York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 30th March 2022
Time: 9:30am – 11:50am

Classroom 1 & 2, MEC, 5th Floor Admin Block, York Hospital

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 30th March 2022

TIME	MEETING	ATTENDEES
09:30 – 11:50	**Board of Directors meeting held in public**	**Board of Directors Members of the Public**
1:00 – 3:45	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.	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 26 January 2022** 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.	**Patient Story** To receive a patient story.	Chief Nurse	Verbal	-	09.35
7.	**Chief Executive's Update** To receive an update from the Chief Executive including on current pressures	Chief Executive	B	21	09.55

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ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
Strategic Goal: To deliver safe and high quality patient care					
8.	**Demonstration of a Clinical Digital Care Record**	Chief Digital Information Officer	Verbal	-	10.15
9.	**Nurse Staffing Report** To receive the report.	Chief Nurse	C	25	10.30
10. 10.1	**Ockenden Report Update** To receive the report to include Perinatal Clinical Quality Surveillance Report and Continuity of Carer Report. Ockenden Action Plan	Chief Nurse	D1 D2	33 41	10.40
11. 11.1 11.2	**CQC Update** To receive the report: • January Appendix A • March Appendix A	Chief Nurse	 E1 E2	 51 61	10.50
12.	**Quality Assurance Committee Minutes** To receive and note the minutes of the meetings held on 18 January and 15 February 2022	Committee Chair	F1 F2	69 77	11.00
Strategic Goal: To ensure financial sustainability					
Strategic Goal: To support an engaged, healthy and resilient workforce					
13.	**Gender Pay Gap**	Director or Workforce and OD	G	87	11.05

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ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
14.	**Resources Assurance Committee Minutes** To receive and note the minutes of the meetings held on 18 January and 15 February 2022	Committee Chair	H1 H2	105 113	11.15
15.	**Integrated Business Report** To receive and discuss the IBR, highlighting any areas of concern not already discussed.	All	*Separate Report*	-	11.20
Governance					
16.	**Health and Safety Policy - YTHFM** To receive and approve the policy.	LLP - Director of Resources	I	123	11.30
17.	**Modern Slavery Declaration** To approve the declaration.	Associate Director of Corporate Governance	J	133	11.35
18.	**Standing Financial Instructions** To approve the amendments	Finance Director	K	137	11.40
19.	**Items for information**	-	-	-	-
19.1 19.2	• March Executive Committee minutes • Star Award nominations - April				
20.	**Any other business**	Chair	Verbal	-	11.45
21.	**Time and Date of next meeting** The next meeting held in public will be on 25 May 2022.				

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ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
22.	**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.				
23.	**Close**				11.50

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes
Board of Directors Meeting (Public)
26 January 2022

Minutes of the Public Board of Directors meeting held on Wednesday 26 January 2022 via webex, commenced at 9:30am and concluded at 11:10am.

Members present:

Non-executive Directors
Jenny McAleese (Chair - JM)
Steve Holmberg (SH)
Lynne Mellor (LM) – joined the meeting at 10:00am
Jim Dillon (JD)
Matt Morgan (MM)
Lorraine Boyd (LB)
Denise McConnell (DM)
Ash Clay (AC)

Executive Directors
Simon Morritt, Chief Executive (SM)
Jim Taylor, Medical Director (JT)
Polly McMeekin, Director of Workforce & OD (PM)
Heather McNair, Chief Nurse (HM)
Wendy Scott, Chief Operating Officer (WS)
Lucy Brown, Director of Communications (LBr)
Dylan Roberts, Chief Digital Information Officer (DR)
Graham Lamb, Deputy Finance Director (for Andrew Bertram) (GL)

In Attendance:
Mike Taylor, Associate Director of Corporate Governance (MT)
Cheryl Gaynor, Executive Support Manager (for the minutes)

Observers:
Alan Downey

The Chair welcomed everyone to the meeting. She apologised that we were unable to live-stream the meeting and noted that the meeting would be recorded and then made available on the Trust's web-site.

21/125 Apologies for absence

Apologies were received from:

Andrew Bertram, Deputy Chief Executive/Finance Director

21/1126 Declaration of Interests

There were no declarations of interest to note.

21/127 Minutes of the meeting held on 24 November 2021

The Board approved the minutes of the meeting held on 24 November 2021 as an accurate record of the meeting.

Resolved
The Board approved the minutes of the meeting held on 24 November 2021.

21/128 Matters arising from the minutes

There were no matters arising.

21/129 Chief Executive's Update

The Board noted that the Trust continued to experience significant operational pressures and remained at national operational level 4 EPR incident level, meaning that NHS England national command were continuing to direct the tactical response to the Covid 19 pandemic. WS reported that currently there were 164 covid inpatients (97 at York, 52 at Scarborough and 15 in Community beds). Analysis indicated that 70 of these patients were Covid negative on admission but subsequently tested positive during their inpatient stay (40% at day 8 or beyond therefore theoretically hospital acquired). Nationally, around 70% of patients admitted to hospital are negative on arrival and similarly positive on day 8 which suggested that the Trust's experience was in line with the national picture.

The impact of monitoring Covid positive patients and subsequent Covid contacts was challenging and was affecting flow and leading to some long-waits. The Board noted that Covid has impacted significantly on the Trust's workforce and their families and consequently the Trust had seen sickness absence rates increase. Similarly, Covid has affected our partner organisations which has affected patient flow and put pressure on the Trust's bed base. WS reported that there had been some impact on the Trust's ability to provide elective work during December and January as a result of workforce challenges and bed pressures, However, emergency, urgent and cancer procedures and treatment remained paramount and this would continue. The majority of day case activity had also been maintained.

SM noted that, following conversations with Local Authorities and Directors of Public Health, the infection rate was starting to come down across North Yorkshire and York and there should therefore be a reduction in hospital cases in the next week or two. Issues around delayed discharge were consistent across York and North Yorkshire, with all partners being under significant pressure and struggling with staffing in particular.

SM highlighted that the targets around elective recovery for 2022/23 were very challenging for the system.

SM referred to the mandatory vaccination programme element of the report and reminded the Board that this deadline was getting close. A number of staff had been identified where the Trust was unable to evidence that they had been vaccinated and those members of staff had been written to. PM added that 3 February was the deadline for the 1st dose and 31 March was the deadline for the 2nd dose. 94% of those on payroll had completed their primary course (the booster was not part of the regulations at present) and a further 2% had received at least one vaccination but hadn't yet received their 2nd. This equated to approximately 640 individuals who were not compliant with the regulations. However, this figure was frequently changing and it was hoped that it would reduce significantly. Non-compliant individuals were to be invited to panels and letters would begin to be issued by the end of the week.

MM questioned whether the Trust had modelled what the impact would be on specific areas of the Trust should the numbers of staff who were unable to be deployed from the 1 April not decrease. He also questioned whether there was a mechanism for unpaid leave of absence, for example, for individuals who may have changed their mind but had missed the deadline, with a view to bringing them back into deployment. PM clarified that the Care Groups and directorates were all sighted on the individuals in their areas who were and were not compliant. This had been broken down into staff group and also across the specialties PM assured the Board that individual circumstances would be considered on a case by case basis.

SM formally reported that Alan Downey had been appointed as Chair of the Trust, with the decision confirmed by the Council of Governors at their meeting on 13 January 2022.

Resolved:
The Board received and noted the report.

21/130 Board Assurance Framework (BAF)

MT presented the report which had also been reviewed by the Risk Committee.

SM reported that the risk ratings had all been reviewed and a discussion had taken place at the Risk Committee where the changes had been approved. It was agreed that the scores were much more in accordance with that the risks and challenges currently being faced by the organisation.

Resolved:
The Board noted the Board Assurance Framework.

21/131 Business Case 2021/22-70 Robotic Assisted Surgery at York Hospital

SM presented the business case, which outlined the need to adopt robotic surgery within the Trust. The case outlined the benefits for patients, staff and the wider organisation of the procurement of a surgical robot and detailed the specific procedures which would be offered robotically if the case was approved. SM advised that York Against Cancer had committed to funding the revenue costs of the robot for the first 2 years. The business case was based on entering into a lease and the Trust would need to pick up the costs of

this in years 3 to 10 but it was felt that this would be manageable. There was also potentially the opportunity to look into an alternative capital source and support from NHS England but this had not yet been fully investigated.

JM advised that this robot was the latest iteration of minimally invasive surgery and built on the benefits of laparoscopic surgery, improving benefits to patients in terms of their length of stay, risk in recovery etc. JT advised that the robot was a portable piece of equipment and the surgical bed could be used even when the robot is was not in use.

MM referred to the first 3 years of increasing procedures and the introductory period and asked about the impact of this on theatre capacity and the ability to do numbers of procedures during that introductory period, specifically in relation to the impact on waiting lists and waiting times. JT confirmed that there would be a slight increase in the time required for theatre procedures initially and estimated approximately and extra 20 minutes against a four hour case. However, he provided assurance that there would be no overall impact on waiting lists.

SM raised the training aspect and how this was to be addressed. JT advised that this primarily affected the colorectal and urological team. The initial formal training was to be delivered by the company itself and then there would be training delivered in-house. The operating model was a double console, allowing surgeons to train on the job.

Resolved:
The Board approved the business case as outlined.

21/132 Carbon Reduction Grant Funding Business Case Update and Preferred Bidder Status Request

SM highlighted that this was an update position following the approval of business case by the Board on 4 November 2021 (minute reference 21/127). The Trust had been informed that it was likely to be successful in achieving the £9m to pursue the work in Bridlington and York. A feasibility study would also be carried out on the Scarborough site. There was an ask of the Board to approve modifications to the outline business case (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;
- 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.

GL reminded the Board that one of the conditions of the grant included a commitment of £1m of the Trust's own capital which, was planned in equal measure over 2 financial years. In receiving this grant it was expected that it would be spent by March 2023.

As a matter of good practice, AC suggested that the Head of Sustainability, as the lead for this case, liaise with other Trusts that have worked with Vital Energi to gain some learning from their experiences. SM agreed to take this forward.

Resolved:
The Board approved the recommendations outlined in the report.

21/133 Quality and Resources Assurance Committee's Escalation Reports

Minutes of Quality Assurance Committee 16 November 2021

The Board noted the minutes of the Quality Assurance Committee held on 16 November 2021 meeting.

Minutes of Resources Assurance Committee 18 November 2021

The Board noted the minutes of the Resources Assurance Committee held on 18 November 2021 meeting.

Minutes of Quality Assurance Committee 14 December 2021

The Board noted the minutes of the Quality Assurance Committee held on 14 December 2021 meeting.

Minutes of Resources Assurance Committee 14 December 2021

The Board noted the minutes of the Resources Assurance Committee held on 14 December 2021 meeting.

Quality Assurance Committee Escalation Report 18 January 2022

SH introduced the report, which detailed key topics discussed at the meeting in January and escalated to the Board of Directors. These included:

- Significant issues around patient care;
- Ockenden reports;
- Concerns around infection and prevention control – it was highlighted that numbers of C. Diff cases continue to run very high and above trajectory. Cases of Aspergillus due to inadequate cleaning. Overall concern that leadership of IPC is fragmented without a single voice at Board, especially with regard to LLP.

  HM advised that a report was due to be presented to the Executive Committee followed by the Quality Assurance Committee which would provide surveillance information on healthcare-associated infections for the current financial year (up to the end of December 2021), highlighting how the Trust was an outlier nationally, particularly for Clostridium difficile infection (CDI) and methicillin sensitive Staphylococcus aureus (MSSA) bacteraemia. It would also include a summary of feedback from the recent NHSEI visit in relation to CDI and highlight specific risks identified by the visit and list recommendations for addressing these issues and improving HCAI performance;
- SIs – there was a never event reported this month;
- CQC;
- COO Report - Deteriorating position re 104w RTT. WS advised that the Trust was currently awaiting advice on some revised trajectories for RTT;
- Further increase in ambulance handover delays were noted, along with long ED stays. There was a need for detailed analysis of prolonged waiting times for treatment including cancer and diagnostics under extreme pressure.

Resolved:

The Board received and noted the escalation report.

Resources Assurance Committee Escalation Report 18 January 2022

LM introduced the report, which detailed key topics discussed at the meeting in January and escalated to the Board. These included:

- Workforce IBR - Staff well-being and mental health issues were also discussed and the Committee asked the Board to consider how we further recognise all staff given we are in the midst of yet another wave of the pandemic;
- Annual Equality, Diversity and Inclusion Workforce Report;
- Digital IBR - The Procurement exercise for a new long-term delivery process has been delayed and asked for a review of the risk probability impact;
- Finance IBR;
- YTHFM LLP Risk and Assurance update.

Resolved:
The Board received and noted the escalation report.

21/134 Quality Patient Care Reports

Perinatal Clinical Quality Surveillance Update

LB assured the Board that staffing continued to be challenging but was being managed on a daily basis to optimise safety. Escalation plans had been developed, were in place and being utilised regularly. In terms of medium to long term planning, there was some work ongoing around maternity staffing, reported later in the agenda. LM also highlighted that there was a considerable amount of work going into developing the maternity benchmarking improvement action plan, which was a comprehensive benchmarking exercise, including CQC maternity self-assessment recommendations, Ockenden national standards and guidance and CQC deep dive recommendations. This is being triangulated with a governance time-out day to begin to try and pull together all elements of governance into a single coherent unit.

Resolved:
The Board received the report.

Safe Staffing Report

HM presented the report, which provided information and assurance to the Board on how the Trust had responded to provide the safest and effective nurse staffing levels during November 2021.

The Board acknowledged the significant work that was being put into allocating staff to manage the operational pressures facing the Trust.

Resolved:
The Board received the report.

21/135 Digital Information Services (DIS) Funding Bids

DR presented the report, which summarised the current funding bids submitted by Digital Information Services (DIS) and provided the financial proformas for approval. The DIS currently had bids submitted to or approved against various national and regional funds totalling £5,142,000, all of which was to be spent during this financial year, ending on 31 March 2022.

DR highlighted that the proformas included in the report described an element of revenue spend and confirmed that he was in discussion with the Finance Director about how this would come through a mix of resources in future. These still were required to be worked through but would be built into the future revenue plans.

AC questioned the communication with the workforce so that they were aware of the benefits that would emerge from the planned investments and how these would make their work easier. AC also questioned how the workforce would be equipped to work with the equipment and whether there would there be a level of training required for some of the investments that may not have been considered. DR assured the Board that communication and training had been considered. However, it was felt that, once some of the benefits had been realised, it would be at this point that communication would have the most impact as opposed to being theoretical. In terms of the training, it was proposed that this would be demo-based where staff who have trialled devices would then describe through a demonstration how they work.

Resolved:
The Board endorsed the report and the financial proformas.

21/136 Annual Equality Diversity and Inclusion Workforce Report

PM presented the annual report designed to demonstrate key actions and achievements during the 2020/21.

LM reported that the Resources Assurance Committee had welcomed the report at its last meeting and had agreed that the report would be restructured in future to allow a clearer understanding of actions and the outcomes.

MM highlighted that the report seemed to contain a lot of action but little or no context. It was felt that the context and the recognition of issues that needed to be tackled across the Trust was missing and that context was important.

SM reported on the Fairness Forum and the Board was pleased to hear that he, as Chief Executive, had agreed to Chair the Fairness Forum. He advised that the Forum planned to hold a workshop in March to carry out an overarching review of how the Trust approaches equality, diversity and inclusion. The Forum would also consider how EDI was resourced to ensure that there was the right level of resource to support this agenda. It was hoped that the session would produce something to come back to the Board and it may well influence the presentation of this annual report next year.

Resolved:
The Board noted the report and acknowledged that there was further work needed to improve it.

21/137 Midwifery Workforce

HM presented the report and highlighted that there were national recommendations about the model of care that women must receive; the national ask was for all women to be on a continuity pathway by March 2023. The report detailed a roadmap of how this would be achieved.

HM highlighted that it was part of an Ockenden requirement that the Trust has to adopt Birthrate Plus (a method for assessing the needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings). Birthrate Plus methodology allowed the Trust to calculate the required numbers of midwives to meet all of the needs in relation to defined standards and models of care and to local workforce planning needs, holiday and travel allowances etc. Birthrate Plus describes the method needed to allow the Trust to deliver its Continuity of Carer. In order to meet national recommendations, it needed to be presented to the Board in January and would then be converted to a business case requesting £1.7m of investment. It is recognised that, without external support, the Trust would be unable to meet this challenge. HM also noted that there was no substantial workforce plan from Health Education England to produce more midwives to deliver the recommendations. All areas of the country were in the same position. Although there was a duty to comply with this, it was recognised that it was an ambitious target to be completed by March 2023. However, it was important to continue to work towards the proposed roadmap.

MM suggested the use of the apprenticeship model for midwives in order to grow the Trust's own staff. However, the apprenticeship was a four year programme. HM assured the Board that there were lots of solutions and there would be a pipeline but nothing quick enough to meet the national target.

DM questioned whether there is an indication of the forward planning by other universities who were training nurses. HM advised that numbers had increased significantly over the last year knowing that this was emerging. However, the largest issue was practice placements as these were problematic to obtain because midwifery is a small area. There were currently debates around the increased number of international midwives who would also require support and preceptorship in the clinical areas. There was a fine balance to be found between increasing the numbers of student midwives to support the pipeline in the future and the number of internationals being recruited. York has a small number of students because its core university doesn't currently offer the training/teaching. Therefore, the Trust was working with other providers (such as Coventry University) to increase these numbers, whilst recognising that it is difficult to take on any large numbers at present.

Resolved:
The Board received and approved the report.

21/138 Q3 Guardian of Safe Working Hours

JT presented the quarterly report and provided the Board with oversight into compliance with safe working hours and assurance that issues raised in exception reports were escalated appropriately. He reported that exception reporting levels were returning to pre-pandemic levels and they continued to provide useful intelligence and identify potential system/rostering changes required.

JM highlighted the Junior Doctor Awards that were taking place later in the year, with expanded categories to recognise the invaluable contribution of non-medical colleagues in supporting junior doctors across the Trust.

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 continued to be submitted by Foundation Year 1 and 2 doctors and primarily from Care Groups 1, 2 and 3.

MM highlighted the outline plan for the doctors' handover. He noted that this specifically mentioned a patient safety risk and questioned what the timescale was for getting this resolved to enable an effective handover. JT responded that there were plans under discussion but these potentially involve repurposing other areas. These plans had been submitted over a year ago and had not been instigated due to the pandemic, but they would be revisited in the near future. There were currently spaces available but they appeared to be in the wrong place for a confidential handover.

SM noted that the report focussed on informing the Board of the situation rather than any solution. Problems in the report appeared to relate predominately to one or two areas and the Board needed to understand if there were any pressures from Health Education England to demonstrate improvement and also what the Trust plans were around those improvements. JT agreed to look into this and report back as the report did not go into this depth of information.

Resolved:
The Board received and noted the report.

21/139 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

The Board discussed the size and layout of the report and agreed that this needed to be reviewed. The Board also agreed the need to demonstrate a difference in conversations at the Board meeting and at the Board Sub-Committees, where the data were discussed in more detail. It was important to understand, not only how the report looked, but also how the Board used the report.

Resolved:
The Board received the report and noted the summaries.

21/140 Governance Documents

MT presented the report as part of the Board's annual review of the Trust's corporate governance documents for the forthcoming financial year. MT agreed he was happy to receive any further comments/amendments offline.

Resolved:
The Board approved the revised documents.

21/141 revision of YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions

The Board received the revised YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions.

Resolved:
The Board approved the reports.

21/142 Any Other Business

LM highlighted the Board Assurance Framework and the Trust's consideration of its contribution overall to net zero and suggested this to be included as part of the Framework. SM agreed to take this forward and discuss offline with MT with a view to bring back to the Board.

21/143 Time and Date of next meeting

The next public meeting of the Board of Directors will be held on 30 March 2022.

Action log

Minute Number and Title	Action	Lead	Date Due	Date Completed
21/132 **Carbon Reduction Grant Funding Business Case Update and Preferred Bidder Status Request**	As a matter of good practice, AC suggested that the Head of Sustainability as the lead for this case, liaise with other Trusts that has worked with Vital Energi to gain some learning from their experiences. SM agreed to take this forward.	Simon Morritt	March 2022	
21/138 **Q3 Guardian of Safe Working Hours**	SM highlighted that the report focussed on informing the Board of the situation rather than more solution orientated. Problems in the report appeared to related predominately to one or two areas and there needed to be understanding if there were any pressures from Health Education England regarding needing to demonstrate improvement and also what the Trust plans were around those improvements. JT agreed to look into this and report back as the report presented did not go into this depth of information.	James Taylor	March 2022	
21/139 **Integrated Business Report**	The Board discussed the size and layout of the report and agreed that this needed to be managed and realigned in future reports. The Board also agreed the need in distilling a difference in conversations at the Board meeting and at the Board Sub-Committees where the data was discussed in more detail. It was important to understand not only how the report looked but also how the Board used the report going forwards.	Mike Taylor	March 2022	
21/142 **Any Other Business –**	LM highlighted the Board Assurance Framework and the Trust consideration around its contribution overall to net zero	Simon Morritt and Mike Taylor	March 2022	

BAF	and suggested this to be included as part of the Framework. Net zero covered a series of areas and cuts across various services of the Trust. SM agreed to take this forward and discuss offline with MT with a view to bring back to the Board.			

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NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 March 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
- Capital planning updates
- 2022/23 planning submission
- Working Towards a Healthy Bridlington: feedback report
- Trust Board appointments

Recommendation

For the Board of Directors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: 30 March 2022

1. Current operational pressures

The operational pressures continue for us as we enter Spring, with growing numbers of cases in our local communities, particularly in York. The number of patients in our hospitals with Covid-19 has remained stubbornly high, and has surpassed our previous peak of 215 in January 2021. Most of these patients testing positive on admission are not unwell with Covid-19. Approximately 50% are asymptomatic, with the majority of the remaining 50% percent experiencing only mild symptoms. Whilst it is clearly good news that the virus is causing less severe illness in fewer patients, the number of Covid-19 patients continues to contribute to operational pressure.

In order to comply with national guidance we test all patients on admission and must cohort positive and negative patients in adherence with strict infection prevention guidelines. This impacts our inpatient capacity, and the flow of patients from the emergency departments through to leaving hospital is hindered significantly, particularly as we are trying as best we can to deliver planned care at the same time.

Regrettably this has meant that we have had to postpone some routine elective activity in response to this increased demand for beds due to emergency admissions and growing numbers of patients with Covid-19. We are continuing to prioritise emergency urgent and cancer patients so that we manage those patients with the greatest clinical need.

We are as a matter of urgency looking at how we can address these pressures in different ways within the staffing and space constraints we face.

2. Capital planning updates

Scarborough Urgent and Emergency Care Centre
Following approval by the trust's Board of Directors last December, the full business case to build a £47million Urgent and Emergency Care Centre at Scarborough Hospital has been submitted to the Joint Investment Committee for final approval.

The Joint Investment Committee considered the case on 14 March and at the time of writing we are optimistically awaiting formal notification of the outcome. An incredible amount of effort has gone in to developing this case over many months, and I want to thank everyone involved for their contribution to what is an exceptional piece of work.

The build, which will include a new emergency department, coronary care, critical care and diagnostic services, will be the largest investment the Trust has ever made and signals our commitment to the future of hospital services for the Scarborough area.

York Intensive Care Unit
I am pleased to say that the new ICU Pod at York Hospital is now open, providing six additional isolation beds for critical care. Throughout the pandemic demand on critical care meant that there were not enough isolation facilities on the unit so areas in theatres had to be used, which affected our ability to carry out operations.

This project has had its challenges, largely due to Covid-19 and various factors affecting the national construction sector, so it is a positive step to see the unit open, as it provides much needed capacity and will bring significantly benefit patient care.

3. 2022/23 planning submission

In my last report I gave an update on the 2022/23 operational planning guidance, and the priorities against which all systems will be asked to deliver.

Final plans must be submitted by the end of April, following the submission of draft plans earlier this month. It is worth noting that what is being submitted is a system-wide plan, with input from all partners in the ICS.

It is clear from draft plans and the work done to date that the financial outlook for next year is extremely challenging as we are expected to deliver our recovery programme whilst seeing an end to additional funding for managing the pandemic alongside a return to delivering efficiency targets.

4. Working Towards a Healthy Bridlington: feedback report

East Riding of Yorkshire Council has been leading a piece of work with partner organisations (including ourselves) to improve the health and wellbeing of people living in and around Bridlington.

Last year, an engagement exercise took place with Bridlington residents. The feedback report, which has previously been circulated to board members, has now been published and the views gathered will inform next steps. The work will continue under the East Riding Place arrangements which are developing as part of the Integrated Care System, and I will attend an engagement meeting for key stakeholders and members of the local community next month, which will consider in more detail how the work will be progressed.

The report has been published on the Healthy Bridlington website:
www.healthybridlington.co.uk

5. Trust Board appointments

Chief Digital Information Officer Dylan Roberts is leaving us at the end of this month to take up a post in Wales. Although he has only been with us for a relatively short time he has made a significant impact in terms of identifying our risks and priorities with regard to our information systems and infrastructure, and in setting a clear strategy for moving the organisation forward. He leaves the trust with an excellent foundation to work from to progress our digital, data and technology strategies and to ensure these strategies support us in improving patient and staff experience. The recruitment process for Dylan’s replacement is already underway, however in the meantime Andy Williams will be taking up the role on an interim basis. Andy has a wealth of experience in this field, and most recently has been the Interim CDIO for Humber, Coast and Vale Health and Care Partnership. We wish Dylan all the best, and look forward to welcoming Andy to the trust.

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 March 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 January 2022. This will include the requirement to submit the safer staffing metrics using Care Hours Per Patient Day (CHPPD).

Executive Summary

- 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 June 2022 to determine and strengthen the establishment reviews.

