York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 26th January 2022
Time: 9:30am – 11:30am

Via Webex

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Good Meeting Etiquette

KEY POINTS

- **Good meeting behaviour contributes to good meeting outcomes.**
- **Effective meetings need forethought and preparation.**
- **Listening, respecting your colleagues' right to express their views and making your points constructively are the cornerstones of good meeting etiquette.**

The checklist below includes activities you could go through at the start of your meeting. They give you a clear summary of what everyone should expect to be able to do, and how they can expect to be treated.

ASK YOURSELF, *HAVE I...*

- ✓ **read and understood the minutes and papers?**
- ✓ **checked the agenda?**
- ✓ **made notes on what I want to say?**
- ✓ **got written responses to anything I've been asked to address?**
- ✓ **arranged to be there for the whole meeting?**

TELL YOURSELF, *I WILL...*

- ✓ **actively participate ensuring I stick to the point, but do not dominate the meeting.**
- ✓ **really listen to what people say.**
- ✓ **compliment the work of at least one colleague.**
- ✓ **try to make at least one well prepared contribution but not repeat what someone else has said.**
- ✓ **remember it is about representing members and not bring personal experiences to the meeting.**

ENVIRONMENT

- ✓ **can I hear/see everything that is going on?**
- ✓ **is my phone switched off?**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

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

On: Wednesday 26th January 2022

TIME	MEETING	ATTENDEES
09:30 – 11:30	**Board of Directors meeting held in public**	**Board of Directors Members of the Public**
11:40 – 12:30	Board of Directors – Private	Board of Directors

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors Public Agenda

All items listed in blue text, are to be received for information/ assurance and no discussion time has been allocated within the agenda. These items can be viewed in a separate supporting information pack (Blue Box).

ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Welcome and Introductions**	Chair	Verbal	-	09.30
2.	**Apologies for Absence** To receive any apologies for absence: • Andrew Bertram, Finance Director (Graham Lamb deputising)	Chair	Verbal	-	
3.	**Declarations of Interest** To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Chair	Verbal	-	
4.	**Minutes of the meeting held on 24 November 2021** To be agreed as an accurate record.	Chair	A	9	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Chair	Verbal	-	
6.	**Chief Executive's Update** To receive an update from the Chief Executive to include current operational pressures.	Chief Executive	B	19	09.35
7.	**Board Assurance Framework** To note the report.	Chief Executive	C	25	09.50

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ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
Strategic Goal: To deliver safe and high quality patient care					
8.	**Business Case 2021/22-70 Robotic Assisted Surgery at York Hospital** To receive and approve the business case.	Medical Director	D	41	09.55
9.	**Carbon Reduction Grant Funding Business Case Update and Preferred Bidder Status Request (Business Case No 2021/22-49)** To receive and discuss the report.	Deputy Finance Director & Head of Sustainability	E	63	10.00
Strategic Goal: To ensure financial sustainability					
10.	**Quality and Resources Assurance Committees' Escalation Reports** Items for escalation to the Board:	Committee Chairs			10.10
10.1	• To receive and note the minutes of the meetings held on 16 November for Quality Assurance Committee and 18 November 2021 for Resources Assurance Committee		F1 F2	75 85	
10.2	• To receive and note the minutes of the meetings held on 14 December 2021		G1 G2	95 105	
10.3	• To receive and discuss the committee escalation logs from 18 January 2022		H1 (to follow) H2 (to follow)	- -	
11.	**Quality Patient Care Reports** Items to be reported:				
11.1	• To receive the Ockenden report update to include Perinatal Clinical Quality Surveillance Report and Continuity of Carer Report	Chief Nurse	I	113	10.25
11.2	• To receive the Safe Staffing Report	Chief Nurse	J	129	10.30

ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
12.	**Digital Information Service (DIS) Funding Bids** To endorse the report and approve the financial proformas for relevant fundng bids within the DIS.	Chief Digital Information Officer	K	139	10.40
Strategic Goal: To support an engaged, healthy and resilient workforce					
13.	**Annual Equality Diversity and Inclusion Workforce Report** To receive and note the report.	Director of Workforce	L	263	10.45
14.	**Midwifery Workforce** To receive and approve the report.	Chief Nurse	M	291	10.55
15.	**Q3 Guardian of Safe Working Hours** To receive and note the report.	Medical Director	N	315	11.00
16.	**Integrated Business Report** To receive and discuss the IBR, highlighting any areas of concern not already discussed.	All	*Separate Report*	-	11.05
Governance					
17.	**Governance Documents** The Board is asked to approve the changes to the: 16.1 • Reservation of Powers and Scheme of Delegation 16.2 • Standing Financial Instructions	Associate Director of Corporate Governance	O	323	11.15

York and Scarborough Teaching Hospitals
NHS Foundation Trust

ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
18.	**Revision of YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions** The Board is asked to approve the documents in line with governance arrangements.	Deputy Finance Director	P	331	11.20
19.	**Any other business**	Chair	Verbal	-	11.25

20. Time and Date of next meeting

The next meeting held in public will be on 30 March 2022.

21. Exclusion of the Press and Public

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

22. Close 11.30

York and Scarborough Teaching Hospitals
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Minutes
Board of Directors Meeting (Public)
24 November 2021

Minutes of the Public Board of Directors meeting held on Wednesday 24 November 2021 at York Hospital, Classroom 1&2, 5th Floor Admin Block, commenced at 9:00am and concluded at 12:14pm.

Members present:

Non-executive Directors
Ms S Symington (Chair); Dr L Boyd (LB); Mr S Holmberg (SH); Mrs L Mellor (LM); Mr J Dillon (JD), Prof M Morgan (MM), Mrs J McAleese (JM), Mrs D McConnell (DM), Mr A Clay (AC).

Executive Directors
Mr S Morritt, Chief Executive; Mr A Bertram, Deputy Chief Executive/Finance Director; Mr J Taylor, Medical Director; Ms P McMeekin, Director of Workforce & OD; Mrs H McNair, Chief Nurse; Mrs W Scott, Chief Operating Officer; Mrs L Brown, Director of Communications

Corporate Directors

In Attendance:
Mr M Taylor, Associate Director of Corporate Governance
Miss C Gaynor, Executive Support Manager (for the minutes)

The Chair welcomed everyone to the meeting. It was noted that Mrs J McAleese, Non-executive Director was attending via Webex. It was also noted that it was anticipated that the meeting would be livestreamed.

21/102 Apologies for absence

Apologies were received from Mr D Roberts, Chief Digital Information Officer

21/103 Declaration of Interests

There were no declarations of interest to note.

21/104 Minutes of the meeting held on 30 September 2021

The Board approved the minutes of the meeting held on the 30 September 2021 were agreed as an accurate record of the meeting.

RESOLVED
The Board approved the minutes of the meeting held on the 30 September 2021.

21/105 Matters arising from the minutes

No matters arising were discussed.

21/106 Patient Story

Patients Vikki Langford and Tony Cardis attended the Board meeting supported by MS specialist nurse Julie Taylor. Vikki and Tony were both MS patients who were under the care of the MS team and wanted to share their stories and feedback on their experiences of their health care.

The Board thanked Vikki, Tony and Julie for their attendance and presenting their experience.

21/107 Chief Executives Update

The Chief Executive highlighted to the Board the current operational pressures that the Trust was currently facing which had been quite consistent now for a number of months. Covid patient numbers were hopefully starting to reduce. In addition to the operational pressures the Trust was working to meet the national expectation of a104-week waiting position by March (if not by Christmas), which will be extremely challenging in particular if the urgent pressures continue in the way in which they were. It was acknowledged that social care were also struggling to provide packages of care and consequently the Trust had seen a significant rise in its length of stay as patients are unable to move onto their destinations because their care is unavailable for them. This was a consistent message across the piece. There was an opportunity to discuss some of the action to be taken at a North East and Yorkshire Winter Response meeting later in the day.

In relation to the NHS handover times for ambulances, it was noted that the Trust was engaged with local system partners and Yorkshire Ambulance Service in the development of an Ambulance Handover Plan, which aimed to support the delivery of the service and targeted the actions set out in the national letter from NHS England & Improvement and received through Humber Coast and Vale (HCV). This was in relation to the growing concern across the North East and Yorkshire Region regarding the impact of ambulance handover delays and risk of harm to patients. The actions included in the Ambulance Handover Plan were discussed in detail at November's Quality Assurance Committee.

The Chief Executive reported on the Department of Health and Social Care (DHSC) announcement that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 regardless of their employer. This included secondary and primary care. Subject to parliamentary process, this government regulation was expected to come into effect from 1 April 2022. The Board were assured that the Trust continued to encourage unvaccinated staff to take up their offer of the first and second dose. Vaccine hubs were to be re-established for several weeks to support the delivery of both the covid-19 booster and flu vaccines.

The Chief Executive noted his congratulations to the Chair Sue Symington on her appointment as the first designate Integrated Care System (ICS) Chair for the Humber, Coast and Vale Health and Care Partnership. As this was the Chair's final Board meeting, the Board thanked her for her services to the Trust. Jenny McAleese was to step

into the Chair position for the interim whilst the Trust worked to recruit a new Chair for the Trust. Interviews were due to take place in the new year.

Resolved:
The Board received and noted the report.

21/108 Board Assurance Framework (BAF)

The Chief Executive presented the BAF report which was developed to demonstrate the most pertinent strategic risks to achieving the Trust's strategy. The BAF had been discussed at development sessions through the Risk Committee and the Board of Directors. It was noted that some assurance escalation mechanisms had been amended to provide assurance for each risk on the BAF via each respective sub-committee to the Board of Directors. A new Integrated Care System (ICS) risk in meeting expectations under the current operational pressures had been added.

Resolved:
The Board noted the current status of the Board Assurance Framework.

21/109 Quality Committee Escalation Report

Minutes of Quality Assurance Committee 21 September 2021

The Board noted the minutes of the Quality Assurance Committee 21 September 2021 meeting.

Minutes of Quality Assurance Committee 19 October 2021

The Board noted the minutes of the Quality Assurance Committee 19 October 2021 meeting.

Quality Assurance Committee Escalation Reports 16 November 2021

SH introduced the report as Chair of the Quality Assurance Committee which detailed key topics discussed at the meeting in November which were consequently agreed to be escalated to the Board of Directors, this included:

- Continued pressure on hospital services resulting in inability to meet performance targets. Specific focus on ambulance handover times and actions to minimise delays.
- Continued concern over IPC. C diff levels and other metric such as MRSA screening remain a problem. Further information from external visit has highlighted a number of areas of concern particularly the impact of backlog maintenance, lack of side-rooms, HPV capacity and elements of staff engagement.
- Maternity SIs reviewed and to note themes around inadequate training, failure to adhere to protocols and poor communication.
- Note progress against CQC action plans. Heightened risk of reactive CQC visit due to factors such as high levels of whistleblowing, escalated SIs, levels of HAI and pressure area care. Overall Committee was not able to receive adequate assurance

on safety of patient care and the requirement for urgent further action has been agreed to be discussed at Board; and
- Note compliance of mortuary facilities with new standards

Resolved:
The Board received and noted the escalation report.

21/110 Ockenden Report update

Mrs McNair presented the Ockenden Report and provided the monthly oversight of perinatal clinical quality as per the minimum required dataset and ensured a transparent and proactive approach to Maternity safety across the Trust. The Board noted the data reporting for September 2021 highlighted within the report.

Resolved:
The Board of Directors reviewed and noted the detail of the monthly report.

21/111 Care Quality Commission (CQC) Update Report

Mrs McNair provided the Board with an updated position of communication between the Trust and the CQC along with action plan progress for regulatory requirements and outlining the next steps in achieving excellence.

The Board noted that there had been no notifications submitted to the CQC since the last report in September. Mental Health Risk Assessment audit data remained a concern as it was not displaying consistent results above 85% and as such the Trust was not in a position to request the removal of the final outstanding Section 31 conditions of registration. Work was being undertaken to address any improvement requirements.

There were three actions that were reported as behind delivery, two of which there were plans in place to address compliance by the end of November 2021. However, one action that presented as a high risk to the Trust was in relation to the recruitment of a Paediatric Emergency Medicine consultant for the Scarborough site Emergency Department. It was stressed that the non-compliance with this recommendation could have resulted in a Section 31 condition notice. The Board also noted all Section 31 actions from the Trust action plan had now been completed.

Resolved:
The Board accepted the report as an updated position for the Trust in relation to CQC action plans (Section 29A, Section 31 and Must-Do actions).

The Board also:
- **noted the completion of all Section 31 actions from the Trust CQC action plan.**
- **acknowledged the increase in whistleblowing concerns received, and the associated risk of unannounced inspection.**
- **recognised the approximate self-assessment ratings, whilst acknowledging a singular significant finding during a live inspection could lead to an overall rating of inadequate / requires improvement.**

21/112 Medical Revalidation Annual Report

Mr Taylor presented the report which provided an update on the revalidation and appraisal programmes over the last 12 months. Mr Taylor highlighted that NHS England and Improvement (NHSE&I) had cancelled the 2019/2020 Annual Organisational Audit (AOA), and had also stood down 2020/2021 with a request of an update on the appraisal year and the impact of the amended appraisal model. The Board noted that in response to the amended model the platform used by the Trust was updated, reducing the time required for doctors to input their appraisal information. The amount of evidence required had also been reduced considerably, with appraisals focused on reflecting upon the pandemic, its effects, and any potential learning.

NHS England and the GMC took the decision to pause the appraisal programme in March 2020. At the same time, those due to revalidate in 2020 were deferred until 2021. During this period, the Trust permitted doctors to be appraised if they chose and paused all reminders and formal action. As a result of this pause the appraisal compliance rate reduced considerably over that period. The Board noted that the expectation of NHS E&I for 2021/22 was that Trust would work to recover the appraisal rate.

Resolved:
The Board noted the report, recognising and supporting the work of the revalidation team.

21/113 Guardian of Safe Working Hours 2021-2022 Q2 report

Mr Taylor reported on the Guardian of Safer Working Hours (GoSWH) which was introduced into the Trust as part of the 2016 Terms and Conditions for Junior Doctors. He advised on the oversight into compliance with safe working hours and delivered assurance that issues raised in exception reports were escalated appropriately.

The Board noted that the management of junior rosters was moving to an electronic portal and the choice of provider meant the Trust platform for Exception Reporting moved to Allocate from DRS4 in August 2021. There was a difference in terminology and process that would impact content and comparison in reports this quarter.

The Board also noted that the absence of a dedicated location for handover in York had been raised as a patient safety risk. The challenge in delivering robust handovers was also causing stress and dissatisfaction amongst staff who were constantly working around the problem.

Resolved:
The Board noted the report.

21/114 Emergency Preparedness Resilience and Response (EPRR) Core Standards Board Report

Mrs Scott presented the report and advised that following a self-assessment process against the NHS England Emergency Preparedness, Resilience and Response (EPRR) Standards, the Trust had rated itself as substantially compliant. This was a similar rating as reported in 2019-20. Progress with the EPRR agenda was noted and the impact that Covid-19 had on the work plan. The Board noted the key priorities and updated action plan that would be implemented over the coming 12 months.

Resolved
The Board approved the report and assurance rating of 'substantial' compliance with the NHS England EPRR Core Standards.

21/115 H2 Planning – Elective Recovery and Income and Expenditure Plan

Operational Plan

Mrs Scott presented the H" operational plan for the Rust as part of the Humber Coast and Vale H2 plan submission on the 16th November 2021. The Board noted that the Planning Guidance for the period October 2021 to March 2022 (H2) had been published, with an expectation to eliminate waits of over 104 weeks by March 2022 except where patients choose to wait longer, hold or where possible reduce the number of patients waiting over 52 weeks and to stabilise waiting lists around the level seen at the end of September 2021. The Trust had worked across Care Groups to make adjustments to the Operational Plan for the remainder of the year based on capacity and workforce challenges seen across the period April to September 2021 (H1).

Resolved:
The Board receive and approved the operational plan and noted the risk to delivery set out in the report.

Financial Plan

Mr Bertram presented the final group operational financial plan for H2 (October 2021 – March 2022). He reported that following the publication by NHSE&I in March 2021 of the 2021/22 priorities and operational planning guidance, the Board approved at its April meeting, the Trust's financial plan for H1 (April 2021 – September 2021), 2021/22. He advised that at that time no guidance was available of the financial regime that would be in place for H2 (October 2021 – March 2022), 2021/22. In late September further guidance was issued by NHSE&I on the financial regime and planning requirements for H2, 2021/22. The Board noted that the Integrated Care Systems were required to submit operational financial plans to NHSE&I by 16 November 2021, with individual provider operational financial submissions to NHSE&I by 25 November 2021. This report formed the basis of the Group's contribution to an overall system financial submission due to NHSE&I on 16 November 2021, and an individual Group operational financial submission to NHSE&I on 25 November 2021.

Resolved
The Board noted and approved the Group's final financial plan for H2 2021/22, which formed the basis of the Group's contribution to an overall system financial submission due to NHSE&I on 16 November 2021, and an individual Group operational financial submission to NHSE&I on 25 November 2021.

LLP Operational Financial Plan

Mr Bertram presented the YTHFM LLPs final Operational Financial Plan for H2 (October 2021 – March 2022). The Board noted following the publication by NHSE&I in March 2021 of the 2021/22 priorities and operational planning guidance, the LLP Management Group approved at its April meeting, the LLPs financial plan for H1 (April 2021 – September

2021), 2021/22. At that time no guidance was available of the financial regime that would be in place for H2 (October 2021 – March 2022), 2021/22. In late September 2021, further guidance was issued by NHSE&I on the financial regime and planning requirements for H2, 2021/22. Integrated Care System's (ICS) were required to submit operational financial plans to NHSE&I by 16 November 2021, with individual provider operational financial submissions to NHSE&I by 25 November 2021. As part of the Group, this report formed part of the Group's contribution to both the ICS and individual Group submissions to NHSE&I.

Resolved
The Board approved the YTHFM LLPs final Operational Financial Plan for H2 2021/22.

21/116 Early release of Capital Expenditure on the Scarborough UEC Scheme

Mr Bertram presented the report which described a case of need as well as a series of benefits from investing early in the Scarborough Urgent and Emergency Care build project. Support had been secured from the ICS, NHS E&I and from local commissioners. The Board were asked to approve preliminary capital expenditure associated with the Scarborough Urgent and Emergency Care build in advance of the full business case approval.

Resolved
The Board approved preliminary capital expenditure, at risk, ahead of the full business case approval.

21/117 Annual Report of Sustainable Development Group

Jane Money joined the meeting to present the annual report and an update on key sustainability successes, advised on new NHS carbon reduction targets and sought to reaffirm and extend the YTHFM and Trust Board commitments in line with the current requirements of the NHS Standard Contract Service Condition 18, and other guidance published in 2020/21. The report also sought for approval for the appended Green Plan to replace the previously Board-approved Sustainable Development Management Plan 2017-2020.

Resolved:
The Board noted the report and approved the recommendations as noted in the report.

21/118 Resources Assurance Committee Escalation

Minutes of Resources Assurance Committee 21 September 2021

The Board noted the minutes of the Resources Assurance Committee 21 September 2021 meeting.

Minutes of Resources Assurance Committee 19 October 2021

The Board noted the minutes of the Resources Assurance Committee 19 October 2021 meeting.

Resources Assurance Committee Escalation Report 18 November 2021

LM introduced the report as Chair of the Resources Assurance Committee which detailed key topics discussed at the meeting in November which were consequently agreed to be escalated to the Board of Directors, this included:

- an increase in vacancies at 8% with an additional 66 FTE RNs in total this year compared to last with another 28 FTE international nurses (not yet accounted for until allocated an area) due to start in December.
- there was to be an increase in HCAs (135 FTE more than the previous year) to support nursing staff, particularly in the winter months. Stability in headcount had decreased to 89% but the committee was assured that this was not an issue given it was just 1% beneath the upper quartile threshold.
- continued issue regarding the 'well-being' of staff and noted further support was recognised as needed such as the resilience programme
- vaccination roll out and noted that for the double dosage (41% for front line and 43% for other staff) numbers could be significantly higher than reported – likely due to vaccinations being administered locally (through GP's etc.) Work was underway on how to capture this data.
- the risk to the delivery of the Trust's digital service if funding could not be provided to secure key staff and skills for next fiscal. The ask of the committee was to mitigate the risk working with the finance director and ensuring the strategic partner was appointed in December to assist with the infrastructure and service management issues.
- concern with the backlog of work (171%) and the increase in data requests and asked for assurance at the next deep dive on how resultant risks was to be mitigated.
- key priorities to year end and asked for a fuller report on assurance of how success will be measured including KPIs.
- requested root causes of the issues to be reported with the next major Information Governance (IG) update. This was to provide assurance the problems were being addressed and risks were being mitigated.
- £155,000 surplus position at month 7 against £59,000 deficit plan.
- an emerging risk with the CIP noted as it currently stood at £1.8M delivered against an £8m programme. The committee was assured plans were in place to close the gap.
- capital spend to date was £6m against £9m planned. The aim was to spend by end of fiscal.
- the Trust cash position was £40m.
- trust compliance to the Better Payments programme was averaging at 94% for suppliers being paid within 30 days.
- welcomed the excellent Green Plan report and the Annual sustainability report presented by Jane Money and also presented on the Board agenda for this meeting.
- the committee noted the ask for a change to the mission statement and suggested an update to include patients and visitors (given 26% carbon footprint) as well as partners and all key stakeholders who impact the Trust services. The Board was asked to sign off the revised statement.
- discussion around the significance of this net zero plan for the Trust, and requested linkage was made to the outcomes/plans as appropriate as they emerge from COP 26 for the NHS.
- discussion around the Trust exploring further potential avenues of assurance through the NHS registered charity for sustainable healthcare which encourages 'Green Ward' or 'Green surgery' status.
- trends to be added to the BAF.

- key risk to be included in the Corporate Risk Register around workforce and organisational development in terms of the mandatory vaccination enforcement from April 2022.

Resolved:
The Board approved the revised mission statement to the Green Plan and Annual Sustainability report suggested by the Resources Assurance Committee.

21/119 Integrated Business Report

The Board noted the detailed summaries in the report for the following areas:

- Quality and Safety
- Finance
- Workforce
- Research and Development
- Operational performance
- Digital and information service

Resolved:
The Board received the summaries and noted the impact on KPIs and actions been taken to address performance challenges.

21/120 Workforce Race Equality Standards Action Plan (WRES) and Workforce Disability Equality Standards (WDES) Action Plan

Ms P McMeekin presented the report for information which had already been shared with the Resources Assurance Committee for discussion prior to its submission to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) return for 2021 to NHS England by August. The WRES and WDES action plan was to be drafted in partnership with the BAME Network and was submitted before the 30th September 2021 deadline.

Resolved:
The Board noted the content of the reports prior to their publication on the Trust website and submission to NHS England.

21/121 Audit Committee Escalation Report

Mrs J McAleese presented the minutes of the Group Audit Committee from its meeting of the 16th September 2021.

Resolved:
The Board received and noted the minutes.

21/122 Corporate Risk Register

Mr M Taylor presented the report and provided an update on the Corporate Risk Register (CRR). Since rebaselining the CRR in June, 4 out of 13 risks had deteriorated in score whilst the others remained stable. A programme of risk deep-dives had commenced to

provide additional focus and assurance on how risks were being managed and challenge assumptions made in the risk registers. A deep-dive on Cyber was presented to the July Risk Committee with a focus on 'Insufficient Staff' in September. The IPC risk was scored 16 and a deep-dive was to be presented on this to the December Risk Committee.

The Board noted that the current Risk Manager for the Trust leaves his postion at the end of the month.

Resolved:
The board received and noted the contents of the report.

21/123 Reflections of the meeting

- Focussed agenda with good discussion
- Technical issues meant that the meeting was unable to be live streamed and this was a disappointment.
- Liked the patient story and understanding of the dedication to their cause

21/124 Time and Date of next meeting

The next public meeting of the Board of Directors will be held on 26 January 2022, in Classroom 1&2, 5th Floor Admin Block, York Hospital, Wigginton Road, York.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022
Chief Executive's Overview

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

To provide an update to the Board of Directors from the Chief Executive on recent events and current themes.

Executive Summary – Key Points

The report provides updates on the following key areas:

- Current operational pressures
- Planning guidance published for 2022/23
- Mandatory vaccination programme
- Humber, Coast and Vale ICS updates
- New Chair appointment

Recommendation

For the Board of Directors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: 26 January 2022

1. Current operational pressures

The first few weeks in January have been every bit as tough as we expected, with the combination of standard winter pressures and rising cases of Covid-19 due to the Omicron variant.

We have seen a sharp rise in community Covid-19 infections since the start of December and this had an impact on hospital admissions. At the time of writing, we have 145 patients with Covid-19 in our hospitals.

We were advised, and had planned for, a similar Covid-19 wave to the one we experienced in January last year, when we peaked at 219 Covid-19 patients. As things stand today, the number of patients appears to be holding steady and has been around the 140-150 mark for a number of days, however it is a little early to say whether we are coming through the peak, and significant operational pressures continue across the trust.

Workforce is one of the main contributing factors, with high levels of absence driven in large part by staff testing positive for Covid-19 or having to isolate due to contact with a positive case. Our system partners are also experiencing similar pressures - Yorkshire Ambulance Service in particular over recent weeks has been in a very difficult position with significant workforce challenges. The ongoing pressures in social care are well documented and we continue to experience high levels of discharge delays across all of our sites. We have seen our overall absence rate coming down over the last week, however the position is still challenging and the gaps, particularly in nursing, are more acute in some areas than others.

After the holiday period we made a number of difficult decisions in light of the above to ensure that we could deploy staff to support inpatient wards and maintain urgent and emergency services.

Some routine elective inpatient activity was stepped down, although we continued to provide day-case activity at a reduced level in York. We also cancelled all routine electives for non-urgent patients but are continuing to prioritise emergency and urgent cases and those with the greatest clinical need.

I recognise that staff are tired and redeployment is never popular. Nor do we want to add to delays or disruption for our patients. We are closely following our surge plan and monitoring the situation so that we can de-escalate as soon as possible.

2. Planning guidance published for 2022/23

The 2022/23 operational planning guidance was published by NHS England and Improvement on Christmas Eve.

The planning timetable has been extended to the end of April 2022, with draft plans due mid-March. This is to enable the immediate operational focus for trusts to remain on managing the impact of the omicron variant.

There are ten priorities detailed the guidance, against which systems are being asked to deliver. These are:

1. Workforce investment, both in people and in news ways of working, and in strengthening the compassionate and inclusive culture.

2. Responding to Covid-19 through the delivery of vaccines and by caring for patients with the virus.

3. Tackling the elective backlog, reducing long waits and improving cancer wait times.

4. Improving the responsiveness of urgent and emergency care (eliminating 12 hour waits and reducing ambulance handover times), and building capacity in community care.

5. Improving timely access to primary care.

6. Improving mental health services, and services for people with autism and/or a learning disability.

7. Develop the approach to population health management, preventing ill health and addressing health inequalities.

8. Exploit the potential of digital technologies, achieving a core level of digitisation in every service across systems.

9. Make the most effective use of resources, moving back to and beyond pre-pandemic levels of productivity when the context allows this.

10. Establish Integrated Care Boards and collaborative system working.

In terms of the detail behind some of these asks and what they mean for us:

The specific requirements most pertinent to our trust and will therefore inform the detail of our plans are:

<u>Elective Recovery</u>

- Eliminate waits of over 104 weeks by March 2022 and maintain through 2022/23, except where patients choose to wait longer.
- Reduce waits of over 78 weeks with three-monthly reviews for this cohort of patients.
- Develop plans that support an overall reduction in 52 week waits where possible.
- Stabilise waiting lists around the level seen at the end of September 2021
- Reduce outpatient follow-ups by a minimum of 25% by March 2023.
- Ensure that patient-initiated follow-up (PIFU) is in place for all major outpatient specialties, moving or discharging 5% of all outpatients to PIFU by March 2023.
- Increase RTT clock stop and/or reduce clock start activity.

<u>Cancer</u>

- Reduce the number of people waiting for longer than 62 days to below the level at the end of February 2020 by March 2023.
- Ensure sufficient capacity to meet the increased levels of referrals and treatment required.
- Improve on the 62 day, 28 day faster diagnosis standard and 31 day decision to first treatment targets.
- Make progress on the ambition to diagnose people with cancer at an early stage.

<u>Diagnostics</u>

- Increase diagnostic capacity across systems to deliver a minimum of 120% of pre-pandemic levels across 2022/23.

Urgent Care

- Reduce the number and duration of Ambulance Handover delays -specifically eliminating delays over 60 mins, ensuring 95% of handovers are within 30mins and 65% of handovers are within 15mins.
- Reduce the number of patients waiting more than 12 hours in ED, and no more than 2%
- Ensure safe and timely discharge of those patients with clinical criteria to reside in an acute hospital, especially focussed on 'Pathway 0'.

Community

- Meet the national guidance for operating hours of the 2 hour urgent community response services, and achieve the 70% minimum threshold.

Our local and system plans are being developed in line with the guidance, and a draft will be shared with the Board next month.

3. Mandatory vaccination programme

Individuals undertaking CQC regulated activities in England must be fully vaccinated against Covid-19, according to new Government regulations announced by the Department of Health and Social Care (DHSC). This is regardless of their employer, and includes secondary and primary care.

The regulations were approved by Parliament on 6 January 2022, which means we now enter a 12 week grace period before we must comply. Unvaccinated individuals will need to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April deadline.

Staff who are within the scope of the regulations, and who cannot be redeployed, risk dismissal if they do not complete their primary vaccination course by 1 April 2022. Redundancy will not apply in these cases.

We are writing to all staff where we have been unable to verify that they have had a primary course of the vaccine, encouraging them to come forward for vaccination or to provide evidence of their compliance with the requirements.

This is an emotive and contentious issue and the timescale for delivery is tight, with a huge amount of work being done to ensure staff understand the implications of remaining unvaccinated, and to support as many as possible to have their vaccine.

4. Humber, Coast and Vale ICS updates

As confirmed in the planning guidance, the move to place integrated care systems (ICSs) on a statutory footing has been pushed back to 1 July 2022. The delay arises from issues with the Parliamentary timetable for the bill establishing Integrated Care Boards.

Nonetheless ICSs are understandably continuing with the development of plans for how they will operate, and are progressing with key appointments.

Following the announcement of Sue Symington as Designate Chair and Stephen Eames as Designate Chief Executive, further executive team appointments have been made, some of whom will already be known to members of this Board.

Amanda Bloor has been appointed Chief Operating Officer, Dr Nigel Wells is the Executive Director - Clinical and Professional, Teresa Fenech is the Executive Director for Nursing and Quality and finally Jayne Adamson has been appointed Executive Director for People.

This will be followed by recruitment to the Executive Director of Finance and Investment, Executive Director of Corporate Affairs and the Director of Communications, Marketing and Media posts, along with two Non-Executive Directors.

5. New Chair appointment

Finally, an update on our own Board-level recruitment activities in the trust. I'm delighted to say that Alan Downey has been appointed Chair of the trust, with the decision confirmed by the Council of Governors at their meeting on 13 January 2022.

Alan has a wealth of experience to bring to the role. He began his career in the civil service before joining KPMG, where latterly he led the firm's public sector practice. He has subsequently held a number of non-executive roles including on the Board of South London and Maudsley NHS Foundation Trust and as Chair of South Tees Hospitals NHS Foundation Trust. He is currently the independent chair of a mental health partnership board within the Surrey Heartlands integrated care system.

We are in the process of finalising a start date however we anticipate Alan will be with is in a matter of weeks. I am sure you will join me in welcoming him to our organisation.

My thanks go to Jenny McAleese for acting as Interim Chair since Sue Symington's departure, and for her proactive and committed support for the directors and our wider teams during these particularly challenging months. Jenny will of course be staying with us in her role as non-executive director.

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022
Board Assurance Framework

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

To note the current position of all of the risks on the BAF reportable to the Board of Directors.

Executive Summary – Key Points

All risks on the BAF have been reviewed across the reporting period considering:

- Risk ratings; gross, net and target
- Risk mitigating actions and their status in achieving target risk ratings; and,
- Risk appetite under significant and prolonged current operating pressures and the subsequent effect on the gross and net scores

Recommendation

The Board of Directors is asked to note the current status of the Board Assurance Framework.

Author: Mike Taylor, Associate Director of Corporate Governance

Director Sponsor: Simon Morritt, Chief Executive

Date: 18 January 2022

Board Assurance Framework (BAF)

1. Introduction and Background

The Board Assurance Framework (BAF) demonstrates the most pertinent strategic risks to achieving the Trust's strategy.

The BAF should be a live document demonstrating where assurances can be identified and what specific positive assurances the Trust has in managing each of its identified strategic risks on an ongoing basis.

Documenting a BAF robustly demonstrates that the Trust in managing its risks is aware of the controls and future actions that mitigate the likelihood of risks occurring and the impact of these should they occur. The assurances identified and evidence achieved against each of the risks managed, provide confidence to internal and external stakeholders that the Trust can deliver its objectives.

2. BAF Oversight

The BAF has been reviewed by the Risk Committee in December when all risks were reviewed regarding the effect of the current operating pressures on the Trust.

This has involved reviewing specifically the following:

- Risk ratings; gross, net and target
- Risk mitigating actions and their status in achieving target risk ratings; and,
- Risk appetite under significant and prolonged current operating pressures and the subsequent effect on the gross and net scores

The Trust's risks previously in November were mapped across; external and internal, known and unknown risks, across different categories; core operations, organisation change, external core risk and emerging areas which provide assurance across a broad area of risk identification.

The Associate Director of Corporate Governance subsequently met with the Executive Directors in January to then confirm at the Risk Committee any amendments to the BAF risks. These are presented in appendix 1 with amendments in red text.

A summary of these risk rating changes is provided below:

Risk No.	Risk Description	Net Risk Rating			Risk Owner	Target Risk Rating			Date to Achieve / Review Target	Movement
	What is the specific risk to strategic objectives?	*I*	*L*	*IxL*		*I*	*L*	*IxL*		
PR1	Unable to deliver treatment and care to the required national standards	4	4	16	Heather McNair	2	3	6	Mar-22	
PR2	Access to patient diagnostic and treatment is delayed leading to patients suffering unintended or avoidable harm	5	4	20	Jim Taylor	4	3	12	Apr-22	
PR3	Failure to deliver constitutional/regulatory performance and waiting time targets	4	4	16	Wendy Scott	3	4	12	Apr-22	
PR4	Inability to manage vacancy rates and develop existing staff	4	4	16	Polly McMeekin	3	4	12	Mar-23	
PR5	Risk of inadequate funding to deliver the Trust and System Strategies	3	2	6	Andy Bertram	3	2	6	Achieved	
PR6	Failure to deliver the minimum service standard for IT and keep data safe	4	4	16	Dylan Roberts	3	3	9	Apr-23	
PR7	Trust unable to meet ICS expectations as an acute collaborative partner.	2	3	6	Simon Morritt	2	3	6	Apr-22	

Strategic Objective: Deliver safe, effective and high quality patient care

Risk description	PR1 - Unable to deliver treatment and care to the required national standards due to insufficient resource, professional competency of clinical staff, a lack of funding, inadequate buildings and premises, a lack of space and inadequate or aged medical equipment. This leads to patient harm, financial costs, reputational damage and regulatory attention.	**Risk Appetite Statement**	The quality of our services, measured by clinical outcome, patient safety, wellbeing and patient experience is at the heart of everything we do. We are committed to a culture of quality improvement and learning ensuring that quality of care and patient safety is above all else. We will put quality at risk only if, on balance the benefits are justifiable and the potential for mitigating actions are strong. We therefore have a MINIMAL appetite for risk in relation to the delivery of services that are clinically effective, safe, efficient and person centred.

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Lead Committee: Quality**	
Impact	4	4	2	**Risk Appetite: Exceeding**		
Likelihood	4	4	3	**Date to achieve target score: To be reviewed in Mar 2022**	**Risk Owner:**	**Heather McNair**
Overall risk rating	16	16	6		**Links to CRR:**	**CN1, COO1-2, WFOD1-3, DIS1-5, MD1**

Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Internal effectiveness reviews against national standards	None identified	-Clinical effectiveness team -Internal Audit	- Clinical Effectiveness reports - Internal Audit reports	None identified
Review of data from national surveys e.g. NICE, NSF	- Volume of data makes it difficult to focus on key issues - Data does not always flow through correct governance	-Healthcare Evaulation Data (HED) -Clinical Effectiveness Audits -NICE	- HED reports - National Survey results	None identified
Implementation of Clinical standards	None identified	-Board -Quality Committee	- IBR - Minutes and actions of papers (Board, Executive, Quality Committee)	None identified
Revalidation of professional standards for doctors	None identified	-Trust internal appraisal and revalidation process/system	- Revalidation Report to Board	None identified
Oversight of performance	None identified	- Oversight & Assurance meetings and other governance forums	- Integrated Board Report - KPIs in Care Group dashboards - Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings	None identified
Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings and other governance forums	- Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings.	None identified

Implement Workforce & OD Strategy	Poor diversity in leadership positions (gender pay, race equality)	- Board, Executive and Resources Committee.	- Board/Committee papers - Equality, diversity and inclusion data reporting	None identified
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	- IBR - Executive Committee Agency Usage Report	None identified
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	-Limited visibility to investments required but not progressed.
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%)	-Training deferred/delayed due to operational pressures.
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
Monitoring the effectiveness of waiting lists	None identified	Clinical Risk stratification, validation and monitoring of waiting lists	- Risk stratified elective waiting lists.	- Diagnostic waiting lists to be risk stratified in July; outpatient list to follow.
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT. -Business Planning process	-Schedules detailing capital investment needs. -Business Planning schedules	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	-Executive Committee and Board of Directors approved plan	None identified
Redeployment of speclialist nurses	None identified	Risk assessed each service; low, medium, high	Quality Impact Assessments for each service	None identified
Routine monitoring and reporting against capital programme	None identified	-Financial Services	-Agenda, papers, minutes and action logs for internal governance meetings (CPEG, Resources Committee, Executive Committee, Board of Directors) -Reports to external bodies (the ICS and NHSE/I)	None identified

Action Plan: *flight path to green (target)*

Action description	Progress to date / Status	Lead action owner	Due Date
Implement medical eRostering	Commenced roll out for trainee doctors Aug 2021. Rolled out in Medicine in CG1 and 2.	Polly McMeekin	**Mar-22**
Develop Workforce Resilience Plan	Complete	Polly McMeekin	**Nov-21**
Continuation of International Nurse Recruitment (NMC temporary register)	Pipeline of circa 18 per month. BC approved to Mar 2022	Polly McMeekin	**Mar-22**
Six-month review of capital programme and final 2021/22 priority allocations.	Complete	A Bertram	**Sep-21**

Strategic Objective: Deliver safe, effective and high quality patient care

Risk description	PR 2- Access to patient diagnostic and treatment is delayed due to increased waiting times, insufficient bed capacity, failure to ensure continuous improvements in patient pathways and clinical guidance, inefficiencies in buildings, premises and medical equipment, insufficient resource and failure of clinical staff to meet required professional standards. The current pandemic has impacted on our ability to deliver safe effective quality care and increased the riskthis leads to patients suffering unintended or avoidable harm, damage to the trust reputation, regulatory attention and financial costs.	**Risk Appetite Statement**	The quality of our services, measured by clinical outcome, patient safety, wellbeing and patient experience is at the heart of everything we do. We are committed to a culture of quality improvement and learning ensuring that quality of care and patient safety is above all else. We will put quality at risk only if, on balance the benefits are justifiable and the potential for mitigating actions are strong. We therefore have a MINIMAL appetite for risk in relation to the delivery of services that are, clinically effective, safe, efficient and person centred.

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Lead Committee: Quality**	
Impact	5	5	4	**Risk Appetite: Exceeding**		
Likelihood	5	4	3	**Date to achieve target score: To be reviewed April 2022**	**Risk Owner:**	**Jim Taylor**
Overall risk rating	25	20	12		**Links to CRR:**	**COO1-2, WFOD1-3, DIS1-5, MD1**

Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implementation of Clinical standards	None identified	-Board of Directors -Quality Assurance Committee	- IBR - Minutes and actions of papers (Board, Executive, Quality Committee)	System pressures including ambulance and across local authorities with surges in activity leads to difficulties in applying cocnsistent high clinical standards
Revalidation of professional standards for doctors	None identified	-Trust internal appraisal and revalidation process/system	- Revalidation Report to Board	None identified
Conduct Incident Reporting and learning from Safety incidents	None identified	- Datix - Care Group Boards - Oversight & Assurance meetings - CPD	- Action plans following investigation of incidents - Datix incident reports - SI/Never Event reports presented to Quality Committee, QPaS, Care Group Boards and Oversight & Assurance meetings -Learning from deaths report to QPaS -6 monthly Cancer Harm report - Patient experience report - Medical Legal report -Escalations recorded on CPD	Overarching analysis and triangulation of all information

Action Plan: *flight path to green (target)*

Action description	**Progress to date / Status**	**Lead action owner**	**Due Date**
Learnings from Serious Incidents (SIs) communicated to Care Groups	Reviewed SIs reported through Quality and Patient Safety Group, Quality Assurance Committee and Board of Directors. Learnings communicated to Care Groups. Reviewed process up to and including April 2022.	Jim Taylor	**Apr-22**

Strategic Objective: Deliver safe, effective and high quality patient care

Risk description	PR 3 - Failure to deliver constitutional/regulatory performance and waiting time targets due to Covid 19, increased waiting times, insufficient bed capacity and inefficient patient pathways. This leads to patient harm, reputational damage, regulatory attention and financial costs.	**Risk Appetite Statement**	The Trust is committed to delivering it's H2 activity plan and associated national and regional performance standards and improvement trajectories. Oversight of delivery via Care Groups is through the Trust governance and performance management framework. The Trust has an OPEN appetite for exploring all opportunities to deliver the requirements outlined in the plan.

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Lead Committee: Quality**	
Impact	5	4	3	**Risk Appetite: Exceeding**		
Likelihood	4	4	4	**Date to review target score: April 2022**	**Risk Owner:**	**Wendy Scott**
Overall risk rating	20	16	12		**Links to CRR:**	**COO1-2, FIN1, DIS1-2**

Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Oversight of performance	None identified	- Oversight & Assurance meetings and other governance forums	- Integrated Board Report - KPIs in Care Group dashboards - Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings	None identified
Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings and other governance forums	- Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings.	None identified
Implementation of surge plans Dec 2021/Jan 2022	None identified	- Scenario testing of surge plans - Silver and Gold Command standard operating procedures	- Results of scenario testing - OPEL 4 daily calls assurance to YAS and NHSEI on Ambulance turnaround	None identified
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
Implementation of winter plans and resilience plans	None identified	- Winter and resilience plans discussed at governance meetings (Executive, Board, Quality Committee)	- Minutes of Board, Executive, Quality meetings where winter and resilience plans are discussed.	
Development of the Trust strategy	None identified	-Trust intranet	- Refeshed Trust 2 Year Strategy	- Strategy awaiting publication
Implementation of Building Better Care programme	Programme initiated but not fully embedded	- Programme structure established.	- Programme documentation	

Monitoring the effectiveness of waiting lists	None identified	- Elective recovery planning and monitoring of waiting lists	- Reporting on progress of meeting waiting lists	- None identified
Deployment of health inequality assessment to inform waiting list management	None identified	- Board	- Health inequality considerations at Board	- Specific system reporting against health inequalities

Action Plan: *flight path to green (target)*

Action description	Progress to date / Status	Lead action owner	Due Date
Deliver the H2 Plan on activity	Oversight provided through the Executive Committee as a formal subgroup of Board. Assurance provided through the Quality Assurance Committee.	Wendy Scott	**Apr-22**
Deliver the Building Better Care Programme	Oversight provided through the Executive Committee as a formal subgroup of Board. Assurance provided through the Quality Assurance Committee.	Wendy Scott	**Apr-22**

Strategic Objective: To support an engaged, healthy and resilient workforce						
Risk description	PR 4 - Inability to manage vacancy rates and develop existing staff predominantly due to insufficient domestic workforce supply to meet demand. Additionally, a lack of succession planning, limited career opportunities, operational pressures (inc Covid impact on staff absence/redeployment/release) and inadequate buildings and premises. This leads to deterioration of staff wellbeing, high attrition rates, financial costs from interim arrangements, potential patient harm, reputational damage and regulatory attention.			**Risk Appetite Statement**	Our Workforce and Organisational Development strategy identifies the current and anticipated future workforce challenges the Board needs to address, defines the kind of organisation and employer the Board aspires to be, and outlines our commitments and objectives to our people and, reciprocally, what the Board expects from its people. We have an OPEN risk appetite to ensure we attract the right people with the right skills and values.	
Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Lead Committee: Resources**	
Impact	5	4	3	**Risk Appetite: Exceeding**		
Likelihood	5	4	4	**Date to review target score: March 2023**	**Risk Owner:**	**Polly McMeekin**
Overall risk rating	25	16	12		**Links to CRR:**	**COO1, WFOD1-2**

Controls	Gaps in Control	Sources of Assurance	Positive Assurance	Gaps in Assurance
Implement Workforce & OD Strategy	Poor diversity in leadership positions (gender pay, race equality)	- Board, Executive and Resources Committee.	- Board/Committee papers June 2019 approval - Equality, diversity and inclusion data reporting	None identified
Delliver Board development sessions	None identified	-Board meetings	-Board papers (agenda, minutes)	None identified
Conduct Talent Management Framework	None identified	-Trust intranet	- Learning Hub - PREP	None identified
Design and Deliver Internal Leadership Programmes	None identified	-Trust intranet	- List of programmes on Learning Hub	None identified
Leadership succession plans	None identified	- Board, REMCOM, Executive Committee	-Board papers (agenda, minutes, action log) -REMCOM papers (agenda, minutes, action log)	None identified
Conduct NED development programme	None identified	- Gatenby Sanderson, external specialist recruiter	- Regular updates from Gatenby Sanderson	None identified
Implement ICS initiatives e.g. Ambassador Scheme	Poor diversity in leadership positions (gender pay, race equality)	- Board r(eporting on Equality, diversity and inclusion)	-Board papers (agenda, minutes, action log) -REMCOM papers (agenda, minutes, action log)	None identified
Implement Workforce models and planning on a case by case basis	National contract limitations National training programmes	-Director of Workforce & OD	-Board approved Workforce models and plans	None identified
Target overseas qualified staff	None identified	- Overseas nurse recruitment programme	- QIA for new nurse roles - CHPPD	None identified
Incentivise recruitment	None identified	-Reduced vacancy rates in IBR	-IBR	None identified

Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	- IBR - Executive Committee Agency Usage Report	None identified
Oversight of rotas - e-Rostering (nursing)	None identified	- Internal Audit	- Internal Audit reports on E-Rostering - CHPPD	None identified
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	Limited visibility to investments required but not progressed.
Monitor performance against the People Plan	None identified	-Resource Committee updates against the People Plan	-Minutes of the monthly Resource Committee	None identified
Implement Workforce & OD Strategy	None identified	- Reporting on performance against the Workforce & OD Strategy to Board, Executive and Resources Committee.	- Board/Committee papers - Equality, diversity and inclusion data reports	None identified
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%)	None identified
Thank You Campaign	None identified	Communications and hospitality provision in Spring/Summer 2021	- Well received by staff in feedback	None identified
Workforce resilience model	None identified	Executive Committee	Executive Committee approval October 2021	None identified
Communicate guidance for Managers for remote working	Space restrictions	- Trust intranet	- Agile Working Policy	None identified

Action Plan: *flight path to green (target)*

Action description	Progress to date / Status	Lead action owner	Due Date
Implement medical eRostering	Commenced roll out for trainee doctors Aug 2021. Rolled out in Medicine in CG1 and 2.	Polly McMeekin	**Mar-22**
Implement Values and Behaviours	Commenced roll out during Summer 2021	Polly McMeekin	**Mar-22**
Continuation of International Nurse Recruitment	Pipeline of circa 18 per month. BC approved to Mar 2022	Polly McMeekin	**Mar-22**
Progress procurement for Activity Planning	To commence procurement exercise	Polly McMeekin	**Sep-22**
Link output of annual talent management process with output of workforce plan	Appraisal window to close for non-medical staff Nov 21 and workforce planning to conclude Mar 22	Polly McMeekin	**Mar-22**
Implement Actions from Workforce Race Equality Standard	Action plan agreed with REN and now published	Polly McMeekin	**Sep-22**

Strategic Objective: Contribute to the system's sustainability						
Risk description	PR 5 - Risk of inadequate funding to deliver the Trust and System Strategies comprising inadequate revenue funding to meet the ongoing running costs of service strategies, inadequate capital funding to meet infrastructure investment needs and inadequate cashflow to support operations.				**Risk Appetite Statement**	We have a CAUTIOUS risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties. The Trust is committed to fulfilling its mandated responsibilities in terms of managing public funds for the purpose for which they were intended. This places tight controls around income and expenditure whilst at the same time ensuring public funds are used for evidence based purpose.

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Lead Committee: Resources**	
Impact	5	3	3	**Risk Appetite: Inside Tolerance**		
Likelihood	5	2	2	**Date to achieve target score: Achieved**	**Risk Owner:**	**Andrew Bertram**
Overall risk rating	25	6	6		**Links to CRR:**	**FIN1, WFOD3, DIS2**

Controls	Gaps in Control	Sources of Assurance	Positive Assurance	Gaps in Assurance
Annual Business Planning process including Trust Strategy	Lack of clarity over funding from NHSE/I due to pandemic	-Business Planning process - Internal Audit	-Business planning schedules. - Internal audit reports on effectiveness of controls	None identified
Preparation and sign off of annual Income and Expenditure plan	None identified	-Executive Committee and Board of Directors.	-Approved I&E plan (Board, Executive, NHSE/I and ICS).	None identified
Routine monitoring and reporting against I&E plan	None identified	-Monthly updates to Care Group OAMs, Resources Committee, Financial Review Meetings, Executive Committee, Board of Directors, the ICS and NHSE/I.	-Monthly reports, agendas, minutes and actions for each of the governance forums as well as reports provided to external bodies (PFR monthly to NHSE/I) -IBR	None identified
Expenditure control; scheme of delegation and standing financial instructions.	None identified	-Board of Directors	-Approved scheme of delegation and SFIs. -System enforced delegation and approval management.	None identified
Expenditure control; business case approval process	Investments approved outside of the business case process. Unplanned and unforeseen expenditure commitments.	-Internal audit -Financial Management team	-Business Case Register -Internal audit reports on effectiveness of controls around the Business Planning process. -Reports produced by the Financial Management team on variance analysis.	None identified
Expenditure control; segregation of duties	None identified	-Finance systems	-System enforced approvals. -No Purchase Order No Payment policy.	None identified
Expenditure control; staff leaver process	Management failing to notify Payroll in a timely way of staff leavers	-Contract change notification process. -Routine reporting of staff in post (i.e. paid) to budget holders. -IA review work	-Salary overpayment recovery policy. -Reports from Finance to budget holders on their staff in post -IA benchmarking review work	Limited visibility to issue
Income control; income contract variation process	Unforeseen and unplanned in-year reduction in income.	-Financial Management Team	Income Adjustment form register.	None identified
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs. -Business Planning schedules	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	-Executive Committee and Board of Directors approved plan	None identified

Routine monitoring and reporting against capital programme	None identified	-Financial Services	-Agenda, papers, minutes and action logs for internal governance meetings (CPEG, Resources Committee, Executive Committee, Board of Directors) -Reports to external bodies (the ICS and NHSE/I)	None identified
Overspend against approved scheme sums	None identified	-Financial Services	-Scheme sum variation process. -Scheme expenditure monitoring reports to CPEG.	None identified
Preparation and sign off of cash flow plan	None identified	-External Audit -Business Planning process	-External Audit report as part of Going Concern activity. -Plan approved by Executive Committee and Board of Directors and NHSE/I.	None identified
Routine monitoring against cash flow	None identified	-Board of Directors - Finance team	-Agenda, papers, minutes and action logs for internal governance meetings (Executive Committee, Resources Committee and Board of Directors). -(PFR monthly to NHSE/I)	Under the current emergency fincial regime there is no tracking of cash against plan at Executive Committee or Board of Directors but as normal arrangements return this will resume.
Cash flow management through debtors and creditors	None identified	-Financial Management Team -Government	-Monthly debtor and creditor dashboard to Finance Managers and Care Groups.	None identified

Action Plan: *flight path to green (target)*

Action description	Progress to date / Status	Lead action owner	Due Date
Planning guidance and funding allocations for H2 released 30 Sept. Trust now preparing H2 I&E plan.	Complete	A Bertram	**Nov-21**
H2 distribution of ICS central allocations (e.g. covid funding) to be agreed.	Complete	A Bertram	**Nov-21**
Confirm efficiency requirement and match to identified plans with a view to identifying any residual requirement.	Complete	A Bertram	**Nov-21**
Model H2 Elective Recovery Fund costs and income earning potential to maximise funded elective recovery activity.	Complete	A Bertram	**Nov-21**
Six-month review of capital programme and final 2021/22 priority allocations.	Complete	A Bertram	**Sep-21**
Review cash flow forecasting when H2 allocation details are released.	Complete	A Bertram	**Nov-21**

Strategic Objective: Contribute to the system's sustainability																		
Risk description	PR 6 - Failure to deliver the minimum service standard for IT and keep data safe due to inadequate policies and procedures, lack of IT/IG training, vulnerabilities in the trust's hardware and software and a failure to report information incidents in a timely manner. This leads to patient harm, regulatory attention (ICO), reputational damage and financial costs.													**Risk Appetite Statement**			Innovation is at the heart of developing successful organisations that are capable of delivering improvements in quality, efficiency and value. We have a CAUTIOUS risk appetite in respect to IT / Information failures and will take a balanced approach to how we run the trust whilst acting in the best interests of our staff and patients.

