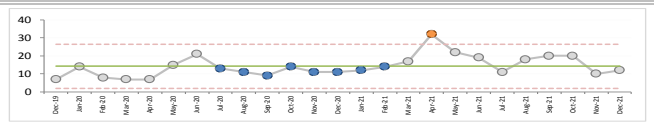
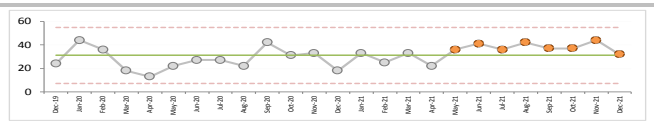
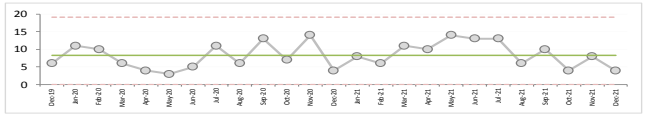
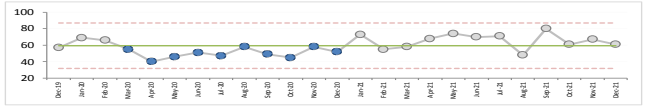
Calls to Outreach remains static at the SGH site but is increasing at the York site. This may be secondary to the general increase in clinical ward workload exacerbated with increased COVID patients. In addition, the introduction of Medical Emergency Team bleep will have contributed, this activity is being audited.

The cardiac arrests at both Sites is above the mean, In York there were 12 cardiac arrests in December, there were no concerning features in terms of failed DNACPR decision making or failed patient escalations. It is likely this is a reflection of the overall increased activity within the trust.

The Out of Hours workstream continues with a launch date for the Task allocation APP in February.

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY: MEDICATION INCIDENTS

Dec-21	METRIC :	TARGET :	vs LM :	
2	**10.20** Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death	-	-1 ↓	
12	**10.21** Insulin Incidents	-	0 ↑	
15	**10.22** Antimicrobial Incidents	-	-11 ↓	
21	**10.23** Opiate Incidents	-	-11 ↓	
16	**10.24** Anticoagulant Incidents	-	-3 ↓	
29	**10.25** Missed Dose Incidents	-	-12 ↓	
12	**10.26** Discharges Incidents	-	2 ↑	
32	**10.27** Prescribing Errors	-	-12 ↓	
4	**10.28** Preparation and Dispensing Incidents	-	-4 ↓	
61	**10.29** Administrating and Supply Incidents	-	-6 ↓	

HIGHLIGHTS FOR BOARD TO NOTE :

There were 139 medication incidents this month.

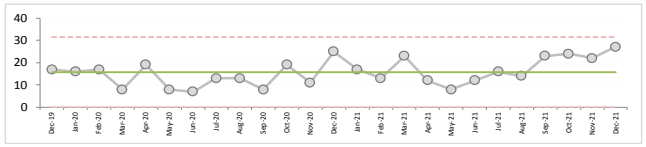
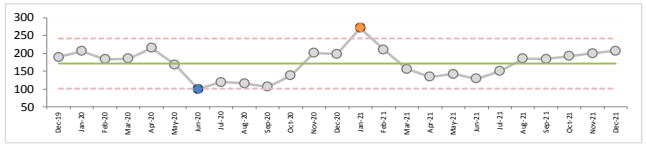
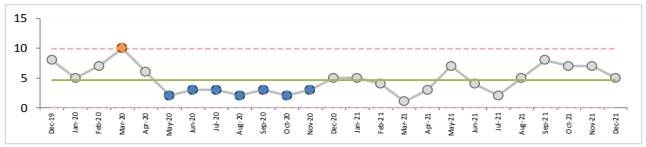
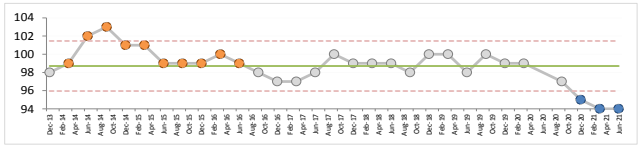
Although there are 2 incidents showing as moderate harm one has been downgraded following investigation and the second, relating to delayed prescription of anti epileptic medication is likely to be downgraded.

All incident types are within normal variation.

There continues to be a run of prescribing errors. Approximately half of these relate to delays in prescribing medication on admission and may reflect the pressure on emergency departments and admission areas. A meeting is planned to roll out EPMA to emergency departments which may support prompt prescribing of usual medication. At SGH, a review of pharmacists roles and responsibilities has led to a number of more specialist pharmacist roles been developed which will increase support for junior doctors.

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY : MORTALITY

Dec-21	METRIC :	TARGET :	vs LM :	
27	**10.30** ED Deaths	-	5 ↑	
207	**10.31** Inpatient Deaths (Acute)	-	7 ↑	
5	**10.32** Inpatient Deaths (Community)	-	-2 ↓	
Jul 20 - Jun 21			vs LQ:	
94	**10.33** Summary Hospital Level Mortality Indicator (SHMI)	100	0	

HIGHLIGHTS FOR BOARD TO NOTE :

In December 2021 the top 3 causes of death were Pneumonia, Sepsis and Covid 19. There were 13 deaths that mentioned Covid 19 as 1a Cause of Death. In December , overall deaths increased in the Emergency Department and the Acute Sites, but declined in the Community.
The number of deaths per 1000 bed days was calculated and is shown below:
December 2020 - 11.41 deaths per 1000 bed days
January 2021 - 13.45 deaths per 1000 bed days
February 2021 - 11.75 deaths per 1000 bed days
March 2021 - 8.56 per 1000 bed days
April 2021 - 7.15 per 1000 bed days
May 2021 - 7.10 per 1000 bed days
June 2021 - 6.90 per 1000 bed days
July 2021 - 6.76 per 1000 bed days
August 2021 - 8.55 per 1000 bed days
September 2021-8.42 per 1000 bed days
October 2021 - 8.78 per 1000 bed days
November 2021 - 9.05 per 1000 bed days
December 2021- 12.63per 1000 bed days
When compared to December 2020, the number of deaths per 1000 bed days has Decreased in December 2021.
In December 2021 there were 15 Structured Judgement Casenote Reviews (SJCR's) commissioned. The SJCR's requested were as a result of the following; 15 x medical examiner review.

TRUST BOARD REPORT : December-2021

PATIENT EXPERIENCE: NEW COMPLAINTS AND PALS CASES

New complaints and PALS cases by care group and site

Care Group	COMPLAINTS				PALS			
	York	Scarb	Brid	Total	York	Scarb	Brid	Total
CG1	15	0	0	15	10	0	0	10
CG2	0	3	1	4	0	1	0	1
CG3	7	1	0	8	3	1	0	4
CG4	4	0	0	4	2	0	0	2
CG5	5	2	0	7	4	1	0	5
CG6	1	2	0	3	2	0	0	2
Corporate	0	0	0	0	0	0	0	0
Total	**32**	**8**	**1**	**41**	**21**	**3**	**0**	**24**

Top 5 themes

COMPLAINTS	York	Scarb	Brid	Total	PALS	York	Scarb	Brid	Total
Delay or failure in treatment or procedure	10	1	0	**11**	Attitude of nursing staff/midwives	4	1	0	**5**
Communication with relatives/carers	7	2	0	**9**	Discharge Arrangements	5	0	0	**5**
Discharge Arrangements	7	1	1	**9**	Care Pathway Issues	2	1	0	**3**
Care needs not adequately met	5	0	0	**5**	Communication with Patient	3	0	0	**3**
Inadequate pain management	4	0	0	**4**	Delay or failure in treatment or procedure	2	0	0	**2**
Total	**33**	**4**	**1**	**38**	**Total**	**16**	**2**	**0**	**18**

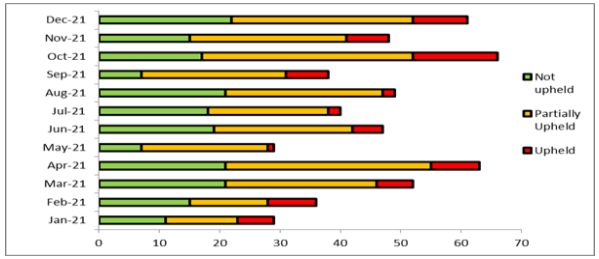
Services receiving the most cases for all New Complaints/PALS

Services/Teams	York	Scar	Brid	Total
Emergency Department (ED)	8	1	0	**9**
Endoscopy Unit	3	0	0	**3**
Obs and Gynae Medical Team	1	2	0	**3**
Ward 34	3	0	0	**3**

The main issues for ED continue to be waiting times, attitude of staff and communication.
The issues for Endoscopy were cancellations, care pathway problems and communication.
For Obs and Gynae Medical team care pathway was also an issue along with post treatment complications and lack of clinical advice.
For Ward 34 the issues were discharge arrangements, delay/failure in treatment and care needs not adequately met.

PATIENT EXPERIENCE: CLOSED CASES

Proportion of closed complaints by outcome



Awaiting 5 outstanding outcomes from CG1, CG2, CG3 and CG5.

Closed Complaints

Care Group	<30		30-50		51-100		>100		Total Closed	Total Average No of	% Within Target
	Closed	Average No of	Closed	Average No of	Closed	Average No of	Closed	Average No of			
CG1	11	21	8	33	2	65	0	0	**21**	**30**	52%
CG2	10	15	0	0	0	0	0	0	**10**	**15**	100%
CG3	10	19	3	37	2	73	0	0	**15**	**30**	67%
CG4	0	0	0	0	0	0	0	0	**0**	**0**	None
CG5	1	3	5	44	2	62	0	0	**8**	**44**	13%
CG6	2	24	5	33	2	65	2	107	**11**	**50**	18%
Corporate	1	11	0	0	0	0	0	0	**1**	**11**	100%
Total	**35**	**18**	**21**	**36**	**8**	**66**	**2**	**107**	**66**	**32**	53%

The sustained increase in new cases has had an impact on performance and with the exception of CG2 care groups have struggled to deal with the increase at this challenging time.

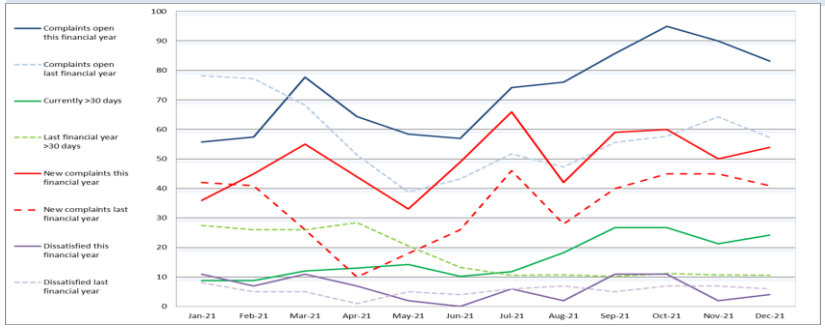
53% closed complaints were in target(↓ from 54% in November). 32% were addressed within 30-50 days, 12% within 51-100 working day and 3% over 100 working days.
58% of cases over target were extended in agreement with the complainant.

Closed PALS

Care Group	<10		10-20		21-50		51-100		>100		Total Closed	Total Average of No of Days	% Within Target
	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days			
CG1	7	6	3	17	1	24	0	0	0	0	**11**	**11**	64%
CG2	1	1	0	0	0	0	0	0	0	0	**1**	**1**	100%
CG3	4	4	3	12	0	0	0	0	0	0	**7**	**8**	57%
CG4	1	3	2	18	0	0	0	0	0	0	**3**	**13**	33%
CG5	1	6	2	15	1	38	0	0	0	0	**4**	**18**	25%
CG6	2	7	0	0	0	0	0	0	0	0	**2**	**7**	100%
Corporate	0	0	0	0	0	0	0	0	0	0	**0**	**0**	None
Total	**16**	**5**	**10**	**15**	**2**	**31**	**0**	**0**	**0**	**0**	**28**	**11**	57%

57% closed PALS cases were in target (↑ from 53% in November). 36% were addressed within 10-20 working days. 7% of cases were addressed in 21-50 working days.

PATIENT EXPERIENCE: COMPLAINT PERFORMANCE HANDLING



Note: All PET data is based on the primary data logged on Datix

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY: MATERNITY (YORK)

YORK - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
RESPONSIVE																			
Activity	Births	Bookings	1st m/w visit	≤312	313-340	≥341	N/A	270	236	326	320	237	275	234	251	266	248	312	198
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		92.6%	93.2%	87.7%	82.5%	82.3%	79.3%	74.8%	72.5%	75.6%	73.0%	76.6%	73.2%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%		4.1%	2.5%	2.8%	2.8%	3.0%	3.6%	3.4%	6.8%	3.4%	4.8%	2.9%	2.5%
		Births	No. of babies	≤245	246-266	≥267		230	241	258	238	230	261	248	234	257	276	250	237
		No. of women delivered	No. of mothers	≤242	243-263	≥264		226	239	254	234	226	257	245	232	255	269	246	234
		Planned homebirths	No. of mothers	≥2.1%	≤2-1.6%	≤1.5%	1.50%	2.2%	1.3%	0.8%	1.3%	0.9%	0.4%	0.0%	0.4%	0.4%	1.1%		0.4%
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		9	13	11	5	10	13	17	13	21	25	21	20
		Women affected by suspension	No. of women	0		1 or more		3	2	5	0	2	3	2	3	4	3	7	6
		Community midwife called in to unit	No. of times	3	4-5	6 or more		1	5	4	5	4	3	5	2	6	12	17	4
		Maternity Unit Closure	No. of closures	0		1 or more		0	3	1	0	2	0	5	1	6	9	4	2
		SCBU at capacity	No of times					3	3	0	0	0	0	0	0	22	2	0	0
		SCBU at capacity of intensive cots	No. of times					25	3	16	14	8	4	16	31	30	11	25	24
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		1	0	0	0	0	0	2	0	0	0	3	0
WELL LED																			
Workforce	Staffing	MW to birth ratio	Ratio	≤29.5	29.6 - 30.9	>31	DH	29	29	29	31	31	30	32	32	31	32	33	31
		1 to 1 care in Labour	CPD	100%		≤99.9%	n/a	96.6%	97.6%	96.7%	97.2%	100.0%	99.6%	98.6%	97.0%	94.6%	92.7%	96.7%	96.4%
		L/W Co-ordinator supernumary %	Shift Handover Sheets	100%		≤99.9%		97.0%	91.0%	92.0%	88.3%	93.5%	80.0%	80.6%	87.1%	95.0%	92.8%	86.6%	99.5%
		Anaesthetic cover on L/W	av.sessions/week	10	4-9	≤3		10	10	10	10	10	10	10	10	10	10	10	10
SAFE																			
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	≤56.9-54%	<53.9%	59%	56.4%	54.9%	56.4%	59.0%	56.1%	50.4%	53.0%	49.4%	59.1%	50.4%	56.3%	52.9%
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%	≥14.1%	11%	15.0%	15.5%	13.4%	9.8%	19.0%	20.2%	14.3%	17.2%	12.9%	14.5%	11.4%	17.5%
		C/S Births	Em & elect - %	≤30.1%	≥30.2-32%	>32.1%	31%	27.0%	29.3%	29.9%	30.3%	24.8%	28.8%	32.2%	32.8%	26.7%	34.6%	32.1%	29.5%
		Elective caeserean	%	≤13.2%	≥13.3-16%	≥16.1%	13%	8.8%	12.6%	15.4%	11.1%	11.9%	13.2%	13.9%	15.1%	12.2%	13.0%	14.2%	15.8%
		Emergency caeserean	%	≤16.9%	≥17-20%	≥20.1%	18%	18.1%	16.7%	14.6%	19.2%	12.8%	15.6%	18.4%	17.7%	14.5%	21.6%	17.9%	13.7%
		HDU on L/W	No. of women	5 or less	6-9	10 or more		12	13	16	13	14	21	18	19	16	13	28	19
		BBA	No. of women	2 or less	3-4	5 or more		5	6	3	2	3	1	2	3	7	4	3	5
		HSIB cases	No. of babies	0		1 or more		0	0	0	0	0	0	2	0	0	0	1	0
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	1	0	0	0	0	0	0	0	0
		Antepartum Stillbirth	No. of babies	0	1	2 or more	n/a	2	2	1	0	1	0	0	0	0	0	0	1
		Intrapartum Stillbirths	No. of babies	0		1 or more	n/a	0	0	0	0	0	0	1	0	0	0	1	0
	Risk Management	Cold babies	No of babies admitted to SCBU co	1 or less	2-3	2 or more		3	5	1	3	5	4	5	6	8	4	7	7
		Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	≤74.9-71%	≤70.9%	68%	75.0%	72.8%	68.9%	71.4%	69.4%	73.2%	68.7%	68.8%	71.9%	72.8%	70.7%	74.5%
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	13%	8.0%	6.7%	10.6%	8.1%	10.2%	7.4%	5.3%	8.2%	7.1%	8.2%	5.3%	8.1%
		SI's	No. of Si's declared	0		1 or more		1	1	1	0	0	0	0	2	0	0	1	1
		PPH > 1.5L as % of all women	% of births				3.9	3.0	3.7	2.7	2.9	2.6	4.1	5.2	5.1	3.4	2.2	3.5	3.8
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		4	1	1	5	3	1	3	4	2	1	3	1
		3rd/4th Degree Tear - normal birth	No of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	1.5%	1.5%	0.9%	2.3%	1.1%	1.4%	1.9%	1.0%	1.8%	1.7%	1.8%	0.5%
		3rd/4th Degree Tear - Assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	6%	8.8%	2.7%	2.9%	4.3%	2.3%	3.8%	2.9%	2.5%	6.1%	5.1%	3.6%	0.0%
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		3	4	2	4	2	2	7	4	7	2	3	2
		Formal	No. of Formal complaints	0	1-4	5 or more		1	2	1	1	1	2	7	2	0	2	1	3

Please note: Due to data cleansing that takes place, the data for the current quarter may be subject to change.

Formatting and benchmarking amended April 2021 to reflect the most current National averages. Insert of Regional figures from the Regional dashboard where available. These will be changed when new quarterly figures are published.

TRUST BOARD REPORT : December-2021

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

SCARBOROUGH - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
RESPONSIVE																			
Activity	**Births**	Bookings	1st m/w visit	≤171	172-185	≥186	N/A	188	156	178	160	110	149	163	165	167	153	132	112
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%		94.7%	95.5%	84.3%	79.4%	86.4%	80.5%	76.1%	77.6%	77.2%	83.7%	75.8%	77.7%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%		2.1%	1.9%	4.5%	5.0%	1.8%	2.7%	5.5%	6.7%	4.8%	4.6%	5.3%	3.6%
		Births	No. of babies	≤113	114-134	≥135		96	94	105	105	93	121	128	110	120	131	118	87
		No. of women delivered	No. of mothers	≤112	113-133	≥134		96	93	104	103	92	119	126	109	120	129	116	87
		Planned homebirths	No of mothers	≥2.1%	≤2-1.5%	≤1.5%	1.50%	3.1%	2.2%	3.8%	1.0%	3.3%	2.5%	0.8%	0.0%	0.8%	0.8%	0.0%	0.0%
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		21	18	17	18	18	16	22	29	21	26	30	30
		Women affected by suspension	No. of women	0		1 or more		0	0	0	0	0	0	1	0	0	1	2	0
		Community midwife called in to unit	No. of times	3	4-5	6 or more		1	1	0	3	1	2	5	0	5	5	6	2
		Maternity Unit Closure	No. of closures	0		1 or more		1	0	0	0	0	0	1	0	0	1	0	0
		SCBU at capacity	No of times					0	0	0	0	0	0	1	0	0	8	0	0
		SCBU at capacity of intensive care cots	No. of times					0	0	0	0	0	0	0	0	0	0	6	0
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0
WELL LED																			
Workforce	**Staffing**	M/W to birth ratio	Ratio	≤29.5	29.6-30.9	>31	DH	23.0	20.0	20.0	22	22	22	23	22	22	22	22	22
		1 to 1 care in Labour	CPD	≥100%		≤99.9%		96.5%	97.5%	98.9%	97.9%	97.6%	94.8%	92.7%	100.0%	93.9%	99.1%	95.1%	94.6%
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		≤99.9%		100.0%	100.0%	100.0%	95.0%	100.0%	98.3%	93.5%	100.0%	98.3%	98.6%	100.0%	100.0%
		Anaesthetic cover on L/W	av.sessions/week	≥10	4-9	≤3		5	5	5	5	5	5	5	5	5	5	5	5
SAFE																			
Clinical Indicators	**Neonatal/ Maternal**	Normal Births	No. of svd - %	≥57%	56.9-54%	<53.9%	59%	62.9%	68.8%	53.6%	65.4%	53.1%	57.4%	57.7%	57.3%	64.2%	62.4%	55.5%	48.9%
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%%	≥14.1%	11%	5.2%	5.4%	10.6%	5.8%	5.4%	4.2%	4.8%	4.6%	6.7%	5.4%	8.7%	8.0%
		C/S Births	Em & elect - %	≤30.1%	≥30.2-32%	≥32.1%	31%	30.2%	24.7%	33.7%	27.2%	39.1%	37.8%	37.3%	38.5%	29.2%	31.8%	35.7%	40.2%
		Elective ceserean	%	≤13.2%	≥13.3-16%	≥16.1%	13%	10.4%	15.1%	13.5%	8.7%	13.0%	16.0%	11.9%	21.1%	16.7%	18.6%	13.0%	16.1%
		Emergency ceserean	%	≤16.9%	≥17.20%	≥20.1%	18%	19.8%	9.7%	20.2%	18.4%	26.1%	21.8%	25.4%	17.4%	12.5%	13.2%	22.6%	24.1%
		HDU on L/W	No. of women	5 or less	6-9	10 or more		3	4	3	6	7	6	5	1	11	2	9	2
		BBA	No. of women	2 or less	3-4	5 or more		1	1	0	2	0	4	4	0	1	0	0	0
		HSIB cases	No. of babies	0	1	2 or more		0	0	0	1	0	0	0	0	0	1	0	0
	Morbidity	Neonatal Death	No of babies	0		1 or more		0	0	0	0	0	0	1	0	0	0	0	1
		Antepartum Stillbirth	No. of babies	0	1	2 or more	N/A	1	1	0	0	0	1	0	1	1	0	0	0
		Intrapartum Stillbirths	No. of babies	0		1 or more	N/A	0	0	0	1	0	0	0	0	0	1	0	0
	Risk Management	Cold babies	No of babies admitted to SCBU co	1 or less	2-3	4 or more		3	2	3	0	2	4	2	2	0	11	3	0
		Breastfeeding Initiation rate	% of babies feeding at birth	>75%	74.9-71%	≤70.9%	68%	61.1%	73.1%	63.8%	59.6%	67.7%	57.5%	66.1%	63.3%	54.6%	61.5%	66.9%	63.2%
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	13%	24.2%	23.7%	16.3%	9.7%	9.8%	17.6%	15.9%	14.7%	19.2%	13.2%	9.5%	13.8%
		SI's	No. of Si's declared	0		1 or more		0	0	0	0	0	0	0	0	0	1	1	0
		PPH > 1.5L as % of all women	% of births				3.9	1.0	3.1	2.7	4.7	5.2	2.5	3.1	0.9	2.5	1.5	4.2	1
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		0	1	1	2	0	2	2	0	2	1	1	0
		3rd/4th Degree Tear - normal births	No of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.8%	0.0%	0.9%	0.8%	0.9%	3.8%
		3rd/4th Degree Tear - assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	6%	0.0%	20.0%	18.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		1	1	1	0	1	0	1	0	3	1	1	0
		Formal	No. of Formal complaints	0	1-4	5 or more		1	0	0	0	0	0	1	1	0	3	1	2

Please note: Due to data cleansing that takes place, the data for the current quarter may be subject to change.

Formatting and benchmarking amended April 2021 to reflect the most current National averages. Insert of Regional figures from the Regional dashboard where available. These will be changed when new quarterly figures are published.

WORKFORCE PERFORMANCE REPORT

December-2021

Produced January 2022

The Board Assurance Framework is structured around the Trust's three 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 stability

Report produced by:

Information Team

Workforce Performance Report : December 2021

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

To provide the Board with an integrated overview of Workforce Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

Detailed absence analysis has revealed an increase in sickness rates across all Care Group areas. The absence rate for November 2021 was 5.62%. Daily SitRep records demonstrate a continuous rise in absences throughout December reporting in excess of 9% absence between Christmas and New Year of which circa 20% was covid related.

The recently approved Workforce Resilience Plan is operational offering a range of incentives to minimise rota gaps. The staff vaccination programme has continued with regional reporting indicating the Trust is joint 4th across the region for staff accepting the Covid-19 booster (89%).

The welfare of our workforce remains a priority. The Trust continues to deliver a significant amount of psychological support initiatives. Additional psychologist resource approved earlier in 2020 has been recruited to and we have 74 trained mental health first aiders which is an increase from 52 in July 2020. The wellbeing team also work closely with the in-house Occupational Health function to ensure staff have a short wait time to receive talking thearapy. Team facilitated sessions have run in CPD time where possible with Time in Post Incident (TiPi) and RAFT being offered to capture and support those struggling from incidents at work in a timely way.

A case study submitted on behalf of the Trust's health check programme, has been successful in winning an award for the 2021 Best Wellbeing Initiative.

Recommendation:

The Board is asked to receive the report and note any actions being taken.

Author(s): Will Thornton, Head of Resourcing

Director Sponsor: Polly McMeekin, Director of Workforce & Organisation Development

TRUST BOARD REPORT : December-2021

WORKFORCE

STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

REF	Vacancies	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.01	Trust vacancy factor	▲	7.0%	6.0%	5.0%	5.0%	6.0%	7.0%	7.3%	6.8%	5.0%	5.0%	8.0%	7.7%	8.0%
1.02	Nursing and Midwifery vacancy rate - Trust	◀▶	7.7%	7.4%	7.1%	7.8%	8.6%	8.8%	8.8%	5.1%	5.6%	5.7%	8.0%	8.3%	8.3%
1.03	Nursing and Midwifery vacancy rate - York	◀▶	5.3%	5.0%	4.4%	4.8%	6.6%	6.3%	6.3%	3.0%	3.9%	3.7%	6.1%	7.4%	7.4%
1.04	Nursing and Midwifery staff group vacancy rate - Scarborough	◀▶	13.2%	13.1%	13.6%	14.8%	13.5%	14.6%	14.6%	10.2%	9.6%	10.5%	12.5%	10.5%	10.5%
1.05	Medical and Dental vacancy rate - Trust	▼	9.7%	8.5%	8.5%	8.9%	8.9%	9.7%	9.7%	9.7%	10.5%	10.5%	11.4%	11.4%	10.9%
1.06	Medical and Dental vacancy rate - York	▼	9.3%	7.8%	7.9%	8.2%	8.2%	10.3%	10.3%	10.3%	9.7%	9.7%	10.6%	10.6%	10.3%
1.07	Medical and Dental vacancy rate - Scarborough	▼	10.9%	10.4%	10.1%	10.6%	10.6%	11.7%	11.7%	11.7%	12.6%	12.6%	13.2%	13.2%	12.4%
1.08	AHP vacancy rate - Trust	▲	2.1%	1.8%	1.8%	2.0%	6.6%	6.2%	6.1%	5.9%	6.4%	5.0%	6.2%	5.9%	6.4%
1.09	Other Registered Healthcare Scientists vacancy rate - Trust	▲	6.9%	8.6%	8.3%	9.1%	6.9%	5.4%	4.7%	-1.8%	-0.3%	-0.5%	-2.3%	-1.6%	-1.2%

REF	Retention	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
2.01	Trust stability (Headcount)	▼	89.6%	90.3%	90.3%	90.8%	90.9%	90.5%	90.6%	89.1%	89.9%	89.7%	89.3%	89.2%	88.72%

REF	Temporary Workforce	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
3.01	Total FTE Medical and Dental roles covered by bank and agency	▼	107.4	115.0	98.7	122.7	110.3	123.8	126.1	169.3	168.4	137.8	158.3	159.9	155.4
3.02	Temporary medical and dental shifts covered by bank (% as proportion of all coverage by bank and agency)	▼	59.0%	66.0%	65.0%	65.0%	63.0%	69.0%	67.0%	76.0%	74.0%	61.0%	63.0%	63.0%	57.0%
3.03	Temporary medical and dental shifts covered by agency (% as proportion of all coverage by bank and agency)	▲	41.0%	34.0%	35.0%	35.0%	37.0%	31.0%	33.0%	24.0%	26.0%	39.0%	37.0%	37.0%	43.0%
3.04	Total FTE nurse staffing roles covered by bank and agency (RN's and HCA's)	▼	432.0	493.0	450.0	488.0	403.0	417.0	387.0	392.0	449.0	397.0	390.0	388.0	-
3.05	Temporary nurse staffing bank filled (FTE)	▲	334.0	403.0	365.0	390.0	311.0	320.0	295.0	300.0	359.0	309.0	297.0	306.0	-
3.06	Temporary nurse staffing agency filled (FTE)	▼	98.0	90.0	85.0	98.0	92.0	97.0	92.0	92.0	90.0	88.0	93.0	82.0	-
3.07	Temporary nurse staffing unfilled (FTE)	▼	232.0	229.0	199.0	212.0	145.0	156.0	148.0	222.0	210.0	232.0	271.0	232.0	-
3.08	Temporary nurse shifts covered by bank (% as proportion of all coverage by bank and agency)	▲	77.3%	81.7%	81.1%	79.9%	77.2%	76.7%	76.2%	76.5%	80.0%	77.8%	76.2%	78.9%	-
3.09	Temporary nurse shifts covered by agency (% as proportion of all coverage by bank and agency)	▼	22.7%	18.3%	18.9%	20.1%	22.8%	23.3%	23.8%	23.5%	20.0%	22.2%	23.8%	21.1%	-
3.10	Unfilled temporary nurse staffing requests (%)	▼	35.0%	32.0%	31.0%	30.0%	26.0%	27.0%	28.0%	36.0%	32.0%	37.0%	41.0%	37.0%	-
3.11	Pay Expenditure - Total (£000)	▲	£34,367	£34,006	£33,374	£32,624	£33,047	£33,237	£33,059	£33,584	£34,047	£39,327	£34,479	£36,529	-
3.12	Pay Expenditure - Contracted (£000)	▲	£27,808	£27,580	£26,772	£25,919	£27,126	£26,942	£27,169	£27,053	£27,657	£31,896	£28,072	£29,545	-
3.13	Pay Expenditure - Locums (£000)	▲	£351	£185	£198	£230	£229	£233	£211	£243	£107	£71	£207	£254	-
3.14	Pay Expenditure - Bank (£000)	▲	£2,143	£2,473	£2,512	£2,527	£1,953	£1,993	£1,881	£2,194	£2,413	£2,491	£1,946	£2,294	-
3.15	Pay Expenditure - Agency (£000)	▲	£1,406	£1,118	£1,084	£1,418	£1,384	£1,453	£1,335	£1,401	£1,375	£1,352	£1,638	£1,731	-
3.16	Pay Expenditure - Additional Hours (£000)	▲	£2,472	£2,509	£2,575	£2,283	£2,105	£2,445	£2,292	£2,515	£2,308	£2,823	£2,439	£2,522	-
3.17	Pay Expenditure - Overtime (£000)	▲	£187	£141	£233	£247	£250	£171	£171	£177	£188	£694	£178	£182	-

REF	Absence Management	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
4.01	Absence Rate Trust (excluding YTHFM)	▼	5.2%	5.7%	4.9%	3.9%	4.4%	4.6%	4.6%	5.0%	4.8%	5.3%	5.7%	5.6%	-

REF	COVID-19 Absence Management	SPARKLINE / PREVIOUS WEEK	19-Nov	26-Nov	03-Dec	10-Dec	17-Dec	24-Dec	31-Dec
5.01	All absence	▲	624.86	616.71	649.86	655.86	672.71	670.14	707.86
5.02	COVID-19 related absence	▲	128.29	118.86	127.43	125	131.14	123.14	176.43

REF	Disciplinary and Grievance	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
6.01	Live disciplinary or bullying and harassment cases (Including investigations)	◀▶	4	4	6	9	8	5	7	7	6	8	8	7	7
6.02	Live grievance cases	▼	5	7	8	10	11	2	5	4	3	4	4	5	2

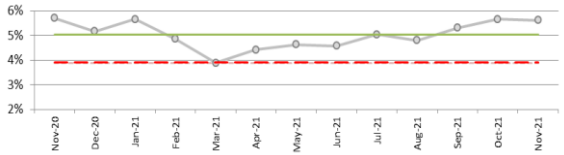
REF	Learning and Organisational Development	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
7.01	Trust Stat & Mand Training compliance	◀▶	87.0%	85.0%	85.0%	85.0%	86.0%	87.0%	87.0%	87.0%	88.0%	87.0%	87.0%	87.0%	87.0%
7.02	Trust Corporate Induction Compliance	▲	95.0%	95.0%	95.0%	95.0%	95.0%	94.0%	95.0%	95.0%	94.0%	94.0%	94.0%	92.0%	94.0%
7.03	Non-medical staff core training compliance	◀▶	87.0%	87.0%	87.0%	87.0%	88.0%	88.0%	88.0%	89.0%	90.0%	90.0%	90.0%	89.0%	89.0%
7.05	Non-medical staff corporate induction compliance	▲	96.0%	96.0%	97.0%	95.0%	95.0%	95.0%	95.0%	96.0%	96.0%	95.0%	95.0%	93.0%	95.0%
7.06	Medical staff core training compliance	▲	72.0%	73.0%	74.0%	75.0%	76.0%	76.0%	75.0%	77.0%	72.0%	71.0%	71.0%	72.0%	73.0%
7.08	Medical staff corporate induction compliance	◀▶	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	91.0%	90.0%	82.0%	86.0%	88.0%	87.0%	87.0%

REF	Appraisal Compliance	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
8.01	Trust (excluding medical and dental)	▲	93.4%	93.4%	93.4%	93.4%	93.4%	0.7%	6.5%	17.4%	32.7%	45.8%	57.2%	86.2%	89.6%

TRUST BOARD REPORT : December-2021

WORKFORCE : SICKNESS ABSENCE RATE

Nov-21	METRIC :	TARGET :	vs LM :
5.6%	**4.01** Absence Rate Trust (excluding YTHFM)	3.9%	0.0%



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HIGHLIGHTS FOR BOARD TO NOTE :

Absences reported through the daily SitRep rose during December, with a sharp increase in Covid related absences at the end of the month, in line with increased rates of Covid-19 infection in the community. In the last week of December, daily reports of absences due to Covid were at their highest levels since September.

