York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 29th June 2022
Time: 9:00am – 11:15am

Boardroom, Trust HQ, 2nd Floor, 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 29th June 2022

TIME	MEETING	ATTENDEES
9:00 – 11:15	**Board of Directors meeting held in public**	**Board of Directors Members of the Public**
12:00 – 2:00	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	-	9.00
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 25 May 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	A2	18	
6.	**Patient Story** To receive a patient story.	Chief Nurse	Verbal	-	9.05
7.	**Chief Executive's Update** To receive an update from the Chief Executive.	Chief Executive	B	19	9.25

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ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
Trust Priority: Our People					
8.	**Nurse Staffing Report** To receive the report.	Chief Nurse	C	23	9.45
9.	**Resources Assurance Committee Minutes** To receive and note the minutes of the meeting held on 17 May and to receive and discuss the escalation report from 21 June.	Committee Chair	D	35	9.55
Trust Priority: Quality and Safety					
10.	**CQC Report** To note the verbal update.	Chief Nurse	E	47	10.00
11.	**Ockenden Report Update** To receive the report to include: • Perinatal Clinical Quality Surveillance Report • Continuity of Carer Report Appendix A - G	Chief Nurse	F	53	10.15
12.	**Quality Assurance Committee Minutes** To receive and note the minutes of the meeting held on 17 May and to receive and discuss the escalation report from 21 June.	Committee Chair	G	59	10.30
Trust Priority: Elective Recovery **Trust Priority: Acute Flow**					

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ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
13.	**Integrated Board Report** Elective Recovery and Acute Flow focus Detailed Integrated Report	All	H	71	10.35
	Governance				
14.	**Finance Report Update** To receive the report to include: • Trust May Finance Position • Final 2022/23 Finance Plan • Draft Capital Programme and Priorities for 2022/23 Appendix 1 - 9	Finance Director	 I J K	 85 93 101	10:45
15.	**Trust Revised Governance Structure** To approve the revised Board of Directors Committees terms of reference.	Associate Director of Corporate Governance	L	109	10.55
16.	**2022/23 Board Assurance Framework** To approve the report. Board Assurance Framework	Associate Director of Corporate Governance	M	147	11.05
17.	**Any other business including questions from the public**	Chair	Verbal	-	11.10
17.1 17.2	• June Executive Committee minutes • Star Award nominations - July				
18.	**Time and Date of next meeting** The next meeting held in public will be on 27 July 2022.				

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ITEM	SUBJECT	LEAD	PAPER	PAGE	TIME
19.	**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.				
20.	**Close**				11.15

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York and Scarborough Teaching Hospitals
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Minutes
Board of Directors Meeting (Public)
25 May 2022

Minutes of the Public Board of Directors meeting held on Wednesday 25 May 2022 in The Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital, commenced at 9:00am and concluded at 10:15am.

Members present:

Non-executive Directors
- Alan Downey (Chair)
- Jenny McAleese
- Steve Holmberg
- Lynne Mellor
- Jim Dillon
- Matt Morgan
- Lorraine Boyd
- Denise McConnell

Associate Non-executive Directors
No associate Non-executives Directors present

Executive Directors
- Simon Morritt, Chief Executive
- Andrew Bertram, Deputy Chief Executive/Finance Director
- Heather McNair, Chief Nurse
- Wendy Scott, Chief Operating Officer
- Polly McMeekin, Director of Workforce & Organisational Development
- Andy Williams, Interim Chief Digital Information Officer
- Jim Taylor, Medical Director

Corporate Directors
- Lucy Brown, Director of Communications

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

Observers:
No observers present

The Chair welcomed everyone to the meeting.

22/01 Apologies for absence
Apologies were received from:

- Associate Non-executive Director, Ash Clay (AC)

22/03 Declaration of Interests
There were no declarations of interest to note.

22/04 Minutes of the meeting held on 30 March 2022
21/147 Matters arising from the minutes. It was noted that the two action points included in this minute were not yet completed as indicated. 21/139 was an ongoing action and 21/142 had not yet been included in the Board Assurance Framework as suggested. In view of these amendments, the Board approved the minutes of the meeting held on 30 March 2022 as an accurate record of the meeting.

The Board:
Approved the minutes of the meeting held on 30 March 2022 subject to the points raised.

22/05 Matters arising from the minutes
The Chair highlighted the Working Towards a Healthy Bridlington engagement session that had been postponed and was pleased to confirm that a new rearranged date of 30 June had been organised.

22/06 Patient Story
Matron Nicola Lockwood attended the meeting to present the story of Naomi's experience as the mother of a six-month-old son who had been a patient of the Trust. Nicola described how Naomi had recently spent just over a week on ward 17 after her six-month-old son developed meningitis. This was a traumatic time which was frightening to experience, especially as she was with her son alone, leaving her husband and three-year-old daughter at home. With no support, and very challenging days involving medical procedures and tests for her son, she was struggling with no sleep and feeling emotionally exhausted. She noted that the care her son received was incredible. Every single member of staff on the ward treated her and her son with care and compassion. The nurses were amazing, always allowing her to ask questions and to offload if needed. Despite being busy, everyone offered her support and a shoulder to cry on (literally), especially after her son had an unexpected seizure. The skills and expertise of the staff on the ward were the reason they have their happy baby boy at home. Naomi noted that she could not thank then entire team enough, in particular Dr Alex, Registrar, who diagnosed her son enabling him to have the correct treatment and gave him the best follow up care during his stay; and Dr Luke, Consultant, who explained everything throughout her son's seizure and kept her calm, informed and supported. To the play specialists who offered their time so she could have a shower - thank you! And to all the nurses - you were all amazing and Naomi wanted to thank each and every one of them - they all had a positive impact on their stay and each of them made a difference to an incredibly difficult situation which Naomi would not forget.

Nicola also explained Naomi's experience with Deputy Sister Sarah Jones. Naomi had first met Sarah when her son was admitted, and then later during his stay as she looked after him for several nights. Naomi had spent a lot of time in hospitals with both of her children, and immediately she could see that Sarah was the most incredible nurse. Not only was she professional, personable and calm, she was friendly and approachable and clearly went above and beyond to look after all her patients. On her fourth night in hospital,

after about an hour's sleep since arriving, Naomi was utterly at breaking point. She felt it was easy in hospital to feel helpless and overwhelmed as a parent, and even more difficult when only one parent could be on the ward. Sarah offered to look after her son and set up a bed in a free room so that she could get some much-needed sleep. This may have been something that came naturally, but to Naomi it meant the world. She was able to get a few hours of sleep to enable her to better deal with the challenges of the following day when her son had a seizure. Again, on the night after this traumatic day, Sarah watched her son so she could sleep. Naomi could not thank Sarah enough for saving her with this act of kindness on top of all the other things she did during their stay on the ward. She was clearly a very special nurse and a lovely person, and it was hoped that she would know that she made a real difference to Naomi that she won't forget. Thank you

The Board asked for their thanks to be shared will all of those who were involved in the care of Naomi and her son. It was a reminder that kindness and compassion are at the core of the Trust's values.

Non-Executive Director Matt Morgan enquired whether there was more that the Board could be doing to support Trust staff in going above and beyond. Feedback was noted that staff were generally empowered and staff worked collaboratively to encourage one another to use their discretion. Dialogue with junior staff can be difficult and staff worked hard to support them to feel safe and empowered to have those often difficult conversations and make autonomous decisions. Being able to share the Board feedback would help them to realise that their decisions were advocated. The Chair highlighted the importance of creating and encouraging a culture in which staff felt empowered and safe.

The Board:

- **Noted the contents of the presentation.**
- **Thanked Nicola for attending.**

Actions:

- **No actions.**

22/07 Chief Executive's Update

The Chief Executive presented the report to the Board and highlighted some key additions to note:

- Operational pressures – community cases and hospital inpatient numbers were seeing a sustained decline. Notification from NHS Chief Executive, Amanda Pritchard, was that a decision had been made to reclassify the incident from a Level 4 incident (National) to a Level 3 (Regional). The Trust was awaiting formal information about the implications for Trusts.
- The Board had agreed on four priorities for the year ahead: Our People; Patient Safety and Quality; Emergency and Acute Flow; and the Elective Backlog. The process of communicating these with the wider organisation had begun
- The sustainability grant to improve energy use and sustainability had now been received. This was set to enhance improvements in the Trust's carbon footprint in particular for its Bridlington and York hospital sites
- The Trust's Research and Development team attended the first National Institute for Health and Care Research Awards for Yorkshire and the Humber earlier in the month. The Board congratulated the team who were up for an impressive four awards and came away with two. Claire Brookes was named as Research Practitioner of the Year and Dr Dave Yates won an award for Outstanding Contribution to Research.

- HSJ Awards 2022 – The Chief Executive highlighted that the HSJ were holding their Standard for Healthcare Excellence Awards later in the year of which there were 25 categories. The Board noted that the deadline for the entries had been extended to 10 June and were aware that some submissions of nominations had already been made by the Trust.

The Board:

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

Actions:

- **No actions.**

22/08 Board Assurance Framework 2021/22

The Associate Director of Corporate Governance presented the final version of the 2021/22 Board Assurance Framework. The Board noted that the framework was also referenced in the Trust's Annual Governance Statement as a solid evidence of the effectiveness of controls that manage the risks to the organisation in achieving its strategic objectives.

The Board:

- **Noted the final version of the 2021/22 Board Assurance Framework.**

Actions:

- **No actions.**

22/09 Nurse Staffing Report

The Chief Nurse presented the report which provided information and assurance to the Board on how the Trust had responded to provide safe and effective nursing staffing levels during March 2022. The Board were assured of the continuing work to maintain the nursing workforce and sustain safe staffing levels. The Board noted the importance of responding with pace and determination to the shortcomings identified by the CQC following their recent inspection. The Board also noted the steps the Trust had taken to escalate the shortfall in staffing (described in Appendix A) following the recent CQC visit.

The Chief Nurse outlined the work streams ongoing as part of the priority development work around retention of workforce, including: retention of international nurses with a robust induction and career development programme; an opportunities pathway for nurses to develop; and an effective flexible working programme.

The Board:

- **Received and noted the report.**

Actions:

- **No actions.**

22/10 Nurse Recruitment and Retention Report

The Chief Nurse presented the report and updated the Board in relation to the recruitment and retention figures for the registered and non–registered nursing workforce within the organisation. She also described the plans for retention under a number of initiatives and the key ambitions of the NHS People Plan (2020/21) and Improving Staff Retention (NHS Employers 2022) with a proposal for an organisational retention strategy.

The Chief Nurse reported that there had been a stark increase in the turnover rate for both registered and non-registered nurses and in May 2021 the turnover rate for registered nurses was 7.81% which equated to an average of 16.51 leavers per month across the whole organisation. In terms of non-registered nurses this was 15.9% for May 2021.

The Board noted that retention was a key focus. Consideration could be given to recruiting further international nurses, though it was acknowledged that it was challenging to provide the right level of support. 2022/23 may see a rise in new starter numbers, but York University had not substantially increased its numbers of nursing students. The Board acknowledged the need to develop and maintain strong relationships with all local universities, including York, York St John and Coventry. The Board had a detailed discussion around building better partnering relationships with local universities, in particular York St John, and understanding what the Trust can do better to support them with the intake of additional students. It was also suggested that the Trust work closely with Coventry University (previously students rated its nursing placements second in the country for student satisfaction). Students carry out their placements at hospitals and in community settings across the region with various supporting organisations. Non-Executive Director Jim Dillon highlighted his previous work with the University and advised that there may be an opportunity for Coventry to take premises in York and develop courses in the city. He agreed to take this proposal forward on behalf of the Board.

Non-Executive Director Lynne Mellor highlighted page 42 of the report in relation to the quality indicators: there was a correlation between quality of care and nurse staffing levels and a requirement for a change to the current nursing quality indicator dashboard. There were also issues with dashboard availability due to resource pressures in the Digital Information Services (DIS) team. The Interim Chief Digital Information Officer agreed to look into this issue.

Non-executive Director Jenny McAleese addressed the Board in relation to the retention focus and questioned the Trust's approach to learning from staff exit interviews. The Director of Workforce and Organisational Development advised that there was a low percentage of exit interview completion. Many exit interviews appeared to be informal chats rather than something more formal and recorded. She acknowledged that there was more work and improvement to be done in this area and appreciated that a key benefit of exit interviews was to identify themes and similar patterns of behaviour.

The Board:

- **Received and noted the report.**

Actions:

- **Non-executive Director Jim Dillon, commence discussions with Coventry University on behalf of the Board in relation to premises in York to develop courses in the city.**
- **Interim Chief Digital Information Officer to investigate DIS resource pressures in relation to the nursing quality indicator dashboard**

22/11 Final Ockenden Report and Trust Updates

The Chief Nurse presented the report and provided the Board with the month's oversight of perinatal clinical quality ensuring a transparent and proactive approach to Maternity Services across the Trust. The report also included an introduction to Ockenden, Clinical Negligence Scheme and Continuity of Carer for context. The purpose of the report was to

provide assurance surrounding any identified issues, themes and trends to demonstrate an embedded culture of continuous improvement.

The Chief Nurse referred to the Maternity Incentive Scheme (The NHS Resolution Clinical Negligence Scheme (CNST)) and reminded the Board that the scheme has been paused since November 2021 considering the staffing pressures on maternity services. Maternity services considered enacting the elements of CNST 'business as usual' and were to continue to progress the current action plans until further information was provided by NHS Resolution. Whilst not presently formally published, the Chief Nurse advised that recent email correspondence with NHS Resolution suggested revised deadlines were to be January 2023.

The Chief Nurse advised that the Ockenden final report was published on 30 March 2022. The Board were advised that there were 15 actions (with 92 sub points) for maternity services in addition to the seven Immediate and Essential Actions (IEA's) published in December 2020. The national and regional NHSEI Maternity teams had advised that they were to await the findings of the East Kent report at the end of June 2022 before issuing Trusts with tools for assurance and benchmarking in relation to Ockenden Report – final. The suggestion from NHSEI was for the Trust to focus on the seven initial IEAs published December 2020. Taking this into account, the Board noted that the progress made on the seven IEAs with four actions still outstanding compliance:

- Staff Training and working together – implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week
- Risk Assessment throughout pregnancy
- Monitoring Foetal Wellbeing
- Informed consent

The action around informed consent included a pathway of care clearly described in written formats consistent with NHS Policy and posted on the Trust website and despite this being the case, it was recognised that the Trust website was difficult to navigate to locate the relevant information. The Director of Communications agreed to assess the site and propose alternative communication practices through the website to meet the compliance required.

Board members noted with concern the recent publication by NHSE/I of a table of progress against the Ockenden requirements for each Trust by region in their Board papers on the 24th May 2022. It was worrying that the Trust was at present amongst the lowest in its compliance. However, it was important to note that although the regional team updated the dashboard once it received the Trust's evidence, it was unclear how often NHSE/I published the updated dashboard and consequently the data may not be aligned with the actual progress made by the Trust against the requirements.

The Board acknowledged the continued efforts to complete the seven initial IEAs and that preparation for the regional and LMNS assurance visit was underway for the 23 June 2023. The Chief Nurse advised that she had also agreed to establish a Maternity Transformation Board under the Building Better Care Programme, to be jointly chaired by herself and Non-Executive Director Lorraine Boyd. The Maternity Transformation Board was to discuss the Ockenden agenda and provide the focus that was needed to take it forward.

Non-Executive Director Lynne Mellor referred to the final action plan (page 84 – 90) and suggested that this should go into further detail by illustrating a clear structure with

numbering of the requirements and a clear indicator of the deadline, what progress had been made and when completed with key contacts against them.

CNST Year 4 Safety Action 4 Assurance

The Board received the report which provided assurance on the Clinical Negligence Scheme for Trusts (CNST) Safety Action 4, demonstrating an effective system of clinical workforce planning to the required standard. The Board acknowledged that the Datix trigger list had been updated to include this trigger and that all Datix reported were reviewed daily by the Quality and Governance Team and discussed weekly at the Maternity Case review meetings. Any incidents of this type resulting in moderate and above harm would be reviewed by Patient Safety Incident Review at corporate level and any action planning agreed.

The Board:

- **Noted and received the report.**

Actions:

- **Trust Website - The Director of Communications agreed to assess the site and propose alternative communication practices to meet the compliance required NHS Policy posted on the Trust website.**

22/12 Care Quality Commission (CQC) Update

The Chief Nurse presented the report and provided the Board 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.

The Chief Nurse highlighted that there were a number of outstanding actions which remained a concern. There was genuine concern from the Board in relation to the report and its content and recognition that this was not yet the final report.

The Board:

- **Accept the 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.**
- **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.**

Actions:

- **No actions.**

22/13 Quality Assurance Committee Minutes

Minutes of Quality Assurance Committee 22 March 2022

The Board noted the minutes of the Quality Assurance Committee held on 22 March 2022 meeting.

Minutes of Quality Assurance Committee 19 April 2022

The Board noted the minutes of the Quality Assurance Committee held on 19 April 2022 meeting.

22/14 Group Audit Committee Minutes

Minutes of Group Audit Committee 17 March 2022

The Board noted the minutes of the Group Audit Committee held on 17 March 2022 meeting.

22/15 Resources Assurance Committee Minutes

Minutes of Resources Assurance Committee 22 March 2022

The Board noted the minutes of the Resources Assurance Committee held on 22 March 2022 meeting.

Minutes of Resources Assurance Committee 19 April 2022

The Board noted the minutes of the Resources Assurance Committee held on 19 April 2022 meeting.

22/16 Integrated Business Report

The Associate Director of Corporate Governance presented the report. The Board noted the detailed summaries in the report for the following areas with nothing additional raised to note:

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

The Board acknowledged the report and noted that the IBR was set to drive Board discussions going forwards.

The Board:

- **Received and noted the report.**

Actions:

- **No actions.**

22/17 Annual Provider Licence – Self Certification

The Associate Director of Corporate Governance presented the report and sought approval from the Board for the signing of the self certification for G6, CoS7, FT4 and Governor Training. These self certifications were against the following conditions:

- The provider has taken all precautions necessary to comply with the licence NHS Acts and NHS Constitution (Condition G6(3))
- The provider has complied with required governance arrangements (Condition FT4(8))
- If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designate service (Condition CoS7(3)

The Board noted that the Trust was required to self-certify whether or not it had complied with the conditions of the NHS Provider Licence which included the requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008,

the Health Act 2009 and the Health and Social Care Act 2012. The Trust was also to self-certify to have the required resources available if providing commissioner requested services and have complied with governance requirements.

Non-Executive Director Jenny McAleese referenced the Head of Internal Audit Opinion for 2021/22 and stressed that this should refer to the 'draft' at this stage as the final had not yet been received.

The Board:

- **Approved the signing of the self-certification for G6, CoS7 and Governor Training**

Actions:

- **No actions.**

22/18 Fit and Proper Person Review

The Associate Director of Corporate Governance presented the report and assured the Board of the Trust compliance in relation to the CQC Fit and Proper Person Regulation and the Annual Declarations of Interest has been completed and returned.

The Board:

- **Received and noted the assurance provided in relation to the Fit and Proper Person Annual Review and the Annual Declarations by the Board.**

Actions:

- **No actions.**

22/19 Any Other Business

The Associate Director of Corporate Governance requested Board Seal of approval Underlease documentation for the Trust's occupation, via YTHFM, of the Lantern Unit at the York Community Stadium. The underlease had been arranged upon the instruction of the Trust and with the support of external professional advisors. The Superior Lease of the unit was between Greenwich Leisure Limited and City of York Council.

The Board:

- **Approved the seal of the underlease.**

Actions:

- **No actions.**

22/20 Time and Date of next meeting

The next public meeting of the Board of Directors will be held on 29 June 2022.

Action No.	Date of Meeting	Public/Private	Title	Action (from Minute)	Executive Lead/Owner	Update / comments	Due Date	Status
4	25 May 2022	Public	Nurse Recruitment and Retention Report	Commence discussions with Coventry University on behalf of the Board in relation to premises in York to develop courses in the city.	Non-executive Director Jim Dillon		Jul-22	Outstanding
5	25 May 2022	Public	Nurse Recruitment and Retention Report	Investigate DIS resource pressures in relation to the nursing quality indicator dashboard	Interim Chief Digital Information Officer		Jul-22	Outstanding
6	25 May 2022	Public	Final Ockenden Report	Trust Website - The Director of Communications agreed to assess the site and propose alternative communication practices to meet the compliance required NHS Policy posted on the Trust website	Director of Communications	The Communications team had worked with the Trust's 'Digital Midwife' to make a number of changes to the maternity information on our website. The deadline for this is 23 June, however all of the work was already complete (16.06.22).	Jun-22	Complete

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
29 June 2022
Chief Executive's Overview

Trust Priorities

- ☒ Our People
- ☒ Quality and Safety
- ☒ Elective Recovery
- ☒ Acute Flow

Board Assurance Framework

- ☒ Quality Standards
- ☒ Safety Standards
- ☒ Performance Targets
- ☒ Integrated Care System
- ☒ Workforce
- ☒ Financial
- ☒ DIS Service Standards

Report History – N/a

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 areas:

- Operational update
- Care Quality Commission (CQC) report published
- Staff recognition events
- Surgical robot arrives in York
- Humber and North Yorkshire Health and Care Partnership update
- Director appointments

Recommendation

For the Board of Directors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: 29 June 2022

1. Operational update

In response to new national guidance in the management of Covid-19, we continue to move towards Living with Covid and have updated our infection prevention guidelines accordingly. One of the key changes is that staff and visitors now only need to wear masks in Covid-19 wards, high dependency areas such as ITU and SCBU and in high risk areas including renal units, haematology and oncology and our emergency departments. Health and care staff are already not required to wear facemasks in non-clinical areas such as offices or social and community settings, unless this is their personal preference or there are specific issues raised by a risk assessment.

In addition, visiting has reverted back to pre-pandemic guidance in most inpatient areas, with the exception of the high risk ward areas and some departments. Visiting makes an enormous contribution to the wellbeing and care of patients and it is good news for our patients that we have reached this point in the pandemic. Having support from families can also help alleviate pressure on our ward staff which I am sure is much appreciated.

Whilst it is pleasing to see a reduction in Covid-19 restrictions, it is of the course the case that Covid-19 continues to circulate in our communities and we have seen a slight increase in cases in patients in our hospitals in recent days. We continue to monitor this closely so that we can respond quickly if we need to escalate or open additional Covid-related capacity.

2. Care Quality Commission (CQC) report published

The CQC's report following their unannounced visit to York Hospital at the end of March 2022 has now been published, and can be viewed on the CQC's website:

Specific services were not rated as part of this inspection and the overall rating for the Trust will remain the same until after we are revisited later in the year.

The report highlights a number of concerns requiring immediate action, and we have also been issued with a Section 29A Warning Notice.

We are finalising our action plan in response to this which we will need to submit to the CQC in early July. This will be included on the agenda for our next Board meeting.

We absolutely recognise the seriousness of the concerns raised by the CQC and since their visit there have been a number of actions taken, including an immediate inspection of every patient's care on medical wards, including documentation and risk assessments.

3. Staff recognition events

This month, for the first time since 2019, we have hosted our events to recognise staff who have achieved 25 or 40 years' service with the NHS. It is great to be able to return to face

to face events such as this, and to be in a room with so many people who have given so much to support our patients is truly inspiring.

Last week we also announced the winners and finalists of this year's Junior Doctor awards, which recognise the extraordinary work of our junior doctors and consultants. This year's winners are:

- Team player - Dr Stuart Place
- Rising star - Dr Mohamed Ismail
- Compassionate Care - Dr Sennia Ahmed and Dr Phillip Forrester
- Outstanding contribution to research/QI/|Education - Dr Ruth Barker
- Educational/Clinical Supervisor - Dr Elizabeth Baker
- Unsung hero - Dr Mohamad Kajouj

These awards are an excellent way to shine a light on the achievements of this vital group of staff, and the colleagues that support and work alongside them. Congratulations to the winners and nominees.

Finally, I am delighted to say that we will be opening the nominations at the end of this month for our annual Celebration of Achievement Awards. Every day in our Trust dedicated teams and individuals go to extraordinary lengths to provide exceptional care and fantastic services, and we have seen this put to the test more than ever during the pandemic.

We have a lot to be proud of as an organisation and these awards are an opportunity to recognise individuals and teams for their contributions. I am sure we will have no shortage of worthy nominees, and I look forward to the event in September.

4. Surgical robot arrives in York

A number of Board members attended an event this month to celebrate the purchase of a new robotic surgical system which enables surgeons to perform delicate and complex operations through a few small incisions.

The surgical robot has been funded by local charity York Against Cancer with a generous donation of £680k over the next two years to enable the operation of the robot.

The innovative technology is less invasive than open surgery and allows more precision in difficult to access areas than traditional key-hole surgery, leading to fewer complications. It is suitable for a wide range of procedures including cancers in hard to reach areas.

Our surgeons and patients are already putting the equipment to good use and have seen benefits for patients already, including a shorter stay in hospital.

It means we can provide more complex surgery minimally invasively, build up our services and help with recruitment, allowing us to catch up with other hospitals that are already using this technology.

5. Humber and North Yorkshire Health and Care Partnership update

On 1 July 2022 Integrated Care Systems (ICSs) will be put on a statutory footing. Our ICS is Humber and North Yorkshire Health and Care Partnership. Each ICS will be led by an NHS Integrated Care Board (ICB) which will take over the statutory responsibility for NHS functions and budgets currently held by (CCGs).

The Humber and North Yorkshire Health and Care Partnership is a collaborative of health and care organisations striving to improve the health and wellbeing of the population as well as the quality and effectiveness of the services provided.

The ICB will meet formally for the first time on 1 July 2022, and I will be attending this meeting in my role as Provider Partner Member of the ICB.

6. Director appointments

Finally, an update on some changes to our Board membership. After seven years as medical director and over 20 years with the Trust, Jim Taylor will be retiring at the end of November. We will have many chances to thank Jim more formally before he leaves us, however I would like to take this opportunity to publicly recognise Jim's significant contribution during his time at the Trust, both as a surgeon and in a range of clinical leadership roles. We have begun the process to recruit a new medical director, and I will keep you updated on progress in the coming months.

Wendy Scott, Chief Operating Officer, will also be leaving us at the end of this month to take up a secondment as Director of the Humber and North Yorkshire Collaborative of Acute Providers. Wendy has been Chief Operating Officer since 2017, and whilst we will miss her being part of this organisation she will still be working closely with our Trust and the other acute providers in our patch in her new role. I am sure you will join me in thanking Wendy for her hard work and commitment during her time here, and in wishing her every success in this role. During the period of Wendy's secondment, Deputy Chief Operating Officer Melanie Liley will take up the role of Chief Operating Officer on an interim basis. Melanie will also continue in her Chief AHP role during this time.

Finally, we will welcome our new Chief Digital Information Officer James Hawkins at the end of August. James is a highly experienced digital, technology and business leader who has led some of the highest profile digital programmes, products and services in the public and private sector. James joins us from NHS Digital where he has had several different roles on the executive team and has been central to the delivery of many of the national NHS IT systems and services and commercial frameworks. These include the NHS App, NHS.UK, NHS 111, NHS Summary Care Records and the GP IT Commercial Framework. I know that James is looking forward to joining the Trust and building on the great progress made by Dylan Roberts and the team over the last couple of years.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
29 June 2022
Nurse Workforce Report

Trust Priorities

- ☒ Our People
- ☒ Quality and Safety
- ☐ Elective Recovery
- ☐ Acute Flow

Board Assurance Framework

- ☒ Quality Standards
- ☒ Safety Standards
- ☐ Performance Targets
- ☐ Integrated Care System
- ☒ Workforce
- ☐ Financial
- ☐ DIS Service Standards

Report History - *(Where the paper has previously been reported to date, if applicable)*

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 April 2022. This will include the requirement to submit the safer staffing metrics using Care Hours per Patient Day (CHPPD).

Executive Summary

- The Quality Assurance Committee is asked to accept this report as assurance of the continued work to maintain the nursing workforce and sustain safe staffing levels and consideration of the recent retention figures.
- Acknowledge the ongoing work in regard to retention and consequent actions
- Undertaking of the Safer Nursing Care Tool in June 2022 to assist and strengthen the establishment reviews.
- Ongoing response to the CQC inspection in regard to nurse staffing levels

Detailed Recommendation

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

Author: Emma George, Assistant Chief Nurse

Director Sponsor: Heather McNair, Chief Nurse

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

Care Group	Day				Night			
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
CG1	76%	75%	21%	-	84%	97%	0%	-
CG2	81%	91%	10%	-	88%	98%	13%	-
CG3	78%	86%	-	-	86%	99%	-	-
CG4	67%	72%	-	-	100%	82%	-	-
CG5	75%	77%	-	-	90%	90%	-	-
CG6	-	-	-	-	-	-	-	-
Total	77%	82%	23%	-	87%	97%	5%	-

The average day fill rate in April for Registered Nurses/Midwives was 74%, this is a 3% improvement from March 2022 and for Non – Registered Nurses, 82%, which indicates a 8% improvement since March.

