

# Board of Directors (Public) – Blue Box

27 July 2022



<b>Main Agenda Item</b>	<b>ITEM</b>	<b>PAGE</b>
<b>9.</b>	<b>Ockenden Report Update</b>  Appendix A - G	<a href="#"><u>03</u></a>
<b>15.</b>	<b>Integrated Business Report</b>	<a href="#"><u>26</u></a>
<b>19.</b>	<b>Any other business</b>	
19.1	• 15 June & 6 July Executive Committee minutes	<a href="#"><u>84</u></a>
19.2	• Star Award nominations - August	<a href="#"><u>110</u></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	4	
Number of cases notified to MBRRACE	1	2	2	4	1	0	1	2	2	
Number of cases referred to HSIB as per eligibility criteria	1	1	1	0	1	0	0	1	0	
Number of received HSIB final reports	1	0	0	1	0	0	0	0	2	
Number of incidents with a harm rating of Moderate or above	1	2	1	1	3	0	1	4	5	
Number of Maternity Unit Diverts							11	4 SGH 4 YDH	0 SGH 2 YDH	
Number of Maternity Unit closures	4	10	4	2	3	5	0	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	2 (CQC)	
Coroner Reg 28 made directly to Trust	0	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%	34%	
Of those booked for Continuity of Carer - Black, Asian and mixed ethnicity backgrounds	44%	38%	22%	29%	17%	60%	14%	28%	2%	
Of those booked for Continuity of Carer - Postcode for top decile for deprivation	84%	91%	94%	73%	96%	94%	83%	92%	8%	
Intrapartum Continuity of Carer received - Overall	17%	15%	16%	8%	14%	25%	19%	25%	25%	
Intrapartum Continuity of Carer received - Scarborough	43%	43%	42%	28%	38%	25%	19%	24%	25%	
Intrapartum Continuity of Carer received - York	4%	6%	5%	0.42%	2.00%	0%	3%	11%	0.00%	
Intrapartum Continuity of Carer received - Black, Asian and mixed ethnicity backgrounds	9%	7%	14%	14%	30%	25%	0%	0%	0%	
Intrapartum Continuity of Carer received - Postcode for top decile for deprivation	42%	37%	23%	20%	48%	19%	9%	15%	23%	
<b>Safe Staffing</b>										
1 to 1 care in Labour - Scarborough	94%	99%	95%	94%	94%	98%	96%	95%	98%	
1 to 1 care in Labour - York	95%	93%	97%	96%	93%	96%	97%	94%	100%	
L/W Co-ordinator supernumary % - Scarborough	98%	99%	100%	100%	85%	97%	92%	84%	95%	
L/W Co-ordinator supernumary % - York	95%	93%	87%	99%	96%		100%	100%	100%	
Vacancy Rate - Scarborough (including maternity leaves)					1.72%		5%	3%	4.60%	
Vacancy Rate - York (including maternity leaves)					15.10%		18%	15%	13%	

	Scarborough Hospital	York Hospital
2020 Staff Survey: Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would	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	69%	63%
2020 Staff Survey: Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the	Awaiting Data	Awaiting Data

### OCKENDEN - 1 ROLLING YEAR

York %	PROMPT	NLS	Fetal Monitoring	SBLv.2	Perinatal Mental Health	Bereavement	Learning from incidents claims & complaints
Midwives (132)	92%	92%	91%	61%	92%	72%	53%
HCA/MSW (26)	77%	N/A	N/A	N/A	N/A	77%	N/A
Obs Cons (14)	79%	N/A	79%	50%	79%	N/A	79%
All other Obs Drs (17)	100%	N/A	65%	65%	35%	N/A	35%
ODP (51)	55%	N/A	N/A	N/A	N/A	N/A	N/A
Anaes Cons (12)	75%	N/A	N/A	N/A	N/A	N/A	N/A
All other Anaes Docs (16)	75%	N/A	N/A	N/A	N/A	N/A	N/A

Scarborough %	PROMPT	NLS	Fetal Monitoring	SBLv.2	Perinatal Mental Health	Bereavement	Learning from incidents claims & complaints
Midwives (70)	90%	87%	91%	53%	94%	54%	47%
HCA/MSW (20)	70%	N/A	N/A	N/A	N/A	75%	N/A
Obs Cons (8)	88%	N/A	50%	83%	50%	N/A	50%
All other Obs Docs (12)	58%	N/A	58%	67%	58%	N/A	33%
Anaes Cons (13)	23%	N/A	N/A	N/A	N/A	N/A	N/A

### CNST - AUG 2021 - DEC 2022

York %	PROMPT	NLS	Fetal Monitoring	SBLv.2
Midwives (132)	85% (112/132)	86% (113/132)	86% (113/132)	31% (41/132)
HCA/MSW (26)	69% (18/26)	N/A	N/A	N/A
Obs Cons (14)	79% (11/14)	N/A	79% (11/14)	50% (7/14)
All other Obs Drs (17)	100% (17/17)	N/A	59% (10/17)	65% (11/17)
Anaes Cons (12)	67% (8/12)	N/A	N/A	N/A
All other Anaes Drs (16)	75% (12/16)	N/A	N/A	N/A
Paed Cons (11)	N/A	100% (11/11)	N/A	N/A
All other Paed Drs (16)	N/A	94% (15/16)	N/A	N/A
SCBU Nurses (27)		30% (8/27)		

Scarborough %	PROMPT	NLS	Fetal Monitoring	SBLv.2
Midwives (70)	74% (52/70)	69% (48/70)	89% (62/70)	23% (16/70)
HCA/MSW (20)	50% (10/20)	N/A	N/A	N/A
Obs Cons (8)	75% (6/8)	N/A	50% (4/8)	38% (3/8)
All other Obs Drs (12)	42% (5/12)	N/A	58% (7/12)	58% (7/12)
Anaes Cons (6)	50% (3/6)	N/A	N/A	N/A
All other Anaes Drs (11)	91% (10/11)	N/A	N/A	N/A
Paed Cons	N/A		N/A	N/A
All other Paed Drs	N/A		N/A	N/A
SCBU Nurses (12)	N/A	58% (7/12)	N/A	N/A

**YORK LABOUR WARD HANDOVER ATTENDANCE - MAY 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%
May	York	100%	90.00%	80.00%	85.00%	83.00%	100.00%	75.00%
	Scarborough	100%	95.00%	100.00%	100.00%	90.70%	100.00%	100.00%
		100%	92.50%	90.00%	92.50%	86.85%	100.00%	87.50%

YORK LABOUR WARD HANDOVER ATTENDANCE - MAY 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
1st	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	No	yes	yes	Yes
2nd	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	yes
3rd	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
4th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
5th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
6th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
7th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	Yes	yes	yes	Yes
8th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
9th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
10th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
11th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
12th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
13th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
14th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
15th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
16th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
17th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
18th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
19th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
20th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
21st	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
22nd	830	yes	yes	No	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
23rd	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
24th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
25th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
26th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
27th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
28th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
29th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
30th	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
31st	830	yes	yes	yes	yes	yes	yes	2000	yes	yes	yes	yes	yes	Yes
Total		31	31	30	31	31	31		31	31	30	31	31	31
		0	0	1	0	0	0		0	0	1	0	0	0
		100%	100%	97%	100%	100%	100%		100%	100%	97%	100%	100%	100%

**SCARBOROUGH LABOUR WARD HANDOVER ATTENDANCE - MAY 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
1st	08:30	y	y	n	y	y		21:00	n	y	y	y	y	NEW SHEET
2nd	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
3rd	08:30	y	y	y	y	y	y	21:00	y	y	y	y	y	
4th	08:30	y	y	n	y	y		21:00	y	y	y	y	y	
5th	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
6th	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
7th	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
8th	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
9th	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
10th	08:30	y	y	n	y	y		21:00	y	y	y	y	y	
11th	08:30	y	y	y	y	y		21:00	y	y	n	y	y	
12th	08:30	y	y	y	y	y		21:00	y	y	n	y	y	
13th	08:00	y	y	y	y	y		21:00	y	y	y	y	y	
14th	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
15th	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
16th	08:30	y	y	y	y	y		21:00	n	y	y	y	y	
17th	08:30	y	y	y	y	y	y	21:00	y	y	y	y	y	
18th	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
19th	08:30	y	y	y	y	y		21:00	y	y	n	y	y	
20th	08:30	y	y	y	y	y		21:00	n	y	y	y	y	
21st	08:30	y	y	n	y	y	y	21:00	n	y	y	y	y	
22nd	08:30	y	y	n	y	y		21:00	n	y	n	y	y	
23rd	08:30	y	y	y	y	y		21:00	y	y	y	y	y	
24th	08:30	y	y	y	y	y	y	21:00	y	y	y	y	y	n
25th	08:30	y	y	y	y	y	n	21:00	y	y	y	y	y	y
26th	08:30	y	y	y	y	y	y	21:00	y	y	y	y	y	y
27th	08:30	y	y	y	y	y	y	21:00	y	y	y	y	y	y
28th	08:30	y	y	y	y	y	y	21:00	y	y	n	y	y	y
29th	08:30	y	y	n	y	y	n	21:00	y	y	n	y	y	n
30th	08:30	y	y	y	y	y	y	21:00	y	no signature	n	y	y	n
31st	08:30	y	y	y	y	y	y	21:00	y	y	n	y	y	y
Total		31	31	25	31	31	9		26	31	23	31	31	5
		31	31	31	31	31	31		31	31	31	31	31	31
		100%	100%	61%	100%	100%	29.00%		64%	100%	74%	100%	100%	6%

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

### **Moderate Harm**

There were 5 moderate harm incidents reported in May, with 3 of these being deemed Trust Serious Incidents.

No theme is evidenced within the Moderate harm incidents reported in this period, however there is a theme identified when combined with those incidents previously reported.

### **Moderate Harm**

#### **Summary of Case (1)**

Details removed as identifiable.