Detailed Recommendation

To receive the report.

Author: Emma George, Assistant Chief Nurse

Director Sponsor: Heather McNair, Chief Nurse

Date: March 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 January 2022 submission is attached in Appendix 1. The table below details the overview of each care group for January 2022.

The average day fill rate in January for Registered Nurses/Midwives was 82% , this remains static on December and for Non – Registered Nurses/Midwives 83%,which indicates a 2% reduction, indicating a 4% reduction over the past 2 months. The average night fill rate for Registered Nurses/Midwives was 90% and Non – Registered Nurses/Midwives 103%. There are18 Wards below the 80% average RN day fill rate, two of these are in Bridlington Hospital and work below their occupancy. This is deterioration from December 2021. Work has commenced to ensure establishment reviews line up with the safecare and the amount of staff that are deployed every shift due to a number of ward changes.

There are 8 wards below 80% RN fill rate for nights which is deterioration from December 2021. All of these wards show a 80% and above Non Registered fill rate, with 3 above 100%.These wards were the stroke unit at Scarborough and Nelsons Court 1 and 2 where dependency is high. CCU in York the RN is regularly deployed to support the cardiology ward and the Cardiac Outreach Nurse supports CCU. Wards that have more than 2 Registered Nurses have been moved to support other wards. This is monitored and is a regular pattern and through the establishment reviews using a triangulation of quality indicators and professional judgement there is consideration of news roles and ways of working, such as the Patient Services Operative role and flexible shifts such as shorter shifts or a twilight shift.
The Trust is reporting a significant unmet need in relation to temporary staffing requests for registered and unregistered nurses (table 2). In January 2022 36% 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 continued in and reviewed.

Table 2

	Requested (FTE)			Agency Filled (FTE)			% of requested FTE filled by	Bank Filled (FTE)			% of requested FTE filled by	Total % of FTE filled	Unfilled (FTE)			% Unfilled
	HCA	RN	Total	HCA	RN	Total		HCA	RN	Total			HCA	RN	Total	
Trust	358.12	374.10	732.21	3.36	79.58	82.93	11%	208.84	177.89	386.73	53%	64%	145.92	116.63	262.55	36%
York	230.58	257.88	488.47	3.36	57.96	61.32	13%	126.76	121.42	248.18	51%	63%	100.46	78.50	178.97	37%
Scarborough	127.54	116.21	243.75	0.00	21.62	21.62	9%	82.08	56.46	138.55	57%	66%	45.45	38.13	83.58	34%

Sickness absence rates in January 2022 for nursing and midwifery were 7.55% an increase on 1% from December (compared with 6.60% a year ago). Additional Clinical Services – 9.54%, this shows a sharp rise in HCA sickness figures also impacting the current position.

The impact of staff sickness has continued to be a challenge in January, staff isolating 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 has also impacted nurse staffing levels. 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 had a £2.6M investment as a result of the establishment review paper with ½ year effect (£1.3M) in 2021/22. A review of this previous has commenced with the Assistant Chief Nurse and Care Group team to review the previous establishments and provide a business case for 2022/23 requirements.

The associated risks, specifically temporarily increasing the registered nurse and HCA vacancy rates will be reflected in revised risk registers.

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 we paused this audit to ensure compliance and assurance. This audit will be re-introduced in June 2022 and a dedicated Matron to lead this project to ensure it is embedded and sustained has been appointed.

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 took 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, this will form part of the seconded Matron role. 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 Jan 2022

Nurse Midwifery and Care Staff – Staffing Data - January 2022

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	2,311.76	128.82	1,141.93	2,079.77	153.68	999.16				23.80	0.00	16.38	208.19	-24.86	126.39	9.01%	-19.30%	11.07%

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	1,640.12	91.32	744.12	1,493.39	97.28	640.93				18.8	0	9.26	127.93	-5.96	93.93	7.80%	-6.53%	12.62%

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	671.64	37.50	397.81	586.38	56.40	358.23				5	0	7.12	80.26	-18.90	32.46	11.95%	-50.40%	8.16%

Table 3 details the January 2022 vacancy position for the Trust and for York, Scarborough and Bridlington sites. Since December 2021 there continues to be an increase in the net vacancy RN Band 5- 8 is 0.72% and Band 2-3 an increase vacancy of 4.92%.

2.2 Management of Nurse Staffing Levels in January 2022

As noted in the December 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 and incentives 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

Incentive for staff on all bank shifts continues to be requested where there is a requirement but the impact of this is not yielding additional shifts due to staff exhaustion and the demand for temporary staffing increasing. This is monitored and reviewed to by the temporary staffing team.

These incentives are flexible and are being reviewed on a regular basis to target areas where additional support may be required.

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 and pressure ulcer prevalence in ward areas and 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.

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. There will be a review in March 2022 of the impact of nurse staffing levels on quality of care and a triangulation of this presented to the quality committee.

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

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

A target has been set within the workforce team

- By April 2023, to have no more than a 1% vacancy rate for Healthcare Assistants
- By April 2023, to have no more than a 7.5% vacancy rate for Registered Nurses

<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 two cohorts of International Nurses (IN) in training. Thirty five learners in cohorts 22 and 23 are receiving their training and preparation and preparing to undertake their tests of competence in February. The 18 learners in cohort 23 have been 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 and a review of the programme and learning from feedback. A Matron has been seconded into the International Nurse team to review systems and processes from interview to recruitment and how we support these nurses to stay and thrive.

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.

Health Care Support Worker (HCSW) Recruitment

Funding has been secured to facilitate recruitment and provide additional support to enhance the recruitment of HCSWs new to healthcare and the NHS. The aim of the funding is to rapidly reduce vacancies by March 2022.

We receive trajectories to achieve a zero vacancy position by March but it is evident that this will not be achieved. Work is ongoing with the regional team to provide support to organisations and currently there are weekly meetings with NHSEI to understand HCSW recruitment and WTE vacancy across the region.
The recruitment and nursing teams continue to strive to recruit HCSWs but currently sit with a 126 WTE vacancy. There is some caution with this due to the ongoing establishment reviews and increase in HCSW posts as a result and the accuracy of the current establishments and opening of additional capacity consequently increasing vacancies. The table below indicates the increase in HCA leavers over the past 3 years.

Year	**Leavers <1 yr service (FTE)**	**All leavers (FTE)**
Mar 19 - Feb 20	16.24	50.88
Mar 20 - Feb 21	18.94	50.45
Mar 21 - Feb 22	37.54	89.33

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 appointed two Band 4 Pastoral Roles for HCSWs.

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. The process of recruitment is under review and how we ensure a pipeline of NAs and those that want to commence the RNDA programme but also the impact this is having on wards due to the transient workforce.

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, this is a current challenge due to the availability of placements.

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. It is evident through audit and nurse care indicators that the fundamental basics in care are being impacted as a result of constant challenges within the nurse staffing levels and this will be presented to the committee.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 March 2022 (January 2022 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

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. An introduction to Ockenden, Clinical Negligence Scheme, and Continuity of Carer is provided for context and information. Overall the report intends to provide assurance surrounding any identified issues, themes, and trends to demonstrate an embedded culture of continuous improvement.

Executive Summary – Key Points

There have been three moderate harm incidents, one of these was eligible for referral to HSIB for investigation. All three were discussed at Trust Quality and Safety Group and associated action planning agreed. The incidents have been compared with serious incidents from the last 12 months; there are no other incidents of this type that have been reported.

One completed Serious Incident report has been received in the Trust during the reporting period. The report was completed externally by a neighbouring Trust in the LMS, as per good practise described in the Ockenden report. The report's action plan has been agreed and is underway within Care Group 5. All actions will be closed via Care Group 5 clinical governance and Trust SI Panel.

There were 3 unit closures on the York site in the reporting period due to staffing and acuity. The Escalation Policy was appropriately utilised.

Recruitment of midwifery staff remains challenging nationally. The recruitment of overseas midwives and plans to support newly qualified midwives into post from June 2022 are underway and detailed in the main body of the report.
The CNST programme remains paused, however the Trust continue to work towards achievement of compliance.

Ockenden action planning is in place and progress is being monitored fortnightly from February 2022.

PROMPT training figures for Medical staffing have improved. Training trajectories suggest the additional sessions will support greater compliance over the next 4 months.

The level of received Continuity of Carer (CoC) has increased in January 2022. We anticipate variation in these figures as CoC teams are working differently in order to manage the deficit in midwifery staffing across the Trust. The Associate Chief Nurse & Deputy Head of Midwifery have met with the national team to describe the challenges and were supported to continue to work in the current model with a view to planning the reintroduction of birth availability CoC teams from July 2022. This has been shared with the teams.

Recommendation

Receive & discuss the report.

Author: Michala Little, Deputy Head of Midwifery

Director Sponsor: Heather McNair, Chief Nurse

Date: 01 March 2022

1. Detail of Report and Assurance

1.1 Introduction & Overview

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. An introduction to Ockenden, Clinical Negligence Scheme, and Continuity of Carer is provided for context and information. Overall the report intends to provide assurance surrounding any identified issues, themes, and trends to demonstrate an embedded culture of continuous improvement.

The NHS Resolution Clinical Negligence Scheme (CNST) invites Trusts to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward Trusts who have implemented all elements of the 10 Maternity Safety Actions. Year 4 of the scheme was launched August 2021 and is currently paused. The Trust is awaiting the recommencement, with new timescales, from NHS Resolution. Despite this, the Trust continues to work towards overall achievement.

Emerging findings and recommendations from the Ockenden Report, an Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust was published in December 2020. 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. The second part of the Ockenden Report is expected in March 2022 and it is anticipated that there will be further action planning required from this.

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’. 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.

1.2 Moderate Harm & Serious Incidents

Over the course of the reporting period there have been three incidents logged as ‘Moderate’ harm. Initial Patient Safety Investigation Reports have been undertaken within Care Group 5 and presented to the Trusts Quality & Safety Group. One of the cases has been referred to HSIB (detailed below). Once the investigation is completed actions will be generated and shared via this report.
All incidents are compared with serious incidents from the last 12 months; there are no other incidents of this type within this reporting period. Immediate actions identified included re-sharing information around the appropriate use of Dawes Redman antenatal CTG monitoring and support for clinicians with decision making.

1.3 Healthcare Safety Investigation Branch Reports

No completed reports have been received in the Trust during the reporting period. One case has been referred to HSIB in line with statutory reporting requirements and this was regarding delay in second stage of labour and the subsequent forceps delivery, including a shoulder dystocia.

The Trust is awaiting 4 reports from HSIB, including the one detailed above and it is anticipated that they will be received within 6 months of notification. Thematic review of HSIB findings and Serious Incident findings will be undertaken in February & March to inform the overall improvement work which is ongoing in Maternity Services.

1.4 Perinatal Mortality Review Tool

One case was notified to MBRRACE and it is anticipated that the review and draft report will be completed within 4 months. The learning and outcomes will be highlighted in this report upon completion of the review. There was 1 PMRT report completed from a 23+1 week miscarriage, care was good overall, there is action planning in progress around smoking cessation support and a requested blood test that was not undertaken in the lab. There is one PMRT in progress where the incident took place at a neighboring Trust and therefore they will complete the PMRT and inform the Trust if any elements are for us to action.
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. This is currently being achieved by the Trust.

1.5 Training Compliance

Training figures for Midwives cross-site and Medical staffing are being addressed, though an increase in PROMPT training figures for medical staffing has been observed in this reporting period. The availability of rooms large enough to safely accommodate the MDT requirements, along with sickness absence amongst some of the MDT continues to be challenging. The introduction of additional PROMPT training over the coming months will ensure staff who are, or are becoming, out of date will be trained and it is anticipated the compliance levels will be greater than 90% from June 2022 .The Deputy Head of Midwifery is attending the monthly cross-site Consultants meeting to highlight and discuss medical training compliance and support any challenges raised.

1.6 Safe Staffing

Maternity Staffing

All women should receive 1:1 care in labour. Compliance has reduced consecutively for the last three reporting months at York but has remained the same at Scarborough this month. Recruitment of midwives continues to offer challenge across the UK, with Universities reporting a decline in the number of applications this year. A review of the support workforce is ongoing with a view to over recruit maternity support workers.

Labour Wards across the Trust should have a supernumerary coordinator 100% of the time. This supports the safety of the unit particularly when 1:1 care compliance is

reduced, ensuring effective oversight and leadership of the units. Scarborough Hospital achieved 100% for the last two reporting periods, for this reporting period it has dropped to 85.4%, this is likely to be due to overall staffing levels (sickness and vacancy) across the Unit. York compliance reduced to 96.7% from 99.5**%** in the last reporting period.

There were 3 closures on the York site due to staffing and acuity for the reporting period, the Escalation Policy was appropriately utilised.

Staffing ratios are 1:23 at Scarborough site and 1:31 at York site, against a national target of 1:28. The difference in ratio is due to the minimum safe staffing requirements at Scarborough against a lower birthrate. Vacancies are continuing to be advertised on a rolling basis and the Care Group is considering relocation packages and employing newly qualified midwives on a Band 4 contract from June until they receive their NMC Pin in the autumn. Overseas recruitment is progressing and work is underway regionally to shortlist and interview candidates with a view to supporting those who are successful into the UK from July 2022. Recruitment continues for a dedicated midwife at each site to support the recruitment and retention of the maternity workforce; Regional networks are forming to support this work further in recognition of the national challenges regarding the deficit of Midwives. There has been a new lead for Labour Ward at York recruited and the Care Group is looking forward to welcoming her, along with newly appointed members into the Quality and Governance team; supporting the quality and safety of the service.

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 number of Friends & Family Tests received has improved in January, indicating that across our sites, the majority of women feel they had a good experience and were treated with kindness.

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 evidence to support this is being collected in anticipation of further Ockenden action planning around collaborative working with service users. There remains challenge around the provision of regular MVP meetings in two of the three local MVP; this is being addressed regionally.

Feedback raised through concerns and complaints are addressed directly and resolved. Challenges remain to completion within timeframe, some of this is in relation to the Matrons needing to support operationally in the ward areas. The Care Group have also reviewed the way responses are being approached and written which is being embedded amongst the team. The 2022 Patient Experience Plan will be shared via Clinical Governance in March 2022.

Positive feedback received for the team:
“I recently had my second baby at York Hospital. I was induced and was made very aware of how short staffed the maternity ward was which had I been a first time parent would have been extremely scarey and daunting. However my midwife L was truly amazing, I was her number one priority and was made to feel like that too. She stayed with me from the minute she started her shift to delivering my baby. She was

reassuring and I couldn't have asked for a better experience all because of her. She is an absolute credit to York Hospital and especially the labour ward who I know are under staffed but she never made you feel or know that. I feel very privileged to of had L and can't thank her enough for the level of care and service we received. As a family we wanted to draw attention to this as we have read a lot of negative things recently about York Hospital and feel L deserves the credit for the service she provides."

1.8 Staff Survey

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 the results of the latest staff survey have been received, an action plan will be created.

Following a meeting with Scarborough midwifery staff attended by the Chief Nurse and Care Group 5 Associate Chief Nurse, it is recognised that there needs to be work undertaken around staff morale and communication from the leadership team. Plans have commenced; The Deputy Head of Midwifery and Matrons will host open door sessions several times a week for staff to directly access and is working with ODIL to support the formation of a working group with the Labour Ward Manager, following the circulation of a Survey Monkey to gather opinion from staff on how they want to be supported.
The Deputy Head of Midwifery and the LMS are accessing Civility and Kindness training with a view to offering this to all maternity staff across the region.

1.9 Regulatory Update

There have been no Coroner Regulation 28's made directly to the Trust in relation to Maternity Services.

1.10 The Maternity Incentive Scheme - CNST

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. The scheme has been paused Since November 2021 in light of the current staffing pressures on maternity services. Maternity services consider enacting the elements of CNST 'business as usual' and will continue to progress the current action plans until further information is provided by NHS Resolution. Updated CNST timeframes are expected after March 2022 and once published will be reviewed and action planned accordingly.

1.11 Ockenden

Trusts were required to submit detailed minimum evidence requirements against 49 elements identified from the Ockenden recommendations. The Trust received feedback from the National Team in November 2021 which was positive citing a good evidence submission. MDT action planning has taken place and from this leads identified and meetings scheduled to track progress. The second part of the Ockenden Report, with further actions, is expected in March 2022. A paper of the current position regarding action planning will be presented to Public Board this month.

1.12 Continuity of Carer (CoC)

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. The level of received Continuity of Carer (CoC) has increased in January 2022. We anticipate variation in these figures as CoC teams are working differently in order to manage the deficit in midwifery staffing across the Trust. The Associate Chief Nurse & Deputy Head of Midwifery have met with the national team to describe the challenges and were supported to continue to work in the current model with a view to planning the reintroduction of birth availability CoC teams from July 2022. All teams have been provided with this update and informed plans to reintroduce, and indeed expand, CoC will be subject to recruitment.

1.13 Safety Champions Feedback

Walk arounds undertaken by the Chief Nurse, the Board level Safety Champion, are undertaken monthly at alternate sites. Concerns raised by staff on the York site in January were around clarity for the labour ward coordinators when using the escalation policy out of hours, communication around the newly appointed labour ward manager for York site, communication around sickness management, a request that senior management attend labour ward handovers and lack of feedback regarding staffing issues at the twice daily safety huddles.
The new escalation policy has been circulated and the Inpatient Matron has communicated to all labour ward coordinators that the policy is clear in that the 1st on call manager should offer support when required, out of hours. The successful candidate for the labour ward manager will be announced following recruitment process checks. The Senior team are aware to attend labour ward handovers, wherever possible. The facilitation of the twice daily staffing huddles will move to Band 7 ward leaders/labour ward coordinators over the next couple of months with escalations only to Matrons, so this should improve communication.

2. Next Steps

The Deputy Head of Midwifery continues to update the presentation and content of this report, in line with feedback received, to enable more assurance focused information and discussions. Overall this will provide the Trust with a clearer picture of risk and updates on improvement work as it progresses. Further relevant data fields will be added to the data sheet and any appendices will be continuously reviewed to ensure sufficient detail is provided whilst utilising the main body of the report to provide assurance about themes and trends.

3. Detailed Recommendations

- Receive & discuss the report

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 March 2022
The Ockenden Report 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

This report will provide an overview of the Trust's position in relation to the 7 Immediate Essential Actions (IEA) identified in the Ockenden Report which was published in December 2021. It will provide assurance to the Trust Board that action planning is in place following feedback from the National Team in November 2021 after evidence was submitted, June 2021.

Executive Summary – Key Points

Ockenden action planning is in place and progress will be monitored fortnightly with progress and escalations reported via Care Group 5 governance processes

The Trust is compliant or partially compliant in the majority of elements

Information and evidence requested by NHSEI has been provided within timeframe – an overview of which is detailed below

Challenges around MDT engagement with Ockenden action planning were escalated and improvements have been seen

The introduction of the LMS wide digital system will enable the improved audit of personalised care planning

There have been challenges around MDT training which are being addressed and trajectories indicate improvements through to June 2022

MDT attendance at twice daily labour ward rounds on the Scarborough site require immediate action planning

Audit Yorkshire have been commissioned to undertake a review to obtain assurance that the recommendations in the Ockenden report are being enacted across York and Scarborough maternity services

Recommendation

The Board is asked to consider the Trust's Maternity Services action planning against the 7 Immediate Essential Actions of the Ockenden Report and request further information or assurance, if required.

Author: Michala Little – Deputy Head of Midwifery

Director Sponsor: Heather McNair, Chief Nurse

Date: 1 March 2022

1. Detail of Report and Assurance

1.1 Background

In 2017, following a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at The Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to new-born, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust.

Since the commencement of the review, more families have approached the review team voicing similar concerns to the 23 families whose care was already being reviewed. The terms of reference of the review have subsequently been updated to encompass the experiences of over a thousand families. Due to the volume of cases, the first part of the Ockenden Report was published in December 2020. It covered 250 clinical reviews and included conversations with a further 800 families. As themes emerged, the need to urgently address these was identified. The second part of the report is expected March 2022.

1.2 The Ockenden Report

Published on the 10 December 2020, the report identified emerging themes that needed to be addressed by NHS Trusts and the wider maternity community across England as soon as possible. With the full support of the Department of Health and Social Care and NHS England and Improvement, local actions for learning and early recommendations formed 7 Immediate and Essential Actions (IEA). With oversight from NHS England and Improvement, it was expected that Maternity Systems across England would immediately work towards enacting the IEA:

1. Enhanced Safety: Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight

2. Listening to Women and their Families: Maternity services must ensure that women and their families are listened to with their voices heard

3. Staff training and working together: Staff who work together must train together

4. Managing complex pregnancy: There must be robust pathways in place for managing women with complex pregnancies. Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre

5. Risk assessment through pregnancy: Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway

6. Monitoring Fetal Wellbeing: All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring

7. Informed Consent: All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery. All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care. Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care. Women's choices following a shared and informed decision-making process must be respected

The IEA comprise 12 urgent clinical priorities and were cross referenced with CNST standards, where applicable.

Upon receipt of the Ockenden Report, the Trust assessed its position against the 7 IEA and submitted the required Assessment and Assurance Tool within timeframe, in January 2021.

Work progressed and evidence of the Trust's compliance against each element was submitted via the Futures Platform in June 2021 and the Trust received a RAG rated response from this submission in November 2021. The submission evidence was considered positive and was used by Care Group 5 to form action planning, which took place with the MDT in December 2021. The January 2022 meeting did not go ahead as was not quorate. MDT engagement in the process is crucial and has been escalated via Care Group Board and to the Care Group 5 Senior Triumvirate.

February 2022 saw much improved MDT attendance and action planning was updated. Fortnightly Ockenden meetings are in place and progress is reported via Care Group 5 Clinical Governance, Quality Committee and Board. Care Group 5 Oversight and Assurance Group will provide strategic oversight and support to the entire action plans sitting under Ockenden and Clinical Negligence Scheme (CNST), drawing together these key national safety drivers. The purpose of the group is to ensure all enablers are in place to support clinicians to deliver the action plans as effectively as they can. An example of this is the identified need for dedicated programme management capacity to work alongside lead clinicians to support them in driving their actions. This has been escalated to the Trust Executive Committee and resource has been identified to enable this to be put in place.

Following the production of the Ockenden Report, guidance was shared with Trusts to support the development of a Perinatal Clinical Quality Surveillance (PCQS)

report. This is a minimum dataset for reporting progress to Trust Boards and this document has evolved over the last year to offer greater assurance.

In January 2022, Audit Yorkshire were commissioned by the Trust to review the action planning around Ockenden. This review has commenced and findings are due by April 2022. Learning from this review will be acted upon.

In February 2022, the National Team announced an urgent deep dive in to maternity and neonatal services for regional teams and requested a Trust self-declared position on the 7 IEA. The information received Executive level sign off from the Chief Nurse and was submitted within timeframe.

One year on from the publication of the Ockenden report, Organisations are being asked to present their current position to Public Board by the end of March 2022 and to confirm that Board supports the action plan to full compliance.
The Midwifery Workforce Plan was presented to Board in January 2022 and it is expected that the detail in this is considered as part of the discussion.

The regional maternity team will expect confirmation of the sharing of this report as above and that all information has been shared with Humber Coast & Vale LMS by 15 April 2022.

In February 2022, the regional team requested an executive sign off on certain elements of Ockenden progress. This was submitted within timeframe. On certain elements full compliance was considered difficult to achieve as local progress was determined by regional progress; specifically around the formation of Maternal Medicine Network and fully pathwayed working with the ICS to initiate the perinatal clinical quality surveillance model. The submission was updated to reflect both the organisation and regional progress against these elements.

The Rag rated response and associated Ockenden action planning can be viewed in appendix A.

1.2.1 IEA 1. Enhanced Safety

- The Trust reports all eligible cases to MBRRACE UK and PMRT reviews are undertaken as per national requirements. A quarterly PMRT report of all cases is presented to Care Group 5 Clinical Governance and Quality Committee and shared with Trust Board.
- The Trust reports all eligible cases to HSIB and these are logged on the Trust Datix system for oversight. Reports received are initially shared with Care Group 5 Clinical Governance, Quality Committee and all maternity staff. They are discussed at Trust SI Panel and associated action planning is monitored for completion.
- Maternity Dashboards are submitted as per local and regional requirements and are shared with the LMS.

- Oversight and external clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death incidents is being achieved via reporting to and attendance at bi-monthly LMS Perinatal Quality, Safety and Assurance Groups and the development of a process for external SI Investigations across the LMS.
- The LMS have provided funding for the Baby Lifeline Investigations training – Midwives and Obstetricians from our Organisation have benefited from this.
- There is a system in place where SIs are shared with Trust Board and the LMS
- The LMS is liaising with the ICS to determine the full implementation of the Perinatal Clinical Quality Surveillance Model and will update the Trust in March 2022.

1.2.2 IEA 2. Listening to women and their families

- There are three Maternity Voices Partnerships (MVP) supporting York and Scarborough Teaching Hospitals. East Riding MVP supports families around Bridlington and towards Selby. Coast & Country MVP supports across Scarborough and the York MVP covers central York areas. There have been challenges around hosting meetings over the last year in light of the Covid Pandemic and the East Riding and Coast & Country MVPs are now hosting. York MVP needs to recruit a Chair into post following a recent resignation, there has not been a meeting for the last year.
- Strong links with the LMS wide MVP Chair are in place and continue to support the Trust working with families.
- Plans to undertake 'Whose Shoes' events were postponed in light of the Covid Pandemic and it is hoped these will now take place in 2022.
- There is a NED in post with an oversight of maternity services. The current Job Description is being reviewed to reflect the maternity specific component of the role.
- The NED attends the bi-monthly Safety Champions meetings along with the Chief Nurse (Executive level Safety Champion) and Safety Champions from maternity and neonates; standing agenda items include Ockenden, CNST, the PCQS report, ATAIN, PMRT, BAPM 7 and patient and staff experience. The ToR and Safety Plan are in the process of being updated.
- To enhance collaborative working and hear the voices of women across our communities, an SLA has been developed to invite MVP Chairs to access Care Group 5 Clinical Governance and Labour Ward Forum meetings and this will be progressed over the coming months.