There are 22 Wards below the 80% average RN day fill rate, an improvement from March 2022, 2 of these are in Bridlington Hospital and work below their occupancy. Two are the paediatric wards on both sites. Of the 22 wards, 7 are on the Scarborough site, 2 on the Bridlington site and 13 in York. Within the 22 wards, 5 also had a HCA compliance of below 80%, these were 1 older adult ward, CCU in York, Ward 31, oncology, AMB which is the older adults acute ward and the paediatric ward in Scarborough.

There are 9 wards below 80% RN fill rate for nights which shows an improvement of 2 wards since March 2022. CCU in York the RN is regularly deployed to support the cardiology ward and the Cardiac Outreach Nurse supports CCU.

As part of ongoing development work there will be further training in safecare compliance and context narrative behind these figures from the Care Groups. Safecare compliance has deteriorated in some ward areas and therefore this information can be inaccurate where this is the case.

Temporary Staffing

The Temporary Staffing Team continues to co-ordinate high levels of demand with agency HCA usage is the highest since March 2020. Work continues with our Framework compliant agencies to maximise their fill rates with the aim to reduce the level of Thornbury requests.

Statutory and Mandatory training compliance remains over 80% for bank only workers in line with the Trust threshold. Alongside this we are making significant progress in relation to offering bank only workers an appraisal in line with this years appraisal window. This is part of our ongoing effort to support bank staff, promote fairness and transparency and to give our workforce the opportunity to talk about their own development.

Demand remains high, leading to record numbers of nursing shifts being requested, with some weeks recording in excess of 3,000 shift requests.

The Trust is reporting a significant unmet need in relation to temporary staffing requests for registered and unregistered nurses (table 2). In April 2022, 44% of all shift requests were unfilled, the same as March 2022.

Table 2

Month	01/04/2022															
	Requested			Agency Filled			% of requested duties	Bank Filled			% of requested duties	Total % of duties filled	Unfilled			% Unfilled
	HCA	RN	Total	HCA	RN	Total		HCA	RN	Total			HCA	RN	Total	
Trust	6376	6634	13010	111	1176	1287	10%	3404	2594	5998	46%	56%	2861	2864	5725	44%
York	4087	4436	8523	110	821	931	11%	2088	1803	3891	46%	57%	1889	1812	3701	43%
Scarborough	2289	2198	4487	1	355	356	8%	1316	791	2107	47%	55%	972	1052	2024	45%

Table 3

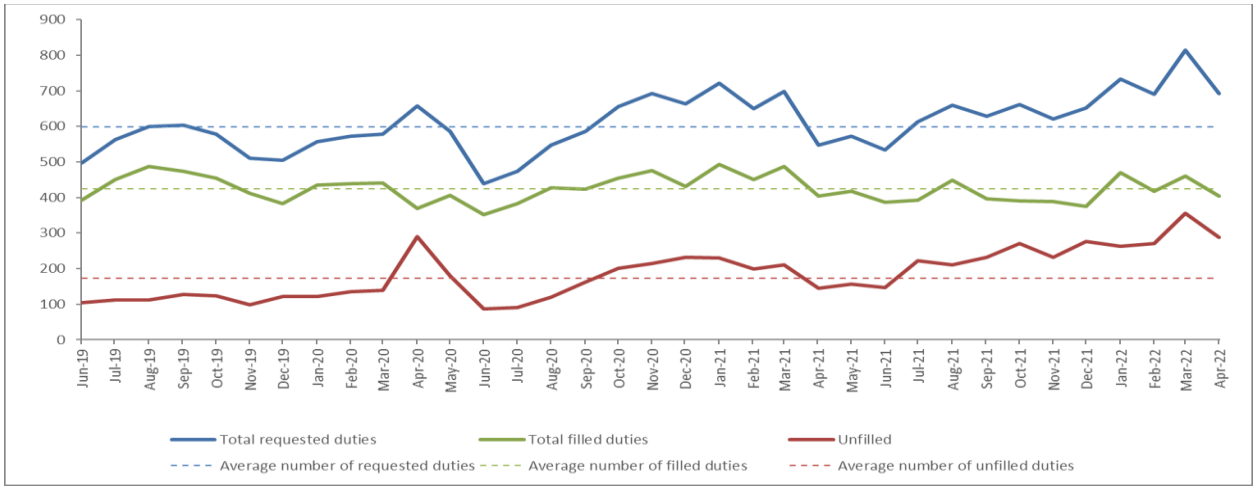

Table 3: The requested, filled and unfilled duties since Jun 2019

Demand for agency nurses remains high and does fluctuate but has remained above average since July 2021, showing an increase month of month

Sickness

Registered Nurses & Midwifery monthly sickness rate for April 22 was 7.27% (compared to 7.83% the previous month). The annual sickness rate for the 12 months to April 22 was 6.27%. Nursing support roles monthly sickness rate for April 22 was 8.95% (compared to 9.24% the previous month). The annual sickness rate for the 12 months to April 22 was 8.47%. This has shown an improvement since March 2022.

Workforce deployment and escalation

In April 2022 working collaboratively with senior nursing colleagues the process for deploying the nursing workforce and how it is escalated and mitigated has been through a

transformation. This process describes the actions to take when the planned staffing levels fall below the agreed nurse establishment or is sub optimal when:

- The available staffing does not meet the patient's acuity and dependency needs.
- Short term absence
- The agreed nursing establishment does not meet the acuity and dependency of the patients due to skill mix, an increase in patient flow or inability to meet the needs of the patients.

An SOP has been developed entitled '**Daily Nursing Escalation '<u>Adult Inpatients Wards,</u>** detailing the process has been trialled and is now embedded across both sites. There is now an ability to identify where wards require additional support and the impact of this on the fundamental basic cares and where support can be deployed on a daily basis from volunteers and staff who have offered time to support wards.

A review of all ward establishments is underway and will be completed in July 2022. Care Group teams have reviewed the previous establishments and there is now a final process of checking and confirming. This will be presented to the executive committee in July 2022. In terms of strategic planning the next step is well underway to review and develop a proposal to support investment aligned to the establishment review to ensure the entire identified requirement is met.

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

A trust wide daily data collection of the Safer Nursing Care Tool (SNCT) will commence 6 June 2022 and a dedicated Matron supporting this is leading this project to ensure it is embedded and sustained.

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 May 2022 with senior ward nurses by NHSE/I and the seconded Matron. 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 4 Nurse Vacancy Levels Trust wide April 2022

Nurse Midwifery and Care Staff – Staffing Data - April 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	2,309.62	129.62	1,136.25	2,077.97	152.11	992.21	13.03	0.00	5.64	11.20	0.00	17.73	233.48	-22.49	131.95	10.11%	-17.35%	11.61%

Table 4 details the April 2022, vacancy position for the Trust and for York, Scarborough and Bridlington sites there continues to be an increase in the net RN vacancy (Band 5- 8)

presenting a further deterioration by 0.70% and for Band 2-3 an increase vacancy of 0.47%. In April 2022 the following RN and HCA posts were recruited.

	Nurses (Band 5) WTE	Healthcare support workers (band 2)
Trust Wide	28.93	57.06
York	22.53	32.43
Scarborough	6.4	23.63

An additional paper was presented to Quality Committee in May 2022 detailing an update on our nurse workforce and retention position.

2.2 Management of Nurse Staffing Levels in April 2022

Incentives

There has been of the winter incentive programme to enable learning from this winter and to support plans for the winter 2022/23.

In anticipation of a difficult winter, the Trust developed an action plan to try and help mitigate against workforce shortages to the extent that was possible. The plan was reviewed and approved by Executive Committee in November 2022. Part of the plan included Bank incentives with a more narrow focus than in previous years, designed to drive shift pick-ups in professions where the Trust was facing its biggest overall shortages as a proportion of the establishment for that workforce. Over winter, a total of 35,434 shifts were subsequently offered to Bank staff at a higher rate than the plan (in the period up to 24 April 2022), mostly at either 60% or 40%. Demand over the same period increased by 10.5% (from 38536 shifts to 42583).

These incentives are flexible and are being reviewed on a regular basis to target areas where additional support may be required. An agreement has been made for incentives to be more targeted and planned so staff can consider if they would like to work rather than it being responsive and in the moment at times for example over bank holiday periods.

2.3 Quality indicators

There is a clear correlation between the increases in falls and pressure ulcer prevalence and the delivery of basic fundamental cares being delivered in ward areas; this is aligned to RN and HCA availability that is below current established levels. Root Cause Analysis indicates that nurse staffing levels is having an impact increase due to the unavailability to re assess patients at risk of falls which is an RN role. CHPPD indicates a further deterioration in care hours and this impacts quality of care. Where wards are deemed as red there is a visible check of the ward and a check that basic patient needs are being met and where there isn't additional support is deployed.

The prevalence of pressure ulcers still continues to show an upward trend in the ward areas where there are sustained staffing pressures; as a result, intentional grounding of patients has not been undertaken regularly according the patients needs. The assessment and implementation of care is provided by the Registered Nurse.

There is a sustained increase in the IPUs, staff are deployed to protect the acute site and this is having an impact on the quality of care delivery. We 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 is a requirement for a change to the current nursing quality indicator dashboard and whilst there is a dashboard available, additional information is required. Due to demand and reduced resource in the DIS team and the ability to utilise data from tenable, there is currently a delay in this information being available at Care Group and organisational level.

Care Quality Commission (CQC)

On 29 March 2022, the CQC inspected 7 wards and reported that on the wards reviewed, six did not have their planned staffing levels in terms of nursing or healthcare. The CQC required a response and this was submitted with assurances concerning nurse staffing levels, how these are escalated and mitigation put in place. Several meetings have been held between the Matrons and Chief Nurse Team to discuss staffing requirements and escalations moving forward. The decision has been made to hold a twice daily staffing check-in meeting, which includes a Matron from each Care Group and is chaired by one of the Associate Chief Nurses or Head of Nursing. It is recognised that there are not further Nurses or Healthcare Assistants to deploy so this is reliant on looking at what other resource we have within the Trust such as volunteers, corporate nursing team members, patient safety team members etc. There has been an organisational 'call to arms' which is coordinated centrally and staff are deployed daily as the check in meeting to where the need is.

2.4 Development work

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, considering new roles.

Progress continues on the Trusts' 6 developments for nursing, listed below.

- Trainee Nursing Associate Apprenticeship (tNA)
- International Registered Nurse Recruitment
- Registered Nurse Degree Apprenticeships
- HCSW recruitment to achieve 1% vacancy and a retention plan
- Changes to the preceptorship programme to commence Nov 2022 to offer further support to the Newly Qualified Registered Nurses.
- Return to practice course commencing May 2022

As part of the retention project six work streams have been developed. 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
- Pastoral care for HCAs
- Training and preceptorship
- Celebrating success and communication , including the development of a nursing council and HCA forum

An ambitious 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

International Recruitment

The Trust continues to deliver the international nurse recruitment program. The Trust has welcomed a total of 336 international nurses (IN) with a further 64 expected to arrive by December 2022.

National issues with the NMC Test of Competency (ToC) exam capacity continue but all nurses in cohort 23 (arrived December 2021) and cohort 1 (arrived March 22) have now secured bookings, albeit some in July and August.

The new ToC centres at Leeds and Northumbria have increased testing capacity but the national backlog has led to our INs using centres as far afield as Ulster in order to secure a booking.

The educational programme continues to work outside process whilst we attempt to secure more timely ToC bookings. IN should complete their 4 weeks of ToC training followed by the test in week 5. Currently there are 44 IN who have completed their ToC training and are waiting for test dates who continue to work in their clinical areas as Pre Registered Nurses (Band 4).

A review of the international nursing clinical education team has led to the development of new roles. The team has started to broaden its remit to include ward support for IN who continue to find acculturation and transition to the NHS challenging. The team will also support induction and preceptorship for IN over their first year in the organisation.

The Trust was due to support the first cohort of NHSE&I International Midwives (IM) through use of the training facility at York University Science Park. This has been delayed although it is due to commence with 1 International Midwife in June. It is expected that 4 cohorts of IM will use the Trust training venue over the year.

Health Care Assistant Recruitment

The recruitment and nursing teams continue to strive to recruit HCAs but currently sit with a 131 WTE vacancy, 93 WTE for the inpatient wards. There is some caution with this due to the ongoing establishment reviews and the co increase in HCA posts as a result and the accuracy of the current establishments and opening of additional capacity consequently increasing vacancies.

It is projected that we require 200 HCAs in the next year and need to consider new ways to attract HCAs. 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 HCA 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 HCAs into a career in healthcare.

The Trust has also appointed three Band 4 Pastoral Roles for HCAs who started in post this May 2022. A HCA Recruitment and Retention Group (HCARRG) has been established, chaired by the Assistant Chief Nurse, with membership from recruitment, education, ward staff, including HCAs. An improvement plan has been developed with an expectation that we will see an improvement in our recruitment and retention rates for HCAs.

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.
HEEYH has confirmed funding of £8,300 per apprentice, per year for RNDA 36/48 month programmes and NA/AP top-up to RNDA programmes at £8,300 per apprentice per year (maximum 2 year programme) for registrations between Sept 2020 and December 2021. Recent notification from HEE states this funding has been extended, with the caveat that apprentices must complete by 31st March 2024

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 has been completed, 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 and the adverts will go out Monday 13 June.

An apprenticeship schedule has been developed for 2022- 2025:

Proposed activity:

Dates	Programme numbers & duration	SGH places	York places	Training Provider
Sep-22	20 direct entry (3 yr) **RNDA**	7	13	CUS
	10 AP top up (2 yr) **RNDA**	3	7	CUS
Jan-23	35 Nursing Associate (2 yr)	10	25	CUS & University of York
Sep-23	20 direct entry (3 yr) **RNDA**	7	13	CUS & University of York
	10 AP top up (2 yr) **RNDA**	3	7	CUS
Jan-24	30 NA top up (18 months) **RNDA**	10	20	CUS & University of York
	30 Nursing Associate (2 yr)	10	25	CUS & University of York
Sep-24	20 direct entry (3 yr) **RNDA**	7	13	CUS & University of York
	10 AP top up (2 yr) **RNDA**	3	7	CUS
Jan-25	30 NA top up (18 months) **RNDA**	10	20	CUS & University of York
	30 Nursing Associate (2 yr)	10	20	CUS & University of York

This will be available on Staff Room as an Apprenticeship recruitment schedule, so that all employees will know when the cohorts will be taking place, entry criteria, dates for applications to be submitted and interview dates.

We are also exploring the re-introduction of an HCA Apprenticeship course through local colleges to attract HCAs and to offer a clear career pipeline.

Return to Practice Course

We have five staff members who are undertaking the RTP course, two who were already in post and three who we have recruited to the Trust. There are another three learners who have requested a placement and we are currently looking at where we can offer them employment for when they finish.

Professional Nurse Advocate (PNA)

Restorative supervision sessions are ongoing, focusing on NQN's and International Nurses. We are just waiting for more training dates and have a list of people who would like to attend. Four of the PNA team will be attending the inaugural regional conference next week.

Preceptorship programme

The national preceptorship project is focused on the design, development and delivery of a national preceptorship framework and associated quality standard for all organisations in health and social care. The organisation is part of this national team and we have ambitions to commence this programme this year for the autumn cohort.

1. Using the National Preceptorship Framework, develop a Multi-Professional Preceptorship Framework and Programme to be used across the organisation for Nursing, Midwifery and AHP newly qualified staff members.
2. Meet the Gold core standard of preceptorship, as defined by the National team.
3. To improve the retention and recruitment rates for all professions involved.
4. To create a programme that incorporates the core areas of preceptorship, as defined by the National Framework.

Establish a clear process with recruitment and managers to identify newly qualified staff members and ensure they are allocated a preceptor and a place on the next preceptorship programme that follows their start

Undergraduate Education and work with schools and colleges

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 and has attended recent events at schools and colleges.

3. Conclusions

Nursing workforce remains a challenging landscape, the outcome and impact of the pandemic has identified an increase in our attrition rates for both Registered and Non Registered nurses has increased, having a further impact on recruitment. As a result it is recognised that a retention strategy is required to include various work streams. Care Groups need relevant and appropriate data that is available for them to articulate their requirements. How we care for our workforce is paramount, with pastoral care being central to the work undertaken. Making York and Scarborough NHS Foundation Trust the place where nurses want to work needs to be our aspiration. Establishment reviews will ensure we have the right workforce to care for our patients and to ensure staff feel a sense of satisfaction in the care they are providing.

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes

Resources Assurance Committee
17 May 2022

Attendance:
Lynne Mellor (Chair), Denise McConnell NED, Andrew Bertram Finance Director, Polly McMeekin Director of Workforce & Organisational Development, Andy Williams Interim Chief Digital Information Officer (online from 10:00am to 10:45am), Mike Taylor Associate Director of Corporate Governance, Penny Gilyard and Malcolm Veigas (for item 8, LLP Quarterly Update Report), Cheryl Gaynor (for the minutes)

Apologies:
Jim Dillon NED

Welcome and Introductions
The meeting was declared quorate.

22/61 Declaration of interest
There were no changes to the declarations and no declared conflicts of interest arising from the agenda.

22/62 Minutes of the meeting held on the 19 April 2022
The minutes of the last meeting held on 19 April 2022 were agreed as an accurate record.

22/63 Matters arising from the minutes and any outstanding actions
The action log was not included in the meeting papers therefore not discussed in detail. The Committee requested the inclusion of any outstanding and completed actions to be included in the next agenda for completeness.

Mike Taylor obtained an electronic copy of the action log and the following summaries were noted:

- **Action 114 (Digital 2021/22 expenditure summary report):** ongoing and remained an outstanding item
- **Action 113 (Digital Programmes):** ongoing and remained an outstanding action
- **Action 112 (Cyber attack from the LLP):** There was work in progress on this. It was suggested that this action may be split to enable the desk-top exercise to be actioned sooner

- **Action 109 (Cyber attack):** setting of a budget to support a cyber attack. This was now closed
- **Action 108 (Nursing Documentation Project, provide time of rollout):** now been presented and was therefore closed
- **Action 107 (LLP 5 Year Strategy):** included later on the agenda therefore this item could be closed

22/64 Escalated Items

Nil.

22/65 Finance Report

Andrew Bertram presented a new narrative report which detailed the April 2022 (month 1) financial position for the Trust. He advised that the Trust was reporting an adjusted deficit of £1.0m against a planned deficit of £1.0m at April 2022 (month 1) and that the Trust had met its month 1 plan.

Andrew described the deficit plan that currently stood at £11.8m and advised that the Trust would be receiving some additional ERF funding of approximately £800,000 which would reduce the deficit to £11m however, this was conditional of the Trust delivering the required levels of activity. The information for month 1 was showing that currently the Trust was not delivering. The ICS position was at a £56m deficit and therefore not delivering a balanced position. Andrew also reported that the Trust would likely be asked to resubmit a second plan with the expectation that a gap was closed or at best significantly reduced. Consideration was currently being given nationally to the exceptional inflationary pressures that were included in NHS plans and some recognition was expected in this regard. Andrew clarified to the Committee that this requirement was not yet confirmed.

Denise McConnell acknowledged that there was a requirement to deliver a balanced plan but queried around the ERF funding and the consequences of not delivering on 104% activity levels. Denise proposed that it would be useful to understand what the Trusts maximum loss could look like when the confirmed ERF and better understood in terms of how it was going to be operated. Andrew highlighted that in terms of the consequence of delivery, there were significant risks in relation to the Trust plan as it stood as was detailed in the report. The Trust was working closely with the ICS and finding a way to balance.

Andrew highlighted to the Committee that delivery in month 1 was poor in terms of the core CIP programme delivery but notably plans of £29.989m had been identified against the total programme of £30.6m representing 98% of the programme and 79% (£23.7m) of which was low delivery risk. It was important that this was continuously monitored throughout the year but the planning position at this stage (the beginning of the financial year) was encouraging.

Andrew sighted the Committee on four schemes that were currently running which were small revenue schemes that did not currently have funding and were outside of plan. In terms of funding actions against those schemes, Andrew detailed as follows:

- Mobile CT – NHS England and Improvement (NHSE/I) were involved, along with the ICS, in seeking to secure funding as a pre-commitment from this year's community diagnostic hub. No further action was required from the Trust at this time. At present this was reported as a gross cost in the Trust position.
- Care Group (CG)1 Discharge Command - There was no additional financial support available for this scheme. The CG, Operations (Ops)Team and Finance Team were

working through a prioritisation process in order to identify funds that could be diverted to support this.

- CG2 Weekend Therapy Service - There was no additional financial support available for this scheme. The CG, Ops Team and Finance Team were collectively working through a prioritisation process in order to identify funds that could be diverted to support this.
- CIPHER Ambulance Cohort Service - The service had been used at peak times and over bank holiday weekends and was expected to cost in excess of £50k through to the Jubilee weekend. Requests to deploy were increasing and full 24/7 cover would have equated to £1m in full year terms. This was not included in the plan and was a new service development. Discussions were underway with the ICS and NHSE/I as to where the liability lay for the cost and how best the service could be provided. At present this was reported as a gross cost in the Trusts position.

Lynne Mellor suggested that it would be good to get a flavour of the timelines for mitigation on the unfunded schemes.

In terms of the capital programme, Andrew reported that the prioritisation exercise undertaken by all care groups and corporate directors on 130 proposed schemes against available discretionary funding had now been carried out. A prioritisation list would soon be available and shared with the Executive Committee. This list could also be shared with members of the Resources Assurance Committee to include those that had, but also had not been prioritised.

Denise suggested that when noting the £2.5m variance in pay in the report, it would be useful to see an indication of where that sits.

The Committee:

- **Received and noted content of the report.**

Actions:

- **No actions**

22/66 Integrated Business Report – Finance

The Committee raised no further comment in relation to content of the finance element included in the published integrated business report.

The Committee:

- **Received and noted content of the report.**

Actions:

- **No actions**

22/67 LLP Quarterly Update Report

Penny Gilyard and Malcolm Veigas joined the meeting to present the report.

It was noted that the LLP Management Group had not yet approved the 5 year strategy included in the report therefore it was presented to the committee for information and a final report would be provided when it was ready for submission.

Penny reported on appendix 2 (key performance indicators) of the report and advised there were 21 KPI's and that there had been some positive movement in the KPI's. She highlighted that there needed to be more transparency and visibility in terms of statutory duties and requirements.

Penny details some of the KPI's and noted that DS02 - cleaning of high risk areas had moved from and amber performance range to green. She also noted FS01 Overdue maintenance 1-4 weeks had positively moved from red to green performance range. A further KPI highlighted was SP02 All Security Staff hours are fully covered, Penny assured the committee that this was expected to move to a green performance range following the recent recruitment of 5 new members of staff who were currently undergoing relevant induction training with a view to being in post within the next 2 to 3 weeks.

Penny highlighted a main KPI concern being MPA01 LLP Staff Sickness Absence Rates and this being a primary focus for the LLP. An updated performance figure was slightly improved at 10.81% (against a 9.68% noted in the report). There were a number of factors contributing to this figure. Penny assured the committee that the LLP were working to a number of workforce initiatives in particular reviewing ways in which staff were being recruited. Recruitment days had seen roughly around 70 employees obtained so a successful initiative. There was also a Sickness Absence Task and Finish Group that managed the sickness directly. Penny described some of the top trends in the sickness being mental health (stress, anxiety and depression) and musculoskeletal. The LLP were working closely with Occupational Health in particular working on training managers in supporting staff returning from sick leave with Mental Health illness. Other contributing factors being considered were burnout and social/economical impact. There was also information and support coming from working collaboratively with regional partners particularly around LLP staff. Notably figures around sickness relating to mental health (stress, anxiety and depression) had significantly reduced from 31% to 15% and had made a prominent difference to long term sickness health. The Committee discussed in more detail the sickness absence and staff well-being and noted the workstreams in place to support this. It was requested that that the KPIs start to show the impact of these workstreams.

Malcolm described that there was an Action on Delivery Plan due to be presented to the LLP Management Board in July/August and would be shared with the committee following this submission. Malcolm had touched on benchmarking against other Trusts and Denise queried whether this would include KPI's. Penny also advised that contact had already been made with other Trusts who were reporting a similar picture in terms of their KPI's (soon to be PI's). The LLP was also involved with a regional group and it was through this group that some of the KPIs could start to clear and some meaningful benchmarking going forwards. Nationally the benchmarking doesn't draw down on the regional challenges. In terms of the statutory required KPI's, it was noted by the committee that it would be helpful to see these identified in future reporting.

Lynne noted the good work and progress that had been achieved around the KPI's. The enthusiasm from the team was fantastic to see.

It was highlighted that the New Start Programme still included a couple of changes, there had been some pushback from Unite and Staff side that the LLP were working with to address concerns. Andrew Bertram requested for the next LLP update to include the confirmation of a plan for the programme. Lynne also wanted to see what the measure of success was for the actions.

The Committee commended the LLP for the uplift in reporting across the key areas highlighted at the last meeting, this included notable improvements to the 5-year strategy, the KPI summary and the executive report. The Committee asked that the key mandatory KPIs still needed to be included and aligned to key initiatives. The ask was also that the executive report in the next iteration, included key timely items in brief, such as financial status, updates to capital programmes and progress for instance on sustainability.

The Committee:

- **Noted contents of the report**

Actions:

- **The next LLP update to include the confirmation of a plan for the New Start Programme and what the measures of success for the actions would be.**

22/68 EPAM Minutes and assurance escalation report

Penny Gilyard presented the Executive Performance Assurance Meeting minutes for its May meeting. The meeting acted as the primary mechanism for managing LLP performance and delivering of the partnering services or projects against the Business Plan and Estates Strategic Plan and against each relevant project variation or partnering services variation.

The Committee:

- **Noted contents of the report**

Actions:

- **No actions**

22/69 Digital and Information Report Update

Andy Williams joined the meeting and presented the interim report and provided the committee with an update and assurance against actions taken by Digital and Information Services (DIS) in previous Committee meetings. Andy described the following actions:

1. Engagement of the LLP in the design and build of an operations plan to support major incident management, cyber risk, Business Continuity and to inform DIS DR solutions
2. To provide an update on the development of a high level plan for the Essential Services Programme delivery in FY 2022/23 and an associated benefit forecast model
3. Risk management of non-prioritised projects that will not be delivered in 2022/2023

Lynne highlighted the cyber desk top exercise with the LLP as a key focus action on the action log for the committee.

The Committee:

- **Noted contents of the report**

Actions:

- **No action**

22/70 Information Governance Executive Group Minutes

Andy Williams presented the minutes of the information Governance Executive Group from 9th May 2022.

The Committee referred to the mandatory implementation of the National Data Opt-Out (NDOO) Programme by 31st July 2022 and it was questionable as to whether this was a risk to note. It was inevitably important, but it needed to be clearer in terms of what it meant for the Trust. The Committee asked for further assurance that the NDOO programme was on track for the extended deadline of the 31 July. Mike Taylor assured the Committee that he was in communication with Rebecca Bradley as Information Governance Manager in ensuring that the timescales were met in relation to the implementation of the programme. A session was also being developed for the Board of Directors for the 25th May on Information Governance. In terms of the guidance and what compliance means for the Trust it was unclear, once the right guidance was received, the Trust would then be able to act on it and ensure compliance. More specifics on this detail was to be sourced and reported back to the committee at a future meeting.

Lynne raised an issue in relation to the Information Governance team not having enough resources to deliver the key issues raised previously by the Audit list that has been outstanding for several months, the Committee urged consideration for the actions were being taken to mitigate the risks around this, particularly given that issues are included in the data security protection toolkit. This had also been noted at the recent Audit Committee.

Polly McMeekin highlighted Social Media in relation to Information Governance. Staff were frequently being encouraged to use social media as means of communication however, the Trust currently restricted any access to these sites and platforms to staff through any of its devices. It was suggested and supported that this be a workstream outside of the committee where the access for staff and the logistics and implications of this access be discussed and reassessed.

The Committee:

- **Noted contents of the report**

Actions:

- **Andy W - More specifics on data being held was to be sourced and reported back to the committee at a future meeting.**
- **Andy W – Social Media Workstream – assess the logistics and implications of providing staff with access to these platforms through work devices.**

22/71 Integrated Business Report – Digital

Andrew Williams presented the report and briefly highlighted the following:

- Chief Digital and Information Officer – this was in the final stages of recruitment
- Nik Coventry had recently been appointed as Chief Nurse Information Officer
- Deployment of GP connect - The Committee also welcomed the full deployment of GP Connect following a ‘show and tell’ presentation to the Committee last fiscal with clear benefits on collaboration between the Trust and GPs.
- Trustwide Office 365 update – this was progressing well
- IT Service management - had initiated the 12 action improvement plan, which covered a number of areas across service including abandoned calls, outstanding

tickets, self-service, first time fix, call answering management. During quarters 2 and 3 of 2022 this would see marked improvements on KPI's and user experience

The Committee:

- **Noted contents of the report**

Actions:

- **No actions**

22/72 Integrated Business Report – Workforce

Polly McMeekin presented the report and briefly reported on the following key areas:

- Trust Stability index – graph on page 19 of the report illustrates how over the year, how much the stability (ability to retain staff) had deteriorated. The Trust was reporting quite stable up until 12 months ago. The stability rate was currently (as of April 2022) 85.97% - this was a 1.39% reduction on the previous month's figure and compares to a figure of 90.89% in the year to the end of April 2021 (so reduced by 4.9% in the last 12 months). Assurance was given that this was to be included on the Board agenda as part of the Workforce discussion planned in May. The Committee did note assurance through a number of new initiatives for staff wellbeing including running webinars for spotting signs of burn out and staff retention.
- Recruitment – the Trust was reporting as recruiting more staff yet it continued to feel more transient than it likely was pre pandemic. Consultant recruitment as a large investment was notably high with 24 new starters in the last 4 months and an additional 16 had been agreed with start dates.
- Pay expenditure overtime – there were spikes in overtime expenditure in September 21 and March 22 as a result of technical financial management of the annual leave payments made relating to additional hours worked in the 2021/22 year.

