

# Board of Directors (Public) – Blue Box

29 June 2022



Main Agenda Item	ITEM	PAGE
11.	<b>Ockenden Report Update</b> Appendix A - G	<a href="#">03</a>
13.	<b>Integrated Business Report</b>	<a href="#">19</a>
14.	<b>Finance Report Update</b> Capital Programme Appendix 1-9	<a href="#">79</a>
16.	<b>2022/23 Board Assurance Framework</b> <b>Board Assurance Framework</b>	<a href="#">107</a>
17.	<b>Any other business</b>	
17.1	• May & June Executive Committee minutes	<a href="#">123</a>
17.2	• Star Award nominations - July	<a href="#">143</a>

## Monthly Oversight of Perinatal Clinical Quality - Appendix A

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

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

	2021				2022					
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Number of reviews completed using the Perinatal Mortality Review Tool	2	5	0	0	1	1	1	0		
Number of cases notified to MBRRACE	1	2	2	4	1	0	1	2		
Number of cases referred to HSIB as per eligibility criteria	1	1	1	0	1	0	0	1		
Number of received HSIB final reports	1	0	0	1	0	0	0	0		
Number of incidents with a harm rating of Moderate or above	1	2	1	1	3	0	1	4		
Number of Maternity Unit Diverts							11	4 SGH 4 YDH		
Number of Maternity Unit closures	4	10	4	2	3	5	0	0		
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	0	0	1	0	0	2 (CQC)	1 (CQC)	0		
Coroner Reg 28 made directly to Trust	0	0	0	0	0	0	0	0		
<b>Continuity of Carer</b>										
Percentage of Continuity of Carer bookings	38%	40%	31%	37%	37%	40%	40%	37%		
Of those booked for Continuity of Carer - Black, Asian and mixed ethnicity backgrounds	44%	38%	22%	29%	17%	60%	14%	28%		
Of those booked for Continuity of Carer - Postcode for top decile for deprivation	84%	91%	94%	73%	96%	94%	83%	92%		
Intrapartum Continuity of Carer received - Overall	17%	15%	16%	8%	14%	25%	19%	25%		
Intrapartum Continuity of Carer received - Scarborough	43%	43%	42%	28%	38%	25%	19%	24%		
Intrapartum Continuity of Carer received - York	4%	6%	5%	0.42%	2.00%	0%	3%	11%		
Intrapartum Continuity of Carer received - Black, Asian and mixed ethnicity backgrounds	9%	7%	14%	14%	30%	25%	0%	0%		
Intrapartum Continuity of Carer received - Postcode for top decile for deprivation	42%	37%	23%	20%	48%	19%	9%	15%		
<b>Safe Staffing</b>										
1 to 1 care in Labour - Scarborough	94%	99%	95%	94%	94%	98%	96%	95%		
1 to 1 care in Labour - York	95%	93%	97%	96%	93%	96%	97%	94%		
L/W Co-ordinator supernumary % - Scarborough	98%	99%	100%	100%	85%	97%	92%	84%		
L/W Co-ordinator supernumary % - York	95%	93%	87%	99%	96%		100%	100%		
Vacancy Rate - Scarborough (including maternity leaves)					1.72%		5%	3%		
Vacancy Rate - York (including maternity leaves)					15.10%		18%	15%		

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

MIS Year 4 completed training figures	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		
<b>PROMPT</b>												
Obs Consultants	5%	5%	9%	18%	23%	33%	50%	57%	73%			
All other obstetric doctors	4%	7%	19%	24%	30%	35%	45%	73%	86%			
Midwives	3%	11%	15%	21%	22%	29%	49%	63%	75%			
MSW	4%	13%	29%	33%	37%	40%	49%	58%	68%			
Obstetric anaesthetic consultants												
All other anaesthetic doctors												
<b>NLS</b>												
Neonatal consultants or paediatric covering neonatal units												
Neonatal junior doctors												
Neonatal nurses												
Midwives	0%	7%	15%	27%	33%	41%	51%	63%	73%			
<b>Fetal surveillance in labour</b>												
Obstetric consultants	5%	9%	9%	18%	18%	29%	36%	43%	55%			
All other obstetric doctors	0%	15%	37%	56%	63%	69%	66%	67%	72%			

Midwives		6%	14%	26%	39%	46%	55%	59%	70%	80%			

### Ockenden Antenatal risk assessments 2022

		First Assessment completed	Second assessment complete	Personalised care plan completed	Place of birth discussed	Management plan reviewed at all contacts	Management plan reviewed at some contacts	Management plan revised if required
Jan	York		60.00%	95.00%		71.00%	100.00%	71.00%
	Scarborough		70.00%	100.00%		76.80%	100.00%	100.00%
			65.00%	97.50%	0.00%	73.90%	100.00%	85.50%
Feb	York	95%	64.00%	95.00%	85.00%	76.00%	95.00%	100.00%
	Scarborough	100%	55.00%	100.00%	95.00%	70.00%	100.00%	84.00%
		98%	59.50%	97.50%	90.00%	73.00%	97.50%	92.00%
Mar	York	95%	70.00%	95.00%	80.00%	78.00%	100.00%	29.00%
	Scarborough							
		48%	35.00%	47.50%	40.00%	39.00%	50.00%	14.50%
April	York	95%	25.00%	95.00%	85.00%	75.00%	100.00%	60.00%
	Scarborough	100%	85.00%	100.00%	100.00%	73.00%	100.00%	90.00%
		98%	55.00%	97.50%	92.50%	74.00%	100.00%	75.00%

### YORK LABOUR WARD HANDOVER ATTENDANCE - APRIL 2022

Date	Time	Consultant Presence	Registrar presence	Anaesthetics	Midwifery Management inc coordinator	Board Round	Physical Ward Round	Time	Consultant Presence	Registrar presence	Anaesthetics	Midwifery Management inc coordinator	Board Round	Physical Ward Round	Analysis
1st	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
2nd	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
3rd	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
4th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
5th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
6th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
7th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	No	Not evidenced ward round
8th	830	Yes	Yes	Yes	Yes	Yes	No	###	Yes	Yes	Yes	Yes	Yes	Yes	Not evidenced ward round
9th	830	Yes	Yes	Yes	Yes	Yes	No	###	Yes	Yes	Yes	Yes	Yes	Yes	Not evidenced ward round
10th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
11th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	No	Yes	Yes	Yes	Yes	
12th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
13th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	No	Yes	Yes	Yes	Yes	
14th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	No	Yes	Yes	Yes	No	Not evidenced ward round
15th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
16th	0830	Yes	Yes	Yes	Yes	Yes	Yes	###	No	Yes	Yes	Yes	Yes	Yes	
17th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	No	Yes	Yes	Yes	Yes	No	Not evidenced ward round
18th	830	Yes	No	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
19th	830	Yes	No	No	Yes	Yes	Yes	###	Yes	No	Yes	Yes	Yes	Yes	Reg & Aneasthetist in theatre AM
20th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
21st	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	Yes	
22nd	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	Yes	Yes	Yes	Yes	No	Not evidenced ward round

22nd	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	yes	Yes	Yes	Yes	Yes	No	
23rd	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	yes	Yes	Yes	Yes	Yes	Yes	
24th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	yes	Yes	Yes	Yes	Yes	Yes	
25th	830	Yes	No	Yes	Yes	Yes	Yes	###	Yes	No	Yes	Yes	Yes	Yes	Yes	No obstetric registrar overnight
26th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	No	Yes	Yes	Yes	Yes	Yes	No registrar cover 1700-2000
27th	830	Yes	Yes	Yes	Yes	Yes	Yes	###	Yes	yes	Yes	Yes	Yes	Yes	Yes	
28th	830	yes	yes	No	yes	yes	yes	###	Yes	yes	Yes	Yes	Yes	Yes	Yes	Aneasthetic team in OT 0830
29th	830	yes	Yes	Yes	Yes	Yes	Yes	###	Yes	yes	Yes	Yes	Yes	Yes	Yes	
30th	830	Yes	Yes	No	Yes	Yes	Yes	###	No	Yes	Yes	Yes	Yes	No	No	Not evidence ward round
Total		30	27	27	30	30	28		27	24	30	30	30	25		
		0	3	3	0	0	2		3	6	0	0	0	5		
		100%	90%	90%	100%	100%	93%		90%	80%	100%	100%	100%	83%		

### SCARBOROUGH LABOUR WARD HANDOVER ATTENDANCE - APRIL 2022

Date	Time	Consultant Presence	Registrar presence	Anaesthetics	Midwifery Management inc coordinator	Board Round	Physical Ward Round	Time	Consultant Presence	Registrar presence	Anaesthetics	Midwifery Management inc coordinator	Board Round	Physical Ward Round	Analysis
1st	08:30	y	y	y	y			21:00	n	y	n	y			consultant present @ 17:00
2nd	08:30	y	y	y	y			21:00	y	y	n	y			
3rd	08:30	y	y	n	y			21:00	y	y	n	y			
4th	08:30	y	y	y	y			21:00	n	y	y	y			consultant present @ 17:00
5th	08:30	y	y	y	y			21:00	y	N/A	n	y			resident consultant
6th	08:30	y	y	y	y			21:00	y	y	n	y			
7th	08:30	n	y	y	y			21:00	n	n	n	y			? Registrar forgotten to sign
8th	08:30	y	y	n	y			21:00	y	y	y	y			anaesthetist present @ 17:00
9th	08:30	y	y	y	y			21:00	y	y	y	y			anaesthetist present @ 20:48
10th	08:30	y	y	n	y			21:00	y	y	y	y			anaesthetist present @ 21:30
11th	08:30	y	y	y	y			21:00	y	y	n	y			in theatre @ 21:00
12th	08:30	y	y	y	y			21:00	y	y	n	y			
13th	08:30	y	y	y	y			21:00	y	y	n	y			
14th	08:30	y	y	y	y			21:00	y	y	n	y			
15th	08:30	y	y	n	y			21:00	y	y	n	y			
16th	08:30	y	y	y	y			21:00	y	y	n	y			
17th	08:30	y	y	n	y			21:00	y	y	y	y			
18th	08:30	y	y	n	y			21:00	y	N/A	y	y			resident consultant
19th	08:30	y	y	y	y			21:00	y	N/A	y	y			resident consultant
20th	08:30	y	y	y	y			21:00	n	y	y	y			
21st	08:30	y	y	y	y			21:00	y	y	y	y			
22nd	08:30	y	y	n	y			21:00	n	y	n	y			cons present at 17:00
23rd	08:30	n	y	n	y			21:00	n	y	n	y			
24th	08:30	y	y	n	y			21:00	n	y	n	y			
25th	08:30	y	y	y	y			21:00	y	N/A	N	Y			resident consultant
26th	08:30	y	y	n	y			21:00	y	n/A	N	Y			resident consultant
27th	08:30	Y	Y	Y	Y			21:00	Y	Y	N	Y			
28th	08:30	Y	Y	Y	Y			21:00	Y	Y	Y	Y			
29th	08:30	Y	Y	Y	Y			21:00	Y	Y	N	Y			
30th	08:30	Y	Y	N	Y			21:00	N	Y	N	Y			anaesthetist in theatre
Total		28	30	19	30				22	29	10	30			
		30	30	30	30				30	30	30	30			
		93.30%	100%	63.30%	100%				73.30%	96.70%	33.30%	100%			

## Number of incidents graded ‘moderate’ harm and/or Serious Incidents (SI) and actions taken – Appendix B

### Moderate Harm

There were four moderate harm incidents reported, with one of these being a Never Event, and another meeting the criteria for HSIB referral, these are both Trust Serious Incidents.

Detail removed as identifiable

### Findings/ PSIR

- .

### Actions



### 1. Summary of Case

### Findings/ PSIR

### Actions

- One to one and feedback with staff involved in sample collection
- Highlight importance of bereavement checklist and safety netting ?dual sign off

## Serious incident(s)

### 1. Summary of Report received

#### Findings

In this case, although the two person swab count had been used, and signed as complete per local guidance, a swab had been left in situ (within the vagina), following suturing. A PSIR was completed, with immediate actions/ learning as below. This is a Never Event, and a Serious Incident, and a full investigation is underway.

Details removed as identifiable.

#### Actions

### 2. Summary of Report received

#### Findings/ PSIR

#### Actions

In a recent fetal monitoring audit, there was 80% compliance for use of an antenatal CTG sticker.

To continue to promote use to achieve 100%.

Share importance labour notes completion in full through Learning from newsletter.



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## **HSIB cases reported/received – Appendix C**

One case was reported to HSIB in April, and this is detailed below (also detailed within Appendix B- Serious Incidents). No final HSIB reports were received in this period.

Detail removed as identifiable.

### **Summary of Case**

#### **Term Intrauterine death**

### **Findings/ PSIR**

### **Actions**

In a recent fetal monitoring audit, there was 80% compliance for use of an antenatal CTG sticker.

To continue to promote use to achieve 100%.

Share importance labour notes completion in full through Learning from newsletter.

## PMRT – Appendix D

### PMRT Notified cases

There were two cases notified within this period.

Case:	Date of Death:	Delivered:	Summary:	Review Due Date:
80839	30.3.22	30.3.22	33+2 Antenatal Stillbirth	September 2022
81069	11.4.22	11.4.22	38+1 Intrapartum Stillbirth	October 2022

### PMRT Reports completed

No reports were completed within this period.

Case:	Date of Death:	Delivered:	Summary:	Review Due Date:

### PMRT ongoing cases

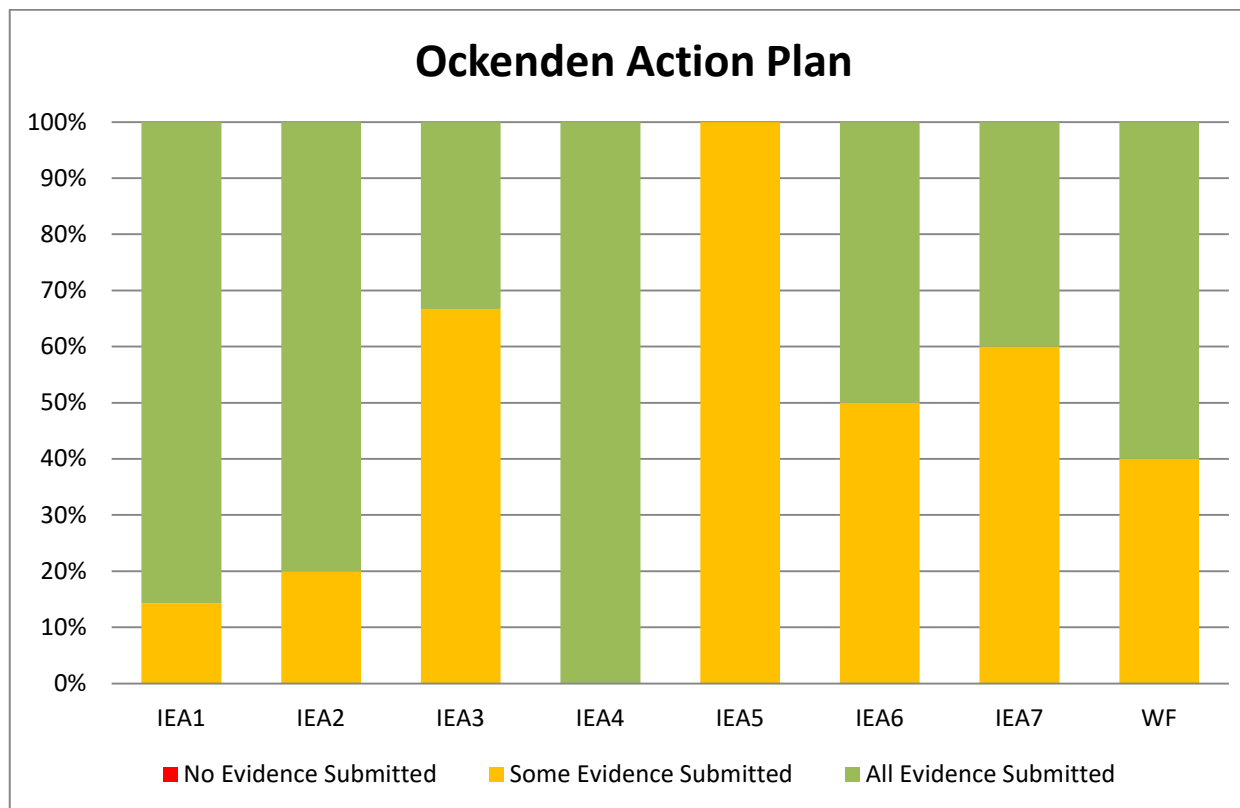
Site	Date of death	Reason PMRT required
Scarborough	13.10.21	41+1 Intrapartum Stillbirth (HSIB)

York	04.11.21	39 Intrapartum Stillbirth (HSIB)
York	21.12.21	36+1 Antenatal stillbirth
York	27.12.21	NND 27 days
York	04.01.22	28+5 Antenatal Stillbirth
York	30.3.22	33+2 Antenatal Stillbirth
York	11.4.22	38+1 Antenatal ? Intrapartum Stillbirth
York	30.4.22	26+1 Antental Stillbirth

## Ockenden Highlight Report May 2022 – Appendix E

<p><b>Project Aim:</b> To enact the 7 Immediate Essential Actions arising from The Ockenden Report</p>	<p><b>Project Lead:</b> Sara Collier-Hield</p>	<p>Blue – completed action Red – significant risk Amber – in progress Green – on track</p>
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IEA 1	IEA 2	IEA 3	IEA 4	IEA 5	IEA 6	IEA 7



**Summary of Progress:**

**IEA1 Enhanced Safety:** The elements within this section are in progress. Outstanding is full evidence of the implementation of the Perinatal Surveillance Framework and this piece of work will require agreement and sign off from the ICS

**IEA 2 Listening to Women and Families:** The NED job description has been updated to include details of the dedicated role within maternity. MVP representatives have been invited to attend Care Group meetings. DHoM engaged in recruiting to York MVP lead.

**IEA3 Staff training and working together:** TNA for 3 years is in place. Training compliance has been a key concern. 90% compliance by December 2022 in PROMPT, NLS, fetal surveillance and Saving Babies Lives Care Bundle is projected. Training figures have been updated to better reflect month on month compliance. Handovers and ward rounds on Scarborough site remain a major concern and are being addressed by the Clinical Director and Anaesthetic colleagues.

**IEA 4 Managing Complex Pregnancy:** Awaiting the formation of a regional Maternal Medicine Network, the Care Group have a named Obstetrician on the working group. Local guideline updated. Audits demonstrate women are referred and seen early when their pregnancies are complex so good progress overall.

**IEA 5 Risk Assessment through Pregnancy:** Audits around risk assessment and care planning are in place, proformas have been improved for use from January 2022. Compliance with first assessments and completion of management plan is consistently good cross-site (95-100%). The compliance with 2nd assessments and review/ revision of management plans is variable and so contact is being made with individual practitioners to offer support and the completion of risk assessments has been added to the stat/mand training programme.

**IEA 6 Monitoring Fetal Wellbeing:** Fetal Monitoring leads and training in place. Job description for the Obstetrician completed.

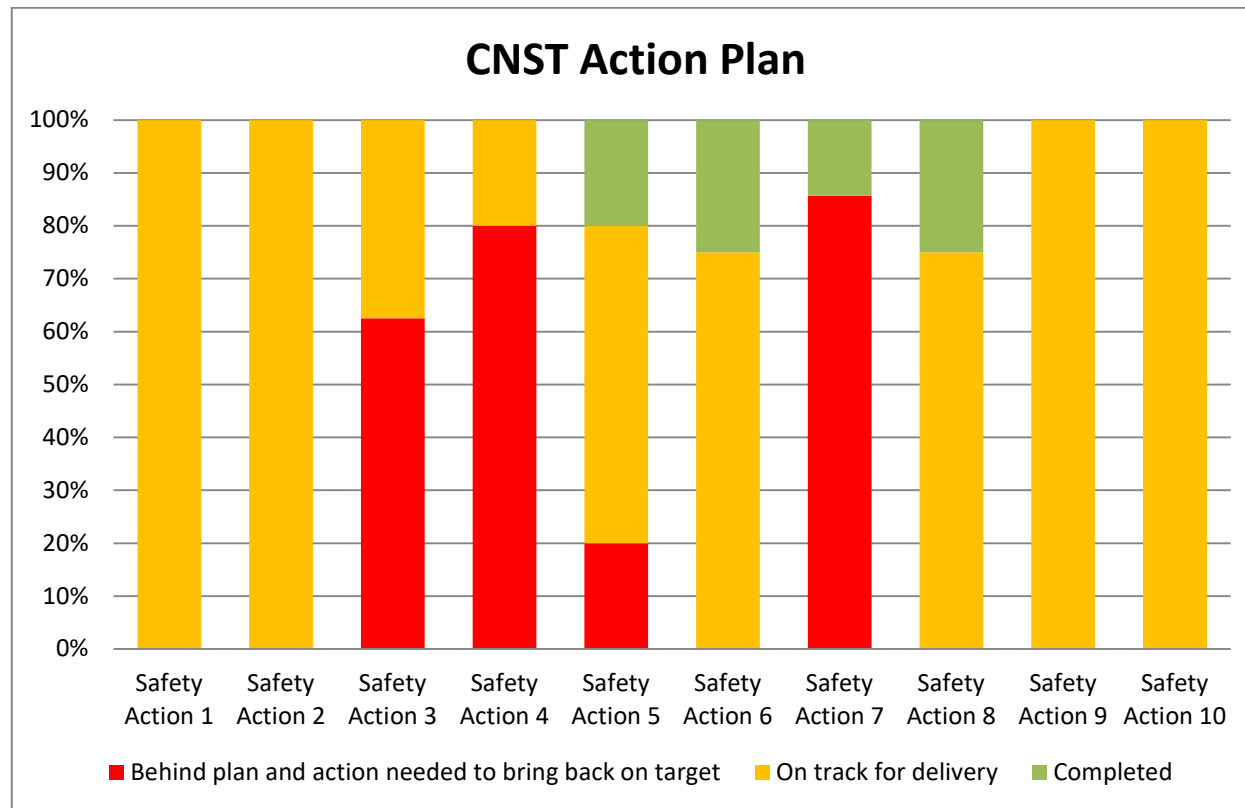
**IEA 7 Informed Consent:** Updates to website required to ensure information is offered to women around choices. SOP around decision making processes completed. Personalised Care Planning will improve once digital system in place (from April 2022)

<p><b>Key risks:</b> Formation of Maternal Medicine network and associated audits Established local MVPs with strong evidence of co-production MDT attendance at Labour Ward handover Risk Assessment through pregnancy</p>	<p><b>Escalations/support required with:</b> Anaesthetic and Obstetric attendance at labour ward handovers in Scarborough.</p>
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# CNST Highlight Report May 2022 – Appendix F

<b>Project aim:</b> NHS Resolution is operating year 4 of the CNST MIS which incentivises 10 key maternity safety actions.	<b>Project Lead:</b> Michala Little	<b>Trust Board declaration of completion :</b> 5 January 2023	<b>Blue</b> – action completed <b>Red</b> – significant risk <b>Amber</b> – in progress <b>Green</b> – on track
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Safety Action 1	Safety Action 2	Safety Action 3	Safety Action 4	Safety Action 5	Safety Action 6	Safety Action 7	Safety Action 8	Safety Action 9	Safety Action 10



**Summary of Safety Actions: CNST relaunched May 2022**

**SA1 PMRT:** The Care Group continue to report to MBRRACE and complete PMRT as per standards. Evidence that this safety action is fully compliant will be at the end of the reporting period.

**SA2 MSDS Dataset:** Revised standards place us in a better position in terms of compliance. Scorecards expected to be submitted as per standard and above thresholds for data compliance in key metrics

**SA3 Transitional Care services in place and ATAIN recommendations:** Deadline for implementation of transitional care cross site 16 June 2022, working group established, plans in place to ensure compliance. ATAIN standards revised, work around completion of reviews ongoing

**SA4 Clinical Workforce Planning:** Paper produced by CD regarding RCOG requirements to be presented to Board in May, Neonatal medical workforce and nursing staffing under review

**SA5 Midwifery Workforce planning:** Workforce plans to Board and Executive Committee in January. Concerns around 1:1 care in labour and coordinator supernumerary status which is compromised re.staffing issues. Action planning in place.

**SA6 Saving Babies Lives:** Implemented November 2021. Midwife sonographers training on track for completion in May

**SA7 Working collaboratively with MVP:** MVP collaborative working remains challenging. Not all MVPs fully functioning. LMS Chair aware and supporting action planning

**SA8 Training (incorporating Ockenden Core Competency Framework):** New trajectories and compliance figures indicate on track for compliance. 90% compliance will be extended to achieve by Nov/Dec 2022

**SA9 Safety Champions:** Safety Champions continue to meet bi-monthly. Trust legal scorecard must be discussed from Q2 – in progress

**SA10 HSIB:** The Care Group continue to report to HSIB, as per national standards

**Key risks:**

Transitional Care  
Training compliance  
MVP engagement  
Labour Ward Coordinator Supernumerary Status  
1 to 1 care in labour  
Trust Legal Scorecard

**Escalations/support required with:**

Evidencing Neonatal workforce plans



## PCQS: Medical Staffing (April 2022) – Appendix G

### Obstetrics – Scarborough

A summary of the staffing challenges through April 2022 for Scarborough are highlighted below:

Issue	Mitigation	Assurance
<b>1 x Consultant not undertaking on call duties due to OH recommendations. (this is reduced from 2 Consultants in March as 1 Consultant has now completed phased return to work)</b>	1 x long term locum consultants are being used to support in covering on call duties including labour ward acute cover and non-resident on calls.	Since July 2021 we recruited to 2 x consultant posts for Scarborough and 6 x consultant posts for York. Since then two candidates (1 for Scarborough) have not progressed with offers but all others have come into post. We have interviewed in May to successfully fill one of the Scarborough posts.  3 of these posts will support the non-resident on call in Scarborough with new local pay arrangements (this will be the first cross-site oncall cover embedded in a Consultant job plan). This will cover the OH gaps as well as providing an extra on call post to provide resilience in the service and work towards moving to a 1:8 rota by July 2022 (last summer the rota was 1:5 and has moved to a 1:7 in December 2021).
<b>2 x Consultant post vacancies (resignations in January 2022 and April 2022 – both have left the service) 1 x retirement pending in July 2022 (5 PAs)</b>	Since January we have had 3 resignations and retirements at the Scarborough site. Recruitment has continued to replace these vacancy gaps. Long term Locum consultants are being utilised to cover this shortfall in clinical activity at this time. The resigning postholder has a specialty in diabetic maternal medicine, currently working through plan for cover until new SGH Consultant recruited. Incoming York Consultant for July 2022 has diabetic maternal medicine interest and there is an ambition to develop a fully integrated diabetic pathway as these new Consultants are recruited/ come into post.	Interviews held in early May and one successful candidate offered role. Advert will be relaunched in WC 23/5/22 to support filling the other 2 vacancies and the move to a 1:8 rota by July 2022.

<b>1 x consultant on long term sick – now resigned.</b>	Long term Locum consultants being utilised to cover their clinical activity at this time – see above for progress with recruitment to this now vacant post.	No further action – funding now available to recruit substantively and support locum cover until successful.
<b>1 x specialty doctor on phased return</b>	Long term locum registrar was secured to support with cover of shifts.	Clinical Supervisor has been linking in regularly with the member of staff. A plan for phased return has been developed and is being implemented with the support of the service.
<b>Impact of Covid-19</b>	Much reduced COVID absence since the end of March 2022	Daily absence monitoring as a CG5 and clear escalation across site as required if any future surge in absence.

### Obstetrics – York

A summary of the staffing challenges through April 2022 for York are highlighted below:

<b>Issue</b>	<b>Mitigation</b>	<b>Assurance</b>
<b>3 x registrars either on maternity leave</b> - <b>1.0 non entrustable reg</b> - <b>1.4 entrustable reg (2 x LTFT)</b>	Locum registrar cover has been sourced to cover the short term gaps.	We recruited into the 1.0 non entrustable and they started in Feb 2022. Interviews were held for the other entrustable post and an offer of appointment was been made for 1 x 1.0 WTE however the candidate gave back word.  We have gone out again to recruit to this post. Interviews will be held w/c 16 <sup>th</sup> May – further update in June.
<b>Impact of Covid-19</b>	Much reduced COVID absence since the end of March 2022	Daily absence monitoring as a CG5 and clear escalation across site as required if any future surge in absence.

# Integrated Business Report

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

May-2022

Produced June-2022



**The Board Assurance Framework is structured around the Trust's three Strategic Goals:**

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:  
**Information Team**

# Integrated Performance Report : May-2022

## Understanding the Report

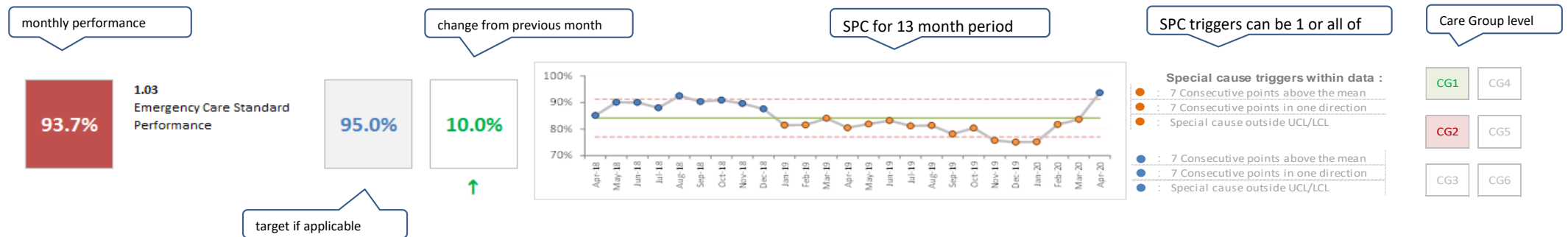
### 1. Operational Performance Summary

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

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

### 2. Focus Sections

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



# QUALITY AND SAFETY REPORT

May-2022

Produced June-2022



**The Board Assurance Framework is structured around the Trust's three Strategic Goals:**

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:  
**Information Team**

# Quality and Safety Report: May-2022

## Executive Summary

### Trust Strategic Goals:

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

### Purpose of the Report:

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

### Executive Summary:

#### Key discussion points for the Board are:

##### 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.

### Recommendation:

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

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

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

# TRUST BOARD REPORT : May-2022

## QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report )	Sparkline / Previous Month	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
1.01	Number of SI's reported		12	20	21	11	13	16	25	17	10	14	12	13	12
1.02	% SI's notified within 2 working days of SI being identified		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
1.03	Number of SIs where Duty of Candour is Applicable (Moderate or Above Harm)		11	18	15	10	10	14	20	14	9	13	12	13	12
1.04	Number of SIs Where Stage 2 (Written) Duty Of Candour is Outstanding (Moderate or Above Harm)		0	0	0	1	0	0	0	1	0	0	0	0	1
1.05	% Compliance with Stage 2 (Written) Duty of Candour for Serious Incidents (Moderate or Above Harm)		100%	100%	100%	90%	100%	100%	100%	93%	100%	100%	100%	100%	92%
1.06	-Invitation to be involved in Investigation (Clinical SIs Only)		2	10	11	6	5	7	10	4	2	2	2	2	2
1.07	-Given Final Report (If Requested - Clinical SIs Only - based on Investigation End Date)*		1	7	2	3	11	8	4	4	6	7	5	0	1

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

REF	DUTY OF CANDOUR (All Incidents - data is based on the date reported)	Target	Sparkline / Previous Month	TOTAL (For Incidents Reported Between 01/06/21 and 18/05/22)
1.10	Incident Graded Moderate or Above			374
1.11	Stage 1 - Verbal Apology Given			353
1.12	Stage 2 - Written Apology Given			343
1.14	% Compliance with Stage 2 (Written) Duty of Candour			92%
1.15	Stage 3 - Final Written Summary Due (for incidents between Jun and Nov 21)			156
1.16	Stage 3 - Final Written Summary Completed (for incidents reported Between Jun and Nov 21)			143

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

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

REF	CLAIMS	Sparkline / Previous Month	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
1.20	Number of Negligence Claims		11	8	13	12	16	10	17	13	15	17	13	13	16
1.21	Number of Claims settled per Month		1	1	1	13	8	3	3	3	1	7	5	5	4
1.22	Amount paid out per month		287,582	20,000	9,500	1,406,144	103,700	1,040,000	73,946	115,000	52,500	314,500	159,357	381,000	92,000
1.23	Reasons for the payment		Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

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

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

REF	MEASURES OF HARM	Target	Sparkline / Previous Month	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
1.30	Incidents Reported			1,463	1,467	1,510	1,437	1,590	1,584	1,584	1,571	1,639	1,475	1,800	1,707	1,658
1.31	Incidents Resulting in No or Minor Low Harm Not Completed Within 1 Month of Reporting			-	-	655	886	887	853	635	777	918	1,033	1,027	709	669
1.32	Patient Falls			213	192	198	243	224	241	264	255	312	276	328	317	287
1.33	Pressure Ulcers - Newly Developed Ulcer			94	82	92	97	89	123	126	137	129	103	147	151	120
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer			22	23	12	13	17	28	19	17	22	14	25	19	23
1.35	Pressure Ulcers - Present on Admission			167	150	185	196	185	169	159	212	184	176	180	183	186
1.36	Degree of harm: serious or death			3	7	6	3	4	6	7	6	8	9	7	8	5
1.37	Medication Related Errors			164	157	150	125	156	132	161	130	120	136	161	154	168
1.38	VTE risk assessments *	95%		94.1%	92.5%	92.9%	93.3%	87.9%	87.3%	85.2%	85.1%	86.6%	86.9%	83.8%	86.7%	87.5%
1.39	Never Events	0		0	0	0	0	0	0	2	1	0	0	0	1	0

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

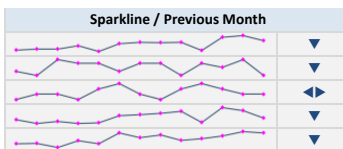
Incident reporting monitoring now shows the number of investigations resulting in no or minor/low harm where the investigation has not been completed within 1 month of the incident being reported (excluding incidents which are subject to more in-depth investigation via the SI or 72 Hour reporting process.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

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

# TRUST BOARD REPORT : May-2022

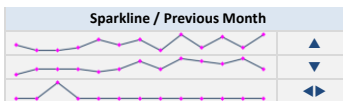
## QUALITY AND SAFETY SUMMARY: (ii)

REF	PRESSURE ULCERS***
1.40	Number of Category 2
1.41	Number of Category 3
1.42	Number of Category 4
1.43	Total no. developed/deteriorated while in our care (care of the org) - acute
1.44	Total no. developed/deteriorated while in our care (care of the org) - community



May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
61	64	64	73	57	79	83	82	83	60	98	103	88
3	2	6	5	5	3	5	5	2	5	4	6	2
0	1	1	0	2	3	1	0	2	3	2	1	1
86	74	81	74	76	100	103	107	114	77	127	116	92
30	31	23	36	30	51	42	47	37	40	45	54	51

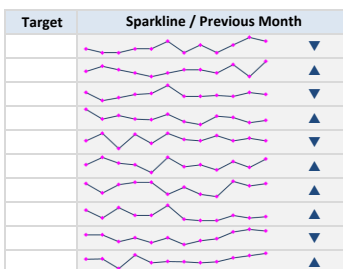
REF	FALLS****
1.50	Number of falls with moderate harm
1.51	Number of falls with severe harm
1.52	Number of falls resulting in death



May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
4	2	2	3	6	4	6	2	8	3	7	3	8
0	2	2	2	1	2	5	2	6	5	4	6	2
0	0	1	0	0	0	0	0	0	0	0	0	0

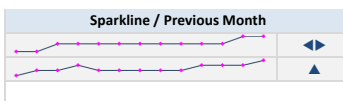
Note \*\*\* and \*\*\*\* - falls and pressure ulcers are subject to ongoing validation. The degree of harm for incidents reported within the last week of the reporting period have not been validated as investigations are ongoing. The degree of harm may change from the reporter's initial depending on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

REF	DRUG ADMINISTRATION
10.20	Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death
10.21	Insulin Incidents
10.22	Antimicrobial Incidents
10.23	Opiate Incidents
10.24	Anticoagulant Incidents
10.25	Missed Dose Incidents
10.26	Discharges Incidents
10.27	Prescribing Errors
10.28	Preparation and Dispensing Incidents
10.29	Administrating and Supply Incidents



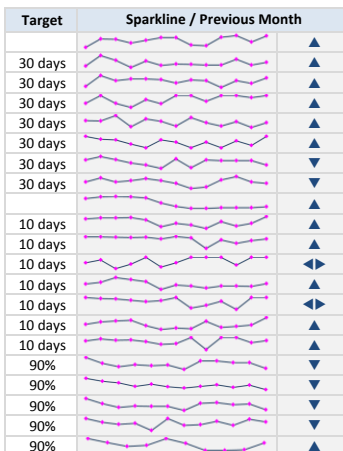
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
0	1	0	0	1	1	3	0	2	0	2	4	3
14	13	16	14	12	10	12	14	14	12	17	10	19
17	19	11	14	17	18	26	15	15	16	15	19	17
43	40	26	31	26	25	33	22	18	30	28	21	24
14	13	19	7	18	11	19	14	13	17	13	15	13
41	32	41	34	32	23	41	30	32	26	36	29	39
22	19	11	18	20	20	10	16	10	8	21	17	19
36	41	35	43	37	37	45	34	33	33	37	35	36
14	13	13	6	10	5	10	3	7	9	16	19	17
74	70	71	48	80	62	65	64	62	64	73	78	84

REF	SAFEGUARDING
1.70	% of staff compliant with training (children)
1.71	% of staff compliant with training (adult)
1.72	% of staff working with children who have review DBS checks



May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
87%	87%	88%	88%	88%	88%	88%	88%	88%	88%	88%	89%	89%
87%	88%	88%	89%	88%	88%	88%	88%	88%	89%	89%	89%	90%

REF	PATIENT EXPERIENCE: COMPLAINTS, PALS AND FFT
2.01	New complaints this month †
2.02	% Complaint responses closed within target timescale
	CG1
	CG2
	CG3
	CG4
	CG5
	CG6
2.03	New PALS concerns this month
2.04	% PALS responses closed within target timescale
	CG1
	CG2
	CG3
	CG4
	CG5
	CG6
2.05	FFT - York ED Recommend %
2.06	FFT - Scarborough ED Recommend %
2.07	FFT - Trust ED Recommend %
2.08	FFT - Trust Inpatient Recommend %
2.09	FFT - Trust Maternity Recommend %



May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
34	57	56	46	54	61	61	41	39	62	67	49	66
50%	71%	61%	47%	60%	51%	54%	53%	52%	52%	63%	52%	57%
31%	67%	50%	55%	55%	53%	42%	52%	50%	28%	50%	41%	59%
67%	100%	67%	50%	82%	65%	100%	100%	75%	100%	100%	91%	100%
57%	56%	75%	36%	63%	54%	38%	67%	50%	38%	53%	33%	50%
100%	75%	67%	33%	-	67%	50%	-	50%	-	60%	20%	100%
60%	83%	63%	43%	29%	8%	67%	13%	60%	56%	56%	57%	30%
50%	71%	50%	57%	67%	57%	43%	18%	25%	60%	78%	50%	44%
142	159	166	160	150	88	48	24	25	33	33	34	44
74%	77%	77%	78%	71%	53%	62%	57%	48%	67%	55%	62%	81%
67%	67%	66%	66%	66%	60%	69%	64%	25%	56%	44%	54%	60%
90%	95%	80%	88%	100%	83%	90%	100%	100%	86%	100%	100%	100%
63%	69%	84%	77%	71%	46%	60%	57%	50%	57%	57%	56%	64%
100%	92%	90%	83%	73%	80%	100%	33%	50%	75%	25%	100%	100%
55%	69%	76%	82%	44%	20%	29%	25%	75%	33%	40%	50%	100%
72%	87%	76%	79%	65%	44%	50%	100%	0%	100%	100%	56%	75%
96.0%	85.0%	78.2%	82.3%	80.2%	81.3%	72.9%	89.5%	89.5%	86.0%	86.0%	74.9%	-
93.5%	87.1%	83.3%	75.6%	80.5%	75.0%	72.1%	75.8%	79.4%	73.8%	78.9%	68.7%	-
95.5%	85.4%	78.8%	81.2%	80.3%	80.2%	72.8%	86.3%	87.4%	83.5%	84.7%	73.8%	-
98.3%	97.4%	97.1%	97.2%	95.8%	98.3%	96.9%	97.0%	97.7%	96.8%	98.1%	97.5%	-
100.0%	99.1%	98.4%	98.6%	100.0%	99.0%	97.5%	97.5%	97.6%	99.0%	98.5%	100.0%	-

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



# TRUST BOARD REPORT : May-2022

## QUALITY AND SAFETY SUMMARY: (iii)

REF	CARE OF THE DETERIORATING PATIENT
3.01	14 hour Post Take - York *
3.02	14 hour Post Take - Scarborough *
3.03	NEWS within 1 hour of prescribed time †
3.04	Elective admissions: EDD within 24 hours of admission

Target	Sparkline / Previous Month
90%	
90%	
90%	
93%	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
79%	81%	79%	78%	80%	80%	79%	79%	79%	79%	77%	77%	77%
82%	83%	81%	79%	81%	80%	79%	83%	85%	84%	83%	84%	83%
91.1%	90.8%	90.3%	90.5%	89.0%	89.1%	88.5%	87.6%	86.7%	87.8%	86.2%	87.3%	88.6%
94.1%	92.8%	90.2%	91.6%	91.8%	94.5%	92.3%	94.2%	94.2%	91.7%	94.1%	94.3%	93.7%

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

† NEWS performance includes MEWS from Dec 2021

REF	MORTALITY INFORMATION
10.33	Summary Hospital Level Mortality Indicator (SHMI) *

Target	Sparkline / Previous Month
100	

Jan 18 - Dec 18	Apr 18 - Mar 19	Jul 18 - Jun 19	Oct 18 - Sep 19	Jan 19 - Dec 19	Apr 19 - Mar 20	Jul 19 - Jun 20	Oct 19 - Sep 20	Jan 20 - Dec 20	Apr 20 - Mar 21	Jul 20 - Jun 21	Oct 20 - Sep 21	Jan 21 - Dec 21
100	100	98	100	99	99	99	97	95	94	94	96	97

\* The quarterly SHMI data has been refreshed due to error. The table now includes Jul-19 to Jun-20

REF	INFECTION PREVENTION
6.01	Clostridium Difficile - meeting the C.Diff objective
6.02	Clostridium Difficile - meeting the C.Diff objective - cumulative
6.03	MRSA - meeting the MRSA objective
6.04	MSSA
6.05	MSSA - cumulative
6.06	ECOLI
6.07	ECOLI - cumulative
6.08	Klebsiella
6.09	Klebsiella - cumulative
6.10	Pseudomonas
6.11	Pseudomonas - cumulative
6.12	MRSA Screening - Elective †
6.13	MRSA Screening - Non Elective †

Target*	Sparkline / Previous Month
0	
95%	
95%	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
12	12	13	13	16	12	6	17	10	8	8	17	9
19	31	44	57	73	85	91	108	118	126	134	17	26
0	0	0	1	0	0	0	0	0	0	0	0	0
7	8	7	7	8	4	5	6	6	2	12	8	10
12	20	27	34	42	46	51	57	62	65	77	8	18
12	20	11	13	16	15	15	14	14	12	12	18	14
27	47	58	71	87	102	117	131	144	157	169	18	32
3	4	7	7	7	5	4	4	5	6	3	4	2
8	12	19	26	33	38	42	46	51	57	60	4	6
4	1	4	2	3	4	1	1	2	1	4	1	4
7	8	12	14	17	21	22	23	25	26	30	1	5
83.3%	84.8%	89.7%	91.0%	80.4%	84.3%	82.0%	79.8%	77.8%	80.4%	73.8%	83.8%	83.3%
95.0%	94.4%	92.6%	93.3%	89.5%	89.8%	88.2%	87.4%	87.4%	84.9%	81.8%	85.7%	86.6%

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

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

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









REF	DOLS
8.01	Standard Authorisation Status Unknown: Local Authority not informed the Trust of outcome
8.02	Standard Authorisation Not Required: Patient no longer in Trust's care and within 7 day self-authorisation
8.03	Under Enquiry: Safeguarding Adults team reviewing progress of application with Local Authority or progress with ward
8.04	Standard Authorisation Granted: Local Authority granted application
8.05	Application Not Granted: Local Authority not granted application
8.06	Application Unallocated as Given Local Authority Prioritisation: Local Authority confirmed receipt but not yet actioned application
8.07	Safeguarding Adults concerns reported to the Local Authority against the Trust
8.08	Application Withdrawn: Patient no longer in Trust's care within the Local Authority 8 week period for assessment

Target	Sparkline / Previous Month

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
32	12	8	19	4	2	21	19	9	11	12	6	12
15	61	53	23	40	11	29	34	21	6	25	32	43
9	8	16	5	8	28	18	19	25	21	14	25	22
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
21	8	10	7	10	29	14	16	10	26	6	10	4
4	8	11	7	7	7	6	3	9	10	12	8	8
4	6	6	5	15	22	14	16	6	10	9	10	5

# TRUST BOARD REPORT : May-2022

## QUALITY AND SAFETY SUMMARY: (iv) QUANTITATIVE TABLE

REF	Indicator	Consequence of Breach	Threshold	Sparkline / Previous Month	Q1 21/22 †	Q2 21/22 †	Q3 21/22	Q4 21/22	Feb-22	Mar-22	Apr-22	May-22	
9.01	All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days*	Non-payment of costs associated with cancellation and re-scheduled episode of care	0		◀	-	-	39	39	22	14	-	-
9.02	No urgent operation should be cancelled for a second time*	£5,000 per incidence in the relevant month	0		◀	-	-	-	-	-	-	-	-
9.03	Sleeping Accommodation Breach ‡	£250 per day per Service User affected	0		▼	51	51	34	34	25	33	17	15
9.04	% Compliance with WHO safer surgery checklist (not currently recorded)	No financial penalty	100.00%			-	-	-	-	-	-	-	-
9.05	Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99.00%		▼	99.93%	99.86%	99.92%	99.94%	99.93%	99.96%	99.91%	-
9.06	Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95.00%		▼	99.66%	99.41%	99.57%	99.63%	99.61%	99.65%	99.38%	-
9.07	Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if		▼	4.52%	6.55%	10.54%	8.05%	9.19%	9.68%	8.08%	-
	Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	Set baseline in Q1 and agree trajectory		Monthly Provider Report								
9.08	Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99.00%		▼	75.63%	83.12%	82.28%	96.13%	98.90%	97.06%	95.51%	94.50%
	Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	Best Practice Standards		Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.								
9.09	Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90.00%		▼	94.48%	90.77%	92.53%	92.58%	91.71%	93.46%	89.54%	87.09%
9.10	Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent (not currently recorded)	General Condition 9	95.00%			-	-	-	-	-	-	-	-
	All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	0		CCG to audit for breaches								
	All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	0		CCG to audit for breaches								

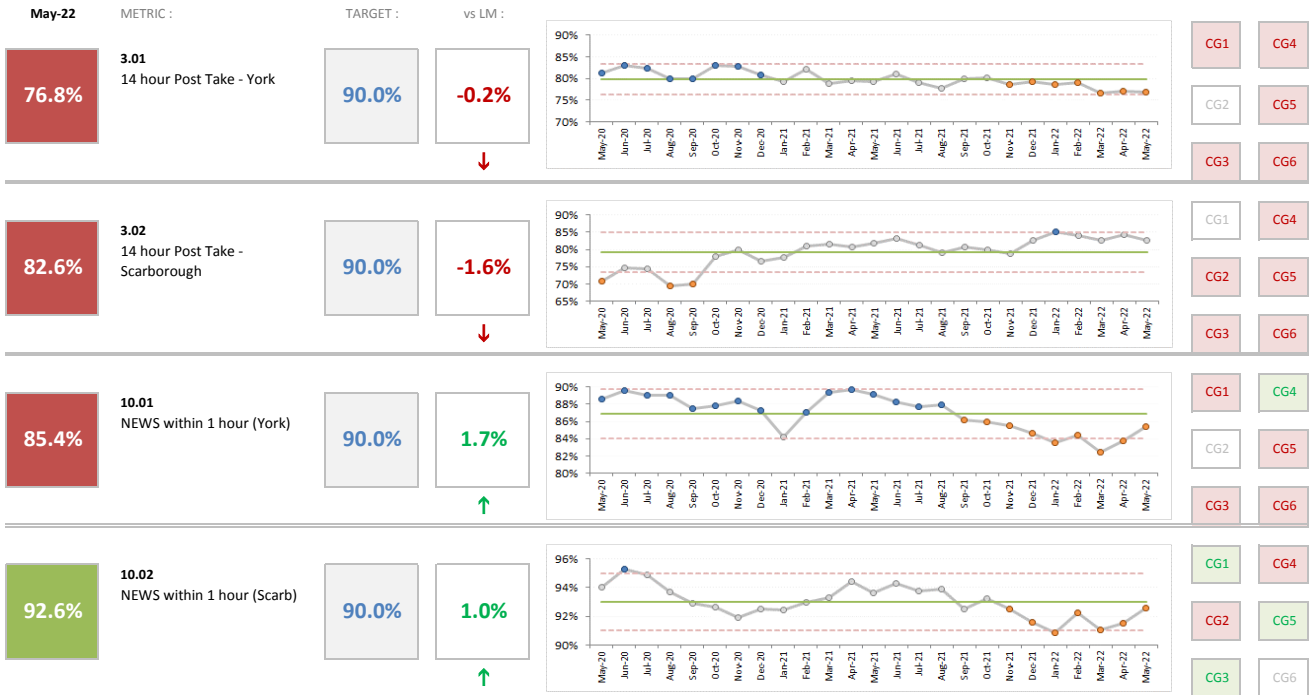
\*QMCO and Monthly Sitrep Return suspended due to Covid-19, QMCO re-commenced for Q3 2021-22 submission

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

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

# TRUST BOARD REPORT : May-2022

## QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT



### HIGHLIGHTS FOR BOARD TO NOTE :

NEWS within 1 hour has improved across both sites, however remains below 90% at York. This has been escalated to QPAS with the expectation to remove irrelevant clinical areas from the data.

# TRUST BOARD REPORT : May-2022

## QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

May-22

METRIC :

TARGET :

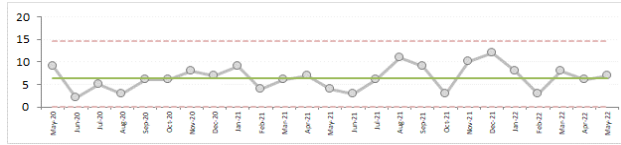
vs LM :

7

10.10  
Crash Calls (York)

-

1

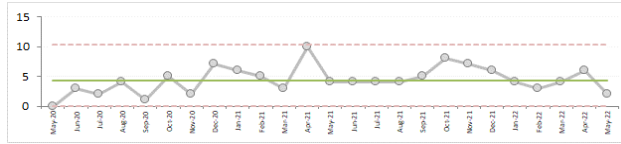


2

10.12  
Crash Calls (Scarb)

-

-4

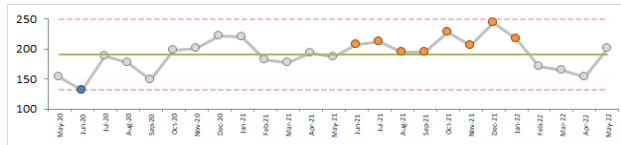


201

10.13  
Calls to Outreach Team (York)

-

48

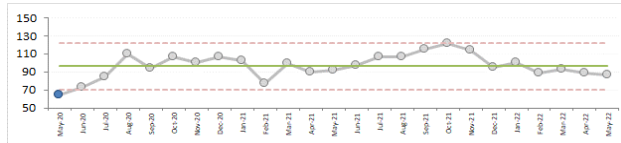


87

10.14  
Calls to Outreach Team (Scarb)

-

-2



### HIGHLIGHTS FOR BOARD TO NOTE :

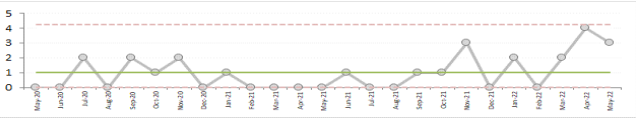
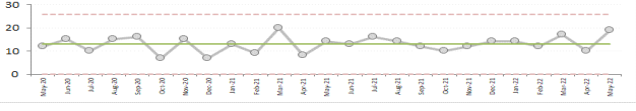
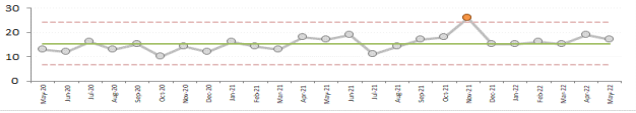
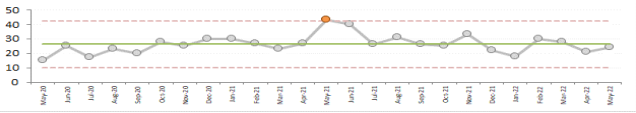
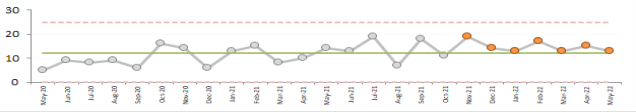
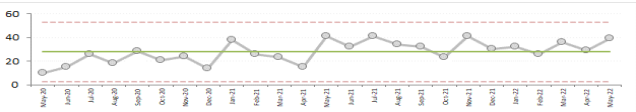
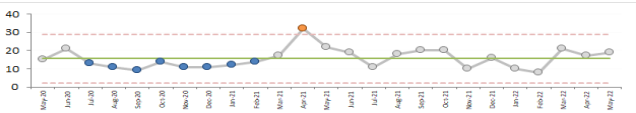
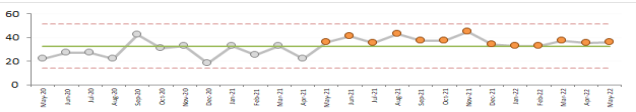
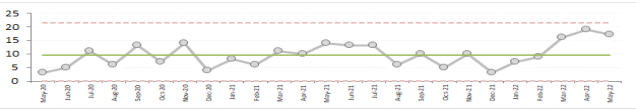

Cardiac arrest rates at York have increased by one this month but, the arrest rates in Scarborough have fallen. Normal variation is seen.