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Lead Committee: Resources**	
Impact	4	4	3	**Risk Appetite: Exceeding**		
Likelihood	5	4	3	**Date to achieve target score: April 2023**	**Risk Owner:**	**Dylan Roberts**
Overall risk rating	20	16	9		**Links to CRR:**	**COO2, DIS1-5**

Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implementation of Data Security and Protection Toolkit standards and principles to give us assurance on what we need to do to be safe and compliant	- Registration Authority Policy scoping being undertaken - Controls Library scoping to be undertaken when post filled - Data Security and Protection mandatory training 95% target with communication reminders undertaken - Patching exceptions log scoping underway	- Internal Audit	- Internal Audit report of IG compliance - Next submission to NHS Digital in February and on target	None Identified
IG and Security Governance arrangements in place e.g. IG Executive	None identified	- Resources Committee - IG Executive Group	- Resources Committee minutes, papers, agenda, action log - IG Executive Group minutes, papers, agenda, action log	Due to pressures and inability to get full attendance to the IGEG meetings
Trust Portable devices encrypted - mobiles and laptops	None identified	- IT Systems	- System enforced control e.g. bit locker encryption on Trust laptops	None Identified
Implementation of IG policies and procedures	None identified	- Staff intranet	- Approved IG policies -Statutory/mandatory IG training for all staff	Resources and capacity to complete the necessary review and rewrite of these

The identification, investigation, recording and reporting of IG incidents	None identified	- Information Governance Team - Datix	- IG breach reports	Gap in terms of full awareness TRUST WIDE of the incident report process
Review and sign-off of IG documentation	None identified	-Information Governance Team	- IG team sign-off	Resources and capacity to complete the necessary
Essential Services Programme	Capacity to deliver ESP potentially	Plan of delivery of ESP	- Essential Services Programme	None Identified
IT Service management standards / processes	Low maturity due to lack of knowledge and capabilities in the current team		Key posts e.g. Cyber Security Manager being recruited	No robust security and IG major incident management process

Action Plan: *flight path to green (target)*

Action description	Progress to date / Status	Lead action owner	Due Date
Continue to review funding for ESP	COMPLETED - Funding secured from Trust and UTF	Dylan Roberts	**Feb-22**
Implement the proposed DIS structure	Minimum funding secured and formal consultation process starting	Dylan Roberts	**Feb-22**
Deliver the DSP Toolkit plan	In progress and on target	Dylan Roberts	**Nov-22**

Strategic Objective: Contribute to the system's sustainability

Risk description	PR 7 - Trust unable to meet ICS expectations as an acute collaborative partner due to ongoing Trust operational pressures leading to challenges in delivering overall quality of care provision to patients and reputational harm in meeting system contribution targets required across the HCV region.	**Risk Appetite Statement**	The quality of our services, measured by clinical outcome, patient safety, wellbeing and patient experience is at the heart of everything we do. We are committed to a culture of quality improvement and learning ensuring that quality of care and patient safety is above all else. We will put quality at risk only if, on balance the benefits are justifiable and the potential for mitigating actions are strong. We therefore have a MINIMAL appetite for risk in relation to the delivery of services that are clinically effective, safe, efficient and person centred.

Risk Rating	Gross	Net	Target	Risk Appetite Assessment
Impact	3	2	2	Risk Appetite: Inside Tolerance
Likelihood	3	3	3	Date to achieve target score: April 2022
Overall risk rating	9	6	6	

Lead Committee: Executive Committee	
Risk Owner:	Simon Morritt
Links to CRR:	N/A

6

Controls	Gaps in Control	Sources of Assurance	Positive Assurance	Gaps in Assurance
Integration with ICS on system wide planning	None identifed	Attendance of members of Trust Executive Team across HCV ICS	Chief Executive update reports on Board of Directors	None identified
Operational and Finance Plans 2021/22	None identified	Board of Directors approval processes and sub-committee assurances	Approval at Board of Directors and submission to NHSE&I for H1 and	None identified
Trust involvement in the Collaborative of Acute	None identified	Acute providers governance in decision making across 5 strategic	Trust Building Better Care Transformational Programme	None identified
Trust CEO Provider representative on HCV Interim	None identified	HCV Interim Executive Group meetings	Engagement with the HCV Interim Executive Group	None identified
Trust CEO Provider representative on North East	None identified	North East and Yorkshire ICS transition oversight group	Engagement with the North East and Yorkshire ICS transition oversight	None identified

Action Plan: *flight path to green (target)*

Action description	Progress to date / Status	Lead action owner	Due Date
Ongoing collaborative strategy development at neighbourhood, place and system level delivering for Trust patients and wider HCV fo during 2022/23	Progress to be reviewed end of Q3 2021/22	Exec Team	**Apr-22**
Finance and activity planning for 2022/23 as part of HCV system delivery	Progress to be reviewed Q4 2021/22	Exec Team	**Apr-22**

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022
Business Case 2021/22-70 Robotic Assisted Surgery at York Hospital

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

This business case outlines the case of need to adopt robotic surgery within the Trust. The buisness case outlines the benefits for patients, staff and the wider organisation through the procurement of a surgical robot. The business case details the specific procedures which would be offered robotically if the case is approved.

Executive Summary – Key Points

The business case explains that robotic surgery is replacing laparosopcic surgery as the most up-to-date minimally invasive surgical technique. There are three key reasons why it is necessary for the Trust to invest in this new technology.

Firstly, there are proven benefits in patient outcomes when robotic surgery is compared to laparoscopic and open surgery; these are reductions in complications and mortality, reductions in length of stay and reduced chance of requiring a blood transfusion.

Secondly, there are a number of benefits for our current surgical teams especially a reduction in the risk of musculo-skeletal problems and associated sickness. The recruitment of retention of consultants, junior doctors and theatre teams will be improved through the adoption of this technology.

Lastly, there is a significant risk to the organisation that patients will choose to have surgery at another Trust if robotic surgery is not available at YSTHFT. There is also a risk that some cancer surgery may be centralised in hospitals who do offer robotic surgery. The number of acute hospital trusts without access to a surgical robot is very small (three) which demonstrates the importance that other organisations have placed on having access to this type of surgery.

Recommendation

The recommendation is for the Board to approve the investment required in order to purchase a surgical robot for the York Hospital site.

Author: Liz Hill, Associate Chief Operating Officer

Director Sponsor: Andrew Bertram, Director of Finance

Date: 17th January 2022

APPENDIX Ai

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE SUMMARY

1. Business Case Number

2021/22-70

2. Business Case Title

Robotic Assisted Surgery at York Hospital

3. Sponsorship, Management Responsibilities & Key Contact Point

The Business Case 'Owner' should be the appropriate Care Group or Corporate Director, or where appropriate an alternative lead Clinician nominated by the respective Care Group Director. The 'Author' will be the named manager supporting the owner of the Business Case, who will have responsibility for the development and writing of the Business Case, and will be the key contact point for enquiries.

3.1 Sponsorship Confirmation (where neither the Owner or Author of the Business Case)

	Name	Date of Agreement
Care Group/ Corporate Director	**Amanda Vipond**	**12.01.22**

	Name	Date of Agreement
Care Group Manager	**Liz Hill**	**12.01.22**

3.2 Management Responsibilities & Key Contact Point

Business Case Owner:	**Mr Praminthra Chitsabesan/Mr Ben Blake-James**

Business Case Author:	**Helen Franks**
Contact Number:	**01904 724185**

4. Issue(s) to be addressed by the Business Case

Describe the background and relevant factors giving rise to the need for change.

Conventional open surgery is well established, however, throughout the last few decades advances in both technology and techniques used in surgery have led to the evolution of minimal access surgery (MAS).

Laparoscopic surgery is a MAS technique that has been increasingly used over the past few decades due to the advantages that it offers over conventional open surgery. This is due to the small incisions required to perform the operation which leads to reduced likelihood of infection, reduced likelihood of complications from the wound, more opportunities to perform the procedure as a day case, faster patient recovery times, less patient pain and a better cosmetic result for the patient.

However, although it has many benefits, laparoscopic surgery is not without its risks. It can be technically challenging, time-consuming and physically exhausting for even the most proficient laparoscopic surgeon. Further risks include conversion from laparoscopic to open procedure, bleeding and the potential need for a blood transfusion and complications arising from surgery including surgical site infection, internal damage, abdominal inflammation and blood clots; leading to longer lengths of stay. Not all patients are able to have laparoscopic surgery due to co-morbidities and scar tissue from previous procedures.

Although laparoscopic medical fellowships were extremely popular 15 years ago, fellowships for training in complex laparoscopic procedures are no longer as freely available. Therefore in the near future the recruitment of trained laparoscopic surgeons will not be possible.

Robotic assisted surgery has developed over the years and allows MAS with more flexibility, better control, improved access, improved patient outcomes, reduced lengths of stay over both open and laparoscopic surgery and fewer post-operative complications. As clinical guidelines develop, it is expected that hospitals offering certain types of cancer surgery will need to offer patients a robotic option. If there is no robotic surgery available, patients will have to be transferred to a hospital where there is a robot and the local service would be lost.

Of the 30 UK Trusts of comparable size to York and Scarborough Teaching Hospitals NHS Foundation Trust, only four do not offer robotic assisted surgery. Of these four Trusts, two are soon to commence robotic surgery, one is actively fundraising with an approved business case and the last is our Trust.

Without a surgical robot, our Trust is at risk of being unable to recruit and retain consultant surgeons and junior medical staff and the recruitment and retention of theatre staff could also be more challenging. Patients would experience poorer outcomes, longer lengths of stay, and increased complications than other comparable Trusts. We would be at significant risk of losing services to neighbouring organisations, which would impact on and destabilise other clinical services within our organisation.

5. Capacity & Demand Analysis

Where a key issue raised concerns the availability of sufficient capacity to meet anticipated demand on the service, it must be supported by a Capacity and Demand analysis to clearly demonstrate the gap in capacity, with the results presented below. Please refer to the Business Case guidance document for the guidance and access to the preferred capacity and demand model. If required, support in completing the model is available through the Corporate Operations team (contact Andrew Hurren on extension 5639).

This business case proposes to change a number of colorectal and urological surgical procedures to be performed robotically. These procedures are currently all performed at York Hospital so this is not new activity but a change in how current procedures are performed. It is anticipated that it will take three years to reach the maximum number of procedures.

The profile is as follows:

Year 1: 80 colorectal; 51 urology procedures
Year 2: 174 colorectal; 56 urology procedures
Year 3: 210 colorectal; 70 urology procedures

At the time of full roll out, there would be seven consultant colorectal surgeons and three consultant urologists performing robotic procedures. There is a formal period of training required for each surgeon, hence the relatively slow build up to full roll out of this new technology. Surgeon training would be undertaken in study leave time, so there would be no loss of current capacity.

The maximum usage of the robot will be five days per week with colorectal and urology procedures (three to four days of colorectal procedures and one day of urology procedures per week). This leaves space available for other specialties to use the robot in the future with possible expansion of weekend and/or evening operating (subject to the approval of future business cases).

6. Options Considered

List, and describe briefly below the alternative options considered to resolve the issue(s) presented in Section 4 above. This should just be a factual description of the option without at this stage any comments on the pros and cons of the option. The inclusion of alternative workforce and clinical models should be considered when generating the list of options.

Description of Options Considered
1. Do nothing
2. Procure a surgical robot for the York Hospital site

7. The Preferred Option

Detail the preferred the option together with the reasons for its selection over the other options. This must be supported with appropriate description and data in demonstrating how it will address the issue(s) described in Section 4 above.

***Note**: All identified options must be subject to a Benefit and Cost analysis, using the 'Investment Appraisal Scoring Sheet' (Appendix Biii) and attached to this Case. The case for the preferred option should include cross references to key attributes identified in the Benefit and Cost Analysis as supporting information. Where the preferred option closes an identified capacity gap identified in section 5, the results of the closed gap after using the preferred capacity and demand model should be shown here.*

The preferred option is option two; to procure a surgical robot for the York Hospital site. This is supported by the analysis undertaken in the investment appraisal scoring sheet (attached).

Robotic assisted surgery is a type of MAS, where the surgeon performs the procedure sat at a console using instruments held by the robot. It enables surgeons to perform delicate and complex operations through small incisions with increased vision, precision, dexterity and control than laparoscopic surgery. This is through a greatly magnified 3D stable view with tiny instruments that articulate like a human hand providing much greater movement and precision.

The technology comprises of a surgeon's console (with dual console capability), a robotic cart with four arms manipulated by the surgeon at the console, a HD 3D vision system and a surgical table that moves with the patient and the arms in perfect unison. Articulating surgical instruments mounted on the robotic arms are introduced into the body through traditional laparoscopic style 'ports'. The system detects and filters out tremors in the surgeon's hand movements, so as not to duplicate them. The camera, which is mounted on a robotic arm, gives stereoscopic images that transmit to the surgeon's console. The surgeon at the console controls both the camera arm and instrument arms. Remote monitoring of system performance is provided via network links with the manufacturer and as such potential problems can often be identified before they actually happen.

Using a surgical robot is another way of undertaking a MAS procedure and as such, no reductions in the theatre staffing team would be seen. The robotic console and cart are moveable and can easily be transferred out of theatre and stored, when not in use. The surgical table required for use with the surgical robot can also be used for non-robotic surgical procedures and so a dedicated robotic theatre is not required and there are no changes required to the current theatre infrastructure.

Theatre consumables, which are in the main currently single use for open and laparoscopic procedures, are multi-use with a surgical robot. This means that there are some additional costs relating to sterilising the robotic consumables which are detailed below. These instruments will need to be sent to an external facility for decontamination as we do not have the specific washer in house. The costs of transportation have also been included.

The following procedures would be undertaken robotically for patients who are suitable for this type of surgery:

Colorectal:
- Anterior Resections
- Right Hemicolectomy
- Abdominoperineal resection with permanent stoma (APER)
- Ventral Mesh Rectopexy (VMR)
- Complex Abdominal Wall Reconstruction (CAWR)

Urology:
- Nephrectomy
- Pyeloplasty
- Adrenalectomy
- Partial Cystectomy
- Ureteric repair / reconstruction / re-implantation

The hope would be that other specialities would also come to benefit from this technology, such as Gynaecological, Upper GI, Maxillofacial and ENT surgery.

The benefits of robotic surgery include:

Patient benefits:
- For patients with cancer, there is an increased likelihood of excising the whole tumour and therefore less need for further surgery and/or oncological treatment (reduction in

positive surgical margins)
- Less chance of life changing morbidity or disfigurement
- Reduced post-operative complications
- Reduced length of stay
- Less likely to need a blood transfusion
- Reduced risk of having to come back into the hospital.

Surgeon benefits:
- More MAS with improved handling, which speeds up the performance of complex surgical procedures in hard to access areas. This leads to less planned open operations and fewer conversions to open operations.
- Improved ergonomics and reduced operating times leads to less operator fatigue and reduced incidence of musculoskeletal issues.

Strategic benefits:
- The opportunity to grow high level quality work within the trust at a multispecialty level
- With the introduction of the Independent Care Systems and working more closely with neighbouring Trusts, would see us providing a service for a population size of over 800,000. This could allow us to operate as a centre of excellence.

Risks of not offering robotic surgery at the Trust:
- Migration of workload to other centres due to our inability to provide all of the required treatment management options
- Our patients would be unable to access optimal treatment without onerous travel
- Challenges in the recruitment and retention of medical and theatre staff.

York Against Cancer
Discussions with the York Against Cancer Board of Trustees have been extremely positive as they recognise how critical it is for local cancer patients to have access to robotic technology at their local hospital. They are willing to financially support the procurement of the surgical robot with a contribution to support the first two years of the cost of leasing the robot.

8. Alignment with the Trust's Strategic Themes

The Trust has identified five strategic themes that ensure there is a focus for its emerging priorities and objectives, and assists in the communication to staff, patients and other stakeholders.

Indicate using the table below, to what extent the preferred option is aligned with these strategic themes. It is expected that the preferred option will align with at least one of the strategic themes.

Strategic Theme	Aligned? Yes/No	If Yes, how is it Aligned?
Deliver clinically sustainable services for our patients	Yes	Yes, the procurement of a surgical robot will increase the stability of surgical cancer surgery at the Trust. If there is no access to robotic surgery, acute and elective surgical services will be less sustainable due to the potential loss of rectal cancer and other surgical services.

Develop people to improve care	Yes	The procurement of the robot will come with a dedicated training package. Senior and junior medical staff as well as nurses and ODPs in theatres will have access to training which will enhance their skills and in turn, improve patient care.
Adopt a home first approach	Yes	Yes, the patients who are able to undergo robotic surgery are able to return home more quickly following their operation and will be more likely to be able to manage at home without needing a care package.
Work collaboratively in our partnerships and alliances	Yes	Yes, we will work collaboratively with colleagues across our ICS to ensure that provision of robotic surgery is appropriate. There are already capacity issues in Hull (the only hospital in our ICS with access to a surgical robot) and we would look to support them where possible, as well as colleagues and patients in the Harrogate area
Make best use of every pound	Yes	Yes, there are a host of efficiencies that will be achieved through the adoption of this new technology (see detail in section 9 below).

9. Benefits of the Business Case

The identification of the benefit(s) that are expected to arise from the Business Case is crucial to ensuring that a robust evaluation of the progress and delivery of the Business Case objectives is possible during any post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will arise from implementing the preferred option using the three domains of service improvement below. The benefits identified must be tangible, and capable of being evidenced through some form of measurement. The timings of when the benefits will materialise should be realistic.*

It is acknowledged that some benefits may not materialise until at least 6m, dependent on the purpose of the Business Case and, as the Guidance Manual indicates, in a small number of instances there may be a need to consider adjusting the timings of the reviews, dependent on the forecast timeframe for benefit delivery.

Quality and Safety				(* from Estimated Implementation date)		
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 1 year***	**At 2 years***	**At 3 years***
Reduction in positive surgical margins (colorectal)	Number of patients	22	14	19	16	14

Reduction in Surgical Site Infections (SSIs)	Number of patients	54	35	47	40	35
30 day mortality (colorectal only)	Number of patients	11	7	10	8	7
Re-operation rate (colorectal only)	Number of patients	15	10	13	12	10
Reduction in blood transfusions	Number of patients	26 (15 colorectal & 11 urology)	21 (12 colorectal & 9 urology)	24 (14 colorectal & 10 urology)	22 (13 colorectal & 9 urology)	21 (12 colorectal & 9 urology)

How will information be collected to demonstrate that the benefit has been achieved?

Continued examination of the inputted data by cancer co-ordinators for the NBOCAP national data – this is prospective and so has the highest accuracy and covers 90 day and 30 day mortality, as well as R0 (clear margin) data

Audits of SSI rates over a short period each year and overall audit of our surgical Safety & Quality data, regarding readmissions

Access and Flow				(* from Estimated Implementation date)		
Description of Benefit	Metric	Quantity Before	Quantity After	At 1 year*	At 2 years*	At 3 years*
Reduction in Length of Stay (Elective Surgical Ward)	Bed Days	Colorectal = average 6.8 days Urology = average 3.1 days	Colorectal = average 5.6 days Urology = average 2.9 days	Colorectal = average 6.3 days Urology = average 3.0 days	Colorectal = average 5.9 days Urology = average 2.9 days	Colorectal = average 5.6 days Urology = average 2.9 days
Reduction in readmissions	Number of patients	Colorectal = 34 Urology = 8	Colorectal = 24 Urology = 6	Colorectal = 30 Urology = 7	Colorectal = 26 Urology = 6	Colorectal = 24 Urology = 6

How will information be collected to demonstrate that the benefit has been achieved?

Continued examination of the inputted data by cancer co-ordinators for the NBOCAP national data – this is prospective and so has the highest accuracy

Audits of SSI rates over a short period each year and overall audit of our surgical Safety & Quality data, regarding readmissions

Finance and Efficiency						(* from Estimated Implementation date)
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 1 year***	**At 2 years***	**At 3 years***
NON CASH RELEASING BENEFITS (shown as 50% of full cost):						
Reduction in Complications	Total Costs (34 colorectal & 5 urology)	£185,748	£130,248	£159,782	£140,159	£130,248
Reduction in Length of Stay (Elective Surgical Ward)	Total Costs (210 colorectal & 70 urology)	£222,647	£183,414	£204,292	£190,420	£183,414
Reduction in re-admission rates	Total Costs (3 colorectal & 2 urology)	£50,833	£35,583	£43,699	£38,307	£35,583
How will information be collected to demonstrate that the benefit has been achieved? Service Line Reporting						

10. Estimated Implementation Date

State the estimated implementation date. This will be used as the start point of the review period where the Business Case is selected for Post Implementation Review (PIR).

Estimated Implementation Date	**April 2022**

11. Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

In light of the difficulties being experienced both locally and nationally in successfully recruiting across a broad range of staff groups, the author should pay particular attention to the risks associated with fully recruiting to any new posts identified in the business case, supported by current market intelligence. Such risks need to be considered in the context the likelihood (and timeframe) of the need to use agency or locum staff incurring premium costs for the Trust. The likelihood of any additional costs should be acknowledged in this section, and its impact recognised in the financial assessment of the case.

Identified Risk	**Proposed Mitigation**
Unclear funding source for capital investment	Discussions with YAC for their support, potential access to ICS capital funds but this needs an approved business case

12. Is there a requirement to apply for funding via the Medical Equipment Resources Group (MERG), linked to this Business Case?

If 'yes', the completed and approved MERG form must feature as an attachment to the Business Case document.

Yes	✓
No	

Please tick

If 'Yes' please state below what proportion of the overall Capital costs associated with the Business Case (see the Financial Pro-forma), relate specifically to equipment

Overall Capital Costs for the Business Case	
State the value of the Equipment within the above	

13. Is there a requirement to involve or liaise with the Procurement Department with regard to any aspects associated with this Business Case?

Yes	✓
No	

If 'Yes' please provide a brief summary to evidence the involvement and the outcome.

14. Consultant, and other Non-Training Grade Doctor Impact

*(Only to be completed where the preferred option **increases** the level of Consultant/ non-Training Grade input)*

a. Impact on Consultant/ Non-Training Grade Doctor Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the Business Case.

	Before	After
Average number of PAs	N/A	N/A
On-call frequency (1 in)		

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	**Working Weeks v 41 Week Requirement**		**PA Commitment**	
	Before	**After**	**Before**	**After**

b. Job Plan Approval:

The Medical Director or Deputy, along with the Medical Workforce Manager must review all proposed Job Plans for new Consultant posts, as well as any Job Plans of existing Consultants where the proposed new post would have an impact on current working practices. The date that the Job Plans were approved must be provided below.

Date of Approval	N/A
Comments by either the Medical Director or Deputy, or the Medical Workforce Manager	N/A

15. Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the Business Case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above.

Where external stakeholder support is vital to the success of the Business Case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment. If the Business Case spans more than one Care Group or Directorate the expected/required close collaboration in such circumstances must be evidenced.

Examples of stakeholders include lead clinicians, support services (e.g. Systems & Network Services, Capital Planning re: accommodation), Commissioners (e.g. Vale of York CCG, etc.), patients & public, etc.

Please bear in mind that most Business Cases DO have an impact on Facilities & Estates services provided by York Teaching Hospital Facilities Management (YTHFM) LLP.

Stakeholder	Confirmation of Support (Yes, No, Not applicable stating why?)
Mandatory Consultation	
Radiology	Not applicable – no growth in activity
Laboratory Medicine	Not applicable – no growth in activity
Pharmacy	Not applicable – no growth in activity
AHP & Psychological Medicine	Not applicable – no growth in activity
Theatres, Anaesthetics and Critical Care	Service is part of care group. Discussions with senior nursing and medical colleagues in TACC.
Community Services	Not applicable – no changes for community services
Systems and Network Services	Not applicable – no integrated with the SNS team required.
Sustainability	Draft BC sent to Jane Money on 5th Jan
YTHFM LLP	Draft BC sent to Mark Steed on 5th Jan
Clinical Coding Team	Draft BC sent to Tiago Castro on 5th Jan
Other Consultation	
Procurement Team	Discussions with Elisa Winstanley and advice given around framework to access in order to

	commence the procurement process
Corporate Finance	Discussions with Sarah Hogan to understand leasing arrangements

16. Accommodation

If the delivery of this Business Case is reliant on the Care Group or Directorate submitting the case being allocated additional space (e.g. to accommodate new staff or to expand its services) the availability of this additional space should be established prior to the submission of the Business Case for approval.

If assistance is required in assessing the space requirements / availability of space to support this Business Case then help is available from Tony Burns (01904) 721856 or tony.burns@york.nhs.uk).

	Yes	No
Does the implementation of the Business Case require additional space to be found and allocated?		✓

Please tick

17. Financial Summary

a. Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the Care Group or Directorate as a result of this Business Case. The figures should summarise the more detailed analysis on the accompanying 'Financial Pro Forma'.

	£000	£000	£000
Capital Expenditure		0	0
Income	93,999	93,999	0
Direct Operational Expenditure	12,736	13,055	319
EBITDA	81,263	80,944	-319
Other Expenditure		0	0
I&E Surplus/ (Deficit)	81,263	80,944	-319
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	81,263	80,944	-319
Contribution (%)	1	1	#DIV/0!
Non-recurring Expenditure	n/a	39	39

Supporting Financial Commentary:

The current budgets relate to the income and expenditure plans 2021-22 for the Surgery Care Group.

There is a capital cost of £1,689k (exc. VAT & inc. 5% contingency) which relates to the purchase of:

- robot (£1,443k), integrated table (£45k), camera (£12k), 4 endoscope plus trays (£93k), 4 endoscope trays (£4k), operating table (£91k) and various adapters etc (£1k).

Due to the size of the capital outlay this Business Case proposes leasing of capital equipment and the lease charge is therefore shown in the non-pay revenue costs (see below).

This Business case is looking for an approval to purchase a Robot required to perform colorectal and urological procedures robotically (total number of procedures when fully implemented in year 3 (2023-24) is 210 and 70 respectively.

Once fully implemented and not supported by pump priming funds, this business case results in an overall cost pressure on operational expenditure of £319k which relates to: lease costs and service charge for the robot (£177k and £140k respectively), decontamination costs including transport (£82k) and subscription charges (£13k) reduce by the overall savings on consumables and blood transfusion costs (£93k).

There would be a non-recurrent costs of £39k (£14k for 6 trays and £25k worth of re-usable consumables).

The Business Case includes a pump prime funding of £660k from York Against Cancer (currently profiled to be received in years 1, 2 and 3 (2022-23, 2023-24 & 2024-25), hence resulting in the first two financial years to be almost in balance (ie. £13k surplus, £17k cost pressure), £159k cost pressure in year 3 (2024-25) and £319k cost pressure wef. Apr 2025.

This business case is therefore looking for Trust to resource the cost pressure of £159k in year 3 (2024-25) and £319k from year 4 & onwards (wef. Apr 2025).

There are other non-cash releasing benefits of the business case presented in the Appendix 1. The assumed start date is 1st Apr 2022.

b. Estimated Impact on Run Rate

Summarise the impact on current monthly income and expenditure run rate as a result of this Business Case. The current run rate should reference the average monthly income and expenditure over the last six months. Demonstrate how the run rate will change as a result of this business case in full, and at 6 months and 12 months following approval of the case. Show income as positive figures and expenditure as negative.

	Current Run rate	Revised Run Rate	Change	Change at 6 months	Change at 12 months
	£000	£000	£000	£000	£000
Income (+ve)					
Clinical Income	7,651	7,651	0.0	0.0	0.0
Non Clinical Income	182	182	0.0	17.0	25.0
Expenditure (-ve)					
Pay	6,388	6,388	0.0	0.0	0.0
Non Pay	1,061	1,093	-27.0	-16.0	-26.0
Non Operational expenditure					
Total	15,282	15,314	-27.0	1.0	-1.0

Run Rate Supporting Commentary:

There will be no significant impact on the overall I&E position following on from the implementation of the BC at 6 and 12 months respectively due to the pump priming income £17k & 25k) matching the increase in monthly costs (£16k & £26k). Once the pump priming funds cease (ie wef. Apr 25), there is an overall increase in the run rate of £27k - relates to the overall monthly costs of £67k (lease & service charge £26k, decontamination costs incl. transport £7k and subscription cost £1k) reduced by the overall saving on cost of consumable and blood transfusion spend (£41k).

18. Date of Completion:

Note: This date should be kept current on each occasion that the documentation is refreshed/ updated.

The use of version control is recommended to aid the auditing and tracking of current documentation, particularly if the Case spans more than one Care Group or Directorate with multiple contributors. The 'Final' version must be clearly indicated as such.

Date	12th January 2021
Version No.	13

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**2021/22-70**
TITLE:	**Robotic Assisted Surgery at York Hospital**
OWNER:	**Mr Praminthra Chitsabesan/Mr Ben Blake-James**
AUTHOR:	**Helen Franks, Business Care Manager**

Capital

		Total	Planned Profile of Change				
		£'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	Later Years £'000
Expenditure	(-ve)	0	0	0	0	0	0

Capital Notes *(including reference to the funding source)* :

The capital cost (£1,689k excl. VAT & incl. 5% contingency) relates to a purchase of robot (£1,443k), integrated table (£45k), camera (£12k), 4 endoscope plus trays (£93k), 4 endoscope trays (£4k), operating table (£91k) and various adapters etc (£1k). Due to the size of the capital outlay this Business Case proposes leasing. Lease charge over 10 years (incl. 5% to cover additional financing costs) shown in the revenue non-pay section below.

Revenue

		Total Change				Planned Profile of Change				
		Current £'000	Revised £'000	Change £'000	Change WTE	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	Later Years £'000
(a) Non-recurring	(-ve)			39		0	39	0	0	0
(b) Recurring										
Income										
AC NHS Clinical Income	(+ve)	72,637	72,637	0		0	0	0	0	0
Non-AC NHS Clinical Income	(+ve)	19,173	19,173	0		0	0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0	0
Other Income	(+ve)	2,189	2,189	0		0	200	300	160	0
Total Income		**93,999**	**93,999**	**0**		**0**	**200**	**300**	**160**	**0**
Expenditure										
Pay										
Medical	(-ve)	-31,823	-31,823	0		0	0	0	0	0
Nursing	(-ve)	-32,415	-32,415	0		0	0	0	0	0
Other (please list):										
Admin/Senior Managers	(-ve)	-5,663	-5,663	0		0	0	0	0	0
Prof & Tech incl AHPs	(-ve)	-8,294	-8,294	0		0	0	0	0	0
Vacancy Target	(-ve)	1,544	1,544	0		0	0	0	0	0
		-76,651	**-76,651**	**0**	**0.00**	**0**	**0**	**0**	**0**	**0**
Non-Pay										
Drugs	(-ve)	-2,791	-2,789	2		0	1	2	2	2
Clinical Supplies & Services - existing	(-ve)	-8,201	-7,714	487		0	208	399	487	487
Consumable Costs (standard) - Robot	(-ve)	0	-344	-344		0	-155	-280	-344	-344
Consumable Costs (extra) - Robot	(-ve)	0	-52	-52		0	-23	-42	-52	-52
General Supplies & Services (Subs)	(-ve)	-451	-451	0		0	0	0	0	0
Other (please list):										
CIP	(-ve)	812	812	0		0	0	0	0	0
Other	(-ve)	-2,105	-2,105	0		0	0	0	0	0
Lease Charge	(-ve)	0	-177	-177		0	-177	-177	-177	-177
Service Charge - Robot	(-ve)	0	-140	-140		0	0	-140	-140	-140
Subscription	(-ve)	0	-13	-13		0	0	-13	-13	-13
Decontamination - Outsourcing	(-ve)	0	-70	-70		0	-34	-56	-70	-70
Decontamination - Transport	(-ve)	0	-12	-12		0	-6	-10	-12	-12
		-12,736	**-13,055**	**-319**		**0**	**-187**	**-317**	**-319**	**-319**
Total Operational Expenditure		**-89,387**	**-89,706**	**-319**		**0**	**-187**	**-317**	**-319**	**-319**
Impact on EBITDA		**4,612**	**4,293**	**-319**	**0.00**	**0**	**13**	**-17**	**-159**	**-319**
Depreciation	(-ve)									
Rate of Return	(-ve)									
Overall impact on I&E		**4,612**	**4,293**	**-319**	**0.00**	**0**	**13**	**-17**	**-159**	**-319**
										+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**		**0**	**0**	**0**	**0**	**0**
Net impact on I&E		**4,612**	**4,293**	**-319**		**0**	**13**	**-17**	**-159**	**-319**

Revenue Notes *(including reference to the funding source)* :

The current budgets relate to the income and expenditure plans 2021-22 for the Surgery Care Group. This Business case is looking for an approval to purchase a Robot required to perform colorectal and surgical procedures robotically. Once fully implemented, this business case results in an overall cost pressure on operational expenditure of £319k which relates to: lease costs and service charge for the robot (£177k and £140k respectively), decontamination costs including transport (£82k) and subscription charges (£13k) reduce by the overall savings on consumables and blood transfusion costs (£93k). There would be a non-recurrent costs of £39k (£14k for 6 trays and £25k worth of re-usable consumables). The Business Case includes a pump prime funding of £660k from York Against Cancer (currently profiled to be received in years 1, 2 and 3 (2022-23, 2023-24 & 2024-25), hence resulting in the first two financial years to be almost in balance (ie. £13k surplus, £17k cost pressure), £159k cost pressure in year 3 (2024-25) and £319k cost pressure wef. Apr 2025. This business case is therefore looking for Trust to resource the cost pressure of £159k in year 3 (2024-25) and £319k from year 4 & onwards (wef. Apr 2025). There are other non-cash releasing benefits of the business case presented in the Appendix 1. The assumed start date is 1st Apr 2022.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Helen Franks	Sanya Basich	Andy Bertram
Dated		11/01/2021	

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change				
	Current	Revised	Change	2021/22	2022/23	2023/24	2024/25	Later Years
Elective (Spells)	28,556	28,556	0	0	0	0	0	0
Non-Elective (Spells)								
Long Stay	11,754	11,754	0	0	0	0	0	0
Short Stay	830	830	0	0	0	0	0	0
Outpatient (Attendances)								
First Attendances	54,044	54,044	0	0	0	0	0	0
Follow-up Attendances	75,385	75,385	0	0	0	0	0	0
A&E (Attendances)								
Other (Please List):								
Excluded Drugs and Devices	3,508	3,508	0	0	0	0	0	0
Outpatient Radiology	22,463	22,463	0	0	0	0	0	0
Audiology	51,707	51,707	0	0	0	0	0	0
Other (icl. HOB / ICU)	16,084	16,084	0	0	0	0	0	0

Income (*+ve*)

		Total Change			Planned Profile of Change				
		Current £'000	Revised £'000	Change £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	Later Years £'000
AC NHS Clinical Income									
Non-Tariff income	(+ve)	**72,637**	**72,637**	**0**	**0**	**0**	**0**	**0**	**0**
NON-AC NHS Clinical Income									
Elective income									
Tariff income	(+ve)	5,891	5,891	0	0	0	0	0	0
Non-Tariff income	(+ve)								
Non-Elective income									
Tariff income	(+ve)	5,005	5,005	0	0	0	0	0	0
Non-Tariff income	(+ve)								
Outpatient									
Tariff income	(+ve)	4,949	4,949	0	0	0	0	0	0
Non-Tariff income	(+ve)								
A&E									
Tariff income	(+ve)								
Non-Tariff income	(+ve)								
Other									
Tariff income	(+ve)	2,192	2,192	0	0	0	0	0	0
Non-Tariff income	(+ve)	1,136	1,136	0	0	0	0	0	0
		19,173	**19,173**	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income									
Private patient income	(+ve)								
Other non-protected clinical income	(+ve)								
		0	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Other income									
Research and Development	(+ve)								
Education and Training	(+ve)								
Other income	(+ve)	2,189	2,189	0	0	200	300	160	0
		2,189	**2,189**	**0**	**0**	**200**	**300**	**160**	**0**

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)	6,053	6,053	0	0	0	0
Non-AC NHS Clinical Income	(+ve)	1,598	1,598	0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0	0	0	0
Other Income	(+ve)	182	182	0	17	25	0
Total Income		**7,833**	**7,833**	**0**	**17**	**25**	**0**
Expenditure							
Pay							
Medical	(-ve)	-2,652	-2,652	0	0	0	0
Nursing	(-ve)	-2,701	-2,701	0	0	0	0
Other (please list):							
Admin/Senior Managers	(-ve)	-472	-472	0	0	0	0
Prof & Tech incl AHPs	(-ve)	-691	-691	0	0	0	0
Vacancy Target	(-ve)	129	129	0	0	0	0
					0	0	0
		-6,388	**-6,388**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)	-233	-232	0	0	0	0
Clinical Supplies & Services - existing	(-ve)	-683	-643	41	17	33	41
Consumable Costs (standard) - Robot	(-ve)	0	-29	-29	-13	-23	-29
Consumable Costs (extra) - Robot	(-ve)	0	-4	-4	-2	-3	-4
General Supplies & Services	(-ve)	-38	-38	0	0	0	0
Other (please list):							
CIP	(-ve)	68	68	0	0	0	0
Other	(-ve)	-175	-175	0	0	0	0
Lease Charge	(-ve)	0	-15	-15	-15	-15	-15
Service Charge - Robot	(-ve)	0	-12	-12	0	-12	-12
Subscription	(-ve)	0	-1	-1	0	-1	-1
Decontamination - Outsourcing	(-ve)	0	-6	-6	-3	-5	-6
Decontamination - Transport	(-ve)	0	-1	-1	-0	-1	-1
		-1,061	**-1,088**	**-27**	**-16**	**-26**	**-27**
Total Operational Expenditure		**-7,449**	**-7,475**	**-27**	**-16**	**-26**	**-27**
Impact on EBITDA		**384**	**358**	**-27**	**1**	**-1**	**-27**
Depreciation	(-ve)		0	0	0	0	0
Rate of Return	(-ve)		0	0	0	0	0
Overall impact on I&E		**384**	**358**	**-27**	**1**	**-1**	**-27**

+ favourable (-) adverse

Run rate notes:

There will be no significant impact on the overall I&E position following on from the implementation of the BC at 6 and 12 months respectively due to the pump priming income £17k & 25k) matching the increase in monthly costs (£16k & £26k). Once the pump priming funds cease (ie wef. Apr 25), there is an overall increase in the run rate of £27k - relates to the overall monthly costs of £67k (lease & service charge £26k, decontamination costs incl. transport £7k and subscription cost £1k) reduced by the overall saving on cost of consumable and blood transfusion spend (£41k).

APPENDIX 1 - NON CASH RELEASING BENEFITS	WHEN FULLY IMPLEMENTED (YEAR 3 WEF. APR 24)		
BENEFIT 1 - Reduction in Complications			
	COLORECTAL	UROLOGY	TOTAL
No of Patients with Complications - existing	113	18	
Reduction in complications (RAS) %	30%	30%	
Reduction in complications (RAS) - No of Patients	34	5	
Average cost per Patient (without complications)	£9,894	£6,684	
Average cost per Patient (with complications)	£6,905	£4,892	
Saving (per patient)	£2,989	£1,792	
TOTAL SAVING - REDUCTION IN COMPLICATIONS (@ full cost)	**£101,325**	**£9,674**	**£110,999**
TOTAL SAVING - REDUCTION IN COMPLICATIONS (@ 50%)	**£50,662**	**£4,837**	**£55,500**
Costs Before	**£167,701**	**£18,046**	**£185,748**
Costs After	**£117,039**	**£13,209**	**£130,248**
Total Saving	**£50,662**	**£4,837**	**£55,500**
BENEFIT 2 - Reduction in Length of Stay			
No of Patients - Existing	244	84	
No of Bed Days - Existing	1,665	257	
Average Length of Stay - (RAS)	6.82	3.45	
Average Length of Stay - Existing	5.60	2.90	
Reduction in Bed Days (RAS)	1.22	0.55	
Reduction in LoS %	18%	16%	
No of Patients - RAS	210	70	
Reduction in Bed Days (based on total activity 210 & 70)	257	38	
Cost of bed day	£266	£266	
TOTAL SAVING - REDUCTION IN LENGTH OF STAY (@ full cost)	**£68,248**	**£10,218**	**£78,466**
TOTAL SAVING - REDUCTION IN LENGTH OF STAY (@ 50%)	**£34,124**	**£5,109**	**£39,233**
Costs Before	**£190,526**	**£32,121**	**£222,647**
Costs After	**£156,414**	**£27,000**	**£183,414**
Total Saving	**£34,112**	**£5,121**	**£39,233**
BENEFIT 3 - Reduction in Re-Admissions			
No of Patients Re-admitted (with No Complications) - existing	11	5	
Reduction in Re-Admissions (%)	30%	30%	
Reduction in Re-Admissions (Patients)	3	2	
Average cost per Patient (with No Complications)	£7,394	£4,067	
TOTAL SAVING - REDUCTION IN RE-ADMISSIONS (@ full cost)	**£24,399**	**£6,101**	**£30,500**
TOTAL SAVING - REDUCTION IN RE-ADMISSIONS (@ 50%)	**£12,199**	**£3,051**	**£15,250**
Costs Before	**£40,665**	**£10,168**	**£50,833**
Costs After	**£28,465**	**£7,118**	**£35,583**
Total Saving	**£12,199**	**£3,051**	**£15,250**
Saving (Total)	**£193,972**	**£25,993**	**£219,965**

York and Scarborough Teaching Hospitals NHS Foundation Trust

INVESTMENT APPRAISAL SCORING SHEET - BENEFITS

BENEFITS APPRAISAL		OPTIONS			
		Option 1 Do nothing		Option 2 Procure a surgical robot for the York Hospital site	
Benefit Criteria Description	Relative Weighting	Raw Score	Weighted Score	Raw Score	Weighted Score
Reduction in open surgery/conversion from laparoscopic to open surgery	4	2	8	4	16
Reduction in positive surgical margins (for coloretal canacer patients)	5	2	10	4	20
Reduction in surgical site infections	5	2	10	5	25
Reduction in reoperation and readmission rates	5	2	10	4	20
Reduction in blood transfusions	4	2	8	4	16
Reductions in length of stay	5	1	5	5	25
Staff Retention	5	3	15	5	25
Keeping the Service	5	1	5	5	25
			0		0
			0		0
Overall Benefits Score			**71**		**172**

INSTRUCTIONS

1. Enter a description for each appraisal criteria, against which each option is to be assessed in the 'Description' column. Add further rows as required and check whether the formulae under each 'Weighted Score' column needs
2. Determine and enter the relative weighting (importance) of each appraisal criteria compared to the other criteria in the 'Relative Weighting' column. This will be down to the subjective judgement of the project group. A scale ranging from 1 to 5 should be used, where 5 signifies the most important criteria, and 1 the least important criteria, in comparison to the other criteria. Where a certain criteria is judged to be of equal importance to another criteria, it is perfectly in order to award a similar weighting to two or more individual criteria. The objective is to judge the relative importance of each criteria; so for example if one criteria has a weighting of 2, but another criteria is judged to be at least twice as important to the overall success of the business case, then it may be appropriate to award a weighting of 4 or more against that criteria.
3. Each option description should be added to the table where indicated. If there are more than 6 options, copy and paste further columns to create room for the extra options, and check the formulae in both the benefits and financial sections to ensure they have not been compromised.
4. The process is then for the project group to score each option based on the extent that it will deliver against each of the individual criteria, and enter the respective score in the 'Score' column for each option. The 'Weighted Score' column will automatically populate. A scoring range of 1 to 5 is used, where 5 indicates that an option will fully deliver against the criertia, ranging to 1 where the option will barely deliver against the criteria.
5. At the end of the process, the total weighted score for each option will be shown under each option in the 'Overall Benefits Score' row. The option with the highest overall benefits score should be the option that will best deliver against the overall objective criteria for the business case.

INVESTMENT APPRAISAL SCORING SHEET - FINANCIAL

FINANCIAL APPRAISAL		OPTIONS	
		Option 1 Do nothing	**Option 2** Procure a surgical robot for the York Hospital site
		FINANCIAL DATA	
		£000	**£000**
Non-Recurring Expenditure:			
Capital Expenditure	(-ve)	0	0
Non-Recurring Revenue Expenditure	(-ve)	0	-39
Recurring Income & Expenditure:			
- Income	(+ve)	0	0
- Expenditure	(-ve)	0	-319
- Net Income & Expenditure		**0**	**-319**

		FINANCIAL PROFILING & DISCOUNTED CASH FLOW (DCF)			
	Year	**Profile**	**DCF @ 3.5%**	**Profile**	**DCF @ 3.5%**
		£000	**£000**	**£000**	**£000**
	0	0	0	0	0
	1	0	0	-25	-24
	2	0	0	-17	-16
	3	0	0	-159	-143
	4	0	0	-319	-278
	5	0	0	-319	-269
	6	0	0	-319	-259
	7	0	0	-319	-251
	8	0	0	-319	-242
	9	0	0	-319	-234
	10	0	0	-319	-226
Net Present Value			**0**		**-1,943**

Net Present Value Per Benefit Point Scored (£000)		**0**		**-11**
Overall Ranking (manually enter)		**2**		**1**

INSTRUCTIONS

1. It is suggested that the Directorate's Finance Manager leads on this part of the investment appraisal process.
2. The financial impact (Capital, Non-recurrent Revenue, and Revenue) for each option will require costing and profiling, and the appropriate figures entered only through the 'Financial Data Entry' tab. The figures entered through the 'Financial Data Entry' tab will automatically populate the final section of the 'Score Sheet' tab.
3. When entering figures onto the 'Financial Data Entry' tab care should be taken to use the correct signage (+/-). Expenditure figures should entered as -ve, whereas income figures as +ve. Recurring Income and Expenditure figures should be presented on a cumulative basis over the years, whereas Capital and Non-recurrant revenue figures should only represent the estimated spend in those years.
4. The 'Financial Profiling & Discounted Cash Flow' section of the 'Score Sheet' tab is designed to comparatively assess the financial impact of each option over their expected lives using the Discounted Cash Flow (DCF) investment appraisal technique, to give their Net Present Value. This technique recognises the impact that time has an impact on the value of money i.e. £1 today will be worth less in comparative spending power in 5, 10, etc., years time. The sheet has been designed to assess each option over a period as long as 50 years, although it is expected that the majority of option lives will be a lot shorter than that period; and the Finance Manager will need to decide on the appropriate lifespan of each option in building up the assessment. Once the life of each option has been decided, the formulae in the surplus year rows will need removing from the spreadsheet in order to ensure that unintended additional years are not added into the final calculation of the Net Present Value. The DCF has been set at 3.5%, which is the appraisal rate used by the Department of Health.
5. The final element of the Investment Appraisal is the combination of each option's Overall Benefits Score with its Net Present Value to give a 'Net Present Value per Benefit Point Scored'. The option with the highest Net Present Value per Benefit Point Scored should be the one that will deliver the best benefit/financial mix. To aid the reader the ranking of each option from 1 (best), 2, 3, etc., should be entered manually.
6. Once completed, the Score Sheet and the Financial Data Entry Sheet should be appended to the business case documentation; used and cross referenced in section 7 of the business case narrative to support, but not substitute, the rationale presented in the main business case narrative for arriving at the preferred option.

		Option 1 - Do nothing						Option 2 - Procure a surgical robot for the York Hospital site					
		Full Year	Planned Profile of Change					Full Year	Planned Profile of Change				
			Financial Year 0	Financial Year 1	Financial Year 2	Financial Year 3	Later Years		Financial Year 0	Financial Year 1	Financial Year 2	Financial Year 3	Later Years
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Capital Expenditure	(-ve)	0	0	0	0	0	0	0	0	0	0	0	0
Revenue													
(a) Non-recurring Expenditure	(-ve)	0	0	0	0	0	0	-39	0	-39	0	0	0
(b) Recurring													
Income													
NHS Clinical Income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Other Income	(+ve)	0	0	0	0	0	0	0	0	200	300	160	0
Total Income		0	0	0	0	0	0	0	0	200	300	160	0
Expenditure													
Pay													
Medical	(-ve)	0	0	0	0	0	0	0	0	0	0	0	0
Nursing	(-ve)	0	0	0	0	0	0	0	0	0	0	0	0
Other (please list):													
		0	0	0	0	0	0	0	0	0	0	0	0
Non-Pay													
Drugs	(-ve)	0	0	0	0	0	0	2	0	1	2	2	2
Clinical Supplies & Services - existing	(-ve)	0	0	0	0	0	0	487	0	208	399	487	487
Consumable Costs (standard) - Robot	(-ve)	0	0	0	0	0	0	-344	0	-155	-280	-344	-344
Consumable Costs (extra) - Robot	(-ve)	0	0	0	0	0	0	-52	0	-23	-42	-52	-52
Other (please list):													
Lease Charge	(-ve)	0	0	0	0	0	0	-177	0	-177	-177	-177	-177
Service Charge - Robot	(-ve)	0	0	0	0	0	0	-140	0	0	-140	-140	-140
Subscription	(-ve)	0	0	0	0	0	0	-13	0	0	-13	-13	-13
Decontamination - Outsourcing	(-ve)	0	0	0	0	0	0	-70	0	-34	-56	-70	-70
Decontamination - Transport	(-ve)	0	0	0	0	0	0	-12	0	-6	-10	-12	-12
	(-ve)	0	0	0	0	0	0						
		0	0	0	0	0	0	-319	0	-186	-317	-319	-319
Total Operational Expenditure		0	0	0	0	0	0	-319	0	-186	-317	-319	-319
Impact on EBITDA		0	0	0	0	0	0	-319	0	14	-17	-159	-319
Depreciation	(-ve)	0	0	0	0	0	0	0	0	0	0	0	0
Rate of Return	(-ve)	0	0	0	0	0	0	0	0	0	0	0	0
	(-ve)	0	0	0	0	0	0	0	0	0	0	0	0
Overall impact on I&E		0	0	0	0	0	0	-319	0	14	-17	-159	-319
Activity													
Elective (Spells)		0	0	0	0	0	0	0	0	0	0	0	0
Non-Elective (Spells)													
Long Stay		0	0	0	0	0	0	0	0	0	0	0	0
Short Stay		0	0	0	0	0	0	0	0	0	0	0	0
Outpatient (Attendances)													
First Attendances		0	0	0	0	0	0	0	0	0	0	0	0
Follow-up Attendances		0	0	0	0	0	0	0	0	0	0	0	0
A&E (Attendances)		0	0	0	0	0	0	0	0	0	0	0	0
Income													
NHS Clinical Income													
Elective income													
Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Non-Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Non-Elective income								0	0	0	0	0	0
Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Non-Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient								0	0	0	0	0	0
Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Non-Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
A&E													
Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Non-Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Other													
Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Non-Tariff income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
Non NHS Clinical Income													
Private patient income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Other non-protected clinical income	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
Other income													
Research and Development	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Education and Training	(+ve)	0	0	0	0	0	0	0	0	0	0	0	0
Other income	(+ve)	0	0	0	0	0	0	0	0	200	300	160	0
		0	0	0	0	0	0	0	0	200	300	160	0

York Teaching Hospital
Facilities Management

Board of Directors - 26 January 2022
Carbon Reduction Grant Funding Project Update (Business Case No 2021/22-49)

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

This report provides the Executive Committee and the Trust Board of Directors with an update on the grant applications submitted relating to the outline business case (approved by the Trust Board on 4th November 2021). The purpose of the report is also to seek approval from CPEG, the Trust Executive Committee and Board of Directors for modifications to the Outline Business Case (Business Case No 2021/22-49) for:

- additional budget of £62K to be made available for the costs of legal fees and unforeseen works,
- acceptance of feasibility grant funding of £54k to investigate carbon reduction potential for Scarborough and Selby Hospitals, and
- the appointment of Vital Energi as Preferred Bidder to deliver carbon reduction services and works at York, Bridlington and Scarborough through re-stated Energy Performance Contracts covering the next 18 years to assist the Trust reach its 2040 Net Zero Carbon Targets.

Executive Summary – Key Points

The key points for discussion and assurance are as follows.

1. The Public Sector Decarbonisation Scheme (PSDS) grant applications have now passed the quality and technical assurance checks by Salix Finance who administers the scheme on behalf of the Business, Energy and Industrial Strategy (BEIS) government Department. The applications are now awaiting Ministerial approval.

2. Some additional costs have now been identified for the year 2022/23 as a result of initial discussions about the detailed design. The additional costs include £40k for the electrical infrastructure works (as set out at section 2.4) and £10k for some low grade asbestos removal works. A cost estimate has also been received for the necessary legal work of £12k (section 2.5), making a total additional request for £62k.

3. The final Capital and Revenue costs associated with this project will be agreed once the Final Business Case has been developed by the appointed Preferred Bidder, but we are not expecting any significant changes.

4. This report seeks approval for the appointment of the Preferred Bidder as soon as the Salix/BEIS grant offer letter is received. The appointment of Vital Energi as Preferred Bidder will allow essential survey, design, and statutory permissions work to be undertaken on receipt of the grant offers and work to finalise the contract terms within the scope of the procurement framework. As the LLP and Trust currently have Energy Performance Contracts for York, Scarborough and Bridlington Hospitals with Vital Energi covering a period of approximately 8 years, the process allows the contract to be re-stated using the new scope identified in the procurement exercise covering the period to 2040. The re-statement will require both parties to take legal advice to agree the final contract terms.