The Committee discussed the balance of retention versus recruitment and the importance of this to be discussed at the Board workshop in May given current workforce issues and trends.

The Committee:

- **Noted contents of the report**

Actions:

- **No actions**

22/73 Board Assurance Framework Process 2022/23

Mike Taylor presented the Board Assurance Framework (BAF) report. He advised that he was currently going through the end of year processes and concluding those as part of the BAF. The Committee was pleased to note that the BAF had received significant assurance from the auditors.

It was proposed that the framework be submitted to the May Board for final signoff. Concurrently work had been underway to conclude the current process on the 22/23 assurance framework in the context now of the Board four strategic priorities. It was now a

case of looking at the gaps and identifying what needed to happen. One to ones with Executive Directors where being populated in the diaries and to build on this and add to some of the gaps. Next steps included relaying this into the new committee structure.

Lynne stressed the need to include and represent the digital agenda clearly in the new committee governance structure and BAF.

The Committee:

- **Noted contents of the report**

Actions:

- **No actions**

22/74 Equality Action Plan Update

Polly McMeekin presented the report and highlighted that this would replace the action plan reported on the website. The Equality action plan was developed in 2021 to sit alongside the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) return for 2021 to NHSEI which took place in August 2021. The Plan had been updated to provide metrics to enable appropriate measurement in preparation for the development of the 2022 action plan and was enclosed with the report for consideration.

Denise highlighted the significant number of actions and the probability of not delivering all of the actions was likely high and questioned the achievability of this given all of the restrictions the Trust was facing in relation to its resource. The actions included a wide range of requirements (statutory, light etc.) and it was a risk but important that it was included. The Committee noted the Equality Action plan and asked that the 11 actions are monitored to ensure that the planned outcomes, outputs and target metrics were achieved.

The Committee:

- **Noted contents of the report**

Actions:

- **No actions**

22/75 Documents for consideration

There were no documents for consideration

22/76 Reflection on the Meeting and Any Other Business

There was no other business discussed.

22/77 Time and Date of next meeting

The next meeting will be held on 21 June 2022 at 9:00am via Face to face/Webex

CHAIR'S LOG: Assurance summary

Resources Assurance Committee	Chair: Lynne Mellor	Date: 21 June 2022

Agenda Item		Summary	Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
Finance				
6	**Finance: I&E, Efficiency**	- The Committee discussed the Trust's existing annual financial plan with a deficit of £11.8M; with the second month resulting in a planned deficit position of £2M and the actual position broadly tracking this deficit. The committee also noted that the revised plan, following the release of additional funding from NHSE/I, has been submitted following virtual approval from the Board at the beginning of June. The revised and final plan is awaiting sign off from NHSE/I. - The efficiency programme has a firm plan, the Committee noted the risk around delivery and the plans in place to address any shortfall. - The Committee was pleased to note the progress which had been made with the 'unfunded revenue' schemes: with resolutions for CG1 Discharge and Weekend Therapy Service. It was also reassuring that there is a potential for national funding to be made available for the Mobile CT scanner. - The Committee did wish to raise for action a discussion on the 'unfunded CIPHER service'. Currently this private service would cost the Trust over a £1M per annum to offer nurses/paramedics and care assistants to provide cohorted care for ambulance patients pending delay to ED. AB advised the service has spent £50k to date but following the last shifts over the Jubilee Bank Holiday weekend and following confirmation from the ICS that they will not support funding the service has ceased. YAS and the ICS are in discussions to resolve, linked to the operational plan YAS has prepared and funding they are seeking – strategically as a Trust what would we like to consider regarding releasing ambulance crews in a timely fashion (e.g., the CIPHER Service) to assure patient safety and improve flow?	BOARD BOARD	INFORMATION ACTION
7-8	**Capital & IBR**	- The Committee welcomed the news that the Capital programme reviews have continued and for the first time resulted in the Care Groups redrawing the 'red line' on budget with 'must haves' to address patient needs. This exercise has resulted in £3.5M extra capital needed, with plans being explored on how to fund the £3.5M including for example reviewing lease and DIS plans.	BOARD	INFORMATION
YTHFM LLP				

9	**EPAM**	- The Committee welcomed the news that the VIU scheme was resolved and asked at an appropriate juncture that the lessons learnt from that exercise were presented.	BOARD	INFORMATION
Digital				
10-11	**DIS Report**	- The Committee noted the progress made on addressing the Cyber action on LLP with this being kept open until end of July when it is expected that the Trust will complete the full comprehensive exercise. - The Committee received an update on progress with the Essential services programme and welcomed the new dashboards and roadmap. - The Committee noted the risk analysis and did ask for further clarification and action to mitigate the critical high/risk of EPMA tasks being delayed as there is a 'high risk of medication errors and patient safety incidents if this is not progressed'. - The Committee asked that the Information Governance NDOO report is clear as to whether the Trust will meet the extended timelines of end of July to conform - The Committee welcomed the news that the Trust is set to secure some significant central funding to uplift the Electronic Patient Record System	BOARD	INFORMATION
Workforce				
12	**IBR**	- The Committee was pleased to note validated staff absence has reduced to 6%. It was also pleasing to note the Trust's spend had reduced for flexibility payments which are thank you payments for unforeseen redeployments covering staff absences. Spend on covering staff absences had reduced steadily from February £28k to £6 in May. - The Committee also discussed the financial well-being of staff and noted the Trust is reviewing multiple ways to make improvements such as exploring the introduction of the 'real living wage' i.e., employees getting a minimum of £9.90 per hour. At the same time the Trust is also awaiting news of the NHS pay rise which could temporarily remove the requirement for a local solution to increase pay. In addition, the Trust is reviewing several other schemes including a review of mileage rates and extra restaurant food being given at a 'reduced' rate.	BOARD	INFORMATION
Governance				
13	**BAF**	- The Committee noted no major changes to the BAF given an overall review. Workforce moved to amber given reduction in absences and well-being plans.	BOARD	INFORMATION

Trust strategic goals assured to Committee		**1. To deliver safe and high-quality patient care as part of an integrated system**	☐	**2. To support an engaged, healthy and resilient workforce**	☐	**3. To ensure financial sustainability**	X ☐
	BAF Risks assured to Committee	**PR1 - Quality Standards**	☐	**PR2 - Safety Standards**	☐	**PR3 - Performance Targets**	☐
		PR4 - Workforce	X	**PR5 - Inadequate**	X	**PR6 - IT Service Standards**	X ☐

			☐	**Funding**	☐		
		PR7 - Integrated Care System	X ☐	**Comments: PR7 is interrelated across our agenda, and will be noted as discussions arise.**			

	Key Agenda Items	RAG	Key Assurance Points	Action
PR4	Workforce and OD		Plans were reviewed at Board level to review the staff survey output and the Committee noted staff absences were reducing and financial well-being plans considered	The Committee noted plans are ongoing to address the workforce issues as presented at Board. In addition, the focus on Workforce and culture via an additional Board committee should help further mitigate risks due to be initiated in July.
PR6	Digital		Moved to amber with the cyber desktop test exercise being performed successfully for the Trust, awaiting LLP.	Team still to update the report with LLP aspects and ensure lessons learnt from recent attacks elsewhere to feed into plans.
PR5	Finance, Deficit risk including CIP		Updated comment to include Deficit including CIP	Awaiting sign off to plan from NHSE/I.

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
29 June 2022
Care Quality Commission (CQC) Update

Trust Priorities

- ☐ Our People
- ☒ Quality and Safety
- ☐ Elective Recovery
- ☐ Acute Flow

Board Assurance Framework

- ☒ Quality Standards
- ☒ Safety Standards
- ☐ Performance Targets
- ☐ Integrated Care System
- ☐ Workforce
- ☐ Financial
- ☐ DIS Service Standards

Report History – CQC updates are reported to the Quality Assurance Committee

Recommendation

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

Purpose of the Report

The purpose of this report is to provide an updated position of communication between the Trust and the Care Quality Commission (CQC), as well as action plan progress for regulatory requirements, and any other relevant updates.

Executive Summary – Key Points

An unannounced inspection from the CQC was undertaken on 30th March 2022. The inspection focussed on Medical wards and the fundamental basics of care delivery. The inspection lasted 1.5 days, spanning across wards 25, 26, 28, 29, 32, 34, & 36. Immediate safety actions were implemented on the day of inspection and these have been further strengthened over the days and weeks which have followed.

On Tuesday 3rd May, the Trust received a Section 29A warning notice. Following factual accuracy checks, one minor amendment was made by the CQC; this did not substantially change the content of the warning notice. Improvements must be made and demonstrated by the end of August 2022. A full inspection will take place within three months of August 2022.

The draft report was received by the Trust on Wednesday 11th May 2022. CQC have suspended York Hospital Medical Care ratings following their inspection activity. An updated report was received on Monday 6th June 2022 with an accompanying email to inform the Trust the minor amendments were made to the report which was subsequently published on Thursday 9th June 2022. The final action plan, which is currently in draft, will be shared with the CQC by 6th July 2022.

Recommendations

- Note the Regulatory Section 29A Warning Notice which has been received, along with the publication date of the final report.
- Note the high level action summary within the body of the report.

Author: Shaun McKenna – Head of Compliance & Effectiveness
Director Sponsor: Caroline Johnson – Deputy Director of Patient Safety & Governance
Date: 24/06/2022

1. Inspection Activity

1.1. Unannounced Inspection

On Wednesday 30th March 2022, the CQC arrived at York Hospital to undertake an unannounced focussed inspection. The inspection focussed on Medical wards and the fundamental basics of care delivery. The inspection lasted 1.5 days, spanning across wards 25, 26, 28, 29, 32, 34, & 36. Immediate safety actions were implemented on the day of inspection and these have been further strengthened over the days and weeks which have followed.

On Tuesday 3rd May, the Trust received a Section 29A warning notice. This was reviewed for factual accuracy including a legal opinion. The representations notice was submitted to CQC on Friday 13th May 2022, the overall request was not approved. One minor factual amendment was made by the CQC; this did not substantially change the content of the warning notice. The warning notice serves to notify the Trust that the Care Quality Commission has formed the view that the quality of health care provided by York and Scarborough Teaching Hospitals for the inspected area requires significant improvement. Improvements must be made and demonstrated by the end of August 2022. A full inspection will take place within three months of August 2022.

The draft report was received by the Trust on Wednesday 11th May 2022. CQC have suspended York Hospital Medical Care ratings following their inspection activity. The Trust returned the factual accuracy form on Wednesday 25th May 2022. An updated report, with some factual amendments was received on Monday 6th June 2022. The report was subsequently published on Thursday 9th June 2022. The final action plan, which is currently in draft, will be shared with the CQC by 6th July 2022.

1.2. Response

An initial action plan was developed and shared with CQC on 5th April, followed by a further updated action plan on 14th April 2022. It outlined the Trust's short, medium, and longer terms plans to address the issues identified within the inspection. Since then, the action plan has continued to develop further utilising information from the inspection report, following engagement with wards, care group, and corporate teams. The actions have been uploaded to the new Quality Oversight module and a full summary will be provided in the next report following finalisation. The final action plan will be shared with the CQC by 6th July 2022.

1.3. Overview of Key Actions

A brief overview of high level actions are summarised below. The list is not exhaustive and does not reflect all ongoing activity. The full action plan will be included in next month's report following finalisation and sharing with external stakeholders.

Immediate Safety Actions (Days following Inspection)

- Audit of all inpatients within the Trust relating to fundamentals of care and Mental Capacity Act.
- Deployment of all available workforce (Corporate teams & AHP's) to undertake the completion of risk assessments where gaps were identified.
- Five beds were closed on Ward 28 following a review of acuity and dependency of patients and available workforce.
- Nurse staffing escalation plan developed with twice daily meetings and a subsequent "call for help" process.
- "Care needs at a glance" pro-forma developed to replace the existing admission booklet to make it simple for staff to complete and identify patient care needs.
- Implementation of Nutrition Specialist Nurses.

Completed Actions (Weeks following Inspection)

- Individual ward improvement plans developed by Ward Sisters and Matrons.
- Engagement with Ward Sisters and Matrons to co-produce effective high impact actions to improve quality & safety of care delivery.
- Essential posts to support delivery of required improvements approved at Executive Committee, with recruitment underway.
- Closure of Ward 29 following a reduction in the number of COVID-19 patients, with staff re-distributed to support other ward areas.
- Nurse staffing establishment reviews underway across the Trust utilising a nationally recognised tool.
- Increased visibility of the Safeguarding Team to support with the application of DOLS/MCA and associated training.
- Retention steering group established.

Ongoing Actions

- Increasing the number of volunteers within the trust to support with nutrition & hydration requirements and patient engagement.
- Formal project launch of the SafeCare tool across the organisation to increase utilisation and subsequent safety & assurance.
- Implementation of the "Huddle up for Safety Coaching Project" with support from the Improvement Academy.
- Release 1 of the Digital Nursing Documentation
- Recruitment & retention planning
- Utilising Quality Improvement methodology to implement nutrition & hydration related projects to drive quality & Safety.

1.4. Next Steps

A fortnightly operational delivery group has been established and has already held three meetings. This will ensure the actions are on track for delivery with an effective

check and challenge process for internal assurance. An action plan dashboard will be presented within this report from next month onwards. Further actions are being developed in line with the timescale of 6th July 2022.

3. Recommendation(s)

- Note the Regulatory Section 29A Warning Notice which has been received, along with the publication date of the final report.
- Note the high level action summary within the body of the report.

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NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
29 June 2022
Ockenden Report

Trust Priorities

- ☐ Our People
- ☒ Quality and Safety
- ☐ Elective Recovery
- ☐ Acute Flow

Board Assurance Framework

- ☒ Quality Standards
- ☒ Safety Standards
- ☐ Performance Targets
- ☐ Integrated Care System
- ☐ Workforce
- ☐ Financial
- ☐ DIS Service Standards

Report History - Ockenden report updates are provided to the Quality Assurance Committee

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 were 4 incidents graded moderate harm or above; one of which is a Never Event and one which meets the criteria for referral to HSIB.

One incident was reported to HSIB in April 2022. No completed reports have been received in the Trust during April 2022.

There were 8 unit diverts in March 2022, which are detailed in the report, mainly around staffing and acuity. A divert means that care was provided on the alternate obstetric site within the Trust.

CNST was relaunched on 6 May with new timeframes and a submission date of 5 January 2023. Progress against compliance will be reported monthly. The revised version emphasises the joint responsibility of the HoM and CD in progressing the CNST standards and they will jointly be expected to present to Board later in the year.

An updated Ockenden report was presented to Board in May providing information around progress and risks against all Immediate Essential Actions. A decision to initiate an executive level-chaired Maternity Transformation Board has been made with plans in place to discuss membership.

Concerns remain in relation to the Scarborough site being able to evidence multi-disciplinary handovers and ward rounds and with medical training compliance.

Continuity of Carer will be paused across the Trust from 20 June 2022, as planned. Women have been informed of the changes to their midwifery care.

/ Recommendation

Receive & discuss the report.

Author: Michala Little, Deputy Head of Midwifery

Director Sponsor: Heather McNair, Chief Nurse

Date: 30 May 2022

1. Detail of Report and Assurance

1.1 Introduction & Overview (Appendix A)

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 was paused in December 2021. An updated scheme with revised timescales was released by NHS Resolution on 5 May 2022. The submission date is now January 2023. This document has been circulated within the Care Group and fortnightly meetings recommenced.

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 final part of the Ockenden Report was published 30 March 2022 with a further 92 safety recommendations. The Trust is awaiting National steer around action planning but it is expected that the publication of the East Kent report, expected later this year, will guide these plans. Focus is to remain on the existing Ockenden action planning.

Better Births: Improving Outcomes of Maternity Services in England (2016) outlined the Five Year Forward View for NHS Maternity Services in England. At the heart of this vision and in response to the evidence around increasing health outcomes and safety and decreasing health inequalities, is the provision of 'Continuity of Carer'. 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 (Appendix B)

Over the course of the reporting period there have been four moderate harm incidents reported, one being a 4th degree tear and another pertaining to a specimen that was placed into an incorrect container and rendered unusable. One regarding a retained swab has been deemed a Never Event and another regarding an intrauterine death meets the criteria for HSIB referral; these are both Trust Serious Incidents, and the detail for these can be found in Appendix B.

No theme is evidenced within the Moderate harm incidents reported in this period, or within those incidents previously reported this year.

1.3 Healthcare Safety Investigation Branch Reports (Appendix C)

One incident was reported to HSIB in April 2022. This was a term intrauterine death and is detailed in Appendix C. No completed reports have been received in the Trust during April 2022.

1.4 Perinatal Mortality Review Tool (Appendix D)

Two cases were 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 reviews. There were no PMRT reports completed during the reporting period.

There are 8 PMRTs in progress and these will be completed within timeframe and reported via this monthly report.

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 Unit diverts and closures

York diverted to neighbouring units including Scarborough Hospital on 4 occasions in April. All of these occasions were as a consequence of staffing sickness/ absence, and unfilled shifts. These incidents were compounded by a midwife being scrubbed in theatre on 2 occasions. On one occasion, the antenatal and postnatal wards were merged to support staffing, which reduced ward capacity, and therefore there was no capacity to accept further birthing women. There was one subsequent NICE Red flag reported (Delay between admission for Induction of Labour and beginning of process).

There were 4 occasions where Scarborough was on divert. Of these occasions, two were due to staff sickness, with one occasion complicated by a member of staff being on a transfer. The other two occasions were due to high acuity. The consequential NICE Red Flags reported were; Labour ward Co-ordinator unable to maintain supernumerary status, unable to provide 1:1 care in labour, and a delay between presentation and triage.

Of note, there is a theme across both sites where a Midwife being scrubbed in theatre has impacted acuity and required further actions. The Care Group are working with Care Group 3 to explore the introduction of theatre scrub nurses which would release midwives from scrubbing in theatre.

1.6 Training Compliance (Appendix A)

Training compliance deadlines for CNST have been extended to December 2022 and appendix A provides detail of figures so far. The projections indicate that we will reach 90% compliance, however this remains reliant on practitioners accessing training when booked on. There are processes in place to support monitoring and compliance and a monthly training meeting assesses projections and action plans wherever necessary.
Medical staffing compliance with training remains challenging and has been escalated to the Clinical Director for action.

1.7 Safe Staffing

Maternity Staffing
The vacancy rates for midwives, is 2.43% at Scarborough site (1.45 wte maternity leaves) and 15.2% on the York site (10.3 wte permanent, 6.2 wte maternity leaves). 24.6wte midwives have been recruited to commence in post over the next few months – many of which are newly qualified midwives. If all of these midwives take up posts, as leavers information currently stands, we will be

slightly over-recruited; however, we do anticipate further attrition. It is worth noting that if we were to appear over-recruited, the Trust would need to factor in that our establishment is still overall 2.0 wte short of the birthrate plus safe staffing recommendations. Any staffing above this would mean we could reinitiate Continuity of Carer, which is still the national direction, as per the Workforce and Continuity of Carer Plans submitted earlier this year. Ockenden's latest report has indicated that newly qualified midwives must now consolidate their practice in the acute unit for the first year. In response to this, the care group are to re-initiate the rotation of hospital-based staff into the community and expressions of interest are being sought.

As well as the 4 already successfully interviewed, a further 11 International recruits have been shortlisted for interview in June.

Please see **Appendix G** for an overview of medical staffing during the reporting period.

1.8 Service User Feedback

A meeting was held on the 29th April 2022 with the York commissioner and the LMS MVP Chair to identify next steps to support the function of both the Coast and Country MVP and the York MVP. A further planning meeting will take place mid May. York MVP needs a Chair and Coast and Country need a co-Chair or further support. Some feedback on ward G2 has been shared with the LMS MVP Chair and a further meeting is planned to include the ward sister to see how patient experience can be improved.

The patient experience action plan is now in place and the bereavement midwife, perinatal mental health midwife and infant feeding midwives have been asked to contribute feedback and actions from other patient experience tools they use to further develop the plan. Progress will be shared with the Trust patient Experience Steering group.

At the time of writing this March and April Friends and Family Test reports are not available.

1.9 Staff Survey

The workforce lead and senior triumvirate need to meet to discuss the staff survey results and action plans – this is anticipated during the next reporting period.

1.10 The Maternity Incentive Scheme - CNST (Appendix F)

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 was paused November 2021 in light of the current staffing pressures on maternity services and details of progress since its relaunch in May are detailed in this report.

1.11 Ockenden (Appendix E)

The Ockenden final report was published on 30th March 2022. There are 15 new actions (with 92 sub points) for maternity services in addition to the seven Immediate and Essential Actions (IEA's) published in December 2020.
The request for all Trusts to table the Ockenden final report at Trust Board in May 2022 was undertaken.

NHSEI have stated that they will await the publication of the East Kent report, expected end June 2022, before instructing Trusts further.

Trusts are asked to continue focusing on the seven initial IEA's prior to the regional assurance visit on 23rd June 2022.

Progress with the IEA's is detailed in Appendix E and there has been good progress in some areas; we are now fully evidencing 4 of the 7 IEAs and 9 of the 12 clinical priorities. Challenges remain around MDT labour ward handovers (particularly on the Scarborough site) and evidencing work with the MVP. The audits required for Ockenden are all underway and most show increasing compliance. The Obstetric lead and Clinical Director are liaising with anaesthetic colleagues to look at solutions to address issues. Job planning changes have been made to support obstetric attendance and recruitment to permanent consultant posts on the Scarborough site will also support an improvement.

1.12 Continuity of Carer (CoC)

Following a letter from NHSEI on 1st April 2022 the Trust was asked to immediately consider their midwifery staffing position and make a decision about whether or not they meet the safe minimum staffing requirements to continue with the provision of continuity of carer. It is recognised that the safe minimum staffing level, according to the birthrate plus report in June 2021, is not met and therefore continuity will be paused from June 20 2022. Communication is underway with all women affected, detailing the reasons behind the decision and plans for their ongoing care. The Facebook page and website will be updated once the care group is confident that service users are all informed.

1.13 Safety Champions Feedback

The Board level safety champion walkaround in May raised staff concerns in relation to;

- Issues around new starters – uniform, ID badges and mobile phone not being ordered and time not put onto e-roster for stat/mand training. This has been discussed with the practice development midwife to immediately support. It is expected that once the Retention Support Midwives commence in post, welcoming new starters will be smoother as this is essential to reduce attrition.
- Lack of Scarborough site matron to escalate to. Senior presence cross-site has been challenging due to absence. There are three open-door meetings in place every week for staff to attend.
- Feedback from a student midwife who did not intend to work with us raised questions around how the Trust can attract midwives to work with us upon completion of their studies.

  The care group recognise that work needs to be done around ensuring exit interviews are undertaken to try to further understand how midwives can be retained.

2. Next Steps

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 the 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 and appendices

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes
Quality Assurance Committee
17 May 2022

/ Members in Attendance: Stephen Holmberg (SH) (Chair), Lorraine Boyd (LB), Lynette Smith (LS), Heather McNair (HM), Wendy Scott (WS), Mike Taylor (MT), Caroline Johnson (CJ), Shaun McKenna (SM), Ed Smith (ES), Rhiannon Heraty (RH) (minutes)

/ Attendees: Sue Glendenning (SG), Liam Wilson (LW), Sara Collier-Hield (SCH), Kathryn Sartain (KS), Nicola Cowley (NC), Stuart Parkes (SP), Phil Dickinson (PD – observing)

/ 1. Apologies for Absence: James Taylor (JT – ES deputising), Jenny McAleese (JM)

/ 2. Declaration of Interests

There were no declarations of interest.

/ 3. Minutes of the meeting held on 19 April 2022

The minutes of the last meeting held on 19 April 2022 were agreed as a true and accurate record.

/ 4. Matters arising from the minutes

Action 174 – the Committee noted JT's update and agreed that coding was only part of the issue. ES agreed to speak with coding staff and LW confirmed he had commissioned a review of nutrition and hydration deaths related to SIs and SJCRs that offered some assurance. This was agreed to be discussed at the next meeting.

Action: LW to present review findings of nutrition and hydration deaths for assurance at next meeting

/ 5. Escalated Items

There were no items for escalation.

/ 6. IBR Overview to look at Performance

All elements were covered in the COO Report and no further discussion was required.

/ 7. Chief Operating Officer Report (including Performance Update & Restoration and Recovery Update) and ED Assurance presentation

WS confirmed that the Trust performance position remains similar to that reported in March. We were ranked 47th nationally out of 147 Trusts for ECS performance but remain an outlier for long waits – c.14-15% of ED patients that are ready for transfer are waiting over 12 hours. Our focus remains to be around managing flow and discharge processes but WS noted some improvement in time to first assessment (see P22).

SH asked for assurance on patient safety and asked if there was a mechanism in place for recognising harms for patients with delayed diagnostic procedures and cancer patients. WS said there has been a national conversation about how to apply a diagnostic prioritisation process. ES said that we have established reporting mechanisms that should pick up instances of harm due to diagnostic delays. ES gave assurance that these are discussed at the weekly Quality & Safety (Q&S) meeting. When cancer patients come to harm from delayed cancer diagnostics this is escalated through a patient safety incident review and SIs where appropriate. SH asked if there was a reporting system in radiology for unexpected or severe harms and LS confirmed there is a new system called Soliton that specialises in reporting applications and clinical data sharing solutions. SH asked for the Committee to be more sighted on harms to better direct efforts and LS said she could include a cancer update re diagnostic delays going forward. CJ said that care groups are being tasked via Q&S to give assurance on processes around assessing patients on the waiting list and how harms are flagged.

WS and LS highlighted the following key areas of the Building Better Care work around transformation improvement, which is focused on pan-Trust high impact areas.

Outpatient transformation has had significant digital development, but this has not translated to clinical pathway change yet. A new programme team has been implemented with a focus on tackling our growing outpatient numbers, particularly around time to first appointment. There is a national drive for patient-initiated follow-up (PIFU), which is a challenge in terms of changing pathways. The waiting list is growing due to delays to first outpatient appointments and LS said we would normally be discharging c.40% of patients at their first appointment.

There was a discussion about clinical empowerment around individual outpatient services and SH asked who the main drivers were for this.

Re elective care, Amanda Vipond (Care Group 3 Director) and Liz Hill (Associate Chief Operating Officer, Care Group 3) are leading on the development of a separate elective centre in York through the Ramsay Health collaboration, due to go live in June. We are also in the process of another capital bid for extra developments on the York (YH) and Bridlington (BDH) sites to allow additional procedures and protection of day case capacity. Internally, the focus is on GIRFT and productivity metrics to increase theatre utilisation levels and use our existing assets as best we can. This has been challenged by our non-elective position, so the focus is around start times, touch time utilisation and maximising lists. There is also work being done around supporting patients on the waiting list. Surgical teams are leading work around electronic consent and pre-assessment to keep patients fit for surgery as there is currently a high level of same-day patient cancellation due to being medically unfit.

SH noted that bed availability is the biggest challenge along with longer length of stays due to deconditioning. He asked how effective we are in ensuring that patients come to hospital in optimal condition and that their discharge plans are finalised in advance. LS

said that historically our process is good, particularly evidenced by our surgical lengths of stay, but that the pandemic has resulted in patient deterioration due to the length of time before assessment.

All timed pathway analysers have been refreshed for early diagnosis for cancer and carve-out of capacity for diagnostics is being tested to mitigate waiting list patient harms. This work of the early diagnosis and staging workstream has been positive and is now being extended across all tumour pathways. The consequence of impact on routine diagnostics is being monitored through the pilots. Another project is FIT testing. WS said that JT has had a conversation with Nigel Wells (ICS Medical Director) as there continues to be some resistance from primary care to offer this for all fast track referrals.

The other key area of focus is around urgent and emergency care processes, particularly 7-day clinical standards and SAFER discharge work to target the exit blocks. LS said there has been a full review undertaken with care groups 1 and 2 to ascertain what support is needed to drive positive change.

There was further discussion about the flow pressures across the hospitals. WS said there was a discussion with local authority colleagues who are also struggling with capacity and workforce. They discussed integration and whether acute trusts can become domiciliary care providers. ES and WS agreed that the main challenge is the social care block and agreed with SH that we will have to rely on our own improvement work. SH noted that these are long-term solutions and expressed concern that we cannot give assurance to the CQC in the short-term. CJ said there is QI work focusing on changing behaviours around discharge but said that we are seeing evidence of harms within ED, including increased mortality rates. CJ said work has started on this as well as around ready to transfer patients. ES said we could evidence small improvements to the CQC such as improving the quality and speed of assessments, ensuring SDEC is kept open and agreeing a collaborative medical, nursing and therapy plan to deliver safe care in a situation where patients cannot physically be placed on a ward.