Further deterioration is expected in January, with NHS organisations being asked to plan for a number of scenarios in relation to workforce availability, including absences of up to 40%. The organisation has developed workforce and operating plans to respond to these unprecedented circumstances. Arrangements to manage staff redeployment at scale are in place, while the use of financial incentives to support additional working via the bank have been expanded. The expansion of bank incentives has been extended for shifts worked up to and including 31st January. The uplifts available for bank shifts are paid at 40% or 60%, depending on role. 60% is to be awarded to nursing roles, HCAs, physiotherapists, occupational therapists, generic therapy assistants, operating department practitioners and AHP roles. Incentives of 40% are to be awarded to midwives, clinical or clinical support roles in Radiology and to dieticians or dietetic assistants.

The validated trust absence rate for November is 5.62%. This is a slight decrease in comparison to October, although this is expected to rise when December 2021 data is validated.

The top three reasons for absence in November were: mental health which includes anxiety/stress/depression (29.1% of absences), musculoskeletal problems (14.8%) and infectious diseases, predominantly Covid (11.1%).

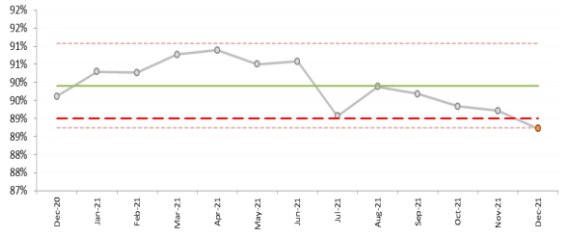
At staff group level, the Trust continued to report high absences in the Additional Clinical Services (Support Worker) group (8.03%) and Registered Nursing and Midwifery group (6.61%) in November. The former figure shows a reduction from the October data, though there was a rise in the latter group.

The Trust's health and wellbeing programme continues to provide a range of different resources to help support staff. As highlighted in December's report, a wellbeing booklet has been published by the Trust with information all in one place regarding different activities and providers that are available to staff.

TRUST BOARD REPORT : December-2021

WORKFORCE : RETENTION RATE

Dec-21	METRIC :	TARGET :	vs LM :
88.72%	**2.01** Trust stability (Headcount)	89%	-0.5%



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HIGHLIGHTS FOR BOARD TO NOTE :

The trust stability rate has steadily reduced since the summer and has dropped below the 89% retention target for the first time since July 2020.

At staff group level, the number of leavers within the Registered Nursing and Midwifery group remains low with a turnover rate of 8.87%. By comparison, the Allied Health Professionals group has the highest turnover rate at 14.27%.

There are a number of reasons for leaving which show notable growth since 2019 and 2020, including where people have cited health (grown by 15.95 FTE over 12-months) and work-life balance (up 28.60 FTE) as primary factors in their decision. This fits with reports being seen across the country about the level of exhaustion staff have experienced after responding to the pandemic over a prolonged period.

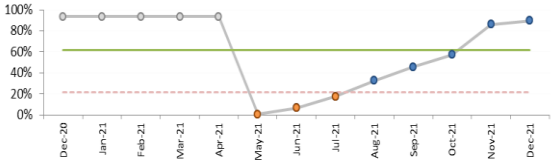
Other reasons for leaving the Trust which show growth over the same time periods include people choosing to relocate (up 47.13 FTE) or take up a promotion opportunity with another organisation (up 25.06 FTE), although it is important to note these two factors were much less prominent in 2020 due to the effects of the pandemic.

Meanwhile, the Trust has seen a particular increase in leavers with 2-5 years' service with the organisation compared with last year. Retirements and people relocating accounted for a large proportion (33%) of the known reasons for people leaving the Trust at this point in their employment. The leaving rates amongst staff with long service (>=15-years) have fallen compared with the numbers seen in the previous 12-months.

TRUST BOARD REPORT : December-2021

WORKFORCE : APPRAISAL COMPLIANCE

Dec-21	METRIC :	TARGET :	vs LM :
89.6%	**8.01** Trust (excluding medical and dental)	90%	3.4%



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HIGHLIGHTS FOR BOARD TO NOTE :

The appraisal window for non-medical staff was open between 1st June and 30th November. At the end of this time, appraisal rates were 86.2%. The recorded appraisal rate has continued to rise since the window closed and at the end of December was 89.6%, a fraction below the Trust's target figure.

As the window has now closed, work has begun to summarise the data collected through the process with a view to informing the workforce development activities at a Trust and departmental level.

TRUST BOARD REPORT : December-2021

WORKFORCE : PAY EXPENDITURE (£000)

Dec-21	METRIC :	TARGET :	vs LM :
-	**3.11** Pay Expenditure - Total (£000)	-	-
-	**3.12** Pay Expenditure - Contracted (£000)	-	-
-	**3.13** Pay Expenditure - Locums (£000)	-	-
-	**3.14** Pay Expenditure - Bank (£000)	-	-
-	**3.15** Pay Expenditure - Agency (£000)	-	-
-	**3.16** Pay Expenditure - Additional Hours (£000)	-	-
-	**3.17** Pay Expenditure - Overtime (£000)	-	-

HIGHLIGHTS FOR BOARD TO NOTE :

At the time of producing this report, pay expenditure figures and nursing temporary staffing details for December 2021 were not available.

The latest nursing vacancy figures reveal a Trust rate of 8.29%. Split by site, this was 7.36% at York and 10.51% at Scarborough.

International recruitment has made a major contribution to the increase in the number of registered nurses employed by the Trust during the last two years. In November 2021, the Trust employed 230 FTE more nurses than it did in the same month in 2019. Since May 2019, the Trust has recruited 290 FTE nurses from overseas.

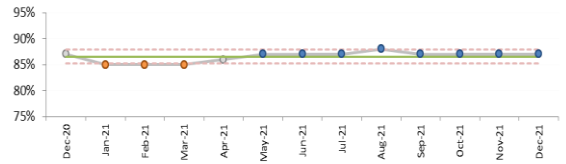
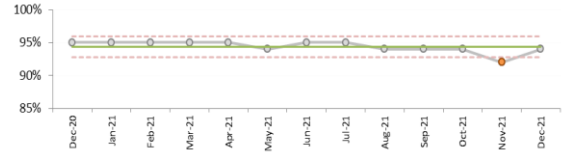
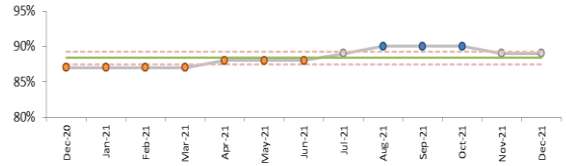
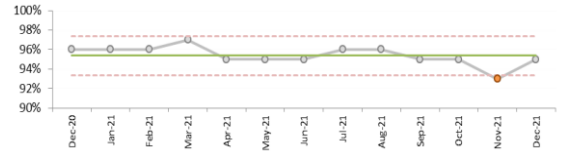
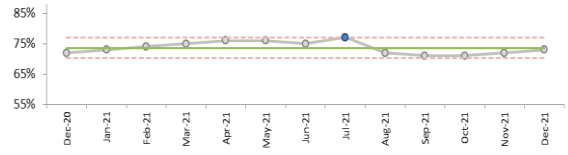
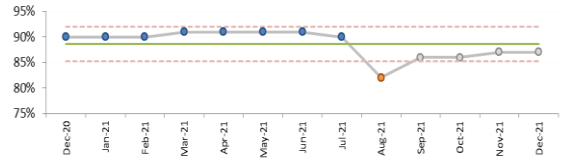
The Trust plans to recruit another 90 nurses and 6 midwives from overseas in 2022-23 and has recently been awarded a further £270,000 by NHS England and Improvement to support this important programme of work.

Vacancy rates for Medical and Dental staff have improved across York and Scarborough sites. The overall Trust M&D vacancy rate for December was 10.9%. Split by site, this was 10.3% at York and 12.4% at Scarborough.

Medical and Dental agency and bank figures for December revealed a total of 155.39 FTE shifts that were covered by bank employees and agency workers. 57% of shift pick-up came from our bank employees, while 43% came from agency workers.

TRUST BOARD REPORT : December-2021

WORKFORCE : STATUTORY AND MANDATORY TRAINING AND EDUCATION

Dec-21	METRIC :	TARGET :	vs LM :	
87.0%	**7.01** Trust Stat & Mand Training compliance	85%	0.0% ↑	
94.0%	**7.02** Trust Corporate Induction Compliance	95.0%	2.0% ↑	
89.0%	**7.03** Non-medical staff core training compliance	85.0%	0.0% ↑	
95.0%	**7.05** Non-medical staff corporate induction compliance	95.0%	2.0% ↑	
73.0%	**7.06** Medical staff core training compliance	85.0%	1.0% ↑	
87.0%	**7.08** Medical staff corporate induction compliance	95.0%	0.0% ↑	

HIGHLIGHTS FOR BOARD TO NOTE :

The Trust is launching a support programme for new consultants as part of their induction to the their role, with the first cohort booked for February. New consultants will be invited to join the groups where they can network with consultant colleagues who have joined the Trust at a similar time, to share experiences, challenges and successes in an action learning style environment. The monthly sessions will be held virtually to enable cross site collaboration and the participants will be encouraged to co-create the format of the programmes to support their individual and organisational development needs. This format of co-creation has proven effective in running the current consultant leadership programmes offered by the Trust (Consultant Development Programme and Clinical Director Programme). The Trust will continue to offer 1:1 support through coaching/mentoring, personal development planning and ongoing development opportunities throughout their clinical and leadership journey.

The Trust continues work to embed its values. Through December circa 40 Lead Ambassadors and Values Ambassadors across the organisation attended awareness development sessions as support to enable them to fulfil this role and help shape action in relation to cultural change. The Trust continues to engage and collaborate with key stakeholders across care groups, facilities management and corporate areas to promote, support and develop the roles of Lead and Values Ambassadors to enable and empower this social movement.

The Trust continues to pilot a new, modular and individually designed approach to leadership and management development, allowing delegates to access learning and development appropriate to their circumstance through a variety of methods. 40 staff from across the Trust and YTHFM are taking part in the pilot introduction sessions; the approach will be offered to the wider organisation from March 2022.

The Trust's reverse mentoring programme continues in support of the Workforce Race Equality Standard, with paired conversations for 17 mentor/mentee partnerships underway. Interim evaluation sessions for both mentors and mentees are taking place in January and February but early feedback has been positive.

The Trust saw bookings for development workshops increase in December, however attendance levels fell (70.8% attendance in November against 60% attendance in December), reflecting the increasing operational pressures across the organisation. The Trust continues to offer leadership, management and personal development workshops and programmes as some areas/groups of staff have still been able to access these opportunities.

WORKFORCE: OTHER

Disciplinary & Grievance Cases Trust Wide

No. of open disciplinary cases
7
No. of open investigations exceeded policy timescales
3
No. of open B&H/Grievance cases
2
No. of open cases exceeded policy timescales
2
No. of open MHPS cases
3
No. of open investigations exceeded timescales
2
No. of exclusions
1
No. of suspensions
1

Occupational Health & Wellbeing Awards 2021

The Trust's staff health check programme won the award for the Best Wellbeing Initiative in Personnel Today's Occupational Health and Wellbeing Award. The development of the checks goes back to 2016, when the Trust partnered with health checks firm, Health Diagnostics, as part of an NHS England initiative to support a number of trusts to test ways of improving staffhealth and wellbeing.

Unlike the wider NHS Health Check Programme, where appointments are only offered to 40-74 year olds every five years, health checks have not been restricted by age or frequency. This has meant staff have been able to attend multiple appointments and track changes in their health status over time.

Importantly, when the pandemic began in 2020, the Trust adjusted the programme to accommodate remote working and social distancing. Consultations were delivered by video or phone call. Due to having the ability to track health improvements over time, the health checks programme has led to a number of tangible positive health outcomes for staff across the Trust. This has included an average 4cm reduction in waistlines, an average 4.2mmHg reduction in systolic blood pressure, an estimated 18% reduction in relative risk of death from cardiovascular disease, and a lowering of diabetes risk.

The awards panel stated “This initiative is important, especially now, given the pressures NHS staff have been under, and continue to be under, during the pandemic.”
Further innovation continue:. The Trust are currently piloting digital health checks to be accessible to staff any time via their mobile phone. This check takes only 10 minutes to do. The pilot will be completed in March 2022.

NMC Provisional Registration Update

The NMC has reopened their temporary register to aid current service pressures due to the ongoing pandemic. Nurses with lapsed registrations are required to take OSCE exams to determine their suitability to join the NMC temporary register.

It has been made clear that nurses re-joining the workforce via a temporary registration, are not to work autonomously and must be accompanied at all times by a fully registered nurse. This will be the case until they have received their full registration. There are currently 6 nurses who have expressed an interest in joining the temporary register – 4 of whom are due to take exams this month, and the remaining 2 are awaiting exam results.

Covid-19 Vaccination as a Condition of Deployment

6th January marks the formal start of the 12 week grace period for NHS staff in scope of the Mandatory Vaccination as a Condition of Deployment Regulations. From this date, staff have 12 weeks to take up two doses of the vaccine. All staff in scope must be fully vaccinated by 1st April. Allowing for the time period in between doses, the last date on which staff can take up their first dose of the vaccination in time to comply with the regulations will be 3rd February.

The Trust will be contacting staff who have either informed their manager that they do not intend to take up the vaccine, or for whom the organisation does not hold proof of vaccination, to set out next steps. The focus of the approach is to support staff without an exemption to overcome barriers to vaccination, while also acknowledging that the Trust will be unable to continue to employ people without an exemption and who are not compliant beyond 31st March.

TRUST BOARD REPORT : December-2021

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

Dec-21

Monthly Care Group Core Compliance by Staff Group	Adult Advanced Life Support 4 years	Adult Life Support (CSTF) 1 year	Conflict Resolution (CSTF) 3 years	Deprivation of Liberty Safeguards/DoLS Level 1 3 years	Deprivation of Liberty Safeguards/DoLS Level 2 3 years	Fire Safety Awareness High Risk (CSTF) 2 years	Fire Safety Awareness Low Risk (CSTF) 2 years	Health, Safety and Welfare (CSTF) 3 years	Infection Prevention and Control Level 1 (CSTF) 3 years	Infection Prevention and Control Level 2 (CSTF) 1 year	Information Governance and Data Security (CSTF) 1 year	Manual Handling Practical Level 1 (CSTF) 3 years	Manual Handling Practical Level 2 (CSTF) 2 years	Manual Handling Theory (CSTF) 3 years	Mental Capacity Act Level 1 3 years	Mental Capacity Act Level 2 3 years	Paediatric Advanced Life Support 4 years	Paediatric Life Support (CSTF) 1 year	PREVENT Awareness Basic (CSTF) 3 years	PREVENT Awareness Level 3 (CSTF) 3 years	Safeguarding Adults Level 1 (CSTF) 3 years	Safeguarding Adults Level 2 (CSTF) 3 years	Safeguarding Children Level 1 (CSTF) 3 years	Safeguarding Children Level 2 (CSTF) 3 years	Safeguarding Children Level 3 Core (CSTF) 3 years	Safeguarding Children Level 3 Specialist (CSTF) 3 years
CG1 Acute Elderly Emergency General Medicine and Community Services York																												
Add Prof Scientific and Technic		100%	100%		100%	100%		100%		100%	100%		67%	100%		100%					100%		100%		100%	100%	100%
Additional Clinical Services		81%	92%	43%	85%	85%	94%	89%	100%	89%	90%	100%	87%	90%	43%	82%			74%	90%	75%	82%	89%	71%	87%	100%		
Administrative and Clerical		75%	98%	93%			99%	97%	97%		98%	97%		98%	91%					97%		95%		96%	100%			
Allied Health Professionals		94%	98%		93%	93%	99%	99%		98%	98%	97%	95%	97%		92%					97%		98%	100%	95%		100%	
Healthcare Scientists		93%	93%				100%	100%	93%		93%	87%		93%					80%	93%		100%			93%			
Medical and Dental	50%	73%	82%		68%	83%	54%	81%		76%	79%		76%	79%		69%	72%	29%			80%		76%		78%	70%	100%	
Nursing and Midwifery Registered	74%	90%	96%		87%	93%	95%	96%		94%	95%	100%	89%	94%		85%			80%		94%	100%	93%		91%	85%	100%	
Students		75%	100%		100%		100%	100%		100%	100%		75%	75%		75%					100%		100%		100%			
CG2 Acute Emergency and Elderly Medicine-Scarborough																												
Additional Clinical Services		84%	89%		77%	80%	100%	88%	95%	85%	87%	100%	87%	88%		76%		52%	91%	49%		82%	100%	83%	63%			
Administrative and Clerical		100%	95%	84%			90%	95%	96%	100%	94%	90%	100%	91%	84%				94%		91%		95%	89%				
Allied Health Professionals		94%	98%		93%		96%	96%		94%	96%	100%	100%	96%		85%				96%		96%		96%				
Estates and Ancillary		50%	83%	75%			83%	83%	83%		83%	75%		83%	75%				92%		92%		100%	91%				
Healthcare Scientists		100%	100%				75%	100%	100%		100%	75%		100%				38%	100%		100%			100%				
Medical and Dental	97%	82%	85%		78%	96%	50%	88%		87%	87%		82%	85%		78%	86%	78%		87%		85%		76%	85%	100%		
Nursing and Midwifery Registered	65%	90%	96%		86%	94%	92%	95%		95%	94%		91%	96%		85%		86%		94%		93%	100%	91%	92%			
CG3 Surgery																												
Add Prof Scientific and Technic		87%	90%		79%	91%	94%	95%	100%	90%	91%	94%	78%	95%		80%		79%	67%	94%	50%	89%	100%	85%	100%			
Additional Clinical Services		83%	93%	100%	79%	86%	95%	90%	98%	89%	91%	94%	83%	92%	100%	78%		100%	92%	71%	91%	89%	97%	87%				
Administrative and Clerical		75%	95%	78%	100%		97%	95%	94%	0%	96%	93%	50%	93%	78%	100%			94%		94%	100%	95%	96%				
Allied Health Professionals		80%	87%		73%	67%	83%	87%		80%	87%		93%	80%		73%					87%		80%		87%			
Estates and Ancillary		100%	100%	73%			100%	94%	100%		100%	63%		100%	73%				100%		100%		93%	100%				
Healthcare Scientists		72%	100%		84%		94%	97%	100%		97%	97%		97%		84%			100%		100%	100%		97%				
Medical and Dental	100%	73%	86%		79%	86%	71%	87%		84%	85%		75%	86%		78%				86%		83%		80%	100%			
Nursing and Midwifery Registered	88%	92%	95%		85%	92%	93%	93%		92%	91%		87%	92%		83%		80%		93%		91%		89%				
CG4 Cancer and Support Services																												
Add Prof Scientific and Technic		86%	99%		89%	100%	99%	99%	97%	83%	100%	100%	89%	98%		89%			97%	100%	97%	100%	97%	99%				
Additional Clinical Services		89%	76%		91%	100%	91%	95%	96%	95%	93%	94%	91%	95%		90%			76%	83%	96%	93%	96%	93%				
Administrative and Clerical		50%	84%	100%			91%	92%	92%		91%	95%		91%	100%				82%		91%		94%	91%				
Allied Health Professionals		92%	96%		86%	92%	94%	92%	100%	96%	94%	33%	85%	93%		83%			75%	94%	100%	91%	100%	94%				
Estates and Ancillary			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%					
Healthcare Scientists			54%				95%	96%	96%		94%	95%	100%	95%					51%		93%		93%					
Medical and Dental	0%	81%	88%		82%	94%	96%	94%	95%	88%	93%	85%	88%	93%		82%			95%	92%	95%	90%	90%	92%				
Nursing and Midwifery Registered	50%	96%	98%		87%	100%	92%	99%		97%	97%		88%	97%		87%			100%	97%		93%	100%	95%				
CG5 Family Health & Sexual Health																												
Add Prof Scientific and Technic		100%	100%		100%		100%	100%	100%		100%	100%		100%		100%		100%		100%		100%					100%
Additional Clinical Services		86%	94%	92%	83%	90%	94%	95%	100%	90%	93%	100%	90%	92%		85%		81%	94%	88%		90%		96%	87%	100%		
Administrative and Clerical		100%	97%	100%			99%	98%	96%		96%	95%		99%	100%	100%			95%	80%	96%	100%	98%	67%	100%			
Allied Health Professionals		93%	98%		95%	94%	100%	100%		100%	98%	100%	97%	98%		93%		94%		100%		96%		100%	100%	94%		
Estates and Ancillary			100%	100%			100%	100%	100%		100%	100%		100%	100%				100%		100%			100%				
Medical and Dental	57%	72%	89%		83%	88%	94%	89%	100%	90%	89%	100%	88%	86%		80%	61%	53%		89%		88%		92%	83%	86%		
Nursing and Midwifery Registered		89%	93%	100%	80%	91%	94%	92%		92%	89%		83%	90%		82%		89%		94%		88%		91%	92%	88%		
CG6 Specialised Medicine & Outpatients Services																												
Add Prof Scientific and Technic		73%	96%		90%	100%	98%	97%	95%	100%	96%	92%	75%	99%		90%			96%	100%	100%	96%	100%	95%	100%	100%		
Additional Clinical Services		91%	96%	100%	86%	60%	96%	94%	93%	93%	92%		86%	94%	100%	86%			91%	100%	100%	91%	100%	94%				
Administrative and Clerical		67%	96%	93%			97%	97%	97%		95%	96%		96%	100%				95%		96%		97%	88%	100%			
Allied Health Professionals		92%	99%		84%		93%	97%		97%	97%		91%	98%		87%				96%		91%		94%				
Estates and Ancillary			100%	100%			100%	100%	100%		100%	100%		100%	100%				100%		100%			100%				
Healthcare Scientists		100%	100%				100%	100%	100%		100%	100%		100%					100%		100%			100%				
Medical and Dental	100%	73%	86%		79%	85%	89%	87%		84%	84%		82%	86%		80%		100%		85%		81%		82%				
Nursing and Midwifery Registered		94%	93%		84%	94%	94%	93%		92%	90%	100%	82%	94%		83%				98%		90%		88%	100%			
Students		100%	100%				100%	100%	100%		100%		100%	100%					100%		100%			100%				

TRUST BOARD REPORT : December-2021

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP

STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

Dec-21

Monthly Care Group Core Compliance by Staff Group	Adult Advanced Life Support 4 years	Adult Life Support (CSTF) 1 year	Conflict Resolution (CSTF) 3 years	Deprivation of Liberty Safeguards/DoLS Level 1 3 years	Deprivation of Liberty Safeguards/DoLS Level 2 3 years	Fire Safety Awareness High Risk (CSTF) 2 years	Fire Safety Awareness Low Risk (CSTF) 2 years	Health, Safety and Welfare (CSTF) 3 years	Infection Prevention and Control Level 1 (CSTF) 3 years	Infection Prevention and Control Level 2 (CSTF) 1 year	Information Governance and Data Security (CSTF) 1 year	Manual Handling Practical Level 1 (CSTF) 3 years	Manual Handling Practical Level 2 (CSTF) 2 years	Manual Handling Theory (CSTF) 3 years	Mental Capacity Act Level 1 3 years	Mental Capacity Act Level 2 3 years	Paediatric Advanced Life Support 4 years	Paediatric Life Support (CSTF) 1 year	PREVENT Awareness Basic (CSTF) 3 years	PREVENT Awareness Level 3 (CSTF) 3 years	Safeguarding Adults Level 1 (CSTF) 3 years	Safeguarding Adults Level 2 (CSTF) 3 years	Safeguarding Children Level 1 (CSTF) 3 years	Safeguarding Children Level 2 (CSTF) 3 years	Safeguarding Children Level 3 Core (CSTF) 3 years	Safeguarding Children Level 3 Specialist (CSTF) 3 years
CG Corporate Services																											
Add Prof Scientific and Technic		63%	77%		33%	0%	74%	71%	76%	71%	79%	59%	100%	71%		33%		0%	76%	67%	76%	50%	80%	60%		
Additional Clinical Services		68%	84%		78%	83%	88%	82%	85%	83%	83%	81%	79%	83%		77%			84%	83%	81%	81%	86%	82%		
Administrative and Clerical		69%	92%	77%	50%		92%	92%	93%	50%	91%	92%	50%	92%	77%	50%		0%	93%	50%	93%	50%	92%	50%		100%
Allied Health Professionals		73%	65%		68%	65%	83%	68%		70%	70%		60%	68%		70%				68%		70%		61%		100%
Estates and Ancillary			100%				100%	90%	100%		90%	90%		100%					100%		90%		100%			
Healthcare Scientists			78%				89%	89%	89%		89%	89%		78%					75%	60%	89%		86%	100%		
Medical and Dental	48%	58%	53%		44%	56%	80%	55%		53%	52%	100%	42%	54%		42%	14%	18%		58%		51%		49%	50%	35%
Nursing and Midwifery Registered		86%	91%		80%	88%	95%	90%	86%	87%	89%	88%	82%	88%		79%				92%	100%	85%	92%	86%	100%	81%
CG Trust Estates and Facilities Management																											
Administrative and Clerical			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%			
Estates and Ancillary			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%			
LLP CG Estates & Facilities																											
Additional Clinical Services			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%			
Administrative and Clerical			95%				93%	96%	92%		95%	84%		92%					92%		95%		93%			
Estates and Ancillary			89%	55%			88%	90%	88%		85%	75%	78%	87%	54%				85%		87%		87%			
Healthcare Scientists			100%				96%	100%	100%		100%	96%		100%					100%		100%		100%			

TRUST BOARD REPORT : December-2021

WORKFORCE: MEDICAL AND DENTAL VACANCIES

STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

Dec-21

Scarborough

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Care Group 2	**36**	**13**	**0**	**4**	**25.0%**	**21**	**4**	**1**	**1**	**19.0%**	**66**	**13**	**0**	**5**	**12.1%**	**25**	**1**	**0**	**0**	**4.0%**	**148**	**31**	**1**	**10**	**14.9%**
Elderly Medicine	7	2	0	1	**14.3%**	2	0	0	0	**0.0%**	14	1	0	0	**7.1%**	3	0	0	0	**0.0%**	26	3	0	1	**7.7%**
Emergency & Acute Medicine	12	4	0	1	**25.0%**	15	4	0	1	**20.0%**	22	5	0	2	**13.6%**	4	0	0	0	**0.0%**	53	13	0	4	**17.0%**
General Medicine	17	7	0	2	**29.4%**	4	0	1	0	**25.0%**	30	7	0	3	**13.3%**	18	1	0	0	**5.6%**	69	15	1	5	**15.9%**
Care Group 3	**19**	**5**	**1**	**2**	**21.1%**	**15**	**1**	**0**	**0**	**6.7%**	**16**	**1**	**0**	**0**	**6.3%**	**10**	**0**	**0**	**0**	**0.0%**	**60**	**7**	**1**	**2**	**10.0%**
General Surgery & Urology	1	0	0	0	**0.0%**	6	1	0	0	**16.7%**	7	1	0	0	**14.3%**	9	0	0	0	**0.0%**	23	2	0	0	**8.7%**
Head & Neck						2	0	0	0	**0.0%**						1	0	0	0	**0.0%**	3	0	0	0	**0.0%**
Theatres, Anaesthetics & CC	18	5	1	2	**22.2%**	7	0	0	0	**0.0%**	9	0	0	0	**0.0%**						34	5	1	2	**11.8%**
Care Group 4	**2**	**0**	**0**	**0**	**0.0%**																**2**	**0**	**0**	**0**	**0.0%**
Radiology	2	0	0	0	**0.0%**																2	0	0	0	**0.0%**
Care Group 5	**22**	**6**	**0**	**2**	**18.2%**	**3**	**0**	**0**	**0**	**0.0%**	**18**	**2**	**0**	**0**	**11.1%**	**6**	**0**	**0**	**0**	**0.0%**	**49**	**8**	**0**	**2**	**12.2%**
Child Health	12	4	0	0	**33.3%**	1	0	0	0	**0.0%**	9	2	0	0	**22.2%**	4	0	0	0	**0.0%**	26	6	0	0	**23.1%**
Obstetrics & Gynaecology	10	2	0	2	**0.0%**	2	0	0	0	**0.0%**	9	0	0	0	**0.0%**	2	0	0	0	**0.0%**	23	2	0	2	**0.0%**
Care Group 6	**15**	**2**	**0**	**1**	**6.7%**	**9**	**1**	**0**	**0**	**11.1%**	**6**	**0**	**0**	**0**	**0.0%**	**2**	**0**	**0**	**0**	**0.0%**	**32**	**3**	**0**	**1**	**6.3%**
Ophthalmology	4	0	0	0	**0.0%**	3	1	0	0	**33.3%**	1	0	0	0	**0.0%**						8	1	0	0	**12.5%**
Specialist Medicine	3	0	0	0	**0.0%**	1	0	0	0	**0.0%**											4	0	0	0	**0.0%**
Trauma & Orthopaedics	8	2	0	1	**12.5%**	5	0	0	0	**0.0%**	5	0	0	0	**0.0%**	2	0	0	0	**0.0%**	20	2	0	1	**5.0%**
Total	**94**	**26**	**1**	**9**	**19.1%**	**48**	**6**	**1**	**1**	**12.5%**	**106**	**16**	**0**	**5**	**10.4%**	**43**	**1**	**0**	**0**	**2.3%**	**291**	**49**	**2**	**15**	**12.4%**