### **Findings/ PSIR**

1. Share learning importance of urgent bloods for unbooked women via learning from newsletter.
2. To look into enabling booking bloods set on CPD so all bloods can be requested at the same time.
3. Screening Midwife has emailed all staff praise and highlighted use of urgent.
4. Screening Midwife to include in mandatory training.
5. Decision for unbooked women not to be transferred to postnatal ward prior to blood results being received.
6. It has been requested that the laboratory ring screening team with positive results, and the labour ward when out of hours.
7. Process to be reviewed by the Microbiology team for transportation and processing of Scarborough urgent serology samples out of hours.

#### **Summary of Case (2)**



Details removed as identifiable.

### Findings/ PSIR

1. 'second line' investigations to be added to post-mortem consent sticker to clearly evidence intended investigations.
2. Request made for sample fridge at Scarborough site where samples can be safely and separately kept.

### Serious incident(s) declared

#### Summary (3)

Details removed as identifiable.

#### Actions

#### Immediate actions implemented, to await full findings from SI and action accordingly.

- All cases in theatre will now require a Health Care Assistant as runner (previously they didn't attend theatre for 3rd degree tears or Manual Removal Of Placentas)
- The labour ward manager has developed a 'red notice' which has been shared with all labour ward Multi-Disciplinary Teams and will be read out at each handover for the next two weeks. It is also displayed on labour ward and in the doctor's office.
- The labour ward manager has arranged a meeting with the band 7 lead for theatres to discuss roles of staff in theatre, to also include in human factors/PROMPT training.
- Labour ward manager will look into ordering whiteboards for theatre.
- Labour ward manager looking into ordering the same swab trays Scarborough labour ward use.
- Now have a named person who will complete the WHO checklist.
- Now have a named person who will complete the swab count.

#### Summary (4)

Details removed as identifiable.

## **Actions**

**Immediate actions implemented, to await full findings from SI and action accordingly.**

- Deep cleaned the room following swab results.
- Contacted Clinical Skills Midwife to send information about appropriate management and removal of cannulas including visual infusion phlebitis score scores.

## **Summary (5)**

Details removed as identifiable.

## **Actions**

**Immediate actions implemented, to await full findings from SI and action accordingly.**

- For discussion at quality and safety meeting to decide if further investigation required.
- Support regarding CTG interpretation and management of care offered to Midwife involved.
- To make amendment to fetal monitoring guideline to include the use of maternal o2 saturation probe where there is concern regarding maternal and fetal heart rates reading similar rates.
- Plan for late diagnosis of gestational diabetes to be discussed at Regional cross site meeting as no National guidance.

## **Serious Incident report(s) received**

None received

## HSIB cases reported/received – Appendix C

Two cases were received from HSIB in May, and this is detailed below. No further cases were reported in this period.

### Summary of Case (1)

#### Term Intrauterine death

Details removed as identifiable.

#### Findings/ PSIR

A post-mortem (PM) examination was not undertaken. The placenta was sent for histopathological examination and showed evidence of a fresh retroplacental blood clot with noted villous stromal haemorrhages. No other explanation for the stillbirth was found.

The final HSIB report had no safety recommendations for the Trust.

### Actions

HSIB findings were action planned:

- Widely share guidance through 'Learning from' Newsletter, including findings from HSIB investigation.
- Ward Managers have been tasked with ensuring their clinical area have an accessible mobile phone for interpretation service or a phone in every clinic room.
- Remind staff when sharing the report electronically; to allow double appointment duration for women and families who require an interpreter.
- To inform clinic administrators that double appointments should be organised for mothers who require translation services
- Produce posters as noted in use within LMS which are in multiple languages and inform women service is available, and to request with midwife. Also acts as prompt for staff.

- Audit compliance around the use of interpreters.

## Summary of Case (2)

### Term Intrauterine death

Details removed as identifiable.

### Findings/ PSIR

Details removed as identifiable.

The final HSIB report had no safety recommendations for the Trust.

## Actions

HSIB findings were action planned:

- To streamline the process around calls made for a homebirth- it should be amended in the homebirth guidance that the Community team leader (during day time hours) should be contacted (as the primary member of staff)- in their absence it should be the Community Matron; to avoid various staff being involved and delays/duplications in calls.
- Update homebirth guideline and homebirth assessment form to include the information sharing of what delays may be incurred in midwives attending and what the expectation for parents should be.
- The triage telephone process requires updating. This should include updated telephone triage documentation which clearly shows where mothers have made recurrent phone calls (Interim measure before Badgernet)
- Introduction of Badger net digital service in Maternity services- assurance that this system will alert call handlers to repeat phone calls within past 24 hour period

- Telephone triage guidance will be developed to support the process behind telephone triage and to ensure the process is clear for mothers making repeated phone calls for advice and/or support.
- Adapt 'Homebirth' guidance to ensure this is clear.

### HSIB Reported Cases

none

## PMRT – Appendix D

### PMRT Notified cases

There were 2 cases notified within this period.

Case:	Date of Death:	Delivered:	Summary:	Review Due Date:
81394	30.04.22	30.04.22 (Notified 03.05.22)	26+1 Antenatal Stillbirth	30.08.22
81791	26.05.22	28.05.22	39+5 Antenatal Stillbirth	28.09.22

### PMRT Reports completed

One report was completed within this period.

Case:	Date of Death:	Delivered:	Summary:	Issues Identified:	Learning
77796	13/10/21	13/10/21	Intrapartum Stillbirth 41+1/40	This mother's risk status was not formally assessed at the start of her care in labour to ensure that her intended place of care in labour was appropriate The baby had to be	Audit performed and action plan in progress to support staff to complete risk assessment. This is also being presented in the mandatory training of all midwives Post mortems not

				transferred elsewhere for the post-mortem	NHS performed in York. Regional Paediatric Pathologist required and sent accordingly to another organisation.
78194	4/11/21	4/11/21	Intrapartum Stillbirth 39/40	This mother had poor/no English and arrangements other than an interpreter were made during her labour and birth	Further sharing of Interpreting/ Translation guidance. Ward Managers have ordered cordless phones if not already present to improve the facilities for offering a robust service.
				This mother had poor/no English and family members were used as interpreters on occasions during her antenatal care	The local guidance around interpreting needs embedding. We will do this by sharing the guidance with all and improving the facilities by ordering mobile phones for all wards and clinics where required. An audit will be undertaken to assess the use of translators in 3 months time.

## York and Scarborough Teaching Hospitals

79099	21/12/22	21/12/22	Antenatal stillbirth 36+1	<p>This mother lives with family members who smoke but they were not offered referral to smoking cessation services</p>	<p>NH: To speak to CMWust manager to discuss this action and create a plan moving forward - this needs to be clearly documented. It is not documented that partner attended appointments with patient so staff were unable to personally offer partner referral to smoking cessation.</p>
				<p>This mother's progress in labour was not monitored on a partogram</p>	<p>Face to face training is now being recommenced (January '22). The training will highlight the importance of documenting the mother's progress in labour on a partogram.</p>
				<p>During this mothers's labour maternal observations, commensurate with her level of risk and national guidelines, were not carried out</p>	<p>Face to face training is now being recommenced (January '22). The training will highlight the importance of carrying out maternal</p>



					NHS observations in Trust labour and documenting them on the partogram.
79292/1	02/01/2022	04/01/2022	Antenatal Stillbirth 28+5/40	It was not possible to ask this mother about domestic abuse at booking as she was seen remotely and was not alone	Guidance around Ante-natal appointments will be shared with midwives and they will be asked to familiarise themselves with the guideline. This will be re audited in 3 months.

**PMRT themes identified in the last year**

Thematic issues identified as not relevant to the deaths can be seen below for the period including the above cases. There are no actions entered for the baby being transferred for a post-mortem as there is no facility at York for such post-mortems, with a specialist Pathologist being required. Patient detail removed.

Issues raised which were identified as not relevant to the deaths	Number of deaths	Actions planned
The baby had to be transferred elsewhere for the post-mortem	4	No action entered
		No action entered
		No action entered
		No action entered
This mother lives with family members who smoke but they were not offered referral to smoking cessation services	3	It was not documented if family members were offered referral to smoking cessation. To include family members in referral to smoking cessation.
		No action entered
		to speak to CMW manager to discuss this action and create a plan moving forward - this needs to be clearly documented. It is not documented that          attended appointments with          so staff were unable to personally offer          referral to smoking cessation.
NICE guidance recommends carbon monoxide testing for all mothers at booking; this mother was not screened because carbon monoxide testing was paused due to COVID-19	2	No action entered