SH asked LS what the priorities should be from an assurance perspective to track progress and LS referred to the programme dashboard (Appendix A) that has the agreed metrics for recovery. 12-hour delays (time in department, trolley waits and front door) need to improve. CJ noted that the CQC understand our position but expect us to demonstrate solutions that mitigate patient safety risk. HM said that we cannot yet give assurance on cultural behaviours and the Committee agreed to discuss this further at Board.

Action: WS/LS to include information of impact of diagnostic delays on cancer performance

Action: WS/LS to bring update on diagnostic waiting times to next meeting

Action: JT to provide update on mandated FIT testing status and the ICS/primary care position around this following discussion with Nigel Wells (Medical Director, ICS)

/ 8. IBR Overview to look at Quality and Safety

All elements were covered on the agenda and no further discussion was required.

/ 9. Ockenden Update

Perinatal Clinical Quality Surveillance Report (incl. Ockenden, PMRT and Continuity of Carer)

SCH gave a progress update and highlighted the following key points.

The deadline for CNST has been extended to 05 Jan 2023, which allows more time to achieve training compliance.

Workforce issues have had an impact on our ability to robustly deliver transitional care.

Saving Babies Lives has seen positive progress following non-compliance last year.

Midwifery workforce and staffing vacancies remain a concern but removing midwives from theatre positions, particularly on the Scarborough (SGH) site, will improve our position and a business plan is progressing for this.

SCH referred to the labour ward handovers (item 1.11, Appendix 1) and said this was a particular issue on the SGH site. At the scheduled Ockenden assurance visit next month we will be challenged on why MDT and labour ward handovers have not been implemented. The Obstetric lead and Clinical Director are liaising with anaesthetic colleagues to look at solutions to address this. SCH said the main challenge with this is around Obstetrician start times and job plans. HM said she would discuss this with JT further.

SCH agreed to bring an update on Continuity of Carer in October and confirmed that a lead for continuity of carer cross site will be identified to progress next steps for delivering the national ask.

Action: SCH to provide update on Continuity of Carer at October meeting

Response to final Ockenden report

SCH gave an overview of the report and highlighted the executive summary points.

The Committee noted that the labour ward handovers are a significant risk. SCH said IT support would be helpful to refresh the Trust website to the expected standard. SH said this was not within the Committee's remit to provide but that it was supportive of the work.

Maternity Voices Partnerships (MVP) are expected to demonstrate that they co-produce services. The YH branch does not have a Chair at present but is working with commissioners to find a solution.

LB asked which resources we have so we can deliver against the agenda. SCH said the newest Ockenden report suggests we should have a patient safety specialist within the team and agreed this would be beneficial. CJ said she would strongly support a patient safety specialist with a maternity focus. HM said that Care Group 5 have a large programme of work and are struggling to bring it all together therefore a decision has been made to set up a Maternity Transformation Group (MTG), chaired by HM. HM said she had concerns about our levels of partial compliance and never events and SH said it was clear that there are still significant cultural issues within the department that need to be resolved.

There was a discussion about home birth provision and SCH gave assurance that whilst there is an expectation that we offer this service, it is the first to be stood down in the escalation policy in order to avoid closing units or setting up diverts.

CJ asked SCH when a more robust plan would be ready that could feed into the MTG and the Committee agreed that this should not be the focus until we have achieved the Ockenden 1 requirements. SH asked SCH how confident she was that we will achieve these and SCH said that some partials will be completed but that we will be challenged on ward handovers and risk assessments during pregnancy. SCH gave some assurance that, once Badgernet (a patient data management service designed as a full end-to-end maternity system) is rolled out, audits will improve. SH noted that we will need to give assurance that our leadership team can solve our cultural issues.

Action: SCH to give update on final Ockenden report progress at next meeting

/ 10. Nurse Workforce Report

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

Recruitment and Retention Report

EG gave an overview of the report and said that the attrition rate has significantly increased over the last year. On average we have 16.51 RNs and 12.25 HCAs leaving the organisation every month. There has not been a full establishment review since 2019 and the bed remodelling work being undertaken by Jenny Hey (System Programme Manager for Planned Care) has demonstrated an impact on nurse staffing. EG asked the Committee to note that, due to an establishment review currently taking place as well as a safer nursing care audit due in June, some of the figures for wards are not accurate. This data will be assessed with an aim to request further nursing investment particularly for the York Site.

Following the CQC visit, there is now an embedded staffing escalation process in place. There is an Associate Chief Nurse (ACN) in charge of daily staffing on both sites to review RAG ratings, mitigations and risks but also ensure delivery of the fundamentals of care. SH asked if diverting senior nurses into crisis management roles would impact on professional development and EG said yes potentially but that the priority is ensuring patients receive the care they need.

EG said the main area of focus is retention and that she is working on a nursing and midwifery retention strategy. HM agreed and said that even with international recruits and new starters, we will still be short by c.100 nurses for inpatient wards. It is a requirement from the CQC that we have enough suitably qualified staff to look after our patients and we cannot currently meet this expectation. HM also said that we do not have an effective exit interview process, which needs reviewing.

/ 11. Infection Prevention & Control Update

IPC Monthly Report – April

HM and EG discussed the report. HM confirmed that the HCAI trajectories have been confirmed and the C.Diff trajectory is 117. This will be a challenge for us as it means an

average c.9.5 cases per month, which we currently exceed. HM agreed to circulate the figures for other Trusts for context. EG confirmed that Ward 29 is being used as a decant space to allow deep cleaning and minor maintenance work on other wards, the most recent being Ward 28 but that there is not currently the option for this on SGH site. MDT walk-arounds with nursing colleagues (IPC and LLP) are also being undertaken.

HM said there is more work to do around antimicrobial prescribing. A new antimicrobial pharmacist has been appointed following the postholders retirement but there is recognition that IPC doctors currently have insufficient time to support ward rounds. There is still some work to do on our delivery action plan, which has been signed off by the regional team, but it needs to be put into action soon.

There was a discussion about clinical engagement with the IPC agenda. HM said all care groups had now put names forward but that these were all nursing and no doctors. LB asked for assurance that the IPC agenda had been embedded in the care groups. EG said that clinical engagement is variable and there are several challenges, including a high locum turnover rate and low levels of motivation and staff empowerment. ES said this continues to be reinforced as a vital part of the governance agenda. SH asked about the PIR shortfalls and EG confirmed the window has been extended to 2 weeks to ensure completion. HM said that a new quarterly meeting - Infection Prevention & Control Strategic and Assurance Group (IPSAG) – has been set up with a wider membership to prompt more detailed discussion.

SH asked for an update on the duct work related to aspergillus and HM said that, due to an issue with the nurse call system, staff have not been able to move into the new build, which has delayed the maintenance work in the older section of ICU. This is due to be resolved within the next few weeks.

IPC Q4 Report

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

Living with Covid Report

The report was received for information and for escalation to Board as assurance that robust processes are in place.

/ 12. Serious Incidents Q4 Report

LW gave an overview of the report and the Committee noted the themes and trends by department. With regards to inpatient themes, LW said the Deteriorating Patient Group has plans to propose a designated post to deliver improvements at Executive Committee on 01 June 2022. CJ confirmed that other Trusts already have these posts in place.

HM asked if there was an escalation around the number of outstanding SI actions and LW confirmed that this was included in the QPaS Escalation and Assurance Report.

SH asked if the themes and trends in maternity were triangulated with SCH concerns. CJ said that the theme picked up through Q&S was around escalation and maternity is one of the areas that has some escalation challenges. Nicola Topping (Deputy Medical Director) is leading a piece of work with the Organisational Development and Improvement Learning

(ODIL) team to review the cultural aspects of why staff do not escalate for senior review, starting with obstetrics.
SH asked if there is sufficient senior obstetric medical representation within the Trust hierarchy, considering the spotlight that is currently on maternity services. HM agreed that this was a fair challenge and that it may be highlighted at the Ockenden visit, and said it warranted further discussion. There is clinical lead for Obstetrics, but they currently have no visibility at Board.

/ 13. QPaS Quality & Safety Update

Escalation and Assurance Report

The Committee noted that workforce remains one of the biggest concerns across care groups. SH asked for clarity on the QPaS escalation process and SM confirmed that Executive Committee acts upon escalations whilst the Quality Assurance Committee received the report for information and oversight. SH asked for more clarity within the report should there be any escalations for the Quality Assurance Committee to receive.

QPaS Minutes - April

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

/ 14. CQC Compliance Update Report

SM gave an overview of the report, highlighting the unannounced CQC inspection at the end of March and subsequent Section 29A notice. This is in the process of being fact-checked with the care groups. SM said that we will need to have improvements in place by August and referred to the appendices for further information. SM referred to the summary table on P150, noting that there is a slight deterioration from a ‘much worse’ perspective but that there are four different metrics compared to previous reporting.

Since the last Committee meeting, there has been one additional whistleblowing alert relating to Ward 28 over the Easter bank holiday, to which we have responded (see Appendix E). SM confirmed that the specialty level deep dives have been completed and that all specialties have undertaken a CQC self-assessment – see table 1 and 2 on P151-2 for aggregation of ratings as well as the lowest reporting metric. The lowest ratings dashboard will be reviewed, and percentages included in the next submission. Care group improvement plans are due to be presented at Quality & Regulations Group (QRG) in May 2022. SM said the InPhase system is due to go live at the beginning of June so work is ongoing to decide how frequently this is undertaken and when the first assessment can be expected. This will be a unit ward department level self-assessment with dashboards that will come to the Quality Assurance Committee.

HM agreed that there is a significant challenge from a nursing workforce perspective. The rollout of electronic records will commence in June and will make a considerable difference to risk assessments completion and visibility, but it will take some time to embed the changes.

CJ agreed with ES and said that, despite initial resistance around deep dives, there has been positive feedback from the care groups who find it valuable to recognise areas for improvement. The other area for focus is how the organisation prioritises placement of

resources to ensure effective delivery of CQC priorities. SM said the aim is for KLOEs to be more widely discussed at Committee and care group Board level, particularly to support the work around medical IPC engagement.

HM added that there will be an expectation that our outstanding actions are completed by the time of the next CQC visit.

/ 15. Board Assurance Framework

MT noted the end of year result, demonstrating significant assurance provided by our internal auditors. MT confirmed the process is underway with the Executive Directors with regards to the 22/23 version, which will be discussed at the next Committee.

/ 16. Integrated Business Report

SH noted the complaints performance improvement in CG2, and ES said this was down to the work of Freya Oliver, Associate Chief Nurse, around engendering a culture in attention to detail for compliance.

SH noted the separation in senior review statistics between SGH and YH sites, noting that SGH is making good progress whilst YH is further behind. ES said there have been more ward moves at YH due to Covid, which could have impacted on data collection.

/ 17. Consider other potential or new emerging risks

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

/ 18. Quality Account

The Committee approved the Quality Account and CJ asked the Committee to note the positive comments from our commissioners and Healthwatch. SH said the foreword may need rephrasing following our new CQC regulations and the pandemic but that it is a good document.

Action: CJ to review Quality Account foreword with Simon Morritt (Chief Executive) and update accordingly

/ 19. Safeguarding Annual Report (incl. highlight report)

NC gave an overview of the report and said that the CQC inspection findings were disappointing. NC said that if we had an electronic mental capacity prompts for every patient it would be a significant help as the paper system currently in place is very substantial. A huge amount of resource has been put into the safeguarding agenda but factors such as workforce challenges due to the pandemic have affected delivery.

There was a discussion about training compliance. NC confirmed that condensed training on the wards has been reinstated with some positive engagement, but ES said there is a significant challenge in terms of clinician availability to undertake this. There are efforts to incorporate this into staff induction, but it remains a challenge despite being at the top of the priorities list.

/ 20. Clinical Effectiveness Annual Report

The Committee noted our Quality Accounts participation rate for 2021-22 as 95% and SM said we are aiming higher in the next financial year given the progress made. At the last CQC engagement meeting, it was made clear that clinical care needed to take priority over national audit participation. SM asked how this would affect outlier status and the CQC confirmed that no changes would be made to their processes. SM asked the Committee to note the consequential risk that we may be an outlier or fall under deteriorating performance for several nationally mandated audits.

/ 21. Learning from Medication Incidents

SP gave assurance that there is a robust process in place for medication incident management as well as focusing on trends. The pharmacy team are highly proactive at preventing harms through workstreams for high-risk medications. SH noted that most medications are prescribed safely and correctly and asked that issues identified are fed into QI processes for learning opportunities across the organisation. SP said that incidents are publicised across a variety of means and that there is currently face to face training on the wards to address missed doses.

There was a discussion about IT resources and the implication that the backlogs have had on the pharmacy team. CH said that alternative solutions have had to be put in place because it is not possible to get systems developed by IT such as deteriorating patients and documentation. Whilst there are solutions, the limited resources mean these are not an option in the short term.

/ 22. Palliative and End of Life Annual Report (incl. End of Life Strategy)

KS gave an overview of the report and highlighted the key points, including the Trust development around DNACPR training including a clear training programme, development of the Autumn Project and recruitment of two consultants that have both started in post. KS said she hoped to be able to recruit a permanent post on SGH site to be able to expand the service for palliative care. The Autumn Project is planned to be rolled out across all SGH wards and KS said the hope is to find space on the YH site as well.

In terms of our palliative care measures, we are the only acute Trust to be measured at a national level compared to all other Trusts that are measured at hospice level. Our data equated in our service to St Christopher's, the flagship hospice in London. This is a great achievement.

KS asked for support in increased investment in palliative care, nursing and AHP workforce to run a 7-day service as has been the case since 2015. Staffing challenges have now resulted in this service being stopped, which has had a significant impact. KS also asked for support around digitalisation of last days of life and palliative care documentation as it is recognised that, whilst feedback from relatives is good, our documentation could be improved. KS asked the Committee to note the annual End of Life Strategy that asks for a recommendation built on the national data and recommendations from NHSE.

SH said the Committee was happy to support this but that, as an assurance Committee, it does not have the authority to approve any investment requests.

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/information to the Board:

- COO Report & Nurse Staffing - Continuing concerns over management of emergency admissions; evidence of increased harm in emergency areas and lack of assurance that processes to manage patients in these areas are yet to be optimised e.g. triage, SDEC areas etc. Access times for non-emergency care continue to cause concern. Large numbers of delayed discharges are putting enormous pressure on ward capacity. Staffing levels have necessitated bed closures on certain occasions and remain a major concern – for escalation.

- Maternity Services (Ockenden Report) - Routine report to Board. Increased risk noted around certain metrics e.g. MDT handovers and foetal monitoring compliance that may affect outcome from upcoming inspection – for information and escalation.

- IPC - Trajectory for C. diff cases reduced by 10% in coming year which will be challenging given evidence of residual reservoirs of spores in building fabric. Limited assurance for effective multi-disciplinary management of HAI e.g. optimal medical engagement and opportunities for estate improvement. MRSA screening remains below target. Living with COVID paper circulated for information – for information and escalation.

- CQC - Unannounced visit to medical wards on background of concerns about staffing levels. On-going discussions with CQC re regulatory action. Deterioration in metrics of self-assessment in multiple areas raises concern about the feasibility of maintaining current bed base without significant improvement in staffing levels – for escalation.

/ 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 21 June 2022 at 2pm via WebEx.

Quality Committee – Chair's Assurance Report

Date of Meeting:	17th May2022		**Quorate (yes/no):**	Yes	
Chair:					
Members present:	Stephen Holmberg (Chair),Lorraine Boyd (NED), Wendy Scott (COO), Heather McNair (CN)		**Key Members not present:**		
Trust strategic goals assured to Committee	**1. To deliver safe and high quality patient care as part of an integrated system**		**2. To support an engaged, healthy and resilient workforce**	**3. To ensure financial sustainability**	
BAF Risks assured to Committee	**PR1 - Quality Standards**	x	**PR2 - Safety Standards**	x	**PR3 - Performance Targets**	x
	PR4 - Workforce		**PR5 - Inadequate Funding**		**PR6 - IT Service Standards**	
	PR7 - Integrated Care System		**Comments:**			

Key Agenda Items	RAG	Key Assurance Points	Action
5. Escalated Items (Digital developments)		Delay in digital developments was escalated from Resources Committee and discussed. It was agreed that there were potentially significant risks to patient safety and further assurance would be sought at a future meeting	Information
7. COO Report		Overall our position with regard to both planned and unscheduled care remains a very significant concern. The position with regard to diagnostic waiting times was discussed as being a particularly worrying situation with associated risk and additional impact on both overall waiting times but also	Information and escalation

Low	Assurance indicates poor effectiveness of controls
Medium	Some assurance in place or controls are still maturing so effectiveness cannot be fully assessed at this moment but should improve
High	Full assurance provided over the effectiveness of controls

Quality Committee – Chair's Assurance Report

		specifically those for cancer. Delay in histopathology reporting times was also flagged.	
9 Maternity Services (Ockenden)		Concerns remain regarding some aspects of maternity services and work to achieve Ockenden standards but recent inspection has had positive outcome	Information and escalation
11. IPC		Continued concern around levels of C. diff infections. Lack of decant facility at SGH noted to be a particular concern	Information and escalation
14. CQC		This remains a primary focus of the Committee. There was an ask for more clarity around improvement work. Lack of resolution of long-standing regulatory action from previous inspections was flagged	Escalation

Low	Assurance indicates poor effectiveness of controls
Medium	Some assurance in place or controls are still maturing so effectiveness cannot be fully assessed at this moment but should improve
High	Full assurance provided over the effectiveness of controls

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
June 2022 (May data)
Integrated Business Report Executive Summaries

Trust Priorities

- ☒ Our People
- ☒ Quality and Safety
- ☒ Elective Recovery
- ☒ Acute Flow

Board Assurance Framework

- ☒ Quality Standards
- ☒ Safety Standards
- ☒ Performance Targets
- ☒ Integrated Care System
- ☒ Workforce
- ☒ Financial
- ☒ DIS Service Standards

Report History - IBR is reported to the Board of Directors Committees

Recommendation

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

Purpose of the Report

Executive Summaries from Integrated Performance Report

Executive Summary – Key Points

As contained in individual summaries

Recommendation

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

Author: Shown on individual Executive Summaries

Director Sponsor: Shown on individual Executive Summaries

Date: June 2022

EXECUTIVE SUMMARIES

Quality & Safety

Incidents:

- The number of patient falls and pressure ulcer incidents has reduced in month. The number of inpatient falls resulting in moderate harm or above remains a concern.
- An improvement workshop for inpatient falls was facilitated in May 2022 to agree improvement actions to focus on for the coming year.
- Workforce factors continue to be a contributing factor and this has impacted on both the completion of timely risk assessments and delivery of care. Staffing concerns are highlighted daily through the Associate Chief Nurse of the Day so that additional mitigations can be instigated where possible.
- There has been insufficient resource available to support ward-based education and improvement work. This was escalated to the Executive Committee and funding has been agreed to appoint a 1.0 WTE Band 7 Falls Prevention Lead and additional 1.2 WTE Band 6 Tissue Viability Nurses to support education and improvement work. The recruitment process is to commence in June 2022.

Medication Incidents/Pharmacy:

- There continues to be a run above average for both prescribing and antimicrobial incidents reflecting the ongoing pressures in acute admissions. All medication incidents and trends are reviewed at the Medication Safety Group.

- Following some notable harm incidents relating to missed doses of critical medication Pharmacy staff in conjunction with the Medicines Management Nurse conducted a series of 'ward walks' to raise awareness of critical medicines and how to obtain these from the emergency cupboard when pharmacy is closed.

Complaints:

- Overall Trust performance with complaints has increased to 57% (from 52%), the targeted aim is to achieve above 90%. Only Care Group 2 and 4 met this target. Each Care Group meets with the Patient Experience Team weekly to address this performance and progress complaint investigations.

Deteriorating Patient:

- Observation (NEWS2) compliance across the York has improved slightly and now sits at 84.5%. Work is ongoing around removing areas that provide continuous monitoring which were flagged as outliers (Such as ICU, PACU etc.). Scarborough maintains above 90%.
- Both York and Scarborough are showing run trends below the mean.
- 14 hour post take percentage deteriorates further and the recently created 7 day standards service meeting will concentrate on improvements.

Infection Prevention & Control:

- The incidence of C.difficile remains high in the organisation. In May 2022, a new C-Diff improvement group has been met, chaired by the Chief Nurse.

Maternity:

- An increasing number of bookings are not being completed before 10 weeks gestation. An analysis of the reasons for later bookings will be undertaken to assess if there are barriers to women being able to arrange their booking appointment

Mortality:

- ED deaths are continues to demonstrate special cause variation. A deep dive into the ED deaths at York highlighted 3 cases of concern, which has led to further investigation. From May 2022, the Medical Examiner team has prioritised reviewing all ED deaths to ensure scrutiny occurs as close to the death as possible.

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

Workforce

There was a reduction in sickness absence in April compared to March, reflected in the validated absence data from ESR. Daily SitRep reporting indicates that there should be a further reduction in May. This, combined with an improved to nursing vacancy rates is reflected in a reduction in temporary staffing requests and spend on flexibility payments for staff who are redeployed to address workforce shortages.

There continues to be a downward trend in the Trust stability rate and an increase in staff turnover.

This year's appraisal window opened in April and although reported appraisal compliance is currently low, it is expected that this will increase significantly in the coming months.

Author	Sian Longhorne, Deputy Head of Resourcing
Director Sponsor	Polly McMeekin, Director of Workforce & Organisation Development

Finance

1. Summary Plan Position

At its April 2022 meeting the Board of Directors approved an £11.8m deficit annual financial plan. This plan is currently set into the ledger and is being used to monitor current performance. Operational budgets have been set on this basis. Most Trusts and their associated ICSs set deficit plans.

On 1 June 2022 I wrote to the Board of Directors to advise of further funding having been released from the Centre to ICSs and Trusts. This was specifically to address some of the exceptional inflationary issues placing pressure on financial plans. In the case of our ICS the current deficit plan of £56m has been supplemented with additional central funding of £32m taking the deficit plan down to £24m. The condition of accepting the supplementary funding is that this must then support delivery of a balanced plan. The ICS has worked to deliver a plan that does balance overall and does deliver balance for each individual member organisation.

On 1 June I outlined the implications for the Trust from this deal. This essentially saw additional income of £10.3m coming into the Trust with the deficit balance of £1.5m being met through corporate expenditure issues with no further savings expectation being placed on any individual area. This deal balances the Trust’s income and expenditure plan.

Board members responded via email to confirm acceptance of the plan. This will be submitted to the ICS and NHSE/I later in June. Assuming national acceptance of the revised and final plan, operational budgets will be updated and the new plan will be used for monitoring.

2. Income and Expenditure Position

The I&E table below confirms an actual deficit of £2.17m against a planned deficit of £1.99m for May. The Trust is £0.18m adversely adrift of plan. Notable variances include an underspend on pay of £2.8m, an overspend on drugs of £0.8m (£0.7m relating to out of tariff drug income from NHSE), a combined other non-pay expenditure overspend of £0.5m and the CIP position is behind plan by £2.5m. At this stage the pay position is compensation for the under delivery of the efficiency programme.

Also of note is that we spent £2.001m for the year to date on covid costs compared to a plan of £1.248m; therefore we are £0.753m adversely adrift of our covid plan. The plan is net of the £3.5m funding removed in discussion with the ICS to help reduce the I&E deficit plan. We have, so far, continued to spend at previous covid levels. This expenditure relates to, so called, inside the envelope covid funding where the spend is against a fixed allocation. There remains some covid expenditure, relating in the main to testing, that is outside of the envelope and is subject to its own direct funding recharge arrangements.

Income and Expenditure Account

	Annual Plan	YTD Plan	YTD Actual	YTD Variance	FOT
	£000's	£000's	£000's	£000's	£000's
NHS England	74,373	12,395	13,053	658	74,373
Clinical commissioning groups	507,609	84,602	84,597	-5	507,609
Local authorities	4,718	786	783	-3	4,718
Non-NHS: private patients	514	86	54	-32	514
Non-NHS: other	1,186	197	309	112	1,186
Operating Income from Patient Care Activities	**588,400**	**98,066**	**98,796**	**730**	**588,400**
Research and development	1,815	302	448	146	1,815
Education and training	20,871	3,478	3,809	331	20,871
Other income	51,986	8,665	7,092	-1,573	51,986
Other Operating Income	**74,672**	**12,445**	**11,348**	**-1,097**	**74,672**
Employee Expenses	-465,734	-76,814	-73,979	2,835	-476,239
Drugs Costs	-56,385	-9,398	-10,198	-800	-53,020
Supplies and Services - Clinical	-67,796	-11,299	-9,603	1,696	-63,751
Depreciation	-18,291	-3,049	-3,049	0	-18,291
Amortisation	-1,521	-254	-254	0	-1,521
CIP	15,129	2,522	0	-2,522	26,729
Other Costs	-61,062	-11,002	-12,181	-1,179	-69,567
Total Operating Expenditure	**-655,660**	**-109,293**	**-109,263**	**30**	**-655,660**
OPERATING SURPLUS/(DEFICIT)	**7,412**	**1,218**	**881**	**-337**	**7,412**
Finance income	30	5	73	68	30
Finance expense	-972	-163	-72	91	-972
PDC dividends payable/refundable	-9,175	-1,529	-1,529	0	-9,175
NET FINANCE COSTS	**-2,705**	**-469**	**-646**	**-177**	**-2,705**
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**-2,705**	**-469**	**-646**	**-177**	**-2,705**
Remove Donated Asset Income	-9,607	-1,601	-1,601	0	-9,607
Remove Donated Asset Depreciation	452	75	75	0	452
Remove Donated Asset Amortisation	28	5	5	0	28
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**-11,832**	**-1,990**	**-2,167**	**-177**	**-11,832**

3. Cost Improvement Programme

The core efficiency programme requirement for 2022/23 is £15.5m. This is the core value to be removed from operational budgets as we progress through the financial year and deliver cash-releasing savings.

The Board will be aware through the financial plan presentations that NHSE/I required technical efficiencies, covid spend reductions and estimated productivity gains to be expressed as CIPs. These total a further £15.1m (shown against Corporate CIP below) and increase the full programme value to £30.6m. The table below details the full programme.

2022/23 Cost Improvement Programme - May									
		May Position			Planning Position		Planning Risk		
Care Group	Full Year CIP Target	Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000
1. Acute, Emergency and Elderly Medicine (York)	£3,015	£434	£1	£433	£319	£2,696	£161	£157	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£202	£7	£195	£435	£969	£435	£0	£0
3. Surgery	£3,008	£433	£8	£425	£1,717	£1,291	£1,688	£29	£0
4. Cancer and Support Services	£2,552	£367	£1	£366	£827	£1,725	£491	£0	£336
5. Family Health	£1,595	£229	£3	£226	£210	£1,384	£162	£48	£0
6. Specialised Medicine	£1,639	£236	£7	£229	£1,319	£320	£1,269	£50	£0
7. Corporate Functions									
Chief Exec	£65	£9	£0	£9	£1	£65	£1	£0	£0
Chief Nurse Team	£164	£24	£0	£24	£64	£100	£64	£0	£0
Finance	£184	£26	£5	£22	£108	£76	£108	£0	£0
Medical Governance	£15	£2	£0	£2	£0	£15	£0	£0	£0
Ops Management	£101	£15	£0	£15	£0	£101	£0	£0	£0
Corporate CIP	£15,133	£2,522	£2,522	£0	£23,869	-£8,736	£18,570	£507	£4,792
DIS	£289	£42	£0	£42	£30	£259	£30	£0	£0
Workforce & OD	£314	£45	£0	£45	£462	-£148	£462	£0	£0
				£0					
Sub total	**£29,477**	**£4,587**	**£2,554**	**£2,032**	**£29,361**	**£116**	**£23,441**	**£791**	**£5,128**
YTHFM LLP	£1,123	£162	£24	£137	£649	£474	£211	£364	£74
Group Total	**£30,600**	**£4,748**	**£2,578**	**£2,170**	**£30,010**	**£590**	**£23,652**	**£1,155**	**£5,203**

Delivery in month 2 is poor in terms of the core programme delivery but of significant note is that plans of £30.0m have been identified against the total programme of £30.6m. This represents 98% of the programme, with 79% (£23.7m) identified as low delivery risk.

4. Unfunded Revenue Schemes

There are a small number of revenue schemes running that do not currently have funding. These are outside of our plan. The table below confirms the schemes and the current position in terms of action being taken.