York

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Care Group 1	**80**	**15**	**1**	**5**	**13.8%**	**15**	**3**	**0**	**1**	**13.3%**	**85**	**25**	**1**	**10**	**18.8%**	**41**	**1**	**0**	**0**	**2.4%**	**221**	**44**	**2**	**16**	**13.6%**
Community						1	0	0	0	**0.0%**											1	0	0	0	**0.0%**
Elderly Medicine	15	2	1	0	**20.0%**	2	1	0	0	**50.0%**	14	4	0	0	**28.6%**	2	0	0	0	**0.0%**	33	7	1	0	**24.2%**
Emergency & Acute Medicine	28	10	0	4	**21.4%**	8	2	0	1	**12.5%**	34	9	0	5	**11.8%**	8	0	0	0	**0.0%**	78	21	0	10	**14.1%**
General Medicine	37	3	0	1	**5.4%**	4	0	0	0	**0.0%**	37	12	1	5	**21.6%**	31	1	0	0	**3.2%**	109	16	1	6	**10.1%**
Care Group 3	**117**	**6**	**4**	**0**	**8.5%**	**36**	**3**	**0**	**0**	**8.3%**	**69**	**10**	**0**	**1**	**13.0%**	**21**	**0**	**0**	**0**	**0.0%**	**243**	**19**	**4**	**1**	**9.1%**
General Surgery & Urology	45	2	2	0	**8.9%**	12	0	0	0	**0.0%**	20	2	0	0	**10.0%**	14	0	0	0	**0.0%**	91	4	2	0	**6.6%**
Head & Neck	21	1	1	0	**9.5%**	12	1	0	0	**8.3%**	19	5	0	1	**21.1%**	4	0	0	0	**0.0%**	56	7	1	1	**12.5%**
Theatres, Anaesthetics & CC	51	3	1	0	**7.8%**	8	1	0	0	**12.5%**	30	2	0	0	**6.7%**	3	0	0	0	**0.0%**	92	6	1	0	**7.6%**
Care Group 4	**61**	**8**	**0**	**3**	**8.2%**	**4**	**1**	**0**	**0**	**25.0%**	**18**	**1**	**0**	**0**	**5.6%**	**3**	**0**	**0**	**0**	**0.0%**	**86**	**10**	**0**	**3**	**8.1%**
Haematology & Oncology	13	1	0	0	**7.7%**	3	1	0	0	**33.3%**	7	1	0	0	**14.3%**						23	3	0	0	**13.0%**
Laboratory Medicine	15	1	0	0	**6.7%**	1	0	0	0	**0.0%**	5	0	0	0	**0.0%**	3	0	0	0	**0.0%**	24	1	0	0	**4.2%**
Radiology	33	6	0	3	**9.1%**						6	0	0	0	**0.0%**						39	6	0	3	**7.7%**
Care Group 5	**40**	**5**	**1**	**1**	**12.5%**	**10**	**4**	**0**	**0**	**40.0%**	**33**	**3**	**0**	**0**	**9.1%**	**5**	**0**	**0**	**0**	**0.0%**	**88**	**12**	**1**	**1**	**13.6%**
Child Health	18	0	0	0	**0.0%**	2	0	0	0	**0.0%**	17	2	0	0	**11.8%**	3	0	0	0	**0.0%**	40	2	0	0	**5.0%**
Obstetrics & Gynaecology	19	4	1	1	**21.1%**	1	0	0	0	**0.0%**	15	1	0	0	**6.7%**	2	0	0	0	**0.0%**	37	5	1	1	**13.5%**
Sexual Health	3	1	0	0	**33.3%**	7	4	0	0	**57.1%**	1	0	0	0	**0.0%**						11	5	0	0	**45.5%**
Care Group 6	**76**	**4**	**1**	**0**	**6.6%**	**23**	**5**	**0**	**1**	**17.4%**	**21**	**1**	**0**	**0**	**4.8%**	**4**	**0**	**0**	**0**	**0.0%**	**124**	**10**	**1**	**1**	**8.1%**
Ophthalmology	23	1	0	0	**4.3%**	10	3	0	0	**30.0%**	6	0	0	0	**0.0%**						39	4	0	0	**10.3%**
Specialist Medicine	38	3	0	0	**7.9%**	5	1	0	0	**20.0%**	12	0	0	0	**0.0%**	1	0	0	0	**0.0%**	56	4	0	0	**7.1%**
Trauma & Orthopaedics	15	0	1	0	**6.7%**	8	1	0	1	**0.0%**	9	1	0	0	**11.1%**	3	0	0	0	**0.0%**	35	2	1	1	**5.7%**
Total	**374**	**38**	**7**	**9**	**9.6%**	**84**	**15**	**0**	**2**	**15.5%**	**232**	**39**	**1**	**11**	**12.5%**	**74**	**1**	**0**	**0**	**1.4%**	**764**	**93**	**8**	**22**	**10.3%**

Net vacancy % = (Vacancies + Leavers Pending - Starters Pending) / Establishment
Leavers = currently serving notice
Starters = accepted appointment, now pending start date

TRUST BOARD REPORT : December-2021

WORKFORCE: NURSING, MIDWIFERY AND CARE STAFF VACANCIES

STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

Dec-21

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (WTE)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
TRUST	**2286.23**	**127.82**	**1125.20**	**2067.21**	**160.08**	**989.22**	**18.47**	**0.00**	**6.07**	**48.00**	**0.00**	**16.60**	**189.49**	**-32.26**	**125.45**	**8.29%**	**-25.24%**	**11.15%**
YORK	**1612.40**	**91.32**	**724.97**	**1480.22**	**103.68**	**646.74**	**16.47**	**0.00**	**5.07**	**30.00**	**0.00**	**10.00**	**118.65**	**-12.36**	**73.30**	**7.36%**	**-13.53%**	**10.11%**
SCARBOROUGH & BRIDLINGTON	**673.83**	**36.50**	**400.23**	**586.99**	**56.40**	**342.48**	**2.00**	**0.00**	**1.00**	**18.00**	**0.00**	**6.60**	**70.84**	**-19.90**	**52.15**	**10.51%**	**-54.52%**	**13.03%**

CARE GROUP 1	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Acute	441.52	38.00	280.80	397.44	54.80	256.79	13.47	0.00	2.80	17.00	0.00	5.40	40.55	-16.80	21.41	9.18%	-44.21%	7.62%
Community	154.90	19.60	119.92	159.25	5.80	108.00	3.00	0.00	2.27	2.40	0.00	3.60	-3.75	13.80	10.59	-2.42%	70.41%	8.83%
Total	**596.42**	**57.60**	**400.72**	**556.69**	**60.60**	**364.79**	**16.47**	**0.00**	**5.07**	**19.40**	**0.00**	**9.00**	**36.80**	**-3.00**	**32.00**	**6.17%**	**-5.21%**	**7.99%**

CARE GROUP 2	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
SCARBOROUGH																		
	330.46	26.70	254.26	261.39	40.20	216.04	2.00	0.00	1.00	13.00	0.00	5.60	58.07	-13.50	33.62	17.57%	-50.56%	13.22%
Total	**330.46**	**26.70**	**254.26**	**261.39**	**40.20**	**216.04**	**2.00**	**0.00**	**1.00**	**13.00**	**0.00**	**5.60**	**58.07**	**-13.50**	**33.62**	**17.57%**	**-50.56%**	**13.22%**

CARE GROUP 3	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Wards/Units	288.25	8.80	102.47	256.33	20.40	98.87	0.00	0.00	0.00	6.00	0.00	0.00	25.92	-11.60	3.60	8.99%	-131.82%	3.51%
Theatres	121.27	0.00	44.94	105.91	0.00	41.12	0.00	0.00	0.00	0.00	0.00	0.00	15.36	0.00	3.82	12.67%	0.00%	8.50%
sub-total York	**409.52**	**8.80**	**147.41**	**362.24**	**20.40**	**139.99**	**0.00**	**0.00**	**0.00**	**6.00**	**0.00**	**0.00**	**41.28**	**-11.60**	**7.42**	**10.08%**	**-131.82%**	**5.03%**
SCARBOROUGH																		
Wards/Units	123.26	4.80	49.06	116.57	10.60	42.73	0.00	0.00	0.00	4.00	0.00	1.00	2.69	-5.80	5.33	2.18%	-120.83%	10.86%
Theatres	56.17	0.00	21.98	50.53	1.00	17.82	0.00	0.00	0.00	1.00	0.00	0.00	4.64	-1.00	4.16	8.26%	0.00%	18.93%
sub-total Scarborough	**179.43**	**4.80**	**71.04**	**167.10**	**11.60**	**60.55**	**0.00**	**0.00**	**0.00**	**5.00**	**0.00**	**1.00**	**7.33**	**-6.80**	**9.49**	**4.09%**	**-141.67%**	**13.36%**
CG Total	**588.95**	**13.60**	**218.45**	**529.34**	**32.00**	**200.54**	**0.00**	**0.00**	**0.00**	**11.00**	**0.00**	**1.00**	**48.61**	**-18.40**	**16.91**	**8.25%**	**-135.29%**	**7.74%**

CARE GROUP 4	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
	140.28	8.07	26.19	115.11	3.65	22.43	0.00	0.00	0.00	1.00	0.00	0.00	24.17	4.42	3.76	17.23%	54.77%	14.36%
SCARBOROUGH																		
	23.68	3.00	4.00	21.69	4.00	1.51	0.00	0.00	0.00	0.00	0.00	0.00	1.99	-1.00	2.49	8.40%	-33.33%	62.25%
Total	**163.96**	**11.07**	**30.19**	**136.80**	**7.65**	**23.94**	**0.00**	**0.00**	**0.00**	**1.00**	**0.00**	**0.00**	**26.16**	**3.42**	**6.25**	**15.96%**	**30.89%**	**20.70%**

CARE GROUP 5	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
Registered Midwives	115.88	0.00	0.00	106.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.51	0.00	0.00	8.21%	0.00%	0.00%
Registered Nurses	148.52	0.00	0.00	133.87	0.00	0.00	0.00	0.00	0.00	3.00	0.00	1.00	11.65	0.00	-1.00	7.84%	0.00%	0.00%
Other	0.00	11.05	62.35	0.00	14.32	43.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-3.27	18.78	0.00%	-29.59%	30.12%
sub-total York	**264.40**	**11.05**	**62.35**	**240.24**	**14.32**	**43.57**	**0.00**	**0.00**	**0.00**	**3.00**	**0.00**	**1.00**	**21.16**	**-3.27**	**17.78**	**8.00%**	**-29.59%**	**28.52%**
SCARBOROUGH																		
Registered Midwives	65.26	0.00	0.00	66.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1.44	0.00	0.00	-2.21%	0.00%	0.00%
Registered Nurses	42.30	0.00	0.00	36.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.60	0.00	0.00	13.24%	0.00%	0.00%
Other	0.00	1.00	32.99	0.00	0.60	30.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.40	2.07	0.00%	40.00%	6.27%
sub-total Scarborough	**107.56**	**1.00**	**32.99**	**103.40**	**0.60**	**30.92**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**4.16**	**0.40**	**2.07**	**3.87%**	**40.00%**	**6.27%**
CG Total	**371.96**	**12.05**	**95.34**	**343.64**	**14.92**	**74.49**	**0.00**	**0.00**	**0.00**	**3.00**	**0.00**	**1.00**	**25.32**	**-2.87**	**19.85**	**6.81%**	**-23.82%**	**20.82%**

CARE GROUP 6	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy (wte)			Net Vacancy (%)		
	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3	B5-8	B4	B2-3
YORK																		
	118.34	3.80	76.90	113.45	3.80	65.16	0.00	0.00	0.00	0.60	0.00	0.00	4.89	0.00	11.74	4.13%	0.00%	15.27%
SCARBOROUGH																		
	32.03	1.00	37.94	32.26	0.00	33.46	0.00	0.00	0.00	0.00	0.00	0.00	-0.23	1.00	4.48	-0.72%	100.00%	11.81%
CG Total	**150.37**	**4.80**	**114.84**	**145.71**	**3.80**	**98.62**	**0.00**	**0.00**	**0.00**	**0.60**	**0.00**	**0.00**	**4.66**	**1.00**	**16.22**	**3.10%**	**20.83%**	**14.12%**

Notes:
Net vacancy % = (Vacancies + Leavers Pending - Starters Pending) / Establishment
Leavers = currently serving notice
Starters = accepted appointment, now pending start date

FINANCE PERFORMANCE REPORT

December-2021

Produced January-2022

The Board Assurance Framework is structured around the Trust's three 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 stability

Finance Performance Report : December-2021

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

To provide the Board with an integrated overview of Finance Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

This paper and individual summary reports on Trust's financial position for period to December 2021 (Month 9).

Emergency Financial Regime

During 2020/21, to support the NHS in its response to COVID-19 all normal financial arrangements were suspended and a new national, temporary, emergency financial framework was put in operation. This saw an arrangement where for the first half year of 2020/21 the focus was on providing whatever resources organisations needed, within reason, in responding to the pandemic; with the second half of the year seeing a change in focus through the reintroduction of financial control with the Trust being expected to live within a defined allocation agreed with system partners.

For 2021/22, the allocation based approach used in the second half year of 2020/21 was initially rolled forward and applied to the first half year (April 2021 - September 2021) only.

In late September 2021, NHSE&I announced the financial framework that will be in place for the second half year, 2021/22, which primarily signalled a continuation of the approach adopted in the first half year with some further adjustments for inflation including the meeting the cost of the 3% pay deal; together with an increased efficiency requirement over that required in the first half of the year.

The final financial plan for the second half of the year, 2021/22 (with an indicative full year plan for information only), was submitted to and agreed by the Board at its 4 November 2021 meeting. The agreed plan was consistent with the System and individual Provider plans submitted to NHSE&I later in November. The agreed plan results in a balanced I&E position for both the second half of the year, and the full year in total.

Month 9 Position

For November, the Trust is reporting an adjusted I&E position of £37k surplus against a £257k adjusted deficit plan, placing it £294k ahead of the adjusted plan agreed by the Board. This is primarily driven by the net impact of ERF income in the first half of the year being behind plan with the associated cost of delivery also being behind plan; offset by other net underlying Trust performance being broadly equally ahead of plan.

The Trusts overall CIP target for 2021/22 totals £8.1m, of which the Trust has delivered £4.08m.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 84% of suppliers being paid within 30 days.

Recommendation:

The Board is asked to receive the report and note any actions being taken.

Author(s): Graham Lamb, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director
Date: January 2022

TRUST BOARD REPORT : December-2021

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	FOT £000's
NHS England	66,732	50,095	57,724	7,629	
Clinical commissioning groups	501,011	378,739	361,774	-16,965	
Local authorities	4,718	3,522	3,465	-57	
Non-NHS: private patients	264	197	247	50	
Non-NHS: other	1,576	1,177	1,316	139	
Operating Income from Patient Care Activities	**574,301**	**433,730**	**424,525**	**-9,205**	**0**
Research and development	2,140	1,595	1,966	371	
Education and training	18,807	13,825	17,792	3,967	
Other income	51,886	37,229	32,643	-4,586	
Other Operating Income	**72,833**	**52,649**	**52,400**	**-249**	**0**
Employee Expenses	-429,808	-313,886	-313,902	-16	
Drugs Costs	-52,804	-39,628	-49,559	-9,931	
Supplies and Services - Clinical	-58,242	-41,878	-44,448	-2,570	
Depreciation	-11,034	-8,273	-8,276	-3	
Amortisation	-1,336	-1,001	-1,002	-1	
CIP	2,985	1,350	0	-1,350	
Other Costs	-88,942	-77,482	-53,522	23,960	
Total Operating Expenditure	**-639,181**	**-480,798**	**-470,708**	**10,090**	**0**
OPERATING SURPLUS/(DEFICIT)	**7,953**	**5,581**	**6,217**	**636**	**0**
Finance income	25	19	20	1	
Finance expense	-464	-361	-358	3	
PDC dividends payable/refundable	-7,542	-5,513	-5,514	-1	
NET FINANCE COSTS	**-28**	**-274**	**365**	**639**	**0**
Other gains/(losses) including disposal of assets	0	0	-5	-5	
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	
Gains/(losses) from transfers by absorption	0	0	0	0	
Movements in fair value of investments and liabilities	0	0	0	0	
Corporation tax expense	0	0	0	0	
Surplus/(Deficit) for the Period	**-28**	**-274**	**360**	**634**	**0**
Remove Donated Asset Income	-452	-343	-683	-340.169	
Remove Donated Asset Depreciation	433	324	325	0.75	
Remove Donated Asset Amortisation	47	36	35	-0.75	
NHSI Adjusted Financial Performance Surplus/(Deficit)	**0**	**-257**	**37**	**294**	**0**

Month 9 Summary Position

The table opposite and the graphs on the following pages show the plan for the whole of 2021/22, following approval of the H2, 2021/22 plan by the Board in November, and are against which actual performance will be measured. For December, the Trust is reporting an adjusted I&E position of £37k surplus against a £257k adjusted planned deficit, placing it £294k ahead of the adjusted system plan submitted to NHSE/I.

Income is £9.5m behind plan, resulting primarily from ERF and other income being behind plan, partially offset by excluded drugs & devices outside of the envelope, and Education & Training income being ahead of plan.

Operational expenditure is £10.1m behind plan, primarily linked to planned spend on ERF and Covid schemes being behind plan, partially offset by expenditure on excluded high cost drugs being ahead of plan, and the CIPs being behind plan.

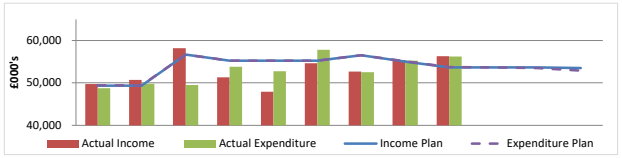
Matters of Concern and Risks to Escalate	Major Actions Undertaken and Work in Progress
1. CIP planning is currently £0.6m behind the required annual delivery value of £8.1m. 2. The Capital programme has significantly slipped £9m against planned spend for the period of £19.2m, and significant spend is required in the remainder of the financial year to maximise CDEL cover.	1. H2 plan prepared and presented to the Board. 2. Both the System plan and the Trust plan have been submitted to NHSE/I in November. 3. Major CIP deliver work now underway. 4. Micromanagement of the capital programme now underway through CPEG. 5. National release of financial planing guidance for 2022/23 expected by the end of January along with system allocation details. Preparatory work underway to prepare income and expenditure plan for 2022/23. 6. Preparatory work underway to prepare and propose a 2022/23 capital programme for the Trust.
Positive Updates and Assurance	**Decisions Made and Decisions Required of the Board**
1. North Yorkshire System Plan delivers the required balanced income and expenditure position for H2.	1. H2 plan approved by the Exec Committee and the Board.

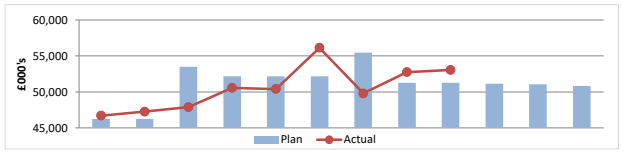
TRUST BOARD REPORT : December-2021

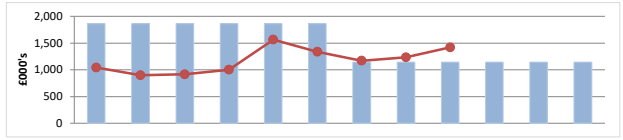
SUMMARY INCOME AND EXPENDITURE POSITION

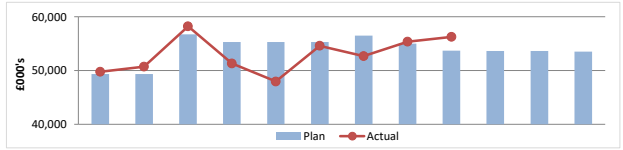
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Dec-21	METRIC:	PLAN:
£361	6.01 Income and Expenditure	-£225
£53,041	6.02 Operational Expenditure against Plan (exc. COVID)	£51,280
£1,419	6.03 COVID-19 'Inside the Envelope' Expenditure	£1,146
	Monthly % Covid Spend of Operational Spend:	2.7%
£1,035	6.04 COVID-19 'Outside the Envelope' Expenditure	£627
£56,277	6.05 Income against plan	£53,674







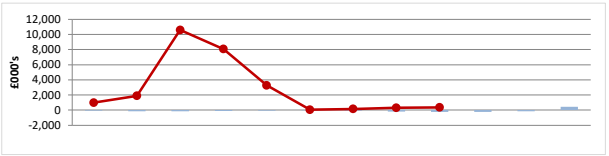


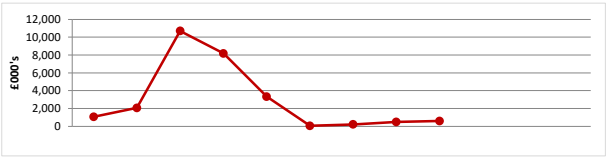
METRIC:	PLAN:
£361 6.06 Cumulative net actual Income and Expenditure surplus/(deficit)	-£225
£586 6.07 Cumulative net Income and Expenditure surplus/(deficit) variance to plan	£0
-£9,453 6.08 Cumulative Income Variance to Plan	£0

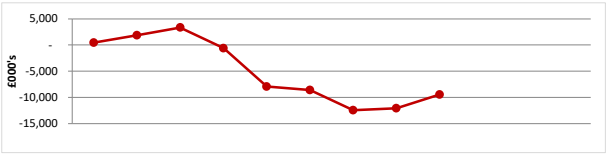
Key Variances:
* ERF -£14.6m
* High cost drugs £7.5m
Covid to VoY -£2.0m
* Other various -£0.4m

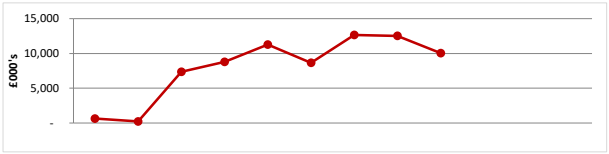
£10,039 6.09 Cumulative Expenditure Variance to Plan	£0

Key Variances:
* ERF £22.0m
* High cost drugs -£7.5m
* Other drugs -£2.4m
* CIP behind plan -£1.4m
* Various other -£0.6m





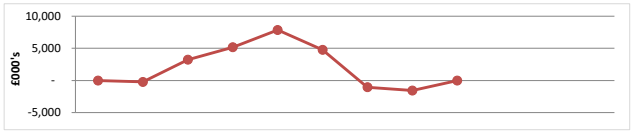
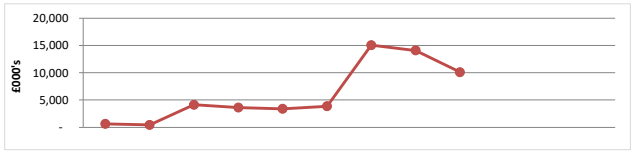
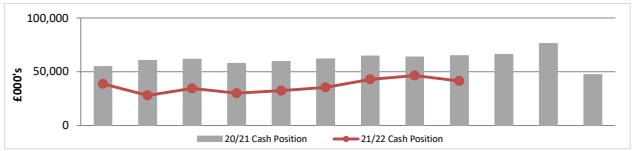
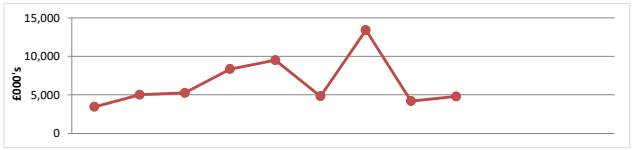
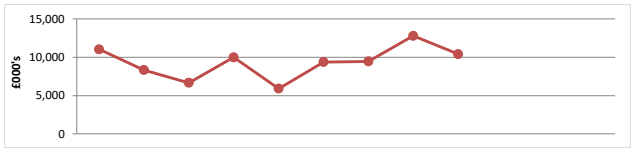
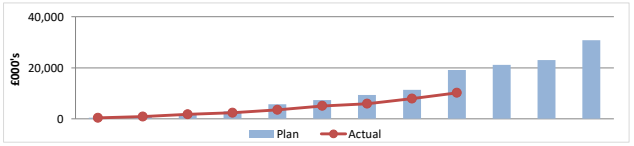


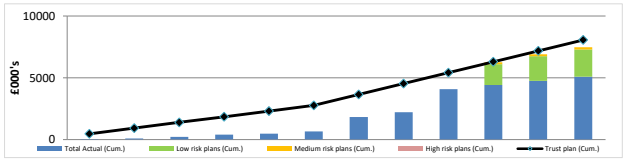


TRUST BOARD REPORT : December-2021

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Dec-21	METRIC:	PLAN:	
-£16	6.1 Cumulative Pay Expenditure Variance to Plan	£0	
£10,105	6.11 Cumulative Non-pay Expenditure Variance to Plan	£0	
£41,370	6.12 Cash Position	£0	
£4,788	6.13 Debtors	£0	
£10,400	6.14 Creditors	£0	
£10,171	6.15 Capital	£19,193	

	METRIC:	PLAN:	
£4,076	6.16 Efficiency programme - delivery against plan and forecast delivery	£5,424	
Delivery ytd:			
Recurrent	£1,447		
Non Recurrent	£2,629		
£7,492	6.17 Efficiency programme - planning position full year	£8,076	

Planning (Gap)/Surplus

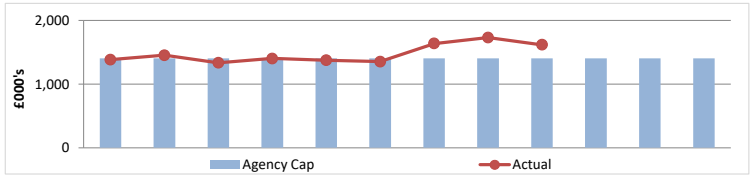
	Dec £'000	EOY £'000	Comments
Target	**5,425**	**8,076**	
PLANS			
Low Risk	5,544	7,306	Low Risk Plans
Medium Risk	125	187	Medium Risk Plans of £0.1M to be excluded from planning position Jan onwards; £0.1M relates to Efficiency Credits in CG3 and CG4; other plans to be reviewed for risk status.
High Risk	0	0	High Risk Plans of £0.1M excluded from planning position; £0.08M relates to Efficiency Credits in CG2.
Total Plans	5,670	7,492	
Planning (Gap)/Surplus	**245**	**-584**	Full Year Planning gap £0.6M.
Actions			**Medium Risk Plans** £0.1M - reviewing with CG's to identify if deliverable in 2021/22. **New Plans** - continue to work with CG's to identify u/spends; opportunities presented in Model Health System (more likely medium/longer term)

TRUST BOARD REPORT : December-2021

SUMMARY INCOME AND EXPENDITURE POSITION

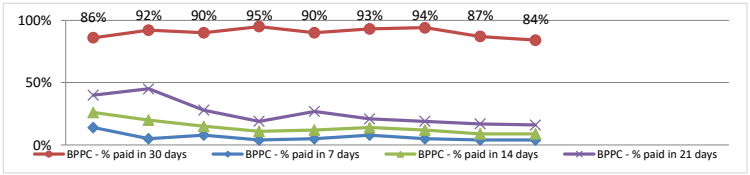
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Dec-21	METRIC:	PLAN:
£0	6.2 Capital Service Cover	£0
£0	6.21 Liquid Ratio	£0
£0	6.22 I&E Margin	£0
£0	6.23 I&E Margin Variance from Plan	£0
£1,617	6.24 Agency Spend against Agency Cap	£1,404



BPPC Performance

Within 30 days	6.25 BPPC - % paid in 30 days	Within 7 days
84%		4%
Within 14 days	6.26 BPPC - % paid in 7 days 6.27 BPPC - % paid in 14 days	Within 21 days
9%		16%
	6.28 BPPC - % paid in 21 days	



Highlights for the Board to Note:

	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Capital Service Cover (20%)				
Liquidity (20%)				
I&E Margin (20%)				
I&E Margin Variance From Plan (20%)				
Agency variation from Plan (20%)				
Overall Use of Resources Rating				

Other Financial Issues:

The Trusts overall CIP target for the first half of 2021/22 was £2.8m (£5.6m for the full year). This is comprised of a national efficiency requirement of 0.28%; an equal share of the local systems effciency requirement(£0.4m); and a further requirement to meet agreed essential investments (£3.2m). Of this target only £0.6m was delivered in full year terms, leaving the full year balance of £5.0m to be delivered in H2. For the second half of the year, there is a further new national efficiency improvement requirement implicit in the announced allocations of 0.82%, which equates to a further target for the Trust of £2.5m. The full year target is therefore £8.1m of which £7.5m remains to be achieved during the second half of the year. CIPs totalling £4.08m have been delivered in the year to the end of December.

Metrics 6.2 through 6.24 are not being actively reviewed by NHSE/I due to the operation of the current emergency financial regime. When normal operation resumes it is expected these will remain key assessment metrics. 6.24 showing our agency spend against plan remains a live assessment metric and, at present, we are using more agency staff than planned.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 87% of suppliers being paid within 30 days.

RESEARCH AND DEVELOPMENT REPORT

December-2021

Produced January-2022

The Board Assurance Framework is structured around the Trust's three 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 stability

Research & Development Performance Report : December-2021

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

To provide the Board with an integrated overview of Research Development Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

Our key outcomes in the last month are as follows:

- We have had another strong month for our accruals and we are still on track to reach our CRN target of 4020 accruals by 31st March 2022 (only 321 accruals to go!!!)
- No grants have been submitted in the last month
- The Commercial Research Manager Dr Marthe Ludtmann will start in her new post on the 4th Jan 2022
- We continue to support our Trust by redeploying some Research Nurses each and every week
- The Multi Morbidity Research Hub launches on 27th January, the event has had to be rescheduled to a virtual event and if you are interested in attending on 27th January 1.00-2.00 please click on this link:

Click here to join the meeting

The draft agenda is as follows

1. Welcome and Meeting Chair Mr Simon Morritt – Chief Executive York & Scarborough Teaching Hospitals NHS Foundation Trust
2. Presentation 1 Prof Alistair Hall- Clinical Lead for the Yorkshire and Humber CRN.- " 'Multimorbidity in underserved populations- The NIHR perspective'
3. Presentation 2 Prof Martin Wilkie from Sheffield. Renal Consultant but also the CRN's Multimorbidity Lead.- "Multimorbidity research from the clinican's and patient's perspective."
4. Presentation 3 Dr Ed Smith- "Caring for multimorbid patients- there's nowhere quite like Scarborough."
5. Presentation 4 Prof Vijay Jayagopal- "The Scarborough Multimorbidity Research Hub."
6. Closing remarks and Opening of the Research Hub

This is alongside delivering a large portfolio of clinical trials spread throughout all our six Care Groups. The challenges now are how to support this portfolio, alongside our Covid 19 trials (that still require a lot of support) and open up new opportunities, with the staff we have.

We are a very busy team!

Recommendation:

The Board is asked to receive the report and note any actions being taken.