1.2.3 IEA 3. Staff training and working together

- Ockenden Funding was received to support the additional training needs of maternity staff. Training time has increased from around 3 days a year to five for midwifery staff and is a mixture of face to face and online. Obstetricians have had increased training added to their Learning Hub.
- A three year Training Needs Analysis (TNA) has been developed, in line with Trust statutory and mandatory training and the Ockenden Core Competency Framework
- There have been challenges around elements of training including medical staffing compliance and the constraints of Covid. CNST year four was released in August 2021 with the requirement to reinstate some of the training face to face.

Due to Covid restrictions, the team struggled to find space large enough to accommodate all members of the MDT as regularly as necessary to ensure all staff kept up to to date within the training year. Unfortunately, the teams were unable to train all staff within timeframe and some staff fell out of date. Staffing shortfalls across this period, due to illness or vacancy, have increased the issues. Since CNST paused, additional virtual training sessions have been offered, which are line with national requirements. It is expected that up to June 2022, training figures will vastly improve.

- Monthly audits around MDT attendance at twice daily labour ward rounds have been in place since January 2021 and have been updated January 2022 to offer greater scrutiny and assurance. The audit for January 2022 indicates attendance is stable at around 100% for the majority of the MDT on the York site – liaising with the Anaesthetic team has been undertaken to increase their attendance from 76%. On the Scarborough site, there are significant issues around Anaesthetic attendance. Attendance by a Consultant is also low at around 77% for the morning and 42% for the evening handover. The CD and deputy CD have been asked to address these concerns and escalation has been made to the Care Group Director and Associate Chief Nurse.

1.2.4 IEA 4. Managing Complex Pregnancy

- A Yorkshire and Humber working group has been established to support the development of Maternal Medicine Specialist Centres. The named Obstetrician meets with the Implementation Group and provides updates to the Care Group. The workforce model has gained approval from the three LMS Boards and the NEY Regional MTP Board and commissioning discussions are underway to take this forward. Job descriptions for roles have been sourced from other regions and are currently being worked on by the team to meet the needs of the Maternal Medicine Network.
- The notes of all women identified as intermediate or high risk at booking are reviewed to ensure appropriate pathway planning with a named Consultant lead. An audit of the findings will be presented March 2022.
- Saving Babies Lives version 2 was fully implemented November 2021 and feedback from the Task & Finish Group suggest it is working well.

1.2.5 IEA 5. Risk assessment through pregnancy

- Monthly audits around risk assessment throughout pregnancy have been in place since January 2021 and have been updated January 2022 to offer greater scrutiny and assurance. Compliance with first assessments and completion of management plan is consistently good cross-site (95-100%). The compliance with 2nd assessments and review/ revision of management plans is variable and so contact is being made with individual practitioners to offer support and the completion of risk assessments has been added to the statutory and mandatory training programme.
- > 90% of notes are reviewed monthly to ensure appropriate personalised care plans are in place
- The LMS has secured funding to move to an LMS wide digital system (Clevermed – Badgernet) which will support the maternity service's move towards a paperless system and to capture information more accurately. The system will also support

women to have digital access to their records and improve Personalised Care Plans.

1.2.6 IEA 6. Monitoring Fetal Wellbeing

- The Trust has appointed Midwifery and Obstetric Fetal Monitoring leads to champion excellence and support the training of all staff; this is currently undertaken by Midwifery and it is recognised that Obstetric input into the training is required.
- Good evidence was submitted to support the leads interfacing with external units and agencies and being appropriately trained
- Copies of protected time within the job plan, Obstetric rotas and evidence of clinical supervision are required to be compliant
- To support the recommended use of Dawes Redman Antenatal CTG interpretation, the Care Group purchased 9 additional monitors which have been received and are being introduced for use cross site.

1.2.7 IEA 7. Informed Consent

- There are challenges to obtaining information specific to personalised care planning from the current Trust platform (CPD). A baseline audit is underway to determine current position and from this, a SOP will be developed to support maternity staff to enable the participation of women in all decision making processes to be more accurately documented. The introduction of the new IT system will enable compliance with this element.
- Work has commenced between the Digital Midwife and the Trust Communications team to update the Trust maternity website in accordance with a GAP analysis of the 'Chelsea and Westminster' website. The MVP will be involved in the development of the website which will include the provision of guidelines/policies for women and families to access to enable them to choose where they would like to birth their babies.
- There have been challenges over the last year in the timely updating of all maternity guidance and therefore ensuring its NICE compliance. The Care Group 5 Quality and Governance Team have led on driving work around this which has led to guidelines being updated, however it is acknowledged that there is still work to do with this. Regular guidelines group meetings are in place and work with the Trust Clinical Effectiveness Team to support NICE baseline assessments is ongoing.

1.2.7 Workforce Planning

In April 2021 a full Birthrate+ review was undertaken across York and Scarborough which provided an analysis of the number of staff required to deliver safe care based upon the acuity of the women receiving the care. Ockenden monies have been received to boost the midwifery staffing establishment by 8.6wte, based upon the forecast of increased numbers of midwives to support the further implementation of Continuity of Carer.

The workforce plan was presented to Trust Executive Committee and Board in January 2022 and included benchmarking against the RCM Manifesto for Strengthening Midwifery Leadership. There is recognition that the Care Group

requires significant investment to increase all specialist roles and appoint a Consultant Midwife.

2. Next Steps

Maternity services have undertaken a review of the Ockenden report and key recommendations to ensure safety in maternity services. The Trust is compliant or partially complaint with the majority of the recommendations. Fortnightly action plan meetings will continue and will include recommendations from the second part of the Ockenden report, expected March 2022.

3. Recommendations

The Trust Board is asked to consider whether the action planning associated and outlined within this report to enact the 7 IEAs of Ockenden is sufficient to ensure safety in the maternity service.

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NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 March 2022
Care Quality Commission (CQC) Update – January

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 this report is to provide the Trust Board of Directors with an updated position of communication between the Trust and the Care Quality Commission (CQC), as well as action plan progress for regulatory requirements and outlining next steps in achieving excellence.

Executive Summary – Key Points

A new relationship owner from the CQC has been scheduled to commence from 24th January 2022 with the first engagement meeting scheduled to take place on 25th January 2022. Monthly engagement meetings will be arranged moving forward.

No notifications have been submitted to the CQC since the last report. Mental Health Risk Assessment audit data is not displaying consistent results above 85% and as such the Trust will not be in a position to request the removal of the final outstanding Section 31 conditions of registration. An action plan to improve compliance is in place and is being monitored by the Care Groups. Oversight of the action plan and audit results will be through the Mental Health Steering Group.

Two actions are behind delivery; one will be addressed through the implementation of the Trust's Quality Strategy which is currently being developed. The remaining overdue action presents a high risk for the Trust – this relates to the recruitment of a PEM consultant for Scarborough Emergency Department. Non-compliance with this recommendation could result in a Section 31 condition notice.

The CQC Insight report was late being released for all Acute Trusts. The CQC distributed mass communications to apologise for the national delay. The insight data will be included in the next CQC update report following reporting and assurance through the Trust Quality Committee.

In November 2021, 4 whistleblowing alerts were shared with the Trust following receipt by the CQC. There continues to be a significant increase in reporting, subsequently the Trust

is at an increased risk of an unannounced inspection. A full summary of received whistleblowing alerts **with accompanying updates** can be found in Appendix B.
Each Specialty carried out a “well-led domain” self-assessment and presented this through their care group governance structure, before summarising to Quality & Regulations Group. Individual summaries were shared with Quality Committee. The summaries allowed care groups to share good practice, provide assurance and escalate items. Overall ratings have been provided in table 3, though it should be noted that despite having approximate ratings, a singular significant finding during a live inspection could lead to an overall rating of inadequate. Examples would include staffing and skill mix and delays in emergency departments.

Aggregated Location	Approximated Rating
Urgent & Emergency Care	Requires Improvement
Community Services (Adult)	Good
End of Life Care	Good
York – Medical Care (Including Care of the Elderly)	Good
Scarborough – Medical Care (Including Care of the Elderly)	Good
Critical Care	Not rated – Awaiting benchmarking
Surgery	Not rated – Awaiting benchmarking
Maternity Services	Requires Improvement
Paediatrics (Including Neonates)	Requires Improvement
Sexual Health	Good
Outpatients	Good

Table 1: Approximated ratings based on self-assessments

Recommendations

- Accept this report as an updated position for the Trust in relation to CQC action plans (Section 29A, Section 31, & Must-Do actions). (Appendix A)
- Acknowledge the increase in whistleblowing concerns received, and the associated risk of unannounced inspection. (Appendix B)
- Recognise 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.

Author: Shaun McKenna – Head of Compliance & Effectiveness

Director Sponsor: Caroline Johnson – Deputy Director of Patient Safety & Governance

Date: 10-01-2021

1. Introduction

York & Scarborough Teaching Hospitals NHS Foundation Trust is a CQC registered care provider. Registration with the CQC was granted in 2010, but in order to maintain this registration the Trust must operate in line with the requirements of the Health & Social Care Act 2008 and associated regulations. As a result of the unannounced CQC inspections during June and July 2019, the report published in October 2019 gave the Trust an overall rating of Requires Improvement. Areas for improvement were identified including 26 'must-do' actions in order to comply with legal requirements. In addition a further 50 'should-do' actions were noted to be required to improve the services delivered within the Trust. An unannounced focused inspection took place within York Hospital Emergency Department, Scarborough Hospital Emergency Department and Scarborough Hospital Medical Services in January 2020. These areas were rated as 'inadequate' overall with Medical Care being rated as 'inadequate' for the safe domain. An urgent notice of decision to impose conditions on registration was sent to the Trust on 17th January 2020; 3 conditions were imposed for York Hospital and 4 conditions were imposed for Scarborough Hospital. In addition to the conditions imposed, a Section 29A Warning notice was received on 21st January 2020. The warning notice served to notify the Trust that the CQC had formed the view that the quality of healthcare provided by the Trust requires significant improvement.

Following the last CQC inspections, York & Scarborough Teaching Hospitals NHS Foundation Trust developed a comprehensive action plan. Excellent progress has been demonstrated with the CQC action plan and further improvement work has commenced with oversight from the Quality Committee. On 12th February 2021, 7 notifications were submitted to the CQC on behalf of the organisation. The 7 notifications were to request the removal of the 3 conditions associated with registration for York Hospital and 4 conditions associated with registration for Scarborough Hospital, with effect from 1st March 2021. The Trust has been notified that 5 of the 7 conditions associated with registration have been removed. This demonstrates significant improvements in safe care delivery. The remaining 2 conditions associated with registration are as follows:

York Hospital

1. The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.

Scarborough Hospital

1. The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at Scarborough Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.

The CQC acknowledged that improvements have been made in relation to the remaining 2 conditions, and will review the appropriateness of removing these following further audits to provide assurance that the practice is embedded.

The purpose of this report is to provide the Trust Board of Directors with an updated position of progress against the Care Quality Commission (CQC) action plan and next-steps for the Trust in order to work towards excellence.

2. Detail of Report and Assurance

2.1 Engagement Meetings

No engagement meetings have taken place since 31/08/2021. The CQC engagement owner for the Trust is currently absent from work; an inspector from the North East has been temporarily holding the portfolio. A new relationship owner from the CQC has been scheduled to commence from 24th January 2022 with the first engagement meeting scheduled to take place on 25th January 2022. Monthly engagement meetings will be arranged moving forward.

2.2 Notifications

No notifications submitted have been submitted to the CQC since the last report. Mental Health Risk Assessment audit data is not displaying consistent results above 85% and as such the Trust will not be in a position to request the removal of the final outstanding Section 31 conditions of registration. The Trust aims to stabilise compliance across both Emergency Departments before requesting removal of conditions. An action plan to improve compliance is in place and is being monitored by the Care Groups. Oversight of the action plan and audit results will be through the Mental Health Steering Group.

2.3 General Updates

During the months of October and November the CQC have released the following updates, summarised for ease of reading with links available for full content:

- **Patient FIRST (Updated)**

In October 2021, CQC have updated the Patient FIRST tool which was created with the help of clinicians who work in “good” and “outstanding” services. The tools has had a change of focus to include an emphasis on Board oversight, as well as measuring departments based on a system approach rather than in isolation. An associated improvement tool has been published, this has been shared with both emergency departments and plans are underway to ensure this is utilised to its full potential.

- **Government Amendment to the Health & Care Bill**

Dr Rosie Benneyworth released a statement in relation to the government amendment to the Health and Care Bill, which sets out new powers for CQC to have oversight of the Integrated Care Systems (ICS). The statement noted: "This amendment supports health and care systems to be held accountable and encourages the shift towards more integrated services and improved outcomes for people.”.

- **State of Care**

This report, published by CQC, highlights people’s experiences of care, flexibility to respond to the pandemic, ongoing quality concerns, and challenges for systems. Ongoing quality concerns consist of:

- Concerns that people continue to be put at risk in a small number of services where there are warning signs of closed cultures.
- Improvements in maternity care are far too slow, with continuing issues around staff not having the right skills or knowledge, poor working relationships, and not learning from when things go wrong. Other concerns include a lack of engagement with local

women by maternity services and limited action taken by these services to improve equitable access.

- While services have largely maintained levels of Deprivation of Liberty Safeguards during 2020/21, they need to have a continued focus on people subject to a deprivation of liberty. CQC continue to have concerns about delays in authorisations, which mean that individuals are deprived of their liberty longer than necessary, or without the appropriate legal authority and safeguards in place.

  - **IRMER Annual Report 2020-21**

The CQC have released their annual report on Ionising Radiation Medical Exposure Regulations. The report has been shared with Care Group 4 to identify any learning for improvement.

  - **Insight Report - Medication Safety**

The insight report for November 2021 focused on medications safety in NHS Trusts' alongside a review of the medication safety officer role. This has been shared with the Pharmacy team to review and identify any learning that can be translated into improvements for the Trust.

3. Regulatory Action Plan Update

3.1 Overview (Appendix A)

	Overdue - Delay	Behind Delivery - Ongoing	On Target	Delivered
Section 31	**0**	**0**	**0**	**20**
Section 29A	**0**	**1**	**0**	**29**
Must-Do	**0**	**1**	**0**	**40**

3.2 Exception Report

Behind Delivery – Ongoing Actions

  - PEM Consultant

The recruitment of a Paediatric Emergency Medicine Consultant for Scarborough Hospital has been overdue since November 2020. Several recruitment campaigns have taken place with no eligible applicants received. In the latest recruitment round interest was expressed from an internal candidate. The subsequent recruitment premium request from the candidate was significantly increased and therefore could not be progressed. There is a risk that non recruitment into this role could result in regulatory action from the CQC, namely a Section 31 condition notice. The Medical Director is progressing conversations to promote the identification of an appropriate solution.

  - Safe-Care Re-Launch

The Assistant Chief Nurse has advised that the Safer Nursing Care Tool (SNCT) audit is being undertaken in January 2022 with training from NHSE having taken place in November 2021. The audit will be undertaken every 6 months to help inform establishment reviews. This will inform the longer term strategy for the use of safe-care.

4. CQC Insight Report

4.1 Overview (CQC National Comparison)

The CQC Insight report was late being released for all Acute Trusts. The CQC distributed mass communications to apologise for the national delay. The insight data will be included in the next CQC update report following reporting and assurance through the trust Quality Committee.

4.2 Whistleblowing Alerts (Appendix B)

In November 2021, 4 whistleblowing alerts were shared with the Trust following receipt by the CQC. There continues to be a significant increase in reporting, subsequently the Trust is at an increased risk of an unannounced inspection. Responses are being submitted as requested, currently there is no indication as to how the Trust compares to other Trusts. A full summary of received whistleblowing alerts with accompanying updates can be found in Appendix B.

5. 'Well-Led' Deep Dive

5.1 Introduction and Background

In line with the proposed plan of deep-dives into the CQC key lines of enquiry, each specialty area undertook a self-assessment using a pre-designed tool. An MDT approach was requested to ensure a holistic view of specialities rather than profession led deep-dives. Each specialty assessment fed into Care Group governance meetings and a subsequent Care Group summary was created. Care Groups presented their findings to Quality & Regulations Group in September 2021.

5.2 Summary of Findings

Each Specialty carried out a 'well-led domain' self-assessment and presented this through their care group governance structure, before summarising to Quality & Regulations Group. Individual summaries were shared with Quality Committee. The summaries allowed care groups to share good practice, provide assurance and escalate items. Overall ratings have been provided in table 3, though it should be noted that despite having approximate ratings, a singular significant finding during a live inspection could lead to an overall rating of inadequate. Examples would include staffing and skill mix and delays in emergency departments.

Aggregated Location	Approximated Rating
Urgent & Emergency Care	Requires Improvement
Community Services (Adult)	Good
End of Life Care	Good
York – Medical Care (Including Care of the Elderly)	Good
Scarborough – Medical Care (Including Care of the Elderly)	Good
Critical Care	Not rated – Awaiting benchmarking
Surgery	Not rated – Awaiting benchmarking
Maternity Services	Requires Improvement
Paediatrics (Including Neonates)	Requires Improvement
Sexual Health	Good
Outpatients	Good

Table 1: Approximated ratings based on self-assessments

5.3 Escalated Items

Items escalated to the Quality & Regulations Group through summary sheets have been analysed to identify themes. The themes will be shared with appropriate working groups, where required, to ensure learning is shared across the Trust. Most escalations were addressed by the Care Groups advising an improvement plan would be created within the Care Groups. Items identified for further action include:

- Lack of awareness of the internal whistleblowing processes.
- Links between electronic patient records with partner providers is causing issues with continuity of care.
- Recruitment of staff is proving to be challenging across the Trust.
- Inconsistent mental health provision and urgent care services at Scarborough Hospital from external providers.
- Issues with embedding duty of candour for radiology incidents.
- Large amount of diagnostic equipment nearing the end of its life.

5.4 Next Steps

Care groups will continue to use their benchmarking assessment as a "working document" within their quality governance structures. In addition, improvement plans will be reflective of the findings from the Safe Deep Dive. A summary improvement plan template will be created and shared with care groups, this will feature at QRG bimonthly starting in January 2022. The summary sheets will be reviewed and actions mapped to pre-existing working groups where applicable, to ensure shared learning and Trust-wide action.

6. Next Steps

Effective deep dives were initiated at the end of October 2021. An extension has been provided due to operational pressures. The Responsive and Caring deep dive tool will be circulated in January for completion and presentation to Quality & Regulations Group in March. Care groups have been provided with a CQC improvement plan template which can be utilised, alternatively pre-existing improvement plan tools can be utilised to reflect the improvements ongoing as a result of this work.

7. Recommendations

Board of Directors are requested to consider the following recommendations:

- Accept this report as an updated position for the Trust in relation to CQC action plans (Section 29A, Section 31, & Must-Do actions).
- Acknowledge the increase in whistleblowing concerns received, and the associated risk of unannounced inspection. (Appendix B)
- Recognise 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.

Appendix B – Whistleblowing Summary – Jan 22

York and Scarborough Teaching Hospitals NHS Foundation Trust

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
March 2021 ENQ1-10543716841	2	York Acute Medicine - The initial whistleblowing alert focussed upon clinical leadership and subsequent vacancies in the acute physician workforce with the second alert focussing upon the vacancies in acute physician workforce and subsequent patient safety implications.	An initial response was submitted to CQC followed by a request for further information which was subsequently provided. CQC held a management review meeting and concluded the Trust were mitigating risks as much as possible and taking appropriate action, despite a high vacancy rate being evident. The whistleblowing alert will remain open until the next engagement meeting, where the position will be reviewed following a further submission from Care Group 1.	Open
August 2021 ENQ1-11463977891	1	Staff member WB regarding an alleged delay in treatment for a cord compression during a transfer from Scarborough Hospital to York Hospital.	Datix investigation report submitted to CQC in October 2021. Evidence of learning and actions taken to improve safety submitted in December 2021. Awaiting response from CQC.	Open
August 2021 ENQ1-11493898481	1	1 whistleblowing alert related to Ward 35 at York Hospital and alleges that patients were being woken up at 0530hrs to receive personal care to ease the pressures on day staff.	The Matron for the area has discussed with ward leaders and feels assured this practice is not being undertaken. The Corporate Head of Nursing has undertaken a piece of work to promote individualised care planning. Outcome shared with the CQC and the enquiry has been closed.	Closed December 2021

York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
September 2021 ENQ1-11645926898	1	Concerns raised from an ex-employee regarding the following issues: - Poor Basic Care - Safety Concerns - Culture Concerns - Competency Sign-Off - Nutrition Concerns - Poor Communication	The Chief Nurse held a meeting with the ex-employee to listen to her concerns. An investigation into these allegations has been undertaken with the findings submitted to the CQC. CQC have closed this enquiry.	Closed November 2021
November 2021 ENQ1-11942252001	1	Information of concern related to unsafe staffing in maternity: ''levels of staffing appear so unsafe as to be putting women and babies lives in danger every day. When fully staffed, the labour ward has 4 midwives for 14 beds...beds that are often filled with increasingly high-risk patients who require one-to-one care. Additionally, the unit is never fully staffed any more, or even close. Consistently, shifts are run with 6 midwives staffing the 14 labour ward beds, 12 antenatal ward beds and 26 postnatal ward beds. On these shifts, the unit is often still open! To help with short-staffing, community midwives are expected to attend the unit on-call overnight. This often manifests in community midwives working a day shift 8.30am-4.30pm, going to the unit to help with staffing at 4.30pm, then not leaving until 7am the following day. The best midwife in the world would not be able to make safe choices for women and babies on a 24 hour shift.''	Investigation undertaken by the Head of Midwifery. Staffing figures appear good overall with some areas for improvement. Plans in place regarding recruitment. All requested information has been shared with the CQC and the enquiry has been closed. Learning has been identified from the investigation with actions being taken by the Care Group.	Closed December 2021

Appendix B – Whistleblowing Summary – Jan 22

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
November 2021 ENQ1-11952526288	1	Anonymous concern: Informed that physiotherapists have been offered to volunteer for shifts to cover nursing staff on the respiratory wards including the weekend and nights.	Response submitted relaying that physiotherapists were asked to support the nursing team in caring for patients requiring non-invasive ventilation. This is within their scope of practice, and requirements were made clear from the initial request. This has occurred on one shift so far, and the feedback from the physiotherapist was positive. Awaiting response from CQC.	Open
November 2021 ENQ1-11984713521	1	Anonymous concern: Staff are wearing uniforms that are not consistent with their role. For example non nursing staff wearing nurses uniform or in some cases sisters uniforms which contradicts findings from the Francis report which highlights that staff need to be easily identifiable	The Corporate Head of Nursing has undertaken an informal investigation and generated a draft response to return to the CQC. Preliminary findings suggest that there is no "non-registered" staff wearing the "nursing" uniform. Some registered groups of professionals are wearing the nursing uniform consistent with their role. The Head of Nursing is working to update the uniform policy. A formal response is yet to be returned to the CQC.	Open
November 2021 ENQ1-12001864064	1	Anonymous concern: Concerns advising that there are many patients unable to move on from ED due to a lack of bed available	Several questions were posed from the CQC following receipt of this concern. A response was submitted (appendix D) which highlighted the Trust is not in a position which is strives to be. The CQC have closed the concern stating that it is clear the Trust is aware of their position. Recommendations have been created internally and will be monitored through Care Group Oversight and Assurance Meetings (OAM).	Closed November 2021.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 Mach 2022
Care Quality Commission (CQC) Update – March 222

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 this report is to provide the Trust Board of Directors with an updated position of communication between the Trust and the Care Quality Commission (CQC), as well as action plan progress for regulatory requirements and outlining next steps in achieving excellence.

Executive Summary – Key Points
Two actions are behind delivery-ongoing; one of which will be addressed through the Quality Strategy when launched in the next 2 months. The second of the overdue actions presents a high risk for the Trust – this relates to the recruitment of a PEM consultant for Scarborough Emergency Department. Non-compliance with this recommendation could result in a Section 31 condition notice.

The Trusts first engagement meeting with the new Inspector and Inspection Manager, which are now aligned to the ICS, took place in January 2022. The CQC have resumed business as usual inspection activity, whilst still using a risk based approach to inform their decision making. Key areas of interest include urgent & emergency care, key performance metrics, and maternity services.

No notifications have been submitted to the CQC since the last report. Two whistleblowing alerts have been notified to the Trust since the last reporting period (Appendix B). An initial response has been submitted for one alert, whilst the second is undergoing an internal investigation.

The ‘effective’ deep dive has been undertaken and presented to Quality & Regulations Group through a summary report from each care group. Most escalations were covered with an improvement plan within each care group. Overall ratings have been provided in table 3, though it should be noted that despite having approximate ratings, a singular significant finding during a live inspection could lead to an overall rating of inadequate. Examples would include staffing and skill mix and long waits in emergency departments.

Aggregated Location	Approximated Rating
Urgent & Emergency Care	Requires Improvement
Community Services (Adult)	Good
End of Life Care	Good
York – Medical Care (Including Care of the Elderly)	Requires Improvement
Scarborough – Medical Care (Including Care of the Elderly)	Requires Improvement
Critical Care	Good
Surgery	Good
Maternity Services	Requires Improvement
Paediatrics (Including Neonates)	Good
Sexual Health	Good
Outpatients	Not rated – Awaiting benchmarking

Table 1: Approximated ratings based on self-assessments

Responsive & caring deep dives were initiated in January 2022. An extension has been provided with the intention of a summary paper to Trust Board in May 2022. Care groups have been provided with a CQC improvement plan template which can be utilised, alternatively pre-existing improvement plan tools can be utilised to reflect the improvements ongoing as a result of this work.