The calls to outreach at both sites have increased in York this month but remain static in Scarborough.

The out of hours task allocation work is being publicised with a view to launch in the next month.

# TRUST BOARD REPORT : May-2022

## QUALITY AND SAFETY: MEDICATION INCIDENTS

May-22	METRIC :	TARGET :	vs LM :	
3	10.20 Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death	-	-1	
19	10.21 Insulin Incidents	-	9	
17	10.22 Antimicrobial Incidents	-	-2	
24	10.23 Opiate Incidents	-	3	
13	10.24 Anticoagulant Incidents	-	-2	
39	10.25 Missed Dose Incidents	-	10	
19	10.26 Discharges Incidents	-	2	
36	10.27 Prescribing Errors	-	1	
17	10.28 Preparation and Dispensing Incidents	-	-2	
84	10.29 Adminstrating and Supply Incidents	-	6	

### HIGHLIGHTS FOR BOARD TO NOTE :

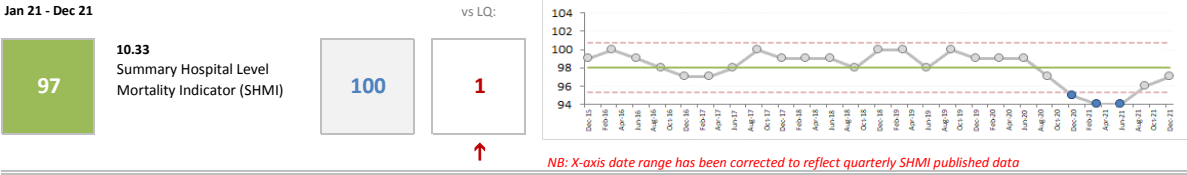
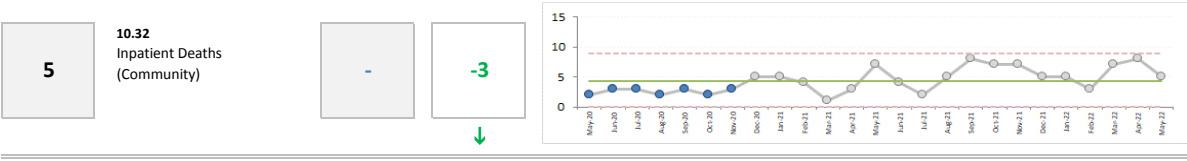
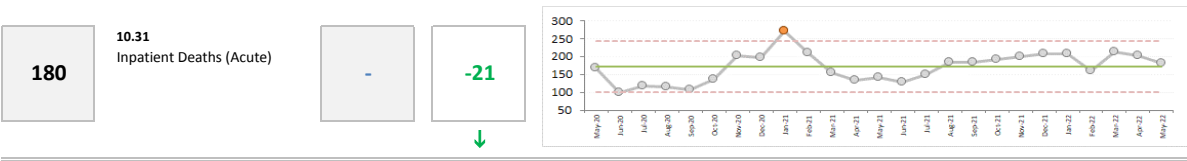
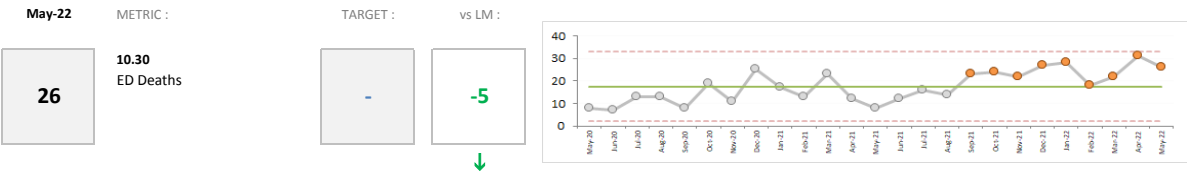
There were 182 medication incidents reported in May

There were three incidents categorised as moderate harm. One has already being investigated and downgraded and the other two are likely to be downgraded to no or low harm following initial investigations.

Whilst all incident types remain within normal variation except for prescribing incidents.

# TRUST BOARD REPORT : May-2022

## QUALITY AND SAFETY : MORTALITY



**HIGHLIGHTS FOR BOARD TO NOTE :**

ED deaths show special cause variation.

A deep dive review into the York ED Deaths, highlighted 3 deaths of concern, which a PSIR has been undertaken and will be presented at Q&S.

The other mortality data remains in normal variation.

# TRUST BOARD REPORT : May-2022

## PATIENT EXPERIENCE: NEW COMPLAINTS AND PALS CASES

### New complaints and PALS cases by care group and site

Care Group	COMPLAINTS				PALS			
	York	Scarb	Brid	Total	York	Scarb	Brid	Total
CG1	20	0	0	20	10	0	0	10
CG2	0	11	0	11	0	9	0	9
CG3	12	4	0	16	7	3	0	10
CG4	1	1	0	2	2	1	0	3
CG5	4	3	0	7	6	3	0	9
CG6	7	2	0	9	0	2	0	2
Corporate	1	0	0	1	1	0	0	1
<b>Total</b>	<b>45</b>	<b>21</b>	<b>0</b>	<b>66</b>	<b>26</b>	<b>18</b>	<b>0</b>	<b>44</b>

### Main themes

#### Complaints

- Care needs not adequately met
- Communication with relatives/carers
- Delay or failure to diagnose
- Attitude of nursing staff/midwives
- Discharge arrangements

#### PALS

- Care needs not adequately met
- Communication with relatives/carers
- Attitude of nursing staff/midwives
- Breaking Bad News
- Delay or failure in arranging/undertaking tests

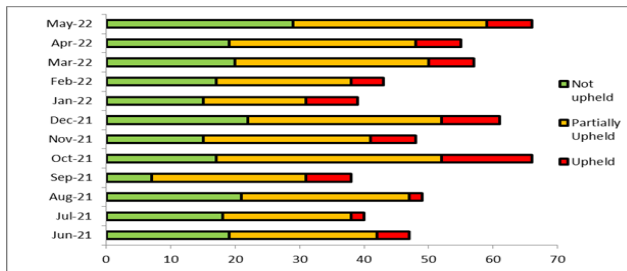
Themes are discussed at the PESG and care groups continue to provide evidence of learning and service improvements as a result of feedback.

### Services receiving the most cases for all New Complaints/PALS

Services/Teams	York	Scarb	Brid	Total
Emergency Department (ED)	10	5	0	15
General Surgery Medical Team	6	2	0	8
Oak Ward	0	5	0	5
General Medicine Medical Team	4	0	0	4
Obs and Gynae Medical Team	2	2	0	4

## PATIENT EXPERIENCE: CLOSED CASES

### Proportion of closed complaints by outcome



### Closed Complaints

Care Group	<30		30-50		51-100		>100		Total Closed	Total Average No of	% Within Target
	Closed	Average No of	Closed	Average No of	Closed	Average No of	Closed	Average No of			
CG1	17	12	9	36	3	69	0	0	29	25	59%
CG2	7	13	0	0	0	0	0	0	7	13	100%
CG3	7	17	4	39	2	66	1	119	14	38	50%
CG4	3	23	0	0	0	0	0	0	3	23	100%
CG5	3	20	5	42	2	72	0	0	10	41	30%
CG6	4	11	1	34	4	65	0	0	9	38	44%
Corp	0	0	0	0	0	0	0	0	0	0	None
<b>Total</b>	<b>41</b>	<b>14</b>	<b>19</b>	<b>38</b>	<b>11</b>	<b>68</b>	<b>1</b>	<b>119</b>	<b>72</b>	<b>30</b>	<b>57%</b>

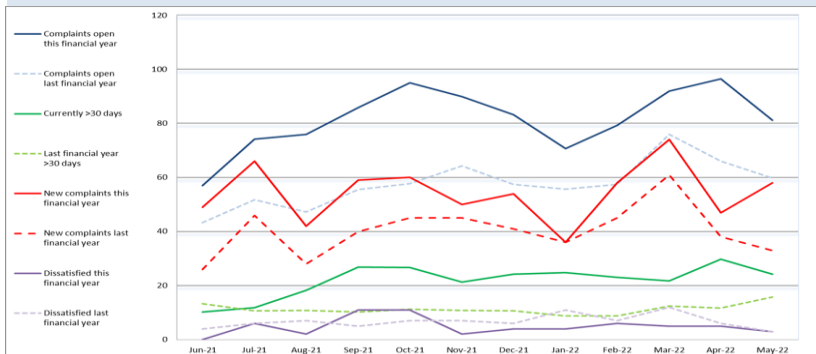
57% closed complaints were in target (↑ 52% in April). 26% were addressed within 30-50 working days, 15% within 51-100 working days and 1% over 100 working days. 52% of cases over target were extended in agreement with the complainant.

### Closed PALS

Care Group	<10		10-20		21-50		51-100		>100		Total Closed	Total Average No of	% Within Target
	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days	Closed	Average of No of Days			
CG1	3	1	1	17	1	38	0	0	0	0	5	12	60%
CG2	7	4	0	0	0	0	0	0	0	0	7	4	100%
CG3	7	5	2	15	2	24	0	0	0	0	11	10	64%
CG4	4	4	0	0	0	0	0	0	0	0	4	4	100%
CG5	4	4	0	0	0	0	0	0	0	0	4	4	100%
CG6	3	3	1	10	0	0	0	0	0	0	4	5	75%
Corp	1	4	0	0	0	0	0	0	0	0	1	4	100%
<b>Total</b>	<b>29</b>	<b>4</b>	<b>4</b>	<b>14</b>	<b>3</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>7</b>	<b>81%</b>

81% closed PALS cases were in target (↑ 62% in April). 11% were addressed within 10-20 working days. The remaining 8% were addressed in 21-50 working days.

## PATIENT EXPERIENCE: COMPLAINT PERFORMANCE HANDLING



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

# TRUST BOARD REPORT : May-2022

## QUALITY AND SAFETY: MATERNITY (YORK)

YORK - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
<b>RESPONSIVE</b>																				
Activity	Births	Bookings	1st m/w visit	≤295	296-321	>322		282	284	307	262	244								
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%	0.682	72.00%	73.60%	78.20%	76.00%	72.90%								
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%		2.1%	4.2%	2.6%	4.2%	5.3%								
		Births	No. of babies	≤245	246-266	≥267		227	236	223	224	245								
		No. of women delivered	No. of mothers	≤242	243-263	≥264		225	233	221	221	240								
	Closures	Planned homebirths	No. of mothers	≥2.1%	≤2.1.6%	≤1.5%	1.20%	0.0%	0.4%	0.5%	0.5%	0.0%								
		Homebirth service suspended	No. of suspensions	0-3		4 or more		16	12	21	13	19								
		Women affected by suspension	No. of women	0		1 or more		1	3	2	2	2								
		Community midwife called in to unit	No. of times	0-3	4-5	6 or more		2	4	1	4	4								
		Maternity Unit Closure	No. of closures	0		1 or more		5	5	2	2	0								
		SCBU at capacity	No. of times					0	0	0	1	0								
		SCBU at capacity of intensive cots	No. of times					21	27	31	30	29								
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		1	0	0	0	0								
		<b>WELL LED</b>																		
Workforce	Staffing	MW to birth ratio	Ratio	≤29.5	29.6 - 31	>31	DH	31	31	31	31	31								
		1 to 1 care in Labour	CPD	100%		≤99.9%	94.50%	93.3%	96.0%	100.0%	99.4%	99.5%								
		LW Co-ordinator supernumary %	Shift Handover Sheets	100%		≤99.9%		96.7%	99.2%	100.0%	100.0%	99.9%								
		Anaesthetic cover on L/W	av.sessions/week	10	4-9	≤3		10	10	10	10	10								
<b>SAFE</b>																				
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	≤56.9-54%	<54%	57%	61.0%	60.5%	61.9%	51.6%	51.4%								
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%	≥14.1%	11%	11.1%	9.9%	10.4%	11.3%	11.3%								
		C/S Births	Em & elect - %				32%	27.6%	29.6%	28.1%	37.6%	37.1%								
		Elective caesarean	%				13%	12.9%	14.6%	15.4%	16.3%	16.7%								
		Emergency caesarean	%				19%	14.7%	15.0%	12.7%	21.3%	20.4%								
		Induction of labour	%				36%	37.8%	41.2%	42.5%	37.1%	34.6%								
		HDU on L/W	No. of women	5 or less	6-9	10 or more		14	16	4	15	17								
		BBA	No. of women	2 or less	3-4	5 or more		2	1	2	3	1								
		HSIB cases	No. of babies	0		1 or more		1	0	0	1	0								
		Morbidity	Neonatal Death	No. of babies	0		1 or more		0	0	0	0	0							
	Antepartum Stillbirth		No. of babies	0	1	2 or more	n/a	1	0	0	2	1								
	Intrapartum Stillbirths		No. of babies	0		1 or more	n/a	0	0	0	0	0								
	Neonatal Indicators	Cold babies	No. of babies admitted to SCBU co	1 or less	2-3	4 or more		3	3	4	4	7								
		Preterm birth rate <37 weeks	% of babies born <37 weeks	≤6%	6-9%	≥10.1%	0.084	9.70%	6.40%	6.30%	8.10%	7.40%								
		Preterm birth rate <34 weeks	% of babies born <34 weeks	≤2%	2.1-3%	≥3.1%	0.015	3.10%	1.30%	0.90%	2.30%	1.20%								
		Preterm birth rate <28 weeks	% of babies born <28 weeks	≤0.5%	0.6-0.9%	≥1%	0.004	0.00%	0.00%	0.00%	0.00%	0.40%								
		Low birthweight rate at term (2.2kg)	% of babies <2.2kg at term	0%	0.1-0.4%	≥0.5%	0.008	1.30%	0.00%	0.00%	0.00%	0.00%								
	Public Health	Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	≤74.9-71%	≤70.9%	65%	66.4%	67.4%	70.9%	72.5%	74.2%								
		Breastfeeding rate at discharge	% of babies breastfeeding at disch	>65%	60.1-64.9%	<60%		54.9%	55.1%	58.3%	58.6%	58.6%								
		Smoking at booking	% of women smoking at booking	≤6%	≥6.1-10%	≥10.1%	13%	7.4%	8.5%	6.2%	8.8%	8.9%								
		Smoking at 36 weeks	% of women smoking at 36 weeks	≤6%	≥6.1-10%	≥10.1%	8%	10.1%	5.5%	7.6%	6.2%	7.2%								
		Smoking at time of delivery	% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	12%	11.6%	7.7%	10.9%	7.7%	9.2%								
	Risk Management	Carbon monoxide monitoring at booking	% CO completed	≥95%	80-95%	≤79.9%		88.3%	96.5%	82.7%	92.0%	87.8%								
		Carbon monoxide monitoring at 36 weeks	% CO completed	≥95%	80-95%	≤79.9%		88.2%	94.1%	90.1%	82.7%	87.6%								
		SIs	No. of SIs declared	0		1 or more		0	0	0	0	2								
		PPH > 1.5L as % of all women	% of births				0.0	3.9%	5.0%	1.30%	4.90%	6.00%								
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		4	2	1	1	0								
	New Complaints	3rd/4th Degree Tear - normal birth	No. of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	1.0%	0.9%	1.5%	0.0%	0.9%								
		3rd/4th Degree Tear - Assisted birth	No. of women	≤6.05%	≥6.1-8%	≥8.1%	6%	8.0%	4.3%	4.3%	0.0%	3.7%								
		Informal	No. of Informal complaints	0	1-4	5 or more		0	0	0	2	2								
		Formal	No. of Formal complaints	0	1-4	5 or more		2	4	4	1	0								

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

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



TRUST BOARD REPORT : May-2022

QUALITY AND SAFETY: MATERNITY (SCARBOROUGH)

SCARBOROUGH - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Regional Average for last Quarter	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		
<b>RESPONSIVE</b>																					
Activity	Births	Bookings	1st m/w visit	≤169	170-184	≥185		154	138	172	149	120									
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%	68.20%	70.8%	68.1%	76.2%	72.5%	80.6%									
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%		6.5%	5.8%	3.5%	6.0%	4.2%									
		Births	No. of babies	≤113	114-134	≥135		115	115	102	109	112									
		No. of women delivered	No. of mothers	≤112	113-133	≥134		114	114	99	109	111									
	Closures	Planned homebirths	No of mothers	≥2.1%	≤2-1.5%	≤1.5%	1.20%	1.8%	0.0%	0.0%	0.0%	0.9%									
		Homebirth service suspended	No. of suspensions	0-3		4 or more		23	22	24	23	24									
		Women affected by suspension	No. of women	0		1 or more		1	1	1	4	1									
		Community midwife called in to unit	No. of times	3	4-5	6 or more		8	3	5	13	4									
		Maternity Unit Closure	No. of closures	0		1 or more		1	0	9	0	2									
		SCBU at capacity	No of times					0	4	0	0	0									
		SCBU at capacity of intensive care cots	No. of times					0	0	5	0	2									
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		0	0	0	0	0									
<b>WELL LED</b>																					
Workforce	Staffing	M/W to birth ratio	Ratio	≤29.5	29.6-30.9	>31	DH	23.0	23.5	23.0	23	23									
		1 to 1 care in Labour	CPD	≥100%		≤99.9%	94.50%	94.8%	98.0%	98.8%	96.8%	97.8%									
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		≤99.9%		100.0%	96.7%	92.1%	80.5%	94.8%									
		Anaesthetic cover on L/W	av.sessions/week	≥10	4-9	≤3		5	5	5	5	5									
<b>SAFE</b>																					
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	≥57%	56.9-54%	<53.9%	57%	56.4%	61.2%	60.8%	63.4%	62.5%									
		Assisted Vaginal Births	No. of instr. Births - %	≤12.4%	≥12.5-14%	≥14.1%	10%	6.1%	8.8%	8.1%	1.8%	0.9%									
		C/S Births	Em & elect - %				33%	36.0%	28.9%	31.3%	31.2%	32.4%									
		Elective caesarean	%				14%	14.9%	11.4%	16.2%	11.0%	15.3%									
		Emergency caesarean	%				19%	21.1%	17.5%	15.2%	20.2%	17.1%									
		Induction of labour	%				36%	36.0%	50.9%	38.4%	38.5%	48.6%									
		HDU on L/W	No. of women	5 or less	6-9	10 or more		5	4	3	10	4									
		BBA	No. of women	2 or less	3-4	5 or more		3	4	1	2	1									
	Morbidity	HSIB cases	No. of babies	0	1	2 or more		0	0	0	0	0									
		Neonatal Death	No of babies	0		1 or more		0	0	0	0	0									
		Antepartum Stillbirth	No. of babies	0	1	2 or more	N/A	0	0	1	0	0									
	Neonatal Indicators	Intrapartum Stillbirths	No. of babies	0		1 or more	N/A	0	0	0	0	0									
		Cold babies	No of babies admitted to SCBU co	1 or less	2-3	4 or more		0	2	5	3	1									
		Preterm birth rate <37 weeks	% of babies born <37 weeks	≤6%	6-9%	≥10%	8.40%	8.7%	7.8%	13.90%	9.20%	8.00%									
		Preterm birth rate <34 weeks	% of babies born <34 weeks	≤1%	1.1-2%	≥2.1%	1.50%	2.6%	2.6%	3.0%	4.60%	0.9%									
		Preterm birth rate <28 weeks	% of babies born <28 weeks	≤0.5%	0.6-0.9%	≥1%	0.40%	0.00%	0.00%	1.00%	0.00%	0.90%									
		Low birthweight rate at term (2.2kg)	% of babies <2.2kg at term	0%	0.1-0.4%	≥0.5%	0.80%	0.0%	0.9%	0.0%	0.0%	0.9%									
		Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	71-74%	≤70%	65%	72.2%	46.1%	59.4%	57.8%	58.0%									
		Breastfeeding rate at discharge	% of babies breastfeeding at disch	≥65%	61-64%	≤60%		53.90%	30.40%	40.60%	42.20%	42.90%									
		Public Health	Smoking at booking	% of women smoking at booking	≤6%	≥6.1-10%	≥10.1%	13%	21.4%	18.1%	14.5%	15.4%	20.8%								
			Smoking at 36 weeks	% of women smoking at 36 weeks	≤6%	≥6.1-10%	≥10.1%	8%	13.7%	17.2%	9.8%	15.2%	14.8%								
	Smoking at time of delivery		% of women smoking at del.	≤6%	≥6.1-10%	≥10.1%	12%	11.4%	19.3%	12.1%	18.3%	18.9%									
	Carbon monoxide monitoring at booking		% CO completed	≥95%	80-95%	≤79.9%		79.9%	68.8%	82.6%	86.6%	81.7%									
	Risk Management	Carbon monoxide monitoring at 36 weeks	% CO completed	≥95%	80-95%	≤79.9%		76.90%	85.30%	74.50%	75.00%	73.90%									
		SIs	No. of SIs declared	0		1 or more		0	0	0	0	0									
		PPH > 1.5L as % of all women	% of births				3.80%	5.10%	5.20%	2.90%	5.40%	2.60%									
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		0	0	2	0	0									
New Complaints	3rd/4th Degree Tear - normal births	No of women	≤2.8%	2.9- 4.5%	≥4.6%	1.90%	1.9%	1.0%	1.1%	1.9%	2.7%										
	3rd/4th Degree Tear - assisted birth	No of women	≤6.05%	≥6.1-8%	≥8.1%	6%	14.3%	0.0%	0.0%	0.00%	0.0%										
	Informal	No. of Informal complaints	0	1-4	5 or more		0	1	2	0	2										
Formal	No. of Formal complaints	0	1-4	5 or more		2	1	0	0	0											

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

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

# WORKFORCE PERFORMANCE REPORT

May-2022

Produced June 2022



**The Board Assurance Framework is structured around the Trust's three Strategic Goals:**

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:  
**Information Team**

# Workforce Performance Report : May 2022

## Executive Summary

### **Trust Strategic Goals:**

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

### **Purpose of the Report:**

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

### **Executive Summary:**

#### **Key discussion points for the Board are:**

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.

### **Recommendation:**

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

Author(s): Sian Longhorne, Deputy Head of Resourcing

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

# TRUST BOARD REPORT : May-2022

## WORKFORCE

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

REF	Vacancies	SPARKLINE / PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
1.01	Trust vacancy factor		7.0%	7.3%	6.8%	5.0%	5.0%	8.0%	7.7%	8.0%	9.0%	8.0%	7.0%	8.0%	7.8%
1.02	Nursing and Midwifery vacancy rate - Trust		8.8%	8.8%	5.1%	5.6%	5.7%	8.0%	8.3%	9.7%	9.0%	9.7%	9.7%	10.1%	9.5%
1.03	Nursing and Midwifery vacancy rate - York		6.3%	6.3%	3.0%	3.9%	3.7%	6.1%	7.4%	8.1%	7.8%	9.1%	9.1%	9.1%	7.9%
1.04	Nursing and Midwifery staff group vacancy rate - Scarborough		14.6%	14.6%	10.2%	9.6%	10.5%	12.5%	10.5%	13.6%	12.0%	11.3%	11.3%	12.5%	12.7%
1.05	Medical and Dental vacancy rate - Trust		9.7%	9.7%	9.7%	10.5%	10.5%	11.4%	11.4%	10.9%	10.9%	9.3%	9.3%	9.3%	8.1%
1.06	Medical and Dental vacancy rate - York		10.3%	10.3%	10.3%	9.7%	9.7%	10.6%	10.6%	10.3%	10.3%	8.8%	8.8%	8.8%	-
1.07	Medical and Dental vacancy rate - Scarborough		11.7%	11.7%	11.7%	12.6%	12.6%	13.2%	13.2%	12.4%	12.4%	10.7%	10.7%	10.7%	-
1.08	AHP vacancy rate - Trust		6.2%	6.1%	5.9%	6.4%	5.0%	6.2%	5.9%	6.4%	9.5%	8.5%	8.0%	10.3%	9.3%
1.09	Other Registered Healthcare Scientists vacancy rate - Trust		5.4%	4.7%	-1.8%	-0.3%	-0.5%	-2.3%	-1.6%	-1.2%	-1.2%	0.4%	0.2%	-3.1%	-4.4%

REF	Retention	SPARKLINE / PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
2.01	Trust stability (Headcount)		90.5%	90.6%	89.1%	89.9%	89.7%	89.3%	89.2%	88.7%	88.0%	87.8%	87.4%	86.0%	85.54%

REF	Temporary Workforce	SPARKLINE / PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
3.01	Total FTE Medical and Dental roles covered by bank and agency		123.8	126.1	169.3	168.4	137.8	158.3	159.9	155.4	157.0	143.0	169.2	-	-
3.02	Temporary medical and dental shifts covered by bank (% as proportion of all coverage by bank and agency)		69.0%	67.0%	76.0%	74.0%	61.0%	63.0%	63.0%	57.0%	63.0%	63.0%	64.0%	-	46.6%
3.03	Temporary medical and dental shifts covered by agency (% as proportion of all coverage by bank and agency)		31.0%	33.0%	24.0%	26.0%	39.0%	37.0%	37.0%	43.0%	37.0%	37.0%	36.0%	-	22.2%
3.04	Total FTE nurse staffing roles covered by bank and agency (RN's and HCA's)		417.0	387.0	392.0	449.0	397.0	390.0	388.0	375.0	470.0	418.0	460.0	405.0	417.0
3.05	Temporary nurse staffing bank filled (FTE)		320.0	295.0	300.0	359.0	309.0	297.0	306.0	296.0	387.0	333.0	361.0	322.0	322.0
3.06	Temporary nurse staffing agency filled (FTE)		97.0	92.0	92.0	90.0	88.0	93.0	82.0	79.0	83.0	85.0	99.0	83.0	95.0
3.07	Temporary nurse staffing unfilled (FTE)		156.0	148.0	222.0	210.0	232.0	271.0	232.0	277.0	263.0	271.0	356.0	288.0	244.0
3.08	Temporary nurse shifts covered by bank (% as proportion of all coverage by bank and agency)		76.7%	76.2%	76.5%	80.0%	77.8%	76.2%	78.9%	78.9%	82.3%	79.7%	78.5%	79.5%	77.2%
3.09	Temporary nurse shifts covered by agency (% as proportion of all coverage by bank and agency)		23.3%	23.8%	23.5%	20.0%	22.2%	23.8%	21.1%	21.1%	17.7%	20.3%	21.5%	20.5%	22.8%
3.10	Unfilled temporary nurse staffing requests (%)		27.0%	28.0%	36.0%	32.0%	37.0%	41.0%	37.0%	42.0%	36.0%	39.0%	44.0%	42.0%	37.0%
3.11	Pay Expenditure - Total (£000)		£33,237	£33,059	£33,584	£34,047	£39,327	£34,479	£36,529	£35,498	£36,474	£37,090	£36,359	£36,060	£37,117
3.12	Pay Expenditure - Contracted (£000)		£26,942	£27,169	£27,053	£27,657	£31,896	£28,072	£29,545	£28,765	£29,207	£29,659	£28,808	£29,582	£29,814
3.13	Pay Expenditure - Locums (£000)		£233	£211	£243	£107	£71	£207	£254	£114	£196	£203	£338	£281	£147
3.14	Pay Expenditure - Bank (£000)		£1,993	£1,881	£2,194	£2,413	£2,491	£1,946	£2,294	£2,279	£2,745	£2,740	£2,752	£2,025	£2,843
3.15	Pay Expenditure - Agency (£000)		£1,453	£1,335	£1,401	£1,375	£1,352	£1,638	£1,731	£1,617	£1,443	£1,516	£1,347	£1,561	£1,216
3.16	Pay Expenditure - Additional Hours (£000)		£2,445	£2,292	£2,515	£2,308	£2,823	£2,439	£2,522	£2,547	£2,726	£2,783	£2,429	£2,404	£2,911
3.17	Pay Expenditure - Overtime (£000)		£171	£171	£177	£188	£694	£178	£182	£176	£156	£189	£684	£208	£186

REF	Absence Management	SPARKLINE / PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
4.01	Absence Rate Trust (excluding YTHFM)		4.6%	4.6%	5.0%	4.8%	5.3%	5.7%	5.6%	5.8%	6.6%	5.6%	6.6%	6.0%	-

REF	COVID-19 Absence Management	SPARKLINE / PREVIOUS WEEK	15-Apr	22-Apr	29-Apr	06-May	13-May	20-May	27-May
5.01	All absence		740.43	662.71	599.29	596	613.86	641.57	640.14
5.02	COVID-19 related absence		401.71	324.71	238.57	222.14	222.29	218.14	209.57

REF	Disciplinary and Grievance	SPARKLINE / PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
6.01	Live disciplinary or bullying and harassment cases (Including investigations)		5	7	7	6	8	8	7	7	8	7	8	10	11
6.02	Live grievance cases		2	5	4	3	4	4	5	2	3	1	3	5	2

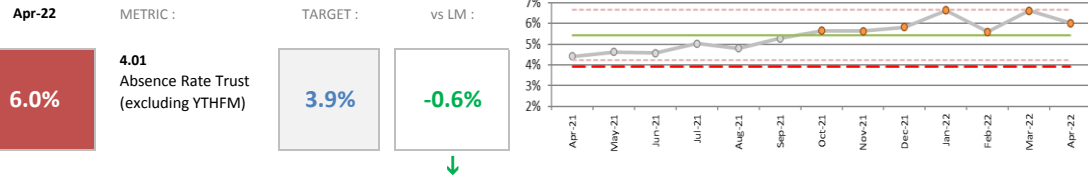
REF	Learning and Organisational Development	SPARKLINE / PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
7.01	Trust Stat & Mand Training compliance		87.0%	87.0%	87.0%	88.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%
7.02	Trust Corporate Induction Compliance		94.0%	95.0%	95.0%	94.0%	94.0%	94.0%	92.0%	94.0%	94.0%	94.0%	94.0%	94.0%	94.0%
7.03	Non-medical staff core training compliance		88.0%	88.0%	89.0%	90.0%	90.0%	90.0%	89.0%	89.0%	89.0%	90.0%	89.0%	89.0%	89.0%
7.05	Non-medical staff corporate induction compliance		95.0%	95.0%	96.0%	96.0%	95.0%	93.0%	95.0%	95.0%	96.0%	95.0%	95.0%	95.0%	95.0%
7.06	Medical staff core training compliance		76.0%	75.0%	77.0%	72.0%	71.0%	71.0%	72.0%	73.0%	73.0%	73.0%	73.0%	74.0%	74.0%
7.08	Medical staff corporate induction compliance		91.0%	91.0%	90.0%	82.0%	86.0%	88.0%	87.0%	87.0%	87.0%	86.0%	87.0%	87.0%	88.0%

REF	Appraisal Compliance	SPARKLINE / PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
8.01	Trust (excluding medical and dental)		0.7%	6.5%	17.4%	32.7%	45.8%	57.2%	86.2%	89.6%	89.7%	89.7%	89.7%	0.3%	3.2%

# TRUST BOARD REPORT : May-2022

## WORKFORCE : SICKNESS ABSENCE RATE



### HIGHLIGHTS FOR BOARD TO NOTE :

Although there was a reduction in the validated sickness absence rate for April, compared to the rate in March, the SPC chart analysis is still indicating a special cause for concern with this metric. This analysis status has remained unchanged since October 2021.

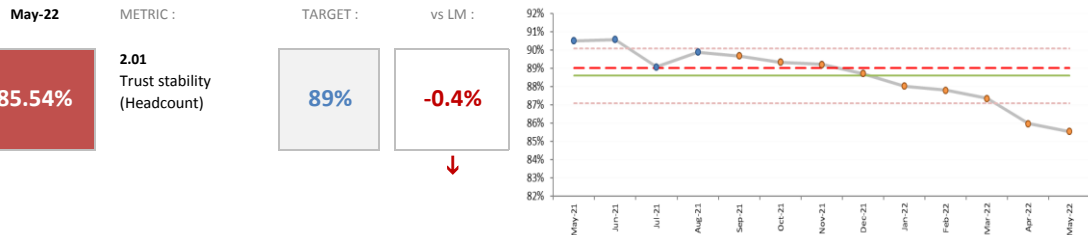
The latest validated absence figures showed a sickness absence rate of 6.02% for the month of April 2022. This was a decrease of 0.6% from the previous validated figures recorded for March. Daily SitRep reporting indicates that we should see a further reduction in absence rates in May, particularly in relation to Covid related absences although the daily SitRep indicates approximately 14% of absence is due to staff testing positive for Covid.

Anxiety, stress, depression and other psychiatric illnesses remain the reasons accounting for the largest proportion of absences (25.4%) in the year to the end of April 2022. This absence reason was followed by infectious diseases (mainly covid), accounting for 18.6% of absences. Musculoskeletal problems, which include back problems, accounted for 13.1% of absences in April.

A extensive range of health & well being support programmes and initiatives continue to be offered to staff, many of which have previously been highlighted in this report. The Occupational Health and Wellbeing Team are seeking feedback from staff via a Health Needs Assessment survey which will inform the development of a wellbeing strategy. The Head of Occupational Health and Wellbeing has also recently facilitated one of a series of internal workshops looking to generate ideas that will shape the future approach to ensure that the trust is excelling in our basic service provisions.

# TRUST BOARD REPORT : May-2022

## WORKFORCE : RETENTION RATE



### HIGHLIGHTS FOR BOARD TO NOTE :

Stability rates have fallen once again and have decreased by 0.43% since last month. In the year to the end of May, the overall Trust stability rate was 85.54%. Stability rates vary between Care Groups but the lowest rate currently is in CG1 with a rate of 79.54%.

Turnover rates have continued to increase with a rate of 11.87% in the year to the end of May 2022 with an average of 75 staff leaving the organisation each month.

# TRUST BOARD REPORT : May-2022

## WORKFORCE : APPRAISAL COMPLIANCE

May-22

METRIC :

TARGET :

vs LM :

3.2%

8.01  
Trust (excluding  
medical and dental)

90%

2.9%

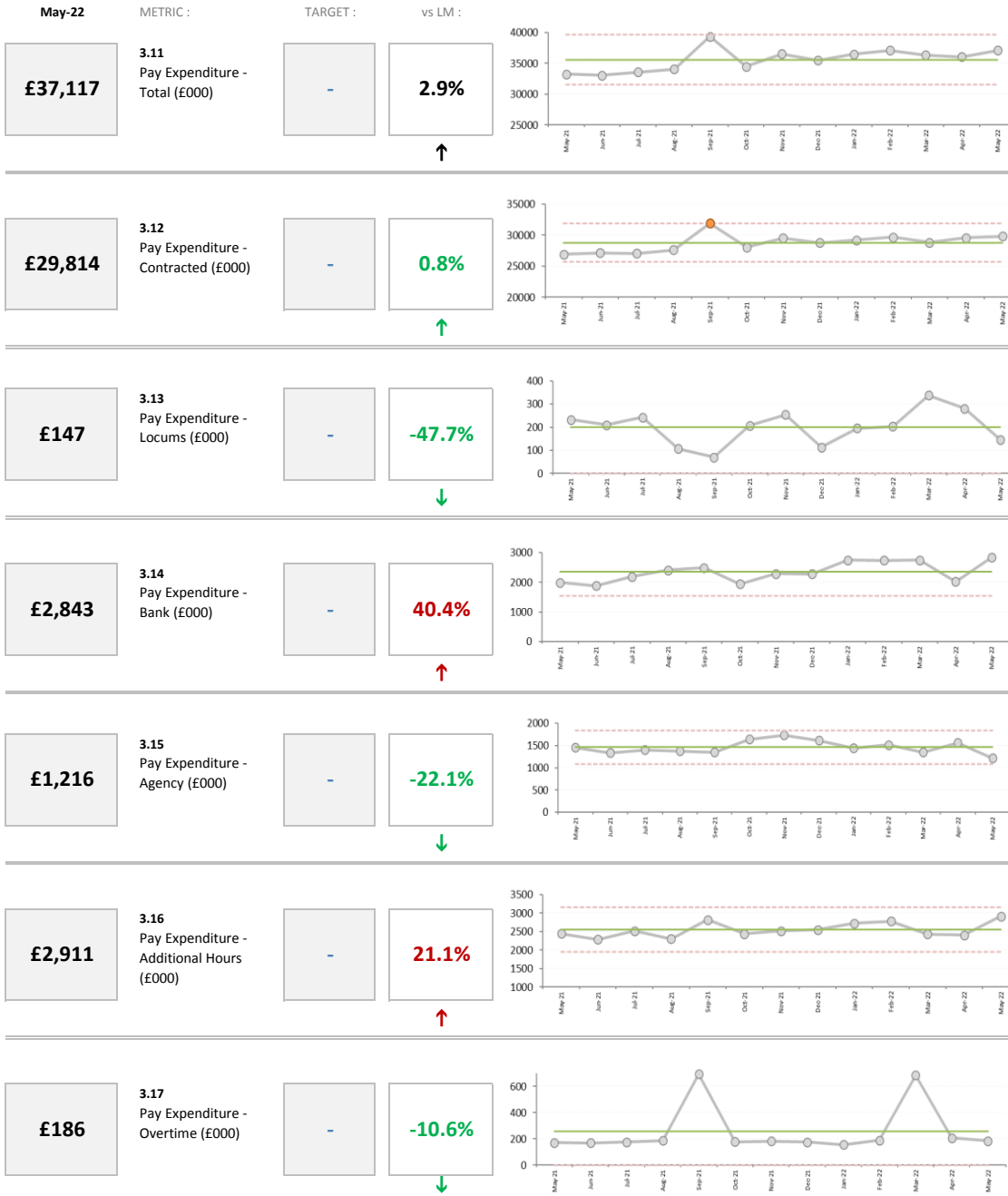


### HIGHLIGHTS FOR BOARD TO NOTE :

The 2022 window for appraisals opened in April initially for Directors and Senior Managers and then for all staff from May. The appraisal window will be open until the end of September and the current compliance rate is 3.19%. This rate expected to increase significantly over the coming months.

# TRUST BOARD REPORT : May-2022

## WORKFORCE : PAY EXPENDITURE (£000)



### HIGHLIGHTS FOR BOARD TO NOTE :

The current overall vacancy rate for the registered nursing group is 9.29% (213.25 FTE), at the York site the rate is 7.89% (128.39 WTE) whilst at the Scarborough site the rate is 12.67% (84.86 WTE). This is an improvement of more than 1% in the vacancy position at York, compared to what was reported last month, although the position at Scarborough remains similar to what was previously reported.

The current overall vacancy rate for medical and dental staff is 8.11%

There has been a reduction in temporary nurse staff requests for two months in a row now. Temporary staffing requests for registered nursing and HCAs made in May were 4.6% lower than in April (and almost 19% lower than the requests made in March). 49% of these requests were filled by the Trust's internal bank which was an increase from 46% the previous month, whilst agency fill rate also increased slightly to 14% (from 12% in April). Overall this left 37% (244 FTE) of temporary staffing shifts that were requested, unfilled.

There has also been a reduction in spend on the flexibility payments offered to staff from the end of 2021 who agreed to be redeployed for specific shifts to other areas to help support with mitigating the challenges resulting from staff shortages. Spend on flexibility payments in February totalled almost £28K, whilst in March and April spend was over £13K. In May, the total of these payments reduced to just under £6K.

The reduction in temporary staffing requests and spend on flexibility payments is likely a reflection of the improvement to the vacancy position and the small reduction in sickness absence.

Medical and dental temporary staffing data for May shows that a total of 3,235 temporary staffing shifts were requested. Of these, 46.4% were filled by the Trust's internal bank and 22.2% were filled by agency. This left 1,014 shifts (31.34%) unfilled.

# TRUST BOARD REPORT : May-2022

## WORKFORCE : STATUTORY AND MANDATORY TRAINING AND EDUCATION



### HIGHLIGHTS FOR BOARD TO NOTE :

#### Organisational Development Update

The Trust launched the first cohort of a supportive induction programme for 17 new consultants in May. The session brought together consultants who have recently joined the organisation to welcome them to the Trust, with the Chair, Chief Executive and Medical Director all attending the first session. The programme aims to support consultant induction and development, co-creating a series of workshops exploring their challenges, sharing successes and building supportive networks across the Trust.

The Trust is considering recommendations for action following an evaluation of the Reverse Mentoring programme to build on the learning and feedback gained by participants.

The programme created better understanding of the barriers that staff experience and identification of personal and organisational opportunities for change. Themes for action include:

- Induction and Welcome for new staff from different ethnic/international backgrounds – frame as an opportunity for shared learning and enhanced cultural awareness and unconscious bias training for staff.
- Developing a reciprocal mentoring programme as a vehicle for promoting diversity, inclusion and belonging by providing opportunities for staff at all levels to partner with someone they would not normally meet; emphasising the opportunity for two-way learning and sharing of experience between equal parties.

#### Continuous Professional Development (CPD) Funding 2022/23

The Trust has received confirmation of £990,000 funding from Health Education England to support the development of Nursing Associates, Nurses, Midwives and Allied Health Professionals in 2022-23. This investment will allow access to funding linked to personal professional requirements as well as system and population health priorities. This funding aims to support the NHS, and support building skills and expertise of our workforce vital to services and communities. This is year three of a three-year funding arrangement (2020/21 – 2022/23). Over the full period, the Trust has been allocated £1,000 per eligible staff member, calculated on workforce headcount data.

Arrangements for future funding beyond 2022/23 have not yet been announced and further information is unlikely to be available until after the annual spending review process.



### WORKFORCE: OTHER

#### Disciplinary & Grievance Cases Trust Wide (including LLP)

##### No. of open disciplinary cases

11

No. of open investigations exceeded policy timescales (6 weeks)

4

##### No. of suspensions

3

##### No. of open B&H/Grievance cases

2

No. of open cases exceeded policy timescales (30 days)

1

##### No. of open MHPS cases

3

No. of open investigations exceeded timescales (4 weeks)

2

##### No. of exclusions

#### Financial wellbeing initiatives

The staff benefits team have introduced initiatives to support staff who are experiencing difficulties as a result of the cost of living crisis including; implementing free emergency sanitary products and a school uniform swap. The team will soon be issuing a financial wellbeing newsletter which outlines various help that is available to staff from local councils, citizens advice and other local providers such as food banks.

The team is also working with Leeds credit union to launch a savings product allowing staff to earn an extra £25 just for saving with the LCU, this will be launched by the end of June. We actively participating in the sharing of information nationally via NHS Employers. Reassuringly we already offer 18 of the list of 21 suggestions the recommend NHS organisations pursue. The remaining offers we are exploring further.

#### Equality, Diversity & Inclusion (ED&I)

The new Head of ED&I will commence with the Trust on 15<sup>th</sup> August. Virginia Golding comes to the Trust from Rotherham, Doncaster and South Humber NHS Foundation Trust where she was their Head of Equality, Diversity and Participation.

The Head of ED&I at Rotherham NHS Foundation Trust has now completed an external review of ED&I at the Trust. The insights and recommendations contained within this report will form the basis of the organisation's ED&I priorities moving forward.

#### Senior Appointments

##### Medical Director substantive recruitment

The Trust has commissioned Odgers Bernston to support with the substantive recruitment for a new Medical Director. The job description is currently being agreed and a timeline for the process will shortly be determined.

##### Interim Chief Operating Officer appointment

Following a request for expressions for interest from the current Deputy Chief Operating Officers, to act as Interim Chief Operating Officer during Wendy Scott's secondment, Melanie Liley will take on the role from 11th July.



**TRUST BOARD REPORT : May-2022**

**WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP**

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

May-22

	Adult Advanced Life Support 4 years	Adult Life Support (CSTF) 1 year	Conflict Resolution (CSTF) 3 years	Deprivation of Liberty Safeguards/DOLS Level 1 3 years	Deprivation of Liberty Safeguards/DOLS Level 2 3 years	Fire Safety Awareness High Risk (CSTF) 2 years	Fire Safety Awareness Low Risk (CSTF) 2 years	Health, Safety and Welfare (CSTF) 3 years	Infection Prevention and Control Level 1 (CSTF) 3 years	Infection Prevention and Control Level 2 (CSTF) 1 year	Information Governance and Data Security (CSTF) 1 year	Manual Handling Practical Level 1 (CSTF) 3 years	Manual Handling Practical Level 2 (CSTF) 2 years	Manual Handling Theory (CSTF) 3 years	Mental Capacity Act Level 1 3 years	Mental Capacity Act Level 2 3 years	Paediatric Advanced Life Support 4 years	Paediatric Life Support (CSTF) 1 year	PREVENT Awareness Basic (CSTF) 3 years	PREVENT Awareness Level 3 (CSTF) 3 years	Safeguarding Adults Level 1 (CSTF) 3 years	Safeguarding Adults Level 2 (CSTF) 3 years	Safeguarding Children Level 1 (CSTF) 3 years	Safeguarding Children Level 2 (CSTF) 3 years	Safeguarding Children Level 3 Core (CSTF) 3 years	Safeguarding Children Level 3 Specialist (CSTF) 3 years	
<b>CG Corporate Services</b>																											
Add Prof Scientific and Technic		25%	83%		75%		76%	83%	82%	100%	76%	76%		79%		50%			72%	100%	76%	100%	75%	92%			
Additional Clinical Services		69%	89%		77%	91%	90%	91%	87%	85%	85%	74%	83%	90%		86%			90%	67%	89%	88%	82%	89%			
Administrative and Clerical		57%	93%	87%	67%		93%	94%	93%	50%	91%	91%	33%	92%	91%	67%		0%	94%	67%	93%	67%	93%	27%		100%	
Allied Health Professionals		79%	76%		70%	78%	83%	82%		70%	79%	100%	77%	85%		70%			100%	68%		73%		75%		100%	
Estates and Ancillary			82%				73%	82%	100%		73%	73%		82%					82%		82%		91%				
Healthcare Scientists			91%				91%	100%	91%		91%	100%		100%					100%	67%	91%		89%	100%			
Medical and Dental	45%	53%	63%		43%	69%	68%	69%		57%	64%	100%	48%	61%			45%	13%	0%	56%		62%		60%	58%	46%	
Nursing and Midwifery Registered		83%	94%		80%	95%	94%	97%	83%	89%	91%	93%	87%	94%		87%			100%	84%	100%	95%	92%	96%	100%	86%	
<b>CG Trust Estates and Facilities Management</b>																											
Administrative and Clerical			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%				
Estates and Ancillary			100%				100%	100%	100%		78%	89%		100%					100%		100%		100%				
<b>LLP CG Estates &amp; Facilities</b>																											
Additional Clinical Services			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%				
Administrative and Clerical			96%				97%	99%	93%		96%	88%		95%					95%		96%		97%				
Estates and Ancillary			90%	70%			91%	91%	90%		76%	80%	70%	90%	69%				87%		88%		89%				
Healthcare Scientists			92%				96%	100%	100%		100%	60%		100%					100%		100%		100%				



# FINANCE PERFORMANCE REPORT

May-2022

Produced June-2022



**The Board Assurance Framework is structured around the Trust's three Strategic Goals:**

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

**Trust Strategic Goals:**

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

**Purpose of the Report:**

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

**Executive Summary:**

Key discussion points for the Board are:

## 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
<b>Operating Income from Patient Care Activities</b>	<b>588,400</b>	<b>98,066</b>	<b>98,796</b>	<b>730</b>	<b>588,400</b>
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
<b>Other Operating Income</b>	<b>74,672</b>	<b>12,445</b>	<b>11,348</b>	<b>-1,097</b>	<b>74,672</b>
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
<b>Total Operating Expenditure</b>	<b>-655,660</b>	<b>-109,293</b>	<b>-109,263</b>	<b>30</b>	<b>-655,660</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>7,412</b>	<b>1,218</b>	<b>881</b>	<b>-337</b>	<b>7,412</b>
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
<b>NET FINANCE COSTS</b>	<b>-2,705</b>	<b>-469</b>	<b>-646</b>	<b>-177</b>	<b>-2,705</b>
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
<b>Surplus/(Deficit) for the Period</b>	<b>-2,705</b>	<b>-469</b>	<b>-646</b>	<b>-177</b>	<b>-2,705</b>
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
<b>NHSI Adjusted Financial Performance Surplus/(Deficit)</b>	<b>-11,832</b>	<b>-1,990</b>	<b>-2,167</b>	<b>-177</b>	<b>-11,832</b>

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									
Care Group	Full Year CIP Target	May Position			Planning Position		Planning Risk		
		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	£435	£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					
<b>Sub total</b>	<b>£29,477</b>	<b>£4,587</b>	<b>£2,554</b>	<b>£2,032</b>	<b>£29,361</b>	<b>£116</b>	<b>£23,441</b>	<b>£791</b>	<b>£5,128</b>
YTHFM LLP	£1,123	£162	£24	£137	£649	£474	£211	£364	£74
<b>Group Total</b>	<b>£30,600</b>	<b>£4,748</b>	<b>£2,578</b>	<b>£2,170</b>	<b>£30,010</b>	<b>£590</b>	<b>£23,652</b>	<b>£1,155</b>	<b>£5,208</b>

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 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 cohort 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.

Risk Issue	Comments	Mitigation/Management	Current Update
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 event 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 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.

### Recommendation:

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

Author(s): Andrew Bertram, Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: Jun-2022

# TRUST BOARD REPORT : May-2022

## SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

### Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	FOT £000's
NHS England	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
<b>Operating Income from Patient Care Activities</b>	<b>588,400</b>	<b>98,066</b>	<b>98,796</b>	<b>730</b>	<b>588,400</b>
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
<b>Other Operating Income</b>	<b>74,672</b>	<b>12,445</b>	<b>11,348</b>	<b>-1,097</b>	<b>74,672</b>
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
<b>Total Operating Expenditure</b>	<b>-655,660</b>	<b>-109,293</b>	<b>-109,263</b>	<b>30</b>	<b>-655,660</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>7,412</b>	<b>1,218</b>	<b>881</b>	<b>-337</b>	<b>7,412</b>
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
<b>NET FINANCE COSTS</b>	<b>-2,705</b>	<b>-469</b>	<b>-646</b>	<b>-177</b>	<b>-2,705</b>
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
<b>Surplus/(Deficit) for the Period</b>	<b>-2,705</b>	<b>-469</b>	<b>-646</b>	<b>-177</b>	<b>-2,705</b>
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
<b>NHSI Adjusted Financial Performance Surplus/(Deficit)</b>	<b>-11,832</b>	<b>-1,990</b>	<b>-2,167</b>	<b>-177</b>	<b>-11,832</b>

### Month 2 Summary Position

The table opposite and the graphs on the following pages show the plan for the whole of 2022/23. The Board of Directors approved the plan at their meeting in April which presented a deficit of £11.8m. NHSE/I are expecting the Trust to produce a balanced plan, and this has very recently been achieved following further discussions with the ICS. The balanced plan will be used in the table opposite from June onwards. For the period ending May 2022, the Trust is reporting an adjusted I&E deficit of £2.167m against a planned deficit of £1.990m

Income is £0.367m behind plan, resulting primarily from other non clinical income being behind plan. This is partially offset by excluded drugs and devices, Research and Development and Education and Training income being ahead of plan.

Operational expenditure is broadly in balance. There is a shortfall in delivery against the CIP target, with drugs, and other non-pay spend being ahead of plan; but these are being offset by pay expenditure and clinical supplies and services spend being behind plan.