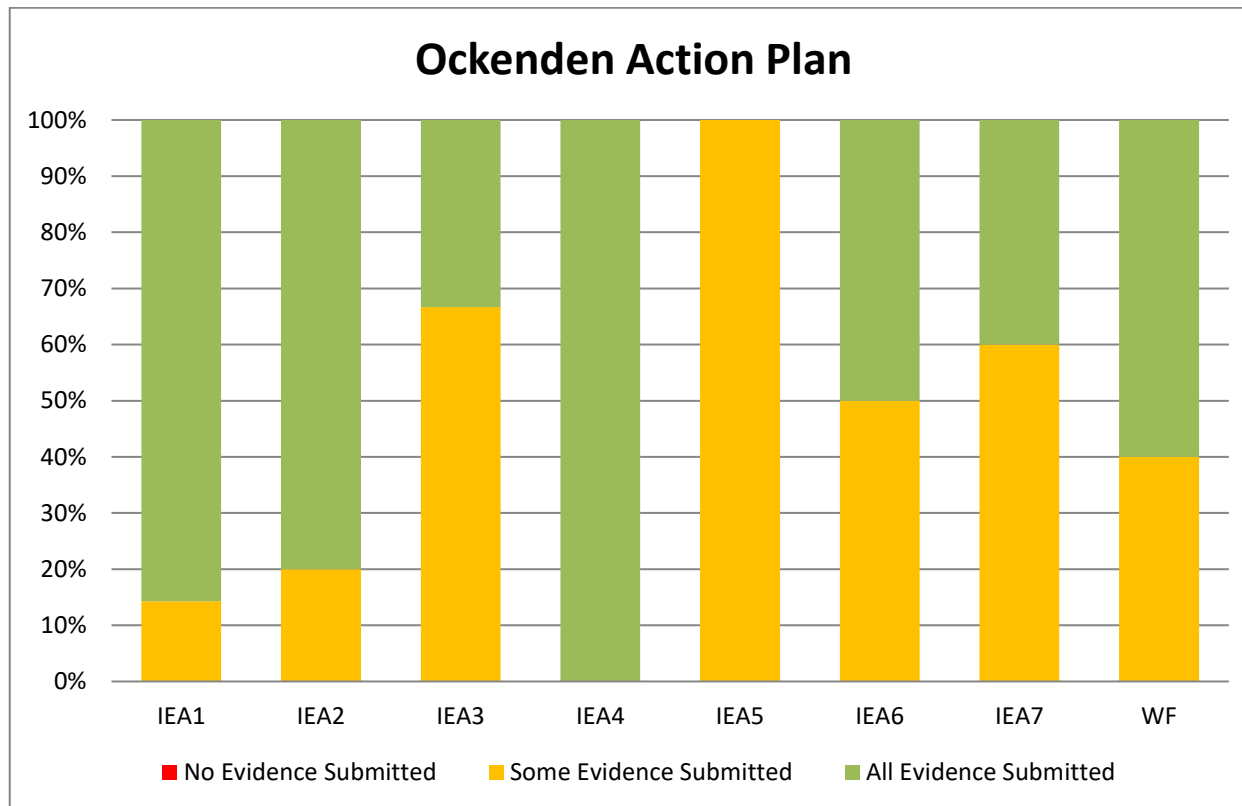
PMRT ongoing cases

Site	Date of death	Reason PMRT required
York	27.12.21	NND 27 days
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
York	28.05.22	39+5 Antenatal Stillbirth

## Ockenden Highlight Report June 2022 – Appendix F

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

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



**Summary of Progress: The Ockenden Assurance Visit was undertaken and the expectation is that the Trust continue to work towards full completion of the IEAs.**

**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 (expected from July 2022)

**IEA 2 Listening to Women and Families:** MVP representatives have been invited to attend Care Group meetings. MVP leads and collaboration remains a concern

**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 with both CNST and Ockenden. 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. 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 also increasingly improved.

**IEA 6 Monitoring Fetal Wellbeing:** Fetal Monitoring leads and job descriptions are in place

**IEA 7 Informed Consent:** Discussed during Ockenden Assurance visit – website functionality requires improvement, MVP involvement sought

**Key risks:**

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

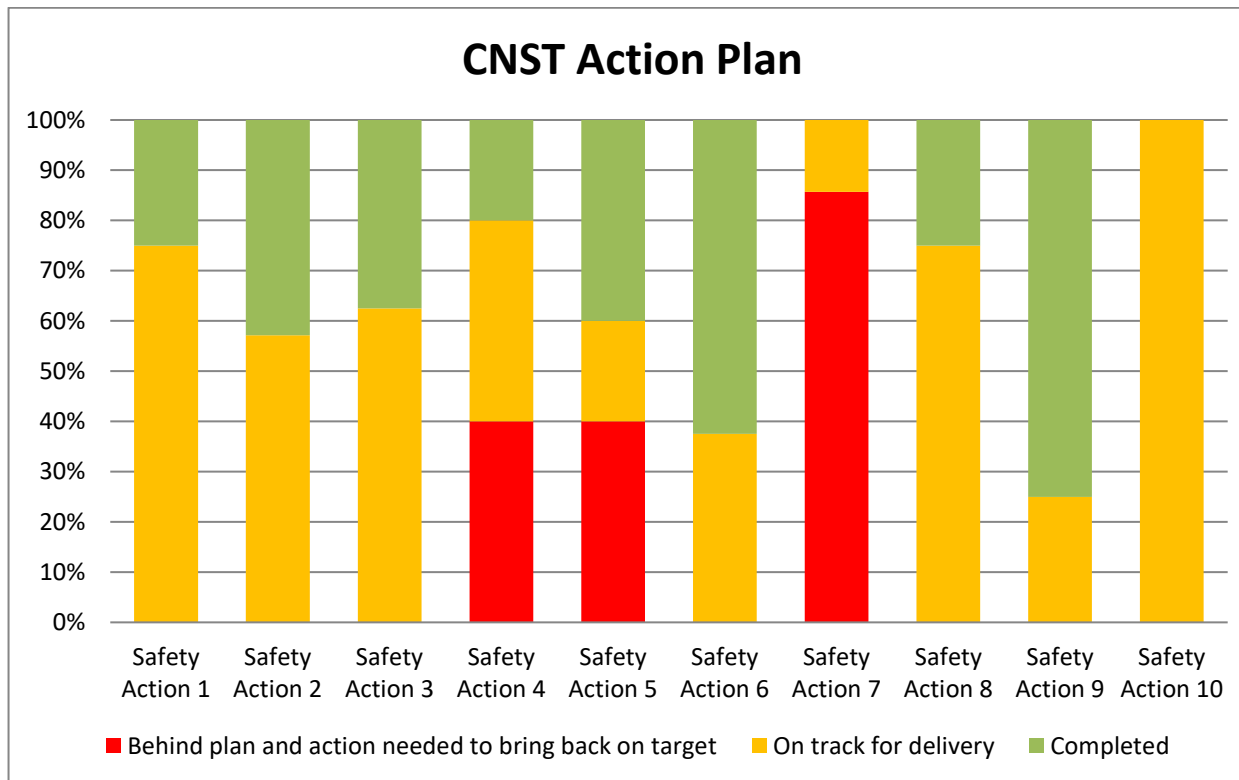
**Escalations/support required with:**

Anaesthetic and Obstetric attendance at labour ward handovers in Scarborough.

# CNST Highlight Report June 2022 – Appendix E

<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	Blue – action completed Red – significant risk Amber – in progress Green – on track
--	--	--	--

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



**Summary of Safety Actions:**

**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:** Scorecards are being submitted as per standard and above thresholds for data compliance in key metrics

**SA3 Transitional Care services in place and ATAIN recommendations:** Transitional care services being offered cross site as per guidance; plans underway to recruit into B5 nursing staff to enable increased criteria for babies cared for on pathway – expected to be in place by September 2022. ATAIN reviews ongoing as per standard.

**SA4 Clinical Workforce Planning:** Monitoring of Consultant attendance on labour ward as per RCOG guidance expected from July 2022, Neonatal medical workforce and nursing staffing continue to be under review, action plans will be required if not as per standard.

**SA5 Midwifery Workforce planning:** Concerns around 1:1 care in labour and coordinator supernumerary status which is compromised re.staffing issues are ongoing. Action planning in place.

**SA6 Saving Babies Lives:** Implemented November 2021. Midwife sonographers to be supported into new role over the next 6 weeks

**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 by December 2022 as per standard – reliant on attendance by all at booked training sessions.

**SA9 Safety Champions:** Safety Champions continue to meet bi-monthly. Trust legal scorecard discussed from July 2022.

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

**Key risks:**

Training compliance -PROMPT trainers availability  
MVP engagement  
Labour Ward Coordinator Supernumerary Status  
1 to 1 care in labour  
Trust Legal Scorecard

**Escalations/support required with:**

MDT training compliance

## PCQS: Medical Staffing (June 2022)

### Obstetrics – Scarborough

A summary of the staffing challenges through to 30<sup>th</sup> June 2022 for Scarborough are highlighted below:

Issue	Mitigation	Assurance
<b>1 x Consultant not undertaking on call duties due to OH recommendations.</b>	1 x long term locum consultant being used to support in covering on call duties including labour ward acute cover and non-resident on calls.	
<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.	Continued recruitment to vacancies at Scarborough – interviews to be held on 5/7/22. Agreed to delay commencement of 1:8 rota at Scarborough to beginning of September. Full summer 1:7 rota in place to ensure annual leave covered.
<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>Middle grades: 1 x Registrar gap 1 x SHO gap</b>	The increase in Registrar and SHO capacity is required to ensure the 1:7/8 rota and increased Consultant team at Scarborough can be supported.	Funding confirmed for these two roles and recruitment will start in early July.
<b>Impact of Covid-19</b>	Much reduced COVID absence since the end of March 2022 but small surge in the last 3 weeks of June 2022.	Daily absence monitoring as a CG5 and clear escalation across site as required if any future surge in absence.



## PCQS: Medical Staffing (June 2022)

### Obstetrics – York

A summary of the staffing challenges through to 30<sup>th</sup> June 2022 for York are highlighted below:

Issue	Mitigation	Assurance
<b>3 x registrars either on maternity leave</b> <ul style="list-style-type: none"><li>- <b>1.0 non entrustable reg</b></li><li>- <b>1.4 entrustable reg (2 x LTFT)</b></li></ul>	Locum registrar cover has been sourced to cover the short term gaps.	Continued recruitment. No successful interviews to end of June.
<b>Impact of Covid-19</b>	Much reduced COVID absence since the end of March 2022 but small surge in the last 3 weeks of June 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.

June-2022

Produced July-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 : June-2022

## Understanding the Report

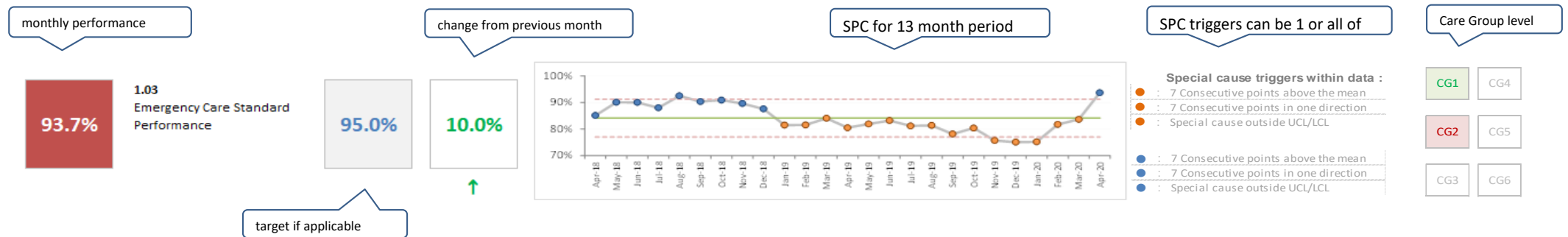
### 1. Operational Performance Summary

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

June-2022

Produced July-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: June-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 has reduced in June however is still showing a higher incidence than any month in 2021 so remains a concern. When converted to falls per 1000 bed days, we have seen a slight reduction over the last 3 months which is indicative of progress. Quality targets have been agreed for the remainder of this year and the improvement plan refreshed in accordance with these. A full time Band 7 Falls Prevention Lead post is currently out to advert and will aim to be in post by Q3.
- The incidence of pressure damage has increased again in month, which is evidence of the ongoing high acuity of patients and the workforce challenges in providing care to the prescribed frequency. Adverts have been placed to recruit 2 additional Tissue Viability Nurses to support ward-based education and this will also help to improve the categorisation of pressure ulcers, ensuring reporting is accurate.