Recommendations

- Accept this report as an updated position for the Trust in relation to CQC action plans (Section 29A, Section 31, & Must-Do actions).
- Acknowledge the increase in whistleblowing concerns received, and the associated risk of unannounced inspection. (Appendix C)
- Recognise 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.

Author: Shaun McKenna – Head of Compliance & Effectiveness

Director Sponsor: Caroline Johnson – Deputy Director of Patient Safety & Governance

Date: 20-03-2021

1. Introduction

York & Scarborough Teaching Hospitals NHS Foundation Trust is a CQC registered care provider. Registration with the CQC was granted in 2010, but in order to maintain this registration the Trust must operate in line with the requirements of the Health & Social Care Act 2008 and associated regulations. As a result of the unannounced CQC inspections during June and July 2019, the report published in October 2019 gave the Trust an overall rating of Requires Improvement. Areas for improvement were identified including 26 'must-do' actions in order to comply with legal requirements. In addition a further 50 'should-do' actions were noted to be required to improve the services delivered within the Trust. An unannounced focused inspection took place within York Hospital Emergency Department, Scarborough Hospital Emergency Department and Scarborough Hospital Medical Services in January 2020. These areas were rated as 'inadequate' overall with Medical Care being rated as 'inadequate' for the safe domain. An urgent notice of decision to impose conditions on registration was sent to the Trust on 17th January 2020; 3 conditions were imposed for York Hospital and 4 conditions were imposed for Scarborough Hospital. In addition to the conditions imposed, a Section 29A Warning notice was received on 21st January 2020. The warning notice served to notify the Trust that the CQC had formed the view that the quality of healthcare provided by the Trust requires significant improvement.

Following the last CQC inspections, York & Scarborough Teaching Hospitals NHS Foundation Trust developed a comprehensive action plan. Excellent progress has been demonstrated with the CQC action plan and further improvement work has commenced with oversight from the Quality Committee. On 12th February 2021, 7 notifications were submitted to the CQC on behalf of the organisation. The 7 notifications were to request the removal of the 3 conditions associated with registration for York Hospital and 4 conditions associated with registration for Scarborough Hospital, with effect from 1st March 2021. The Trust has been notified that 5 of the 7 conditions associated with registration have been removed. This demonstrates significant improvements in safe care delivery. The remaining 2 conditions associated with registration are as follows:

York Hospital

1. The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.

Scarborough Hospital

1. The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at Scarborough Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.

The CQC acknowledged that improvements have been made in relation to the remaining 2 conditions, and will review the appropriateness of removing these following further audits to provide assurance that the practice is embedded.

The purpose of this report is to provide the Trust Board of Directors with an updated position of progress against the Care Quality Commission (CQC) action plan and next-steps for the Trust in order to work towards excellence.

2. Detail of Report and Assurance

2.1 Engagement Meetings

The Trust had its first engagement meeting since August 2021 in January 2022. The meeting was short and the CQC wished to have a focussed meeting on emerging risks. The safety of discharges was raised as a concern from the CQC due to 6 recent notifications from care providers. A deep-dive into incidents and complaints has been undertaken and shared with the CQC. The Trust was introduced to its new relationship owner and new inspection manager.

The last engagement meeting took place on 01/03/2022. This is the first engagement meeting with the Trusts new inspection team which are now aligned to the ICS. The CQC have resumed business as usual inspection activity, whilst still using a risk based approach to inform their decision making. Key areas of interest include urgent & emergency care, key performance metrics, and maternity services. CQC have advised the Trust that they will be expressing an interest in Trust level recovery plans and system level recovery plans in the coming months.

2.2 General Updates

No notifications submitted have been submitted to the CQC since the last report. During the months of January and February the CQC have released the following updates, summarised for ease of reading with links available for full content:

- **Chair Appointment**

  Ian Dilks OBE has been appointment as Chair of the Care Quality Commission following the Health and Social Care Select Committees hearing. It is a three year role commencing on 1st April 2022 with a salary of £63,000.

- **Chief Inspector of Hospitals Appointment**

  Dr Sean O'Kelly has been appointed as the new Chief Inspector of Hospitals, taking over from Ted Baker in the Spring.

- **Maternity Survey 2021**

  The survey looked at the experiences of women who has a live birth in early 2021. Results will be discussed and reviewed within the patient experience agenda.

3. Regulatory Action Plan Update

3.1 Overview

	Overdue - Delay	Behind Delivery - Ongoing	On Target	Delivered
Section 31	0	0	0	20
Section 29A	0	1	0	29
Must-Do	0	1	0	40

Behind Delivery – Ongoing Actions

- PEM Consultant

  The recruitment of a Paediatric Emergency Medicine Consultant for Scarborough Hospital has been overdue since November 2020. There is a risk that non recruitment into this role could result in regulatory action from the CQC, namely a

Section 31 condition notice. The Medical Director is progressing conversations to promote the identification of an appropriate solution.

- Safe-Care Re-Launch
  The Assistant Chief Nurse has advised that the Safer Nursing Care Tool (SNCT) audit was scheduled to be undertaken in January 2022 with training from NHSE having taken place in November 2021; this has been delayed due to operational pressures. Safe staffing and skill mix will feature in the Quality Strategy which is scheduled to be rolled out from April/May 2022; the action can then be closed as the plan will be covered in the strategy implementation plan.

4. CQC Insight Report

4.1 Overview (CQC National Comparison) *Appendix A*

Classification of Indicators	Number of Indicators – May 2021	Number of Indicators – July 2021	Number of Indicators – September 2021	Number of Indicators – January 2022
Much Worse	**5**	**6**	**8**	**7**
Worse	**25**	**23**	**24**	**27**
About the Same	**174**	**175**	**179**	**167**
Better	**7**	**5**	**5**	**6**
Much Better	**2**	**3**	**2**	**2**

4.2 Summary Report (Much Worse Indicators)

- **Whistleblowing Alerts** (Appendix B)
  Since the last report, 2 whistleblowing alerts were shared with the Trust following receipt by the CQC. An initial response has been submitted for one alert, whilst the second is undergoing an internal investigation. Currently there is no indication as to how the Trust compares to other Trusts. A full summary of received whistleblowing alerts can be found in Appendix B.

- **Patients spending less than 4 hours in major A&E (%)**
  The data used for this metric was accurate as of November 2021 and demonstrate a decrease in performance from 76.7% in November 2021 to 49.4% in November 2021, compared to the national average of 61.9 % and an overall aim of 95%.

- **Case mix adjusted mean HbA1c; blood glucose control**
  The Trust has sufficient assurance through local data collection that this indicator is “much better”, however this will not show on the CQC report until the next national audit report is completed.

- **A&E Attendees spending more than 12 hours from decision to admit to admission**
  The data used for this metric was accurate as of November 2021 and demonstrate a decrease in performance from 7 breaches in November 2020 to 159 in November 2021. We know from the IBR that this number has significantly increased in last few

months, and so the next report will also demonstrate a "much worse" position. Unfortunately CQC do not include a national comparator for this monitoring metric.

- **Patients spending less than 4 hours in any type of A&E (%)**
  The data used for this metric was accurate as of November 2021 and demonstrate a decrease in performance from 83.5% in November 2020 to 70.2% in November 2021, compared to the national average of 71.1% and the overall aim of 95%.

- **Active professional registration (nursing and midwifery) (%)**
  The data used for this metric was accurate as of September 2021 and demonstrate a decrease in performance from 91.3% in September 2020 to 87.2% in September 2021, compared to the national average of 97.9%. This information was shared with HR teams to undertake improvement work; this work has been completed with internal assurance in place for this data. An improvement should be seen in the Insight report as of March 2022.

- **Participation in the ICCQIP - Neonatal critical care services**
  The Infection in Critical Care Quality Improvement Programme (ICCQIP) is a collaboration of professional organisations representing adult, paediatric and neonatal intensive care, microbiology, and infection control, supported by Public Health England (PHE). The group has developed a national surveillance programme designed to provide information about infections in Critical Care Units (CCUs) in England, with a particular focus on anti-microbial resistant infections. The Head of Children's Nursing has established the Trust is expected to participate in this audit and as such is registering the Trust to provide the data. This should show as compliant when the first audit report is published.

5. Effective Deep Dive

5.1 Introduction and Background

In line with the proposed plan of deep-dives into the CQC key lines of enquiry, each specialty area undertook a self-assessment using a pre-designed tool. An MDT approach was requested to ensure a holistic view of specialities rather than profession led deep-dives. Each specialty assessment fed into Care Group governance meetings and a subsequent Care Group summary was created. Care Groups presented their findings to Quality & Regulations Group in February 2021.

5.2 Summary of Findings

Individual summaries were shared with Quality Committee. The summaries allowed care groups to share good practice, provide assurance and escalate items. Overall ratings have been provided in table 3, though it should be noted that despite having approximate ratings, a singular significant finding during a live inspection could lead to an overall rating of inadequate. Examples would include staffing and skill mix and delays in emergency departments.

Aggregated Location	Approximated Rating
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Scarborough – Medical Care (Including Care of the Elderly)	Requires Improvement
Critical Care	Good
Surgery	Good
Maternity Services	Requires Improvement
Paediatrics (Including Neonates)	Good
Sexual Health	Good
Outpatients	Not rated – Awaiting benchmarking

Table 3: Approximated ratings based on self-assessments.

5.3 Escalated Items

Items escalated to the Quality & Regulations Group through summary sheets will be analysed and shared with appropriate working groups, where required, to ensure learning is shared across the Trust. Most escalations were addressed by the Care Groups advising an improvement plan would be created. Improvement plans are scheduled to be shared in April 2022, with assurance to Trust Board in May 2022.

5.4 Next Steps

Care groups will continue to use their benchmarking assessment as a "working document" within their quality governance structures. In addition, improvement plans will be reflective of the findings from the Effective Deep Dive. The summary sheets will be reviewed and actions mapped to pre-existing working groups where applicable, to ensure shared learning and Trust-wide action.

6. Next Steps

Responsive & caring deep dives were initiated in January 2022. An extension has been provided with the intention of a summary paper to Trust Board in May 2022. Care groups have been provided with a CQC improvement plan template which can be utilised, alternatively pre-existing improvement plan tools can be utilised to reflect the improvements ongoing as a result of this work. Following the presentation of the responsive and caring deep dives, the overall self-assessment ratings will be presented in a dash-board for oversight.

7. Recommendations

Board of Directors are requested to consider the following recommendations:

- Accept this report as an updated position for the Trust in relation to CQC action plans (Section 29A, Section 31, & Must-Do actions).
- Acknowledge the increase in whistleblowing concerns received, and the associated risk of unannounced inspection. (Appendix B)
- Recognise 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.

Appendix B – Whistleblowing Summary – Feb 22

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
March 2021 ENQ1-10543716841	2	York Acute Medicine - The initial whistleblowing alert focussed upon clinical leadership and subsequent vacancies in the acute physician workforce with the second alert focussing upon the vacancies in acute physician workforce and subsequent patient safety implications.	An initial response was submitted to CQC followed by a request for further information which was subsequently provided. CQC held a management review meeting and concluded the Trust were mitigating risks as much as possible and taking appropriate action, despite a high vacancy rate being evident. Care Group 1 will formulate an updated position to share with the CQC in March 2022. This will inform decision making as to whether the concern can be closed.	Open
August 2021 ENQ1-11463977891	1	Staff member WB regarding an alleged delay in treatment for a cord compression during a transfer from Scarborough Hospital to York Hospital.	Datix investigation report submitted to CQC in October 2021. CQC have requested evidence of learning and actions taken to improve safety. Response required from care groups. Response to be submitted in March 2022.	Open
February 2022 ENQ1-12623098191	1	York Community Stroke Rehab - Concerns received regarding fundamentals of care, staffing levels, and low staff morale.	A response with supporting evidence has been generated by the Head of Nursing for Community Services. This has been shared with the CQC and a response is awaited.	Open
February 2022 ENQ1-12664158941	1	York Theatres – General concerns have been raised surrounding staffing levels, changes in management and subsequent patient safety implications. The information provided was extremely vague	Care Group 3 is currently undertaking fact finding and generating a response.	Open

F1

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes

Quality Assurance Committee
18 January 2022

/ 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), Caroline Johnson (CJ), Rhiannon Heraty (RH) (minutes)

/ Attendees: Sue Glendenning (SG), Michala Little (ML)

/ 1. Apologies for Absence: n/a

/ 2. Declaration of Interests

There were no declarations of interest.

/ 3. Minutes of the meeting held on 14 December 2021

The minutes of the last meeting held on 14 December 2021 were agreed as a true and accurate record.

/ 4. Matters arising from the minutes

Action 131 – SH and MT agreed for this to be placed on hold and MT confirmed that the revised work programme includes care group reporting into the Committee from April 2022.

Action 134 – HM agreed to circulate this after the meeting. The action was closed.

Action 143 – WS agreed to feed back to members following the meeting.

Action 144 – this item was deferred to February as it requires discussion.

/ 5. Escalated Items

There were no items for escalation.

/ 6. IBR Overview to look at Quality and Safety

JT gave an update on 2021/25936 and said the background was that CPD was not working and certain assumptions were made on treatment. JT confirmed a full investigation would follow in due course.

HM confirmed that we are no longer a regional outlier for post-partum haemorrhage. HM noted the performance in relation to cold babies and said that a cold maternity theatre on the YH site was discussed at the Maternity Champions meeting and noted that it was running at c.21 degrees instead of the optimum 25 degrees. ML confirmed that hot pods have been ordered via LMS.

There was a discussion about the IBR and its reporting accuracy. HM gave an example of pressure ulcers showing a normal variation against 1000 bed days when in actual fact there are wards that have seen increased levels of falls and pressure ulcers sometimes related to poor staffing levels (as referred to in paper C).

/ 7. Perinatal Clinical Quality Surveillance Report (incl. Ockenden & Continuity of Carer Report)

The Committee noted the ongoing staffing concerns due to recruitment issues and staff sickness. ML confirmed that a workforce plan, continuity of carer plan and individual action planning around 1:1 care in labour would be going to Executive Committee and Board of Directors this month. HM noted that this is for a potential £1.7m investment for midwives. ML also confirmed plans were in place for increasing midwifery recruitment. ML said training compliance has been discussed and escalated re how medical colleagues are being supported to attend training. ML confirmed that the next report would include the developed PCQS action plan and a CNST update for further assurance.

HM asked the Committee to note the significant ask to meet the national requirement for continuity of carer. HM added that we do not currently have the revenue as an organisation and that there are not enough midwives to recruit even without financial constraints. SH asked how other Trusts are performing by comparison. ML said we are delivering above regional and national target for continuity of carer. Hull is in a similar staffing position but in terms of obtaining the numbers of midwives needed to put continuity of carer in place for all women, ML suspected it to be a national challenge. LB gave some assurance that other options are being considered to maintain continuity of carer such as skill mixing. The Committee noted that there has been limited financial input from the LMS and that national investment will be required. SG said that there is work ongoing with Care Group 3 around midwives in theatres who are confident that once the business case is approved, we should be able to appropriately recruit into theatre practitioner roles to release midwives. HM added that women's' expectations have been nationally raised around the continuity of care agenda and this is becoming a theme in complaints.

There was a discussion about assurance gained from the report and it was agreed that a better report format would be a brief position summary. SH said a dashboard or visual representation to show progress would be helpful and the Committee agreed. CJ added that exception reporting was also required for assurance and SH suggested a Maternity Assurance Framework (MAF). It was also noted that LB provided assurance to the Committee due to her involvement with Ockenden.

HM asked the Committee to note the positive clinical engagement from Consultants Jacqueline Tang and Sundeep Sandhu via the Maternity Safety Champions meetings.

Action: ML, LB and HM to review new format for report and discuss possible process for exception reporting with Shaun McKenna

/ 8. Nurse Staffing Report

HM highlighted the following key points:

There is evidence of potential patient harm occurring on wards that have staffing issues. There is a current financial incentive over and above enhanced rates for redeployed staff (£30 for HCAs and £50 for RNs) that has been positively received. HM and JT worked with the care groups to risk assess each service where specialist nurses were being redeployed and whilst some were reduced, no services were stopped. Staff absence remains a challenge due mainly to sickness levels and low agency fill rates.

LB said she was assured by the incident monitoring and correlating quality of care to monitor the impact of nurse staffing on patient harm. HM said staffing sheets have been kept up to date on a daily basis and noted that on a CQC call, there was discussion around ‘safe today’, which acknowledged that decisions may vary on a day to day basis based on what is the safest option at the time.

SH noted the importance of correlating patient harms to staffing and asked if it had provided insight into quality of leadership in challenged areas. HM confirmed that some well-staffed wards were not necessarily providing better care than less well staffed wards and agreed that a strong leadership culture is pivotal to quality care.

There was a discussion about whether focus should shift from incentivisation for working in challenging areas to improving the staff experience. The Committee noted that staff had fed back that elements such as safe parking and secure lockers were more valued than wellbeing sessions.

Action: HM to discuss status of staff wellbeing incentivisation with Polly McMeekin and bring update to Committee

/ 9. IPC Monthly Report

HM highlighted the following key points:

The immediate actions put in place following the NHSE/I visit in December are underway and the Committee noted the importance of care group engagement around individual trajectories. JT worked with them on this and they have now nominated medical leads.

HM expressed concern around the direction of infection trajectories. The NHSE/I report stated that our IPC team was under-resourced and HM agreed that it is reactive, not proactive. The Committee noted that a paper would go to Executive Committee to ask for investment on this. HM said our lack of decant space, estate conditions and lack of ventilation facilities are also a significant concern.

Investigation work is also taking place around the aspergillus infections. HM said breaches in the fabric of the building could be partly attributable but the main concern was a lack of assurance from the LLP re routine work that was not being done. HM gave an example of a Datix report that was closed due to budget restrictions but not appropriately escalated. Following discussions, the LLP have agreed to bring a report back with an action plan of outstanding tasks and any associated financial restraints. JM noted that cleaning standards would likely deteriorate further from April due to the mandatory staff vaccination deadline.

JM expressed concern around our lack of a decant facility, which has been a long-term issue and suggested investing in a permanent pop-up ward. WS said work has been done to consider how things would run if the YH bed base was the right size to meet demand and enable elective work. If the bed base could be reconfigured to create a decant space this could be used for 8/9 months of the year and then flexed for winter bed use. WS added that this was dependent on developing a workforce plan for additional staff over winter to avoid stepping down orthopaedic activity and confirmed a paper would be going to Executive Committee in February 2022. JM accepted this as assurance.

SH noted his concern that the IPC agenda was not being represented at a high enough level and the Committee agreed that there is an operational detachment throughout the organisation as a result of minimal LLP engagement. SH acknowledged this as a significant risk.

There was a discussion about the PIR backlog and SH asked whether the historic cases were still relevant. JT confirmed that the IPC team are investigating these and asking for input from care groups for the more recent cases.

Action: MT to liaise with LLP colleagues around further integration and collaborative working

/ 10. Serious Incident Report

JT gave some background information on the following completed SIs:

2021/13639 – the way that the intravenous Immunoglobulins (IVIG) were administered was suboptimal (dose was over-infused) but the guidance around this was not clear.

2021/19980 – this was initially due to human error and the patient suffered psychological harm as a result. SH asked if it was standard practice for a single person to establish this diagnosis or if it should be a discussion. JT said that this was part of the issue and that on this occasion the sonographer did so. CJ added that it was too early in the pregnancy to ascertain viability. The Committee noted that this could become a claim.

2021/20401 – this was due to insufficient fluids and nutrition but JT noted that the patient also had multiple comorbidities. JM expressed concern that the organisation is not meeting fundamentals of care. HM confirmed work is ongoing on this, led by Tara Filby, and agreed to bring an update to the next Committee.

2021/19976 – there was a slow response both with fluids and pharmaceuticals as well as failure to consider an urgent endoscopy.

There was a discussion about the best way to summarise this information at Board and MT said that identified themes and trends are required at Board level to provide

understanding and assurance. SH suggested quarterly reporting and CJ agreed that for SI reporting this would be more effective but that the Board needs assurance that the Committee are assured that processes are in place and actions are being appropriately taken. SH said he would take an SI statement to the Board on a monthly basis. The Committee noted the mandatory requirement to report maternity updates to Board on a monthly basis.

CJ gave JM assurance that the recommendations are monitored by the SI Group. CJ added that a number of actions were being compiled into overarching improvement plans and monitored by the Oversight and Assurance Group. The Committee noted that the new national framework will be implemented in spring.

Action: HM to provide update on improvement work around fundamentals of care, including nutrition and hydration

Action: JT and MT to discuss optimum way of presenting SI information to Board and triangulation

/ 11. QPaS Update

/ 11.1 Escalation and Assurance Report

Workforce pressures are a theme across care groups and CJ gave assurance that QPaS are sighted on this.

/ 11.2 QPaS Minutes – December

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

/ 12. CQC Compliance Update Report

CJ said the ward 32 issue re nutrition and hydration is still outstanding but we have not yet received a CQC response, likely due to their national governance process. SH asked if we could provide assurance that the appropriate actions are in place to ensure appropriate nutrition and hydration. CJ said she could not provide assurance at this stage due to the current workforce pressures and the fact that the action plan which is being led by TF has not been fully implemented. CJ could not give an exact deadline for when full assurance could be provided due to the workforce issues. HM gave assurance that the CQC did not expect an exact date as long as they can see clear action and improvement plans are put in place and monitored. HM confirmed that baseline audits have been completed for wards and we know which wards need more support. There has been significant investment in SGH and we are seeing the results of this through better staffed wards and confidence to deliver care. HM said we need investment in YH and expects this in the new financial year.

SH noted that the switch to an electronic system for nursing documentation would not be complete until May 2022 and asked HM if she was confident in this timeline. HM confirmed she was and said that there is good engagement from nursing staff.

Action: CJ to share CQC action plan in relation to nutrition and hydration with Committee

/ 13. IBR Overview to look at Performance

LS discussed our ambulance handover position and 12-hour wait position. The number of patients waiting over an hour and over 30 minutes needs to improve. It increased in December and LS said she expected a similar position in January – there were c.4000 handovers in December, which equates to c.16% of handovers over an hour. LS said this was part of our emergency care and flow work to establish direct admission to emergency assessment units. The YH pilot for this should go live next week and this will need to be monitored to see if delays are improved.

LS said she was working with Shaun McKenna and his team to build on our existing 12-hour support for patients e.g. basics of care. The plan is to run deep dive audit work through each care group to review decision-making based on acuity of patients.

Action: LS to give update to Committee on deep dive audit findings re decision-making based on patient acuity

/ 14. Chief Operating Officer Report including Performance Update & Restoration and Recovery Update

WS confirmed that operational pressures are ongoing with 145 Covid-positive inpatients as of this morning, 127 of which were on acute sites and HCV are in a similar position (Hull – 129, NLAG - 85 and Harrogate – 24). WS said she hoped to see a decline over the next few weeks.

There has been a significant impact on our ability to deliver our elective programme. The red Covid capacity has significantly impacted patient flow as well as our ability to move patients awaiting admission out of ED in a timely way. The number of patients waiting for 12+ hours in ED is also a significant area of concern.

The report showed key headlines from the operational planning guidance released on 24 December 2021 and WS confirmed a more detailed paper will go to Board in February around this. WS added that we are expecting a national elective recovery paper to be released this week.

There were a significant number of 12-hour trolley waits in December and this has continued into January. Work has been expedited to free up capacity in ED and review long lengths of stay, and ECIST have been on both sites to support this work. LS said we are also looking at how to target pathway 0 patients. SH noted that ED appears to have become an acute medical ward and asked how we can be confident that patient safety is guaranteed in such an environment. CJ said we are seeing harms due to lapses of care as a consequence of long waits but that this is a national issue across the acute sector.

SH asked HM if any additional measures could be put in place to improve patient safety. HM said that when additional staff are available they are utilised and that there are systems in place for rotational rounds, which are audited weekly at the Quality & Safety meeting. HM noted that the limited estate space in ED is a challenge. CJ added that the ED Improvement Group is working with clinical directors to adapt our ways of working. JT added that there are safety processes in place to mitigate risk but noted that this is not good for staff morale.

SH asked WS if we are seeing any improvement in the number of patients that do not need to come to ED or if it was easier to move patients from hospital to community care. WS explained that YAS is one of the most workforce-challenged ambulance services and said the army has been mobilised to support driving. We are working with them on alternative pathways but they have a significant lack of paramedic crews, which is a challenge. WS said social care is experiencing ongoing pressure with significant capacity and workforce issues and there are a number of patients across pathways 1, 2 and 3 that are waiting to be discharged from hospital. WS confirmed that Kent Ward (BDH) has been converted into a step-down facility to enable discharge from acute sites for patients that are medically fit. WS said she and HM have regular conversations about how to spread and manage risk across the organisation. WS said we have employed an SDEC by default model as we cannot currently stem demand and have been looking into ways to avoid admission (e.g. hot clinics, specialist assessments, follow-up calls) but agreed with SH that because the system is under so much strain, both staff and patients lack confidence that these solutions will happen. WS noted that the workforce issues are another challenge as once Covid numbers decrease there will be pressure to support elective recovery while balancing urgent care pressures.

LS said that we are on track for December elective care delivery but have exceeded our traditional surge planning assumptions. In terms of cancellations for January to date, 242 inpatients were stepped down specifically due to Covid but we have treated 2500 patients – c.10% of our activity to date has been affected from a surgery inpatient perspective. We are looking to offset this through the independent sector and both Ramsay and Nuffield sites have supported us with this. We are also continuing mutual aid arrangements (104 week waits) with other acute Trusts – we are sending some urology and upper GI lists to NLAG and urology paediatric causes to Hull. We have offered to help Hull with orthodontic outpatients and plastics lists.