Scheme	Annual Cost	Comments	Funding Action	Timeline for Resolution	Update
Mobile CT	**£1,400,000**	This relates to a fully staffed and fully utilised mobile CT facility. This is key to our diagnostic recovery work. The scanner has previously been funded through the national diagnostic programme and more latterly the community diagnostic programme. No funding has been agreed but we continue with the hire of the scanner.	NHSE/I are involved, along with the ICS, in seeking to secure funding as a pre-commitment from this year's community diagnostic hub. No further action is required from the Trust at this time. At present this is reported as a gross cost in our position.	Urgent. Further update requests sent to NHSE/I but no funding identified yet.	Continuing in operation. NHSE/I and ICS aware. Causing £0.23m pressure on our plan. ICS CDH team are submitting national case for support, working with the Trust. No timeline information available, expect 1-2 months for clarity.
CG1 Discharge Command	**£115,000**	This initiative was funded last year through Hospital Discharge Programme funding.	There is no additional financial support available for this scheme. The CG,	End of May 22	Agreement reached with CG1 for covering

		We have been requested to cease all HDP funded schemes, but this is deemed a priority to continue to support discharge at a time of such significant operational pressure. This is not funded within our plan.	Ops Team and Finance Team are working through a prioritisation process in order to identify funds that can be diverted to support this.		expenditure non-recurrently using temporary vacancies elsewhere in the CG.
CG2 Weekend Therapy Service	**£93,000**	This initiative was funded last year through additional winter funding. This has now been withdrawn. The service provides a weekend therapy team to continue therapy intervention and to support discharge.	There is no additional financial support available for this scheme. The CG, Ops Team and Finance Team are working through a prioritisation process in order to identify funds that can be diverted to support this.	End of May 22	Agreement reached with CG2 for covering expenditure non-recurrently using temporary vacancies elsewhere in the CG.
CIPHER Ambulance Cohort Service	**£1,000,000**	This is a new service, deployed in order to respond to the requirement to release ambulance crews in a timely way given the significant operational pressure on the York site and the significant number of delayed ambulance handovers. CIPHER provide a nurse/paramedic and a care assistant to provide cohorted care for ambulance patients pending ED capacity becoming available. Data shows a marked improvement in ambulance release times when deployed.	The service has been used at peak times and over bank holiday weekends and is expected to cost in excess of £50k through to the Jubilee weekend. Requests to deploy are increasing and full 24/7 cover would equate to £1m in full year terms. This is not included in our plan and is a new service development. Discussions are underway with the ICS and NHSE/I as to where the liability lies for the cost and how best the service can be provided. At present this is reported as a gross cost in our position.	End of June 22	Confirmation received from ICS that there is no external funding to support this cost at the Trust. Discussions continue between ICS and YAS as to the future arrangements. The Trust has ceased used after the Jubilee bank holiday weekend to limit expenditure.

5. Developing ERF Position

The rules around exactly how ERF will operate in 2022/23 are still being finalised but based on current national guidance, ERF funding received by the Trust as part of our contract baseline values, are subject to repayment where the weighted activity levels in 2022/23 fall below the 104% target of 19/20 levels.

If the rules were to be strictly applied to months 1 and 2 then we would potentially lose ERF income of £2.1m. In summary this is calculated by taking the Trust current performance of 91.3% against the 104% weighted target which would give a 12.7% shortfall against the weighted target at Month 2.

This variance is then converted to a financial value using 19/20 baseline data and then a 75% adjustment is made to reflect the ERF rule that any underperformance is only paid back at 75%. A final check and adjustments against the lower ERF floor level cap is applied where applicable.

The simple calculation is as follows:-

- Target performance less actual performance (104% less 91.3%) = 12.7%
- 12.7% of 19/20 weighted baseline to month 2 (12.7% x £27.9m) = £3.5m
- Apply 75% adjustment (75% x £3.5m) = £2.6m potential clawback
- However, at this level of performance, the ERF floor at month 2 of £695k would potentially limit the actual clawback to £2.1m

At this stage there does not appear to be any clawback action being taken at a national level, recognising the nationally experienced difficulties in recovering activity, the continued presence of covid and the exceptional non-elective pressures.

As part of the submission of our revised plan, currently being prepared following the release of additional inflationary funding nationally, we have been asked by NHSE/I to quantify the ERF risk. We have been instructed not to remove income from plan on the back of identifying this risk but simply to quantify this, should the policy be invoked.

The Board are aware that the plan is required to deliver 104% of the 2019/20 baseline activity level. Our plan seeks to do this. We have also been asked to identify what we believe would be our core activity delivery, where we have good confidence in delivery levels. The Care Groups have identified this to be at 99.6% of the 2019/20 baseline level.

Should the ERF policy be invoked in full and care groups hit the 99.6% level then we would expect to lose income of £5.6m. This calculation is summarised as:-

- Target performance less actual performance (104% less 99.6%) = 4.4%
- 4.4% of 19/20 weighted baseline value at month 12 (4.4% x £170.34m) = £7.5m
- Apply 75% adjustment = 75% x £7.5m = £5.6m potential clawback

We have also assessed that we would avoid costs of £1.7m. This would result a net risk impact on Trust I&E plan of £3.9m. This information will be flagged as part of our revised plan submission.

Finally, it should be noted that ERF is calculated across ICB level, so the above figures are indicative based on Trust current performance only and that final adjustment could vary based on overall ICB system performance.

6. Current Cash Position

May cash balance showed a £6m adverse variance to plan; this is mainly due to capital payables being settled above the expected level in the plan. The table below shows our current planned month end cash balances.

Month	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	64,116	51,724	46,792	45,940	36,713	28,767	29,536	25,914	24,971	26,746	29,538	41,600
Actual	51,793	45,722										

There is more analysis to do in relation to cash management this financial year as we start to understand how ERF will flow into the Trust and as we map out the non-recurrent timing benefit we will have from nationally funded capital schemes. At this stage we are not predicting cash problems will emerge in the next 12 months, but this is conditional on managing all aspects of the income and expenditure plan.

7. Current Capital Position

The total capital programme for 2022-23 is £86.5m; this includes £22.8m of lease budget that has transferred to capital under the new lease accounting standard and £50m of external funding that the Trust has secured via Public Dividend Capital funding (nationally funded schemes) and charitable funding.

Capital Plan 2022-23 £000s	Mth 2 Planned Spend £000s	Mth 2 Actual Spend £000s	Variance £000s
86,513	**9,640**	**1,176**	**(8,464)**

Prioritisation of the discretionary element of the capital programme continues with the Corporate and Care Group Teams. The first stage of collating necessary scheme has been completed. The second stage of the programme to score all schemes has also been completed. The third stage of the process to sense check the scoring against “must do” requirements is now underway.

This work is not delaying the release of capital funding for schemes to progress as most of the Trust’s capital funding links to national schemes, previously approved business cases or lease equipment replacement requirements. In all cases these schemes are progressing.

8. Risk Overview

The financial plan includes significant risk, discussed and acknowledged at the time of Board approval. The table below summarises the risks, the mitigation and the latest update.

Risk Issue	Comments	Mitigation/Management	Current Update
Delivery of the efficiency requirement	At 2.4% the cost out efficiency programme is arguably manageable in comparison to previous years but the programme has been halted for the last 2 years and clinical teams are focused elsewhere in terms of workforce issues and elective recovery.	The Corporate Efficiency Team has restarted its full support programme. The BBC programme is linked to efficiency delivery opportunities. Full CIP reporting will recommence. CIP panel meetings will be reconvened with the CEO.	Whilst delivery of the Core Programme has been poor in month 2 the work with Care Groups and Corporate Teams has identified plans totalling 98% of the required programme. Notably 79% of plans are categorised as low risk. Best practice would suggest plans should exceed target in order to hold contingency against delivery shortfall.
Retention of ERF Funding through delivery of 104% activity levels	ERF is lost at the rate of 75% of tariff value for under recovery of the 104% required activity level.	A full 104% activity plan has been devised. Full monitoring of delivery will be implemented. The BBC programme picks up elective recovery as a specific work stream.	Monitoring data awaited and detailed ERF operating rules are yet to be properly understood as to how the programme will be operated.
Managing the Covid spend reduction	The plan proposed with the ICB requires a £3.5m reduction on covid spend linked to reducing IPC requirements and the national covid expenditure reduction programme.	Work is underway with the CGs and YTHFM to look for opportunities. If necessary a formal task and finish group will be required to work alongside IPC and the Care Groups to manage covid expenditure down. Formal monitoring in now in place.	This review work has commenced with the Care Groups and is looking to specifically step down spend later in the year to coincide with expected continued downward patient trends. Currently £0.85m has been identified against the £3.5m target
Managing the investment reduction programme	£2m of the required £4.3m investment reduction programme had been identified at the original time of planning. The remaining reduction will require management through the release of activity pressure funding into operational budgets.	Formal monitoring will be required to track progress. This has been implemented.	The first stage of this review work has been completed and £3.6m of the £4.3m reduction requirement has been identified. Work continues to close this gap and will scrutinise the release of additional funding into budget going forward.
Expenditure Control	Formal budgets identified through this planning process will require careful management to ensure expenditure compliance and to ensure that any investments made are matched with identified funding sources.	Finance reporting will require enhanced variance analysis and assurance processes. Reporting into the Exec Committee and Board of Directors will be refined to provide greater assurance and transparency. Compliance with the scheme of delegation regarding expenditure approval will be monitored.	This report identifies unfunded expenditure along with details of action being taken regarding funding. There are no control issues at this stage to highlight.
Winter funding pressures	The plan removes the Trust’s typical winter contingency that would normally allow further investments to be made at peak activity times.	Full knowledge has been shared to ensure that the ICB and regional teams are aware that providers are not holding winter contingencies on the grounds of affordability. Additional funding would need to be sought in the evet of material	Early information has been shared that suggests £250m will be released nationally for additional winter capacity. We expect to be working with ICS colleagues on this programme in the coming

		pressures. Our approach is consistent with other providers.	month.
The ICB may seek to further reduce expenditure to manage with overall resources.	We will be required to work with the ICB should this prove to be the case. Clinical teams would be required to work alongside the Exec Team and the ICB.	Formal monitoring would be required alongside a quality impact assessment programme in the event of real service expenditure reductions being required.	This risk is reducing with the release of national funding to the ICS to part-close the financial plan gap. The proposed ICS solution for the remainder does not impose further savings requirements on the Trust beyond those already committed to.
Management of the Capital Programme	The 2022/23 capital programme is the largest programme the Trust has ever undertaken. There is significant risk in managing to approved CDEL limits; both in terms of pressure on the programme for additional spend but also difficulty in spending due to construction industry difficulties associated with Brexit, the pandemic and the Ukraine conflict.	The programme is managed by CEPG. Monitoring provided at Board level. Prioritisation exercise underway to agree the final discretionary elements of the programme for 22/23.	The key risk just now is the York ED scheme with a predicted overspend of £3.7m. Discussions are underway with Kier and other partners to limit the impact of this overspend on the available discretionary funding. These are expected to be concluded by the end of June.

9. Recommendation

The Board of Directors is asked to discuss and note the May 2022 financial position for the Trust.

Author	Andrew Bertram, Finance Director
Director Sponsor	Andrew Bertram, Finance Director

Research & Development

Our key outcomes in the last month are as follows:

- We have not submitted a grant for funding in the month of May, but we are currently working on several grants for submission within the month of June.
- The grant we submitted last month has been rejected- but we are now working with academic colleagues to resubmit it elsewhere
    - 59K to **Obstetric Anaesthetists' Association** the study is called ICalM - Intraoperative Calcium to reduce Maternal Haemorrhage:
- We have had our first small success with National Institute for Health Research (NIHR) as we have finally got an application for funding though to Second round!
    - 6K out of 148K will come to us from a grant to NIHR Research for Patient Benefit RfPB Programme: “Living well with chronic breathlessness: Improving the sustained use of supported self-management strategies”. Working with Dr Mark Pearson at HYMS and Mrs Kath Sartain
- We won two awards at the recent Y&H Clinical Research Network awards and shortlisted for two other awards
    - Outstanding Contribution to Research- Dr David Yates WON
    - Research Practitioner of the Year- Claire Brookes WON
    - Research team of the Year – Shortlisted
    - Research Nurse of the year Shortlisted
- We have just closed out annual Elsie May Sykes award that gives 15K to support research within the Trust. We had four applications and three have been sent to committee for review, the outcome will be known in mid-July.

- We have begun our annual review of our PhD students as they have been in post a year now. So far feedback has been fantastic from the students, the academic institutions and the CG managers.
- The 20th May is International Clinical Trials Day and we made a big splash on twitter/ Facebook and Instagram that day!!
- We are leading on a campaign to create an online series of videos to support research training and induction within our region.
- Upcoming events- dates for your diaries
    - Health and Society Research Showcase at York St John University 29th June 2022 09:00-17:00

The programme is currently being drawn up, there will be showcase talks from Y&STH staff and YSJU staff followed by breakout groups with a focus on some joint key themes for both organisations for research. All interested parties should contact lisa.ballantine@york.nhs.uk

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

Operational Performance

Nationally, the COVID-19 Pandemic NHS Emergency Preparedness, Resilience and Response incident level moved down to a level three regional response on the 19th of May 2022. A level 3 regional response is defined as “An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England will coordinate the NHS response in collaboration with local commissioners at the tactical level”.

In response to the Omicron variant the Trust has continued to operate within its Pandemic Command and Control structure however from 13th June the command and control structure has stepped down with the Trust returning to business as usual. The Trust’s ‘Living with Covid’ group will continue to meet to respond to national and regional 'asks'.

As at the 10th of June there were fifty six COVID-19 positive inpatients in our acute and community hospitals. A steady decline was seen over the month of May having peaked at 287 on the 30th of March 2022 (reported via Trust’s external SitRep submission).

The Trust has had 5,855 COVID-19 positive inpatients since 17th March 2020, with 4,824 patients discharged, sadly 988 patients have died. Since the beginning of July 2021 there have been 3,043 new COVID-19 positive inpatients and 374 deaths.

As at the 10th of June, York Hospital has no dedicated COVID-19 positive ward with one COVID-19 positive wards/areas at Scarborough Hospital. The majority of COVID-19 positive patients are not being treated for COVID-19 as their primary complaint. However, the need to manage high risk patients separately and cohort COVID-19 positive patients due to Infection Prevention Control (IPC) requirements creates flow (bed) issues and impacts on the Trust’s ability to admit elective patients as patients cannot be admitted onto wards where there are COVID-19 positive patients.

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

Trust Planning

The workforce risk that the Trust highlighted as part of 2021-22 activity plan materialised to a greater extent than was anticipated and continued into 2022-23. This has affected not just the Trust but all partners. NYCC, TEWV, YAS, Primary Care and Vocare who have all been operating at their highest level of escalation due to workforce pressures over the last nine months, limiting the availability of support from the system to reduce delays to patients or support urgent care demand. Overall the Trust's sickness absence rate is 5.7% with 556 absent as at the 6th of June, 19% of the absences relate to COVID-19.

The pressure on medical staffing contributed to the cancellation of 219 outpatient clinics within fourteen days of the planned date and there were 153 elective patients cancelled by the Trust within forty eight hours of their intended surgery date due to non-clinical reasons. As in the previous COVID-19 'waves' cancer, urgent priority (P2) and long wait elective procedures are being prioritised.

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

Point of Delivery	May 2019 Outturn	May 2022 Actual	Variance	Proportion of May 2019 delivered in May 2022
First Outpatient Appts	14,222	14,332	110	101%
Follow up Outpatient Appts	32,782	34,576	1,794	105%
Ordinary Electives*	696	538	-158	77%
Day Cases	6,226	6,482	256	104%

*Ordinary Elective figures are based on discharge date.

May 2022 Performance Headlines:

• 71.8% of ED patients were admitted, transferred or discharged within four hours.

• The Trust reported 691 twelve hour Trolley Breaches.

• April 2022 saw challenging cancer performance with the Trust achieving two out of the eight core national standards.

• 2,821 fifty-two week wait pathways have been declared for the end of May 2022.

• Fifty two 104+ week wait pathways have been declared for the end of May 2022. This number, as per updated national guidance, includes those patients who have requested to defer their treatment. There were three such patients at the end of May 2022.

• The Trust saw an improvement against the overall Referral to Treatment backlog, with the percentage of patients waiting under eighteen weeks at month end increasing from 58% in April 2022 to 59.4% at the end of May 2022.

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

Digital and Information Service

People

- Permanent CDIO has now been appointed and due to start on 30th August 22. Interim CDIO devising handover plan for knowledge transfer.
- EPR Strategic Outline Case has been refreshed as part of alignment with the overall ICS EPR Strategy. Financial and Commercial support has been received to understand the impact on capital and revenue streams. This will be submitted to NHS England as part of the new business case healthcheck process.
- NHS England have indicated that YSTHFT is eligible for funding from the Frontline Digitisation Programme to support affordability over the next 3 years. Details are expected in the next period.
- The Head of Delivery (Jane Clayson) will start on the 4th July.
- The CTO (Luke Stockdale) is progressing through probationary period and has taken on full and safe transition of responsibilities and is making a tremendously positive impact on People and Quality issues.
- The CNIO (Nik Coventry) is progressing through probationary period and is supporting the Interim CDIO with ensuring Values, Behaviours and ways of working are being embedded in the DIS Team, along with keeping patient safety, clinical priorities and User Centred Design at the heart of everything we do.
- CPD Developer recruitment has made good progress in the last period.

Processes

- The DIS Team have worked with Finance colleagues on prioritising the discretionary capital schemes for FY 22/23, with the priority on risk mitigation, operational effectiveness and service transformation.
- Work continues on the operational changes for service desk and service team. This will see an increase in some KPI's as we embed new operating procedures, however the mid to long term benefits are significant
- Work has started on second phase of improvements including operating manuals, service catalogue, KPI's reporting and the development of industry standard processes for IT Service provision
- Work has been initiated on developing a roadmap to deliver asset, license and contract management within DIS to enable control and governance on all IT assets and software
- A tender exercise has been kicked off looking to bring in partners to help deliver infrastructure delivery (project), hardware provision (desktop and laptop) and telecoms (mobiles and tariffs) - work has started in June and we will look to complete tenders by September 22
- The CTO team, alongside Becky Bradley and the IG are working closely with Audit to prepare the Trusts DSP Toolkit regulatory compliance report (July 2022)

Technology

- Work is underway to refresh the Trusts Data Centres to enable an environment ready for the delivery of new hardware
- Final planning and transition plans developed for CPD and Storage replacement, which will be housed in the refreshed data centres
- Final plans are being developed to enable work to start later in year on replacement of the data centre network solution
- Final planning underway regarding end user solutions (virtual desktop and roll out of devices to support digital documentation in wards)

- The roll out of 365 and associated NHS mail continues at pace across the Trust
- The target of regulatory compliance against the retirement of Windows 7 on desktops and laptops and move to Windows 10 was completed by Matt Chappell and team, leading to a notification in to CEO to advise completed, which was a great success

Author(s)	Andy Williams, Interim Chief Digital Information Officer
Director Sponsor	Andy Williams, Interim Chief Digital Information Officer

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Resources Committee 21 June 2022
Board of Directors 29 June 2022
Financial Position – May 2022 (Month 2)

Trust Priorities

- ☒ Our People
- ☒ Quality and Safety
- ☒ Elective Recovery
- ☒ Acute Flow

Board Assurance Framework

- ☐ Quality Standards
- ☐ Safety Standards
- ☐ Performance Targets
- ☐ Integrated Care System
- ☐ Workforce
- ☒ Financial
- ☐ DIS Service Standards

Report History - *(Where the paper has previously been reported to date, if applicable)*

Recommendation

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

Purpose of the Report

This report detail the May 2022 (month 2) financial position for the Trust.

Executive Summary – Key Points

The Trust is reporting an adjusted deficit of £2.17m against a planned deficit of £1.99m at May 2022 (month 2). The Trust is £0.18m adversely adrift of plan. The plan currently being used is the £11.8m deficit approved Board plan, and remains subject to further ICS and NHSE/I discussion.

Recommendation

The Board of Directors is asked to discuss and note the May 2022 financial position.

Authors: Andrew Bertram, Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: June 2022

1. Summary Plan Position

At its April 2022 meeting the Board of Directors approved an £11.8m deficit annual financial plan. This plan is currently set into the ledger and is being used to monitor current performance. Operational budgets have been set on this basis. Most Trusts and their associated ICSs set deficit plans.

On 1 June 2022 I wrote to the Board of Directors to advise of further funding having been released from the Centre to ICSs and Trusts. This was specifically to address some of the exceptional inflationary issues placing pressure on financial plans. In the case of our ICS the current deficit plan of £56m has been supplemented with additional central funding of £32m taking the deficit plan down to £24m. The condition of accepting the supplementary funding is that this must then support delivery of a balanced plan. The ICS has worked to deliver a plan that does balance overall and does deliver balance for each individual member organisation.

On 1 June I outlined the implications for the Trust from this deal. This essentially saw additional income of £10.3m coming into the Trust with the deficit balance of £1.5m being met through corporate expenditure issues with no further savings expectation being placed on any individual area. This deal balances the Trust's income and expenditure plan.

Board members responded via email to confirm acceptance of the plan. This will be submitted to the ICS and NHSE/I later in June. Assuming national acceptance of the revised and final plan, operational budgets will be updated and the new plan will be used for monitoring.

2. Income and Expenditure Position

The I&E table below confirms an actual deficit of £2.17m against a planned deficit of £1.99m for May. The Trust is £0.18m adversely adrift of plan. Notable variances include an underspend on pay of £2.8m, an overspend on drugs of £0.8m (£0.7m relating to out of tariff drug income from NHSE), a combined other non-pay expenditure overspend of £0.5m and the CIP position is behind plan by £2.5m. At this stage the pay position is compensation for the under delivery of the efficiency programme.

Also of note is that we spent £2.001m for the year to date on covid costs compared to a plan of £1.248m; therefore we are £0.753m adversely adrift of our covid plan. The plan is net of the £3.5m funding removed in discussion with the ICS to help reduce the I&E deficit plan. We have, so far, continued to spend at previous covid levels. This expenditure relates to, so called, inside the envelope covid funding where the spend is against a fixed allocation. There remains some covid expenditure, relating in the main to testing, that is outside of the envelope and is subject to its own direct funding recharge arrangements.

Income and Expenditure Account

	Annual Plan	YTD Plan	YTD Actual	YTD Variance	FOT
	£000's	£000's	£000's	£000's	£000's
NHS England	74,373	12,395	13,053	658	74,373
Clinical commissioning groups	507,609	84,602	84,597	-5	507,609
Local authorities	4,718	786	783	-3	4,718
Non-NHS: private patients	514	86	54	-32	514
Non-NHS: other	1,186	197	309	112	1,186
Operating Income from Patient Care Activities	**588,400**	**98,066**	**98,796**	**730**	**588,400**
Research and development	1,815	302	448	146	1,815
Education and training	20,871	3,478	3,809	331	20,871
Other income	51,986	8,665	7,092	-1,573	51,986
Other Operating Income	**74,672**	**12,445**	**11,348**	**-1,097**	**74,672**
Employee Expenses	-465,734	-76,814	-73,979	2,835	-476,239
Drugs Costs	-56,385	-9,398	-10,198	-800	-53,020
Supplies and Services - Clinical	-67,796	-11,299	-9,603	1,696	-63,751
Depreciation	-18,291	-3,049	-3,049	0	-18,291
Amortisation	-1,521	-254	-254	0	-1,521
CIP	15,129	2,522	0	-2,522	26,729
Other Costs	-61,062	-11,002	-12,181	-1,179	-69,567
Total Operating Expenditure	**-655,660**	**-109,293**	**-109,263**	**30**	**-655,660**
OPERATING SURPLUS/(DEFICIT)	**7,412**	**1,218**	**881**	**-337**	**7,412**
Finance income	30	5	73	68	30
Finance expense	-972	-163	-72	91	-972
PDC dividends payable/refundable	-9,175	-1,529	-1,529	0	-9,175
NET FINANCE COSTS	**-2,705**	**-469**	**-646**	**-177**	**-2,705**
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**-2,705**	**-469**	**-646**	**-177**	**-2,705**
Remove Donated Asset Income	-9,607	-1,601	-1,601	0	-9,607
Remove Donated Asset Depreciation	452	75	75	0	452
Remove Donated Asset Amortisation	28	5	5	0	28
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**-11,832**	**-1,990**	**-2,167**	**-177**	**-11,832**

3. Cost Improvement Programme

The core efficiency programme requirement for 2022/23 is £15.5m. This is the core value to be removed from operational budgets as we progress through the financial year and deliver cash-releasing savings.

The Board will be aware through the financial plan presentations that NHSE/I required technical efficiencies, covid spend reductions and estimated productivity gains to be expressed as CIPs. These total a further £15.1m (shown against Corporate CIP below) and increase the full programme value to £30.6m. The table below details the full programme.

2022/23 Cost Improvement Programme - May									
		May Position			Planning Position		Planning Risk		
Care Group	Full Year CIP Target	Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000
1. Acute, Emergency and Elderly Medicine (York)	£3,015	£434	£1	£433	£319	£2,696	£161	£157	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£202	£7	£195	£435	£969	£435	£0	£0
3. Surgery	£3,008	£433	£8	£425	£1,717	£1,291	£1,688	£29	£0
4. Cancer and Support Services	£2,552	£367	£1	£366	£827	£1,725	£491	£0	£336
5. Family Health	£1,595	£229	£3	£226	£210	£1,384	£162	£48	£0
6. Specialised Medicine	£1,639	£236	£7	£229	£1,319	£320	£1,269	£50	£0
7. Corporate Functions									
Chief Exec	£65	£9	£0	£9	£1	£65	£1	£0	£0
Chief Nurse Team	£164	£24	£0	£24	£64	£100	£64	£0	£0
Finance	£184	£26	£5	£22	£108	£76	£108	£0	£0
Medical Governance	£15	£2	£0	£2	£0	£15	£0	£0	£0
Ops Management	£101	£15	£0	£15	£0	£101	£0	£0	£0
Corporate CIP	£15,133	£2,522	£2,522	£0	£23,869	-£8,736	£18,570	£507	£4,792
DIS	£289	£42	£0	£42	£30	£259	£30	£0	£0
Workforce & OD	£314	£45	£0	£45	£462	-£148	£462	£0	£0
				£0					
Sub total	**£29,477**	**£4,587**	**£2,554**	**£2,032**	**£29,361**	**£116**	**£23,441**	**£791**	**£5,128**
YTHFM LLP	£1,123	£162	£24	£137	£649	£474	£211	£364	£74
Group Total	**£30,600**	**£4,748**	**£2,578**	**£2,170**	**£30,010**	**£590**	**£23,652**	**£1,155**	**£5,203**

Delivery in month 2 is poor in terms of the core programme delivery but of significant note is that plans of £30.0m have been identified against the total programme of £30.6m. This represents 98% of the programme, with 79% (£23.7m) identified as low delivery risk.

4. Unfunded Revenue Schemes

There are a small number of revenue schemes running that do not currently have funding. These are outside of our plan. The table below confirms the schemes and the current position in terms of action being taken.

Scheme	Annual Cost	Comments	Funding Action	Timeline for Resolution	Update
Mobile CT	**£1,400,000**	This relates to a fully staffed and fully utilised mobile CT facility. This is key to our diagnostic recovery work. The scanner has previously been funded through the national diagnostic programme and more latterly the community diagnostic programme. No funding has been agreed but we continue with the hire of the scanner.	NHSE/I are involved, along with the ICS, in seeking to secure funding as a pre-commitment from this year's community diagnostic hub. No further action is required from the Trust at this time. At present this is reported as a gross cost in our position.	Urgent. Further update requests sent to NHSE/I but no funding identified yet.	Continuing in operation. NHSE/I and ICS aware. Causing £0.23m pressure on our plan. ICS CDH team are submitting national case for support, working with the Trust. No timeline information available, expect 1-2 months for clarity.
CG1 Discharge Command	**£115,000**	This initiative was funded last year through Hospital Discharge Programme funding. We have been requested to cease all HDP funded schemes, but this is deemed a priority to continue to support discharge at a time of such significant operational pressure. This is not funded within our plan.	There is no additional financial support available for this scheme. The CG, Ops Team and Finance Team are working through a prioritisation process in order to identify funds that can be diverted to support this.	End of May 22	Agreement reached with CG1 for covering expenditure non-recurrently using temporary vacancies elsewhere in the CG.
CG2 Weekend Therapy Service	**£93,000**	This initiative was funded last year through additional winter funding. This has now been withdrawn. The service provides a weekend therapy team to continue therapy intervention and to support discharge.	There is no additional financial support available for this scheme. The CG, Ops Team and Finance Team are working through a prioritisation process in order to identify funds that can be diverted to support this.	End of May 22	Agreement reached with CG2 for covering expenditure non-recurrently using temporary vacancies elsewhere in the CG.
CIPHER	**£1,000,000**	This is a new service,	The service has been	End of June 22	Confirmation

Ambulance Cohort Service		deployed in order to respond to the requirement to release ambulance crews in a timely way given the significant operational pressure on the York site and the significant number of delayed ambulance handovers. CIPHER provide a nurse/paramedic and a care assistant to provide cohorted care for ambulance patients pending ED capacity becoming available. Data shows a marked improvement in ambulance release times when deployed.	used at peak times and over bank holiday weekends and is expected to cost in excess of £50k through to the Jubilee weekend. Requests to deploy are increasing and full 24/7 cover would equate to £1m in full year terms. This is not included in our plan and is a new service development. Discussions are underway with the ICS and NHSE/I as to where the liability lies for the cost and how best the service can be provided. At present this is reported as a gross cost in our position.		received from ICS that there is no external funding to support this cost at the Trust. Discussions continue between ICS and YAS as to the future arrangements. The Trust has ceased used after the Jubilee bank holiday weekend to limit expenditure.