Matters of Concern and Risks to Escalate	Major Actions Undertaken and Work in Progress
<ol style="list-style-type: none"> <li>1. Delivery of the 2.4% cost out efficiency programme is currently behind plan.</li> <li>2. Risk of retaining ERF Funding through delivery of 104% activity levels, with activity currently below this level.</li> <li>3. Managing the £3.5m Covid spend reduction proposed with the ICB is currently behind plan, with only £0.85m identified to date.</li> </ol>	<ol style="list-style-type: none"> <li>1. The Corporate Efficiency Team has restarted its full support programme; full CIP reporting will recommence, and CIP panel meetings will be reconvened with the CEO.</li> <li>2. A full 104% activity plan has been devised. The BBC programme picks up elective recovery as a specific work stream.</li> <li>3. Work is underway with the CGs and YTHFM to look for Covid spend reduction opportunities, and formal monitoring is now in place.</li> </ol>
Positive Updates and Assurance	Decisions Made and Decisions Required of the Board
<ol style="list-style-type: none"> <li>1. The Trust is only marginally behind (£177k) its I&amp;E plan in May.</li> <li>2. Care Groups and Corporate Teams has identified efficiency plans equating to 98% of the overall required programme, with notably 79% of plans being are categorised as low risk.</li> </ol>	<ol style="list-style-type: none"> <li>1. A balance I&amp;E plan for 2022/23 has now been approved (virtually) by the Board, ahead of its submission to the ICS on 10 June 2022, and NHSE/I on 20 June 2022. The table opposite is still based on the draft plan, but will be replaced from M3 onwards with the final plan.</li> </ol>

# TRUST BOARD REPORT : May-2022

## SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

May-22

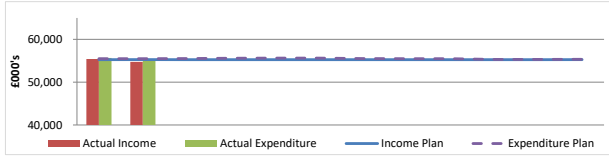
METRIC:

PLAN:

**-£646**

6.01  
Income and Expenditure

**-£469**



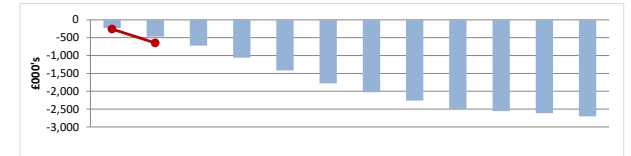
METRIC:

PLAN:

**-£646**

6.06  
Cumulative net actual Income and Expenditure surplus/(deficit)

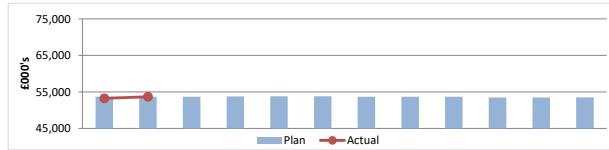
**-£469**



**£53,672**

6.02  
Operational Expenditure against Plan (exc. COVID)

**£53,667**



**-£177**

6.07  
Cumulative net Income and Expenditure surplus/(deficit) variance to plan

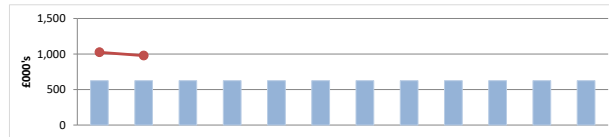
**£0**



**£977**

6.03  
COVID-19 'Inside the Envelope' Expenditure

**£624**



**-£367**

6.08  
Cumulative Income Variance to Plan

**£0**



Monthly % Covid Spend of Operational Spend:

1.8%

**-£277**

6.04  
COVID-19 'Outside the Envelope' Expenditure

**£360**



**£190**

6.09  
Cumulative Expenditure Variance to Plan

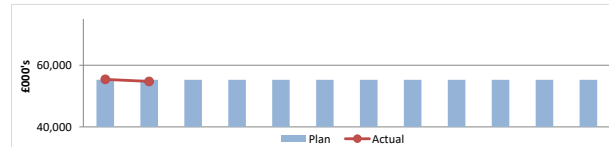
**£0**



**£54,745**

6.05  
Income against plan

**£55,256**



# TRUST BOARD REPORT : May-2022

## SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

**May-22** METRIC: PLAN:

**6.10** Cumulative Pay Expenditure Variance to Plan **£0**

**6.11** Cumulative Non-pay Expenditure Variance to Plan **£0**

**6.12** Cash Position **£51,724**

**6.13** Debtors **£4,011**

**6.14** Creditors **£25,100**

**6.15** Capital **£9,640**

METRIC: PLAN:

**6.16** Efficiency programme - delivery against plan and forecast delivery **£4,748**

Delivery ytd:  
 Recurrent **£1,745**  
 Non Recurrent **£833**

**6.17** Efficiency programme - planning position full year **£30,010**

Planning (Gap)/Surplus		May	EOY	Comments
		£'000	£'000	
Target		4,748	30,600	
<b>PLANS</b>				
Low Risk		3,916	23,652	
Medium Risk			1,155	
High Risk			5,203	
<b>Total Plans</b>		3,916	30,010	
<b>Planning (Gap)/Surplus</b>		-832	-590	
<b>Actions</b>		<b>New Plans</b> - continue to work with CG's to identify w/spends; opportunities presented in Model Health System (more likely medium/longer term)		

# TRUST BOARD REPORT : May-2022

## SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

**May-22** METRIC: PLAN:

6.2  
Capital Service Cover

**£0** **£0**

6.21  
Liquid Ratio

**£0** **£0**

6.22  
I&E Margin

**£0** **£0**

6.23  
I&E Margin Variance from Plan

**£0** **£0**

6.24  
Agency Spend against Agency Cap

**£1,359** **£1,483**

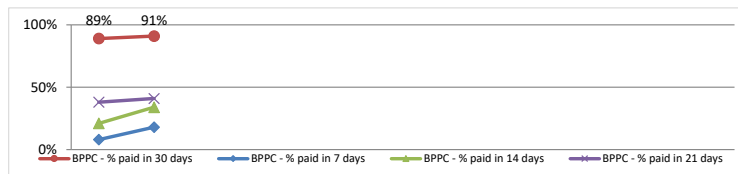
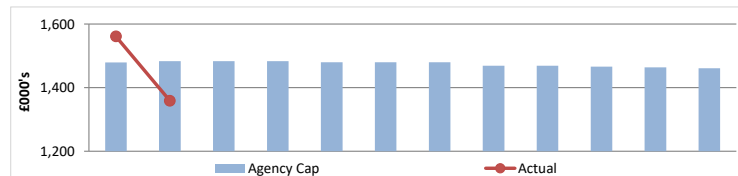
**BPPC Performance**

Within 30 days 6.25 BPPC - % paid in 30 days **91%**

Within 14 days 6.27 BPPC - % paid in 14 days **34%**

Within 7 days 6.26 BPPC - % paid in 7 days **18%**

Within 21 days 6.28 BPPC - % paid in 21 days **41%**



### Highlights for the Board to Note:

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

### Other Financial Issues:

Metrics 6.2 through 6.24 are not being actively reviewed by NHSE/I following the operation of the emergency financial regime. When normal operation resumes it is expected these will remain key assessment metrics. 6.24 showing our agency spend against plan remains a live assessment metric and, for the year we used slightly less agency staff than planned.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 91% of suppliers being paid within 30 days.

# RESEARCH AND DEVELOPMENT REPORT

May-2022

Produced June-2022



**The Board Assurance Framework is structured around the Trust's three Strategic Goals:**

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

## Research & Development Performance Report : May-2022

### Executive Summary

#### **Trust Strategic Goals:**

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

#### **Purpose of the Report:**

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

#### **Executive Summary:**

##### **Key discussion points for the Board are:**

Our key outcomes in the last month are as follows:

- We have 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
    - o 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!
    - o 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
    - o Outstanding Contribution to Research- Dr David Yates WON
    - o Research Practitioner of the Year- Claire Brookes WON
    - o Research team of the Year – Shortlisted
    - o 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
    - o 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](mailto:lisa.ballantine@york.nhs.uk)

#### **Recommendation:**

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

Author(s): Lydia Harris Head of R&D  
Director Sponsor: Polly McMeekin Director of WOD  
Date: Jun-2022

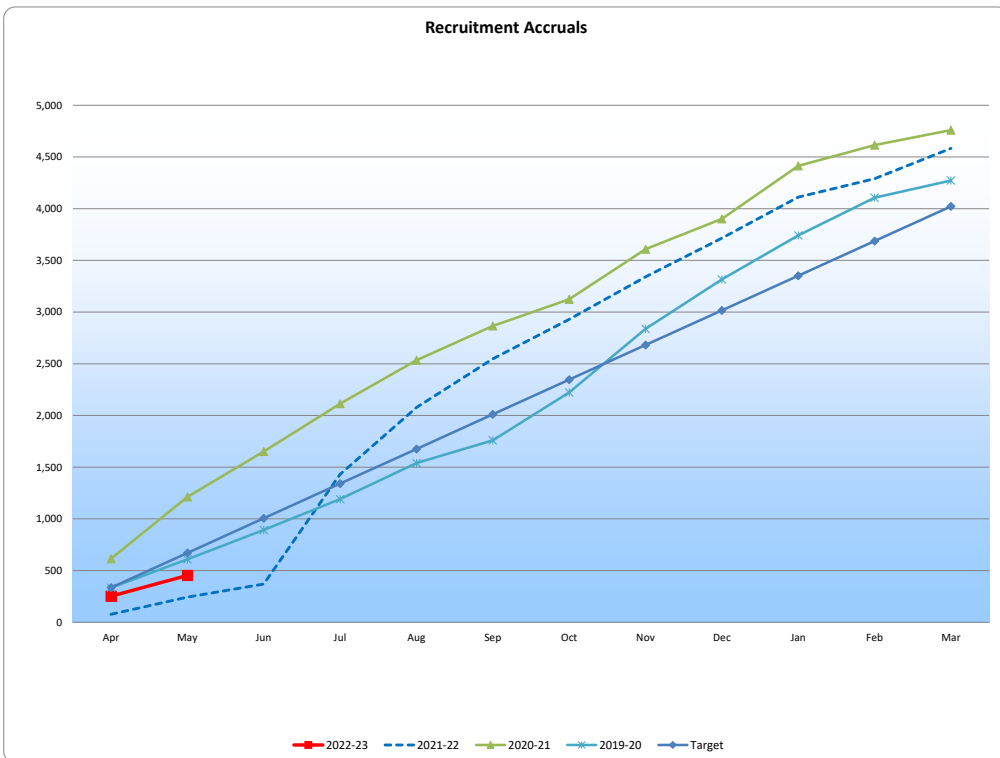


# TRUST BOARD REPORT : May 2022

## CLINICAL RESEARCH PERFORMANCE REPORT

### Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	252	201											453
2021-22	77	166	127	1060	648	469	383	411	374	396	179	293	4583
2020-21	615	597	440	461	421	331	259	484	293	513	201	145	4760
2019-20	334	275	284	298	348	220	464	615	477	426	365	166	4272



### Breakdown as of end May 22

Care Groups	Accruals Running Total 22/23
CG1 Total	60
CG2 Total	65
CG3 Total	46
CG4 Total	32
CG5 Total	2
CG6 Total	11
RP's Total	33
Cross Trust Studies Total	204
<b>ACCRUAL TOTALS</b>	<b>453</b>

Accruals Still Required	3567
Trials Open to Recruitment	92

### Non-Commercial Studies 22/23 - Breakdown by Study Design

Study Design	% of all open studies	% of total 22/23 accruals to date	NIHR ABF Weighting
Interventional	22%	4%	Weighted 11
Observational	59%	62%	Weighted 3.5
Large Interventional	5%	7%	Variable weighting by study
Large Observational	11%	24%	Weighted 1

### Breakdown of Trial Category % - All Open Studies

Commercial	5%
Non Commercial	95%

If you would like a breakdown of Accruals per CG, please contact [Angela.jackson2@york.nhs.uk](mailto:Angela.jackson2@york.nhs.uk)

You may notice a difference between the study categories in this year's report. To more accurately match the NIHR's reporting methods we have now included a new 'Large Interventional' category which the NIHR use to capture activity with wider-scoped and less intensive Interventional studies (testing marketed products or non-invasive interventions). This will split off from the 'interventional' total which is now there for the more intensive studies (e.g. blinded drug trials). Also, to more accurately match NIHR Portfolio reporting, the study breakdown section is only inclusive of Non-Commercial studies and excludes Commercial studies, this will additionally lower this total as most Commercial trials are Interventional.

# OPERATIONAL PERFORMANCE REPORT

May-2022

Produced June-2022



**The Board Assurance Framework is structured around the Trust's three Strategic Goals:**

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:  
**Information Team**

## Operational Performance Report: May-2022

### Executive Summary

#### **Trust Strategic Goals:**

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

#### **Purpose of the Report:**

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

#### **Executive Summary:**

##### **Key discussion points for the Board are:**

Nationally, the COVID-19 Pandemic NHS Emergency Preparedness, Resilience and Response incident level moved 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.

**Executive Summary (cont.):**

**Key discussion points for the Board are:**

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.

**Recommendation:**

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

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

Director Sponsor: Wendy Scott, Chief Operating Officer

Date: Jun 2022

# TRUST BOARD REPORT: May-2022

## OPERATIONAL PERFORMANCE SUMMARY

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Emergency Care Attendances
1.02	Emergency Care Breaches
1.03	Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.12	Ambulance handovers waiting 15-29 minutes - improvement trajectory
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
1.17	Ambulance handovers: Percentage of Ambulance Handovers within 15 minutes (shadow monitoring)
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)
2.01	Non Elective Admissions (excl Paediatrics & Maternity) - based on date of admission
2.02	Non Elective Admissions (Paediatrics) - based on date of admission
2.05	Patients with LOS 0 Days (Elective & Non-Elective)
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)
2.07	Ward Transfers - Non clinical transfers after 10pm
2.08	Emergency readmissions within 30 days
2.09	Stranded Patients at End of Month - York, Scarborough and Bridlington
2.10	Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington
2.12	Super Stranded Patients at End of Month - York, Scarborough and Bridlington
2.13	Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
95%	
0	
5%	
100	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
17920	19218	19876	19642	18813	19251	17596	16420	15735	16086	18308	17873	19307
3474	3642	4678	5557	5790	5941	5238	4797	4426	4515	5316	5212	5446
80.6%	81.0%	76.5%	71.7%	69.2%	69.1%	70.2%	70.8%	71.9%	71.9%	71.0%	70.8%	71.8%
38%	37%	41%	41%	40%	39%	40%	43%	42%	42%	40%	40%	39%
594	658	1072	1517	1725	1858	1596	1661	1512	1521	1891	1683	1707
1	13	43	43	98	81	159	298	463	583	696	750	691
64%	62%	49%	44%	39%	36%	39%	42%	50%	47%	47%	52%	52%
47%	39%	34%	28%	25%	26%	26%	32%	35%	30%	28%	28%	30%
1.6%	2.3%	3.3%	4.3%	4.4%	4.1%	4.1%	2.8%	2.4%	3.2%	3.2%	3.8%	3.7%
191	192	212	231	236	237	235	233	225	229	236	233	228
757	769	846	836	772	814	745	704	759	654	621	612	731
-	-	-	-	-	-	-	-	-	-	-	-	-
218	243	356	421	445	483	466	479	490	410	475	479	614
-	-	-	-	-	-	-	-	-	-	-	-	-
74	62	151	302	445	623	541	675	525	549	702	704	752
-	-	-	-	-	-	-	-	-	-	-	-	-
73.9%	72.1%	65.1%	57.6%	52.9%	43.3%	43.2%	38.4%	40.3%	41.3%	34.8%	33.3%	31.2%
191	195	218	254	257	260	254	249	247	255	268	265	258
286	297	348	400	443	473	473	521	553	563	579	604	562
106	114	142	164	192	220	231	283	327	342	351	381	350
38	46	92	141	197	202	163	202	192	226	295	269	251
171	265	395	621	757	950	892	1088	1153	1084	1288	1233	1228
-	-	-	-	-	-	-	-	-	-	-	-	-
4941	4960	4888	4659	4550	4570	4463	4441	4221	4113	4455	4233	4557
631	724	785	803	759	837	889	719	586	708	693	658	739
2103	2194	2146	2035	1976	1992	1969	1790	1770	1957	2100	1861	2165
959	948	1082	1045	1079	1093	1074	1141	1108	996	1134	1091	1099
65	53	54	78	95	110	96	113	126	116	164	124	87
911	903	877	772	745	751	718	727	-	-	-	-	-
270	252	271	322	313	372	376	392	466	449	419	400	425
251	247	260	292	335	359	360	375	431	440	443	434	433
74	60	62	84	99	126	118	139	167	189	195	178	177
55	64	58	71	92	108	124	126	161	179	192	177	174

REF	OPERATIONAL PERFORMANCE: PLANNED CARE
3.01	Outpatients: All Referral Types
3.02	Outpatients: GP Referrals
3.03	Outpatients: Consultant to Consultant Referrals
3.04	Outpatients: Other Referrals
3.05	Outpatients: 1st Attendances
3.06	Outpatients: Follow Up Attendances
3.07	Outpatients: 1st to FU Ratio
3.08	Outpatients: DNA rates
3.09	Outpatients: Cancelled Clinics with less than 14 days notice
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons
3.11	Outpatients: Follow-up Partial Booking (FUPB) Overdue
4.01	Elective Admissions - based on date of admission
4.02	Day Case Admissions
4.03	Cancelled Operations within 48 hours - Bed shortages
4.04	Cancelled Operations within 48 hours - Non clinical reasons
4.05	Theatres: Utilisation of planned sessions
4.06	Theatres: number of sessions held

TARGET	SPARKLINE / Vs. PREVIOUS MONTH
180	

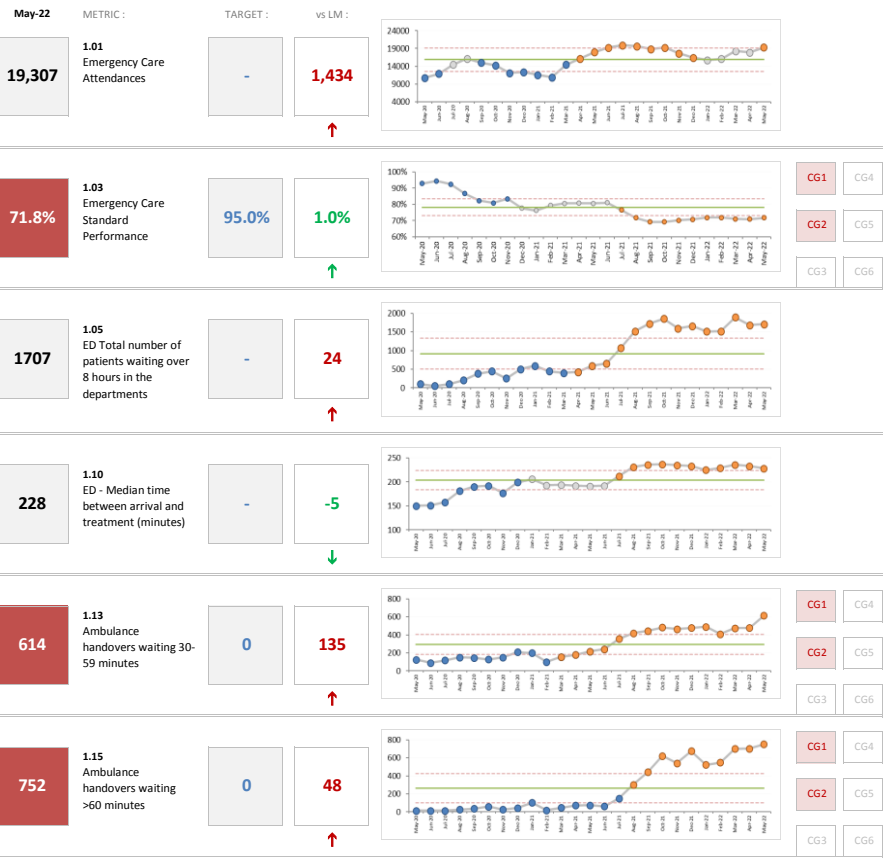
May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
20327	22784	22381	19448	21267	21294	22507	18551	18748	19021	21462	18323	19947
8365	9436	9487	8331	9385	9575	10415	8684	8747	9127	10996	9001	10170
1758	1974	2085	1660	1871	1807	2032	1854	1621	1701	1915	1688	1834
10204	11374	10809	9457	10011	9912	10060	8013	8380	8193	8551	7634	7943
12782	14263	13020	11819	12995	12627	14025	11592	12319	12742	14739	11724	14327
32516	35683	33544	31445	35326	33137	36804	30704	32569	30985	36172	29811	34570
2.54	2.50	2.58	2.66	2.72	2.62	2.62	2.65	2.64	2.43	2.45	2.54	2.41
5.1%	5.6%	5.9%	6.3%	6.2%	6.0%	7.0%	6.9%	6.8%	6.1%	6.2%	6.3%	6.5%
165	152	251	269	247	287	298	250	367	258	395	247	219
974	1005	1383	957	1265	2869	2765	2526	2407	2293	2778	2429	2514
24624	24504	24826	25984	25610	26252	26784	27294	27318	27712	28497	29175	28636
486	559	555	469	561	467	614	533	457	489	619	545	647
5703	6710	6416	5697	6163	5678	6335	6164	6086	6073	6893	5786	6485
0	2	6	15	28	1	8	17	97	54	75	36	17
38	75	102	84	109	57	70	129	358	252	251	163	153
76%	76%	73%	74%	72%	75%	78%	72%	69%	73%	73%	74%	80%
641	755	663	572	653	678	661	575	609	568	654	546	633

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



# TRUST BOARD REPORT: May-2022

## OPERATIONAL PERFORMANCE: ED



### HIGHLIGHTS FOR BOARD TO NOTE:

71.8% of ED patients were admitted, transferred or discharged within four hours during May 2022. Across the Scarborough and York localities attendances at the Emergency Departments and Urgent Care and Treatment Centres were above the 2021-22 levels by 8% (May 2022; 19,307 compared to 17,920 in May 2021).

Continued staffing issues and the number of inpatients without a 'Right to Reside' in May 2022 have again exasperated the pressures that the Trust is experiencing. The ED Capital Build at York which commenced at the beginning of November 2021 has meant that York Emergency Department continues to operate out of a smaller footprint.

The scheme to build a new urgent and emergency care centre for Scarborough Hospital commenced at the end of April 2022.

In the latest nationally available data (April 2022), the NHS England position was 72.3%. Nationally the Trust placed 47th out of 126 Trusts. No Trust achieved 95% plus against the Emergency Care Standard (ECS). The 95% standard was last met nationally in July 2015.

York Locality ECS Performance was 72.6%. The hospital inpatient estate has been reconfigured throughout the latest wave to support the COVID-19 Surge Plan, however due to falling COVID-19 cases the York site has been able to reduce to zero the number of COVID-19 positive wards in operation as at the 10th of June. Patients are being managed in specialist side rooms where required.

Scarborough Locality ECS Performance was 70.6%. Demand at the three independent Sector run services; Bridlington Urgent Treatment Centre, Malton Urgent Care Centre and the Urgent Treatment Centre (UTC) co-located at Scarborough Hospital, are yet to return to pre-pandemic levels. This has impacted the Scarborough locality's overall performance as the number of Type 3 attendances, whilst increasing through 2021-22 into 2022-23 remains significantly reduced from pre-pandemic levels; -16% in May 2022 compared to May 2019. Like many system colleagues, Vocare who operate the UTC at Scarborough Hospital continue to have significant challenges staffing their service, particularly at the weekends. The Trust continues to collaborate with Vocare and has, when possible, backfilled several of their staffing gaps. Weekend planning meetings are in place between Vocare and the Trust to maximise resilience.

The Scarborough Hospital inpatient estate has been reconfigured throughout the latest wave to support the COVID-19 Surge Plan, with one COVID-19 positive ward/area in operation as at the 10th of June.

There were 691 twelve-hour trolley waits in May 2022; 367 on the Scarborough site and 324 at York.

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

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

This includes meeting the national standards to:

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

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

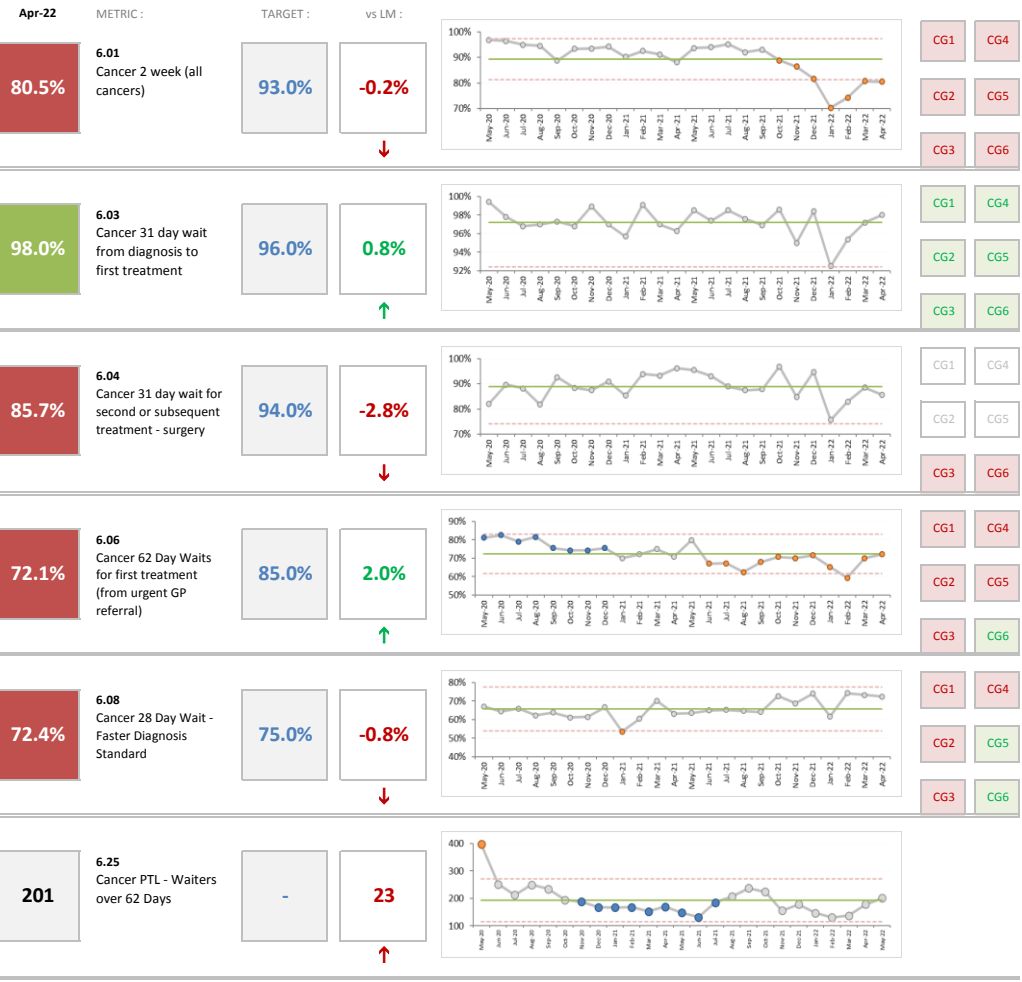
Flow and Site Management; to ensure timely admission for urgent and surgical patients to the appropriate clinical location the project aims to provide clear and effective 24/7 operational arrangements for site management issues and for the flow of patients across both acute hospital sites.

Adult Non-Elective admissions decreased in May 2022 when compared to the same period last year: down 8% (384 admissions). Paediatric Non-Electives are detailed within the Children and Young Persons section.

Super-Stranded (Length of Stay of 21+ Days) patients at the end of May 2022 decreased slightly compared to the end of April 2022 (178 to 177 patients). Unfortunately the high level of delays is a direct consequence of capacity and workforce issues that our Local Authorities are experiencing and is likely to continue for some time.

# TRUST BOARD REPORT: May-2022

## OPERATIONAL PERFORMANCE: CANCER



### HIGHLIGHTS FOR BOARD TO NOTE:

Trust cancer performance in April 2022 continued to be challenged, with two out of the eight cancer standards met;

- Cancer 31 day wait from diagnosis to first treatment.
- Cancer 31 day wait for second or subsequent treatment - drug treatments.

The Trust did not achieve the Cancer two week waiting times for urgent referrals target with performance of 80.5% in April (March: 80.7%). The decline in Trust performance in recent months has primarily been caused by a rise in the number of Breast referrals being seen within fourteen days. There was a 21% rise in referrals to Breast services seen across 2021-22 compared to 2019-20 (Pre-pandemic). This rise appears to be linked to recent celebrity deaths and awareness campaigns. The Breast service attempted to provide additional clinics to meet the demand but due to the pressure across diagnostic services however our radiology service was unable to be able to support additional one stop clinics. This resulted in a large number of patients having diagnostic scans at days nineteen to twenty one. The service has worked hard to address this and additional clinics, with radiological support, were organised in April with improved performance expected to be reflected in next month's report.

The latest available data shows the national position for two week waiting times for urgent referrals to be 80.6% in March 2022.

The Trust did not achieve the 28-day Faster Diagnosis (All Routes) target with performance of 72.4% in April (March: 73.2%). The latest available data shows the national position to be 73.1% in March 2022.

The Trust continues to prioritise urgent and cancer work and Care Groups have escalated the workforce situation to Quality and Executive Committees for discussion/action.

Work is ongoing with the completed NHS IST Pathway Analysers in Prostate and Lung with Lung receiving their first quarterly review in March and discussions on the key findings in progress. The UGI pathway analyser is now in development. The Trust has six Cancer Pathway Navigators in post covering the Lung, Scarborough Gynaecology, Upper GI, Lower GI, Urology and RDC services. Other Navigator recruitment is being considered through the RDC Cancer Alliance funding stream. The Somerset Cancer Register implementation is on track for the 1st of September implementation.

Performance against the 62 day wait for first treatment target was particularly challenging at 72.1% (March 70.1%). All patients are tracked through the operational teams, with weekly escalations to senior managers.

At the end of May 2022 there were 201 patients on the Trust's Patient Tracking List (PTL) that had waited over 62 days. This did not meet the trajectory for the end of May submitted as part of the 2022-23 plans (173).

Of those waiting over 62 days, 138 are awaiting diagnosis; continuing to tackle this backlog is a top priority for the Trust and the Humber and North Yorkshire system.

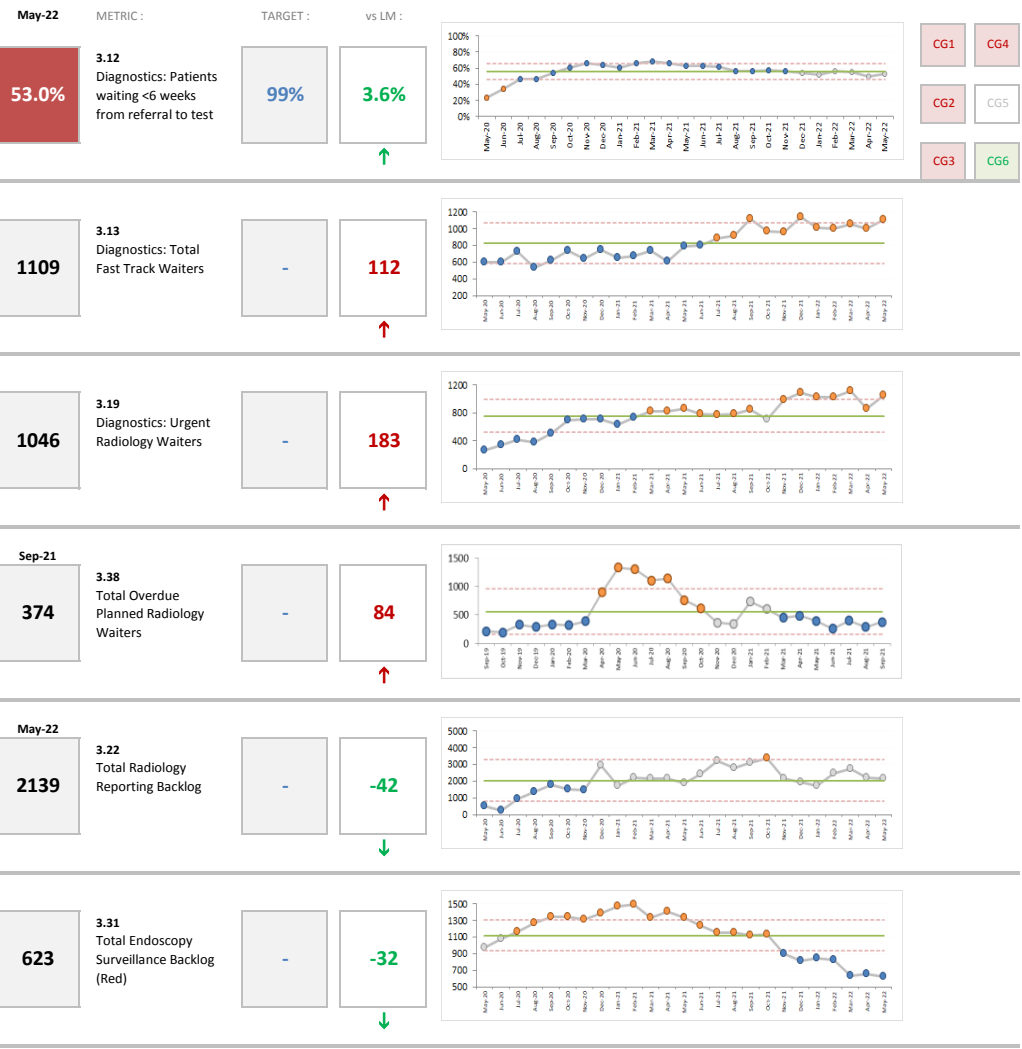
There were fourteen patients treated in April 2022 who had waited more than 104 days with all due to complex diagnostic pathways (four) or health care provider delays (ten). There is a continued focus on the long wait patients at the Trust's weekly PTL Cancer Wall meetings. On the 27th July 2020 there were 108 over 104 days; at the end of May 2022 there were thirty nine. To understand the impact of longer waits for patients the Trust undertakes Clinical Harm Reviews (CHR). All long waiting (105+ days) patients receive a CHR that looks at the chronology of a patient's care and ascertains whether the delay to treatment has resulted in any harm. This is a clinician-led process that reports to the Cancer Delivery Board and then into the Trust's Quality Committee.

The latest available data shows the national position to be 67.4% against the 62 day wait for first treatment target in March 2022.



# TRUST BOARD REPORT: May-2022

## OPERATIONAL PERFORMANCE: DIAGNOSTICS



### HIGHLIGHTS FOR BOARD TO NOTE:

The diagnostics target performance for May 2022 was 53% of patients waiting less than 6 weeks for their diagnostic test at the end of the month (April 2022; 49.4%). The latest available data shows the national position at the end of March 2022 was 75.2%.

The Endoscopy performance was 61.5% (April 2022; 59.3%).

Radiology performance at the end of May was 52.8% (April 2022; 48.7%).

The decline in performance against the Diagnostic standard compared to pre-COVID-19 appears to be driven by the increase in cancer referrals that has required services to prioritise fast track and urgent patients. This has resulted in reduced capacity for routine patients and the decrease in performance against the 6 week target.

Currently in Radiology, the MRI radiographer workforce is under 50% capacity which means that the service is unable to run additional lists in order to meet the increased demand. The Cancer & Support Services Care Group continues seek to address this workforce issue with recruitment and training. The Trust is continuing to utilise Independent Sector scanner capacity to deliver activity.

The Trust continues to progress the Community Diagnostic Centre (CDC) Project and is developing the design solution for North Yorkshire & York. The proposed solution being a 'network of hubs' in York, Scarborough and Harrogate; one large spoke (Catterick) and eight 'small spokes' at various locations (including Malton, Selby, Whitby and Bridlington).

The Short Form Business Case (SFBC) deadline for CDC projects has been deferred to Q1 2022/23. The ICS has indicated YSTHFT will be expected to be CDC 'host' provider for York and Scarborough hubs, and will co-author the required SFBCs. The Trust's strategic intent is to focus on York and Scarborough hubs in Q1 2022/23, rather than the smaller spokes. The York CDC Project Board is now meeting monthly.

# TRUST BOARD REPORT: May-2022

## OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)

May-22	METRIC :	TARGET :	vs LM :		
59.4%	5.01 RTT Percentage of incomplete pathways within 18wks	92.0%	1.4%		CG1, CG2, CG3, CG4, CG5, CG6
42,176	5.05 RTT Total Waiting List †	29,583	1310		CG1, CG2, CG3, CG4, CG5, CG6
2,821	5.02 RTT Waits over 52 weeks for incomplete pathways	0	280		CG1, CG2, CG3, CG4, CG5, CG6
318	5.10 RTT Waits over 78 weeks for incomplete pathways	0	-25		CG1, CG2, CG3, CG4, CG5, CG6
17,120	5.09 Number of RTT patients on Total Backlog (18+ weeks)	-	-55		CG1, CG2, CG3, CG4, CG5, CG6
19.0	5.08 RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring)	8.5	0.2		CG1, CG2, CG3, CG4, CG5, CG6

### HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of patients waiting more than eighteen weeks improved in May 2022, with the overall RTT position increasing from 58% (April 2022) of patients waiting less than eighteen weeks from referral to treatment to 59.4%. The latest available data shows the national position at the end of March 2022 was 62.4%.

The Trust's RTT Total Waiting List (TWL) increased by 1,310 from the end of April 2022 and stood at 42,176. The increase in the Trust's overall RTT position continues to be primarily driven by the delay in time to first appointment, cancellation of outpatient clinics and elective procedures as well as a reduced level of planned elective activity caused by the continued staffing issues the Trust has experienced.

The Trust had 2,821 patients waiting 52 weeks or longer at the end of May 2022, up 280 from the end of April 2022.

NHSI/E has mandated that Trusts have zero 104 week RTT waiters by the end of June 2022. A specialty specific trajectory to achieve this was submitted to NHSI/E as part of the 2022-23 planning submission. The Trust, including those patients who have requested to defer their treatment, reported fifty two RTT 104 plus week waiters at the end of May 2022 and is confident of achieving the end of June 2022 trajectory.

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

# TRUST BOARD REPORT: May-2022

## OPERATIONAL PERFORMANCE: HEALTH INEQUALITIES (RTT)

### RTT PTL by Ethnic Group

At end of May 2022

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	19	28903	98.24%	94.34%
Black, Black British, Caribbean or African	20	58	0.20%	0.94%
Mixed or multiple ethnic groups	18	154	0.52%	1.26%
Asian or Asian British	21	208	0.71%	2.97%
Other ethnic group	19	97	0.33%	0.49%
Unknown	20	10,113	-	-
Not Stated	17	2,595	-	-
<b>Grand Total</b>	<b>19</b>	<b>42,128</b>	<b>-</b>	<b>-</b>

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.

\*Proportion on waiting list excluding not stated and unknown.

### RTT PTL by Indices of Multiple Deprivation (IMD) Quintile

At end of May 2022

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	17	4,787	11.51%	8.88%
2	19	5,724	13.76%	13.59%
3	19	8,608	20.69%	20.94%
4	20	9,089	21.85%	20.68%
5	20	13,395	32.20%	35.90%
Unknown	21	525	-	-
<b>Grand Total</b>	<b>19</b>	<b>42,128</b>	<b>-</b>	<b>-</b>

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.

\*Proportion on waiting list excluding unknown.

### HIGHLIGHTS FOR BOARD TO NOTE :

As per the 2022-23 national planning mandate, RTT Waiting List data has, in order to identify any potential health inequalities, been split to view Ethnic Groups and IMD Quintile.

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. IMD is a combined measure of deprivation based on a total of thirty seven separate indicators that are grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area.

IMD quintiles range from one to five, where one is the most deprived. Please note that IMD quintiles are not available where we have no record of a patient postcode, the postcode is not an English postcode or is an unmatched postcode.

Ethnic codes have been grouped as per the 2021 census. Any patient where Ethnic Group is either 'Unknown' or 'Not Stated' is excluded from the PTL proportions. Areas to take into consideration when interpreting the data include the lack of available site split for Trust Catchment, and the variation that Clinical Prioritisation can bring to weeks waiting.

The next steps for this work will be to understand any differentials between the population base and the waiting list. Further analysis will be undertaken in coming months, and this piece of work will also be expanded to include Urgent Care, Cancer, Learning Disabilities and Military Veterans.

# TRUST BOARD REPORT: May-2022

## OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY

May-22	METRIC :	TARGET :	vs LM :
2,048	7.01 Referrals to District Nursing Team	-	158 ↑
20,316	7.03 Number of District Nursing Contacts	-	1134 ↑
258	7.06 All Community Response Teams Referrals (York and Selby)	-	-14 ↓
7011	7.09 Number of CRT Contacts (York and Selby)	-	367 ↑
1082	7.20 Numbers on Community Waiting Lists	-	-8 ↓
24.7%	7.12 % CRT Step Up Referrals Seen Within 2 Hrs	-	-1.5% ↓
71.5%	7.11 % Community Therapy Team Patients Seen within 6 weeks of Referral	-	-4.6% ↓
89.7%	7.13 % of End of Life Patients Dying in Preferred Place of Death	-	23.0% ↑
24	7.10 Community Inpatient Units Average Length of Stay (Days)	-	7 ↑

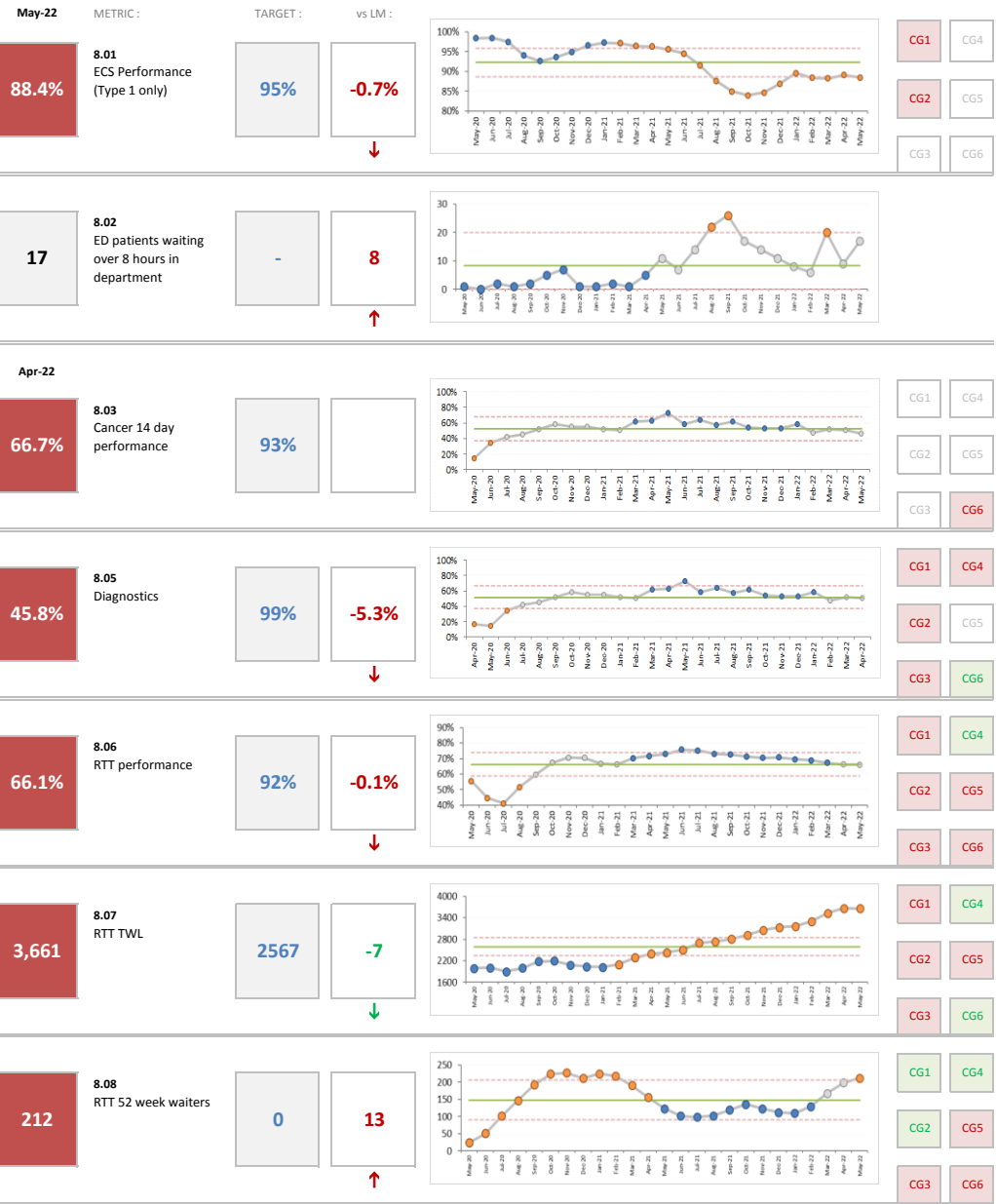
### HIGHLIGHTS FOR BOARD TO NOTE :

The chart shows that the overall adult community services waiting list position has returned into expected control limits during April and May having been above the upper limit between January and March. The number of patients waiting for community therapy interventions remains around 500 and has risen slightly which is reflected in the declining percentage of patients who have been seen within six weeks as expected. The number of patients waiting for District Nursing interventions has reduced to 400, down from over 500 during the winter - the largest group are waiting for continence assessment and the service has plans to employ dedicated assessors to tackle this backlog. The number of patients waiting for community specialist nursing teams has also fallen to 200 (down from over 250) with the largest group waiting for heart failure specialist nurses. Work is underway, funded by Nimbuscare, for a joint primary care and specialist nurse clinic to create additional short term capacity to address the backlog. As no growth funding was allocated to adult community services, it is likely that the structural deficit of capacity against the predicted increases in demand will result in growing backlogs, waiting lists and delays for patients to receive required interventions. A paper setting out the options for addressing this will be presented to the Executive Committee for consideration.

As per previous months, the length of stay for patients in community inpatient units continues to be higher than the expected control limits and historical averages. Whilst this reflects a national picture (a higher proportion of patients in community beds are delayed when no longer meeting the criteria to reside than acute beds), it is being driven by a combination of delays in accessing long term care provision, increased deconditioning of patients transferred from acute inpatient wards due to workforce shortfalls and workforce gaps in the inpatient units extending rehabilitation times. A new workforce model for community inpatient units is in development and will be presented to the Executive Committee for consideration.

# TRUST BOARD REPORT: May-2022

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



### HIGHLIGHTS FOR BOARD TO NOTE:

Performance against the ECS for patients aged 0-17 years was below target at 88.4% in May 2022 (April 2022: 89.1%).

The Trust is continuing to work with Nimbuscare and now the wider Humber & North Yorkshire ICS partners (Childrens and Young Person Alliance) to explore how other conditions and pathways can be supported through a model of community based assessment and ambulatory care. This will focus on the asthma bundle of care for the next few months.

The paediatric team are also engaging with primary care partners across all our places to understand their capacity and needs to support managing children in the community better, and refreshed guidelines written for primary care in managing the most common conditions in children are now available.

May 2022 has seen an increase in non-elective admissions for children, up 12% from April 2022 (+81 admissions).

RTT performance against the 92% target is higher than the Trust overall performance (66.1% compared to 59.4%). The Trust is declaring 212 RTT fifty-two week waiters relating to children and young people at the end of May 2022. Children comprise approximately 8% of the total number of the fifty-two week waiters that the Trust is declaring for the end of May 2022 (2,821).

# TRUST BOARD REPORT: May-2022

## OPERATIONAL PERFORMANCE: STROKE

**Apr-22** METRIC: TARGET: vs LM:

**9.01** Proportion of patients who experience a TIA who are assessed & treated within 24 hrs

**100.0%** **75%** **0.0%**

**9.02** Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation

**100.0%** **-** **0.0%**

**May-22** METRIC: TARGET: vs LM:

**9.03** Proportion of patients spending >90% of their time on stroke unit

**78.7%** **85%** **8.7%**

**9.04** Scanned within 1 hour of arrival

**58.6%** **43%** **12.2%**

**9.05** Scanned within 12 hours of arrival

**97.1%** **90%** **1.4%**

### HIGHLIGHTS FOR BOARD TO NOTE:

The latest Sentinel Stroke National Audit Programme (SSNAP) report for the period January to March 2022 was published in May 2022. For this period the Trust achieved a score of 51.4 which equates to a D rating. This is a decline in our October to December 2021 performance (C rating).

The service is working to address the issues highlighted by the SSNAP report to improve the Trust's rating back to where it should be. An action plan is being developed ahead of a meeting with the Stroke Network in the next few weeks.