126 104-week wait patients are forecast at the end of January and the target had been 75 – these have been affected by the cancellations at the beginning of the month. The government expectation is still to reach 0 by the end of March. LS noted that our waiting list position is growing compared to other Trusts so we have commissioned a full validation of waiting list from a case note perspective, which will be completed in the next few weeks. If needed, further retraining in validation will be implemented.

LS said that the outpatients department is where the government sees recovery whilst recognising surgical constraints. We are behind the PIFU target as some services have not been mobilised as expected. This will be reviewed through the care groups but LS asked the Committee to note the unlikelihood of meeting the national ask by March.

LS said our waiting list profile is as expected but noted that we are currently at 85 days for cancer rather than the 63 day target. LS was unable to clinically comment on the potential risk of these additional days but lung and upper GI have been flagged by the Cancer Delivery Group for focused work on early diagnosis. We are yet to see improvement but this work is ongoing. In terms of diagnostics, we have a radiology system in place and we have employed more sonographers to work through the backlog but this will take time. There are some staffing concerns around MRI and CCR and LS confirmed the national ask is to deliver 120% of our diagnostic capacity compared to 19/20, which is a significant challenge. JM asked if we were able to push back and explain this is not deliverable. LS explained the rationale behind this system target – that acute Trusts are expected to return to pre-Covid levels and all extra delivery should be done through community diagnostic hubs, elective hubs and off-site work – and agreed to bring a more detailed update to the next meeting. WS said the message is also that staff are expected to work around different

Trusts where there is capacity if their current employer cannot provide this, and said this would be a challenging new way of working.

/ 15. Board Assurance Framework

MT said that risk have been heightened in terms of quality, safety and performance and so gross and net target rates had been reviewed through Risk Committee – the gross is without consideration of any controls or mitigations, the net is the current score with controls in place and the target is our aim with actions at our disposal. Actions have been reviewed as well as mitigations on how to achieve target ratings and MT confirmed a full report would go to Board at the end of the month.

/ 16. Integrated Business Report

This was received as a supplementary report and no further discussion was required as the Committee was satisfied that all key indicators had been discussed.

/ 17. Consider other potential or new emerging risks

There were no potential or new emerging risks to discuss or consider.

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:

- Ockenden and maternity - Routine escalation to Board. No significant movement in metrics in month
- IPC - Numbers of C. diff cases continue to run very high and above trajectory. Cases of Aspergillus due to inadequate cleaning. Overall concern that leadership of IPC is fragmented without a single voice at Board especially with regard to LLP
- SIs - Routine escalation to Board. To note Never Event.
- CQC - Routine escalation to Board. No significant changes to report from December
- COO Report - Deteriorating position re 104w RTT. Further increase in ambulance handover delays and long ED stays. Detailed analysis of prolonged waiting times for treatment including cancer and diagnostics under extreme pressure

/ 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 15 February 2022 at 1pm via WebEx.

F2

NHS

York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Minutes

Quality Assurance Committee
15 February 2022

/ 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), Michala Little (ML), Alan Downey (AD), Ashley Clay (AC), Liam Wilson (LW)

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

/ 2. Declaration of Interests

There were no declarations of interest.

/ 3. Minutes of the meeting held on 18 January 2021

The minutes of the last meeting held on 18 January 2021 were agreed as a true and accurate record.

/ 4. Matters arising from the minutes

Action 148 – HM confirmed that this went to the Resources Committee this morning and that Polly McMeekin will be taking it to the second Board meeting in March. The Committee agreed to close the action.

Action 149 – this was deferred to March.

Action 150 – HM circulated an additional paper about nutrition and hydration on 14 February and agreed to circulate the action plan following the meeting. HM confirmed audits have also been done.

Action 153 – LS confirmed this was included in the COO report and included high level focus on deep dives and discharge elements.

/ 5. Escalated Items

There were no items for escalation.

/ 6. IBR Overview to look at Performance

This was discussed in conjunction with the Chief Operating Officer Report.

/ 7. Chief Operating Officer Report including Performance Update & Restoration and Recovery Update

WS said that Covid surge pressures had continued into January and early February but that there has been a gradual reduction in Covid numbers. In the last two weeks Covid patient numbers have reduced from 157 to 125, 109 of which are in acute beds. York is still the highest across the HCV in terms of Covid case rates (757.8 cases per 100,000) so it is expected that numbers will remain relatively high over the next few weeks but the Committee noted the positive news that numbers are reducing. WS said that the vast majority of Covid patients are incidental with only c.20-30% presenting with symptoms.

Redeployed staff have now been deployed back to their original posts. Sickness absence remains high at 7.6% - 26.4% of which is Covid-related – and while this is reducing slightly, sickness combined with vacancies is still creating operational pressures.

Delayed patients on pathways 1-3 remain a challenge. There are currently nearly 200 delayed patients in our bed base across acute and community services, 159 of which are located in YH and SGH acute beds. WS added that this is a national problem that is not unique to us and that there are ongoing conversations with system partners. WS said the additional national discharge monies will discontinue at the end of March, which will potentially add extra pressure to the system.

WS flagged the ongoing operational pressures, 12-hour breach position for both ED departments, ambulance handover times, cancer faster diagnosis standard and our long wait position (that is under national and regional scrutiny) as areas of concern. WS said she would bring a more comprehensive operational plan to the next Committee meeting.

SH asked LS to focus on assurance around patient safety and actions taken.

LS said we currently have an unprecedented 463 12-hour trolley waits. An immediate missed opportunities audit was instigated for YH and SGH sites in collaboration with the patient safety team. LS said there is also a weekly process where the top ten longest waiters are checked for patient safety and quality aspects to help us understand whether different decisions could have been made and what the impact of delay is on the acuity of some patients. We are incorporating a new approach for a care group-based review of quality and safety of patients – care groups 1 and 2 will share this at their respective Oversight & Assurance meetings - and care groups 3-6 have been asked to give further assurance on their contribution to the Emergency Care Standards and their delivery of OPEL (operational pressures escalation levels) actions so that we can understand what we can do to improve our position.

LB asked how the SAFER bundle was being refreshed to give assurance on flow. HM said it was clear that it was not being adhered to consistently so a team has now been seconded to focus on embedding this into the staff culture. WS said we were one of the Trusts identified for additional support re discharges by NHSE/I. There is also a steering group chaired by JT and WS said this was to frame the SAFER principles as part of the

patient safety agenda. There were two multi-agency discharge events with system partners held last week over both sites and supported by ECIST which facilitated earlier discharge of 38 patients across the organisation in two days. This proved that there is more we can be doing with system partners. ECIST are due back on 3rd March to share their feedback with system partners which should help to inform further working to facilitate discharge.

HM said that we are now seeing falls in ED as a result of 12 hour delays from patients that should be on a ward with more supervision. SH asked HM what was being done to mitigate patient harm and HM said it was discussed weekly at the Quality and Safety meeting via a dashboard of ED corridor care. There was a group discussion about ED congestion and the impact this has on time to streaming and triage. The Committee noted that there is ongoing work around this but that it remains a challenge. SH said more assurance was needed. There was a discussion around staffing and the impact that short-staffing has on ED. SH asked if the EPIC system was working and WS said it was variable but added that ECIST have done some work on this to clarify role expectations. SH said we need to embed better consistency and ensure that these key roles functioned as intended. WS agreed that there are cultural issues around adoption of improvement techniques that need more work. LS asked the Committee to note that on the East Coast, the 15-minute standard for walk-ins is reported against us but delivered by Vocare, who have had a number of contractual and commissioner-led conversations about their delivery of the service.

LS asked the Committee to note the concerns around long wait patients and our revised trajectory associated with the plan for next year versus the national expectation. There have been some improvements for faster diagnosis in December and the January pressures will be reported on at the next meeting.

Action: HM to share dashboard and scorecards used at Quality & Safety meetings for assurance on patient harm mitigation

Action: JT to provide update on SAFER work to give assurance on patient flow with regards to ED pressures

Action: WS and HM to provide update on the work ongoing around ED front door, including a performance focus and a quality & safety focus to provide assurance on assessment and care of patients in ED

Action: WS/LS to provide more detailed update on the operational plan re elective recovery

Action: WS/LS to provide update on our status re 15 minute triage/first assessment standard related to ED and information on active improvement work

/ 8. IBR Overview to look at Quality and Safety

There were no further points for discussion.

/ 9. Perinatal Clinical Quality Surveillance Report (incl. Ockenden and Continuity of Carer)

ML highlighted the action plans for CNST and Ockenden, particularly around the MDT approach to both, noting the additional challenges around training compliance and trajectories. These also have action plans in place.

LB said there are no significant changes but said that staffing is a continued challenge and that continuity of carer is a concern looking forward as it is not likely to be maintained. However there are plans in place for a forward view re sustainability.

HM asked the Committee for feedback on the new dashboard (appendices E and F), which has been created to give a sense on where progress is being made and where more is needed. Comments were mixed. HM said the main issue is staffing but noted that this is a national concern.

There was a group discussion about varied levels of staff satisfaction across both sites, noting that dissatisfaction seemed higher at SGH than YH. ML said work is being undertaken with SGH staff around communication and changes at pace, and mitigations are being implemented to support staffing levels e.g. SGH staff working on the YH site. The Committee noted the unsettlement across maternity - due in part to cross-site working, the impact of stepping back from whole-scale change implementation of continuity of carer in order to safely staff wards and altering ways of working - SH asked what improvement work had been done to remedy this. ML said she and SG are working closely with Staff Side and also stabilising services to make staff feel more valued. There were historically a lot of secondments and a perceived lack of recruitment into permanent posts. On YH site, there is improvement work by way of the maternity improvement programme, which has recently commenced, as well as benchmarking work. Eight overarching themes have been identified and we are focussing on four of them, one being around culture and staff support. There is also environmental work ongoing to improve conditions such as the kitchen on labour ward and labour theatres and SG said she was hoping to use some charitable funds to improve the staff room on labour ward.

LB asked the Committee to note the work being done around ward level leadership to identify gaps and strengthen where needed in order to create better staff confidence and patient experience. ML said there were 4 cases identified in the PMRT report where a recurring theme was around the bereavement midwife – who has only 30 hours p/w across the Trust - and the lack of resources for the team, as well as a lack of partogram-trained staff. ML gave assurance that there is now face to face partogram training in place.

/ 10. Nurse Staffing Report

HM highlighted the following key points:

HM said there has been little change regarding vacancies. HM noted the national drive to reach a 0 position for HCAs by the end of March and said we are on target for this however attrition is a huge problem. There was a discussion about HCA retention as the Committee noted that there is a lot of movement by this staff group to retail and hospitality for more sociable hours and better pay. JM suggested over-recruiting to ensure a steady stream of HCAs and HM said this is being done, noting that it is predicted we will need c.200 HCAs going forward.

HM asked the Committee to note that the quality indicators are beginning to show a direct correlation between sub optimally staffed clinical areas and patient harms such as falls and pressure ulcers.

There was a discussion about staff incentives and HM said these would run (albeit reduced) until the end of February. HM added that the incentive payment for staff that need to move wards has been successful and that we are considering keeping this in place pending discussions with the DoF.

/ 11. Nursing Priorities Update

This report was received for information and no further discussion was required.

/ 12. Patient Experience Update (incl. Complaints Team Restructure)

HM gave an overview of the report. SH said it would be helpful to see progress against the 22 recommendations that emerged as a result of the PET external review. SH asked if this would have an impact on complaints response time in a positive way and HM said ideally it would. HM said there are some cultural issues around timescales and said there was work to try and handle small complaints quickly and set realistic timescale expectations with complainants for the more complex complaints. HM said better communication is needed with complainants. HM gave SH assurance that face to face meetings are now being offered to outstanding complainants that have requested them as well as WebEx for those that are not comfortable still with attending the hospital.

Action: HM to provide further information on progress against the 22 recommendations that emerged as a result of the PET external review

/ 13. IPC Report

HM gave an overview of the report, which was in place of the usual monthly paper. This paper went to Executive Committee to outline our position and investment required and HM confirmed that just over £100k had been approved to expand the team, particularly for a senior post. This has gone out to advert as an 8c.

SH asked how estates are going to be involved so as to allow us to target interventions and make improvements most effectively. HM said that the LLP are now present in TIPSG meetings noting that Tara Filby (TF) sits on the LLP Board so has oversight of both sides and that JT has worked with the care groups on the role description for the senior lead IPC clinician. The approved investment will allow an IPC nurse to be linked to each care group who would be able to escalate issues to TIPSG, such as environmental issues relating to the estate. HM said we have received a £400k allocation for backlog maintenance and hope to receive similar next year. The challenge has been accessing clinical areas due to bed pressures but going forward we are looking at decant space on both sites. SGH is more challenging and a modular option has been suggested as a temporary decant space. Airedale Trust have opted for this and HM said the team would link in with them to gather more information once delivered.

JM asked for further assurance by way of an action plan to monitor progress against the plan and SH asked if this had been based on external review recommendations. HM confirmed it was and said the external team agreed that the biggest challenge would be recruiting the senior IPC nurse – this has been advertised previously with no uptake. There was a discussion about potential compromise with the Committee agreeing that leadership skills are essential and that an IPC background would be desirable. JM asked if the post

could be shared with the ICS and HM said this had been proposed but that our split site proved unappealing.

Action: HM to provide IPC action plan for the Committee to monitor progress against

/ 14. Tendable Data Update (previously My Perfect Ward)

HM gave an overview of the two papers and said it was a useful improvement tool but noted some limitations due to our digital capacity. We are currently unable to unlock the data warehouse and need support in order to interrogate our own data – we have been promised a solution by mid-2022. The two main issues are around compliance and quality outcomes and HM said this is underpinning the ward accreditation work currently ongoing.

SH asked how much the QI team was sighted on this in order to identify needs and drive improvement and LW confirmed they were heavily involved. HM said that in terms of triangulation e.g. reviewing those wards with low quality scores and whether other indicators such as complaints and incidents have increased, is being integrated into the ward accreditation work to review over a period of time to look for themes and trends said it was helpful to have updates on progress and quality of care combined in a single piece of work. There was a discussion about whether wards are scored on things out of their control or not, such as environmental issues, as refurbished areas will always score higher. HM said that there is an issue within the LLP re escalation and that certain requests have been closed down inappropriately before Directors have sight of them. HM said she had discussed this with Mark Steed who has agreed to bring back an SOP for internal escalation. HM suggested adding monthly assurance on quality indicators to the IBR when it is redesigned and MT confirmed that there is a workshop soon to review the IBR.

/ 15. Safeguarding Report – January

The Committee noted that the paper was the Q3 report. HM said that the themes around mental health continue to be mainly substance abuse and this is increasing and also that child protection referrals increased during lockdown. HM said she had no concerns about the safeguarding team but noted that they are a small team with an increased workload. HM gave assurance that we hold a multi-agency meeting with external partners and the local authority and there is a good level of scrutiny. SH asked if HM any issues to flag and HM said the main things to be aware of are responsiveness due to the increased pressure on the team and that safeguarding training is not consistently at 85%.

/ 16. Serious Incidents Report – Learning from SIs

JT gave an overview of the report and summarised the three main SI themes as effective escalation and management of deteriorating patients, delayed diagnosis and effective treatment, and effective management of capacity issues in Ophthalmology.

SH said he found the report helpful in terms of triangulating learning though elements such as patient experience and ward accreditation and how this feeds into the QI programme. SH said he and MT had been discussing how to report SIs to Board and whether clinical SIs should be separated from the more technical SIs around falls or pressure ulcers. SH asked whether a ready reckoner or chart signifying SIs related to falls or pressure ulcers

would be beneficial to give Board sight of numbers, with an aim to present a more detailed quarterly review for clinical SI trends with an option to include exception reporting if/when necessary.

JT said the report was improved but there is still work to do and that he and LW had discussed more emphasis on learning and QI work. JT said one of the issues is that we are still looking backwards at themes and trends but as we progress through the agenda these should be able to be reviewed contemporaneously and identify connections. SH said reviewing both contemporaneously and retrospectively was important to identify direct issues such as training as well as underlying themes to be addressed by QI.

JT said the new patient safety investigation framework would be ready later this year which is a transformational piece of work to allow focus on areas of concern and themes/trends rather than individual incidents. JT said this would emphasise the quality and proportionality of investigation and allow us to identify issues. SH asked HM if she was happy with this style of consideration for falls and pressure ulcers and she agreed. HM and SH noted that, if there is a focus on a lapse in care that requires action, this could link to a failure in assessment, failure in provision of a plan based on that assessment and a failure to action the plan and SH said this could be overlaid with considerations around staffing. JM asked for more assurance around learning and changing behaviour as a result and said this has been a longstanding issue for the Trust. JT said this has been highlighted as a national issue within the NHS.

SH raised concerns around Radiology, specifically delayed reporting, off-site reporting and a lack of clinical involvement in reporting. JT said that our internal team has a robust governance process for reporting and that our REALM system is also robust. We use an external company for off-site reporting. There is sometimes human error in internal reporting, which JT said was unavoidable. JT said that the Radiology Clinical Director had reviewed this and there was no significant variation from standard service expectations. SH said his main concern was around an innate vulnerability in off-site reporting in that there is no opportunity to physically review a patient and provide a second opinion. JT confirmed that only around 10% of reports are second reported, noting that there is a similar issue with the on-call service in that they have to handle any call and not necessarily one they have a specialist interest in, but added that off-site clinicians are able to interact via email.

/ 17. Clinical Audit and NICE Compliance Report

LW highlighted the following key points for our Q3 position:

We are not participating in two national clinical audits and we are currently an outlier for one national clinical audit - the National Joint Registry audit. LW said this was as per the 2011 results and was confident that we will no longer be an outlier when the 2023 results are published.

SH asked if our outlier status for the National Paediatric Diabetes Audit was a data issue and JT said that, because audit reporting is often several years behind, it was likely an accurate reflection at the time but there is a comprehensive action plan in place to rectify this. JT said he was confident that our position will have improved following conversations last year with the Care Group Director for Care Group 5, who is also a Paediatric Endocrinologist.

/ 18. QPaS Update

Escalation and Assurance Report

LW highlighted the following key escalations:

There is a discussion around Notify that Donald Richardson is having with care groups to improve risk.

The CT scanner at SGH has been flagged in terms of capacity, downtime and trauma network requirements to hospital. MT confirmed that this has now been added to the Corporate Risk Register following discussion at the Risk Committee.

January showed our highest number of reported falls and TF has commissioned a deep dive into this to investigate further. HM said that this appears to be linked mostly to ED and long stays but the deep dive will confirm findings once completed.
Nationally, pressure ulcers are a picture of deterioration and this is mirrored in our Trust. Seven patients were admitted with Category 4 pressure ulcers, which highlights the issues in community rather than care delivered in hospital.

LW confirmed the nutrition and hydration plan was presented by TF and HM clarified that this was a result of the whistle-blower to CQC. HM said that we have reviewed audit results from Tendable, a snapshot mealtime audit and a fluid balance chart audit and consequently devised an improvement plan. This was circulated as a separate appendix to the Committee following the meeting. HM confirmed that our internal improvement plan is identical to the one submitted to the CQC.

JM noted the importance of QPaS and asked if it was running effectively. LW said he felt it was. JT asked the Committee to note that there are currently ongoing discussions around the governance, where it sits in the structural hierarchy and how it relates to Board sub-committees. SH confirmed he was involved in these discussions and said it would be beneficial to have more of a link between ward and Board by way of more information and assurance from the care groups.

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

/ 19. CQC Compliance Update Report

LW said we have not received a response to the nutrition and hydration submission to date. There was an engagement meeting held in January where they raised concern around the safety of our discharges and confirmed a deep dive is being undertaken for six particular historic events.

SH asked for an update and HM said communication has been challenging due to CQC staffing issues but that we now have a relationship manager back in place. We have been transparent about our staffing challenges and ED performance but discharge remains the main concern. JM asked about this and HM said there is a potential misalignment between our discharge thresholds and the providers preferences e.g. time of discharge. SH asked if the Committee could do anything to constructively help and HM said not especially but that

it should be escalated to Board. HM added that the transparency of the Committee discussions was a positive point.

/ 20. Board Assurance Framework

MT said the BAF is currently undergoing an internal audit review as part of the end of year assessment by our internal auditors. The findings will be drafted in the annual governance statement drafted by Simon Morritt and will be taken to the Audit Committee in March.

/ 21. Integrated Business Report

This was received as a supplementary report and no further discussion was required as the Committee was satisfied that all key indicators had been discussed.

/ 22. Consider other potential or new emerging risks

There were no potential or new emerging risks to discuss or consider.

Item for discussion or escalation

/ 23. 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 - Concern over increase in access times for non-emergency care and deterioration in parameters of emergency care. Specifically, to report delays in ED triage times and evidence of patient harm associated with long ED stays e.g. falls.

- Maternity Services (Ockenden Report) - Routine escalation to Board. No significant movement in metrics in month.

- IPC - Continued concern over outlier status with regard to high levels of HAIs. Difficulties over recruitment to senior leadership positions despite funding availability. Work in progress to improve coordination with LLP over issues involving estate.

- SIs - Updated reporting and investigation processes to facilitate Trust-wide learning from events through identification of important themes and trends. Improved escalation of assurance to Board.

- CQC - Routine escalation to Board. No significant changes to report from December. To note on-going vulnerability with no appointment to PEM Consultant in Scarborough.

/ 24. Any other business

There was no further business to discuss.

/ 25. Time and Date of next meeting

The next meeting will be held on 22 March 2022 at 1pm via WebEx.

G

NHS

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 March 2022
Gender Pay Gap 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 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.

Executive Summary – Key Points

York and Scarborough Teaching Hospitals NHS Foundation Trust's gender pay gap as at 31 March 2021 (the snapshot date required for reporting) is 30.89% mean and 21.6% median. The 4 pay quartiles show a higher proportion of females in all pay quartiles. However in quartile 4 there is an increase in the percentage of males and a decrease in the percentage of females.

If we exclude the medical workforce, the gender pay gap is 5% mean and 0% median. This implies a material gender pay gap within the medical workforce, and more detailed analysis has been undertaken of this and is set out in the Report. The medical and dental workforce gender pay gap is 16.22% mean and 36.11% median.

Bonuses (via Clinical Excellence Awards) were paid only to Consultants, and more CEAs were paid to male Consultants than to female Consultants. This is more complex than it appears, as relatively more male consultants applied.

An action plan has been developed which aims to address any inequalities experienced by women and to enhance the experience of both men and women in our workforce.

Recommendation

The Board is asked to approve this report before it is published on the Trust's external website and the figures are submitted to gov.uk.

Author: Lorna Fenton, Human Resources Workforce Lead

Director Sponsor: Polly McMeekin, Director of Workforce and Organisational Development

Date: 8 March 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

GENDER PAY GAP REPORT 2022

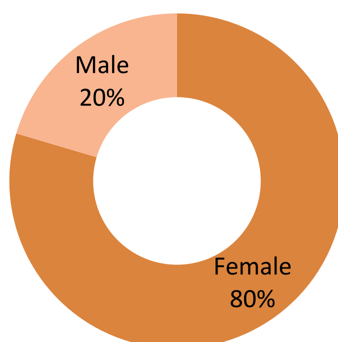
1. Introduction

Gender Pay Gap legislation requires all employers of 250 or more employees to publish their gender pay gap as at 31 March each year. This report details the position as at 31 March 2021. Further information regarding the reporting requirements can be found in Appendix 1.

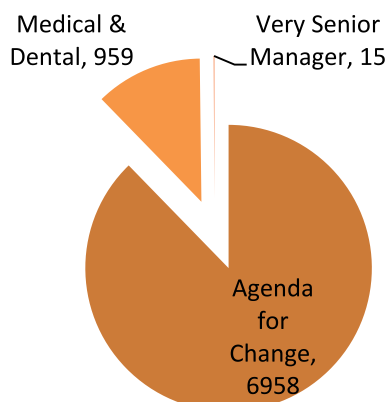
York and Scarborough Teaching Hospitals NHS Foundation Trust, on 31 March 2021 employed circa 7,932 staff in a number of disciplines, including: administrative; nursing; allied health; and medical and dental roles.

The national pay grades used in the Trust have a set of points for pay progression, linked to number of years of experience. Therefore, the longer the period of time that someone has been in a role the higher their salary is likely to be, irrespective of their gender.