5. A separate Community Renewal Grant offer has been received, via the North Yorkshire County Council and York and North Yorkshire Local Enterprise Partnership, for feasibility studies at Scarborough and Selby Hospitals totalling £53.8k (£35.5k for Scarborough and £18.3k for Selby). The fund is to be used to survey and investigate the application of energy saving measures and renewable technologies, through digital twin models of the heating systems to create long term energy decarbonisation plans. This work will demonstrate potential carbon savings at Scarborough and Selby Hospitals and identify the projects that can achieve these savings which may be suitable for future grant applications. This work will assist the Trust to move forward in delivering its plans to achieve net zero carbon in line with the national NHS targets.

Recommendations

It is recommended that CPEG and the Executive Committee ask that the Trust Board of Directors approve the following.

i. The increase to the project budget of the previously agreed business case (No 2021/22-49) of circa £62k.
ii. Acceptance of £53.8K feasibility funding to survey and develop digital twin models to demonstrate the potential for carbon saving projects at Scarborough and Selby Hospitals.
iii. Acceptance of the 2 pending grant offers totaling £9.073 million to be provided by Salix Finance on behalf of the Department for Business, Energy and Industrial Strategy, for energy improvement works at the York and Bridlington Hospital sites (noting that the previous report agreed £578K and £504K Capital would be allocated from 2022/23 and 2023/24 respectively).
iv. The appointment of Vital Energi as preferred bidder (once the PSDS grant offer letters have been received) in line with the Carbon and Energy Fund (CEF) and Countess of Chester Framework to allow work to commence on the Final Business

Case (including some survey, design, statutory permissions and contract development) for the works to York and Bridlington Hospitals.

v. The commencement of the Vital Energi contract re-statement work, including legal advice, to achieve agreement on terms for the new (re-stated) Energy Performance Contracts to cover the period to 2040.

Author: Jane Money, Head of Sustainability, YTHFM

Director Sponsor: Mark Steed, Director of Property and Asset Management, YTHFM

1. Introduction

1.1 On 4th November 2021, the Trust Board of Directors approved an Outline Business Case (Business Case No 2021/22-49) for grant aided carbon reduction works to York and Bridlington Hospitals. At that time the Board was advised that Scarborough Hospital did not qualify for the Public Sector Decarbonisation Scheme (PSDS) Grant as Scarborough Hospital does not have any boilers that are twenty years old, or more, and in need of replacement.

1.2 Discussions on this previous report resulted in approval for the submission of two grant applications for Bridlington and York Hospitals totaling £9.073million with Trust Board agreement that £578K and £504K Trust Capital would be allocated for 2022/23 and 2023/24, respectively, and £97K per annum Revenue from 2023/24 onwards is based on current in year costs. It was noted that the grant aided works must be completed by 31st March 2023.

1.3 Grant submissions were made in October 2021 by the LLP on behalf of the Trust as an integral part of a procurement process using the Investment Grade Proposal prepared by Vital Energi on the basis of the PSDS grant criteria and the above Board approval, and in line with the procurement exercise agreed with Executive Committee in June 2021.

1.4 These grant submissions are for low carbon air source heat pump systems and insulation at both sites, plus solar panels at Bridlington. These works will make Bridlington Hospital estate an exemplar low carbon building with the expectation of approximately a 90- 95% reduction in carbon emissions and, with further grid decarbonisation, this will result in close to zero carbon emissions by 2040. The works at York Hospital are anticipated to achieve approx. 7% carbon reduction to allow York hospital to improve against its current business as usual projections.

1.5 The LLP has been advised that both of the grant submissions have now passed the quality and technical assessments undertaken by Salix on behalf of the Department for Business, Energy and Industrial Strategy (BEIS). Whilst there are no guarantees, we now anticipate Ministerial sign off in early January. The report author understands that previous grant applicants have been asked to accept grant offers within14 days from receipt of the grant offer letters and so this report seeks to put in place the necessary approvals to allow the anticipated offers to be accepted within the 2 week window of opportunity.

1.6 The (anticipated) grant offer for both bids total £9.073 million on the basis of fixed costs submitted to the LLP during the recent procurement exercise. Since the grant application was made an additional £62k Capital expenditure has been identified over and above the fixed price (and contingency) for electrical connection requirements due to the Trust requiring a change of siting of the heat pumps, asbestos works and legal fees.

2. Business Case Update

2.1 The Grant applications were made using the fixed costs with some contingency provided by Vital Energi from their Investment Grade Proposal as part of the recent procurement exercise. Any grant offer letter will be made on the basis of these fixed costs but the final business case capital and revenue costs won't be known until the detailed design work has been completed by the Preferred Bidder.

2.2 The Trust would be expected to fund any unforeseen works that come to light during the detailed design work, where these are not covered by the grant/Vital Energi contingency figures or alternatively repay the grant. Contingencies have been included to reduce this risk.

2.3 Essential survey work has now commenced to ensure that sufficient information is available to submit the planning and electrical network operator applications to meet with the grant aided work delivery timeframe. This work includes electrical, mechanical and civil design works as follows:

- liaison with the electrical infrastructure DNO,
- site surveys
- preliminary drawings (mechanical and electrical) and design development
- supplier technical liaison to refine Air Source Heat Pump (ASHP) selection
- layout drawings (for Solar photo voltaic (PV) panels, and ASHP)

2.4 The last report to Executive Committee and the Trust Board of Directors advised that there are cost risks around potential asbestos removal works where work is being undertaken to the building fabric and also changes to the existing electrical infrastructure. Some low grade asbestos has been identified and it is estimated that £10k will cover this work but this will be confirmed during the surveys. There are also some changes to the proposed air source heat pump location, due to its size and LLP/Trust requirements, that will impact on the electrical connection arrangements and require up to an additional £40k to be funded from the Trust's Capital budget.

2.5 Legal work will also be required to agree new Energy Performance Contracts incorporating the Salix approved works and the procurement scope. A cost estimate of up to £12k has been received from the law firm DAC Beachcroft. The total additional cost request is, therefore, for £62k.

2.6 As mentioned at section 1.1 above, Scarborough Hospital does not currently qualify for the Public Sector Decarbonisation Scheme (PSDS) Grant as it does not have any boilers that are twenty years old, or more, and in need of replacement. However, as Scarborough is the second largest Trust Hospital site, it would be pertinent to develop a thermal model to help to identify opportunities for carbon saving.

2.7 During the latter half of 2021 an application was made to be a part of the York and North Yorkshire LEP Community Renewal Fund Energy Reduction feasibility projects submission to North Yorkshire County Council for Scarborough and Selby Hospitals. This application was successful in achieving a grant offer of £53.8k feasibility funding for Scarborough and Selby Hospitals (£35.5K for Scarborough and £18.3k for Selby) to be spent between January and June 2022.

2.8 The fund is to be used to survey and investigate the application of energy saving measures and renewable technologies, through digital twin models of the heating systems to create long term energy decarbonisation plans. This work will demonstrate potential carbon savings at Scarborough and Selby Hospitals and identify the projects that can achieve these savings which may be suitable for future grant applications. This work will assist the Trust move forward in delivering its plans to achieve net zero carbon in line with the national NHS targets.

2.9 It is proposed that this grant offer is accepted and the feasibility work at Scarborough is undertaken by Vital Energi through the existing Energy Performance contract (as a

contract variation) to allow work to commence immediately. The feasibility work at Selby Hospital work will be undertaken by a different contractor (as the existing Vital Energi EPC does not include services at Selby Hospital)).

2.10 The Financial Proforma (attached at Appendix 1) has been updated to include the additional costs identified.

3. Procurement Update and Preferred Bidder Recommendation

3.1 The purpose of the procurement exercise, recommended by the June Executive Committee meeting was to establish an estate development pathway to net zero for the York, Scarborough and Bridlington sites and to prepare for a multi-million-pound PSDS funding bid submission to start to make this happen, by investigating potential shovel ready projects. The scope of this procurement was to establish a new energy performance contract to 2040 with a partner who could help the Trust deliver its NHS carbon reduction targets.

3.2 The procurement process has been implemented in 3 stages:

- Identification of bidders – through an invitation to an open day from those on the framework. This was attended by 4 bidders

- Mini competition held with Investment Grade Audit submissions for short-listing bidders to progress to the Investment Grade Proposal as below.

- Investment Grade Proposal by selected bidders using PSDS phase 3 rules and an open book procedure benchmarked by CEF against CIBSE guides or other recognised standards, set in the context of a plan of cost effective measures for achieving net zero by 2040. Further benchmarking of the Grant Scheme application has been undertaken by Salix, the grant scheme managers. At this stage only one bidder, Vital Energi, made a submission which has been scored by the LLP representatives with input from the Trust's Head of Corporate Finance. The whole process has been monitored by the Trust Specialist Procurement Officer, with advice from the Carbon and Energy Fund Framework Managers.

3.3 The assessment and scoring has resulted in the recommendation to appoint Vital Energi as the Preferred Bidder company when the Grant Offer Letter is received from Salix /BEIS. The appointment of Preferred Bidder does not oblige the Trust and LLP to enter into a contract with the Company and may, subject to the terms of the appointment letter and the Framework, terminate discussions with the Company relating to the Project at any point during (or after) the period of 3 months. As Preferred Bidder, the Company agrees to work with the Trust/LLP and commit sufficient resources to, amongst other things:

- produce the appropriate contract documents consistent with the CEF draft contract
- prepare and submit applications for planning permissions and any other required consents relevant to the Project
- procure the necessary surveys
- take any other steps that may reasonably be required by the Trust to achieve contract closure.

3.4 If a contract is not agreed with the LLP/Trust, the Framework grants the Company some limited recourse to the Trust to cover the Company's reasonable and properly incurred costs arising after the date of the Preferred Bidder Letter.

4. Recommendations

4.1 It is recommended that CPEG, the Executive Committee ask that the Trust Board of Directors approve the following.

i. The increase to the project budget of the previously agreed business case (No 2021/22-49) of circa £62k.
ii. Acceptance of £53.8K feasibility funding to survey and develop digital twin models to demonstrate the potential for carbon saving projects at Scarborough and Selby Hospitals.
iii. Acceptance of the 2 pending grant offers totaling £9.073 million to be provided by Salix Finance on behalf of the Department for Business, Energy and Industrial Strategy, for energy improvement works at the York and Bridlington Hospital sites (noting that the previous report agreed £578K and £504K Capital would be allocated from 2022/23 and 2023/24 respectively).
iv. The appointment of Vital Energi as preferred bidder (once the PSDS grant offer letters have been received) in line with the Carbon and Energy Fund (CEF) and Countess of Chester Framework to allow work to commence on the Final Business Case (including some survey, design, statutory permissions and contract development) for the works to York and Bridlington Hospitals.
v. The commencement of the Vital Energi contract re-statement work, including legal advice, to achieve agreement on terms for the new (re-stated) Energy Performance Contracts to cover the period to 2040.

Appendix 1

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**BC 2021/22-49**
TITLE:	**Grant Funding Submission for Carbon Reduction**
OWNER:	**Mark Steed**
AUTHOR:	**Jane Money**

Capital

			Total £'000	Planned Profile of Change 2022/23 £'000	2023/24 £'000	2024/25 £'000	Later Years £'000
Expenditure	(-ve)	York Scheme	-5,402	-4,898	-504	0	0
Expenditure	(-ve)	Bridlington Scheme	-4,815	-4,815	0	0	0
Expenditure	(-ve)	**Total**	**-10,217**	**-9,713**	**-504**	**0**	**0**

Capital Notes *(including reference to the funding source)*:
The total scheme is made up of two separate bids: - The York site totals £5.402m of which £4.338m will be funded by the Salix grant funding with the remaining being funded from the Trust capital programme of £1.064m (£560k in 2022/23 & £504k in 2023/24). The Bridlington site project can all be completed in 2022/23 and will require a Trust contribution of £80k with the remaining being funded from the Salix grant funding at £4.735m .

To summarise both schemes cost a total of £10.217m of which £9.073m will be funded from a Salix Grant and the remainder £1.144m will be funded from the Trust capital programme (£640k in 2022/23 & £504k in 2023/24)

Revenue

		Total Change: Current £'000	Revised £'000	Change £'000	WTE	Planned Profile of Change: 2022/23 £'000	2023/24 £'000	2024/25 £'000	Later Years £'000
(a) Non-recurring	(-ve)			**-54**		**-54**			
(b) Recurring									
Income									
AIC NHS Clinical Income	(+ve)			0		0	0	0	0
Non-AIC NHS Clinical Income	(+ve)			0		0	0	0	0
Non-NHS Clinical Income	(+ve)			0		0	0	0	0
Other Income	(+ve)			54		54	0	0	0
Total Income		**0**	**0**	**54**		**54**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)			0					
Nursing	(-ve)			0					
Other (please list):									
Executive Board & Senior Managers	(-ve)			0					
Support Staff	(-ve)			0					
WLIs	(-ve)			0					
				0					
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Other (please list):									
Utilities	(-ve)	-1,307	-1,376	-69		0	-69	-69	-69
Operation & maintenance costs	(-ve)	-346	-374	-28		0	-28	-28	-28
				0					
		-1,653	**-1,750**	**-97**		**0**	**-97**	**-97**	**-97**
Total Operational Expenditure		**-1,653**	**-1,750**	**-97**		**0**	**-97**	**-97**	**-97**
Impact on EBITDA		**-1,653**	**-1,750**	**-43**	**0.00**	**54**	**-97**	**-97**	**-97**
Depreciation	(-ve)		-318	-318		0	-199	-318	-318
Rate of Return	(-ve)		-134	-134		0	-84	-134	-134
				0					
Overall impact on I&E		**-1,653**	**-2,201**	**-494**	**0.00**	**54**	**-380**	**-548**	**-548**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**-1,653**	**-2,201**	**-494**		**54**	**-380**	**-548**	**-548**

Revenue Notes *(including reference to the funding source)*:
Capital charges are based on the Bridlington scheme completing by March 23 and the York scheme completing by June 23. As part of the York scheme one of the current boilers will be replaced , this will generate a capital charges reduction the cost of which is yet to be determined. The possiblity of selling the boiler is also to be explored. The Utility costs and Increased operation and maintenance costs are incurred at the Bridlington site but In york the additional charges are offset against savings making the overall charges cost neutral on the York site. These additonal charges will not take effect until year 2 when the building works are complete. Non recurring expenditure is linked to matched income (other income) in the form of a Grant of £54k from North Yorkshire County Council this is to enable further surveys to be carried out at both Scarborough and Selby sites to enable future carbon reduction planning.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Mark Steed	Sarah Hogan	
Dated			

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2018/19	2019/20	2020/21	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				
A&E (Attendances)			0				
Other (Please List):							
			0				
			0				

Income (+ve)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	Later Years £'000
AIC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AIC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income								
Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income								
Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
Other income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AIC NHS Clinical Income	(+ve)			0	0	0	0
Non-AIC NHS Clinical Income				0	0	0	0
Non-NHS Clinical Income	(+ve)			0	0	0	0
Other Income	(+ve)			0	0	0	0
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)			0			
Nursing	(-ve)			0			
Other (please list):							
Executive Board & Senior Managers	(-ve)			0			
Support Staff	(-ve)			0			
WLIs	(-ve)			0			
				0			
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)			0			
Clinical Supplies & Services	(-ve)			0			
General Supplies & Services	(-ve)			0			
Other (please list):							
Establishment Expenses				0			
CIP	(-ve)			0			
				0			
		0	**0**	**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0**	**0**	**0**
Depreciation	(-ve)			0			
Rate of Return	(-ve)			0			
				0			
Overall impact on I&E		**0**	**0**	**0**	**0**	**0**	**0**

+ favourable (-) adverse

Run rate notes:

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Minutes

Quality Assurance Committee
16 November 2021

York and Scarborough Teaching Hospitals
NHS Foundation Trust

/ Members in Attendance: Stephen Holmberg (SH) (Chair), Jenny McAleese (JM), James Taylor (JT), Lorraine Boyd (LB), Lynette Smith (LS), Heather McNair (HM), Wendy Scott (WS), Caroline Johnson (CJ), Mike Taylor (MT), Sarah Lillie (SL) (minutes)

/ Attendees: Sue Glendenning (SG), Ben Adekanmi (BA), Sara Collier-Hield (SCH)

/ 1. Apologies for Absence: Jo Mannion (JM2)

/ 2. Declaration of Interests

There were no declarations of interest.

/ 3. Minutes of the meeting held on 19 October 2021

The minutes of the last meeting held on 19 October 2021 were agreed as a true and accurate record.

/ 4. Matters arising from the minutes

114 – This was a verbal update as it has been picked up by the ICS Board. There are new requirements around publishing in our Board Report waiting list by specific ethnicity, learning disability and deprivation. We hope to have all the details soon and will bring an update back once we have received guidance on what is required to take to Board and we will incorporate this into business as usual.

123 – JT said there is intention to combine the current SIs into the themes and trends paper to present as a single paper. This action was deferred to December.

136 – JT said there has been no movement on the IBR and gave assurance that this is being worked on. SH expressed concern over a lack of assurance for the safety of patient care. JM referred to statutory mandatory training for medics and said we had asked for a plan at the last meeting to give a timeline for improvement. JT said this was immediately escalated to the care groups but had no further update. CJ said that the care groups were going to look at their systems and processes for a recovery trajectory and that this was meant to go through QPaS. CJ couldn't give assurance that the IBR was improving but confirmed that the team are working on it. JM raised the issue of whistleblowing and suggested setting lower more achievable targets to maintain patient safety.

/ 5. Escalated Items

There were no items for escalation.

/ 6. Chief Operating Officer Report including Performance Update & Restoration and Recovery Update

The Committee noted the requirement to discuss ambulance handover turnaround times. WS said a national letter went out to all Trusts advising that more effort and focus was required to ensure handover times are minimised due to the pressures on the ambulance service. 37 Trusts had a second letter advising immediate action was needed – we were not one of these Trusts but there is still a requirement for the Board to have oversight of this. The Committee noted that the data period used was from June to September. LS shared a PowerPoint presentation highlighting the ambulance handover position.

There was a group discussion about our current position. In relation to delays within the ED department LS said the system was continuing to struggling to manage mental health demand and are seeing extended delays. . Consequently this has been escalated. SH asked if we were at risk of CQC enforcement action and HM said it's been acknowledged as a system failure but CJ said there is a risk in SGH re a lack of full mental health services.

WS said that the ED build in York has added a complication but that we have done all we can to mitigate the risk of changing the ambulance entrance, handover, limited space and flow. NLAG (one of the 37 Trusts to require immediate action) have shared the ask to create extra space e.g. setting up a marquee outside ED. It is recognised that not all Trusts will achieve a 15 minute handover standard on every occasion but some improvement will be expected. The ambulance service calculates the number of hours lost as a metric. SH asked if we are taking pre-emptive actions and WS said we were initially asked to provide an action plan for SGH but that a letter will come out soon specifying that any Trusts with more than one site must provide an action plan for all sites. WS said we did develop a plan for both sites but that the feasibility of a marquee and creating additional space is challenging. We are trying to implement other actions to ensure timely handovers but this is difficult with a congested ED. WS asked the Committee to note the levels of delays in our bed base – ED activity has exceeded 19/20 levels by approx. 2% and local authority delays for patients that do not have a right to reside are back to pre-Covid levels. There are also 4-5 wards filled with Covid patients that has reduced our general and acute admittance capacity as well as ongoing staffing challenges. WS said the reality of significantly reduced delays is unlikely so the focus has shifted to maximising SDEC areas, streaming more patients through SDEC and away from ED and focusing on patients that we can discharge i.e. those that are not waiting for a local authority input. Analysis work is ongoing around LLOS and how we can try to decongest ED but our capacity constraints are greater than they were pre-Covid whilst demand has reached and exceeded pre-Covid levels. CJ said that Michelle Carrington (Chief Nurse, ICS) is setting up a meeting with all key partners from a quality and safety position from different organisations as we are starting to see SIs occur because of multiple system delays. WS agreed to include an update in the COO report going forward and the Committee agreed to escalate this issue to Board.

WS gave an overview on elective care and noted the positive progress in managing our number of patients waiting over 104 weeks by the end of March 2022. We are currently ahead of trajectory (137 pts against trajectory of 154) and are one of the only Trusts in the North East and Yorkshire region that are on or ahead of trajectory. SH expressed concern that this progress seems to have come at the cost of outpatient appointments and elective

admissions, and added that cancer targets do not look good. LS said that the elective plan set out that we do not have significant in house capacity to manage all routine long waiters so our approach is around validation of those patients and outsourcing to other providers. Every long wait patient is being contacted and asked if they still want treatment and there have been significant reductions as a result of shared decision making on procedures. The second, bigger impact on elective and outpatient admissions is our involvement with the independent sector. By stepping up our H2 contract we have been able to negotiate a wider range of specialities with Ramsay and Nuffield Health (gynaecology, vascular, pain, maxillofacial and orthopaedics) plus working with NHS providers via Goole and mutual aid for Urology patients. LS said there are three areas of patients – orthopaedic patients with a high anaesthetic risk, complex colorectal patients and the sheer volume of urology patients – that remain a risk because we cannot place them ahead of cancer or urgent patients.

LS said achieving 0 104-week waiters is a huge challenge but it has been submitted as an ambition. LS said she was concerned about our ability to treat ICU/NEU dependency patients over the next four months which has been escalated as we will not prioritise routine patients over cancer patients. Our actual volumes of activity dropped in October - mostly due to standing down routine elective procedures for one week due to Opel 4 site pressures - and workforce pressures mean that we are under-utilising theatre resources. Outpatient staff have been redeployed to help wards to support discharge where possible. Our strategy is to separate elective and outpatient activity although it remains challenging. LS could not give assurance that we will clear the 104 week waiters at this point because we do not currently have a robust plan for the cohort of orthopaedic patients with high ASA requirements and need elective beds. WS said it is a constant balancing act between the huge focus on long waiters, non-elective pressures that we must respond to and potentially compromising elective recovery – and that this will likely continue throughout winter.

There was a discussion about patient harm and SH said assurance was needed around patients that are being made to wait longer than original mandated targets and the levels of associated harm. The Committee agreed that assurance was needed that there are action plans in place and that patients are not coming to harm along the pathways.

LS/WS to consider reporting actual lengths of wait where wait times do not meet expected targets and work with patient safety team on safety measures for patient harm due to long waits.

/ 7. IBR Overview to look at Performance

LS said the 15 mins to assessment in ED target has been internally escalated due to deterioration within the Trust. The main issues in SGH are around Vocare streaming. LS said the YH site average time for walk-ins is 16 mins whilst ambulances are 23 mins, which is partially related to the ED build. Care groups are working to get timings down to 15 mins.

CJ said there has been some whistleblowing to the CQC regarding ED triage in 15 mins, ambulance wait times, time taken to admin and 12 hour breaches and that the CQC are asking for assurance on our escalation process and risk assessments.

/ 8. Infection Prevention and Control Update

HM confirmed the NHSE/I YH visit had taken place and we have chased the report as it was due yesterday but we have received a letter regarding the SGH site visit. HM said the main concerns were around roles and expectations e.g. matrons not being close enough to IPC but mostly around backlog maintenance and the lack of a proactive HPV programme. Once the report is received, an action plan will be devised in response. HM confirmed plans to take a paper to Executive Committee advising that investment would be needed to get more results. The Committee noted that the Lead IPC Nurse at SGH has resigned, which leaves a significant gap in an already stretched team, and agreed with HM that the IPC team may need a review considering the new services (Ramsay) due to start.

HM said that the MRSA screening data was not ready for this month but that the Information Team are working on this as the data was not being reported correctly.

As a result of the NHSE/I letter there was a group discussion about the perceived lack of Board awareness and the feeling that escalations are not being handled effectively. HM said the flagged issue was that Board are aware of them but do not give sufficient time to these escalations and SH agreed. HM said that, going forward, the IPC report needs to outline actions, what can and cannot be achieved within our remit and what is a larger ICS issue to then be shared with Board. JM said that escalated items should drive the Board agenda to ensure discussion and the Committee also noted the potential for lack of triangulation between the different Committees and Board. MT said he had begun discussions at November Board around assurances and how they should be linked to the BAF. MT said Committee structures are also being reviewed to ensure CQC requirements are being fulfilled.

This linked to a discussion about staffing pressures and the impact on patient care. SH asked for assurance that we are providing safe care but HM was not able to give assurance on this. The Committee noted that we are an outlier for whistleblowing, which suggests a lack of faith in the leadership structure and that we are likely on the CQC radar as a result. WS suggested a debate at Board and said that staff need to know that there is a workforce plan in place for assurance. SH agreed to escalate this to Board to be discussed in December and JM suggested a message to all staff following Board for transparency. HM asked if we could review who sits on which Committee. MT said there is a lack of a proper escalation and decision log to spot themes and trends across Committees and that we need something formal in place. JM said that the Board session should have a focused agenda where key attendees can consider issues and a plan going forward, rather than over-populating the session. CJ added that this should also be raised at the November Board to provide assurance to the CQC that action is being taken.

Action: IPC report to include a detailed breakdown of actions, what can and cannot be achieved within our remit and what is a larger ICS issue going forward

/ 9. Care Quality Commission Report

CJ acknowledged the whistleblowing as discussed under item 8 and said the lack of a PEM consultant is still a risk. LB asked if there was any evidence of harms as a result of

this and HM said there was none – the Committee acknowledged the risk as present but minimal as a result. JT said he was still in negotiations with the potential candidate.

CJ said that, based on recent ward incidents and our staffing and ED position, we will likely be flagged as a Trust with safety concerns and qualify for a CQC visit. WS asked how we would respond to this as it feels as though we are doing all we can. CJ said Board discussion is important around our gaps and mitigation and we need a comprehensive Trust plan for assurance. There was a group discussion about the best way to create the action plan and CJ said it needed a robust conversation at Board.

Action: CJ, WS, HM and JT to draft a narrative of our current situation to provide context and assurance to CQC that all mitigations are being done

/ 10. Ockenden

/ 10.1 Perinatal Clinical Quality Surveillance Report & Continuity of Carer Report

The Committee noted the PCQS report and SCH said there is an ongoing action plan to increase staffing, recognising the vacancy rate is higher than ever. There was a whistleblowing around the YH labour ward that has been responded to.

CNST – SCH said she was pleased with progress against standard 6 (Saving Babies Lives V2) and said it has been a challenge to implement the care bundle but is hopeful that the pathway will be in place in the next two months.

Continuity of Carer - SCH said the Committee should expect to see a drop in received intrapartum continuity. East coast midwives are being kept in continuity teams to resolve staffing issues but are being asked to work differently so there will be fewer opportunities for them to deliver their own women.

/ 10.2 PMRT Report

SCH said there had been an increased number of perinatal losses reported. Bereavement training has been updated for next year to reflect the learning from PMRT. SH highlighted the intrapartum shoulder dystocia case and asked how avoidable it might have been. SCH gave assurance that shoulder dystocia is included in annual training, maternity emergencies training and yearly simulations are undertaken.

SH raised the issue of the closure of the YH maternity ward on multiple occasions and asked how high risk births are managed when YH is closed. SCH said the SGH criteria is around gestation – currently 34+ weeks – and this predominantly affects who can deliver there. For high risk women, it depends on whether they are already an inpatient. Otherwise, staff follow the escalation policy and call neighbouring units for availability and inform YAS to ensure fast transfer. The first step is always to divert to an alternate site so if YH women do not meet the SGH criteria they would be diverted elsewhere such as Hull or NLAG. The Committee noted the geographical challenges with this, noting the distance between sites.

/ 10.3 Ockenden / maternity update

SG said that regional feedback has been received for Ockenden - action planning is being done around this feedback and our safety position and the RAG rating is up to date. HM said there has been good feedback on progress but that it is important to know where we cannot meet the requirements as an Assurance Committee. SCH said the next step is to correlate our position against the regional one and confirm what targets are deliverable by the Trust and what is deliverable by LMS.

Action: HM/SCH to bring highlight report on Ockenden safety position and Trust/LMS deliverable targets

/ 11. Obstetrics SI analysis

SG gave an overview of the report and HM asked if there was any correlation between sites re the key themes of gaps in knowledge and training. BA said no but added that one site was more reliant on locum senior doctors and has some cultural issues. HM asked SG and BA to check this for assurance as there is scrutiny on the small obstetric unit at SGH that is run predominantly by locum OOH doctors. The Committee acknowledged that the main theme is a failure to adapt to policies, procedures and standards, which may be a result of a part-time workforce. BA said he was optimistic on the new appointments made but conscious of cultural attitudes to learning and said it would take time.

LB said it was evident that lots of work is ongoing to try and improve governance around SI management. LB referred to a recent incident with Kielland forceps and asked how our collaborative learning with the HCV LMS helped us deal with this through the Trust. SCH said that the LMS obstetrics lead sits on their Safety Forum Board, Delivery Board and SI Oversight Group, the latter of which is in its infancy, and they are still establishing the best way of sharing learning. They sent the information to us and our obstetricians responded. As LMS guidelines have not been established yet, there will be Trust variation on guidance until this is done. In the meantime, learning is being shared through house newsletters.

JM said we need to be aware of the risk of doing too much and looking at where work needs to be focussed to make a difference to safety and quality of care.

The Committee confirmed that there will be one SI report but with a clear separation between obstetric and non-obstetric SIs.

/ 12. Medical Director Update

/ 12.1 Medical Director report (incl. SI trends)

The Committee noted the report and no further discussion was required.

/ 12.2 CQC Assurance (supplementary paper to Medical Director Report)

The Committee noted the report and no further discussion was required.

/ 12.3 Learning from themes and trends from Q1 incidents

CJ gave assurance that improvement work is underway re achieving actions and looking at themes and trends but added that the difficulty lies with our underlying staffing pressures that are resulting in patient harm. There may be some challenges with staff engagement and capacity to undertake improvement work and the Committee noted the risk of losing staff.

/ 12.4 Trust assurance re mortuary or body store

The Committee acknowledged the report as a national request to provide assurance on compliance. JT confirmed that SGH and YH mortuaries are compliant with an HTA license and have appropriate security arrangements in place. Bridlington is not compliant and so has been taken out of use. JM referred to P152 of the report that stated the additional mortuary facilities at SGH were not compliant and asked about our position on this. HM confirmed that we are not using the additional facilities but if we were to use it, we would need to make it compliant by installing CCTV.

/ 13. IBR Overview to look at Quality and Safety

There was no further discussion required.

/ 14. QPaS Update

/ 14.1 Escalation and Assurance Report

These papers were received and no further discussion was required.

/ 14.2 QPaS Minutes – September

These papers were received as supplementary reports and no further discussion was required.

/ 14.3 QPaS Minutes – October

These papers were received as supplementary reports and no further discussion was required.

/ 15. Quality Assurance Committee Work Programme

MT gave an update on progress to date and confirmed this is a suggested work plan for the current Committee and acknowledging that some agenda items cannot be planned for. The Committee acknowledged and approved the programme to be taken to Board.

JM asked if there is enough coverage on clinical audit ensuring that the programme addresses the right areas. CJ said there has been significant progress but that more exposure would be beneficial for the improvement process and CQC assurance, and agreed to bring a monthly update to Quality Assurance Committee.

The Committee said it is helpful hearing from frontline staff but was conscious of the limited time on the agenda. HM suggested extending the meeting by 30 mins for occasions when frontline staff are invited to present and CJ said this would be helpful for Ward to Board governance.

LS said that winter resilience is normally timetabled and agreed with MT that it could be renamed as resilience planning. LS said it may not need to be on the work programme (or could be incorporated into another item) as long as it is discussed at executive level elsewhere.

/ 16. Integrated Business Report

This was received as a supplementary report and no further discussion was required.

/ 17. Consider other potential or new emerging risks

There were no potential or new emerging risks for discussion.

Item for discussion or escalation

/ 18. Consideration of items to be escalated to the Board or other committees

The Committee agreed the following items for escalation to the Board:

- COO – Continued pressure on hospital services resulting in inability to meet performance targets. Specific focus on ambulance handover times and actions to minimise delays

- CN – Continued concern over IPC. C diff levels and other metrics such as MRSA screening remain a problem. Further information from external visit has highlighted a number of areas of concern particularly the impact of backlog maintenance, lack of side-rooms, HPV capacity and elements of staff engagement

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- CN – Ockenden Report. Perinatal Clinical Quality Surveillance Report & Continuity of Carer Report. Maternity SIs reviewed and to note themes around inadequate training, failure to adhere to protocols and poor communication.

- CN – to note progress against CQC action plans. Heightened risk of reactive CQC visit due to factors such as high levels of whistleblowing, escalated SIs, levels of

HAI and pressure area care. Overall Committee was not able to receive adequate assurance on safety of patient care and the requirement for urgent further action has been agreed to be discussed at Board

- MD – to note compliance of mortuary facilities with new standards

/ 19. Any other business

There was no further business to discuss.

/ 20. Time and Date of next meeting

The next meeting will be held on 14 December 2021 at 1pm via WebEx.

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Minutes

Resources Assurance Committee
18 November 2021

Attendance: Lynne Mellor (LM) (Chair), Andrew Bertram (AB), Polly McMeekin (PM), Mark Steed (MS), Michael Taylor (MT), Jim Dillon (JD), Cheryl Gaynor (for minutes), Denise McConnell (DM), Dylan Roberts (DR).

Apologies for Absence:

There were no apologies of absence.

Welcome and Introductions

LM formally welcomed Denise McConnell as one of two newly appointed Non-executive Directors who commenced post on the 1st November 2021.

It was noted and agreed that the meeting was recorded for the purpose of the minutes and would be destroyed following the approval of the minutes. Any requests to listen to the recording must be made through the Chair of the Committee.

There was a brief discussion around whether the meetings continued to be a mixture of face to face and virtual as currently. Generally there was a preference to continue to all meet face to face however, it was agreed given the limited room space, and the uncertainty of the pandemic, that the committee continue to be flexible with a mix of face to face and virtual meetings (with the ability to switch to all virtual as required) until further notice.

Declaration of interest

There were no changes to the declarations and no declared conflicts of interest arising from the agenda.

Minutes of the meeting held on the 19 October 2021

The minutes of the last meeting held on 19 October 2021 were agreed as a correct record.

Matters arising from the minutes

It was requested that the future action log identifies outstanding actions only and those that have been completed in the last month.

Action 96 (Final Call on Legal Fees Summary): AB confirmed that he had obtained the information requested which had since been shared. Action closed.

Action 95 (LLP New Start Programme): to be received as part of the LLP quarterly update in January 2022.

Action 93 (Cyber-attack): agreed to be included as part of the DIS update. DR noted that a comprehensive report in particular around the scenario planning will be included at a later date. Action closed.

Action 90 (WRES and WDES Action Plan): on the Board agenda for November meeting therefore this action was closed.

Action 83 (Grounds Maintenance): to be received as part of the LLP quarterly update in January 2022.

Action 60 (LLP Asset Management Strategy): to be received as part of the LLP quarterly update in January 2022.

Integrated Business Report – Workforce

PM presented the workforce element of the Trusts Integrated Business Report and highlighted a few key areas.

There had been a lot of discussion, in particular at the Quality Assurance Committee, around nurse staffing (registered and non-registered). The position was that in 2020-21 there had been an uplift approved in adult patient areas however this was agreed pre-covid. As a result of this the IBR report described an increase in vacancy rates, for nursing the Trust was reporting a trust-wide rate of 8% against the previous month of 5.7% Post meeting note - Part of the increase was a 2.3% recalculation. Overall there were 66.73 FTE more registered nurses than this time in 2020 in the establishment and compared to 2019, there were 229.68 more FTE registered nurses. Page 27 of the IBR report described a breakdown by care group, site and grade of the vacancy rate. There were another 28 FTE international nurses due to join the Trust in December which were not included in the figures (as this doesn't happen until they are allocated to an area/care group). The workforce attrition rate for the entire Trust and across all staff groups was tracking at around 89% which put the Trust in line with model hospital data (which does have a time lag) and put the organisation now in the 3rd quartile nationally having just dipped down from the top quartile. Staff attrition was not an area of concern, specifically when looking at nurse turnover there was assurance there was no significant loss of workforce. There was a plan to over recruit HCA's as unregistered nursing workforce and the intention of this was to support the nursing staff over the coming winter months. The idea was that there was around 18 arriving per month (most Trust's tended to commit to around 10 per month). PM raised that there was a slight concern around the mandated

vaccine and ultimately the impact that this will have on the international recruitment. Otherwise, recruitment with HCA's was well underway - there were 135 FTE HCA's more than this time 12 months ago – a number of sessions had taken place such as an open day event where interviews were taken place on the day, with 73 offers made and accepted. However, there would always be some offers who naturally dropped out. It was noted that the absence rate was being tracked and reported for registered nurses an absence rate of 5.9% (against 5.1% in 2020) and HCA absence was 8.3% (versus 6.9% in 2020). This was evidently a spike in absence and it was noted that the workforce was feeling exhausted. The committee were assured that the Trust had various initiatives to work towards supporting staff in their health and wellbeing. It was suggested and agreed that the committee would welcome **further detail on staff resilience and the work being reported on this as part on the next workforce focussed update in the coming months (Action 99).**

The use of temporary staffing (to help fill any gaps) continued to be debated within the Trust as standard practice. When shifts were locked down from staffing, any gaps went through to the temporary staffing team who then approached framework agency staffing. Whenever this was unsuccessful and as things became tighter, the team moved to non-framework agencies to close the staffing gaps. Analysis showed that when comparing the Trust establishment numbers (what is on payroll establishment), the example used was urgent care as this was an area facing significant pressure at present, offsetting the establishment against the sickness absence and also the fill rate of temporary staffing, was taking the Trust up to or over establishment. However, there was a need to understand how, with the impact of covid, rotas and shifts being worked separately, this was playing out in reality and whether the data needed to be presented slightly differently to the Board to illustrate this, regardless of what the data shows, the feeling was different.

PM updated the committee on the staff vaccination campaign – uptake for frontline was 41.7% with 43% for the total workforce (against 57% in 2020). The covid booster uptake for frontline was 44.1% and the total workforce 45%. In excess of 75% had said they were happy to have both together. The pace had been set by the supply chain of the vaccine which was intermittent. It was noted that primary care had contacted many of the Trust workforce before the organisation was able to start its own campaign. The Trust was working through how to better capture this circumstance where vaccines had been given elsewhere. Consequently, PM assured the Committee that the uptake data was likely to be as a result of not capturing those who have had their vaccine through an alternative route such as their GP as opposed to not taking up the vaccine at work.

JM queried what the recruitment requirements were for the HCA role and sought assurance that there was some level of obligation before any final instituting was made in the role. PM assured that the established HCA role was required to have a care certificate which demonstrated typically full engagement and support around them for a 12 week programme, to be signed off on their competencies. It was primarily a supporting patient's role rather than a particular skill set that needed to be learnt.

LM referred to the medical training and compliance (page 18 of the IBR Report) and noted the significant pressure that the organisation was facing but sought assurance that this was being addressed given the importance. PM advised that this was an area that the Medical Director was driving forwards with his medical consultants. Much of the training had been blended to be online and also implemented a training framework that is nationally supporting what was included as the statutory and mandatory training and what

was the bare minimum. New job planning principles, along with the agile and flexible working agenda, provided support to non-clinical time away from the main base site to complete areas of work such as this training. It was not envisaged that there would be any further barriers to achieving compliance in this area for medical staff.

LM referred to the appraisal compliance detailed in the report and noted that the progress was good despite the challenges however it was still a significant reduction in terms of the previous year. PM advised that the latest figure was reporting at 66.5% so there was evidence of this rising. The appraisal window was set to close by the end of November to allow work to commence around building a talent management picture as an outcome of the appraisals. This was being managed sensitively and supportively as there were challenges and pressures in the organisation which resulted in a possible disconnect. There were some cases where appraisals had been completed but they had not yet been documented on Learning Hub. The LLP were carrying out group appraisals and as a consequence they were likely to see their figures come through quite quickly over the next month. There wasn't the assurance that the target in excess of 90% in 2020 would be achieved due to the organisational pressures. PM noted that medical appraisals were a condition of revalidation but were not included as part of the figures included in the IBR.

Digital and Information Report Update

DR presented the report which provided and update and assurance to the Board of Directors through the committee in relation to the work and responsibilities of the Digital and Information Services (DIS).

The Board had previously seen the future operating model of how DIS was going to work in transforming how IT operated within the Trust. Highlighted at the time was that there were some gaps in terms of skills and capabilities that needed bringing into the organisation. With some support the team were able to utilise some non-recurrent funding and interim resources through service contracts (such as Simon Hayes and Cathy Stanley). This was on an interim basis as through non-recurrent funds. The plan was, as presented to the Board, to have a discussion around clearer priorities within the future IT structure and develop a transition from interim to permanent however, financial restrictions and uncertainties had meant that this planning had been made difficult. This consequently introduced a risk of losing that the interim staffing arrangement (which was making great progress) beyond March/April 2022 therefore there was a need to consider whether they were able to be extended any further whilst taking into account the funding constraints the department was facing.

The committee noted that the DIS was looking to partner with an external organisation to bring in further skills and capabilities to deliver expertise in a range of services such as infrastructure, cyber security, networking etc. There was a cost involved however the committee were assured that there was a supported procurement process in place and it was hoped that this work would be concluded by December 2021 to be in a position to start utilising any successful provider.

DR highlighted some of the funding streams that were currently available for the Trust in particular in terms of the digital agenda, the external partnering organisation would also be able to support work around obtaining and bidding for such external funding streams. There were concerns however that many of which were required to be spent by April 2022.

Concerns were also raised around a global risk in the ordering or securing of IT equipment, if there were funds not secured then orders were unable to be processed and as a consequence the longer this was delayed, the less likely of success in obtaining the right equipment.

In terms of cyber and information governance, the committee noted that a comprehensive report was being prepared for the Audit Committee with a view to this then being **presented to the Resources Assurance Committee at its next meeting on the 14th December (Action 100).**

AB briefly highlighted to the committee that in relation to external funding streams, £500,000 had been secured and NHSE&I had issued a Memorandum of Understanding (MoU) which had appended the Trust bid (which clearly described a multiple year spend). Within the MoU it stipulated that it must be spent by the end of March 2022 therefore the Trust was pushing back and hoping to work through how this will balance.

It was highlighted that assurance was given around the risks and mitigations of the commissioning process for the digital and information work but concerns were raised in terms of the capacity with a backlog of 171% not scheduled for completion in the year. It was suggested that the committee would welcome some assurance of the risks by demonstrating a clear understanding of the priorities versus the risk in terms of the trend and the expectation to have in excess of 116 un-resourced projects in the backlog of work by July 2022.

Page 26 of the report described the complete migration to Windows 10 for end user devices and it was acknowledged that this had been a priority for DIS for some time, the committee wanted to understand what options were possible to move this agenda forward and quicker, thinking about the staff and end users it would support them better in their work if they had the latest upgraded systems. DR advised that the move from Windows 7 to 10 had been elongated and were coming to the end of this however, due to cyber reasons and support, the Windows 10 software now required to be updated. The challenge around this was that there were over 5400 devices that were old (over 5 years old) devices and consequently not compatible with any of the latest updates so the delay was due to the ability to ensure the devices were upgraded and able to withstand any current updates. To work towards mitigating this delay, £500,000 had been allocated to upgrade devices in 2021/22 to ensure that the latest software update was as effective as possible.

AB highlighted that there was a £3m spend (this included £500,000 brought forward from the previous year) planned for DIS in 2021/22 and requested that **a breakdown of how this spend was being allocated be included in the next DIS update report to the committee (Action 98).**

Information Governance Executive Group Minutes

DR presented the minutes for information from the last meeting of the Information Governance Executive Group (9th August 2021). He advised that the Trust was required to have Information Asset Owners meaning that there is an individual in each area and assured the committee that work was underway to identify these individuals (50 had so far been identified) and deliver the relevant training that they would require.

The committee noted the Information Governance categories for reported incidents that were occurring however there was no clear understanding of what the root causes were and suggested that this evidence and assurance of addressing these incidents be included in future reports.

Integrated Business Report – Digital

DR presented the digital element of the Trusts Integrated Business Report and highlighted a few key areas.

It was reported that there had been some high sickness in the service desk team which consequently meant that the results on the service desk performance was likely to drop over the coming weeks.

The committee noted page 54 of the IBR report in terms of the intelligence and insight team and its unprecedented number if data requests from NHSE&I and Freedom of Information requests (up to 170%). LM noted this risk and wanted to understand what assurances could be given that the risks are being mitigated and issues prioritised i.e. that nothing significant was going to be missed. DR reported that there was a prioritisation group that included Associate Chief Operating Officers from Care Groups and regularly reported into the Executive Committee – the group listed all of the different project requests that came in and they were then prioritised. The risk would be around what projects were of a less priority and what the impact would be if they are not completed or progressed. New projects were developed through a change request which would come into the intelligence and insight team and an impact assessment would be carried out however, currently the risk was that, due to the significant number of data requests coming into the team, the detailed impact assessments were not being carried out. To enable the committee to be assured around the management of these conflicting priorities, **an update of the priorities list could be provided at the next digital focused agenda on the committee in the coming months (Action 97)**.

LM highlighted that there were various specific priorities mentioned within the report and suggested that reporting of KPI's around these areas would be good to see as part of the report to illustrate and show understanding of how things were progressing. LM for example on transformation noted that the IBR report highlighted that the team had completed the migration of devices and servers to the new end point solution (Microsoft ATP), this sounded like a substantial amount of work and she would welcome an understanding of how this work had progressed and ultimately how this translated for patients. **DR to review the KPIs on the IBR report ensuring the key priorities are measured and benefits of deliveries for staff/patients are outlined in more detail (Action 101).**

Integrated Business Report – Finance

AB presented the finance element of the Trusts Integrated Business Report and highlighted a few key areas.

The report described the month 7 position and the narrative of the report showed that the Trust was £115,000 surplus against a £59,000 planned deficit and not predicting difficulties in meeting the plan. The IBR was going to significantly change due to their being 2 emerging risks in the year. One being CIP - there was an efficiency plan for the Trust (£1.8m delivered of an £8.9m programme), despite the gap on this closing, it was an issue and was important to be explicit in how the Trust was working to close this gap further - this would be reflected in the amended IBR. The second risk was capital - where the report described (page 32 of the IBR report) a £6m spend whereas normally by this time of the year it would have been around £9m – the committee noted the aim was to spend this by the end of the financial year. Page 32 of the report described the Trust cash position at approximately £42m however, this was indicative of what was happening and the way in which pre payments were working. It ensured that organisations had the funds to pay suppliers as influenced by the Better Payments Programme and its request of payment of suppliers within 30 days of invoice. The Trust was compliant with the programme with an average of 94% of suppliers being paid in the timeframe.

AB also illustrated to the committee the emerging strategy over the next 3 to 4 years which described the long term funding allocation for the NHS. MT highlighted in the context of the strategy, the key area was around developing key messages in relation to efficiency and the funding allocation. The committee acknowledged that this was not an ideal time to stimulate delivering efficiencies and a lot of work at the moment was around elective recovery.

EPAM minutes and assurance escalation report

The committee noted the minutes of the Executive Performance Assurance Meeting held on the 5th November 2021.

AB highlighted the sickness absence and how the minutes provided assurance to the committee that the sickness was actively being discussed. This sickness rate clearly remained a concern however, a considerable amount work underway to improve this rate and the committee were assured that this was being monitored accordingly.

Annual Report of Sustainable Development Group - Green Plan

The committee welcomed Jane Money (JM) and Malcolm Vegas (MV) to the meeting to present the report which provided and annual account and update on key sustainability successes and advised on new NHS carbon reduction targets.

JM requested that the committee considered recommending to the Board to reaffirm and extend the YTHFM and Board commitments in line with the current requirements of the NHS Standard contract Service Condition 18 and other guidance published in 2020/21. JM also requested that the committee recommended approval for the 'Green Plan 2021-2026' to update and replace the previously Board-approved Sustainable Development Management Plan 2017-2020.

JM highlighted to the committee the ask to consider the existing commitments in the context of the changing climate, the net zero and other targets (as set out in Appendix 1 of the report) noting that the 2017 mission statement "*The York Teaching Hospital*

Foundation Trust strives to actively encourage, promote and achieve environmental sustainability in all that it does". It was proposed that the 2017 mission be updated with "*The York and Scarborough Teaching Hospitals NHS Foundation Trust strives to encourage, promote and achieve zero carbon emissions in all that it does, through its staff, its services and its premises in line with NHS targets*". LM highlighted the word 'actively' had been removed from the mission however this was seen as a key contribution to the statement. LM also highlighted that patients and visitor travel accounted for the largest portion (26%) of the Carbon Footprint Plus and on this basis the committee recommended that patients as well as visitors, partners and key stakeholders be considered as an inclusion of the list described '…in all that it does through its…'. Taking these comments into account, **the Committee recommended the Board to approve the revised statement.**

The governance structure of the Sustainable Development Group (SDG) was illustrated and described in the report (Page 115) and it was noted by the committee that the reference to Quality and Safety Committee required to be amended to the Resources Assurance Committee. The SDG escalated items to the committee (as well as the YHFM LLP Management Group), who in turn brought items to the attention of the Board.

LM suggested that she would welcome some reference to COP 26 ie emergent strategy/guidelines. JD echoed the significance of COP 26 and that the government would be seeking assurance that guidelines were followed. The committee requested that consideration be given to link and include any outcomes that relate to the NHS from COP26 in the Trust's sustainability plans.

LM highlighted that a recent NHS Provider's conference discussed 'green surgery' and 'green wards', as part of a group that shares best practice and recommended exploring links with the NHS body. JM confirmed she would explore this, and that there were discussions within the group around these subjects and although there were some work streams developing around this, the Trusts focus was around prioritising those projects which had the biggest positive impact on carbon footprint. A lot of projects were based on the old guidance and previously this had a focus on 'nice things' that could be done aiming to net zero by 2050 whereas now the guidance had changed the focus and was specific by identifying carbon footprints and giving a deadline of completing some of the net zero work by 2040 as well as an expectation of reporting on how organisations were achieving this.

Page 67 of the report detailed an overview of achievements however it was highlighted that this didn't include greenhouse gases. It was noted that this was as a result of reporting on the 2020 guidance and based on the sustainable development assessment tool and their recommendations however, whilst the report was produced, the new guidance had been issued. It was advised that there would be an iteration in around 6 month's where there would be the most recent data with new categories and an understanding of how new recommendations would be achieved.

The committee discussed the communications around the plan following its signoff and PM suggested that the achievements, aspirations and expectations were promoted heavily both internally and externally. The committee agreed.

On the back of the carbon footprint focus, it was suggested that the Trust business case template considered this area so that when care groups were seeking service changes, the carbon impact such as patient transport, be considered when submitting a case.

Despite previously having been removed from the business case template when reviewing the business case process historically, the recent change in guidance, focus and the introduction of COP26 therefore promoted the need to bring this back into the process. **AB suggested that the Executive Committee discuss the inclusion and give some thought into how to the Trust ensured that a net zero NHS was much more prevalent across the organisation.**

JM and MV left the meeting.

Board Assurance Framework

MT presented the Board Assurance Framework (BAF) report which was in relation to the risks applicable for the Resources Assurance Committee. From October to November there was a move in the workforce risks from 3 merged into 1 which reflected better considering the strategic nature of the risk. IT and Finance had remained however the risk description had changed. The idea was to present the full BAF to the Board of Directors on the 24th November 2021. In addition at the Board private meeting there would be information on what had been discussed holistically. There was a need now to consider how the Trust was going to escalate and report forward the assurances from each of the committees which would strengthen the BAF further making it a live document and start to apply some measurable actions which could be delivered and scrutinised through the Audit Committee. MT advised that the current Risk Manager left the organisation at the end of the month which left a gap in how the BAF links with the Corporate Risk Register. MT advised that he was overall assured with where things were with the BAF subject to scrutiny at the Board meeting in November but emphasised the real challenge was around the Care Groups and operational risks driving how the strategy of the BAF is managed and also the pending gap with the Corporate Risk Register.

LM highlighted that trend indicators were missing and it would be good to see a summary of the overall risk trend for example, the movements in terms of risk management and the Trust responses. Understanding the outcome and action of how the organisation was treating the risk was important, for example in the conducting of talent management, the assurance was that the Trust actually had got that talent coming into the Trust and how would this be relayed in the BAF. Positive assurances were not yet something that had been demonstrated and there were some gaps in evidence of those that needed to be considered when reporting in areas of risk. **This was an action that MT agreed to drive forward with the Risk Committee**.

PM reported that she would like to add to the Corporate Risk Register the mandated vaccine and the vaccination as a condition of employment as a significant risk to the organisation. The detail of how this was to be implemented had not yet been published but as a first response the Trust had amended job adverts to describe the expectation around the vaccine uptake and were in discussions around the implications of factoring this into the employment checks stage.

It was highlighted that previously it had been suggested to include in the BAF something around the LLP and suggested that this be picked up in further discussions outside of the meeting.

Documents for consideration:

There were no further IBR issues to note that were not already covered on the agenda.

Reflection on the Meeting and Any other business

- Revert back to future spotlight agendas to enable a focussed agenda.
- Good agenda discussion
- Worked well having those join remotely to present reports.