##### Medication Incidents/Pharmacy:

- There continues to be a run above average for anticoagulant incidents, although remains in normal variation. The anticoagulant incidents are reviewed by the VTE committee and the Medication Safety Officer.
- The percentage of VTE risk assessments continues to fall below the target of 95%, deteriorating by 1% in June 2022 to 86.2%.

##### Complaints:

- Overall Trust performance with complaints has increased to 59% (from 57%), 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. All complaints are now overseen by the Quality and Safety Group for oversight of safety concerns.

##### Deteriorating Patient:

- Observation (NEWS2) compliance across the York has improved slightly and now sits at 85.7%. There is a run of 10 data points below the mean. Scarborough maintains above 90%. NEWS2 performance is an agenda item at the Deteriorating Patient Group.
- 14 hour post take percentage deteriorates further at York, there is a downward trend since February from the mean to current performance at now 74.9%. Scarborough have improved in the last month and are now up to 85.9%.
- The recently created 7 day standards service meeting will concentrate on improvements with this performance metric.

##### Infection Prevention & Control:

- The incidence of C.difficile remains high in the organisation. The C-Difficile target for 2022/23 is 117 cases. Three Wards across the organisation received a bay by bay HPV program; and 1 ward received a full decant and HPV program. Ward 26 is planned for decant, full refurbishment and HPV commencing on 30/6/2022. This is a strategy to reduce the incidence of C.difficile.

##### Maternity:

- There are some missing metrics on the dashboards this month due to Covid and staff shortages.
- Vacancies and sickness continue to be the barriers to providing a consistent homebirth service. Recruitment continues.
- There is an increase in 3/4th Degree tears; this is also mirrored in the shoulder dystocia figures. These have all been looked into and no concerns raised regarding trends. Screening and subsequent management of LGA pregnancies is now being discussed at consultant level.

##### Mortality:

- ED deaths now demonstrate normal variation with no cause for concern. From May 2022, the Medical Examiner team has prioritised reviewing all ED deaths to ensure scrutiny occurs as close to the death as possible. An audit of 12 hour stays in ED continue, which shows areas for improvement in risk assessments for Falls and Pressure Ulcers.

### 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 : June-2022

## QUALITY AND SAFETY SUMMARY: (i)

REF	SERIOUS INCIDENTS (data is based on SI declaration date except given final report )	Sparkline / Previous Month	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1.01	Number of SI's reported		20	21	11	13	16	25	17	10	14	12	13	12	25
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)		18	15	10	10	14	20	14	9	13	12	13	11	22
1.04	Number of SIs Where Stage 2 (Written) Duty Of Candour is Outstanding (Moderate or Above Harm)		0	0	1	0	0	0	1	0	0	0	0	0	7
1.05	% Compliance with Stage 2 (Written) Duty of Candour for Serious Incidents (Moderate or Above Harm)		100%	100%	90%	100%	100%	100%	93%	100%	100%	100%	100%	100%	68%
1.06	-Invitation to be involved in Investigation (Clinical SIs Only)		10	11	6	5	7	10	4	2	2	2	2	3	0
1.07	-Given Final Report (If Requested - Clinical SIs Only - based on Investigation End Date)*		7	2	3	11	8	4	4	6	7	5	0	1	0

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 01/07/21 and 17/06/22)
1.10	Incident Graded Moderate or Above			386	
1.11	Stage 1 - Verbal Apology Given			358	
1.12	Stage 2 - Written Apology Given			348	
1.14	% Compliance with Stage 2 (Written) Duty of Candour			90%	
1.15	Stage 3 - Final Written Summary Due (for incidents between Jul and Dec 21)			161	
1.16	Stage 3 - Final Written Summary Completed (for incidents reported Between Jul and Dec 21)			146	

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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1.20	Number of Negligence Claims		8	13	12	16	10	17	13	15	17	13	13	16	13
1.21	Number of Claims settled per Month		1	1	13	8	3	3	3	1	7	5	5	5	0
1.22	Amount paid out per month		20,000	9,500	1,448,247	103,700	1,040,000	73,946	115,000	52,500	314,500	159,357	381,000	111,000	0
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	-

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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1.30	Incidents Reported			1,467	1,511	1,437	1,590	1,584	1,585	1,572	1,643	1,475	1,805	1,722	1,738	1,593
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	727
1.32	Patient Falls			192	198	243	224	241	264	255	312	276	328	317	287	271
1.33	Pressure Ulcers - Newly Developed Ulcer			82	92	97	89	123	126	137	129	103	148	151	123	121
1.34	Pressure Ulcers - Deterioration of Pressure Ulcer			23	12	13	17	28	19	17	22	14	24	18	21	25
1.35	Pressure Ulcers - Present on Admission			150	185	196	185	169	159	212	184	176	179	184	185	162
1.36	Degree of harm: serious or death			7	6	3	4	6	7	5	8	10	6	8	7	6
1.37	Medication Related Errors			157	150	125	156	132	161	130	120	136	163	155	171	137
1.38	VTE risk assessments *	95%		92.5%	92.9%	93.3%	87.9%	87.3%	85.2%	85.1%	86.6%	86.9%	83.8%	86.7%	87.5%	86.2%
1.39	Never Events	0		0	0	0	0	0	2	1	0	0	0	1	0	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. The degree of harm may change from the reporter's initial depending on the outcome of the investigation.

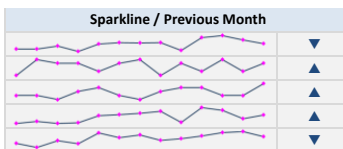
Incident reporting monitoring now shows the number of investigations resulting in no or minor/low harm where the investigation has not been completed within 1 month of the incident being reported (excluding incidents which are subject to more in-depth investigation via the SI or 72 Hour reporting process.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

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

# TRUST BOARD REPORT : June-2022

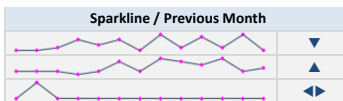
## QUALITY AND SAFETY SUMMARY: (ii)

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



Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
64	64	73	57	79	83	82	83	60	98	104	91	80
2	6	5	5	3	5	6	2	5	3	6	3	5
1	1	0	2	3	1	0	2	3	3	1	1	4
74	81	74	76	100	103	107	114	77	127	117	90	102
31	23	36	30	51	42	47	37	40	45	52	54	44

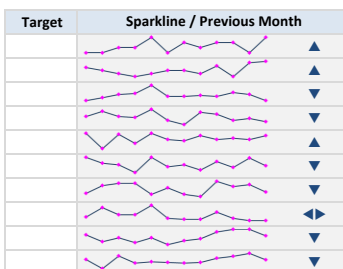
REF	FALLS****
1.50	Number of falls with moderate harm
1.51	Number of falls with severe harm
1.52	Number of falls resulting in death



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

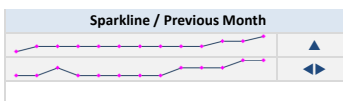
Note \*\*\* and \*\*\*\* - falls and pressure ulcers are subject to ongoing validation. The degree of harm for incidents reported within the last week of the reporting period have not been validated as investigations are ongoing. The degree of harm may change from the reporter's initial depending on 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



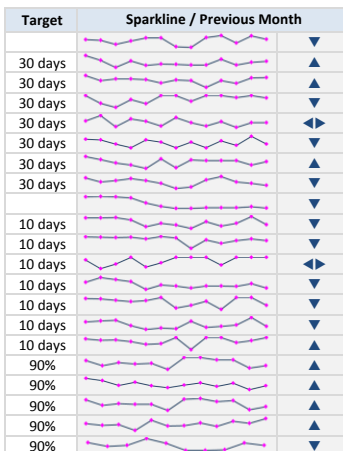
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1	0	0	1	1	3	0	2	1	2	2	0	3
13	16	14	12	10	12	14	14	12	17	10	19	20
19	11	14	17	18	26	15	15	16	15	19	17	11
40	26	31	26	25	33	22	18	30	28	22	24	21
13	19	7	18	11	19	14	13	17	14	15	14	17
32	41	34	32	23	41	30	32	26	36	29	40	31
19	11	18	20	20	10	16	10	8	22	17	19	12
41	35	43	37	37	45	34	33	33	39	34	32	32
13	13	6	10	5	10	3	7	9	16	19	19	12
70	71	48	80	62	65	64	62	64	74	79	87	70