York and Scarborough Teaching Hospitals employ a higher number of females than males. Of the 7,932 staff counted as part of the gender pay gap reporting, 6,312 were female compared to 1,620 male (percentages in the below chart have been rounded to the nearest whole number):

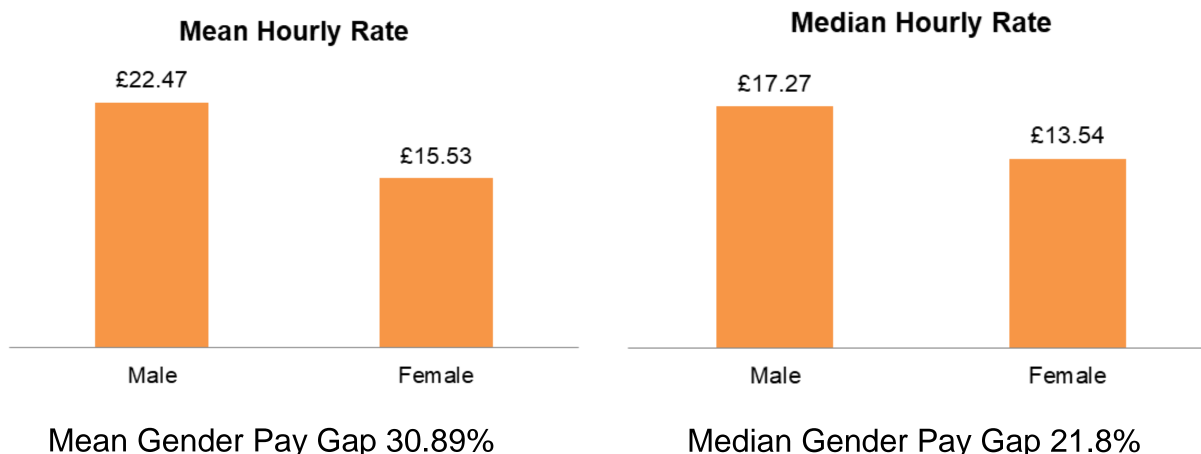


The below chart shows how the workforce is split between the agenda for change workforce, medical and dental workforce and the very senior manager workforce:



2. Gender Pay Gap Statistics

The below charts show the mean and median hourly rate for all Trust staff as at 31 March 2021:



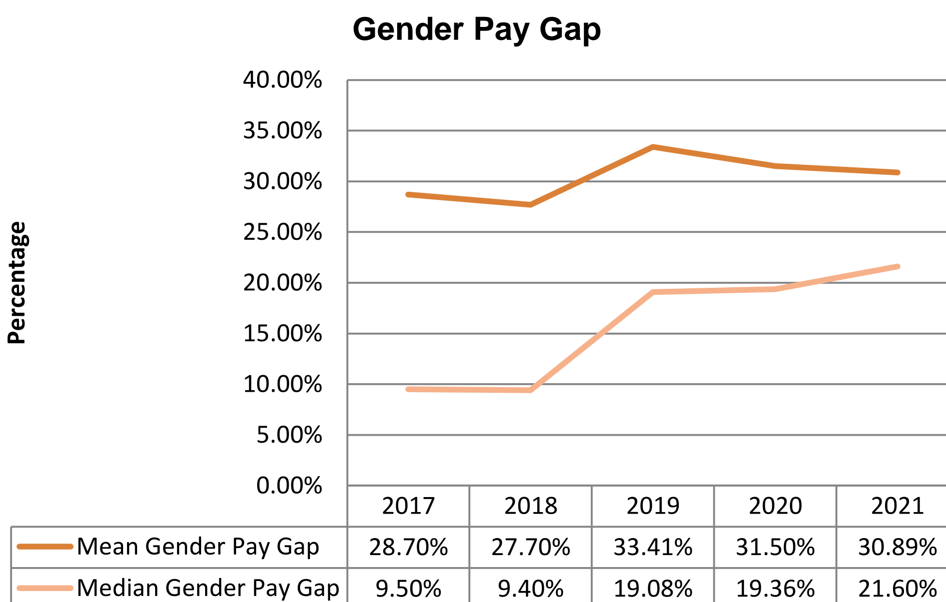
Mean Gender Pay Gap 30.89%   Median Gender Pay Gap 21.8%

The above charts show that the mean hourly rate of pay for males is £6.94 higher than that of females, a gender pay gap of 30.89%. They also show that median pay for males is £3.73 higher than females, a gender pay gap of 21.6%.

Splitting the workforce in to Agenda for Change (A4C) and Very Senior Managers (VSM) and then Medical and Dental (M&D) we the Gender Pay Gap is as shown below:

	Mean GPG	**Median GPG**
Trust	30.89%	21.6%
A4C and VSM	5%	0%
M&D	16.22%	36.11%

We have compared the mean and median gender pay gap since gender pay gap reporting began:



	2017	2018	2019	2020	2021
Mean Gender Pay Gap	28.70%	27.70%	33.41%	31.50%	30.89%
Median Gender Pay Gap	9.50%	9.40%	19.08%	19.36%	21.60%

The above demonstrates an increase in both our mean and median gender pay gap.

Further analysis was conducted to explore if the increase in the Gender Pay Gap was caused by bank shifts/locum shifts attracting higher rates of pay. The table bellows shows the Gender Pay Gap when looking at the substantive workforce only:

	Mean GPG	**Median GPG**
Substantive Trust	31.61%	21.6%
Substantive A4C and VSM	5.12%	0%
Substantive M&D	16.24%	36.11%

The above demonstrates when excluding the workforce who have undertaken bank/locum shifts the Gender Pay Gap does remains very similar. The above however does confirm that the greatest Gender Pay Gap is with the Trust's Medical and Dental Workforce.

3. Quartiles

We are also required to split the workforce into quartiles (blocks of 25%) split by pay and show the proportion of males and females in each quartile. The results of this split are shown below:

Quartile	**% of Males**	**% of Females**
1 Lower Quartile	14.5%	85.5%
2 Lower Middle Quartile	16.1%	85.9%
3 Upper Middle Quartile	17.8%	82.2%
4 Upper Quartile	31.5%	68.5%

In quartiles 1 to 3, the split between females and males is similar in that there are a higher percentage of women than men. In quartile 4 there is an increase in the percentage of males and a decrease in the percentage of females.

4. Bonuses

Only Medical Consultants were in receipt of bonus payments in the snapshot data. These were in the form of Clinical Excellence Awards (Local and National) and Distinction Awards.

There were 173 bonuses paid (under the pre 2018 Clinical Excellence Award process, local and national), 44 were to female consultants and 129 were to male consultants. When compared with the proportion of male Consultants to female Consultants, 75% of bonuses were paid to male Consultants when they make up 70% of all Consultants, and 25% were paid to female Consultants, when female Consultants make up 30% of all consultants.

When these payments are related to all employees of the Trust, out of the total number of female employees in the Trust this represents 0.7% receiving a bonus. In comparison, 8% of the total male employees in the Trust received a bonus.

Locally the Trust has explored other ways to recognise Consultants eligible to apply for a Clinical Excellence Award away from the traditional application and award model. This is applied in the same way for males and females.

5. Gender Pay Gap by Band and Very Senior Managers

In addition to the statutory requirements, we have also analysed our gender pay gap by banding as follows:

Pay Grade	Total Staff Headcount	Male Headcount	Male %	Female Headcount	Female %	Male average mean hourly rate	Female average mean hourly rate	Difference	Pay Gap %
Band 1	4	1	25%	3	75%	£9.20	£9.20	£0.00	0%
Band 2	1590	222	14%	1368	86%	£9.59	£9.70	-£0.11	-1.13%
Band 3	907	144	16%	763	84%	£10.54	£10.57	-£0.03	-0.28%
Band 4	736	102	14%	634	86%	£11.58	£11.77	-£0.19	-1.61%
Band 5	1425	199	14%	1226	86%	£14.19	£14.46	-£0.27	-1.87%
Band 6	1290	155	12%	1135	88%	£17.58	£17.85	-£0.27	-1.51%
Band 7	677	121	18%	556	82%	£21.46	£21.52	-£0.06	-0.28%
Band 8a	216	52	24%	164	76%	£24.92	£24.81	£0.11	0.44%
Band 8b	54	17	31%	37	69%	£29.58	£28.89	£0.69	2.39%
Band 8c	34	12	35%	22	65%	£35.13	£34.42	£0.71	2.06%
Band 8d	24	8	33%	16	67%	£41.09	£41.75	-£0.66	-1.58%
Band 9	1	N/A (there are only females in this pay grade)							
Very Senior Manager**	15	7	47%	8	53%	£40.17	£38.96	£1.21	3.11%

The above table shows that, on average, females earn more in most pay bands than males, however this is in the lower pay bands. There was an equal return in band 1 for both genders. The bands where males earn more than females are in band 8a, band 8b, band 8c and the very senior manager grouping.

There are more females in each pay band as there are men.

Further details of the Agenda for Change and Very Senior Manager Workforce can be found in Appendix 2.

6. Gender Pay Gap in the Medical and Dental Workforce

The Medical and Dental staff group comprises a large group, from trainees to those in Consultant roles. This is a staff group where males (580, 61%) outnumber females (379, 39%), and it is comprised over 959 employees.

In addition to the statutory requirements, we have also analysed our gender pay gap by banding as follows:

Pay Grade	Total Staff (Headcount)	Male Headcount	Male %	Female Headcount	Female %	Male average hourly rate	Female average hourly rate	Difference	Pay Gap %
Foundation Doctor Year 1	59	27	46%	32	54%	£13.54	£13.54	£0.00	0%
Foundation Doctor Year 2	52	20	38%	32	62%	£15.67	£15.67	£0.00	0%
Doctors & Dentists in Training (Core Trainees)	59	31	53%	28	47%	£19.09	£18.55	£0.54	2.9%
Doctors & Dentists in Training (Specialty Trainees & GP Specialty Trainees)	226	119	53%	107	47%	£21.67	£22.04	-£0.37	-1.7%
Trust Doctors / Trust Dentists	69	40	58%	29	42%	£21.95	£20.93	£1.02	4.9%
Specialty Doctors	82	55	67%	27	33%	£33.03	£37.40	-£4.37	-11.68%
Associate Specialists	23	16	70%	7	30%	£41.28	£57.41	-£16.13	-28.1%
Consultants	387	270	70%	117	30%	£49.11	£46.19	£3.96	6.32%
Personal Salary	2	**N/A There are only males in this pay grade**							

Of the two members of the medical and dental workforce of whom are on personal salaries, of whom are both male, there is no gender pay gap data to report as there are no female comparators.

Further details of the Medical and Dental Workforce can be found in Appendix 3.

7. Reducing the Gender Pay Gap

Reviewing our actions taken to date and our continuous improvement in line with the NHS People Promise to reduce our gender pay gap

Our People Promise: We are Compassionate and Inclusive

Development of the Carer’s network

A Carers network was implemented in June 2021. They convene on a monthly basis. Two videos have been developed and were launched on social media in November 2021 to help promote the network. The network are currently working on a Carers Passport and are linking in with the review of the special leave policy and procedure to give an increased allocation of special leave for individuals with caring responsibilities. These will be completed in 2022.

Equality and Diversity Training

In 2021 Equality, Diversity and Inclusion training was delivered in areas across the Trust where this was requested, in 2022 ED&I Training will become part of mandatory training for every staff member.

The Leadership and Management Development Programme will be released in 2022, modules will highlight ED&I considerations and unconscious bias.

Review of recruitment adverts

A review is underway through recruitment and selection to reduce unconscious bias wording within adverts, there will be a focus on Medical and Dental vacancies however we

are committed to ensuring that gender biased job titles are stopped for all new vacancies in 2022 e.g. Ward Sister.

Our People Promise: We are recognised and rewarded

Starting salaries guidance

The Trust's starting salaries guidance for all staff on Agenda for Change has been updated to ensure starting salaries are agreed based on number of years' experience in line with the National Terms and Conditions.

Our People Promise: We Work Flexibly

Flexible Working

The five work streams that were set up to scope the modernisation of the Trust's working practices during and beyond the pandemic have all come to a natural conclusion.

The remits of these work streams included: scoping the practical and technological issues relating to implementing effective hybrid working options (whereby individuals can work a combination of onsite and remotely); developing appropriate guidance and training to support a change in working practices (and managing teams that are working differently); the legal / information governance / health & safety issues; and how best to engage both staff and managers with this work.

The Trust has signed up to be part of the 'Flex for the Future' programme jointly delivered by NHSEI and Timewise. This project will set the direction of travel for further expansion of the Flexible and Agile working agenda. This will specifically look to pilot flexible and agile working initiatives in historically hard to access areas for flexible working. The previous years' work has provided a sound footing in relation to the practicalities of agile and flexible working. The next year will focus on tackling cultural issues.

Review of the family leave policy

The policy review is ongoing, due consideration has been given to ensure inclusivity of language and approach. The policy has been to the Employment Policy Review Group where feedback is obtained from our trade union colleagues. This policy will be going for ratification to the Employment Policy Review Group and the Joint Negotiating Consultative Committee.

Review of the Job Planning Principles

A review was undertaken into the Job Planning Principles for medical staff in 2021. Ratification from our trade union colleagues was obtained in the spring with implementation following this. The principles signal a significant shift change in our approach to agile working for colleagues employed in Medical and Dental roles, the changes allow for SPA time to be worked from home, something which was not considered an option previously.

Retention Strategy

The gender pay gap and the findings from this report will play a key part in informing the Trust's retention strategy.

These actions should be read alongside our annual Equality Action Plan which is developed to improve the working lives and provide equal opportunities for all our employees.

8. Year on Year Comparison

The table below provides a summary of the 2019, 2020 and 2021 gender pay gap results side by side:

	2019		**2020**		**2021**	
Total Headcount	7820		7533		7932	
Agenda for Change Staff Headcount	6946		6609		6958	
Very Senior Manager Headcount	14		13		15	
Medical and Dental Headcount	857		911		959	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Gender Profile	19%	81%	20%	80%	20%	80%
Headcount of A4C Staff and VSM	14%	86%	15%	85%	15%	85%
Headcount of M&D	63%	37%	61%	39%	61%	39%
% of Medical and Dental Staff Bonuses	75.61%	24.39%	75.13%	24.87%	75%	25%
	Gender Pay Gap (GPG)		**Gender Pay Gap (GPG)**		**Gender Pay Gap (GPG)**	
Mean GPG whole workforce	33.41%		31.5%		30.89%	
Median GPG whole workforce	19.08%		19.36%		21.6%	
Mean GPG A4C and VSM	0.07%		4.1%		5%	
Median GPG A4C and VSM	-5.36%		3.8%		0%	
Foundation Year 1 Doctors GPG	-0.41%		0%		0%	
Foundation Year 2 Doctors GPG	-1.67%		0%		0%	
Core Trainees GPG	2.85%		2.45%		2.9%	
Specialty Trainees GPG	8.87%		-1.11%		-1.7%	
LAS Doctors GPG	9.33%		N/A		N/A	
Trust Doctors GPG	17.25%		10.85%		4.9%	
SAS Doctors and Dentists GPG	-8.70%		N/A		N/A	
Specialty Doctors GPG	N/A		2.63%		-11.68%	
Associate Specialists GPG	N/A		-33.27%		-28.1%	
Consultants GPG	8.64%		8.07%		6.32%	

APPENDIX 1

Further information on Gender Pay Gap Reporting

Introduction and Background

The gender pay gap is a defined term in the Regulations and means the difference between the average hourly earnings of men and those of women. This is not the same as equal pay, which is concerned with men and women earning equal pay for the same jobs, similar jobs or work of equal value. It is unlawful to pay people inequitably because of gender. Instead the gender pay gap highlights any imbalance of average pay across an organisation. For example, if an organisation's workforce is predominantly female yet the majority of senior positions are held by men, the average female salary would be lower than the average male salary.

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. This is based on a snapshot from 31 March of each year, and each organisation is duty bound to publish information on their website. The snapshot date for this report is 31 March 2021.

Scope of this report

The following is a gender pay gap report for York and Scarborough Teaching Hospitals NHS Foundation Trust and does not include the subsidiary company, York Teaching Hospital Facilities Management. A separate report has been produced for York Teaching Hospital Facilities Management as an organisation of 250+ employees they are required to report under the Regulations, this will be published on their website.

The report includes all 'full pay relevant employees' who were employed by York and Scarborough Teaching Hospitals (including bank staff on shift) as at the snapshot date of 31 March 2021. Employees who were absent on nil pay and agency workers are not included. For Consultants we include within 'pay' those payments made for Additional Programmed Activities (APA's). All calculations exclude overtime pay and expenses.

Employees who were not paid on that date or who were in receipt of a lower basic rate (reasons explored below) were automatically excluded by a pre-set national dashboard in the Electronic Staff Record Business Intelligence report, which produces the staff list for this report.

The following people have not been included as part of this report:

- Employees on a career break
- Employees on maternity & adoption leave, if earning less than their normal basic hourly pay rate
- Employees on long term sick leave
- Bank employees who did not work, and therefore did not earn a basic hourly rate on 31/03/2020
- Employees who were suspended without pay
- Employees on external unpaid secondments

The majority of staff are on either agenda for change or medical and dental pay scales, which provide a clear process of paying employees equally, irrespective of their gender or ethnicity.

There are 17 individuals who are on personal salaries, 2 of whom are medical and dental staff and for the purposes of this report are reported as such. The remaining 15 individuals are Very Senior Managers. The Very Senior Manager workforce includes executive directors and non-executive directors.

Comparison year on year

There are some challenges comparing the year on year position due to the variation in the headcount based on the factors described above. However to be able to demonstrate the changes we have produced a comparison chart which can be found in Section 8 of the report.

What do we have to report on?

The requirements of the Regulations are that each public sector organisation must calculate the following:

- The mean basic pay gender pay gap
- The median basic pay gender pay gap
- The proportion of males and females in each quartile pay band
- The mean bonus gender pay gap
- The median bonus gender pay gap
- The proportion of both males and females receiving a bonus payment

Definitions of gender pay gap

The mean pay gap is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

The median pay gap is the difference between the pay of the middle male and the middle female, when all male employees and then all female employees are listed from the highest to the lowest paid.

APPENDIX 2

Agenda for Change and Very Senior Manager Workforce

The gender pay gap data is perhaps skewed as the Trust has a high percentage of females within its workforce. To provide additional context, the chart below shows the head count and percentage of Trust workforce split by gender in each quartile:

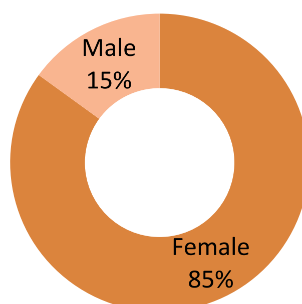
Quartile	Male Headcount & % of Trust Workforce	Female Headcount & % of Trust Workforce
1 Lower Quartile	283 (3.6%)	1,672 (21.1%)
2 Lower Middle Quartile	317 (4%)	1,658 (20.9%)
3 Upper Middle Quartile	312 (3.9%)	1,444 (18.2%)
4 Upper Quartile	708 (8.9%)	1,538 (19.4%)

What does this mean?

The figure for the median pay gap is usually considered to be more representative of gender pay gap across the workforce. However what it does not take account of is a small number of higher paid employees that could be skewing the data, therefore we have examined this in more detail, looking at gender composition and pay gaps in each individual band, and in the very senior manager category. Medical and dental staff details are explored in Appendix 3.

Agenda for Change and Very Senior Manager Workforce

6,973 of the workforce were employed on agenda for change pay scales or on a personal salary. Of these 5,933 were female compared to 1,040 male (percentages in the below chart have been rounded to the nearest whole number):



We have examined the gender composition and pay gaps in each individual band, and in the very senior manager category, this can be seen in the table below:

Pay Grade	Total Staff Headcount	Male Headcount	Male %	Female Headcount	Female %	Male average mean hourly rate	Female average mean hourly rate	Difference	Pay Gap %
Band 1	4	1	25%	3	75%	£9.20	£9.20	£0.00	0%
Band 2	1590	222	14%	1368	86%	£9.59	£9.70	-£0.11	-1.13%
Band 3	907	144	16%	763	84%	£10.54	£10.57	-£0.03	-0.28%
Band 4	736	102	14%	634	86%	£11.58	£11.77	-£0.19	-1.61%

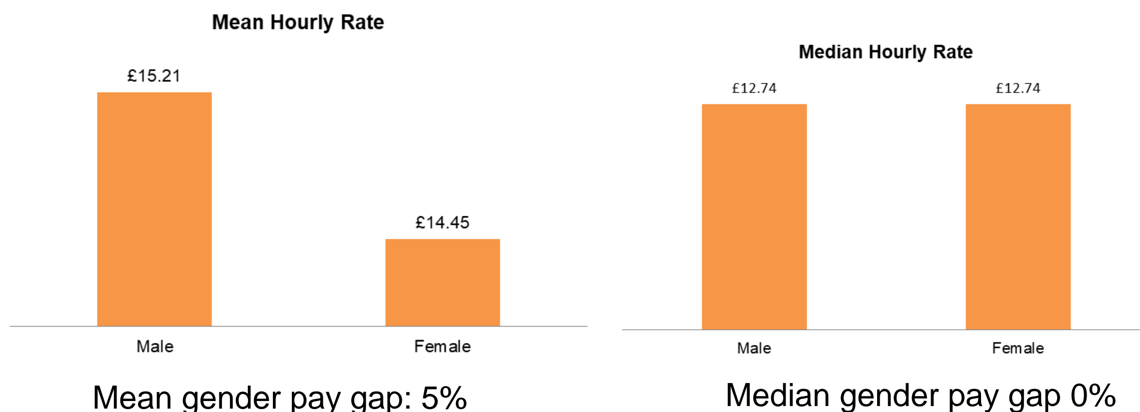
Band 5	1425	199	14%	1226	86%	£14.19	£14.46	-£0.27	-1.87%
Band 6	1290	155	12%	1135	88%	£17.58	£17.85	-£0.27	-1.51%
Band 7	677	121	18%	556	82%	£21.46	£21.52	-£0.06	-0.28%
Band 8a	216	52	24%	164	76%	£24.92	£24.81	£0.11	0.44%
Band 8b	54	17	31%	37	69%	£29.58	£28.89	£0.69	2.39%
Band 8c	34	12	35%	22	65%	£35.13	£34.42	£0.71	2.06%
Band 8d	24	8	33%	16	67%	£41.09	£41.75	-£0.66	-1.58%
Band 9	1	N/A (there are only females in this pay grade)							
Very Senior Manager**	15	7	47%	8	53%	£40.17	£38.96	£1.21	3.11%

* Very Senior Managers include the data for Directors and Non-Executive Directors

The above table shows that, on average, females earn more in most pay bands than males, however this is in the lower pay bands. There was an equal return in band 1 for both genders. The bands where males earn more than females are in band 8a, band 8b, band 8c and the very senior manager grouping.

Trust apprentices (both male and female) are spread across Band 2, Band 3 and Band 4. This is following a bid to increase apprentice salaries. All apprentices are captured in the figures detailed above via their respective pay bands.

Although females earn more than males in the majority of the pay bands above when looking at the mean and median pay (excluding medical and dental staff) the charts below show that the mean hourly rate of pay for males is £0.76 higher than that of females, a gender pay gap of 5%. The median hourly pay rate shows and equal footing for both genders at £12.74.



Mean gender pay gap: 5%

Median gender pay gap 0%

We have split the agenda for change and very senior manager's workforce into quartiles (blocks of 25%) split by pay and show the proportion of males and females in each quartile. The results of this split are shown below:

Quartile	% of Men	% of Women
1 Lower Quartile	14%	86%
2 Lower Middle Quartile	15%	85%
3 Upper Middle Quartile	13%	87%
4 Upper Quartile	17%	83%

This shows a similar split in each of the quartiles between the percentage of men and women:

Quartile	**Male Headcount & % of Male Workforce**	**Female Headcount & % of Female Workforce**
1 Lower Quartile	283 (27%)	1,672 (28%)
2 Lower Middle Quartile	290 (28%)	1,626 (27%)
3 Upper Middle Quartile	198 (19%)	1,334 (23%)
4 Upper Quartile	269 (26%)	1,301 (22%)

APPENDIX 3

Medical and Dental Workforce

One significant feature of the data at 31 March 2021, as has been seen in this report and in previous years' reports, is that, if all Medical staff are removed from the calculations, then the gap is reduced. This prompted us to undertake a review of the position of York and Scarborough Teaching Hospitals medical and dental workforce and why it appeared to have an effect on the overall gender pay gap.

The Medical and Dental staff group comprises a large group, from trainees to those in Consultant roles. This is a staff group where males (580, 61%) outnumber females (379, 39%), and it is comprised over 959 employees.

We have split the medical and dental workforce in to the following groups:

- Doctors and Dentists in Training and Trust Grades
- Specialty Doctors, Associate Specialists (collectively known as SAS Doctors) and Consultants

We have examined the gender composition and pay gaps in each of the training grades, and Trust doctor / dentist positions. This can be seen in the below table:

Pay Grade	Total Staff (Headcount)	Male Headcount	Male %	Female Headcount	Female %	Male average hourly rate	Female average hourly rate	Difference	Pay Gap %
Foundation Doctor Year 1	59	27	46%	32	54%	£13.54	£13.54	£0.00	0%
Foundation Doctor Year 2	52	20	38%	32	62%	£15.67	£15.67	£0.00	0%
Doctors & Dentists in Training (Core Trainees)	59	31	53%	28	47%	£19.09	£18.55	£0.54	2.9%
Doctors & Dentists in Training (Specialty Trainees & GP Specialty Trainees)	226	119	53%	107	47%	£21.67	£22.04	-£0.37	-1.7%
Trust Doctors / Trust Dentists	69	40	58%	29	42%	£21.95	£20.93	£1.02	4.9%

As at 31 March 2021 York and Scarborough Teaching Hospitals had 465 doctors and dentists in training, and trust grades. These comprised 237 male doctors (51% of total) and 228 female doctors (49% of total).

The data shows an equal return for both genders for Foundations Doctors in Year 1 and Year 2. However this profile changes as training progresses.

For this group of medical and dental workforce they are on a structured basic pay scale with additional payments (that are equally available to male and female) to determine their full salary which include on-call availability allowance, less than full time allowance, weekend allowance and flexible pay premia.

It also includes individuals who are in receipt of nationally agreed protected pay due to changes in national contracts. Maternity leave is not a negative factor in determining years of experience and therefore should not put women in a detrimental position when compared to a male colleague. However it could take a

female doctor who has taken a period of maternity leave longer to complete their training leaving male colleagues to progress slightly quicker to Consultant level.

In recording salaries on the Electronic Staff Record system all the above are taken in to account for determining salaries.

We have examined the gender composition and pay gaps in Specialty Doctors, Associate Specialists (collectively known as SAS Doctors) and Consultants, this can be seen in the below table:

Pay Grade	Total Headcount	Male Headcount	Male %	Female Headcount	Female %	Male average hourly rate	Female average hourly rate	Difference	Pay Gap %
Specialty Doctors	82	55	67%	27	33%	£33.03	£37.40	-£4.37	-11.68%
Associate Specialists	23	16	70%	7	30%	£41.28	£57.41	-£16.13	-28.1%
Consultants	387	270	70%	117	30%	£49.11	£46.19	£3.96	6.32%
Personal Salary	2	**N/A There are only males in this pay grade**							

Of the two members of the medical and dental workforce of whom are on personal salaries, of whom are both male, there is no gender pay gap data to report as there are no female comparators.