Author(s): Lydia Harris Head of R&D

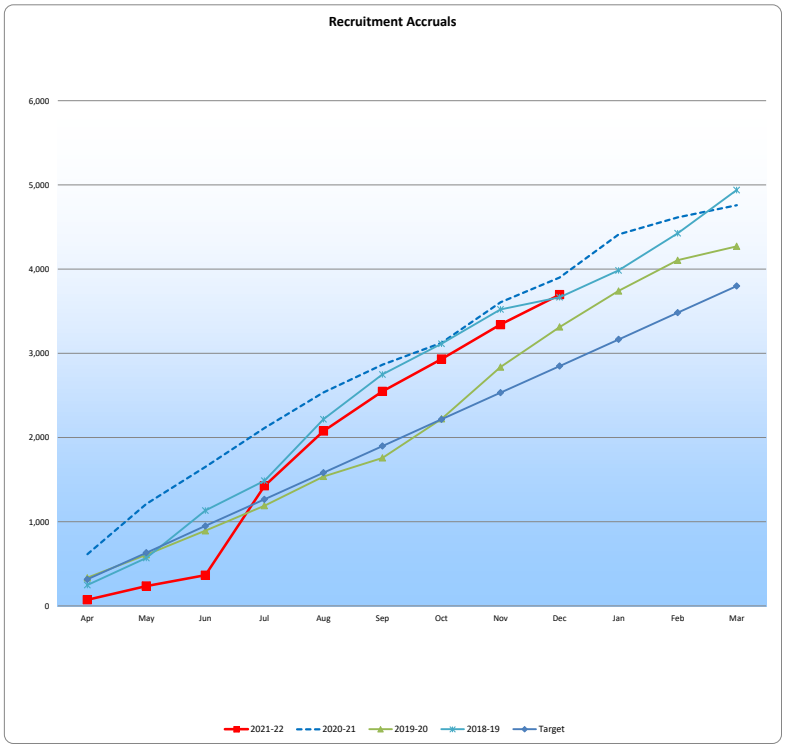
Director Sponsor: Polly McMeekin Director of WOD
Date: January 2021

TRUST BOARD REPORT : December 2021

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021-22	75	163	128	1062	650	471	384	409	357				3699
2020-21	615	597	440	461	421	331	259	484	293	513	201	145	4760
2019-20	334	275	284	298	348	220	464	615	477	426	365	166	4272
2018-19	249	322	562	354	731	531	365	408	145	319	442	512	4940



Another strong month for our accruals and we are still on track to reach our CRN target of 4020 accruals by 31st March 2022 (only 321 accruals to go) . Our biggest recruiter this month has been Clinical Characterisation Protocol a global study recording data from Covid positive patients (187 accruals this month) Thank you to everyone for all their hard work.

Breakdown as of end December 21

CG & Directorate	Accruals Running Total 21/22
CG1 Total	**386**
ED	29
Elderly Medicine	0
Stroke	1
Cardiology	6
Cardio Respiratory	0
CF & Respiratory	95
Hepatology	2
Sleep Services	0
Renal	76
Gastroenterology	177
Palliative Care	0
Community	0
Dietetics	0
Tissue Viability	0
CG2 - S'boro Total	**702**
ED	0
Elderly	5
Stroke	0
Cardiology	0
Respiratory	10
Renal	2
Gastroenterology	62
Hepatology	0
Palliative Care	0
Critical Care/ICU	52
Microbiology & Infection	558
Surgery - Non Cancer	11
Diabetes & Endocrinology	1
Rheumatology	1
CG3 Total	**458**
Anaesthetics/Peri-Operative	155
Critical Care/ICU	129
Surgery - Non Cancer	85
Restorative Dentistry	61
ENT	28
Pain	0
Infection	0

CG & Directorate	Accruals Running Total
CG4 Total	**834**
Oncology (inc surgery)	158
Haematology	3
Endoscopy	0
Microbiology & Infection	673
CG5 Total	**5**
Obs & Gynae	5
Paediatrics	0
Sexual Health	0
CG6 Total	**131**
Rheumatology	35
Dermatology	2
Neurology	0
Endocrinology	0
MSK	11
Orthopaedics	0
Ophthalmology	81
Psychological Medicine	0
Patient Safety	2
Services & AHP's	0
CG Total Accruals	**2516**
Psychological Impact - Cross Trust Study	**1183**
TOTAL Accruals	**3699**

Covid Accruals Included in Monthly	916
Included in Monthly CRN Return Total	581
Covid Accruals Not Included in Monthly	16
Included in Monthly CRN Return Total	31

Breakdown of Open and Closed Trials	
Recruitment Target for Year	4022
Open Trials	92
Total Due to Close 21/22	21

Breakdown of Trial Category	
Commercial	5%
Non-Commercial	95%
Interventional	39%
Observational	60%
I & O	1%

Breakdown of Accrual Category	
Interventional	44%
Observational	53%
Large Interventional	3%

OPERATIONAL PERFORMANCE REPORT

December-2021

Produced January-2022

The Board Assurance Framework is structured around the Trust's three 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 stability

Report produced by:

Information Team

Operational Performance Report: December-2021

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

To provide the Board with an integrated overview of performance within the Trust.

Executive Summary:

Key discussion points for the Board are:

Nationally, the COVID-19 Pandemic NHS Emergency Preparedness, Resilience and Response incident level moved to a level 4 national response on the 12th of December 2021. A level 4 national response is defined as "An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level".

In response to the Omicron variant the Trust has continued to operate within its COVID-19 Command and Control structure and as at the 11th of January there were 150 COVID-19 positive inpatients in our acute and community hospitals. The number of COVID-19 positive inpatients peaked on the 26th of January 2021 at 216.

The Trust has had 4,152 COVID-19 positive inpatients since 17th March 2020, with 3,230 patients discharged, sadly 771 patients have died. Since the beginning of July 2021 there have been 1,333 new COVID-19 positive inpatients and 156 deaths.

As at the 11th of January, York Hospital has four COVID-19 positive wards with three COVID-19 positive wards/areas at Scarborough Hospital. The seven dedicated wards/areas currently equate to 122 beds that are COVID-19 only and are not available for general non-elective admissions. Not all of the COVID-19 patients are on the COVID-19 dedicated wards; a number are on a critical care ward or have been stepped down to an amber ward following clinical review as they are over their fourteen day infectious period.

The Trust's COVID-19 surge plan is in place to respond to further requirements for additional beds.

Trust Planning

The workforce risk that the Trust has highlighted as part of the H1 2021-22 activity plan materialised to a greater extent than was anticipated and has continued into H2. This has affected not just the Trust but all partners. NYCC, TEWV, YAS, Primary Care and Vocare who have all been operating at their highest level of escalation due to workforce pressures over the last five months, limiting the availability of support from the system to reduce delays to patients or support urgent care demand. Overall the Trust sickness absence rate is 9.3% with 907 absent as at the 11th of January.

Executive Summary (cont.):

Key discussion points for the Board are:

The pressure on medical staffing contributed to the cancellation of 250 outpatient clinics within fourteen days of the planned date and there were 197 elective patients cancelled by the Trust for either COVID-19 reasons (Staff isolating) or clinician/nursing unavailability during December 2021. The impact of the Omicron variant on the Trust staffing levels and bed occupancy has led, via the Surge Plan, to the cancelling of routine ordinary elective P3 and P4 patients from the 4th to the 21st of January. Day Case activity is continuing where possible however the York Day Unit PACU has been surged into due to critical care issues and three day unit lists per day at York have been stood down. At the time of writing this report the Trust is anticipating de-escalating by Monday 17th of January. As in the previous COVID waves cancer and P2 elective procedures are being prioritised.

Compared to the activity outturn in December 2019 the Trust delivered the following provisional levels of elective care activity:

Point of Delivery	December 2019 Outturn	December 2021 Actual	Variance	Proportion of December 2019 delivered in December 2021
First Outpatient Appts	12,585	11,592	-993	92%
Follow up Outpatient Appts	27,842	30,704	2,862	110%
Ordinary Electives*	536	519	-17	97%
Day Cases	5,785	6,142	357	106%

*Ordinary Elective figures are based on discharge date.

An additional £1bn Elective Recovery Fund (ERF) has been made available to the NHS in the second half of 2021-22 to support activity above the level funded within system financial envelopes.

Systems that achieve completed referral to treatment (RTT) pathway activity above a 2019-20 threshold of 89% will be able to draw down from the ERF. In December 2021 the Trust provisionally completed 92% of the RTT pathways that were completed in December 2019.

December 2021 Performance Headlines:

- 70.8% of ED patients were admitted, transferred or discharged within four hours during December 2021.
- The Trust reported 298 twelve hour Trolley Breaches.
- October 2021 saw challenging cancer performance with the Trust achieving one out of the eight core national standards.
- 1,586 fifty-two week wait pathways have been declared for the end of December 2021.
- 117 104+ week wait pathways have been declared for the end of December 2021. This number, as per national guidance, excludes those patients who have requested to defer their treatment. There was one such patient at the end of December 2021.
- The Trust saw a decline against the overall Referral to Treatment backlog, with the percentage of patients waiting under eighteen weeks at month end decreasing from 64.8% in October to 63.5% at the end of December 2021.

Recommendation:

The Board is asked to receive the report and note the impact on the Trust KPIs and the actions being taken to address the performance challenges.

Author(s): Andrew Hurren, Operational Planning and Performance Manager
Lynette Smith, Deputy Director of Planning and Performance
Steve Reed, Head of Community Services

Director Sponsor: Wendy Scott, Chief Operating Officer

Date: Jan 2022

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE SUMMARY

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.01	Emergency Care Attendances		▼	12370	11553	10842	14452	16159	17920	19218	19876	19642	18813	19251	17596	16420
1.02	Emergency Care Breaches		▼	2766	2752	2241	2801	3111	3474	3642	4678	5557	5790	5941	5238	4797
1.03	Emergency Care Standard Performance	95%	▲	77.6%	76.2%	79.3%	80.6%	80.7%	80.6%	81.0%	76.5%	71.7%	69.2%	69.1%	70.2%	70.8%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▲	43%	43%	43%	43%	39%	38%	37%	41%	41%	40%	39%	40%	43%
1.05	ED Total number of patients waiting over 8 hours in the departments		▲	503	593	445	402	429	594	658	1072	1517	1725	1858	1596	1661
1.06	ED 12 hour trolley waits	0	▲	14	21	43	0	4	1	13	43	43	98	81	159	298
1.07	ED: % of attendees assessed within 15 minutes of arrival		▲	63%	65%	69%	66%	64%	64%	62%	49%	44%	39%	36%	39%	42%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▲	58%	60%	62%	55%	49%	47%	39%	34%	28%	25%	26%	26%	32%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▼	1.7%	1.4%	1.5%	1.8%	1.7%	1.6%	2.3%	3.3%	4.3%	4.4%	4.1%	4.1%	2.8%
1.10	ED - Median time between arrival and treatment (minutes)			199	206	193	194	192	191	192	212	231	236	237	235	233
1.11	Ambulance handovers waiting 15-29 minutes		▼	696	710	598	681	653	757	769	846	836	772	814	745	704
1.12	Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.13	Ambulance handovers waiting 30-59 minutes		▲	209	200	101	155	180	218	243	356	421	445	483	466	479
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▲	44	102	19	48	71	74	62	151	302	445	623	541	675
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage of Ambulance Handovers within 15 minutes (shadow monitoring)		▼	71.1%	69.5%	74.5%	74.9%	74.2%	73.9%	72.1%	65.1%	57.6%	52.9%	43.3%	43.2%	38.4%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▼	185	192	183	183	189	191	195	218	254	257	260	254	249
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▲	310	341	314	275	276	286	297	348	400	443	473	473	521
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▲	134	170	146	101	100	106	114	142	164	192	220	231	283
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▲	38	40	39	18	23	38	46	92	141	197	202	163	202
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▲	225	323	232	132	148	171	265	395	621	757	950	892	1088
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity) - based on date of admission		▼	4482	4233	3881	4884	4794	4941	4960	4888	4659	4550	4570	4463	4441
2.02	Non Elective Admissions (Paediatrics) - based on date of admission		▼	382	351	381	478	512	631	724	785	803	759	837	889	719
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▼	1737	1479	1549	1917	1990	2103	2194	2146	2035	1976	1992	1969	1790
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▲	982	1062	883	1014	981	959	948	1082	1045	1079	1093	1074	1141
2.07	Ward Transfers - Non clinical transfers after 10pm	100	▲	47	35	53	56	44	65	53	54	78	95	110	96	113
2.08	Emergency readmissions within 30 days		▲	810	761	679	881	897	911	903	877	772	745	751	-	-
2.09	Stranded Patients at End of Month - York, Scarborough and Bridlington		▲	266	325	291	275	260	270	252	271	322	313	372	376	392
2.10	Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington		▲	264	303	287	253	237	251	247	260	292	335	359	360	375
2.12	Super Stranded Patients at End of Month - York, Scarborough and Bridlington		▲	67	81	86	68	70	74	60	62	84	99	126	118	139
2.13	Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington		▲	72	79	85	68	54	55	64	58	71	92	108	124	126

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
3.01	Outpatients: All Referral Types		▼	20001	17413	17059	22597	21674	20315	22776	22363	19438	21247	21248	22136	17207
3.02	Outpatients: GP Referrals		▼	7788	6555	7174	10197	9251	8364	9436	9485	8327	9381	9565	10328	8424
3.03	Outpatients: Consultant to Consultant Referrals		▼	1667	1589	1585	1851	1880	1758	1973	2076	1652	1859	1784	2012	1734
3.04	Outpatients: Other Referrals		▼	10546	9269	8300	10549	10543	10193	11367	10802	9459	10007	9899	9796	7049
3.05	Outpatients: 1st Attendances		▼	12067	12061	11169	14394	12408	12782	14263	13020	11819	12995	12627	14025	11592
3.06	Outpatients: Follow Up Attendances		▼	30247	31240	30114	36585	32657	32516	35683	33544	31445	35326	33137	36804	30704
3.07	Outpatients: 1st to FU Ratio		▲	2.51	2.59	2.70	2.54	2.63	2.54	2.50	2.58	2.66	2.72	2.62	2.62	2.65
3.08	Outpatients: DNA rates		▼	6.2%	7.1%	6.4%	5.8%	5.7%	5.1%	5.6%	5.9%	6.3%	6.2%	6.0%	7.0%	6.9%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	180	▼	216	333	248	215	242	165	152	251	269	247	287	298	250
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	1271	1036	1002	1133	1170	974	1005	1383	957	1265	2869	2765	2526
3.11	Outpatients: Follow-up Partial Booking (FUPB) Overdue			27550	25782	24835	24778	24421	24624	24504	24826	25984	25610	26252	26784	27294
4.01	Elective Admissions - based on date of admission		▼	513	436	505	537	468	486	559	555	469	561	467	614	533
4.02	Day Case Admissions		▼	5430	4653	4478	5551	5801	5703	6710	6416	5697	6163	5678	6335	6164
4.03	Cancelled Operations within 48 hours - Bed shortages		▲	10	121	10	4	1	0	2	6	15	28	1	8	17
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▲	37	183	87	73	114	38	75	102	84	109	57	70	129
4.05	Theatres: Utilisation of planned sessions		▼	68%	57%	62%	69%	75%	76%	76%	73%	74%	72%	75%	78%	72%
4.06	Theatres: number of sessions held		▼	675	604	639	636	629	641	755	663	572	653	678	661	575

Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology.
All Referrals figures in the table above (3.01-3.04 for 13 months) have been refreshed in August-21 report due to a data filtering error
Hospital Cancelled Outpatient Appointments for non-clinical reasons have been refreshed from Oct-21 as dataset is now built in OBIEE

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE SUMMARY

REF	DIAGNOSTICS	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
3.12	Diagnostics: Patients waiting <6 weeks from referral to test	99%	▼	63.5%	61.0%	66.6%	68.5%	66.2%	62.9%	62.8%	61.4%	55.9%	56.4%	56.7%	56.4%	53.8%
3.13	Diagnostics: Total Fast Track Waiters		▲	750	655	671	735	608	786	796	883	916	1115	962	960	1138
3.19	Diagnostics: Urgent Radiology Waiters		▲	702	627	733	814	819	862	781	774	780	847	701	980	1085
3.38	Total Overdue Planned Radiology Waiters		◀▶	341	735	605	451	485	393	259	401	290	374	-	-	-
3.22	Total Radiology Reporting Backlog		▼	2962	1718	2176	2140	2124	1889	2418	3202	2780	3079	3373	2121	1932
3.31	Total Endoscopy Surveillance Backlog (Red)		▼	1384	1467	1485	1331	1402	1334	1235	1150	1146	1124	1125	902	817

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
5.01	RTT Percentage of incomplete pathways within 18wks	92%	▼	66.7%	63.9%	62.8%	64.7%	65.8%	68.3%	70.5%	69.5%	68.1%	66.2%	65.3%	64.8%	63.5%
5.02	RTT Waits over 52 weeks for incomplete pathways	0	▲	2251	2506	2581	2446	2023	1713	1488	1361	1348	1549	1688	1584	1586
5.10	RTT Waits over 78 weeks for incomplete pathways	0	▼	191	319	410	523	577	632	638	644	692	692	577	426	367
5.11	RTT Waits over 104 weeks for incomplete pathways (excludes patients who have deferred treatment P5 and P6 as per national guidance)*	0	▼	0	0	0	1	8	32	40	56	93	130	137	120	117
5.05	RTT Total Waiting List †	34261	▲	28040	27154	27193	28691	30069	30321	30707	31959	33187	34261	35031	35869	36897
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)		▲	4375	4341	4328	4355	4306	4073	3862	3822	3897	4116	4243	4258	4410
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)		▲	4963	5453	5792	5766	5968	5531	5192	5916	6682	7461	7921	8353	9040
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5	▲	17.7	18.2	18.1	17.0	16.4	16.3	15.9	15.5	16.1	16.4	16.5	16.3	17.1
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*			-	-	-	-	604	638	574	508	569	644	548	592	600
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*			-	-	-	-	68%	67%	75%	76%	70%	74%	70%	75%	66%

*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways; P5: Patient Wishes To Defer Surgery Due To Covid-19 Concerns; P6: Patient Wishes To Defer Surgery Due To Non Covid-19 Concerns

† RTT TWL is being measured against the Sep-21 performance target from Oct-21

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
6.01	Cancer 2 week (all cancers)	93%	▼	94.2%	90.2%	92.5%	91.1%	88.1%	93.7%	94.0%	95.2%	92.0%	93.0%	88.8%	86.4%	-
6.02	Cancer 2 week (breast symptoms)	93%	▼	97.3%	80.0%	92.6%	92.6%	92.8%	91.5%	93.6%	93.5%	96.0%	92.9%	81.2%	57.8%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%	▼	97.0%	95.7%	99.1%	97.0%	96.3%	98.5%	97.4%	98.5%	97.6%	96.9%	98.6%	95.0%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%	▼	90.9%	85.3%	93.9%	93.3%	96.2%	95.5%	93.1%	88.9%	87.5%	87.9%	96.9%	84.8%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	▲	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▼	75.5%	70.0%	72.1%	75.0%	70.9%	79.9%	67.1%	67.2%	62.4%	67.9%	70.8%	70.0%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)**	90%	▼	86.7%	80.5%	97.6%	87.2%	96.5%	83.7%	93.2%	84.0%	90.9%	82.5%	81.7%	71.4%	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%	▼	66.7%	53.6%	60.5%	70.2%	63.1%	63.6%	65.0%	65.3%	64.7%	64.1%	72.7%	68.8%	-

**62 day screening: months with five or fewer records from May-20 are not included

REF	COMMUNITY	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
7.01	Referrals to District Nursing Team		▼	1913	1956	1761	2057	1929	1916	2084	2078	1753	1745	1719	1764	1718
7.02	% CRT Patients Seen within 2 days of Referral		▲	89.3%	83.7%	71.4%	79.3%	82.8%	83.5%	78.3%	59.7%	48.3%	59.3%	74.2%	60.2%	62.2%
7.03	Number of District Nursing Contacts		▼	20271	19317	18139	21505	20984	20859	21103	21433	21270	19720	20606	20420	19738
7.04	Referrals to York Community Response Team		▲	198	227	190	182	179	200	206	203	175	170	177	211	213
7.05	Referrals to Selby Community Response Team		▲	60	68	57	64	56	51	40	65	52	52	64	54	65
7.07	Number of York CRT Contacts		▲	5218	4847	3839	3691	4367	4949	4890	5526	5735	4897	4635	4768	4884
7.08	Number of Selby CRT Contacts		▼	1342	1269	1284	1486	1431	1513	1463	1810	1707	1784	2091	2029	1781
7.10	Community Inpatient Units Average Length of Stay (Days)		▼	12.1	10.5	12.5	13.5	11.0	13.3	16.1	13.1	16.6	18.4	17.2	17.8	17.5
7.11	% Community Therapy Team Patients Seen within 6 weeks of Referral		▲	83.0%	90.9%	90.9%	92.4%	84.8%	88.5%	87.4%	82.3%	85.9%	70.5%	72.1%	78.7%	79.1%
7.12	% CRT Step Up Referrals Seen Within 2 Hrs		▼	14.2%	12.9%	15.6%	21.5%	15.4%	9.4%	16.5%	11.5%	26.0%	6.8%	13.4%	15.3%	13.2%
7.13	% of End of Life Patients Dying in Preferred Place of Death		▲	83.9%	82.9%	80.5%	85.7%	70.4%	80.0%	80.0%	90.0%	85.2%	90.3%	75.6%	81.8%	94.4%

REF	CHILDREN AND YOUNG PERSONS (0-17 YEARS)	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
8.01	Emergency Care Standard Performance (Type 1 only)	95%	▲	96.6%	97.3%	97.1%	96.5%	96.2%	95.5%	94.5%	91.6%	87.7%	84.9%	83.9%	84.6%	86.9%
8.02	ED patients waiting over 8 hours in department		▼	1	1	2	1	5	11	7	14	22	26	17	14	11
8.03	Cancer 2 week (all cancers)	93%	▲	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-	100.0%	100.0%	-
8.05	Diagnostics: Patients waiting <6 weeks from referral to test	99%	▲	54.5%	51.8%	50.9%	62.2%	62.4%	72.7%	58.9%	64.1%	57.4%	61.6%	53.6%	52.5%	52.7%
8.06	RTT Percentage of incomplete pathways within 18wks	92%	▲	70.5%	66.8%	66.3%	70.3%	71.8%	73.0%	75.8%	75.3%	73.2%	72.6%	71.4%	70.5%	70.8%
8.07	RTT Total Waiting List		▲	2040	2026	2102	2285	2395	2433	2511	2702	2741	2803	2924	3055	3131
8.08	RTT Waits over 52 weeks for incomplete pathways		▼	211	225	218	191	156	123	102	99	103	119	136	123	112

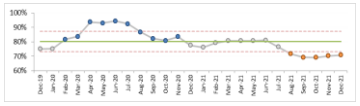
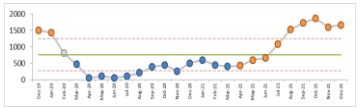
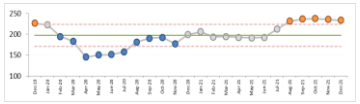
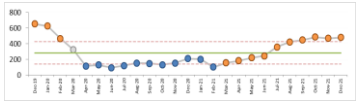
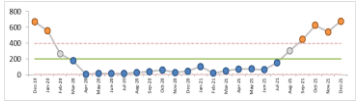
REF	STROKE	Target	Sparkline / Previous Month	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
9.01	Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	◀▶	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
9.02	Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation		◀▶	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	-
	SSNAP Scores:			Oct-Dec 20		Jan-Mar 21			Apr-Jun-21			Jul-Sep-21		Oct-21	Nov-21	Dec-21
9.03	Proportion of patients spending >90% of their time on stroke unit	85%	▼	77.4% D		86.1% B			89.2% B			82.6% C		82.3% C	90.4% A	90.0% A
9.04	Scanned within 1 hour of arrival	43%	▲	57.6% A		52.4% A			57.7% A			56.9% A		56.7 % A	50.0% A	60.0% A
9.05	Scanned within 12 hours of arrival	90%	▼	98.2% A		94.3% B			96.0% A			94.4% B		95.5% A	100.0% A	97.1% A

*COVID data set for the period April to June 2020. The full SSNAP data set is now being used. Please note the SSNAP quarters Jul-Sep and Oct-Dec 2020 have been refreshed due to error; many of the patients admitted during that period were transferred to and from Covid wards.

The latest month's SSNAP data is subject to change due to casenote delays and patients not yet being discharged. The January figures for the 90% time in Stroke services are low because unfortunately the acute stroke unit at York had a COVID outbreak which meant the SSNAP Data Administrators were not allowed up on to the clinical ward to start records. Also the ward was only taking potential Thrombolysis patients, so many stroke patients initially were admitted to other wards and therefore were not admitted to Stroke services in a timely manner.

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE: ED

Dec-21	METRIC :	TARGET :	vs LM :	
16,420	1.01 Emergency Care Attendances	-	-1,176 ↓	
70.8%	1.03 Emergency Care Standard Performance	95.0%	0.6% ↑	 CG1 CG4 CG2 CG5 CG3 CG6
1661	1.05 ED Total number of patients waiting over 8 hours in the departments	-	65 ↑	
233	1.10 ED - Median time between arrival and treatment (minutes)	-	-2 ↓	
479	1.13 Ambulance handovers waiting 30-59 minutes	0	13 ↑	 CG1 CG4 CG2 CG5 CG3 CG6
675	1.15 Ambulance handovers waiting >60 minutes	0	134 ↑	 CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE:

70.8% of ED patients were admitted, transferred or discharged within four hours during December 2021. Across the Scarborough and York localities attendances at the Emergency Departments and Urgent Care and Treatment Centres were below the 2019-20 levels by -8% (December 2021; 17,926 compared to 16,420 in December 2019). The staffing issues in December 2021 have exasperated the pressures that the Trust is experiencing. The ED Capital Build at York which commenced at the beginning of November 2021 has meant that York Emergency Department is operating out of a smaller footprint which is challenging.

In the latest nationally available data (November 2021), the NHS England position was 74.0%. Nationally the Trust placed 72nd out of 126 Trusts. No Trust achieved 95% plus against the Emergency Care Standard (ECS). The 95% standard was last met nationally in July 2015.

York Locality ECS Performance was 73.4%. The hospital inpatient estate has been reconfigured throughout the latest wave to support the COVID-19 Surge Plan, with four COVID-19 positive wards in operation as at the 11th of January.

Scarborough Locality ECS Performance was 67.1%. Demand at the three independent Sector run services; Bridlington Urgent Treatment Centre, Malton Urgent Care Centre and the Urgent Treatment Centre (UTC) co-located at Scarborough Hospital, are yet to return to pre-pandemic levels. This has impacted the Scarborough locality's overall performance as the number of Type 3 attendances has significantly reduced; -26% YTD compared to April to December 2019. Like many system colleagues, Vocare who operate the UTC at Scarborough Hospital have had significant challenges staffing their service during December 2021, particularly at the weekends. The Trust continues to collaborate with Vocare and has, when possible, backfilled several of their staffing gaps. Weekend planning meetings are now in place between Vocare and the Trust to maximise resilience.

The Scarborough Hospital inpatient estate has been reconfigured throughout the latest wave to support the COVID-19 Surge Plan, with three COVID-19 positive wards/areas in operation as at the 11th of January on the Scarborough site.

The Urgent and Emergency Care Project Board (UECB), as part of the 'Building Better Care' Programme, is in place, meeting fortnightly supported by a project manager to drive delivery. The aims and objectives of the UECB are:

Same Day Emergency Care (SDEC); the project aims to deliver Same Day Emergency Care on both acute sites to meet the requirements of the NHS Long Term Plan and Urgent and Emergency Care Network.

This includes meeting the national standards to:

- Provide SDEC services at least 12 hours a day, 7 days a week, providing an alternative to ward admission.
- Provide an acute frailty service at least 70 hours a week, with the aim to complete a clinical frailty assessment within 30 minutes of arrival in the ED/SDEC unit;
- Record all patient activity in EDs, urgent treatment centres and SDECs using same day emergency care data sets.

Urgent Care Pathways; aims to work with partners to deliver effective urgent care pathways across both acute sites to reduce ED attendances or direct admissions that do not require acute hospital care and/ or can be managed with alternative care.

Flow and Site Management; to ensure timely admission for urgent and surgical patients to the appropriate clinical location the project aims to provide clear and effective 24/7 operational arrangements for site management issues and for the flow of patients across both acute hospital sites.

There were 298 twelve-hour trolley waits in November 2021; 237 on the Scarborough site and sixty one at York. The Trust has submitted a multi-faceted improvement plan to NHSE/I who will hold oversight and to the Care Quality Commission. The improvement plan covers the following areas:

- Demand – Urgent Treatment Centre.
- Demand – ED Front Door Activity.
- ED Build Resilience.
- Demand – Same Day Emergency Care.
- Capacity – Use of Estate.
- Patient Flow – Internal Transfers.
- Patient Flow – SAFER.
- Patient Flow – Hospital Discharge Service.
- Clinical Oversight/Assessment of impact of delays.
- Capacity – Workforce.

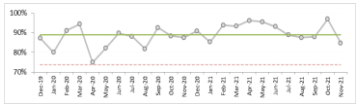
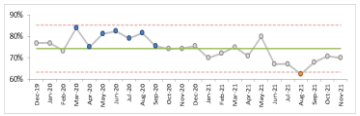
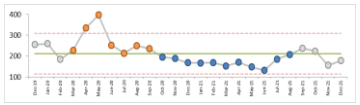
Adult Non-Elective admissions were down in December 2021 compared to the same period last year; -1% (-41 admissions). Paediatric Non-Electives are detailed within the Children and Young Persons section.

As at the 11th of January, York Hospital has four COVID-19 positive wards with three COVID-19 positive wards/areas at Scarborough Hospital. The seven dedicated wards/areas currently equate to 122 beds that are COVID-19 only and are not available for general non-elective admissions. Not all of the COVID-19 patients are on the COVID-19 dedicated wards; a number are on a critical care ward or have been stepped down to an amber ward following clinical review as they are over their fourteen day infectious period.

Super-Stranded (Length of Stay of 21+ Days) patients at the end of December 2021 increased compared to the end of November 2021 (124 to 126 patients). Unfortunately this position is a direct consequence of capacity and workforce issues that our Local Authorities are experiencing: these are likely to continue for some time.

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE: CANCER

Nov-21	METRIC :	TARGET :	vs LM :		
86.4%	6.01 Cancer 2 week (all cancers)	93.0%	-2.4% ↓		CG1 CG4 CG2 CG5 CG3 CG6
95.0%	6.03 Cancer 31 day wait from diagnosis to first treatment	96.0%	-3.6% ↓		CG1 CG4 CG2 CG5 CG3 CG6
84.8%	6.04 Cancer 31 day wait for second or subsequent treatment - surgery	94.0%	-12.1% ↓		CG1 CG4 CG2 CG5 CG3 CG6
70.0%	6.06 Cancer 62 Day Waits for first treatment (from urgent GP referral)	85.0%	-0.8% ↓		CG1 CG4 CG2 CG5 CG3 CG6
68.8%	6.08 Cancer 28 Day Wait - Faster Diagnosis Standard	75.0%	-3.9% ↓		CG1 CG4 CG2 CG5 CG3 CG6
178	6.25 Cancer PTL - Waiters over 62 Days	-	22 ↑		

HIGHLIGHTS FOR BOARD TO NOTE:

Trust cancer performance in November 2021 continued to be challenged, with one out of the eight cancer standards met;

• 31 day wait for second or subsequent treatment - Drug treatments.

In light of the deterioration in Cancer performance the Trust's Cancer Team have reviewed and made changes to Cancer Governance and Oversight. The key areas for note are:

1. Care Groups are to reinforce their weekly Care Group/tumour level PTL meeting to expedite any outstanding actions required to progress patients along their pathway to treatment as well as a focus on the 28 Day Faster Diagnosis target.