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



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



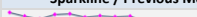


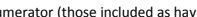
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
57	56	46	54	61	61	41	39	62	67	49	66	58
71%	61%	47%	60%	51%	54%	53%	52%	52%	63%	52%	57%	59%
67%	50%	55%	55%	53%	42%	52%	50%	28%	50%	41%	59%	60%
100%	67%	50%	82%	65%	100%	100%	75%	100%	100%	91%	100%	90%
56%	75%	36%	63%	54%	38%	67%	50%	38%	53%	33%	50%	50%
75%	67%	33%	-	67%	50%	-	50%	-	60%	20%	100%	33%
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%	33%
159	166	160	150	88	48	24	25	33	33	34	44	29
77%	77%	78%	71%	53%	62%	57%	48%	67%	55%	62%	81%	58%
67%	66%	65%	66%	60%	69%	64%	25%	56%	44%	54%	60%	54%
95%	80%	88%	100%	83%	90%	100%	100%	100%	86%	100%	100%	100%
69%	84%	77%	71%	46%	60%	57%	50%	57%	57%	56%	64%	50%
92%	90%	83%	73%	80%	100%	33%	50%	75%	25%	100%	100%	50%
69%	76%	82%	44%	20%	29%	25%	75%	33%	40%	50%	100%	40%
87%	76%	79%	65%	44%	50%	100%	0%	100%	100%	56%	75%	100%
85.0%	78.2%	82.3%	80.2%	81.3%	72.9%	89.5%	89.5%	86.0%	86.0%	74.9%	77.9%	-
87.1%	83.3%	75.6%	80.5%	75.0%	72.1%	75.8%	79.4%	73.8%	78.9%	68.7%	75.0%	-
85.4%	78.8%	81.2%	80.3%	80.2%	72.8%	86.3%	87.4%	83.5%	84.7%	73.8%	77.3%	-
97.4%	97.1%	97.2%	95.8%	98.3%	96.9%	97.0%	97.7%	96.8%	98.1%	97.5%	98.7%	-
99.1%	98.4%	98.6%	100.0%	99.0%	97.5%	97.5%	97.6%	99.0%	98.5%	100.0%	94.7%	-

† 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 : June-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%	 ▼

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
81%	79%	78%	80%	80%	79%	79%	79%	79%	77%	77%	77%	75%
83%	81%	79%	81%	80%	79%	83%	85%	84%	83%	84%	83%	86%
90.8%	90.3%	90.5%	89.0%	89.1%	88.5%	87.6%	86.7%	87.8%	86.2%	87.3%	88.6%	88.1%
92.8%	90.2%	91.6%	91.8%	94.5%	92.3%	94.2%	94.2%	91.7%	94.1%	94.3%	93.7%	91.7%

\* 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


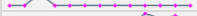


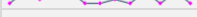
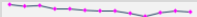

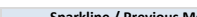
REF	MORTALITY INFORMATION
10.33	Summary Hospital Level Mortality Indicator (SHMI) *

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%	 ▼


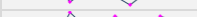
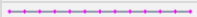





Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
12	13	13	16	12	6	17	10	8	8	17	9	15
31	44	57	73	85	91	108	118	126	134	17	26	41
0	0	1	0	0	0	0	0	0	0	0	0	0
8	7	7	8	4	5	6	6	2	12	8	10	7
20	27	34	42	46	51	57	62	65	77	8	18	25
20	11	13	16	15	15	14	14	12	12	18	14	11
47	58	71	87	102	117	131	144	157	169	18	32	43
4	7	7	7	5	4	4	5	6	3	4	2	2
12	19	26	33	38	42	46	51	57	60	4	6	8
1	4	2	3	4	1	1	2	1	4	1	4	1
8	12	14	17	21	22	23	25	26	30	1	5	6
84.8%	89.7%	91.0%	80.4%	84.3%	82.0%	79.8%	77.8%	80.4%	73.8%	83.8%	83.3%	82.5%
94.4%	92.6%	93.3%	89.5%	89.8%	88.2%	87.4%	87.4%	84.9%	81.8%	85.7%	87.6%	86.4%

\* 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





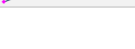
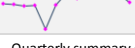

Target	Sparkline / Previous Month
	 ▼
	 ▲
	 ▼
	 ◀▶
	 ◀▶
	 ▲
	 ▼
	 ▲

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
12	8	19	4	2	21	19	9	11	12	6	12	5
61	53	23	40	11	29	34	21	6	25	32	43	44
8	16	5	8	28	18	19	25	21	14	25	22	19
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
8	10	7	10	29	14	16	10	26	6	10	4	9
8	11	7	7	7	6	3	9	10	12	8	8	7
6	6	5	15	22	14	16	6	10	9	10	5	7



# TRUST BOARD REPORT : June-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	Mar-22	Apr-22	May-22	Jun-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	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	33	17	19	10
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%	99.96%	99.91%	99.89%	-
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%	99.65%	99.38%	99.43%	-
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%	9.68%	8.08%	7.68%	-
	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%	97.06%	95.51%	94.50%	86.03%
	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%	93.46%	90.27%	90.73%	85.97%
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

‡ For Nov-21, 5 breaches were declared to NHSE but only 4 have been validated as breaches. For May-22, 15 breaches were declared to NHSE but 19 in total were subsequently validated. This figure will be requested to be updated through NHSE, but is dependent on national resource

# TRUST BOARD REPORT : June-2022

## QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Jun-22

METRIC :

TARGET :

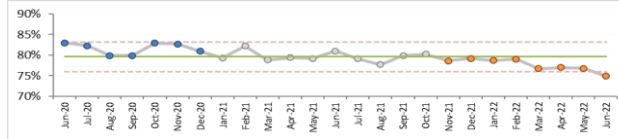
vs LM :

**74.9%**

**3.01**  
14 hour Post Take - York

**90.0%**

**-1.9%**



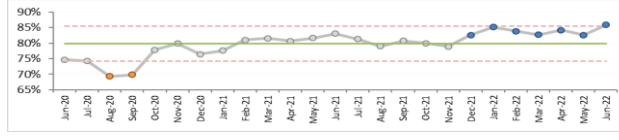
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

**85.9%**

**3.02**  
14 hour Post Take - Scarborough

**90.0%**

**3.3%**



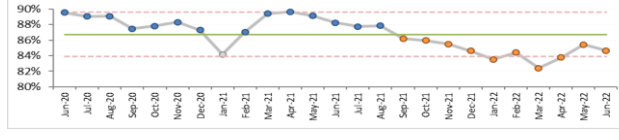
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

**84.7%**

**10.01**  
NEWS within 1 hour (York)

**90.0%**

**-0.8%**



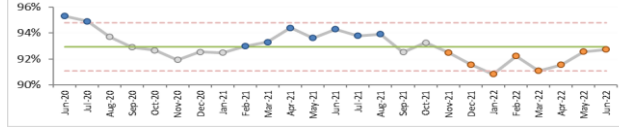
- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

**92.7%**

**10.02**  
NEWS within 1 hour (Scarb)

**90.0%**

**0.2%**



- CG1
- CG2
- CG3
- CG4
- CG5
- CG6

### HIGHLIGHTS FOR BOARD TO NOTE :

Observations compliance remains below 90% at the York site which is unchanged from previous reports. In Scarborough we are compliant with observations.

# TRUST BOARD REPORT : June-2022

## QUALITY AND SAFETY: CARE OF DETERIORATING PATIENT

Jun-22

METRIC :

TARGET :

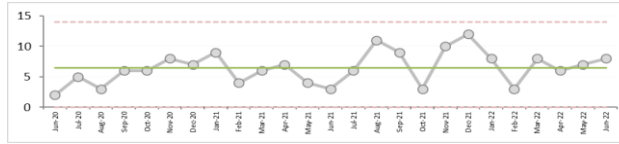
vs LM :

8

10.10  
Crash Calls (York)

-

1

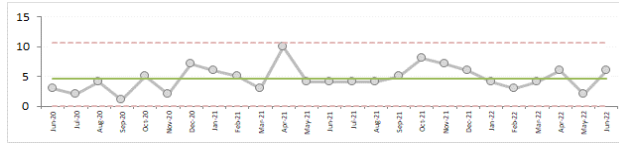


6

10.12  
Crash Calls (Scarb)

-

4

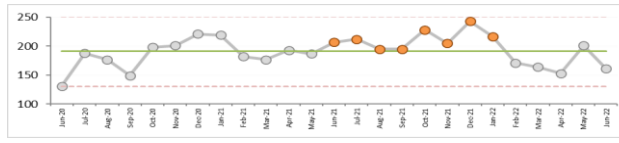


161

10.13  
Calls to Outreach Team (York)

-

-40

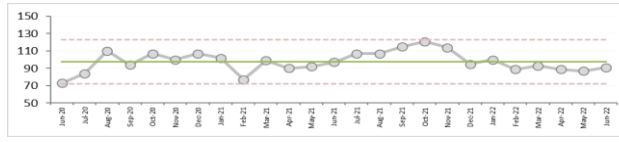


91

10.14  
Calls to Outreach Team (Scarb)

-

4



### HIGHLIGHTS FOR BOARD TO NOTE :

The calls to outreach have reduced at the York Site but remain static at the Scarborough site. Of note there have been an increased number of MET calls at the York site and this will start to be collected on CPD soon.

Cardiac arrest numbers across both sites are not significantly changed and remain around the median, there are no issues to report.