# TRUST BOARD REPORT : May-2022

## OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Locality Emergency Care Attendances
1.02	Locality Emergency Care Breaches
1.03	Locality Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED - Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)
2.01	Non Elective Admissions (excl Paediatrics & Maternity)
2.02	Non Elective Admissions - Paediatrics
2.05	Patients with LOS 0 Days (Elective & Non-Elective)
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)
2.07	Ward Transfers - Non clinical transfers after 10pm
2.08	Emergency readmissions within 30 days
2.09	Stranded Patients at End of Month (Scarborough & Bridlington)
2.10	Average Bed Days Occupied by Stranded Patients (Scarborough & Bridlington)
2.12	Super Stranded Patients at End of Month (Scarborough & Bridlington)
2.13	Average Bed Days Occupied by Super Stranded Patients (Scarborough & Bridlington)

TARGET	SPARKLINE / PREVIOUS MONTH
95%	
0	
5%	
33	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
7508	8303	8707	8785	8043	7906	7045	6840	6361	6387	7321	7377	8063
1732	2057	2220	2517	2682	2399	2290	2249	1845	1919	2200	2294	2368
76.9%	75.2%	74.5%	71.4%	66.7%	69.7%	67.5%	67.1%	71.0%	70.0%	69.9%	68.9%	70.6%
50%	49%	45%	44%	41%	45%	44%	43%	45%	47%	44%	43%	42%
422	516	635	791	948	896	840	837	705	764	934	911	874
1	13	42	40	75	68	124	237	282	364	309	429	367
44%	40%	33%	26%	27%	28%	27%	29%	28%	41%	44%	40%	39%
50%	36%	35%	27%	22%	28%	24%	31%	37%	28%	26%	26%	28%
2.0%	4.0%	3.9%	5.2%	5.3%	4.0%	4.4%	3.4%	2.5%	4.2%	3.5%	4.0%	3.7%
238	268	263	318	343	334	341	330	295	315	320	333	325
419	463	517	472	412	453	415	363	395	326	348	327	401
165	160	216	228	246	265	261	272	225	203	246	255	301
-	-	-	-	-	-	-	-	-	-	-	-	-
65	31	67	143	241	255	283	293	183	257	364	422	372
-	-	-	-	-	-	-	-	-	-	-	-	-
63.7%	61.8%	54.6%	48.0%	40.4%	36.7%	34.8%	32.5%	42.6%	40.0%	35.5%	25.2%	27.4%
248	271	272	334	342	329	325	327	304	351	347	357	348
347	377	415	465	528	529	575	617	626	692	625	713	651
135	158	181	184	221	228	281	338	377	435	360	458	410
26	43	70	111	143	121	105	136	100	152	157	168	156
151	239	301	346	418	470	498	527	568	579	564	635	593
-	-	-	-	-	-	-	-	-	-	-	-	-
1649	1641	1634	1484	1397	1490	1462	1392	1414	1413	1574	1487	1565
291	316	315	317	271	251	260	242	197	238	219	253	266
763	794	786	664	591	594	585	552	633	692	814	698	795
358	339	387	367	382	405	406	376	373	355	397	377	368
31	14	19	22	25	25	21	33	38	43	56	48	28
303	274	302	239	234	236	241	246	-	-	-	-	-
121	102	108	118	121	130	149	149	164	158	155	150	164
100	102	100	113	132	129	135	145	158	153	154	160	160
36	25	30	38	42	42	53	55	63	61	73	73	72
26	32	24	36	39	41	44	57	63	62	63	70	71

REF	OPERATIONAL PERFORMANCE: PLANNED CARE
3.01	Outpatients: All Referral Types
3.02	Outpatients: GP Referrals
3.03	Outpatients: Consultant to Consultant Referrals
3.04	Outpatients: Other Referrals
3.05	Outpatients: 1st Attendances
3.06	Outpatients: Follow Up Attendances
3.07	Outpatients: 1st to FU Ratio
3.08	Outpatients: DNA rates
3.09	Outpatients: Cancelled Clinics with less than 14 days notice
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons
4.01	Elective Admissions
4.02	Day Case Admissions
4.03	Cancelled Operations within 48 hours - Bed shortages
4.04	Cancelled Operations within 48 hours - Non clinical reasons
4.05	Theatres: Utilisation of planned sessions
4.06	Theatres: number of sessions held

TARGET	SPARKLINE / PREVIOUS MONTH
60	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
7118	8306	8215	6813	7533	7074	7373	6241	6373	6386	7281	6215	7261
2863	3296	3432	2905	3236	3264	3596	3017	3217	3342	4030	3376	4079
541	589	656	506	548	546	600	611	518	527	607	523	561
3714	4421	4127	3402	3749	3264	3177	2613	2638	2517	2644	2316	2621
3848	4580	4457	3898	4055	4269	4772	3794	3982	4135	4936	3554	4693
8208	9268	8704	8162	9588	8608	9999	8207	8819	8302	9606	8049	9452
2.13	2.02	1.95	2.09	2.36	2.02	2.10	2.16	2.21	2.01	1.95	2.26	2.01
5.6%	6.1%	6.6%	6.7%	6.7%	6.9%	7.8%	7.2%	7.7%	6.5%	6.6%	7.4%	7.3%
74	59	88	130	97	111	123	104	112	93	119	91	83
351	375	528	337	461	1025	944	888	665	660	810	638	752
163	195	209	111	191	162	182	174	86	155	217	158	198
1734	2056	2026	1812	1996	1849	1968	1906	1911	1816	2197	1794	2090
0	0	2	2	0	0	5	10	8	1	3	3	0
9	10	20	16	15	15	14	43	63	27	47	56	13
70%	73%	70%	68%	70%	74%	73%	62%	66%	74%	74%	68%	77%
187	222	179	148	190	244	192	168	175	181	208	152	178

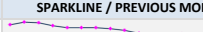




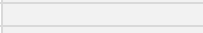
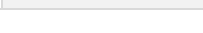
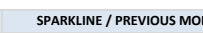


Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHS/E counting methodology. All Referrals figures in the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

# TRUST BOARD REPORT : May-2022

## OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	RTT Percentage of incomplete pathways within 18wks
5.02	RTT Waits over 52 weeks for incomplete pathways
5.10	RTT Waits over 78 weeks for incomplete pathways
5.11	RTT Waits over 104 weeks for incomplete pathways
5.05	RTT Total Waiting List
5.06	Number of RTT patients on Admitted Backlog (18+ weeks)
5.07	Number of RTT patients on Non Admitted Backlog (18+ weeks)
5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*

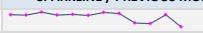

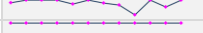

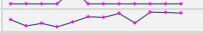



\*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways

TARGET	SPARKLINE / PREVIOUS MONTH
	
	
	
	
	
	
	
	
	
	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
72.8%	74.6%	74.1%	72.4%	71.2%	71.1%	71.0%	70.6%	69.6%	67.7%	67.0%	65.6%	67.3%
407	348	312	317	332	356	343	330	323	317	351	401	414
136	149	139	152	145	126	96	78	69	61	45	57	69
3	3	12	20	23	33	25	25	26	24	14	14	5
9917	10044	10495	10890	11124	11208	11492	11746	11896	11978	12326	13190	13956
1185	1106	1150	1221	1287	1338	1391	1463	1485	1512	1547	1594	1613
1508	1450	1573	1790	1920	1903	1937	1996	2130	2354	2521	2943	2949
14.4	14.1	13.4	14.1	14.2	14.4	14.0	14.4	14.6	14.7	14.8	15.4	15.4
133	109	99	94	90	96	110	105	96	95	102	93	88
57%	78%	81%	69%	71%	73%	78%	70%	73%	77%	81%	65%	74%

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)
6.01	Cancer 2 week (all cancers)
6.02	Cancer 2 week (breast symptoms)
6.03	Cancer 31 day wait from diagnosis to first treatment
6.04	Cancer 31 day wait for second or subsequent treatment - surgery
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard

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

TARGET	SPARKLINE / PREVIOUS MONTH
93%	
93%	
96%	
94%	
98%	
85%	
90%	
75%	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
90.8%	90.6%	94.2%	90.4%	91.4%	90.0%	93.6%	92.6%	81.3%	80.3%	90.9%	76.5%	-
-	-	-	-	-	-	-	-	-	-	-	-	-
96.5%	93.4%	100.0%	94.9%	96.2%	96.9%	95.2%	96.8%	87.1%	93.1%	95.8%	100.0%	-
92.3%	100.0%	100.0%	100.0%	88.9%	100.0%	90.9%	85.7%	58.3%	100.0%	80.0%	100.0%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
75.9%	57.0%	61.4%	62.3%	47.5%	58.3%	69.6%	70.7%	50.9%	49.5%	52.0%	69.2%	-
-	-	-	0.0%	48.8%	0.0%	-	-	-	-	-	-	-
57.0%	49.4%	52.6%	48.0%	54.0%	60.6%	59.8%	64.5%	52.9%	66.5%	65.7%	65.2%	-



# TRUST BOARD REPORT : May-2022

## OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE
1.01	Locality Emergency Care Attendances
1.02	Locality Emergency Care Breaches
1.03	Locality Emergency Care Standard Performance
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted
1.05	ED Total number of patients waiting over 8 hours in the departments
1.06	ED 12 hour trolley waits
1.07	ED: % of attendees assessed within 15 minutes of arrival
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival
1.09	ED – Percentage of patients who Left Without Being Seen (LWBS)
1.10	ED - Median time between arrival and treatment (minutes)
1.11	Ambulance handovers waiting 15-29 minutes
1.13	Ambulance handovers waiting 30-59 minutes
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory
1.15	Ambulance handovers waiting >60 minutes
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)
2.01	Non Elective Admissions (excl Paediatrics & Maternity)
2.02	Non Elective Admissions - Paediatrics
2.05	Patients with LOS 0 Days (Elective & Non-Elective)
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)
2.07	Ward Transfers - Non clinical transfers after 10pm
2.08	Emergency readmissions within 30 days
2.09	Stranded Patients at End of Month
2.10	Average Bed Days Occupied by Stranded Patients
2.12	Super Stranded Patients at End of Month
2.13	Average Bed Days Occupied by Super Stranded Patients

TARGET	SPARKLINE / PREVIOUS MONTH
95%	
0	
5%	
67	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
10412	10915	11169	10857	10770	11345	10551	9580	9374	9699	10987	10496	11244
1742	1585	2458	3040	3108	3542	2948	2548	2581	2596	3116	2918	3078
83.3%	85.5%	78.0%	72.0%	71.1%	68.8%	72.1%	73.4%	72.5%	73.2%	71.6%	72.2%	72.6%
32%	31%	39%	39%	39%	36%	39%	42%	41%	39%	37%	38%	37%
172	142	437	726	777	962	756	824	807	757	957	772	833
0	0	1	3	23	13	35	61	181	219	387	321	324
72%	71%	59%	54%	47%	41%	46%	50%	52%	50%	49%	60%	60%
45%	41%	33%	29%	26%	25%	27%	33%	33%	31%	29%	30%	31%
1.4%	1.5%	3.0%	3.8%	3.9%	4.2%	4.0%	2.4%	2.4%	2.6%	3.0%	3.6%	3.7%
169	171	192	210	213	219	215	203	204	207	214	208	204
338	306	329	364	360	361	330	341	364	328	273	285	330
53	83	140	193	199	218	205	207	265	207	229	224	331
-	-	-	-	-	-	-	-	-	-	-	-	-
9	31	84	159	204	368	258	382	342	292	338	282	380
-	-	-	-	-	-	-	-	-	-	-	-	-
82.1%	80.4%	73.9%	64.9%	62.8%	48.8%	50.8%	43.3%	38.2%	42.4%	33.9%	41.5%	34.7%
171	168	197	220	220	235	225	212	224	220	238	228	222
239	236	299	355	388	433	404	458	502	472	546	526	502
83	80	113	151	173	214	196	247	292	276	344	326	309
12	3	22	30	54	81	58	66	92	74	138	101	95
20	26	94	275	339	480	394	561	585	505	724	598	635
-	-	-	-	-	-	-	-	-	-	-	-	-
3292	3319	3254	3175	3153	3080	3001	3049	2807	2700	2881	2746	2992
340	408	470	486	488	586	629	477	389	470	474	405	473
1340	1400	1360	1371	1385	1398	1384	1238	1137	1265	1286	1163	1370
601	609	695	678	697	688	668	765	735	641	737	714	731
34	39	35	56	70	85	75	80	88	73	108	76	59
608	629	575	533	511	515	477	481	-	-	-	-	-
149	150	163	204	192	242	227	243	302	291	264	250	261
151	145	160	179	203	230	225	230	274	287	289	274	274
38	35	32	46	57	84	65	84	104	128	122	105	105
29	32	34	35	52	68	80	69	99	117	129	107	103

REF	OPERATIONAL PERFORMANCE: PLANNED CARE
3.01	Outpatients: All Referral Types
3.02	Outpatients: GP Referrals
3.03	Outpatients: Consultant to Consultant Referrals
3.04	Outpatients: Other Referrals
3.05	Outpatients: 1st Attendances
3.06	Outpatients: Follow Up Attendances
3.07	Outpatients: 1st to FU Ratio
3.08	Outpatients: DNA rates
3.09	Outpatients: Cancelled Clinics with less than 14 days notice
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons
4.01	Elective Admissions
4.02	Day Case Admissions
4.03	Cancelled Operations within 48 hours - Bed shortages
4.04	Cancelled Operations within 48 hours - Non clinical reasons
4.05	Theatres: Utilisation of planned sessions
4.06	Theatres: number of sessions held

TARGET	SPARKLINE / PREVIOUS MONTH
120	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
13209	14478	14166	12635	13734	14220	15134	12310	12375	12635	14181	12108	12686
5502	6140	6055	5426	6149	6311	6819	5667	5530	5785	6966	5625	6091
1217	1385	1429	1154	1323	1261	1432	1243	1103	1174	1308	1165	1273
6490	6953	6682	6055	6262	6648	6883	5400	5742	5676	5907	5318	5322
8934	9683	8563	7921	8940	8358	9253	7798	8337	8607	9803	8170	9634
24308	26415	24840	23283	25738	24529	26805	22497	23750	22683	26566	21762	25118
2.72	2.73	2.90	2.94	2.88	2.93	2.90	2.88	2.85	2.64	2.71	2.66	2.61
4.9%	5.3%	5.6%	6.1%	6.0%	5.7%	6.7%	6.4%	6.7%	5.9%	6.0%	5.8%	6.2%
91	93	163	139	150	176	175	146	255	165	276	156	136
623	630	855	620	804	1844	1821	1638	1742	1633	1968	1791	1762
323	364	346	358	370	305	432	359	371	334	402	387	449
3969	4654	4390	3885	4167	3829	4367	4258	4175	4257	4696	3992	4395
0	2	4	13	28	1	3	7	89	53	72	33	17
29	65	82	68	94	42	56	86	295	225	204	107	140
78%	77%	75%	75%	73%	76%	80%	76%	71%	73%	72%	76%	81%
454	533	484	424	463	434	469	407	434	387	446	394	455

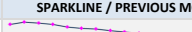



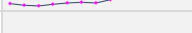
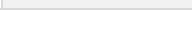
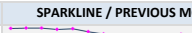

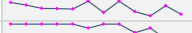

Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology.  
 All Referrals figures in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

# TRUST BOARD REPORT : May-2022

## OPERATIONAL PERFORMANCE SUMMARY - YORK

REF	18 WEEKS REFERRAL TO TREATMENT
5.01	RTT Percentage of incomplete pathways within 18wks
5.02	RTT Waits over 52 weeks for incomplete pathways
5.10	RTT Waits over 78 weeks for incomplete pathways
5.11	RTT Waits over 104 weeks for incomplete pathways
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5.08	RTT Mean Week Waiting Time - Incomplete Pathways (Shadow monitoring from Oct-2019)
5.12	Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*
5.13	Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of month*

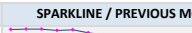

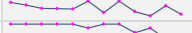

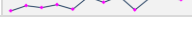



\*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways

TARGET	SPARKLINE / PREVIOUS MONTH
	
	
	
	
	
	
	
	
	
	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
66.1%	68.6%	67.3%	66.1%	63.8%	62.5%	61.9%	60.3%	59.0%	57.9%	56.0%	54.3%	55.5%
1306	1140	1049	1031	1217	1332	1241	1256	1292	1404	1794	2140	2407
496	489	505	540	547	451	330	289	256	251	259	286	249
29	37	44	73	107	104	96	93	96	82	72	61	47
20404	20663	21464	22297	23137	23823	24377	25151	25112	25500	27002	27676	28220
2888	2756	2672	2676	2829	2905	2867	2947	3066	3143	3448	3498	3377
4023	3742	4343	4892	5541	6018	6416	7044	7230	7601	8439	9135	9181
17.2	16.8	16.5	17.0	17.4	17.5	17.3	18.3	19.0	19.2	19.7	20.5	20.9
505	465	409	475	554	452	482	495	481	471	572	600	546
70%	74%	75%	70%	75%	69%	75%	65%	68%	68%	67%	62%	63%

REF	CANCER (ONE MONTH BEHIND DUE TO NATIONAL REPORTING TIMETABLE)
6.01	Cancer 2 week (all cancers)
6.02	Cancer 2 week (breast symptoms)
6.03	Cancer 31 day wait from diagnosis to first treatment
6.04	Cancer 31 day wait for second or subsequent treatment - surgery
6.05	Cancer 31 day wait for second or subsequent treatment - drug treatments
6.06	Cancer 62 Day Waits for first treatment (from urgent GP referral)
6.07	Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)*
6.08	Cancer 28 Day Wait - Faster Diagnosis Standard

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

TARGET	SPARKLINE / PREVIOUS MONTH
93%	
93%	
96%	
94%	
98%	
85%	
90%	
75%	

May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
94.9%	95.3%	95.8%	92.7%	93.9%	88.1%	83.5%	76.5%	64.8%	71.7%	76.8%	82.3%	-
91.5%	93.6%	93.5%	96.0%	92.9%	81.2%	57.8%	33.1%	16.0%	26.3%	38.4%	77.5%	-
99.0%	98.6%	98.3%	98.3%	97.7%	99.1%	95.4%	98.9%	93.8%	96.8%	97.7%	97.5%	-
94.7%	91.3%	87.1%	87.0%	86.4%	96.2%	82.1%	96.4%	83.3%	77.8%	90.5%	80.0%	-
100.0%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	97.1%	98.6%	95.0%	96.0%	-
80.5%	71.0%	68.7%	62.4%	74.9%	73.9%	70.4%	72.1%	68.9%	64.7%	79.2%	73.1%	-
83.7%	93.2%	84.0%	93.5%	74.9%	83.3%	71.4%	93.9%	79.4%	80.8%	84.2%	81.5%	-
65.2%	69.7%	68.0%	70.6%	66.6%	77.4%	72.5%	78.2%	66.0%	76.9%	76.3%	75.0%	-

# DIGITAL AND INFORMATION SERVICE

May-2022

Produced June-2022



**The Board Assurance Framework is structured around the Trust's three Strategic Goals:**

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Report produced by:  
**Information Team**

## Digital and Information Service: May-2022

### Executive Summary

#### Trust Strategic Goals:

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

#### Purpose of the Report:

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

#### Executive Summary:

Key discussion points for the Board are:

#### 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

#### Recommendation:

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


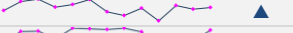


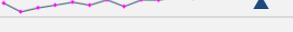
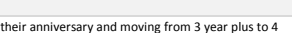
Author(s): Andy Williams, Interim Chief Digital Information Officer

Director Sponsor: Andy Williams, Interim Chief Digital Information Officer




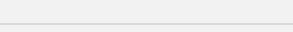
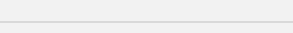
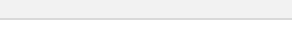
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# TRUST BOARD REPORT: May-2022

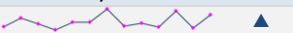

## DIGITAL AND INFORMATION SERVICE

REF	INFRASTRUCTURE & SERVICE MANAGEMENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
9.03	Number of end user devices over 4 years old *			4300	4220	4150	4130	4100	4050	3990	3960	5381	5370	5300	5215	5000
9.04	Total number of calls to Service Desk			3780	4227	4355	3951	4088	4324	3719	3533	3896	3276	4035	3847	3930
9.05	Total number of calls abandoned			722	982	994	802	1068	1052	1033	1070	979	539	861	755	1018
9.06	Percentage of Service Desk Calls Resolved at First Point of Contact			12.3%	12.2%	12.0%	11.7%	11.0%	12.3%	12.3%	15.0%	13.9%	14.8%	16.3%	16.6%	14.2%
9.07	Number of Open calls (last day of month)			1811	1608	1705	1768	1834	1769	1895	1733	1895	1882	1972	1930	2126
9.09	Number of users that have had NHS mail account set up for N365			-	-	-	-	-	-	3410	3410	3450	3450	3500	3500	8737

\* The number of end user assets (laptops/desktops) over 4 years old rose in Jan-22 by circa 1500. This is due to a batch of devices triggering their anniversary and moving from 3 year plus to 4

REF	INFORMATION GOVERNANCE	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
9.10	Number of incidents reported and investigated			37	38	33	28	27	34	30	24	38	33	32	25	25
9.11	Number of Patient SARs			252	224	214	210	192	217	298	236	310	329	405	290	342
9.12	Number of Patient SARs processed within one calendar month*			252	197	213	145	180	217	194	235	309	327	404	290	342
9.13	Number of FOIs received (quarterly)			-	151	-	-	123	-	-	86	-	-	123	-	-
9.14	Percentage of FOIs responded to within 20 working days (quarterly)			-	77%	-	-	76%	-	-	87%	-	-	77%	-	-
9.15	Number of IG complaints made about Trust data handling to ICO			0	1	0	0	0	0	0	0	0	0	0	0	0

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

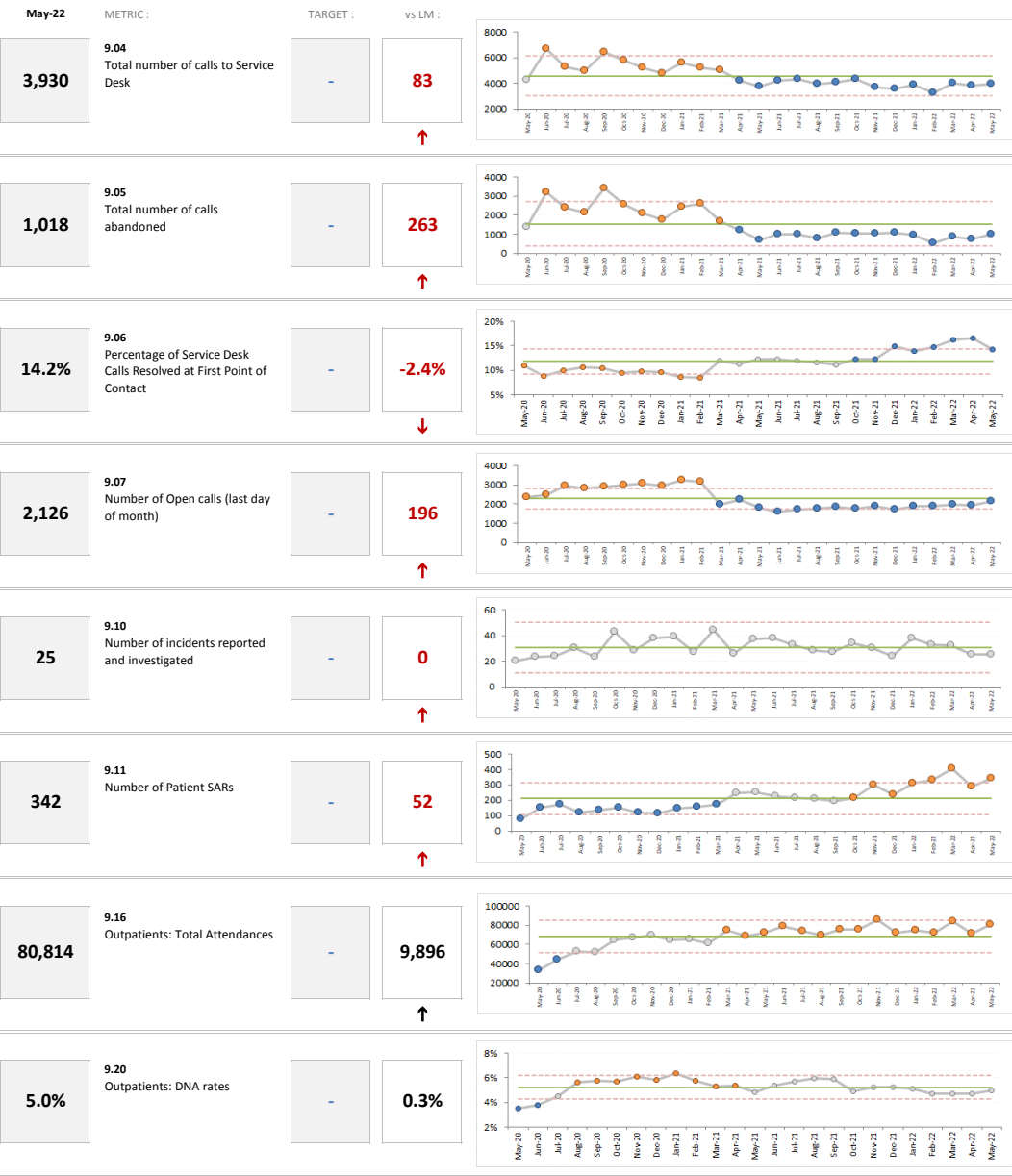
REF	OUTPATIENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
9.16	Outpatients: Total Attendances			71742	78557	74008	69448	75227	75355	85451	72234	74453	71734	83781	70918	80814
9.20	Outpatients: DNA rates			4.9%	5.4%	5.7%	6.0%	5.9%	4.9%	5.2%	5.2%	5.1%	4.7%	4.7%	4.7%	5.0%

### KEY:

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

# TRUST BOARD REPORT: May-2022

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



### HIGHLIGHTS FOR BOARD TO NOTE:

#### CTO Update: Operating Model

A new CTO has joined the Trust as of May 2022 (Luke Stockdale), replacing the interim CTO (Simon Hayes). The CTO leadership team (Kev Beatson, Adrian Shakeshaft and Stuart Cassidy will report in to Luke as will the Essential Services Programme). Recruitment is underway across all aspects of CTO team (Infrastructure, Application and Service).

#### Service and Operations:

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.

#### Essential Services Programme:

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.

#### Cyber

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).

#### Outpatient Transformation

The number of outpatients seen via either telephone or video in May equated to 21.5% of attendances (excluding radiology).

APPENDIX 1 - SUMMARY - 3 year scheme prioritisation					
Category	CG	CG Priority	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £
Fees	1	1	Renal - build	build to expand capacity of unit yr 1-3 value unknown previous suggested scheme cost was £7-10 Million (excl work force) broken up over three years in columns H-J	£200,000
Priority List - Care Group	1	1	EUS Service Development	Gastro/Endoscopy development of EUS service in line with improving outcomes and patient experience, retention of staff and maintaining organisational reputation	£212,791
Lease	1	1	Replacement dialysis machines	currently have 7 machines 6.5 years plus that will need replacing plus increase due to demand, total of 22 machines phased over next three years, (also included at bottom of current leased equipment spreadsheet) 22.23=7, 23.24=7 24.25=8	£102,810
Priority List - Chief Nurse & Care Group	1	1	WATER RING REPLACEMENT YORK	RENAL UNIT - this is due to the non-movement of the unit that was previously planned, a lot of elements that are nearing the end of their lifespan were rolled over as the new unit would fix them but with no fixed date for new unit these are now becoming real issues. figure is an estimate	£100,000
Backlog	1	1	Reverse osmosis machine-Harrogate	Purite 5000 reverse osmosis machine replacement required at Harrogate renal	£85,000
Priority List - Care Group	1	1	CARDIO/RESPIRATORY expansion	Increase capacity of Cardio/respiratory dept year 1 minor refurb year 2 x2 echo machines	£30,000
Uncosted	1	1	ED - Capital build	Expansion of current ED department to meet demand requirement	
Uncosted	1	1	EAU Development	Improvement of the current SDEC/ RAFA area to improve Same Day Emergency Care Provision - Value TBC	
Uncosted	1	1	Heart Failure Service - capital investment on location and echo machine	Requires a venue Provide a permanent base for the service and a new echo machine to provide one stop service model - value N/K - needs full scheme work up with capital planning	
Uncosted	1	1	Cystic Fibrosis - building of a CF centre	Unknown - stadium scheme but will be revenue not capital	
Charity	1	1	SPACELABS CARDIOCALL VS20 AMBULATORY ECG x9	YORK HOSPITAL, OPD CARDIOLOGY	£9,000
Lease	1	2	WRO300 reverse osmosis units (x10)	updated costs	£60,000
Lease	1	2	FIBROSCAN REPLACEMENT	SERENITY CONTRACT FS430 based on previous purchase costs	£30,000
Charity	1	2	ECG MACHINES York and Easingwold Renal units		£7,000
Uncosted	1	2	DATASCOPE ACCUTORR PLUS NIBP MONITOR	YORK HOSPITAL, RENAL HARROGATE	
Uncosted	1	2	DESMIT MED CUBESCAN BIOCON-500	YORK HOSPITAL, WARD 36	
Uncosted	1	2	PHILIPS HEALTH INTELLIVUE MP30 MONITOR	YORK HOSPITAL, WARD 32	
Uncosted	1	2	SPACELABS 90217-1Q AMBULATORY BP MONITOR	YORK HOSPITAL, OPD CARDIOLOGY	
DIS-Care Group	1	3	LAPTOP REPLACEMENT PROGRAMME	Replacement of mobile devices used by community health staff to access electronic patient records whilst in patient's home - on three year lifespan, 1/3 devices to be replaced each year	£180,000
<£50k	1	3	project to support moving the acute dialysis unit to a ward area, using a WT unit instead of individual RO units for 4 stations	RENAL Ward 33	£30,000
DIS-Care Group	1	3	MOBILE PHONE HANDSET REPLACEMENT PROGRAMME	Replacement of mobile phone handsets used by community health staff	£18,000
DIS-Care Group	1	3	HEADSET REPLACEMENT PROGRAMME	Replacement of headsets used for video conferencing and consultation	£5,400
<£5k equipment	1	3	ARJOHUNTLEIGH ULTRA 6522 COUCH/CHAIR	YORK HOSPITAL, RENAL HARROGATE	£1,000
Pre-committed	1		York Renal unit	Priority scheme - Replacement of current nurses station - Exec Committee supported	£30,000

To be completed by the Corporate Finance Team															
2022/2023															
MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Capital programme <£50k	Capital programme >£50k	Fees	Backlog	Replacement Lease	New Lease	DIS - Care Group Capital programme	DIS - DIS Capital programme	>£5k Equipment funding - Capital	Revenue Funding	<£5k Equipment funding	Charitable Funding/ External fund
Yes	Yes	Yes	Medical kit will need MERG and is suitable for leasing which may reduce reliance on capital. Fees in 2022/23			£200,000									
Yes	Yes	Yes	Presumed service development will require new kit which will need MERG and can be leased.		£212,791										
Yes	Yes	Yes	Current machines are all leased. Require a new lease for additional					£102,810.00							
No	Yes	No	check as this had a new ring main a few years ago.					£100,000							
no	no	Yes	Approved in 2021-22 but due to floor having to be strengthened, not completed.					£85,000							
Yes	Yes	Yes	Echo machines will require MERG and can be leased	£30,000											
yes	no	no	Due to value will buy. Charitable funding could be used for these.												£9,000
yes	yes	yes	These could be leased						£60,000						
yes	no	yes	look into if can lease						£30,000						
yes	no	no	Could charitable funds be used.												£7,000
no	yes	no	Will need to be part of DIS budget							£180,000					
no	no	no	Looks like a minor scheme	£30,000											
No	No	No	Will need replacement plans of other areas							£18,000					
No	No	No	Will need replacement plans of other areas							£5,400					
yes	no	no												£1,000	
no	no	no	Added following Exec Committee support	£30,000											

Category	CG	CG Priority	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £	MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Capital programme <£50k	Capital programme >£50k	Fees	Backlog	Replacement Lease	New Lease	DIS - Care Group Capital programme	DIS - DIS Capital programme	>£5k Equipment funding - Capital	Revenue Funding	<£5k Equipment funding	Charitable Funding/ External fund	
Uncosted	1	3	Point of Care Testing Equipment	Purchase of point of care testing equipment to support the delivery of Urgent Community Reponse and Virtual Ward models - N/K - need to confirm device type and number required																		
Uncosted	1	3	THERAPY EQUIP 7740 THORACIC SUCTION WALL	YORK HOSPITAL, WARD 34 - Unknown - to be tendered																		
Uncosted	1	3	VITALOGRAPH ALPHA SPIROMETER	YORK HOSPITAL, WARD 34 (PHYSIO) - Unknown - to be tendered																		
Lease	2	1	LG20177 GE Vivid E9 4D Echocardiogram Ultrasound Machine and Associated Equipment (MERG 14-115)	Already got the Leased Equipment and expires 31 Oct 22 This is for Cardio Respiratory unit and after 7 years will need the updated version of this bit of medical kit as things move on so quickly re patient experience and user efficiency	£115,000	yes	yes	yes	replacement					£115,000								
Lease	2	1	LG21227 Philips Affinity 70 (Echocardiogram machine) and associated equipment	Already got the Leased Equipment and expires 28 Sep 22 This is for Cardio Respiratory unit and after 7 years will need the updated version of this bit of medical kit as things move on so quickly re patient experience and user efficiency	£65,000	yes	yes	yes	replacement					£65,000								
Priority List - Scoring	2	1	Relocation of Respiratory	Provision for adequate office space for the respiratory unit personnel so that current office space can be converted into a clinical work area in order to extend the footprint of the EAU. The respiratory team are required to work within close proximity to ensure continuity of patient care. The benefits of the respiratory team working within close proximity brings continuity of patient care and a happy and content workforce.	£30,000	no	no	no	Minor scheme .	£30,000												
Priority List - Scoring	2	2	Extend Emergency Assessment Unit (EAU)	Linked to Item 1 (above). Assuming Resp team are re-located, extending the EAU to provide additional clinical space for SDEC medical/frailty services; includes replacement flooring, windows and patient toilet. The medical /frailty SDEC service is currently at full capacity on a daily basis with 20 patients, leaving several patients suitable of the service to be seen by the ED time. Therefore the service needs to expand to allow approximately 10 patients per day to be treated. As the respiratory unit is adjacent to the current EAU it is ideally placed to provide the additional space. Patient flow will be improved through the ED as more patients will be directed to medical/frailty SDEC on arrival. The SDEC patients will be treated and supported in getting back to their place of residence in the same day, enhancing patient safety and experience.	£159,420	no	yes	no	needs to be prioritised		£159,420											
Priority List - Scoring	2	2	Information Technology in	Full IT and digital input will be required to support an extended EAU. An expansion of a clinical area will require IT input to support technology required to provide safe and efficient patient care. This will include appropriate sockets, trunking, computer equipment and support. This will support technology required to provide safe and efficient patient care.	£100,000	no	yes	no	linked to above BC -Extend Emergency Assessment Unit (EAU)							£100,000						
Lease	2	2	LG28134 6 x IACS Monitoring with C500, 9X Infinity M540 Monitors, Infinity Central nurse station and accessories	Replamcent kit will be required for this leased equipment in 30/01/2024 This is for ED, SGH	£130,000	yes	yes	yes	replacement					£130,000								
Priority List - Care Group	2	3	Swipe access to all wards	To improve ward security to meet CQC standards and establish parity with wards in YDH	£154,000	no	yes	no	Suitable for Ward refurbishment budget		£154,000											
Priority List - Scoring	2	4	Maintaining the temporary Ventilation to the correct standard on Beech Ward until the move to AMM Capital build when ready	Improve the ventilation in Bays 3 & 4 on Beech ward in order to deliver Aerosol Generating Procedures for patients who require CPAP and NIV During COVID air conditioning units were deployed which have achieve 6 air changes per hour. For the AGPs experienced in this area the air changes should be 10 per hour. Increase air changes per hour from 6 to 10 in order to meet the standards required for AGPs Improve the environments safety for both patients and staff	£50,000	no	no	no	Ventilation will not be approved., scheme will cost more, part of wider scheme for wards should look at ward refurb budget.				£50,000									
Priority List - Scoring	2	2	Provision of ultra sound service within the AMU	The deployment of an ultrasound machine on the acute medical unit will enable the provision of accelerated inpatient management through the use of this equipment by trained non-radiology clinicians in 'real time'. This will support the requirement of training acute medical registrars in ultrasound whilst delivering improvements in patient care and releasing Radiology resource time.	£30,000					£30,000												



Category	CG	CG Priority	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £	MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Capital programme <£50k	Capital programme >£50k	Fees	Backlog	Replacement Lease	New Lease	DIS - Care Group Capital programme	DIS - DIS Capital programme	>£5k Equipment funding - Capital	Revenue Funding	<£5k Equipment funding	Charitable Funding/ External fund	
Priority List - Scoring	2	5	Suitable Ventilation in all side rooms on Chestnut, ITU Beech and Oak in line with Infection Control guidelines	Allowing secure ventilation to isolate infectious diseases	£160,000	No	yes	No	Could be funded from ward refurb allocation. Cost is not enough, needs to be worked into a scheme hence 2023/24				£160,000									
Priority List - Scoring	2	6	Updated Ventilation in all side rooms on Lilac, Maple, Ash and Holly in line with Infection Control guidelines	Allowing secure ventilation to isolate infectious diseases	£160,000				Could be funded from ward refurb allocation. Cost is not enough, needs to be worked into a scheme hence 2024/25				£160,000									
Charity	2	7	Cardiac Respiratory Unit - Updating for purpose	Ensuring the facilities are refurbished and altered to provide good patient experience and quality care	£30,000	no	no	no	Charitable funding could be used.												£30,000	
<£50k	2	9	Upgrade Kitchen and bathroom Johnson ward	Current facilities are not fit for purpose and require renewing and updating	£30,000	No	No	No	Do they have charitable funds to contribute . Minor scheme.	£30,000												
<£50k	2	11	Mulberry Ward (ex - Stroke) sluice upgrade	Sluice requires modernising and making fit for IPC standards	£7,000	no	no	no	Minor schemes or ward refurb funding	£7,000												
>£50k	2	12	Reprovision of Cardiology step down beds when unit beds relocated to new AMM	Identify suitable location within the main block - likely to be old ITU so conversion to standard ward required.	£50,000	yes	yes	yes	Merg required for additional kit, charitible funding contribution. Fees this year		£50,000											
Fees	2	15	Provision of Frailty Assessment Unit	Identify suitable location within the main block - preference would be close to the Elderly Village	£20,000	yes	yes	yes	Merg required for additional kit, charitible funding contribution. Fees this year			£20,000										
Lease	3	1	LG14989 - Anaesthetics YH	45 x Draeger Anaesthetic Machines & Patient Monitors	£754,000	yes	yes	yes	replacement					£754,000								
Lease	3	1	Audiology replacement of 36 Auricals	Our Audiology AURICAL equipment for programming hearing aids, carrying out essential hearing assessments and diagnostic investigations is now over 10 years old and needs replacing across York and SGH. We have 36 AURICALs at our various locations. We have reviewed recent equipment and would like to replacie with Affinities	£288,000	yes	yes	yes	Check if suitable for leasing . LG15923 has 4 on lease. Finishes Jul 22 9 years old					£30,000	£258,000							
Priority List - Scoring & Care Group	3	1	Sterile Services SGH autoclave replacement	Three (3) Getinge GE6913 porous load autoclaves are over 18 years old. Therefore to be replaced with four (4) MMM Selectomat PL porous load autoclaves including ancilliary equipment.	£286,000	no	yes	yes	check if can lease, or fund from backlog.		£286,000											
Lease	3	1	MERG 21-124 – Haemodynamic monitors YH & SGH	MERG 21-124 – 10x Haemodynamic monitors	£263,000	yes	yes	yes	This has MERG support to BC . b/wd from urgent & critical funding.						£263,000							
Lease	3	1	SGH 60W Stones Laser	Replacement of the SGH 20w Holmium laser for a 60W Holmium laser	£136,850	yes	yes	yes	This has MERG support to BC .						£136,850							
Lease	3	1	LG6879 - ICU Beds SGH & YH	30 x Enterprise 9000 Beds w/2xSyringe Pump Holders, 5xIV Straight Poles, Fracture Frame Kinetic, 3xWide Folding Monitor Shelf & 2x O2 Cylinder Holders	£130,000	yes	yes	yes	replacement				£130,000									
Lease	3	1	York Trilogy machine	Replacement of the Swiss Lithoclast PCNL machine for a Boston Scientific Trilogy Machine	£128,230	yes	yes	yes						£128,230								
Priority List - Scoring & Care Group	3	1	Sterile Services YDH/SGH electronic instrument tracking system replacement	The Traybox electronic tracking system is not supported by manufacturers Getinge (Altrax) after 2022. Upgrade to new version "T-Doc" or similar system.	£98,244	no	yes	no	need to purchase							£98,244						
Lease	3	1	LG8297 - Urology Theatres YH	Urology System comprising Keymed Lucera & Theatre Camera	£85,509	yes	yes	yes	lease bought out					£85,509								
Lease	3	1	Laparoscopic ultasound	Laparoscopic Ultrasound for detecting stones in the common bile duct	£80,000	yes	yes	yes	check if additional , do they have charitable funding						£80,000							
Lease	3	1	Audiology replacement of clinical audiometers at York and Selby	We require 6 clinical audiometers to replace our current clinical audiometers which are over 15 years old. They are essential in diagnosing children with hearing difficulties and are used in clinics with adults with additional learning difficulties. the reason that we use these is because of sound field and the ability to test using speakers. these clinical audiometers also are able to test high frequencies and this is required where testing patients who are receiving ototoxic drugs. They are also essential should the hospital computer system fail and they are part of the continuity of care and providing our service	£55,155	yes	yes	yes	check if suitable for leasing .						£55,155							
<£50k	3	1	Laser blinds - Theatres YH	Laser blinds YH theatres	£37,000	No	No	No	This was agreed last year ! Do they need all of them.	£37,000												
Lease	3	1	Replacement KTP laser - ENT	Replacement KTP laser - ENT	£35,000	Yes	No	Yes	Owned kit that can be funded via a lease						£35,000							
>£5k Equipment	3	1	Neo-Lazer (bile duct stones)	Neo-Lazer for bile duct stones to be used in theatre for bile	£17,000	Yes	No	NO	This is new kit , could they use charitable funds.									£17,000				
Lease	3	2	Replacement and upgrade of laparoscopic stacks York site	Replacement and upgrade of laparoscopic stacks for theatres at York site. 3 Stacks to be replaced and 1 additional stack	£400,000	yes	yes	yes	Doesn't state if currently on leases, but possibly LG21101has 2 stacks expires 15/10/22 looki into .					£300,000	£100,000							

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Lease	3	2	Pendants - ICU YH	16 x ICU pendant to replace	£400,000	Yes	Yes	Yes	lease						£400,000							
Lease	3	2	LG21352 - Anaesthetics SGH	4x C-MAC D3 Video laryngoscopes systems and associated equipment (Scarborough Hospital) 5x C-MAC D3 Video laryngoscopes systems and associated equipment (York Hospital) 2x 11302 BDXX Flexible intubation video endoscopes sets and associated equipment (Scarborough Hospital) 2x 11302 BD2 Intubation Fiberscopes and associated equipment (York Hospital)	£202,818	yes	yes	yes	Replacement lease					£202,818								
Lease	3	2	Storz GI stack theatres SGH	Storz GI stack SGH theatres	£170,228	yes	yes	yes	Owned kit that can be funded via a lease						£170,228							
Lease	3	2	Co2 laser - Maxfax	Co2 laser - Maxfax	£140,000	yes	yes	yes	Owned kit that can be funded via a lease						£140,000							
Lease	3	2	MERG 21-045 Operating tables Theatres SGH	replacement of 2 x operating tables SGH	£82,537	yes	yes	yes	replacement lease					£82,537								
Lease	3	2	Prostate Morcellator	Purchase a Morcellator to begin offering a HoleP prostate day case operation. - Approx cost	£40,000	yes	no	yes	Possibly suitable for leasing, cannot be funded from ERF has revenue funding.						£40,000							
Lease	3	2	LG16838 - GI theatres YH?	Stryker Laparoscopic HD Stack System 1288	£37,037	yes	no	yes	replacement lease					£37,037								
Lease	3	2	LG21939 - ICU YH	GE Logiq P9 Ultrasound machine	£36,266	yes	no	yes	replacement lease					£36,266								
Lease	3	2	LG17219 - Theatres SGH	Sonosite Edge L14000 Ultrasound System (Serial number 03X3MN)	£30,816	yes	no	yes	replacement lease					£30,816								
Lease	3	2	LG17657 - DU Theatres YH	Sonosite Edge L14000 Ultrasound System	£30,816	yes	no	yes	replacement lease					£30,816								
Lease	3	2	LG20175 - ICU SGH	Maquet Servo-U Ventilator and Associated Equipment	£26,079	yes	no	yes	replacement lease					£26,079								
Lease	3	2	LG8240 - Anaesthetic YH	Sonosite S-Nerve 1.2 Ultrasound System	£24,012	yes	no	yes	replacement lease					£24,012								
<£5k equipment	3	2	Defrib Trolley - ICU YH	2 x defrib trolleys ICU YH	£5,000	yes	no	no	revenue purchase											£5,000		
<£5k equipment	3	2	walz lithotronEL27 EKL compact - theatres SGH	walz lithotronEL27 EKL compact	£2,800	yes	no	no	revenue purchase											£2,800		
<£5k equipment	3	2	ECG cables ICU SGH	12 x ECG cable SGH ICU	£2,753	no	no	no	revenue purchase												£2,753	
Lease	3	3	LG17028 - Anaesthetics YH	4 x Primus IE Anaesthetic Machines, 2 x Omega-S Monitors, 3 x Delta XL +scio Monitors and 2 x Delta XL +BP Monitors	£163,443	yes	yes	yes	replacement lease					£163,443								
Lease	3	3	Replacement of dental drills - York, Scarborough & Brid theatres	Replacement of dental drills across theaters - all 10+ years old so parts are becoming obsolete	£150,000	yes	yes	yes	Owned kit that can be funded via a lease						£150,000							
External funding	3	3	York Flexible Cystoscopes	Replacement of 5 York Flexible Cystoscopes with 5 new Flexible Cystoscopes (No stack)	£106,641	yes	yes	No	Cancer alliance funding possible												£106,641	
Lease	3	3	LG14023 - Anaesthetics YH	2 x Alphamax Theatre Tables with Accessories - Ortho	£87,676	yes	yes	yes	replacement lease					£87,676								
Lease	3	3	LG15692 - Head & Neck Stack SGH	KeyMed Olympus Stack System	£83,205	yes	yes	yes	replacement lease					£83,205								
Lease	3	3	LG15462 - GI theatres YH?	Visera Pro HD Camera System	£61,591	yes	yes	yes	replacement lease					£61,591								
Lease	3	3	LG20674 - GI theatres YH	2 x CHF-V Video Choledochoscopes and Associated Equipment	£46,802	yes	no	yes	replacement lease					£46,802								
Lease	3	3	LG26492 - Anaesthetics YH	2 x Primus IE Anaesthetic machines and associated equipment (MERG 17-019)	£40,664	yes	no	yes	replacement lease					£40,664								
Lease	3	3	LG21233 - Anaesthetics YH	1x Primus IE Anaesthetic machine & 1x Delta XL+BP Patient monitor and associated equipment	£39,184	yes	no	yes	replacement lease					£39,184								
Lease	3	3	LG15951 - Urology theatres SGH	3 x Olympus KeyMed CYF-5 Flexible Cystoscopes	£31,400	yes	no	yes	replacement lease					£31,400								
Lease	3	3	Anetic Aid AT4 Tourniquet Machines - anaesthetics YH	Anetic Aid AT4 Tourniquet Machines x 8	£28,000	yes	no	yes	Owned kit that can be funded via a lease					£28,000								
>£5k Equipment	3	3	replacement of home visiting audiometers and equipment used for Full Sutton Prison visits	We require 3 home visiting portable audiometers to enable our service to continue and support patients in the community who are unable to visit the hospital	£25,000	yes	no	no	owned kit									£25,000				
Lease	3	3	LG18190 - GI theatres YH	Karl Storz H3-Z Camera Head	£16,795	yes	no	yes	replacement lease					£16,795								
<£5k equipment	3	3	Toe pressure machine	Purchase of The Ankle & Toe pressure Kit to provide Diabetic or Lymphatic specialist with a system to aid the assessment of arterial disease and neuropathy x 4	£8,000	yes	no	no	owned kit											£8,000		
<£5k equipment	3	3	Harmonic machine - GI theatres York	3 x Harmonic machines used for GI surgery YH	£7,500	yes	no	no	revenue purchase											£7,500		
<£5k equipment	3	3	Inter Hospital ICU trolley ICU YH	3 x inter hospital ICU trolley ICU York	£6,000	yes	no	no	revenue purchase											£6,000		
<£5k equipment	3	3	MERG 20-090 Micrel Pumps	2 x Micrel pumps	£4,458	yes	no	no	revenue purchase											£4,458		
<£5k equipment	3	3	Automatic pressure infuser (HiFlow) - theatres SGH	Automatic pressure infuser (HiFlow)	£3,162	yes	no	no	revenue purchase											£3,162		
<£5k equipment	3	3	Vascular Doppler	Replacement of Vascular Doppler in Vascular theatres.	£2,000	yes	no	no	Equipment library have just bought these, check if they have been replaced.											£2,000		
Uncosted	3	3	IRI600 Fluid warmer - Theatres SGH	IRI600 Fluid warmer					No cost - think less than £5k													

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Lease	3	4	LG16982 - Head & Neck theatres YH	Microscope Camera System & TV Stack System	£90,050	yes	yes	yes	replacement lease					£90,050								
<£5k equipment	3	4	Overhead Tracking lifting hoist - ICU YH	10 x Overhead tracking lifting hoist ICU YH	£35,000	yes	no	no	revenue purchase											£35,000		
>£5k Equipment	3	4	Oxilogs SGH and YH ICU	Oxilogs - portable ventilators 3 x YH and 2 x SGH	£21,000	yes	no	yes	Check values will not lease re low cost									£21,000				
<£5k equipment	3	4	Purchase of Fasciotens Abdominal Wall Solutions	Fasciotens products are proving instrumental in allowing closure of the abdominal wall following incisional hernia repair with loss of domain and many other surgical interventions where Laparotomy is required.	£3,425	yes	no	no	revenue purchase											£3,425		
<£5k equipment	3	4	Loupes / Magnifying glasses	Purchase of the Loupes to be used by the plastics team for marking tumour margins	£2,500	yes	no	no	revenue purchase											£2,500		
<£5k equipment	3	4	Emergency Trolley - ICU SGH	Emergency transfer trolley SGH ICU	£1,800	yes	no	no	revenue purchase											£1,800		
<£5k equipment	3	4	Cryotherapy treatment	Purchase of Cryotherapy machine to be used for the Plastics team for the skin lesion treatment.	£1,500	yes	no	no	revenue purchase											£1,500		
<£5k equipment	3	4	Dermatoscope for plastics consultants	The purchase of Dermatoscope for the plastics team to assist with diagnosing skin cancer.	£1,000	yes	no	no	revenue purchase											£1,000		
<£5k equipment	3	5	LED headlight for Operating	Purchase of LED Headlight to be used in theatres by the plastics consultants and SCP x 3	£7,500	yes	no	no												£7,500		
Uncosted	3	5	Olympus UES-40 surgimaster (TURIS) - Theatres SGH	Olympus UES-40 surgimaster (TURIS)		yes			No cost													
Uncosted	3	5	Neurotherm RF Generator - Anaesthetics YH and BDH	Neurotherm RF Generator		yes			No cost													
Charity	3		3D Printer	3D Printer for Max fax	£7,291	Yes	No														£7,291	
Uncosted	3	5	Ethicon generator G11 (harmonic) - Theatres SGH	Ethicon generator G11 (harmonic)					no cost													
Uncosted	3	5	Zeiss colposcope - Theatres SGH	Zeiss colposcope					no cost													
Uncosted	3	5	Trauma Table - Anaesthetics YH	Trauma operating tables x 2					no cost													
Uncosted	3	5	Draeger Tofscan - Anaesthetics YH	Draeger Tofscan x 11					no cost													
Lease	4	1	Flow Cytometer		£100,000	yes	yes	yes	Possibly suitable for leasing,					£100,000								
Lease	4	2	Live slide scanner for brain smear diagnosis		£67,090	yes	yes	yes	new lease					£67,090								
External funding	4	3	2nd CT at Scarborough	Installation of second CT at Scarborough - interim plan prior to final installation in main ED build	£830,000	yes	yes	no	External funding expected for equipment												£830,000	
Lease	4	3	Replacement of 6 x Storage Cabinets and Associated Equipment	Current lease is for 4 x Pass-Through Automated Endoscope Reprocessors, 6 x Storage Cabinets and Associated Equipment. However, the 4 x washers are now being replaced. 6 x storage cabinets must be re-leased now, but if they were to be replaced they would need to be "drying" cabinets. - Value TBC 2023/24	£316,311	yes	yes	yes	replacement lease					£316,311								
Lease	4	4	Tandem mass spectrometer (1/2) Quattro Premier		£300,000	yes	yes	yes	Think this could be leased.					£300,000								
Lease	4	5	Nitrogen Generator (1/2) - linked to Tandem mass (1/2)		£16,457	yes	yes	yes	see Tandem mass					£16,457								
Pre-committed	4	6	Room 7 x-ray enabling ventilation work	Already approved BC for equipment and turnkey quote however additional ventilation works required	£100,000	no	yes	no	Capital works - Already approved and in the plan		£100,000											
Priority List - Scoring	4	7	Nuclear Med enabling ventilation and infrastructure works	Already approved BC for equipment and turnkey quote however additional ventilation works required	£500,000	no	yes	no	capital purchase		£500,000											
Lease	4	8	Replacement Blood Culture analysers	Blood culture analysers detect when a patient has a septic episode (bacteraemia). This is the only microbiological method able to detect blood stream infections.	£200,000	yes	yes	yes	New lease					£200,000								
Lease	4	9	Replacement TB detection equipment	Instrument detects the presence of Mycobacteria e.g. Tuberculosis.	£40,000	yes	no	yes	New lease					£40,000								
Removed too large	4	10	The refurbishment and extension of the Histology laboratory and consultant accommodation on the 3rd floor lab med	The existing Histology department has not been updated since it was first built in the 1970's and the size and layout fail to meet current and future requirements. The plan will be for a larger open plan laboratory that better meets service needs and makes better use of staff and equipment. This plan future proofs the service for an increasing workload (currently around 4%p.a.). The Scarborough Histology service was moved onto the York site in January 2016 due to loss of the 3 Consultant Histologists and the lack of Biomedical Scientists (BMS). The department relied on locum BMS. This additional service has had to be incorporated into the existing laboratory further compromising space.	£2,500,000	no	yes	no	capital purchase		£2,500,000											
DIS-Care Group	4	11	Blood Tracking system covering HUTH site	Extension of the Bloodtracking system in place in YH, SH and BH to include the hospitals in Hull HRI, CHH, WCH.	£252,000	no	yes	no	dis purchase							£252,000						

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Lease	4	12	Replacement of ED X-Rays at York	Replacement of existing equipment to maintain current service provision - does not include estimate for air handling	£500,000	yes	yes	yes	replacement lease					£500,000							
Lease	4	13	Replacement of Rapid Bacterial and Antibiotic Sensitivity Testing Equipment	1 x Biomerieux Rapid Bacterial & Antibiotic Sensitivity Testing equipment in York - lease expires on 31st October 2022.	£40,000	yes	yes	yes	replacement lease					£40,000							
Lease	4	14	LEV benches x 5		£50,000	yes	yes	yes	Check but think suitable for leasing						£50,000						
<£5k equipment	4	15	Platelet incubators (2/3)		£6,500	yes	no	no	revenue purchase											£6,500	
Lease	4	16	1 x fluoro room Sgh replacement	Replacement of existing equipment to maintain current service provision - does not include estimate for air handling	£600,000	yes	yes	yes	Equipment lease/ works capital approx £200k		£200,000				£400,000						
Lease	4	17	Replacement of Mobile Image Intensifiers at York, plus staffing	Replacement of existing equipment to maintain current service provision, plus additional staff	£234,000	yes	yes	yes	new lease						£234,000						
>£5k Equipment	4	18	Hausted Mammography Biopsy chair	replacement of biopsy chair to enable patients to be positioned accurately for biopsy procedures	£6,760	yes	no	no	Charitable funding could be used.											£6,760	
Lease	4	19	Endoscope replacement and additional scopes	Replacement of aging scopes and purchase of additional scopes to manage the increased demand across sites	£1,005,861	yes	yes	yes	new lease						£1,005,861						
Lease	4	20	Replacement Intravascular Ultrasound	Replacement of Boston Scientific IVUS (Intravascular Ultrasound), serial no. 6984	£85,000	yes	yes	yes	replacement lease					£85,000							
Lease	4	21	Replacement diathermy machines and argon plasma coagulator	Replacement of 4x diathermy machines and argon plasma coagulator at York	£114,000	yes	yes	yes	MERG 21-132					£114,000							
Removed too large	4	22	Relocation Scarborough Microbiology services	To accommodate the Microbiology service from Scarborough and the replacement of the existing autoclave with two units necessary to deal with increased capacity and provide a robust and continuous service	£1,500,000	no	yes	No	capital purchase		£1,500,000										
Lease	4	23	Replacement of 3 x Microscopes		£60,000	yes	yes	yes	new lease						£60,000						
Lease	4	24	Replacement of 4 x Microtomes		£40,000	yes	no	yes	new lease						£40,000						
>£5k Equipment	4	25	Replacement of 3x -80 degree freezer		£24,000	yes	no	no	capital purchase											£24,000	
Lease	4	26	Replacement Room 2 X-Ray at York	Replacement of existing equipment to maintain current service provision - does not include estimate for air handling	£350,000	yes	yes	yes	new lease Added in £100k for ventilation		£100,000				£250,000						
Lease	4	27	Upgrade of CT3 at York	Upgrade static CT scanner 3 on the York site	£650,000	yes	yes	yes	new lease						£650,000						
>£50k	4	28	Re-development of the Scarborough Macmillan Unit	The Scarborough Chemotherapy Unit is not fit for purpose. It does not meet with IPC standards and with COVID and social distancing in place the capacity has been reduced to 50%. 2022/23 - The intention is to undertake a feasibility study to scope solution and costs. 2223/24 - The intention would be to take forward the project in this year, costs to be informed by the feasibility study.	£150,000	no	yes	no	capital purchase		£150,000										
>£5k Equipment	4	29	Replacement of 2 x Class II cabinets		£20,000	yes	no	no	capital purchase											£20,000	
>£5k Equipment	4	30	Replacement of 2 x CO2 incubators		£10,000	yes	no	no	capital purchase											£10,000	
>£5k Equipment	4	31	Replacement of 1 x Blood storage units (freezers)		£10,000	yes	no	no	capital purchase											£10,000	
Lease	4	32	Replacement of breast tissue imaging system	Replacement of breast tissue imaging system (Trident) and associated equipment.	£77,000	yes	yes	yes	replacement lease					£77,000							
Lease	4	33	2 x ultrasound machine replacements at Sgh	Replacement of existing equipment to maintain current service provision	£160,000	yes	yes	yes	new lease						£160,000						
Lease	4	34	5 x ultrasound machines for replacement at York	Replacement of existing equipment to maintain current service provision	£400,000	yes	yes	yes	new lease						£400,000						