Time and Date of next meeting

The next meeting will be held on 14 December 2021 at 9:00am via Webex.

Minutes

Quality Assurance Committee
14 December 2021

York and Scarborough Teaching Hospitals
NHS Foundation Trust

/ Members in Attendance: Stephen Holmberg (SH) (Chair), Jenny McAleese (JM), James Taylor (JT), Lorraine Boyd (LB), Lynette Smith (LS), Heather McNair (HM), Wendy Scott (WS), Mike Taylor (MT), Rhiannon Heraty (RH) (minutes)

/ Attendees: Sue Glendenning (SG), Sara Collier-Hield (SCH), Denise McConnell (DM), Shaun McKenna (SM)

/ 1. Apologies for Absence: Caroline Johnson (CJ)

/ 2. Declaration of Interests

There were no declarations of interest.

/ 3. Minutes of the meeting held on 16 November 2021

The minutes of the last meeting held on 16 November 2021 were agreed as a true and accurate record.

/ 4. Matters arising from the minutes

Action 123 – JT noted this as a first draft of the themes and trends paper and added that it does still need some further work and more detail. JT welcomed any feedback.

Action 136 – JT confirmed that the care groups are performing reasonably well (between 77-89% compliance) but it had been identified that locum doctors and GP trainees only had a recorded compliance of 48% This is why the IBR is showing at 71%. This has not been managed as there had been no oversight of it. JT confirmed that he is discussing this with medical staffing. SH expressed concern that regulators may not view these as separate issues and that we need to be able to give assurance that all staff have the appropriate level of training. JT said the Trust has agreed to be the lead employee for GP trainees (c.100), which means it has also taken on responsibility for core training. JT said there is no management resource from HEE to support this. JT added that he has asked if it is our responsibility to deliver core training to GP trainees.

Action139 – deferred to January.

/ 5. Escalated Items

There were no items for escalation.

/ 6. Chief Operating Officer Report including Performance Update & Restoration and Recovery Update

WS highlighted the below key points as positive developments:

November saw continued pressures, including ambulance handover turnaround times – it was noted that SGH has significant pressures and has had longer ambulance handover times than YH. WS said there is now a system group with representation from all partners including NHSE/I, YAS, CCGs, Humber FT and primary care. The ambulance handover group has an agreed action plan - some actions require wider system involvement in order to reduce the number of conveyances to ED and to ensure diversionary pathways are in place. YAS now has an SOP, which was trialled in SGH at the weekend with positive results, where a YAS member of staff will cohort three patients and three crews where it is clinically safe to do so to release crews to respond to category 1 calls. A key issue is space – at the weekend the Dales Unit (co-located with SGH ED) was available but is now being used for the frailty unit. There are conversations around a temporary tent or structure outside or adjacent to ED and this is being explored but there are more challenges for the YH site due to limited space. JM said that the use of marquees might help support the message to the public to avoid ED unless absolutely necessary.

There was a discussion about patient safety when cohorting and where responsibility for this lies. WS confirmed that it is the Trusts responsibility to accept patients from ambulance crews and that caring for these patients has to be considered as the Trusts responsibility. The Committee acknowledged the current ED pressures and WS said YAS must be able to release crews to respond to emergency calls. SH said we must have assurance around quality and safety and asked if involving specialties at earlier stages would be helpful. WS said there has been some reluctance from specialties around the perception of shifting the corridor queue from ED to specialty areas (where patients don't need to be see/reviewed in ED but can go straight to speciality). WS said that SGH has started to pilot an ambulance to SDEC model to avoid ED and criteria has been agreed with YAS across both sites to enable ambulances to access the SDEC model. There is also collaborative work with YAS around 'Fit to Sit' where patients that are able to sit are moved from trolleys or ED cubicles.

We are exploring a pop-up ward option in BDH as there is an empty ward available that can be made ready to accept those patients who are medically fit for discharge but are awaiting a response from LAs. There are ongoing conversations with the CCG and local authority around the feasibility of becoming a discharge to assess unit for patients that are medically fit for discharge but need further assessments. The current proposal is for the Trust to provide some HCAs to support a workforce model and therapy assistants with the local authority providing wraparound support. We also have a local GP practice willing to provide medical oversight. This is unlikely to commence until mid-January at the earliest but there is an appetite for this approach and it would help with delayed discharge pressures at SGH.

York End of Life Care patients are now being cohorted into St Monica's at Easingwold and a local GP practice have agreed to provide medical input to support this. JM noted this still leaves an issue with the East Coast and said the question was asked at Council of Governors whether we can utilise pop-up or mobile wards. WS said this has not yet been considered for EOL Care but that she would look into options.

We have had formal confirmation of the £4.9m funding to support capital development on the Clifton Park site collaborating with the Ramsay Group. Positive progress has been made here – the MOU and NDA have been signed off and the first project board has been

held. The aim is to develop this by the end of March but WS noted the impact will not be felt until the new financial year.

LS highlighted the following key points:

We have seen a significant increase in outpatient referrals which will create a challenge for our waiting list position. There has been a 27% increase in GP referrals and overall referrals are 112% of our 19/20 position, which is reflected in the growth of our waiting list. The Committee noted that other areas within the system are different, with NLAG only at 68% of their 19/20 position. LS said how we tackle this is a key part of our outpatient transformation.

PIFU is on track for the end of March target. The IT technical development is in place and specialties are rapidly looking at getting patients on alternative pathways.

For elective care, we met our 104 week wait trajectory for November and LS credited the operational team for this work. There has been successful deployment into the ICS and substantial support and validation for patients. LS gave assurance that we are currently at 320 patients that could breach 104 weeks by the end of March compared to 687 at the beginning of October.

For cancer, the faster diagnosis standard is now official and has been in place since October. We are at 72.7% against the 75% target but still have a reporting problem. LS gave assurance that patients are brought in relatively quickly to diagnostics and we report fairly quickly but work is needed around communication with patients. We have had a planning target set to return to the same number of patients over 62 days that we had in February 2020 by the end of March (c.178 patients). There are currently c.155 over 62 days (c.85% of target). Some patients are experiencing around 4-6 weeks additional delay to their target time.

SH noted that the upper GI service is carrying most of the risk and LS gave assurance that, following a mutual aid discussion around 104 weeks and high risk specialties with our four local trusts, NLAG have agreed to support us and our upper GI teams have identified a significant cohort of patients.

There was a group discussion about the NHSE/I letter regarding preparation for the potential impact of the Omicron variant and other winter pressures. WS said that there are currently 64 delays in YH and c.30-50 delays in SGH and there is an expectation to push for pathway zero patients (that have no reason not to have an expedited discharge) and for the local authority to work with community providers to move a minimum of half patients. There are ongoing conversations around how to approach this and WS agreed to bring any updates to the Committee as they are shared.

Action: WS to consider East Coast ambulance handover options for End of Life care

/ 7. IBR Overview to look at Performance

There was no further discussion required.

/ 8. CQC Compliance Update Report

SM gave an overview of the report and highlighted the following:

2 overdue actions from the CQC Action Plan were delivered last month and 2 remain outstanding. One is the PEM Consultant recruitment for SGH, which is a regulatory risk more than a direct risk to patient care, and the other is the relaunch of Safe Care to promoting staffing across the organisation. SM confirmed Emma George is developing a plan for this.

SM gave an overview of the whistleblowing alerts – see P4-8 in the Blue Box for details – and confirmed that 2 out of 4 alerts are awaiting a response from the CQC, one needs a formal response submitting to the CQC and one has been closed with no further action.

The Well-Led Deep Dive has been undertaken across all but one care group (CG3 are slightly behind schedule) and there are action plans in place. The care groups will send summary reports around their improvement trajectory, which will go to Quality & Regulations Group in January 2022 and will subsequently be brought to the Quality Assurance Committee. The Effective Deep Dive will be next and SM confirmed there will a deep dive update to the Committee every 2 months.

The Committee noted the suspension of CQC visits for the next 3 weeks in light of the Omicron variant unless there is an immediate risk to life.

There was a discussion around the risk associated with the Ward 32 incident, which was escalated to the CQC. HM said they were assured on our long term plan but less assured about our current position and whether every ward is sighted on nutrition and hydration. HM said this had been discussed at NMT and is being reviewed weekly. The Committee noted that there is significant assurance about assessment on admission but it is the reassessment when a patient's condition changes that requires more assurance. SH asked what the main obstacle was in delivering fundamental care, noting that our staffing levels are higher than they have been previously. HM said it was a combination of morale, fatigue, high absence rates despite there being more staff in post as well as having an extremely paper-heavy system, which was a consequence of an earlier CQC visit. HM said that Board was in support of digitalisation but it would be 6-9 months before we would be in a position to use a workable electronic system. The Committee agreed to escalate this and agreed that digitalisation should be seen as an integral part of patient care and safety. LB suggested comparing the risks of an imperfect paper vs. digital system and determining the lesser risk of the two.

Action: HM to bring My Perfect Ward data to next meeting to provide assurance against CQC actions re ward fundamentals of care

/ 9. Ockenden

/ 9.1 Perinatal Clinical Quality Surveillance Report & Continuity of Carer Report

SCH and SG gave an overview of the report and highlighted the following key points:

All Ockenden papers will be combined into one highlight report going forward.

PMRT – SCH said our internal recommendations are being tracked within the Quality & Governance Team and any outstanding actions that are not progressing are being raised by SG at the Care Group Quality Committee level for assurance. We are also strengthening our audit cycle to evidence action taken.

HM said it would be beneficial from an assurance perspective to know trajectory targets for compliance and whether we will be compliant by a certain time.

/ 9.2 Ockenden / maternity update

SCH said we have received broadly positive feedback around Ockenden from regional teams. We have completed a self-assessment last week and held a positive MDT meeting as well as finalising a new action plan for Ockenden with a proposed deadline of Q4. The Committee noted our struggle with delivering things in isolation e.g. maternal medicine network and accessible information on our website. SCH said she was investigating whether we can link our website to the LMS site as a better way of sharing guidance with women is needed.

Continuity of Carer has dropped as anticipated due to changes made to the model on the East Coast and the action plan to reach 100% needs Board approval in January. SCH said it was important to be clear that we are unlikely to deliver the national ambition by March 2023 and noted that there is a degree of realism that Trusts with staffing issues will struggle to deliver this.

SH noted that Royal Sussex County Hospital had recently received an 'inadequate' CQC rating and SCH said we are being proactive by using the new maternity self-assessment tool and benchmarking to be transparent in our position. SG gave assurance that we are using the Sheffield LMS tool from the CQC and will benchmark using this, that we are working closely with the QI team and that a maternity improvement time-out was held last week to pull together an integrated overarching improvement plan. SG said she was working closely with SM to link maternity work into KLOEs.

/ 10. Nurse Workforce Report

HM said that c.40 staff had received training on Safer Nursing Care tools to allow them to use safe care properly on our Allocate system as well as establish safer staffing levels on a daily basis and provide robust evidence on each of our clinical areas.

HM said that in terms of winter planning, we struggle to recruit on elderly care wards and the Committee noted that only 3 graduates out of 65 new recruits took up the offer of working on these wards. There is work to do to make these wards a more attractive place to work.

There was a discussion about shift incentivisation for bank staff as uplift alone is no longer incentive enough.

/ 11. Infection Prevention and Control Update

HM acknowledged some errors in the report. HM also recognised that there was insufficient information and assurance around the aspergillus cases and agreed to bring more information to the next meeting.

HM highlighted the following key points:

HM said her biggest concerns following the NHSE/I visit were our estate issues, ventilation issues, general backlog maintenance and the size of our IPC team and their ability to deliver and support our agenda. There was a focus on Covid, which resulted in a lack of proactivity around other IPC issues. These concerns will be discussed at Executive Committee in January and HM agreed to bring an update back to the Committee. HM said another outcome of the visit was that data around our general IPC performance that had not been published for several quarters due to Covid now shows us as an outlier on many

metrics compared to other Trusts. One of our lead IPC nurses handed in their resignation following the visit and HM said we needed to advertise for a dedicated senior IPC post to lead the agenda. SH shared concern around executive ownership and the Committee agreed that a senior IPC post would help to bring all elements together.

There have been 2 new aspergillus cases on ICU in YH and HM said that whilst last time the Committee was assured of no link between aspergillus cases and the ongoing building work, the backlog maintenance of the air ducts was not raised, which could be a contributing factor. HM said that this was never raised as an issue and therefore cleaning was never facilitated so there needs to be assurance from the LLP around their escalation processes. HM said the ICU is being investigated to understand what environmental issues are causing these outbreaks and the Committee agreed to escalate this to Board.

Action: HM to provide more information about aspergillus cases in ICU for further assurance

/ 12. Serious Incidents Report

JT gave an overview of the report and asked the Committee to note the new layout, welcoming feedback. JT said that, moving forward, themes will be captured more contemporaneously. SH asked if there was an opportunity to triangulate SI information with other metrics such as Datix. JT confirmed that there was and if the right framework can be agreed then Datix can be adapted to identify themes and trends and strengthen learning.

JM said it was a useful analysis but that more assurance was needed that learning has been identified and undertaken. JT said the learning is generally focused to the ward/area involved. JM suggested that there is evidence of learning if practice changes as a result and JT agreed, also adding compliance with practice as evidence.

There was a discussion about ‘never events’ and it was agreed to escalate this to Board. There was a brief discussion about SI 2021/22962 and HM confirmed that the guidance was changed during Covid to remove face to face appointments and ultrasounds to improve efficiency.

LB noted that SIs are increasingly becoming system SIs in terms of patient experience and asked if there is any system ownership or shared learning across the system. JT said there have been challenges with system participation for investigations and suggested a lack of maturity in system thinking. LB asked how this could be improved and JT said the risk is that all blame goes on the system leading to a lack of individual/professional responsibility. LB noted that harms are generally the result of an accumulation of issues throughout the patient journey and JT agreed that we need both system thinking and professional responsibility for learning to improve.

/ 13. Deteriorating Patient Update

SM gave an overview of the report and confirmed that the Deteriorating Patient Group, Sepsis Group and Resuscitation Group have all merged into the new Deteriorating Patient Group that meets once monthly for 1.5 hours.

SH asked if non-compliance should be escalated. SM said he was satisfied that it was sufficiently low-risk and noted it was also on the risk register with highlighted mitigations as well as plans to reduce risk further with training needs analysis.

/ 14. Sepsis Q1 Report

The Committee noted the slight delay for reporting periods. SM summarised that treatment is given relatively quickly when the sepsis screening risk tool is used to identify patients but that this tool is not being consistently utilised. This is likely due to the paper-based risk assessment (as discussed earlier), which is time-consuming.

SM said he had met with ED and inpatient staff to decide on a new audit tool to both standardise information and review data quality. The Committee noted a change in guidance where red high-risk patients should receive antibiotics within one hour of identification and amber to green patients should receive them within three hours. We are currently measuring against one hour administration for all patients. Once this is revised in line with the new guidance there should be an improvement in audit results but this won't be visible until Q4.

/ 15. Inpatient Survey outcome

The Committee agreed that there was insufficient information/assurance and HM agreed to update this and bring back to the March Committee. HM said it would be useful to triangulate findings with complaints/PALS data and added that we should be aspiring to be in the top 20% of Trusts rather than celebrating middle ground. The Committee agreed. JM said the only assurance was that there are no surprises and that we are sighted on everything.

Action: HM to provide more detailed update on inpatient survey outcome

/ 16. IBR Overview to look at Quality and Safety

JT gave an update on post-take reviews and senior daily reviews.

JT said Donald Richardson has undertaken post-take review benchmarking and confirmed that most staff use their opening times and staffing of their AMUs as proxy for this. Current figures on post-take show surgery at 60% and medical specialties at 86%, and AMU and AMB are showing as 88% and 89% respectively. JT said our target figure of 90% is not a Trust target – it was historically given to us by NHSE/I who are no longer pursuing this agenda. JT said this was reasonably assuring, noting so work to do in surgery as post-take is a medical concept, and said he would adjust the target so that it doesn't permanently show as red when we are well above average on this metric. SH said our figures should reflect the patient needs for assurance. SH said the main concern was around a lack of escalation and action for deteriorating patients. JT agreed and said an improved triangulation in the safety report would help with targeted improvement in these areas.

Re the senior daily review, there was a delay with the CPD improvement but the issues are now rectified and it is due to launch soon.

/ 17. QPaS Update

/ 17.1 Escalation and Assurance Report

SM highlighted the report recommendations and noted that the wording was slightly wrong for the second point re 4AT – the Committee noted that this was for information only.

JM shared concern about the size of the agenda and MT confirmed that he is reviewing all governance within the organisation to ensure that all Committees have a clear purpose (decision-making vs. assurance).

/ 17.2 QPaS Minutes – November

These papers were received as supplementary reports and no further discussion was required.

/ 18. Clinical Policies Update

The Committee noted that there are currently 307 clinical documents across the Trust overdue for review. SM confirmed that this is on the risk register with mitigations and place and gave assurance in two parts – 1) that work is being done with the care groups re clinical governance structures to ensure oversight and awareness of what is due for review, who the authors are and where it needs to be signed off, and 2) that a mapping exercise is being done for each policy to understand which group oversees it with a chair being held to account.

SH asked if annual reviews were necessary or if they were causing additional work. SM gave assurance that the new policy dictates a three year review date unless new guidance dictates otherwise. Any new or reviewed documents will be extended to three yearly reviews. SM noted the importance of care groups and specialties reviewing these as part of their job plans and governance structure to make things more manageable.

/ 19. Clinical Effectiveness Report

SM gave an overview of the report and noted that the two national audits that we were not participating in were approved at QPaS and there is associated improvement work taking place alongside these. SH commended SM on the work to date.

/ 20. Corporate Risk Register

MT combined items 20 and 21 and gave an update on progress to date. MT confirmed that the BAF has been re-evaluated to give a more balanced risk profile in line with that of our HCV peers. With regards to this Committee's responsibility, actions need to be split as follows – PR1 to focus on quality standards, PR2 on safety standards and PR3 on performance. MT said this had all been approved at November Board and that the next step is around documenting any further gaps in assurance and reviews of risk ratings, which will be discussed at the Risk Committee on 20 December. MT said he would then link specifically with the Executives around operational risks on the CRR, which subsequently manages strategic risks. MT said he was reviewing development now that Bobby Anwar has left the Trust, particularly around risk escalation from care groups, and he said he will be meeting with them in the New Year. This will then be reviewed by the Executives to consider any risks that could be escalated onto the CRR so that the BAF and strategic risks work in tandem with each other.

WS asked if the risk rating has changed as a result of moving into a level 4 pandemic response and the new omicron variant and if any updates were required. JM said this was also asked at Audit Committee. MT said this would be discussed at Risk Committee.

SH observed that setting risk scores is very difficult and MT gave assurance that colleagues at NHSE are doing the same thing. SH asked MT if the BAF appropriately expresses the difficulty of the situation to board and MT said it does not reflect operational day to day pressures, hence the importance of considering how operational risks and strategic risks run in tandem.

/ 21. Board Assurance Framework

MT referred to the BAF in the above section (item 20).

/ 22. Integrated Business Report

This was received as a supplementary report and no further discussion was required.

/ 23. Consider other potential or new emerging risks

The Committee noted the omicron variant, which was discussed earlier in the meeting. There were no further potential or new emerging risks for discussion.

Item for discussion or escalation

/ 24. Consideration of items to be escalated to the Board or other committees

The Committee agreed the following items for escalation to the Board:

- COO Report - Inability to achieve multiple access targets for both emergency and elective care
- CQC Report - Currently in formal review process with CQC following SI involving death with poor hydration with risk of regulatory action
- Ockenden and Maternity - Routine escalation to Board. No significant movement in metrics in month
- IPC Report - External report received regarding continuing high levels of C. diff contains findings critical of Trust response
- SI Report - Routine escalation to Board. To note 2 Never Events

/ 25. Any other business

There was no further business to discuss.

/ 26. Time and Date of next meeting

The next meeting will be held on 18 January 2022 at 1pm via WebEx.

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Minutes

Resources Assurance Committee
14 December 2021

York and Scarborough Teaching Hospitals NHS Foundation Trust

Attendance: Lynne Mellor (LM) (Chair), Andrew Bertram (AB), Polly McMeekin (PM), Michael Taylor (MT), Jim Dillon (JD), Cheryl Gaynor (for minutes), Denise McConnell (DM), Dylan Roberts (DR).

Apologies for Absence:

There were no apologies of absence.

Welcome and Introductions

It was noted and agreed that the meeting was recorded for the purpose of the minutes and would be destroyed following the approval of the minutes. Any requests to listen to the recording must be made through the Chair of the Committee.

Declaration of interest

There were no changes to the declarations and no declared conflicts of interest arising from the agenda.

Minutes of the meeting held on the 18 November 2021

The minutes of the last meeting held on 18 November 2021 were agreed as a correct record with the inclusion of the following:

The committee raised the integrated workforce and the vacancy factor being 8% against the previous month of 5.7%. Part of the increase was a 2.3% recalculation (this was advised outside of the meeting itself) and given the relevance of workforce at present it was a significant adjustment and was worth including. Although the 2.3% recalculation was advised outside of the meeting it was important as a contribution to note. It was noted and agreed that having this information behind the data would be well received in order to improve interpretation and consequently come to the right conclusions. **It was agreed as an action (102) that the workforce IBR report include this**.

Page 9 Digital and Information Report Update – the minutes noted £3m spend planned for DIS in 2021/2022 – DR clarified that this was in fact £2.5m. £3m was referred to in the programme but the actual spend was inclusive of £500,000 brought forward from the previous year. It was suggested that the minute include '(this included £500,000 brought forward from the previous year)'.

Action log

Action 101 (DIS KPI): Good to get the measure of the key critical programmes and how the success was going to be measured against those. DR confirmed that these would be included in the IBR for January 2022. Feedback from the committee last time was to not have general indicators but specifically related to some projects and programmes at present.

Action 99 (Workforce Update): Further detail on staff resilience and the work being reported on this as part on the next workforce focussed update in January 2022

Action 98 (Digital - £3m breakdown of spend): noted detail to be received in March 2022

Action 97 (Digital - Intelligence and Insight Team Priorities): noted detail to be received in March 22

Action 95 (New Start Programme): noted to be received as part of the LLP quarterly update in January 2022.

Action 83 (Grounds Maintenance): noted to be received as part of the LLP quarterly update in January 2022.

Action 60 (Asset Management Strategy): noted to be received as part of the LLP quarterly update in January 2022.

Integrated Business Report (IBR) – Workforce

PM presented the IBR providing an update on the following areas:

Staff vaccination programme

The vaccination programme continued for covid 1st, 2nd, booster and flu vaccines. There was currently a lot of scrutiny with regard to this and manual reconciliation of data was required due to information governance purposes meaning that a mass look-up exercise was unable to be completed where regional vaccinations of trust staff could be checked in order to determine when staff had been vaccinated outside of the organisation. The vote was to be decided in parliament on the 14th December in relation to the mandating of dose one and two of the covid vaccine. If passed the timeline was that it would become statue on the 6th January which would override a number of information governance issues. The Trust was manually reconciling those that had not been vaccinated at the Trust against its staff record and had come across some data issues that PM had escalated to the region to ask if there was an issue with the NHS Digital data so there were concerns that the data and stats the Trusts were being supplied with were inaccurate. As a result, the Trust was working to reconcile this itself. An all user email had been distributed to encourage staff to inform their managers if they were not 1st and 2nd dosed. Following this there were so far 15 who had advised that they were not intending to have the vaccine however, these individuals were all in scope of the mandatory vaccine(s). Ultimately managers needed to be aware of what proportion of their team would not be able to be employed from the 1st April and needed to work back from this and be supported. The implications of individuals who were refusing to be vaccinated would have to be supported through HR processes including redeployment options etc.

The committee raised the booster programme and the impact this might have on current resources. The Trust was being asked to prioritise the booster programme to achieve the ask within the region. The Trust was clear that unless there was clear instruction there was no appetite to pause services in order to free up staff to deploy and support the regional booster programme. If the Trust was encouraged to do so, there may be a need to deploy staff to centres in the region as the on-site hubs were not in suitable locations to open up to the general public. Nimbus planned to have 4 vaccination sites opened in the York area by the weekend and the view was that this might be sufficient. Questions around the union's position were raised and it was advised that Unison in particular had reported their support but the union focus generally was on the pay offer.

It was highlighted that the report detailed 69% for Covid booster and 59% for flu and queried whether this had increased since the report had been produced and the email communication for call-out that had been sent. For flu the Trust was reporting 56% for frontline and 62.7% for booster, 1st and 2nd doses were informed at 94% however, as mentioned, the Trust was working to reconcile this. The regional data showed the 1st and 2nd doses for Yorkshire and the North East showing 93% so the Trust was 1% above that and the booster were regionally reporting at 79% and the Trust has been informed it was at 81%. These figures were the frontline figure as the denominator that they measure regionally.

There was low assurance around staff absence and noted that a discussion at the Audit committee detailed about the issues producing the figures for staff absences and the errors between the rotas and what was reported. The issue tended to generally medical staff, more specifically junior medical staff and was about reinforcing who was the line manager and there was work to be done around this. At the moment the rota team are notified of the absence but they don't manage the absence of the individuals so there was a disconnect. As the roll out of Healthroster as a good erostering system, that will support capturing this more efficiently however this doesn't manage to proactive management of individuals. There was a need for further details around this (Action 103) given the audit findings and low assurances of this. It was the whole process where there were some clear systemic problems and would be good to understand through an update of where things were to mitigate those risks. **PM suggested February to bring back a progress report which would allow for some measured to be carried out and findings included.** The committee noted the low compliance of the medical staff in relation to the core training and this was notably also similarly related to line management reporting.

Appraisals

The appraisal window for non-medical staff had now closed (end of November), the target was 90% and the Trust was currently at 88.7% so significant improvement over the last couple of months which was pleasing considering the ongoing workforce pressures.

Streamline Data

The Statutory and Mandatory training team who manage the Learning Hub area had been reconciling the data to the payroll system which would make the on-boarding experience really positive for new starters. For example when a new starter was already compliant with fire safety, they would not be required to complete that training aspect when they commence post. This work completed on the 24th November.

Integrated Business Report – Digital

There was nothing further to add to the report.

Essential Services Programme Update

Chris Brennan, Programme Manager for the Essential Services Programme (ESP) joined the meeting and presented the report. Chris updated the committee on the essential services programme and the external funding the Trust was going to secure to support its delivery.

The Committee noted the ESP as a programme of work initiated by DIS to drive improvement in the way the Trusts IT services and products were services and operated in order to enhance the maturity of all aspects of core IT such as; infrastructure, application and service. This was to deliver the foundations required to ensure IT was an enabler for the Trust and the Integrated Care Systems' (ICS) strategic drivers (Building Better Care, Digital Transformation). Critically this programme was to mitigate the Trust's operational risks around Major ICT Failure and Cyber Attack. The intent was to bring the Trust to a similar level of maturity as our provider partners HUTH, NLAG and Harrogate FT.
The Trust was able to invest £2m in 2021/22 with a commitment to invest a further £2m a year in 2022/23 and 2023/24 against what was a larger Plan A ask detailed in the report.

The committee noted key ESP updates on four key pieces of work that sit within the :

- CPD Infrastructure Workstream
- Storage & Compute
- Cloud Assessment and Platform Build
- Virtual Desktop Infrastructure

Notably a significant piece of work was the imminent Trust migration to NHS contracted Office (N)365 cloud solution from Microsoft Office 2010. The change was going to be disruptive as it was to change all email addresses and meant that many office capabilities relied upon previously (macros in spreadsheets etc.) would no longer work. In 2019/20 the Trust was required to make a commitment to NHS Digital for the type of licences required and opted for 7000 cheaper online only versions. This was noted a mistake due to not be able to access files on local drives and interfaces with applications such as the Core Patient database wouldn't work. However, over the last 12 months through negotiation and adaptation the Trust was able to change the licence model to a full desktop client as required without significant penalty. The committee acknowledged that it would be a challenge to achieve a planned timescale of 3 months to roll Office 365 out to over 9000 users and would consequently be disruptive with the need to have a clear plan to mitigate risks.

In relation to external bids for funds the Trust was working over the last 6 months on bidding and securing external funds such as:

- Unified Tech Fund (£1.750m) to accelerate the core network infrastructure and Wi Fi capacity and spread across the whole Trust including a large number of mobile devices. Hoping to be in receipt of this by early January 2022
- Diagnostics Funds (£1m) for an imaging infrastructure. Trust was leading the design and implementation of a shared infrastructure with Hull University Teaching Hospital.

Concerns were raised by the Committee in relation to the virtual desktop solution and although the concept was good, there was concern that this was something that would be implemented on older devices and assurance was sought that this trial would include a plan of replacing those older machines with newer devices. The shared workstations with tap on tap off technology pilot was an exciting concept and the proof of concept through a trial including ward 35, 36 and 37 and also the ED department, the workstations were to also be refreshed first and foremost to ensure that they include the latest workstations supporting the technology. Once piloted the Trust would be moving at pace to replace and refresh the virtual desktop solution across wider areas and ultimately across the Trust over the coming 18 months but first hand in the next 6 months in the key areas noted.

In relation to mobile devices, it was noted that £300,000 was allocated for this but there was concern that this was not a lot of funding and a plan to understand this allocation would be useful to understand. This was noted as a capital purchase and the reason being that some of the external funding sources was capital. However, this required an internal financial case for the devices and highlighting the pressure that in 3 year's time there will likely be the requirement to make another purchase as these assets would likely only last this length of time.

The Committee noted in relation to the finances for Plan A and Plan B and the proposed organisational structure change, as the Trust was to move into the Cloud there would likely be a shift with an increase in OpEx (Operational Expenditure) and a decrease in CapEx (capital expenditure) and the revenue should increase significantly – the figures did not reflect these projections in the report. The Committee discussed the need for the Trust to understand these finances and how they were managed and would be considered over the coming months and years as more pressures on capital in DIS would become apparent. It was clarified that in terms of the organisational structure changes that were required to be brought in, the necessary resources were currently available to support this however in future years there would likely be a proposal for funds submitted to fill some gaps. A workforce plan was currently being developed with HR which would include a recruitment plan for the next 2 or 3 years specifically for DIS as a specialised area of expertise to attract and recruit to. This may include a mixture of NHS and external consulting but that was unclear at this stage.

The committee welcomed the plan and to be able to see it visually and understand where the priorities were. There were concerns about the number of risks and good to see some of the mitigation such as proposing bringing a holistic partner. It was suggested that throughout the various parts of the report, increased consideration be given to the risks, some examples given were VDI pilots - there was nothing of note beyond the plan being implemented in March but what if that didn't work and what were the mitigations?. Office 365 - the timelines to deliver to 9,000 users was a big transformational change, the Committee's concern was what might this mean if a clinician was perhaps unable to access their profile, what risk would this equate to in terms of patient safety?. It was explained that not all risks were able to be mitigated but they would all be included and provide a clear solution architectural road map of where the Trust was heading. The Committee highlighted that it would welcome assurance on how the Trust is taking advantage of developments with the 5G network and Edge, perhaps in the next 5 or 6 months as DIS plans came together.

The cyber desktop exercise was highlighted by the Committee and the fact that this was still outstanding as an action from October 2021. This exercise had become more complicated than it should have been but was now planned in for January 2022 and **feedback should be reported to the committee by February 2022**.

The appendices of the report were highlighted and it was noted that these were not in any particular order of priority, it was helpful to see a RAG rating but the priority order was critical to see to enable the committee to have an overall understanding and assurance of progress.

It was noted that there was a need for a detailed benefits realisation plan and some detailed benefits tracking to share and broadcast the good stories around what the Trust was doing to deliver a better and faster digital infrastructure in the organisation. It was also noted that a translation into a monetary value understanding of the benefits would also be welcomed through the Committee to see the benefits plan over the next 2 to 3 years.

The committee noted the update report.

DIS Audit Committee Update Report

The Committee received the report for information. Key actions on the Data security protection toolkit would be presented at a future meeting of the committee before the next Group Audit Committee in March 2022.

The Committee noted the report

Digital work with Community Services

Sue Bennington joined the meeting to present the community services digitisation and highlighted some of the collaborative work that the DIS, IT training team and the community teams had been doing over the last 2 years describing the financial and resourcing efficiencies. Training interventions and support measures that had been implemented ultimately resulted in patients receiving a much better experience and a better quality of care, much of which was focused on exploiting the capabilities of the Community Services Electronic Patient Record (EPR) system TPP SystmOne. It was noted that 50 million patients were registered in the community. The Trust had taken the system one screen which enabled the GP to click a button and instantly the referral has started and saved a lot of time, the information was accurate and the patient was receiving and ultimately delivering a much better service. The GP referrals, external and internal referrals all work in the same way and enable work with the patients directly and consequently a collaborative working and system.

The committee agreed that it would welcome some quantifiable data that illustrated the end to end processes in terms of where time has been a significant progress with a supporting change plan that sat behind it. The corporate efficiency team were suggested as a supporting department to help deliver an efficiency and benefits understanding. This would also detail what could be done with the time that had been released for example, were more patients able to be seen or did patients receive longer appointment times as a result of the time efficiencies.

Overall the committee felt that there was a real sense of partnership and moving things forward but ultimately that the patients service was improved significantly. The impact of the benefit to the patient's journey and their wellbeing would be good to see in some form

of measurement. The committee would welcome Sue back to present the outcome of the corporate efficiency team work at a future meeting.

The committee noted the report and its progress.

Integrated Business Report – Finance

AB presented the IBR in relation to finance and reported that month 8 was following a consistent trend. The Income and Expenditure table (page 31 of the IBR) detailed a £0.3m surplus (£297k surplus against a £186k unadjusted planned deficit). This was encouraging coming into the final 4 months of the financial year as there was some significant increased spend built into the remodelled forecast recently done (for example including bank incentives and winter schemes approved at the Board). Month 9 submission to NHSE&I - there was an expectation that the Trust would hit a forecast outturn position. There was still the expectation to break even at the end of the financial year subject to any unexpected financial impacts that may come to light through Omicron for example.

The committee also noted that there was a new section of the finance IBR which described: Matters of Concern and Risks to Escalate, Major Actions Undertaken and Work in Progress, Positive Updates and Assurance and Decisions Made and Decisions Required of the Board. This section described key information to note in relation to these areas. Two areas of concern were raised:

1. CIP planning currently does not meet the required delivery value.
2. The Capital programme has slipped against plans and significant spend was required in the remainder of the financial year to maximise CDEL cover. £6.15m of the capital spend with £7,870m of the planned £11,296m had been spent and fully expect further significant change in spend.

Capital allocation and a 3 year revenue plan was discussed. The Trust had been asked to prepare a first draft of a capital plan for a 3 year allocation based on all the intelligence gathered and met internally with care groups around the business planning work along with DIS and had worked this up however this submission of the draft plan was not expected until January 2022. The approach was that there were two draft plans to be proposed, one that was affordable for the Trust and another that described what was needed.

EPAM minutes and assurance escalation report

The committee had received and noted the minutes of the Executive Performance Assurance Meeting for the 30th November 2021.

Board Assurance Framework

MT had introduced a new template for future committee escalation logs. There were no changes to the BAF as a result of the discussion throughout the meeting. The committee noted the focus on the principal risks PR4, PR5 and PR6 all of which subsequently approved at the 24th November Board of Directors and now to be submitted to the 20th December Risk Committee in order to further discuss with Execs those gaps in assurance

and where anything could be tightened ahead of the end of the year and inclusion in the annual governance statement which form part of the Head of Internal Audits opinion which consequently aids the sign off of the annual report and accounts.

The committee noted the on-going progress on developing the Board Assurance Framework, the ongoing work with the Executive Directors and the specific risks to be noted with oversight at the Resources Assurance Committee.

Documents for consideration:

There were no further IBR issues to note that were not already covered on the agenda.

Reflection on the Meeting and Any other business

- Allocate a bit more time but interesting things come out from the meeting and good to see the community work.
- Timeframes were tight and to consider those included to present at the meeting.
- Timing was an issue but a more balanced agenda would help.
- If short meeting then perhaps don't have people to present.
- Ask that Executives work with Cheryl and Mike on the timings if there are people coming to present.
- Debate whether to have the December meeting in future
- Agreed a spotlight on one of the areas (workforce, finance, LLP and digital) and then short reports from the others (15 minutes or so)

Time and Date of next meeting

The next meeting will be held on 18 January 2021 at 9:00am via Webex.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022 (November data)
Perinatal Clinical Quality Surveillance Update

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

The publication of the Ockenden Report (Dec 2020) and the supporting 'Implementing a revised perinatal quality surveillance model' document has led to immediate changes in the reporting and escalation of Maternity Safety information to Trust Board. This report will provide monthly oversight of perinatal clinical quality as per the minimum required dataset, ensuring a transparent and proactive approach to Maternity safety across York & Scarborough Teaching Hospitals NHSFT. The appendices contain the relevant mandatory data which is accompanied by this information and assurance report.

Executive Summary – Key Points

There have been one moderate harm incident and one serious harm incident which is being investigated via the Serious Incident Policy during the reporting period.

One incident fit the criteria for HSIB investigation and there are 3 HSIB reports awaited.

Ockenden feedback has been received and action planning will be completed by December 2021, an update is provided within this report.

CNST action planning is progressing, risks are highlighted and additions have been made to the Risk Register to capture this. Training has moved back to face to face as nationally recommended and a 3 year training plan developed. Challenge remains around MDT training compliance and plans are in place to address this.

Midwifery recruitment remains challenging. Plans are in place to support staffing shortfalls; exacerbated by Covid absence. Concerns were anonymously raised with the CQC around safe staffing. These were responded to and information provided.

Recommendation

- Receive & discuss the report and appendices
- Recognise the improvement work required to further strengthen the report and Trusts position.

Author: Care Group 5 Quality and Governance Team

Director Sponsor: Heather McNair, Chief Nurse

Date: January 2021

1. Detail of Report and Assurance

1.1 Introduction

The publication of the Ockenden Report (Dec 2020) and the supporting 'Implementing a revised perinatal quality surveillance model' document has led to immediate changes in the reporting and escalation of Maternity Safety information to Trust Board. This report will provide monthly oversight of perinatal clinical quality as per the minimum required dataset, ensuring a transparent and proactive approach to Maternity safety across York & Scarborough Teaching Hospitals NHSFT. The appendices contain the relevant mandatory data which is accompanied by this information and assurance report.

1.2 Moderate Harm & Serious Incidents (Appendix B)

Over the course of the reporting period there has been one incident logged as 'Moderate' harm. An initial Patient Safety Investigation Report has been undertaken within Care Group 5 and presented to the Trusts Quality & Safety Group. The outcome from this meeting was the recommendation that a Local Investigation be undertaken. Learning was identified through the course of the initial investigation and this is noted in detail in Appendix B. The initial learning from the incident has been shared through Clinical Governance. Once the investigation is complete actions will be completed and shared via this report. Actions will be monitored via the Quality & Governance Team. The mother has been provided with stage 1 and 2 Duty of Candour and is aware that an investigation is underway. The mother will be informed of the investigation outcome with an accompanying apology in line with statutory duty of candor requirements.

One incident has been reported as a 'Serious' harm incident. An initial Patient Safety Investigation Report has been undertaken within Care Group 5 with an accompanying presentation to Quality & Safety Group. The outcome from this meeting was to declare a 'Serious Incident' so that a serious incident investigation could be undertaken. The investigation has been allocated and is currently overdue. It was due to be completed by January 2022 – the author required an update to her training. Initial learning from the Patient Safety Investigation Report demonstrates that new systems need to be introduced in the Radiology department and a review of guidance will take place. The learning from the incident has been shared with the Radiology Department and through Care Group 5 Clinical Governance. Actions will be monitored via the Quality & Governance Team. The patient has been informed of the investigation outcome with an accompanying apology in line with statutory duty of candor requirements.

1.3 Healthcare Safety Investigation Branch Reports (Appendix C)

No finalised reports have been received in the Trust during the reporting period. The Trust is currently awaiting 3 reports from HSIB, it is anticipated that they will be received within 6 months. Within the reporting period one incident was reported to HSIB in line with statutory requirements. This was a 39 week stillbirth.

Meetings are held quarterly with HSIB to discuss ongoing and concluded investigations. HSIB also provide a newsletter and an annual report with recommendations; benchmarking of which is underway. Every HSIB report received has action planning that is managed by the Quality & Governance Team, overseen by the Corporate SI team and reported via Clinical Governance. It is recognised that

thematic reviews need to be undertaken more frequently, in line with recommendations from SIs and other incidents and this is currently being developed as part of the Quality and Governance team Quality Improvement plan.

1.4 Perinatal Mortality Review Tool (Appendix D)

Two cases were notified to MBRRACE and it is anticipated that the reviews and draft reports will be completed within 4 months. The learning and outcomes will be highlighted in this report upon completion of the review. There were 0 PMRT reports completed in this reporting period. There are none overdue. CNST compliance relies upon the reporting and completion of PMRT within the timeframe: perinatal deaths need to be reported to MBRRACE within 7 working days, the report commenced within 2 months and completed within 6 months. Action planning from PMRT reports is monitored via the Quality and Governance Team. There is currently a quarterly PMRT report produced but it is anticipated that the content of that report can be highlighted via this report instead. Outcomes from PMRT action plans are shared with staff via 'Learning From' newsletters and are discussed at monthly Perinatal Mortality Meetings.

1.5 Training Compliance

Training compliance is monitored monthly via the Maternity Quality & Governance Team. Training figures for Midwives cross-site and Medical staffing have remained static with some elements showing an increase, and some a decrease. The MDT Training Needs Analysis (TNA) for the next 3 years was updated in October 2021 and a request has been made to Learning Hub to add all required training for medical staff to their learning profiles. Medical staff compliance remains challenging and has been escalated via Clinical Governance and Care Group 5 Quality Committee. The Deputy Head of Midwifery is attending the monthly cross-site Consultants meeting to highlight and discuss and detail is being sent to the Consultants around who is outstanding which training.

Discussions have taken place at Care Group 5 Quality Committee to strengthen training oversight. Training is monitored on a month by month basis in line with CNST and Ockenden compliance, as well as in conjunction with Trust statutory training requirements. During Covid, most training was moved online and has only recently been reintroduced face to face. The availability of rooms large enough to safely accommodate the MDT requirements have proven challenging.

1.6 Safe Staffing

<u>Maternity Staffing</u>

All women should receive 1:1 care in labour. This is not being consistently achieved cross-site every month. York compliance was 96.7**%**, compared to 92.7% last month and Scarborough compliance was 94.9**%**, which is down from 99% last month. Both Labour Wards should have a supernumerary coordinator 100% of the time. The Trust is currently not consistently meeting this target; however Scarborough Hospital did achieve compliance this month. York compliance is 86.6**%** compared to 92.8% last month and Scarborough compliance is 100**%.**

Not achieving the above quality indicators is likely to be caused by acute staffing issues, particularly on the York site. Clear guidance around what constitutes 'supernumerary status' is currently being defined and is expected to mean that the coordinator cannot have a caseload but can support other staff for a time. Action

plans for both of these elements are in place and monitored by the Inpatient Matron. They will be shared with Trust Board in January and regularly reported via this report and Labour Ward Forum.

Recruitment remains a challenge and the Band 5-7 midwifery vacancy rate is 12.01wte (11%) at York and 3.05wte (5%) at Scarborough. A full Birthrate+ review was undertaken in April 2021 and a subsequent bid for Ockenden monies was successful, allowing for the recruitment of an additional 8.6wte midwives. Workforce plans are being developed by the Head of Midwifery to address staffing shortfalls and this will be shared with Trust Board this month. Several actions have been taken to improve the recruitment potential including:

- An offer of financial incentives for Midwives at Scarborough Hospital to temporarily relocate to York Hospital.

- Additional incentive into bank payments

- Vacancies are being advertised on a rolling basis.

- Agencies have been approached to support safe staffing levels and bank midwives recruited.

- Overseas recruitment is commencing and several applications have been received.

- Twice-daily cross-site safety huddles, led by a senior Midwifery lead, take place to monitor acuity and action plan for any potential shortfalls. The availability of the homebirth service is reviewed daily.

- The 'Maternity Escalation Policy' has been updated and circulated

There were 4 unit closures at York Hospital in the reporting period due to short staffing and acuity. Unit closures occur to ensure women receive the safest care possible. It is expected that the above challenges will remain as staffing absences from Covid increase, combined with staff vacancy and sickness.

<u>Obstetrics – Scarborough</u>

Currently there are 2 Consultants who are not undertaking on call duties due to occupational health recommendations and a further Consultant on long term sick (no end date), covered by a long term locum. Whilst this does pose a challenge for the service, two O&G consultants have been recruited with the first due to commence in post in January 2022 followed by the second consultant in March 2022.

There is a doctor on the lower grade (SHO) rota who is less than full time, therefore any rota gaps are being managed on a weekly basis. Due to the difficulty in recruiting and to ensure patient safety, locums are being used to cover the rota until the new rotation in February 2022.

<u>Obstetrics – York</u>

Two Consultant posts were recruited to and commenced post on 24 August 21. In addition a further 4 Consultants have been recruited to, one of whom is due to start in January 22 with the remaining posts awaiting clearance to commence.

There is currently one Registrar on maternity leave, 1 due to go on maternity leave at the beginning of January 2022 and 1 due to go on maternity leave at the end of February 2022,. Interviews have taken place for 2 locum registrar posts to cover these posts.

Obstetric Staffing Rotas are closely monitored to ensure minimum safe cover for all maternity areas, with staff being moved across areas and locum cover being put in place where any gaps are identified.

1.7 Service User Feedback

The service engages with women and families in a variety of ways. As well as friends and family, pregnancy/birth debriefs and PALS, we have a Facebook page that is contacted frequently and attached to this, an 'Ask a Midwife' enquiry service. The Ask a Midwife service has now been funded centrally by the LMS and is managed by a dedicated midwife. The service is engaged with all three of the Maternity Voices Partnerships (MVP) and the LMS MVP lead; a culture of obtaining and sharing feedback is embedded and features in our Care Group patient experience action plan. There is current challenge around the provision of regular MVP meetings in two of the three local MVP; this is being addressed regionally.

Concerns raised through PALS and complaints are addressed directly and resolved. Approach to complaint responses has been improved in terms of inviting all families in to discuss their concerns directly with the team. Care Group 5 are working hard to resolve issues around responding within timeframe and have a weekly meeting in place to identify and resolve any barriers to completion.

Positive feedback received from York Homebirth Group:

"Please could I leave some positive feedback for triage & labour ward. Especially our gratitude to H who was our midwife during the birth of our little boy Louis. H was brilliant, very supportive, friendly and went above and beyond to give us the best care and birth possible. Nothing was too much trouble and she really is a credit to the midwifery team."

Discussions have taken place with the patient experience team to encourage use of the Friends & Family Test and work is ongoing with the Matrons to ensure boxes on the ward areas are emptied. Matrons have been asked to provide monthly updates regarding, 'you said, we did' for patient experience and whiteboards have been ordered for the ward areas to allow women to leave feedback.

1.8 Staff Survey

The 2020 staff survey results indicate that Midwifery staff at Scarborough feel generally happier than those at York. Plans to improve staff experience include the introduction of ward charters which define support and expectations around behaviour, additional ward manager training and the introduction of 'Greatix' to celebrate staff achievements. Once we have received the results of the latest staff survey, we can action plan accordingly. Governance boards are now in place in the maternity areas to highlight safety concerns/themes, learning from incidents and investigations, training compliance and to highlight areas of good practice. The meeting of the Quality Council in November did not go ahead as planned due to staffing issues and has been rearranged for January 2022.

It is acknowledged that work around culture in the ward areas needs to be ongoing and ODIL have provided sessions at both sites. It is anticipated that a piece of work will commence in the New Year on Scarborough site following concerns raised by the staff around morale and communication.

1.9 Regulatory Update

There have been no Coroner Regulation 28's made directly to the Trust in relation to Maternity Services. The Care Quality Commission (CQC) received an anonymous concern relating to alleged unsafe staffing in Maternity. An investigation was undertaken by the Head of Midwifery and Deputy Head of Midwifery. Staffing figures appear good overall with some areas identified for improvement. All relevant information has been shared with the CQC.

1.10 The Maternity Incentive Scheme - CNST (Appendix E)

The NHS Resolution Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive
Scheme invites Trusts, in this Year 4 scheme, to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward those Trusts who have implemented all elements of the 10 Maternity Safety Actions.

Year 4 was launched August 2021 and a working group established. The 10 safety actions have had leads identified and fortnightly meetings scheduled. There have been challenges around MDT attendance at the meetings so plans are in place for the Deputy Head of Midwifery to develop, share and progress individual action plans with safety action leads.
This report will escalate progress from the CNST action plans on a monthly basis and associated papers for Board consideration will be presented as per timeframe. CNST will also be discussed at Clinical Governance and Care Group 5 Quality Committee. An oversight group with the ACOO and ACN for Care Group 5 is in place. Declaration of compliance with CNST will be presented to Board in May to be signed off for the June 2021 deadline.

1.11 Ockenden (Appendix F)

The Ockenden Report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust was published in December 2020. All maternity units across the country were tasked to complete an initial Maternity Services Assessment and Assurance Tool to self-assess against the required actions, cross referenced to the 10 Safety Actions contained within The Maternity Incentive Scheme (CNST). Trusts have been asked to submit detailed minimum evidence requirements against 49 elements identified from the Ockenden recommendations, and a further update on the progression against these requirements is provided within this paper.

The Maternity Services Assessment and Assurance Tool, developed by NHSEI and published in December 2020, supported providers in the initial assessment of their current position against the 7 Immediate and Essential Actions (IEA) in the Ockenden Report. Since that time and as previously reported to the Board of Directors, the requirements in terms of the minimum evidence required to support

compliance have evolved considerably, resulting in a total of 49 standards to be addressed by providers of maternity services.

In addition, the Trust is required to ensure that there are appropriate mechanisms in place for workforce planning. The proposed Midwifery workforce plan will be presented to Board and the Executive Committee for consideration this month. Following the submission of evidence in June 2021, the Trust received formal feedback on 2 November from the national team, together with an evaluative report from NHSE/I. The report has been rigorously benchmarked against the original submission and supports the evidence we felt we had submitted, the national team received it positively and felt it was a good submission. From this feedback, an MDT action plan has been developed and circulated for agreement. The plan will be discussed at Clinical Governance in February 2021.

The second part of the Ockenden Report, with further actions, was anticipated December 2020 but has not yet been released. This report will escalate progress from the Ockenden action plan on a monthly basis. Ockenden progress and its associated audits will also be discussed at Clinical Governance and Care Group 5 Quality Committee. An oversight group with the ACOO and ACN for Care Group 5 is in place.

1.12 Continuity of Carer (Appendix A)

Better Births: Improving Outcomes of Maternity Services in England (2016) outlined the Five Year Forward View for NHS Maternity Services in England. At the heart of this vision and in response to the evidence around increasing health outcomes and safety and decreasing health inequalities, is the provision of 'Continuity of Carer' (CoC). This is a model of care provided to women by the same midwife or small team of Midwives for the whole of pregnancy, birth and the postnatal period. Consideration needs to be given to the care planning and offer of a continuity model to women from BAME communities and those living in areas of deprivation.

The Care Group continue to work towards offering all women CoC by 2023, with a focus towards women from our BAME communities and those living in the higher centile areas for deprivation. Action planning for wholescale continuity has been submitted to the LMS and discussed with the national CoC lead during an assurance visit with the regional continuity leads in September 2021. CoC teams have been asked to work differently temporarily in order to manage the deficit in midwifery staffing cross-site. The plan to implement Continuity of Carer as the default model of care by April 2023 will be presented to the Board and the Executive Committee this month.

1.13 Safety Champions Feedback (Appendix G)

The role of the Safety Champions is to provide a clear and effective pathway of communication regarding safety issues from ward to board level, providing feedback and updates to staff on issues raised. The aim, via visible leadership, is to build a safety culture in our maternity and neonatal services that is open, honest and responsive. Cross site monthly safety walk arounds are undertaken by the Board Level Safety Champion (the Chief Nurse), along with the Non-Executive Director and the Head of Midwifery where possible. Action planning against issues raised will be updated via this report and discussed at the bi-monthly Safety Champions meetings.

2. Next Steps

The Deputy Head of Midwifery has changed the presentation and content of this report to enable more assurance focused information and discussions. Further work will be undertaken in the next 2 weeks to strengthen this work further, including a review of the appendices and associated information. Overall this will provide the Trust with a clearer picture of risk and updates on improvement work as it progresses.

3. Detailed Recommendations

- Receive & discuss the report and appendices
- Recognise the improvement work required to further strengthen the report and Trusts position.