2. Care Group Directors, the Chief Operating Officer and the Planning and Performance Team will receive a weekly cancer performance update that follows Cancer Wall with key information and the list of outstanding actions. This has a focus on size of PTL, 28 Day Faster Diagnosis and 62 Day standard.

3. The cancer action plan will be presented at Cancer Delivery Group on a monthly basis via the Project Management Office documentation. The Trust's Cancer Improvement and Performance Manager will then outline where actions are off plan, as well as the barriers and mitigations to bring back on plan. In addition progress against the improvement actions will be a focus of Care Group Oversight and Assurance Meetings with the Executive Team.

The Trust did not achieve the Cancer two week waiting times for urgent referrals target with performance of 86.4% in November (October: 88.8%). The decline in Trust performance has primarily been caused by a fall in the number of Breast referrals being seen within fourteen days. There was a 32% rise in referrals to Breast services seen across the period September to November 2021 compared to the average monthly referrals seen in the first five months of 2021-22. This rise has been directly linked to recent celebrity deaths and awareness campaigns. The Breast service have tried to put on additional clinics to meet the demand but due to the pressure across diagnostic services, our radiology service has been unable to be able to support additional one stops clinics. This has resulted in a large number of patients having diagnostic scans at days nineteen to twenty one. The services have been working hard to address this and additional clinics, with radiological support, have now been organised. It is anticipated that performance will recover from January 2022 onwards.

The latest available data shows the national position for two week waiting times for urgent referrals to be 81.3% in October 2021.

The Trust did not achieve the 28-day Faster Diagnosis (All Routes) target with performance of 68.8% in November (October: 72.7%). The latest available data shows the national position to be 73.5% in October 2021.

The Trust was not anticipating improvements in our diagnostic position during the first three quarters of 2021-22. However the Trust was affected by significant staff absence, including in diagnostics services, that were over and above what had planned been for; a mix of COVID-19 related absence and other sickness. The Trust continues to prioritise urgent and cancer work and have escalated the situation to Quality and Executive Committees. Actions being taken include the implementation of recommendations from the Cancer Deep Dive completed in June, full review of pathway analysers by tumour site to refresh all recovery plans through quarters two and three of 2021-22, exploring carve out of diagnostic capacity for cancer for high risk pathways and ongoing outsourcing and insourcing across diagnostic modalities.
Performance against the 62 day wait for first treatment target was particularly challenging at 70%. All patients are tracked through the operational teams, with weekly escalations to senior managers.

At the end of December 2021 there were 178 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days. This puts the Trust twenty three patients below the improvement trajectory for the end of December submitted as part of the 2021-22 H2 plans (201).

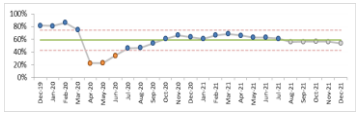
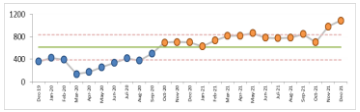
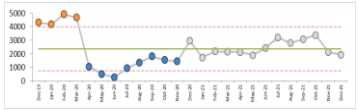
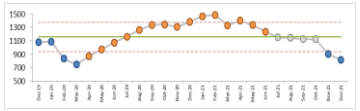
Of those waiting over 62 days, 121 are awaiting diagnosis; continuing to tackle this backlog is a top priority for the Trust and the Humber, Coast and Vale system and is a key element of the H2 recovery work.

There were fourteen patients treated in November 2021 who had waited more than 104 days with the majority due to health care provider delays. There is a continued focus on the long wait patients at the Trust's weekly PTL Cancer Wall meetings. On the 27th July 2020 there were 108 over 104 days; at the end of November 2021 there were twenty four. To understand the impact of longer waits for patients the Trust undertakes Clinical Harm Reviews (CHR). All long waiting (105+ days) patients receive a CHR that looks at the chronology of a patient's care and ascertains whether the delay to treatment has resulted in any harm. This is a clinician-led process that reports to the Cancer Delivery Board and then into the Trust's Quality Committee.

The latest available data shows the national position to be 76.2% against the 62 day wait for first treatment target in October 2021.

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE: DIAGNOSTICS

Dec-21	METRIC :	TARGET :	vs LM :		
53.8%	3.12 Diagnostics: Patients waiting <6 weeks from referral to test	99%	-2.6% ↓		CG1 CG4 CG2 CG5 CG3 CG6
1138	3.13 Diagnostics: Total Fast Track Waiters	-	178 ↑		
1085	3.19 Diagnostics: Urgent Radiology Waiters	-	105 ↑		
Sep-21 374	3.38 Total Overdue Planned Radiology Waiters	-	84 ↑		
1932	3.22 Total Radiology Reporting Backlog	-	-189 ↓		
817	3.31 Total Endoscopy Surveillance Backlog (Red)	-	-85 ↓		

HIGHLIGHTS FOR BOARD TO NOTE:

The diagnostics target performance for December 2021 was 53.8% of patients waiting less than 6 weeks for their diagnostic test at the end of the month (November 2021; 56.4%). The latest available data shows the national position at the end of October was 75%.

The Endoscopy performance was 50.2% (November; 51.5%). Outsourcing opportunities with the Independent Sector and Humber, Coast and Vale provider partners have been secured which will aid the recovery of this position. The Trust has also allocated £0.5m for insourcing to tackle the endoscopy surveillance backlog, this commenced in quarter three of 2021-22. It is planned that the backlog will be cleared by quarter four 2021-22.

Radiology performance at the end of December was 54.5% (November; 56.3%).

The decline in performance against the Diagnostic standard appears to be driven by the increase in referrals; in particular cancer referrals that has required services to prioritise fast track and urgent patients. This has resulted in reduced capacity for routine patients and a decrease in performance against the 6 week target.

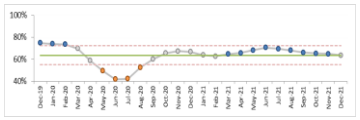
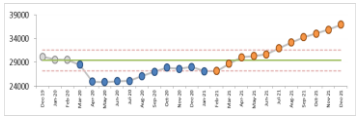
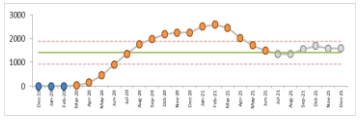
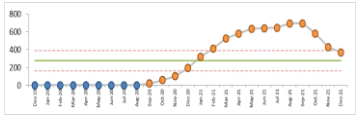
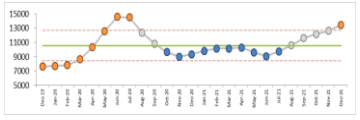
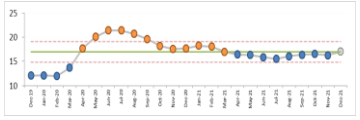
Currently in Radiology, the MRI radiographer workforce is under 50% capacity which means that the service is unable to run additional lists in order to meet the increased demand. The Cancer & Support Services Care Group continues to push forward with recruitment and training to address this workforce issue.

The Trust's new Radiology Information System (RIS) is now live; this is an exciting and necessary development which will bring a number of quality and safety benefits and will enable a fully electronic workflow for processing radiology requests. This will significantly reduce the risks associated with the previous paper based system.

Notifications for critical findings will be displayed electronically in the Trust's Patient Administration System so that referrers in the Trust are alerted to them as soon as the radiology examination is reported.

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)

Dec-21	METRIC :	TARGET :	vs LM :		
63.5%	**5.01** RTT Percentage of incomplete pathways within 18wks	92.0%	-1.3% ↓		CG1 CG4 CG2 CG5 CG3 CG6
36,897	**5.05** RTT Total Waiting List †	29,583	1028 ↑		CG1 CG4 CG2 CG5 CG3 CG6
1,586	**5.02** RTT Waits over 52 weeks for incomplete pathways	0	2 ↑		CG1 CG4 CG2 CG5 CG3 CG6
367	**5.10** RTT Waits over 78 weeks for incomplete pathways	0	-59 ↓		
13,450	**5.09** Number of RTT patients on Total Backlog (18+ weeks)	-	839 ↑		
17.1	**5.08** RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5	0.8 ↑		CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of patients waiting more than eighteen weeks declined slightly in December 2021, with the overall RTT position decreasing from 64.8% (November 2021) of patients waiting less than eighteen weeks from referral to treatment to 63.5%. The latest available data shows the national position at the end of October 2021 was 65.6%.

The Trust's RTT Total Waiting List (TWL) increased by 1,028 from the end of November and stood at 36,897. The increase in the Trust's overall RTT position was primarily driven by the cancellation of outpatient clinics and elective procedures as well a reduced level of planned elective activity caused by the staffing issues the Trust has experienced as a result of the Omicron Variant.

The impact of the Omicron variant on the Trust staffing levels and bed occupancy has led, via the Surge Plan, to the cancelling of routine ordinary elective P3 and P4 patients from the 4th to the 21st of January. Day Case activity is continuing where possible. As in the previous COVID waves cancer and P2 elective procedures are being prioritised.

The Trust had 1,586 patients waiting 52 weeks or longer at the end of December 2021, up two from the end of November. This position remains a significant reduction from the 'peak' at the end of February 2021 when the Trust declared 2,581 fifty-two week RTT waiters.

NHSI/E has mandated that Trusts have zero 104 week RTT waiters by the end of March 2022. A specialty specific trajectory to achieve this has been submitted to NHSI/E as part of the 2021-22 H2 planning submission. This trajectory is being monitored at Care Group weekly performance meetings to ensure delivery, however this position has been negatively impacted by the Omicron Variant. The Trust as part of the Surge Plan has reduced the number

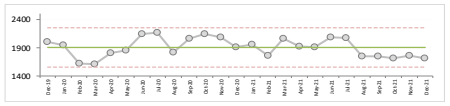
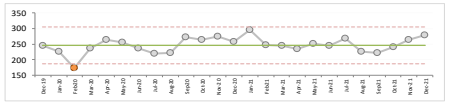
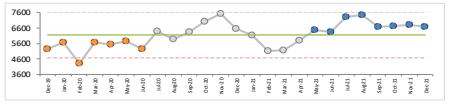
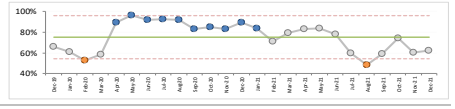
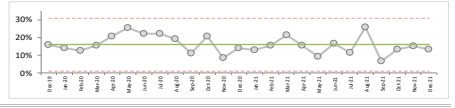
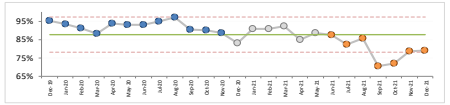
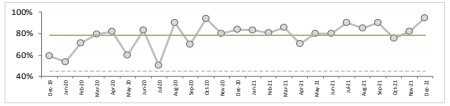
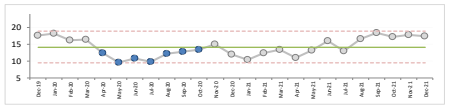
The Trust is, excluding those patients who have requested to defer their treatment, reporting 117 RTT 104 plus week waiters at the end of December 2021 above the end of month trajectory (92).

A key focus of the National Planning Guidance for 2021-22 is the treatment of the most urgent elective patients within agreed timescales. Surgical patients who are clinically prioritised as a priority 2 should be treated within four weeks of being added to the waiting list. At the end of March 2021 51% of priority 2 surgical patients had been waiting less than four weeks; this position was 72% at the end of December 2021. Care Groups are continuing to focus on this cohort of patients with weekly corporate oversight at weekly performance meetings.

The Trust has mobilised its approach to sustainable recovery through the transformational 'Building Better Care' Programme, which is targeted at high impact actions across urgent care, outpatients, surgical pathways, cancer and diagnostics over the next two years.

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY

Dec-21	METRIC :	TARGET :	vs LM :	
1,718	**7.01** Referrals to District Nursing Team	-	-46 ↓	
19,738	**7.03** Number of District Nursing Contacts	-	-682 ↓	
278	**7.06** All Community Response Teams Referrals (York and Selby)	-	13 ↑	
6665	**7.09** Number of CRT Contacts (York and Selby)	-	-132 ↓	
62.2%	**7.02** % CRT Patients Seen within 2 days of Referral	-	2.0% ↑	
13.2%	**7.12** % CRT Step Up Referrals Seen Within 2 Hrs	-	-2.1% ↓	
79.1%	**7.11** % Community Therapy Team Patients Seen within 6 weeks of Referral	-	0.4% ↑	
94.4%	**7.13** % of End of Life Patients Dying in Preferred Place of Death	-	12.6% ↑	
18	**7.10** Community Inpatient Units Average Length of Stay (Days)	-	0 ↓	

HIGHLIGHTS FOR BOARD TO NOTE :

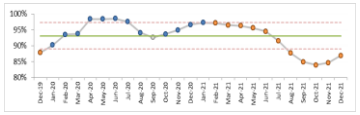
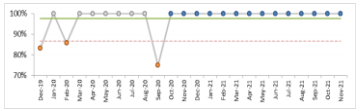
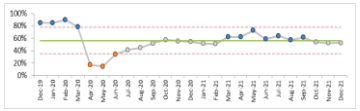
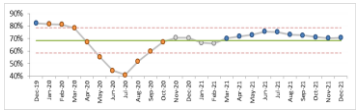
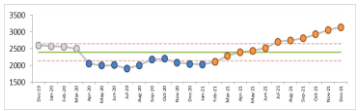
The 2022-23 national planning guidance has confirmed that a target of 70% of Urgent Community Response (UCR) referrals to be seen within 2hrs will be applied from December 2022. The report highlights a proxy measure ('Step up' referrals from the community seen within 2hrs) which shows current performace around 20%. It should be noted that the UCR standard only includes patients who need to be seen within 2hrs to prevent an admission to hospital and will therefore exclude a number of 'step up' referrals who did not need to be seen within this timeframe. Work is ongoing to reliably capture all patients who meet this definition to report against the new standard. In line with the business case approved at the end of August, recruitment continues to deliver the expanded capacity required to deliver the standard with the first appointments commencing in post during December. Development of an integrated assessment model including primary care is taking place to ensure a joined up and sustainable approach to implementation in each locality.

Intermediate care delivery remains challenging due to workforce pressures and constraints within the social care sector - length of stay in community units remains at its highest level since the start of the pandemic (at the start of January 31 out of 73 beds were occupied by patients who were delayed moving to their discharge destination) and CRT were only able to see two thirds of referrals with two days of receiving the referral (though it should be noted more patients were supported during the month than any point of the year since January 2021).

Despite the range of challenges in supporting patients at the end of life described through recent months, it was positive to note that nearly 95% of patients were supported to die in their preferred place during December.

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE: CHILDREN AND YOUNG PERSONS (0-17 YEARS)

Dec-21	METRIC :	TARGET :	vs LM :		
86.9%	8.01 ECS Performance (Type 1 only)	95%	2.3% ↑		CG1 CG4 CG2 CG5 CG3 CG6
11	8.02 ED patients waiting over 8 hours in department	-	-3 ↓		
Nov-21					
100.0%	8.03 Cancer 14 day performance	93%			CG1 CG4 CG2 CG5 CG3 CG6
52.7%	8.05 Diagnostics	99%	0.3% ↑		CG1 CG4 CG2 CG5 CG3 CG6
70.8%	8.06 RTT performance	92%	0.4% ↑		CG1 CG4 CG2 CG5 CG3 CG6
3,131	8.07 RTT TWL	2567	76 ↑		CG1 CG4 CG2 CG5 CG3 CG6
112	8.08 RTT 52 week waiters	0	-11 ↓		CG1 CG4 CG2 CG5 CG3 CG6

HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the ECS for patients aged 0-17 years was below target at 86.9% in December 2021. Both EDs have experienced an increase in paediatric attendances since June 2021; although the majority of these children attending are discharged home this increase in activity has coincided with Trust-wide workforce capacity shortages and increasing adult attendances during the summer holiday period.

A review of the respiratory presentations has confirmed that there has been an increase in respiratory attendances in children, especially in the under-fives. This is in line with the Public Health England forecast for a respiratory surge in children as a direct consequence of the reduced mixing of children and young people during the lockdown periods of the COVID-19 response since March 2020. This surge occurred earlier than expected and the forecast is for this to continue throughout the winter.

Roughly a third of admissions to the Children's Assessment Unit (CAU) and paediatric wards have been due to respiratory conditions. The acuity of some paediatric inpatients with bronchiolitis has been much higher than previously seen which has created longer inpatient stays and requirements for more intensive paediatric and anaesthetic support for those children.

The pressure from the respiratory surge has inevitably had an impact on ED performance however the resilience plans have been enacted to support additional child health team nursing and medical staffing capacity across ED and CAU has enabled the teams to extend CAU opening hours and manage this additional activity and higher levels of need/acuity.

A pilot Paediatric Ambulatory Treatment Hub scheme commenced at Askham Bar in York on the 4th November 2021 to help prevent babies and young children coming into hospital with breathing difficulties, the pilot will run to the end of March 2023.

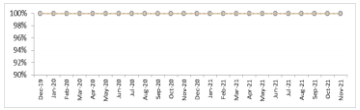
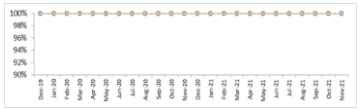
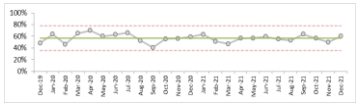
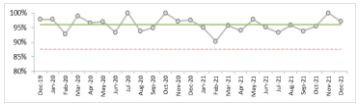
A joint venture between the Trust, North Yorkshire CCG, Vale of York CCG and Nimbuscare, the pilot offers a bespoke and dedicated GP and paediatric nurse-led service, which will manage children under the age of five years with bronchiolitis, who do not need an admission to the Children's Wards at the hospital. Instead, they are seen by an experienced children's nurse from York Hospital, working alongside a GP, in a child and family friendly 'Hub' at Askham Bar. To date the Hub has been seeing ten to twelve children each day with RSV/respiratory illness who would normally attend ED.

December 2021 has seen a decrease in non-elective admissions for children, down 19% from November 2021 (-170 admissions).

RTT performance against the 92% target is higher than the Trust overall performance (70.8% compared to 63.5%). The Trust is declaring 117 RTT fifty-two week waiters relating to children and young people at the end of December 2021; down from 120 at the end of November 2021. Children comprise approximately 8% of the total number of the fifty-two week waiters that the Trust is declaring for the end of October 2021 (1,586).

TRUST BOARD REPORT: December-2021

OPERATIONAL PERFORMANCE: STROKE

	METRIC :	TARGET :	vs LM :	
Oct-21 100.0%	9.01 Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	0.0%	
Nov-21 100.0%	9.02 Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	-	0.0%	
Dec-21 90.0%	9.03 Proportion of patients spending >90% of their time on stroke unit	85%	-0.4% ↓	
60.0%	9.04 Scanned within 1 hour of arrival	43%	10.0% ↑	
97.1%	9.05 Scanned within 12 hours of arrival	90%	-2.9% ↓	

HIGHLIGHTS FOR BOARD TO NOTE:

The latest Sentinel Stroke National Audit Programme (SSNAP) report for the period July to September 2021 was published in December 2021.For this period the Trust achieved a score of 62.7 which equates to a C rating. This represents a decline on our April to June 2021 performance (B rating).

Compared to the same period last year the Trust saw a 13% increase in admissions to the Acute Stroke Unit. Despite this rise the service is ensuring patients scanned in a timely manner, are admitted to the Stroke Unit with a median time of less than 4 hours and more patients are receiving their thrombolysis in less than 60 minutes than before the introduction of the direct admission model. The domains linked to physiotherapy and speech and language therapy have however been challenging. The service is working to address the issues highlighted by the SSNAP report to improve the Trust's rating back to where it should be.

TRUST BOARD REPORT : December-2021

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.01	Locality Emergency Care Attendances		▼	4881	4608	4436	5824	6718	7508	8303	8707	8785	8043	7906	7045	6840
1.02	Locality Emergency Care Breaches		▼	1251	1018	1098	1217	1466	1732	2057	2220	2517	2682	2399	2290	2249
1.03	Locality Emergency Care Standard Performance	95%	▼	74.4%	77.9%	75.2%	79.1%	78.2%	76.9%	75.2%	74.5%	71.4%	66.7%	69.7%	67.5%	67.1%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▼	53%	53%	51%	55%	52%	50%	49%	45%	44%	41%	45%	44%	43%
1.05	ED Total number of patients waiting over 8 hours in the departments		▼	318	359	276	230	290	422	516	635	791	948	896	840	837
1.06	ED 12 hour trolley waits	0	▲	14	17	43	0	4	1	13	42	40	75	68	124	237
1.07	ED: % of attendees assessed within 15 minutes of arrival		▲	33%	40%	44%	47%	46%	44%	40%	33%	26%	27%	28%	27%	29%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▲	61%	67%	63%	60%	57%	50%	36%	35%	27%	22%	28%	24%	31%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▼	1.6%	1.1%	1.8%	2.6%	2.2%	2.0%	4.0%	3.9%	5.2%	5.3%	4.0%	4.4%	3.4%
1.10	ED - Median time between arrival and treatment (minutes)			237	227	237	231	235	238	268	263	318	343	334	341	330
1.11	Ambulance handovers waiting 15-29 minutes		▼	376	368	314	353	374	419	463	517	472	412	453	415	363
1.13	Ambulance handovers waiting 30-59 minutes		▲	135	82	54	98	122	165	160	216	228	246	265	261	272
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▲	27	20	7	34	44	65	31	67	143	241	255	283	293
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)		▼	64.0%	67.2%	69.3%	68.1%	62.3%	63.7%	61.8%	54.6%	48.0%	40.4%	36.7%	34.8%	32.5%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▲	237	219	236	227	238	248	271	272	334	342	329	325	327
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▲	371	351	398	307	331	347	377	415	465	528	529	575	617
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▲	179	169	205	105	128	135	158	181	184	221	228	281	338
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▲	29	22	25	14	16	26	43	70	111	143	121	105	136
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▲	168	152	186	90	128	151	239	301	346	418	470	498	527
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)		▼	1403	1360	1226	1575	1593	1649	1641	1634	1484	1397	1490	1462	1392
2.02	Non Elective Admissions - Paediatrics		▼	153	124	135	178	204	291	316	315	317	271	251	260	242
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▼	475	468	454	567	683	763	794	786	664	591	594	585	552
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▼	364	386	327	358	390	358	339	387	367	382	405	406	376
2.07	Ward Transfers - Non clinical transfers after 10pm	33	▲	12	5	17	16	19	31	14	19	22	25	25	21	33
2.08	Emergency readmissions within 30 days		▲	247	230	211	283	283	303	274	302	239	234	236	-	-
2.09	Stranded Patients at End of Month (Scarborough & Bridlington)		◀▶	100	131	124	102	102	121	102	108	118	121	130	149	149
2.10	Average Bed Days Occupied by Stranded Patients (Scarborough & Bridlington)		▲	117	115	117	96	102	100	102	100	113	132	129	135	145
2.12	Super Stranded Patients at End of Month (Scarborough & Bridlington)		▲	27	28	41	26	29	36	25	30	38	42	42	53	55
2.13	Average Bed Days Occupied by Super Stranded Patients (Scarborough & Bridlington)		▲	30	31	34	29	27	26	32	24	36	39	41	44	57

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
3.01	Outpatients: All Referral Types		▼	7229	6069	5939	7955	7620	7154	8315	8233	6819	7592	7117	7453	6228
3.02	Outpatients: GP Referrals		▼	2609	2348	2423	3423	3074	2883	3305	3458	2909	3292	3323	3697	3143
3.03	Outpatients: Consultant to Consultant Referrals		▼	516	522	465	569	621	549	590	647	506	545	525	583	581
3.04	Outpatients: Other Referrals		▼	4104	3199	3051	3963	3925	3722	4420	4128	3404	3755	3269	3173	2504
3.05	Outpatients: 1st Attendances		▼	3596	3767	3677	4336	3905	3848	4580	4457	3898	4055	4269	4772	3794
3.06	Outpatients: Follow Up Attendances		▼	8227	8455	8169	9431	8247	8208	9268	8704	8162	9588	8608	9999	8207
3.07	Outpatients: 1st to FU Ratio		▲	2.29	2.24	2.22	2.18	2.11	2.13	2.02	1.95	2.09	2.36	2.02	2.10	2.16
3.08	Outpatients: DNA rates		▼	7.4%	8.3%	7.1%	6.5%	6.0%	5.6%	6.1%	6.6%	6.7%	6.7%	6.9%	7.8%	7.2%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	60	▼	93	109	86	97	109	74	59	88	130	97	111	123	104
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	451	336	309	309	363	351	375	528	337	461	1025	944	888
4.01	Elective Admissions		▼	154	174	209	180	141	163	195	209	111	191	162	182	174
4.02	Day Case Admissions		▼	1728	1656	1610	1945	1828	1734	2056	2026	1812	1996	1849	1968	1906
4.03	Cancelled Operations within 48 hours - Bed shortages		▲	0	0	0	0	0	0	0	2	2	0	0	5	10
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▲	3	24	31	9	46	9	10	20	16	15	15	14	43
4.05	Theatres: Utilisation of planned sessions		▼	70%	64%	64%	62%	70%	70%	73%	70%	68%	70%	74%	73%	62%
4.06	Theatres: number of sessions held		▼	205	208	198	206	176	187	222	179	148	190	244	192	168

Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology.
All Referrals figures in the table above (3.01-3.04 for 13 months) have been refreshed in Aug-21 report due to a data filtering error
Hospital Cancelled Outpatient Appointments for non-clinical reasons have been refreshed from Oct-21 as dataset is now built in OBIEE

TRUST BOARD REPORT : December-2021

OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
5.01	RTT Percentage of incomplete pathways within 18wks		▼	68.6%	66.0%	66.1%	69.5%	70.7%	72.8%	74.6%	74.1%	72.4%	71.2%	71.1%	71.0%	70.6%
5.02	RTT Waits over 52 weeks for incomplete pathways		▼	676	722	713	665	514	407	348	312	317	332	356	343	330
5.10	RTT Waits over 78 weeks for incomplete pathways		▼	51	79	106	124	128	136	149	139	152	145	126	96	78
5.11	RTT Waits over 104 weeks for incomplete pathways (excludes patients with Prority 5 / Priority 6 code as per national guidance)*		◀▶	0	0	0	0	0	3	3	12	20	23	33	25	25
5.05	RTT Total Waiting List		▲	9200	8856	8640	9205	9766	9917	10044	10495	10890	11124	11208	11492	11746
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)		▲	1266	1239	1229	1245	1242	1185	1106	1150	1221	1287	1338	1391	1463
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)		▲	1620	1768	1698	1564	1624	1508	1450	1573	1790	1920	1903	1937	1996
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)		▲	16.8	17.0	16.6	15.3	14.6	14.4	14.1	13.4	14.1	14.2	14.4	14.0	14.4
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*		▼	-	-	-	-	-	133	109	99	94	90	96	110	105
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*		▼	-	-	-	-	-	57%	78%	81%	69%	71%	73%	78%	70%

*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways; Priority 5: Patient Wishes To Defer Surgery Due To Covid-19 Concerns; Priority 6: Patient Wishes To Defer Surgery Due To Non Covid-19 Concerns

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
6.01	Cancer 2 week (all cancers)	93%	▲	92.9%	91.9%	93.8%	90.4%	91.3%	90.8%	90.6%	94.2%	90.4%	91.4%	90.0%	93.6%	-
6.02	Cancer 2 week (breast symptoms)	93%	◀▶	-	-	-	-	-	-	-	-	-	-	-	-	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%	▼	96.7%	97.6%	98.0%	95.6%	98.4%	96.5%	93.4%	100.0%	94.9%	96.2%	96.9%	95.2%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%	▼	80.0%	50.0%	66.7%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	88.9%	100.0%	90.9%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	◀▶	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▲	67.9%	57.1%	69.6%	77.8%	71.7%	75.9%	57.0%	61.4%	62.3%	47.5%	58.3%	69.6%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	▲	-	0.0%	-	0.0%	-	-	-	-	0.0%	48.8%	0.0%	-	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%	▼	53.9%	41.1%	50.3%	64.6%	51.2%	57.0%	49.4%	52.6%	48.0%	54.0%	60.6%	59.8%	-

*62 day screening: months with five or fewer records at Trust level from May-20 are not included

TRUST BOARD REPORT : December-2021

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
1.01	Locality Emergency Care Attendances		▼	7489	6945	6406	8628	9441	10412	10915	11169	10857	10770	11345	10551	9580
1.02	Locality Emergency Care Breaches		▼	1515	1734	1143	1584	1645	1742	1585	2458	3040	3108	3542	2948	2548
1.03	Locality Emergency Care Standard Performance	95%	▲	79.8%	75.0%	82.2%	81.6%	82.6%	83.3%	85.5%	78.0%	72.0%	71.1%	68.8%	72.1%	73.4%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted		▲	38%	38%	39%	37%	33%	32%	31%	39%	39%	39%	36%	39%	42%
1.05	ED Total number of patients waiting over 8 hours in the departments		▲	185	359	169	172	139	172	142	437	726	777	962	756	824
1.06	ED 12 hour trolley waits	0	▲	0	4	0	0	0	0	0	1	3	23	13	35	61
1.07	ED: % of attendees assessed within 15 minutes of arrival		▲	77%	76%	79%	74%	72%	72%	71%	59%	54%	47%	41%	46%	50%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival		▲	56%	57%	62%	52%	45%	45%	41%	33%	29%	26%	25%	27%	33%
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)	5%	▼	1.7%	1.6%	1.3%	1.4%	1.5%	1.4%	1.5%	3.0%	3.8%	3.9%	4.2%	4.0%	2.4%
1.10	ED - Median time between arrival and treatment (minutes)			176	191	170	175	174	169	171	192	210	213	219	215	203
1.11	Ambulance handovers waiting 15-29 minutes		▲	320	342	284	328	279	338	306	329	364	360	361	330	341
1.13	Ambulance handovers waiting 30-59 minutes		▲	74	118	47	57	58	53	83	140	193	199	218	205	207
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes		▲	17	82	12	14	27	9	31	84	159	204	368	258	382
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)		▼	77.1%	71.2%	78.4%	80.1%	82.8%	82.1%	80.4%	73.9%	64.9%	62.8%	48.8%	50.8%	43.3%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)		▼	165	182	162	168	173	171	168	197	220	220	235	225	212
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)		▲	269	334	259	252	236	239	236	299	355	388	433	404	458
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)		▲	103	170	108	98	80	83	80	113	151	173	214	196	247
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)		▲	9	18	14	4	7	12	3	22	30	54	81	58	66
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)		▲	57	171	46	42	20	20	26	94	275	339	480	394	561
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)		▲	3079	2873	2655	3309	3201	3292	3319	3254	3175	3153	3080	3001	3049
2.02	Non Elective Admissions - Paediatrics		▼	229	227	246	300	308	340	408	470	486	488	586	629	477
2.05	Patients with LOS 0 Days (Elective & Non-Elective)		▼	1262	1011	1095	1350	1307	1340	1400	1360	1371	1385	1398	1384	1238
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)		▲	618	676	556	656	591	601	609	695	678	697	688	668	765
2.07	Ward Transfers - Non clinical transfers after 10pm	67	▲	35	30	36	40	25	34	39	35	56	70	85	75	80
2.08	Emergency readmissions within 30 days		▲	563	531	468	598	614	608	629	575	533	511	515	-	-
2.09	Stranded Patients at End of Month		▲	166	194	167	173	158	149	150	163	204	192	242	227	243
2.10	Average Bed Days Occupied by Stranded Patients		▲	147	188	170	157	135	151	145	160	179	203	230	225	230
2.12	Super Stranded Patients at End of Month		▲	40	53	45	42	41	38	35	32	46	57	84	65	84
2.13	Average Bed Days Occupied by Super Stranded Patients		▼	42	48	51	39	27	29	32	34	35	52	68	80	69