5. Developing ERF Position

The rules around exactly how ERF will operate in 2022/23 are still being finalised but based on current national guidance, ERF funding received by the Trust as part of our contract baseline values, are subject to repayment where the weighted activity levels in 2022/23 fall below the 104% target of 19/20 levels.

If the rules were to be strictly applied to months 1 and 2 then we would potentially lose ERF income of £2.1m. In summary this is calculated by taking the Trust current performance of 91.3% against the 104% weighted target which would give a 12.7% shortfall against the weighted target at Month 2.

This variance is then converted to a financial value using 19/20 baseline data and then a 75% adjustment is made to reflect the ERF rule that any underperformance is only paid back at 75%. A final check and adjustments against the lower ERF floor level cap is applied where applicable.

The simple calculation is as follows:-

- Target performance less actual performance (104% less 91.3%) = 12.7%
- 12.7% of 19/20 weighted baseline to month 2 (12.7% x £27.9m) = £3.5m
- Apply 75% adjustment (75% x £3.5m) = £2.6m potential clawback
- However, at this level of performance, the ERF floor at month 2 of £695k would potentially limit the actual clawback to £2.1m

At this stage there does not appear to be any clawback action being taken at a national level, recognising the nationally experienced difficulties in recovering activity, the continued presence of covid and the exceptional non-elective pressures.

As part of the submission of our revised plan, currently being prepared following the release of additional inflationary funding nationally, we have been asked by NHSE/I to quantify the ERF risk. We have been instructed not to remove income from plan on the back of identifying this risk but simply to quantify this, should the policy be invoked.

The Board are aware that the plan is required to deliver 104% of the 2019/20 baseline activity level. Our plan seeks to do this. We have also been asked to identify what we believe would be our core activity delivery, where we have good confidence in delivery levels. The Care Groups have identified this to be at 99.6% of the 2019/20 baseline level.

Should the ERF policy be invoked in full and care groups hit the 99.6% level then we would expect to lose income of £5.6m. This calculation is summarised as:-

- Target performance less actual performance (104% less 99.6%) = 4.4%
- 4.4% of 19/20 weighted baseline value at month 12 (4.4% x £170.34m) = £7.5m
- Apply 75% adjustment = 75% x £7.5m = £5.6m potential clawback

We have also assessed that we would avoid costs of £1.7m. This would result a net risk impact on Trust I&E plan of £3.9m. This information will be flagged as part of our revised plan submission.

Finally, it should be noted that ERF is calculated across ICB level, so the above figures are indicative based on Trust current performance only and that final adjustment could vary based on overall ICB system performance.

6. Current Cash Position

May cash balance showed a £6m adverse variance to plan; this is mainly due to capital payables being settled above the expected level in the plan. The table below shows our current planned month end cash balances.

Month	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	64,116	51,724	46,792	45,940	36,713	28,767	29,536	25,914	24,971	26,746	29,538	41,600
Actual	51,793	45,722										

There is more analysis to do in relation to cash management this financial year as we start to understand how ERF will flow into the Trust and as we map out the non-recurrent timing benefit we will have from nationally funded capital schemes. At this stage we are not predicting cash problems will emerge in the next 12 months, but this is conditional on managing all aspects of the income and expenditure plan.

7. Current Capital Position

The total capital programme for 2022-23 is £86.5m; this includes £22.8m of lease budget that has transferred to capital under the new lease accounting standard and £50m of external funding that the Trust has secured via Public Dividend Capital funding (nationally funded schemes) and charitable funding.

Capital Plan 2022-23 £000s	Mth 2 Planned Spend £000s	Mth 2 Actual Spend £000s	Variance £000s
86,513	**9,640**	**1,176**	**(8,464)**

Prioritisation of the discretionary element of the capital programme continues with the Corporate and Care Group Teams. The first stage of collating necessary scheme has been completed. The second stage of the programme to score all schemes has also been completed. The third stage of the process to sense check the scoring against “must do” requirements is now underway.

This work is not delaying the release of capital funding for schemes to progress as most of the Trust’s capital funding links to national schemes, previously approved business cases or lease equipment replacement requirements. In all cases these schemes are progressing.

8. Risk Overview

The financial plan includes significant risk, discussed and acknowledged at the time of Board approval. The table below summarises the risks, the mitigation and the latest update.

Risk Issue	Comments	Mitigation/Management	Current Update
Delivery of the efficiency requirement	At 2.4% the cost out efficiency programme is arguably manageable in comparison to previous years but the programme has been halted for the last 2 years and clinical teams are focused elsewhere in terms of workforce issues and elective recovery.	The Corporate Efficiency Team has restarted its full support programme. The BBC programme is linked to efficiency delivery opportunities. Full CIP reporting will recommence. CIP panel meetings will be reconvened with the CEO.	Whilst delivery of the Core Programme has been poor in month 2 the work with Care Groups and Corporate Teams has identified plans totalling 98% of the required programme. Notably 79% of plans are categorised as low risk. Best practice would suggest plans should exceed target in order to hold contingency against delivery shortfall.
Retention of ERF Funding through delivery of 104% activity levels	ERF is lost at the rate of 75% of tariff value for under recovery of the 104% required activity level.	A full 104% activity plan has been devised. Full monitoring of delivery will be implemented. The BBC programme picks up elective recovery as a specific work stream.	Monitoring data awaited and detailed ERF operating rules are yet to be properly understood as to how the programme will be operated.
Managing the Covid spend reduction	The plan proposed with the ICB requires a £3.5m reduction on covid spend linked to reducing IPC requirements and the national covid expenditure reduction programme.	Work is underway with the CGs and YTHFM to look for opportunities. If necessary a formal task and finish group will be required to work alongside IPC and the Care Groups to manage covid expenditure down. Formal monitoring in now in place.	This review work has commenced with the Care Groups and is looking to specifically step down spend later in the year to coincide with expected continued downward patient trends. Currently £0.85m has been identified against the £3.5m target
Managing the investment reduction programme	£2m of the required £4.3m investment reduction programme had been identified at the original time of planning. The remaining reduction will require management through the release of activity pressure funding into operational budgets.	Formal monitoring will be required to track progress. This has been implemented.	The first stage of this review work has been completed and £3.6m of the £4.3m reduction requirement has been identified. Work continues to close this gap and will scrutinise the release of additional funding into budget going forward.
Expenditure Control	Formal budgets identified through this planning process will require careful management to ensure expenditure compliance and to ensure that any investments made are matched with identified funding sources.	Finance reporting will require enhanced variance analysis and assurance processes. Reporting into the Exec Committee and Board of Directors will be refined to provide greater assurance and transparency. Compliance with the scheme of delegation regarding expenditure approval will be monitored.	This report identifies unfunded expenditure along with details of action being taken regarding funding. There are no control issues at this stage to highlight.
Winter funding pressures	The plan removes the Trust's typical winter contingency that would normally allow further investments to be made at peak activity times.	Full knowledge has been shared to ensure that the ICB and regional teams are aware that providers are not holding winter contingencies on the grounds of affordability. Additional funding would need to be sought in the evet of material pressures. Our approach is consistent with other providers.	Early information has been shared that suggests £250m will be released nationally for additional winter capacity. We expect to be working with ICS colleagues on this programme in the coming month.
The ICB may seek to further reduce expenditure to manage with overall resources.	We will be required to work with the ICB should this prove to be the case. Clinical teams would be required to work alongside the Exec Team and the ICB.	Formal monitoring would be required alongside a quality impact assessment programme in the event of real service expenditure reductions being required.	This risk is reducing with the release of national funding to the ICS to part-close the financial plan gap. The proposed ICS solution for the remainder does not impose further savings requirements on the Trust beyond those already committed to.
Management of the Capital Programme	The 2022/23 capital programme is the largest programme the Trust has ever undertaken. There is significant risk in managing to approved CDEL limits; both in terms of pressure on the programme for additional spend	The programme is managed by CEPG. Monitoring provided at Board level. Prioritisation exercise underway to agree the final discretionary elements of the programme for 22/23.	The key risk just now is the York ED scheme with a predicted overspend of £3.7m. Discussions are underway with Kier and other partners to limit the impact of

	but also difficulty in spending due to construction industry difficulties associated with Brexit, the pandemic and the Ukraine conflict.		this overspend on the available discretionary funding. These are expected to be concluded by the end of June.

9. Recommendation

The Board of Directors is asked to discuss and note the May 2022 financial position for the Trust.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
29 June 2022
Group Operational Financial Plan, 2022/23 – Final Submission

Trust Priorities

- ☒ Our People
- ☒ Quality and Safety
- ☒ Elective Recovery
- ☒ Acute Flow

Board Assurance Framework

- ☐ Quality Standards
- ☐ Safety Standards
- ☐ Performance Targets
- ☒ Integrated Care System
- ☐ Workforce
- ☒ Financial
- ☐ DIS Service Standards

Report History - Reported previously to March Board of Directors.

Recommendation

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

Purpose of the Report

To report on the final Group operational financial plan for 2022/23.

Executive Summary – Key Points

At its March meeting the Board received a report on the Group's draft operational financial plan for 2022/23. The draft plan presented at that time delivered a prospective £40.2m I&E deficit, which was significantly out of step with NHSEI's expectation of a balanced planned I&E position. At the Board's April meeting a revised plan showing an £11.8m deficit was presented and approved for submission to NHSE/I.

This position was replicated in many ICS communities around the country. Following this submission, the national NHSE/I team released further funding to each ICS to help close the outstanding financial gaps and required resubmission of balanced plans.

On 1 June 2022 the Finance Director wrote out to the Board describing the latest iteration of the ICS and Group Financial Plan. This briefing confirmed a balanced position for the Group and for the ICS had been achieved. The Board subsequently virtually approved the submission of that plan. This plan was duly submitted to the ICS and to NHSE/I. This report confirms the income and expenditure account (including reconciliation of the changes from the previously Board-approved £11.8m deficit), the balance sheet and the cashflow forecast.

Recommendation

The Board of Directors is asked to publicly approve the Group's final financial plan for 2022/23, having already approved this virtually to meet the NHSE/I submission timeline. The Group's operational budgets will now be updated to reflect these final changes. This will now form the basis of internal financial performance monitoring with both the ICB and NHSE/I.

Author: Andrew Bertram, Finance Director and Graham Lamb, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: June 2022

1. Introduction

At its March meeting the Board received a report on the Group's draft operational financial plan for 2022/23. The draft plan presented at that time delivered a prospective £40.2m I&E deficit, which was significantly out of step with NHSEI's expectation of a balanced planned I&E position. At the Board's April meeting a revised plan showing an £11.8m deficit was presented and approved for submission to NHSE/I.

This position was replicated in many ICS communities around the country. Following this submission, the national NHSE/I team released further funding to each ICS to help close the outstanding financial gaps and required resubmission of balanced plans.

On 1 June 2022 the Finance Director wrote out to the Board describing the latest iteration of the ICS and Group Financial Plan. This briefing confirmed a balanced position for the Group and for the ICS had been achieved. The Board subsequently virtually approved the submission of that plan. This plan was duly submitted to the ICS and to NHSE/I. This report confirms the income and expenditure account (including reconciliation of the changes from the previously Board-approved £11.8m deficit), the balance sheet and the cashflow forecast.

2. Updated Income & Expenditure (I&E) Plans

The vast majority of the £11.8m gap from the original Board-approved financial plan is being closed by additional income of £10.3m. This is directly related to the additional income NHSE have released to systems and has been supplemented by further stretch savings targets for the CCGs and the ICB committing to a running cost saving. The balance of £1.5m is being addressed through expenditure issues. We have been able to manage the impact of these at a corporate level and so are not seeking any further savings targets from Care Groups, Directorates or YTHFM.

The additional changes to the plan close the gap only and do not change the profile of any of the risks around plan delivery.

Across the wider ICS, the additional funding coming in, plus the further savings the CCGs and ICB have committed to make, does deliver a balanced ICS financial plan. Each individual organisation within the ICS balances too.

The steer regarding ERF and delivery of 104% of 2019/20 activity remains as discussed at the April Board meeting. That is, plans should include full expectation of ERF activity delivery and income receipt but should also quantify the risk component associated with the most likely delivery against the 104% target. Our assessment of this risk is described as our core plan delivery, where Care Groups identified around 98% activity delivery as their most likely outcome. The balance to 104% was described as our stretch plan. In our final plan submission we have described core delivery risk at 98% and our financial assessment of the associated ERF risk would be a net loss of income of £3.9m.

The finalised Group operational I&E plan for 2022/23 is presented in **Appendix A,** and now illustrates an adjusted I&E balanced position for 2022/23.

The marginal changes are presented in **Appendix B**, describing the movement from the original Board-approved £11.8m deficit plan to balance.

3. Balance Sheet & Cash Flow Forecast

The balance sheet and the cash flow forecast have now been prepared based on the final balanced income and expenditure plan. The balance sheet is presented at **Appendix C** and the cash flow is presented at **Appendix D.**

4. Recommendation

The Board of Directors is asked to publicly approve the Group's final financial plan for 2022/23, having already approved this virtually to meet the NHSE/I submission timeline. The Group's operational budgets will now be updated to reflect these final changes. This will now form the basis of internal financial performance monitoring with both the ICB and NHSE/I.

APPENDIX A

YORK & SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST
SUMMARY INCOME & EXPENDITURE POSITION 2022/23

	£000
INCOME	
Operating Income from Patient Care Activities	
NHS England	74,545
Clinical Commissioning Groups	519,650
Local Authorities	4,718
Private Patient Income	514
Other Non-protected Clinical Income	1,560
	600,987
Other Operating Income	
Research & Development	2,150
Education & Training	22,303
Donations & Grants received of cash to buy PPE & Intangible Assets	9,607
Other Income	38,363
	72,423
Total Income	**673,410**
EXPENDITURE	
Baseline Operating Expenditure	-626,806
Pay and Inflationary Pressures	-21,799
Investment in Activity Related Developments	22,749
Business Developments	-14,120
Quality & Risk Investments	-5,047
Other Costs	-6,213
Less: CIP	15,724
Total Expenditure	**-635,512**
EBITDA	**37,898**
Profit/ Loss on Asset Disposals	0
Fixed Asset Impairments	0
Depreciation on purchased and constructed assets	-19,332
Depreciation on donated assets	-480
Interest Receivable	30
Interest Expense on Loans and Leases	-975
PDC Dividend	-8,014
NET SURPLUS/ DEFICIT	**9,127**
ADJUSTED FINANCIAL PERFORMANCE	
Net Surplus/ (Defciit)	9,127
Add Back	
Remove capital donations/grants I&E impact - Income	-9,607
Remove capital donations/grants I&E impact - Depreciation	480
ADJUSTED FINANCIAL SURPLUS/(DEFICIT)	**0**

YORK & SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST
MARGINAL CHANGES TO THE APRIL 28 PLAN SUBMISSION TO NHSE&I

	£000	£000
I&E Deficit Position reported for the April 28 submission to NHSEI		-11,835
Income		
- Trust share of the ICS additional inflation allocation from NHSE	3,506	
- Non-recurrent support from VoY CCG agreed with the ICS	1,690	
- Non-recurrent support from NY CCG agreed with the ICS	1,293	
- Trust share of ICS non-recurrent support from NHSE	3,216	
- Reassessed SLA income	362	
- Community Diagnositic Hub newly notified funding	240	
- Various other income refinements	31	
Total Income Adjustments		10,338
Expenditure		
- Increased productivity agreed with the ICS	1,500	
- Increased efficiency requirement agreed with the ICS	257	
- Reassessed Community Diagnostic Hub expenditure	-94	
- Reassessed PDC	1,161	
- Reassessed HIV drug expenditure	-26	
- Various other expenditure refinements	-1,301	
Total Expenditure Adjustments		1,497
I&E Balance Position to be reported to NHSEI in the final submission		-0

APPENDIX C

YORK & SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST
BALANCE SHEET
FOR THE PERIOD ENDING

	2022/23
	£000
ASSETS, NON CURRENT	
Intangible Assets	9,529
Other Property, Plant and Equipment	330,379
Right of Use Assets	38,926
Receivables due from NHS and DHSC group bodies	1,504
Receivables due from non-NHS/DHSC group bodies	1,377
Total Fixed Assets	381,715
ASSETS, CURRENT	
Inventories	11,511
Receivables due from NHS and DHSC group bodies	11,766
Receivables due from non-NHS/DHSC group bodies	9,858
Cash and Cash Equivalents: GBS/NLF	53,410
Cash and Cash Equivalents: Commercial/ In Hand/ Other	25
Total Current Assets	86,570
CURRENT LIABILITIES	
Trade and Other Payables: Capital	-20,172
Trade and Other Payables: Non-Capital	-54,115
Borrowings	-7,303
Provisions	-1,217
Other liabilities - Deferred Income including Contract Liabilities	-1,607
Total Current Liabilities	-84,414
TOTAL ASSETS LESS CURRENT LIABILITIES	**383,871**
NON CURRENT LIABILITIES	
Borrowings	-58,964
Provisions	-1,605
Other liabilities - Other	-72
NON CURRENT LIABILITIES	**-60,641**
TOTAL ASSETS EMPLOYED	**323,230**
TAXPAYERS' EQUITY	
Public Dividend Capital	201,100
Revaluation Reserve	75,398
Income and Expenditure Reserve	46,732
TOTAL TAXPAYERS' AND OTHERS' EQUITY	**323,230**

APPENDIX D

YORK & SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST
CASH FLOW
FOR THE PERIOD ENDING

	2022/23
	£000
CASH FLOW FROM OPERATING ACTIVITIES	
Surplus/(deficit) after tax	18,086
Non Cash Income and expense	
Non-cash flows in operating surplus/(deficit) - Depreciation & Amortisation	19,812
Income recognised in respect of capital donations (cash and non-cash)	-9,607
(Increase)/decrease in receivables	-3,864
Increase/(decrease) in trade and other payables	-5,900
Increase/(decrease) in other liabilities	350
Net cash generated from / (used in) operations	**18,877**
CASH FLOW FROM INVESTING ACTIVITIES	
Interest received	30
Purchase of intangible assets	-960
Purchase of property, plant and equipment and investment property	-62,733
Receipt of cash donations to purchase capital assets	9,607
Net cash generated from/(used in) investing activities	**-54,056**
CASH FLOW FROM FINANCING ACTIVITIES	
Public Dividend Capital Received	34,751
Loans from Department of Health and Social Care - Received	5,300
Loans from Department of Health and Social Care - Repaid	-3,227
Capital element of lease payments	-5,024
Interest paid	-412
Interest element on lease payments	-564
PDC dividend (paid)/refunded	-7,576
Net cash generated from/(used in) financing activities	**23,248**
Increase/(decrease) in cash and cash equivalents	**-11,931**
Cash and cash equivalents at start of period	65,366
Net increase/(decrease) in cash	-11,931
Cash and cash equivalents at end of period	**53,435**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – 29th June 2022
Version 3 – Updated Draft Capital Programme and Priorities for 2022/23

Trust Priorities

- ☒ Our People
- ☒ Quality and Safety
- ☒ Elective Recovery
- ☒ Acute Flow

Board Assurance Framework

- ☐ Quality Standards
- ☐ Safety Standards
- ☐ Performance Targets
- ☒ Integrated Care System
- ☐ Workforce
- ☒ Financial
- ☐ DIS Service Standards

Report History - *(Where the paper has previously been reported to date, if applicable)*

Recommendation

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

Purpose of the Report

The purpose of this paper is to update the Executive Committee, Resources Committee and Board of Directors as to the current position in relation to the Trust's Capital Programme. Each Care Group, Corporate Directorate and the Group Wholly Owned Subsidiary (YTHFM) have provided their initial requirements for prioritisation, primarily for 2022/23, but also for the 2 subsequent financial years of 2023/24 and 2024/25.

This paper is version 3 of the initial papers provided to Executive Committee, Resources Committee and Board of Directors in March 2022 and a follow up paper to Resources Committee in April 2022. The original long list of schemes has now been streamed to appropriate funding sources, where they exist, leaving a number of schemes which require prioritising in line with the available funding.

This paper provides an update following a comprehensive prioritisation process carried out by each Care Group, Corporate Directorate and YTHFM for 2022/23 only.

Executive Summary – Key Points

The capital requests received for 2022/23 totalled £50.7m, of which £20.4m have been removed as they are schemes too large to fund from the Trusts depreciation funding and alternative external funding sources will most likely be required to progress these schemes.

A further £14.5m worth of schemes have identified funding sources primarily through leasing arrangements.

For the remaining balance of schemes totalling £15.8m, a full prioritisation process has now been carried out with all the Care Groups, Corporate Directors and YTHFM, and this process has identified £6.6m of pre-committed and priority schemes.

Unallocated funding of £5.7m remains within the Capital Programme. This is required to cover the estimated overspend of £2.7m on York ED (current working position is a £1m improvement from the original £3.7m overspend) and the £6.6m worth of schemes identified above.

The overall Capital shortfall for 2022/23 is assessed at a minimum of (£3.5m) along with £9.2m of schemes not currently prioritised or costed.

Discussions have started with the ICS to try and identify a funding source for the (£3.5m) shortfall. Internally we will continue to seek alternative funding through further lease opportunities for example too.

This position is work in progress.

Recommendation

The Board of Directors are asked to approve the capital programme for 2022/23 and the action taken to identify and secure additional funding/CDEL cover for the programme shortfall.

Routine updates will be provided on both progress with the programme spend but also the identification of alternative funding.

Author: Steve Kitching, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: June 2022

1. Introduction and Background

This paper is version 3 of the initial papers provided to Executive Committee, Resources Committee and Board of Directors in March 2022 and a follow up paper to Resources Committee in April 2022. The original long list of schemes has now been streamed to appropriate funding sources, where they exist, leaving a number of schemes which require prioritising in line with the available funding.

This paper provides an update following a comprehensive prioritisation process carried out by each Care Group, Corporate Directorate and YTHFM for 2022/23 only.

2. The 2022/23 Capital Plan

Table 1 below is a reminder of the draft capital plan submitted to the ICS, this has been updated in this version to include the £22.8m lease budget which now forms part of the capital programme following the introduction of IFRS16 from April 2022 in the Trust.

Table 1. 2022/23 Draft Capital Programme

Sources of Funding in 2022/23:	£m	Programme Expenditure:	£m
Depreciation Funding (our own funds)	14.035	York – ED - Depreciation	2.150
Internal cash	3.305	York – ED - Repaid from SGH UEC	4.300
Existing Loan/Lease Repayments	-3.305	York - ED - Repaid from Salix	0.950
		York ED/ICU – ICU Overspend	1.200
		Community Stadium – Lantern	0.773
		Minor Schemes	0.500
		Medical Equipment (MERG)	0.350
		Fees (Feasibility for new schemes)	0.300
		Staff funded from capital	1.120
New PDC Funding – Scarborough UEC	34.091	Scarborough UEC	34.091
		Repay - York ED from Scarborough UEC (spent in 21/22	-4.300
New PDC Funding – HCV Digital Enhancement bid	0.660	HCV Digital Enhancement bid -(Pathology/Radiology)	0.660
Charitable Funding	0.534	Charitable funds - Butterfly plus other small schemes	0.534
Salix grant funding	9.073	Salix scheme	9.073
		Repay - York ED from Salix scheme (spent in 21/22)	-0.950
VIU – Loan funding	5.300	VIU/PACU	5.300
		DIS Investment Programme	
		Backlog Maintenance Programme	
		Ward Refurbishment Programme	0.400
		Scarborough UEC - Trust contribution	1.000
		Salix - Trust contribution	0.503
IFRS 16 Leases	22.820	IFRS 16 Leases	22.820
		Unallocated Capital Programme	**5.739**
TOTAL	**86.513**	**TOTAL**	**86.513**

Considering all available funds we have £5.739m in terms of capital funding available to allocate for the remainder of the financial year. It should be noted there is also currently an estimated overspend of £2.7m on the York ED scheme, which is not reflected in the plan and will be a priority on the available capital funding highlighted. At the point of writing this report the Trust is awaiting a final guaranteed maximum price (GMP) from Kier for York ED which will crystallise the overall scheme cost. To date a working assumption of a £1m improvement from the original £3.7m overspend is being made.

3. Updated Scheme Detail – including suggested funding sources

Appendices 1 to 9 includes an updated list of schemes which have been streamed into suggested funding sources.

It should be noted at this stage a large number of values are estimated and if items/schemes are approved a procurement exercise will be required to firm up values and appropriate Trust business processes must be followed for final approval.

Tables 2, 2a & 2b below summarise the position

Table 2a & 2b			
Table 2a			
Capital Programme (Draft 3) - following prioritisation process			**Notes**
	£		
Updated request value - June 2022	**50,702,095**		See appendix 1
Schemes too large for the core depreciation programme	20,400,000		See appendix 2
Balance after removing schemes in appendix 2 above	**30,302,095**		
Schemes with an identified funding source			
Schemes initially assesses as suitable for leasing	12,672,338		See appendix 3
Schemes either externally funded or suitable for a charity application	1,164,492		See appendix 4
Schemes to be considered for minor schemes funding	440,720		See appendix 5
Schemes requiring fees	250,000		See appendix 6
Uncosted schemes (not currently considered)	0		See appendix 7
Total	**14,527,550**		
Sub-total - remaining schemes to be considered from unallocated funding	**15,774,545**		
Table 2b			
Unallocated funding	**5,739,000**		**See Table 1**
Less			
York ED overspend	2,700,000		Estimate - awaiting GMP
Pre-committed schemes	784,500		See appendix 8
Total	**3,484,500**		
Balance of funding to be allocated	**2,254,500**		
Remaining schemes to be allocated funding			
- Prioritised through the prioritisation process	5,797,455		See appendix 9 lines 4-48
Shortfall	**-3,542,955**		
- Remaining schemes not prioritised for 2022/23	9,192,590		See appendix 9 lines 53-146

All schemes have now been streamed into appropriate categories, detailed in Appendices 1 to 9 attached.

The capital requests received for 2022/23 totalled £50.7m, of which £20.4m have been removed as they are schemes too large to fund from the Trusts depreciation funding and alternative external funding sources will most likely be required to progress these schemes.

A further £14.5m worth of schemes have identified funding sources primarily through leasing arrangements.

For the remaining balance of schemes totalling £15.8m, a full prioritisation process has now been carried out with all the Care Groups, Corporate Directors and YTHFM, this process has identified £6.6m of pre-committed and priority schemes.

Unallocated funding of £5.7m remains within the Capital Programme, which is required to cover the estimated overspend of £2.7m on York ED and the £6.6m worth of schemes identified above.

The overall Capital shortfall for 2022/23 is assessed at a minimum of (£3.5m) along with £9.2m of schemes not currently prioritised or costed.

4. Next steps

Discussions have started with the ICS to try and identify a funding source/CDEL cover for the (£3.5m) shortfall, this may be in the form of support for the very significant inflationary pressures we have encountered on the York ED scheme or through system funding for the Trust digital requirements. Of note is some £2m is included for DIS prioritised costs and if this could be secured through external funds this would significantly reduce the pressure on our internal capital programme. We do not expect to be able to clarify this position before the end of July at the earliest as nationally we expect capital discussions to pause pending the outcome of the final income and expenditure plan submission process and the requirement for revenue balance.

Secondly, we are reassessing the prioritised scheme list for leasing and/or alternative funding sources. In some instances, we may be able to lease part of the scheme to reduce the burden on the actual capital programme. This is a complex and time-consuming piece of work as a detailed understanding of the components of each scheme is necessary along with a series of discussions with potential lessors. We expect to complete this work by the end of July.

Clarity is now evident as to the schemes we must progress this year. We will be working with the Executive Committee and Care Groups through the normal business case process to progress the highest priority issues on the programme. We will have to manage the total programme spend to the available CDEL limit so we will progress the above strategies alongside this work.

5. Recommendation

The Board of Directors are asked to approve the capital programme for 2022/23 and the action taken to identify and secure additional funding/CDEL cover for the programme shortfall.

Routine updates will be provided on both progress with the programme spend but also the identification of alternative funding.