Appendix A

CQC Maternity Ratings - Scarborough Hospital Last Inspection: 16th October 2019	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Good	Good	Good	Good	Good

CQC Maternity Ratings - York Hospital Last Inspection: October 2015	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Good	Requires Improvement	Good	Good	Good

	2021								
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of reviews completed using the Perinatal Mortality Review Tool	3	2	2	2	1	2	5	0	
Number of cases notified to MBRRACE	1	1	1	2	1	1	2	2	
Number of cases referred to HSIB as per eligibility criteria	1	0	0	1	2	1	1	1	
Number of received HSIB final reports	0	0	0	0	0	1	0	0	
Number of incidents with a harm rating of Moderate or above	1	0	0	4	1	1	2	2	
Number of Maternity Unit closures	0	2	0	4	1	4	10	4	
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	0	0	0	0	0	1	
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0	
Continuity of Carer									
Percentage of Continuity of Carer bookings	38%	40%	37%	44%	40%	38%	40%	31%	
Booked for Continuity of Carer - Black, Asian and mixed ethnicity backgrounds	64%	43%	43%	70%	50%	44%	38%	22%	
Booked for Continuity of Carer - Postcode for top decile for deprivation	89%	92%	100%	88%	94%	84%	91%	94%	
Intrapartum Continutiy of Carer received - Overall	21%	24%	24%	19%	18%	17%	15%	16%	
Intrapartum Continutiy of Carer received - Scarborough	59%	63%	61%	55%	50%	43%	43%	42%	
Intrapartum Continutiy of Carer received - York		8%	7%	5%	4%	4%	6%	5%	
Intrapartum Continutiy of Carer received - Black, Asian and mixed ethnicity backgrounds	9%	50%	18%	15%	31%	9%	7%	14%	
Intrapartum Continutiy of Carer received - Postcode for top decile for deprivation	47%	37%	55%	35%	46%	42%	37%	23%	
Safe Staffing									
1 to 1 care in Labour - Scarborough	99%	98%	95%	93%	100%	94%	99%	95%	
1 to 1 care in Labour - York	97%	100%	100%	99%	97%	95%	93%	97%	
L/W Co-ordinator supernumary % - Scarborough	95%	100%	98%	94%	100%	98%	99%	100%	
L/W Co-ordinator supernumary % - York	88%	94%	80%	81%	87%	95%	93%	87%	

	Scarborough Hospital	York Hospital
2020 Staff Survey: Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work (Reported annually)	58.97%	47.42%
2020 Staff Survey: Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to receive treatment (Reported annually)	69%	63%
2020 Staff Survey: Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	Awaiting Data	Awaiting Data

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Training Compliance - November 2021

Midwives	York Hospital	Scarborough Hospital
PROMPT	67%	71%
NLS	78%	92%
Fetal Monitoring	86%	78%
SBLv.2	79%	81%
Perinatal Mental Health	91%	92%
Breavement	69%	75%
Covid19	88%	82%
Learning from Incidents, claims & complaints	27%	28%

Medical Staff	York Hospital	Scarborough Hospital
PROMPT	42%	37%
Fetal Monitoring	79%	63%
SBLv.2	65%	86%
Covid19	65%	79%

HCA / M SW	York Hospital	Scarborough Hospital
PROMPT	61%	59%
Breavement	91%	94%
Covid19	96%	71%

ODP	York Hospital	Scarborough Hospital
PROMPT	52%	68%
Covid19	65%	86%

Anaethetist	York Hospital	Scarborough Hospital
PROMPT	76%	100%
Covid19	79%	95%

Appendix B – Moderate Harm and above Incidents

Harm Level	Summary of Incident	Initial Findings & Learning	Actions	Status
Moderate	Noted following delivery mother had not been given her 28 week anti D due to her being Rh neg. Also noted tailing fundal height was not re measured as per protocol two weeks later.	PSIR report prepared and shared at Q&S.	• To implement community diaries on the X drive for notifications and communications between individual continuity teams and the hospital team. This is to ensure a robust process for follow up in the community. • Local Investigation to be completed and any actions arising to be implemented. • Community Team Leader to discuss guidance around Anti D at the regular team meetings • Guidance to be circulated via Learning From email and Q and G Newsletter.	
Serious	Declared: Mother who had high risk pregnancy, (type 1 diabetic, smoker) had an anatomy scan which showed small fetal measurements. This was not escalated at the time. 27+3 baby grown below 5th centile and oligohydramnios. Abnormal CTG. Transferred out to tertiary centre as SCBU unable to		Not yet Completed	Reported (Date)

	take at York. Sadly, baby died			
Serious	Declared: As per HSIB case.		Not yet completed	Reported (Date)

Appendix C – Health Service Investigation Branch Reports (HSIB)

Harm Level	Summary of Incident	Initial Findings & Learning	Actions	Status
	Reported: 39 week stillbirth, mother self-referred with reduced fetall movements for around 10 hours. On review of the case notes the still birth was most likely ante-natal but as the mother fit the criteria for reporting (as she complained of pain) - the loss was reported.		Case referred to HSIB. Consent initially obtained from the family but then retracted. To be investigated locally.	Reported (Date)

Appendix D – Reviews: Perinatal Mortality Review Tool

Summary of case	Findings	Recommendations
Notified: 39 weeks Antenatal Stillbirth		Case referred to HSIB. Consent initially obtained from the family but then retracted. To be discussed at PMM in December. PMRT to follow.
Notified: 23+1 Late miscarriage		To be discussed at PMM in December. PMRT report will follow

Appendix E – CNST

Project aim: NHS Resolution is operating year 4 of the CNST MIS which incentivises 10 key maternity safety actions. Project Lead: Michala Little MIS-Y4-guidance.pdf	**Trust Board declaration of completion : 30 June 2022**	Red – significant risk Amber – in progress Green – on track

Safety Action 1	Safety Action 2	Safety Action 3	Safety Action 4	Safety Action 5	Safety Action 6	Safety Action 7	Safety Action 8	Safety Action 9	Safety Action 10

Summary/progress against actions/programme updates;

CNST (MIS) Year 4 was published in August 2021 and has subsequently had two revisions to timeframes as a result of Covid pressures; specifically around face to face training, the importance of responding to feedback during safety champion walk-arounds and MSDS submissions, as some elements of safety action 2 require improved digital systems for a robust rollout.
Fortnightly meetings have been in place since August to manage action planning and from this, individual action planning and meetings with the safety action leads will commence from January 2022. We have attended national MSDS webinars and welcomed a full time Digital Midwife into post who will support dashboard and audit workstreams.
We have links with the Board via the Chief Nurse, providing monthly assurance with the Perinatal Clinical Quality Surveillance paper and work closely with the LMS to ensure regional oversight and support. Safety actions 6 and 8 are on the Risk Register; 6 can be removed, 2 and 4 require adding.

The 10 Safety Actions are sub-divided into sections, all of which need to be fulfilled for compliance with CNST. Some safety actions can be classified as amber, not red, because not achieving them in full will not result in non-compliance, action planning will suffice.

Progress this month Nov 2021: Transitional Care Task & Finish Group commenced Saving Babies Lives v2 Care Bundle compliance	**Key risks**: Meeting MSDS standards Training compliance Labour Ward Coordinator Supernumerary Status 1 to 1 care in labour Elements of workforce planning – neonatal BAPM standards compliance CO monitoring Transitional Care services	**Escalations/support required with**: Medical staffing training compliance

Appendix F – Ockenden

Project aim: To enact the 7 Immediate Essential Actions arising from The Ockenden Report **Project Lead**: Michala Little		Red – significant risk Amber – in progress Green – on track

IEA 1	IEA 2	IEA 3	IEA 4	IEA 5	IEA 6	IEA 7

Summary/progress against actions/programme updates;

Part 1 of The Ockenden Report, findings and recommendations from an independent review of maternity services at Shrewsbury and Telford NHS Trust, was published in December 2020. From this report, we were expected to enact/action plan towards 7 Immediate and Essential Actions (IEA) and evidence was provided to NHSEI in June 2021. We received feedback from the National Team in November 2021 and this was positive; citing a good evidence submission. We have received funding, in line with Birthrate+, for additional midwifery staffing of 8.6wte, Consultant Obstetricians 1.7wte and MDT training. MDT Action planning will take place and from this leads will be identified and meetings scheduled fortnightly from January 2022 to track progress. We have links with the Board via the Chief Nurse, providing monthly assurance with the Perinatal Clinical Quality Surveillance paper and work closely with the LMS to ensure regional oversight and support.

Monthly audits around labour ward MDT attendance and appropriate risk assessment throughout pregnancy are ongoing

The 7 IEAs are sub-divided into sections, all of which need to be fulfilled for compliance. Some IEAs are closer to completion but remain amber as not all elements are yet achieved.

Progress this month Nov 2021:	**Key risks**:	**Escalations/support required with**:
Ockenden Assurance Feedback 30 November 2021	Formation of Maternal Medicine network and associated audits Personalised Care Plans Digital System MDT attendance at Labour Ward handover Risk Assessment through pregnancy	MDT collaborative working on action plans

Appendix G – Safety Champion Actions

MATNEO Safety forum feedback action plan			
Date/Site	**Safety Champion**	**Safety concern**	**Action**
18 Oct/Scarb	Heather McNair	cancelled	
22 Sept/ Scarb	Heather McNair	Walked around all areas – issued raised on SCBU re ventilators being from a different manufacturer (Dreager on the York site) which introduced risk when staff crossed site	Update: 2 new ventilators ordered

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022
Nurse Workforce Report

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

To provide information and assurance to the Trust Board on how the Trust has responded to provide the safest and effective nurse staffing levels during November 2021. This will include the requirement to submit the safer staffing metrics using Care Hours Per Patient Day (CHPPD).

Executive Summary – Key Points

- The Board is asked to accept this report as assurance of the continued work to maintain the nursing workforce and sustain safe staffing levels and also acknowledge the impact of staff isolation and the opening of additional capacity resulting in the deployment nurses.
- Proposed support for the International Nurse programme in 2022/23.
- Undertaking of the Safer Nursing Care Tool in February and March 2022 to determine and strengthen the establishment reviews.

Recommendations

- To receive the report.
- To decide whether further actions or additional information is required.
- To consider items for assurance / escalation to Trust Board.

Author: Emma George, Assistant Chief Nurse
Director Sponsor: Heather McNair, Chief Nurse
Date: January 2022

1. Introduction and Background

The monthly Nurse and Midwifery Staffing paper complies with the National Quality Board, 2016 guidance and the NHS England, Operational Productivity and Performance report, 2019, Care Hours Per Patient Day (CHPPD) requirements for reporting.

2. Detail of Report and Assurance

2.1 Nurse Staffing levels, Associated Risk and Establishment Reviews

The Trust has complied with the submission of CHPPD data and the November 2021 submission is attached in Appendix 1. The table below details the overview of each care group for November 2021.

Care Group	Day				Night			
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
CG1	85%	89%	142%	-	91%	108%	-	-
CG2	77%	88%	28%	-	94%	101%	31%	-
CG3	78%	86%	-	-	91%	98%	-	-
CG4	70%	82%	-	-	100%	86%	-	-
CG5	86%	81%	-	-	85%	91%	-	-
CG6	-	-	-	-	-	-	-	-
Total	81%	87%	56%	-	91%	102%	39%	-

The average day fill rate in November for Registered Nurses/Midwives was 81% , a 1% improvement on last month and for Non – Registered Nurses/Midwives 87%,which indicates a 3% reduction. The average night fill rate for Registered Nurses/Midwives was 91% and Non – Registered Nurses/Midwives 102%. There are 12 Wards below the 80% average RN day fill rate, two of these are in Bridlington Hospital and work below their occupancy. This is an improvement from October 2021 where 20 wards were below 80%.

There are 3 wards below 80% RN fill rate for nights but show above 100% in HCA to support this where required. These wards were the stroke unit at Scarborough, Kent Ward in Bridlington where the bed occupancy has been lower and therefore the deployment of RNs and CCU in York where the RN is regularly deployed to support the cardiology ward and the Cardiac Outreach Nurse supports CCU. This will be monitored to see if this is a regular pattern and whether some additional support is required to look at the impact on this.

The Trust is reporting a significant unmet need in relation to temporary staffing requests for registered and unregistered nurses (table 2). In November 2021 37% of all shift requests were unfilled. Liaising with other nursing agencies to see if we can bring on other suppliers and continuing recruitment to the nurse bank continues. Incentives for bank staff also continue and are reviewed.

Table 2

	Requested (Hrs)			Agency Filled (Hrs)			% of requested hours filled by	Bank Filled (Hrs)			% of requested hours filled by	Total % of hours filled	Unfilled (Hrs)			% Unfilled
	HCA	RN	Total	HCA	RN	Total		HCA	RN	Total			HCA	RN	Total	
Trust	48721	52304	101025	520	12902	13422	13%	28046	21773	49819	49%	63%	20155	17628	37783	37%
York	30136	35172	65308	507	9240	9747	15%	15675	14513	30188	46%	61%	13953	11420	25373	39%
Scarborough	18585	17132	35717	13	3663	3675	10%	12371	7260	19631	55%	65%	6202	6209	12411	35%

Sickness absence rates in November 2021 for nursing and midwifery were 6.61% (compared with 6.60% a year ago), equating to 135.74 FTE unavailable through absence.

Most recently the impact of staff isolation has been the biggest challenge, all staff having to isolate for 10 days following a positive LFT and a risk assessment is undertaken where staff are contacts and work in business critical areas for them to return under guidance. The Matron of the Day for both acute sites oversees delivery with escalation to Associate Chief Nurses and Chief Nurse Team as required. The delivery of safe nurse staffing remains dynamic and challenging.

The Chief Nurse team has had a £2.6M investment as a result of the establishment review paper with ½ year effect (£1.3M) in 2021/22. A program of work to ensure the plans are fully enacted from 1 October 2021 has taken place and budgets and rosters are aligned accordingly and to ensure the associated required recruitment is underway. The associated risks, specifically temporarily increasing the registered nurse and HCA vacancy rates will be reflected in revised risk registers Progress against recruitment requirements is monitored.

It is important for the Quality Committee to note that whilst the investment achieved in a challenging financial landscape; the overall request was for £5.8M. Therefore, further work is required in 2021/22 to re-visit the review and ensure the option for year 2 / year 3 investments to highlight in 2022/23 financial planning.

In terms of strategic planning the next step will be to review and develop a proposal to support the second year investment aligned to the establishment review to ensure all the identified requirement is met in year 2 or minimally by year 3.

There was a plan to undertake a trust wide daily data collection of the Safer Nursing Care Tool (SNCT) in January 2022, due to the current nursing staffing pressures as a result of the recent COVID surge in January we have had to pause this audit to ensure compliance and assurance. This audit will be re-introduced in February/March 2022.

The Safer Nursing Care Tool is one method that can be used to assist Chief Nurses to determine optimal nurse staffing levels. The SNCT is an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity / dependency terms. Training has taken place in November 2021 with senior ward nurses by NHSE/I, 40 senior nurses attended a virtual training session, the feedback has been that we have a number of senior nurses who require further support and options are being considered to undertake this. The evidence will be used to support the annual establishment review process to ensure staffing levels are adequate for the needs of the patients on the ward and to inform the budget setting process for the next financial year.

Table 3 Nurse Vacancy Levels Trust wide and per site Nov 2021

Nurse Midwifery and Care Staff – Staffing Data - November 2021

Trust wide

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
													WTE			%		
	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 wide	2,286.23	127.82	1,125.20	2,067.21	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

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
													WTE			%		
	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	1,612.40	91.32	724.97	1,480.22	103.68	646.74	16.47	0	5.07	30	0	10	118.65	-12.36	73.30	7.36%	-13.53%	10.11%

Scarborough and Bridlington

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
													WTE			%		
	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 & Bridlington	673.83	36.50	400.23	586.99	56.40	342.48	2	0	1	18	0	6.6	70.84	-19.90	52.15	10.51%	-54.52%	13.03%

Table 3 details the November 2021 vacancy position for the Trust and for York, Scarborough and Bridlington sites. Since October 2021 there has been an increase in the net vacancy RN Band 5- 8 is 0.26% and Band 2-3 an increase is 3.07%. This will be monitored.

During winter, the Trust undertook some analysis as part of a Workforce Resilience Plan to review how it could mitigate its most significant workforce deficits.

The high vacancy rates are long-standing on four of the units (AMB, Oak, Cherry and Beech each shown to have rates >20% in each of the last two years). The other three (35, 39 and Ward 28) have had significant establishment uplifts which leaves the Trust with a difficult gap to close when their pull is historically weaker.

2.2 Management of Nurse Staffing Levels in November 2021

As noted in the October 2021 report, the associated impact of Covid-19 has been highly significant and the Chief Nurse Team has continued to meet with and support teams who have been affected by the ongoing pressures associated with redeployment, and working in challenging circumstances. The impact of staff well-being and a feeling of exhaustion are evident, where there may have been a willingness to work additional hours, there is a sense that staff feel they are unable to do this. There have been number of initiatives implemented to help maintain safe staffing levels through this period.

Incentives

There has been feedback form some staff that they have found it difficult when they are asked to move to a different ward or site to help address issues with workforce availability. In response to this we have introduced flexibility payments on a short-term basis. This is a £30 flexibility payment for healthcare support workers and £50 for registered nurses and nurse associates. Where staff are requested to work in a ward area that is not their specialty a payment will be given and this has received positive feedback. This is being monitored but feedback is that this has been well received.

Bank incentives

There is now a 40% incentive for registered midwives on all bank shifts worked from 11 November 2021.

These incentives are flexible and are being reviewed on a regular basis to target areas where additional support may be required. A 60% uplift has also been approved up until the

end of January2022 for all RN/Non Registered and AHP teams. The update and success of this is monitored by the workforce team and will be reviewed in February 2022.

Winter Clinical Nurse Specialist (CNS) redeployment

The requirement to continually flex and increase the bed base presents a daily challenge and the work of the Matrons and Associate Chief Nurses should continue to be noted in workforce planning and mitigation of risk. In the Autumn CNS were deployed into the wards that have been identified as requiring additional support.

In January 2022 there has been a requirement to increase the amount of CNS deployed onto the wards due to the omicron surge. With the opening of additional winter capacity there has been an additional ask to deploy 11.8 RN and HCA to support the COVID wards and to G1 which has opened as additional winter capacity. This will be reviewed and the impact has been measured through a Quality Impact Assessment process and a review in Care Groups of mitigation and risk overseen by the Medical Director and Chief Nurse and assessed against the patient impact at low, moderate or high risk considering the patient impact. Currently we are utilising the low and moderate risk categories and this will be reviewed on a weekly basis with the Associate Chief Nurses as to whether there is a requirement to review the high risk areas and the impact on patient care within the specialist teams

2.3 Quality indicators

There is a clear correlation between the increases in falls from August to December on these wards (table 4), this is aligned to the lack of enhanced supervision HCA availability and RCAs are suggested increasingly that nurse staffing levels have impacted the patient fall increase due to the unavailability to re assess patients at risk of falls which is an RN role.

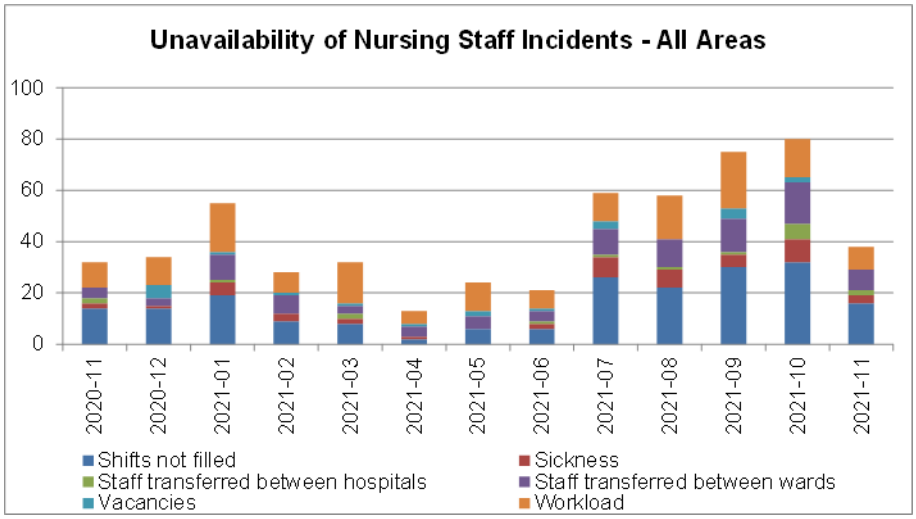
Table 4:The impact on falls and pressure ulcer prevelance on the wards with above 25% vacancy

All Reported Falls	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Acute Medical Unit B (AMB)	10	18	14	5	14	13	13	10	4	17	16	11
Beech	2	3	1	2	1	1	0	1	0	4	3	8
Oak	5	6	4	5	9	13	8	6	2	10	12	8
Selby Inpatient Unit	11	10	3	1	11	7	2	8	4	8	8	2
Ward 28	4	8	8	9	2	1	5	12	13	14	9	7
Ward 29	4	0	0	1	0	0	2	2	4	7	9	11
Ward 35	7	4	11	8	6	11	13	17	4	4	9	9
NC1	4	0	4	4	6	8	6	3	4	2	6	5
NC2	10	3	3	3	4	5	0	3	4	6	4	13
All Pressure Ulcers	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Acute Medical Unit B (AMB)	30	33	29	14	28	25	41	47	25	31	31	31
Beech	5	10	5	4	4	9	5	4	6	11	6	15
NC1	6	1	8	4	11	8	6	5	9	3	6	6
NC2	12	6	10	3	4	8	1	6	6	15	5	17
Oak	7	10	8	6	13	22	13	17	10	19	21	14
Selby Inpatient Unit	18	11	5	6	16	11	2	9	9	16	12	6
Ward 28	12	8	15	17	12	8	13	19	19	26	18	17
Ward 29	6	6	1	1		2	11	5	7	12	14	16
Ward 35	21	7	19	13	17	22	23	26	8	13	14	18

The prevalence of pressure ulcers has also increased across some of the older adults' wards indicating that due to staffing pressures intentional rounding of patients has not been undertaken accordingly and the assessment and implementation of care that is provided by the Registered Nurse.

We will continue to monitor the incidents and correlation between the quality of care and where this is a direct impact on nurse staffing levels and ensure targeted support will be given to these areas identified.

The table below displays the incidents recorded that state ‘staffing shortages’ as an indication and there is clear spike from June 2021 which indicates a concern. These are for various reasons such as vacancy, shift unfilled or staff transferred to work on another ward. The table does show a decrease in incidents in November 2021.



2.4 Development work

NHSE / I North East and Yorkshire Regional continue with the work to deliver the expansion program for nurses, midwives and allied health professions. This is in response to the Governments pledge to increase the number of nurses by 50,000 by 2024.

The Trust is undertaking a review of recruitment and retention work programs such as attending the universities and recruitment events, also engaging with the regional work to ensure the Trust is best placed to benefit from any regional program of support.

Progress continues on the Trusts’ 4 developments for nursing, listed below. The program of work the Trust is undertaking fully aligns to the new workforce expansion program which is overseen by the regional NHSE / I team.

- Trainee Nursing Associate Apprenticeship (tNA)
- International Registered Nurse Recruitment
- Registered Nurse Degree Apprenticeships
- HCSW recruitment to achieve 0% vacancy and a sustainability and retention plan

A protected time out day took place in November 2021 for all teams involved in recruitment, training, pastoral support and a robust improvement plan is being developed. It was agreed that the priority for the team was retention of workforce. Three work streams will be developed as a result of this. The main focus will be on retention of our workforce.

- Retaining our International Nurses and with a robust induction and career development programme.
- A pipeline/pathway for bands of nursing teams to ensure they are clear about opportunities to develop when they chose to work for our organisation.
- Flexible working programme that is effective

<u>International Recruitment</u>

The Trust continues to provide its well-established international nurse recruitment program. The Trust has welcomed 216 in 2021 with a further 90 expected in the next calendar year April 2022 – April 2023.

Currently we have three cohorts of International Nurses (IN)in training. Thirty five learners in cohorts 21 and 22 are receiving their training and preparation and preparing to undertake their tests of competence in February. The 18 learners in cohort 23 are currently being prepared to go out into clinical areas and support the workforce until they return to the Science Park to prepare for their OSCE tests in March.

Approximately two hundred and forty international nurses in cohorts 1 to 20 have completed their preparation and training, are now working in clinical areas and are at various stages of orientation and induction. A number of IN's in the earlier cohorts have already progressed to band six roles and are actively engaging in CPD and career progression.

By the end of March the Trust will have fulfilled the current contract and will have recruited almost 300 international nurses. In April we will then move to the contract for 2022 which will involve recruiting an additional 90 international nurses.

There have been challenges throughout the year in relation to Covid restrictions, however this has been mitigated by the flexibility of the education and project management teams who have been able to respond at short notice to the constantly changing situation.

For the next year we are planning to integrate a transition period within the training programme and have extended the length of the programme delivery period to enable us to do this. We are also reviewing the staffing and skill mix for the education team and working closely with key staff in the Chief Nurses team.

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.

<u>Health Care Support Worker (HCSW) Recruitment</u>

The recruitment and nursing teams continue to strive to recruit HCSWs but currently sit with a 90 WTE vacancy.

	York	Scarborough	Total
Conditional Offer	34.47	43.16	77.63
Awaiting Start Date	0.8	6.06	6.86
Start Date (Induction) Booked	18.95	11.4	30.35

It is projected that we require 200 HCSWs in the next year and need to consider new ways to attract HCSWs who have an increased choice in work availability as the leisure and retail industry has opened and this work has commenced. It is now vitally important that the Trust embraces the output of this work as the attrition rate has increased recently.

All new recruits are enrolled on a comprehensive induction package which incorporates the Care Certificate. The induction has been reviewed following feedback to ensure it matches the needs of the HCSW in a more practical manner. In addition, the Work Based Learning team is working to facilitate individual's access to further education and highlighting apprenticeship routes to develop careers in healthcare and how we advertise this when recruiting to attract HCSWs into a career in healthcare. The Trust has also been allocated funding to appoint a Band 4 Pastoral Role for HCSWs, this post is being recruited to and employed in the work based learning team. This will also be a work stream for January 2022 as we consider all the pipelines for HCSW if they would like to access further career development.

Clinical Apprenticeships

The Trust continues to have a robust apprenticeship process; there are 55 Nursing Associate (NA) Apprentices. The next Nursing Associates cohorts will start in 2022 and will be split to enable the Trust to facilitate the placement requirements. The University of York cohort commenced in September 2022 with the recruitment process commencing April 2022.There are 9 Assistant Practitioner apprentices currently in training and 3 Senior Healthcare Support Worker apprentices due to complete March 2022.

There are 38 Registered Nurse Degree (RNDA) apprentices currently in training and Health Education England (HEE) has confirmed funding of £8,300 per apprentice per year (pro rata). We are ensuring that in the work to undertake establishment reviews across the organisation we align this with the amount of NA roles we require and how many commence the RNDA course promptly after qualifying.

The tender for the apprenticeship programmes is due for renewal and therefore we will be undertaking this process and alongside this, ensuring we have clear processes for all staff to follow that they are aware of the pathways available to develop in their career within our organisation.

Undergraduate Education and work with schools and colleges

There are three key developments to report.

The Trust has commissioned places with University of York and Coventry University at Scarborough for the Trainee Nursing Associate Program and has a plan for 40 places to commence between January and March 2022.

A new t-Level qualification was introduced in September 2021 and a high number of local colleges are embracing the new format for young people to undertake a technical level qualification with associated work based experienced. Currently the understanding is that there will be a qualification in health / social care and this will be supported by 45 days experiential learning on placements. The team is working closely with schools and colleges to examine the opportunity this will bring to help young people explore careers in health and social care.

We need to examine the impact of the increase in university places across the patch over the next months, along with T Level students and apprenticeships we need to ensure we offer a positive experience whilst on placement and this is being discussed with all HEIs to see how we can provide this in the coming year and this is ongoing.

3. Conclusions

The Board should be assured that whilst the wards / units undertook delivery of elective work, continue to respond to the Covid-19 surge, the pressures of an unprecedented increase in staff absence and responded to an increase in acute care with demand across the Emergency Departments exceeding demand every month compared to 2019 – 20 , nurse staffing levels have been flexed and reviewed daily and there has been oversight from the senior nursing team to support the decision making. The impact on the quality of care will be monitored.

4. Detailed Recommendation

To receive the report
To decide whether further actions or additional information is required
To consider items for assurance / escalation to Trust Board

Paper C Appendix 1

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				AHP	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Ann Wright	430 - GERIATRIC MEDICINE - RISK MANAGED		92%	78%	-	-	100%	75%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Ash	100 - GENERAL SURGERY - RISK MANAGED		88%	83%	-	-	98%	104%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Beech	300 - GENERAL MEDICINE - RISK MANAGED		82%	71%	-	-	98%	94%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Cherry	326 - ACUTE INTERNAL MEDICINE - RISK MANAGED	300 - GENERAL MEDICINE - RISK MANAGED	79%	81%	28%	-	90%	98%	133%	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Chestnut	301 - GASTROENTEROLOGY - RISK MANAGED	300 - GENERAL MEDICINE - RISK MANAGED	82%	80%	14%	-	75%	81%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Coronary Care Unit	320 - CARDIOLOGY - RISK MANAGED		96%	88%	-	-	93%	103%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Duke of Kent	420 - PAEDIATRICS - RISK MANAGED		85%	83%	-	-	102%	104%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Graham	430 - GERIATRIC MEDICINE - RISK MANAGED		0%	0%	-	-	0%	0%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Hawthorn	501 - OBSTETRICS - RISK MANAGED		90%	85%	-	-	94%	97%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Holly	110 - TRAUMA & ORTHOPAEDICS - RISK MANAGED		85%	92%	-	-	97%	110%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE - RISK MANAGED		81%	21%	-	-	82%	0%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Lilac	101 - UROLOGY - RISK MANAGED		80%	93%	0%	-	99%	99%	10%	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Maple	100 - GENERAL SURGERY - RISK MANAGED		108%	153%	-	-	117%	167%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Oak	430 - GERIATRIC MEDICINE - RISK MANAGED		86%	91%	-	-	93%	109%	-	-	-	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Stroke	328 - STROKE MEDICINE - RISK MANAGED		50%	108%	-	-	67%	126%	-	-	-	-
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Johnson	430 - GERIATRIC MEDICINE - RISK MANAGED		81%	114%	-	-	102%	126%	-	-	-	-
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Kent	110 - TRAUMA & ORTHOPAEDICS - RISK MANAGED		70%	77%	-	-	70%	-	-	-	-	-
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Lloyd	100 - GENERAL SURGERY - RISK MANAGED		29%	22%	-	-	0%	0%	-	-	-	-
RCB55	YORK HOSPITAL	11	100 - GENERAL SURGERY - RISK MANAGED		86%	99%	-	-	100%	101%	-	-	-	-
RCB55	YORK HOSPITAL	Acute Surgical Area	100 - GENERAL SURGERY - RISK MANAGED		75%	90%	-	-	84%	95%	-	-	-	-
RCB55	YORK HOSPITAL	16	100 - GENERAL SURGERY - RISK MANAGED		82%	94%	-	-	87%	98%	-	-	-	-
RCB55	YORK HOSPITAL	15	430 - GERIATRIC MEDICINE - RISK MANAGED		80%	124%	-	-	109%	140%	-	-	-	-
RCB55	YORK HOSPITAL	17	420 - PAEDIATRICS - RISK MANAGED		96%	54%	-	-	93%	86%	-	-	-	-
RCB55	YORK HOSPITAL	23	430 - GERIATRIC MEDICINE - RISK MANAGED		92%	90%	-	-	98%	98%	-	-	-	-
RCB55	YORK HOSPITAL	25	430 - GERIATRIC MEDICINE - RISK MANAGED		98%	104%	-	-	112%	103%	-	-	-	-
RCB55	YORK HOSPITAL	26	430 - GERIATRIC MEDICINE - RISK MANAGED		90%	99%	-	-	100%	111%	-	-	-	-
RCB55	YORK HOSPITAL	28	110 - TRAUMA & ORTHOPAEDICS - RISK MANAGED		89%	85%	0%	-	102%	88%	0%	-	-	-
RCB55	YORK HOSPITAL	29	110 - TRAUMA & ORTHOPAEDICS - RISK MANAGED		63%	56%	0%	-	98%	89%	0%	-	-	-
RCB55	YORK HOSPITAL	31	370 - MEDICAL ONCOLOGY - RISK MANAGED		73%	86%	-	-	100%	84%	-	-	-	-
RCB55	YORK HOSPITAL	32	320 - CARDIOLOGY - RISK MANAGED		84%	91%	-	-	102%	109%	-	-	-	-
RCB55	YORK HOSPITAL	33	301 - GASTROENTEROLOGY - RISK MANAGED		72%	86%	-	-	102%	96%	-	-	-	-
RCB55	YORK HOSPITAL	34	340 - RESPIRATORY MEDICINE - RISK MANAGED		97%	80%	-	-	98%	108%	-	-	-	-
RCB55	YORK HOSPITAL	35	430 - GERIATRIC MEDICINE - RISK MANAGED		83%	62%	-	-	101%	78%	-	-	-	-
RCB55	YORK HOSPITAL	36	328 - STROKE MEDICINE - RISK MANAGED		177%	141%	-	-	100%	165%	-	-	-	-
RCB55	YORK HOSPITAL	37	430 - GERIATRIC MEDICINE - RISK MANAGED		71%	67%	-	-	84%	152%	-	-	-	-
RCB55	YORK HOSPITAL	39	328 - STROKE MEDICINE - RISK MANAGED		65%	65%	-	-	102%	100%	-	-	-	-
RCB55	YORK HOSPITAL	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE - RISK MANAGED		71%	71%	-	-	89%	94%	-	-	-	-
RCB55	YORK HOSPITAL	Frailty Unit	430 - GERIATRIC MEDICINE - RISK MANAGED		74%	78%	-	-	86%	102%	-	-	-	-
RCB55	YORK HOSPITAL	Coronary Care Unit	320 - CARDIOLOGY - RISK MANAGED		69%	47%	40%	-	75%	-	-	-	-	-
RCB55	YORK HOSPITAL	G1	120 - ENT - RISK MANAGED		69%	113%	-	-	-	-	-	-	-	-
RCB55	YORK HOSPITAL	G2	501 - OBSTETRICS - RISK MANAGED		87%	68%	-	-	87%	90%	-	-	-	-
RCB55	YORK HOSPITAL	G3	501 - OBSTETRICS - RISK MANAGED		77%	72%	-	-	83%	-	-	-	-	-
RCB55	YORK HOSPITAL	Intensive Care Unit	192 - CRITICAL CARE MEDICINE - RISK MANAGED		93%	-	-	-	96%	-	-	-	-	-
RCB07	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL	Inpatient Unit	925 - COMMUNITY CARE SERVICES - RISK MANAGED		87%	106%	-	-	73%	177%	-	-	-	-
RCBP9	WHITE CROSS REHABILITATION HOSPITAL	Nelson Court Ward 1	925 - COMMUNITY CARE SERVICES - RISK MANAGED		100%	98%	-	-	74%	147%	-	-	-	-
RCBTV	ST HELENS REHABILITATION HOSPITAL	Nelson Court Ward 2	925 - COMMUNITY CARE SERVICES - RISK MANAGED		98%	95%	-	-	89%	130%	-	-	-	-
RCB05	ST MONICAS HOSPITAL	St Monicas	925 - COMMUNITY CARE SERVICES - RISK MANAGED		114%	109%	-	-	108%	110%	-	-	-	-

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022
Digital and Information Services: DIS Funding Bids

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

To provide the Board of Directors with a summary of the current funding bids submitted by Digital Information Services (DIS) and provide the financial proformas for approval.

Executive Summary – Key Points

DIS currently has bids submitted to or approved against various national and regional funds totalling £5,142,000, all of which is to be spent during this financial year, ending 31st March 2022.

The attached financial proformas also capture the initial funding from the bids, plus the ongoing revenue consequences. The majority of bids will result in a recurrent revenue need for licencing, maintenance and support.

The table below details the projects, breakdown of funds and funding sources.

Funding Source	Project	Amount Bid For
Targeted Investment Fund (TIF)	Clifton Park	£377,000
	Outpatient Clinic & Medical Elective Room Planner & Digital Theatre Booking System	£100,000
	Patient Held Record (Patient Knows Best)	£359,000
	Somerset Cancer Care	£80,000
	Video Conferencing	£198,000

Perioperative Adoption Fund	PKB Perioperative Care	£500,000 (Rev)
Unified Technology Fund (UTF)	IT Infrastructure	£1,750,000
Diagnostics Infrastructure	Infrastructure/ Data (This is our portion of £1M shared with HUTH)	£500,000
Cyber Security	Cyber Security Revenue Support	£120,000 (Rev)
Elective Recovery Fund (ERF)	AHP Reporting System	£120,000
NHSE/I	ECDS	£40,000
End User Device (EUD)	Equipment Refresh from Capital Contingency	£700,000
Digital Productivity	Testing an automated stock management system as part of Scan for Safety processes	£48,000
PODAC	Wound Care Application	£150,000
	Improving Community Services' digital maturity	£100,000 (Rev)

This is great news for the Trust in that it enables us to progress with addressing some of the foundational elements, not affordable by the Trust in 2021, of the Essential Services Programme and allows us to progress with the digitising some key processes that will enable to delivery of better care.

However, due to a recent legal challenge with the procurement of a holistic partner who would provide and deliver the vast majority of the hardware, software and services for this programme there is an increased risk that we may not be able to receipt all goods and services by the end of March.

DIS are working with Procurement for alternative routes to market through existing frameworks which will result in a number of direct award contracts with a mix of suppliers. These suppliers will not have pre-reserved and ordered stock at risk as the winning bidder had. This is especially the case for networking equipment.

DIS will be working closely with Finance to track this situation and make decisions accordingly.

Author: Roland Jackson, Business Engagement Manager, Neil Barrett, Finance Manager

Director Sponsor: Dylan Roberts, CDIO

Date: December 2021

1. Information and Background on Bids

Below are listed the details of the bids and an outline of how the money will be spent by 31 March 2022. The Trust Financial Proformas are in the Appendices.

1.1. Targeted Investment Fund

The Targeted Investment Fund (TIF) is managed through the ICS. Bids were submitted in September and money has been awarded.

a. Clifton Park - £377,000. Bid won.

The purpose of this bid is to digitally enable the Ramsey and connectivity to the Trust in support of the 'lift and shift' of Orthopaedic routine elective work and Urology day case low complexity cases (P4 patients) in line with the approved Business Case for the Ramsey Site. Spending will be on equipment and networking.

b. Outpatient Clinic & Medical Elective Room Planner and Digital Theatre Booking System – £100,000. Bid won.

This work is in support of two Digital Outpatients Transformation Programme projects. Much of the work has been undertaken this year and final delivery is planned for January 2022.

c. Patient Knows Best - £344,000. Bid won.

Reference : 2021/22 54 Patient Knows Best Business Case Approved by Exec in July

This is an ICS level bid to cover licence fees across all Trusts. The ICS will allocate the money to each trust and £344,000 represents the amount YSTH NHS FT can expect to receive. The procurement is being managed by the ICS and PKB will provide the invoice by 31 March 2022 and no issues are anticipated.

d. Somerset Cancer Care - £80,000. Bid won.

Reference 2021/22-08. Somerset Cancer Record Business Case Approved by Exec in September 2021

In support of the current Business Case, DIS has been awarded an additional £80,000 to support roll out of Somerset Cancer Care. This will cover Project Management and development costs.

e. Video Conferencing - £198,000. Bid won.

Led by the ICS, the licence for Attend Anywhere will be extended for another year while alternative options are scoped. The ICS will lead the procurement for this and provide the funds for this licence to each Trust.

1.2. Perioperative Adoption Fund

a. **Patient Knows Best in Support of delivering Perioperative Care - £500,000. Bid won.**

Reference : 2021/22 54 Patient Knows Best Business Case Approved by Exec in July

The Trust won a bid for £500,000 to put towards rolling out Patient Knows Best (PKB) in support of Perioperative pathways. The initial plan was for spend on resources over the next financial year (2022/23), however NHSX are unable to authorise this. To that end, discussions are ongoing whether the Trust will progress with this or not as they would be unable to deliver the overall outcome in this Financial year. NHSX have also stated that they will consider any other spends that support the stated Process and Outcome Measures in the fund details. This is a work in progress but requires approval with the proviso that the challenges with delivery and funding allocations are addressed.

1.3. Unified Technology Fund (UTF)

a. **IT Infrastructure - £1,750,000. Bid won.**

Reference 2021/22 81 Essential Service Programme Business Case Attached.

The UTF is providing this money for what NHS X call the Smart Foundations to underpin frontline digitisation. This means improving the clinical experience on the front line and therefore enable better care. This will also address at the same time some of the necessary infrastructure upgrades and replacements needed as part of the Essential Services Programme that have been deprioritised this year due to lack of funds in the Trust. This will include network infrastructure upgrades, Wi Fi upgrades and the provision of mobile devices for nursing.

A large portion of this could be impacted by the risk noted above.

b. **Security - £120,000 Capital. Awaiting Feedback.**

Reference 2021/22 81 Essential Service Programme Business Case Attached.

This project aims to deliver support developing vital security infrastructure and tooling. The fund will be spent on core elements such as Security Information & Event Management (SIEM) and Multi-Factor Authorisation (MFA) software. This will be achieved within this financial year.

1.4. Imaging Infrastructure £500,000 allocated to York & Scarborough (part of £1M scheme with HUTH). – Bid won.

This is to pay for a replacement York & Scarborough & Hull storage solution to house Diagnostics Images to replace the current solution.

1.5. Other

a. **AHP Reporting System - £120,000. Bid won.**

This fund has been won in order to support analysis and development of an AHP reporting system. There are concerns about the current ability to spend this money prior to 31 March 2022. However, the board is asked to approve the principle of the Business Case in the event that we are successful in developing a robust spending plan.

b. ECDS - £40,000. Bid won.

This fund will support external review and redesign of Emergency Department screens to improve key Emergency Care Data Set submissions. Money is allocated for initial service review work and a contract being placed to progress it with a third party up to the end of the year.

c. ICS Capital Contingency - £700,000 equipment allocation.

Some capital contingency funds have become available to address and level up the IT equipment deficit across the ICS for which York and Scarborough would be a recipient of.

d. Digital Productivity - £48,000. Bid Won.

This fund is received as Capital and will support testing an automated stock requisition system based on scanning and bar code technology in a Community Health Centre. Deadline for spend March 2022. No concerns about ability to meet this deadline

1.6. PODAC

Wound Care App - £150,000. Bid Won.

Capital grant awarded to purchase and implement a Wound Care mobile application to support excellence in clinical imagery for wounds and at a glance data base of prevalence of wounds. The date base will enable improved prioritisation and treatment of wounds and pressure ulcers, ensuring the right person treats the right patient at the right time. Community Services and Tissue Viability Nurse Team.

Improving Community Staff Digital Literacy - £100,000. Bid Won.

Revenue grant supporting the following: Digital Wound Care Clinic lead, DIS community support, IT trainer community focused support and project implementation expertise. The focus of this work is to support testing the wound care application, support the roll out of S1 internet to all community services staff, implement real time note keeping as part of S1 internet roll out, Spend for this award is by 31 March 2022.

2. Recommendation

The Board is asked to endorse this paper and approve the attached financial proformas.

Due to the new risk around spending in this financial year, approval that DIS and Finance will track this situation and make decisions accordingly.

Appendices:

Annex A	Clifton Park
Annex B	Outpatient Clinic & Medical Elective Room Planner & Digital Theatre Booking System
Annex C	Patient Held Record (Patient Knows Best)
Annex D	Somerset Cancer Care
Annex E	PKB Perioperative Care
Annex F	Unified Tech Fund Main Commentary
Annex G	Unified Tech Fund and Essential Services Programme
Annex H	Diagnostics Infrastructure
Annex I	AHP Reporting System
Annex J	ECDS
Annex K	Digital Productivity – Automated Stock
Annex L	PODAC
Annex M	Equipment Refresh from Capital Contingency
Annex N	Attend Anywhere Video Conferencing

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**TIF - CLIFTON PARK**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-377	-377	0	0	0

Capital Notes *(including reference to the funding source)*:

£377k of PDC Capital Funding has been awarded by Department of Health via the TIF fund, this Capital money needs to be spent and accounted for by 31st March 2022. This funding was confirmed in an MOU dated 14/12/21 with reference HCV2 - York Elective Hub Phase 1.

Revenue

		Total Change			Planned Profile of Change			
		Curren	Revise	Change	2020/21	2021/22	2022/23	Later Years
-	-							
-	-							

		t	d						
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
	(-ve)								
	(-ve)								
	(-ve)								
	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0					
Support and Licences	(-ve)		-28	-28			-7	-28	-28
	(-ve)	0		0					

		0	-28	-28		0	-7	-28	-28
Total Operational Expenditure		0	-28	-28		0	-7	-28	-28
Impact on EBITDA		0	-28	-28	0.00	0	-7	-28	-28
Depreciation	(-ve)		-38	-38		-10	-38	-38	-38
Rate of Return	(-ve)		-7	-7		-2	-7	-7	-7
				0					
Overall impact on I&E		0	-73	-73	0.00	-12	-52	-73	-73
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	n/a		0					
Net impact on I&E		0	-73	-73		-12	-52	-73	-73

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £45k per annum plus the support costs of £28k which will come on board 12 months after go-live.

		Board of Directors Only
Owner	**Finance Manager**	**Director of Finance**

Signed	**Dylan Roberts**	**Neil Barrett**	
Dated	21.12.21	21.12.21	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				
A&E (Attendances)			0				
Other (Please List):							
Screening Services			0				
Excluded Devices			0				

Income (*+ve*)

	Total Change	Planned Profile of Change

		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income								
Private patient income	(+ve)			0				

Other non-protected clinical income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income									
Research and Development	(+ve)			0					
Education and Training	(+ve)			0					
Other income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)			0			

Non-AC NHS Clinical Income				0				
Non-NHS Clinical Income	(+ve)			0				
Other Income	(+ve)			0				
Total Income		**0**	**0**	**0**	**0**	**0**	**0**	
Expenditure								
Pay								
Medical	(-ve)		0	0		0	0	
Nursing	(-ve)		0	0		0	0	
Other (please list):								
Executive Board & Senior Managers	(-ve)		0	0		0	0	
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0	
Pharmacy Staff	(-ve)	0	0	0		0	0	
8B Principal Pharmacist	(-ve)	0	0	0		0	0	
		0	**0**	**0**	**0**	**0**	**0**	
Non-Pay								
Drugs	(-ve)		0	0	0	0	0	
Clinical Supplies & Services	(-ve)		0	0		0	0	
General Supplies & Services	(-ve)	0	0	0	0	0	0	
Other (please list):								
Establishment Expenses			0	0		0	0	
Maintenance	(-ve)		-2	-2	0	-1	-2	
		0	0	0	0	0	0	
		0	**-2**	**-2**	**0**	**-1**	**-2**	
Total Operational Expenditure		**0**	**-2**	**-2**	**0**	**-1**	**-2**	
Impact on EBITDA		**0**	**-2**	**-2**	**0**	**-1**	**-2**	
Depreciation	(-ve)	0	-3	-3	-1	-3	-3	
Rate of Return	(-ve)	0	-1	-1	-0	-1	-1	
				0				

Overall impact on I&E	**0**	**-6**	**-6**	**-1**	**-4**	**-6**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the capital charges and support costs outlined above, it is not expected the additional support costs will be an impact until 12 months post go-live.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**TIF - Outpatient Clinic & Medical Elective Room Planner & digital Theatre booking system**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-100	-100	0	0	0

Capital Notes *(including reference to the funding source)*:

£100k of PDC Capital Funding has been awarded by Department of Health via the TIF fund, this Capital money needs to be spent and accounted for by 31st March 2022. This funding was confirmed in an MOU dated 14/12/21 with reference HCV8 - Outpatient Clinic & Medical Elective Room Planner & digital Theatre booking system.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
	(-ve)								
	(-ve)								
	(-ve)								
	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0					
Support	(-ve)		-8	-8		0	-2	-8	-8
	(-ve)	0		0					
		0	**-8**	**-8**		**0**	**-2**	**-8**	**-8**

Total Operational Expenditure		**0**	**-8**	**-8**		**0**	**-2**	**-8**	**-8**
Impact on EBITDA		**0**	**-8**	**-8**	**0.00**	**0**	**-2**	**-8**	**-8**
Depreciation	(-ve)		-10	-10		-3	-10	-10	-10
Rate of Return	(-ve)		-2	-2		-1	-2	-2	-2
				0					
Overall impact on I&E		**0**	**-20**	**-20**	**0.00**	**-3**	**-14**	**-20**	**-20**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-20**	**-20**		**-3**	**-14**	**-20**	**-20**

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £12k per annum plus £8k of support/licencing costs.

		Board of Directors Only
Owner	**Finance Manager**	**Director of Finance**

Signed	**Dylan Roberts**	**Neil Barrett**	
Dated	21.12.21	21.12.21	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				
A&E (Attendances)			0				
Other (Please List):							
Screening Services			0				
Excluded Devices			0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income								
Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income								
Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
Other income	(+ve)			0				

	0	0	0		0	0	0	0

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior	(-ve)		0	0		0	0

Managers							
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0
Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		-1	-1		-0	-1
Maintenance		0	0	0	0	0	0
		0	**-1**	**-1**	**0**	**-0**	**-1**
Total Operational Expenditure		**0**	**-1**	**-1**	**0**	**-0**	**-1**
Impact on EBITDA		**0**	**-1**	**-1**	**0**	**-0**	**-1**
Depreciation	(-ve)	0	-1	-1	-0	-1	-1
Rate of Return	(-ve)	0	-0	-0	-0	-0	-0
				0			
Overall impact on I&E		**0**	**-2**	**-2**	**-0**	**-1**	**-2**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the revenue items highlighted above, the support costs wont be an impact until 12 months post go-live.

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**TIF -Patient Knows Best**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-359	-359	0	0	0

Capital Notes *(including reference to the funding source)*:

£359k of PDC Capital Funding has been awarded by Department of Health via the TIF fund, this Capital money needs to be spent and accounted for by 31st March 2022. This funding was confirmed in an MOU dated 14/12/21 with reference HCV9 - Patient Knows Best - PHR.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
Radiology Admin	(-ve)								
B7 CT Radiographer	(-ve)								
B2 ISW	(-ve)								
Cardio Respiratory B7 Saving	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-			0					

	ve)								
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0					
Soloton Licences	(-ve)			0					
-	(-ve)	0		0					
-		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Depreciation	(-ve)		-36	-36		-9	-36	-36	-36
Rate of Return	(-ve)		-6	-6		-2	-6	-6	-6
-				0					
Overall impact on I&E		**0**	**-42**	**-42**	**0.00**	**-11**	**-42**	**-42**	**-42**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-42**	**-42**		**-11**	**-42**	**-42**	**-42**

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £42k per annum.

The recurrent revenue implications of the PKB system are picked up in a previous business case for the implementation of this system.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				

Outpatient (Attendances)								
First Attendances				0				
Follow-up Attendances				0				
A&E (Attendances)				0				
Other (Please List):								
Screening Services				0				
Excluded Devices				0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve			0				

	)								
Non-Tariff income	(+ve)			0					
Other									
Tariff income	(+ve)			0					
Non-Tariff income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income									
Private patient income	(+ve)			0					
Other non-protected clinical income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income									
Research and Development	(+ve)			0					
Education and Training	(+ve)			0					
Other income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0

Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		0	0		0	0
Maintenance		0	0	0	0	0	0
		0	**0**	**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0**	**0**	**0**
Depreciation	(-ve)	0	-3	-3	-1	-3	-3
Rate of Return	(-ve)	0	-1	-1	-0	-1	-1
				0			
Overall impact on I&E		**0**	**-4**	**-4**	**-1**	**-4**	**-4**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the capital charges.

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**TIF -Somerset Cancer System**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-80	-80	0	0	0

Capital Notes *(including reference to the funding source)*:

£80k of PDC Capital Funding has been awarded by Department of Health via the TIF fund, this Capital money needs to be spent and accounted for by 31st March 2022. This funding was confirmed in an MOU dated 14/12/21 with reference HCV10 - Somerset Cancer Care.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
Radiology Admin	(-ve)								
B7 CT Radiographer	(-ve)								
B2 ISW	(-ve)								
Cardio Respiratory B7 Saving	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-			0					

	ve)									
Clinical Supplies & Services	(-ve)			0						
General Supplies & Services	(-ve)			0						
Other (please list):										
Establishment Expenses	(-ve)			0						
Soloton Licences	(-ve)			0						
-	(-ve)	0		0						
-		**0**	**0**	**0**		**0**	**0**	**0**	**0**	
Total Operational Expenditure		**0**	**0**	**0**		**0**	**0**	**0**	**0**	
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**	
Depreciation	(-ve)		-8	-8		-2	-8	-8	-8	
Rate of Return	(-ve)		-1	-1		-0	-1	-1	-1	
-				0						
Overall impact on I&E		**0**	**-9**	**-9**	**0.00**	**-2**	**-9**	**-9**	**-9**	
									+ favourable (-) adverse	
Less: Existing Provisions	(+ve)	**n/a**		**0**						
Net impact on I&E		**0**	**-9**	**-9**		**-2**	**-9**	**-9**	**-9**	

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £9k per annum.

The recurrent revenue implications of the Cancer Care system are picked up in a previous business case for the implementation of this system (2021/22-08) .

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				

Outpatient (Attendances)								
First Attendances			0					
Follow-up Attendances			0					
A&E (Attendances)			0					
Other (Please List):								
Screening Services			0					
Excluded Devices			0					

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve			0				

	)								
Non-Tariff income	(+ve)			0					
Other									
Tariff income	(+ve)			0					
Non-Tariff income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income									
Private patient income	(+ve)			0					
Other non-protected clinical income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income									
Research and Development	(+ve)			0					
Education and Training	(+ve)			0					
Other income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0

Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		0	0		0	0
Maintenance		0	0	0	0	0	0
		0	**0**	**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0**	**0**	**0**
Depreciation	(-ve)	0	-1	-1	-0	-1	-1
Rate of Return	(-ve)	0	-0	-0	-0	-0	-0
				0			
Overall impact on I&E		**0**	**-1**	**-1**	**-0**	**-1**	**-1**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the capital charges.