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
3.01	Outpatients: All Referral Types		▼	12772	11344	11120	14642	14054	13161	14461	14130	12619	13655	14131	14683	10979
3.02	Outpatients: GP Referrals		▼	5179	4207	4751	6774	6177	5481	6131	6027	5418	6089	6242	6631	5281
3.03	Outpatients: Consultant to Consultant Referrals		▼	1151	1067	1120	1282	1259	1209	1383	1429	1146	1314	1259	1429	1153
3.04	Outpatients: Other Referrals		▼	6442	6070	5249	6586	6618	6471	6947	6674	6055	6252	6630	6623	4545
3.05	Outpatients: 1st Attendances		▼	8471	8294	7492	10058	8503	8934	9683	8563	7921	8940	8358	9253	7798
3.06	Outpatients: Follow Up Attendances		▼	22020	22785	21945	27154	24410	24308	26415	24840	23283	25738	24529	26805	22497
3.07	Outpatients: 1st to FU Ratio		▼	2.60	2.75	2.93	2.70	2.87	2.72	2.73	2.90	2.94	2.88	2.93	2.90	2.88
3.08	Outpatients: DNA rates		▲	5.8%	6.6%	6.1%	5.5%	5.5%	4.9%	5.3%	5.6%	6.1%	6.0%	5.7%	6.6%	6.7%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	120	▼	123	224	162	118	133	91	93	163	139	150	176	175	146
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	820	700	693	824	807	623	630	855	620	804	1844	1821	1638
4.01	Elective Admissions		▼	359	262	296	357	327	323	364	346	358	370	305	432	359
4.02	Day Case Admissions		▼	3702	2997	2868	3606	3973	3969	4654	4390	3885	4167	3829	4367	4258
4.03	Cancelled Operations within 48 hours - Bed shortages		▲	10	121	10	4	1	0	2	4	13	28	1	3	7
4.04	Cancelled Operations within 48 hours - Non clinical reasons		▲	34	159	56	64	68	29	65	82	68	94	42	56	86
4.05	Theatres: Utilisation of planned sessions		▼	66%	54%	61%	73%	77%	78%	77%	75%	75%	73%	76%	80%	76%
4.06	Theatres: number of sessions held		▼	470	396	441	430	453	454	533	484	424	463	434	469	407

Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology.
All Referrals figures in the table above (3.01-3.04 for 13 months) have been refreshed in Aug-21 report due to a data filtering error
Hospital Cancelled Outpatient Appointments for non-clinical reasons have been refreshed from Oct-21 as dataset is now built in OBIEE

TRUST BOARD REPORT : December-2021

OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	18 WEEKS REFERRAL TO TREATMENT	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
5.01	RTT Percentage of incomplete pathways within 18wks		▼	65.8%	62.9%	61.2%	62.5%	63.5%	66.1%	68.6%	67.3%	66.1%	63.8%	62.5%	61.9%	60.3%
5.02	RTT Waits over 52 weeks for incomplete pathways		▲	1575	1784	1868	1781	1509	1306	1140	1049	1031	1217	1332	1241	1256
5.10	RTT Waits over 78 weeks for incomplete pathways		▼	140	240	304	399	449	496	489	505	540	547	451	330	289
5.11	RTT Waits over 104 weeks for incomplete pathways (excludes patients with Prority 5 / Priority 6 code as per national guidance)*		▼	0	0	0	1	8	29	37	44	73	107	104	95	92
5.05	RTT Total Waiting List		▲	18840	18298	18553	19486	20303	20404	20663	21464	22297	23137	23823	24377	25151
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)		▲	3109	3102	3099	3110	3064	2888	2756	2672	2676	2829	2905	2867	2947
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)		▲	3343	3685	4094	4202	4344	4023	3742	4343	4892	5541	6018	6416	7044
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)		▲	18.2	18.8	18.8	17.8	17.3	17.2	16.8	16.5	17.0	17.4	17.5	17.3	18.3
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*		▲	-	-	-	-	-	505	465	409	475	554	452	482	495
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*		▼	-	-	-	-	-	70%	74%	75%	70%	75%	69%	75%	65%

*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways; Priority 5: Patient Wishes To Defer Surgery Due To Covid-19 Concerns; Priority 6: Patient Wishes To Defer Surgery Due To Non Covid-19 Concerns

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)	TARGET	SPARKLINE / PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
6.01	Cancer 2 week (all cancers)	93%	▼	94.7%	89.7%	92.1%	91.4%	87.3%	94.9%	95.3%	95.8%	92.7%	93.9%	88.1%	83.5%	-
6.02	Cancer 2 week (breast symptoms)	93%	▼	97.3%	80.0%	92.6%	92.6%	92.8%	91.5%	93.6%	93.5%	96.0%	92.9%	81.2%	57.8%	-
6.03	Cancer 31 day wait from diagnosis to first treatment	96%	▼	97.1%	95.0%	99.4%	97.5%	95.5%	99.0%	98.6%	98.3%	98.3%	97.7%	99.1%	95.4%	-
6.04	Cancer 31 day wait for second or subsequent treatment - surgery	94%	▼	92.1%	92.9%	96.4%	91.7%	95.8%	94.7%	91.3%	87.1%	87.0%	86.4%	96.2%	82.1%	-
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	▲	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	-
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▼	79.1%	73.4%	72.6%	72.8%	70.4%	80.5%	71.0%	68.7%	62.4%	74.9%	73.9%	70.4%	-
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)*	90%	▼	86.7%	91.7%	97.6%	97.1%	96.5%	83.7%	93.2%	84.0%	93.5%	74.9%	83.3%	71.4%	-
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard	75%	▼	69.0%	56.9%	62.8%	71.1%	65.0%	65.2%	69.7%	68.0%	70.6%	66.6%	77.4%	72.5%	-

*62 day screening: months with five or fewer records at Trust level from May-20 are not included

DIGITAL AND INFORMATION SERVICE

December-2021

Produced January-2022

The Board Assurance Framework is structured around the Trust's three 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 stability

Report produced by:

Information Team

Digital and Information Service: December-2021

Executive Summary

Trust Strategic Goals:

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

Purpose of the Report:

To provide the Board with an integrated overview of the Digital and Information Service

Executive Summary:

Key discussion points for the Board are:

MAIN UPDATES

The main update for the IBR this month is on the log4j bug (also called the log4shell vulnerability and known by the number CVE-2021-44228) is a weakness in some of the world's most widely used web server software known as Apache. The bug is found in the open-source log4j library, a collection of pre-set commands programmers use to speed up their work and keep them from having to repeat complicated code.

It is possible for a hacker to feed the log4j library a line of code that allows them to access it and other servers and data on our network.

The impact of this flaw is huge: one-third of the world's servers are possibly affected, including those of major corporations like Microsoft, Amazon and Apple.

In order to remove the risk it is necessary to implement software patches that fix the flaw. Unfortunately in many cases patches do not yet exist, resulting in the need to introduce mitigation measures such as disabling services where practical or limiting access to them from external sources.

DIS have identified all potentially vulnerable systems, applied patches wherever possible and mitigations where necessary. We continue to liaise with software suppliers to identify any software that uses Log4j, ascertain the version used, and upgrade where necessary. There are NHS online resources dedicated to this issue including regular webinars and daily briefings which the team have access to.

This is a vulnerability we will be managing for some significant time and progress to close the gap will be reported monthly to the Resources Committee.

INTELLIGENCE AND INSIGHT TEAM

Following successful funding bids to support required changes to Emergency Care Dataset (ECDS) and Same Day Emergency Care (SDEC), a project group has been established with work due to commence in mid-January. This will be a user-led review of the ED workflow and screens with the aim of improving efficiency in data recording and releasing clinical time to care, whilst ensuring national reporting requirements and conformance indicators are achieved. The output of this review will result in costed pieces of development work to make the required changes. The Business Intelligence and Insight team are currently on track to achieve the April implementation date of the new ECDS, recognising that compliance against clinical indicators will not achieve 95% until the review has been completed and changes to the ED screens made.

Recommendation:

The Board is asked to receive the report and note the impact on the DIS KPIs and the actions being taken to address the performance challenges.

Author(s): Dylan Roberts, Chief Digital Information Officer
Nicky Slater, Head of Intelligence and Insight

Director Sponsor: Dylan Roberts, Chief Digital Information Officer
Date: January-2022

TRUST BOARD REPORT: December-2021

DIGITAL AND INFORMATION SERVICE

REF	INFRASTRUCTURE & SERVICE MANAGEMENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
9.03	Number of end user devices over 4 years old		▼	-	-	-	4533	4483	4300	4220	4150	4130	4100	4050	3990	3960
9.04	Total number of calls to Service Desk		▼	4780	5613	5190	5006	4178	3780	4227	4355	3951	4088	4324	3719	3533
9.05	Total number of calls abandoned		▲	1761	2437	2584	1665	1224	722	982	994	802	1068	1052	1033	1070
9.06	Percentage of Service Desk Calls Resolved at First Point of Contact		▲	9.7%	8.7%	8.5%	12.0%	11.3%	12.3%	12.2%	12.0%	11.7%	11.0%	12.3%	12.3%	15.0%
9.07	Number of Open calls (last day of month)		▼	2932	3250	3146	1965	2212	1811	1608	1705	1768	1834	1769	1895	1733
9.08	Number of PCs that have been through W10 H2 update		▲	-	-	-	-	-	-	-	-	-	3200	4000	4500	5700
9.09	Number of users that have had NHS mail account set up for N365			-	-	-	-	-	-	-	-	-	-	-	3410	3410

REF	INFORMATION GOVERNANCE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
9.10	Number of incidents reported and investigated		▼	38	39	27	44	26	37	38	33	28	27	34	30	24
9.11	Number of Patient SARs		▼	112	144	157	170	247	252	224	214	210	192	217	298	236
9.12	Number of Patient SARS processed within one calendar month*		▲	112	144	157	170	288	252	197	213	145	180	217	194	236
9.13	Number of FOIs received (quarterly)			173	-	-	192	-	-	151	-	-	123	-	-	86
9.14	Percentage of FOIs responded to within 20 working days (quarterly)			78%	-	-	51%	-	-	77%	-	-	76%	-	-	87%
9.15	Number of IG complaints made about Trust data handling to ICO			0	0	0	0	0	0	1	0	0	0	0	0	0

* Refers to SARS received in previous calendar month but completed in report month.

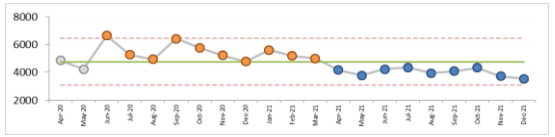
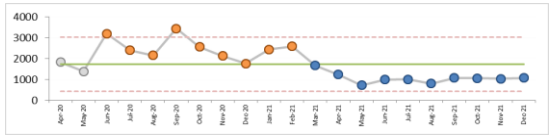
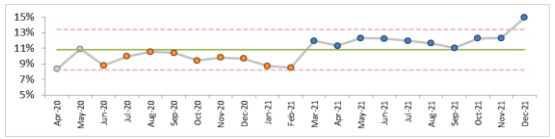
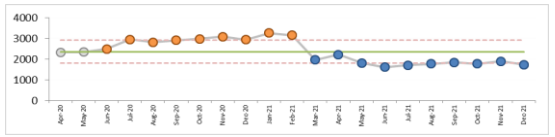
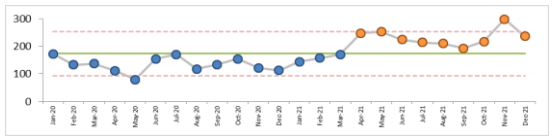
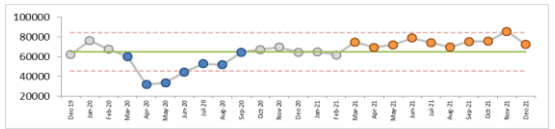
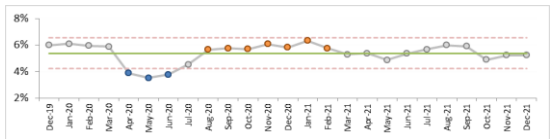
REF	OUTPATIENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
9.16	Outpatients: Total Attendances		▼	64356	64910	61506	74655	69093	71742	78557	74008	69448	75227	75355	85451	72234
9.20	Outpatients: DNA rates		◀▶	5.8%	6.3%	5.8%	5.3%	5.4%	4.9%	5.4%	5.7%	6.0%	5.9%	4.9%	5.2%	5.2%

KEY:

SAR	Subject Access Request
FOI	Freedom of Information
IG	Information Governance
ICO	Information Commissioner's Office
DNA	Did Not Attend

TRUST BOARD REPORT: December-2021

DIGITAL AND INFORMATION SERVICE: Infrastructure and Service Management Transformation; Information Governance; Outpatient Transformation

Dec-21	METRIC :	TARGET :	vs LM :	
3,533	9.04 Total number of calls to Service Desk	-	-186 ↓	
1,070	9.05 Total number of calls abandoned	-	37 ↑	
15.0%	9.06 Percentage of Service Desk Calls Resolved at First Point of Contact	-	2.6% ↑	
1,733	9.07 Number of Open calls (last day of month)	-	-162 ↓	
24	9.10 Number of incidents reported and investigated	-	-6 ↓	
236	9.11 Number of Patient SARs	-	-62 ↓	
72,234	9.16 Outpatients: Total Attendances	-	-13,217 ↓	
5.2%	9.20 Outpatients: DNA rates	-	0.0%	

HIGHLIGHTS FOR BOARD TO NOTE:

Infrastructure and Service Management Transformation

End User Services - the team continue to work on parallel activities to improve the end user experience including:
- Refresh - 100 new laptops arrive in january ready to be used on the ongoing refresh programme, plus we are set to order another circa 1000 assets in january which will arrive and be deployed in quarter 1
- Another 1200 users were migrated to the new version of windows 10 on their end user device
- A plan is in place to move another 300 to 450 end users to NHS mail in January

IT Service Management - the discovery work on services, processes, tools and resourcing has been completed and work has started on planning the recommended actions to remediate/improve. This will include:
- A new Service Operations lead starting in March
- Process implementation starting with core IT Service processes i.e. Incident, Request and Problem
- A discovery of asset management and the way DIS manage assets and licenses, which will lead to an improvement plan to be initiated in quarter 4
- An asset and license manager will be recruited to start on 1st April 2022

The KPI's for ITSM remained in line with previous months, however the work above and introduction of excperienced resources will enable the IT Service team to initiate further improvements in Quarter 1 and 2 of 2022

Security - work has been carried out to consolidate the Security and IG action list and a virtual team is working on it across DIS, in parallel we a have:
- Taken on a contract cyber security lead who starts 17th January
- We have a FTE recruitemnet for a cyber lead out to market

Outpatient Transformation

The number of outpatients seen via either telephone or video in December equated to 23.2% of attendances (excluding radiology).

York Teaching Hospital NHS
NHS Foundation Trust

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

RESERVATION OF POWERS

AND

SCHEME OF DELEGATION

Author: Foundation Trust Secretary
Owner: Chief Executive
Publisher: Compliance Unit
Date of Issue:
Version: 1~~8~~7
Approved By: Group Audit Committee and Board of Directors
Review date: December 202~~1~~2

Table of content

Reservation of Powers to the Board of Directors and Delegation of Powers

Introduction

The NHS Foundation Trust Code of Governance requires that there should be a formal schedule of matters specifically reserved for decision by the Board of Directors. This document sets out the powers reserved to the Board of Directors and the Scheme of Delegation including financial limits and approval thresholds. Notwithstanding any specific delegation, the Board of Directors remains accountable for all of its functions, including those which have been delegated. Therefore the Board of Directors expect to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

All powers of the Trust which have not been retained as reserved by the Board of Directors or delegated to a Board Committee shall be exercised on behalf of the Board of Directors by the Chief Executive or other Executive Directors.

Purpose

1.1 The purpose of this document is to define the control framework set by the Board for committing trust resources. The Board reserves certain matters to itself which are set out in the Schedule of Matters Reserved to the Board. The Scheme of Delegation identifies which powers and functions the Chief Executive shall perform personally and those which he has delegated to other Directors and Officers.

1.2 All powers delegated by the Chief Executive can be re-assumed by him/her should the need arise. In the absence of the Chief Executive the powers of the Chief Executive are delegated to the Deputy Chief Executive.

1.3 The Scheme of Delegation shows only the top level of delegation with the Trust. The Scheme is to be used in conjunction with the Trust's Standing Orders, Schedule of Matters Reserved to the Board, Standing Financial Instructions including the system of budgetary control and other established policies and procedures within the Trust.

1.4 In the absence of a director or officer to whom powers have been delegated those powers shall be exercised by that Director of Officer's superior unless alternative arrangements have been approved by the Board. If the chief Executive is absent, powers delegated to him may be exercised by the Director who has been duly authorised to act up for him taking appropriate advice from the Chair.

Scope

2.1 To ensure that all staff, particularly budget managers and authorised signatories are aware of their authorities and responsibilities for compliance with the relevant procedures.

2.2 The Scheme of Delegation is consistent with the NHS Code of Conduct and Accountability and NHSE/I's Code of Governance. Directors and Officers are reminded that powers are delegated to them on the understanding that they would not exercise delegated powers in a manner which in their judgement was likely to be a cause for public concern. The Code of Conduct of Accountability in the NHS and the Code of Governance sets out the core standards of conduct expected of NHS managers.

2.3 Provides details of delegated limits to all officers holding responsibilities. Budget Holders agree to operate within the budget limit and within the delegated limits as outlined

in this document. It is their responsibility to manage within their budget and to identify any changes to the budget assumptions surrounding activity, timing and staffing issues which may result in changes to financial risk. If a proposed transaction is beyond their authority and outside the Annual Plan, it should be referred to their manager. Failure to do so may result in disciplinary action.

2.4 The document forms part of the Trust's corporate governance framework, which is the regulatory framework for the business conduct of the Trust within which all Trust officers are expected to comply. The aim is not to create bureaucracy but to protect the Trust's interests and to protect staff from any accusation that they have acted less than properly. It does this by ensuring that all staff, particularly budget managers and authorised signatories are aware of their authorities and responsibilities for compliance with the relevant procedures. The key documents in this framework include the following and should be read in conjunction with the Reservation of Powers by the Board of Directors and Delegation of Powers:

- Standing Orders.
- Standing Financial Instructions

2.5 Wherever the title Chief Executive, Finance Director, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them. This aligns with section 1.2.2 of the Standing Financial Instructions.

Principles of the Scheme of Delegation

3.1 Principles that are followed by the Scheme of Delegation

- There is no expenditure beyond authorised limits except with the express written approval of the Chief Executive or Finance Director.
- The business case process is mandatory.

Governors' legal responsibilities

4.1 The Trust has a body of elected individuals that make up the Council of Governors. Governors have a number of legal rights and responsibilities. These include:

- The appointment or dismissal of the Chair and Non-executive Directors
- The approval of the appointment of the Chief Executive
- At a general meeting the Council of Governors will:
    - receive the annual accounts annual report and quality report and annual audit letter from the external auditors
    - approve the remuneration and allowances and other terms and conditions of the office of the Chair and Non-executive Directors
    - appoint or replace the Trust's auditor at a general meeting
- Providing the views of the Council of Governors to the Board of Directors for the purposes of the preparation by the Board of Directors of the document containing information as to the Trust's forward planning in respect of each Financial Year to be given to NHSE/I
- Receiving and considering the views of the Members on matters of significance to the future plans of the Trust
- Approval of any amendments to the constitution

- Hold the Non-executive Directors individually and collectively to account for the performance of the Board of Directors
- Represent the interests of the NHS Foundation Trust members and the public served by the Trust
- Approving significant transactions that fall within the definition
- Appointment and removal of the External Auditors
- Approval of the increase of non- NHS income where it is 5% or more in any one year

Scheme of matters reserved for the Board

5.1 General enabling provision

The Board may determine any matter (for which it has delegated or statutory authority) it wishes in full session within its statutory powers, subject to any restrictions contained in the Trust's Constitution and/ or terms of the Licence.

5.2 Constitutional Powers

- To exercise all powers of an NHS foundation trust set out in the NHS Act 2006, subject to any restrictions in the Trust's Licence; enforcement undertakings given to regulators or as delegated in accordance with this Scheme of Delegation. (Constitution section 4)
- Determine the composition of the Board of Directors (Constitution section 9)
- Make available for inspection by members of the public the following: register of members of the Council of Governors; register of interest of members of the Council of Governors; register of members of the Board of Directors; register of interests of members of the Board of Directors; Constitution; Licence; latest Annual Accounts and Auditor's report on them; latest Annual Report and Forward Plan; and any notice issued by NHSE/I under Section 52 of the NHS Act 2006.
- Appoint the Returning Officer
- Approve payment of expenses and remuneration to Returning Officer
- Make available for inspection by members of the public statements of nominated candidates and nomination papers.
- Approve and deliver to the Returning Officer a list of Members eligible to vote
- Retain documents relating to elections to the Council of Governors and make these for inspection by members of the public, subject to any restriction in the Election Rules.
- Approve proposals to amend the Constitution which must be approved by the Council of Governors.
- Specify Partnership Organisations
- Receive and determine disputes under the Constitution, including disputes between the Council of Governors and the Board of Directors.
- Present Annual Accounts, any reports of the Auditor on them and the Annual Report at the Annual General Meeting.
- Prepare the Annual Report
- Prepare the Forward Plan

5.3 Regulation and controls

- Approval, suspension, variation or amendment of Standing Orders, Reservation of Powers and Delegation of Powers and Standing Financial Instructions for the regulation of its proceedings and business

- Approval of the Reservation of Powers and Delegation of Powers from the Board to officers
- Requiring and receiving the Declaration of Directors' Interests which may conflict with those of the Trust and determining the extent to which that director may remain involved with the matter under consideration
- Requiring and receiving declaration of interest from officers which may conflict with those of the Trust.
- Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property
- Approval of the arrangements for dealing with complaints
- Adoption of the organisational structure, processes and procedures to facilitate the discharge of business by the Trust and to agree any modification there to
- To establish terms of reference and reporting arrangements of all committees established by the Board of Directors
- To receive reports from committees including those which the Trust is required to provide by the Secretary of State, NHS/EI or other regulatory body or regulation to establish and to take appropriate action thereon
- To confirm recommendations presented to the Board of Directors by the Trust's Committees
- Ratification of any urgent decisions taken by the Chair in accordance with Standing Orders
- Approve the Trust's Major Incident Plan
- Prescribe the Financial and Performance reporting arrangement required by the Board of Directors
- Approval of arrangements relating to the discharge of the Trust's responsibility as a corporate trustee for funds received in trust and funds held on Trust
- Approval of the Trust's banking arrangements (SFI 5.2)
- Authorise use of the common seal of the Trust (SO10)
- Ratify or otherwise instances of failure to comply with Standing Orders (SO3.13)
- Discipline members of the Board of Directors or Officers who are in breach of statutory requirements or Standing Orders
- Call meetings of the Board of Directors (SO3.1)
- Resolve to require withdrawal of the press and public from meetings of the Board of Directors
- Approve minutes of the proceedings of the meetings of the Board of Directors (SO 3.12)
- Resolve to adjourn any meeting of the Board of Directors

5.4 Appointments/ Dismissal

- The appointment and dismissal of Board Committees
- The appointment of the Vice Chairman in consultation with the Council of Governors
- The appointment of the Senior Independent Director in consultation with the Council of Governors
- Through the Remuneration Committee the appointment and appraisal of Executive Directors and the disciplinary procedures of the Trust
- Ratification of the appointment of senior medical staff
- Approval of all new consultant appointments related to a business case
- The appointment of membership of the Board sub-committees
- The appointment of any representative body outside the organisation

5.5 Policy Determination

- The Board of Directors will approve policies that require specific Board approval including:
    - Management of Risk
    - Fire Safety Policy
    - Health and Safety Policy
    - Security Policy

This is not an exhaustive list.

5.6 Strategy and plans

- Define and approve the strategic aims and objectives of the Trust
- Approve strategic business plans incorporating a programme of investment in respect of the application of available financial resources
- Approve proposals for ensuring quality and safety and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State
- Approve annually Trust budgets (SFI 3.1.1)
- Approve final business cases for the use of private finance for capital schemes (SFI 10.2)
- Approve proposals for action on litigation against or on behalf of the Trust
- Review use of NHSR risk pooling schemes, commercial insurers and self-insurance (SFI 18.3)

5.7 General matters

- Acquisition, disposal of land/ or buildings above a value of £1m.
- Change of use of land
- Joint ventures
- To agree actions on litigation against or on behalf of the Trust
- Any investment regardless of size of new activity or any disinvestment
- Purchase and maintain insurance against liability.
- Approve opening and closing of any bank or investment account (SFI 5)
- Approve proposals for action on litigation against or on behalf of the Trust

5.8 Financial and reporting management arrangements

- Continuous appraisal of the affairs of the Trust by means of the receipt of reports as it sees fit from directors, committees and officers of the Trust
- Consideration and approval of the Trust's Annual Report and Annual Accounts prior to submission to Parliament
- Receive the annual management letter from the external auditor and agree proposed action taking account of the advice, where appropriate, of the Group Audit Committee

Summary of Delegated Authorities

Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Chief Executive who will, before authorising such delegation, consult with other Senior

Officers as appropriate. All items concerning Finance must be carried out in accordance with Standing Financial Instructions and Standing Orders. All reference material is available from staffroom

General Area	Delegated matter	Authority delegated to	Scope of Delegation	Details/ Reference
Accountability	Accountable through NHS Accounting Officer to NHS England & Improvement~~/I~~ for the stewardship of Trust Resources	Chief Executive	Full	Accountable Officer Memorandum
	Ensure the expenditure by the Trust complies with NHS England & ~~/I~~Improvement requirements	Chief Executive	Full	Accountable Officer Memorandum
	Ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness	Chief Executive Finance Director Foundation Trust Secretary		
Declaration of Interests	The keeping of a declaration of board members and officers' interests	~~Foundation Trust Secretary~~ Associate Director of Corporate Governance		SO 6
Receipt of Gifts and Hospitality	Receipt or provision of hospitality and gifts	All Trust employees have a duty to declare		Standards of business conduct policy
	Approve procedures for declaration of hospitality and sponsorship	Board of Directors		
	Maintenance of gifts and hospitality register	Foundation Trust Secretary		
	Approval of receipt of both individual and collective hospitality	Prime budget holder		
Financial Procedures and Trust accounting policies	Approve and communicate all financial procedures and Trust accounting policies	Finance Director Group Audit Committee	All	FReM and NHS England & ~~/I~~Improvement guidance SFI 1.1.3
Asset Register	Maintenance of the asset Register	~~Deputy~~ Head of Corporate Finance	All	SFI 10.3

Investment of funds	Investments – Annual programme agreed by the Board of Directors	Finance Director	All	Treasury Management Policy
Capital Investment and Business Cases	Any urgent approval can be agreed by the chair of the relevant group (Any urgency must be justified).	Capital Programme ~~Executive~~ Management Group (CPMG)	~~Up to £100k~~ £5k to £50k	SFI 10
		Chief Executive or ~~&~~ Finance Director through Capital Programme Executive Group (CPEG)	~~£50k~~~~£100k~~-£500k	
		Executive Committee	£500k - £1m	
		Board of Directors	Over £1m and all PFI proposals	
All Business Cases revenue investment	Captured in the business cases (Any expenditure over £25k must be advertised under procurement rules. Further advice should be sought from procurement) Any urgent approval can be agreed by the chair of the relevant group (Any urgency must be justified).	Prime budget holder	Up to £50k	
		Chief Executive or Finance Director	£50k - £500k	
		Executive Committee	£ 500k-£1m	
		Board of Directors	Over £1m All PFI proposals All new (non-replacement) consultant appointments	
Expenditure variations on capital schemes	Variations Any urgent approval can be agreed by the chair of the relevant group (Any urgency must be justified).	Capital Programme Executive Group	Up to 10k	SFI 10
		Chief Executive or~~and~~ Finance Director through Capital Programme Executive Group	Up to £500k	
		Executive Committee	£500k-£1m	
		Board of Directors	~~Unlimited~~ Above £1m	

Planning & Budgetary Control	Prepare and submit an Annual Plan including any in year adjustment to the Annual Plan	Finance Director		SFI
	Management of budgets for the totality of services	Chief Executive		SFI
	At Care Group level Prime Bbudget Hholders are Care Group Directors and Directors who hold all operating budgets for the Care Groups they manage including, where appropriate, income, activity and expenditure. ~~Care Group Managers~~ Associate Chief Operating Officers (ACOO) who provide professional support to practising Care Group Directors have also been granted Prime Bbudget Hholder status.	Prime budget holder		Trust Finance Manual Section 8
	At individual budget unit level (pay and non-pay) Prime Budgets Holders can delegate budgetary authority to delegated budget holders. These are typically lead clinicians, senior and other operational managers who control budgets on a day to day basis.	Delegated budget holder		Trust Finance Manual Section 8
	Virement (planned change in use) of resources between Care Groups or specialty/department budgets (per annum):	Finance Director		SFI Trust Finance Manual Section 8.2.2
	Non pay requisitions – Decisions to rent or lease in preference to outright purchase	Head of Corporate Finance		SFI
	Authority to change clinical template activity	Chief Operating Officer and Finance Director		
	Emergency & urgent expenses necessary to ensure continuing safety and function of the site	2nd on call		

Non-pay revenue expenditure within budgets (Note: over £50K the Business Case procedure shall apply)		Prime budget holder (if within available budget resources as agreed with the Finance Director)	Prime budget holders are expected to set delegated limits for delegated budget holders and advise the Head of Financial Management for inclusion in the authorised signature list	SFI Trust Finance Manual Section 5.2 Section 9
	Medical equipment (i.e. medical, scientific, technical and x-ray equipment) – individual items. Funding to be managed within Capital Programme allocation	Medical Equipment Resource Group (MERG)	over £1k and up to £50K supported by a MERG Form	
	Establishment of escalation facilities at short notice and associate costs	Chief Operating Officer		
	Non-pay expenditure for which no specific budget has been established and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above).	Finance Director		SFI 9.2.6(e)
	Purchasing Cards: Authority to issue purchasing cards and setting of limits	Head of Corporate Finance		
Clinical and Contract income credit notes		FRAC Analyst/Senior Analyst	Up to £250	
		Income Accountant	£250 to £10k	
		Deputy Director of Contracting	£10k to £1m with a retrospective report to	

			the Finance Director and Deputy Finance Director for all transactions over £100k	
		Finance Director Deputy Finance Director	Over £1m	
Non clinical income credit notes		Prime budget holder	Up to £50k	
		Head of Financial Management	£50k to £500k	
		Deputy Finance Director	£500k to £1m	
		Finance Director	Over £1m	
Credit notes / refunds to correct posting errors and duplicate payments		Accounts Receivable Team Leader	Up to £1k	
		Financial Accountant / Payroll Manager	£1k to £10k	Payroll manager for payroll invoices up to £10k
		Deputy Head of Corporate Finance	£10k to £500k	
		Head of Corporate Finance	£500k to £1m	
		Finance Director	Over £1m	

Write offs		Accounts Receivable Team Leader	Up to £50	
		Financial Accountant	£50 to £250	
		Deputy Head of Corporate Finance	£250 to £1000	
		Head of Corporate Finance	£1000 to £10,000	
		Finance Director	Over £10,000	
Bidding for Work	Decision to bid or not, under a re-procurement exercise, for an existing contract	Chief Executive Board of Directors	Up to 1% of trust turnover More than 1% of trust turnover or If it is anticipated that not re-bidding for a contract of up to 1% of turnover is likely to involve significant reputational and political concern then this matter reverts to the Board of Directors for approval	SFI 9.5
Quotations, Tendering and Contracts	Obtaining a minimum of 3 written competitive tenders for goods/services over £25K	Head of Procurement	Over £25k	
	Waiving of quotations and tenders subject to SFIs and SOs (including approval of single tenders)	Head of Procurement Chief Executive ~~and~~ or Finance Director	Under £50k Over £50k	SFI 9.5