# TRUST BOARD REPORT : June-2022

## QUALITY AND SAFETY: MEDICATION INCIDENTS

Jun-22	METRIC :	TARGET :	vs LM :	
3	10.20 Medication Incidents Resulting in Moderate Harm, Serious/Severe Harm or Death	-	3	
20	10.21 Insulin Incidents	-	1	
11	10.22 Antimicrobial Incidents	-	-6	
21	10.23 Opiate Incidents	-	-3	
17	10.24 Anticoagulant Incidents	-	3	
31	10.25 Missed Dose Incidents	-	-9	
12	10.26 Discharges Incidents	-	-7	
32	10.27 Prescribing Errors	-	0	
12	10.28 Preparation and Dispensing Incidents	-	-7	
70	10.29 Administering and Supply Incidents	-	-17	

### HIGHLIGHTS FOR BOARD TO NOTE :

There were 149 medication incidents reported in June

There were three incidents categorised as moderate harm. Two are likely to be downgraded on investigation and the third relating to delays in administration of end of life medication will be followed up through Medication Safety Group

Whilst all incident types remain within normal variation there is a run above average for incidents relating to anticoagulation, these include duplicate prescribing and administration of anticoagulant drugs and anticoagulant medication not prescribed. These will be reviewed at the trust VTE Committee who are already working on an action plan to improve Prescribing of VTE Prophylaxis

# TRUST BOARD REPORT : June-2022

## QUALITY AND SAFETY : MORTALITY

Jun-22

METRIC :

TARGET :

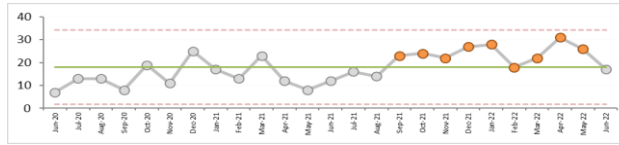
vs LM :

17

10.30  
ED Deaths

-

-9

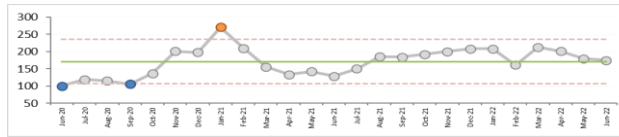


175

10.31  
Inpatient Deaths (Acute)

-

-6



4

10.32  
Inpatient Deaths (Community)

-

-1



Jan 21 - Dec 21

97

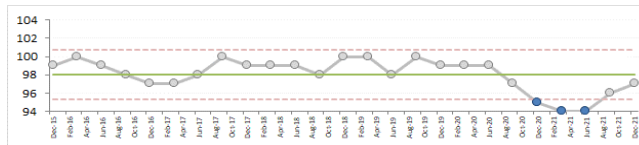
10.33  
Summary Hospital Level Mortality Indicator (SHMI)

100

1



vs LQ:



NB: X-axis date range has been corrected to reflect quarterly SHMI published data

### HIGHLIGHTS FOR BOARD TO NOTE :

ED deaths now demonstrate normal variation with no cause for concern. From May 2022, the Medical Examiner team has prioritised reviewing all ED deaths to ensure scrutiny occurs as close to the death as possible.

An audit of 12 hour stays in ED continue, which shows areas for improvement in risk assessments for Falls and Pressure Ulcers.

# TRUST BOARD REPORT : June-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	18	0	0	18	9	0	0	9
CG2	0	10	1	11	0	2	0	2
CG3	18	3	0	21	10	0	0	10
CG4	0	1	1	2	1	0	0	1
CG5	3	0	0	3	1	2	0	3
CG6	1	1	0	2	3	1	0	4
Corporate	1	0	0	1	0	0	0	0
<b>Total</b>	<b>41</b>	<b>15</b>	<b>2</b>	<b>58</b>	<b>24</b>	<b>5</b>	<b>0</b>	<b>29</b>

### Main themes

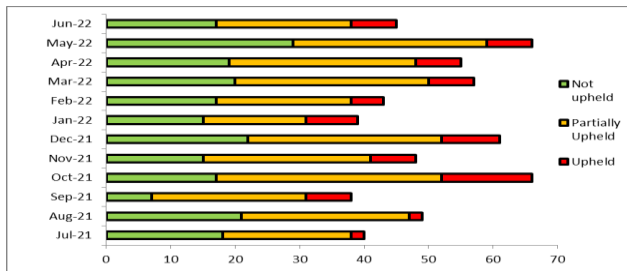
- Complaints
- Care needs not adequately met
  - Discharge arrangements
  - Delay or failure in treatment or procedure
  - Communication with patient
  - Medication issues
- PALS
- Discharge arrangements
  - Delay or failure to diagnose
  - Positive feedback for staff
  - Delay or failure in treatment or procedure
  - Post treatment complications
- Themes are discussed at the PESG and care groups continue to provide evidence of learning and service improvements as a result of feedback.

### Services that received the most new complaints/PALS

Services/Teams	York	Scar	Brid	Total
Emergency Department (ED)	8	2	0	10
General Surgery Medical Team	9	0	0	9
AMU (Ward 22)	5	0	0	5
Elderly Medical Team	3	0	0	3
Head and Neck Medical Team	3	0	0	3

## PATIENT EXPERIENCE: CLOSED CASES

### Proportion of closed complaints by outcome



4 Outcomes still required for June from CG1[1] and CG5[3]

### 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	9	16	3	43	3	63	0	0	15	31	60%
CG2	9	14	1	38	0	0	0	0	10	17	90%
CG3	5	11	4	41	1	68	0	0	10	28	50%
CG4	1	25	1	30	0	0	1	138	3	64	33%
CG5	4	20	3	42	1	54	0	0	8	32	50%
CG6	1	23	2	40	0	0	0	0	3	34	33%
Corp	0	0	0	0	0	0	0	0	0	0	None
<b>Total</b>	<b>29</b>	<b>16</b>	<b>14</b>	<b>40</b>	<b>5</b>	<b>62</b>	<b>1</b>	<b>138</b>	<b>49</b>	<b>30</b>	<b>59%</b>

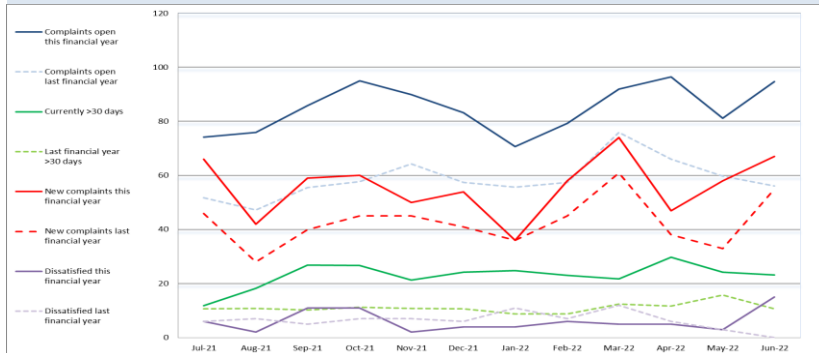
57% closed complaints were in target (↑ 52% in April). 26% were addressed within 30-50 working days, 15% within 51-100 working days and 2% over 100 working days. 65% of cases over target were extended in agreement with the complainant.

### Closed PALS

Care Group	<10		10-20		21-50		51-100		>100		Total Closed	Total Average No of Days	% Within Target
	Closed	Average No of Days	Closed	Average No of Days	Closed	Average No of Days	Closed	Average No of Days	Closed	Average No of Days			
CG1	7	2	4	15	2	39	0	0	0	0	13	12	54%
CG2	4	4	0	0	0	0	0	0	0	0	4	4	100%
CG3	5	5	3	15	2	34	0	0	0	0	10	14	50%
CG4	1	1	0	0	1	22	0	0	0	0	2	12	50%
CG5	2	3	2	15	1	31	0	0	0	0	5	13	40%
CG6	2	2	0	0	0	0	0	0	0	0	2	2	100%
Corp	0	0	0	0	0	0	0	0	0	0	0	0	None
<b>Total</b>	<b>21</b>	<b>3</b>	<b>9</b>	<b>15</b>	<b>6</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>11</b>	<b>58%</b>

58% closed PALS cases were in target. (↓ from 81% in May). 25% were addressed within 10-20 working days. The remaining 17% 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 : June-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	265	245							
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%	0.682	72.00%	73.60%	78.20%	78.20%	68.30%	73.90%							
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%		2.1%	4.2%	2.6%	4.2%	4.2%	3.7%							
		Births	No. of babies	≤245	246-266	>267		227	236	223	224	245	236							
		No. of women delivered	No. of mothers	≤242	243-263	>264		225	233	221	221	240	235							
		Planned homebirths	No. of mothers	≥2.1%	≤2.1.6%	≤1.5%	1.20%	0.0%	0.4%	0.5%	0.5%	0.0%	0.4%							
	Closures	Homebirth service suspended	No. of suspensions	0-3		4 or more		16	12	21	13	19	20							
		Women affected by suspension	No. of women	0		1 or more		1	3	2	2	2	0							
		Community midwife called in to unit	No. of times	0-3	4-5	6 or more		2	4	1	4	4	3							
		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	0							
		SCBU at capacity of intensive cots	No. of times					21	27	31	30	29	23							
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		1	0	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	31							
		1 to 1 care in Labour	CPD	100%		≤99.9%	94.50%	93.3%	96.0%	100.0%	99.4%	99.0%	100.0%							
		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	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%	57.3%							
		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%	8.1%							
		C/S Births	Em & elect - %				32%	27.6%	29.6%	28.1%	37.6%	37.1%	34.0%							
		Elective caesarean	%				13%	12.9%	14.6%	15.4%	16.3%	16.7%	15.7%							
		Emergency caesarean	%				19%	14.7%	15.0%	12.7%	21.3%	20.4%	18.3%							
		Induction of labour	%				36%	37.8%	41.2%	42.5%	37.1%	35.0%	40.4%							
		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	0							
		HSIB cases	No. of babies	0		1 or more		1	0	0	1	0	1							
		Morbidity	Neonatal Death	No. of babies	0		1 or more		0	0	0	0	0	0						
	Antepartum Stillbirth		No. of babies	0	1	2 or more	n/a	1	0	0	2	1	1							
	Intrapartum Stillbirths		No. of babies	0		1 or more	n/a	0	0	0	0	0	0							
	Cold babies		No. of babies admitted to SCBU co	1 or less	2-3	4 or more		3	3	4	4	7	3							
	Neonatal Indicators	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%	8.10%							
		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%	1.70%							
		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%	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%	0.40%							
		Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	≤74.9-71%	≤70.9%	65%	66.4%	67.4%	70.9%	72.5%	75.0%	80.0%							
		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%	63.4%							
		Smoking at booking	% of women smoking at booking	≤6%	≥6.1-10%	≥10.1%	13%	7.4%	8.5%	6.2%	8.8%	10.2%	11.0%							
		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%	7.6%	4.6%							
	Public Health	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%	4.3%							
		Carbon monoxide monitoring at booking	% CO completed	≥95%	80-95%	≤79.9%		88.3%	96.5%	82.7%	92.0%	87.9%	84.9%							
		Carbon monoxide monitoring at 36 weeks	% CO completed	≥95%	80-95%	≤79.9%		88.2%	94.1%	90.1%	82.7%	88.4%	90.0%							
		SIs	No. of SIs declared	0		1 or more		0	0	0	0	2	2							
		PPH > 1.5L as % of all women	% of births				0.0	3.9%	5.0%	1.30%	4.90%	6.00%	0.0							
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		4	2	1	1	0	4							
	Risk Management	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%	2.3%							
		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%	0.0%							
		New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more		0	0	0	2	2	2						
			Formal	No. of Formal complaints	0	1-4	5 or more		2	4	4	1	0	3						