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**Perioperative Adoption Fund -PKB Peri-Operative Care**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)		0	0	0	0

Capital Notes *(including reference to the funding source)*:

This bid is a revenue fundign stream so there is no capital ask relating to this.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		500	0	0	0
Total Income		**0**	**0**	**0**		**500**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)			0					
Nursing	(-ve)			0					
Other (please list):									
Development Team Resource	(-ve)			0		-65			
PKB Project Team	(-ve)			0		-60			
	(-ve)								
	(-ve)								
		0	**0**	**0**	**0.00**	**-125**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Other (please list):									
Project Management Support	(-ve)			0		-175			
PKB Licences	(-ve)			0		-200			
	(-ve)	0		0					
		0	**0**	**0**		**-375**	**0**	**0**	**0**

Total Operational Expenditure		**0**	**0**	**0**		**-500**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Depreciation	(-ve)			0		0	0	0	0
Rate of Return	(-ve)			0		0	0	0	0
				0					
Overall impact on I&E		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**0**	**0**		**0**	**0**	**0**	**0**

Revenue Notes *(including reference to the funding source)*:

Income - The funding for this bid will be awarded as revenue, ths will be sent to us via CoYCCG and an invoice will be raised in January to claim this £500k funding.

Expenditure - The main expenditure items are Project management support and licence costs these and all other revenue elements will be spent and accounted for by 31st March 2022 as per the agreed MOU for this bid.

There are no recurrent revenue consequences from this business case.

		Board of Directors Only
Owner	**Finance Manager**	**Director of Finance**

Signed	**Dylan Roberts**	**Neil Barrett**	
Dated	21.12.21	21.12.21	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				
A&E (Attendances)			0				
Other (Please List):							
Screening Services			0				
Excluded Devices			0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income								
Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income								
Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
Other income	(+ve)			0				

	0	0	0		0	0	0	0

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior	(-ve)		0	0		0	0

Managers							
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0
Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		0	0		0	0
Maintenance		0	0	0	0	0	0
		0	**0**	**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0**	**0**	**0**
Depreciation	(-ve)	0	0	0	0	0	0
Rate of Return	(-ve)	0	0	0	0	0	0
				0			
Overall impact on I&E		**0**	**0**	**0**	**0**	**0**	**0**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the capital charges.

BUSINESS CASE SUMMARY

York and Scarborough Teaching Hospitals NHS Foundation Trust

1. Business Case Number

2021/22-81

2. Business Case Title

Unified Tech Fund Capital Spend Approval for DIS Essential Services Programme

3. Sponsorship, Management Responsibilities & Key Contact Point

The Business Case 'Owner' should be the appropriate Care Group or Corporate Director, or where appropriate an alternative lead Clinician nominated by the respective Care Group Director. The 'Author' will be the named manager supporting the owner of the Business Case, who will have responsibility for the development and writing of the Business Case, and will be the key contact point for enquiries.

3.1 Sponsorship Confirmation (where neither the Owner or Author of the Business Case)

Care Group/ Corporate Director	Name	Date of Agreement
	Dylan Roberts	

Care Group Manager	Name	Date of Agreement

3.2 Management Responsibilities & Key Contact Point

Business Case Owner:	

Business Case Author:	**Chris Brennan**
Contact Number:	[redacted]

4. Issue(s) to be addressed by the Business Case

A. **Describe the background and relevant factors giving rise to the need for change.**

York and Scarborough Trust (Y&SFT) is considered by the ICS and Region as being priority 1 for Enabling Digital Infrastructure investment due to the comparative low level of IT and digital maturity against its peers across the region. These gaps are no mobile device capabilities, lack of secure and performant Wi Fi to support mobile working, poor underlying infrastructure and slow speed of access at points of care. Not addressing this deficit inhibits the Trust's ability to level up its existing capability and deliver its strategy or the minimum service standards provided by other Trusts.

The business case for this investment has been approved at Trust and Humber Coast and Vale ICS Boards as a priority 1 and as a result the Trust has maximised the amount of investment (£2.5M), that it could make in addressing the foundations in this financial year which will be used as match funding against this allocation.

This investment is specifically required this year to enable the following smart ways of working levelling up with other providers who have this now:

- **Mobile access to EPR including e-observations, EPMA and nursing assessments and documentation**
- **Increase speed and availability of access to the EPR (which is currently limited to a small number of desktop devices in congested ward areas) so that the speed of access and recording of information is seamless and therefore results in better quality, increased safety and a reduction in serious incidents resultant from poor recording of information.**

The technologies and solutions applied will be aligned to that which has already implemented by other providers and in some cases is the confirmed direction of travel as agreed in the Digital Plan on a Page and infrastructure blueprints being developed by the ICS CDIO and team.

Co-Stratify, a third party company, have been employed by the ICS to blueprint shared infrastructure capability across providers in the region and are directly involved in these developments to ensure that these identified capabilities can be supported by future shared services arrangements across the ICS.

5. Capacity & Demand Analysis

B. Where a key issue raised concerns the availability of sufficient capacity to meet anticipated demand on the service, it must be supported by a Capacity and Demand analysis to clearly demonstrate the gap in capacity, with the results presented below. Please refer to the Business Case guidance document for the guidance and access to the preferred capacity and demand model. If required, support in completing the model is available through the Corporate Operations team (contact Andrew Hurren on extension 5639).

N/A

6. Options Considered

List, and describe briefly below the alternative options considered to resolve the issue(s) presented in Section 4 above. This should just be a factual description of the option without at this stage any comments on the pros and cons of the option. The inclusion of alternative workforce and clinical models should be considered when generating the list of options.

Description of Options Considered
Option 1. Do nothing. This option would mean that the Essential Services Programme would continue to deliver on its Plan B programme of work without additional funding from NHSX. This would not extend and increase the scope of work and would mean that the current delivery of CPD upgrade, Storage and Compute, VDI PoC and N365 would be the core delivery for FY 21/22.
Option 2. Approve the additional NHS X UTF funding to kick-start the delivery of network re-architecture works and the implementation of smart technology that will enable the delivery of smart foundation ways of working through key technologies as described above.

7. The Preferred Option

Detail the preferred the option together with the reasons for its selection over the other options. This must be supported with appropriate description and data in demonstrating how it will address the issue(s) described in Section 4 above.

Note: All identified options must be subject to a Benefit and Cost analysis, using the 'Investment Appraisal Scoring Sheet' (Appendix Biii) and attached to this Case. The case for the preferred option should include cross references to key attributes identified in the Benefit and Cost Analysis as supporting information. Where the preferred option closes an identified capacity gap identified in section 5, the results of the closed gap after using the preferred capacity and demand model should be shown here.

Option 2 is the preferred option. This would enable the following projects to commence:

VDI POC
Network Re-architecting to provide additional capacity, security, access and availability
Mobile Devices (Tablets and Mobile) and management tools.
A break down of scope and benefit for each of these is detailed below:
VDI POC
The implementation of a VDI back end solution and roll out of capability to an initial group of target adopters (priority areas is Wards and in particular nursing). User access to patient information is now slow and cumbersome. An increased number of clinicians (nurses, AHPS, doctors) now require fast access to information and recording on the same number of limited devices, due to the release of new capabilities including and not limited to new digitised nursing assessments, observations, EPMA and new support tools. Seamless, secure and fast access is critical if these new EPR capabilities are to be exploited in the limited space on wards.

Benefits
Seamless and fast point of care recording through tap on, tap off capabilities on shared workstations.
Timely recording of information provides quality and safety benefits including a reduction in Serious Incidents as well as a reduction in non-recording which has been a trend.
This improvement will directly contribute to more time to care, less frustration and stress for staff and efficiencies.
An external discovery exercise identified that clinicians are only 65% productive in their work using IT. This solution will improve that and the work this year will provide clear metrics that can inform future business cases for expansion in future years.
Enable efficiencies in DIS support of the technology. VDI reduces downtime on machines (meaning less impact to medical staff daily activity) and dramatically speeds up time taken to update desktops with firmware, software and security patching thereby providing a more robust, secure, resilient platform.

Network Re-architecting to provide additional capacity, security, access and availability
The most significant smart foundation is the necessary re-architecting and uplift of the network capabilities across all Trust sites (the LAN and Wi-Fi networks) to cater for increased capacity, security and resilience to enable the provision of a high number of new end user devices including mobile, IOT and standard laptop and desktops. This enables the ability to separate different traffic types from medical devices, mobile, public and critical EPR traffic and underpins the necessary Wi-Fi expansion included in this bid that will be Trust wide across 8 hospitals and community sites. This includes the necessary infrastructure for traffic to traverse the network to new internet and cloud provided services.

Benefits
The benefits in terms of timely access to information, anytime, anyplace and anywhere are the same as with VDI but in particular for our new mobile capabilities.
A scalable solution to enable forecasted demand and a large amount of new users/end points that need to come on to the network.
Consistent coverage across all sites with guaranteed connectivity, performance and resilience enabling safe alerting, recording, and viewing of what can be critical clinical information.

Network architected to provide the required bandwidth and method of connectivity to public cloud for both Office 365 and public cloud services (e.g. new Radiology Information System) ensuring performance for future technologies.
Mobile Devices (Tablets and Mobile) and management tools
Additional devices above the current estate to underpin the Trust EPR programme, following a user led service redesign process, to digitise nursing/clinical documentation and workflows to bring consistent and efficient practice across the Trust. These devices will also be used as part of the new service redesign, for Electronic Mobile Observations, aspects of EPMA and Mobile Tasking to raise the Trust's maturity to HIMSS 5. The layout of the Trust and nearly all wards inhibits the ability to provide a sufficient number of standard workstations. Therefore to be digital by default with efficient and effective recording at the point of care requires mobile solutions. The new mobile user interface on the EPR is currently being tested. This work will level up the Trust to that which is provided by default in other Trusts across the region.

Benefits
As detailed above – efficient and effective recording of information to increase quality, safety, reduce SIs and increase productivity from the 65% productive baseline the Trust is at now.

8. Alignment with the Trust's Strategic Themes

The Trust has identified five strategic themes that ensure there is a focus for its emerging priorities and objectives, and assists in the communication to staff, patients and other stakeholders.

Indicate using the table below, to what extent the preferred option is aligned with these strategic themes. It is expected that the preferred option will align with at least one of the strategic themes.

Strategic Theme	Aligned? Yes/No	If Yes, how is it Aligned?
Deliver clinically sustainable services for our patients	Yes	The delivery of both enabling infrastructure, scalable, robust W-Fi through the entire Trust and the delivery of innivative mobile solutions to allow the timely treatment of patients and improved patient care. The introduction of these technologies will also help support the following: Less deaths, less patient deterioration, less length of stay, less repeating the same thing (ease of recording of information e.g. core

		assessments), more time with clinicians and better informed conversations. Patient Experience • Improve on ability to provide details and assurance of essential aspects of care delivered through audit trail of digital system • Decrease in number of complaints regarding essential aspects of care (difficult to baseline as complaints not logged in this way) • Improve patient confidence in quality and safety of care with a modern hospital experience
Develop people to improve care	Yes	Empowered Workforce: Digitally inclusive throughout, with proactive training on adoption on digital technology. Operational Quality: Strive for operational excellence, looking to best practice methods, techniques and partners to assure operational certainty. Instil a culture of CSI, making decisions based on data, measured against relevant service metrics. Shape the service to meet the quality level expected from the Trust and have the resources to match. Attain and be proud of quality standards achieved.
Adopt a home first approach		
Work collaboratively in our partnerships and alliances	No	
Make best use of every pound	No	

9. Benefits of the Business Case

The identification of the benefit(s) that are expected to arise from the Business Case is crucial to ensuring that a robust evaluation of the progress and delivery of the Business Case objectives is possible during any post implementation reviews.

*Clearly detail and **quantify** the expected benefits that will arise from implementing the preferred option using the three domains of service improvement below. The benefits identified must be tangible, and capable of being evidenced through some form of measurement. The timings of when the benefits will materialise should be realistic.*

It is acknowledged that some benefits may not materialise until at least 6m, dependent on the purpose of the Business Case and, as the Guidance Manual indicates, in a small number of instances there may be a need to consider adjusting the timings of the reviews, dependent on the forecast timeframe for benefit delivery.

Quality and Safety						(* from Estimated Implementation date)
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 3m***	**At 6m***	**At 12m***
Untimely recording of information, or recording on paper and not transferring it across properly to the EPR or inaccurate recording due to the elongated time from observation to recording is the cause of many Serious Incidents and the reason for patient deterioration. York and Scarborough are an outlier compared to peers on this due to a need to level up their digital capabilities. Outcome: Reduce the number of incidents relating to failure of observations for deteriorating patients, Reduce chances of wrong patient data entry, Better informed and more seamless senior review, decision support and closed loop altering, better audit trail and automated altering based on observations and NEWS score.	Improvement in core assessments completed on admission and reassessments when scheduled due to prompting by digital system and availability of mobile devices. Baseline data from on the spot sampling of paper records: Falls multifactorial assessment 70% within 6 hours – target to be agreed Purpose T assessment (skin) 72% completed – target to be agreed MUST (nutrition) 69% completed – target to be agreed	Falls multifactorial assessment 70% within 6 hours – Purpose T assessment (skin) 72% completed – MUST (nutrition) 69% completed –	Target to be agreed			
How will information be collected to demonstrate that the benefit has been achieved?						

Access and Flow						(* from Estimated Implementation date)
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 3m***	**At 6m***	**At 12m***
How will information be collected to demonstrate that the benefit has been achieved?						

Finance and Efficiency						(* from Estimated Implementation date)
Description of Benefit	**Metric**	**Quantity Before**	**Quantity After**	**At 3m***	**At 6m***	**At 12m***
The introduction of mobile technologies and faster access to the EPR will facilitate mobile dependent developments such as Digital Clinical Documentation, Hospital Out Of Hours Smart Bleep Replacement and Tasking Solution, Mobile e-Obs, mobile tasking and review of results. The Trust have targeted 30% of time released to care for nursing as a result of the introduction of effective mobile technologies and this level of efficiency is likely other clinical practices AHPs, Medics. Efficiencies through faster recording and viewing of data will reduce delay and length of stay. Outcome: Delivery of mobile devices Trust wide to support Better Care initiatives and the required DIS support and management layer to deliver effective service and support to the Trust. The implementation of our mobile infrastructure which includes 700 to 1500 devices, associated management software and support infrastructure. This will underpin the Trust's digital strategy, supporting core digital projects across the Trust including EPMA, Mobile Observations and Digital Documentation. The delivery of this enabling technology will help transform working practice, mobility and flexibility, support patient and bedside care through providing access to a new mobile interface to the EPR that will result in increased activity, efficiencies, improved quality, safety and a reduction in risk due to the ability to seamlessly and quickly access and record data. In turn this will aid a reduction in stress and remove the barriers that currently frustrate medical staff and greatly improve time to care. This is detailed in the benefits section. The benefits in terms of timely access to information, anytime, anyplace and anywhere are the same as with VDI but in particular for our new mobile capabilities. A scalable solution to enable forecasted demand and a large amount of new users/end points that need to come on to the network. Consistent coverage across all sites with guaranteed connectivity, performance and resilience enabling safe alerting, recording, and viewing of what can be critical clinical information.	1.Reducing by 25% the time it takes to complete a nursing admission process. 2. Reduction in overall documentation burden in all inpatient units by integration of nursing handover, automatic digital journal update and updating of care plans.	1.Approx 57,000 emergency care patients admitted during 2019/2020 that would have needed an admission assessment process = 14,250 hours per year (calculate at mid Band 5 range) – the majority of those hours saved from the 5 busiest inpatient areas (AMU, AMB, SAU, Ward 14, Lilac) 2. There is no existing good quality baseline data for the amount of time currently spent overall on documentation but a very conservative estimate for this would be 30 minutes per nurse per shift. An average ward unit would have at least 3 registered nurses on a day shift and 3 on a night so 3 hours nursing time every 24 hours (mid-range Band 5)	Target to be agreed.			

How will information be collected to demonstrate that the benefit has been achieved?						

10. Estimated Implementation Date

State the estimated implementation date. This will be used as the start point of the review period where the Business Case is selected for Post Implementation Review (PIR).

Estimated Implementation Date	**From Q4 FY2021 to Q4 FY 2022**

11. Risk Analysis:

Identify the key risks to the Trust of proceeding with the preferred option, and what actions can be taken to mitigate them should they arise.

In light of the difficulties being experienced both locally and nationally in successfully recruiting across a broad range of staff groups, the author should pay particular attention to the risks associated with fully recruiting to any new posts identified in the business case, supported by current market intelligence. Such risks need to be considered in the context the likelihood (and timeframe) of the need to use agency or locum staff incurring premium costs for the Trust. The likelihood of any additional costs should be acknowledged in this section, and its impact recognised in the financial assessment of the case.

Identified Risk	Proposed Mitigation
Capability The internal capability and capacity within the existing DIS team to lead, design, deliver, adopt, operate and optimise the products, solutions and services delivered through the Essential Services Programme and wider Trust and ICS strategic programmes (transformation and digital).	Hybrid team build (internal, contract and holistic 3rd party partners – Cancom, Bio Ltd, Co-Stratify) to provide skills, capabilities and experience to deliver, adopt and operate the ESP products, services and technology
Funding Required funding not allocated in full.	Regional Team and ICS support for this to be Priority One scheme across HC&V.
Prioritisation Sufficient prioritisation of this programme against other demands in the Trust	Board and ICS sign off Prioritisation No 1 – escalate through agreed governance
Operational Pressures Operational pressures the Trust is dealing with having an impact especially on clinical teams	Core team of CCIO, Lead Digital Nurse and Clinical Network to take risk based decisions around how this is rolled out.
Cyber Security Cyber Security risk is increased by the introduction of mobile devices and WiFi	The implementation of these capabilities wil include cyber considerations in the design therefore cyber risks will be mitigated. Co-Stratify and Cancom have Cyber Security specialist that will be involved in

	the design.

12. Is there a requirement to apply for funding via the Medical Equipment Resources Group (MERG), linked to this Business Case?

If 'yes', the completed and approved MERG form must feature as an attachment to the Business Case document.

Yes	
No	No

Please tick

If 'Yes' please state below what proportion of the overall Capital costs associated with the Business Case (see the Financial Pro-forma), relate specifically to equipment

Overall Capital Costs for the Business Case	£1,870,000
State the value of the Equipment within the above	

13. Is there a requirement to involve or liaise with the Procurement Department with regard to any aspects associated with this Business Case?

Yes	
No	No

If 'Yes' please provide a brief summary to evidence the involvement and the outcome.

14. Consultant, and other Non-Training Grade Doctor Impact
(Only to be completed where the preferred option increases the level of Consultant/ non-Training Grade input)

a. Impact on Consultant/ Non-Training Grade Doctor Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant/Non-Training Grade Doctor to a maximum of 11. This section should illustrate the impact that the additional Consultant/Non-Training Grade input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's/Non-Training Grade Doctor's actual annual working weeks against the 41 week requirement.

The information below must be accompanied by the Trust's Capacity Planning Tool, and the Job Plan, which should be appended to, and submitted with the Business Case.

	Before	After
Average number of PAs		
On-call frequency (1 in)		

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	**Working Weeks v 41 Week Requirement**		**PA Commitment**	
	Before	**After**	**Before**	**After**

b. Job Plan Approval:

The Medical Director or Deputy, along with the Medical Workforce Manager must review all proposed Job Plans for new Consultant posts, as well as any Job Plans of existing Consultants where the proposed new post would have an impact on current working practices. The date that the Job Plans were approved must be provided below.

Date of Approval	
Comments by either the Medical Director or Deputy, or the Medical Workforce Manager	

15. Stakeholder Consultation and Involvement:

Identify the key stakeholders (both internal and external to the Trust) essential to the successful implementation of the Business Case; the extent to which each support the proposal, and where appropriate, ownership for the delivery of the benefits identified above.

Where external stakeholder support is vital to the success of the Business Case (e.g. commitment to commission a service), append documentation (letter, e-mail, etc.) evidencing their commitment. If the Business Case spans more than one Care Group or Directorate the expected/required close collaboration in such circumstances must be evidenced.

Examples of stakeholders include lead clinicians, support services (e.g. Systems & Network Services, Capital Planning re: accommodation), Commissioners (e.g. Vale of York CCG, etc.), patients & public, etc**.**

Please bear in mind that most Business Cases DO have an impact on Facilities & Estates services provided by York Teaching Hospital Facilities Management (YTHFM) LLP.

Stakeholder	Confirmation of Support (Yes, No, Not applicable stating why?)
Mandatory Consultation	
Radiology	
Laboratory Medicine	
Pharmacy	
AHP & Psychological Medicine	
Theatres, Anaesthetics and Critical Care	
Community Services	
Systems and Network Services	
Sustainability	
YTHFM LLP	
Clinical Coding Team	
Other Consultation	

16. Accommodation

If the delivery of this Business Case is reliant on the Care Group or Directorate submitting the case being allocated additional space (e.g. to accommodate new staff or to expand its services) the availability of this additional space should be established prior to the submission of the Business Case for approval.

If assistance is required in assessing the space requirements / availability of space to support this Business Case then help is available from Tony Burns (01904) 721856 or tony.burns@york.nhs.uk).

Does the implementation of the Business Case require additional space to be found	**Yes**	**No**

and allocated?		No

Please tick

17. Financial Summary

a. Estimated Full Year Impact on Income & Expenditure:

Summarise the full year impact on income & expenditure for the Care Group or Directorate as a result of this Business Case. The figures should summarise the more detailed analysis on the accompanying 'Financial Pro Forma'.

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure		1870	1870
Income		0	0
Direct Operational Expenditure		860	860
EBITDA	0	-860	-860
Other Expenditure		220	220
I&E Surplus/ (Deficit)	0	-1,080	-1,080
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	0	-1,080	-1,080
Contribution (%)	#DIV/0!	#DIV/0!	#DIV/0!
Non-recurring Expenditure	n/a		0

Supporting Financial Commentary:

Support Costs and Licences - Some costs are going to be incurred immediately due to the need for licences to operate some of the aspects of the bid, others will be phased in over time sue to being support as products warranties end.

The only other revenue implications of this bid are the capital charges of £220k per annum.

b. Estimated Impact on Run Rate

Summarise the impact on current monthly income and expenditure run rate as a result of this Business Case. The current run rate should reference the average monthly income and expenditure over the last six months. Demonstrate how the run rate will change as a result of this business case in full, and at 6 months and 12 months following approval of the case. Show income as positive figures and expenditure as negative.

	Current Run rate	Revised Run Rate	Change	Change at 6 months	Change at 12 months
	£000	£000	£000	£000	£000
Income (+ve)					
Clinical Income			0		
Non Clinical Income			0		
Expenditure (-ve)					
Pay			0		
Non Pay		-72	-72	-15	-63
Non Operational expenditure		-19	-19	-5	-19
Total	0	-91	-91	-20	-82

Run Rate Supporting Commentary:

The run rate won't change to full impact until 24 months after go live of this business case.

18. Date of Completion:

Note: This date should be kept current on each occasion that the documentation is refreshed/ updated.

The use of version control is recommended to aid the auditing and tracking of current documentation, particularly if the Case spans more than one Care Group or Directorate with multiple contributors. The 'Final' version must be clearly indicated as such.

Date	
Version No.	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**2021/22-81**
TITLE:	**Unified Tech Fund Capital Spend Approval for DIS Essential Services Programme**
OWNER:	**Dylan Roberts**
AUTHOR:	**Chris Brennan**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-1,870	-1,870	0	0	0

Capital Notes *(including reference to the funding source)*:

£1,870k of PDC Capital Funding has been awarded by Department of Health, this Capital money needs to be spent and accounted for by 31st March 2022.

This is split into two awards £1,700k for Infrastructure and £170k for security an LOA was received for this funding in December 2021 from NHSX.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
	(-ve)								
	(-ve)								

	(-ve)								
	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0					
Support & Licences	(-ve)		-860	-860		-175	-760	-860	-860
	(-ve)	0		0					
		0	**-860**	**-860**		**-175**	**-760**	**-860**	**-860**
Total Operational Expenditure		**0**	**-860**	**-860**		**-175**	**-760**	**-860**	**-860**
Impact on EBITDA		**0**	**-860**	**-860**	**0.00**	**-175**	**-760**	**-860**	**-860**
Depreciation	(-ve)		-187	-187		-47	-187	-187	-187
Rate of Return	(-ve)		-33	-33		-8	-33	-33	-33
				0					
Overall impact on I&E		**0**	**-1,080**	**-1,080**	**0.00**	**-230**	**-980**	**-1,080**	**-1,080**

+ favourable (-)

								adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**				
Net impact on I&E		**0**	**-1,080**	**-1,080**	**-230**	**-980**	**-1,080**	**-1,080**

Revenue Notes *(including reference to the funding source)*:

Support Costs and Licences - Some costs are going to be incurred immediately due to the need for licences to operate some of the aspects of the bid, others will be phased in over time sue to being support as products warranties end.

The only other revenue implication of this bid are the capital charges of £220k per annum.

			Board of Directors Only
	Owner	**Finance Manager**	**Director of Finance**
Signed	**Dylan Roberts**	**Neil Barrett**	
Dated	21.12.21	21.12.21	

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				
A&E (Attendances)			0				
Other (Please List):							
Screening Services			0				
Excluded Devices			0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				

NON-AC NHS Clinical Income

Elective income

Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				

Non-Elective income

Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				

Outpatient

Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				

A&E

Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				

Other

Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**

Non NHS Clinical Income

Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**

Other income

Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
Other income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			

Non-NHS Clinical Income	(+ve)			0				
Other Income	(+ve)			0				
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure								
Pay								
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay								
Drugs	(-ve)		0	0	0	0	0
Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		-72	-72	-15	-63	-72
Maintenance		0	0	0	0	0	0
		0	**-72**	**-72**	**-15**	**-63**	**-72**

Total Operational Expenditure		**0**	**-72**	**-72**		**-15**	**-63**	**-72**
Impact on EBITDA		**0**	**-72**	**-72**		**-15**	**-63**	**-72**
Depreciation	(-ve)	0	-16	-16		-4	-16	-16
Rate of Return	(-ve)	0	-3	-3		-1	-3	-3
				0				
Overall impact on I&E		**0**	**-90**	**-90**		**-19**	**-82**	**-90**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the capital charges and the support and licencing costs relating to the bid.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**UTF - Infrastructure Data**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-150	-150	0	0	0

Capital Notes *(including reference to the funding source)*:

£150k of PDC Capital Funding has been awarded by Department of Health, this Capital money needs to be spent and accounted for by 31st March 2022.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
Radiology Admin	(-ve)								
B7 CT Radiographer	(-ve)								
B2 ISW	(-ve)								
Cardio Respiratory B7 Saving	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					

General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0					
Support Costs	(-ve)		-11	-11			-3	-11	-11
-	(-ve)	0		0					
-		**0**	**-11**	**-11**		**0**	**-3**	**-11**	**-11**
Total Operational Expenditure		**0**	**-11**	**-11**		**0**	**-3**	**-11**	**-11**
Impact on EBITDA		**0**	**-11**	**-11**	**0.00**	**0**	**-3**	**-11**	**-11**
Depreciation	(-ve)		-15	-15		-4	-15	-15	-15
Rate of Return	(-ve)		-3	-3		-1	-3	-3	-3
-				0					
Overall impact on I&E		**0**	**-29**	**-29**	**0.00**	**-5**	**-21**	**-29**	**-29**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-29**	**-29**		**-5**	**-21**	**-29**	**-29**

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £18k per annum, plus support costs from Q4 22/23 of £11k per annum.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				

Outpatient (Attendances)								
First Attendances				0				
Follow-up Attendances				0				
A&E (Attendances)				0				
Other (Please List):								
Screening Services				0				
Excluded Devices				0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				

Other									
Tariff income	(+ve)			0					
Non-Tariff income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income									
Private patient income	(+ve)			0					
Other non-protected clinical income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income									
Research and Development	(+ve)			0					
Education and Training	(+ve)			0					
Other income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

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NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

Total Change			Planned Profile of Change		
Curren	Revised	Change	6	12	Later Years

		t			months	months	
		£'000	£'000	£'000	£'000	£'000	£'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0
Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		-1	-1		-0	-1
Maintenance		0	0	0	0	0	0
		0	**-1**	**-1**	**0**	**-0**	**-1**
Total Operational Expenditure		**0**	**-1**	**-1**	**0**	**-0**	**-1**

Impact on EBITDA		**0**	**-1**	**-1**		**0**	**-0**	**-1**
Depreciation	(-ve)	0	-1	-1		-0	-1	-1
Rate of Return	(-ve)	0	-0	-0		-0	-0	-0
				0				
Overall impact on I&E		**0**	**-2**	**-2**		**-0**	**-2**	**-2**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the capital charges and support costs highlighted above, the support costs will impact from 12 months post go live.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**AHP Reporting System**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-120	-120	0	0	0

Capital Notes *(including reference to the funding source)*:

£120k of Capital Funding has been awarded by Department of Health, this Capital money needs to be spent and accounted for by 31st March 2022.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
Radiology Admin	(-ve)								
B7 CT Radiographer	(-ve)								
B2 ISW	(-ve)								
Cardio Respiratory B7 Saving	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					

General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0					
Support Costs	(-ve)		-9	-9			-2	-9	-9
-	(-ve)	0		0					
-		**0**	**-9**	**-9**		**0**	**-2**	**-9**	**-9**
Total Operational Expenditure		**0**	**-9**	**-9**		**0**	**-2**	**-9**	**-9**
Impact on EBITDA		**0**	**-9**	**-9**	**0.00**	**0**	**-2**	**-9**	**-9**
Depreciation	(-ve)		-12	-12		-3	-12	-12	-12
Rate of Return	(-ve)		-3	-3		-1	-3	-3	-3
-				0					
Overall impact on I&E		**0**	**-24**	**-24**	**0.00**	**-4**	**-17**	**-24**	**-24**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-24**	**-24**		**-4**	**-17**	**-24**	**-24**

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £15k per annum plus Support costs from Q4 22/23 of £9k per annum.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							

First Attendances				0				
Follow-up Attendances				0				
A&E (Attendances)				0				
Other (Please List):								
Screening Services				0				
Excluded Devices				0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								

Tariff income	(+ve)			0					
Non-Tariff income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income									
Private patient income	(+ve)			0					
Other non-protected clinical income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income									
Research and Development	(+ve)			0					
Education and Training	(+ve)			0					
Other income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

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BUSINESS CASE RUN RATE SUMMARY

Total Change			Planned Profile of Change		
Current	Revised	Change	6 months	12 months	Later Years

		£'000	£'000	£'000	£'000	£'000	£'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0
Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		-1	-1		-0	-1
Maintenance		0	0	0	0	0	0
		0	**-1**	**-1**	**0**	**-0**	**-1**
Total Operational Expenditure		**0**	**-1**	**-1**	**0**	**-0**	**-1**

Impact on EBITDA		**0**	**-1**	**-1**		**0**	**-0**	**-1**
Depreciation	(-ve)	0	-1	-1		-0	-1	-1
Rate of Return	(-ve)	0	-0	-0		-0	-0	-0
				0				
Overall impact on I&E		**0**	**-2**	**-2**		**-0**	**-1**	**-2**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the capital charges and the support costs which will impact from 12 months post go-live.

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**ECDS**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-40	-40	0	0	0

Capital Notes *(including reference to the funding source)*:

£40k of Capital Funding has been awarded by Department of Health, this Capital money needs to be spent and accounted for by 31st March 2022.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
Radiology Admin	(-ve)								
B7 CT Radiographer	(-ve)								
B2 ISW	(-ve)								
Cardio Respiratory B7 Saving	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					

General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0					
Soloton Licences	(-ve)			0					
-	(-ve)	0		0					
-		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Depreciation	(-ve)		-4	-4		-1	-4	-4	-4
Rate of Return	(-ve)		0	0		0	0	0	0
-				0					
Overall impact on I&E		**0**	**-4**	**-4**	**0.00**	**-1**	**-4**	**-4**	**-4**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-4**	**-4**		**-1**	**-4**	**-4**	**-4**

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £4k per annum.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							

First Attendances				0				
Follow-up Attendances				0				
A&E (Attendances)				0				
Other (Please List):								
Screening Services				0				
Excluded Devices				0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								

Tariff income	(+ve)			0					
Non-Tariff income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income									
Private patient income	(+ve)			0					
Other non-protected clinical income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income									
Research and Development	(+ve)			0					
Education and Training	(+ve)			0					
Other income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

Total Change			Planned Profile of Change		
Current	Revised	Change	6 months	12 months	Later Years

		£'000	£'000	£'000	£'000	£'000	£'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0
Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		0	0		0	0
Maintenance		0	0	0	0	0	0
		0	**0**	**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**

Impact on EBITDA		**0**	**0**	**0**		**0**	**0**	**0**
Depreciation	(-ve)	0	-0	-0		-0	-0	-0
Rate of Return	(-ve)	0	0	0		0	0	0
				0				
Overall impact on I&E		**0**	**-0**	**-0**		**-0**	**-0**	**-0**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the capital charges.

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**Digital Productivity Fund**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-48	-48	0	0	0

Capital Notes *(including reference to the funding source)*:

£48k of PDC Capital Funding has been awarded by the Digital Productivity Fund to proccure an automated stock management system, this Capital money

needs to be spent and accounted for by 31st March 2022. This funding was confirmed in an MOU dated 17/12/21 .

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0			0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
IT Training	(-ve)								
	(-ve)								
	(-ve)								
	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					

General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0					
Support	(-ve)			0		0			
-	(-ve)	0		0					
-		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
- -	-								
Depreciation	(-ve)		-5	-5		-1	-5	-5	-5
Rate of Return	(-ve)		-1	-1		-0	-1	-1	-1
-				0					
Overall impact on I&E		**0**	**-6**	**-6**	**0.00**	**-2**	**-6**	**-6**	**-6**
- -	-								**+ favourable (-) adverse**
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-6**	**-6**		**-2**	**-6**	**-6**	**-6**

Revenue Notes *(including reference to the funding source)*:

The only recurrent revenue implications of this bid are the capital charges of £6k per annum.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							

First Attendances				0				
Follow-up Attendances				0				
A&E (Attendances)				0				
Other (Please List):								
Screening Services				0				
Excluded Devices				0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								

Tariff income	(+ve)			0					
Non-Tariff income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

Non NHS Clinical Income

Private patient income	(+ve)			0					
Other non-protected clinical income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

Other income

Research and Development	(+ve)			0					
Education and Training	(+ve)			0					
Other income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

Total Change			Planned Profile of Change		
Current	Revised	Change	6 months	12 months	Later Years

		£'000	£'000	£'000	£'000	£'000	£'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0
Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		0	0		0	0
Maintenance		0	0	0	0	0	0
		0	**0**	**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**

Impact on EBITDA		**0**	**0**	**0**		**0**	**0**	**0**
Depreciation	(-ve)	0	-0	-0		-0	-0	-0
Rate of Return	(-ve)	0	-0	-0		-0	-0	-0
				0				
Overall impact on I&E		**0**	**-1**	**-1**		**-0**	**-1**	**-1**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the revenue items highlighted above.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**PODAC**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-150	-150	0	0	0

Capital Notes *(including reference to the funding source)*:

£150k of PDC Capital Funding has been awarded by the PODAC UTF Fund to proccure a digital wound imagery system, this Capital money needs to be

spent and accounted for by 31st March 2022. This funding was confirmed in an MOU dated 17/12/21 .

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		100	0	0	0
Total Income		**0**	**0**	**0**		**100**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
IT Training	(-ve)					-64			
	(-ve)								
	(-ve)								
	(-ve)								
		0	**0**	**0**	**0.00**	**-64**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					

General Supplies & Services	(-ve)			0					
Other (please list):									
Establishment Expenses	(-ve)			0		-36			
Support	(-ve)			0		0			
-	(-ve)	0		0					
-		**0**	**0**	**0**		**-36**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**		**-100**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Depreciation	(-ve)		-15	-15		-4	-15	-15	-15
Rate of Return	(-ve)		-3	-3		-1	-3	-3	-3
-				0					
Overall impact on I&E		**0**	**-18**	**-18**	**0.00**	**-5**	**-18**	**-18**	**-18**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-18**	**-18**		**-5**	**-18**	**-18**	**-18**

Revenue Notes *(including reference to the funding source)*:

The only recurrent revenue implications of this bid are the capital charges of £18k per annum.

The 21/22 Revenue spend of £100k is offset by an award of £100k from the UTF PODAC Fund, this will be drawn down from VoYCC in January 2022.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				

Outpatient (Attendances)								
First Attendances				0				
Follow-up Attendances				0				
A&E (Attendances)				0				
Other (Please List):								
Screening Services				0				
Excluded Devices				0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				

Other									
Tariff income	(+ve)			0					
Non-Tariff income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income									
Private patient income	(+ve)			0					
Other non-protected clinical income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income									
Research and Development	(+ve)			0					
Education and Training	(+ve)			0					
Other income	(+ve)			0					
		0	**0**	**0**	**0**	**0**	**0**	**0**

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

Total Change			Planned Profile of Change		
Curren	Revised	Change	6	12	Later Years

		t			months	months	
		£'000	£'000	£'000	£'000	£'000	£'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0
Clinical Supplies & Services	(-ve)		0	0		0	0
General Supplies & Services	(-ve)	0	0	0	0	0	0
Other (please list):							
Establishment Expenses			0	0		0	0
CIP	(-ve)		0	0		0	0
Maintenance		0	0	0	0	0	0
		0	**0**	**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**

Impact on EBITDA		**0**	**0**	**0**		**0**	**0**	**0**
Depreciation	(-ve)	0	-1	-1		-0	-1	-1
Rate of Return	(-ve)	0	-0	-0		-0	-0	-0
				0				
Overall impact on I&E		**0**	**-2**	**-2**		**-0**	**-2**	**-2**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the revenue items highlighted above.

York and Scarborough Teaching Hospitals NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**Equipment Refresh - ICS Capital Contingency**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-700	-700	0	0	0

Capital Notes *(including reference to the funding source)*:

£700k of Capital Funding has been awarded by the ICS as part of districuting their Capital Contingency, this Capital money needs to be spent and accounted for by 31st March 2022. This funding is to refresh IT Equipment throughout the trust.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
	(-ve)								
	(-ve)								
	(-ve)								
	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					

General Supplies & Services	(-ve)			0						
Other (please list):										
Establishment Expenses	(-ve)			0						
Support	(-ve)			0		0				
-	(-ve)	0		0						
-		**0**	**0**	**0**		**0**	**0**	**0**	**0**	
Total Operational Expenditure		**0**	**0**	**0**		**0**	**0**	**0**	**0**	
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**	
Depreciation	(-ve)		-70	-70		-18	-70	-70	-70	
Rate of Return	(-ve)		-12	-12		-3	-12	-12	-12	
-				0						
Overall impact on I&E		**0**	**-82**	**-82**	**0.00**	**-21**	**-82**	**-82**	**-82**	
									+ favourable (-) adverse	
Less: Existing Provisions	(+ve)	**n/a**		**0**						
Net impact on I&E		**0**	**-82**	**-82**		**-21**	**-82**	**-82**	**-82**	

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £82k per annum.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				

A&E (Attendances)				0				
Other (Please List):								
Screening Services				0				
Excluded Devices				0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				

Non-Tariff income	(+ve)			0				
Other								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Non NHS Clinical Income								
Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**
Other income								
Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
Other income	(+ve)			0				
		0	**0**	**0**	**0**	**0**	**0**	**0**

BUSINESS CASE RUN RATE SUMMARY

		Total Change			Planned Profile of Change		
		Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000
Income							
AC NHS Clinical Income	(+ve)			0			
Non-AC NHS Clinical Income				0			
Non-NHS Clinical Income	(+ve)			0			
Other Income	(+ve)			0			
Total Income		**0**	**0**	**0**	**0**	**0**	**0**
Expenditure							
Pay							
Medical	(-ve)		0	0		0	0
Nursing	(-ve)		0	0		0	0
Other (please list):							
Executive Board & Senior Managers	(-ve)		0	0		0	0
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0
Pharmacy Staff	(-ve)	0	0	0		0	0
8B Principal Pharmacist	(-ve)	0	0	0		0	0
		0	**0**	**0**	**0**	**0**	**0**
Non-Pay							
Drugs	(-ve)		0	0	0	0	0

Clinical Supplies & Services	(-ve)		0	0		0	0	
General Supplies & Services	(-ve)	0	0	0	0	0	0	
Other (please list):								
Establishment Expenses			0	0		0	0	
CIP	(-ve)		0	0		0	0	
Maintenance		0	0	0	0	0	0	
		0	**0**	**0**	**0**	**0**	**0**	
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**	
Impact on EBITDA		**0**	**0**	**0**	**0**	**0**	**0**	
Depreciation	(-ve)	0	-6	-6	-1	-6	-6	
Rate of Return	(-ve)	0	-1	-1	-0	-1	-1	
				0				
Overall impact on I&E		**0**	**-7**	**-7**	**-2**	**-7**	**-7**	

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the revenue items highlighted above.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	**DIS - White Paper**
TITLE:	**Video Conferencing - Attend Anywhere**
OWNER:	**Dylan Roberts**
AUTHOR:	**Roland Jackson**

Capital

		Total	Planned Profile of Change			
			2021/22	2022/23	2023/24	Later Years
		£'000	£'000	£'000	£'000	£'000
Expenditure	(-ve)	-198	-198	0	0	0

Capital Notes *(including reference to the funding source)*:

£198k of PDC Capital Funding has been awarded by Department of Health, this Capital money needs to be spent and accounted for by 31st March 2022. This funding is to renew the Attend Anywhere Video Conferencing facility and is being procured by the ICS and funding will be split and provided by the ICS.

Revenue

		Total Change				Planned Profile of Change			
		Current	Revised	Change		2020/21	2021/22	2022/23	Later Years
		£'000	£'000	£'000	WTE	£'000	£'000	£'000	£'000
(a) Non-recurring	(-ve)								
(b) Recurring									
Income									
AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-AC NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Non-NHS Clinical Income	(+ve)	0	0	0		0	0	0	0
Other Income	(+ve)	0	0	0		0	0	0	0
Total Income		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Expenditure									
Pay									
Medical	(-ve)								
Nursing	(-ve)								
Other (please list):									
	(-ve)								
	(-ve)								
	(-ve)								
	(-ve)								
		0	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Non-Pay									
Drugs	(-ve)			0					
Clinical Supplies & Services	(-ve)			0					
General Supplies & Services	(-ve)			0					
Other (please list):									

Establishment Expenses	(-ve)			0					
Support	(-ve)			0		0			
-	(-ve)	0		0					
-		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Total Operational Expenditure		**0**	**0**	**0**		**0**	**0**	**0**	**0**
Impact on EBITDA		**0**	**0**	**0**	**0.00**	**0**	**0**	**0**	**0**
Depreciation	(-ve)		-19	-19		-5	-19	-19	-19
Rate of Return	(-ve)		-4	-4		-1	-4	-4	-4
-				0					
Overall impact on I&E		**0**	**-23**	**-23**	**0.00**	**-6**	**-23**	**-23**	**-23**
									+ favourable (-) adverse
Less: Existing Provisions	(+ve)	**n/a**		**0**					
Net impact on I&E		**0**	**-23**	**-23**		**-6**	**-23**	**-23**	**-23**

Revenue Notes *(including reference to the funding source)*:

The only revenue implications of this bid are the capital charges of £19k per annum.

			Board of Directors Only
	Owner	Finance Manager	Director of Finance
Signed	Dylan Roberts	Neil Barrett	
Dated	21.12.21	21.12.21	

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2020/21	2021/22	2022/23	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				

A&E (Attendances)				0				
Other (Please List):								
Screening Services				0				
Excluded Devices				0				

Income (*+ve*)

		Total Change			Planned Profile of Change			
		Current £'000	Revised £'000	Change £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	Later Years £'000
AC NHS Clinical Income								
Non-Tariff income	(+ve)			**0**				
NON-AC NHS Clinical Income								
Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Non-Elective income								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Outpatient								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
A&E								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				
Other								
Tariff income	(+ve)			0				
Non-Tariff income	(+ve)			0				

		0	0	0	0	0	0	0
Non NHS Clinical Income								
Private patient income	(+ve)			0				
Other non-protected clinical income	(+ve)			0				
		0	0	0	0	0	0	0
Other income								
Research and Development	(+ve)			0				
Education and Training	(+ve)			0				
Other income	(+ve)			0				
		0	0	0	0	0	0	0

York Teaching Hospital NHS
NHS Foundation Trust

BUSINESS CASE RUN RATE SUMMARY

Total Change			Planned Profile of Change		
Current £'000	Revised £'000	Change £'000	6 months £'000	12 months £'000	Later Years £'000

Income								
AC NHS Clinical Income	(+ve)			0				
Non-AC NHS Clinical Income				0				
Non-NHS Clinical Income	(+ve)			0				
Other Income	(+ve)			0				
Total Income		**0**	**0**	**0**	**0**	**0**	**0**	
Expenditure								
Pay								
Medical	(-ve)		0	0		0	0	
Nursing	(-ve)		0	0		0	0	
Other (please list):								
Executive Board & Senior Managers	(-ve)		0	0		0	0	
Nuclear Med Radiology Staff	(-ve)	0	0	0		0	0	
Pharmacy Staff	(-ve)	0	0	0		0	0	
8B Principal Pharmacist	(-ve)	0	0	0		0	0	
		0	**0**	**0**	**0**	**0**	**0**	
Non-Pay								
Drugs	(-ve)		0	0	0	0	0	
Clinical Supplies & Services	(-ve)		0	0		0	0	
General Supplies & Services	(-ve)	0	0	0	0	0	0	
Other (please list):								
Establishment Expenses			0	0		0	0	
CIP	(-ve)		0	0		0	0	
Maintenance		0	0	0	0	0	0	
		0	**0**	**0**	**0**	**0**	**0**	
Total Operational Expenditure		**0**	**0**	**0**	**0**	**0**	**0**	

Impact on EBITDA		**0**	**0**	**0**		**0**	**0**	**0**
Depreciation	(-ve)	0	-2	-2		-0	-2	-2
Rate of Return	(-ve)	0	-0	-0		-0	-0	-0
				0				
Overall impact on I&E		**0**	**-2**	**-2**		**-0**	**-2**	**-2**

+ favourable (-) adverse

Run rate notes:

The run rate impact relates to the revenue items highlighted above.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Driectors
26 January 2022
Annual Equality Diversity and Inclusion Workforce Report

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

For submission to Board of Directors for discussion and approval prior to publishing the Annual Equality Diversity and Inclusion Report on the Trust website before the 31st December 2021.

Executive Summary – Key Points

Under the Equality Act 2010, all public sector employers must abide by the Public Sector Equality Duty. This report has been designed to demonstrate key actions and achievements during the 2020/2021 reporting year and our forward plan for Equality, Diversity and Inclusion. We acknowledge there is more work to do and this is demonstrated through our Equality Action Plan published in November and our Gender Pay Gap Action plan published in February.

Recommendation

The Board of Directors is asked to review and approve the report prior to its publication on the Trust website.

Author: Sarah Vignaux, Human Resources Business Partner and Lorna Fenton, Human Resources Workforce Lead

Director Sponsor: Polly McMeekin, Director of Workforce and Organisational Development

Date: 6 December 2021

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Annual Equality Diversity and Inclusion Workforce Report

2020-2021

December 2021

1 Introduction

York and Scarborough Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles. We have a workforce of around 8400 working across our hospitals and in the community.

For information about our hospital please visit;

https://www.yorkhospitals.nhs.uk/about-us/

From the 1 November 2021, the pathology services operated by the York and Scarborough Teaching Hospitals Foundation Trust (YSTHFT) and Hull University Teaching Hospitals NHS Trust (HUTH) formed a new network Pathology service - Scarborough Hull York Pathology Service (also known as SHYPS). This service brings with it around 300 additional staff; further information can be found here

https://www.yorkhospitals.nhs.uk/our-services/a-z-of-services/pathology-scarborough-hull-york-pathology-services/

2 Our Staff Equality and Diversity Commitment

York and Scarborough Teaching Hospitals NHS Foundation Trust are dedicated to encouraging a supportive and inclusive culture that fully embraces the diversity of its workforce and celebrates individual differences.

We are committed to providing equality and fairness to all our staff ensuring we provide no less favourable treatment on the grounds of age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, ethnic origin, colour, nationality, national origin, religion or belief or sex and sexual orientation.

We have a zero tolerance approach to discrimination on any grounds and we ensure that through our policies and procedures that our workforce is treated fairly and with respect.

York and Scarborough Teaching Hospitals NHS Foundation Trust commits to:

- ✓ being an organisation that is welcoming and accessible to all
- ✓ ensuring that there are no barriers to accessing jobs, training or promotion
- ✓ listening to the voices in our communities, through local and national initiatives to continue to ensure that roles are accessible to all protected groups
- ✓ not tolerating any forms of discrimination and will challenge it wherever we see it, ensuring that equality, diversity and inclusion is everybody's business – continuing to embed our revised values and behavioural expectations; a 'just culture' and learning environment for all
- ✓ acting on staff feedback
- ✓ developing interventions which help our staff to understand and support one another for the benefit of each other and patients in our care

Polly McMeekin
Director of Workforce and OD

Simon Morritt
Chief Executive

3 The Legal Bit

This report sets out how as a Trust we have met our responsibilities under the public sector equality duty.

A separate report is produced for York Teaching Hospital Facilities Management (LLP)

3.1 Public Sector Equality Duty

Under the Equality Act 2010, all public sector employers must abide by the Public Sector Equality Duty (PSED). The PSED has three key aims, which are:

1. Eliminate discrimination, harassment, and victimisation
2. Advance equality of opportunity between people who share a protected characteristic and people who do not
3. Foster good relations between people who share a protected characteristic and those who do not

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

4 Other National and NHS reporting requirements

4.1 Gender Pay Gap

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (the Regulations) require public sector organisations with over 250 employees to report on and publish their gender pay gap on a yearly basis. The purpose of the report is to identify gender pay inequalities.

4.2 Workforce Race Equality Standard (WRES)

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

The WRES is a set of metrics that demonstrates our progress against a number of indicators of race equality.

4.3 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS provider organisations to compare the experiences of Disabled and non-disabled staff.

This report will set out our achievements and areas for development in relation to Equality, Diversity and Inclusion specifically for our workforce.

Please note that the report does not intend to duplicate information or actions as set out in our Gender Pay Gap report or WRES and WDES outcomes and the associated single Equality Action plan.

For further information please go to

https://www.yorkhospitals.nhs.uk/about-us/equality-and-diversity/

5 Updating our Equality Objectives

The financial year 2019/20 was the final year of the equality objectives, set in April 2012. In July 2019, the Trust made a conscious decision to separate the equality and diversity agenda into three work streams to ensure all three standards of the agenda were able to move forward.

The three work streams are:

Work stream	Executive Director Responsibility	Operational Lead
Patients	Chief Nurse	Lead for Patient Equality and Diversity
Building Environment	Chief Nurse	Inclusive Built Environment Lead
Workforce	Director of Workforce and Organisational Development	Care Group 3 Workforce Lead and Human Resources Business Partner

The Equality objectives 2020-2024 for the Workforce work stream are as follows;

1. To be regarded as a fully inclusive employer by
    a) Continuously reviewing our recruitment processes to remove any unintended bias – this is also an expectation from the NHS People Plan
    b) Continuing to undertake activity which ensures we maintain our 'Disability Confident' status
    c) Engaging with members of our community, local charities and internal stakeholders to become a fully diverse employer that is reflective of society.

2. To contribute to the overall workforce retention strategy by
    a) Working to reduce inequalities experienced by staff from across the protected characteristics by engaging with key stakeholders to fully implement the Trust's ED&I action plans, which include Gender Pay Gap, Disability Confident, WRES, WDES and also, the annual staff survey action plan.
    b) Providing a voice to our workforce through the development and implementation of staff networks
    c) Fully equipping our workforce through training and development to proactively support staff to work in an equal, diverse and inclusive manner and environment.
    d) Ensuring that our HR policies and procedures support the needs of a diverse workforce.
    e) Supporting our staff to work flexibly wherever possible

Due to the development of the new work streams and revision of our Equality Objectives; this report demonstrates key actions and achievements during the 2019/2020 reporting year and our forward plan for Equality, Diversity and Inclusion rather than focus specifically on comparative year on year narrative.

We maintain a strong focus on creating a values based inclusive culture, which starts with our recruitment and selection of staff and is further achieved through staff development and appropriately challenging inappropriate behaviours within a culture of learning.

We acknowledge there is always more work to do; our commitment to specific targeted activity can be found in our single equality action plan and gender pay gap action plan which can be found here:

https://www.yorkhospitals.nhs.uk/about-us/equality-and-diversity/

6 Governance

The Trust retains its existing governance structure with Equality, Diversity and Inclusion activity being scrutinised by the Fairness Forum, which is made up from representatives from across the Trust and key stakeholders from our communities, and signed off at executive level by the Trust Resources Committee. At the time of writing this report, this structure is under review.