	Opening tenders – manual	All Executive Director and the ~~Foundation Trust Secretary~~ Associate Director of Corporate Governance		SFI 9.5
	Opening tenders – electronically the system prevents quotes/tenders from being opened before the deadline	Head of Procurement		
	Acceptance of quotations/ permission to consider late quotations	Head of Procurement	Under £50k	
	Acceptance of tenders/permission to consider late tenders	Chief Executive	Over £50k	SFI 9.5
	Accepting contracts and signing relevant documentation	Head of Procurement Chief Executive ~~and~~ or Finance Director	Under £50k Over £50k	
Attestation of sealing in accordance with standing orders	Attestation of sealing	Chairman or designated NED and Chief Executive or designated Executive Director	All	SO10
	The keeping of the seal	~~Foundation Trust Secretary~~ Associate Director of Corporate Governance		
	Signing of Parent Guarantees	Finance Director or Chief Executive		
Insurance policies	Insurance	Head of Corporate Finance		
	Review of all statutory compliance legislation and Health and Safety requirements including Control of Substances	Health and Safety Manager		

	Hazardous to Health Regulations			
Bank accounts and loans	Loan arrangements	Finance Director		SFI 5
Petty cash disbursements	Expenditure	Petty cash holder	Up to £50 per item	
		Finance Director	Over £50 per item	
	Reimbursement of patient monies	Delegated budget holder	Up to £250	
		Prime budget holder	Over £250	
Property transactions	Disposal and acquisition of land and buildings	Chief Executive, Finance Director Capital Programme Executive Group	Up to £500k	SFI
		Executive Committee	£500k - £1m	
		Board of Directors	Above £1m	
	Lets and Leases			
	Preparation and signature of all tenancy agreements/ licenses for all staff subject to Trust Policy on accommodation for staff	YTHFM manage the Trust properties on behalf of the Trust. See YTHFM Scheme of delegation		
	Extensions to existing leases	YTHFM manage the Trust properties on behalf of the Trust. See YTHFM Scheme of delegation		
	Letting of premises to outside organisations, subject to business case limits	YTHFM manage the Trust properties on behalf of the Trust. See YTHFM Scheme of delegation		
	Approval of rent based on professional assessment	YTHFM manage the Trust properties on behalf of the Trust. See YTHFM Scheme		

		of delegation		
Setting of Fees and Charges	Private patient, overseas visitors, income generation and other patient related services	Finance Director		SFI 6.2.3 Provider Licence
	Financing content of NHS contracts	Finance Director		
	Approval of healthcare contracts and other agreements resulting in income to the Trust	Finance Director		
	Approval of variations of healthcare contracts:	Finance Director		
Losses and compensation	All losses, compensation and special payments shall be in accordance with current DOH guidance & details of all such payments shall be presented to the Group Audit Committee annually	Group Audit Committee		
	Maintain a losses and special payments register	Finance Director		
	Clinical Cases	Settled by NHS Resolution		
	Non-clinical cases	Finance Director	Up to £150k	
		Chief Executive	£150k - £500k	
		Executive Committee	£500k-£1m	
		Board of Directors	Over £1m	
	Review schedules of losses and compensations and make recommendations to the Board	Group Audit Committee		
	Special payments – outside the terms of any contract obligation	Treasury approval required		
Condemning and disposal - Equipment	Items obsolete, obsolescent, redundant, and irreparable or cannot be repaired cost effectively (note: For disposal including those for sale the tendering and quotation limits shall apply)	Executive Director responsible for the area		SFI 12 Disposal and Transfer policy
Provision of services to other organisations	Legal and financial arrangements for the provision of services to other organisations and individuals	Director of Finance		SFI 6.2
	Signing agreement with other			

	organisations and individuals			
Audit and Accounts	Approve the appointment and where necessary dismissal of the External Auditors	Council of Governors		SFI 4
	Receive the annual management letter from the External Auditor.			
	Receive the annual management letter from the external auditor and agree proposed action, taking account of the advice, where appropriate, of the Group Audit Committee	Board of Directors		
	Receive an annual report from the Internal Auditors and agree action	Group Audit Committee		
Annual Report and Accounts	Receive and approve the Annual Report and Accounts and Quality Report	Board of Directors		SFI 4
	Receive the Annual Report and Accounts and Quality Report and any comments on them at the Annual General Meeting	Council of Governors		
	Sign the annual statements including the annual accounts on behalf of the Board of Directors	Chair, Chief Executive and Finance Director		
	Implementation of internal and external audit recommendations	Finance Director		SFI 2.2
Retention of Records	Maintaining archives of records to be retained	Chief Executive		SFI 17
Research and development	Approval of Trust research and development contracts to be supported by a business case including workforce implications (including variations or extensions): NB: Generic research to be signed off by Deputy CEO/Finance Director or Chief Executive	Head of Research & Development	Up to £200K	
		Deputy CEO/ Finance Director	£200K to £500K	
		Executive Committee	£500k -£1m	
		Board of Directors	£1m and over	
Personnel and Pay	Approve management policies including workforce policies incorporating arrangements for the appointment, removal and remuneration of staff	Director of Workforce & OD		
	Authorisation of timesheets (including agency timesheets)	Line Manager		
	Agency nursing staff	Matrons		
	Authority to fill funded post on the establishment with permanent staff	Budget holder		SFI 3.3

	Authority to appoint staff to post not on the formal establishment	Finance Director		SFI 3.3
	Granting of additional increments to staff within the context of policy (HR process up to 2 incremental points	Workforce Lead in conjunction with the delegated budget holder	All subject to compliance with A4C regulations	SFI 3.3
	Above policy level	Director of Workforce & OD		
	Chief Executive and Director posts including Corporate and Executive Directors	Remuneration Committee Chair of the Trust as Chair of the Remuneration Committee		
	Non-executive Directors and Chair	Council of Governors		SO 2.2
	Upgrading and re-grading (Medical staff only as AfC is through matching process) Subject to compliance with regulations	~~Director of Workforce & OD~~ Care Group Director in conjunction with HR (Medical Staffing)		SFI 3.3
	~~Variations to existing consultant contracts/job plans~~ ~~Subject to compliance with regulations~~	~~Medical Director~~ ~~Director of Workforce & OD~~		
	Authorising overtime	Delegated Budget Holder		SFI 8.4.3
	Authorising travel and subsistence	Line Manager and Delegated Budget Holder		
	Authority to pay clinical excellence awards to Consultants	Board of Directors endorse decision of Committee chaired by the Chief Executive or Director of Workforce & OD		
	Uplift to starting salary (AfC staff only) ~~Authority to pay discretionary points to staff grade and associate specialist doctors~~ Uplift of starting salary (medical staff)	Line manager in conjunction with HR Business Partner Lead Clinician in conjunction with Medical Staffing ~~Medical Director and Director of~~		

		~~Workforce & OD~~		
	Consider and approve recommendations on behalf of the Board on the remuneration and terms of service of corporate directors to ensure they are fairly rewarded for their individual contribution to the Trust, having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such staff	Remuneration Committee		
	Any variation to national terms and conditions	Director of Workforce & OD		
	Approval of annual leave	Line Manager		Annual Leave and Bank Holiday Policy and Procedure
	Annual leave – approval of carry forward	Line Manager	Up to a maximum of 5 days in exceptional circumstances only:	
		Over 5 days in exceptional circumstances only:		
		Prime Budget Holder	Medical Staff	
		Prime Budget Holder	Other Staff	
	Approval of compassionate leave	Line Manager	Up to 5 days	Special Leave Guidance
		Prime budget holder in consultation with HR	Up to 10 days	
	Special leave	Line Manager	Paternity	Special Leave Guidance
		Line Manager	Other	
		Line Manager	Maternity leave	
		Line Manager	Leave without pay	
		~~Chief Executive~~ Care Group Director	Medical staff leave of absence – paid and unpaid	Special Leave Guidance
		Line Manager	Time off in	Special

			lieu	Leave Guidance
		Line Manager	Flexible working arrangements	Flexible Working Policy
		Director of Workforce & OD	Extension of sick leave on half pay up to three months	Sickness Absence Policy
		Budget Holder ~~Line Manager~~	Extension of paid return to work beyond policy limit ~~Return to work part time on full pay to assist recovery~~	
	Study Leave			
		Clinical Director	Study leave outside the UK – medical	Learning Leave Guidance
		Clinical Director	Study leave outside the UK – other	
		Clinical Director	Medical staff study leave (UK)	
		Clinical Director	All other study leave (UK)	
	Rent and House Purchases: Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Prime Budget Holder Finance Director	up to £6,000 (non-medical staff)	Relocation Expenses Policy
		Chief Executive Medical Director Finance Director	up to £6,000 (medical staff)	
		~~Chief Executive~~ Medical Director Finance Director Deputy Director of Workforce ~~& OD~~	£6,000 - £8,000	
		Chief Executive	Over £8,000	
	Requests for new posts to be authorised as car users or	Prime budget holder		Lease Car and Mobile

	mobile phone users			Communication Equipment Policies
	Renewal of fixed term contracts Must be linked to business needs and available funding	budget holder in conjunction with HR		
	~~Authorisation of retirement on the grounds of ill health.~~	~~Director of Workforce & OD (the decision can only be made by the NHS Pensions Agency)~~		
	Authorisation of staff redundancy	~~Chief Executive~~ Finance Director and Director of Workforce & OD		Redundancy Policy
		Chief Executive and Finance Director (with HM Treasury approval where required)	Any termination settlement	
	Authority to suspend (~~non clinical~~AfC) staff	Head of Employee Relations & Engagement~~, Director of Workforce & OD~~		Disciplinary Policy and Procedure
	Authority to exclude ~~clinical~~ medical staff	Chief Executive or deputy ~~Deputy Director of Workforce, Deputy Chief Nurse,~~ Medical Director, Director of Workforce and OD		
	Authority to restrict practice	Medical Director Chief Nurse Director of Workforce & OD		MHPS guidance
	Authorisation of staff dismissal	~~Anyone reporting directly to a Director e.g. Care Group Manager/Head of service (or delegated deputy)~~ as per Trust policy		
	Engagement of staff not on the establishment supported by a business case	~~Corporate Directors~~ Executive Committee		

	Booking of bank and agency staff	**CG Director up to +49% of capped value with an absolute limit of £99.99; anything above 50% or £100 needs the Exec Rate Escalation Group.**~~**Under cap** – Care Group Director~~ ~~**Over cap –** Medical Director or Director of Workforce & OD~~ ~~**Over £100 per hour** – Chief Executive~~	Medical Locums	
		Matrons – off framework – Chief Nurse	Nursing	
		Prime budget holder	Clerical	
~~**Facilities for staff not employed by the Trust to gain practical experience**~~	~~Professional recognition, honorary contracts and insurance of medical staff, work experience students~~	~~Director of Workforce & OD and Medical Director~~		
Security and risk management	Corporate responsibility for implementation of the Security Policy	LLP Managing Director on behalf of the Trust		Security Policy
	Overall statutory responsibility for security management within the Trust	Chief Executive		
	Where an offence is suspected	LLP Head of Security	Criminal offence of a violent or clinical nature	
		LLP Head of Security (theft)/ Local Counter-Fraud Specialist (fraud)	Where a fraud or theft is involved	
	Authority for the issue of ID and security badges and car park passes	Delegated budget Holder		Security Policy ID Badge policy

Authorisation of new drugs	Yearly cost of drugs	~~Care Group managers~~ Associate Chief Operating Officers Chief Pharmacist	Estimated total yearly cost per individual drug up to £25,000	
		DTC recommendation, subject to business case procedure and Executive Committee approval	Estimated total yearly cost per individual drug above £25,000	
	Authority to purchase/contract:			
		Senior Technician	Up to £5K	
		Countersigned by Principal Pharmacist	£5K - £50K	
		Countersigned by Chief Pharmacist	£50K - £100K	
		Finance Director	£100K to £150K	
		Chief Executive	£150K to £500K	
		Executive Committee	£500K - £1m	
		Board of Directors	Over £1m	
	Approval of nurses and others to administer and prescribe medication beyond the normal scope of practice	Director of Nursing or Medical Director or Chief Pharmacist		Nurse, Midwives, HV Act, Midwives Rules/Codes of Practice, NMC Code of professional Conduct/ CSP Rules of Professional Conduct
Patients and relatives' complaints	Overall responsibility for ensuring that all complaints are dealt with effectively	Head of Patient Experience		Concerns & Complaints Policy and Procedure
	Responsibility for ensuring complaints relating to a Care Group are investigated thoroughly	Head of Patient Experience		Concerns & Complaints Policy and Procedure Complaints

				Policy
	Agreement of financial compensation	Finance Director		Losses procedure
Extra Contractual Payment	Authority to undertake and approval to pay waiting list initiatives	Finance Director or~~,~~ Medical Director and Director of Workforce and OD		
Engagement of Trust's Solicitors		All Directors, ~~Foundation Trust Secretary~~Associate Director of Corporate Governance, Deputy Director of Healthcare Governance , Head of Procurement		

York Teaching Hospital NHS
NHS Foundation Trust

York and Scarborough Teaching Hospitals
NHS Foundation Trust

STANDING FINANCIAL INSTRUCTIONS

Author:	**Head of Corporate Finance & Resource Management**
Owner:	**Finance Director**
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CONTENTS

1. INTRODUCTION

1.1 General

1.1.1 The Code of Accountability requires that each NHS Foundation Trust shall give, and may vary or revoke, Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. These Standing Financial Instructions (SFIs) are issued in accordance with the Code. They shall have effect as if incorporated in the Standing Orders (SOs).

1.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures to be adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Board of Directors and the Scheme of Delegation adopted by the Trust.

1.1.3 These Standing Financial Instructions identify the financial responsibilities that apply to everyone working for the Trust and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. **All financial procedures must be approved by the Finance Director.**

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Finance Director **must be sought before acting**. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Trust's Standing Orders.

1.1.5 **FAILURE TO COMPLY WITH STANDING FINANCIAL INSTRUCTIONS AND STANDING ORDERS IS A DISCIPLINARY MATTER WHICH COULD RESULT IN DISMISSAL.**

1.1.6 Overriding Standing Financial Instructions - if for any reason these Standing Financial Instructions are not complied with full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Group Audit Committee for referring action or ratification. All members of the Board of Directors and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Finance Director as soon as possible.

1.2 Terminology

1.2.1 Any expression to which a meaning is given in the National Health Service Act 1977, National Health Service and Community Care Act 1990, the Health and Social Care (Community Health and Standards) Act 2003, the Health and Social Care Act 2012 and other Acts relating to the National Health Service or in the Financial or other Regulations made under the Acts or in the Authorisation or Constitution shall have the same meaning in this interpretation and in addition:

"**Accountable Officer**" means the Officer responsible and accountable for funds entrusted to the Trust. He/she shall be responsible for ensuring the proper stewardship of public funds and assets. In accordance with the Act, this shall be the Chief Executive.

"**Authorisation" means the authorisation of the Trust by NHS England and NHS Improvement, the Independent Regulator for the NHS**

"**Board of Directors**" means the Chair, non-executive directors and the executive directors appointed in accordance with the Trust's Constitution.

"**Budget**" means a resource, expressed in financial terms, proposed by the Board of Directors for the purpose of carrying out, for a specific period, any or all of the functions of the Trust. This can be income, capital or revenue expenditure.

"**Budget Holder**" means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

"**Chair**" is the person appointed in accordance with the Constitution to lead the Board of Directors and the Council of Governors. The expression "the Chair" shall be deemed to include the Vice-Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

"**Chief Executive**" means the chief officer of the Trust.

"**Commissioning**" means the process for determining the need for and for obtaining the supply of healthcare and related services from the Trust

"**Committee**" means a committee appointed by the Board of Directors.

"**Committee Member**" means a person formally appointed by the Board of Directors to sit on or to chair specific committees.

"**Constitution**" means the constitution of the Trust as approved from time to time by the Council of Governors.

"**Contracting and Procuring**" means the system for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.

"**Executive Director**" means a director who is an officer of the Trust appointed in accordance with the Constitution. For the purposes of this document, "Director" shall not include an employee whose job title incorporates the word Director but who has not been appointed in this manner.

"**Finance Director**" means the chief finance officer of the Trust.

"**Funds Held on Trust**" shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept under powers derived under the National Health Services Act 2006. Such funds may or may not be charitable.

"**Legal Adviser**" means the properly qualified person appointed by the Trust to provide legal advice.

"**NHS England and NHS Improvement**" means the Independent Regulator for the NHS.

"**Nominated Officer**" means an officer charged with the responsibility for discharging specific tasks within Standing Orders and Standing Financial Instructions.

"**Non-Executive Director**" means a director who is not an officer of the Trust and who has been appointed in accordance with the Constitution. This includes the Chair of the Trust.

"**Officer**" means employee of the Trust or any other person who exercises functions for the purposes of the Trust other than solely as a Staff Governor or Non-executive Director of the Trust.

"**Provider Licence**" means the licence issued by NHS Improvement.

"**Secretary of State Directions**" means ~~the Directions to NHS Bodies on Counter Fraud Measure issued in 1999, and subsequently revised in 2004~~ the NHS Counter Fraud Authority's Requirements to meet the Government Functional Standard GovS013: counter fraud. Each NHS body is required to take necessary steps to counter fraud in the NHS in accordance with these Directions and the Chief Executive and Finance Director are mandated to monitor and ensure compliance with these Directions

"**SFIs**" means Standing Financial Instructions.

"**SOs**" means Standing Orders.

"**Trust**" means York & Scarborough Teaching Hospitals NHS Foundation Trust.

"**Vice-Chair**" means the non-executive director appointed by the Council of Governors to take on the duties of Chair if the Chair is absent for any reason.

1.2.2 Wherever the title Chief Executive, Finance Director, or other nominated officer is used in these instructions, it shall be deemed to include such other director or employees who have been duly authorised to represent them.

1.2.3 Wherever the term "employee" is used and where the context permits it shall be deemed to include employees of third parties contracted to the Trust when acting on behalf of the Trust.

1.3 Responsibilities and Delegation

1.3.1 The Board of Directors exercises financial supervision and control by:

(a) formulating the financial strategy;

(b) requiring the submission and approval of budgets within approved allocations/overall income;

(c) defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and

(d) defining specific responsibilities placed on members of the Board of Directors and employees as indicated in the Reservation of Powers and Scheme of Delegation document.

1.3.2 The Board of Directors has resolved that certain powers and decisions may only be exercised by the Board of Directors in formal session. These are set out in the Reservation of Powers and Scheme of Delegation document.

1.3.3 The Board of Directors will delegate responsibility for the performance of its functions in accordance with the Reservations of Powers and Scheme of Delegation document adopted by the Trust.

1.3.4 Within the Standing Financial Instructions, it is acknowledged that the Chief Executive is ultimately accountable to the Board of Directors, and as Accountable Officer for ensuring that the Board of Directors meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the Trust's

activities; is responsible to the Chair~~man~~ and the Board of Directors for ensuring that its financial obligations and targets are met and has overall responsibility for the Trust's system of internal control.

1.3.5 The Chief Executive and Finance Director will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

1.3.6 It is a duty of the Chief Executive to ensure that existing members of the Board of Directors and employees and all new appointees are notified of, and understand, their responsibilities within these Instructions.

1.3.7 The Finance Director is responsible for:

(a) implementing the Trust's financial policies and for co-ordinating any corrective action necessary to further these policies;

(b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

(c) ensuring that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose, with reasonable accuracy, the financial position of the Trust at any time.

and, without prejudice to any other functions of the Trust, and employees of the Trust, the duties of the Finance Director include:

(d) the provision of financial advice to other members of the Board of Directors and employees;

(e) the design, implementation and supervision of systems of internal financial control; and

(f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Trust may require for the purpose of carrying out its statutory duties.

1.3.8 All members of the Board of Directors and employees, severally and collectively, are responsible for:

(a) the security of the property of the Trust;

(b) avoiding loss;

(c) exercising economy and efficiency in the use of resources; and

(d) conforming to the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

1.3.9 Any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

1.3.10 For any and all members of the Board of Directors and employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board of Directors and employees discharge their duties must be to the satisfaction of the Finance Director.

2 AUDIT

2.1 Group Audit Committee

2.1.1 In accordance with Standing Orders the Board of Directors shall formally establish a~~n~~ Group Audit Committee, with clearly defined terms of reference, which will provide an independent and objective view of internal control by:

(a) overseeing Clinical Audit, Internal and External Audit services;

(b) reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgments;

(c) review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives

(d) monitoring compliance with Standing Orders and Standing Financial Instructions;

(e) reviewing schedules of losses and compensations and making recommendations to the Board of Directors;

(f) approval of non-audit services by External Audit.

2.1.2 Where the Group Audit Committee feel there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chair~~man~~ of the Group Audit Committee should raise the matter at a full meeting of the Board of Directors. Exceptionally, the matter may need to be referred to NHS England & Improvement.

2.1.3 It is the responsibility of the Finance Director to ensure an adequate internal audit service is provided and the Group Audit Committee shall be involved in the selection process when there is a proposal to review the provision of internal audit services.

2.2 Finance Director

2.2.1 The Finance Director is responsible for:

(a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective internal audit function;

(b) ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;

(c) deciding at what stage to involve the police in cases of misappropriation and other irregularities;

(d) ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee and the Board of Directors. The report must cover:

(i) a clear opinion on the effectiveness of internal control in accordance with current controls assurance guidance, including for example compliance with control criteria and standards,

(ii) major internal financial control weaknesses discovered,

(iii) progress on the implementation of internal audit recommendations,

(iv) progress against plan over the previous year,

(v) strategic audit plan covering the coming three years,

(iv) a detailed plan for the coming year.

2.2.2 The Finance Director and designated auditors are entitled without necessarily giving prior notice to require and receive:

(a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

(b) access at all reasonable times to any land, premises, members of the Board of Directors or employees of the Trust;

(c) the production of any cash, stores or other property of the Trust under a member of the Board of Directors or employee's control; and

(d) explanations concerning any matter under investigation.

2.3 Role of Internal Audit

2.3.1 Internal Audit will review, appraise and report upon:

(a) the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;

(b) the adequacy and application of financial and other related management controls;

(c) the suitability of financial and other related management data;

(d) the extent to which the Trust's assets and interests are accounted for and safeguarded from loss of any kind, arising from:

(i) fraud and other offences,

(ii) waste, extravagance, inefficient administration,

(iii) poor value for money or other causes.

(e) Internal Audit shall also independently verify the controls assurance statements in accordance with relevant guidance.

2.3.2 Whenever a matter arises that involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Finance Director must be notified immediately.

2.3.3 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair~~man~~ and Chief Executive of the Trust.

2.3.4 The Head of Internal Audit shall be accountable to the Finance Director. The reporting system for internal audit shall be agreed between the Finance Director, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Manual. The reporting system shall be reviewed at least every 3 years.

2.3.5 The reporting process agreed is that the Internal Audit department will issue a formal written audit report to the appropriate Directors of Clinical and Functional Directorates at the conclusion of each piece of audit work, within an appropriate timescale. Outstanding audit reports will be reviewed by the Finance Director who will initiate immediate remedial action.

2.3.6 Managers in receipt of audit reports referred to them have a duty to take appropriate remedial action within the timescales specified in the report.

The Director of Finance shall identify a formal review process to monitor the extent of compliance with audit recommendations. Changes implemented must be maintained in the future and not viewed as merely satisfying an immediate audit point.

2.3.7 A summary of reports and an annual report will be presented to the Audit Committee.

2.3.8 The Head of Internal Audit has the right to report directly to the Chief Executive of the Board of Directors if, in his/her opinion, the circumstances warrant this course of action.

2.4 Fraud and Corruption

2.4.1 In line with their responsibilities, the Trust Chief Executive and Finance Director shall monitor and ensure compliance with ~~NHS Protect Directions on fraud and corruption~~ NHS Counter Fraud Authority's Requirements to meet the Government Functional Standard GovS013: counter fraud.

2.4.2 The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Department of Health Fraud and Corruption Manual and guidance.

2.4.3 The Local Counter Fraud Specialist shall report to the Trust Finance Director and shall work with staff in the ~~NHS Counter Fraud Services and the Counter Fraud Operational Service in accordance with the Department of Health Fraud and Corruption Manual~~ NHS Counter Fraud Authority in accordance with the NHS counter fraud manual.

2.5 External Audit

2.5.1 The external auditor is appointed by the Council of Governors from an approved list recommended by the Group Audit Committee and paid for by the Trust. The Group Audit Committee must ensure a cost-efficient service. Should there appear to be a problem then this should be raised with the external auditor and referred on to the Council of Governors. If the issue cannot be resolved by the Council of Governors it should be reported to NHS England & Improvement.

3 BUSINESS PLANNING, BUDGETS, BUDGETARY CONTROL, AND MONITORING

3.1 Preparation and Approval of Business Plans and Budgets

3.1.1 The Chief Executive will compile and submit to the Board of Directors an annual business plan which takes into account Foundation Trust financial requirements, including compliance with forecast income and expenditure plans and cash resources. The annual business plan will contain:

(a) a statement of the significant assumptions and risks on which the plan is based;

(b) details of major changes in workload, delivery of services or resources required to achieve the plan.

3.1.2 Prior to the start of the financial year the Finance Director will, on behalf of the Chief Executive, ensure annual budgets are prepared. Such budgets will:

(a) be in accordance with the aims and objectives set out in the annual business plan as submitted to NHS England and NHS Improvement;

(b) accord with workload and manpower plans;

(c) be produced following discussion with appropriate budget holders;

(d) be prepared within the limits of available funds; and

(e) identify potential risks.

3.1.3 The Finance Director shall monitor financial performance against budget and business plan, periodically review them, and report to the Board of Directors.

3.1.4 All budget holders must provide information as required by the Finance Director to enable budgets to be compiled and monitoring reports to be prepared.

3.1.5 The Finance Director has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully in accordance with the Budget section of the Trust Finance Manual.

3.2 Budgetary Delegation

3.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing, reflecting the Scheme of Delegation, and be accompanied by a clear definition of:

(a) the amount of the budget;

(b) the purpose(s) of each budget heading;

(c) individual and group responsibilities;

(d) authority to exercise virement;

(e) achievement of planned levels of service; and

(f) the provision of regular reports.

3.2.2 The Chief Executive and delegated budget holders must not exceed the budgetary total set by the Board of Directors.

3.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

3.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive.

3.3 Budgetary Control and Reporting

3.3.1 The Finance Director will devise and maintain systems of budgetary control. These will include:

(a) regular financial reports to the Board of Directors in a form approved by the Board of Directors containing:

(i) income and expenditure to date showing trends and forecast year-end position;

(ii) movements in working capital;

(iii) movements in cash;

(iv) capital project spend and projected outturn against plan;

(v) explanations of any material variances from plan;

(vi) details of any corrective action where necessary and the Chief Executive's and/or Finance Director's view of whether such actions are sufficient to correct the situation;

(vii) an updated assessment of financial risk;

(b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

(c) investigation and reporting of variances from financial, workload and manpower budgets;

(d) monitoring of management action to correct variances; and

(e) arrangements for the authorisation of budget transfers.

3.3.2 Each Budget Holder is responsible for ensuring that:

(a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board of Directors;

(b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;

(c) no employees are appointed without the approval of the Chief Executive . Further details of the approval limits are include with the Reservation of Powers and Scheme of Delegation.

3.3.3 The Chief Executive is responsible for identifying and implementing cost improvements, cost reductions and efficiencies and income generation initiatives in accordance with the requirements of the Annual Business Plan.

3.4 Capital Expenditure

3.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in SFI Section 10.)

3.5 Monitoring Returns

3.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation e.g. NHS England and NHS Improvement.

4 ANNUAL ACCOUNTS AND REPORTS

4.1 The Finance Director, on behalf of the Trust, will prepare financial returns and reports in accordance with the accounting policies and guidance laid down within International Financial Reporting Standards, as modified by the guidance given by NHS England & Improvement with the approval of HM Treasury.

4.2 The Trust's annual accounts must be audited by the external auditor appointed by the Council of Governors. The Trust's audited annual accounts must be approved by the Board of Directors and presented to a public meeting of the Council of Governors and made available to the public.

4.3 The Trust will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with NHS England and NHS Improvement FT Annual Reporting Manual (FT ARM).

5 BANK ACCOUNTS, INVESTMENT AND EXTERNAL BORROWING

5.1 General

5.1.1 The Finance Director is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account NHS England and NHS Improvement guidance/directions.

5.1.2 The Board of Directors shall approve the banking arrangements.

5.2 Bank Accounts

5.2.1 The Finance Director is responsible for:

(a) the operation of bank accounts;

(b) establishing separate bank accounts for the Foundation Trust's non-exchequer/charitable funds;

(c) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; and

(d) reporting to the Board of Directors all instances where bank accounts may become or have become overdrawn, together with the remedial action taken.

5.3 Banking and Investment Procedures

5.3.1 The Finance Director will prepare detailed instructions on the operation of bank accounts that must include:

(a) the conditions under which the bank accounts are to be operated;

(b) the limit to be applied to any overdraft; and

(b) those authorised to sign cheques or other orders drawn on the Trust's accounts.

5.3.2 The Finance Director must advise the Trust's bankers in writing of the conditions under which each account will be operated.

5.4 Investments

5.4.1 The Finance Director will comply with the Treasury Management Policy, as approved by the Audit Committee, when borrowing and investing surplus funds.

5.5 External Borrowing

5.5.1 The Finance Director will advise the Board of Directors concerning the Trust's ability to pay interest on, and repay, both Public Dividend Capital and any proposed new borrowings.

5.5.2 Any application for a loan or overdraft will only be made by the Finance Director or by an employee so delegated by him/her.

5.5.3 All short term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position.

5.5.4 All long term borrowings must be consistent with the plans outlined in the current Business Plan and be approved by the Board of Directors.

5.6 Tendering and Review

5.6.1 The Finance Director will review the commercial bank arrangements of the Foundation Trust at regular intervals to ensure that they reflect best practice and represent best value for money.

6 INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

6.1 Income Systems

6.1.1 The Finance Director is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

6.1.2 The Finance Director is also responsible for the prompt invoicing and banking of all monies received.

6.2 Fees and Charges

6.2.1 The Trust shall follow NHS England and NHS Improvement's guidance when entering into contracts for patient services.

6.2.2 The Finance Director is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by Statute. Independent professional advice on matters of valuation shall be taken as necessary. Where sponsorship income (including items in kind such as subsidised goods or loans of equipment) is considered the guidance in the Department of Health's "Commercial Sponsorship – Ethical standards in the NHS" shall be followed.

6.2.3 The Finance Director shall determine the appropriate charges or fees for the provision of all services provided to other organisations and individuals.

6.2.4 It is the responsibility of all employees to inform the Finance Director promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

6.3 Debt Recovery

6.3.1 All staff have an overriding responsibility to collect fees due for the provision of chargeable services thus ensuring the minimisation of debts.

6.3.2 The Finance Director is responsible for the appropriate recovery action on all outstanding debts.

6.3.3 Income not received should be dealt with in accordance with losses procedures. (See section 12.)

6.3.4 Overpayments should be detected (or preferably prevented) and recovery initiated.

6.4 Security of Cash, Cheques and other Negotiable Instruments

6.4.1 The Finance Director is responsible for:

(a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;

(b) ordering and securely controlling any such stationery;

(c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the Trust.