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

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

Due to staffing shortages and other factors, some metrics are currently unavailable for this month's report

TRUST BOARD REPORT : June-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	134	131							
		Bookings <10 weeks	No. of mothers	≥90%	76%-89%	≤75%	68.20%	70.8%	68.1%	76.2%	73.8%	76.1%	64.9%							
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%		6.5%	5.8%	3.5%	6.0%	5.2%	6.9%							
		Births	No. of babies	≤113	114-134	≥135		115	115	102	109	112	95							
		No. of women delivered	No. of mothers	≤112	113-133	≥134		114	114	99	109	111	95							
	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%	0.0%							
		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	1							
		SCBU at capacity	No of times					0	4	0	0	0	0							
		SCBU at capacity of intensive care cots	No. of times					0	0	5	0	2	0							
		SCBU no of babies affected	No. of babies affected	0	1	2 or more		0	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	23							
		1 to 1 care in Labour	CPD	≥100%		≤99.9%	94.50%	94.8%	98.0%	98.8%	96.8%	96.7%	100.0%							
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		≤99.9%		100.0%	96.7%	92.1%	80.5%	94.8%	99.0%							
		Anaesthetic cover on L/W	av.sessions/week	≥10	4-9	≤3		5	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%	58.3%							
		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%	11.6%							
		C/S Births	Em & elect - %				33%	36.0%	28.9%	31.3%	31.2%	32.4%	29.5%							
		Elective caesarean	%				14%	14.9%	11.4%	16.2%	11.0%	15.3%	15.8%							
		Emergency caesarean	%				19%	21.1%	17.5%	15.2%	20.2%	17.1%	13.7%							
		Induction of labour	%				36%	36.0%	50.9%	38.4%	38.5%	49.5%	45.3%							
		HDU on L/W	No. of women	5 or less	6-9	10 or more		5	4	3	10	4	5							
		BBA	No. of women	2 or less	3-4	5 or more		3	4	1	2	1	0							
	Morbidity	HSIB cases	No. of babies	0	1	2 or more		0	0	0	0	0	0							
		Neonatal Death	No. of babies	0		1 or more		0	0	0	0	0	0							
		Antepartum Stillbirth	No. of babies	0	1	2 or more	N/A	0	0	1	0	0	0							
	Neonatal Indicators	Intrapartum Stillbirths	No. of babies	0		1 or more	N/A	0	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	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%	7.40%							
		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%	0							
		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%	0.00%							
		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%	0.0%							
		Breastfeeding Initiation rate	% of babies feeding at birth	≥75%	71-74%	≤70%	65%	72.2%	46.1%	59.4%	57.8%	58.0%	55.8%							
		Breastfeeding rate at discharge	% of babies breastfeeding at disch	≥65%	61-64%	≤60%		53.90%	30.40%	40.60%	44.00%	49.10%	44.20%							
		Smoking at booking	% of women smoking at booking	≤6%	≥6.1-10%	≥10.1%	13%	21.4%	18.1%	14.5%	15.4%	18.7%	18.3%							
		Public Health	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%	17.4%	10.4%						
	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%	9.5%							
	Carbon monoxide monitoring at booking		% CO completed	≥95%	80-95%	≤79.9%		79.9%	68.8%	82.6%	86.6%	84.5%	84.7%							
	Carbon monoxide monitoring at 36 weeks		% CO completed	≥95%	80-95%	≤79.9%		76.90%	85.30%	74.50%	75.00%	84.30%	77.10%							
	Risk Management	SIs	No. of SIs declared	0		1 or more		0	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%	4.20%							
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more		0	0	2	0	0	2							
	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%	4.8%							
		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%	9.1%							
		Informal	No. of Informal complaints	0	1-4	5 or more		0	1	2	0	2	1							
Formal	No. of Formal complaints	0	1-4	5 or more		2	1	0	0	2	0									

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Due to staffing shortages and other factors, some metrics are currently unavailable for this month's report



# WORKFORCE PERFORMANCE REPORT

June-2022

Produced July 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**

# TRUST BOARD REPORT : June-2022

## WORKFORCE

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

REF	Vacancies	SPARKLINE / PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1.01	Trust vacancy factor		7.3%	6.8%	5.0%	5.0%	8.0%	7.7%	8.0%	9.0%	8.0%	7.0%	8.0%	7.8%	8.9%
1.02	Nursing and Midwifery vacancy rate - Trust		8.8%	5.1%	5.6%	5.7%	8.0%	8.3%	9.7%	9.0%	9.7%	9.7%	10.1%	9.5%	9.9%
1.03	Nursing and Midwifery vacancy rate - York		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%	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%	10.5%	10.5%	11.4%	11.4%	10.9%	10.9%	9.3%	9.3%	9.3%	8.1%	9.5%
1.06	Medical and Dental vacancy rate - York		10.3%	10.3%	9.7%	9.7%	10.6%	10.6%	10.3%	10.3%	8.8%	8.8%	-	-	-
1.07	Medical and Dental vacancy rate - Scarborough		11.7%	11.7%	12.6%	12.6%	13.2%	13.2%	12.4%	12.4%	10.7%	10.7%	-	-	-
1.08	AHP vacancy rate - Trust		6.1%	5.9%	6.4%	5.0%	6.2%	5.9%	6.4%	9.5%	8.5%	8.0%	10.3%	9.3%	12.3%
1.09	Other Registered Healthcare Scientists vacancy rate - Trust		4.7%	-1.8%	-0.3%	-0.5%	-2.3%	-1.6%	-1.2%	-1.2%	0.4%	0.2%	-3.1%	-4.4%	-2.3%

REF	Retention	SPARKLINE / PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
2.01	Trust stability (Headcount)		90.6%	89.1%	89.9%	89.7%	89.3%	89.2%	88.7%	88.0%	87.8%	87.4%	86.0%	85.5%	85.51%

REF	Temporary Workforce	SPARKLINE / PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
3.01	Total FTE Medical and Dental roles covered by bank and agency		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)		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)		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)		387.0	392.0	449.0	397.0	390.0	388.0	375.0	470.0	418.0	460.0	405.0	417.0	429.0
3.05	Temporary nurse staffing bank filled (FTE)		295.0	300.0	359.0	309.0	297.0	306.0	296.0	387.0	333.0	361.0	322.0	322.0	325.0
3.06	Temporary nurse staffing agency filled (FTE)		92.0	92.0	90.0	88.0	93.0	82.0	79.0	83.0	85.0	99.0	83.0	95.0	104.0
3.07	Temporary nurse staffing unfilled (FTE)		148.0	222.0	210.0	232.0	271.0	232.0	277.0	263.0	271.0	356.0	288.0	244.0	230.0
3.08	Temporary nurse shifts covered by bank (% as proportion of all coverage by bank and agency)		76.2%	76.5%	80.0%	77.8%	76.2%	78.9%	78.9%	82.3%	79.7%	78.5%	79.5%	77.2%	75.8%
3.09	Temporary nurse shifts covered by agency (% as proportion of all coverage by bank and agency)		23.8%	23.5%	20.0%	22.2%	23.8%	21.1%	21.1%	17.7%	20.3%	21.5%	20.5%	22.8%	24.2%
3.10	Unfilled temporary nurse staffing requests (%)		28.0%	36.0%	32.0%	37.0%	41.0%	37.0%	42.0%	36.0%	39.0%	44.0%	42.0%	37.0%	35.0%
3.11	Pay Expenditure - Total (£000)		£33,059	£33,584	£34,047	£39,327	£34,479	£36,529	£35,498	£36,474	£37,090	£36,359	£36,060	£37,117	£35,448
3.12	Pay Expenditure - Contracted (£000)		£27,169	£27,053	£27,657	£31,896	£28,072	£29,545	£28,765	£29,207	£29,659	£28,808	£29,582	£29,814	£27,975
3.13	Pay Expenditure - Locums (£000)		£211	£243	£107	£71	£207	£254	£114	£196	£203	£338	£281	£147	£236
3.14	Pay Expenditure - Bank (£000)		£1,881	£2,194	£2,413	£2,491	£1,946	£2,294	£2,279	£2,745	£2,740	£2,752	£2,025	£2,843	£1,981
3.15	Pay Expenditure - Agency (£000)		£1,335	£1,401	£1,375	£1,352	£1,638	£1,731	£1,617	£1,443	£1,516	£1,347	£1,561	£1,216	£2,366
3.16	Pay Expenditure - Additional Hours (£000)		£2,292	£2,515	£2,308	£2,823	£2,439	£2,522	£2,547	£2,726	£2,783	£2,429	£2,404	£2,911	£2,722
3.17	Pay Expenditure - Overtime (£000)		£171	£177	£188	£694	£178	£182	£176	£156	£189	£684	£208	£186	£169

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

REF	COVID-19 Absence Management	SPARKLINE / PREVIOUS WEEK	20-May	27-May	03-Jun	10-Jun	17-Jun	24-Jun	01-Jul
5.01	All absence		641.57	640.14	554.43	567.14	561	579.57	634.14
5.02	COVID-19 related absence		218.14	209.57	184.43	185.29	206.14	235.71	310

REF	Disciplinary and Grievance	SPARKLINE / PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
6.01	Live disciplinary or bullying and harassment cases (Including investigations)		7	7	6	8	8	7	7	8	7	8	10	11	14
6.02	Live grievance cases		5	4	3	4	4	5	2	3	1	3	5	2	3

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

REF	Appraisal Compliance	SPARKLINE / PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
8.01	Trust (excluding medical and dental)		6.5%	17.4%	32.7%	45.8%	57.2%	86.2%	89.6%	89.7%	89.7%	89.7%	0.3%	3.2%	11.1%

# TRUST BOARD REPORT : June-2022

## WORKFORCE : SICKNESS ABSENCE RATE

May-22

METRIC :

TARGET :

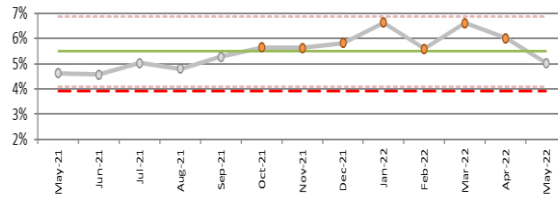
vs LM :

5.0%

4.01  
Absence Rate Trust  
(excluding YTHFM)

3.9%

-1.0%



### HIGHLIGHTS FOR BOARD TO NOTE :

The monthly validated absence rate in May 2022 was just over 5%. This was a reduction of approximately 1% from rate reported in April 22 and is the lowest monthly absence rate reported since August 2021. However, the rate is higher than in the same month of the previous year (May 2021 - 4.63%). The reduction in absence rates over the past couple of months is reflected across almost all areas in the Trust.