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Removed too large	4	35	Relocation of Blood Sciences	With the planned move for the Microbiology service to York hospital, the 1st floor of the building will be vacant and coupled with the move for Blood Science to Haldane ward this will release the Pathology block in Scarborough for other building programmes namely the expansion of the ED service. The Scarborough acute services review and £40m allocation will provide new ED facilities and complete significant backlog maintenance. One option for the expansion and new build for the Emergency Department (ED) in Scarborough requires the existing Pathology block footprint. This being the case, the service will need to be relocated in any event	£2,500,000	no	yes	no	capital purchase		£2,500,000												
Lease	4	36	Replacement of 4 stacks and endoscopy peripherals - York	Purchase of 4 new endoscopy stacks and peripherals to replace existing ones which are due to come to the end of their 7 year recommended life for equipment use and technology refresh	£1,200,000	yes	yes	yes	Check if currently leased						£1,200,000								
>£5k Equipment	4	37	Introduction of Contrast enhanced breast Imaging	Contrast enhanced mammography is included in the equipment replacement BC. However if funding comes from PHE the specification does not include this and will be required to be purchased at additional cost	£10,000	yes	no	no	capital purchase										£10,000				
Lease	4	38	1 x replacement dental/OPT machine at Bridlington	Replacement of existing equipment to maintain current service provision	£60,000	yes	yes	yes	new lease						£60,000								
DIS-Care Group	4	39	Breast Imaging AI	Software packages to review quality and dose monitoring	£35,000	no	no	no	dis purchase							£35,000							
>£50k	4	40	Magnolia expansion	On the agenda pre-COVID due to the lack of chair space and flexibility to up capacity in peak times. More pertinent that ever with COVID.	£1,000,000	no	yes	no	Possible charity contribution		£1,000,000												
DIS-Care Group	4	41	Implementation of Phase 2 of EPMA roll out	Re-establish EPMA project group to implement roll out of EPMA into other areas of the Trust including Paediatrics, day theatres, ED and MES	£50,000	no	yes	no	dis purchase							£50,000							
<£50k	4	42	Relocation of IV store York	The current IV store in the receipt and distribution area at York is not fit for purpose due to security and accessibility, this is a shared space with the R&D team and the services that they provide. We are also not currently compliant with the safe storage of medicines regulations in relation to temperature monitoring	£50,000	no	yes	no	capital purchase	£50,000													
>£50k	4	43	Re-development of the CCC and CIS services	The cancer management team have been developing a CCC and CIS strategy, the strategy includes the expansion of services, focussing on creating parity of service across our hospital sites. The strategy looks to expand the complementary therapy offer and extend our information and support services offer through virtual/social media avenues and outreach in the community and in the hospitals.	£1,000,000	no	yes	no	capital purchase		£1,000,000												
Lease	4	2	Replace MRI contrast injectors	The contract is now out of date and therefore they will not be repairable. Therefore a direct effect on services if they break. Existing equipment is beyond expected life of 7 years, and limited maintenance cover is now available. Dynamic contrast enhanced scanning cannot be provided without them	£89,084	yes	yes	yes	Checking whether can lease or will need to buy.						£89,084								
>£5k Equipment	4		Blood fridges		£32,179	yes	no		Merg application prepared										£32,179				
Pre-committed	4		Mortuary Fridge replacement	Mortuary Fridge replacement - pre commitment from 21/22 - already on order	£128,000	Yes	Yes		Identified in CPEG as a pre-commitment		£128,000												
Priority List - Scoring	4		Brid US		£16,000					£16,000													
Lease	5	1	Intrauterine Device for Polyps removal (Stolz Bigatti Shaver) YORK womens unit	Still awaiting costs - MERG to be produced. Approx costs included as c£15,000. There is no equipment at York so on risk register and monitored under clinical governance meeting. Escalated within CG5 in May 2022 to progress with costings and MERG.	£99,000	yes	yes	yes	check if current the broken scopes are on lease ??? - Cost updated 09/06/22						£99,000								
Priority List - Scoring	5	1	Adaptation of two consulting rooms on Womens Unit (SGH) to create four clinical rooms for gynaecology outpatient care	Optimise space for gynaecology activity delivery by splitting two birthing rooms into 4 clinical rooms for outpatients and ability to deliver registrar clinics alongside Consultants clinics - requires ventilation, electrical and walls/ structural work to adapt bathrooms and split space	£50,000	no	yes	no	capital purchase	£50,000													
Lease - removed 13/06/2022	5	1	GE Voluson Ultrasound machine for foetal scanning (SBLV)	U/S machine (procured alongside CG4 batch of U/S machines in Jan 2022 - not yet delivered) to support additional scanning to be undertaken in antenatal clinic for high risk pregnancies - circa	£0	yes	no	yes	new lease - Already delivered - removed 13/06/2022						£0								
Lease - removed 13/06/2022	5	1	Ultrasound scanner for Scarborough Sexual Health Clinic	Redirect complex coils pathway away from secondary care Gynae lists into community	£0	yes	no	yes	new lease - not required 13/06/2022						£0								

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Lease	5	1	Neonatal Incubators & Basinettes	Replacement of 2 existing incubators and 2 basinettes in York SCBU due to old age/ condemned (confirmed by med engineering) - £31,561.73 for 2 Drager Isolette 8000 Plus incubators and £650-£1000 each for two basinettes Total: £33,561.73	£33,562	yes	no	yes	check if new lease						£33,562							
Lease	5	1	Neonatal Ventilators	Replacement of 2 ventilators in Scarborough SCBU due to old age/ condemned (confirmed by med engineering)	£54,500	yes	no	yes	new lease - Costs increased (net of vat) 09/06/2022						£54,500							
Priority List - Chief Nurse & Care Group	5	1	Labour Theatre Floor (York)	Replacement of floor due to IPC issues - SI for infection recorded	£10,000	no	no	no	capital purchase	£10,000												
Priority List - Care Group	5	1	Conversion of two bedded bay into two rooms on Paediatric Ward 17/18 junction (Bay 31) (York) to accommodate day surgery patients on ward	Requires adding a wall and door to split the room and provide IPC compliant day surgery spaces for two patients (there is a need to identify space for 10 day surgery patients per day on existing W17/18 footprint)	£10,000	no	no	no	capital purchase	£10,000												
<£50k	5	1	Hysteroscopes (Endosee)	Two handheld scopes required - £4,150 monitor x 2. Disposable scopes £1,520.00/box of 5 and graspers are £365.00/box of 5.	£8,300	no	no	no	capital purchase	£8,300												
>£5k Equipment - removed 13/06/2022	5	1	Centrifuge	Centrifuge for bloods in Northallerton to enable PrEP provision	£0	no	no	no	capital purchase - removed following meeting 13/06/2022									£0				
Pre-committed	5	1	Adaptation of Antenatal Clinic office space to scanning room (York)	Conversion of office space with appropriate ventilation and flooring/ door widening to accommodate new scanner for in hours foetal scanning in line with Saving Babies Lives	£20,000	no	no	no	capital purchase	£20,000												
Pre-committed	5	1	Adaptation of Seminar Room in Womens Unit York for offices	Conversion of seminar room to hot desking for 5 Consultants to free up other offices for clinical space for scanning and to accommodate 4-5 new Consultants joining the service	£6,000	no	no	no	capital purchase - increased to match quote of £26k for seminar room scheme and antenatal clinic office space	£6,000												
Charity	5	1	Adaptation of Rainbow Ward to create CAU and Ambulatory Care space	Quote requested for work on paediatric ward (Rainbow Ward - was Duke of Kent) to support better configuration of space on ward and provide dedicated CAU and ambulatory care areas. This will support the delivery of pathways of care from the ward and relieve pressures on ED at SGH (Dales unit space is now used by ED) and while the new ED build is completed. Includes converting the current playroom to a staff room so all paediatric staff can be accommodated on the ward.	£136,000	no	no	no	capital purchase - updated 9/6/22 partly funded by charitable funds - now fully funded by charitable funds 14/06/22													£136,000
Priority List - Care Group	5	1	Repair of roof over two bedded bay in Paediatric ward (SGH) to accommodate COVID patients at Scarborough	Deliver safe IPC compliant paediatric care for Scarborough children on Duke of Kent using a currently out of use (due to roof leaking) two bedded bay as RED capacity	£5,000	no	no	no	capital purchase	£5,000												
<£5k equipment	5	1	Perilyn Analyser	Fetal Fibronectin Testing machine	£4,980	yes	no	no	revenue purchase/ charitable												£4,980	
Charity	5	1	Breast milk warmer	SCBU York	£2,320	yes	no	no	revenue purchase/ charitable													£2,320
Charity	5	1	Star Chair for paediatrics	To support children with postural issues and delayed development for physiotherapy	£1,240	yes	no	no	revenue purchase/ charitable													£1,240
Revenue	5	1	Adaptation of small office O&G office (SGH)	Benching for small office to extend use of office for use by 2 Consultants to accommodate new Consultants joining the service	£1,000	no	no	no	Caregroup can fund.										£1,000			
Revenue	5	1	Adaptation of Jasmine Midwives room on Hawthorne Ward corridor (SGH) for Gynaecology Assessment Unit (GAU)	Utilise space at Hawthorne for clinical space for GAU and develop SDEC pathway	£1,000	no	no	no	Caregroup can fund.										£1,000			
Revenue - removed 13/06/2022	5	1	Hoist for paediatrics (Oxford)	To support children at Malton physio clinic and deliver more activity utilising the clinical space there	£0	no	no	no	Caregroup can fund. / or charitable - removed following meeting 13/06/2022													£0
Revenue	5	1	Drugs cupboard Whitby Sexual health clinic		£500	no	no	no	Caregroup can fund.										£500			
<£50k	5	2	Development of Bridlington Lloyd Ward space for hyst/ colposcopy	Utilise space at Lloyd (alongside CG3 H&N services) for increased hyst/ colposcopy activity - need to accommodate stack	£10,000	no	no	no	capital purchase	£10,000												
Priority List - Care Group	5	2	Sexual health: Monkgate reception & Waiting area remodelling	Remodelling and refurbishment to support better patient flow and improve environmental compliance	£8,000	no	no	no	capital purchase - cost increased from £5k to £8k 09/06/22	£8,000												

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Revenue	5	3	Sexual Health: Heatherdene Harrogate Clinic refurbishment clinical areas	Refurbishment of flooring, blinds, painting corridor areas to improve environmental compliance (not covered in SLA)	£2,500	no	no	no	Caregroup can fund.										£2,500			
>£5k equipment	5		ECG Monitors	2 ECG machines at Scarborough	£14,000	Yes	?		Newly added ECG machines - awaiting prices - Likely to be leased? 9/6/22									£14,000				
Lease	5		Fetal Monitoring	York fetal monitoring system	£200,000	Yes	?		Newly added Fetal monitoring machines - awaiting prices - Likely to be leased? 9/06/22						£200,000							
Revenue	5		Baby tag Monitoring	Baby tag monitoring system		Yes	?		Newly added baby monitoring system - awaiting prices - Likely to be leased? 9/06/22 - sorted through Special Programme													
Priority List - Care Group	5		SCBU Doors SGH	Extension of SCBU Doors at Scarborough site	£14,500	No	No	No	Newly added scheme - 9/6/22	£14,500												
Pre-committed/Charity	5		Bereavement Suite/Ablutions facility	Scheme shortfall due to inflationary pressure	£70,000	No	Yes	No	Shortfall in funding - suggest 50/50 split with charity - added 9/6/22 - CPEG Approved to start	£35,000												£35,000
Lease	5		EPA Ultrasound machine		£25,500	Yes	No	?	Newly added scheme - 9/6/22						£25,500							
<£50k	5		Gynaecology chair		£15,000	Yes	No			£15,000												
Uncosted	5	3	Labour Theatre New (York)	Co-location and development of new Labour Theatre as part of CG3/ Main Theatre future development - long-term ambition - Value TBC 2024/25	£0	no	yes	no	capital purchase													
Uncosted	5	3	Midwife-led unit York	Required to meet best national practice/ model of care - initial scoping - Value TBC 2023/24	£0	no	yes	no	capital purchase													
>£50k	6	1	Malton Skin Cancer service	To enable MDT clinics work is required to convert 2 old delivery suites to MOP rooms with ventilation. The rooms would then require some minor works, decorating, flooring, electrics, plumbing etc. as well as the purchase of equipment required (Lights, benches, operating equipment, storage etc).	£350,000	no	yes	no	capital purchase		£350,000											
Lease	6	1	Arthroscopes	Arthroscopes for T&O	£252,000	yes	yes	yes	new lease						£252,000							
Lease	6	1	Instinctive Navilis Prime laser	York Retinal Laser (replacement)	£103,000	yes	yes	yes	New lease						£103,000							
Lease	6	1	Upgrade to OCTA	York Heidelberg OCT upgrade to improve flow	£57,000	yes	yes	yes	New lease						£57,000							
Lease	6	1	2 x Kowa Non Mid	York Kowa camera (additional) to improve flow	£52,000	yes	yes	yes	New lease						£52,000							
Lease	6	1	YAG / SLT laser	York YAG / SLT Laser (replacement)	£50,000	yes	yes	yes	New lease						£50,000							
Lease	6	1	Medical Elective Service	Blood fridge required for essential activity undertaken by MES	£50,000	yes	yes	yes	New lease						£50,000							
Priority List - Care Group	6	1	Repurposing of eye clinic rooms vacated by move to Community Stadium	Several rooms are vacant following the move of Eye Clinics to the Community Stadium. This scheme is to repurpose them towards other sub specialties in the department.	£15,000	no	yes	no	capital purchase - value reduced from £45k to £15k by Mandy Mullins - 9/6/22	£15,000												
Lease	6	1	Zeiss Visual Field Analyser	Scarborough VFA (additional) to improve flow as discussed at CPMG meeting in February	£31,000	yes	no	yes	New lease						£31,000							
>£5k Equipment	6	1	dermatology lights	York HOSPITAL,	£30,000	yes	no	no	capital purchase									£30,000				
Priority List - Chief Nurse	6	1	nurse call bell	Bronte	£30,000	no	no	no	capital purchase	£30,000												
Priority List - Care Group	6	1	Minor works to accommodate SGH VFA	Scarborough VFA minor works (as above)	£8,500	no	no	no	capital purchase - value reduced from £20k to £8.5k by Mandy Mullins - 9/6/22	£8,500												
Priority List - Scoring & Care Group	6	1	Ophthalmology - Works for installation of Microscope (MERG 20-001)	Works to install illumaire 700 zeiss microscope in Theatre 1	£15,000	no	no	no	capital purchase	£15,000												
<£50k	6	1	Neurology Plan		£30,000				New scheme	£30,000												
Lease	6	1	Oculus Pentacam HR 3D Scheimpflug Camera		£52,000				New scheme - can this be leased - price updated 9/6/22						£52,000							
Lease	6	1	Dorc EVA 8000.COM02 Phaco Machine		£50,000				New scheme - can this be leased?						£50,000							

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Lease	6	1	Dorc EVA 8000.COM02 Phaco Machine		£50,000				New scheme - can this be leased?						£50,000						
Lease	6	1	Multi Focal ERG Equipment		£50,000				New scheme - can this be leased?						£50,000						
>£5k Equipment	6	1	Upgrade to Multicolour OCT	Malton Heidelberg OCT upgrade to allow multicolour image capture to increase virtual capacity	£12,500	yes	no	no	capital purchase									£12,500			
>£5k Equipment	6	1	TRK-2P tono pachy kerato refracto meter	Scarborough Autorefractor (additional) to improve flow	£12,423	yes	no	no	capital purchase									£12,423			
>£5k Equipment	6	1	Shockwave Therapy	Development of a shockwave therapy service for MSK patients	£12,000	yes	no	no	capital purchase/ possibly charitable									£12,000			
>£5k Equipment	6	1	2 x ICARE 200	York Tonometer (additional) to improve flow	£10,000	yes	no	no	capital purchase/ possibly charitable									£10,000			
DIS-Care Group	6	1	On line Optimize electronic booking - Diabetic Retinal Screening		£10,000	no	no	no	dis purchase							£10,000					
>£5k Equipment	6	1	Nidek Keratometer	Scarborough Keratometer (replacement)	£9,000	yes	no	no	capital purchase									£9,000			
>£5k Equipment	6	1	Keeler Slitlamp	Bridlington slitlamp (replacement)	£6,900	yes	no	no	capital purchase									£6,900			
>£5k Equipment	6	1	Keeler Slitlamp	Bridlington slitlamp (replacement)	£6,900	yes	no	no	capital purchase									£6,900			
<£5k equipment	6	1	ICARE 200	Bridlington Tonometer (replacement) NB all replacement schemes are to replace end of life like for like equipment)	£4,995	yes	no	no	capital purchase											£4,995	
<£5k equipment	6	1	ICARE 200	Bridlington Tonometer (replacement)	£4,995	yes	no	no	capital purchase											£4,995	
<£5k equipment	6	1	ICARE 200	Scarborough Tonometer (additional) to improve flow	£4,995	yes	no	no	capital purchase											£4,995	
<£5k equipment	6	1	Focimeter	Bridlington focimeter (replacement)	£2,500	yes	no	no	capital purchase											£2,500	
<£5k equipment	6	1	Pachmate 2	Bridlington Pachmate (replacement)	£1,695	yes	no	no	capital purchase											£1,695	
Lease	6		Optos camera	Required for the new HCQ service at Scarborough	£90,000	Yes	Yes		To check if the Trust should be funding this given it is a newly commissioned service - added 9/6/22						£90,000						
<£50k	6	1	ERBE ERBOKRYO AE CRYOSURGERY UNIT		£10,000	Yes			Equipment	£10,000											
<£50k	6	1	DRAEGER PRIMUS IE ANAESTHETIC MACHINE		£20,000	Yes		yes	Equipment	£20,000											
<£50k	6	1	DRAEGER PRIMUS IE ANAESTHETIC MACHINE		£20,000	Yes		yes	Equipment	£20,000											
<£50k	6	1	DRAEGER DELTA XL ECG MONITOR		£20,000	Yes		yes	Equipment	£20,000											
<£50k	6	1	DRAEGER INFINITY C700 PATIENT MONITOR		£20,000	Yes		yes	Equipment	£20,000											
<£50k	6	1	DRAEGER INFINITY C700 PATIENT MONITOR		£20,000	Yes		yes	Equipment	£20,000											
<£50k	6	1	DRAEGER DELTA XL ECG MONITOR		£20,000	Yes		yes	Equipment	£20,000											
<£50k	6	1	Ortho table, scopes and IT add on	Scarborough	£30,000	yes	yes	yes	Equipment	£30,000											
Priority List - Scoring & Chief Nurse	Chief Nurse		Nursing documentation project	Sockets and data points	£40,000											£40,000					
Priority List - Scoring	Medical Director		HYMS	HYMS Rooms at Scarborough	£10,000					£10,000											
Priority List - Care Group Directorate	DIS		Essential Service Programme - Compute and Storage	In 2022 the DIS team will be replacing components of the existing compute and storage solution including replacement of infrastructure that underpins CPD (EPR solution) and a number of components of the Trusts storage infrastructure. The replacement is due to the infrastructure being end of life (not supported, updated). In 2022 and start of 2023 other core elements of the compute and storage solution will also become end of life and as such become a risk to the Trust.	£1,164,000	no	yes	no	dis purchase - Value updated by DIS 9/6/22								1164000				
DIS-2	DIS		Essential Service Programme -End User Refresh	A large percentage of the Trusts end user estate (desktop and laptop) is aged (over half of the 8200 estate is over 5 years old). As DIS work with the Trust on new solutions like virtual desktop and digital enabling devices, we must not lose sight of the wider estate and the need for substantial refresh	£1,000,000	no	yes	no	dis purchase								1000000				



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Priority List - Care Group Directorate	DIS		Essential Service Programme - Network	To continue the modernisation of the Trusts network (site network) as a continuation of work funded and started in 2021/22 FY with Telefonica Tech (Data centre networking). The network will require iterative modernisation over the next 2 to 3 years. The modernisation will remediate existing technical debt on an aged estate and develop a more resilient, performant and secure network for operations, transformation and enabling strategy i.e. digital	£300,000	no	yes	no	dis purchase - Value reduced by DIS from £800k to £300k - 9/6/22								300000						
DIS-3	DIS		Essential Service Programme - End User Virtual Desktop	A large percentage of the Trusts end user estate (desktop and laptop) is aged (over half of the 8200 estate is over 5 years old). In parallel to carrying out a substantial refresh (line item above) of these assets the DIS team are looking to implement strategic enablers, that will also remediate the asset risk and improve the working tools, performance and experience for team members. The first is the introduction of a virtual desktop capability, which has been initiated in 21/22 FY and will continue over the next two years	£500,000	no	yes	no	dis purchase									500000					
DIS-2	DIS		Essential Service Programme - Wi-Fi	To carry out two key projects, post a full all site Wi-Fi survey taking place in quarter 1 of FY 2022/23 by DIS and its partner SCC. The first piece of work will be remediation of the Wi-Fi technical solution where issues and gaps are found in the existing solution. The second project will be the extension of the Wi-Fi solution to meet 2022/23 growth requirements set out by Trust wide projects utilising devices that require an expansion of the Wi-Fi solution including EObS, Digital Documentation	£350,000	no	yes	no	dis purchase										350000				
Priority List - Care Group Directorate	DIS		Business Programme/Portfolio - Application Development	To provide commitment to DIS 3rd party resource augmentation partner (Explorer) to enable them to bring in resource to deliver ongoing portfolio of work in CPD and for key programmes including Digital Documentation	£225,000	no	yes	no	dis purchase - Value reduced by DIS from £300k to £225k - 9/6/22									225000					
DIS-2	DIS		Programme and Project management	The programme and project management skills, experience and capacity required to deliver multiple large scale projects, 2022/23 will require full support, ongoing years will need augmented support	£250,000	no	yes	no	dis purchase									250000					
DIS-2	DIS		Cyber Secure Back up solution	An 'air-locked' backup device with supporting software to capture immutable copies of our key data assets, giving a high level of additional protection against modern sophisticated ransomware attacks that can target primary/secondary and backup copies at the same time	£250,000	no	yes	no	dis purchase									250000					
DIS-2	DIS		Devices to enable ongoing delivery of digital documentation, eobs etc.	Continued purchase of devices (mobile and tablet) to enable programme expansion	£250,000	no	yes	no	dis purchase									250000					
DIS-3	DIS		IT Service Management	Carry out the required work on operations, processes, asset and license management and IT Service platform and tooling	£250,000	no	yes	no	dis purchase - New £250k scheme added - 9/6/22									250000					
Priority List - Care Group Directorate	DIS		IT Service Management (PHASE 1)		£36,000	no	no		dis purchase - Value reduced by DIS from £250k to £36k - 9/6/22									36000					
Priority List - Care Group Directorate	DIS		Business as Usual - End User Asset Operational Provision/Replacement	The provision or replacement of end user assets including desktop, laptop and tablet. Fund for cross Trust resources. This will also cover the provision of new user assets.	£150,000	no	yes	no	dis purchase - Value reduced by DIS from £200k to £150k - 9/6/22									150000					
DIS-3	DIS		365 Delivery	Licenses will be captured through revenue, however funds will be required to bring in delivery partners to deliver core capability and then extended capability i.e. SharePoint	£150,000	no	yes	no	dis purchase									150000					
DIS-3	DIS		Essential services Programme - Data Centre Migration	In a survey carried out by our platform partner (SCC) it was recognised that the current data centres are not fit for purpose (environment, controls) and we should look at alternative options (change location, co-located with SCC and /or Cloud). Work is underway to understand scope and options which will inform more as the process progresses. This would include a Cloud assessment review	£125,000	no	yes	no	dis purchase									125000					
Priority List - Care Group Directorate	DIS		Non Strategic Compute and Storage Remediation	Remediation/upgrade of software technical debt on server estate including Windows, AD and Linux	£75,000	no	yes	no	dis purchase									75000					
Priority List - Care Group Directorate	DIS		Business as Usual - End User Mobile Asset Operational Provision/Replacement	The provision or replacement of end user mobile phones, to support existing estate, which is now becoming aged and the forecasted growth as the Trust drives its hybrid working agenda - we will have moved to managed service utilising a revenue model in 2024/25	£50,000	no	yes	no	dis purchase									50000					

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DIS-3	DIS		Essential Services Programme - Security Posture Improvement	Two projects to further improve the cyber security posture of the Trust. The funds are required to bring in a 3rd party to carry out a discovery, recommendation and business case process for 2 pieces: 1. The design, development of a Security Information Event Management (SIEM) or Security Operations Centre (SOC) solution or service to enable improved visibility and control over cyber risks and issues and help drive improvement and transformation - all enabling DSP toolkit compliance (year on year). 2. To design and develop a Multi factor authentication (MFA) solution to tighten controls around access and accounts Initial costs in 2022/23 will be discovery exercise - cost TBC IN 2023/24 AND 2024/25	£50,000	no	yes	no	dis purchase								50000					
DIS-3	DIS		Oracle tooling for development	provision Oracle Tuning and Diagnostic Pack for 2x RAC clusters (32 cores).	£50,000	no	yes	no	dis purchase								50000					
Uncosted	R&D		Research Clinic Space	Creation of a small clinic space required at York and Scarborough to allow the research team to see patients and run our clinical trials		no	yes	no	capital purchase													
DIS-Care Group	Workforce & OD	1	Activity Planning Software	Implementation of Activity Planning software to enable the Trust to plan clinical activity and monitor planned vs delivery. Part of the Medical eRostering business case / NHSEI capital funding bid. - Ongoing support/licence fees - to be determined by numbers using system 2023-25	£30,000	no	no	no	dis purchase							£30,000						
DIS-Care Group	Workforce & OD	2	Learning Hub System Development	Purchase of additional modules to enhance functionality of LH, including portability of data	£23,100	no	no	no	dis purchase							£23,100						
DIS-Care Group	Workforce & OD	3	Trac System Development	Addition of an on-boarding module on Trac, the Trusts recruitment system. - CHECK IF RECURRENT OR INCREMENTAL COSTS - referenced as increase in annual fee	£14,500	no	no	no	dis purchase							£14,500						
Uncosted	Workforce & OD	4	Research Clinic Space	Creation of a small clinic space required at York and Scarborough to allow the research team to see patients and run our clinical trials		no		no	capital funds													
<£50k	Workforce & OD	6	Scarborough Social Club Alterations	Repurposing the squash court to a multi-use space, conference and classes. Accessibility work that needs doing to the building.	£50,000	no	yes	no	capital works	£50,000												
Priority List - Scoring	Ops		CBRN Tent		£15,000					£15,000												
Removed too large	Ops		Scarborough decant ward		£13,900,000	no	yes	no	capital works		£13,900,000											
Fees	Ops		Ward 31 relocation	Fees only - Estimate	£30,000	no	no	no	Fees - will lead to further work			£30,000										
<£50k	OPs		Infectious Diseases Room A&E SGH	Construction of donning and doffing area in the RAZ	£15,290	no	no	no	Capital works/equipment	£15,290												
Priority List - Care Group	YTHFM	1	Anti-ram bollards installation across Trust sites	Following the significant operational implications recently with damage from vehicles colliding with the infrastructure at both York and Scarborough Teaching Hospitals it has highlighted the need with numerous capital projects underway including ED/ICU at YH and the EUC build at SGH, there is an urgent requirement for anti-ram bollards to protect critical infrastructure throughout the Trust to ensure staff, patient and visitor safety whilst mitigating any potential terror threats, accidents etc.	£30,000	no	no	no	capital works	£30,000												
<£50k	YTHFM	2	New CCTV server, York Hospital	65TB server to support additional CCTV functions	£10,000	no	no	no	dis purchase but for YTHFM	£10,000												
<£50k	YTHFM	3	CCTV installation at Bridlington Hospital	Due to minimum CCTV coverage on site at BDH and approved schemes such as the £4mil solar panel farm investment there is a signification need for additional CCTV, externally and internally, to protect this investment as it wasn't foreseen in the original business case	£50,000	no	yes	no	dis purchase but for YTHFM	£50,000												
Priority List - Care Group	YTHFM	4	Replacement of visitor car parking equipment and P&D Machines	Due to the end of life equipment across the Trust, there is an urgent requirement to replace the old and failing systems and the significant impact of income revenue throughout car parks, in addition to patient and visitor viewing	£400,000	no	yes	no	capital works / revenue benefits		£400,000											
REVENUE-Care Group	YTHFM	5	Trust Estates Strategy	Develop long term estates strategy supporting clinical and ICS strategies	£200,000	no	no	no	revenue charge										£200,000			
>£50k	YTHFM	6	York bariatric/bed store York	New bed store to be constructed on the York Hospital site	£300,000	no	yes	no	capital works		£300,000											
BACKLOG-Care Group	YTHFM	7	Catering Production Unit Freezer Floor upgrades	To ensure compliancy and food safety	£10,000	no	no	no	Backlog capital works				£10,000									

Category	CG	CG Priority	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £	MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Capital programme <£50k	Capital programme >£50k	Fees	Backlog	Replacement Lease	New Lease	DIS - Care Group Capital programme	DIS - DIS Capital programme	>£5k Equipment funding - Capital	Revenue Funding	<£5k Equipment funding	Charitable Funding/ External fund
Backlog	YTHFM	8	Grounds Maintenance Central Team	Investment in plant and equipment for a central mobile grounds maintenance team (revenue for staffing also required)	£100,000	no	yes	no	if replacement backlog				£100,000								
<£5k equipment	YTHFM	9	Curtain Replacement Programme	Reserve of curtains when laundering taking place	£25,000	no	no	no	revenue purchase											£25,000	
CAPITAL-Care Group	YTHFM	10	Upgrade and expand York Estates for YTHFM Head office	Reconfiguration and upgrade of existing Estates building with compliant toilets facilities, windows, cladding, etc.	£250,000	no	yes	no	capital works				£250,000								
BACKLOG-Care Group	YTHFM	12	Domestic Services Cleaning Stores	Review of all stores to ensure compliance with current guidelines, with introduction of access card arrangement	£100,000	no	yes	no	Backlog capital works				£100,000								
>£50k	YTHFM	13	Retail Catering Strategy York	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£50,000	no	yes	no	capital works/ one BC inphases		£50,000										
>£50k	YTHFM	13	Retail Catering Strategy Scarborough	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£50,000	no	yes	no	capital works/ one BC inphases		£50,000										
>£50k	YTHFM	13	Retail Catering Strategy Bridlington	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£50,000	no	yes	no	capital works/ one BC inphases		£50,000										
>£50k	YTHFM	13	Retail Catering Strategy Community Stadium	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£50,000	no	yes	no	capital works/ one BC inphases		£50,000										
>£50k	YTHFM	13	Retail Catering Strategy Selby	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£20,000	no	yes	no	capital works/ one BC inphases		£20,000										
>£50k	YTHFM	13	Retail Catering Strategy Malton	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£20,000	no	yes	no	capital works/ one BC inphases		£20,000										
<£50k	YTHFM	14	Catering Production Units Delivery areas	Fit for purpose chilled areas with Introduction of CCTV / Announcement operated systems	£30,000	no	no	no	capital works	£30,000											
<£50k	YTHFM	15	Access and egress review linking with payroll data	Key lock system - released by code fob and tracks the keys	£50,000	no	yes	no	capital works	£50,000											
>£50k	YTHFM	16	Patient Catering	Ward kitchen reviews for suitability to address cross-contamination / cross-ward working	£100,000	no	yes	no	One scheme total £200k		£100,000										
CAPITAL-Care Group	YTHFM	17	Patient Catering	Regeneration Ovens (replacement programme)	£20,000	no	no	no	capital purchase/backlog				£20,000								
<£50k	YTHFM	18	Catering Production Units Digital bar coding	Scanning system for traceability	£20,000	no	no	no	dis for YTHFM	£20,000											
DIS-Care Group	YTHFM	19	IT investment	To aid with cross-site working and mobile technology and asset replacement	£10,000	no	no	no	dis for YTHFM							£10,000					
<£50k	YTHFM	19	Waste recepticals	To include vegware along with all waste streams	£10,000	no	no	no	not sure if replacement or new	£10,000											
REPLACEMENT-Care Group	YTHFM	20	Asset replacement programme (Facilities)	Review of assets and replacement programme	£30,000	no	no	no	replacement				£30,000								
<£50k	YTHFM	23	Restaurant areas	Interactive menu boards capturing dish of day, allergens, promotions	£10,000	no	no	no	capital purchase	£10,000											
<£50k	YTHFM	24	Helpdesk Accommodation upgrade	To include KPI and CRM interactive boards	£10,000	no	no	no	capital purchase	£10,000											
DIS-Care Group	YTHFM	25	Helpdesk Customer Relationship Management Portal	To include all customer information, meeting actions and logs	£20,000	no	no	no	dis for YTHFM							£20,000					
Fees - revenue	YTHFM	27	Linen Stores review	To capture current requirements, along with contingency	£40,000	no	no	no	fees										£40,000		
<£50k	YTHFM	28	Linen Office Refurbishment - York	Upgrade to improve area	£10,000	no	no	no	capital works	£10,000											
<£50k	YTHFM	29	Facilities Management Accommodation - all localities	Identification of suitable FM accommodation to enable cross-functional working, confidentiality, introduction of interactive KPI / CRM live data boards, meetings	£50,000	no	yes	no	capital works	£50,000											
<£50k	YTHFM	32	Post Room Upgrades	Inclusive of customer service points, introduction of space that fits with wellbeing of staff	£30,000	no	no	no	capital works	£30,000											
DIS-Care Group	YTHFM	5	Upgrade of symbiotix , domestics time to clean	the current software that reduces dom hours is due to be upgrade and will license renewals. Failure to do this will mean that will not be able to adhere to the national cleaning standards	£6,000	no	no	no	dis for YTHFM							£6,000					
Pre-committed	YTHFM		Urgent back log maintenance	BDH - MEDICAL AIR PLANT	£90,000	No	No	No	COMMITTED for 22-23 - PO ISSUED				£90,000								
Pre-committed	YTHFM		Urgent back log maintenance	HGTE - HEATHERDENE RENAL UNIT - RO PLANT & CONSTRUCTION ELEMENT - (22/23)	£100,000				COMMITTED for 22-23 - ESTIMATE COST ONLY - ORIGINALLY CPEG FUNDED - TENDER RESPONSES DUE IN 05MAY				£100,000								
Pre-committed	YTHFM		Urgent back log maintenance	MH - MALTON FIRE ALARM - ADDITIONAL VOID SPACE DETECTION & DOORS X 2	£20,000				COMMITTED for 22-23 - PROJECT COMPLETION				£20,000								
Backlog	YTHFM		Urgent back log maintenance	SGH - CCTV - ASSET RENEWAL PROGRAMME - ASH BELLWOOD	£20,000								£20,000								
Priority List - Chief Nurse	YTHFM		Urgent back log maintenance	SGH - FIRE DOORS	£25,000								£25,000								
Priority List - Scoring	YTHFM		Urgent back log maintenance	SGH - MECH SITE DWG UPDATES - CAL RMS	£20,000								£20,000								
Pre-committed	YTHFM		Urgent back log maintenance	SGH - OIL TANK REPLACEMENT - 314316 - STA 22-407	£20,000				COMMITTED for 22-23 - PROJECT COMPLETION				£20,000								

Category	CG	CG Priority	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £	MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Capital programme <£50k	Capital programme >£50k	Fees	Backlog	Replacement Lease	New Lease	DIS - Care Group Capital programme	DIS - DIS Capital programme	>£5k Equipment funding - Capital	Revenue Funding	<£5k Equipment funding	Charitable Funding/ External fund	
Pre-committed	YTHFM		Urgent back log maintenance	SGH - BLOCK E - VENT DESIGN PLANS	£9,000				COMMITTED for 22-23 - PROJECT COMPLETION				£9,000									
Pre-committed	YTHFM		Urgent back log maintenance	SGH - ICU VENT PLANT - CAMERON ADDISON	£60,000				COMMITTED for 22-23 - ORIGINALLY CPEG FUNDED - £60K				£60,000									
Pre-committed	YTHFM		Urgent back log maintenance	SGH - THEATRE VENT PLANT - THEATRE RECOVERY - CAMERON ADDISON	£45,000				COMMITTED for 22-23				£45,000									
Backlog	YTHFM		Urgent back log maintenance	SGH - V11 - SCHNEIDER CONTROLS - KS	£20,000								£20,000									
Backlog	YTHFM		Urgent back log maintenance	SGH - SCARBOROUGH HOSPITAL - MEDICAL ENG DB & SUBMAIN - NW	£5,000								£5,000									
Priority List - Scoring	YTHFM		Urgent back log maintenance	YH - MAIN STREET FLOORING	£200,000								£200,000									
Priority List - Scoring	YTHFM		Urgent back log maintenance	YH - BOILER HOUSE LV PANEL REPLACEMENT	£150,000								£150,000									
Priority List - Scoring	YTHFM		Urgent back log maintenance	YH - AHU REPLACEMENT - CT0003 (XRAY ROOF)	£90,000								£90,000									
Backlog	YTHFM		Urgent back log maintenance	YH - ARCHWAYS WINDOWS - ANDY BLACKSTOCK	£60,000								£60,000									
Backlog	YTHFM		Urgent back log maintenance	YH - CCTV - ASSET RENEWAL PROGRAMME - ASH BELLWOOD	£16,000								£16,000									
Priority List - Scoring	YTHFM		Urgent back log maintenance	YH - CLIFTON CHAPEL LIFT - MICK ANDREWS	£40,000								£40,000									
Pre-committed	YTHFM		Urgent back log maintenance	YH - EDU - ENABLING WORKS - WASHER DISINFECTORS	£10,000				COMMITTED for 22-23				£10,000									
Pre-committed	YTHFM		Urgent back log maintenance	YH - LABOUR WARD KITCHEN REFIT	£23,000				COMMITTED for 22-23 - PROJECT UNDERWAY				£23,000									
Priority List - Chief Nurse	YTHFM		Urgent back log maintenance	YH - FIRE DOORS	£25,000								£25,000									
Pre-committed	YTHFM		Urgent back log maintenance	YH - THEATRE CHILLERS - DESIGN PLANS	£5,500				COMMITTED for 22-23 - PROJECT COMPLETION				£5,500									
Backlog	YTHFM		Urgent back log maintenance	YH - H&N - FLOORING	£5,000								£5,000									
Pre-committed	YTHFM		Urgent back log maintenance	YH - BLR HOUSE STORAGE - JB	£9,000				COMMITTED for 22-23 - PROJECT UNDERWAY				£9,000									
Backlog	YTHFM		Urgent back log maintenance	YH - MECH SITE DWG UPDATES - CAL RMS	£45,000								£45,000									
Backlog	YTHFM		Urgent back log maintenance	YH - PLANT ROOMS - DOUBLE BLOCK & BLEED V/Vs - ASH NORTH	£20,000								£20,000									
Backlog	YTHFM		Urgent back log maintenance	YH - JOINERS WORKSHOP UPGRADE - (SAFETY AUDIT RESPONSE) - JB	£30,000								£30,000									
Pre-committed	YTHFM		Urgent back log maintenance	YH - OPHTHALMOLOGY CONDENSATE HEADER - AN	£10,000				COMMITTED for 22-23				£10,000									
Backlog	YTHFM		Urgent back log maintenance	YH - TREE SURVEY - JB	£10,000								£10,000									
Backlog	YTHFM		Urgent back log maintenance	YH - SCBU - ROOF AREAS AND SCBU PHASE 2 - JB	£30,000								£30,000									
Pre-committed	YTHFM		Urgent back log maintenance	YH - TSSU - ENABLING WORKS FOR AUTOCLAVE INSTALL - WM	£64,000				COMMITTED for 22-23 - PROJECT COMPLETION				£64,000									
Priority List - Care Group	YTHFM		General Backlog Maintenance provision		£500,000								£500,000									
					£50,702,095																	
										£1,140,590	£25,830,211	£250,000	£2,841,500	£4,003,821	£8,668,517	£892,244	£5,225,000	£289,662	£245,000	£151,058	£1,164,492	

**APPENDIX 2 - SUMMARY - 3 year scheme prioritisation**

CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £
4	The refurbishment and extension of the Histology laboratory and consultant accommodation on the 3rd floor lab med	The existing Histology department has not been updated since it was first built in the 1970's and the size and layout fail to meet current and future requirements. The plan will be for a larger open plan laboratory that better meets service needs and makes better use of staff and equipment. This plan future proofs the service for an increasing workload (currently around 4%p.a.). The Scarborough Histology service was moved onto the York site in January 2016 due to loss of the 3 Consultant Histologists and the lack of Biomedical Scientists (BMS). The department relied on locum BMS. This additional service has had to be incorporated into the existing laboratory further compromising space.	£2,500,000
4	Relocation Scarborough Microbiology services	To accommodate the Microbiology service from Scarborough and the replacement of the existing autoclave with two units necessary to deal with increased capacity and provide a robust and continuous service	£1,500,000
4	Relocation of Blood Sciences	With the planned move for the Microbiology service to York hospital, the 1st floor of the building will be vacant and coupled with the move for Blood Science to Haldane ward this will release the Pathology block in Scarborough for other building programmes namely the expansion of the ED service. The Scarborough acute services review and £40m allocation will provide new ED facilities and complete significant backlog maintenance. One option for the expansion and new build for the Emergency Department (ED) in Scarborough requires the existing Pathology block footprint. This being the case, the service will need to be relocated in any event	£2,500,000
Ops	Scarborough decant ward		£13,900,000
			£20,400,000

**To be completed by the Corporate Finance Team**

MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes
no	yes	no	capital purchase
no	yes	No	capital purchase
no	yes	no	capital purchase
no	yes	no	capital works

**APPENDIX 3 - SUMMARY - 3 year scheme prioritisation**

CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) £	MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Replacement Lease	New Lease
1	Replacement dialysis machines	currently have 7 machines 6.5 years plus that will need replacing plus increas due to demand , total of 22 machines phased over next three years, ( also included at bottom of current leased equipment spreadsheet) 22.23 =7, 23.24 =7 24.25= 8	£102,810	Yes	Yes	Yes	Current machines are all leased. Require a new lease for additional	£102,810.00	
1	WRO300 reverse osmosis units (x10)	updated costs	£60,000	Yes	Yes	Yes	These could be leased		£60,000
1	FIBROSCAN REPLACEMENT	SERENITY CONTRACT FS430 based on previous purchase costs	£30,000	Yes	no	Yes	look into if can lease		£30,000
2	LG20177 GE Vivid E9 4D Echocardiogram Ultrasound Machine and Associated Equipment (MERG 14-115)	Already got the Leased Equipment and expires 31 Oct 22 This is for Cardio Respiratory unit and after 7 years will need the updated version of this bit of medical kit as things move on so quickly re patient experience and user efficiency	£115,000	Yes	Yes	Yes	replacement	£115,000	
2	LG21227 Philips Affinity 70 (Echocardiogram machine) and associated equipment	Already got the Leased Equipment and expires 28 Sep 22 This is for Cardio Respiratory unit and after 7 years will need the updated version of this bit of medical kit as things move on so quickly re patient experience and user efficiency	£65,000	Yes	Yes	Yes	replacement	£65,000	
2	LG28134 6 x IACS Monitoring with C500, 9 X Infinity M540 Monitors, Infinity Central nurse station and accessories	Replament kit will be required for this leased equipment in 30/01/2024 This is for ED, SGH	£130,000	Yes	Yes	Yes	replacement	£130,000	
3	LG14989 - Anaesthetics YH	45 x Draeger Anaesthetic Machines & Patient Monitors	£754,000	Yes	Yes	Yes	replacement	£754,000	
3	Audiology replacement of 36 Auricals	Our Audiology AURICAL equipment for programming hearing aids, carrying out essential hearing assessments and diagnostic investigations is now over 10 years old and needs replacing across York and SGH. We have 36 AURICALS at our various locations. We have reviewed recent equipment and would like to replacie with Affinities	£288,000	Yes	Yes	Yes	Check if suitable for leasing . LG15923 has 4 on lease. Finishes Jul 22 9 years old	£30,000	£258,000
3	MERG 21-124 – Haemodynamic monitors YH & SGH	MERG 21-124 – 10x Haemodynamic monitors	£263,000	Yes	Yes	Yes	This has MERG support to BC . b/wd from urgent & critical funding.		£263,000
3	SGH 60W Stones Laser	Replacement of the SGH 20w Holmium laser for a 60W Holmium laser	£136,850	Yes	Yes	Yes	This has MERG support to BC .		£136,850
3	LG6879 - ICU Beds SGH & YH	30 x Enterprise 9000 Beds w/2xSyringe Pump Holders, 5xIV Straight Poles, Fracture Frame Kinetic, 3xWide Folding Monitor Shelf & 2x O2 Cylinder Holders	£130,000	Yes	Yes	Yes	replacement	£130,000	
3	York Trilogy machine	Replacement of the Swiss Lithoclast PCNL machine for a Boston Scientific Trilogy Machine	£128,230	Yes	Yes	Yes			£128,230
3	LG8297 - Urology Theatres YH	Urology System comprising Keymed Lucera & Theatre Camera	£85,509	Yes	Yes	Yes	lease bought out	£85,509	
3	Laparoscopic ultasound	Laparoscopic Ultrasound for detecting stones in the common bile duct	£80,000	Yes	Yes	Yes	check if additional , do they have charitable funding		£80,000
3	Audiology replacement of clinical audiometers at York and Selby	We require 6 clinical audiometers to replace our current clinical audiometers which are over 15 years old. They are essential in diagnosing children with hearing difficulties and are used in clinics with adults with additional learning difficulties. the reason that we use these is because of sound field and the ability to test using speakers. these clinical audiometers also are able to test high frequencies and this is required where testing patients who are receiving ototoxic drugs. They are also essential should the hospital computer system fail and they are part of the continuity of care and providing our service	£55,155	Yes	Yes	Yes	check if suitable for leasing .		£55,155
3	Replacement KTP laser - ENT	Replacement KTP laser - ENT	£35,000	Yes	No	Yes	Owned kit that can be funded via a lease		£35,000
3	Replacement and upgrade of laparoscopic stacks York site	Replacement and upgrade of laparoscopic stacks for theatres at York site. 3 Stacks to be replaced and 1 additional stack	£400,000	Yes	Yes	Yes	Doesn't state if currently on leases, but possibly LG21101has 2 stacks expires 15/10/22 looki into .	£300,000	£100,000
3	Pendants - ICU YH	16 x ICU pendant to replace	£400,000	Yes	Yes	Yes	lease		£400,000
3	LG21352 - Anaesthetics SGH	4x C-MAC D3 Video laryngoscopes systems and associated equipment (Scarborough Hospital) 5x C-MAC D3 Video laryngoscopes systems and associated equipment (York Hospital) 2x 11302 BDXX Flexible intubation video endoscopes sets and associated equipment (Scarborough Hospital) 2x 11302 BD2 Intubation Fiberscopes and associated equipment (York Hospital)	£202,818	Yes	Yes	Yes	Replacement lease	£202,818	
3	Storz GI stack theatres SGH	Storz GI stack SGH theatres	£170,228	Yes	Yes	Yes	Owned kit that can be funded via a lease		£170,228
3	Co2 laser - Maxfax	Co2 laser - Maxfax	£140,000	Yes	Yes	Yes	Owned kit that can be funded via a lease		£140,000
3	MERG 21-045 Operating tables Theatres SGH	replacement of 2 x operating tables SGH	£82,537	Yes	Yes	Yes	replacement lease	£82,537	
3	Prostate Morcellator	Purchase a Morcellator to begin offering a HoLeP prostate day case operation. - Approx cost	£40,000	Yes	No	Yes	Possibly suitable for leasing, cannot be funded from ERF has revenue funding.		£40,000
3	LG16838 - GI thaetres YH?	Stryker Laparoscopic HD Stack System 1288	£37,037	Yes	No	Yes	replacement lease	£37,037	
3	LG21939 - ICU YH	GE Logiq P9 Ultrasound machine	£36,266	Yes	No	Yes	replacement lease	£36,266	
3	LG17219 - Theatres SGH	Sonosite Edge L14000 Ultrasound System (Serial number 03X3MN)	£30,816	Yes	No	Yes	replacement lease	£30,816	
3	LG17657 - DU Theatres YH	Sonosite Edge L14000 Ultrasound System	£30,816	Yes	No	Yes	replacement lease	£30,816	
3	LG20175 - ICU SGH	Maquet Servo-U Ventilator and Associated Equipment	£26,079	Yes	No	Yes	replacement lease	£26,079	
3	LG8240 - Anaesthetic YH	Sonosite S-Nerve 1.2 Ultrasound System	£24,012	Yes	No	Yes	replacement lease	£24,012	
3	LG17028 - Anaesthetics YH	4 x Primus IE Anaesthetic Machines, 2 x Omega-S Monitors, 3 x Delta XL +scio Monitors and 2 x Delta XL +BP Monitors	£163,443	Yes	Yes	Yes	replacement lease	£163,443	

**APPENDIX 3 - SUMMARY - 3 year scheme prioritisation**

CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) £	MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Replacement Lease	New Lease
3	Replacement of dental drills - York, Scarborough & Brid theatres	Replacement of dental drills across theaters - all 10+ years old so parts are becoming obsolete	£150,000	Yes	Yes	Yes	Owned kit that can be funded via a lease		£150,000
3	LG14023 - Anaesthetics YH	2 x Alphamax Theatre Tables with Accessories - Ortho	£87,676	Yes	Yes	Yes	replacement lease	£87,676	
3	LG15692 - Head & Neck Stack SGH	KeyMed Olympus Stack System	£83,205	Yes	Yes	Yes	replacement lease	£83,205	
3	LG15462 - GI theatres YH?	Visera Pro HD Camera System	£61,591	Yes	Yes	Yes	replacement lease	£61,591	
3	LG20674 - GI theatres YH	2 x CHF-V Video Choleidoscopes and Associated Equipment	£46,802	Yes	No	Yes	replacement lease	£46,802	
3	LG26492 - Anaesthetics YH	2 x Primus IE Anaesthetic machines and associated equipment (MERG 17-019)	£40,664	Yes	No	Yes	replacement lease	£40,664	
3	LG21233 - Anaesthetics YH	1x Primus IE Anaesthetic machine & 1x Delta XL+BP Patient monitor and associated equipment	£39,184	Yes	No	Yes	replacement lease	£39,184	
3	LG15951 - Urology theatres SGH	3 x Olympus KeyMed CYF-5 Flexible Cystoscopes	£31,400	Yes	No	Yes	replacement lease	£31,400	
3	Anetic Aid AT4 Tourniquet Machines - anaesthetics YH	Anetic Aid AT4 Tourniquet Machines x 8	£28,000	Yes	No	Yes	Owned kit that can be funded via a lease	£28,000	
3	LG18190 - GI theatres YH	Karl Storz H3-Z Camera Head	£16,795	Yes	No	Yes	replacement lease	£16,795	
3	LG16982 - Head & Neck theatres YH	Microscope Camera System & TV Stack System	£90,050	Yes	Yes	Yes	replacement lease	£90,050	
4	Flow Cytometer		£100,000	Yes	Yes	Yes	Possibly suitable for leasing,		£100,000
4	Live slide scanner for brain smear diagnosis		£67,090	Yes	Yes	Yes	new lease		£67,090
4	Replacement of 6 x Storage Cabinets and Associated Equipment	Current lease is for 4 x Pass-Through Automated Endoscope Reprocessors, 6 x Storage Cabinets and Associated Equipment. However, the 4 x washers are now being replaced. 6 x storage cabinets must be re-leased now, but if they were to be replaced they would need to be "drying" cabinets. - Value TBC 2023/24	£316,311	Yes	Yes	Yes	replacement lease	£316,311	
4	Tandem mass spectrometer (1/2) Quattro Premier		£300,000	Yes	Yes	Yes	Think this could be leased.		£300,000
4	Nitrogen Generator (1/2) - linked to Tandem mass (1/2)		£16,457	Yes	No	Yes	see Tandem mass		£16,457
4	Replacement Blood Culture analysers	Blood culture analysers detect when a patient has a septic episode (bacteraemia). This is the only microbiological method able to detect blood stream infections.	£200,000	Yes	Yes	Yes	New lease		£200,000
4	Replacement TB detection equipment	Instrument detects the presence of Mycobacteria e.g. Tuberculosis.	£40,000	Yes	No	Yes	New lease		£40,000
4	Replacement of ED X-Rays at York	Replacement of existing equipment to maintain current service provision - does not include estimate for air handling	£500,000	Yes	Yes	Yes	replacement lease	£500,000	
4	Replacement of Rapid Bacterial and Antibiotic Sensitivity Testing Equipment	1 x Biomerieux Rapid Bacterial & Antibiotic Sensitivity Testing equipment in York - lease expires on 31st October 2022.	£40,000	Yes	No	Yes	replacement lease	£40,000	
4	LEV benches x 5		£50,000	Yes	Yes	Yes	Check but think suitable for leasing		£50,000
4	1 x fluoro room Sgh replacement	Replacement of existing equipment to maintain current service provision - does not include estimate for air handling	£400,000	Yes	Yes	Yes	Equipment lease/ works capital approx £200k		£400,000
4	Replacement of Mobile Image Intensifiers at York, plus staffing	Replacement of existing equipment to maintain current service provision, plus additional staff	£234,000	Yes	Yes	Yes	new lease		£234,000
4	Endoscope replacement and additional scopes	Replacement of aging scopes and purchase of additional scopes to manage the increased demand across sites	£1,005,861	Yes	Yes	Yes	new lease		£1,005,861
4	Replacement Intravascular Ultrasound	Replacement of Boston Scientific IVUS (Intravascular Ultrasound), serial no. 6984	£85,000	Yes	Yes	Yes	replacement lease	£85,000	
4	Replacement diathermy machines and argon plasma coagulator	Replacement of 4x diathermy machines and argon plasma coagulator at York	£114,000	Yes	Yes	Yes	MERG 21-132	£114,000	
4	Replacement of 3 x Microscopes		£60,000	Yes	Yes	Yes	new lease		£60,000
4	Replacement of 4 x Microtomes		£40,000	Yes	No	Yes	new lease		£40,000
4	Replacement Room 2 X-Ray at York	Replacement of existing equipment to maintain current service provision - does not include estimate for air handling	£250,000	Yes	Yes	Yes	new lease Added in £100k for ventilation		£250,000
4	Upgrade of CT3 at York	Upgrade static CT scanner 3 on the York site	£650,000	Yes	Yes	Yes	new lease		£650,000
4	Replacement of breast tissue imaging system	Replacement of breast tissue imaging system (Trident) and associated equipment.	£77,000	Yes	Yes	Yes	replacement lease	£77,000	
4	2 x ultrasound machine replacements at Sgh	Replacement of existing equipment to maintain current service provision	£160,000	Yes	Yes	Yes	new lease		£160,000
4	5 x ultrasound machines for replacement at York	Replacement of existing equipment to maintain current service provision	£400,000	Yes	Yes	Yes	new lease		£400,000
4	Replacement of 4 stacks and endoscopy peripherals - York	Purchase of 4 new endoscopy stacks and peripherals to replace existing ones which are due to come to the end of their 7 year recommended life for equipment use and technology refresh	£1,200,000	Yes	Yes	Yes	Check if currently leased		£1,200,000
4	1 x replacement dental/OPT machine at Bridlington	Replacement of existing equipment to maintain current service provision	£60,000	Yes	Yes	Yes	new lease		£60,000