6.4.2 Official money shall not under any circumstances be used for the encashment of private cheques.

6.4.3 All cheques, postal orders, cash etc., shall be banked promptly and intact. Disbursements shall not be made from cash received, except under arrangements approved by the Finance Director.

6.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

6.4.5 Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned, shall be monitored and recorded within the Finance Department. Any significant trends should be reported to the Finance Director and Internal Audit via the incident reporting system. Where there is prima facie evidence of fraud or corruption this process should follow guidance provided by ~~NHS Protect (previously known as the NHS Counter Fraud and Security Management Service)~~ the NHS Counter Fraud Authority. Where there is no evidence of fraud or corruption the loss should be dealt with in line with the Trust's Losses and Special Payments procedures.

7 NHS SERVICE CONTRACTS FOR PROVISION OF SERVICES

7.1 The Chief Executive, as the Accountable Officer, is responsible for ensuring the Trust enters into suitable legally binding service contracts with service commissioners for the provision of NHS services.

7.2 All service contracts should aim to implement the agreed priorities contained within the Integrated Business Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- the Provider Licence from NHS England and NHS Improvement
- the standards of service quality expected;
- the relevant national service framework (if any);
- the provision of reliable information based on national and local tariffs, and underlying reference costs
- the National Institute for Health and Care Excellence Guidance
- the National Standard Local Action – Health and Social Care Standards and Planning Framework
- that service contracts build where appropriate on existing partnership arrangements;
- that service contracts are based on integrated care pathways.

7.3 A good service contract will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Chief Executive to ensure that the Trust works with all partner agencies involved in both the delivery and the commissioning of the service required. The service contract will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the Trust can jointly manage risk with all interested parties.

7.4 The Chief Executive, as the Accountable Officer, will need to ensure that regular reports are provided to the Board of Directors detailing actual and forecast income from the service contract. This will include information on costing arrangements.

8 TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES

8.1 Remuneration and Terms of Service

8.1.1 In accordance with Standing Orders the Board of Directors shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

8.1.2 The Remuneration Committee will:

(a) determine the appropriate remuneration and terms of service for the Chief Executive, and Corporate Directors employed by the Trust including:

(i) all aspects of salary (including any performance-related elements/bonuses);

(ii) provisions for other benefits, including pensions and cars; and

(iii) arrangements for termination of employment and other contractual terms

(b) determine the terms of service for the Chief Executive, and Corporate Directors to ensure they are fairly rewarded for their individual contribution to the Trust – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;

(c) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking accounts of such national guidance as is appropriate.

8.1.3 The Board of Directors will after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees not covered by the Committee.

8.1.4 The Trust will pay allowances to the Chair~~man~~ and Non-Executive Directors of the Board of Directors and said allowances will be approved by the Council of Governors.

8.2 Funded Establishment

8.2.1 The workforce plans of the Trust will be reconciled with the funded establishments on expenditure budgets, to ensure affordability of appropriate staffing levels.

8.2.2 The funded establishment of any department may not be varied recurrently without the approval of the Chief Executive, on the advice of the Director of Workforce and Organisational Development.

8.3 Staff Appointments

8.3.1 No officer may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or agree to changes in any aspect of remuneration:

(a) unless authorised to do so by the Chief Executive; and

(b) within the limit of the approved budget and funded establishment.

(c) The hire of agency staff and locums must comply with the guidelines laid out in the Reservation of Powers and Scheme of Delegation

8.3.2 The Board of Directors will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc., for employees.

8.4 Processing Payroll

8.4.1 The Finance Director is responsible for:

(a) specifying timetables for submission of properly authorised time records and other notifications;

(b) the final determination of pay and allowances (in conjunction with the Director of Workforce and Organisational Development);

(c) making payment on agreed dates; and

(d) agreeing method of payment.

8.4.2 The Finance Director will issue instructions regarding:

(a) verification and documentation of data;

(b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;

(c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;

(d) security and confidentiality of payroll information;

(e) checks to be applied to completed payroll before and after payment;

(f) authority to release payroll data under the provisions of the Data Protection Act;

(g) methods of payment available to various categories of employee and officers;

(h) procedures for payment by cheque or bank credit to employees and officers;

(i) procedures for the recall of cheques and bank credits;

(j) pay advances and their recovery;

(k) maintenance of regular and independent reconciliation of pay control accounts;

(l) separation of duties of preparing records; and

(m) a system to ensure the recovery from leavers of sums of money and property due by them to the Trust.

8.4.3 Appropriately nominated managers have delegated responsibility for:

(a) Submitting a signed copy of the notification of starter/variation in contract forms and other such documentation as may be required immediately upon an employee commencing duty;

(b) submitting time records and other notifications in accordance with agreed timetables;

(c) completing time records and other notifications in accordance with the Finance Director's instructions and in the form prescribed by the Finance Director; and

(d) submitting termination forms in the prescribed form **immediately** upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Finance Director must be informed immediately.

(e) taking responsibility for managing staff costs within the available resources and engaging staff in accordance with Trust policies and procedures.

8.4.4 Regardless of the arrangements for providing the payroll service, the Finance Director shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

8.5 Contracts of Employment

8.5.1 The Board of Directors shall delegate responsibility to managers

(a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Director of Workforce and Organisational Development and which complies with employment legislation; and

(b) dealing with variations to, or termination of, contracts of employment.

9 NON-PAY EXPENDITURE

9.1 Delegation of Authority

9.1.1 As part of the approval of annual budgets, the Board of Directors will approve the level of non-pay expenditure and the Chief Executive will determine the level of delegation to budget managers as part of the Reservation of Powers and Scheme of Delegation.

9.1.2 The Chief Executive, as the Accountable Officer, will determine:

(a) prime budget holders who are authorised to place requisitions for the supply of goods and services; and

(b) the maximum level of each requisition and the system for authorisation above that level (See Reservation of Powers and Scheme of Delegation document)

9.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

9.1.4 The Chief Executive will determine the level of delegation in respect of entering into contracts (refer to Reservation of Powers and Scheme of Delegation for delegated limits).

9.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

9.2.1 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. In so doing, the advice of the Estates or Purchasing department shall be sought. Where this advice is not acceptable to the requisitioner, the Finance Director (and/or the Chief Executive) shall be consulted.

9.2.2 The Finance Director shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

9.2.3 The Finance Director will:

(a) advise the Board of Directors regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; current thresholds are set out in 9.5 below;

(b) prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;

(c) be responsible for the prompt payment of all properly authorised accounts and claims;

(d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

(i) A list of Board Directors/employees (including specimens of their signatures) authorised to certify invoices.

(ii) Certification that:

- goods have been duly received, examined and are in accordance with specification and the prices are correct;
- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
- the account is arithmetically correct;
- the account is in order for payment.

(iii) A timetable and system for submission to the Finance Director of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts (where providing good value for money) or otherwise requiring early payment.

(iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.

(e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received, (except as below).

9.2.4 Prepayments are only permitted where exceptional circumstances apply. In such instances:

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%);

(b) the appropriate Corporate Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;

(c) the Finance Director will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the ~~EU~~UK public procurement rules where the contract is above a stipulated financial threshold); and

(d) the budget holder is responsible for ensuring that all items due under a prepayment contract are received and he/she must immediately inform the appropriate Director or Chief Executive if problems are encountered.

9.2.5 Official orders must:

(a) be consecutively numbered;

(b) be in a form approved by the Finance Director;

(c) state the Trust's terms and conditions of trade; and

(d) only be issued to, and used by, those duly authorised by the Chief Executive.

9.2.6 Managers and officers must ensure that they comply fully with the guidance and limits specified by the Finance Director and that:

(a) all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Finance Director in advance of any commitment being made;

(b) contracts above specified thresholds are advertised and awarded in accordance with ~~EU~~UK regulations on public procurement (thresholds and regulations together with the consequences of breaching these regulations are attached at Appendix 1).

(c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health/NHS Improvement. For 2020-21 NHSE&I determined the threshold for this to be £50,000.

(d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

(i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) conventional hospitality, such as lunches in the course of working visits;

Refer to the national guidance contained in "Standards of Business Conduct for NHS Staff"

(e) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Finance Director on behalf of the Chief Executive;

(f) all goods, services, or works are ordered on an official order except purchases from petty cash or on purchase cards;

(g) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(h) goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;

(i) changes to the list of directors/employees and officers authorised to certify invoices are notified to the Finance Director;

9.3 Petty Cash

9.3.1 Purchases that will be reimbursed from petty cash are restricted in value and by type, in accordance with instructions issued by the Finance Director.

9.3.2 All reimbursements must be supported by receipt(s) and certified by an authorised signatory.

9.3.3 Petty cash records are maintained in a form as determined by the Finance Director.

9.4 Building and Engineering Transactions

9.4.1 The Finance Director shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE, and Procure 22 guidance. The technical audit of these contracts shall be the responsibility of the relevant Director.

9.5 Tendering Quotation and Contract Procedure

9.5.1 The Trust shall ensure the competitive tenders are invited for the supply of goods, materials, manufactured articles and services, for the design, construction and maintenance of buildings and engineering works and for disposals.

9.5.2 Formal tendering procedures may be waived by officers for whom powers have been delegated by the Chief Executive through the Scheme of Delegation where one or more of the following applies:

(a) The estimated expenditure or income does not, or is not reasonably expected to, exceed £25,000 (this figure is reviewed annually). It is a breach of the Regulations to spilt contracts to avoid the thresholds. The value used should be the overall contract value for the life of the equipment or service not annual costs;

(b) This is an extension to an existing (or very recently expired) contract which was sourced by competitive selection or via a framework either by the Trust or by agencies such as the Crown Commercial Service, NHS Supply Chain or another commercial procurement collaborative acting on behalf of a NHS organisation;

(c) Where the supply of the proposed goods or service is under special arrangements by any Government Agency (e.g. Procure22 as it applies to construction contracts).

9.5.3 The negotiated procedure without the prior publication of a contract notice (the STA) may be used in the following circumstances but should not be used to avoid competition or for administrative convenience:

(a) There is an absence of suitable tenders. (i.e. The goods/services/works having been appropriately advertised using the open procedure or the restricted procedure);

(b) For reasons of extreme urgency brought about by events unforeseeable by, and not attributable to, the Trust, e.g. flood, fire or system failure. Failure to plan properly is not a justification for single tender;

(c) Specialist expertise / equipment is required and it is only available from one source. (i.e. for technical, artistic reasons or connected to the protection of exclusive rights).

(d) There is clear benefit to be gained from maintaining continuity where:

(i) the goods are a partial replacement for, or in addition to, existing goods or an installation; and

(ii) to obtain the goods from another supplier would oblige the Trust to acquire goods having different technical characteristics which may result in incompatibility and/or disproportionate technical difficulties in the operation or maintenance of the existing. This must be more than familiarity. This continuity must outweigh any potential financial advantage to be gained by competitive tendering.

Where a responsible officer decides that competitive tendering is not applicable and should be waived by virtue of the above, details should be recorded on the Single Tender Approval Form and submitted to the Chief Executive for approval. Responsible officers must follow the single tender action guidance available from the Procurement Department. Details of these approvals will be reported to the Group Audit Committee.

9.5.4 All invitations to tender should be sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than three firms/individuals, having regard to their capacity to supply the goods, materials or undertake the service required.

9.5.5 The firms/individuals invited to tender (and where appropriate quote) should be as set out in the tendering procedures.

9.5.6 Quotations are required where the formal tendering procedures are waived under 9.5.2 above.

9.5.7 All quotations should be treated as confidential and should be retained for inspection.

9.5.8 The Chief Executive or his nominated officer should evaluate the quotations and select the one which gives best value for money. If this is not the lowest, then this fact and the reasons why the lowest quotation was not chosen should be in a permanent record.

9.5.9 Where tenders or quotations are not required the Trust shall procure goods and services in accordance with procurement procedures approved by the Board of Directors.

9.5.10 The Chief Executive shall be responsible for ensuring the best value for money can be demonstrated for all services provided under contract or in-house. The Board of Directors may also determine from time to time

that in-house services should be market tested by competitive tendering. (Standing Order 9)

9.5.11 The competitive tendering or quotation procedure shall not apply to the disposal of:

(a) Items with an estimated sale value of less than £15,000;

(b) Any matter in respect of which a fair price can be obtained only by negotiation or sale by auction;

(c) Obsolete or condemned articles and stores; which may be disposed of in accordance with the procurement policy of the Trust;

10 CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

10.1 Capital Investment

10.1.1 The Chief Executive:

a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;

b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and

c) shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences, including capital charges.

10.1.2 For every capital expenditure proposal the Chief Executive shall ensure:

(a) that a business case is produced, in line with the limits set out in the Reservation of Powers and Scheme of Delegation, setting out:

(i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and

(ii) appropriate project management and control arrangements;

(iii) the involvement of appropriate Trust personnel and external agencies; and

(b) that the Finance Director has certified professionally to the costs and revenue consequences detailed in the business case.

10.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issues procedures for their management, incorporating the recommendations of “CONCODE”.

The Finance Director shall assess on an annual basis the requirement for the operation of the construction industry tax deduction scheme in accordance with Inland Revenue guidance.

The Finance Director shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

10.1.4 The approval of a capital programme shall not constitute approval for the initiation of expenditure on any scheme.

10.1.5 The Finance Director shall issue to the manager responsible for any scheme:

(a) specific authority to commit expenditure;

(b) authority to proceed to tender;

(c) approval to accept a successful tender.

10.1.6 The Finance Director shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures will:

(a) be designed to ensure that each project stays within estimated/budgeted costs at each milestone;

(b) be issued to project managers and other employees/persons involved in capital projects;

(c) incorporate simple checklists designed to ensure that important requirements are complied with on each project.

10.2 Private Finance (including leasing)

10.2.1 The Trust may test for PFI when considering a major capital procurement.

10.2.2 When the Trust proposes to use finance the following procedures shall apply:

(a) The Finance Director shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.

(b) The proposal must be specifically agreed by the Board of Directors.

(c) Any finance or operating lease must be agreed and signed by the Finance Director or any individual with delegated authority specifically agreed by the Finance Director.

10.3 Asset Registers

10.3.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Finance Director concerning

the form of any register and the method of updating, and arranging for a physical check of assets.

10.3.2 The Trust shall maintain an Asset Register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the guidance issued by Monitor.

10.3.3 Additions to the Fixed Asset Register must be clearly identified to an appropriate budget holder and be validated by reference to:

(a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;

(b) stores, requisitions and wages records for own materials and labour including appropriate overheads; and

(c) lease agreements in respect of assets held under a finance lease and capitalised.

10.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

10.3.5 The Finance Director shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on Fixed Asset Registers.

10.3.6 The value of each asset shall be depreciated using methods and rates in accordance with NHS Improvement FT ARM.

10.4 Security of Assets

10.4.1 The overall control of fixed assets is the responsibility of the Chief Executive.

10.4.2 Asset control procedures, (including both purchased and donated assets) must be approved by the Finance Director. These procedures shall make provision for:

(a) recording of managerial responsibility for each asset;

(b) identification of additions and disposals;

(c) identification of all repairs and maintenance expenses;

(d) physical security of assets;

(e) periodic verification of the existence of, condition of, and title to assets recorded;

(f) identification and reporting all costs associated with the retention of an asset.

10.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Finance Director.

10.4.4 Whilst each employee and officer has a responsibility for the security of property of the Trust, it is the responsibility of Board Directors and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS Foundation Trust property as may be determined by the Board of Directors. Any breach of agreed security practices must be reported in accordance with instructions.

10.4.5 Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Directors and employees in accordance with the procedure for reporting losses.

10.4.6 Where practical, assets should be marked as Trust property.

10.4.7 Equipment and other assets may be loaned to or from the Trust. Employees and managers must ensure that the Trust's management procedure is followed, in particular conditions attaching to the loan are documented and the assets identified. Assets loaned to the Trust must not be entered in the Trust's asset register.

11 STORES AND RECEIPT OF GOODS

11.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

(a) kept to a minimum;

(b) subjected to annual stock take;

(c) valued at the lower of cost and net realisable value.

11.2 Subject to the responsibility of the Finance Director for the systems of control, overall responsibility for the control of stores shall be delegated to the Trust's Head of Procurement. The day-to-day responsibility may be delegated by him/her to departmental employees and stores managers/keepers. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated Estates Manager.

11.3 A number of principles apply to the operation of all stores; managers of stores and stock are responsible for ensuring that:-

(a) stocks are kept to a minimum, commensurate with delivery and cost effective purchasing;

(b) delegation of responsibility must be clearly defined and recorded. The Finance Director may require access to the record in writing;

(c) the designated manager must be responsible for security arrangements; the custody of keys etc. must be clearly defined in writing;

(d) security measures, including marking as Trust property, must be commensurate with the value and attractiveness of the stock;

(e) stocktaking arrangements are agreed with the Finance Director and a physical check undertaken at least once a year;

(f) the system of store control, including receipt and checking of delivery notes etc. is agreed with the Finance Director;

(g) there is a system, approved by the Finance Director, for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods;

(h) any evidence of significant overstocking and of any negligence or malpractice shall be reported to the Finance Director;

(h) losses and the disposal of obsolete stock are reported to the Finance Director

11.4 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Finance Director.

11.5 For goods supplied via the NHS Supply Chain central warehouses and in accordance with the Reservation of Powers and Scheme of Delegation, the Chief Executive shall identify those authorised to requisition and accept goods from the store, and issue appropriate guidance for checking receipt of goods.

12 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

12.1 Disposals and Condemnations

12.1.1 The Finance Director must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

12.1.2 When it is decided to dispose of a Trust asset, the head of department or authorised deputy will determine and advise the Finance Director of the estimated market value of the item, taking account of professional advice where appropriate. The Finance Director shall ensure that the arrangements for the sale of disposable assets maximise the income to the Trust.

12.1.3 All unserviceable articles shall be:

(a) condemned or otherwise disposed of by an employee authorised for that purpose by the Finance Director;

(b) recorded by the Condemning Officer in a form approved by the Finance Director that will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Finance Director.

12.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Finance Director who will take the appropriate action.

12.2 Losses and Special Payments

12.2.1 The Finance Director must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments. The Finance Director must also prepare a Fraud and Corruption Policy that sets out the action to be taken both by the persons detecting a suspected fraud and those persons responsible for investigating it.

12.2.2 Any employee or officer discovering or suspecting a loss, which is not fraud ~~of any kind~~ must either immediately inform their head of department, who must immediately inform the Chief Executive and the Finance Director or inform an officer charged with responsibility for responding to concerns involving loss confidentially. This officer will then appropriately inform the Finance Director and/or Chief Executive. Where a criminal offence is suspected, the Finance Director must immediately inform the police if theft or arson is involved.

When an employee discovers or suspects fraud or corruption it must be immediately reported to the Trust's Local Counter Fraud Specialist or Finance Director. Alternatively, employees can contact the NHS Fraud and Corruption Reporting Line – 0800 028 40 60. ~~Where a criminal offence is suspected, the Finance Director must immediately inform the police if theft or arson is involved.~~ In cases of fraud and corruption or of anomalies that may indicate fraud or corruption, the ~~Finance Director or~~ Local Counter Fraud Specialist ~~must~~ will inform the ~~relevant CFOS regional team in accordance with the Secretary of State's Directions.~~ NHS Counter Fraud Authority.

12.2.3 The Finance Director or Local Counter Fraud Specialist must notify ~~NHS Protect (previously known as the NHS Counter Fraud and Security Management Service)~~ the NHS Counter Fraud Authority and both the Internal and External Auditor of all frauds.

12.2.4 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Finance Director must immediately notify:

(a) the Board of Directors,

(b) the External Auditor, and

(c) the Head of Internal Audit.

12.2.5 The Audit Committee shall receive a report of losses and Special Payments. The delegated limits for approval of all losses and special payments are set out in the Reservation of Powers and Scheme of Delegation document. Authorising officers must undertake fuller reviews of systems to reduce the risk of similar losses occurring in the future and seek advice where they believe a particular case raises issues of principle.

12.2.6 For any loss, the Finance Director should consider whether any insurance claim could be made.

12.2.8 The Finance Director shall maintain a Losses and Special Payments Register in which write-off action is recorded. This register will be reviewed by the Audit Committee on an annual basis.

12.2.9 No special payments exceeding delegated limits shall be made without the prior approval of the Treasury.

12.3 Bankruptcies, Liquidation and Receiverships

12.3.1 The Finance Director shall be authorised to take any necessary steps to safeguard the Trust's interests in bankruptcies and company liquidations.

12.3.2 When a bankruptcy, liquidation or receivership is discovered, all payments should cease pending confirmation of the bankruptcy, etc. As a matter of urgency, a statement must be prepared listing the amounts due to and from the Trust.

13 COMPUTERISED FINANCIAL SYSTEMS

13.1 The Finance Director, who is responsible for the accuracy and security of the computerised financial data of the Trust, shall:

(a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the Trust's financial data, programs and computer hardware for which he/she is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;

(b) ensure that adequate (reasonable) controls exist over financial data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

(c) ensure that adequate controls exist such that the financial computer operation is separated from development, maintenance and amendment;

(d) ensure that an adequate management (audit) trail exists through the financial computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.

13.2 The Finance Director shall satisfy him/herself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

13.3 In the case of computer systems which are proposed General Applications (i.e. including those applications which the majority of NHS bodies in the locality/region wish to sponsor jointly) all responsible directors and employees will send to the Finance Director:

(a) details of the outline design of the system;

(b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

13.4 The Finance Director shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

13.5 Where another health organisation or any other agency provides a computer service for financial applications, the Finance Director shall periodically seek assurances that adequate controls are in operation.

13.6 Where computer systems have an impact on corporate financial systems the Finance Director shall satisfy him/herself that:

(a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;

(b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that an audit trail exists;

(c) Finance Director staff have access to such data; and

(d) such computer audit reviews are being carried out as are considered necessary.

14 PATIENTS' PROPERTY

14.1 The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

14.2 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- notices and information booklets,
- hospital admission documentation and property records,
- the oral advice of administrative and nursing staff responsible for admissions,

that the Trust will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

14.3 The Finance Director must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money.

14.4 Where Department of Health instructions require the opening of separate accounts for patients' monies, these shall be opened and operated under arrangements agreed by the Finance Director.

14.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

14.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

14.7 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

14.8 Where a deceased patient is intestate and there is no lawful next-of-kin, details of any monies or valuables should be notified to the Treasury Solicitor.

14.9 Any funeral expenses necessarily borne by the Trust in respect of a deceased patient shall be reimbursed from any of the patient's monies held by the Trust.

15 CHARITABLE FUNDS

15.1 Introduction

15.1.1 Charitable funds are those funds which are held in the name of the Trust separately from other funds and which arise principally from gifts, donations, legacies and endowments made under the relevant charities legislation.

15.1.2 Standing Orders state the Trust's responsibilities as a corporate trustee for the management of funds it holds on trust and define how those responsibilities are to be discharged. They explain that although the management processes may overlap with those of the organisation of the Trust, the trustee responsibilities must be discharged separately and full recognition given to its dual accountabilities to the Charity Commission for charitable funds held on trust and to NHS Improvement for all funds held on trust.

15.1.3 The reserved powers of the Board of Directors and the Charitable Funds Scheme of Delegation make clear where decisions regarding the exercise of discretion in terms of the disposal and use of funds are to be taken and by whom. Directors and officers must take account of that guidance before taking action. SFIs are intended to provide guidance to persons who have been delegated to act on behalf of the corporate trustee.

15.1.4 As management processes overlap most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust. This section covers those instructions which are specific to the management of funds held on trust.

15.1.5 The over-riding principle is that the integrity of each trust must be maintained and statutory and trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

15.2 Income

15.2.1 All gifts and donations accepted shall be received and held in the name of the Trust's registered charity and administered in accordance with the Charity's' policy, subject to the terms of the specific charitable funds.

15.2.2 All managers/employees who receive enquiries regarding legacies shall keep the Finance Director, or person nominated by him, informed and shall keep an appropriate record. After the death of a benefactor all correspondence concerning a legacy shall be dealt with on behalf of the Trust by the Finance Director.

15.2.3 The Finance Director shall advise the Board of Directors on the financial implications of any proposal for fund raising activities which the Trust may initiate, sponsor or approve.

15.2.4 New charitable funds will only be opened where the wishes of benefactors cannot be accommodated within existing funds and in all cases must comply with the requirements of the Charity Commission.

15.3 Expenditure

All expenditure from charitable funds, with the exception of legitimate expenses of administering and managing those funds and expenditure for research purposes must be for the benefit of the NHS.

15.3.1 Expenditure of any charitable funds shall be conditional upon the goods and services being within the terms of the appropriate charitable fund and upon the proviso that the expenditure does not result in further payments by the Trust which have not been agreed and funded.

15.4 Investments

15.4.1 Charitable funds shall be invested by the Finance Director on behalf of the Fund Manager in accordance with the Trust's policy and statutory requirements.

15.4.2 In managing the investments the Trust shall take due account of the written advice received from its duly appointed Investment Advisors.

16 ACCEPTANCE OF GIFTS BY STAFF

16.1 The Finance Director shall ensure that all staff are made aware of the Trust policy on acceptance of gifts and other benefits in kind by staff. This policy should follow the guidance contained in the Department of Health Standards of Business Conduct for NHS Staff.

17 RETENTION OF DOCUMENTS

17.1 The Chief Executive shall be responsible for maintaining archives for all documents required to be retained in accordance with Department of Health guidelines " Records Management: NHS Code of Practice".

17.2 The documents held in archives shall be capable of retrieval by authorised persons.

17.3 Documents held in accordance with Department of Health guidelines shall only be destroyed at the express instigation of the Chief Executive and records shall be maintained of documents so destroyed. All the above shall be in compliance with the requirements of the Freedom of Information Act and the Trust's policy for document management and retention.

18 RISK MANAGEMENT

18.1 The Chief Executive shall ensure that the Trust has a programme of risk management, in accordance with the terms of the licence issued by Monitor. This programme will be approved and monitored by the Board of Directors.

18.2 The programme of risk management shall include:

a) a process for identifying and quantifying principal risks and potential liabilities, existing controls, additional controls as identified in the corporate risk register;

b) engendering among all levels of staff a positive attitude towards the control of risk as described in the Trust Risk Management Strategy;

c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

d) contingency plans to offset the impact of adverse events;

e) review arrangements including; external audit, internal audit, clinical audit, health and safety review;

f) receive and review annual plan at Board of Directors.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Annual Report and Accounts as required by the guidance issued NHS Improvement.

18.3 The Board of Directors shall review insurance arrangements for the Trust.

APPENDIX 1 ~~EU~~UK Thresholds

~~**The European public contracts directive (2014/24/EU)** applies to public authorities including, amongst others, government departments, local authorities and NHS Authorities and Trusts.~~
The Public Procurement (Agreement on Government Procurement) (Thresholds) (Amendment) Regulations 2021

~~The directives set out detailed procedures for the award of contracts whose value equals or exceeds specific thresholds. Details of the thresholds, applying from 1st January 2021~~18 ~~are given below. Thresholds are net of VAT.~~

Note a change under the Regulations, whereby the estimated value of procurements (under all the above-mentioned regulations) will be calculated on the total amount of the procurement **inclusive of VAT** rather than net of VAT.

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These thresholds apply from **1 January 2020~~0~~2**.

Contract type	**Current threshold**	**New threshold**
	Net of VAT	**Inclusive of VAT**
Public works	£4,733,252	£5,336,937
Public service and supply awarded by central government authorities, and their design contests	£122,976	£138,760
Public service and supply awarded by sub-central contracting authorities, and their design contests	£189,330	£213,477

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~~Supply and services contracts (central government)~~	~~£122,976~~
~~Works contracts (central and sub-central)~~	~~£4,733,252~~
~~Light Touch Regime contracts for services listed at Schedule 3~~	~~£663,540~~

-	Supply, Services and Design Contracts[1]	Works Contracts[2]	Social and other specific services[3]
Central Government[4]	£122,976 €139,000	£4,733,252 €5,350,000	£663,540 €750,000
Other contracting authorities	£189,330 €214,000	£4,733,252 €5,350,000	£663,540 €750,000
Small Lots	£70,778 €80,000	£884,720 €1,000,000	n/a

[1]With the exception of the following services which have different thresholds or are exempt:

- Social and other specific services (subject to the light touch regime) Article 74. (Referred to as the Light Touch Regime or new Part b)
- Subsidised services contracts specified under Article 13.
- Research and development services under Article 14 (specified CPV codes are exempt).

[2]With the exception of subsidised works contracts specified under Article 13.

[3]As per Article 74. Services are listed in Annex XIV.

[4]Schedule 1 of the Public Contracts Regulations lists the Central Government Bodies subject to the WTO GPA. These thresholds will also apply to any successor bodies.

THE EUUKROPEAN UTILITY CONTRACTS DIRECTIVE (2014/25/EUUK)

The European utility contracts directive (2014/25/EUUK) applies to certain utility companies operating in the Energy, Water, and Transport sectors. With the exception of social and other specific services the following thresholds will apply to procurement carried out under the existing Utilities procurement directives from 1st January 2018.

-	Supply, Services and Design Contracts	Works Contracts	Social and other specific services
Utility authorities	£378,660 €428,000	£4,773,252 €5,350,000	£884,720 €1,000,000

Time Limits (Minimum Timescales

MINIMUM TIME	IF ELECTRONIC TENDER PERMITTED	IF URGENT	WHERE PIN PUBLISHED*
Open Procedure (1 stage progress) Minimum time limit for receipt of tenders: 35 days	Minimum time limit for receipt of tenders: 30 days	Minimum time limit for receipt of tenders: 15 days	Minimum time limit for receipt of tenders: 15 days
Restricted Procedure (2 stage process) Minimum time limit for requests to participate: 30 days	-	Minimum time limit for requests to participate 15 days	Minimum time limit for requests to participate 30 days
Minimum time limit for tenders: 30 days	Minimum time limit for receipt of tenders: 25 days	Minimum time limit for tenders: 10 days	Minimum time limit for tenders: 10 days
Competitive Negotiated Procedure/ Innovation Partnerships Minimum time limit for requests to participate: 30 days		Minimum time limit for requests to participate: 15 days	Minimum time limit for requests to participate: 30 days
Minimum time limit for initial tenders: 30 days	Minimum time limit for receipt of initial tenders: 25 days	Minimum time limit for tenders: 10 days	Minimum time limit for tenders: 10 days
Competitive Dialogue Minimum time limit for requests to participate: 30 days No explicit time limits for submission of initial/subsequent tenders			

Help choosing the right procedure

The choice of procedure requires a careful balancing act. Often, you may be able to use an existing framework agreement but, if not, then the open procedure or the restricted procedure is often the most appropriate. The table on the next page indicates some of the key considerations.

For any uncertainty, or for further guidance on which procedure is likely to be appropriate for your needs please ask any questions via purchasingenquiries@york.nhs.uk and we'll do our best to help.

	Open procedure	*Restricted procedure*	*Competitive dialogue OR Competitive procedure with negotiation*	*Dynamic purchasing system*	*Innovation partnerships*
Few bidders expected	✓	(✓)	✓	✓	✓
One-off purchases	✓	✓	✓	✖	✓
Low cost/effort to bidding	✓	✓	✖	(✓)	✖
Commodity products	✓	(✓)	✖	✓	✖
Adaptation of available	(✖	(✓)	✓	(✖	(✓)
Frequent similar purchases	✓	(✓)	✖	✓	✖
Many bidders expected	✖	✓	✓	(✖	✓
Complex projects	(✖	(✓)	✓	✖	✓
Research and development needed	✖	✖	✓	✖	✓
Specification cannot be set	✖	✖	✓	✖	✓

NHS Guide to Procurement, Foot Anstey LLP, 2015

Key: ✓ Yes, ✖ No, (✖) means probably not, (✓) means probably yes.