7 Equality and Diversity in Action

7.1 'Widening the Net' A Non-Executive Director Development Programme

A development programme is being established in partnership with the University of York and health care partners across our region with the ultimate aim to create a more diverse NED recruitment pipeline.

The proposed programme will offer participants development opportunities to enable them to feel confident to apply for and undertake a Non-Executive Director role.

The programme is still under development and has unfortunately been delayed by the COVID pandemic. It is anticipated that the programme will span several months and will include theory input, (for example governance, NHS finance, patient safety) executive director level mentorship, executive level coaching, focused learning sets that link theory input to operational practice, "shadow board" scenario work, & real time board observation.

In responding to the limited diversity among our local population; this year the Trust's constitution has been amended to allow for 'out of area' NED / Governor recruitment/election to occur. .

In this this year's governor elections one member from out of area was nominated / elected.

The Trust currently has 26 Governors, with one vacancy 12 are female, 14 are males (of which 3 are from Black, Asian and minority ethnic backgrounds).

7.2 Agile and Flexible working

Almost overnight the hospital and services had to start working in completely different ways to respond to COVID-19. There has been a marked increase in agile and remote working; many colleagues have noted that this has resulted in better productivity, with less time spent travelling (with the additional benefit of reduced air pollution), and better turnout at meetings, as well as improved work-life balance.

Overwhelmingly, the feedback suggests that we should be optimistic about new, forward thinking, open minded, flexible ways of delivering the highest standards of patient care that we have always aspired to.

Our key principles with regard to agile and flexible working are;

- All job roles are advertised as being available for flexible working patterns
- Managers should be open to all clinical and non-clinical permanent roles being flexible.
- Flexible working should be covered in standard induction conversations for new starters and in annual appraisals.
- Requesting flexibility – whether in hours or location, should (as far as possible) be offered, regardless of role, team, banding, etc.
- We must respond to individual need, supporting our diverse workforce through flexibility in working hours to accommodate for example, prayer time, child care, caring responsibilities and or as part of a reasonable adjustments package.

Further we are fully committed to the NHS flex for the future programme, this programme remains in its infancy and progress will be reported on in the Trust's 2022 report.

7.3 Reverse mentoring scheme

Following workshops for Mentors and Mentees, sixteen mentoring pairs have been created pilot as part of a Reverse Mentoring programme where staff from Black, Asian and Minority Ethnic backgrounds will mentor senior staff though a series of confidential one to one conversations, aimed at providing the opportunity for the sharing of lived experience and shaping of themes for change. Participants on the programme will be supported throughout by the ODIL Team and after evaluation, it is hoped that the programme will be extended to other minority staff groups following this pilot.

8 Communication and Engagement

8.1 Our Values

Following the co-production in 2019/2020 with staff of our values and behaviours framework, the Trust is currently embedding values ambassadors across the Trust. The values ambassadors are members of staff who have volunteered their time to help affect change in the organisation.

To support these ambassadors, the Trust organisational development team have devised and have begun the role out of in-house development sessions; with further initiatives to follow.

These co-created values are the powerful principles that should guide everything we do as a Trust. As a reminder our agreed values and behaviours framework is as follows:

We are KIND meaning we:

- Respect and value each other
- Treat each other fairly
- Are helpful and seek help when we need it

We are OPEN meaning we:

- Listen, making sure we truly understand the point of view of others
- Work collaboratively, to deliver the best possible outcomes
- Are inclusive, demonstrating that everyone's voice matters

We pursue EXCELLENCE meaning we:

- Are professional and take pride in our work, always seeking to do our best
- Demonstrate integrity, always seeking to do the right thing
- Are ambitious, we suggest new ideas and find ways to take them forward, and we support others to do the same

8.2 Investing in our Leaders, Managers and Supervisors

Workshops were initially rolled out in 2019 for those newly promoted to supervisory roles, but also any existing supervisors and managers who may benefit from the opportunity to invest time in their own development around this subject. The program evolved through 2019 into 2020 and was designed to supplement 1-1 staff development.

The Trust is also launching a new and extended approach to leadership, management and supervision of people in 2022, aiming to better equip anyone in a leadership, management or supervisory roles with the necessary skills and confidence.

It encourages behaviours which reflect the Trust's values, promotes innovation and continuous improvement and provides development of practical skills needed to be a compassionate leader and productive, effective and reflective manager, delivering high quality care and services.

The Trust recognises that everyone's leadership management development journey will be different. This self-directed approach to development will allow delegates more flexibility, accessibility to topics and modules and will allow them to structure a unique programme in collaboration with their own line manager, specific to their development needs and priorities. It encourages individuals to take responsibility for their continual personal and professional development and supports succession planning.

8.3 Fully embedding the 'Just Culture' approach.

The Trust continues its undertaking to 'place people before processes' in a just and learning culture.

We recognise the value of appropriately engaging with our staff and therefore we remain absolutely committed to putting learning and reflection before sanction when something goes wrong. This approach can be seen throughout a wealth of our workforce policies and remains firmly on the agenda with new / ongoing policy reviews.

This approach challenges the role of unconscious bias when make decisions and will ensure all individuals are consistently treated equally and fairly no matter what their staff group, profession or background.

A 'just culture' ensures:

- ✓ A rigorous decision making methodology

- ✓ A learning approach to errors and incidents is adopted
- ✓ Learning is favoured over sanction wherever possible

9 Supporting Staff

9.1 Lesbian, Gay, Bi-sexual and Transsexual (LGBTQ+) Network

The Trust continues to work with the Lesbian, Gay, Bi-sexual and Trans (LGBTQ+) Network. This network comprises of staff who have volunteered with the common aim to:

- ✓ Provide a safe environment to raise issues
- ✓ Give information, guidance and support to staff
- ✓ Contribute to staff development activities and awareness events
- ✓ Assist colleagues to assess impact of policy etc. to ensure inclusivity
- ✓ Signpost and support people to live the Trust values

9.2 Race Equality Network

The Race Equality Network continues to develop working to the vision that it will;

> "Champion inclusivity within the workplace, through recognising diversity and naturally embedding cultural change that harnesses fairness, equality and equity in everything that we do.
>
> To create an environment that promotes a level playing field providing opportunities for personal development and career progression.
>
> To work collaboratively with colleagues from all backgrounds and ethnicities irrespective of grade/ role, respecting their voice as equals to drive positive change that is in congruent to our Trust Values, to achieve the wider Trust Vision whilst remaining patient centric."

The network has now been established for a year and continues to grow with a membership which reflects the diverse ethnic backgrounds from across the Trust.

It has developed a clear vision for year ahead which is to tackle some of the issues the Trust and wider NHS face, providing appropriate levels of challenge and continuing to develop a network of ally ship.

The network is committed to working with the Trust to progress the actions that have arisen through the WRES action plan, to providing staff advocacy, influencing Trust Policy and continuing to work with the recruitment team to ensure there is no racial bias in the Trust recruitment process.

9.3 Enable

During early 2021, a network has been set up in the Trust by staff to support colleagues with disabilities, serious or long term health conditions; this network is open to all colleagues across the Trust sites.

The network, whilst in its infancy has already provided invaluable input to the wider organisation on the development of policies and procedures

The network has a voice and escalation route through the Trust governance structure.

9.4 Caring4Carers

In June 2021, the Cares network was formally launched in the Trust. The Trust is accredited by York Cares as a Carer friendly organisation.

As with Enable, Caring4Carers has already provided invaluable input to the wider organisation on the development of policies and procedures; is championed by the Deputy Director of Workforce and has a voice and escalation route through the Trust governance structure.

9.5 Chaplaincy Service

The Trust has a chaplaincy service; our chaplains work with staff with any faith or no faith and are active members of the Trust Fairness Forum ensuring that all faiths have a voice in the organisation. A Non-Religious volunteer recently commenced in post with the Trust. She is an accredited member of the NRPSN and works as a celebrant accredited by Humanists UK. They also have a Muslim, Buddhist and Sikh volunteer on the team as volunteers and one of the part-time chaplains is listed as offering a non-religious/humanist service.

Thanks to a BAME grant from NHS Charities Together the Trust has been able to refurbish the male and female pray rooms and also created ablution facilities installing Wudu stations in the male and female wash rooms at Scarborough Hospital.

On 1st December 2021 a business case was approved by the Trust to create a permanent ablution room at York Hospital. These facilities will allow individuals to appropriately observe their religious beliefs.

9.6 Freedom to Speak Up and the Fairness Champions

The Freedom to Speak up Guardian continues to provide staff with a safe space to raise concerns, enabling staff to 'speak up' about anything that may get in the way of delivering safe, high quality care or affects their experience in the workplace. The Freedom to Speak up Guardian is supported by a network of Fairness Champions, who promote and role model fairness, diversity and inclusivity. Fairness Champions listen to staff, provide support and signpost accordingly.

Unfortunately, we have seen a small reduction in the number of active Fairness Champions since the COVID-19 pandemic began, but work is underway to re-invigorate this role and understand how the Fairness Champions can work collaboratively as appropriate with the Trust values ambassadors.

9.7 Trade Unions / Staff Representatives

The Trust continues to work in partnership with our trade unions and staff side representatives. This ensures that we are developing and applying all of our employment policies with fairness and equality and enables us to live our 'just culture' approach.

Trade unions and staff representatives provide our staff with support and promote awareness of key issues. They provide appropriate challenge to the Trust and by listening to their feedback and making changes accordingly means that we can continue to grow and improve as an organisation.

9.8 Protected Characteristics Data

The Trust acknowledges there is work to do to support staff in sharing their protected characteristics; by way of an example, we see a marked difference between the numbers of staff reporting a disability on the staff survey versus the data extracted from the staff records database; it must be noted that the staff survey represents only the percentage of the workforce that completed it.

Initial engagement has begun with the staff networks and freedom to speak up guardian on what barriers might exist for staff sharing their equality data and how the Trust might overcome these.

10 Equality and Diversity Resources

Resources are now available on the staff intranet. These include fact sheets, videos and signposting to external resources. These pages will continue to develop over time in response to what we hear from our staff would be helpful.

We listen to our employees and run workshops that support for example, individuals experiencing menopause or those considering retirement.

11 Key Achievements and Accreditations

11.1 Armed Forces Covenant

The Defence Employer Recognition Scheme (ERS) encourages employers to support defence and inspire others to do the same. The scheme encompasses bronze, silver and gold awards for employer organisations the pledge, demonstrate or advocate to support defence and the armed forces community, and align their values with the Armed Forces Covenant (an extract of which is set out below). In 2020, we achieved a gold award for our work.

The Trust recognises the value serving personnel, reservists, veterans and military families bring to our business. We will seek to uphold the principles of the Armed Forces Covenant, by:

- promoting the fact that we are an armed forces-friendly organisation;
- seeking to support the employment of veterans young and old and working with the Career Transition Partnership (CTP), in order to establish a tailored employment pathway for Service Leavers;
- striving to support the employment of Service spouses and partners;
- endeavouring to offer a degree of flexibility in granting leave for Service spouses and partners before, during and after a partner's deployment;
- seeking to support our employees who choose to be members of the Reserve forces, including by accommodating their training and deployment where possible;
- offering support to our local cadet units, either in our local community or in local schools, where possible;
- aiming to actively participate in Armed Forces Day;
- offering a discount to members of the Armed Forces Community;

We will publicise these commitments through our website and recruiting processes, setting out how we will seek to honour them and inviting feedback from the Service community and our customers on how we are doing.

11.2 Disability Confident and a Mindful Employer

During 2021 we achieved disability confident reaccreditation. After submitting a wealth of information to Mindful employer on its wide ranging suite of health and wellbeing offerings for staff; we were successful in retaining Mindful Employer status.

11.3 Good Business Charter

In June 2021 the Trust became accredited with the Good Business Charter in recognition of the employment practices across the organisation.

11.4 York Human Rights City

The Trust continues its commitment to York: Human Rights City Network. This is a project which aims to make York the UK's first Human Rights City and comprises a range of voluntary, faith and public sector organisations.

12 Recruitment and Selection

The Trust continues to emphasise the importance of a values-based recruitment (VBR) approach through its recruitment strategy. All recruitment campaigns which are centrally supported by the HR team utilise VBR methodology. The VBR approach relies on the attraction and selection of new staff according to their motivations and drivers, and ensures that experience and qualifications are not given a disproportionate level of attention in the selection process. Research has shown that values-based recruitment increases workforce diversity as it takes a much broader view, not only of applicants, but of the attributes which make someone suitable to undertake a particular role.

The Trust's Recruitment & Selection training, which is available to all staff, promotes a values based approach. The content of this training course is continually under review to ensure that it reflects current legislation and best practice. Due to COVID this course was developed to enable us to deliver it remotely, and we are working with the Race Equality Network to help make further improvements both in our Recruitment & Selection Training and in our recruitment practices generally.

We are also linking with the Disability Network to inform our recruitment processes. Members of the recruitment team have attended unconscious bias

training and this has been incorporated into the Recruitment & Selection training in relation to interviewing.

We are a Disability Confident employer and eligible candidates are offered a guaranteed interview if they meet the essential criteria for the role.

A recent recruitment episode involved using an adapted application form which incorporated pictures to help applicants to understand what information was required. This was completed in paper form to make it easier for the candidates. Interviews were held informally and in the format of a conversation rather than formal questions.

12.1 Careers Events

Attending careers and recruitment-related events hosted in schools, colleges and universities in our community was halted during COVID and is just starting to recommence. We are part of the Humber Coast and Vale Ambassador Scheme which promotes partnership working across health and social care to ultimately promote the diversity of careers across the sector.

12.2 International Recruitment

We continue with our project to recruit nurses from overseas to work in both York and Scarborough. On arrival they work as Band 4 pre-registered nurses while they study for the exam which will enable them to register with the NMC and ultimately work as a nurse in the Trust.

168 International Nurses have arrived at the Trust since the beginning of January 2021 with a further 36 due to arrive in the next 4 weeks.

We expect to continue with the project throughout 2022/2023. We are also working with NHSEI to recruit international midwives. The first arrivals are expected in summer 2022.

NHSEI have selected our Trust to host the training programme for the international midwives and we will be working with them to recruit appropriate staff to deliver the programme and to procure the necessary equipment. In addition we have committed to NHSEI to start working with them on their Refugee Nurse programme in early 2022.

12.3 The East Coast Recruitment Project

The East Coast Recruitment Project provides a tailored consultancy service analysing, identifying and strategically planning for recruitment to hard-to-fill

medical staffing vacancies in the Trust, with a priority focus on first the East Coast, and second the Medical and Dental staff group.

The project drives the development of alternative approaches to source medical candidates through short, medium and long-term pipelines and includes a focus on international recruitment.

28 doctors have been appointed via this alternative recruitment route in the period this report covers.

12.4 Consultant Recruitment

The Trust has 'modernised' and changed our Consultant Interview Panel process, seeking to focus our attention at interview on the really important priority of getting to know our candidates in a rounded way, so that the interview is about the candidate and their career in our trust, not about serving our systems and processes.

12.5 Racial Disparity Ratios

Race Disparity Ratio is the difference in proportion of BAME staff at various Agenda for Change bands in a Trust compared to proportion of White staff at those bands. NHS England and Improvement have requested Trusts devise an action plan to increase the number of staff from a black and minority ethnic background in different roles and bands across the organisation, including nursing and midwifery, healthcare science and leadership posts. Our action Plan focuses on fully understanding any potential barriers in our recruitment, talent management and leadership programmes and how we remove them.

13 Staff Learning and Development

13.1 Apprenticeships

Since the implementation of the Apprenticeship reforms (England) in April 2017; the Trust has supported a range of apprenticeship programmes. Apprenticeship opportunities are available to new recruits or existing employees; to enable individuals to develop the knowledge, skills and behaviours required for their role or future career aspirations.

Apprenticeship programme levels range from Level 2 (GCSE equivalent) to Level 7 (Masters Equivalent). The Apprenticeship Team liaises closely with the apprentices, managers and training providers to ensure that apprenticeship programmes are fit for purpose, equitable, inclusive and enable the individual learning needs of the apprentice to be met. This includes identifying any special

educational needs and disabilities at the onset to ensure that appropriate support is enabled throughout the apprenticeship programme.

The Trust have been early adopters of the Health Education England's (HEE) 'Talent for Care' initiative to support all employees requiring training or upskilling in numeracy, literacy and digital skills. This means all our employees to have free access to training in numeracy, literacy and digital skills.

The Trust provides guidance for alternative funded provision to enable access to functional skills training for employees who prefer a face-to-face approach, require any additional learning support, especially when English is the second language; thus ensuring equality and diversity compliance.

Apprenticeships are an excellent opportunity to support the widening participation agenda and offer a continuation route for trainees, participants on Kick-Start programmes and learners wishing to progress progressing from industry placements.

The Apprenticeship Team provides high levels of on-programme learning support through sub-contracting agreements as well as form and informal arrangements with training providers.

Learner progress is monitored and collaborative working with training providers means learners are supported to achieve programme outcomes, with breaks in learning arranged where individual circumstances make this the best option for an apprentice.

13.2 Apprenticeships Plans

- During National Apprentice Week from the 7th to the 11th February 2022 we plan to celebrate our apprentices and reinforce the value of apprenticeships across the Trust.

- We will continue to focus on how we engage with young people through careers events, the NHS Ambassadors scheme and working with organisations such as North Yorkshire Business and Education Partnership and Health Education England, to maximise apprenticeship opportunities.

14 Our Statistics

We have created a separate document which presents our workforce statistics other than those that can already be found in the WRES, WDES and Gender Pay Gap submissions and reports. These statistics form the basis of current and future activity.

For further information please go to

https://www.yorkhospitals.nhs.uk/about-us/equality-and-diversity/

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Annual Equality Diversity and Inclusion Workforce Report (accompanying workforce metrics)
2020-2021
December 2021

Substantive Workforce Profile by Protected Characteristic (31/03/2021)

Protected Characteristic	Category	Number	% of workforce
Gender*	Female	6657	80.06%
	Male	1658	19.94%
	Total	8315	100%
Disability	Yes	255	3.07%
	No	6121	73.61%
	Not declared or prefer not to answer**	154	1.85%
	Unspecified	1785	21.47%
	Total	8315	100%
Sexual Orientation	Bisexual	58	0.70%
	Gay/Lesbian	115	1.38%
	Heterosexual/Straight	5467	65.75%
	Not stated (person asked but declined to provide a response)	1402	16.86%
	Unspecified	1260	15.15%
	Other sexual orientation not listed or Undecided**	13	0.16%
	Total	8315	100%
Religion/Belief	Atheism	1221	14.68%
	Buddhism	42	0.51%
	Christianity	3381	40.66%
	Hinduism	82	0.99%
	Islam	178	2.14%
	Other (including Judaism & Sikhism)**	518	6.23%
	I do not wish to disclose my religion/belief	1631	19.62%
	Unspecified	1262	15.18%
	Total	8315	100%
Age Band	<=20 years	46	0.55%
	21-25	646	7.77%
	26-30	1033	12.42%
	31-35	1168	14.05%
	36-40	989	11.89%
	41-45	940	11.30%
	46-50	1028	12.36%
	51-55	1003	12.06%
	56-60	898	10.80%
	61-65	469	5.64%
	66-70	78	0.94%
	>=71	17	0.20%
	Total	8315	100%
Ethnicity	BAME	921	11.08%
	White	7154	86.04%
	Not stated	220	2.65%
	Blank	20	0.24%
	Total	8315	100%

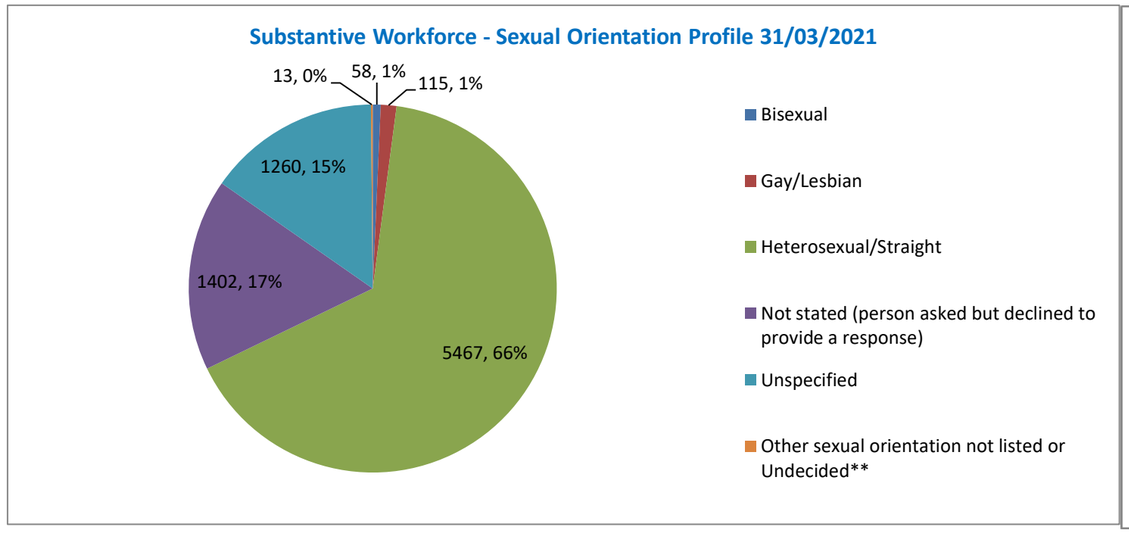
Notes:
***the list of values in the gender recording field on ESR (the national integrated HR & Payroll system) currently only includes male/female options**
****in categories where there are less than 10 staff with a particular characteristic recorded these have been amalgamated with a bigger group for confidentiality reasons**

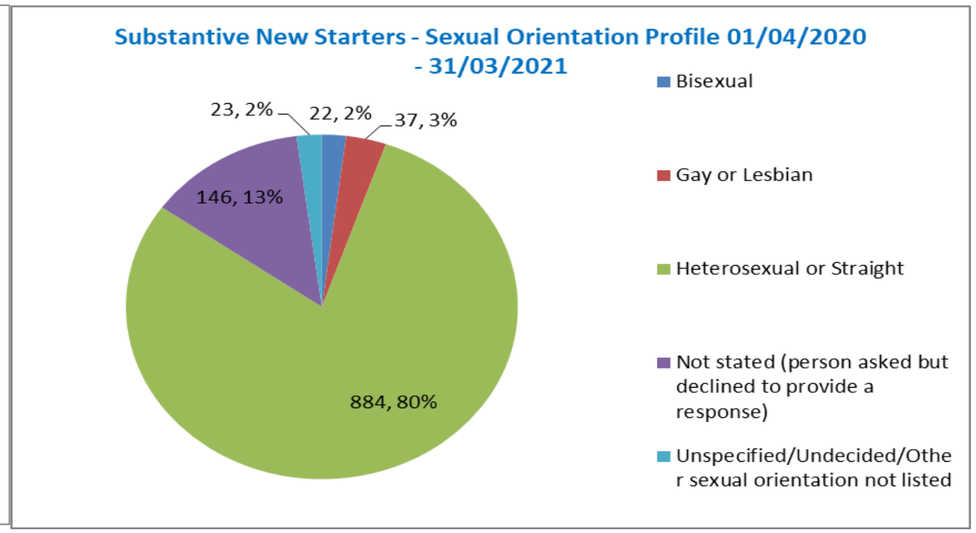
Substantive Workforce by Protected Characteristic and Part Time/Full Time Working Profile (31/03/21)

Protected Characteristic	Category	Part time (no.)	Part time (% of total staff in category)	Full time (no.)	Full time (% of total staff in category)
Gender	Female	3298	49.56%	3357	50.44%
	Male	278	16.78%	1379	83.22%
Disability	Yes	99	38.82%	156	61.18%
	No	2507	40.98%	3611	59.02%
	Not declared or prefer not to answer**	82	53.25%	72	46.75%
	Unspecified	888	49.75%	897	50.25%
Age Band	<=20 years	12	26.09%	34	73.91%
	21-25	135	20.93%	510	79.07%
	26-30	273	26.43%	760	73.57%
	31-35	427	36.59%	740	63.41%
	36-40	467	47.22%	522	52.78%
	41-45	448	47.66%	492	52.34%
	46-50	443	43.09%	585	56.91%
	51-55	450	44.87%	553	55.13%
	56-60	510	56.86%	387	43.14%
	61-65	333	71.00%	136	29.00%
	>=66 (amalgamated 66-70 and >71 categories due to low numbers in breakdown)	78	82.11%	17	17.89%
Total		3576	43.02%	4736	56.98%

Sexual Orientation Profile Additional Detail

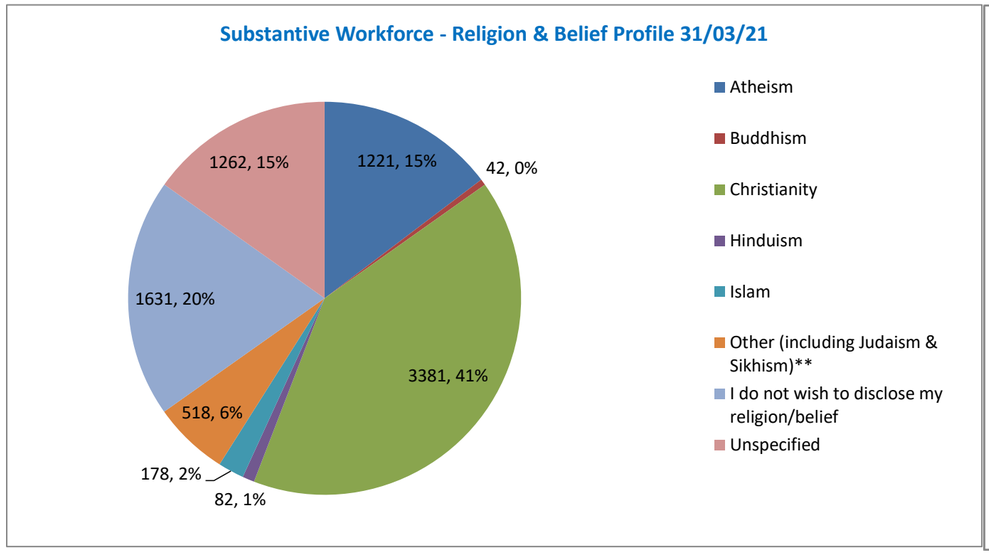
		31/03/2020		31/03/2021		% change
	Sexual Orientation	Number	% of workforce	Number	% of workforce	2020 to 2021
Sexual Orientation	Bisexual	39	0.49%	58	0.70%	0.21%
	Gay/Lesbian	91	1.13%	115	1.38%	0.25%
	Heterosexual/Straight	4996	62.19%	5467	65.75%	3.56%
	Not stated (person asked but declined to provide a response)	1475	18.36%	1402	16.86%	-1.50%
	Unspecified	1433	17.84%	1260	15.15%	-2.69%
	Other sexual orientation not listed or Undecided**	>10 so included in category above for 2020 figures		13	0.16%	0.16%
	Total	8034	100.00%	8315	100%	

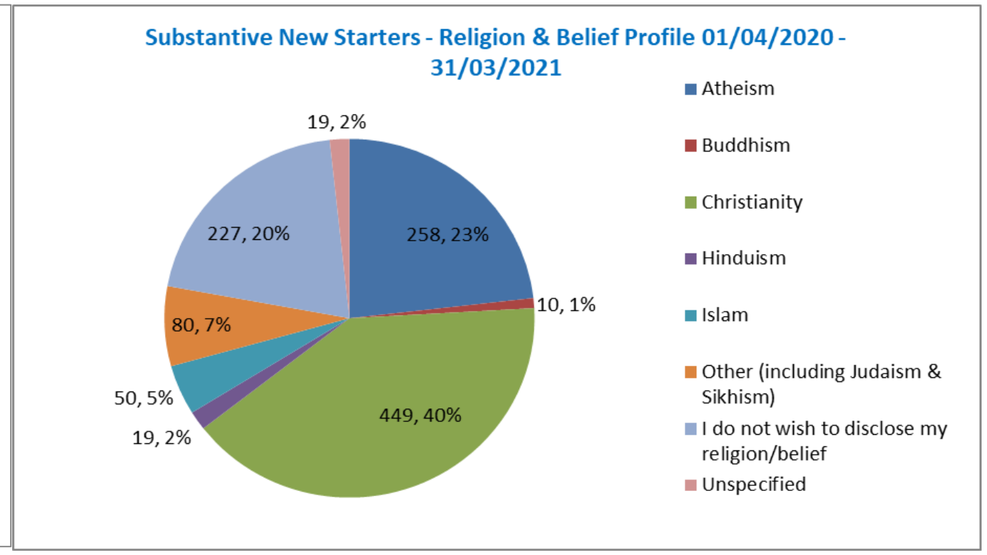




Religion and Belief Profile Additional Detail

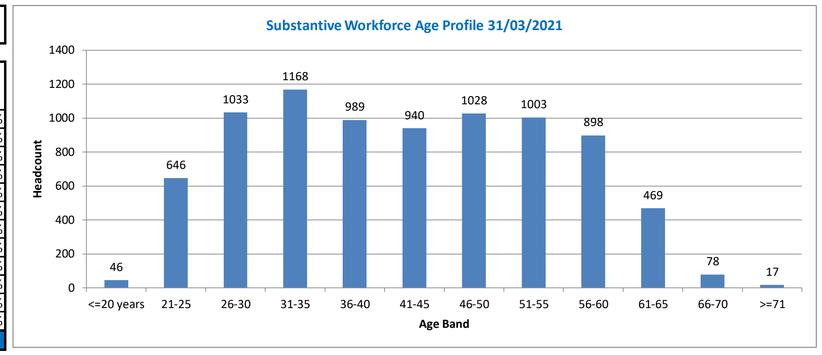
		31/03/2020		31/03/2021		% change 2020 to 2021
	Religion or Belief	Number	% of workforce	Number	% of workforce	
Religion/Belief	Atheism	1038	12.92%	1221	14.68%	1.76%
	Buddhism	34	0.42%	42	0.51%	0.09%
	Christianity	3177	39.54%	3381	40.66%	1.12%
	Hinduism	72	0.90%	82	0.99%	0.09%
	Islam	150	1.87%	178	2.14%	0.27%
	Other (including Judaism & Sikhism)**	494	6.15%	518	6.23%	0.08%
	I do not wish to disclose my religion/belief	1644	20.46%	1631	19.62%	-0.84%
	Unspecified	1425	17.74%	1262	15.18%	-2.56%
	Total	8034	100.00%	8315	100%	





Age Profile Additional Detail

		31/03/2020		31/03/2021		% change 2020 to 2021
	Age Band	Number	% of workforce	Number	% of workforce	
Age Band	<=20 years	38	0.47%	46	0.55%	0.08%
	21-25	548	6.82%	646	7.77%	0.95%
	26-30	1026	12.77%	1033	12.42%	-0.35%
	31-35	1057	13.16%	1168	14.05%	0.89%
	36-40	956	11.90%	989	11.89%	-0.01%
	41-45	925	11.51%	940	11.30%	-0.21%
	46-50	1032	12.85%	1028	12.36%	-0.49%
	51-55	1028	12.80%	1003	12.06%	-0.74%
	56-60	919	11.44%	898	10.80%	-0.64%
	61-65	411	5.12%	469	5.64%	0.52%
	66-70	79	0.98%	78	0.94%	-0.04%
	>=71	15	0.19%	17	0.20%	0.01%
	Total	8034	100%	8315	100%	



		31/03/2020									31/03/2021								
	Age Band	Pay Bands 1-4	Pay Bands 5-7	Pay Bands 8A-9	Associate Specialists	Consultants	M&D Trainees	Specialty Doctors	Trust Doctors	Personal Salary	Pay Bands 1-4	Pay Bands 5-7	Pay Bands 8A-9	Associate Specialists	Consultants	M&D Trainees	Specialty Doctors	Trust Doctors	Personal Salary
Age Band	<=20 years	38	0	0	0	0	0	0	0	0	46	0	0	0	0	0	0	0	0
	21-25	232	247	0	0	0	66	0	3	0	319	266	0	0	0	59	0	<10	0
	26-30	379	474	<10	0	0	142	<10	20	0	380	460	<10	0	0	153	<10	31	0
	31-35	372	487	25	<10	14	112	16	29	0	415	545	24	<10	19	126	17	20	0
	36-40	309	464	61	0	58	29	18	16	<10	336	448	62	0	55	54	23	11	0
	41-45	299	448	51	<10	88	12	16	<10	<10	314	450	52	<10	86	14	15	<10	<10
	46-50	430	455	59	0	75	<10	<10	<10	<10	384	474	71	0	83	<10	11	<10	<10
	51-55	440	432	70	10	67	0	<10	<10	<10	451	397	68	<10	65	<10	<10	0	<10
	56-60	469	346	36	<10	49	<10	<10	<10	<10	458	336	37	<10	52	0	<10	<10	<10
	61-65	202	167	<10	<10	25	0	<10	<10	<10	239	184	10	<10	24	0	<10	<10	<10
	66-70	49	20	0	0	<10	<10	<10	<10	0	48	19	0	<10	<10	0	0	<10	0
	>=71	<10	<10	0	0	<10	0	<10	0	0	<10	<10	0	0	<10	<10	<10	0	0

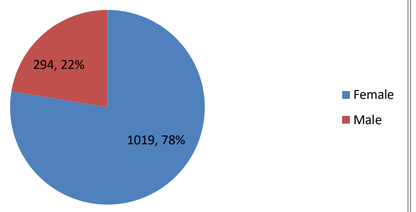
Bank Workforce Profile by Protected Characteristic (31/03/2021)

Protected Characteristic	Category	Number	% of workforce
Gender*	Female	1019	77.61%
	Male	294	22.39%
	Total	1313	100%
Disability	Yes	36	2.74%
	No	1176	89.57%
	Not declared or prefer not to answer**	12	0.91%
	Unspecified	89	6.78%
	Total	1313	100%
Sexual Orientation	Bisexual	18	1.37%
	Gay/Lesbian	19	1.45%
	Heterosexual/Straight	952	72.51%
	Not stated (person asked but declined to provide a response)	260	19.80%
	Other sexual orientation not listed, Undecided or Unspecified**	64	4.87%
	Total	1313	100%
Religion/Belief	Atheism	237	18.05%
	Buddhism	11	0.84%
	Christianity	522	39.76%
	Hinduism	16	1.22%
	Islam	49	3.73%
	Other (including Judaism, Sikhism & Jainism)**	102	7.77%
	I do not wish to disclose my religion/belief	316	24.07%
	Unspecified	60	4.57%
	Total	1313	100%
Age Band	<=20 years	44	3.35%
	21-25	184	14.01%
	26-30	230	17.52%
	31-35	167	12.72%
	36-40	126	9.60%
	41-45	95	7.24%
	46-50	99	7.54%
	51-55	99	7.54%
	56-60	130	9.90%
	61-65	85	6.47%
	66-70	36	2.74%
	>=71	18	1.37%
	Total	1313	100%
Ethnicity	BAME	188	14.32%
	White	1048	79.82%
	Not stated	53	4.04%
	Blank	24	1.83%
	Total	1313	100%

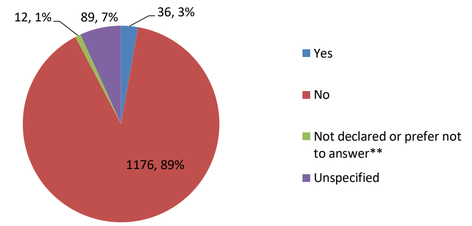
Notes:
***the list of values in the gender recording field on ESR (the national integrated HR & Payroll system) currently only includes male/female options**
****in categories where there are less than 10 staff with a particular characteristic recorded these have been amalgamated with a bigger group for confidentiality reasons**

Bank Only Workforce Profile 31/03/2021

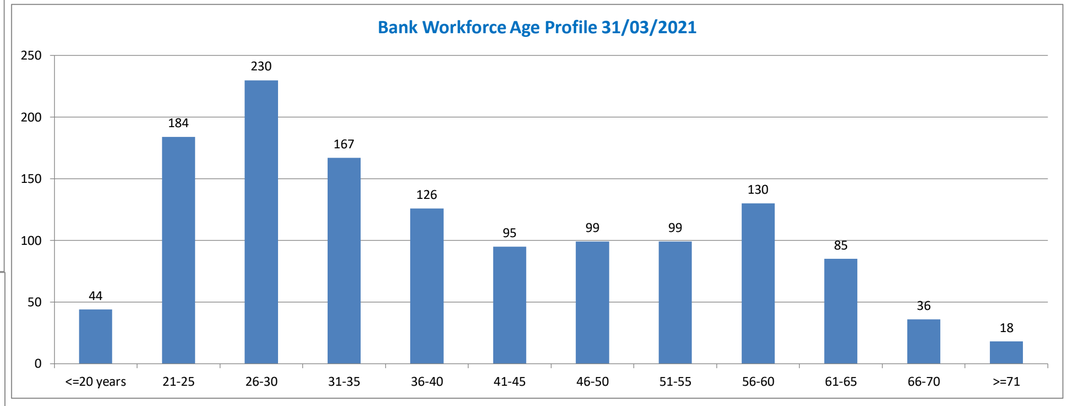
Bank Workforce Gender Profile 31/03/2021



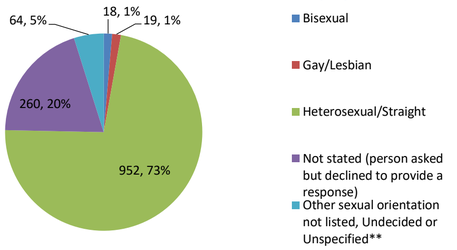
Bank Workforce Disability Profile 31/03/2021



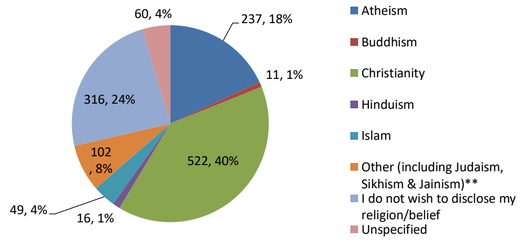
Bank Workforce Age Profile 31/03/2021



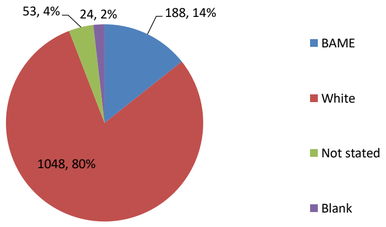
Bank Workforce Sexual Orientation Profile 31/03/2021



Bank Workforce Religion & Belief Profile 31/03/2021



Bank Workforce Ethnicity Profile 31/03/2021



York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022
Midwifery workforce – recommendations from Birthrate plus tool

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

- To increase Board level understanding around the deficit in midwifery staffing, this is particularly related to the York site.
- To request financial support to increase midwifery staffing budgets to meet the required standard.
- To meet the NHS Resolution CNST Maternity Incentive Scheme (MIS) standard that Board receive a midwifery staffing report every six months during the year four reporting period.
- To meet NHSEI Regional and Local Maternity System timeframe that a plan to achieve continuity of carer as the default model of care is approved by the Trust Board no later than end of January 2022.

Executive Summary – Key Points

- Midwifery staffing levels have a direct relationship with providing safe maternity care for women and their families.
- There are national recommendations about the model of care women must receive: the national ask is for all women to be on a continuity pathway by March 2023
- The labour ward midwifery staffing specific targets, linked to the CNST MIS scheme were not met this year.
- The Birthrate plus report models how to get to 51% continuity of carer on the York site, without the investment in additional midwives this will not be achievable.

- The current recruitment challenges in relation to midwives locally reflect the national picture.
- There are some areas within the maternity service that are inadequately resourced in terms of specialist midwifery input. Reasons why these need developing are given and benchmarked against the Royal College of Midwives leadership manifesto.

Recommendation

The Board is asked to recognise the significant investment required to meet national recommendations around midwifery staffing. It is recognised without external financial support this will be extremely challenging. A Business Case will need to be developed to support this level of investment. The underpinning workforce plan is currently unachievable due to national workforce constraints.

The Board is asked to approve the continuity of carer action plan (*Appendix 1*), acknowledging the workforce constraints and investment required, though not yet secured to be compliant with the transformation of maternity services outlined in the NHS Long term plan, Better Births, Safer Maternity Care, The Ockenden report and other NHS England priorities.

The Board is asked to approve the action plan, as per the CNST MIS requirement, (*Appendix 4*) for how the service plans to achieve reaching 100% supernumerary co-ordinator status and 100% 1-2-1 care in labour.

Author: Sara Collier-Hield, Head of Midwifery

Director Sponsor: Heather McNair, Chief Nurse

Date: August 2021

Context

Since the publication of *Better Births* (2016) the ambition for maternity services is to deliver more personalised care where women are cared for in a continuity of carer model. This is an evidenced based model which is known to improve outcomes for women and their babies, as well as improving their experience. In July 2021, a plan was shared with the Trust Board and the Local Maternity System (LMS) to show a service level commitment so that "*continuity of carer is the default model of care offered to all women by March 2023*" as set out in NHS England *2021/22 priorities and operational planning guidance: Implementation guidance* published March 2021. This will not be deliverable without the right number of midwives to work in this way.

The safety of maternity services in England, published July 2021 by the House of Commons Health and Social Care Committee, is the most recent document highlighting the importance of achieving the right staffing levels in maternity to ensure safe care. Suboptimal staffing levels have been an on-going theme in CQC maternity services described as inadequate since the Morecambe Bay investigation in 2015. The *Ockenden report* 2020 and *Safer Maternity Care Progress Report 2021* emphasise that strong MDT leadership is needed across maternity services to improve safety.

The Head of Midwifery has undertaken a midwifery workforce review as a priority on commencement in role. To understand the current challenges this has included reviewing budgets, staffing lists, required and desirable roles, the leadership structure in the midwifery staffing group and completing a gap analysis against the recently received Birthrate plus report.

Birthrate plus provides an analysis of the numbers of staff required to deliver safe care based on the acuity of the women receiving care. It also forecasts what the uplift in staffing is to achieve 20%, 35% and 51% continuity on the York site. Scarborough is already booking all eligible women onto a continuity team model. The report considers Bands 3 – 8 and does not include Band 2 roles, which currently exist in the local maternity services. This report does not contain a detailed review of the Band 2 and Band 3 workforce in maternity; this will be considered at a later date.

In July 2021 the Trust declared non-compliance with the maternity incentive scheme. One of the safety standards not achieved was the midwifery workforce element as data could not demonstrate that 100% of women received 1-2-1 care in labour or that 100% of the time the labour ward coordinator was supernumerary.

The Head of Midwifery has worked with the finance manager to put some predictive costing into this paper. The costings are based on average salaries (including night and weekend enhancements) and reflect the uplift to pay announced nationally in July 2021 by the government.

Scarborough staffing - clinical workforce

Birthrate plus recommend that Scarborough need 62.97 clinical whole time equivalents **to continue to work in their current model** for the number and acuity

levels of the women receiving care. Currently all women eligible for continuity of carer at Scarborough are booked for care with a continuity team.

Birthrate plus suggest that a midwife to support worker ratio of 95:5 may be required in the Scarborough establishment due to the need to maintain a minimum staffing level on the labour ward. Usually, birthrate plus recommends a 90:10 divide.

Current clinical workforce – SGH (budget establishment)		Required clinical workforce – SGH (based on 95:5)	Difference between budgeted and required	Costings
Band 7	8.21	8.6	-0.39	£24,749
Band 5/6	51.25	51.25	0	

An additional 0.39 Band 7 is required to provide a full time labour ward manager post on the Scarborough site. Midwifery leadership on the labour ward will be strengthened by making this a full time rather than a 0.6 wte role. This is a key safety role, liaising daily with the obstetric and anesthetic teams and supporting the cross site in-patient Matron. The labour ward manager will embed the use of the Birthrate plus acuity app and be expected to look at where improvements can be made to achieve the CNST standard that was not achieved this year.

York staffing – clinical workforce

Birthrate plus recommend that York site need 122.77 clinical whole time equivalents **to work in a model with no continuity provided** for the number and acuity levels of the women receiving care. The current model at York is predominantly a traditional model where continuity is not provided. One continuity team, Sapphire, was established a year ago. However, the planning for this team did not include increasing the establishment and therefore it has impacted on the workload of the other community midwives. The Sapphire team care for approximately 7% of York women. This team get very positive feedback, other York women ask to book into this team to receive continuity of carer, and the Maternity Voices Partnership have made recent enquiries as to when further teams will be established.

Current clinical workforce – YDH (budget establishment, pre Ockenden funding)		Required clinical workforce – YDH (based on a 90:10)	Difference between budgeted and required	Costings
Band 7	10.1	10.4	-0.3	£19,305
Band 5/6	89.34	100.09	-10.75	£574,598

To achieve 20 % continuity of carer on York site

Current clinical workforce – YDH (budget establishment, pre Ockenden funding)		Required clinical workforce – YDH (based on a 90:10)	Difference between budgeted and required	Costings
Band 7	10.1	11.4	-1.3	£83,654

Band 5/6	89.34	101.55	-12.21	£652,636

To achieve 35% continuity of carer on York site

Current clinical workforce – YDH (budget establishment, pre Ockenden funding)		Required clinical workforce – YDH (based on a 90:10)	Difference between budgeted and required	Costings
Band 7	10.1	11.4	-1.3	£83,654
Band 5/6	89.34	103.19	-13.85	£740,295

To achieve 51% continuity of carer on York site

Current clinical workforce – YDH (budget establishment, pre Ockenden funding)		Required clinical workforce – YDH (based on a 90:10)	Difference between budgeted and required	Costings
Band 7	10.1	11.4	-1.3	£83,654
Band 5/6	89.34	104.96	-15.62	£834,904

As Birthrate plus have not modeled the staffing increase required to achieve 100% continuity of carer the Head of Midwifery has worked with the regional lead for continuity and used professional judgment to produce a detailed plan of how this will be achieved. (*Appendix 1*). The ability to move the plan forward will rely on the recruitment of midwives which makes defining the timescale in which the plan will be achieved challenging. Given the current vacancy rate and local knowledge around the number of future midwives being trained to enter the workforce in the next year, it is not thought that full continuity will be achieved by March 2023.

Head of Midwifery projected requirement to achieve 100% continuity of carer on York site

Current clinical workforce – YDH (budget establishment, pre Ockenden funding)		Required clinical workforce – YDH (based on a 90:10)	Difference between budgeted and required	Costings
Band 7	10.1	11.4	-1.3	£83,654
Band 5/6	89.34	115.85	-26.51	£1,416,984

Ockenden monies

The current midwifery establishment has been boosted by Ockenden funding. This enables the service to recruit an additional 8.6 wte midwives and increases the Band 5/6 budgeted establishment for one year to 97.94 wte midwives. The funding for this is non-recurrent and received in two parts in September 2021 and December 2021. The expectation will be that the Trust maintain the staffing establishment the monies provide. Even with this funding, the required number of midwives to meet the acuity in the service, as outlined above, is not met.

Planned versus actual midwifery staffing, acuity and vacancy rates

Whilst it is good news to receive national funding to get the midwifery establishment almost to a level appropriate for the acuity this increases the vacancy demonstrated. As of yet, the service has been unable to recruit to the posts supported with Ockenden funding.

The current number of clinical midwifery vacancies at the end of November is;

	Whole time equivalent	Percentage of midwives (not including leadership or specialist posts)
Scarborough	3.05	5%
York	12.01	11%

This does not include temporary staffing gaps due to maternity leave.

The midwife to birth ratio at the end of November 2021 is;
Scarborough 1:22
York 1:33
Sickness and Covid related absences have affected the planned versus actual midwifery staffing levels (*see Appendix 2*).

Local use of the Birthrate plus acuity tool demonstrates that both labour wards have times where their midwifery staffing is not enough for the acuity on the ward. (*Appendix 2*).

An action plan has been developed to improve recruitment levels, including engaging in the new international recruitment programme for midwives. *(See appendix 3)*

An action plan has also been developed to achieve 100% co-ordinator supernumerary on both sites and 100% one-to-one care in labour. (*See Appendix 4*).

Leadership and specialist roles

The Royal College of Midwives *Strengthening midwifery leadership: a manifesto for better maternity care* (2019) outlines the value of midwifery specialists and leaders. Each provider has a range of midwifery leadership and specialist roles and the Head of Midwifery has explored what other providers in the LMS and Yorkshire and the Humber have. The risks of not having the posts in place is an inability to fulfil the national requirements and transformation outlined in Better Births, the NHS Long Term Plan and the 2021/22 priorities and operational planning guidance.

Birthrate plus apply 10% for non-clinical roles to cover the two sites. The tool suggests 19.21 wte midwives will be needed to fulfil all these functions. The Head of Midwifery has been in meetings and conversations with colleagues across the country where it is noted that applying a 10% ratio to cover these roles is not always enough. This is particularly where midwives are increasingly providing functions like midwife sonographers and advanced clinical practitioners. Locally, we anticipate developing more midwife sonographers (currently not budgeted for).

Current leadership and specialist roles	Band	WTE	Required/desired roles in WTE	Costings
Head of Midwifery	8c	1	1	
Deputy Head of Midwifery	8b	1	1	
Matron – inpatient	8a	1	1	
Matron – community	8a	1	1	
Matron – antenatal day services and gynaecology	8a	1	1	
Lead midwife for screening services	7	1	1	
Support midwife for screening services	6	1.4	0.6 (-0.8)	-£36,639
Maternity Quality & Governance Manager	7	0.8	0.8	
Quality and Governance Midwife	6	1.45	1.45	
Lead midwife for fetal monitoring	7	0.8	0.8	
Perinatal Mental Health Midwife	7	0.8	1	£10,728
Practice Development Midwife	7	1.4	1.4	
Clinical skills and pastoral care	6	0	2	Funded for one year – NHSEI £91,597
Digital Midwife	7	0	1	Funded for one year – LMS £53,640
Lead Midwife for diabetes	7	0.6	1	£21,456
Infant Feeding Co-ordinator Midwife	7	1	1	
Bereavement Midwife	7	0.6	1	£21,456
Professional Midwifery Advocates*	6 or 7	0	1	£53,640
Total		**14.85**	**19.05**	
Desired roles (in next year)				
Public Health Midwife	7	0	1	£53,640
Total			**20.05**	**£269,520**
Aspirational roles (12-24 months)				
Consultant Midwife	8a			
Advanced Clinical Midwife	8a			

*Items in red are currently provided but not budgeted for. The time and budget linked to these activities is clinical midwifery time to deliver in-patient or community care.

The benchmarking against The Royal College of Midwives *Strengthening midwifery leadership: a manifesto for better maternity care* (2019) is attached *(Appendix 5).*

Support midwife for screening services

The Head of Midwifery has compared the amount of midwifery resource in the screening team to other Trusts in Yorkshire and the Humber. A quality improvement piece of work is required to look at if staffing efficiencies can be made in this team.

The team spend a lot of time looking at data quality and it is hoped moving to a new digital notes system will help this. It may also be that some functions undertaken by a midwife could be undertaken by a failsafe officer, or increasing administrative support for the team.

Perinatal Mental Health Midwife

This role is currently established to 0.8 wte cross site and is under resourced when the number of women identifying a perinatal mental health need (around 50% of women at booking) is on the increase. This role needs expanding and would benefit from a support midwife role as well to further educate the midwives to feel confident working and supporting women with low to moderate mental health needs. The training for midwives in perinatal mental health needs expanding and the perinatal mental health midwife needs capacity to develop champions across the service.

Bereavement Midwife

The bereavement midwife leads the implementation of the National Bereavement Care Pathway. Due to capacity, all elements of this package have not been completed. Increasing the hours in this post would enable this midwife to; take more of a lead role in the Perinatal Mortality Review Tool, establish a rainbow clinic for women to access in their next pregnancy (*nationally recommended*) and to further train bereavement champions and all staff. The number of families requiring bereavement care is as follows:
2018 – 75
2019 – 55
2020 – 84
2021 – 93 (to end November 2021)

0.6 wte cross site means the care the bereavement midwife is able to give to these women and their families is limited. This midwife regularly works over her hours to give a basic level of care and information to our bereaved families.

Practice development Midwife

The clinical skills midwives currently combine elements of practice development with their clinical skills roles. The impact of the pandemic and the national concerns around recruitment and retention of midwives means that attention must be paid to having both practice development and clinical skills midwives. This is detailed in the latest version of NHS England's *Maternity Services System Learning Maternity self-assessment tool.* This has been revised in July 2021 and the use of the tool is recommended by CQC. The combination of roles means that preceptorship packs, emergency training, skills and drills and on-going training can be robustly designed and delivered. These roles will work as part of the MDT to provide training as recommended in CNST and the Ockenden report. Training and learning together is seen as a key factor in delivering safe care and improving culture (*The safety of maternity services in England*, published July 2021 by the House of Commons Health and Social Care Committee).

One year funding has been secured to develop a Clinical skills and pastoral care midwife for each site.

Public Health Midwife

Not having a public health midwife is a real gap in service. This role will support progress in a number of areas, many of which are outlined in the NHS England *2021/22 priorities and operational guidance: Implementation guidance;* for example, increasing smoke free pregnancies to meet the national ambition and implementing the Perinatal Equity Strategy (launched September 2021). There is no midwife resource currently to look at pathways or to support women misusing substances and the staff caring for them. Work around helping women optimize their weight in pregnancy needs establishing too.