APPENDIX 3 - SUMMARY - 3 year scheme prioritisation

CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) £	MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Replacement Lease	New Lease
4	Replace MRI contrast injectors	The contract is now out of date and therefore they will not be repairable. Therefore a direct effect on services if they break. Existing equipment is beyond expected life of 7 years, and limited maintenance cover is now available. Dynamic contrast enhanced scanning cannot be provided without them	£89,084	Yes	Yes	Yes	Checking whether can lease or will need to buy.		£89,084
5	Intrauterine Device for Polyps removal (Stolz Bigatti Shaver) YORK womens unit	Still awaiting costs - MERG to be produced. Approx costs included as c£15,000. There is no equipment at York so on risk register and monitored under clinical governance meeting. Escalated within CGS in May 2022 to progress with costings and MERG.	£99,000	Yes	Yes	Yes	check if current the broken scopes are on lease ??? - Cost updated 09/06/22		£99,000
5	GE Voluson Ultrasound machine for foetal scanning (SBLV)	U/S machine (procured alongside CG4 batch of U/S machines in Jan 2022 - not yet delivered) to support additional scanning to be undertaken in antenatal clinic for high risk pregnancies - circa	£0	No	No	No	new lease - Already delivered - removed 13/06/2022		£0
5	Ultrasound scanner for Scarborough Sexual Health Clinic	Redirect complex coils pathway away from secondary care Gynae lists into community	£0	No	No	No	new lease - not required 13/06/2022		£0
5	Neonatal Incubators & Basinettes	Replacement of 2 existing incubators and 2 basinettes in York SCBU due to old age/ condemned (confirmed by med engineering) - £31,561.73 for 2 Drager Isolette 8000 Plus incubators and £650-£1000 each for two basinettes Total: £33,561.73	£33,562	Yes	No	Yes	check if new lease		£33,562
5	Neonatal Ventilators	Replacement of 2 ventilators in Scarborough SCBU due to old age/ condemned (confirmed by med engineering)	£54,500	Yes	Yes	Yes	new lease - Costs increased (net of vat) 09/06/2022		£54,500
5	Fetal Monitoring	York fetal monitoring system	£200,000	Yes	Yes	Yes	Newly added Fetal monitoring machines - awaiting prices - Likely to be leased? 9/06/22		£200,000
5	EPA Ultrasound machine		£25,500	Yes	No	?	Newly added scheme - 9/6/22		£25,500
6	Arthroscopes	Arthroscopes for T&O	£252,000	Yes	Yes	Yes	new lease		£252,000
6	Instinctive Navilis Prime laser	York Retinal Laser (replacement)	£103,000	Yes	Yes	Yes	New lease		£103,000
6	Upgrade to OCTA	York Heidelberg OCT upgrade to improve flow	£57,000	Yes	Yes	Yes	New lease		£57,000
6	2 x Kowa Non Mid	York Kowa camera (additional) to improve flow	£52,000	Yes	Yes	Yes	New lease		£52,000
6	YAG / SLT laser	York YAG / SLT Laser (replacement)	£50,000	Yes	Yes	Yes	New lease		£50,000
6	Medical Elective Service	Blood fridge required for essential activity undertaken by MES	£50,000	Yes	Yes	Yes	New lease		£50,000
6	Zeiss Visual Field Analyser	Scarborough VFA (additional) to improve flow as discussed at CPMG meeting in February	£31,000	Yes	No	Yes	New lease		£31,000
6	Oculus Pentacam HR 3D Scheimpflug Camera		£52,000	Yes	Yes	Yes	New scheme - can this be leased - price updated 9/6/22		£52,000
6	Dorc EVA 8000.COM02 Phaco Machine		£50,000	Yes	Yes	Yes	New scheme - can this be leased?		£50,000
6	Dorc EVA 8000.COM02 Phaco Machine		£50,000	Yes	Yes	Yes	New scheme - can this be leased?		£50,000
6	Multi Focal ERG Equipment		£50,000	Yes	Yes	Yes	New scheme - can this be leased?		£50,000
6	Optos camera	Required for the new HCQ service at Scarborough	£90,000	Yes	Yes	Yes	To check if the Trust should be funding this given it is a newly commissioned service - added 9/6/22		£90,000
			£12,672,338					£4,003,821	£8,668,517



**APPENDIX 4 - SUMMARY - 3 year scheme prioritisation**

CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £
1	SPACELABS CARDIOCALL VS20 AMBULATORY ECG x9	YORK HOSPITAL, OPD CARDIOLOGY	£9,000
1	ECG MACHINES York and Easingwold Renal units		£7,000
2	Cardiac Respiratory Unit - Updating for purpose	Ensuring the facilities are refurbished and altered to provide good patient experience and quality care	£30,000
3	York Flexible Cystoscopes	Replacement of 5 York Flexible Cystoscopes with 5 new Flexible Cystoscopes (No stack)	£106,641
3	3D Printer	3D Printer for Max fax	£7,291
4	2nd CT at Scarborough	Installation of second CT at Scarborough - interim plan prior to final installation in main ED build	£830,000
5	Adaptation of Rainbow Ward to create CAU and Ambulatory Care space	Quote requested for work on paediatric ward (Rainbow Ward - was Duke of Kent) to support better configuration of space on ward and provide dedicated CAU and ambulatory care areas. This will support the delivery of pathways of care from the ward and relieve pressures on ED at SGH (Dales unit space is now used by ED) and while the new ED build is completed. Includes converting the current playroom to a staff room so all paediatric staff can be accommodated on the ward.	£136,000
5	Breast milk warmer	SCBU York	£2,320
5	Star Chair for paediatrics	To support children with postural issues and delayed development for physiotherapy	£1,240
5	Bereavement Suite/Ablutions facility	Scheme shortfall due to inflationary pressure	£35,000
			£1,164,492

**To be completed by the Corporate Finance Team**

MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Charitable Funding/ External fund
Yes	No	No	Due to value will buy. Charitable funding could be used for these.	£9,000
Yes	No	No	Could charitable funds be used.	£7,000
Yes	no	no	Charitable funding could be used.	£30,000
Yes	Yes	No	Cancer alliance funding possible	£106,641
Yes	No	No		£7,291
Yes	Yes	Yes	External funding expected for equipment	£830,000
No	No	No	capital purchase - updated 9/6/22 partly funded by charitable funds -now fully funded by charitable funds 14/06/22	£136,000
Yes	No	No	revenue purchase/ charitable	£2,320
Yes	No	No	revenue purchase/ charitable	£1,240
No	Yes	No	Shortfall in funding - £70k suggest 50/50 split with charity - added 9/6/22 - CPEG Approved to start	£35,000
				£1,164,492

**APPENDIX 5 - SUMMARY - 3 year scheme prioritisation**

CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £
1	ARJOHUNTLEIGH ULTRA 6522 COUCH/CHAIR	YORK HOSPITAL, RENAL HARROGATE	£1,000
3	Neo -Lazer (bile duct stones)	Neo-Lazer for bile duct stones to be used in theatre for bile	£17,000
3	Defrib Trolley - ICU YH	2 x defrib trolleys ICU YH	£5,000
3	walz lithotronEL27 EKL compact - theatres SGH	walz lithotronEL27 EKL compact	£2,800
3	ECG cables ICU SGH	12 x ECG cable SGH ICU	£2,753
3	replacement of home visiting audiometers and equipment used for Full Sutton Prison visits	We require 3 home visiting portable audiometers to enable our service to continue and support patients in the community who are unable to visit the hospital	£25,000
3	Toe pressure machine	Purchase of The Ankle & Toe pressure Kit to provide Diabetic or Lymphatic specialist with a system to aid the assessment of arterial disease and neuropathy x 4	£8,000
3	Harmonic machine - GI theatres York	3 x Harmonic machines used for GI surgery YH	£7,500
3	Inter Hospital ICU trolley ICU YH	3 x inter hospital ICU trolley ICU York	£6,000
3	MERG 20-090 Micrel Pumps	2 x Micrel pumps	£4,458
3	Automatic pressure infuser (HiFlow) - theatres SGH	Automatic pressure infuser (HiFlow)	£3,162
3	Vascular Doppler	Replacement of Vascular Doppler in Vascular theatres.	£2,000
3	Overhead Tracking lifting hoist - ICU YH	10 x Overhead tracking lifting hoist ICU YH	£35,000
3	Oxilogs SGH and YH ICU	Oxilogs - portable ventilators 3 x YH and 2 x SGH	£21,000
3	Purchase of Fasciotens Abdominal Wall Solutions	Fasciotens products are proving instrumental in allowing closure of the abdominal wall following incisional hernia repair with loss of domain and many other surgical interventions where Laparotomy is required.	£3,425
3	Loupes / Magnifying glasses	Purchase of the Loupes to be used by the plastics team for marking tumour margins	£2,500
3	Emergency Trolley - ICU SGH	Emergency transfer trolley SGH ICU	£1,800

**To be completed by the Corporate Finance Team**

MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	>£5k Equipment funding - Capital	<£5k Equipment funding
Yes	No	No			£1,000
Yes	No	No	This is new kit , could they use charitable funds.	£17,000	
Yes	No	No	revenue purchase		£5,000
Yes	No	No	revenue purchase		£2,800
No	No	No	revenue purchase		£2,753
Yes	No	No	owned kit	£25,000	
Yes	No	No	owned kit		£8,000
Yes	No	No	revenue purchase		£7,500
Yes	No	No	revenue purchase		£6,000
Yes	No	No	revenue purchase		£4,458
Yes	No	No	revenue purchase		£3,162
Yes	No	No	Equipment library have just bought these, check if they have been replaced.		£2,000
Yes	No	No	revenue purchase		£35,000
Yes	No	Yes	Check values will not lease re low cost	£21,000	
Yes	No	No	revenue purchase		£3,425
Yes	No	No	revenue purchase		£2,500
Yes	No	No	revenue purchase		£1,800

3	Cryotherapy treatment	Purchase of Cryotherapy machine to be used for the Plastics team for the skin lesion treatment.	£1,500
3	Dermatoscope for plastics consultants	The purchase of Dermatoscope for the plastics team to assist with diagnosing skin cancer.	£1,000
3	LED headlight for Operating	Purchase of LED Headlight to be used in theatres by the plastics consultants and SCP x 3	£7,500
4	Platelet incubators (2/3)		£6,500
4	Hausted Mammography Biopsy chair	replacement of biopsy chair to enable patients to be positioned accurately for biopsy procedures	£6,760
4	Replacement of 3x -80 degree freezer		£24,000
4	Replacement of 2 x Class II cabinets		£20,000
4	Replacement of 2 x CO2 incubators		£10,000
4	Replacement of 1 x Blood storage units (freezers)		£10,000
4	Introduction of Contrast enhanced breast Imaging	Contrast enhanced mammography is included in the equipment replacement BC. However if funding comes from PHE the specification does not include this and will be required to be purchased at additional cost	£32,179
4	Introduction of Contrast enhanced breast Imaging	Contrast enhanced mammography is included in the equipment replacement BC. However if funding comes from PHE the specification does not include this and will be required to be purchased at additional cost	£10,000
4	Blood fridges		£0
5	Centrifuge	Centrifuge for bloods in Northallerton to enable PrEP provision	£4,980
5	Perilynx Analyser	Fetal Fibronectin Testing machine	£14,000
5	ECG Monitors	2 ECG machines at Scarborough	£30,000
6	dermatology lights	York HOSPITAL,	£12,500
6	Upgrade to Multicolour OCT	Malton Heidelberg OCT upgrade to allow multicolour image capture to increase virtual capacity	£12,423
6	TRK-2P tono pachy kerato refracto meter	Scarborough Autorefractor (additional) to improve flow	£12,000
6	Shockwave Therapy	Development of a shockwave therapy service for MSK patients	£10,000
6	2 x ICARE 200	York Tonometer (additional) to improve flow	£9,000
6	Nidek Keratometer	Scarborough Keratometer (replacement)	£6,900
6	Keeler Slitlamp	Bridlington slitlamp (replacement)	£6,900
6	Keeler Slitlamp	Bridlington slitlamp (replacement)	£4,995
6	ICARE 200	Bridlington Tonometer (replacement) NB all replacement schemes are to replace end of life like for like equipment)	£4,995
6	ICARE 200	Bridlington Tonometer (replacement)	£4,995
6	ICARE 200	Scarborough Tonometer (additional) to improve flow	£2,500
6	Focimeter	Bridlington focimeter (replacement)	£1,695
6	Pachmate 2	Bridlington Pachmate (replacement)	£25,000
YTHFM	Curtain Replacement Programme	Reserve of curtains when laundering taking place	
			£440,720

Yes	No	No	revenue purchase		£1,500
Yes	No	No	revenue purchase		£1,000
Yes	No	No			£7,500
Yes	No	No	revenue purchase		£6,500
Yes	No	No	Charitable funding could be used.	£6,760	
Yes	No	No	capital purchase	£24,000	
Yes	No	No	capital purchase	£20,000	
Yes	No	No	capital purchase	£10,000	
Yes	No	No	capital purchase	£10,000	
Yes	No	No	Merg application prepared	£32,179	
Yes	No	No	capital purchase	£10,000	
No	No	No	capital purchase - removed following meeting 13/06/2022	£0	
Yes	No	No	revenue purchase/ charitable		£4,980
Yes	No	No	Newly added ECG machines - awaiting prices - Likely to be leased? 9/6/22	£14,000	
Yes	No	No	capital purchase	£30,000	
Yes	No	No	capital purchase	£12,500	
Yes	No	No	capital purchase	£12,423	
Yes	No	No	capital purchase/ possibly charitable	£12,000	
Yes	No	No	capital purchase/ possibly charitable	£10,000	
Yes	No	No	capital purchase	£9,000	
Yes	No	No	capital purchase	£6,900	
Yes	No	No	capital purchase	£6,900	
Yes	No	No	capital purchase		£4,995
Yes	No	No	capital purchase		£4,995
Yes	No	No	capital purchase		£4,995
Yes	No	No	capital purchase		£2,500
Yes	No	No	capital purchase		£1,695
No	No	No	revenue purchase		£25,000
				£289,662	£151,058

**APPENDIX 6 - SUMMARY - 3 year scheme prioritisation**

**To be completed by the Corporate Finance Team**

APPENDIX 6 - SUMMARY - 3 year scheme prioritisation				To be completed by the Corporate Finance Team				
CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £	MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Fees
1	Renal - build	build to expand capacity of unit yr 1-3 value unknown previous suggested scheme cost was £7-10 Million (excl work force) broken up over three years in columns H-J	£200,000	No	Yes	No	Medical kit will need MERG and is suitable for leasing which may reduce reliance on capital. Fees in 2022/23	£200,000
2	Provision of Frailty Assessment Unit	Identify suitable location within the main block - preference would be close to the Elderly Village	£20,000	No	No	No	Merg required for additional kit, charitable funding contribution. Fees this year	£20,000
Ops	Ward 31 relocation	Fees only - Estimate	£30,000	No	No	No	Fees - will lead to further work	£30,000
			£250,000					£250,000

**APPENDIX 7 - SUMMARY - 3 year scheme prioritisation**

CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £
1	ED - Capital build	Expansion of current ED department to meet demand requirement	£0
1	EAU Development	Improvement of the current SDEC/ RAFA area to improve Same Day Emergency Care Provision - Value TBC	£0
1	Heart Failure Service - capital investment on location and echo machine	Requires a venue Provide a permanent base for the service and a new echo machine to provide one stop service model - value N/K - needs full scheme work up with capital planning	£0
1	Cystic Fibrosis - building of a CF centre	Unknown - stadium scheme but wil be revenue not capital	£0
1	DATASCOPE ACCUTORR PLUS NIBP MONITOR	YORK HOSPITAL, RENAL HARROGATE	£0
1	DESMIT MED CUBESCAN BIOCON-500	YORK HOSPITAL, WARD 36	£0
1	PHILIPS HEALTH INTELLIVUE MP30 MONITOR	YORK HOSPITAL, WARD 32	£0
1	SPACELABS 90217-1Q AMBULATORY BP MONITOR	YORK HOSPITAL, OPD CARDIOLOGY	£0
1	Point of Care Testing Equipment	Purchase of point of care testing equipment to support the delivery of Urgent Community Reponse and Virtual Ward models - N/K - need to confirm device type and number required	£0
1	THERAPY EQUIP 7740 THORACIC SUCTION WALL	YORK HOSPITAL, WARD 34 - Unknown - to be tendered	£0
1	VITALOGRAPH ALPHA SPIROMETER	YORK HOSPITAL, WARD 34 (PHYSIO) - Unknown - to be tendered	£0
3	IRI600 Fluid warmer - Theatres SGH	IRI600 Fluid warmer	£0
3	Olympus UES-40 surgimaster ( TURIS) - Theatres SGH	Olympus UES-40 surgimaster ( TURIS)	£0
3	Neurothern RF Generator - Anaesthetics YH and BDH	Neurothern RF Generator	£0
3	Ethicon generator G11 (harmonic) - Theatres SGH	Ethicon generator G11 (harmonic)	£0
3	Zeiss colposcope - Theatres SGH	Zeiss colposcope	£0
3	Trauma Table - Anaesthetics Yh	Trauma operating tables x 2	£0
3	Draeger Tofscan - Anaesthetics YH	Draeger Tofscan x 11	£0
5	<b>Baby tag Monitoring</b>	Baby tag monitoring system - Sorted through special programme	£0
5	<b>Labour Theatre New (York)</b>	Co-location and development of new Labour Theatre as part of CG3/ Main Theatre future development - long-term ambition - Value TBC 2024/25	£0
5	<b>Midwife-led unit York</b>	Required to meet best national practice/ model of care - initial scoping - Value TBC 2023/24	£0
R&D	Research Clinic Space	Creation of a small clinic space required at York and Scarborough to allow the research team to see patients and run our clinical trials	£0
Workforce & OD	Research Clinic Space	Creation of a small clinic space required at York and Scarborough to allow the research team to see patients and run our clinical trials	£0
			£0

**APPENDIX 8 - SUMMARY - 3 year scheme prioritisation**

CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £
1	York Renal unit	Priority scheme - Replacement of current nurses station - Exec Committee supported	£30,000
4	Room 7 x-ray enabling ventilation work	Already approved BC for equipment and turnkey quote however additional ventilation works required	£100,000
4	Mortuary Fridge replacement	Mortuary Fridge replacement - pre commitment from 21/22 - already on order	£128,000
5	Adaptation of Antenatal Clinic office space to scanning room (York)	Conversion of office space with appropriate ventilation and flooring/ door widening to accommodate new scanner for in hours foetal scanning in line with Saving Babies Lives	£20,000
5	Adaptation of Seminar Room in Womens Unit York for offices	Conversion of seminar room to hot desking for 5 Consultants to free up other offices for clinical space for scanning and to accommodate 4-5 new Consultants joining the service	£6,000
5	Bereavement Suite/Ablutions facility	Scheme shortfall due to inflationary pressue	£35,000
YTHFM	Urgent back log maintenance	BDH - MEDICAL AIR PLANT	£90,000
YTHFM	Urgent back log maintenance	HGTE - HEATHERDENE RENAL UNIT - RO PLANT & CONSTRUCTION ELEMENT - (22/23)	£100,000
YTHFM	Urgent back log maintenance	MH - MALTON FIRE ALARM - ADDITIONAL VOID SPACE DETECTION & DOORS X 2	£20,000
YTHFM	Urgent back log maintenance	SGH - OIL TANK REPLACEMENT - 314316 - STA 22-407	£20,000
YTHFM	Urgent back log maintenance	SGH - BLOCK E - VENT DESIGN PLANS	£9,000
YTHFM	Urgent back log maintenance	SGH - ICU VENT PLANT - CAMERON ADDISON	£60,000
YTHFM	Urgent back log maintenance	SGH - THEATRE VENT PLANT - THEATRE RECOVERY - CAMERON ADDISON	£45,000
YTHFM	Urgent back log maintenance	YH - EDU - ENABLING WORKS - WASHER DISINFECTORS	£10,000
YTHFM	Urgent back log maintenance	YH - LABOUR WARD KITCHEN REFIT	£23,000
YTHFM	Urgent back log maintenance	YH - THEATRE CHILLERS - DESIGN PLANS	£5,500
YTHFM	Urgent back log maintenance	YH - BLR HOUSE STORAGE - JB	£9,000
YTHFM	Urgent back log maintenance	YH - OPHTHALMOLOGY CONDENSATE HEADER - AN	£10,000
YTHFM	Urgent back log maintenance	YH - TSSU - ENABLING WORKS FOR AUTOCLAVE INSTALL - WM	£64,000
			<b>£784,500</b>

**To be completed by the Corporate Finance Team**

				2022/2023		
MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Capital programme <£50k	Capital programme >£50k	Backlog
No	No	No	Added following Exec Committee support	£30,000		
No	Yes	No	Capital works - Already approved and in the plan		£100,000	
Yes	Yes	No	Identified in CPEG as a pre-commitment		£128,000	
No	No	No	capital purchase	£20,000		
No	No	No	capital purchase - increased to match quote of £26k for seminar room scheme and antenatal clinic office space	£6,000		
No	No	No	Shortfall in funding - suggest 50/50 split with charity - added 9/6/22 - CPEG Approved to start	£35,000		
No	No	No	COMMITTED for 22-23 - PO ISSUED			£90,000
No	Yes	No	COMMITTED for 22-23 - ESTIMATE COST ONLY - ORIGINALLY CPEG FUNDED - TENDER RESPONSES DUE IN 05MAY			£100,000
No	No	No	COMMITTED for 22-23 - PROJECT COMPLETION			£20,000
No	No	No	COMMITTED for 22-23 - PROJECT COMPLETION			£20,000
No	No	No	COMMITTED for 22-23 - PROJECT COMPLETION			£9,000
No	Yes	No	COMMITTED for 22-23 - ORIGINALLY CPEG FUNDED - £60K			£60,000
No	No	No	COMMITTED for 22-23			£45,000
No	No	No	COMMITTED for 22-23			£10,000
No	No	No	COMMITTED for 22-23 - PROJECT UNDERWAY			£23,000
No	No	No	COMMITTED for 22-23 - PROJECT COMPLETION			£5,500
No	No	No	COMMITTED for 22-23 - PROJECT UNDERWAY			£9,000
No	No	No	COMMITTED for 22-23			£10,000
No	Yes	No	COMMITTED for 22-23 - PROJECT COMPLETION			£64,000
				<b>£91,000</b>	<b>£228,000</b>	<b>£465,500</b>

APPENDIX 9 - SUMMARY - 3 year scheme prioritisation				To be completed by the Corporate Finance Team											
Category	CG	Scheme Name	Scheme Description	2022/2023 - Estimated value (no consideration can be given without an estimated value) - £				2022/2023							
					MERG Required YES/NO	BC Required YES/NO - i.e. >£50k	Suitable for Leasing YES/NO	Finance/ Capital team notes	Capital programme <£50k	Capital programme >£50k	Backlog	DIS - Care Group Capital programme	DIS - DIS Capital programme	Revenue Funding	
Priority List - Care Group	1	EUS Service Development	Gastro/Endoscopy development of EUS service in line with improving outcomes and patient experience, retention of staff maintaining organisational reputation	£212,791	Yes	Yes	No	Presumed service development will require new kit which will need MERG and can be leased.		£212,791					
Priority List - Chief Nurse & Care Group	1	WATER RING REPLACEMENT YORK	RENAL UNIT - this is due to the non-movement of the unit that was previously planned, a lot of elements that are nearing the end of their lifespan were rolled over as the new unit would fix them but with no fixed date for new unit these are now becoming real issues. figure is an estimate	£100,000	No	Yes	No	check as this had a new ring main a few years ago.			£100,000				
Priority List - Care Group	1	CARDIO/RESPIRATORY expansion	Increase capacity of Cardio/respiratory dept year 1 minor refurb year 2 x2 echo machines	£30,000	Yes	Yes	No	Echo machines will require MERG and can be leased	£30,000						
Priority List - Scoring	2	Suitable Ventilation in all side rooms on Chestnut, ITU Beech and Oak in line with Infection Control guidelines	Allowing secure ventilation to isolate infectious diseases	£160,000	No	Yes	No	Could be funded from ward refurb allocation. Cost is not enough, needs to be worked into a scheme hence 2023/24			£160,000				
Priority List - Scoring	2	Updated Ventilation in all side rooms on Lilac, Maple, Ash and Holly in line with Infection Control guidelines	Allowing secure ventilation to isolate infectious diseases	£160,000	No	Yes	No	Could be funded from ward refurb allocation. Cost is not enough, needs to be worked into a scheme hence 2024/25			£160,000				
Priority List - Scoring	2	Extend Emergency Assessment Unit (EAU)	LINKED TO ITEM 1 (above). Assuming Resp team are re-located, extending the EAU to provide additional clinical space for SDEC medical/frailty services; includes replacement flooring, windows and patient toilet. The medical /frailty SDEC service is currently at full capacity on a daily basis with 20 patients, leaving several patients suitable of the service to be seen by the ED time. Therefore the service needs to expand to allow approximately 10 patients per day to be treated. As the respiratory unit is adjacent	£159,420	No	Yes	No	needs to be prioritised		£159,420					
Priority List - Scoring	2	Information Technology in	Full IT and digital input will be required to support an extended EAU. An expansion of a clinical area will require IT input to support technology required to provide safe and efficient patient care. This will include appropriate sockets, trunking, computer equipment and support. This will support technology required to provide safe and efficient patient care.	£100,000	No	Yes	No	linked to above BC -Extend Emergency Assessment Unit (EAU)				£100,000			
Priority List - Care Group	2	Swipe access to all wards	To improve ward security to meet CQC standards and establish parity with wards in YDH	£154,000	No	Yes	No	Suitable for Ward refurbishment budget		£154,000					
Priority List - Scoring	2	Maintaining the temporary Ventilation to the correct standard on Beech Ward until the move to AMM Capital build when ready	Improve the ventilation in Bays 3 & 4 on Beech ward in order to deliver Aerosol Generating Procedures for patients who require CPAP and NIV During COVID air conditioning units were deployed which have achieve 6 air changes per hour. For the AGPs experienced in this area the air changes should be 10 per hour. Increase air changes per hour from 6 to 10 in order to meet the standards required for AGPs Improve the environments safety for both patients and staff	£50,000	No	Yes	No	Ventilation will not be approved., scheme will cost more, part of wider scheme for wards should look at ward refurb budget.			£50,000				
Priority List - Scoring	2	Relocation of Respiratory Unit	Provision for adequate office space for the respiratory unit personnel so that current office space can be converted into a clinical work area in order to extend the footprint of the EAU. The respiratory team are required to work within close proximity to ensure continuity of patient care. The benefits of the respiratory team working within close proximity brings continuity of patient care and a happy and content workforce.	£30,000	No	No	No	Minor scheme .	£30,000						
Priority List - Scoring	2	Provision of ultra sound service within the AMU	The deployment of an ultrasound machine on the acute medical unit will enable the provision of accelerated inpatient management through the use of this equipment by trained non-radiology clinicians in 'real time'. This will support the requirement of training acute medical registrars in ultrasound whilst delivering improvements in patient care and releasing Radiology resource time.	£30,000	No	No	No		£30,000						
Priority List - Scoring & Care Group	3	Sterile Services SGH autoclave replacement	Three (3) Getinge GE6913 porous load autoclaves are over 18 years old. Therefore to be replaced with four (4) MMM Selectomat PL porous load autoclaves including ancillary equipment.	£286,000	No	Yes	?	check if can lease, or fund from backlog.		£286,000					
Priority List - Scoring & Care Group	3	Sterile Services YDH/SGH electronic instrument tracking system replacement	The Traybox electronic tracking system is not supported by manufacturers Getinge (Altrax) after 2022. Upgrade to new version "T-Doc" or similar system.	£98,244	No	Yes	No	need to purchase				£98,244			
Priority List - Scoring	4	Nuclear Med enabling ventilation and infrastructure works	Already approved BC for equipment and turnkey quote however additional ventilation works required	£500,000	No	Yes	No	capital purchase		£500,000					
Priority List - Scoring	4	Brid US		£16,000	Yes	No	No		£16,000						
Priority List - Scoring	5	Adaptation of two consulting rooms on Womens Unit (SGH) to create four clinical rooms for gynaecology outpatient care	Optimise space for gynaecology activity delivery by splitting two birthing rooms into 4 clinical rooms for outpatients and ability to deliver registrar clinics alongside Consultants clinics - requires ventilation, electrical and walls/ structural work to adapt bathrooms and split space	£50,000	No	Yes	No	capital purchase	£50,000						
Priority List - Care Group	5	SCBU Doors SGH	Extension of SCBU Doors at Scarborough site	£14,500	No	No	No	Newly added scheme - 9/6/22	£14,500						
Priority List - Care Group	5	Conversion of two bedded bay into two rooms on Paediatric Ward 17/18 junction (Bay 31) (York) to accommodate day surgery patients on ward	Requires adding a wall and door to split the room and provide IPC compliant day surgery spaces for two patients (there is a need to identify space for 10 day surgery patients per day on existing W17/18 footprint)	£10,000	No	No	No	capital purchase	£10,000						
Priority List - Chief Nurse & Care Group	5	Labour Theatre Floor (York)	Replacement of floor due to IPC issues - SI for infection recorded	£10,000	No	No	No	capital purchase	£10,000						
Priority List - Care Group	5	Sexual health: Monkgate reception & Waiting area remodelling	Remodelling and refurbishment to support better patient flow and improve environmental compliance	£8,000	No	No	No	capital purchase - cost increased from £5k to £8k 09/06/22	£8,000						
Priority List - Care Group	5	Repair of roof over two bedded bay in Paediatric ward (SGH) to accommodate COVID patients at Scarborough	Deliver safe IPC compliant paediatric care for Scarborough children on Duke of Kent using a currently out of use (due to roof leaking) two bedded bay as RED capacity	£5,000	No	No	No	capital purchase	£5,000						
Priority List - Chief Nurse	6	nurse call bell	Bronte	£30,000	No	No	No	capital purchase	£30,000						
Priority List - Care Group	6	Repurposing of eye clinic rooms vacated by move to Community Stadium	Several rooms are vacant following the move of Eye Clinics to the Community Stadium. This scheme is to repurpose them towards other sub specialities in the department.	£15,000	No	Yes	No	capital purchase - value reduced from £45k to £15k by Mandy Mullins - 9/6/22	£15,000						
Priority List - Scoring & Care Group	6	Ophthalmology - Works for installation of Microscope (MERG 20-001)	Works to install illumaire 700 zeiss microscope in Theatre 1	£15,000	No	No	No	capital purchase	£15,000						
Priority List - Care Group	6	Minor works to accommodate SGH VFA	Scarborough VFA minor works (as above)	£8,500	No	No	No	capital purchase - value reduced from £20k to £8.5k by Mandy Mullins - 9/6/22	£8,500						

Priority List - Scoring & Chief Nurse	Chief Nurse	Nursing documentation project	Sockets and data points	£40,000	No	No	No					£40,000			
Priority List - Care Group Directorate	DIS	Essential Service Programme - Compute and Storage	In 2022 the DIS team will be replacing components of the existing compute and storage solution including replacement of infrastructure that underpins CPD (EPR solution) and a number of components of the Trusts storage infrastructure. The replacement is due to the infrastructure being end of life (not supported, updated). In 2022 and start of 2023 other core elements of the compute and storage solution will also become end of life and as such become a risk to the Trust.	£1,164,000	No	Yes	No	dis purchase - Value updated by DIS 9/6/22						1164000	
Priority List - Care Group Directorate	DIS	Essential Service Programme - Network	To continue the modernisation of the Trusts network (site network) as a continuation of work funded and started in 2021/22 FY with Telefonica Tech (Data centre networking). The network will require iterative modernisation over the next 2 to 3 years. The modernisation will remediate existing technical debt on an aged estate and develop a more resilient, performant and secure network for operations, transformation and enabling strategy i.e. digital	£300,000	No	Yes	No	dis purchase - Value reduced by DIS from £800k to £300k - 9/6/22						300000	
Priority List - Care Group Directorate	DIS	Business Programme/Portfolio - Application Development	To provide commitment to DIS 3rd party resource augmentation partner (Explorer) to enable them to bring in resource to deliver ongoing portfolio of work in CPD and for key programmes including Digital Documentation	£225,000	No	Yes	No	dis purchase - Value reduced by DIS from £300k to £225k - 9/6/22						225000	
Priority List - Care Group Directorate	DIS	Business as Usual - End User Asset Operational Provision/Replacement	The provision or replacement of end user assets including desktop, laptop and tablet. Fund for cross Trust resources. This will also cover the provision of new user assets.	£150,000	No	Yes	No	dis purchase - Value reduced by DIS from £200k to £150k - 9/6/22						150000	
Priority List - Care Group Directorate	DIS	Non Strategic Compute and Storage Remediation	Remediation/upgrade of software technical debt on server estate including Windows, AD and Linux	£75,000	No	Yes	No	dis purchase						75000	
Priority List - Care Group Directorate	DIS	Business as Usual - End User Mobile Asset Operational Provision/Replacement	The provision or replacement of end user mobile phones, to support existing estate, which is now becoming aged and the forecasted growth as the Trust drives its hybrid working agenda - we will have moved to managed service utilising a revenue model in 2024/25	£50,000	No	Yes	No	dis purchase						50000	
Priority List - Care Group Directorate	DIS	IT Service Management (PHASE 1)		£36,000	No	No	No	dis purchase - Value reduced by DIS from £250k to £36k - 9/6/22						36000	
Priority List - Scoring	Medical Director	HYMS	HYMS Rooms at Scarborough	£10,000	No	No	No		£10,000						
Priority List - Scoring	Ops	CBRN Tent		£15,000	No	No	No		£15,000						
Priority List - Care Group	YTHFM	General Backlog Maintenance provision		£500,000	No	Yes	No	General provision needs checking against approved schemes			£500,000				
Priority List - Care Group	YTHFM	Replacement of visitor car parking equipment and P&D Machines	Due to the end of life equipment across the Trust, there is an urgent requirement to replace the old and failing systems and the significant impact of income revenue throughout car parks, in addition to patient and visitor viewing	£400,000	No	Yes	No	capital works / revenue benefits		£400,000					
Priority List - Scoring	YTHFM	Urgent back log maintenance	YH - MAIN STREET FLOORING	£200,000	No	Yes	No				£200,000				
Priority List - Scoring	YTHFM	Urgent back log maintenance	YH - BOILER HOUSE LV PANEL REPLACEMENT	£150,000	No	Yes	No				£150,000				
Priority List - Scoring	YTHFM	Urgent back log maintenance	YH - AHU REPLACEMENT - CT0003 (XRAY ROOF)	£90,000	No	Yes	No				£90,000				
Priority List - Scoring	YTHFM	Urgent back log maintenance	YH - CLIFTON CHAPEL LIFT - MICK ANDREWS	£40,000	No	No	No				£40,000				
Priority List - Care Group	YTHFM	Anti-ram bollards installation across Trust sites	Following the significant operational implications recently with damage from vehicles colliding with the infrastructure at both York and Scarborough Teaching Hospitals it has highlighted the need with numerous capital projects underway including ED/ICU at YH and the EUC build at SGH, there is an urgent requirement for anti-ram bollards to protect critical infrastructure throughout the Trust to ensure staff, patient and visitor safety whilst mitigating any potential terror threats, accidents etc.	£30,000	No	No	No	capital works		£30,000					
Priority List - Chief Nurse	YTHFM	Urgent back log maintenance	SGH - FIRE DOORS	£25,000	No	No	No				£25,000				
Priority List - Chief Nurse	YTHFM	Urgent back log maintenance	YH - FIRE DOORS	£25,000	No	No	No				£25,000				
Priority List - Scoring	YTHFM	Urgent back log maintenance	SGH - MECH SITE DWG UPDATES - CAL RMS	£20,000	No	No	No				£20,000				
<b>PRIORITISED SUB - TOTAL</b>				<b>£5,797,455</b>						<b>£327,000</b>	<b>£1,712,211</b>	<b>£1,520,000</b>	<b>£238,244</b>	<b>£2,000,000</b>	<b>£0</b>
DIS-Care Group	1	LAPTOP REPLACEMENT PROGRAMME	Replacement of mobile devices used by community health staff to access electronic patient records whilst in patient's home - on three year lifespan, 1/3 devices to be replaced each year	£180,000	No	Yes	No	Will need to be part of DIS budget				£180,000			
Backlog	1	Reverse osmosis machine-Harrogate	Purite 5000 reverse osmosis machine replacement required at Harrogate renal	£85,000	No	Yes	?	Approved in 2021-22 but due to floor having to be strengthened , not completed.			£85,000				
<£50k	1	project to support moving the acute dialysis unit to a ward area, using a WT unit instead of individual RO units for 4 stations	RENAL Ward 33	£30,000	No	No	No	Looks like a minor scheme		£30,000					
DIS-Care Group	1	MOBILE PHONE HANDSET REPLACEMENT PROGRAMME	Replacement of mobile phone handsets used by community health staff	£18,000	No	No	No	Will need replacement plans of other ares				£18,000			
DIS-Care Group	1	HEADSET REPLACEMENT PROGRAMME	Replacement of headsets used for video conferencing and consultation	£5,400	No	No	No	Will need replacement plans of other ares				£5,400			
>£50k	2	Reprovision of Cardiology step down beds when unit beds relocated to new AMM	Identify suitable location within the main block - likely to be old ITU so conversion to standard ward required.	£50,000	Yes	Yes	?	Merg required for additional kit, charttible funding contribution. Fees this year		£50,000					
<£50k	2	Upgrade Kitchen and bathroom Johnson ward	Current facilities are not fit for purpose and require renewing and updating	£30,000	No	No	No	Do they have charitable funds to contribute . Minor scheme.		£30,000					
<£50k	2	Mulberry Ward (ex - Stroke) sluice upgrade	Sluice requires modernising and making fit for IPC standards	£7,000	No	No	No	Minor schemes or ward refurb funding		£7,000					
<£50k	3	Laser blinds - Theatres YH	Laser blinds YH theatres	£37,000	No	No	No	This was agreed last year ! Do they need all of them.		£37,000					
>£50k	4	Magnolia expansion	On the agenda pre-COVID due to the lack of chair space and flexibility to up capacity in peak times. More pertinent that ever with COVID.	£1,000,000	No	Yes	No	Possible charity contribution		£1,000,000					
>£50k	4	Re-development of the CCC and CIS services	The cancer management team have been developing a CCC and CIS strategy, the strategy includes the expansion of services, focussing on creating parity of service across our hospital sites. The strategy looks to expand the complementary therapy offer and extend our information and support services offer through virtual/social media avenues and outreach in the community and in the hospitals.	£1,000,000	No	Yes	No	capital purchase		£1,000,000					
DIS-Care Group	4	Blood Tracking system covering HUTH site	Extension of the Bloodtracking system in place in YH , SH and BH to include the hospitals in Hull HRI, CHH, WCH.	£252,000	No	Yes	No	dis purchase				£252,000			
Works element of lease	4	1 x fluoro room Sgh replacement	Replacement of existing equipment to maintain current service provision - does not include estimate for air handling	£200,000	Yes	Yes	Yes	Equipment on lease sheet/ works capital approx £200k			£200,000				
>£50k	4	Re-development of the Scarborough Macmillan Unit	The Scarborough Chemotherapy Unit is not fit for purpose. It does not meet with IPC standards and with COVID and social distancing in place the capacity has been reduced to 50%. 2022/23 - The intention is to undertake a feasibility study to scope solution and costs. 2223/24 - The intention would be to take forward the project in this year, costs to be informed by the feasibility study.	£150,000	No	Yes	No	capital purchase			£150,000				
Works element of lease	4	Replacement Room 2 X-Ray at York	Replacement of existing equipment to maintain current service provision - does not include estimate for air handling	£100,000	No	Yes	No	Equipment on lease sheet/ works capital approx £100k			£100,000				



<£50k	4	Relocation of IV store York	The current IV store in the receipt and distribution area at York is not fit for purpose due to security and accessibility, this is a shared space with the R&D team and the services that they provide. We are also not currently compliant with the safe storage of medicines regulations in relation to temperature monitoring	£50,000	No	Yes	No	capital purchase	£50,000					
DIS-Care Group	4	Implementation of Phase 2 of EPMA roll out	Re-establish EPMA project group to implement roll out of EPMA into other areas of the Trust including Paediatrics, day theatres, ED and MES	£50,000	No	Yes	No	dis purchase				£50,000		
DIS-Care Group	4	Breast Imaging AI	Software packages to review quality and dose monitoring	£35,000	No	No	No	dis purchase				£35,000		
<£50k	5	Gynaecology chair		£15,000	Yes	No	No		£15,000					
<£50k	5	Development of Bridlington Lloyd Ward space for hyste/colposcopy	Utilise space at Lloyd (alongside CG3 H&N services) for increased hyst/colposcopy activity - need to accommodate stack	£10,000	No	No	No	capital purchase	£10,000					
<£50k	5	Hysteroscopes (Endosee)	Two handheld scopes required - £4,150 monitor x 2. Disposable scopes £1,520.00/box of 5 and graspers are £365.00/box of 5.	£8,300	No	No	No	capital purchase	£8,300					
Revenue	5	Sexual Health: Heatherdene Harrogate Clinic refurbishment clinical areas	Refurbishment of flooring, blinds, painting corridor areas to improve environmental compliance (not covered in SLA)	£2,500	No	No	No	Caregroup can fund.						£2,500
Revenue	5	Adaptation of small office O&G office (SGH)	Benching for small office to extend use of office for use by 2 Consultants to accommodate new Consultants joining the service	£1,000	No	No	No	Caregroup can fund.						£1,000
Revenue	5	Adaptation of Jasmine Midwives room on Hawthorne Ward corridor (SGH) for Gynaecology Assessment Unit (GAU)	Utilise space at Hawthorne for clinical space for GAU and develop SDEC pathway	£1,000	No	No	No	Caregroup can fund.						£1,000
Revenue	5	Drugs cupboard Whitby Sexual health clinic		£500	No	No	No	Caregroup can fund.						£500
Revenue - removed 13/06/2022	5	Hoist for paediatrics (Oxford)	To support children at Malton physio clinic and deliver more activity utilising the clinical space there	£0	No	No	No	Caregroup can fund. / or charitable - removed following meeting 13/06/2022						
>£50k	6	Malton Skin Cancer service	To enable MDT clinics work is required to convert 2 old delivery suites to MOP rooms with ventilation. The rooms would then require some minor works, decorating, flooring, electrics, plumbing etc. as well as the purchase of equipment required (Lights, benches, operating equipment, storage etc).	£350,000	No	Yes	No	capital purchase		£350,000				
<£50k	6	Neurology Plan		£30,000	No	No	No	New scheme	£30,000					
<£50k	6	Ortho table, scopes and IT add on	Scarborough	£30,000	Yes	No	?	Equipment	£30,000					
<£50k	6	DRAEGER PRIMUS IE ANAESTHETIC MACHINE		£20,000	Yes	No	No	Equipment	£20,000					
<£50k	6	DRAEGER PRIMUS IE ANAESTHETIC MACHINE		£20,000	Yes	No	No	Equipment	£20,000					
<£50k	6	DRAEGER DELTA XL ECG MONITOR		£20,000	Yes	No	No	Equipment	£20,000					
<£50k	6	DRAEGER INFINITY C700 PATIENT MONITOR		£20,000	Yes	No	No	Equipment	£20,000					
<£50k	6	DRAEGER INFINITY C700 PATIENT MONITOR		£20,000	Yes	No	No	Equipment	£20,000					
<£50k	6	DRAEGER DELTA XL ECG MONITOR		£20,000	Yes	No	No	Equipment	£20,000					
<£50k	6	ERBE ERBOKRYO AE CRYOSURGERY UNIT		£10,000	Yes	No	No	Equipment	£10,000					
DIS-Care Group	6	On line Optimize electronic booking - Diabetic Retinal Screening		£10,000	No	No	No	dis purchase				£10,000		
DIS-2	DIS	Essential Service Programme - End User Refresh	A large percentage of the Trusts end user estate (desktop and laptop) is aged (over half of the 8200 estate is over 5 years old). As DIS work with the Trust on new solutions like virtual desktop and digital enabling devices, we must not lose sight of the wider estate and the need for substantial refresh	£1,000,000	No	Yes	No	dis purchase						1000000
DIS-3	DIS	Essential Service Programme - End User Virtual Desktop	A large percentage of the Trusts end user estate (desktop and laptop) is aged (over half of the 8200 estate is over 5 years old). In parallel to carrying out a substantial refresh (line item above) of these assets the DIS team are looking to implement strategic enablers, that will also remediate the asset risk and improve the working tools, performance and experience for team members. The first is the introduction of a virtual desktop capability, which has been initiated in 21/22 FY and will continue over the next two years	£500,000	No	Yes	No	dis purchase						500000
DIS-2	DIS	Essential Service Programme - Wi-Fi	To carry out two key projects, post a full all site Wi-Fi survey taking place in quarter 1 of FY 2022/23 by DIS and its partner SCC. The first piece of work will be remediation of the Wi-Fi technical solution where issues and gaps are found in the existing solution. The second project will be the extension of the Wi-Fi solution to meet 2022/23 growth requirements set out by Trust wide projects utilising devices that require an expansion of the Wi-Fi solution including EOBs, Digital Documentation	£350,000	No	Yes	No	dis purchase						350000
DIS-2	DIS	Programme and Project management	The programme and project management skills, experience and capacity required to deliver multiple large scale projects, 2022/23 will require full support, ongoing years will need augmented support	£250,000	No	Yes	No	dis purchase						250000
DIS-2	DIS	Cyber Secure Back up solution	An 'air-locked' backup device with supporting software to capture immutable copies of our key data assets, giving a high level of additional protection against modern sophisticated ransomware attacks that can target primary/secondary and backup copies at the same time	£250,000	No	Yes	No	dis purchase						250000
DIS-2	DIS	Devices to enable ongoing delivery of digital documentation, eobs etc.	Continued purchase of devices (mobile and tablet) to enable programme expansion	£250,000	No	Yes	No	dis purchase						250000
DIS-3	DIS	IT Service Management	Carry out the required work on operations, processes, asset and license management and IT Service platform and tooling	£250,000	No	Yes	No	dis purchase - New £250k scheme added - 9/6/22						250000
DIS-3	DIS	365 Delivery	Licenses will be captured through revenue, however funds will be required to bring in delivery partners to deliver core capability and then extended capability i.e. SharePoint	£150,000	No	Yes	No	dis purchase						150000
DIS-3	DIS	Essential services Programme - Data Centre Migration	In a survey carried out by our platform partner (SCC) it was recognised that the current data centres are not fit for purpose (environment, controls) and we should look at alternative options (change location, co-located with SCC and/or Cloud). Work is underway to understand scope and options which will inform more as the process progresses. This would include a Cloud assessment review	£125,000	No	Yes	No	dis purchase						125000
DIS-3	DIS	Essential Services Programme - Security Posture Improvement	Two projects to further improve the cyber security posture of the Trust. The funds are required to bring in a 3rd party to carry out a discovery, recommendation and business case process for 2 pieces: 1. The design, development of a Security Information Event Management (SIEM) or Security Operations Centre (SOC) solution or service to enable improved visibility and control over cyber risks and issues and help drive improvement and transformation - all enabling DSP toolkit compliance (year on year). 2. To design and develop a Multi factor authentication (MFA) solution to tighten controls around access and accounts Initial costs in 2022/23 will be discovery exercise - cost TBC IN 2023/24 AND 2024/25	£50,000	No	Yes	No	dis purchase						50000
DIS-3	DIS	Oracle tooling for development	provision Oracle Tuning and Diagnostic Pack for 2x RAC clusters (32 cores).	£50,000	No	Yes	No	dis purchase						50000

<E50k	OPs	Infectious Diseases Room A&E SGH	Construction of donning and doffing area in the RAZ	£15,290	No	No	No	Capital works/equipment	£15,290						
<E50k	Workforce & OD	Scarborough Social Club Alterations	Repurposing the squash court to a multi-use space, conference and classes. Accessibility work that needs doing to the building.	£50,000	No	Yes	No	capital works	£50,000						
DIS-Care Group	Workforce & OD	Activity Planning Software	Implementation of Activity Planning software to enable the Trust to plan clinical activity and monitor planned vs delivery. Part of the Medical eRoosting business case / NHSEI capital funding bid. - Ongoing support/licence fees - to be determined by numbers using system 2023-25	£30,000	No	No	No	dis purchase				£30,000			
DIS-Care Group	Workforce & OD	Learning Hub System Development	Purchase of additional modules to enhance functionality of LH, including portability of data	£23,100	No	No	No	dis purchase				£23,100			
DIS-Care Group	Workforce & OD	Trac System Development	Addition of an on-boarding module on Trac, the Trusts recruitment system. - CHECK IF RECURRENT OR INCREMENTAL COSTS - referenced as increase in annual fee	£14,500	No	No	No	dis purchase				£14,500			
>E50k	YTHFM	York bariatric/bed store York	New bed store to be constructed on the York Hospital site	£300,000	No	Yes	No	capital works		£300,000					
CAPITAL-Care Group	YTHFM	Upgrade and expand York Estates for YTHFM Head office	Reconfiguration and upgrade of existing Estates building with compliant toilets facilities, windows, cladding, etc.	£250,000	No	Yes	No	capital works			£250,000				
REVENUE-Care Group	YTHFM	Trust Estates Strategy	Develop long term estates strategy supporting clinical and ICS strategies	£200,000	No	Yes	No	revenue charge							£200,000
>E50k	YTHFM	Patient Catering	Ward kitchen reviews for suitability to address cross-contamination / cross-ward working	£100,000	No	Yes	No	One scheme total £200k		£100,000					
Backlog	YTHFM	Grounds Maintenance Central Team	Investment in plant and equipment for a central mobile grounds maintenance team (revenue for staffing also required)	£100,000	No	Yes	No	if replacement backlog				£100,000			
BACKLOG-Care Group	YTHFM	Domestic Services Cleaning Stores	Review of all stores to ensure compliance with current guidelines, with introduction of access card arrangement	£100,000	No	Yes	No	Backlog capital works				£100,000			
Backlog	YTHFM	Urgent back log maintenance	YH - ARCHWAYS WINDOWS - ANDY BLACKSTOCK	£60,000	No	Yes	No					£60,000			
<E50k	YTHFM	CCTV installation at Bridlington Hospital	Due to minimum CCTV coverage on site at BDH and approved schemes such as the £4mil solar panel farm investment there is a signification need for additional CCTV, externally and internally, to protect this investment as it wasn't foreseen in the original business case	£50,000	No	Yes	No	dis purchase but for YTHFM	£50,000						
<E50k	YTHFM	Access and egress review linking with payroll data	Key lock system - released by code fob and tracks the keys	£50,000	No	Yes	No	capital works	£50,000						
<E50k	YTHFM	Facilities Management Accommodation - all localities	Identification of suitable FM accommodation to enable cross-functional working, confidentiality, introduction of interactive KPI / CRM live data boards, meetings	£50,000	No	Yes	No	capital works	£50,000						
>E50k	YTHFM	Retail Catering Strategy York	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£50,000	No	Yes	No	capital works/ one BC inphases		£50,000					
>E50k	YTHFM	Retail Catering Strategy Scarborough	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£50,000	No	Yes	No	capital works/ one BC inphases		£50,000					
>E50k	YTHFM	Retail Catering Strategy Bridlington	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£50,000	No	Yes	No	capital works/ one BC inphases		£50,000					
>E50k	YTHFM	Retail Catering Strategy Community Stadium	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£50,000	No	Yes	No	capital works/ one BC inphases		£50,000					
Backlog	YTHFM	Urgent back log maintenance	YH - MECH SITE DWG UPDATES - CAL RMS	£45,000	No	No	No					£45,000			
Fees - revenue	YTHFM	Linen Stores review	To capture current requirements, along with contingency	£40,000	No	No	No	fees							£40,000
<E50k	YTHFM	Catering Production Units Delivery areas	Fit for purpose chilled areas with introduction of CCTV / Announcement operated systems	£30,000	No	No	No	capital works	£30,000						
<E50k	YTHFM	Post Room Upgrades	Inclusive of customer service points, introduction of space that fits with wellbeing of staff	£30,000	No	No	No	capital works	£30,000						
Backlog	YTHFM	Urgent back log maintenance	YH - JOINERS WORKSHOP UPGRADE - (SAFETY AUDIT RESPONSE) - JB	£30,000	No	No	No					£30,000			
Backlog	YTHFM	Urgent back log maintenance	YH - SCBU - ROOF AREAS AND SCBU PHASE 2 - JB	£30,000	No	No	No					£30,000			
REPLACEMENT-Care Group	YTHFM	Asset replacement programme (Facilities)	Review of assets and replacement programme	£30,000	No	No	No	replacement				£30,000			
<E50k	YTHFM	Catering Production Units Digital bar coding	Scanning system for traceability	£20,000	No	No	No	dis for YTHFM	£20,000						
>E50k	YTHFM	Retail Catering Strategy Selby	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£20,000	No	Yes	No	capital works/ one BC inphases		£20,000					
>E50k	YTHFM	Retail Catering Strategy Malton	Front of house, introduction of baking ovens (subway style food offer), click and collect and also external units and seating, out of hours provisions. Rebranding opportunities.	£20,000	No	Yes	No	capital works/ one BC inphases		£20,000					
Backlog	YTHFM	Urgent back log maintenance	SGH - CCTV - ASSET RENEWAL PROGRAMME - ASH BELLWOOD	£20,000	No	No	No					£20,000			
Backlog	YTHFM	Urgent back log maintenance	SGH - V11 - SCHNEIDER CONTROLS - KS	£20,000	No	No	No					£20,000			
Backlog	YTHFM	Urgent back log maintenance	YH - PLANT ROOMS - DOUBLE BLOCK & BLEED V/VS - ASH NORTH	£20,000	No	No	No					£20,000			
CAPITAL-Care Group	YTHFM	Patient Catering	Regeneration Ovens (replacement programme)	£20,000	No	No	No	capital purchase/backlog				£20,000			
DIS-Care Group	YTHFM	Helpdesk Customer Relationship Management Portal	To include all customer information, meeting actions and logs	£20,000	No	No	No	dis for YTHFM				£20,000			
Backlog	YTHFM	Urgent back log maintenance	YH - CCTV - ASSET RENEWAL PROGRAMME - ASH BELLWOOD	£16,000	No	No	No					£16,000			
<E50k	YTHFM	New CCTV server, York Hospital	65TB server to support additional CCTV functions	£10,000	No	No	No	dis purchase but for YTHFM	£10,000						
<E50k	YTHFM	Waste recepticals	To include vegware along with all waste streams	£10,000	No	No	No	not sure if replacement or new	£10,000						
<E50k	YTHFM	Restaurant areas	Interactive menu boards capturing dish of day, allergens, promotions	£10,000	No	No	No	capital purchase	£10,000						
<E50k	YTHFM	Helpdesk Accommodation upgrade	To include KPI and CRM interative boards	£10,000	No	No	No	capital purchase	£10,000						
<E50k	YTHFM	Linen Office Refurbishment - York	Upgrade to improve area	£10,000	No	No	No	capital works	£10,000						
Backlog	YTHFM	Urgent back log maintenance	YH - TREE SURVEY - JB	£10,000	No	No	No					£10,000			
BACKLOG-Care Group	YTHFM	Catering Production Unit Freezer Floor upgrades	To ensure compliancy and food safety	£10,000	No	No	No	Backlog capital works				£10,000			
DIS-Care Group	YTHFM	IT investment	To aid with cross-site working and mobile technology and asset replacement	£10,000	No	No	No	dis for YTHFM				£10,000			
DIS-Care Group	YTHFM	Upgrade of symbiotix, domestics time to clean	the current software that reduces dom hours is due to be upgrade and will license renewals. Failure to do this will mean that will not be able to adhere to the national cleaning standards	£6,000	No	No	No	dis for YTHFM				£6,000			
Backlog	YTHFM	Urgent back log maintenance	SGH - SCARBOROUGH HOSPITAL - MEDICAL ENG DB & SUBMAIN - NW	£5,000	No	No	No					£5,000			
Backlog	YTHFM	Urgent back log maintenance	YH - H&N - FLOORING	£5,000	No	No	No					£5,000			
<b>NOT PRIORITISED SUB - TOTAL</b>				<b>£9,192,590</b>					<b>£722,590</b>	<b>£3,490,000</b>	<b>£856,000</b>	<b>£654,000</b>	<b>£3,225,000</b>	<b>£245,000</b>	
<b>TOTAL</b>				<b>£14,990,045</b>					<b>£1,049,590</b>	<b>£5,202,211</b>	<b>£2,376,000</b>	<b>£892,244</b>	<b>£5,225,000</b>	<b>£245,000</b>	