What is clear is that as doctors careers develop, there appears to be a higher attrition of female than male doctors, such that in the more senior grades taken together (SAS grades and Consultants) male doctors are the majority. This potentially raises complex issues around career progression, family-friendly policies, and career support to our female doctors.

For SAS Grade Doctors their starting salary is determined by the years of experience. Their current activity and previous experience in grade or working at an equivalent level supports this determination. The job plan programmed activities is also a determining factor in relation to the number of contracted programmed activities, additional programmed activities and on-call commitment.

For Consultants their starting salary is determined by years of experience in grade. The job plan programmed activities is also a determining factor in relation to the number of contracted programmed activities, additional programmed activities and on-call commitment.

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H1

NHS York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes
Resources Assurance Committee
18 January 2022

Attendance: Lynne Mellor (Chair), Andrew Bertram, Polly McMeekin, Jim Dillon, Denise McConnell, Dylan Roberts, Michael Taylor, Tracy Astley (for minutes)

Welcome and Introductions

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

22/01 Apologies for Absence:

There were no apologies for absence.

22/02 Declaration of interest

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

22/03 Minutes of the meeting held on the 14 December 2021

The minutes of the last meeting held on 14 December 2021 were agreed as a correct record, subject to the following amendment:

- Page 5, paragraph 4 – Add 5G and Edge to last sentence.

Action log

Action 101 (DIS KPI): Current KPIs have been updated and two new KPIs have been added to reflect progression on current work plans.

Lynne Mellor commented that she would like to see measures around efficiency and productivity from these transformations. Dylan Roberts replied that he has had meetings with various people on benefits realisation and identifying those benefits when putting together a business case. It was being addressed.

Action 103 (Workforce Staff Absence): A Progress Report will be submitted at the February 2022 meeting.

Action 95 (New Start Programme): Postponed to February 2022 meeting.

Action 83 (Grounds Maintenance): Postponed to February 2022 meeting.

Action 60 (Asset Management Strategy): Postponed to February 2022 meeting.

22/04 Integrated Business Report (IBR) – Workforce

Polly McMeekin advised that there was a typo error in the Executive Summary of the Workforce section referring to year 2020 which should read 2021. She gave an update on the following areas: -

Staff Absence

There was a distinction between staff absence and staff sickness absence. Polly highlighted that regulations had changed recently and instead of reporting SitReps for SGH and YH only this now included all of the Trust, including Community, so total figures have increased. Last week there were 910 reported staff absences, representing 9.3% of staff. This week it had reduced to 8.1%. Last week, Covid related absences stood at 32%, this week it was 30%. Last week, Covid positive absences stood at 15% and it had increased this week to 17%.

There was frustration amongst staff around the Covid regulations as they were coming into work, taking the Abbott's test, testing positive, and then being sent home even though they were feeling fine. Their colleagues then felt the impact of this for the rest of the shift.

Staff Welfare

Polly did a presentation at December Private Board around staff welfare. This was being regularly updated as a response to feedback. There needed to be a continued debate on how all staff in all areas would be rewarded going forward.

Denise McConnell referred to the Board's low assurance around the recording of absence of medics and asked if Polly really knew what the level of absence was. Polly replied that she was confident in the recording of absence for the daily SitReps. However, she had previous concerns that the process was not being followed appropriately. Care Groups were very good at adding staff sickness but had sometimes failed to remove staff upon their return, in a timely manner. This has been actively fed back through the Bronze and Silver structure. Also, when staff responsible for collating and submitting the data are themselves absent; there is a plan B for appropriate backfill.

Lynne Mellor asked if there was any training at local level about recording of staff absence. Polly replied that her team had undertaken audits and the Information Management Team are sighted on level of engagement from directorates.

International Recruitment

Polly advised that they had won a bid to receive funding of £270k to support further nursing and midwifery recruitment internationally. The Memorandum of Understanding has been signed off which was subject to 90 Registered Nurses and 6 Registered

Midwives being recruited and on-boarded during 2022. A paper will go to the Executive Committee next week proposing that the Trust continue with the international recruitment campaign.

Vaccination as a Condition of Deployment (VCOD)

Polly spoke about the change in legislation from April 2022 and the significant risk to the Trust. She advised that they had reconciled the National Vaccination System against the Trust's staff records. The headcount from the payroll system was 11,203. This excluded volunteers and governors which were being dealt with separately. Last week, she wrote to staff that had no vaccination data available. This week she has written to those staff whose vaccination data was incomplete. As it stood to date, there was 820 staff that would fall out of compliance with the regulations on the 1 April.

In addition to that there were 83 new starters that were being checked. 72 of them have now completed their primary course but the 8 remaining had no vaccination records or have said they will not get vaccinated. She was now considering whether to retract the offer of employment for those 8 people. Going forward, all new starters will need to fall in line with the regulations.

The deadline for the first vaccine was 3rd February and the deadline for the second dose was 31 March. Dismissal panels were being arranged from 4 February for two weeks to serve notice to those staff that were not compliant. The Committee noted that this was a straight dismissal, not redundancy, and staff have been made aware that they will not receive a redundancy payment.

Out of the 820 staff there were:

- 81 medics who had no vaccination data
- 14 medics whose vaccination data was incomplete
- 86 Registered Nurses or midwives who had no vaccination data
- 42 Registered Nurses or midwives whose data was incomplete

This was a cause for concern and it has been added to the Workforce Risk Register.

Denise McConnell asked where these people would go assuming they wanted to keep practicing. Polly replied that the NHS had encouraged redeployment to a non-CQC regulated area that did not deliver CQC activity. The Trust was not required to create roles for them. There were very few non-CQC regulated areas with vacancies within the Trust. If a senior band was redeployed into a lesser band then pay protection did not apply. If they went elsewhere, they would not be able to practice in England but would have to relocate to Scotland or abroad where the regulations were not in force.

Denise then asked what the Trust was doing to make sure all the staff understood the implications of not complying. Polly replied that the letters sent out explained the situation and gave contact details of senior clinicians that they could contact to discuss their concerns about the vaccination. A hotline had also been set up and they will be triaged to HR, Trade Unions, FTSU Guardian, as appropriate. FAQs have also been updated. She was confident that the professional clinical group understood that it was not the Trust imposing this. However, she was less confident when it came to the porters, domestics, etc.

Polly then went on to explain the situation with staff that were willing to be vaccinated but have had Covid and therefore could not be vaccinated within the timeframe. She gave assurance to the Committee that these staff will be accommodated and plans were in place to facilitate this.

Jim Dillon asked if staff had taken steps to ensure their vaccinations have been recorded or could vaccination data be missed off the system. Polly replied that it depended on where they were vaccinated. The government's health agency had a list of accepted vaccination centres for Covid that followed a rigid process. In relation to international recruitment, if those people were vaccinated abroad then it was up to the individual to ensure their vaccination data was entered on the UK system. Out of the 820 individuals who were presently non-compliant she was certain many of these would have been vaccinated but they need to provide evidence of that.

Lynne Mellor was pleased to note that Polly and her team had been successful in winning an award for the 2021 Best Wellbeing Initiative. She was also pleased to see consultant's networking groups being set up to support each other.

The Committee asked for an update at the next meeting on staff mental wellbeing. It was also suggested holding another Big Thankyou event in the spring.

The Committee:

- **Noted the contents of the report.**
- **Noted the concerns raised around staff absences.**
- **Noted the risks associated with VCOD.**

Action: Polly McMeekin to update the Committee on staff mental wellbeing at the February meeting.

22/05 Annual Equality, Diversity & Inclusion Workforce Report

Polly McMeekin explained that the report summarised the initiatives and areas of good practice and was separate to the action plans which they had to deliver on, and the action plan which previously came to the Committee and Board. She was reviewing the EDI Strategy and was liaising with Heather McNair, Chief Nurse, to cover all areas of responsibility. She was looking to commission an external review that will be workforce focused to see how the Trust was benchmarked against other trusts. She spoke about the impact of various initiatives such as Black Lives Matters and the People's Plan. Previously, the Trust focused on disability and the other protected characteristics were missed out. It was important to ascertain where the Trust was really struggling and create an action plan to mitigate that. She had been speaking to Simon Morritt, Chief Executive, on how to move that forward and get the support from NHSI to do that.

A number of staff networks have been set up and her team regularly attended those networks.

She commented that it was work in progress.

Denise McConnell said the report was very lengthy and, although there was a link to the actions, there was no action plan in the report which she would expect to see showing progress. It was also not highlighted what the main issues were and what the Trust was doing about it. She also commented that the report referred to 2020 so a lot of the information in there would be quite dated. Polly replied that they were looking to change

the format of the report and the timing of the report going forward so that it was presented at Board and other committees at the same time as the action plan.

Denise added that as the general public was the audience for the report it needed to be more succinct as in its present format she doubted that anybody would read it cover to cover.

Lynne Mellor echoed Denise's comments. She also said that for her the report lacked the outcomes of achievements. Polly agreed and said that the lack of resources was the problem this year but will be looked at going forward.

Lynne added that although the Trust's values were in the depth of the report, they were not stated in the Executive Summary which she thought should be. She also spoke about unconscious bias and wondered whether there was a need to have a refresher at Board on bias, inclusion, etc. Polly replied that the Board had training session in November 2020 but was open to discussion offline.

The Committee:

- **Noted the contents of the report.**
- **Noted that EDI was work in progress.**

Action: Polly McMeekin to raise with Corporate Directors whether the trust should arrange another Big Thankyou in the spring.

22/06 Integrated Business Report – Digital

Dylan Roberts did not highlight any items from the report. He did want to add that he emailed a powerpoint slide late yesterday to update the Committee on the Essential Services Programme of Work. He explained that there had been a failed procurement exercise to secure a long term holistic partner who was lined up to provide resources to support the Trust's Digital teams to carry out important work that needed to be done. Because of the failed procurement, the contract had to be cancelled and contracts were awarded to various organisations on a temporary basis. The procurement process to find a long term partner will begin again in February.

Lynne Mellor thanked Dylan and the team for working hard to mitigate the risk on the failed procurement exercise and asked for a review of the risks given a larger set of suppliers to manage potentially increases the likelihood/probability of the associated risks occurring. Dylan replied that he would speak to Mike Taylor about any risk factors associated with this.

He assured the Committee that the funds received from NHSX will be spent within the timeframe.

With regard to the risks, these were at their highest status and will remain on the register a little longer than anticipated.

The Committee:

- **Noted the contents of the report.**
- **Noted that the procurement process will begin again in February to find a holistic partner for the Trust.**

22/07 Integrated Business Report - Finance

Andy Bertram presented the IBR providing an update on the following areas:

- I&E for the Trust at month 9 was broadly balanced.

- A significant amount of money was being spent relating to the staffing agenda. This was due to paying premium rates to some staff groups at 60% and 40%. Across the Board, including the LLP, this amounted to £750k just for January. He was confident that he could cover these expenses in the short term but was concerned that these could not be covered in the long term.

- The detailed financial planning guidance for 2022/23 was not yet available. He did not know the Trust's allocations yet so cannot produce an I&E for 2022/23. He was expecting the guidance in the next week or two. He will then produce a draft I&E 2022/23 and present to Board in March for approval and submission NHSI/E.

- The Capital Programme will be presented to Board in March for approval. He was starting an engagement piece with the Care Groups to refresh their priorities for 2022/23.

- On the BAF target score for finance was 6. This was purely about managing this year in relation to the capital programme, revenue programme and cash programme. All actions have been completed that has reduced the score to 6. Once the Trust's allocations are known for 2022/23, and the associated risks identified, the BAF will then be revised.

Denise McConnell asked when Andy was able to give a forecast for this year. She also referred to the premium rates currently being paid to staff and asked how that would be withdrawn. She suggested having a discussion at Board. With regard to the IBR, she would find it useful to understand the reason behind the very large variances between actual and budget to give assurance. Andy replied that the forecast had been completed last week. He will update the IBR to include the forecast for the January Board meeting. With regard to the premium rates, these were temporary premiums, and as the Trust returned to more normal levels of sickness and absence removing these should not be a problem. The current rates were due to be reviewed at the end of January. With regard to the variances, he will add a little more narrative going forward.

The Committee:

- **Noted the contents of the report;**
- **Noted that the I&E for the Trust at month 9 was broadly balanced;**
- **Noted the issue with paying ad-hoc premium rates;**
- **Noted that capital planning for 2022/23 was underway to present to Board in due course.**

22/08 YTHFM LLP Risk & Assurance Update

Andy Bertram gave a summary of the issues:

- Staffing – absence rates continue to be high and has increased with covid related absences.

- Enhancements – these were being offered to all Band 2 & 3 staff at a rate of 40% with a review at the end of January.
- VCOD – once staff have been identified who will not be compliant with the new regulations HR will write out to them.
- Backlog Maintenance Backlog – making excellent progress.
- Site Improvement Program - £10m awarded to support the Trusts Carbon Energy plans.
- Scarborough business case was progressing well.

22/09 Board Assurance Framework

Mike Taylor informed the Committee that the BAF had recently been updated and revised taking in the points raised at the December Audit Committee. Risk appetite was something that he wanted to concentrate on during 2022/23.

The Committee:

- **Noted the progress being made.**

22/10 Documents for consideration:

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

22/11 Any Other Business

There was no other business discussed.

22/12 Items for Escalation to Board

Lynne Mellor summarised the items for escalation to Board as follows:-

- Staff absence issues and the return to work process not being followed in a timely manner;
- Consider another Big Thankyou event in the spring to boost staff mental wellbeing;
- The successful bid of £270k for the recruitment of international staff;
- The impact and risks of the 'Vaccination condition of deployment', central government initiative;
- Assurance that progress was being made in Equality, Diversity & Inclusion.
- Update from the Digital Team including the procurement exercise recently undertaken;
- Concerns about ad hoc 'premium' spending linked to staffing problems as a consequence of the pandemic. It was not sustainable in the long term;
- Capital planning for 2022/23 was underway and will be presented to Board in due course;
- Covid related issues in the LLP have caused staff absences and all Band 2 and 3 staff have been offered enhancements to support the current workforce until the end of January 2022;
- A grant of £10m has been awarded to support the Trusts Carbon Energy plans;
- Scarborough business case was progressing post Board through all the necessary channels.

22/13 Time and Date of next meeting

The next meeting will be held on 15 February 2022 at 9:00am via Webex.

H2

NHS

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes

Resources Assurance Committee
15 February 2022

Attendance:
Lynne Mellor (Chair) NED: Denise McConnell, NED: Ashley Clay, Assoc. NED: Alan Downey, Trust Chair: Andrew Bertram, Finance Director: Polly McMeekin, Director of Workforce & OD: Dylan Roberts, Chief Digital Information Officer: Michael Taylor, Assoc. Director of Corporate Governance: Nik Coventry, Lead Nurse Clinical Digital Document Project: Simon Hayes, IT Service & Digital Transformation Lead: Janet Farr, IT Project Manager: Kevin Beatson, Head of Systems Development: Penny Gilyard, YTHFM Director of Resources: Mark Steed, YTHFM Director of Property & Asset Management; Malcolm Veigas, YTHFM Director of Facilities Management; Tracy Astley (for minutes)

Apologies:
Jim Dillon, NED

Welcome and Introductions

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

22/14 Declaration of interest

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

22/15 Minutes of the meeting held on the 18 January 2022

The minutes of the last meeting held on 18 January 2022 were agreed as a correct record.

<u>Action log</u>

- **Action 105 (Workforce Mental Wellbeing Big Thank You Event):** This was work in progress. Spring may be a little early as it takes time to arrange. Also discussions taking place around a salary sacrifice rebate. The long service awards event should take place in spring so hopefully that will go ahead.

- **Action 104 (Workforce Mental Wellbeing update):** The VCOD government initiative caused a lot of frustration across the workforce. That has now currently been paused pending consultation.

- **Action 103 (Workforce Staff Absence):** Included in Workforce IBR update.

- **Action 101 (DIS KPI):** It was agreed that this action could be closed and a new action raised around benefits realisation.

- **Action 98 (Digital £3m breakdown of spend):** This was being tracked on a month-by-month basis. Action closed.

- **Action 97 (Digital Intelligence & Insight Team Priorities):** Dylan Roberts stated that the Intelligence & Insight Team were going to do some work on the IBR. Ashley Clay will be involved in that as well. It was suggested that discussion on this action be postponed until the March meeting.

  Lynne Mellor was not assured that all the issues had been captured. She was concerned about the high percentage of issues coming through to the 'front door' that could not be addressed and for a holistic view of priorities and risk mitigation (particularly for those ones that were not progressing). She asked Dylan to give an update at the March meeting.

- **Action 95 (New Start Programme):** Included in YTHFM Update. Action closed.

- **Action 83 (Grounds Maintenance):** Included in YTHFM Update. Action closed.

- **Action 60 (Asset Management Strategy):** Included in YTHFM Update. Action closed.

Penny Gilyard, Mark Steed and Malcolm Veigas joined the meeting via teleconference.

22/16 YTHFM LLP Update

Penny Gilyard gave an overview of her Quarterly report and highlighted the following:

- Sickness absence still remained high this period due to the impact of the Omicron variance. An Absence Management Task & Finish Group has been set up chaired by Malcolm Veigas to address the situation.
- Trends suggest that musculoskeletal injuries and mental health issues was the cause of many sickness absences. Plans were in place to address this.
- There was a backlog of long term sickness cases which has been addressed through HR colleagues and Occupational Health Services.
- Vacancy rate had been challenging, particularly in domestics and security, and they were looking at incentives they could put in place to encourage people to work at the Trust.
- The New Start Programme of work had begun. Training packages for LLP managers were now in place. Values & Behaviour work with colleagues had started. A Leadership Charter had been produced and an Internal Communications Plan had been created in partnership with the Director of Communications.

Lynne Mellor asked for a key KPIs table, the trends analysis comparison charts, to be added in the next Quarterly report with a short executive summary of key operational and strategic issues to the Committee. With regard to sickness absence due to mental health issues, she asked what plans were in place to address this. Penny replied that an audit needed to be undertaken using the Stress at Work standards. Malcolm Veigas added that

a Business Improvement Associate post was being created to manage sickness and mental health wellbeing.

Polly McMeekin said that she had asked for an internal audit to be carried out on the uptake in supporting staff with mental ill health. There was not a long wait for staff to receive the support. She did not know whether this support was well understood throughout the organisation and suggested it would be beneficial for the LLP to feed into the audit.

Denise McConnell referred to the overdue maintenance and asked what the plans were to change the RAG rating from red to amber and hopefully green. Mark Steed replied that their target for maintenance was 85% and above. They were reliant on access and availability to complete tasks. In addition, there were limited resources available. They were working on recovering the situation back to amber/green by identifying the priorities for a particular month. They were currently carrying out more detailed surveys in order to target and prioritise those areas. Denise asked about the timescale. Mark replied that he expected to see a rapid turnaround in a number of weeks. It was not a long-term issue.

Lynne Mellor referred to the problems with the CAFM system and asked how confident they were that this had been piloted sufficiently. This was missing from the report. Mark Steed replied that they were back tracking and migrating to Micad. He was confident that this issue would be resolved fairly promptly. They were currently at the procurement stage and a business case will be presented for approval in due course.

Lynne Mellor referred to the high-risk area mentioned in 1.4.5 and 1.4.6 of the report and asked if this related to theatres that were RAG rated amber. Malcolm Veigas confirmed that it was theatres and they were trying to deploy staff to come in earlier in the mornings or work overnight. The business model will be changed accordingly.

Ashley Clay asked if there were any benefits to the CAFM system pilot. Mark Steed gave a list of benefits, including workload scheduling, greater resilience, more audited reporting, hand held technology meant better effective communication with staff, cost effective and increased efficiency. Once a task had been completed this will go straight into the system.

Denise McConnell referred to the YTHFM 5 Year Strategy and asked for the Year 1 priorities be updated to give specifics on what they were trying to achieve, dates and values in the next quarterly report. Penny Gilyard replied that they were currently working with the teams around service planning.

Lynne Mellor referred to the Facilities Management section and highlighted that the narrative described the service provision in each area rather than there being an executive summary of targets to achieve and strategies in place to facilitate this. There was no indication of what was happening strategically in this section.

Lynne Mellor also referred to the HPV section about the urgent requirement to review the service delivery model but there was no indication of when that review would take place. Malcolm Veigas stated that there were 4 strategic workstreams where work was currently being carried out. The next quarterly report will give an update on progress being made in those areas. He also stated that a capital bid has been produced for 4 new HPV machines, new staff to cover the revised 24/7 service delivery plan which will deploy staff in a structured way. The capital bid was currently going through the process. He confirmed that the HPV/SLA agreement will be presented in the next quarterly update.

Andy Bertram commented that the Trust did not have an on-site laundry and currently received commercial linen into the organisation. It was potentially something for the future for the LLP to develop a business case for an on-site laundry service.

Lynne Mellor commented that the Strategy needed to be more fleshed out before it went to the Committee next time in terms of priorities and strategic objectives. She also suggested improvements to the quarterly report including a summary of the main key measures showing a trend analysis against agreed targets, and key operational and strategic items – summarised as a short executive high-level report.

Lynne Mellor mentioned the sale of some properties on the estate amounting to £8m and asked for an update. Andy Bertram replied that the Trust views had changed and was considering providing further staff accommodation since feedback from staff. It was also an opportunity to generate income from rent. A business case will be presented at March/April Board. With regard to York Social Club this will be sold now that the Trust had the Community Stadium.

Ashley Clay referred to the New Start Programme and the training packages for Managers. He commended Penny for having them in place but said that managers needed to attend the courses and asked if there was a timeline to get all managers through that. Penny replied that it would be around 12 months. There was a need to carry out some extensive work around this. Malcolm Veigas added that they were currently going through a restructure and within that job descriptions and person specs were being revised to add the mandatory training required for management posts.

The Committee:

- **Thanked the LLP Directors and their teams for their first consolidated report.**
- **Noted the overall good performance across the total number of KPIs.**
- **Noted the concerns around increased sickness absence coupled with high vacancy rates.**
- **Praised the success in vacancy fulfilment with recruitment days and higher pay.**
- **Noted the new role of Facilities Management Business Associate to deal with staff sickness absence and wellbeing and the need to link with the Trust plans.**
- **Noted the plans for the CAFM system and the progress that had been made.**
- **Noted next year's priorities.**

Actions:

- **Make improvements to the quarterly report as discussed in the meeting.**
- **Realign the one year priorities to link with the Trust strategic objectives.**
- **Provide the Committee with a summary of the 5-year strategy.**

Penny Gilyard, Mark Steed and Malcolm Veigas left the meeting.

Simon Hayes, Janet Farr and Kevin Beatson joined the meeting via teleconference. Nik Coventry joined the meeting in person.

22/17 Integrated Business Report (IBR) – Digital

Demo of Digital Nursing Documentation

Nik Coventry gave a demonstration of the Digital Nursing Documentation initiative and said that feedback from the staff on the wards was very positive.

Andy Bertram asked how the Trust would deal with staff accidently walking out of the Trust with the equipment. Dylan Roberts replied if the mobile was taken out of the Trust, then they were able to remotely delete all the information on that mobile. The roll out of the scheme will be put in place within the next 6 months of the new financial year.

Ashley Clay asked where the Trust stood compared to other trusts. Nik replied that the organisation was lagging behind. Dylan commented that the project involved a lot of work with nursing staff around the design and information needed which was very important in order to get it right as they would be using it.

Andy Bertram commented that they must track the benefits from this project, financial and non-financial. It was a positive message to share in the organisation.

Lynne Mellor praised the progress made by the team as this could provide significant benefits for patients and staff. She asked that the benefits, both financial and non-financial, be captured in the next update and a timeline of how this was going to be rolled out across the Trust.

Audit Recommendations Report

Dylan Roberts stated that a number of audit actions had been outstanding for some time. They had reviewed all of the audit reports and actions and consolidated them into a set of audited actions which were being tracked by the Audit Committee. Over the last few months, they had worked really hard to put arrangements in place to address these actions including the appointment of a Cyber Security Lead. The RAG ratings on the actions were rated in order of risk to the Trust and what impact there would be to the organisation. He hoped the Committee was assured that they had plans in place to implement the actions.

Lynne Mellor thanked Dylan and his team for the fantastic progress made against the audit report which had given the Committee a better assurance that things were moving in the right direction. It was also good to see the appointment of a Cyber Security Lead. She did query why some of the actions were not numbered nor clear on the likelihood of occurrence of those which were red or TBA.

Dylan referred to the actions in red and gave assurance to the Committee that they were on track to deliver those in March and that targets will be meet. He referred to the TBA aspect and advised the Committee that there were a couple of actions that needed to be reallocated and discussions will be taking place this week.

Desktop Cyber Attack Exercise Outcome

Dylan Roberts gave an overview of the exercise which entailed running a live pseudo test at York Community Stadium. From this they have significantly revised a multitude of action cards within the Specialities, IT services and Comms. They have also revised the order in which the Trust systems were restored. He gave assurance that if the Trust had a major incident, then there were robust plans in place to rectify the situation.

Ashley Clay referred to a few incomplete actions, understanding the major risks, and asked if these were not closed what the implications would be. Dylan replied that all the actions, apart from no.8, will be completed by the dates stated.

Ashley asked how frequent would the exercise be repeated. Dylan replied that the plan was to repeat every 12 months.

Lynne Mellor asked if Dylan was clear on the budget needed to be set aside to recover from an attack. He replied that this was something that needed to be worked out. She also asked if the scenario included the LLP to which Dylan replied no. Lynne suggested that the LLP be included.