CHAIR'S LOG: Assurance summary

Resources Assurance Committee	Chair: Lynne Mellor	Date: 21 June 2022

Agenda Item		Summary	Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
Finance				
6	**Finance: I&E, Efficiency**	- The Committee discussed the Trust's existing annual financial plan with a deficit of £11.8M; with the second month resulting in a planned deficit position of £2M and the actual position broadly tracking this deficit. The committee also noted that the revised plan, following the release of additional funding from NHSE/I, has been submitted following virtual approval from the Board at the beginning of June. The revised and final plan is awaiting sign off from NHSE/I. - The efficiency programme has a firm plan, the Committee noted the risk around delivery and the plans in place to address any shortfall. - The Committee was pleased to note the progress which had been made with the 'unfunded revenue' schemes: with resolutions for CG1 Discharge and Weekend Therapy Service. It was also reassuring that there is a potential for national funding to be made available for the Mobile CT scanner. - The Committee did wish to raise for action a discussion on the 'unfunded CIPHER service'. Currently this private service would cost the Trust over a £1M per annum to offer nurses/paramedics and care assistants to provide cohorted care for ambulance patients pending delay to ED. AB advised the service has spent £50k to date but following the last shifts over the Jubilee Bank Holiday weekend and following confirmation from the ICS that they will not support funding the service has ceased. YAS and the ICS are in discussions to resolve, linked to the operational plan YAS has prepared and funding they are seeking – strategically as a Trust what would we like to consider regarding releasing ambulance crews in a timely fashion (e.g., the CIPHER Service) to assure patient safety and improve flow?	BOARD BOARD	INFORMATION ACTION
7-8	**Capital & IBR**	- The Committee welcomed the news that the Capital programme reviews have continued and for the first time resulted in the Care Groups redrawing the 'red line' on budget with 'must haves' to address patient needs. This exercise has resulted in £3.5M extra capital needed, with plans being explored on how to fund the £3.5M including for example reviewing lease and DIS plans.	BOARD	INFORMATION
YTHFM LLP				

9	**EPAM**	- The Committee welcomed the news that the VIU scheme was resolved and asked at an appropriate juncture that the lessons learnt from that exercise were presented.	BOARD	INFORMATION
Digital				
10-11	**DIS Report**	- The Committee noted the progress made on addressing the Cyber action on LLP with this being kept open until end of July when it is expected that the Trust will complete the full comprehensive exercise. - The Committee received an update on progress with the Essential services programme and welcomed the new dashboards and roadmap. - The Committee noted the risk analysis and did ask for further clarification and action to mitigate the critical high/risk of EPMA tasks being delayed as there is a 'high risk of medication errors and patient safety incidents if this is not progressed'. - The Committee asked that the Information Governance NDOO report is clear as to whether the Trust will meet the extended timelines of end of July to conform - The Committee welcomed the news that the Trust is set to secure some significant central funding to uplift the Electronic Patient Record System	BOARD	INFORMATION
Workforce				
12	**IBR**	- The Committee was pleased to note validated staff absence has reduced to 6%. It was also pleasing to note the Trust's spend had reduced for flexibility payments which are thank you payments for unforeseen redeployments covering staff absences. Spend on covering staff absences had reduced steadily from February £28k to £6 in May. - The Committee also discussed the financial well-being of staff and noted the Trust is reviewing multiple ways to make improvements such as exploring the introduction of the 'real living wage' i.e., employees getting a minimum of £9.90 per hour. At the same time the Trust is also awaiting news of the NHS pay rise which could temporarily remove the requirement for a local solution to increase pay. In addition, the Trust is reviewing several other schemes including a review of mileage rates and extra restaurant food being given at a 'reduced' rate.	BOARD	INFORMATION
Governance				
13	**BAF**	- The Committee noted no major changes to the BAF given an overall review. Workforce moved to amber given reduction in absences and well-being plans.	BOARD	INFORMATION

Trust strategic goals assured to Committee		**1. To deliver safe and high-quality patient care as part of an integrated system**	☐	**2. To support an engaged, healthy and resilient workforce**	☐	**3. To ensure financial sustainability**	X ☐
	BAF Risks assured to Committee	**PR1 - Quality Standards**	☐	**PR2 - Safety Standards**	☐	**PR3 - Performance Targets**	☐
		PR4 - Workforce				**PR6 - IT Service Standards**	X☐

			X ☐	**PR5 - Inadequate Funding**	X ☐		
		PR7 - Integrated Care System	X ☐	**Comments: PR7 is interrelated across our agenda, and will be noted as discussions arise.**			

	Key Agenda Items	RAG	Key Assurance Points	Action
PR4	Workforce and OD		Plans were reviewed at Board level to review the staff survey output and the Committee noted staff absences were reducing and financial well-being plans considered	The Committee noted plans are ongoing to address the workforce issues as presented at Board. In addition, the focus on Workforce and culture via an additional Board committee should help further mitigate risks due to be initiated in July.
PR6	Digital		Moved to amber with the cyber desktop test exercise being performed successfully for the Trust, awaiting LLP.	Team still to update the report with LLP aspects and ensure lessons learnt from recent attacks elsewhere to feed into plans.
PR5	Finance, Deficit risk including CIP		Updated comment to include Deficit including CIP	Awaiting sign off to plan from NHSE/I.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
29 June 2022
Trust Revised Governance Structure

Trust Priorities

- ☒ Our People
- ☒ Quality and Safety
- ☒ Elective Recovery
- ☒ Acute Flow

Board Assurance Framework

- ☒ Quality Standards
- ☒ Safety Standards
- ☒ Performance Targets
- ☒ Integrated Care System
- ☒ Workforce
- ☒ Finance
- ☒ DIS Service Standards

Report History - N/a

Recommendation

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

Purpose of the report

To note and approve the proposed changes to the Board of Directors Committees.

Executive Summary – Key Points

- The Board of Directors Assurance Committees are proposed to change to:
  - Quality And Safety Assurance Committee;
  - Digital, Performance and Finance Assurance Committee; and
  - People and Culture Assurance Committee
- Terms of Reference and Committee work plans for each revised Committee are attached for review

Recommendation

The Board of Directors is asked to approve the Board of Directors revised Committees, their terms of reference and work plans.

Author: Mike Taylor, Associate Director of Corporate Governance

Director Sponsor: Alan Downey, Chair

Date: 22 June 2022

Trust Revised Governance Structure

1. Introduction and Background

The Board of Directors as part of a regular review of governance in the Trust has sought to evaluate its corporate governance in the context of the four priorities as previously agreed and the wider context as a partner of the Humber and North Yorkshire Integrated Care System.

As a result of conversations between Executive and Non-Executive Directors and the Chair to decide upon the assurance requirements of delivery of the Trust's Strategy, this paper provides the recommended approach to the Board of Directors new Assurance Committees.

2. Board of Directors Assurance

All Committee meetings must have a clear line of reporting to the Board of Directors.

The Board Assurance Committees each have their respective roles and duties and include issues and risks to strategic goals which should be escalated for review by the Board when required. This will include issues not resolved or lack of assurance received at Board Assurance Committee level.

The Assurance Committees are formal and include:

- Agreed Terms of Reference, work programme and attendance registers;
- Consistent templates for meeting agendas and minutes which clearly distinguishes items for information, for discussion and for assurance and includes both current and future facing issues;
- Consistent template for an action log across all Committees;
- Mandatory use of a front sheet which clearly distinguishes items for information, for discussion and for assurance, the Trust priority and Board Assurance Framework strategic risk context;
- Report directly to the Board of Directors through minutes, escalation logs and annual reports; and,
- Chaired by a Non-Executive Director

3. Proposed Assurance Governance

In the context of the Trust's four priorities for 2022/23 the assurances for the Trust's business across the Board of Directors Assurance Committees are as below. The Board of Directors are asked to approve the subsequent terms of reference as follows:

- Our People; new People and Culture Assurance Committee (appendix 1)
- Quality and Safety; Quality and Safety Assurance Committee (appendix 2)
- Elective Recovery and Acute Flow; Digital, Performance and Finance Assurance Committee (appendix 3)

4. Operational Governance

The Executive Committee is the senior operational decision making Committee and is chaired by the Chief Executive. In line with its review date the terms of reference has been reviewed with minor amends to the four priorities context, frequency of meetings and specific reporting groups. A work plan is currently being reviewed for the Committee. The terms of reference for completeness are attached at appendix 4.

5. Change in Governance Structure

The change in governance is summarised as follows:

2022/23 Priority	**Current Board of Directors Assurance Committees**		**Proposed Board of Directors Committees**	
Our People	No current separate Committee		People and Culture Assurance Committee	Assurance agenda: - Workforce
Quality and Safety	Quality Assurance Committee	Assurance agenda: - Quality - Safety - Performance	Quality and Safety Assurance Committee	Assurance agenda: - Quality - Safety
Elective Backlogs and Acute Flow	Resources Assurance Committee	Assurance agenda: - Workforce - Digital - Finance - YTHFM	Digital, Performance and Finance Assurance Committee	Assurance agenda: - Digital - Performance - Finance - YTHFM
	Group Audit Committee	Assurance agenda: Governance and assurance processes on which the Board places reliance	Group Audit Committee	No Change

6. Next steps

The revisions to the Trust's Corporate Governance Structure will commence as from July in reporting to the Board of Directors as follows:

- Quality and Safety Assurance Committee
- Digital, Performance and Finance Assurance Committee
- People and Culture Assurance Committee

Terms of Reference for: **People and Culture Assurance Committee**	NHS York and Scarborough Teaching Hospitals NHS Foundation Trust
Authors Name: Mike Taylor, Associate Director of Corporate Governance	
Contact Name: Mike Taylor, Associate Director of Corporate Governance	
Scope: Trust wide	**Trust Priorities: Our People**
Keywords: Workforce, Organisational Development, Research, Education, Training, Staff Engagement	**Replaces: N/A**
To be read in conjunction with the following documents: **Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual**	

Unique Identifier: PACC	**Review Date: March 2023**	
Issue Status: Draft	**Issue No: v0.1**	**Issue Date: July 2022**
To be Authorised by: Board of Directors	**Authorisation Date: June 2022**	
Document for Public Display: Yes		

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Archive:	**Date added to Archive:**
Officer responsible for archive: Associate Director of Corporate Governance	

PEOPLE AND CULTURE ASSURANCE COMMITTEE

Terms of Reference

1	**Status**
1.1	The Board has resolved to establish a Committee of the Board to be known as the People and Culture Assurance Committee ("the Committee").
2	**Purpose of the Committee**
2.1	The purpose of the People and Culture Assurance Committee is to lead on behalf of the Board of Directors the acquisition and scrutiny of assurances to ensure: (i) The Trust delivers the 'our people' priority as a key part of the Trust's 4 priorities; Our People, Quality and Safety, Elective Recovery and Acute Flow (ii) The Trust delivers the People and Culture requirements of the Trust's Strategy 2021-23: Building Better Care Together (iii) The aspirations set out in the NHS People Plan of the NHS Long Term Plan 2020/21 (iv) The meeting of regulatory requirements of CQC and NHS England
3	**Authority**
3.1	The Committee is authorised by the Board to investigate any activity within its terms of reference. Changes to the terms of reference can only be approved by the Board of Directors. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
3.2	The Committee may invite any Director, Executive, external or internal auditor, or other person to attend any meeting(s) of the Committee as it may from time to time consider desirable to assist the Committee in the attainment of its role and duties.
3.3	The Committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any future legal requirements the Trust is expected to fulfil relating to its role and function.
5	**Role and duties**
5.1	The People and Culture Assurance Committee shall on behalf of the Board of Directors, give detailed consideration to: • Oversee and provide assurance on workforce performance. In providing such oversight and advice to the Board the Committee shall oversee delivery of the

	ambitions of the 'Our People' priority: (i) current and forward-looking workforce, financial and operational performance pressures; (ii) consider future, workforce, financial and operational strategy, (iii) scrutinise assurances provided by management in respect of key workforce performance indicators against the Trusts 'Our People' priority including priority and regulatory indicators (iv) the groups established to carry out further assurances on behalf of the People and Culture Assurance Committee; Health and Wellbeing Group, Research and Development Group
5.2	To do this it will receive reports: • To consider organisational development and strategy relating to organisational development and workforce (including recruitment, retention and organisational culture). • To provide assurance of management recommendations in relation to local pay and contractual arrangements in support of NHS service modernisation. • To take an overview of the equality and diversity and inclusion policy and achievement of goals (WRES/WDES). • To review key workforce performance indicators, including: sickness absence, vacancy data, bank/agency usage and expenditure, training, appraisal, staff turnover (stability) and achievement of key performance indicators. • To provide assurance to the Trust board that HR initiatives in support of strategic workforce development are making appropriate progress against agreed measures. • To gain regular assurance on the results of the Trust's Staff Surveys, the annual staff survey, the GMC survey and Staff Engagement, and to link this to the delivery and outputs required of associated People Strategies. • To provide assurance to the Trust Board that the Trust is compliant with relevant HR legislation and best practice, for example nursing and medical revalidation regulations. • To provide assurance employee relations issues are proportionate and timely. • To gain regular assurance on the quality of medical and non-medical education and training within the organisation, including student satisfaction, the delivery of action plans to address any gaps identified through feedback, and feedback on quality of placements. • To gain assurance that the Trust is meeting its regulatory requirements as an education provider (GMC/NMC) and education and training standards (HEE framework, HEI programme requirements) • To consider statutory and mandatory training processes to ensure all staff remain compliant. • To receive assurance in relation to erostering implementation against the national Levels of Attainment framework • To receive the Trust's Workforce Plan • To support the Trust's organisational development and work on leadership, staff engagement, staff culture and becoming a learning organisation, through review, action planning and assurance processes • To assure that the statutory duty of revalidation for doctors and nurses is delivered effectively and for other professionals as this is mandated.

	• To maintain an oversight of the Raising Concerns Policy (including the Freedom to Speak Up guardians) and the effectiveness of the policy. • To review the associated risks from the Board Assurance Framework and Corporate Risk Register
5.3	The Committee will work closely with the following in escalations and in sharing information via Chair's reports to: • Board of Directors (in informing of significant issues, underperformance, and deviation from plans to deliver the 'Our People' priority); • Quality and Safety Assurance Committee; • Digital, Finance and Performance Assurance Committee; and, • Audit Committee
5.4	The Committee will support specifically the Audit Committee to review and oversee the effectiveness of the Trust's internal control framework in considering material issues communicated to it by the Audit Committee arising from the work of the Internal Audit function relating to matters which fall within the scope of the objective and responsibilities of the Committee. The Committee shall provide feedback on its review of such referred internal audit work, in particular as to any shortcomings perceived in the scope or adequacy of the work. Additionally, the Committee shall respond to any other matters of an internal audit nature that are referred to it by the Audit Committee as appropriate.
5.5	To examine any other matter referred to the Committee by the Board of Directors.
5.6	The Committee will escalate items to the Board of Directors following each meeting and will submit minutes to the Board of Directors for information.
6	**Membership**
6.1	The membership of the Committee shall be comprised of the following core members:- • Three NEDs – (one of whom will be the Chair of the Committee) The following Directors and officers will be in attendance: • Director of Workforce and Organisational Development • Medical Director • Chief Nurse • Director of Communications • Associate Director of Corporate Governance • Other officers as required Any Director, the Chair or Chief Executive is able to attend at any time on an occasional basis subject to notifying the Chair in advance.
6.2	The duties of members and attendees shall be to:- • attend and contribute;

	• have read the papers and materials in advance and be ready to work with them; • actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide; • disseminate the learning and actions form the meetings; • to attend at least 75% of meetings of the Committee per year.
7	**Quoracy**
7.1	The quorum of any meeting shall be a minimum of two Non-Executive Directors and two Executive Directors. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
7.2	It is expected that all members will attend meetings of the Committee. An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.
7.3	If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to consultation with the Committee Chair. Deputies will be counted for the purpose of the quorum.
7.4	The Chair may request attendance by relevant staff at any meeting.
8	**Frequency of meetings**
8.1	Meetings of the People and Culture Committee shall be held at least six times per year, scheduled to support the business cycle of the Trust and at such times as the Chair of the Committee shall identify, subject to agreement with the Chair of the Trust and the Chief Executive.
8.2	The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
8.3	Meetings of the Committee shall be set at the start of the calendar year.
9	**Administrative support**
9.1	The Committee will be supported administratively by the Corporate Services Team, who will ensure: • Agreement of the agenda with the Committee Chair • Collation and distribution of papers at least 7 days before each meeting • Minutes are taken, actions followed up prior to the next meeting and records are maintained of matters arising and issues to be carried forward. • Support the Chair and members as required. • Executive members are supported in carrying out their duties in delivery of

	Committee roles and duties
9.2	Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
10	**Monitoring Effectiveness and Compliance with Terms of Reference**
10.1	The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
11	**Review of Terms of Reference**
11.1	The terms of reference of the Committee shall be reviewed at least annually by the Committee and approved by the Board of Directors.

Author	**Associate Director of Corporate Governance**
Owner	**Associate Director of Corporate Governance**
Date of Issue	**June 2022**
Version #	**V0.1**
Approved by	
Review date	**March 2023**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

People and Culture Assurance Committee Work Plan

Trust Priorities:

Trust priorities assured to Committee	**Our People**	☒	**Quality and Safety**	☐
	Elective Recovery	☐	**Acute Flow**	☐

Board Assurance Framework:

BAF Risks assured to Committee	**PR1 - Quality Standards**	☒	**PR2 - Safety Standards**	☒	**PR3 - Performance Targets**	☒
	PR4 - Workforce	☒	**PR5 - Inadequate Funding**	☒	**PR6 - IT Service Standards**	☒
	PR7 - Integrated Care System	☒	**Comments: PR4 with risk interdependencies of all BAF risks identified**			

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Governance Standing Items														
Apologies	Information	Chair		✓		✓		✓		✓		✓		✓
Declarations of Interest	Assurance	Chair		✓		✓		✓		✓		✓		✓
Approval of previous meeting's minutes	Assurance	Chair		✓		✓		✓		✓		✓		✓
Matters Arising	Assurance	Chair		✓		✓		✓		✓		✓		✓

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Items and escalations from Board and other Committees	As noted	Chair		✓		✓		✓		✓		✓		✓
Bi-Monthly Items														
Workforce and OD update (to include Trust Priority and Regulatory performance Indicators)	Assurance/ Discussion	Dir W&OD		✓		✓		✓		✓		✓		✓
Risk Management report; Board Assurance Framework and Corporate Risk Register	Assurance/ Discussion	Asso Dir CG		✓		✓		✓		✓		✓		✓
Six-Monthly Items														
Freedom to Speak Up Self-Assessment	Assurance/ Discussion	FTSU Guard		✓						✓				
People Strategy Update	Assurance/ Discussion	Dir W&OD						✓						✓
National Issues Update; People Plan, Oversight Framework - Workforce	Assurance/ Discussion	Dir W&OD				✓						✓		
Mandatory Training Update	Assurance/ Discussion	Dir W&OD				✓						✓		
Medical Training and Education Update Inc Medical Appraisal Revalidation	Assurance/ Discussion	Med Dir		✓						✓				
Nursing Training and Education Update	Assurance/ Discussion	Chf Nur						✓						✓
Research & Development Update Report	Information	Dir W&OD		✓						✓				
Health and Wellbeing Update Report	Information	Dir W&OD						✓						✓
Annual Items														
Staff Survey	Assurance/ Discussion	Dir W&OD												✓

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
GMC Survey	Assurance/ Discussion	Med Dir		✓										
Trust Workforce Plan	Assurance/ Discussion	Dir W&OD		✓										
Erostering and national levels of attainment framework	Assurance/ Discussion	Dir W&OD						✓						
Occupational Health Annual Report	Assurance/ Discussion	Dir W&OD								✓				
Research & Development Strategy Update and Annual Report	Assurance/ Discussion	Dir W&OD		✓										
Library Annual Report	Assurance/ Discussion	Dir W&OD				✓								
Equality, Diversity & Inclusion Annual Report (public sector equality duty report)	Assurance/ Discussion	Dir W&OD								✓				
WRES & WDES Standards	Assurance/ Discussion	Dir W&OD						✓						
Gender Pay Gap	Assurance/ Discussion	Dir W&OD										✓		
Review of Committee Effectiveness	Assurance	Chair								✓				
Final Items														
Issues to escalate to Board and other Committees	Discussion	Chair		✓		✓		✓		✓		✓		✓
Issues to escalate for BAF and CRR consideration	Discussion	Chair		✓		✓		✓		✓		✓		✓
Any other business	Information	Chair		✓		✓		✓		✓		✓		✓
Date and time of next meeting	Information	Chair		✓		✓		✓		✓		✓		✓
Ad hoc items														

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
As decided by Committee	Information/ Discussion/ Assurance													

Terms of Reference for: **Quality and Safety Assurance Committee**	NHS York and Scarborough Teaching Hospitals NHS Foundation Trust
Authors Name: Mike Taylor, Associate Director of Corporate Governance	
Contact Name: Mike Taylor, Associate Director of Corporate Governance	
Scope: Trust wide	**Trust Priorities: Quality and Safety**
Keywords: Quality, Safety, Patient Experience, Clinical Effectiveness	**Replaces: N/A**
To be read in conjunction with the following documents: **Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual**	

Unique Identifier: Q&SC	**Review Date: March 2023**	
Issue Status: Draft	**Issue No: v0.1**	**Issue Date: July 2022**
To be Authorised by: Board of Directors	**Authorisation Date: June 2022**	
Document for Public Display: Yes		

After this document is withdrawn from use it must be kept in an archive for 6 *years.*	
Archive:	**Date added to Archive:**
Officer responsible for archive: Associate Director of Corporate Governance	

QUALITY AND SAFETY ASSURANCE COMMITTEE

Terms of Reference

1	**Status**
1.1	The Board has resolved to establish a Committee of the Board to be known as the Quality and Safety Assurance Committee ("the Committee").
2	**Purpose of the Committee**
2.1	The purpose of the Quality and Safety Assurance Committee is to lead on behalf of the Board of Directors the acquisition and scrutiny of assurances to ensure: (i) The Trust delivers the 'quality and safety' priority as a key part of the Trust's 4 priorities; Our People, Quality and Safety, Elective Recovery and Acute Flow (ii) The Trust delivers the Quality and Safety requirements of the Trust's Strategy 2021-23: Building Better Care Together (iii) The meeting of regulatory requirements of CQC and NHS England
3	**Authority**
3.1	The Committee is authorised by the Board to investigate any activity within its terms of reference. Changes to the terms of reference can only be approved by the Board of Directors. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
3.2	The Committee may invite any Director, Executive, external or internal auditor, or other person to attend any meeting(s) of the Committee as it may from time to time consider desirable to assist the Committee in the attainment of its role and duties.
3.3	The Committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any future legal requirements the Trust is expected to fulfil relating to its role and function.
5	**Role and duties**
5.1	The Quality and Safety Assurance Committee shall on behalf of the Board of Directors review assurances of the Trust's Quality and Safety priority in the following areas: (i) the level of risk to which patients are exposed; (ii) the extent to which clinical outcomes required by the Trust's strategy are being met; (iii) the extent to which patient and user satisfaction matches that required

	by the Trust's strategy; (iv) the extent to which the Trust can demonstrate learning and improvement; and (v) the level of compliance with Fundamental Standards of Care.
5.2	To do this it will receive reports: • To seek assurances that processes are in place to assess and monitor clinical governance performance concerning all aspects of service quality; safety, experience and effectiveness in; • To obtain assurance that there are effective systems for safety within the Trust, with particular focus on; patient safety, staff safety and wider health and safety requirements. • To obtain assurance that the Trust has effective systems for delivering a high-quality experience for all its patients and service users, including carers, with particular focus on involvement and engagement for the purposes of learning and making improvement. • To be satisfied that the breadth and depth of the Trust's patient safety, clinical effectiveness and patient experience control framework (i,e, policies and procedures) is well designed, effective and embedded in clinical practice. • To oversee effective systems for monitoring clinical outcomes and clinical effectiveness in being responsive and caring; with particular focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities. • To be satisfied that processes are in place and sufficiently rigorous for assessing the impact of proposed cost improvement schemes on patient safety, clinical effectiveness and patient experience. Where assessment or a review of a scheme suggests a potential or actual adverse impact, which cannot be mitigated in line with the Board's risk appetite, advise the Board accordingly. • To consider and review the Trust's compliance with the statutory Duty of Candour, and to be satisfied that the Trust is being open, honest, and effectively engaging and supporting patients and their relatives who have been involved in a notifiable patient safety incident. • To obtain assurance of the Trust's maintenance of compliance with the Care Quality Commission registration through assurance of the systems of control, with particular emphasis on the Fundamental Standards of Care, quality and safety including assurance on external assessment systems professional bodies' and regulatory bodies' requirements with subsequent action plans. • To consider any findings of major investigations or reviews (internal or external to the Trust) relevant to patient safety, clinical effectiveness or patient experience, as delegated by the Board or on the Committee's initiative and consider management's response. • To consider and review reports and information relevant to clinical quality, including quality measures, incident reports, mortality data and audit results, and evaluate and consider management's response. • To review the associated risks from the Board Assurance Framework and

	Corporate Risk Register
5.3	The Committee will work closely with the following in escalations and in sharing information via Chair's reports to: • Board of Directors (in informing of significant issues, underperformance, and deviation from plans to deliver the 'Quality and Safety priority); • Digital, Finance and Performance Assurance Committee; and, • Audit Committee
5.4	The Committee will support specifically the Audit Committee to review and oversee the effectiveness of the Trust's internal control framework in considering material issues communicated to it by the Audit Committee arising from the work of the Internal Audit function relating to matters which fall within the scope of the objective and responsibilities of the Committee. The Committee shall provide feedback on its review of such referred internal audit work, in particular as to any shortcomings perceived in the scope or adequacy of the work. Additionally, the Committee shall respond to any other matters of an internal audit nature that are referred to it by the Audit Committee as appropriate.
5.5	To examine any other matter referred to the Committee by the Board of Directors.
5.6	The Committee will escalate items to the Board of Directors following each meeting and will submit minutes to the Board of Directors for information.
6	**Membership**
6.1	The membership of the Committee shall be comprised of the following core members:- • Three NEDs – (one of whom will be the Chair of the Committee) The following Directors and officers will be in attendance: • Medical Director • Chief Nurse • Deputy Director of Patient Safety and Clinical Governance • Associate Director of Corporate Governance Any Director, the Chair or Chief Executive is able to attend at any time on an occasional basis subject to notifying the Chair in advance.
6.2	The duties of members and attendees shall be to:- • attend and contribute; • have read the papers and materials in advance and be ready to work with them; • actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide;

	• disseminate the learning and actions form the meetings; • to attend at least 75% of meetings of the Committee per year.
7	**Quoracy**
7.1	The quorum of any meeting shall be a minimum of two Non-Executive Directors and two Executive Directors. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
7.2	It is expected that all members will attend meetings of the Committee. An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.
7.3	If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to consultation with the Committee Chair. Deputies will be counted for the purpose of the quorum.
7.4	The Chair may request attendance by relevant staff at any meeting.
8	**Frequency of meetings**
8.1	Meetings of the Quality and Safety Committee shall be held up to 12 times per year, scheduled to support the business cycle of the Trust and at such times as the Chair of the Committee shall identify, subject to agreement with the Chair of the Trust and the Chief Executive.
8.2	The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
8.3	Meetings of the Committee shall be set at the start of the calendar year.
9	**Administrative support**
9.1	The Committee will be supported administratively by the Corporate Services Team, who will ensure: • Agreement of the agenda with the Committee Chair • Collation and distribution of papers at least 7 days before each meeting • Minutes are taken, actions followed up prior to the next meeting and records are maintained of matters arising and issues to be carried forward. • Support the Chair and members as required. • Executive members are supported in carrying out their duties in delivery of Committee roles and duties
9.2	Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.

10	**Monitoring Effectiveness and Compliance with Terms of Reference**
10.1	The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
11	**Review of Terms of Reference**
11.1	The terms of reference of the Committee shall be reviewed at least annually by the Committee and approved by the Board of Directors.