## Trust Priorities; Quality and Safety

Risk description	PR1 - Unable to deliver treatment and care to the required standard			<b>Causes</b>	<ul style="list-style-type: none"> <li>- Insufficient workforce resources</li> <li>- Professional competency of clinical staff</li> </ul>	
				<i>What has to happen for the risk to occur?</i>	<ul style="list-style-type: none"> <li>- Lack of funding</li> <li>- Inadequate buildings and premises</li> <li>- Lack of space</li> <li>- Inadequate or aged medical equipment</li> </ul>	
				<b>Consequences</b>	<ul style="list-style-type: none"> <li>- Potential patient harm</li> </ul>	
				<i>If the risk occurs, what is its impact?</i>	<ul style="list-style-type: none"> <li>- Increased financial costs</li> <li>- Reputational damage</li> <li>- Regulatory attention</li> </ul>	
<b>Risk Rating</b>	<b>Gross</b>	<b>Net</b>	<b>Target</b>	<b>Risk Appetite Assessment</b>		<b>Committee Oversight: Quality &amp; Safety Assurance Committee</b>
<b>Likelihood</b>	4	4	3	<b>Risk Appetite: Exceeding</b>		
<b>Impact</b>	4	4	2	<b>Date to achieve target score: To be reviewed in Mar 2022</b>		
<b>Overall risk rating</b>	16	16	6			
				<b>Links to CRR:</b>	<b>CN1, COO1-2, WFOD1-3, DIS1-5, MD1</b>	
<i>What controls are in place that are effective now and operating at intended?</i>		<i>Where are we failing to put controls / systems in place, where we are failing to make them effective?</i>		<i>Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?</i>	<i>What evidence shows we are reasonably managing our risks and our objectives are being delivered?</i>	<i>Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?</i>
<b>Controls</b>		<b>Gaps in Control</b>		<b>Sources of Assurance</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance</b>
Internal effectiveness reviews against national standards		None identified		-Clinical effectiveness team -Internal Audit	- Clinical Effectiveness reports - Internal Audit reports	None identified
Review of data from national surveys e.g. NICE, NSF		- Volume of data makes it difficult to focus on key issues - Data does not always flow through correct governance		-Healthcare Evaluation Data (HED) -Clinical Effectiveness Audits -NICE	- HED reports - National Survey results	None identified
Implementation of Clinical standards		None identified		-Board -Quality Committee	- IBR - Minutes and actions of papers (Board, Executive, Quality Committee)	None identified
Revalidation of professional standards for doctors		None identified		-Trust internal appraisal and revalidation process/system	- Revalidation Report to Board	None identified
Oversight of performance		None identified		- Oversight & Assurance meetings and other governance forums	- Integrated Board Report - KPIs in Care Group dashboards - Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings	None identified

Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings and other governance forums	- Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings.	None identified	
Implement Workforce & OD Strategy	Poor diversity in leadership positions (gender pay, race equality)	- Board, Executive and Resources Committee.	- Board/Committee papers - Equality, diversity and inclusion data reporting	None identified	
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	- IBR - Executive Committee Agency Usage Report	None identified	
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	-Limited visibility to investments required but not progressed.	
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%)	-Training deferred/delayed due to operational pressures.	
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified	
Monitoring the effectiveness of waiting lists	None identified	Clinical Risk stratification, validation and monitoring of waiting lists	- Risk stratified elective waiting lists.	- Diagnostic waiting lists to be risk stratified in July; outpatient list to follow.	
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT. -Business Planning process	-Schedules detailing capital investment needs. -Business Planning schedules	None identified	
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	-Executive Committee and Board of Directors approved plan	None identified	
Redeployment of specialist nurses	None identified	Risk assessed each service; low, medium, high	Quality Impact Assessments for each service	None identified	
Routine monitoring and reporting against capital programme	None identified	-Financial Services	-Agenda, papers, minutes and action logs for internal governance meetings (CEG, Resources Committee, Executive Committee, Board of Directors) -Reports to external bodies (the ICS and NHSE/I)	None identified	
<i>What actions will further mitigate the causes and consequences of the risk to its identified target rating?</i>		<i>What is the current progress to date in achieving the action identified?</i>		<i>Owner of action</i>	<i>When action takes affect?</i>
<b>Actions for further control</b>		<b>Progress to date / Status</b>		<b>Lead action owner</b>	<b>Due Date</b>
Recruitment		Reintroduce open days (July); Launch recruitment website (Sept); International nurse recruitment (90 by Jan 23)		Polly McMeekin	<b>Mar-23</b>

## Trust Priorities; Quality and Safety

<b>Risk description</b>	PR2 - Access to patient diagnostic and treatment is delayed			<b>Causes</b>	<ul style="list-style-type: none"> <li>- Increased waiting times</li> <li>- Insufficient bed capacity</li> <li>- Failure to transform patient pathways</li> <li>- Inefficiencies in buildings, premises and medical equipment</li> <li>- Insufficient and appropriately qualified staff</li> <li>- Failure of clinical staff to meet required professional standards</li> <li>- Lack of space for patient treatment and staff handovers</li> </ul>				
<i>What has to happen for the risk to occur?</i>									
<b>Consequences</b>				<ul style="list-style-type: none"> <li>- Patients suffering avoidable harm</li> <li>- Damage to the trust reputation</li> <li>- Regulatory attention</li> <li>- Increased Financial costs</li> </ul>					
<i>If the risk occurs, what is its impact?</i>									
<b>Risk Rating</b>	<b>Gross</b>	<b>Net</b>	<b>Target</b>	<b>Risk Appetite Assessment</b>		<b>Committee Oversight: Quality &amp; Safety Assurance Committee</b>			
<b>Likelihood</b>	5	4	3	<b>Risk Appetite: Exceeding</b>					
<b>Impact</b>	5	5	4	<b>Date to achieve target score: To be reviewed in Mar 2022</b>				<b>Risk Owner:</b>	<b>Medical Director</b>
<b>Overall risk rating</b>	25	20	12					<b>Links to CRR:</b>	<b>COO1-2, WFOD1-3, DIS1-5, MD1</b>
<i>What controls are in place that are effective now and operating at intended?</i>		<i>Where are we failing to put controls / systems in place, where we are failing to make them effective?</i>		<i>Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?</i>		<i>What evidence shows we are reasonably managing our risks and our objectives are being delivered?</i>		<i>Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?</i>	
<b>Controls</b>		<b>Gaps in Control</b>		<b>Sources of Assurance</b>		<b>Positive Assurance</b>		<b>Gaps in Assurance</b>	
Implementation of Clinical standards		None identified		<ul style="list-style-type: none"> <li>-Board of Directors</li> <li>-Quality Assurance Committee</li> </ul>		<ul style="list-style-type: none"> <li>- IBR</li> <li>- Minutes and actions of papers (Board, Executive, Quality Committee)</li> <li>- National Audit Clinical Standards</li> </ul>		System pressures including ambulance and across local authorities with surges in activity leads to difficulties in applying consistent high clinical standards	
Revalidation of professional standards for doctors		None identified		<ul style="list-style-type: none"> <li>-Trust internal appraisal and revalidation process/system</li> </ul>		<ul style="list-style-type: none"> <li>- Revalidation Report to Board</li> </ul>		None identified	
Conduct Incident Reporting and learning from Safety incidents		None identified		<ul style="list-style-type: none"> <li>- Datix</li> <li>- Care Group Boards</li> <li>- Oversight &amp; Assurance meetings</li> <li>- CPD</li> </ul>		<ul style="list-style-type: none"> <li>- Action plans following investigation of incidents</li> <li>- Datix incident reports</li> <li>- SI/Never Event reports presented to Quality Committee, QPaS, Care Group Boards and Oversight &amp; Assurance meetings</li> <li>- Learning from deaths report to QPaS</li> <li>- 6 monthly Cancer Harm report</li> <li>- Patient experience report</li> <li>- Medical Legal report</li> <li>- Escalations recorded on CPD</li> </ul>		Overarching analysis and triangulation of all information	
<i>What actions will further mitigate the causes and consequences of the risk to its identified target rating?</i>				<i>What is the current progress to date in achieving the action identified?</i>				<i>Owner of action</i>	<i>When action takes affect?</i>

Actions for further control	Progress to date / Status	Lead action owner	Due Date
Learnings from Serious Incidents (SIs) communicated to Care Groups	Reviewed SIs reported through Quality and Patient Safety Group, Quality and Safety Assurance Committee and Board of Directors. Learnings communicated to Care Groups.	Jim Taylor	Jul-22

## Trust Priorities; Elective Recovery - Acute Care Flow

<b>Risk description</b>	PR 3 - Failure to deliver constitutional/regulatory performance and waiting time targets			<b>Causes</b>	- Covid 19, increased waiting times - Insufficient bed capacity - Inefficient patient pathways	
				<i>What has to happen for the risk to occur?</i>		
				<b>Consequences</b>	- Patient harm - Reputational damage - Regulatory attention - Financial costs	
				<i>If the risk occurs, what is its impact?</i>		
<b>Risk Rating</b>	<b>Gross</b>	<b>Net</b>	<b>Target</b>	<b>Risk Appetite Assessment</b>		
<b>Likelihood</b>	4	4	4	<b>Risk Appetite: Exceeding</b>		
<b>Impact</b>	5	4	3	<b>Date to review target score: April 2022</b>		
<b>Overall risk rating</b>	20	16	12			
				<b>Committee Oversight: Digital, Finance and Performance Assurance Committee</b>		
				<b>Risk Owner:</b>	<b>Chief Operating Officer</b>	
				<b>Links to CRR:</b>	<b>CN1, COO1-2, WFOD1-3, DIS1-5, MD1</b>	
<i>What controls are in place that are effective now and operating as intended?</i>		<i>Where are we failing to put controls / systems in place, where we are failing to make them effective?</i>		<i>Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?</i>		<i>What evidence shows we are reasonably managing our risks and our objectives are being delivered?</i>
<b>Controls</b>		<b>Gaps in Control</b>		<b>Sources of Assurance</b>		<b>Positive Assurance</b>
Oversight of performance		None identified		- Oversight & Assurance meetings and other governance forums		- Integrated Board Report - KPIs in Care Group dashboards - Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings
Implementation of the Performance Management Framework		None identified		- Oversight & Assurance meetings and other governance forums		- Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings.
Implementation of surge plans		None identified		- Scenario testing of surge plans (Winter resilience) - Silver and Gold Command standard operating procedures		- Results of scenario testing - OPEL 4 daily calls assurance to YAS and NHSEI on Ambulance turnaround when required
Implementation of Operational Plans (including Covid plans)		None identified		- Operational meetings to monitor and respond to operational requirements		- Minutes from operational meetings

Implementation of winter plans and resilience plans	None identified	- Winter and resilience plans discussed at governance meetings (Executive, Board, Quality Committee)	- Minutes of Board, Executive, Quality meetings where winter and resilience plans are discussed.	None identified	
Delivery of Building Better Care programme	Programme initiated but not fully embedded	- Programme structure established.	- Transformation Committee reports and KPIs	- None identified	
Monitoring the effectiveness of waiting lists	None identified	- Elective recovery planning and monitoring of waiting lists	- Reporting on progress of meeting waiting lists	- None identified	
Urgent Care working at place	None identified	- Collaboration of Acute Providers	- Engagement and participation at Collaboration of Acute Providers for elective recovery	- None identified	
Deployment of health inequality assessment to inform waiting list management	None identified	- Board	- Health inequality considerations at Board	- Specific system reporting against health inequalities	
<i>What actions will further mitigate the causes and consequences of the risk to its identified target rating?</i>	<i>What is the current progress to date in achieving the action identified?</i>			<i>Owner of action</i>	<i>When action takes affect?</i>
<b>Actions for further control</b>	<b>Progress to date / Status</b>			<b>Lead action owner</b>	<b>Due Date</b>
Deliver the 2022/23 Plan on activity	Oversight provided through the Executive Committee as a Committee of Board. Assurance provided through the Digital, Performance and Finance Assurance Committee.			Wendy Scott	<b>Mar-23</b>
Deliver the Building Better Care Programme	Oversight provided through the Executive Committee as a Committee of Board. Assurance provided through the Digital, Performance and Finance Assurance Committee.			Wendy Scott	<b>Mar-23</b>



## Trust Priorities; Our People

<b>Risk description</b>	PR4 - Inability to manage vacancy rates and develop existing staff predominantly due to insufficient domestic workforce supply to meet demand			<b>Causes</b>	<ul style="list-style-type: none"> <li>- Lack of succession planning</li> <li>- Limited career opportunities</li> <li>- Operational pressures (inc Covid impact on staff absence/redeployment/release)</li> <li>- Inadequate buildings and premises</li> </ul>		
				<i>What has to happen for the risk to occur?</i>			
				<b>Consequences</b>		<ul style="list-style-type: none"> <li>- Deterioration of staff wellbeing</li> <li>- High attrition rates</li> <li>- Increased financial costs from interim arrangements</li> <li>- Potential patient harm</li> <li>- Reputational damage</li> <li>- Regulatory attention</li> </ul>	
				<i>If the risk occurs, what is its impact?</i>			
<b>Risk Rating</b>	<b>Gross</b>	<b>Net</b>	<b>Target</b>	<b>Risk Appetite Assessment</b>	<b>Committee Oversight: People and Culture Assurance Committee</b>		
<b>Likelihood</b>	5	4	4	<b>Risk Appetite: Exceeding</b>			
<b>Impact</b>	5	4	3	<b>Date to review target score: March 2023</b>		<b>Risk Owner:</b>	<b>Director of Workforce and OD</b>
<b>Overall risk rating</b>	25	20	12			<b>Links to CRR:</b>	<b>WFOD1</b>
<i>What controls are in place that are effective now and operating as intended?</i>		<i>Where are we failing to put controls / systems in place, where we are failing to make them effective?</i>		<i>Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?</i>	<i>What evidence shows we are reasonably managing our risks and our objectives are being delivered?</i>	<i>Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?</i>	
<b>Controls</b>		<b>Gaps in Control</b>		<b>Sources of Assurance</b>	<b>Positive Assurance</b>	<b>Gaps in Assurance</b>	
Implement Workforce & OD Strategy		Poor diversity in leadership positions (gender pay, race equality)		- Board, Executive and Resources Committee.	- Board/Committee papers June 2019 approval - Equality, diversity and inclusion data reporting	None identified	
Deliver Board development sessions		None identified		-Board meetings	-Board papers (agenda, minutes)	None identified	
Conduct Talent Management Framework		None identified		-Trust intranet	- Learning Hub - PREP	None identified	
Design and Deliver Internal Leadership Programmes		None identified		-Trust intranet	- List of programmes on Learning Hub	None identified	
Leadership succession plans		None identified		- Board, REMCOM, Executive Committee	-Board papers (agenda, minutes, action log) -REMCOM papers (agenda, minutes, action log)	None identified	
Conduct NED development programme		None identified		- Gatenby Sanderson, external specialist recruiter	- Regular updates from Gatenby Sanderson	None identified	
Implement ICS initiatives e.g. Ambassador Scheme		Poor diversity in leadership positions (gender pay, race equality)		- Board r(eporting on Equality, diversity and inclusion)	-Board papers (agenda, minutes, action log) -REMCOM papers (agenda, minutes, action log)	None identified	

Implement Workforce models and planning on a case by case basis	National contract limitations National training programmes	-Director of Workforce & OD	-Board approved Workforce models and plans	None identified	
Target overseas qualified staff	None identified	- Overseas nurse recruitment programme	- QIA for new nurse roles - CHPPD	None identified	
Incentivise recruitment	None identified	-Reduced vacancy rates in IBR	-IBR	None identified	
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and	- IBR - Executive Committee Agency Usage Report	None identified	
Oversight of rotas - e-Rostering (nursing)	None identified	- Internal Audit	- Internal Audit reports on E-Rostering - CHPPD	None identified	
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	Limited visibility to investments required but not progressed.	
Monitor performance against the People Plan	None identified	-Resource Committee updates against the People Plan	-Minutes of the monthly Resource Committee	None identified	
Implement Workforce & OD Strategy	None identified	- Reporting on performance against the Workforce & OD Strategy to Board, Executive and Resources Committee.	- Board/Committee papers - Equality, diversity and inclusion data reports	None identified	
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%)	None identified	
Thank You Campaign	None identified	Communications and hospitality provision in Spring/Summer 2021	- Well received by staff in feedback	None identified	
Workforce resilience model	None identified	Executive Committee	Executive Committee approval October 2021	None identified	
Communicate guidance for Managers for remote working	Space restrictions	- Trust intranet	- Agile Working Policy	None identified	
<i>What actions will further mitigate the causes and consequences of the risk to its identified target rating?</i>		<i>What is the current progress to date in achieving the action identified?</i>		<i>Owner of action</i>	<i>When action takes affect?</i>
<b>Actions for further control</b>		<b>Progress to date / Status</b>		<b>Lead action owner</b>	<b>Due Date</b>
Culture change (Retention)		Values and Behaviours roll out continues; Behavioural framework launched; re-introduce face to face comms (staff brief to be re-launched (July); Relaunch reward and recognition awards (Sept); ceased command and control structure; Implement E,D & I gap analysis.		Simon Morrirt	<b>Mar-23</b>
Working Life (fixing the basics)		Working group established. Rest areas identified – bid to be submitted to NHS Charities (Aug); transparent & equitable local pay (to be agreed);Medical rostering roll-out continues (remaining juniors in Aug); to be complete Mar 23); New intranet (Sept)		Polly McMeekin	<b>Mar-23</b>
Recruitment		Reintroduce open days (July); Launch recruitment website (Sept); International nurse recruitment (90 by Jan 23);		Polly McMeekin	<b>Mar-23</b>
Workforce Plan		Clinical Establishment review underway; Develop further alternative roles (Nov); CESR 'toolkit' (Dec); Transparent career pathway options (Mar 23); Increase Apprenticeship levy spend		Polly McMeekin	<b>Mar-23</b>

## Trust Priorities; Our People - Quality & Safety - Elective Recovery - Acute Flow

Risk description	PR 5 - Financial risk associated with delivery of Trust and System strategies			<b>Causes</b>	- Insufficient financial allocation distributed via the Humber and North Yorkshire Integrated Care Board	
				<i>What has to happen for the risk to occur?</i>	- Failure of the Trust to manage its finances	
				<b>Consequences</b>	- Inadequate revenue funding to meet the ongoing running costs of service strategies	
				<i>If the risk occurs, what is its impact?</i>	- Inadequate capital funding to meet infrastructure investment needs at the Trust - Inadequate cashflow to support operations - Net carbon zero objectives addressing environmental hazards not achieved - Imposition of financial special measures or licence conditions	
<b>Risk Rating</b>	<b>Gross</b>	<b>Net</b>	<b>Target</b>	<b>Risk Appetite Assessment</b>		<b>Committee Oversight: Digital, Finance and Performance Assurance Committee</b>
<b>Likelihood</b>	5	4	2	<b>Risk Appetite: Inside Tolerance</b>		
<b>Impact</b>	5	4	3	<b>Date to achieve target score: Achieved</b>		
<b>Overall risk rating</b>	25	16	6			
<i>What controls are in place that are effective now and operating at intended?</i>	<i>Where are we failing to put controls / systems in place, where we are failing to make them effective?</i>		<i>Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?</i>		<i>What evidence shows we are reasonably managing our risks and our objectives are being delivered?</i>	<i>Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?</i>
<b>Controls</b>	<b>Gaps in Control</b>		<b>Sources of Assurance</b>		<b>Positive Assurance</b>	<b>Gaps in Assurance</b>
Annual Business Planning process including Trust Strategy	Lack of clarity over funding from NHSE/I due to pandemic emergency financial regime.		-Business Planning process - Internal Audit		-Business planning schedules. - Internal audit reports on effectiveness of controls around the Business Planning process.	None identified
Preparation and sign off of annual Income and Expenditure plan	None identified		-Executive Committee and Board of Directors.		-Approved I&E plan (Board, Executive, NHSE/I and ICS).	None identified
Routine monitoring and reporting against I&E plan	None identified		-Monthly updates to Care Group OAMs, Resources Committee, Financial Review Meetings, Executive Committee, Board of Directors, the ICS and NHSE/I.		-Monthly reports, agendas, minutes and actions for each of the governance forums as well as reports provided to external bodies (PFR monthly to NHSE/I) -IBR	None identified
Expenditure control; scheme of delegation and standing financial instructions.	None identified		-Board of Directors		-Approved scheme of delegation and SFIs. -System enforced delegation and approval management.	None identified

Expenditure control; business case approval process	Investments approved outside of the business case process. Unplanned and unforeseen expenditure commitments.	-Internal audit -Financial Management team	-Business Case Register -Internal audit reports on effectiveness of controls around the Business Planning process. -Reports produced by the Financial Management team on variance analysis.	None identified	
Expenditure control; segregation of duties	None identified	-Finance systems	-System enforced approvals. -No Purchase Order No Payment policy.	None identified	
Expenditure control; staff leaver process	Management failing to notify Payroll in a timely way of staff leavers	-Contract change notification process. -Routine reporting of staff in post (i.e. paid) to budget holders.	-Salary overpayment recovery policy. -Reports from Finance to budget holders on their staff in post	Limited visibility to issue	
Income control; income contract variation process	Unforeseen and unplanned in-year reduction in income.	-Financial Management Team	Income Adjustment form register.	None identified	
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs. -Business Planning schedules	None identified	
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	-Executive Committee and Board of Directors approved plan	None identified	
Routine monitoring and reporting against capital programme	None identified	-Financial Services	-Agenda, papers, minutes and action logs for internal governance meetings (CPEG,	None identified	
Overspend against approved scheme sums	None identified	-Financial Services	-Scheme sum variation process. -Scheme expenditure monitoring reports to	None identified	
Preparation and sign off of cash flow plan	None identified	-External Audit -Business Planning process	-External Audit report as part of Going Concern activity. -Plan approved by Executive Committee and	None identified	
Routine monitoring against cash flow	None identified	-Board of Directors - Finance team	-Agenda, papers, minutes and action logs for internal governance meetings (Executive Committee, Resources Committee and Board of Directors). -(PFR monthly to NHSE/I)	Under the current emergency financial regime there is no tracking of cash against plan at Executive Committee or Board of Directors but as normal arrangements return this will resume.	
Cash flow management through debtors and creditors	None identified	-Financial Management Team -Government	-Monthly debtor and creditor dashboard to Finance Managers and Care Groups. -Trend data reported to Executive Committee, Resources Committee and Board of Directors. -IBR -Better Payment Practice Code (BPPC)	None identified	
<i>What actions will further mitigate the causes and consequences of the risk to its identified target rating?</i>		<i>What is the current progress to date in achieving the action identified?</i>		<i>Owner of action</i>	<i>When action takes affect?</i>
<b>Actions for further control</b>		<b>Progress to date / Status</b>		<b>Lead action owner</b>	<b>Due Date</b>
Planning guidance and funding allocations for H2 released 30 Sept. Trust now preparing 2022/23 I&E plan.		Working with the ICS for a balanced plan		A Bertram	Jun-22

Confirm efficiency requirement and match to identified plans with a view to identifying any residual requirement.		A Bertram	<b>Mar-23</b>
Model Elective Recovery Fund costs and income earning potential to maximise funded elective recovery activity.		A Bertram	<b>Mar-23</b>
Six-month review of capital programme and final 2022/23 priority allocations.		A Bertram	<b>Oct-22</b>

## Trust Priorities; Quality and Safety

<b>Risk description</b>	PR 6 - Failure to deliver the minimum service standard for DIS and keep data safe			<b>Causes</b>	<ul style="list-style-type: none"> <li>- Inadequate policies and procedures</li> <li>- Lack of IT/IG training</li> </ul>	
<i>What has to happen for the risk to occur?</i>				<ul style="list-style-type: none"> <li>- Vulnerabilities in the trust's hardware and software</li> <li>- Failure to report information incidents in a timely manner</li> <li>- Cyber attacks to Trust systems and data</li> </ul>		
<b>Consequences</b>				<ul style="list-style-type: none"> <li>- Potential patient harm</li> <li>- Regulatory attention (ICO)</li> <li>- Reputational damage</li> <li>- Financial costs</li> </ul>		
<i>If the risk occurs, what is its impact?</i>						
<b>Risk Rating</b>	<b>Gross</b>	<b>Net</b>	<b>Target</b>	<b>Risk Appetite Assessment</b>		
<b>Likelihood</b>	5	4	3	<b>Risk Appetite: Exceeding</b>		
<b>Impact</b>	4	4	3	<b>Date to achieve target score: April 2023</b>		
<b>Overall risk rating</b>	20	16	9			
				<b>Committee Oversight: Quality &amp; Safety Assurance Committee</b>		
				<b>Risk Owner:</b>	<b>Chief Digital and Information Officer</b>	
				<b>Links to CRR:</b>	<b>DIS1, DIS3, DIS4</b>	
<i>What controls are in place that are effective now and operating at intended?</i>	<i>Where are we failing to put controls / systems in place, where we are failing to make them effective?</i>		<i>Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?</i>		<i>What evidence shows we are reasonably managing our risks and our objectives are being delivered?</i>	<i>Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?</i>
<b>Controls</b>	<b>Gaps in Control</b>		<b>Sources of Assurance</b>		<b>Positive Assurance</b>	<b>Gaps in Assurance</b>
Implementation of Data Security and Protection Toolkit standards and principles to give us assurance on what we need to do to be safe and compliant	- Registration Authority Policy scoping being undertaken - Controls Library scoping to be undertaken when post filled - Data Security and Protection		- Internal Audit		- Internal Audit report of IG compliance - Next submission to NHS Digital in February and on target	None Identified
IG and Security Governance arrangements in place e.g. IG Executive	None identified		- Resources Committee - IG Executive Group		- Resources Committee minutes, papers, agenda, action log - IG Executive Group minutes, papers, agenda, action log	Due to pressures and inability to get full attendance to the IFG Group meetings
Trust Portable devices encrypted - mobiles and laptops	None identified		- IT Systems		- System enforced control e.g. bit locker encryption on Trust laptops	None Identified
Implementation of IG policies and procedures	None identified		- Staff intranet		- Approved IG policies - Statutory/mandatory IG training for all staff	Resources and capacity to complete the necessary review and rewrite of these

The identification, investigation, recording and reporting of IG incidents	None identified	- Information Governance Team - Datix	- IG breach reports	Gap in terms of full awareness TRUST WIDE of the incident report process
Review and sign-off of IG documentation	None identified	-Information Governance Team	- IG team sign-off	Resources and capacity to complete the necessary review and rewrite of these and engagement at IGEG
Essential Services Programme	Capacity to deliver ESP potentially	Plan of delivery of ESP	- Essential Services Programme Strategy	None Identified
IT Service management standards / processes	Low maturity due to lack of training			No robust security and IG major incident management process
<i>What actions will further mitigate the causes and consequences of the risk to its identified target rating?</i>	<i>What is the current progress to date in achieving the action identified?</i>			<i>Owner of action</i> <i>When action takes affect?</i>
<b>Actions for further control</b>	<b>Progress to date / Status</b>			<b>Lead action owner</b> <b>Due Date</b>
Continue to review funding for ESP	COMPLETED - funding secured from Trust and UTF for 21/22. ONGOING - reviewing funding opportunities for 22/23 from Trust/external funding			Andy Williams <b>Oct-22</b>
Implement the proposed DIS structure	ONGOING - Minimum funding secured and formal consultation process starting. Initial roles (i.e. CTO/Head of Delivery) in position. Further identified roles in recruitment process.			Andy Williams <b>Oct-22</b>
Deliver the DSP Toolkit plan	Initial annual submission completed in June 2022 moderated by audit. Rolling action plan still on track and progressing.			Andy Williams <b>Nov-22</b>

**Trust Priorities; Our People - Quality & Safety - Elective Recovery - Acute Flow**

<b>Risk description</b>	PR 7 - Trust unable to meet ICS expectations as an acute collaborative partner			<b>Causes</b>	- Ongoing Trust operational pressures; Urgent, Elective and Community Care			
				<i>What has to happen for the risk to occur?</i>				
				<b>Consequences</b>	- Challenges in delivering overall quality of care provision to patients - Reputational harm in meeting system contribution targets required across the Humber and North Yorkshire region			
				<i>If the risk occurs, what is its impact?</i>				
<b>Risk Rating</b>	<b>Gross</b>	<b>Net</b>	<b>Target</b>	<b>Risk Appetite Assessment</b>		<b>Committee Oversight: Executive Committee</b>		
<b>Likelihood</b>	3	3	3	<b>Risk Appetite: Inside Tolerance</b>				
<b>Impact</b>	3	2	2	<b>Date to achieve target score: April 2022</b>		<b>Risk Owner:</b>	<b>Chief Executive</b>	
<b>Overall risk rating</b>	9	6	6			<b>Links to CRR:</b>	<b>N/A</b>	
<i>What controls are in place that are effective now and operating at intended?</i>	<i>Where are we failing to put controls / systems in place, where we are failing to make them effective?</i>		<i>Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?</i>		<i>What evidence shows we are reasonably managing our risks and our objectives are being delivered?</i>	<i>Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?</i>		
<b>Controls</b>	<b>Gaps in Control</b>		<b>Sources of Assurance</b>		<b>Positive Assurance</b>	<b>Gaps in Assurance</b>		
Integration with ICS on system wide planning	None identified		Attendance of members of Trust Executive Team across H&NY ICS governance structure		Chief Executive update reports on Board of Directors	None identified		
Operational and Finance Plans 2022/23	None identified		Board of Directors approval processes and sub-committee assurances of delivery		Approval at Board of Directors and submission to NHSE&I for H1 and H2 plans	None identified		
Trust involvement in the Collaborative of Acute Providers	None identified		Acute providers governance in decision making across 5 strategic themed transformation programmes; cancer, diagnostics, electives, maternity and paediatrics, urgent and emergency care		Trust Building Better Care Transformational Programme Engagement with H&NY ICS - Managing Director of Collaboration of Providers engagement with Trust Executive Team	None identified		
Trust CEO Provider representative on H&NY Interim Executive Group	None identified		H&NY Interim Executive Group meetings		Engagement with the H&NY Interim Executive Group	None identified		
Trust CEO Provider representative on North East and Yorkshire ICS transition oversight group	None identified		North East and Yorkshire ICS transition oversight group		Engagement with the North East and Yorkshire ICS transition oversight group	None identified		
<i>What actions will further mitigate the causes and consequences of the risk to its identified target rating?</i>				<i>What is the current progress to date in achieving the action identified?</i>			<i>Owner of action</i>	<i>When action takes affect?</i>



Actions for further control	Progress to date / Status	Lead action owner	Due Date
Ongoing collaborative strategy development at neighbourhood, place and system level delivering for Trust patients and wider H&NY fo during 2022/23	Progress to be reviewed end of Q2 2022/23	Exec Team	Sep-22
Finance and activity planning for 2022/23 as part of H&NY system delivery	Progress to be reviewed Q2 2022/23	Exec Team	Sep-22

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## Action Notes

### Executive Committee

18 May 2022

**/ Attendance:** Simon Morritt (SM) (Chair), Andrew Bertram (AB), Wendy Scott (WS), Heather McNair (HM), Polly McMeekin (PM), Lucy Brown (LB), Amanda Vipond (AV), Jo Mannion (JM), Mike Harkness (MH), Mark Quinn (MQ), Gerry Robins (GR), Ed Smith (ES), Stuart Parkes (SP), Michael Taylor (MT), Lisa Gray (LG) (action note taker), Kim Hinton (KH), Mark Steed (MS) (LLP Report & Capital Prioritisation items only), Liz Hill (LH) (104 week wait item only)

**/ Apologies for Absence:** James Taylor (JT), Andy Williams (AW), Srinivas Chintapatla (SC), Donald Richardson (DRi)

#### Agenda Item: Declaration of Interests

**/ Notes** No declarations of interest were declared.

**/ Actions agreed**

- Nil.

#### Agenda Item: Minutes of the meeting held on 04 May 2022

**/ Notes** The minutes were approved as an accurate record.

**/ Actions agreed**

- Nil.

#### Agenda Item: Matters Arising from the minutes and any outstanding actions

**/ Notes** No matters arising were discussed and there were no updates received on any outstanding actions.

**/ Actions agreed**

- Nil.

#### Agenda Item: YTHFM LLP Report

**/ Notes** SM welcomed MS to the meeting.

MS updated the committee on the below:

York ICU – The snagging is to complete. The LLP are picking up the water issue with the contractor as a long-term solution needs to be sought, and the team are working through the final cost pressures.

York ED – This work is on programme however the team are working through the £5m cost pressure, highlighting this will cause significant

pressure on the capital and backlog maintenance programmes. The scheme is due to complete in March 2023.

Scarborough UEC – The pressure of inflation is causing issues with keeping in budget, even with contractors looking at doing things in an innovative way it will not be enough to cover the inflation costs. The team is working through this with the finance team but there may be a need to scale back on certain things within the build.

SM queried whether there was anything coming out from the centre in relation to the cost pressures caused due to inflation as this was not just an issue for this Trust. AB said there wasn't currently, but all Trusts and ICS' are feeding back to them and there is a lot that could be looked at before the Trust has to make decisions on what to scale back on.

Health & Safety (H&S) – MS highlighted there had been three H&S issues over the last reporting period which he sees as his highest priority. No one was severely hurt however all are being investigated in full and lessons will be learnt from each of them.

Backlog maintenance – The budget is lower this year however the team are continuing to work on Chestnut Ward and will then be moving onto Cherry Ward.

Peppermill Court/Community Stadium – There is now a plan in place to vacate Peppermill by the end of May and the community stadium work is on going to allow services to move in by the end of the year.

Nuclear Medicine - The team are working with clinical colleagues on a solution both in Scarborough and York.

Ramsay – The work on the Ramsay site is close to completion.

Salix Funding – These schemes are progressing well but again cost pressures, due to inflation, is having an impact.

Estates Strategy Workshop – A workshop is taking place tomorrow and will focus on the next 5-10 years ahead rather than just the here and now.

SM raised when he was on the Scarborough site, he had witnessed fire doors being propped open, which could have led to patients/visitors walking onto a working site. MS noted these areas should always be staffed to avoid this and would follow this up as the working site is normally secure.

The committee thanked MS for the update and noted their concern in relation to the cost pressures caused by inflation.

#### **/ Actions agreed**

- MS to check the Scarborough site is secure and fire doors are kept closed.

**Agenda Item:****Capital Prioritisation****/ Notes**

AB highlighted that as of yesterday he was awaiting the prioritisation lists for CG's 3 & 6. AB was aware they were in discussion with Steven Kitching in relation to this however the lists need to be submitted this week.

AB highlighted this would be the first attempt at prioritisation of all schemes and he would not bring a paper back to the committee but would circulate the results based on the scoring done via email. The results will show where the Trust would draw the line on what schemes would be funded. AB will be asking the CG's to review this and confirm if there is anything below the line which needs to be above it, as it would cause catastrophic issues if it wasn't. AB and his finance team will then reassess the list and send out a confirmed list within a few weeks' time. If at that point, there are still schemes below the line that need to be completed that the Trust simply cannot fund then the Trust will need to look to source external emergency capital but this is not guaranteed and there is currently uncertainty around how this will be undertaken.

The committee had a lengthy discussion and agreed there was also the need to review the schemes in terms of capacity and timing to complete them within this financial year, as if they could not be physically completed it seemed fruitless having them on the priority list.

SM highlighted the majority of Trusts are struggling with their capital programmes too, given the current climate so it has never been more important to have the best prioritisation list the Trust can have, which includes knowing what is required and having short term solutions in place to ensure safety for patients, visitors and the workforce.

**/ Actions agreed**

- AB to share the initial capital prioritisation results with the committee and wider CG's for their review. Including a review on capacity and timing to be able to complete the schemes this financial year.

**Agenda Item:****CQC Update****/ Notes**

HM confirmed the Trust had responded to the initial letter correspondence received from the CQC following their visit in March, with the Trust challenging some of the wording.

The 13-page formal report has been received, and there is nothing new in there to highlight to the committee. The Trust has 10 days to factually check and send back any challenge before it is published on the CQC website.

The CQC has suspended the Trust's rating for medicine and this will not be reinstated until their next visit, which HM suspects will be around November 2022 time.

HM noted other Trusts locally are seeing similar issues to the Trust.

InPhase will be coming online soon which will allow the Trust to store all evidence in one place and easily view it.

The PEM consultant and risk assessments for patients with mental issues are still outstanding from the previous visit. Work has been done around the risk assessments recently so improvements should start to be seen on both acute sites.

HM highlighted the biggest issue and challenge which is listed as a must do, is right sizing the Trusts clinical areas with appropriately trained staff, both medical and nursing.

There is work to do in relation to whistleblowing as HM wants staff to be more comfortable in speaking up within the organisation, to allow the senior teams to work with them on resolving issues before it is escalated higher, whilst also ensuring staff don't feel blocked from whistle-blowing if they feel it is necessary.

A well-led review has not been done in some time and therefore HM is looking to get a review picked up as it should be looked at annually.

The next CQC engagement meeting is in July as they have cancelled June's meeting.

SM requested HM share the response to the report with the committee to ensure all members were comfortable with it before submission.

GR raised that the CG spend a large amount of time on SI's when the outcome and mitigations are already known as similar one's have been done previously but they have been told they have to do one every time which he feels is a waste of valuable clinical time. HM agreed and noted there should be no reason why similar SI's could not be clustered together as other areas do this. HM agreed to pick this up outside of the meeting.

#### **/ Actions agreed**

- HM to share response to the report with the committee to ensure all members were comfortable with it before submission.
- HM to pick up approval for similar SI's to be clustered to reduce time spent on them.

#### **Agenda Item:**

#### **Review of update ICU Discharges Standard Operating Procedures**

#### **/ Notes**

AV highlighted she feels this is not being followed however she will look to continue to embed it as there has not been any push back, so it is felt the SOP is right. There is also a need to increase the audit of the SOP to be able to fully review it.

The committee had a wider discussion in relation to the culture of clinicians assisting in areas outside of their normal working area for the good of patients and flow throughout the hospital which isn't happening routinely, unless they are requested to do so. The culture needs to be more of it is everyone's business, rather than one area's issue to deal

with.

SM asked ES to scope out what could be done to look to change clinicians' behaviours and create a set of principles for them to sign up too. It was suggested a clinical forum is created to assist with the work.

#### **/ Actions agreed**

- ES to scope out what could be done to look to change clinicians' behaviours and create a set of principles for them to sign up too. It was suggested a clinical forum is created to assist with the work.

### **Agenda Item: 104 week wait patients**

#### **/ Notes**

SM welcomed LH to the meeting.

LH confirmed she had been asked in the CG's Oversight and Assurance meeting to bring the recommendations within the report to the committee for discussion and approval.

LH highlighted there was a requirement to eliminate 104 week waits by the end of June 2022. There are 75 patients still to treat, all of which are of high clinical risk however if the recommendations are approved the Trust will achieve treating all 75.

LH talked the committee through each of the recommendations highlighting they will all be difficult to achieve but is looking for the committee to approve them. WS noted it is likely the Trust will be asked to support Hull with their list too as they are in a worse position than the Trust.

The committee had a lengthy discussion and agreed to support the recommendations whilst noting the risks this will cause around beds and staffing. Adding there is a need to manage the mitigations.

SM tasked HM with reviewing whether a similar model to the Bridlington Community Unit could be opened in York.

#### **/ Actions agreed**

- The committee approved the recommendations, noting the risks associated.
- HM to review whether a similar model to the Bridlington Community Unit could be opened in York.

### **Agenda Item: Care Group Reports**

#### **/ Notes**

Due to time constraints the committee agreed to defer any updates until the next meeting.

#### **/ Actions agreed**

- Nil.

### **Agenda Item: Items to note**

## / Notes

### **Integrated Business Report (IBR)**

The committee noted the report.

SM highlighted MT was undertaking a review of the IBR and MT would be submitting some recommendations to the committee when they are ready.

## / Actions agreed

- Nil.

## Agenda Item:

### **Any other business**

## / Notes

### **MES**

MQ highlighted it had been agreed MES will temporarily move to Askham Bar from Peppermill Court until it's permanent accommodation at the Community Stadium is available later in the year.

### **Weight Management**

WS raised that there was still a question mark over where weight management is relocated too in the short term until the accommodation at the Community Stadium is ready. WS noted she had emailed PM last night to see whether they can use the vaccination hub, adding no alternative solution had been found and this needed to be moved on quickly given weight management needed to be out of Peppermill by the end of May.

It was agreed this would be picked up offline, as there needed to be discussions in relation to how this effected this year's vaccination campaign and the space had also been looked at for additional storage given the current issues with clutter on site.

## / Actions agreed

- Nil.

### **Date of next meeting:**

The next meeting will be held on Wednesday 01 June 2022 in the YH Trust Headquarters Boardroom.

### **ACTION LOG – Outstanding**

<b>Meeting Date</b>	<b>Action</b>	<b>Due</b>	<b>Owner</b>
07.07.2021	Agree a solution offline for the Lead Clinician for Paediatric Emergency Medicine and seek approval from SM and AB, unless the solution is catastrophic as which point it would need to return to the committee for approval.		CGD 1, 2 & 5
21.07.2021	JT confirmed he had a conversation with Gary Kitching and an ED consultant is interested in a 4PA role. DT noted he was calling the consultant this week to explore this further.		
01.12.2021	An update is to be received in January 2022.		



02.02.2022	JT highlighted the PEM consultant action was not resolved and he is in discussions with MH and is meeting with MH later in the day to look to try move this forwards.	January 2022	
16.02.2022	HM noted in the CQC update there was no further progress with this.		
05.01.2022	<b>DIS Funding Bids</b> A regular update to keep sight of the risk around the Essential Services Programme and procurement following the holistic partner challenge.	Ongoing	Andy Williams
02.02.2022	JT, WS and HM to get together and create a steering group to progress the pathway zero improvement work.	March 2022	James Taylor, Wendy Scott & Heather McNair
02.02.2022	6 and 12 month review of the change to the management of the Trust's Cancer Nurse Specialist Teams.	<del>August 2022 &amp; February 2023</del>	Srinivas Chintapatla
20.04.2022	KH asked for the review dates to be two months later given the dates were from the approval date, and not when the change was implemented.	October 2022 & April 2023	
16.02.2022	An update on the harmonisation of local pay is to be submitted to the committee in April 2022.	<del>April 2022</del>	Polly McMeekin
11.04.2022	PM confirmed Lydia Larcum needed to meet with the CG's following sharing an updated paper with them so this item will now come to a meeting in May.	<del>May 2022 – 2<sup>nd</sup> meeting</del>	
18.05.2022	Deferred to 1 June 2022 to allow time for the Board Priorities discussion.	June 2022 – 1 <sup>st</sup> meeting	
16.02.2022	<b>2021/22-59 Community Stadium and Community Estate Utilisation Plan – Update</b> <ul style="list-style-type: none"> <li>Quarterly updates to be submitted from the Community Estate Working Group.</li> <li>Expansion into any vacated space will require a business case as no funding is available to service or recommission these areas.</li> </ul>	Various	Various
		June 2022	Neil Wilson
		Ongoing	CGD & ACOO's
02.03.2022	JH to submit an update on the bed occupancy and ward reconfiguration work by the end of May 2022.	<del>May 2022</del>	Wendy Scott
04.05.2022	JH confirmed this work was ongoing with the CG's and would be ready for submission in June, WS is aware.	June 2022 – 2 <sup>nd</sup> meeting	

02.03.2022	<b>2021/22-89 Ensuring Sustainable Pancreatic, Biliary and Liver services (Medical and Surgical) Trust wide</b> <ul style="list-style-type: none"> <li>To be re-submitted once the conversations with Hull, Leeds and the ICS have taken place within the next month to allow for final sign off before TB starts his training.</li> </ul>	April 2022	Mike Harkness
20.04.2022	GR confirmed conversations are still ongoing in relation to this case.	May 2022	
20.04.2022	<b>Quality Reporting Proposal</b> <ul style="list-style-type: none"> <li>HM to clarify with Shaun McKenna whether the quality reporting proposal was an additional report or replacement and feed this back to the committee.</li> <li>The committee confirmed the proposal was approved if this replaced the other quality reports however if it is in addition too then the committee does not approve it given it will create further work.</li> </ul>	May 2022	Heather McNair
04.05.2022	CG's to ensure their capital prioritisation lists are returned to AB by next week.	May 2022	All
18.05.2022	MS to check the Scarborough site is secure and fire doors are kept closed.	May 2022	Mark Steed
18.05.2022	AB to share the initial capital prioritisation results with the committee and wider CG's for their review. Including a review on capacity and timing to be able to complete the schemes this financial year.	May 2022	Andrew Bertram
18.05.2022	<b>CQC Update</b> <ul style="list-style-type: none"> <li>HM to share response to the report with the committee to ensure all members were comfortable with it before submission.</li> <li>HM to pick up approval for similar SI's to be clustered to reduce time spent on them.</li> </ul>	May 2022	Heather McNair
18.05.2022	ES to scope out what could be done to look to change clinicians' behaviours and create a set of principles for them to sign up too. It was suggested a clinical forum is created to assist with the work.	September 2022	Ed Smith
18.05.2022	HM to review whether a similar model to the Bridlington Community Unit could be opened in York.	June 2022	Heather McNair



## Action Notes

### Executive Committee

01 June 2022

**/ Attendance:** Andrew Bertram (AB) (Chair), James Taylor (JT), Wendy Scott (WS), Heather McNair (HM), Polly McMeekin (PM), Andy Williams (AW), Amanda Vipond (AV), Jo Mannion (JM), Mike Harkness (MH), Mark Quinn (MQ), Gerry Robins (GR), Ed Smith (ES), Donald Richardson (DRi), Rhiannon Heraty (RH) (action note taker), Neil Todd (NT), Clare Scott (CS) (HSIB NIV item only)

**/ Apologies for Absence:** Simon Morritt (SM), Srinivas Chintapatla (SC), Stuart Parkes (SP), Lucy Brown (LB), Michael Taylor (MT)

#### Agenda Item: Declaration of Interests

**/ Notes** No declarations of interest were declared.

**/ Actions agreed**

- Nil.

#### Agenda Item: Minutes of the meeting held on 18 May 2022

**/ Notes** The minutes were approved as an accurate record.

**/ Actions agreed**

- Nil.

#### Agenda Item: Matters Arising from the minutes and any outstanding actions

**/ Notes** WS confirmed a bed modelling update would come to 15 June meeting.

PM said a meeting regarding harmonised medical local pay had been scheduled outside of the Executive Committee and an update would follow either on 15 June or shortly afterwards.

JT said discussions are still ongoing regarding the PEM consultant. There is one applicant and MH and JT have had a preliminary conversation with them.

AB confirmed the capital prioritisation results have been shared and that he would coordinate thoughts on the IT bids, which have come out as a high priority. There needs to be understanding on the prioritisation process and any opportunities there are to secure funding from other sources. AW confirmed his team is reviewing this and will update the Committee when ready.

**/ Actions agreed**

- RH to update the action log.

**/ Notes****Operational Update**

WS said there was a meeting with NHSE to provide assurance on our Jubilee bank holiday plans, noting an emphasis on maximising discharges where possible. MH said this would be challenging and WS said that our local authority colleagues also have capacity issues and therefore are unable to secure additional capacity to support discharge over the weekend.

AV said we have staffed an extra afternoon emergency list on Thursday and Friday but cannot match this over the weekend. WS said extra cover has put in place across various departments and that we have done all we can, noting that CIPHER shifts have been secured over the weekend. CIPHER can also provide support on the York site on Monday and Tuesday and WS said she had requested funding from the ICS via NHSE/I.

**BoD Priorities Update**

PM confirmed a session on people recovery has been held and a recovery delivery plan is being written for presenting at Executive Committee on 15 June and BoD on 29 June.

**CQC Update**

HM said the CQC are not publishing our Section 29A Notice separately but rather incorporating it in their finalised report to go live on 08 June.

**Finance Update**

AB said we currently have an £11.8m deficit plan, partly due to some significant cost inflationary issues. This contributes to an overall ICS deficit of £56m. Following collation of plans nationally, AB confirmed that some additional national resource is coming to the ICS. An extra £31m is being made available providing the ICS commits to closing the residual £25m deficit. The ICS is looking to make this commitment and the FD group has been working on a proposal. This is almost finalised, and AB was clear that under the arrangements to close the gap there will be no further savings ask of the Care Groups or Directorates. AB confirmed he expected the Trust's current gap of £11.8m will be closed in the main with additional income. Our position is currently being finalised and we expect to submit a plan on 10 June with a final cut-off around 20 June.

There was a discussion about equity and the Committee noted the importance and challenge of behaving as a system with system allocations rather than individual organisations. AB expressed a view that the Trust has fared better than it would have done under any sort of fair shares allocation.

**/ Actions agreed**

- Cheryl Gaynor (CG) to add people recovery delivery plan to Executive Committee agenda (15 June) and Board of Directors agenda (29 June)
- LB to organise communications re CQC Section 29A Notice
- AB to update on deficit plan at next meeting (15 June)

**Agenda Item:****Support to remote workers follow up****/ Notes**

PM said, as home working was no longer government mandated, there is no longer an expectation that the Trust provide the same level of equipment on and off-site. We are working closely with the DIS team to ensure a process is in place where an individual does require a minimum amount of equipment regardless of where they are based. In the event of hybrid working, any equipment needs would be considered as reasonable adjustments. There is also additional funding via the Access to Work scheme for individuals with disabilities or long-term health conditions.

AB asked if there is a consistent approach around this. PM said it is mostly consistent and that NHSE/I have suggested that all roles be advertised as hybrid. PM noted the challenge for clinical staff and there was a discussion with the care group leads about the lack of adequate space on-site. PM suggested hot-desking and MQ said there need to be as many options as possible to tackle demoralisation and improve retention.

**/ Actions agreed**

- The Committee approved the recommendations, noting that this is a serious issue and more work is needed around this

**Agenda Item:****HSIB NIV Report****/ Notes**

CS gave an overview of the report that was originally discussed in November 2021 with an aim for the Committee to approve the recommendations and discuss/agree on the most suitable course of action from the six options outlined. AB said that this was supported at business case level when discussed on 20 April but that the issue is with our fixed resources. It was agreed that when the ICB is established on 01 July 2022 this would be raised through their business case development process alongside the critical care case (to upgrade staffing). The Committee also approved the substantive appointment of staff on Covid wards.

There was a discussion about what to do in the interim as it could take several months to finalise the strategy and to secure investment through the ICB. The Committee noted the change in IPC guidance, meaning that patients can now be treated in main bays. However, tracheostomy patients still require side room care and therefore remain a risk. CS added that bed capacity can still result in patients being treated in side rooms. CS said that options 3 and 5 were the safest options (monitors with ability to remote view and link to central monitoring on nurses' station, and procurement of emergency buzzers respectively).

This led to a discussion about CQC expectations and HM said we need to show our mitigations in our action plan. The expectation is that all high-risk patients are cohorted and wards are staffed appropriately. The Committee agreed that action was required whilst noting the deficit in space and staffing. AV added that we cannot step away completely from side room care and therefore we need the ability to both safely

monitor side rooms with closed doors and respond immediately. The Committee agreed that option 3 was the best followed by option 5, which may provide patient reassurance. CS agreed to gather and share potential costings and HM agreed to action the response to CQC and HSIB, the latter being through the Patient Safety Team. AV queried whether anything could be arranged through charitable funds.