The Committee:

- **Noted the contents of the report.**
- **Thanked Nik Coventry for an excellent demonstration of the Digital Nursing Documentation project.**
- **Noted the excellent progress being made with outstanding IA actions.**

Actions:

- **Dylan Roberts to list the benefits, both financial and non-financial, of the Nursing Documentation project in the next update together with a timeline of how this was going to be rolled out across the Trust.**
- **Dylan Roberts to work out budget to set aside to recover from a cyber attack and incorporate the LLP and present at next meeting.**

22/18 Integrated Business Report – Finance

Andy Bertram gave an overview of his report and highlighted the following: -

- Finance IBR – more than happy to refresh on the back of the discussion at Board last month. He will discuss with the NEDs their requirements. He was working with Denise and Ashley on how it can be updated.
- Summary I&E account – showed that it balanced at month 10 and also showed the forecast outturn. The table on the left side showed a surplus deficit for the period and the NHSE/I adjusted surplus deficit for information.
- Significant Variances:
    - NHSE Variance – the Trust had received £8.4m worth of income more than the Trust had in plan, excluding drugs and devices.
    - CCGs Variance – the Trust was £16.6m down on the plan, which was more than compensated for from other costs variance of £22.2m. The ERF was the main variance of that at £14.7m shortfall.
- Capital – To date the Trust had spent £11m against a planned £21m. They were behind some £9m against the capital programme. He was working closely with the team to ensure they land as close to that limit as possible and to ensure they maximise on the opportunities it presents.
    - York ED – major progress has been made.
    - York ICU – finishes next month.
    - SGH Urgent & Emergency Care - £4m project.
    - IT equipment – major spend.
    - Backlog maintenance – major spend.

- 2022/23 Plan – this was currently being worked on and will be presented at Board and to the Committee next month.

Ashley Clay asked about the efficiency delivery for this year. Andy replied that the forecast CIP delivery was £8m. To date the Trust had delivered £5.1m but plans were in place to deliver the rest of it. Discussions were ongoing with the ICS on future CIP requirements.

Denise McConnell requested some more time at the next meeting to look at finance in full regarding the budget, the capital programme for next year and the decision-making process. Andy replied it would be in his report at the next meeting.

The Committee:

- **Noted the contents of the report.**
- **Noted that finance will be challenging next year.**

Actions:

- **Andy Bertram to present 2022/23 plan at next meeting, to include an overview of the capital programme and decision-making process.**

22/19 Integrated Business Report - Workforce

Polly McMeekin gave an update on the following: -

Management of Sickness Absence for Junior Doctor

An internal audit took place in September last year. The outcome was a low assurance with 10 recommendations being made specific to sickness reporting of medical staff. Since that date 8 out of the 10 recommendations have been completed. The audit highlighted that there was lack of ownership of sickness management in the doctors' placement areas. The wider debate was being had about how to pro-actively manage a placement and how that record was transferred from specialty to specialty.

The 2 outstanding recommendations involved GP trainees. It was recognised that the Trust was under-resourced to manage that the contract with HEE. This was a discussion that Polly was having with the ICS. Her preference would be to withdraw from the GP trainee contract and hand over management of this to the ICS. In the meantime, there was a need to have a system in place to manage those GP trainees which was putting pressure on the post graduate staff to manage this whilst managing and supporting the Trust placements. The I.A. report will go to the Group Audit Committee in March.

Staff Mental Wellbeing

There were consistent high levels of stress, anxiety and depression, with Covid indirectly contributing to staff absence. An Internal Audit has been commissioned to ascertain if the Trust was getting it right as there was a significant number of initiatives in place for staff to access support for mental health issues. At a lower level, staff wanted to destress and talk about their day together. With that in mind an area has been identified at York Hospital for a break out calm space and a bid will be submitted to NHS Charity to renovate this area. York Hospital Junior Doctors mess has also been renovated.

Denise McConnell asked if the Trust kept exit data on how many staff were leaving because of mental health issues. Polly replied that there was a leaver questionnaire which the leaver can complete and the uptake to do that was fairly diverse. She was in favour of

contacting people after leaving the Trust to see if they would like to return or provide feedback.

Ashley Clay referred to the LLP looking at reviewing roles and responsibilities of managers/supervisors, particularly around meetings with staff to discuss their wellbeing, and asked if the Trust recognised how time consuming that would be. Polly answered no because the structure in the LLP meant that there were a high proportion of staff, ie. domestics, who would report to one supervisor. Therefore, it would be allocating time for the supervisor to have those conversations. The Trust structure was different in that a B7 manager would have designated responsibility for line management but Supervision is generally delegated.

The Committee:

- **Noted the contents of the report.**

22/20 Staff Survey

Polly McMeekin stated that the timeline had been delayed this year and she did not have the national benchmark averages yet to mark the Trust against. The paper will have to be re-presented to the Committee next month.

Overall, the results were disappointing with the scores deteriorating in 8 out of 9 areas compared to last year's results. There was clearly a lot of work to do this year on staff being able to make changes and contribute to work. With regard to discrimination, the Trust was ahead in all aspects except ethnicity and religion. These will require an action plan to improve results.

The Committee:

- **Noted contents of the report and looked forward to an update at the next meeting.**

Actions:

- **Polly McMeekin to give update at next meeting once the Trust has been benchmarked against the national benchmark averages.**

22/21 Board Assurance Framework

Mike Taylor informed the Committee that the RAG ratings on the BAF had not changed since January Board. The auditing of the BAF was ongoing with Internal Audit and the outcome of this will be referenced in the AGS which will be submitted to the March Audit Committee.

The Committee:

- **Noted the contents of the report.**

22/22 Documents for consideration:

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

22/23 Any Other Business

There was no other business discussed.

22/24 Items for Escalation to Board

Lynne Mellor summarised the items for escalation to Board as follows: -

YTHFM

- Increasing sickness absence (over 10% in October) coupled by high vacancy rates. New Facilities Management Business Associate role.
- Concerns on the higher-risk areas such as theatre cleanliness.
- Progress with the CAFM system and plans to have a fully working system.
- Next year's priorities.
- Suggested improvements to the quarterly report.

Digital

- Significant work undertaken to consolidate all the audit findings and update the plans.
- Recruitment of a cyber lead.
- Cyber desk top exercise to cover the LLP.
- Demo of the Clinical Digital Care record pilot.

Finance

- Month 10 ahead of plan.
- Slippage in capital spend due to digital, backlog maintenance and CDEL work.
- Capital planning for 22/23 to be presented to Board in March.

Workforce

- 28% of staff sickness related to stress, anxiety and depression.
- 8/10 IA recommendations have been implemented associated with the management of junior doctor sickness absence.
- Disappointing results of staff survey which may have been affected by Covid.

22/25 Reflections on the Meeting

The following comments were made:

- Good discussions, including context of topics
- Reports needed to be succinct and precise to highlight issues and give assurance
- Excellent presentation on the Nurse Documentation
- Disappointed on the outcome of the staff survey
- Need to be tighter on invitees reporting by exception
- Hybrid meeting went well

22/26 Time and Date of next meeting

The next meeting will be held on 22 March 2022, time and venue TBC.

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York Teaching Hospital Facilities Management

Board of Directors – 30th March 2022
YTHFM Health & Safety Policy

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 bring the revised YTHFM Health & Safety Policy to the Board of Directors. The Policy has been approved by the Management Group and EPAM noted the documentation at its February meeting and recommended that the Policy is forwarded for final approval as it is a reserved matter.

Executive Summary – Key Points

YTHFM follows Trust Policies & Procedures but is required to have its own Health & Safety Policy. The Policy has recently been reviewed in line with governance arrangements and is now presented for final approval. Corrections/additions to the policy are highlighted via track changes.

Key changes include:

- **Scope**
  - This now includes those who carry out product/service/equipment demonstrations and trials on site).
- **Accountabilities and Responsibilities**
  - NHSFT) Head of Safety & Security, will ensure additional resource and support is provided to YTHFM for relevant health and safety management.
  - (YTHFM) Compliance Lead, new paragraph setting out the accountabilities and responsibilities for the post holder in relation to operational information to ensure compliance with YTHFM policy and procedures, by ensuring relevant inspections and audits are undertaken across YTHFM as prescribed by company policy and procedures.
- **Contractors, Consultants and Visitors Responsibilities**
  - Now includes those who carry out product/service/equipment demonstrations and trials on site).

The document has also been reviewed by the Trust's Head of Safety & Security, H&S Manager and local H&S Trade Union representative, Chair of the H&S Non Clinical Risk Group. The policy will go through to JNCC and H&S/NCRG for information purposes.

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

York Teaching Hospital Facilities Management

Health and Safety Policy

Document Purpose:	This policy sets out the health and safety responsibilities and arrangements for York Teaching Hospital Facilities Management LLP
Document Author(s):	Penny Gilyard (Director of Resources) Norman Elliott (Health & Safety Manager (LLP))
Publisher	Resources
Date First Issue	30 September 2018
Target Audiance	All YTHFM sStaff, cContractors, sub-contractors, visitors, volunteers and others employed in delivering a service to YTHFM. (This includes contractors/suppliers providing demonstrations and trials)
Approving body / route.	Operational Management Group York Teaching Hospital Facilities Management Group, Executive Performance Assurance Meeting (EPAM). Trust Board of Directors
Approval Date:	Management Group – February 2022 Board of Directors -
Publication Date:	
Version:	1.4 - Draft
Next Review:	February 2023

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1.0		Brian Golding	DRAFT NHS PAM Folders	Development and update of policy
1.1	22-08-2019	Brian Golding	Held locally on (YTHFM)	Policy reviewed
1.2	17-11-2020	John Dickinson	Held locally on (YTHFM) and added to intranet	Policy reviewed
1.3	22/02/2021	Penny Gilyard	Director of Resource	Policy reviewed
1.4		Penny Gilyard Norman Elliott	Director of Resources Health & Safety Manager (LLP)	Policy reviewed and updated to current arrangements

1. Policy Statement

1.1 York Teaching Hospital Facilities Management LLP (YTHFM) recognises its responsibilities in ensuring the health, sSafety and wellbeing of all our employees, customers[1], contractors, volunteers and visitors and is committed to ensuring the highest standards of health, safety and welfare in all aspects of the business.

1.2 YTHFM accepts responsibility as an employer, for the duties placed upon it by the Health and Safety at Work etc. Act 1974 and other related legislation. YTHFM recognises by doing so it provides, not just legal and financial assurance, but a moral obligation as the right thing to do which is viewed as critical to our continued success.

1.3 YTHFM operates a systematic approach to the identification of hazards and the management of risk within its operations, in line with York and Scarborough Teaching Hospitals NHS Foundation Trust Policy[2](Y&STHNHSFT), in supporting wider Trust and NHS overall strategy.

1.4 YTHFM will ensure statutory compliance is maintained as a minimum standard and strive for continual improvement by:

- Meeting all relevant legal requirements relevant to safety by ensuring health and safety management is integral to YTHFM activities;
- As reasonably practicable adoption of best practice in all aspects of safety at work;
- Adequately control health and safety risk arising from work activities;
- Consult with employees and their representatives on health and safety matters;
- Provide and safely maintain plant and equipment;
- Ensure the safe use, handling and storage of identified hazardous substances;
- Provide as appropriate, suitable, information, instruction, training and supervision of employees, contractors, sub-contractors, (including those who carry out product/service/equipment demonstrations on site) and others who may be affected by work activities;
- Seek to prevent occurrences of work related accidents or ill-health;
- Maintenance of safe and healthy working conditions;
- Cooperate with others involved in work activities to help ensure the health, safety and welfare of all concerned;
- Iimplement a 'No Blame Culture' to move forward positively
- Implement Aappropriate procurement policies to ensure that only competent contractors and suppliers are engaged by YTHFM;
- To Sstrive to continually improve health, safety and welfare performance, taking a proactive approach to health & safety and the provision of adequate resources to achieve this;
- To monitor, audit and review YTHFM safety policy and procedures at regular and prescribed intervals.

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1.5 This policy statement will be reviewed annually as part of the management review process and communicated to all employees.

Penny GilyardDelroy Beverley **Michael Keaney**

Director of ResourcesManaging Director
York Teaching Hospital
Facilities Management LLP

Chair- Management Group
York Teaching Hospital
Facilities Management LLP

[1] *Customers include patients and service users in healthcare settings.*
[2] *A Limited Liability Partnership and wholly owned subsidiary of York and Scarborough Teaching Hospital NHS Foundation Trust.*

Date: Date:

2. Introduction

2.1 YTHFM provides high quality Estates and Facilities Management (including but not limited to maintenance, engineering, security, cleaning, grounds, catering and energy) services, primarily to Y&STHNHSFT and our clients in the UK. Our aim is to deliver a proactive, positive and inclusive working environment to meet our vision of excellence in health, safety and welfare to our employees and others who may be affected by our work activities. We will ensure our responsibilities for health and safety are clearly understood and communicated and ~~to~~ provide ~~for~~ an environment that values and encourages the highest standards of safety performance and service.

3. Scope

3.1 This health and safety policy applies to all employees of YTHFM, contractors, sub-contractors, visitors, volunteers and others employed in delivering a service to YTHFM. This includes those who carry out product/service/equipment demonstrations and trials on site).

4. Accountabilities and Responsibilities

The Management Group (YTHFM)

4.1 The Management Group are responsible for setting the strategic direction, policies, and objectives for Health & Safety. The Management Group will ensure this is discharged through a delegated structure, ensuring the necessary support and resources are made available to allow for effective implementation of this policy.

Managing Director YTHFM

4.2 The Managing Director holds ultimate~~ly~~ responsibility for the adherence to health and safety legislation within YTHFM and is accountable for the establishment and achievement of Health and Safety policies and procedures within the organisation. In the event of the Managing Director's absence, a Management Group ~~Board~~ nominated Director will take up these responsibilities.

Directors and Heads of Service YTHFM

4.3 Directors and Heads of Service are to have active involvement in the management of Health and Safety in their areas of control and collective responsibility for health, safety and welfare in the organisation. They are responsible for the safety of their staff, the activities in their charge and provide leadership by example by proactively promoting a positive attitude and safety culture.

Managers and Supervisors YTHFM

4.4 Managers and Supervisors are responsible for the impact of the overall health, safety and risk in their departments relating to staff, patients, contractors and visitors. It is their ~~Having~~ responsibility to ensure Health, Safety and Risk is effectively managed in their areas of control. They are expected to promote a high degree of health and safety awareness amongst all their teams and ensure adherence to, and with, Heads of Service and Directors in the development of health & safety policies and procedures.

Head of Safety & Security (Y&STHNHSFT)

4.5 The Trust's Head of Safety and Security oversees the provision of competent advice as required to assist in developing, implementing and maintaining measures to comply with relevant statute, YTHFM policy, Y&STHNHSFT and NHS policy and strategy. Y&STHNHSFT will ensure that the appropriate support and resource is allocated to YTHFM for relevant health and safety management.

Y&STHNHSFT Health and Safety Manager

4.6 The Health and Safety Manager is appointed to provide competent advice and, to, as required, assist in developing, implementing and maintaining measures to comply with relevant statute, YTHFM and wider Y&STHNHSFT and NHS policy and strategy.

YTHFM Compliance Lead

4.7 Is to provide support and operational information to ensure compliance with YTHFM policy and procedures, by- eEnsuring relevant inspections and audits are undertaken across YTHFM LLP as prescribed by company policy and procedures.

Specialist / Competent Advisors YTHFM

4.8 YTHFM has in place, appointed / responsible specific topic experts. This culture will be assisted by a Competency Training Matrix, which will assist those individuals with carrying out their fiduciary duty of YTHFM Health and Safety obligations in the roles. This will be continuously reviewed to take into account legislation and Industry best practice. These Specialist / Competent advisors will provide YTHFM with unbiased and balanced advice in their field of specialism, supported by the training they have undertaken.

Employee Safety Representatives

4.9 YTHFM promotes active involvement and encourages appointed Trades Unions employee safety representatives to represent their members on health and safety issues. Employee safety representatives are to be involved in discussions regarding employee health, safety and welfare issues as required by statute.

All YTHFM Employees[3]

4.10 All employees, including work experience, agency, and temporary staff within the YTHFM are required to accept responsibility for carrying out and adhering to the health and safety polices of the organisation. All employees are to comply with their duties set out in the Health and Safety at Work etc. Act 1974 by taking reasonable care for themselves and others who may be affected by their acts or omissions. Employees are accountable to their line managers and assist towards making YTHFM a safe and healthy place in which to work. In all cases, failure to comply with health and safety responsibilities could result in disciplinary action being taken as set out in the Disciplinary Policy and Procedure.

4.11 Employees are to inform YTHFM management of any potential shortcomings in employer's protection arrangements at the earliest opportunity using the appropriate medium to engage with YTHFM.

Contractors, Consultants and Visitors Responsibilities

4.12 Any person who is not directly employed by YTHFM but is undertaking work on its behalf, must not act in a manner that is prejudicial to the safety of others whilst conducting their work and to observe YTHFM health and safety policy and procedures. No contractor (this includes product/service/equipment demonstrations and trials) is to work on the client's premises unless they follow the Contractor Management Policy, and the correct type of method statement and/or risk assessment has been completed and agreed by the relative manager as per the Control of Contractors policy. If work to be undertaken is particularly hazardous, this must not commence until the appropriate permit to work is obtained from the appropriate relative source/manager.

[3] *As defined in the Health and Safety at Work etc. Act 74, section 7 and Management of Health and Safety at Work Regulations 99, regulation 14*

5. Policy Arrangements

This policy will be delivered by:

1. Ensuring as a minimum, the requirements defined in this policy are met, and as a wholly owned subsidiary of Y&STHNHSFT will follow and comply with wider corporate Trust policy, procedures and arrangements in place to ensure work activities are carried out safely.
2. Ensuring compliance with all service level agreements with the Trust and meet agreed key performance indicators.
3. YTHFM has in place robust governance arrangements and structures to effectively manage business process including safety.
4. Ensuring competent advice on related estates and facilities topics, appropriate arrangements are developed as required and in place to fulfil YTHFM and Trust statutory duties and associated NHS guidance.
5. Where YTHFM is required to carry out work activity, for customers other than the Trust, YTHFM shall, in consultation and conjunction with the Trust, develop our own specific or additional policy, procedure or arrangements that will ensure customers are provided with assurance of YTHFM safety credentials and that these arrangements are not in conflict with Trust policy.

6. Policy Distribution

6.1 This policy will be implemented throughout YTHFM and will be available via:

- The organisation's intranet
- Toolbox talks
- Forms part of the agreed YTHFM induction training programme.

7. Main Policy References

- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended)[4].
- The Construction (Design Management) Regulations 2015

8. Training

8.1 The contents of this policy forms part of the mandatory health & safety training delivered at induction and refresher courses.

9. Due Regard Assessment ~~Equality~~ Impact Assessment

9.1 A copy of the Due Regard~~Equality~~ Impact Assessment for this policy is at Appendix A.

10. Accountability & Responsibilities

10.1 YTHFM corporate accountabilities and operational implementation, delivery and monitoring of this policy are defined in sections 4 and 5.

11. Consultation and Approval Process

11.1 The list below details the consultation, and approval process

- Y&STHNHSFT Board of Directors (for approval – reserved matter)
- YTHFM Management Group (for approval)

[4] Consideration and Cognisance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended)

- YTHFM Senior Leadership Team;
- YTHFM Operational Management Group
- YTHFM Staff-side Safety representatives (consultation)
- Group Health and Safety Committee (for information)
- Group JNCC (for information)

12. Document Control including Archiving

12.1 The register and archiving arrangements for policies will be managed by YTHFM.

132. Monitoring Compliance and Effectiveness

132.1 This policy will be monitored by YTHFM Management GroupBoard and in line with the Master Service Agreement (MSA), the Executive Performance & Assurance Meeting (EPAM) via reporting on compliance, safety performance, complaints and concerns.

14. Review and Revision Arrangements

141.1 The date of review is given on the front coversheet of this policy and noted in the footer of each page (this document is not controlled once printed; please ensure any printed copy is checked against YTHFM website).

141.2 The policy will be reviewed on an annual basis or earlier if subject to legislative changes.

Due Regard Impact Assessment Tool **Appendix A**

Name of Policy:	**YTHFM Health and Safety Policy**

1.	**What are the intended outcomes of this work?** The policy sets out the process for the YTHFM for effective health and safety management across all sites.	
2	**Who will be affected?** All YTHFM staff, temporary staff, contractors, including subcontractors and those carrying out product/service/equipment demonstrations and trials on site), visitors, patients and public etc. to the Trust and other customers.	
3	**What evidence have you considered?** Legislative compliance and OH&S guidance.	
a	**Disability -** The policy is inclusive	
b	**Sex -** The policy is inclusive	
c	**Race** - The policy is inclusive	
d	**Age** .- The policy is inclusive	
e	**Gender Reassignment** - The policy is inclusive	
f	**Sexual Orientation -** The policy is inclusive	
g	**Religion or Belief** - The policy is inclusive	
h	**Pregnancy and Maternity -** The policy is inclusive	
i	**Carers** - The policy is inclusive	
j	**Other Identified Groups** -The policy is inclusive	
4.	**Engagement and Involvement** The policy is inclusive	
a.	Was this work subject to consultation?	See below
b.	How have you engaged stakeholders in constructing the policy	See below
c.	If so, how have you engaged stakeholders in constructing the policy	See below
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs. Engagement and involvement of the development of the policy has included relevant YTHFM staff and relevant Trust Lead for health and safety.	
5.	**Consultation Outcome** The policy references and meets the requirements of the Policy for the Development and Management of Policies and relevant legislation. *Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups*	
a	Eliminate discrimination, harassment and victimisation	The policy is inclusive
b	Advance Equality of Opportunity	The policy is inclusive
c	Promote Good Relations Between Groups	The policy is inclusive
d	What is the overall impact?	The policy is inclusive
	Name of the Person who carried out this assessment: Penny Gilyard (Director Resources)	
	Date Assessment Completed 14 February 2022~~##/##/2022~~	
	Name of responsible Director (YTHFM) Penny Gilyard ~~NAME~~	

If you have identified a potential discriminatory impact of this procedural document, please advise the Director of Resources together with any suggestions as to the action required to avoid/reduce this impact.

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 March 2022
Modern Slavery Statement

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 Board is asked to approve the declaration and the agreed statement should be signed by the Chair and the Chief Executive and continue to be preseneted on the website.

Executive Summary – Key Points

The Modern Slavery Act 2015 is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is also obliged to comply with the Act. The legislation addresses slavery, servitude, forced or compulsory labour and human trafficking, and links to the transparency of supply chains.

Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods or services with a total turnover of not less than £36 million per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include the steps an organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its business. The statement must be approved by the Board of Directors and LLP Management Group.

The aim of the statement is to encourage transparency within organisations. There are potential consequences for organisations who fail to produce a slavery and human trafficking statement for a particular year. The statement has been prepared on a Group basis.

Recommendation

The Board is invited to approve the Modern Slavery Act Statement for publication on the Trust's website and members should support the Trust to foster a culture in which modern slavery is not tolerated in any form.

Modern Slavery and Human Trafficking Act 2015
Annual Statement 2021

York Teaching Hospital NHS Foundation Trust and York Teaching Hospital Facilities Management LLP (the Group) offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.

The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

York Teaching Hospital NHS Foundation Trust and York Teaching Hospital Facilities Management LLP provide 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. The annual turnover is approximately £0.6bn. We manage 8 hospital sites, 1,192 beds (including day-case beds) and have a workforce in excess of 9,000 staff working across our hospitals and in the community.

The Group has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking. There are robust recruitment policies and processes in place, including conducting eligibility to work in the UK checks for all directly employed staff and agencies on approved frameworks.

There are a range of equal opportunities controls in place to protect staff such as a Freedom to Speak Up Guardian, Fairness Champions and a Raising Concerns and Whistleblowing Policy.

The Group has in place a Standards of Business Conduct Policy which covers the way in which the organisation and staff behave.

The Procurement Department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and abide by the CIPS code of professional conduct. The intranet includes a link to an ethical procurement training module which is available to all members of staff. Competency assessments are currently being developed for all bands in the department some of which will include requirements around modern slavery.

The top 50% of suppliers nationally affirm their own compliance with the modern slavery and human trafficking act within their own organisation, sub-contracting arrangements and supply chain. The Group has written to its top suppliers requesting them to affirm their compliance with the legislation.

Modern Slavery is referenced in the Safeguarding Adults Policy and features as part of the safeguarding adults training following the changes in the Care Act. The Safeguarding Adults Staff intranet resource includes signposting to help and advice for patient's affected by Modern Slavery. In addition the safeguarding adults team have a delegated Modern Slavery Lead to ensure that all relevant national, regional and local context is embedded in processes in a timely manner. In the last year the Safeguarding Adults team have developed networking relationships with Trading Standards where concerns cans be raised with them without breaching patient confidentiality.

The Group has evaluated the principle risks related to slavery and human trafficking and identify them as:

- Reputational
- Lack of assurances from suppliers
- Lack of anti–slavery clauses in contracts
- Training staff to maintain the Group's position around anti-slavery and human trafficking.

Aim

The aim of this statement is to demonstrate the Group follows good practice and all reasonable steps are taken to prevent slavery and human trafficking.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility lead for overall compliance.

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

……………………………	…………………………………
Alan Downey	Simon Morritt
Chair	Chief Executive

1 April 2022

……………………………	…………………………………..
Mike Keaney	Penny Gilyard
Chair (YTHFM LLP)	Director of Resources (YTHFM LLP)

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
30 March 2022
Tendering Limit change in the 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

Request for update to tendering limits as part of the SFI's

/ Executive Summary – Key Points

The current requirement is to tender where the value is greater than £25,000
This value has not changed for 10+ years. It is out of line with our other ICS acute partners. It is requested that the new value is £50,000 (inc VAT) please.

/ Recommendation

Please consider and approve

Author: Ian Willis

Director Sponsor: Andrew Bertram

Date: 17th March 2022