Author	**Associate Director of Corporate Governance**
Owner	**Associate Director of Corporate Governance**
Date of Issue	**June 2022**
Version #	**V0.1**
Approved by	
Review date	**March 2023**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Quality and Safety Assurance Committee Work Plan

Trust Priorities:

Trust priorities assured to Committee	**Our People**	☐	**Quality and Safety**	☒
	Elective Recovery	☐	**Acute Flow**	☐

Board Assurance Framework:

BAF Risks assured to Committee	**PR1 - Quality Standards**	☒	**PR2 - Safety Standards**	☒	**PR3 - Performance Targets**	☐
	PR4 - Workforce	☒	**PR5 - Inadequate Funding**	☐	**PR6 - IT Service Standards**	☐
	PR7 - Integrated Care System	☒	**Comments: PR1 and PR2 with risk interdependencies of BAF risks identified**			

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Governance Standing Items														
Apologies	Information	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest	Assurance	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Approval of previous meeting's minutes	Assurance	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matters Arising	Assurance	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Items and escalations from Board and other Committees	As noted	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monthly Items														
Nurse Staffing Report	Assurance/ Discussion	Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ockenden Update Report: - Perinatal Clinical Quality Surveillance Report - Continuity of Carer in Midwifery Services Report	Assurance/ Discussion	Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Serious Incident Report (inc Never Events)	Assurance/ Discussion	Med Dir	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maternity Serious Incidents Report	Assurance/ Discussion	Med Dir	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
CQC Compliance Update Report	Assurance/ Discussion	Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Infection, Prevention and Control Update Report	Assurance/ Discussion	Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quality and Patient Safety Escalation Reports	Assurance/ Discussion	Med Dir	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quality and Safety Assurance Metrics (IBR) - *where not reported above*	Assurance/ Discussion	Med Dir/ Chief Nurse	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quarterly Items														
Risk Management report; Board Assurance Framework and Corporate Risk Register	Assurance/ Discussion	Asso Dir CG	✓			✓			✓			✓		

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Clinical Policies Update (dependent on policies)	Assurance	Med Dir/ Chief Nurse			✓			✓			✓			✓
Mortality Review (Learning from Deaths) Report	Assurance/ Discussion	Med Dir		✓			✓			✓			✓	
Deteriorating Patient Update	Assurance/ Discussion	Chief Nurse			✓			✓			✓			✓
Safeguarding Report	Assurance/ Discussion	Chief Nurse	✓			✓			✓			✓		
Clinical Audit and NICE compliance report	Assurance/ Discussion	Med Dir		✓			✓			✓			✓	
Sepsis Update Report	Assurance/ Discussion	Med Dir	✓			✓			✓			✓		
Complaints and PALS Report	Assurance/ Discussion	Chief Nurse	✓			✓			✓			✓		
Patient Experience Update	Assurance/ Discussion	Chief Nurse			✓			✓			✓			✓
Annual Items														
Quality Account	Assurance/ Discussion	Chief Nurse	✓											✓
Quality Strategy	Assurance/ Discussion	Chief Nurse		✓										
Infection, Prevention and Control Annual Report	Assurance/ Discussion	Chief Nurse		✓										
Safeguarding Annual Report	Assurance/ Discussion	Chief Nurse		✓										
Medical Devices Report	Assurance/ Discussion	Med Dir											✓	
Clinical Audit Plan	Assurance/ Discussion	Med	✓											
End of Life Care Strategy	Assurance/ Discussion	Chief Nurse		✓										

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
End of Life Care Report	Assurance/ Discussion			✓										
Complaints and PALS Report	Assurance/ Discussion	Chief Nurse	✓											
Inpatient Survey Report	Assurance/ Discussion	Chief Nurse	✓											
Review of Committee Effectiveness	Assurance	Chair								✓				
Review of Committee Terms of reference and Work Plan	Assurance	Chair		✓										
Final Items														
Issues to escalate to Board and other Committees	Discussion	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Issues to escalate for BAF and CRR consideration	Discussion	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any other business	Information	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Date and time of next meeting	Information	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ad hoc items														
As decided by Committee	Information/ Discussion/ Assurance													

Terms of Reference for: **Digital, Performance and Finance Assurance Committee**	NHS York and Scarborough Teaching Hospitals NHS Foundation Trust
Authors Name: Mike Taylor, Associate Director of Corporate Governance	
Contact Name: Mike Taylor, Associate Director of Corporate Governance	
Scope: Trust wide	**Trust Priorities: Quality and Safety**
Keywords: Digital, Finance, Performance, YTHFM	**Replaces: N/A**
To be read in conjunction with the following documents: **Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual**	

Unique Identifier: DPFC	**Review Date: March 2023**	
Issue Status: Draft	**Issue No: v0.1**	**Issue Date: July 2022**
To be Authorised by: Board of Directors	**Authorisation Date: June 2022**	
Document for Public Display: Yes		

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Archive:	**Date added to Archive:**
Officer responsible for archive: Associate Director of Corporate Governance	

DIGITAL, PERFORMANCE AND FINANCE ASSURANCE COMMITTEE

Terms of Reference

1	**Status**
1.1	The Board has resolved to establish a Committee of the Board to be known as the Digital, Finance and Performance Assurance Committee ("the Committee").
2	**Purpose of the Committee**
2.1	The purpose of the Digital, Performance and Finance Assurance Committee is to lead on behalf of the Board of Directors the acquisition and scrutiny of assurances to ensure: (i) The Trust delivers the 'Elective Recovery' and the 'Acute Flow' priorities as a key part of the Trust's 4 priorities; Our People, Quality and Safety, Elective Recovery and Acute Flow (ii) The Trust delivers the Elective Recovery and Acute Flow requirements of the Trust's Strategy 2021-23: Building Better Care Together (iii) The reviewing and seeking of assurance regarding the operational and strategic plans and activities for Digital, Performance and Financial aspects of the Trust. This will include areas such as YTHFM estates and facilities, and sustainability (iv) The meeting of regulatory requirements of CQC and NHS England
3	**Authority**
3.1	The Committee is authorised by the Board to investigate any activity within its terms of reference. Changes to the terms of reference can only be approved by the Board of Directors. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
3.2	The Committee may invite any Director, Executive, external or internal auditor, or other person to attend any meeting(s) of the Committee as it may from time to time consider desirable to assist the Committee in the attainment of its role and duties.
3.3	The Committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any future legal requirements the Trust is expected to fulfil relating to its role and function.
5	**Role and duties**
5.1	The Digital, Performance and Finance Assurance Committee shall on behalf of the Board of Directors review assurances of the Trust's Elective Recovery and Acute

	Flow priorities and key enablers to those in the following areas as part of the Trust's longer term strategy: (i) Budget/Trust strategy/plans and operational processes; (ii) Financial and operational performance, material variance and remedial plans; (iii) Digitisation of the Trust's service delivery, infrastructure and service management, information governance, cyber security and Trust performance against key criteria specified by NHS England (iv) YTHFM and Sustainability strategies
5.2	To do this it will receive reports across the following areas: • Finance; • Performance • Digital; and • YTHFM
5.2.1	Finance • To consider the Trust's financial strategy, in relation to both revenue and capital. • To consider the Trust's annual financial targets and performance against them. • To review the annual budget, before submission to the Trust Board of Directors. • To consider the Trust's financial performance, in terms of the relationship between underlying activity, income and expenditure, and the respective budgets. • To commission and receive the results of in-depth reviews of key financial issues affecting the Trust. • To maintain an oversight of, and receive assurances on, the robustness of the Trust's key income sources and contractual safeguards. • To oversee and receive assurance on the financial plans of significant programmes. • To seek assurance on delivery of the Trusts efficiency programme. • To review performance indicators relevant to the remit of the Committee. • To monitor the risk register and other risk processes in relation to the above.
5.2.2	Performance • To require regular operational performance reports from management which enable the Committee to consider the operational risks involved in the Trust's business and how they are controlled and monitored by management. • To obtain assurance that the Trust delivers services which are consistently meeting nationally defined minimum standards and performance and key standards required by the Trust's regulator. • To obtain where performance is below the standard required, robust recovery plans developed and implemented for nationally defined minimum standards and performance and key standards required by the Trust's regulator.
5.2.3	Digital • Review the Digital Strategy which underpins the trust strategy.

	• Oversee the delivery of the strategic and operational priorities set out in the Strategy through scrutiny of the Delivery Plan and ensure there is a minimum viable basic network and IT infrastructure capability for the Trust to assure patient safety and business continuity. • Make recommendations to the Board in respect of the annual digital capital budget. • Provide assurance in respect of budgetary control against the agreed annual budget. • Consider and examine risks associated with the digital strategy and delivery plan. • Obtain assurance in respect of the digital aspects of the Board Assurance Framework. • To ensure the right cyber security is in place to prevent serious patient harm and ensure business continuity. • Approve the Trust's Information Governance Policy on an annual basis. • Obtain assurance that the Trust's policies and procedures with respect to data privacy, covering patients, staff and members, are compliant with all relevant legislation and guidance including the Data Protection Act 1998. • Receive a quarterly report on information governance activities including: - Serious reportable data breaches including assurance on incident investigation and lessons learnt - Training compliance status - Progress against national IG Toolkit Compliance
5.2.4	YTHFM • To receive quarterly updates to include operational performance • To monitor the implementation of the YTHFM estates and facilities management strategy and plans • To seek and provide assurance to the Board on the strategic performance of the YTHFM. • To agree and monitor key performance indicators for the assessment of the YTHFMs performance through the receipt of the minutes of the YTHFM Executive Performance Assurance Meeting (EPAM)
5.3	The Committee will work closely with the following in escalations and in sharing information via Chair's reports to: • Board of Directors (in informing of significant issues, underperformance, and deviation from plans to deliver the 'Elective Recovery' and 'Acute Flow' priorities); • Quality and Safety Assurance Committee; and • Audit Committee
5.4	The Committee will support specifically the Audit Committee to review and oversee the effectiveness of the Trust's internal control framework in considering material issues communicated to it by the Audit Committee arising from the work of the Internal Audit function relating to matters which fall within the scope of the objective and responsibilities of the Committee. The Committee shall provide feedback on its review of such referred internal audit work, in particular as to any shortcomings perceived in the scope or adequacy of the work. Additionally, the Committee shall respond to any other matters of an internal audit nature that are referred to it by the

	Audit Committee as appropriate.
5.5	To examine any other matter referred to the Committee by the Board of Directors.
5.6	The Committee will escalate items to the Board of Directors following each meeting and will submit minutes to the Board of Directors for information.
6	**Membership**
6.1	The membership of the Committee shall be comprised of the following core members:- • Three NEDs – (one of whom will be the Chair of the Committee) The following Directors and officers will be in attendance: • Director of Finance • Chief Operating Officer • Chief Digital Information Officer • YTHFM Managing Director (YTHFM items only) • Associate Director of Corporate Governance Any Director, the Chair or Chief Executive is able to attend at any time on an occasional basis subject to notifying the Chair in advance.
6.2	The duties of members and attendees shall be to:- • attend and contribute; • have read the papers and materials in advance and be ready to work with them; • actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide; • disseminate the learning and actions form the meetings; • to attend at least 75% of meetings of the Committee per year.
7	**Quoracy**
7.1	The quorum of any meeting shall be a minimum of two Non-Executive Directors and two Executive Directors. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
7.2	It is expected that all members will attend meetings of the Committee. An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.
7.3	If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to consultation with the Committee Chair. Deputies will be counted for the purpose of the quorum.

7.4	The Chair may request attendance by relevant staff at any meeting.
8	**Frequency of meetings**
8.1	Meetings of the Digital, Finance and Performance Committee shall be held up to 12 times per year, scheduled to support the business cycle of the Trust and at such times as the Chair of the Committee shall identify, subject to agreement with the Chair of the Trust and the Chief Executive.
8.2	The Chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
8.3	Meetings of the Committee shall be set at the start of the calendar year.
9	**Administrative support**
9.1	The Committee will be supported administratively by the Corporate Services Team, who will ensure: • Agreement of the agenda with the Committee Chair • Collation and distribution of papers at least 7 days before each meeting • Minutes are taken, actions followed up prior to the next meeting and records are maintained of matters arising and issues to be carried forward. • Support the Chair and members as required. • Executive members are supported in carrying out their duties in delivery of Committee roles and duties
9.2	Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
10	**Monitoring Effectiveness and Compliance with Terms of Reference**
10.1	The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
11	**Review of Terms of Reference**
11.1	The terms of reference of the Committee shall be reviewed at least annually by the Committee and approved by the Board of Directors.

Author	**Associate Director of Corporate Governance**
Owner	**Associate Director of Corporate Governance**
Date of Issue	**July 2022**
Version #	**V0.1**
Approved by	
Review date	**March 2023**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Digital, Performance and Finance Assurance Committee Work Plan

Trust Priorities:

Trust priorities assured to Committee	**Our People**	☐	**Quality and Safety**	☐
	Elective Recovery	☒	**Acute Flow**	☒

Board Assurance Framework:

BAF Risks assured to Committee	**PR1 - Quality Standards**	☐	**PR2 - Safety Standards**	☐	**PR3 - Performance Targets**	☒
	PR4 - Workforce	☐	**PR5 - Inadequate Funding**	☒	**PR6 - IT Service Standards**	☒
	PR7 - Integrated Care System	☒	**Comments: PR3, PR5 and PR6 with risk interdependencies of BAF risks identified**			

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Governance Standing Items														
Apologies	Information	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest	Assurance	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Approval of previous meeting's minutes	Assurance	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matters Arising	Assurance	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Items and escalations from Board and other Committees	As noted	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Monthly Items														
Finance update (to include performance Indicators) : - Income and expenditure position - Efficiency programme update - Cash and Capital	Assurance/ Discussion	Dir of Finance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Digital and Information Report update (to include performance Indicators) : - Digital strategy update - Information governance - Cyber Security	Assurance/ Discussion	CDIO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Operational performance update (to include performance indicators) : - Trust Operational Performance to national standards - Recovery plans (where applicable)	Assurance/ Discussion	COO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Executive Performance Assurance Meeting (EPAM) minutes	Information	Dir of Finance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Digital, Finance and Performance indicators (IBR) - *where not reported above*	Assurance/ Discussion	Dir of Finance, CDIO, COO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quarterly Items														
LLP Update Report: - Operational Performance - Estates and Facilities Management	Assurance/ Discussion	Dir of Res (LLP)		✓			✓			✓			✓	
Getting It Right First Time (efficiency financial savings)	Assurance/ Discussion	Dir of Finance			✓			✓			✓			✓
Information Governance Executive Group (IGEG) minutes (bi-monthly)	Assurance/ Discussion	CDIO		✓		✓		✓		✓		✓		✓
Risk Management report; Board Assurance Framework and Corporate Risk Register	Assurance/ Discussion	Asso Dir Corp Gov	✓			✓			✓			✓		
Annual Items														
Annual Trust Financial Plan	Assurance/ Discussion	Dir of Finance												✓
Senior Information Risk Owner (SIRO) Report	Assurance/ Discussion	CDIO				✓								
Digital Strategy	Assurance/ Discussion	CDIO												✓
LLP Annual Plan (Strategic Update)	Assurance/ Discussion	Dir of Res (LLP)		✓										
Review of Committee Effectiveness	Assurance	Chair								✓				

	Information/ Discussion/ Assurance	Lead	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Review of Committee Terms of reference and Work Plan	Assurance	Chair		✓										
Final Items														
Issues to escalate to Board and other Committees	Discussion	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Issues to escalate for BAF and CRR consideration	Discussion	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Any other business	Information	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Date and time of next meeting	Information	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ad hoc items														
As decided by Committee	Information/ Discussion/ Assurance													
Medium term financial planning (TBC)	Assurance/ Discussion	Dir of Finance								✓				

Terms of Reference for: **Executive Committee**	York and Scarborough Teaching Hospitals NHS Foundation Trust
Authors Name: Mike Taylor, Associate Director of Corporate Governance	
Contact Name: Mike Taylor, Associate Director of Corporate Governance	
Scope: Trust wide	**Trust Priorities: Our People, Quality and Safety, Elective Recovery, Acute Flow**
Keywords: Workforce, Quality, Safety, Finance, Digital, YTHFM	**Replaces: N/A**
To be read in conjunction with the following documents: **Trust Strategy and Priorities, Board Assurance Framework, Corporate Governance Manual**	

Unique Identifier: EC	**Review Date: March 2023**	
Issue Status: Draft	**Issue No: v0.1**	**Issue Date: July 2022**
To be Authorised by: Board of Directors	**Authorisation Date: June 2022**	

Document for Public Display: Yes
After this document is withdrawn from use it must be kept in an archive for 6 *years.*

Archive:	**Date added to Archive:**
Officer responsible for archive: Associate Director of Corporate Governance	

EXECUTIVE COMMITTEE

Terms of Reference

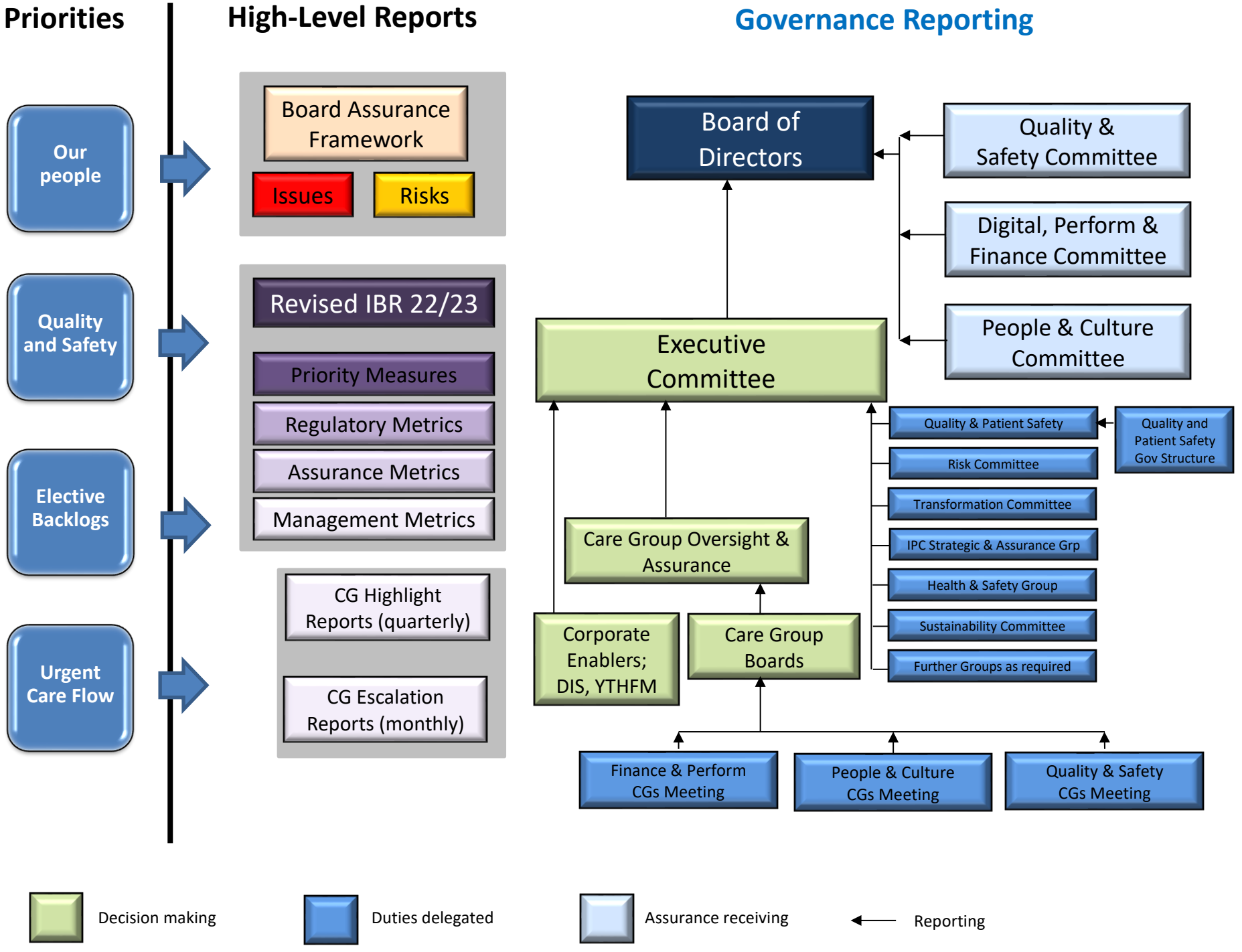
1	**Status**
1.1	The Executive Committee (the Committee) is a Committee of the Board of Directors.
2	**Purpose of the Committee**
2.1	The Executive Committee provides assurance to the Board of Directors around patient safety and putting the best interests of patients first in relation to the Trust's development and implementation of strategy. The Executive Committee is responsible for making recommendations to the Board of Directors regarding the Trusts strategy, implementing the agreed strategy as directed by the Board and providing oversight on Trust-wide governance, risk, operations and performance. The purpose of the Executive Committee is to lead on behalf of the Board of Directors the operational delivery of: (i) The Trust's 4 priorities; Our People, Quality and Safety, Elective Recovery and Acute Flow (ii) The Trust's delivery of the Trust's Strategy 2021-23: Building Better Care Together; and (iii) The meeting of regulatory requirements of CQC and NHS England
3	**Authority**
3.1	The Executive Committee is given delegated authority by the Board of Directors to act. The Trust's Reservations of Powers and Scheme of Delegation document provides the Executive Committee with authority to approve aspects of business cases up to a value of £1m. The Executive Committee is accountable to the Board of Directors for any decisions made. Decisions on business cases and overarching Trust strategies proceeding to the Board of Directors for approval must be considered by the Executive Committee in the first instance.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Executive Committee. The Executive Committee will however be made aware of any legal requirements the Trust is expected to fulfil relating to quality and safety.
5	**Role and duties**
5.1	The Executive Committee will consider proposed investments up to a limit of £1m.
5.2	The Executive Committee is responsible for making recommendations to the Board of Directors regarding Trust strategies.
5.3	The Executive Committee will provide advice and comment, where required, to other Groups, Committees and the Board of Directors within the governance structure.
5.4	The Executive Committee will consider the monthly performance data of the whole Trust and consider areas of adjustment that may need to be made to improve performance. The performance data will include, but is not limited to the metrics from the operational activity along with the financial metrics, workforce metrics and

	compliance information.
5.5	The Executive Committee will receive regular reports from each of its reporting groups as outlined in appendix 1.
5.6	The Executive Committee has the authority through the Reservations of Powers and Scheme of Delegation to consider and approve the appointment of consultants where it is a replacement post on behalf of the Board.
5.7	The Executive Committee will regularly review the Corporate Risk Register and Board Assurance Framework to gain assurance that risks are being managed and scored appropriately.
5.8	To escalate any other areas of concern/risk identified to the Board of Directors for further discussion and resolution.
6	**Membership**
6.1	The membership will comprise: • Chief Executive (Chief Executive to Chair) • Executive and Corporate Directors (Finance Director to deputise for the Chief Executive) • Clinical Chief Information officer • Chief Pharmacist • Care Group Directors • Associate Director of Corporate Governance
6.2	The duties of members and attendees shall be to:- • attend and contribute; • have read the papers and materials in advance and be ready to work with them; • actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide; • disseminate the learning and actions form the meetings; • to attend at least 75% of meetings of the Committee per year.
7	**Quoracy**
7.1	The Executive Committee will be quorate if 10 members attend. The Deputy Chair will preside over the meeting if the Chair is unable to attend.
8	**Frequency of meetings**
8.1	The Executive Committee will meet twice monthly. Copies of all agendas and supplementary papers will be retained by the Corporate Services Team in accordance with the Trust's requirements for the retention of documents.
8.2	The Chair of the Executive Committee has the right to convene additional meetings should the need arise and in the event of a request being received from at least 2 members of the group.
8.3	Where members of the Executive Committee are unable to attend a scheduled

	meeting, they should provide their apologies, in a timely manner, to the secretary of the group. Deputies should be provided, but would not form part of the quoracy.
9	**Administrative support**
9.1	The Committee will be supported administratively by the Corporate Services Team, who will ensure: • Agreement of the agenda with the Committee Chair. • Collation and distribution of papers at least 5 days before each meeting. • Minutes are taken, actions followed up prior to the next meeting and records are maintained of matters arising and issues to be carried forward. • Support the Chair and members as required. • Executive members are supported in carrying out their duties in delivery of Committee roles and duties.
9.2	Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
10	**Monitoring Effectiveness and Compliance with Terms of Reference**
10.1	The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.
11	**Review of Terms of Reference**
11.1	The terms of reference of the Committee shall be reviewed at least annually by the Committee and approved by the Board of Directors.

Author	**Associate Director of Corporate Governance**
Owner	**Associate Director of Corporate Governance**
Date of Issue	**June 2022**
Version #	**V0.1**
Approved by	
Review date	**March 2023**

Appendix 1


Priorities
High-Level Reports
Governance Reporting
Our people
Quality and Safety
Elective Backlogs
Urgent Care Flow
Board Assurance Framework
Issues
Risks
Revised IBR 22/23
Priority Measures
Regulatory Metrics
Assurance Metrics
Management Metrics
CG Highlight Reports (quarterly)
CG Escalation Reports (monthly)
Board of Directors
Quality & Safety Committee
Digital, Perform & Finance Committee
People & Culture Committee
Executive Committee
Quality & Patient Safety
Quality and Patient Safety Gov Structure
Risk Committee
Transformation Committee
IPC Strategic & Assurance Grp
Health & Safety Group
Sustainability Committee
Further Groups as required
Care Group Oversight & Assurance
Corporate Enablers; DIS, YTHFM
Care Group Boards
Finance & Perform CGs Meeting
People & Culture CGs Meeting
Quality & Safety CGs Meeting
Decision making
Duties delegated
Assurance receiving
Reporting

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors
29 June 2022
Board Assurance Framework

Trust Priorities

- ☒ Our People
- ☒ Quality and Safety
- ☒ Elective Recovery
- ☒ Acute Flow

Board Assurance Framework

- ☒ Quality Standards
- ☒ Safety Standards
- ☒ Performance Targets
- ☒ Integrated Care System
- ☒ Workforce
- ☒ Finance
- ☒ DIS Service Standards

Report History - BAF reported quarterly to Board of Directors and its Committees

Recommendation

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

Purpose of the report

To note and approve the 2022/23 Q1 Board Assurance Framework (BAF).

Executive Summary – Key Points

- The first quarter risks for 2022/23 are reported in the BAF
- All risks have been reviewed by the Risk Committee for Q1 2022/23
- The risk BAF format has been amended to take into account:
  - The clear delineation between the risk description, its causes and consequences of each risk materialising;
  - Providing guidance on the constituent parts of the management of the BAF risks; and,
  - Through Board and Committee report templates being amended the collation of clear specific assurances that can be added to the BAF throughout 2022/23 reporting supplemented by the Committee Chair's escalation reports
- A dashboard is reported presenting each risk's gross, net and target score with a status of those mitigating actions to achieve the target score.

Recommendation

The Board of Directors is asked to approve the Q1 2022/23 Board Assurance Framework.

Author: Mike Taylor, Associate Director of Corporate Governance

Director Sponsor: Simon Morritt, Chief Executive

Date: 22 June 2022

Board Assurance Framework (BAF)

1. Introduction and Background

The Board Assurance Framework (BAF) demonstrates the most pertinent strategic risks to achieving the Trust's strategy. The BAF is owned collectively by the Board of Directors.

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

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

2. 2022/23 BAF Format

The BAF has had the following amendments made to its format as a result of the Board of Directors survey as part of the internal audit review of the 2021/22 BAF. These amendments then seek to address the outcomes of that survey, most notably to:

- Present clear delineation between the risk description, its causes and consequences of each risk materialising;
- Provide guidance on the constituent parts of the management of the BAF risks; and,
- Through Board and Committee report templates being amended the collation of clear specific assurances that can be added to the BAF throughout 2022/23 reporting supplemented by the Committee Chair's escalation reports

In addition in order to streamline the report and focus attention on management of the BAF risks a dashboard is reported in appendix 1 showing each risk's gross, net and target score with a status of those mitigating actions to achieve the target score.

The full Q1 2022/23 BAF is included in the blue box for further analysis.

3. BAF Oversight

The BAF has been reviewed by the Risk Committee in June in assessing the following:

- Risks that are retained from the 2021/22 BAF and carried over into 2022/23;
- Any new risks to be identified for 2022/23; and
- A review subsequently of all information for each Executive owned risk for Q1 2022/23

This has involved reviewing specifically the following:

- Risk ratings; gross, net and target;
- Risk controls, gaps in control, assurances and gaps in assurance; and
- Risk mitigating actions and their status in achieving target risk ratings

The Trust's risks for 2022/23 have been mapped across; external and internal, known and unknown risks, across different categories; core operations, organisation change, external core risk and emerging areas which provide assurance across a broad area of risk identification. This has developed a core strategic risk profile of the organisation.

The Associate Director of Corporate Governance subsequently met with the Executive Directors in May to then confirm at the Risk Committee any amendments to the BAF risks in June.

4. Next steps

The 2022/23 BAF will be reported for updates via the Risk Committee to the following on a quarterly basis for assurance:

- Board of Directors
- Quality and Safety Assurance Committee (risks under its responsibilities)
- Digital, Performance and Finance Assurance Committee (risks under its responsibilities)
- People and Culture Assurance Committee (risks under its responsibilities)

Appendix 1

2022/23 Board Assurance Framework Q1 Dashboard

Rank/ move	High level risk description	Risk severity assessment (Catastrophic / Major / Moderate / Minor / None)	Risk rating	Actions	Owner	Oversight
1=	PR2 - Access to patient diagnostic and treatment is delayed	G → N - - - T	20	0 0 1	Medical Director	Quality & Safety Assu Committee
1=	PR4 – Inability to manage vacancy rates and develop existing staff predominately due to insufficient domestic workforce supply to meet demand	G → N - - - - - T	20	0 0 4	Director of Workforce & OD	People & Culture Assu Committee
3=	PR3 - Failure to deliver constitutional/regulatory performance and waiting time targets	G → N - T	16	0 0 2	Chief Operating Officer	Dig, Fin & Perf Assu Committee
3=	PR5 - Financial risk associated with delivery of Trust and System strategies	G → N - - - - T	16	0 0 4	Director of Finance	Dig, Fin & Perf Assu Committee
3=	PR1 - Unable to deliver treatment and care to the required standard	G/N - - - T	16	0 0 1	Chief Nurse	Quality & Safety Assu Committee
3=	PR6 – Failure to deliver the minimum standard for DIS and keep data safe	G → N - - - T	16	0 0 2	Chief Digital Information Officer	Quality & Safety Assu Committee
7	PR7 – Trust unable to meet ICS expectations as an acute collaborative partner	G → N/T	6	0 0 2	Chief Executive	Executive Committee

Key

- **N** New Risk
- Increase in Rank
- Decrease in Rank
- No movement in Rank
- G G G — Gross Risk - The measure of risk before controls are considered
- N N N — Net Risk - The measure of risk after controls are considered
- T T T — Target Risk - The measure of risk once actions have been completed
- Reliance on controls →
- Planned mitigations - - - →
- 1 Action on track
- 1 Action delayed by 1-2mths
- 1 Action delayed by 3mths+