#### / Actions agreed

- CS to gather and share potential costings for options 3 and 5
- HM to lead on responses to CQC and HSIB regarding evidence of mitigation

### Agenda Item: Covid-19 Inquiry Group – Terms of Reference

#### / Notes

JT was confirmed as lead on this item. JT shared the report for information and to raise awareness that there is an expectation that key individuals contribute to any data requests that come as a result of the National Inquiry. JT said it would likely be a national request for data from acute trusts to be reviewed cumulatively. AB said that we need to respond to any request that follows from the finalised ToR.

There was a discussion about staff engagement and the Committee suggested including the purpose of the COVID Inquiry Group to the national ToR. AB noted that this was not yet ready to be signed off. JT added that it is just to raise awareness that data gathering is the expectation and the type and depth of analysis required will be clarified at a later date.

#### / Actions agreed

- Nil

### Agenda Item: Renal Services

#### / Notes

MH talked through the report and highlighted the short and medium-long term approaches needed. The renal team are running at 100% capacity already, which poses a risk to patient safety, and there is further investment needed for capacity and infrastructure. In terms of medium-long term, WS said a comprehensive strategy and business case are in production, being led by Neil Wilson, Head of Alliance and Partnership and Jamie Todd, Associate Chief Operating Officer, CG1.

AB said the immediate critical issues e.g. the deteriorating nurses' station, capacity and staffing, are recognised and need attention. The Committee noted the recommendations and clarified that the ask is to prioritise capital (c.£30k) and revenue (£124k). AB said capital can be picked up through the capital prioritisation process with a key action for Jamie Todd to ensure in CG1 feedback that this is flagged above the red line. In terms of revenue, AB said he was happy to support prioritised investment and recruitment, and support discussions with NSHE/I and Specialist Commission (Spec Com) with regards to required current and future investment (bullet points 3 and 5 respectively in the recommendations). The Committee supported this decision and WS confirmed that Neil Wilson has already linked with Spec Com.

There was a discussion about regional ownership and effective networks and the Committee noted that there is no operational delivery network for renal services. However, AB said there is a specialised commissioning team that we can link in with regarding extra shift capacity and assistance with sourcing funding within the fixed resource envelope. Recruitment would need to be timed to align with NHSE releasing funding.

#### / Actions agreed

- The Committee supported points 3 and 5 within the report recommendations

#### Agenda Item: RRP - Chaplains

#### / Notes

The Committee approved the request to continue with a revised RRP for Chaplains (£4k for 1 WTE and pro rata for part-time staff).

MQ asked when the types of religious representation was last reviewed and HM said we have a variety of multi-faith providers. PM said this has been done and that Tara Filby, Deputy Chief Nurse has done a lot of activity analysis.

#### / Actions agreed

- The Committee approved the recommendation

#### Agenda Item: Policies / Strategies for approval

#### / Notes

##### **Palliative and End of Life Care Strategy 2022-25 & End of Life Education Strategy 2022-25**

HM confirmed this has gone through the relevant governance route and the Committee approved the strategies.

The Committee expressed their gratitude for Kath Sartain, who is moving into a new Head of Nursing role in CG2, for leading this work so well.

##### **Removal of Ligatures**

The Committee approved the SOP. AB added that he and Alan Downey, Chair, undertook a safety walkaround on Ward 17 and discussed this with ward sisters from Wards 17 and 18, who were fully sighted on the importance of having ligature cutters on crash trolleys.

##### **Use of the Mental Act in the Acute Hospital setting**

The Committee approved the updated MHA Policy.

#### / Actions agreed

- The Committee approved all three items

#### Agenda Item: Care Group Verbal Reports

#### / Notes

##### **Care Group 1**

MH gave an update focussed around urgent care and said there are ongoing discussions around continuing care of Covid as urgent care is still running at 110%.

There are plans to develop an emergency assessment unit either within ED or G1, and there is a piece of work around ED staff engagement linked to this. There are hopes for this to go live in the next couple of weeks and staff are looking at whether a Bridlington model scenario can be run on-site.

#### **Care Group 6**

MQ said staffing remains an issue, particularly in Dermatology, which is short of three consultants. There are two retire and return specialists that will likely leave in the next 18 months, which will leave us down by five consultants. There is a shortage of specialists both regionally and nationally, which makes recruitment difficult. AB noted his concern around this.

Trainees have fed back that our relocation package is undesirable, which AB said needs looking into.

The Committee noted supplier issues with regards to joining the new theatre onto the Clifton Park hospital building and AB said Ramsey are struggling as we are with getting hold of specialist parts.

#### **Care Group 5**

JM said a midwifery restructure is currently underway and there is a plan in place for this. The CG General Manager has returned to Sexual Health but there is a plan around a Programme Manager.

#### **Care Group 4**

NT said the medical oncology service is being curtailed out of hours and weekends as it is currently 2 out of 7 short due to one vacancy and one long-term sickness. There are ongoing discussions with other centres to look at service provision and physician offering.

Cancer waits remain an issue, particularly for people with diagnosed cancer waiting beyond 62 days. This percentage had reduced to 12% of the waiting list but has now rise to 15%. There is work being done to reduce this again.

Radiology remains under pressure across most modalities, especially ultrasound, due in part to external contracts not being renewed.

Histopathology is under pressure in SHYPS with a 25%+ vacancy rate. The York position is challenging as the lab conditions are poor, which makes recruitment difficult. 1.5 staff have resigned in the last two months.

The pathology building in Scarborough (SGH) has Reinforced Autoclaved Aerated Concrete (RAAC), which carries a risk of collapse. The building needs to be emptied with the top floor (microbiology) being the priority. This will likely move to York and there is active planning around the impact on the SGH site due to turnaround times as well as a replacement building to rehouse services. We are mitigating as best we can with enhanced transport and longer hours at York. There are discussions ongoing with the LLP around options for



blood sciences. AB added that we are members of the national RAAC group, so we are being appropriately supported and working with the national team on a solution.

### Care Group 2

GR said Vocare continues to be an issue and that we are currently waiting for their staffing levels over the Jubilee bank holiday weekend. There is a meeting scheduled for 14 June to discuss streaming.

David Thomas (DT) has spoken to the ICS about potentially accessing discharge funding regarding Bridlington (BDH). As it stands this has not been successful, but DT has another meeting next week to discuss further. BCU is being moved into Waters Ward at the end of June and there are no cost implications other than a deep clean. There was a discussion about discharge funding and WS said that the ICS had made £4m available so each subsystem had to put a bid forward. This may explain why we were not permitted access to additional funding. AB said it was important to keep pushing these conversations. HM said that Richard Barker, NHSE/I North East and Yorkshire Regional Director, had just confirmed that £250m of additional funding, c.£70m of which is earmarked for bed modelling, was pending imminently if we can demonstrate that bed modelling does not equate to our activity.

### Care Group 3

AV said there was nothing to escalate further but noted that staffing remains a concern.

Insourcing has improved and a lot more cases have been done. There has been better interaction between teams. WS said there are 60 104-week wait cases to do in June, all of which are now dated, and we must ensure these are all completed. AV said the biggest risk for this is beds, but we are in a better situation than previously.

#### / Actions agreed

- Nil

#### Agenda Item:

#### Business Cases

#### / Notes

#### 2022/23-06 Implementing a Virtual Ward

The Committee discussed and approved this business case and AB noted that it is supported by the national programme. WS said we had to submit a trajectory for increasing the numbers of patients managed through virtual wards so that we can be monitored against this. DR asked if the IT platform was ready and agreed to chase progress on the discharge vs. transfer piece of work.

#### / Actions agreed

- The Committee approved 2022/23-06 Implementing a Virtual Ward
- DR to check progress on discharge vs. transfer piece of work

#### Agenda Item:

#### Items to note

#### / Notes

#### NHSEI Agency Report

The Committee noted the report.

#### / Actions agreed

- Nil.

#### Agenda Item:

#### Any other business

#### / Notes

#### Investment to support improvements in response to CQC feedback

HM said this was what was needed to satisfy the CQC in terms of training investment. The majority of the total recurrent investment of £278,962 can be covered through our CPD money as we have underspent by c.£300k this year so the request is for £40,571 investment. AB said this was about addressing specific CQC issues whilst also supporting nursing staffing and recruitment and retention. HM said the falls and tissue viability teams have not had investment in a long time.

The Committee discussed and approved the request for investment, noting that there was no ask to spend any additional money. The £40k funding request would be met from existing nursing budgets and short term vacancies with a view to securing longer term funding as part of the ward establishment review programme.

#### HYMS lease property contracts

The Committee received the report for information in order to be sighted on the fact that we are signing these property leases for HYMS students. The Committee noted that whilst this is charged against the capital programme, it does not affect anything previously discussed in the meeting. JT asked if a HYMS paper would come to the Committee in due course updating on finances and AB said yes but no date confirmed.

#### AOB

DR said he had received the SHMI preview for Jan-Dec 2021, which came out at 1.97 for the Trust (1.07 for SGH and 0.9 for YH).

AB asked how people felt about meeting face to face in the Boardroom and the Committee agreed that it was helpful. However, those that dialled in said that it was difficult to make out conversation.

#### / Actions agreed

- The Committee approved the request for investment to support improvements in response to CQC feedback
- AW to review AV equipment in Boardroom and whether there is a way of boosting the microphones/speakers to improve sound quality for dial-in

#### Date of next meeting:

The next meeting will be held on Wednesday 15 June 2022 in the YH Trust Headquarters Boardroom.

## ACTION LOG – Outstanding

Meeting Date	Action	Due	Owner
07.07.2021	Agree a solution offline for the Lead Clinician for Paediatric Emergency Medicine and seek approval from SM and AB, unless the solution is catastrophic as which point it would need to return to the committee for approval.		CGD 1, 2 & 5
21.07.2021	JT confirmed he had a conversation with Gary Kitching and an ED consultant is interested in a 4PA role. DT noted he was calling the consultant this week to explore this further.		
01.12.2021	An update is to be received in January 2022.		
02.02.2022	JT highlighted the PEM consultant action was not resolved and he is in discussions with MH and is meeting with MH later in the day to look to try move this forwards.	January 2022	
16.02.2022	HM noted in the CQC update there was no further progress with this.		
01.06.2022	JT said discussions are still ongoing regarding this and there has been a preliminary discussion with the applicant		
05.01.2022	<b>DIS Funding Bids</b> A regular update to keep sight of the risk around the Essential Services Programme and procurement following the holistic partner challenge.	Ongoing	Andy Williams
02.02.2022	JT, WS and HM to get together and create a steering group to progress the pathway zero improvement work.	March 2022	James Taylor, Wendy Scott & Heather McNair
02.02.2022	6 and 12 month review of the change to the management of the Trust's Cancer Nurse Specialist Teams.	<del>August 2022 &amp; February 2023</del>	Srinivas Chintapatla
20.04.2022	KH asked for the review dates to be two months later given the dates were from the approval date, and not when the change was implemented.	October 2022 & April 2023	
16.02.2022	An update on the harmonisation of local pay is to be submitted to the committee in April 2022.	April 2022	Polly McMeekin
11.04.2022	PM confirmed Lydia Larcum needed to meet with the CG's following sharing an updated paper with them so this item will now come to a meeting in May.	<del>May 2022 – 2<sup>nd</sup> meeting</del>	
18.05.2022	Deferred to 1 June 2022 to allow time for the Board Priorities discussion.	June 2022 – 1 <sup>st</sup> meeting	
01.06.2022	Deferred to either 15 June or 06 July	June 2022 – 2 <sup>nd</sup> meeting	
16.02.2022	<b>2021/22-59 Community Stadium and</b>	Various	Various

	<b>Community Estate Utilisation Plan – Update</b> <ul style="list-style-type: none"> <li>Quarterly updates to be submitted from the Community Estate Working Group.</li> <li>Expansion into any vacated space will require a business case as no funding is available to service or recommission these areas.</li> </ul>	<p>June 2022</p> <p>Ongoing</p>	<p>Neil Wilson</p> <p>CGD &amp; ACOO's</p>
02.03.2022	JH to submit an update on the bed occupancy and ward reconfiguration work by the end of May 2022.	May 2022	Wendy Scott
04.05.2022	JH confirmed this work was ongoing with the CG's and would be ready for submission in June, WS is aware.	June 2022 – 2 <sup>nd</sup> meeting	
02.03.2022	<b>2021/22-89 Ensuring Sustainable Pancreatic, Biliary and Liver services (Medical and Surgical) Trust wide</b> <ul style="list-style-type: none"> <li>To be re-submitted once the conversations with Hull, Leeds and the ICS have taken place within the next month to allow for final sign off before TB starts his training.</li> </ul>	April 2022	Mike Harkness
20.04.2022	GR confirmed conversations are still ongoing in relation to this case.	May 2022	
20.04.2022	<b>Quality Reporting Proposal</b> <ul style="list-style-type: none"> <li>HM to clarify with Shaun McKenna whether the quality reporting proposal was an additional report or replacement and feed this back to the committee.</li> <li>The committee confirmed the proposal was approved if this replaced the other quality reports however if it is in addition too then the committee does not approve it given it will create further work.</li> <li><del>HM confirmed that this was approved and did replace other quality reports – action to be closed</del></li> </ul>	<p>May 2022</p> <p>Closed</p>	<p>Heather McNair</p>
04.05.2022	CG's to ensure their capital prioritisation lists are returned to AB by next week.	May 2022	All
18.05.2022	MS to check the Scarborough site is secure and fire doors are kept closed.	May 2022	Mark Steed
18.05.2022	AB to share the initial capital prioritisation results with the committee and wider CG's for their review. Including a review on capacity and timing to be able to complete the schemes this financial year.	May 2022	Andrew Bertram
01.06.2022	<del>AB confirmed the results have been shared and that he would coordinate thoughts on the IT bids, which have come out as a high priority. We need to understand the prioritisation process and any opportunities for securing funding from other sources. AW</del>	Closed	

	confirmed his team is reviewing this and will update the Committee.		
18.05.2022	<b>CQC Update</b> <ul style="list-style-type: none"> <li>HM to share response to the report with the committee to ensure all members were comfortable with it before submission.</li> <li>HM to pick up approval for similar SI's to be clustered to reduce time spent on them.</li> </ul>	May 2022	Heather McNair
01.06.2022	<ul style="list-style-type: none"> <li><del>HM confirmed this was discussed at Quality &amp; Safety</del></li> </ul>	Closed	
18.05.2022	ES to scope out what could be done to look to change clinicians' behaviours and create a set of principles for them to sign up too. It was suggested a clinical forum is created to assist with the work.	September 2022	Ed Smith
18.05.2022	<ul style="list-style-type: none"> <li>HM to review whether a similar model to the Bridlington Community Unit could be opened in York.</li> </ul>	June 2022	Heather McNair
01.06.2022	<ul style="list-style-type: none"> <li>HM confirmed work is ongoing</li> </ul>		
01.06.2022	Cheryl Gaynor (CG) to add people recovery delivery plan to Executive Committee agenda (15 June) and Board of Directors agenda (29 June) as part of Board Priorities discussion	June 2022 – 2 <sup>nd</sup> meeting	
01.06.2022	LB to organise communications re CQC Section 29A Notice	June 2022	Lucy Brown
01.06.2022	AB to update on deficit plan at next meeting (15 June)	June 2022 – 2 <sup>nd</sup> meeting	Andrew Bertram
01.06.2022	CS to gather and share potential costings for options 3 and 5 (HSIB – NIV Report)	June 2022	Clare Scott
01.06.2022	HM to lead on responses to CQC and HSIB regarding evidence of mitigation for NIV Report	June 2022	Heather McNair
01.06.2022	DR to check progress on discharge vs. transfer piece of work	June 2022 – 2 <sup>nd</sup> meeting	Donald Richardson
01.06.2022	AW to review AV equipment in Boardroom and whether there is a way of boosting the microphones/speakers to improve sound quality for dial-in	June 2022 – 2 <sup>nd</sup> meeting	Andy Williams

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The STAR Award logo features the word 'STAR' in a large, bold, blue sans-serif font. A light blue five-pointed star is positioned behind the 'A', with its center overlapping the letter. Below 'STAR' is a thin horizontal blue line. Underneath the line, the word 'AWARD' is written in a smaller, blue, spaced-out sans-serif font.

**STAR**

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**A W A R D**

**July 2022**



<b>Ultrasound Department</b>	<b>Scarborough</b>	<b>Nominated by a colleague</b>
<p>Scarborough Ultrasound Department are one of the unsung heroes of this Hospital. Day in and out they go above and beyond to ensure patients receive the most outstanding care. At their foundation they encompass what it really means to be "A TEAM". They pull together at times of crisis especially during the last few difficult years ensuring the care provided to patients is not disrupted, often "squeezing" patients in at extremely short notice. More recently they have enabled the training of four midwives to become Midwife Sonographers, imparting their knowledge and wisdom (along with a huge dose of patience) whilst also covering extra lists out of hours for maternity patients to ensure pregnant women and families receive the best possible care. They really are AMAZING.</p>		
<b>Abdul Al Jabbouri, Ophthalmology Registrar</b>	<b>York</b>	<b>Nominated by Liz Robson, colleague</b>
<p>Abdul is a team player as well as an excellent junior surgeon. He assists the nursing staff to get the theatre ready for the next patient when the team is pushed. He is polite to the patients and to the staff, always saying please and thank you. He goes above and beyond his duties. He is a pleasure to work with and always has a smile. The whole team would like to nominate him for a Star award for all his hard work and to say thank you for what he does for the team and the patients.</p>		





<b>Ben Ives, Equipment Library TO</b>	<b>York</b>	<b>Nominated by Easingwold Community Nursing Team, colleagues</b>
<p>I just wanted to let you know how grateful the Easingwold Community Nursing team are to Ben. We suddenly had a rush of very ill patients and we were desperately short of syringe drivers. Ben very, very kindly dropped off what we needed at my house in Easingwold after he'd finished work, absolutely above and beyond. We were then able to get them out to our patients immediately instead of having to wait for the van delivery the next day – brilliant. Please pass on our thanks from the whole team.</p>		
<b>Ali Shields, Materials Management Officer</b>	<b>York</b>	<b>Nominated by Deborah Selkirk, colleague</b>
<p>All the staff on ward 25 hold Ali in high regard. She is an amazing individual who is extremely helpful in any situation. We have had multiple ward moves in such a short time, moving every week during the month of April. Ali has minimised the stress from others due to her capability and sheer problem solving. She has taken the responsibility from the ward staff to reorganise all the shelving units and suggested better strategies in order for a much easier outcome of any problems.</p> <p>There have been many times that we needed Ali at such short notice and she always has the time to help and assist. She also manages other wards, not just ward 25. If it wasn't for Ali during the horrendous time of Covid our job would have been much harder and more stressful. She is always very pleasant and as far as all our staff are concerned she always goes the extra mile. She thoroughly deserves a star award in recognition for her hard work and many other qualities.</p>		



<b>Helen Greenley, Senior Buyer</b>	<b>York</b>	<b>Nominated by Joanna Andrew, colleague</b>
<p>Due to my role I regularly need support and advice from the procurement team. Recently due to the formation of the new pathology service - SHYPS this has become even more frequent and complicated. Helen is always so helpful, responds to emails really quickly and is a great support to our team. She is a real asset to her department and I know many of my colleagues feel the same.</p>		
<b>Fiona Ayre, Urology Macmillan Cancer Specialist Nurse</b>	<b>York</b>	<b>Nominated by a colleague</b>
<p>Fiona has always been a hard-working caring individual. However, recently dealing with a patient with advanced dementia and a newly diagnosed bladder cancer she has gone beyond this. She acted as the patient's advocate, liaising with his wife (who has POA) and daughter in Australia, and various departments within the Hospital. This took many hours of her time in coming to terms with the cancer diagnosis and that no treatment was in the patient's best interests. This was an incredibly tough series of discussions which she took on in her stride. She is a phenomenal nurse and caring individual. She deserves to be recognised for all her hard work.</p>		
<b>Lesley Harrison, Staff Nurse</b>	<b>York</b>	<b>Nominated by Michael Scott, colleague and Beverley Thorpe, relative</b>
<p><b>Nomination 1</b></p> <p>Lesley is a huge credit to the discharge lounge and York District Hospital. She always cares for all the parents, relatives and other staff and volunteers in the discharge lounge, myself and Marion included. Lesley has a very caring attitude and always runs the discharge lounge like clockwork. From wards phoning, meds getting checked and going to collect people from wards, she always cheers people up and looks after everyone professionally. Lesley has helped me to improve as a volunteer in the discharge lounge and advance my volunteering skills. The discharge lounge would struggle without her – we</p>		



would have been lost. She is amazing and a real hero. Lesley has gone throughout her career at York District Hospital without a Star Award success. She deserves one. Lesley is a life saver. She always takes me up to the wards to collect people and has made me confident to do this myself.

**Nomination 2**

Lesley was on duty in the Discharge Lounge on Thursday 5th May during the day. My Dad was discharged from the ward and brought down to this area and when I arrived to collect him he was waiting for medication to be dispensed. My father, who is 82, was agitated due to having to wait and also still feeling quite unwell so had been rather grumpy and discourteous to several members of staff. When I arrived Lesley acknowledged me and explained we were waiting for the medication and she would chase it up. The environment was chaotic, however Lesley balanced the needs of the patients, her colleagues and other departments in a calm assertive way. Lesley also showed empathy in that when I arrived I got Dad a drink and a sweet treat, she enabled me to stay in the room with him as she recognised he was less agitated when I was present and therefore allowing me to stay in the room was actually more effective for all parties. This ability to read the situation and make the decision above what the actual guidelines might be, takes good people skills. Lesley was friendly, in what was clearly a very pressured environment. Lesley really is a STAR and deserves to be recognised for this.

**Emma Benson  
Recruitment Advisor**

**York**

**Nominated by Vicky  
Angell, colleague**

I would like to nominate Emma for her absolute professionalism and dedication in supporting the recruitment process for pre-registered nursing staff that join the Trust. During the year we have a large volume of student nurses that apply to work with us, this leads to them generally all joining us at roughly the same time following their course completion. Emma goes above and beyond in ensuring they are communicated with regularly, guiding them through the process in preparation for starting their new and exciting careers ahead. I am absolutely sure Emma's approach to such a vast task, along with the kindness and support she gives to all involved, from the new nurses to the teams they are joining and also myself makes the whole process run as smoothly as possible. Thank you for everything you do.



<b>Robert Gadsby, Medical Deployment Officer</b>	<b>York</b>	<b>Nominated by Chelsea Travers, colleague</b>
<p>Robert follows all Trust values every single day. Robert works in the Medical Deployment Team and genuinely cares about patient safety and providing an outstanding customer service to our Doctors. He ensures he offers the upmost support. He also goes above and beyond to ensure all his team feel supported when under pressure and will take on duties as well as his own to provide assistance. Robert is so caring and will offer anyone in the Trust encouragement and a listening ear when they are struggling or are experiencing high pressure. I have seen him give uplift to so many people in the office, and colleagues value this. Robert will always offer suggestions and listen to others ideas on how we can improve in the team. He will look at alternate routes which can be taken to offer a more successful service. Nothing is ever too much of an ask for Robert, he is definitely an asset to the Trust.</p>		
<b>Jacqueline Tang, Consultant</b>	<b>York</b>	<b>Nominated by Emma Broadbent, patient</b>
<p>I recently was under the care of Miss Tang whilst pregnant with my identical twins and felt that she deserves some recognition for her fantastic work. I felt extremely well looked after by Miss Tang throughout all of my pregnancy, she always went above and beyond to do what was needed for myself and also for my unborn twins.</p> <p>Every appointment everything was always explained to me in great detail and Miss Tang always took time to make sure she knew what I wanted and the opportunity to ask questions. Unfortunately Miss Tang was unable to deliver my twins as she was on AL but she still rang to find out how I was getting on prior to the birth, which just shows how much dedication she has and how much she thinks of her patients, this goes such a long way considering how busy the NHS is! Miss Tang really is an asset to York Hospital and I feel that this should be recognised. It's not often consultants get the feedback they deserve. Thank you for being so amazing and looking after all 3 of us perfectly from start to finish.</p>		



<b>Tracey Butterfield, Midwifery Support</b>	<b>York</b>	<b>Nominated by Emma Broadbent, patient</b>
<p>I recently was under the care of Miss Tang whilst pregnant with my twins and so attended the antenatal clinic often in order to have scans and observations. I met Tracey as she worked alongside Miss Tang and can honestly say that she is a fantastic member of the team within the antenatal clinic. She was always welcoming and cheerful every time I saw her. You can tell that she really cares about her job and is always hard working. Tracey made each appointment a good one with her humour and always made an effort to get to know myself and everything about my unborn twins. I feel that she deserves to be recognised for the fantastic work that she does as a long term member of staff. Thank you for always providing such fantastic care to myself and for coming to visit me whilst an inpatient before having the twins, it meant a lot.</p>		
<b>Gail Lindley, Ward Manager</b>	<b>Scarborough</b>	<b>Nominated by Bridgette Smith, colleague</b>
<p>Gail has been acting as ward manager since Oct 2021. In the short time that she has been in post, she has supported and given compassion to individual staff, reflecting all of the trust values of being Kind, Open and Excellence. Gail has introduced positive changes and improved the services on SCBU in line with the standards of care and government guidelines. What has been noted by all staff, is how committed Gail is to ensuring the ward is running smoothly and to a high standard. Management work and clinical work go hand in hand, her expertise in neonates is well recognised and she is always prepared to help whenever is needed. Thank you from the SCBU Team.</p>		
<b>Heather Leach, Physiotherapist</b>	<b>Community</b>	<b>Nominated by Cath Speechley, colleague</b>
<p>Over the last few months Heather has demonstrated what an integral part of the community therapy team she is. She has quietly moved to fill gaps in service, support team member absences and take on anything required to keep patients at the centre of all her practices and support her team. I want her to know how much she is appreciated and that the amount of support she has given the team has not gone unnoticed.</p>		



<b>Beth Mulholland, Healthcare Assistant</b>	<b>York</b>	<b>Nominated by Kylie Theaker, patient</b>
<p>I was brought into ward 14 for a bed before I underwent surgical management of a miscarriage so I was in a very delicate state of mind. I was feeling very unwell and Beth was so kind caring and sensitive with me. She acknowledged there wasn't much she could do to comfort me as I was nil by mouth but she kept coming in to check on me, brought me magazines and even stayed way after her leaving time to speak with me and make sure I wasn't too anxious.</p> <p>It wasn't only me she took exceptional care of that day (she was on a long day so must've been exhausted) the ward was so short staffed but Beth's lovely smile and high spirits never faltered. She is an exceptional health care assistant and showed knowledge and practise well above her role. Thank you Beth for making such a painful experience more bearable.</p>		
<b>Lauren Barraclough, Doctor</b>	<b>York</b>	<b>Nominated by Suzanne Burnett, a relative</b>
<p>My father Mr Terence Matthews was seen in ED after suffering a bad fall. My father is 89 and mum, who attended with him due to dementia, is 88. They had a four hour wait for the ambulance and a further wait to get into ED. This is understandable in the current climate. Once in ED he was attended by Dr Barraclough and a nurse called Louise Watkins. They not only treated my Dad with dignity respect and compassion, but also looked after my mum and sister who were so upset. They were so busy in the department but they both were just so good at their job. The way they spoke to Dad, encouraging him and trying to try to communicate.</p> <p>I work in the Trust and deal with lots of angry patients and their relatives and hear when things have not gone as they would expect. But these two staff members deserve to be recognised, they are a credit to the department.</p>		



<b>Alexander Bill, Domestic</b>	<b>Tadcaster Health Centre</b>	<b>Nominated by Jayne Bone, colleague</b>
<p>Alex is our Domestic at Tadcaster Health Centre and is a well- regarded, hard-working individual who keeps the Health Centre spotless. He often works over and above what is required of him to support all of the services working here. During the most recent floods at Tadcaster in February, Alex has single handedly cleaned the Health Centre. He has often been found on his hands and knees scrubbing the walls and cleaning the furniture and cupboards. He has removed water damaged papers and equipment and has been extremely helpful and co-operative to all who visit the Health Centre to assess the damage. Alex whole-heartedly deserves our recognition for his commitment to ensuring the Health Centre is clean and can be up and running as soon as possible.</p>		
<b>Penny Furness, HCA</b>	<b>Scarborough</b>	<b>Nominated by Ed Smith, colleague</b>
<p>Penny was working a night shift on Sunday 22 May. A patient was brought in who had been the victim of a serious domestic violence incident/assault. The patient was very frightened and distressed, but Penny was incredibly reassuring, comforting and professional and was able to deliver truly patient-centred care. She was able to make sure that the patient had the investigations that they needed, despite their anxiety, which was really important. Penny's contribution to the care of this patient was huge and embodied the Trust values, particularly those of kindness and excellence, throughout.</p>		



<b>Karen Ogden, Staff Nurse</b>	<b>St Monica's Hospital, Easingwold</b>	<b>Nominated by Jade Barnes, colleague</b>
<p>Karen is an extremely valued member of the team at St Monica's. She is hard working, reliable and always has the patients' needs at the forefront of her priorities. On top of this, she is an excellent role model and shows support for her colleagues - old and new. This was highlighted in a recent unfortunate event that happened at St Monica's. During a busy night shift, there was one nurse and one healthcare assistant on the shift. Whilst staff at St Monica's are familiar with the prospect of end of life and palliative care, most deaths that occur are expected, or at least anticipated. On this particular night shift, the staff were faced with an unexpected death and found themselves in an unfamiliar situation. The nurse required support and advice from another nurse, so sent a message to Karen in the hopes she may have been awake, at home. And she was. Karen promptly headed to St Monica's at 3.00 a.m in the morning to provide valuable support to her colleagues. This was appreciated beyond measure and made obvious just how dedicated Karen is to her job, her patients and her colleagues. Karen showed care and compassion, she showed kindness and provided excellent care. A wonderful example of the backbone of our small community unit. Thank you, Karen.</p>		
<b>Sue Bywater, Clerical Officer</b>	<b>York</b>	<b>Nominated by Sally Ann Rhodes Wilkinson, colleague</b>
<p>Sue goes above and beyond her duty to help people on the head and neck reception. A member of staff approached Sue, as her daughter, a small child, had a lump in her mouth which was causing her sleepless nights as she was catching the lump all the time. The mother was finding it difficult to get an appointment with her GP and asked Sue for her advice. Sue arranged for somebody to see the little girl that day. The outcome is the child does need the lump removing under general anaesthetic as soon as possible. Also when elderly people come to the reception with hearing aid problems, rather than asking them to ring or email the hospital Sue uses her discretion and asks the audiology department if they can assist. Clearly not everyone has an email and they cannot use a phone as they are hard of hearing. Just a nice kind personal touch.</p>		





<b>Kym Brown,</b> Advanced Epilepsy Specialist Nurse	<b>York</b>	<b>Nominated by a colleague</b>
<p>Kym has covered for our other Advanced Epilepsy Nurse whilst also training up a new Epilepsy Nurse. Kym has recently graduated in her degree to advance in her career, worked through Covid and has just had a family loss, yet she has hardly had any time off work, if any that I'm aware of and said if she "didn't carry on at work a patient of hers would not have been able to attend school for three weeks". Dedication if ever I saw it. She makes everyone feel included and always goes the extra mile. Thank you to our amazing colleague Kym Brown Advanced Epilepsy Specialist Nurse. Proud to be working with her.</p>		
<b>Sharon Farrow,</b> <b>Administration Assistant</b>	<b>York</b>	<b>Nominated by Jess Robinson, colleague</b>
<p>Sharon is a perfect example of living the Trust Values. A patient recently came into the department who had been unwell and had vomited on herself. Sharon immediately took the patient to a quiet washroom, brought her items to help clean up, and got her a bag together for going home filled with items to make the journey less stressful. Sharon then stayed with the patient and offered kindness and reassurance. Sharon consistently delivers the highest level of care, and this was a brilliant example of that.</p>		
<b>Lisa Pallister,</b> <b>Healthcare Assistant</b>	<b>York</b>	<b>Nominated by a patient</b>
<p>I want to say a massive thank you to Lisa who was absolutely brilliant in A&amp;E. She listened to all of my concerns and really put me at ease when I was extremely anxious. Lisa acknowledged my worries about my health and accessing a toilet and supported me in doing so. I am extremely grateful for your help.</p>		



<b>Najat Jawhari, Facilities Operative</b>	<b>Community Stadium</b>	<b>Nominated by Natalia Domyslawska, colleague</b>
I would like to nominate Naj for the star award. She has been working very hard to help us with covering areas. She is a hard working person that cares about the area and people she works with.		
<b>Sharon Barnes, Healthcare Assistant</b>	<b>Community</b>	<b>Nominated by Cath Speechley, colleague</b>
Sharon has single-handedly sorted out our community peripheral store at White Cross Court. It has needed doing for months and has been shoved to the back burner time and time again. As of today we have a clean and tidy store and a plan for moving forward. Our stock is up to date and plentiful and we have been able to invite the community stroke team, stroke ward and York intermediate care teams to also access the store with a standard operating procedure in place. Definitely worthy of a star award, thanks Sharon.		
<b>Rachel McHale, Staff Nurse</b>	<b>York</b>	<b>Nominated by a colleague</b>
Rachel is one of the most hard-working nurses that I have ever worked with. She embodies all of the trust values every shift. She is extremely kind with the patients, always making sure that they are comfortable and that they understand what will be happening during their visit. She is especially caring when patients are nervous about their appointment. Rachel always takes her time with each patient and nothing is ever any trouble. She always puts the needs of the patient first and she is always happy to help. She is also a great colleague and is always happy to share her knowledge and help Rachel is a real inspiration.		
<b>Sophie Naylor, Healthcare Assistant</b>	<b>York</b>	<b>Nominated by Deborah Sawyer, relative</b>
Sophie went out of her way to support me. I was in a crisis situation at the south entrance (A&E) with my step-father near to collapse. A&E reception was very busy and Sophie went and waited with him while I tried to get more help. Myself and Sophie managed to get him in the w/c and up to the acute stroke unit, she stayed with me the whole time and saw us safely up to the ward. She is a credit to the York Trust and Ward 28 and I thank her so much.		



<b>Thomas Antonyraj, Critical Care Worker</b>	<b>York</b>	<b>Nominated by Ward 39 colleagues</b>
<p>Thomas is a very professional worker, he comes promptly to call and always offers help and support while on the wards. Thomas always asks if there are any further jobs he can do while he is on the ward and is always kind, positive and comes to see every patient smiling. This is such a big help to the staff with patient care and also helps the patients feel that they are priority at all times. On a particular busy night shift Thomas came promptly to the ward to assist with the patients. He also stayed on the ward to ensure that the nurses were okay and if they needed any support before he left.</p>		
<b>Dermatology Chronic Disease Management Team</b>	<b>York</b>	<b>Nominated by Pauline Stopford-Taylor, colleague</b>
<p>I am so very proud to manage and work with these colleagues. They are so very supportive of each other ensuring that the clinical services they provide for our cohort of patients are efficient, caring and effective. It is only a small team but the needs of all our patients are paramount to each of them. York is their base but the team are unique as they travel to Scarborough, Malton, and Selby to run nurse led clinics for our patients. During the pandemic the 3 CNS's enrolled on a university course and gained the nurse prescribing qualification to benefit the care of the patients. I want them to have the recognition they deserve as team, and to be able to personally thank them in a public way.</p>		
<b>Chemotherapy Teams</b>	<b>York &amp; Scarborough</b>	<b>Nominated by Donna Grimshaw, colleague</b>
<p>I have recently joined the team 4 weeks ago from another trust undertaking the same post. They have been so welcoming to me as an 'outsider'. I have witnessed over the last few weeks, the sheer determination to deliver the best possible patient experience that they can as a service from Drs, pharmacists, nurses, co-ordinators, HCAs who have and continue to be overstretched. Each and every one goes above and beyond, treating patients like it was one of their own family members, it is truly inspiring. I have spoken to each staff member and the accounts of how hard they have worked throughout the pandemic and still treat cancer patients is astounding. The resilience they have shown is commendable and I am proud to be a part of the team.</p>		



<b>Biochemistry Team</b>	<b>Hull</b>	<b>Nominated by Josie Ridgewell, colleague</b>
<p>The Biochemistry Team have worked tirelessly over the last few months to support an excellent 24 hour service to our service users and patients. The team have been openly supporting a significant number of staff training within the area and despite qualified staff shortages, have been performing the best that they can under the circumstances. Our trainee staff are demonstrating the ability to adapt to training out of hours and this has highlighted how supportive our experienced staff are. Staff at all levels have been showing empathy towards each other to support themselves through this difficult time. Despite these difficult times the team have always managed to keep the shift running demonstrating a resilience and desire to keep their patients safe despite the odds! Well done to you all and thank you.</p>		
<b>Andy Bamfield, Porter</b>	<b>Scarborough</b>	<b>Nominated by a colleague</b>
<p>Andrew is a brilliant Porter, always going out of his way to go the extra mile and put patients at ease and comfort. He is always happy to help and make sure nobody struggles with any task.</p>		
<b>Anne Young, Payroll Manager</b>	<b>York</b>	<b>Nominated by Jayne Teale, colleague</b>
<p>Anne has recently been made Payroll Manger at Tribune house, in this short time the morale of the office has 100% improved, she has made so much improvement in a short space of time which has made a massive impact on our work life for the better :) We are looking forward to the future within payroll.</p>		



<b>Cardio Respiratory Unit</b>	<b>Scarborough</b>	<b>Nominated by Kate Goodwill-Harrison, colleague</b>
<p>I work very closely with the Cardio Respiratory Unit team and always find that the staff will go above and beyond to provide outstanding patient care. They are all incredibly dedicated to their jobs and have excellent knowledge which they often demonstrate whether this be in pacemaker clinics or when explaining a device to the patients. All of the staff are always extremely kind and approachable and will do anything they can to help the staff on CCU. On one particular shift two members of staff stayed almost two hours late to ensure that two pacemakers were checked, this helped CCU enormously as it meant the patients could be discharged over the bank holiday and would not be waiting until Monday for the check. We were all extremely grateful for this and just want their hard work and dedication to be recognised.</p>		
<b>Abi Blades, Midwife</b>	<b>York</b>	<b>Nominated by Jessica Scott, patient</b>
<p>I gave birth on Thursday 21st of April to my baby daughter Rosie. I was originally booked in for a planned c-section but my daughter had other plans! After what I thought were braxton hicks that started a couple of days earlier, I called the Labour ward and was advised to go in for a check over. My husband and I headed over and when assessed I turned out to be 8cm dilated! It was a very busy night in the maternity unit and unfortunately another labouring mum had just been taken in for an emergency c-section. Abi, my midwife was very supportive and helped me with my anxiety from a previous birth, giving me the confidence and reassurance I needed to make me feel that I could do it and I did! I cannot put into words how much Abi helped me and because of her I had such a positive experience and recovery. I was able to go home later that day and be home before my little boy got home from nursery.</p> <p>Abi stayed after her shift finished at 7am to deliver my daughter who was born at 07.17. She stayed hours after to finish my care. I really appreciated this and again it really made me feel cared for and supported. I cannot express enough the kindness and support I was given by Abi and the team, especially during a very busy night and it gave me such a positive birthing experience! We have such a lovely experienced Midwifery team at York and I feel they deserve this recognition!</p>		



<b>Natalie Barker-Dunwell, Integrated Midwife</b>	<b>Scarborough</b>	<b>Nominated by Ashley Webster and Lauren Woods, patients</b>
<p>During my partners pregnancy she had a lot of complications and admissions from extreme hyperemesis, dehydration and low blood sugar levels, covid, and reduced movements but to the point where she could never feel the baby move. She was able to see her move now and again but could never really feel her as normal. Natalie was absolutely brilliant throughout the whole pregnancy and she always explained everything clearly no matter what, ensuring the baby was monitored closely. She arranged weekly scans and daily monitoring so my partners mind was at rest and felt reassured. Natalie was always on hand throughout the pregnancy and always made sure my partner and the baby were always safe and reassured. It was a difficult pregnancy from the start and Natalie made us feel like nothing was ever an issue and was always just a phone call away. We can't thank Natalie enough for all her effort and care towards us.</p> <p>The help didn't stop there, after a quick Labour we were unfortunate enough to have complications when baby was just a few hours old which resulted in a stint in SCBU for close monitoring. The staff in there were so kind, caring and helpful. We would like to say a huge thank you to the full maternity team, Midwife's, HCAs, SBCU staff, Doctors, Consultants, Domestic Assistants, Admin Team, the list could go on. They were all always so friendly and happy to help no matter how big or small any problem was. They are a credit to the trust and we will always be grateful for the care we received from the start of the pregnancy right up until after birth.</p>		
<b>Emma Sturch, Student Midwife, Laura Smith, Student Midwife</b>	<b>York</b>	<b>Nominated by Simon Oliver, relative</b>
<p>These two students were amazing, in their first years they were so confident and reassuring. They tended to my partner with such thorough and intensive care. They were constantly at her side before, during, and after my baby was born. They are natural midwives and should be recognised so early in their careers.</p>		



<b>David Tribble, Chaplain</b>	<b>York</b>	<b>Nominated by Bethany Norfolk, colleague</b>
<p>Last year in lockdown, we had to say goodbye to our baby. David came in on his day off, as there was no one else available to do a blessing. He was extremely compassionate, empathetic and we could not thank him enough for his kind words that day. We will never forget him, and how he treated us and our baby in such circumstances.</p>		
<b>Carol Gallagher, Healthcare Assistant</b>	<b>Scarborough</b>	<b>Nominated by Yvonne Jenkinson, colleague</b>
<p>I would like to nominate Carol for going above and beyond by saving not one, but two patient's lives on a very busy nightshift. As a radiographer we often don't see the heroic actions of staff but this night Carol was working in the corridor of ED with some very tricky patients so I witnessed Carol's work and feel it needs recognising. Firstly, Carol prevented an in department hanging which alone is commendable and should be recognised, but her work didn't stop there as she noticed a patient spontaneously start bleeding out while waiting in the queue for a cubicle. Without hesitation Carol jumped on the patient's trolley using her full body weight to apply pressure to the area while seeking help. Carol applied pressure for over an hour while doctors worked to save the patient's life and waiting for an ambulance to transfer the patient to York. Carol was visibly shaken after both these incidents, but she carried on her job to the end of her shift with her usual professional and jovial manner. ED are very lucky to have her as part of their team as she always brings light to a shift even in the darkest of times.</p>		
<b>Gloria Oduro, Staff Nurse</b>	<b>York</b>	<b>Nominated by Joanne Slimene and Geraldine Fox, colleagues</b>
<p>Gloria joined the Trust a few months ago as part of a group of international nurses and came to work with our team .Gloria has settled in well with us and has really become part of our ward family. She is an amazing nurse who is knowledgeable and confident which puts her patients at ease. She is kind, friendly, always positive and a real breath of fresh air. She lives up to the trust values and she is an asset to our team, loved by all her colleagues and patients.</p>		



<b>Adam Shaw</b>	<b>York</b>	<b>Nominated by Richard Salt, colleague</b>
<p>Adam always goes above and beyond for our service and patient's helping out whenever he can to make our service even better than it already is. Adam is a valued member of our team always happy to help junior staff members when he can. Adam has helped me and our service writing up protocols and he has excellent IT skills. Well-done Adam I just wanted to show my appreciation to you, thank you for everything you do for NYDESP. You deserve a star award.</p>		
<b>Rachel Jones, Specialist Nurse in Organ Donation</b>	<b>York</b>	<b>Nominated by Robert Ferguson, colleague</b>
<p>Rachel has been (Specialist Nurse in Organ Donation) SNOD at York and Scarborough for three years and is soon to leave for Leeds and she will be greatly missed. She has supported both families and staff through numerous organ donations in York and Scarborough and is always on hand to help with tasks on the ICU and do bedside teaching with the nursing staff. A real tribute is that in the last year the trust organ donation's numbers are back to and above pre pandemic levels and are over that expected from a trust our size. This is in no small part down to her hard work. Each organ donation can go on to save nine lives.</p>		
<b>Chelsea Travers, Assistant Medical Deployment Officer</b>	<b>York</b>	<b>Nominated by Cicily Wilkinson</b>
<p>I cannot describe how hard Chelsea works. She is honestly amazing, the amount of vacant shifts we have to deal on a daily basis, never phase her, she just cracks on, always has a smile on her face. She treats the doctors with the upmost respect and is very caring and compassionate towards them, which they appreciate. I just cannot explain how much I appreciate her, and I couldn't do my job without her. She has an amazing relationship with care group 1 and all in all, she is a star. Thank you for your hard work always.</p>		





<b>Carol Jewison, Emergency Department Technician</b>	<b>Scarborough</b>	<b>Nominated by Ereck Matinha, colleague</b>
<p>Events we witnessed on 19 May 2022, on a night shift, are rare within the modern/present day emergency care locally and internationally. It so happened that I was working in the Blue area and I heard somebody calling out for gauze. I went and collected a big packet of gauze and noticed Carol attempting to locate the source of an arterial bleed in the middle of the corridor while maintaining privacy at the same time. I clearly remember Carol getting onto the trolley astride the patient applying direct pressure onto the bleeding area. I personally pushed the trolley to Razz as requested by the team leader and Senior Doctors present. In Razz, Carol maintained the direct pressure until the surgical and medical teams were present subsequently leading to the major haemorrhage protocol being initiated. The patient in question was an IVU user Hep C positive. I was tasked to escort the young patient to York hospital by critical ambulance crew and Doctor. In my own opinion Carol Jewison's single action saved the young patient from bleeding out on that corridor. Many people may argue that it was indeed TEAM effort of which I 100% agree. However, I strongly feel that she put her own life at risk to save another. Old school reflex kicked in at that moment and when it mattered most she did serve with bravery and utmost honour deserving the highest medal in the land. Many colleagues present and absent on the day concur with the above opinion.</p>		
<b>Sophie Naylor, Housekeeper and Healthcare Assistant</b>	<b>York</b>	<b>Nominated by John Miles, colleague</b>
<p>Since October last year, Sophie has had the task of looking after all the PPE for the wards on the second floor on junction 8. This includes ensuring good supplies of clean scrubs are readily available for staff that need them whilst looking after patients with COVID-19 on the wards. Sophie was also left to clean up after staff had finished with their scrubs as well as looking after the Powered Respirator Hoods ensuring they are kept fully operational for as and when they may be needed. Whilst doing an excellent job, Sophie has met a number of relatives of those with COVID-19 and in my opinion has gone over and above her responsibilities by taking the time to listen to and help to reassure them. She is one of those many people working in the back ground that are unsung heroes.</p>		



<b>Domestic Team, Bronte Ward</b>	<b>Scarborough</b>	<b>Nominated by Alli and Jane, colleagues</b>
<p>This team work closely and effectively together to provide excellent cleaning and take extreme pride in all of their domestic duties. They are always happy, caring, kind and empathetic toward staff, colleagues and patients. They go above and beyond their duties by not only providing exceptional domestic support but also providing tea and coffee to patients, a listening ear to patients, staff and colleagues and a lovely smile and sense of humour. They make life more bearable during a challenging or difficult day.</p>		
<b>Ginta Kurian, Critical Care Outreach Sister</b>	<b>Scarborough</b>	<b>Nominated by Liz Alinaitwe and Betsy Baby, colleagues</b>
<p>I am nominating Ginta because I believe she is an invaluable member of our Trust. Ginta demonstrates expert level nursing, judgment and knowledge with every care encounter. On 5th June, at about 21:00hrs one of the patients on the ward became unconscious, resulting in a crash call, with the resuscitation team attending, and emergency care provided to the patient. The patient still needed close observation and Ginta remained with them not leaving until our medication rounds had been completed. The ward was really busy and we were so moved by her thoughtfulness. On another occasion, Ginta rang the ward to find out if nurses had managed a break and when told her we were busy, she came on the ward about 3:00 am and took over a bay of patients so that the nursing team could have a break. She remained on the ward helping with other patients as well. Her role, feelings of responsibility and relationships extend far beyond coming to the wards to review patients, she is one of the most compassionate nurses I know. She makes personal connections with every staff member, ensures delivery of high quality care, appropriate support and advice is given on how to manage any complications that may arise, and also that staff are supported, going above and beyond when needed. Her compassion and spirituality are evident to both staff and families. She sees the patient not as a diagnosis, or the history, but as a person. She focuses on the patient, establishing a vested interest in their care, and advocating for them. She cares about how staff on the ward cope with situations, how we are doing as nurses and people. She is excellent in everything she does, which is underpinned by compassionate care for the patient. She is a good listener and even while working under pressure, she is always calm, approachable, very knowledgeable, and always ready to teach others when she comes on the ward. She is so polite and patient with everyone.</p>		



<b>Ally Turner, Staff Nurse</b>	<b>York</b>	<b>Nominated by Rebecca Reffold, colleague</b>
<p>I would like to nominate a fellow fabulous Newly Qualified Nurse: Ally. My reasons for this nomination are as follows: On Tuesday 5th April over the course of the night shift we had an amazing individual who was nearing the end of her life. Sadly she died just after midnight and Ali was the nurse in charge of her care this shift. Words cannot express how professional, caring, empathetic and compassionate she was to the individual and to the family who sadly didn't make it in time to say goodbye, arriving just afterwards to spend some time with their loved one. Ally's communication skills were exemplary. I do not think that anything could have been done better by Ally who was so attentive and such a support to the family, treating the individual with the utmost respect and dignity. It was what I like to refer to as, a lovely death. Which I believe every human being is deserving of. I am so proud and feel so privileged to work alongside Ally. She is an amazing nurse!</p>		
<b>Johnson Ward</b>	<b>Bridlington</b>	<b>Nominated by Alsion Atkinson, relative</b>
<p>My husband has had three strokes in 8 months with life-changing consequences. He has been an impatient each time with Johnson ward while they rebuild my husband! They have been incredible and I just want to tell them how amazing and what an absolute credit to the NHS they are. Each time my husband has had a stroke he has had devastating changes to him physically and mentally . The whole team including the domestics have always treated him as a human being and with such kindness. They have made sure he is comfortable and always brought the best out of him. They have a difficult demanding job within a busy ward but nothing is ever a problem for them. It made things easier for me knowing he was been well looked after. So thank you, you are all angels each and every one of you.</p>		



<b>Therapy Team, Johnson Ward</b>	<b>Bridlington</b>	<b>Nominated by Alison Atkinson, relative</b>
<p>A big thanks to Vicky, Chris, Ben and the whole team in their efforts rehabilitate my husband after he suffered three strokes. They are an amazing team and their knowledge about rehabilitation has blown me away. They have shown my husband nothing but kindness and compassion and worked so hard to help him. My husband always enjoyed his sessions as they were always so positive and encouraging. It must have been frustrating for them to see him back again after he made such good progress the first time round, however they just restarted and it's been onwards and upwards. The communication between them was outstanding and in particular Vicky went over and above to help me personally, setting things in place for when he came home and was just very supportive, which I will never forget. No-one understands the dark place relatives are in but this team did. Well done you're all a credit to the NHS.</p>		
<b>Ward 17 and 18</b>	<b>York</b>	<b>Nominated by Mandy Checketts, colleague</b>
<p>My Son Daniel was admitted through the Paed A+E twice within the last month. He received the utmost care from all the staff in Paed A+E through the assessment Ward 17 unit to inpatient Ward 18. He had to have a large amount of urgent tests CT, MRI, urgent ENT exams, blood tests, eventually ending with a CHAMS referral. All the way through the whole team kept us informed and were very professional and thoughtful. It made his stay easier, as we felt informed and in control of a very frightening situation. A huge thank you to all. You are such an amazing bunch! He is on the mend.</p>		
<b>Jane Harper, Phlebotomist and Maureen Blohm, Phlebotomist</b>	<b>Selby</b>	<b>Nominated by Sarah Johnson, visitor</b>
<p>These two ladies deserve to be recognised for how amazing they are at their jobs. My daughter is needle phobic so attending a blood test was very traumatic for her, but they were so good with her, distracting her and making her laugh, they were so patient and kind.</p>		



<p><b>Luke Poskitt, Pathology Supplies Manager</b></p>	<p><b>SHYPS</b></p>	<p><b>Nominated by Alex Sharp, colleague</b></p>
<p>When the SHYPS Network officially formed, all our supplies contracts novated to York Trust, as the hosting partner. The pathology service deals with a very large number of suppliers and there has been a mixed level of success at how well the transfer of contracts and in particular invoicing and payments has happened. There has been a significant change in procurement and ordering processes for our colleagues in Hull and where this hasn't gone according to plan, Luke has stepped in and prevented anything "slipping through the cracks". He has quickly learned new systems and processes and gone above and beyond to resolve any issues that he can and acted as a single point of contact for a lot of his colleagues. His hard work and attention to detail has maintained a positive relationship with suppliers and ensured the goods that we need to maintain our services remain available.</p>		
<p><b>Eve Thrower, Staff Nurse, Kate Ruddock, Emergency Nurse Practitioner</b></p>	<p><b>York</b></p>	<p><b>Nominated by Emma Brady, colleague</b></p>
<p>Sister Thrower and NP Ruddock saw a male patient in ED who disclosed significant domestic abuse. They both ensured that this patient was provided with details/ referrals to all agencies which could support him. The details provided to the Safeguarding team were extremely comprehensive and follow up was also provided for this patient so his safety could be ascertained and further support provided if needed. Male victims of domestic abuse can be easily overlooked but both Sister Thrower and NP Ruddock ensured he was provided with comprehensive support. As a result multi agency support has now been arranged. Their work shows complete dedication to the Trust values, they were open with the patient, explained their concerns to him and ensured he understood. Their work shows excellence in providing holistic care and utter and complete kindness to a patient who was experiencing significant difficulties.</p>		