Professional Midwifery Advocates

Professional Midwifery Advocates were developed when midwifery supervision ended. Professional Midwifery Advocates are in place to promote safe and effective care of women and their families. This is done by working with midwives, using restorative clinical supervision, to help them identify areas for learning and development and to support them with quality improvement work. One of the valuable outcomes is improved resilience in staff. The PMAs are a cross site team, currently not resourced, who provide a much needed function and have an increase in demand for the support they provide in the last eighteen months.

Costings

Proposal	Outgoing costs
To reach staffing that matches acuity	£593,903
To reach staffing that matches acuity and for digital midwife post	£647,544
To reach staffing that matches acuity and secure leadership and specialists	£863,423
To achieve 20% continuity of carer – York site and secure leadership and specialists	£922,156
To achieve 35% continuity of carer – York site and secure leadership and specialists	£1,009,815
To achieve 51% continuity of carer – York site and secure leadership and specialists	£1,187,914
To achieve 100% continuity of carer – York site and secure leadership and specialists	£1,686,504

Conclusion

It will not be possible for the service to achieve the continuity of care target of 100% of women receiving care in that model by March 2023 without significant investment in midwifery staffing.
At this point, Birthrate plus have projected a forecast of required midwives to achieve 51% on York site and 100% on Scarborough site. This would give a Trust total of 63% of women being booked into a continuity model.

Following discussion with Birthrate plus as to what the staffing requirement would look like to achieve 100% across it was felt incremental steps towards the target should be achieved first, however acknowledging further investment would be required.
The plan to reach 100% therefore includes a level of professional judgment and has been reviewed by the regional team prior to this Board submission for approval. (*Appendix 1*)

The day-to-day use of the acuity apps in the inpatient areas on the York site demonstrate clearly significant gaps between acuity and the number of midwives working.
There is no acuity app to measure community midwife activity but reviewing the caseload numbers for the community midwives shows that these are above the recommended numbers.
The leadership and transformation of services will not be deliverable without ensuring a solid established Band 7 layer of managers and specialists.

Risks

There is a risk that recruiting to the midwives required could be challenging. Other providers have identified gaps in staffing too through using the Birthrate plus tool and nationally there are concerns that not enough students are training to replace the expected number of retirees and people leaving the profession.

Next Steps

-Monitor the recruitment action plan, 1-2-1 care action plan and midwife co-ordinator supernumerary status action plan
-Recruit to the Band 7 ward and team leadership permanent roles to support the matrons and improve communication and assurance at ward level.
-Increase the non-clinical time for ward leadership when recruitment allows.
-Share this paper with all midwives so they understand the direction of travel.
-Work with care group operations team to develop any business cases required to support the ambitions in this paper.

Detailed Recommendation

The paper outlines the current gaps in the midwifery clinical, specialist and leadership roles. Without investment the service will remain non complaint with current national recommendations.

The board is asked to recognise the investment that is required as outlined. A Business Case will be developed.

CONTINUITY OF CARER IMPLEMENTATION PLAN

TRUST BOARD

Maternity Transformation – Priorities for 2021/2022 to achieve the national ambition by March 2023

Purpose:	The purpose of this report is to provide The Trust Board with a detailed plan for a stepped approach for implementation of continuity of carer teams in compliance with national principles and standards, phased alongside the fulfilment of required staffing levels in order to maintain quality and safety. This plan will give consideration to the need for maternity staff to be supported to recover from the challenges of the pandemic. The plan working in line with Maternity Transformation Priorities 2021/2022 aims to achieve the national ambition where continuity of carer is the default model of care offered to all eligible women by March 2023. The plan sets out a detailed timetable to put in place the building blocks, so by March 2022 aims to prioritise those most likely to experience poorer outcomes including ensuring most women from Black, Asian and mixed ethnicity backgrounds and also from the most deprived areas are placed by on a continuity of carer pathway by March 2022.
Background	Better Births: Improving Outcomes of maternity services in England (2016), the report issued from the National Maternity Review, outlined the Five Year Forward View for NHS maternity services in England. NHS maternity services in England to become safer and more personal. At the heart of its vision is a recommendation that there should be: continuity of carer**,** to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions. A continuity of carer model is defined as those that provide a woman with care from the same midwife or team of midwives during the pregnancy, birth and the early parenting period with referral to specialist obstetric care as needed. This involves care co-ordination, provision and a relationship over time. Team of six to eight midwives, one of whom take responsibility for the woman's care if her midwife is not available; Continuity of carer and the relationship between care giver and receiver has been proven to lead to safer and better outcomes for women and

	baby. A more positive and personal patient experience, Better postnatal and perinatal mental health care, multi-professional working can be achieved and is likely to offer reduction in requirements for epidural analgesia, instrumental birth and Caesarean birth. It is seen to be a key tool in meeting the target of reducing stillbirth, neonatal death, maternal death and brain injury during birth. Continuity of carer is known to significantly improve outcomes for women from Black, Asian minority ethnic groups and those living in areas of deprivation (Homer et al 2017)
Current Position	Currently there are six established continuity of carer (CoC) teams across York and Scarborough Teaching Hospitals NHS Foundation Trust. Whilst 100% of eligible women on the Scarborough site are booked onto a continuity pathway, the York site currently only has one continuity team 'Sapphire' offering a continuity pathway for 8% women and families These teams have been developed with midwifery staffing from the existing establishment supported by non-recurrent funds from transformational monies. In 2020/21 the Trust regionally performed very well, despite the additional challenge of a pandemic, and has been able to offer assurance to both the LMS and regional bodies. Despite the challenges of staffing and sickness and the ongoing pandemic, the Trust in November 31% of women booked onto a continuity pathway, including 22.2 % Black, Asian and mixed ethnicity backgrounds, and 94.2% postcode for top decile for deprivation who will receive care from a continuity team.
Financial	£43,000.00 2021/22 LMS Transformational Funds (pending) £135,000 has been made available across all 3 Trusts aimed at enhanced care for women with vulnerabilities and those women from Black, Asian and ethnic minority backgrounds. Successful Ockenden Bid – Recruit 8.6 wte Band 5/6 Midwives.
Risk	The strategic context, current situation and case for change all demonstrate that doing nothing would be high risk and in breach of The NHS priorities set out in the operational planning guidance for 2021/2022 to ensure the actions from The Ockenden Report are satisfied as well as the commitments set out within the NHS Long Term Plan. Any potential quality improvements, improved patient experience, improved staff satisfaction or financial saving linked to the implementation of CoC would not be met.

Recommendation	We ask the Trust Board to consider additional investment to further progress and plan development of the CoC model. By supporting a stepped implementation plan will enable wholescale change across the maternity service to ensure that continuity of carer becomes the default model of care offered to all eligible women by March 2023.
	THE PLAN FOR IMPLEMENTATION OF COC
Communication and Engagement	• Plan ongoing engagement events across site with staff, service user representatives, stakeholders, LMS and MVP to ensure the plan for transformation is co-produced. • Planned hospital-based staff engagement sessions – LMS Midwife to visit and engage with staff re role of LMS and Continuity of carer – TBA • Consideration to be given to current restrictions and plan video/webinar information events for staff and service users • Trust website to offer a dedicated site to include FAQ, information and resources • Communication with senior leaders – Attend monthly senior team meeting • Trust Communication Team – Trust Website and Social Media • Use of LMS and MVP websites to highlight planned events and progress • Co-produce a monthly staff newsletter with staff, service user representatives
Consult with HR	• Review the process of wholescale change - Complete • Options appraisal required for changes in remuneration – Development of business case to reflect pay recommendations for birth availability teams. • Develop a formal agreement for travel time/expenses • Plan to offer 1:1 staff meetings to identify health issues/working restrictions that may affect ability to work within the CoC teams • Include union representation to offer transparency - TBA
Workforce	• Agreed workforce planning tool completed- • Explore the role of the MSW, produce an LMS agreed SOP-completed. • Review midwifery scrub role – Labour Ward Matron • Review Escalation Policy • Review Home Birth provision • Birthrate Plus recommendations reviewed • Ockenden bid complete • Development of Business Case to support workforce requirements

Collaborative working	• Meeting with MVP Chairs – Monthly • Involvement of Trade Union • Regular communication with LMS Midwife and other trust implementation leads including wider regional/national network • Lead Consultant obstetrician for CoC – Mr Freites
Staff Training	• Bespoke training sessions. New starter day is provided • Development of a further training day including community skills/home birth/roster and time management skills – community Matron/continuity lead midwife • Development of home birth skills workshop – Complete • Training Needs Analysis (TNA) – Complete • LMS Agreed Bespoke TNA – Complete. • Review clinical supernumerary time for existing staff –HOM & Matrons • Induction and Preceptorship of newly qualified staff.
Guidance & Patient Leaflets	• Guideline to include team face book TOR – Complete • Development of SOP collaborative working with linked Consultant Obstetrician - Ongoing • Development of SOP for Role and Responsibilities of Birth Availability Teams - Ongoing • CoC teams information leaflets
Implementation of new teams	• Assess current caseloads and prioritise new teams in areas of high deprivation, ensuring Black, Asian and minority ethnic communities are placed onto the pathway- Information request submitted • Email staff re proposal to outline plan to implement CoC teams offering opportunity to work within the teams • Identify numbers of women booked not eligible to be included on a CoC pathway – Information request submitted • Review ongoing impact on current community services (on call for home births) • Ensure each team has a linked obstetrician – Discussed at cross site consultant meeting - Ongoing • Ensure each new team should have 6.8 WTE midwives • Develop a detailed plan of required teams to achieve ambition of all women booked on to a CoC pathway by March 2023 • Develop a business case with CG5 for required staffing establishment to achieve ambition as set out in the detailed plan
Pandemic Recovery	• Ongoing Pandemic recovery - The removal of restrictions on women's access to support in line with local risk assessments - IPC • Support staff by taking active steps to help the maternity staff recover from the pressures the pandemic has caused. – OH,

Equipment	• Identify equipment required and costings - • Source Equipment • Identify community hubs consider cost and availability- Ongoing • Consider staff travel requirements and use of Trust approved pool cars
IT Services	• Provision of Mobile phones • Provision of Lap Tops • CPD
Community Hubs	• Scope availability of office and clinical community space • Consider cost and availability • Business case if required
LMS and Trust Assurance	• Planned National Team Assurance Visit – Complete • Submission of Monthly Board Reports • Submission of Monthly statistic and progress report to the LMS • Attendance at Board - HOM

York CoC Recruitment and deployment plan - York site Nov 2021

We remain committed to women receiving continuity of carer as set out in the NHS Long Term Plan. Implementation of continuity of carer teams in compliance with national principles and standards, and phased alongside the fulfilment of required staffing levels. This plan should also take into account the need for maternity staff to be supported to recover from the challenges of the pandemic.

Detailed plan describes how the maternity service will work towards Continuity of Carer being the default model of care offered to all eligible women by March 2023. The detailed plan is to establish a midwifery redeployment into CoC teams, phased alongside the fulfilment of safe staffing levels, ensuring continuity of carer teams are established in compliance with national principles and standards Rollout will be prioritised to those most likely to experience poor outcomes, including ensuring most women from Black, Asian and mixed ethnicity backgrounds and also from the most deprived areas are placed by on a continuity of carer pathway by March 2022. (NHS Resolutions Maternity incentive scheme, 2021)

Each Team will consist of 6-8 midwives 6.8WTE working within a birth availability model. The caseloads are based on 1:42 received care 1:36, each team will consist of approximately 292 women. The York caseload is based on total community bookings 33 27 set out in Birth rate plus.150 women receive antenatal and postnatal care in service but receive intrapartum care in another Trust.

		Community midwives (wte)	***Community caseload numbers (before attrition)***	Sapphire	Team 2	Team 3	Team 4	Team 5	Team 6	Team 7	Team 8	Team 9	Team 10		Labour Ward	Theatre	G2	G3	ANDS	Triage	Continuity Achieved 3177 Eligible women
Stage 1	Band 5/6 establishment 97.94 mw wte. (Once all midwives recruited to Ockenden posts) (NB Band 7 ward manager clinical time deducted) 150 women are not eligible for a CoC pathway and have been deducted from booking total.	27.8	***1 - 109***	6.8											22.4	0.98	16.4	10.8	4.7	8.04	9.19%
Stage 2	Increase budgeted establishment to achieve 35% continuity of carer (an additional 5.25 wte into Band 5/6 establishment). NB Based on BR + recommendations. This team will focus on providing a CoC pathway to women fromBlack, Asian and mixed ethnicity backgrounds.	26.25	***1 - 104***	6.8	6.8										22.4	0.98	16.4	10.8	4.7	8.04	18.38%
Stage 3	Increase budgeted establishment to achieve 51% continuity of carer (an additional 1.77 wte into Band 5/6 establishment). NB Based on BR + recommendations. The next two teams will aim to provide a CoC pathway for women living within postcode areas classified as top decile for deprivation	21.22	***1 - 115***	6.8	6.8	6.8									22.4	0.98	16.4	10.8	4	8.04	27.57%
Stage 4	Deploy 2.8 wte Triage Night Shift and 1 wte ANDS staffing to establish further team.	18.22	***1 - 118***	6.8	6.8	6.8	6.8								22.4	0.98	16.4	10.8	3	5.24	36.76%
At this point the birthrate plus suggestion is that we would have achieved 51% continuity. However, working through the ward staffing still required, it appears that York site will have a chieved 35% continuity by this stage. The professional opinion of the HOM is that to get beyond this point, Trust Board approval is required to further increase the midwifery establishment, as set out in the plan.																					
Stage 5	Increase budgeted establishment Recruit 4.5 wte into Band 5/6 establishment. Deploy 0.8 wte to provide antenatal and postnatal care for 80 women not eligible for coc pathway in the Selby area caseload 1:100 (before attrition)	15.12	***1 - 118***	6.8	6.8	6.8	6.8	6.8							22.4	0.98	16.4	10.8	3	5.24	45.95%
Full evaluation of service to take place at this point. Assurance will be required to demonstrate that continuity teams are achieving intrapartum continuity and that acuity tool on labour ward demonstrates improvement in red flag issues, 1-2-1 care in labour, midwifery co-ordinator supernumerary. If assurance is provided, the next team will include 5.6 wte from labour ward taking them to a minimum staffing level, matching the SGH site. Deploy 0.8 wte Band 5/6 midwives to provide antenatal and postnatal care for those women in the Selby geography that choose to birth in other units, not eligible for a CoC pathway.																					
Stage 6	Deploy 5.6 wte Labour Ward staffing establishment. Deploy 0.6 wte to provide antenatal and postnatal care for 60 women not eligible for coc pathway in the York area, caseload 1:100 (beore attirtion)	13.32	***1 -107***	6.8	6.8	6.8	6.8	6.8	6.8						16.8	0.98	16.4	10.8	3	5.24	55.14%
Period of consolidation will be necessary to ensure the reduction in Labour Ward staffing has not impacted on acquity, no red flag issues have been identified, ability to maintain 1-2-1 care in labour, midwifery co-ordinator remains supernummary. Robust evaluation will be required of ANDS and Triage services, prior to these midwifery hours being deployed into the MCoC teams. Deploy a further 0.6 WTE Band 5/6 midwives to provide care for women in the York area who are not eligible for a CoC pathway.																					
Stage 7	Deploy 1.79 wte from ANDS/Triage services, 0.49 from theatre, Recruit 1 wte into Band 5/6 establishment	9.8	***1 - 116***	6.8	6.8	6.8	6.8	6.8	6.8	6.8					16.8	0.49	16.4	10.8	2.5	4.44	64.33%
Following this stage it will be necessary to conduct a full audit and evaluation of core staffing establishment, impact on acquity and any identified reg flag issues prior to further deployment of core midwives into CoC teams. Consideration will be given to the need to continue on a stepped approach or consider full service change to ensure the remaining eligable women are booked onto a continuity pathway.																					
Stage 8	Deploy 5.6 wte Labour Ward staffing establishment, 5.6 wte inpatient services staffing establishment, 9.8 wte remaining community staffing establishment and the remaining 0.49 theatre staffing establishment	1.09		6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8		11.2	0	10.8	10.8	2.5	4.44	91.59%
Full service change has taken place uterlising existing establishment in order to implement three MCoC teams. Audit and evaluation will neeed to take place to ensure safe staffing establishment is maintained within core services. The remaining 267 eligible women will require a futher team of 6.4 wte, this will require additional recruitment .																					
Stage 9	Recruit 5.31 midwives to enable the establishment of the last team to reach 100% continuity for eligible women			6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.4	11.2	0	10.8	10.8	2.5	4.44	100%

Midwifery staffing data, to share with Board

Planned versus actual staffing

We are working with the eroster team to understand and obtain this information. Due to the way the eroster is configured for certain teams it is not currently possible to gain this information for the community staffing but we can get this for the inpatient areas.

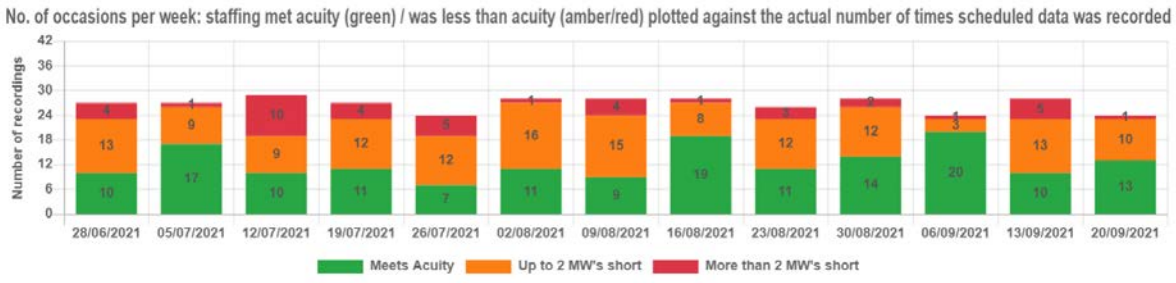
Percentage of planned Registered Midwife hours filled.

Ward Area/Month	July	August	September	October	November
G2 - postnatal	Data to be sent	83.4%	87.8%	73.4%	Data to be collated
G3 - antenatal		92.0%	85.6%	76.5%	
Labour ward YORK		85.7%	85.7%	80.8%	
Hawthorne & Labour Ward SGH		87.0%	92.0%	94.3%	

Acuity tool – midwifery staffing on labour ward

The graphs below show when the midwifery staffing matches the acuity on labour ward. Scarborough labour ward is predominantly green, demonstrating staffing that meets acuity. The labour ward at York does not show that but does reflect the staffing gaps and the known vacancy.

York

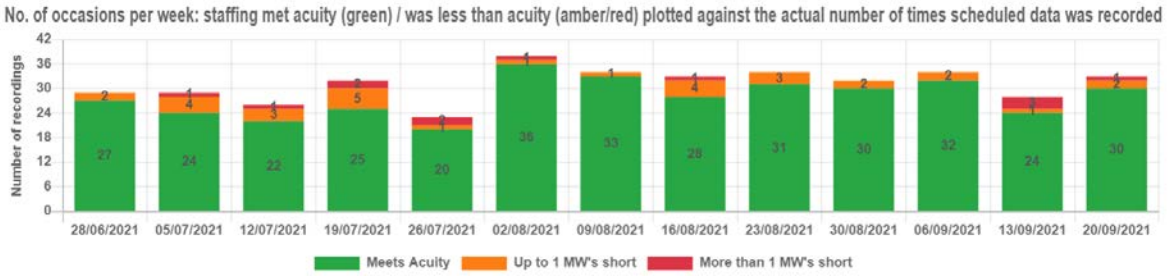


Download

Overall during the data period for weeks commencing 28/06/2021

% of recordings where staffing level more than 2 MW's short	7.7%
% of recordings where staffing level is up to 2 MW's short	26.4%
% of recordings where staffing level meets acuity	29.7%

Scarborough



Download

Overall during the data period for weeks commencing 28/06/2021

% of recordings where staffing level more than 1 MW's short	2.2%
% of recordings where staffing level is up to 1 MW's short	5.7%
% of recordings where staffing level meets acuity	66.3%

Maternity Dashboard

The following is shared with Board as required by the CNST standards. Action plans have been developed to address the red areas, please see Appendix 3 and 4).

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
York											
MW to birth ratio	29	29	29	31	31	30	32	32	31	32	33
1 to 1 care in Labour	96.6%	97.6%	96.7%	97.2%	100.0%	99.6%	98.6%	97.0%	94.6%	92.7%	96.7%
L/W Co-ordinator supernumerary %	97.0%	91.0%	92.0%	88.3%	93.5%	80.0%	80.6%	87.1%	95.0%	92.8%	86.6%
Scarborough											
M/W to birth ratio	23.0	20.0	20.0	22	22	22	23	22	22	22	22
1 to 1 care in Labour	96.50%	97.50%	98.90%	97.90%	97.60%	94.80%	92.70%	100.00%	93.90%	99.00%	94.90%
L/W Co-ordinator supernumerary %	100.00%	100.00%	100.00%	95.00%	100.00%	98.30%	93.50%	100.00%	98.30%	98.60%	100.00%

As part of the management of ongoing safe staffing there are twice daily staffing huddles. These enable the service to ensure that all areas are safely staffed based on acuity and staffing levels for that day. In addition to this, on a weekly basis, midwifery management teams review the rotas and forward plan for the next 2 weeks to ensure a continued level of safe staffing across the entire service.

The maternity escalation policy has recently been revised and this has been uploaded onto the intranet, and all staff have been directed to this.

Action	Lead	Target completion date	Progress notes	Not started Underway On-track Completed
Recruit 6 wte midwives from the International Recruitment Programme.	HOM	July 2022	8/11/21. Engaged with programme. Bid submitted. Recruitment of midwives to begin	Underway
A continuous live advert will be placed on NHS jobs to recruit midwives to substantive and bank contracts.	HOM/Matrons	End November 2021		On-track
Write job description and recruit a Band 6 midwife each site (nationally funded) to focus on the pastoral care of midwives and the recruitment and retention of staff.	In-patient Matron	January 2022		Underway
SOP to be agreed about using higher-tier agencies when escalation policy and staffing options exhausted and staffing remains a concern.	Matrons	November 2021		Underway
Action planning required to stop midwives being required to scrub on the labour wards.	Matron/HOM	March 2022	Theatre Task and Finish Group established in conjunction with surgical care group.	Underway
Midwifery workforce review and Board paper required which includes plan to achieve 100% continuity of carer and utilises Birthrate plus report findings	HOM	December 2021		On-track

Action Plan to achieve 100% 1-2-1 care in labour and 100% labour ward co-ordinator having supernumerary status

Ward Area: Labour Ward Cross site **Labour Ward Managers (LWM): Sharon Pratt/Gill Locking** **Matron: Alex Merriman**				
Lead	**Action**	**Target completion date**	**Progress notes**	**Not started** **Underway** **On-track** **Completed**
HOM / LWM	Update escalation policy to make midwifery staffing options clear that support achieving standards	17/11/21	New escalation policy has been shared via email from O&G Governance team 17.11.21. Uploaded and available via the intranet	**Completed**
LWM/Matron	Implement regular LW Co-ordinator meeting (site specific and cross site)	16/12/2021	One meeting set for 16/12. Need to discuss re frequency and agenda.	**Underway**
LWM / Matron	Host co-ordinators meeting to ensure all co-ordinators: -Understand definitions of 1-2-1 care in labour and co-ordinator supernumerary status -Understand how to record this for audit purposes -Know the importance of ensuring 4 hourly submission on birth acuity tool -Know how to record red flags -Understand the new escalation policy and how early escalation supports acheiving the standards	16/12/2021		
LWM/Matrons /Ward Sisters	Weekly review of e-roster across the service to ensure appropriate skill mix and safe staffing levels and plan cross site working	November 2021	Already implemented. Needs to be reviewed/audited in terms of effectiveness in 3/12 time.	**Underway**
LWM/Matrons /Ward Sisters	Twice Daily Safe staffing Huddle	Ongoing	Implemented and well established. Aids in daily staff planning	**On-track**
ACN/HOM/Matron	Removal of scrub midwife role	March 2022	Theatre Task & Finish Group currently ongoing	**Underway**

Action Plan to achieve 100% 1-2-1 care in labour and 100% labour ward co-ordinator having supernumerary status

Matron	Recruit 1.0 WTE B7 Labour Ward Manager for York site	As soon as possible	1st round of interviews – unsuccessful. Job has gone back out to advert with a view to interview w/c 17th January	**Underway**
LWM	Look at investing in LW coordinator RCM training programme to enhance resilience and leadership skills	31/01/2022	Labour ward managers to investigate options	**Not started**
LWM/Matron	Audit use of Acuity tool to review data input and effectiveness	20/12/2021	Weekly review by ward managers	**Not Started**
LWM	Develop a proforma to be completed when 'no' is selected on CPD for 1:1 care	01/01/2022	3 months initially	**Not Started**
LWM	Weekly review of proforma with monthly collation of data to identify common themes when supernumerary status not met.	01/01/2022		**Not started**
Matron/LWM	Review patient flow on labour ward/G2/Hawthorn to ensure timely transfer of PN women Embed cohorting of postnatal women on LW to be cared for by an MSW	31/01/2021 31/01/2021		**Not Started**
HOM	Grow continuity of carer model so that women are cared for by women in birth availability teams and so the number of midwives working on labour ward is led by the number of women there	March 2023	Action plan to Board for approval no later than Jan 2022. Plan dependent on Board support and successful recruitment.	

Standard	Current position
A Director of Midwifery in every trust and health board, and more Heads of Midwifery across the service	HOM rather than DOM. HOM reports to an Associate Chief Nurse but also meets monthly with the Chief Nurse. HOM feels well supported by the Chief Nurse and has easy access to this person
A lead midwife at a senior level in all parts of the NHS, both nationally and regionally	National ask. HOM finds Regional Chief Midwife and deputy easily accessible and very supportive.
More consultant midwives	No consultant midwife in post. This would be an aspirational role for the future.
Specialist midwives in every trust and health board	The Trust has some specialists post but not all full time. This is very challenging given the size geography of the Trust. Bereavement midwife 0.6 wte, PMH midwife 0.8 wte, Diabetes lead 0.6 wte, Screening co-ordinator 1 wte. Quality and Governance 0.8 wte Band 7. Quality and Governance Midwife 1.2 wte Band 6. Clinical skills 1.4 wte Band 7. IFC – 1wte Band 7. New role: Digital midwife – 1 wte (LMS funding for one year. 1 year funding for a pastoral support midwife on each site (planned at Band 6) Gaps: no public health midwife, no smoking cessation midwife. Midwife sonographers in training
Strengthening and supporting sustainable midwifery leadership in education and research	University ask. HOM meets regularly with LME for local University.
A commitment to fund ongoing midwifery leadership development	Access to CPD is encouraged. In-house and external leadership programmes are supported. HOM is trying to use some of the HEE monies to access further training for midwives. The challenge is releasing staff for training and availability of training during COVID.
Professional input into the appointment of midwife leaders	Recently recruited HOM. Focus group included MVP member, NED, practicing midwives and Clinical Director.

SCH: Oct 2021

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022
Guardian of Safe Working Hours 2021-2022 Q3 report

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

The Guardian of Safe Working Hours (GoSWH) was introduced into the Trust as part of the 2016 Terms and Conditions for Junior Doctors and is required to report to the board on a quarterly basis. The report aims to provide the board with oversight into compliance with safe working hours and assurance that issues raised in exception reports are escalated appropriately.

Executive Summary – Key Points

1. Exception reporting levels are returning to pre-pandemic levels. They continue to provide useful intelligence into life on the shop floor and identify potential system/rostering changes required. Clear examples of this are detailed in item 2.1.3 and 2.1.4. The events also highlight the importance of administrative support for managing exception reports in a timely manner.

2. The Junior Doctor Forum has opted to progress with Junior Doctor Awards in 2022. We will be expanding categories to recognise the invaluable contribution of non-medical colleagues in supporting junior doctors across the Trust.

Author: Dr Ruwani Rupesinghe, Guardian of Safe Working Hours

Director Sponsor: Mr James Taylor, Medical Director

Date: 14 January 2022

1. Introduction and background

This is the 2021/2022 Q3 report to the Board from the Guardian of Safe Working Hours (GoSWH) as required by the 2016 terms and conditions for doctors and dentists in training.

The quarterly report is for 1 October 2021 to 31 December 2021 and summarises key findings from the Junior Doctor Forum (JDF) and Exception Reporting.

The GoSWH holds the position of Chair of the JDF. Monthly meetings have been held via WebEx since October 2020. A hybrid version was adopted in October 2021 to enhance accessibility. Doctors are encouraged to contact the Guardian outside of Forum meetings if necessary.

Exception Reporting is via an online tool. All junior doctors are given access and are able to highlight variation in working hours, missed breaks and missed training opportunities. These reports are sent directly to the doctor's supervisor who can award Time Off in Lieu (TOIL), payment for additional hours worked, or close the report with no further action. Certain breaches to contractual working hours or adequate rest result in a Guardian fine payable by the relevant Care Group. The Director of Medical Education has access to review reports related to training and supervision.

2. Detail of report and assurance

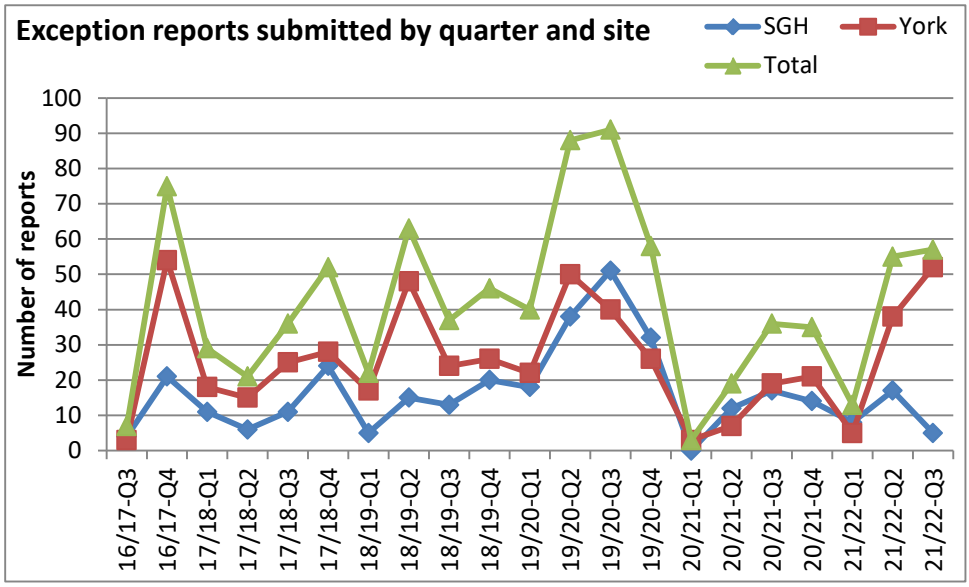
2.1 Exception reporting and guardian fines

2.1.1 Summary of fines for quarter 3

The balance of Guardian funds is currently £596. No fines have been applied in Quarter 3.

Although the balance of Guardian funds in cost centre 113003 is currently £596, £500 has been ring fenced for use towards the York Doctors Mess. **This means that the actual available balance is £96.**

2.1.2 Exception reporting trends



The steep increase in the number of Exception Reports submitted in Q2 is showing signs of levelling off. The numbers are more in line with those seen prior to the COVID-19 pandemic.

The 57 valid reports in Q3 came from 25 doctors. A further 4 were cancelled; 2 duplicates and 2 outside of timescale for submission.

The majority of reports continue to be submitted by Foundation Year 1 and 2 doctors. The breakdown in distribution is as follows:

- 50 (88%) came from Foundation level doctors in training
- 6 (11%) came from CT1-ST3 level doctors in training
- 1 came from CT3 equivalent Trust grade doctors.

The breakdown according to Care Group and department is detailed below. It is worth noting that **the specialty recorded reflects the doctor's primary base but not necessarily where they worked the shift in question**. This is usually the case in reports related to out-of-hours shifts.

- 23 reports (40%) were received for care group 1 at York Hospital:
  - 8 from elderly medicine
  - 1 from emergency medicine
  - 2 from general medicine (cardiology)
  - 5 from general medicine (gastroenterology)
  - 2 from general medicine (respiratory)
  - 5 from orthogeriatrics.

- 5 reports (9%) were received for care group 2 at Scarborough Hospital:
  - 2 from general medicine (diabetes & endocrinology)
  - 2 from general medicine (gastroenterology)
  - 1 from general medicine (respiratory).

- 24 reports (42%) were received for care group 3 (all at York Hospital):
  - 7 from trainees placed in anaesthetics*
  - 2 from general surgery
  - 5 from colorectal surgery
  - 5 from upper GI surgery
  - 4 from vascular / breast surgery
  - 1 from urology.

- 5 (9%) report were received for care group 5 (all from Paediatrics).

**All seven reports from doctors based in Anaesthetics are in relation to out-of-hour shifts during which they cover Vascular Surgery and Urology.*

The majority of reports (54 / 88%) related to Hours and Rest issues, mainly claims for additional hours worked and missed rest breaks. The top recorded theme was 'unreasonable workload' followed by 'perceived staff shortage' and 'unavoidable delay'. The latter refers to events such as the need to liaise with families or attend to deteriorating

patients at the end of a shift. The top three themes are the same as Q2, but with one and two swapping places.

52% of exception reports were closed within 7 days (as stipulated by the contract). This is a modest improvement since Q2 but far below the figures seen in 2020/21. This is partly an effect of the Trusts new exception reporting system whereby supervisors complete an 'initial review' following which the reporting junior doctor has to 'agree' before it is closed (in the previous software the 'initial review' closed the report).

Thirteen reports remain open at the time of writing. A breakdown of the outcomes for those which have been closed is as follows:

- 21 (37%) resulted in payments being made to the junior doctors for additional hours worked, totalling 32.75 hours claimed with a value of £485.44

- 14 (24%) resulted in the doctor having time owing in lieu (TOIL) approved, totalling of 26.5 hours

- 9 (16%) required no compensation by means of payment or TOIL. These are mainly for missed breaks or educational opportunities which are not eligible for compensation by means of payment or TOIL.

2.1.3 Immediate Safety Concerns (ISC)

"Where an exception report indicates concern that there is an immediate and substantive risk to the safety or patients or of the doctor making the report, this should be raised immediately (orally) by the doctor with the clinician responsible for the service in which the risk is thought to be present (typically, this would be the head of service or the consultant on-call).

The doctor must then confirm such reports electronically to the educational supervisor (via an exception report) within 24 hours."

- Extract from JD Terms and Conditions

Occasionally a doctor will submit a report and select the ISC option. Upon reviewing the content this tends to be a reflection of the workload and/or completed so many days after the event that the risk has passed. In Q3 a report was submitted within 24 hours and detailed a clear and present risk to patients (see excerpt below).

> "On this set of nightshifts I should be working alongside an SHO. The first night was fine. 2nd night there was no SHO until around 11pm so I carried both bleeps and was getting called by both ED and about sick patients on the ward simultaneously. Beyond this time a locum doctor came on shift. This doctor has never worked in York before. Usually works in a private hospital in <X>. He has absolutely no idea what he is doing & I feel I am having to do work of two doctors plus having to teach him. I feel I cannot ask for help from him as he wouldn't know what to do. I have to give him jobs as he has no idea what's going on. When he is given a job it either takes ages or it doesn't get done. I cannot rely on him & half the time do not know where he is. The nurses are also having to tell him what to do also. They are also commenting on his abilities. Last night I worked from 8 until 8:40 and took a 10 minute break. I still feel that not all the jobs were completed by the morning. The night before I took a 25 minute break."

The report was received close to 5pm due to the doctor being on night shifts. The Junior Doctor Contract Admin Co-ordinator was alert to the likelihood of the report going unseen until the next day and telephoned the supervisor. Prompt action was taken with escalation to the Clinical Director and relevant consultant on call. In addition the rostering team have been alerted not to place the locum doctor to cover shifts until the risks have been assessed and the concerns were passed on to the appropriate Responsible Officer.

The junior doctor was thanked for their timely action and support provided by their supervisor. We continue to encourage doctors to use DATIX to report safety concerns.

2.1.4 FY1 Weekend Cover: Surgery (York)

Foundation Year 1 doctors based in Urology, Anaesthetics and General, Breast and Vascular surgery all contribute to the same out-of-hours roster. Daytime cover over the weekend is split into: “Acutes” 0800- 2030, “Weekend Day” 0800-1700 and “Ortho weekend” 0800-1700.

The doctor assigned to “Weekend Day” covers Vascular Surgery and Urology. This is deemed to be an inadequate number of doctors for the workload. Multiple exception reports have been submitted to this effect. The concern has also been raised at the Junior Doctor Forum. The matter was directed to appropriate channels but following receipt of the reports included below it was escalated directly to the Clinical Lead, Associate Chief Operating Officer and rostering team.

The reports are a stark reminder of the level of distress experienced by our Foundation Year 1 doctors who are primarily new graduates requiring close supervision and support.

> “3 hours unscheduled overtime due to ward pressures. Having performed 2 ward rounds finishing at 13.00/ 14.00 then having to attend deteriorating patients (one of whom had a gi bleed requiring assessment, review, blood transfusions organising, ODG organising, referrals to gastro etc.) leaving very little time to chase all the urgent bloods and put bloods out for tomorrows phlebotomy rounds . then having to action on the results of the bloods (which there was no time to check and action earlier in the day). the acutes f1 also being supremely busy and being unable to lend a hand. this in addition to the pressure of having to discharge a significant amount of patients of whom i know very little about having only cared for them for a day and a half. forcing me to choose between sloppily discharging people and signing my name, GMC registration and professional reputation away on the decision to rush EDNs or to stay late and get even further behind with my duties. the vascular urology on call shifts are simply put: an inhumane amount of work for a single f1 to the point of it sometimes feeling dangerous on the wards. from discussion with my peers there isn’t a single f1 who hasn’t had to stay late every time on this shift.”

> “had to stay till 8 (3 hours unscheduled overtime) 3 hours unscheduled overtime due to ward pressures. Having performed 2 ward rounds finishing at 13.00/ 14.00 then having to attend deteriorating patients leaving very little time to chase all the urgent bloods and put bloods out for tomorrows phlebotomy rounds. then having to action on the results of the bloods (which there was no time to check and action earlier in the day). the acutes f1 also being supremely busy and being unable to lend a hand. this in addition to the pressure of having to discharge a significant amount of patients (15 in total) of whom i know very little about having only cared for them for ~6 hours. forcing me to choose between sloppily discharging people and signing my name, GMC registration and professional

reputation away on the decision to rush EDNs or to stay late and get even further behind with my duties."

The Guardian has received assurance that the matter is in hand, although primarily through longer term solutions. In the shorter term the department has been asked to increase the shift time to reflect hours actually worked by the doctors. This will ensure appropriate remuneration and more importantly rest time.

2.1.4 Self Development Time (SDT)

SDT is relatively new and is a mandatory (but not contractual) component of training for Foundation Doctors. It is the equivalent of SPA time for consultants. Some rosters in the Trust have SDT built in whilst others recognise the variability between teams and Junior Doctors are advised to agree bespoke patterns with their supervisors at the beginning of each placement.

There is a discrepancy in guidance from Health Education England and NHS Employers as to whether a failure to achieve SDT should be highlighted via Exception Reporting. At the last regional guardian meeting it was clear that Trusts vary from actively encouraging to discouraging reports for missed SDT. Reporting missed SDT does not lead to the provision of time off in lieu (TOIL) or payment and is being used as a mode of monitoring in those Trusts.

A relatively small number of reports have been submitted by Foundation doctors expressing an inability to access this non-clinical time. Dissatisfaction with the current approach of locally agreed SDT has been expressed directly to the Guardian and via the Junior Doctors' Forum. In response to this a meeting was held with the Guardian, rostering team and education team.

The agreed outcome is to build in SDT to rosters known to be most pressured (Medicine and Surgery) for now. It is recognised that some departments benefit from the flexible approach. Going forward we will actively encourage Foundation doctors to complete exception reports if they are unable to achieve SDT in order to monitor and allow relevant parties to take action where necessary. A rise in reporting is therefore to be expected.

2.2 Junior Doctors' Forum

Meetings have recommenced via WebEx and are held on the second Tuesday of every month. Invitations are sent to all junior doctors in the Trust via Outlook and within the WebEx application. Junior doctor attendance at virtual meetings remained consistently low. This is reflective of the challenge junior doctor's face in finding a private/appropriate space from which to join virtual meetings and lack of built in microphone or camera on Trust computers. As a result Forum meetings are now a hybrid with a meeting room booked in York and Scarborough. Invitees are encouraged to join remotely whenever possible and social distancing rules followed in the meeting rooms. This has led to a modest improvement in attendance.

2.2.1 Handover location, York

A recurrent item raised at JDF in recent months has been the lack of a dedicated space for General & Elderly Medicine handover. Previously handover was held in the Operation

Centre but this is now in permanent use. The location changes regularly and has been shared via a WhatsApp group. This has now moved to a different platform which not all doctors are necessarily a member of. Doctors report significant variation in the quality of handover and the risk this poses for patient safety.

This item was raised in the Q2 Board report and unfortunately remains unresolved.

2.2.2 Junior Doctor Awards

Such award programmes can be polarising and the merits of continuing to do so was discussed. Overall feedback is that the process is well organised in the Trust, avoiding issues highlighted from other hospitals whereby sickness and portfolio outcomes have been used as part of judging criteria, and should therefore continue. Members have expressed a desire for a category to be created allowing non-medical colleagues to be rewarded. Funding has kindly been approved by the Charitable Funds team. Further details will be shared via the Communication Team, which has supported the Awards since inception, in coming months.

2.2.3 Support services on COVID wards

This predominantly relates to a lack of phlebotomy rounds on the COVID wards (only raised by doctors working in York but may be relevant cross site). Given the low levels of medical staffing across the COVID floor and the level of care required by these high acuity patients there have been repeated requests for doctors to be released from tasks that do not specifically require their input.

This item has been picked up by the Associate Chief Operating Officer who represents operational teams at the Forum.

It has also been highlighted that Allied Health Professionals are sent to the COVID wards on an ad hoc basis leading to delays. Juniors feel that surge planning does not sufficiently include the need for all these additional components despite how long the pandemic has been going on for. They have expressed frustration and a negative impact on morale.

2.3 Summary of rota gaps

	Covered by trainee/Trust Grade	**Vacant**
York	306 (88%)	40 (12%)
Scarborough	149 (89.76%)	17 (10.24%)

Training posts

	Filled	**Vacant**
York	84 (84.8%)	15 (15.2%)
Scarborough	48 (89%)	6 (11%)

Non-training (non-consultant) posts

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
26 January 2022
Revision of the Reservation of Powers and Scheme of Delegation, Standing Orders and Standing Financial Instructions

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

The purpose of the report is to highlight to the Board of Directors that the Trust's Reservation of Powers and Scheme of Delegation, Standing Orders and Standing Financial Instructions have been reviewed and the amendments listed for approval.

Executive Summary – Key Points

The Trust reviews the corporate governance documents on an annual basis for recommendation for approval by the Board of Directors for the forthcoming financial year.

Recommendation

The Board of Directors is asked to consider and approve the revised documents.

Author: Mike Taylor, Associate Director of Corporate Governance

Director Sponsor: Simon Morritt, Chief Executive

Date: 18 January 2022

Revision of the Reservation of Powers and Scheme of Delegation, Standing Orders and Standing Financial Instructions

1. Reservation of Powers and Scheme of Delegation

The Trust's reservation of powers and scheme of delegation has been revised as follows:

Area	Section and Amendment
Trust branding	Trust brand in name changed from York Teaching Hospital NHS Foundation Trust changed to York and Scarborough Teaching Hospitals NHS Foundation Trust
Entire document	NHSE/I changed to NHS England & NHS Improvement Trust Secretary changed to Associate Director of Corporate Governance budget holders changed to 'Budget Holders'
Summary of delegated authorities	
Page 8 - Asset Register	Deputy Head of Corporate Finance Scope of delegation up to £100k changed to Head of Corporate Finance Scope of delegation £5k to £50k
Page 9 - Capital Investment and Business Cases	Capital Programme Group changed to Capital Programme Management Group (CPMG) Chief Executive or Finance Director through Capital Programme Executive Group changed to Chief Executive or Finance Director through Capital Programme Executive Group (CPEG) Scope of delegation £100k-£500k changed to Scope of delegation £50k-£500k

Page 9 - All business cases revenue and investment	Chief Executive changed to Chief Executive or Finance Director
Page 9 - Expenditure variations on capital schemes	Addition of or in - Chief Executive or Finance Director through Capital Programme Executive Group Board of Directors scope of delegation changed from unlimited to £1m
Page 10 - Planning & Budgetary Control	Care Group Managers changed to Associate Chief Operating Officers (ACOO)
Page 13 - Quotations, Tendering and Contracts Accepting contracts and signing relevant documentation	Waiving of quotations and tenders subject to SFIs and SOs (including approval of single tenders) Head of Procurement Chief Executive and Finance Director changed to Head of Procurement Chief Executive or Finance Director Head of Procurement Chief Executive and Finance Director changed to Head of Procurement Chief Executive or Finance Director
Page 16 - Losses and compensation	Treasury approval changed to Treasury approval required
Page 18 - Personnel and Pay Page 18 - Upgrading and re-grading Page 18 - Variations to existing consultant	 Upgrading and re-grading Addition of (Medical staff only as AfC is through matching process) Removal of Director of Workforce and OD Addition of Care Group Director in conjunction with HR (Medical Staffing) Removal of - Variations to existing consultant contracts/job plans Removal of - Subject to compliance with regulations

contracts/job plans	Removal of - Medical Director, Director of Workforce & OD
Page 18 - Authority to pay discretionary points to staff grade and associate specialist doctors	Removal of - Authority to pay discretionary points to staff grade and associate specialist doctors Addition of - Uplift to starting salary (AfC staff only) by Line manager in conjunction with HR Business Partner Addition of - Uplift of starting salary (medical staff) by Lead Clinician in conjunction with Medical Staffing Removal of - Medical Director and Director of Workforce & OD
Page 19 - Annual leave – approval of carry forward	Over 5 days in exceptional circumstances only changed to Prime Budget Holder
Page 19 - Special Leave	Chief Executive changed to Care Group Director Line Manager - Return to work part time on full pay to assist recovery changed to Budget Holder - Extension of paid return to work beyond policy limit
Page 20 - Rent and House Purchases: Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)	Removal of - Chief Executive Addition of - Deputy Director of Workforce
Page 21- Authorisation of retirement on the grounds of ill health.	Removal of - Authorisation of retirement on the grounds of ill health. Removal of - Director of Workforce & OD (the decision can only be made by the NHS Pensions Agency)
Page 21- Authorisation of staff redundancy	Removal of - Chief Executive Addition of and relating to Finance Director and Director of Workforce & OD Addition of Chief Executive - Chief Executive and Finance Director (with HM Treasury approval where required) for any

	termination settlement
Page 21- Authority to suspend (non clinical) staff	Changed to Authority to suspend (AfC) staff Removal of - Director of Workforce & OD
Page 21- Authority to exclude clinical staff	Changed to Authority to exclude medical staff Removal of - Deputy Director of Workforce, Deputy Chief Nurse Addition of - Chief Executive or deputy and Director of Workforce and OD
Page 21- Authorisation of staff dismissal	Removal of - Anyone reporting directly to a Director e.g. Care Group Manager/Head of service (or delegated deputy) Addition of - as per Trust policy
Page 21- Engagement of staff not on the establishment supported by a business case	Removal of - Corporate Directors Addition of - Executive Committee
Page 22 - Booking of bank and agency staff	Removal of - Under cap – Care Group Director Over cap – Medical Director or Director of Workforce & OD Over £100 per hour – Chief Executive Addition of - 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.
Page 22 - Facilities for staff not employed by the Trust to gain practical experience	Removal of full section
Page 23 - Authorisation of new drugs	Yearly cost of drugs Removal of - Care Group managers Addition of - Associate Chief Operating Officers
Page 24 - Extra Contractual Payment	Addition of ‘or’ in - Finance Director or, Medical Director and Director of Workforce and OD

2. Standing Orders

Standing Orders are reviewed as part of the Constitution. This is being processed through the Constitution Review Group and will go to the Council of Governors and then the Board for approval.

3. Standing Financial Instructions (SFIs)

The Trust’s SFIs have been revised as follows:

Section	Amendment
Trust branding	Trust brand in name changed from York Teaching Hospital NHS Foundation Trust changed to York and Scarborough Teaching Hospitals NHS Foundation Trust
Entire document	Audit Committee changed to Group Audit Committee (where from previous version)
Terminology Page 6 - Secretary of State Directions	the Directions to NHS Bodies on Counter Fraud Measure issued in 1999, and subsequently revised in 2004 changed to the NHS Counter Fraud Authority's Requirements to meet the Government Functional Standard GovS013: counter fraud York Teaching Hospital NHS Foundation Trust changed to York & Scarborough Teaching Hospitals NHS Foundation Trust.
Entire document	Chairman changed to Chair
Entire document	NHS Improvement changed to NHS England and Improvement
Page 13 - 2.4.1 Fraud and Corruption Page 13 - 2.4.3 Fraud and Corruption	NHS Protect Directions on fraud and corruption changed to NHS Counter Fraud Authority's Requirements to meet the Government Functional Standard GovS013: counter fraud. and NHS Counter Fraud Services and the Counter Fraud Operational Service in accordance with the Department of Health Fraud and Corruption Manual changed to NHS Counter Fraud Authority in accordance with the NHS counter fraud manual.

Page 21 - 6.4.5 Security of Cash, Cheques and other Negotiable Instruments and Page 40 - 12.2.3	NHS Protect (previously known as the NHS Counter Fraud and Security Management Service) changed to the NHS Counter Fraud Authority
Page 40 - 12.2.2 Losses and Special Payments	'of any kind' changed to 'which is not fraud' and Finance Director added to whom fraud and corruption should be reported, and The Local Counter Fraud specialist to inform the NHS Counter Fraud Authority
Entire document	EU public procurement rules/regulations/thresholds changed to UK
Page 51 - Appendix 1	The European public contracts directive (2014/24/EU) applies to public authorities including, amongst others, government departments, local authorities and NHS Authorities and Trusts. changed to The Public Procurement (Agreement on Government Procurement) (Thresholds) (Amendment) Regulations 2021 Entire section changed to reflect new thresholds applying from 1 January 2022

4. Recommendation

The Board of Directors is asked to consider and approve the revised documents.

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NHS
York Teaching Hospital
Facilities Management

Board of Directors – 26 January 2022
Revision of YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions

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

The purpose of the report is to highlight to the Board of Directors that the YTHFM's Reservation of Powers and Scheme of Delegation and Standing Financial Instructions have been reviewed and the amendments listed for approval.

Executive Summary – Key Points

YTHFM reviews the corporate governance documents on an annual basis for recommendation for approval by the Group Audit Committee to the Board of Directors for the forthcoming year. The Group Audit Committee approved the revisions at its meeting on 9th December 2021 and recommend approval of the revised documents to the January Board of Directors.

Recommendation

The Board of Directors is asked to approve the documents in line with governance arrangements.

Author: Jacqueline Carter, Governance Manager
Director Sponsor: Penny Gilyard, Director of Resources / Company Secretary

1. Reservation of Powers and Scheme of Delegation Revision of the Reservation of Powers and Scheme of Delegation and Standing Financial Instructions

YTHFM's Reservation of Powers and Scheme of Delegation have been revised as follows:

Area	Section and Amendment to
Page 10 – All Business Cases revenue investment	Scope of Delegation – Management Group Over £100k to £1m
	Delegated Matter – Any expenditure over £10k must be advertised under UK procurement legislation
Page 16 – Annual Report and Accounts	Scope of Delegation – Members Representatives

2. Standing Financial Instructions

YTHFM's SFIs have been revised as follows:

Section	Amendment to
Page 6 – Section 1.2 - Terminology	Secretary of State Directions – these directions have been replaced by the NHS Counter Fraud Authority's requirements to meet the Government Functional Standard GovS013: counter fraud.
Page 29 - Section 9.2.6 (b) – Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services	Managers and Officers must ensure that they comply fully with the guidance and limits specified by the LLP Director and that contracts above specified thresholds are advertised and awarded in accordance with UK regulations on public procurement (thresholds and regulations together with the consequences of breaching these regulations are attached at Appendix 1).
Page 49 – Public Contracts Regulations	The Public Contracts Regulations 2015 applies to public authorities. Regulations set out detailed procedures for the award of contracts whose value equals or exceed specific thresholds. Details of the thresholds applying from August 2021 are set out in Appendix 1 of the document.
Page 13, Section 2.4 Fraud and Corruption	2.4.1 – changed from NHS Protect Directions on fraud and corruption to NHS Counter Fraud Authority's Requirements to meet the Government Functional Standard GovS013. 2.4.3 – changed from NHS Counter Fraud Services and the Counter Fraud Operational Service in accordance with the Department of Health Fraud and Corruption Manual to NHS Counter Fraud Authority in accordance with the NHS counter fraud manual.
Page 20 – Section 6 – Income, Fees and Charges and Security of Cash, Cheques and other negotiable instruments	6.4.5 – changed from NHS Protect to the NHS Counter Fraud Authority.

Page 40 – Section 12.2 – Losses and special payments	12.2.2 – First two sentences deleted. Third sentence to read – when an employee discovers or suspects fraud or corruption it must be immediately reported to the Trust's Local Counter Fraud Specialist. Last paragraph deleted.
	12.2.3 – changed from NHS Protect to the NHS Counter Fraud Authority.

3. Recommendation

The Board of Directors is asked to approve the documents.