The reduction in absence rates in May 2022 was predicted based on the patterns seen within the daily SitRep reporting, however once again increases in absences, in particular due to Covid are being indicated within the daily SitReps (much the same as is being seen operationally within our hospitals). Therefore, an increase in absence rates for June and July is expected to be shown in those validated sickness figures once they are available.

Following national consultation, the government have announced the withdrawal of the top up of sick pay for Covid related absences from work and the withdrawal of access to Covid-19 special leave for the purposes of self isolation. This applies to all new absences from 7th July 2022 which will now be managed as per contractual sick pay entitlements and/or the Trust's Sickness Absence Policy and Procedure or Special Leave guidance. An implementation timetable has been produced for existing Covid related absences. Over the next few months, any impact of these changes will be indicated through sickness absence measures.

# TRUST BOARD REPORT : June-2022

## WORKFORCE : RETENTION RATE

Jun-22

METRIC :

TARGET :

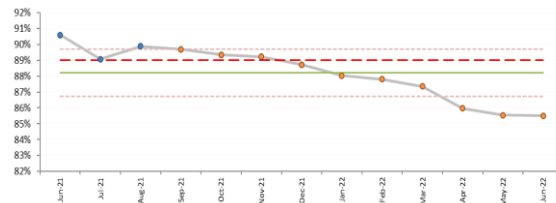
vs LM :

85.51%

2.01  
Trust stability  
(Headcount)

89%

0.0%



### HIGHLIGHTS FOR BOARD TO NOTE :

Stability rates have fallen slightly once again and the stability rate in the year to June 2022 was 85.51%, compared to a rate of over 90% at the same time last year.

The turnover rate has also continued to increase and is now slightly above 12% in the year to the end of June, compared to a rate of 8.26% in the year to the end of June 2021.

# TRUST BOARD REPORT : June-2022

## WORKFORCE : APPRAISAL COMPLIANCE

Jun-22

METRIC :

TARGET :

vs LM :

11.1%

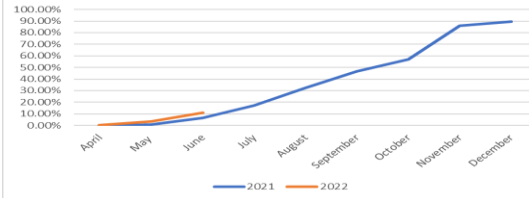
8.01  
Trust (excluding  
medical and dental)

90%

7.9%



Appraisal activity rates 2022 compared to 2021

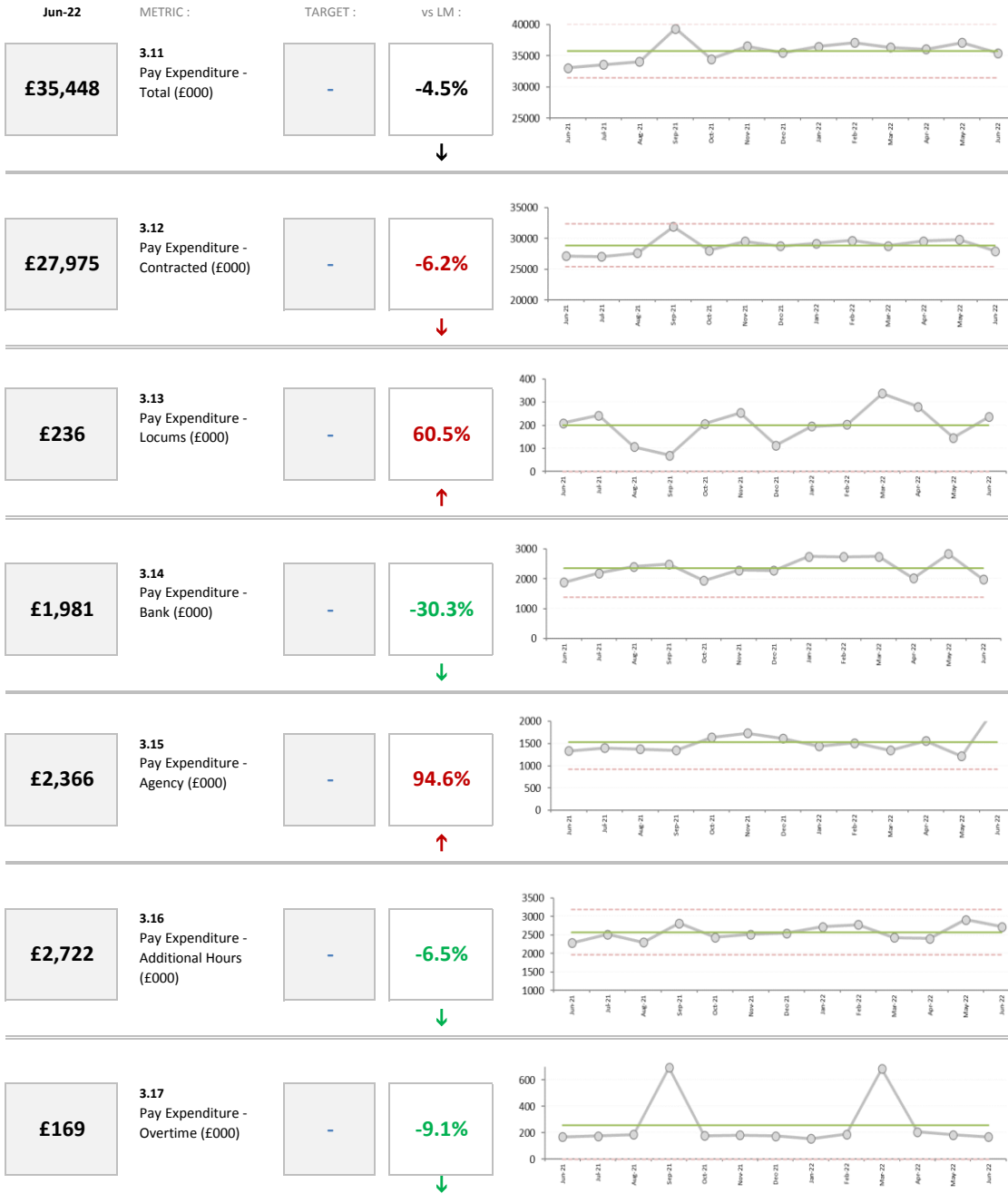


### HIGHLIGHTS FOR BOARD TO NOTE :

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 11.1%, an increase of almost 8% since last month and higher than the rate of 6.5% at the same point in the appraisal window in 2021 (as shown in the graph). This rate is expected to increase significantly over the coming months.

# TRUST BOARD REPORT : June-2022

## WORKFORCE : PAY EXPENDITURE (£000)



### HIGHLIGHTS FOR BOARD TO NOTE :

The current overall vacancy rate for the registered nursing group is 9.85% (230 FTE). This is a slight deterioration from the position reported last month, although over the few months (likely between September - November) this year's cohort of newly qualified nurses will be taking up posts across the Trust which should have a positive impact on the vacancy position. At the moment, we are expecting around 80 FTE to join the Trust as newly qualified nurses.

The current overall vacancy rate for medical and dental staff is 9.49% which is also a slight deterioration from the position reported last month.

Requests for temporary nurse (registered nurses and unregistered nursing support roles) staffing were similar to the previous month with requests equating to a total of 658 FTE. Of these requests, 49% were filled by internal bank staff and 16% by agency staff, leaving 35% (230 FTE) unfilled.

# TRUST BOARD REPORT : June-2022

## WORKFORCE : STATUTORY AND MANDATORY TRAINING AND EDUCATION



### HIGHLIGHTS FOR BOARD TO NOTE :

#### Organisational Development Update

The Trust continues to promote and support leadership and management development across all staff groups, levels and backgrounds. In support of this, a programme to support consultants new to the organisation has started based on a co-created approach which has been well received by participants and well supported by senior members of the organisation joining the sessions to speak with participants.

New cohorts of both the Consultants Development programme and Clinical Director Programme are due to start in the coming months.

The Trust is working with partners at NHS Elect to deliver the 'Happier Working Lives' programme which builds on the Institute for Healthcare Improvement's 'Joy at Work' framework. Four teams from senior nursing, ophthalmology, obstetrics and gynaecology and chemotherapy accepted the invitation to take part. The first session was well received and the programme runs until December.

The NHS I "Lightening the Load" project has also just started, this work will focus on ward 15 initially and will run until late autumn.

### WORKFORCE: OTHER

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

##### No. of open disciplinary cases

14

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

4

##### No. of suspensions

3

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

3

No. of open cases exceeded policy timescales (1 month)

1

##### No. of open MHPS cases

2

No. of open investigations exceeded timescales (4 weeks)

2

##### No. of exclusions

TRUST BOARD REPORT : June-2022

WORKFORCE : CARE GROUP CORE COMPLIANCE BY STAFF GROUP  
 STRATEGIC OBJECTIVE : To support an engaged, healthy and resilient workforce

Jun-22

Monthly Care Group Core Compliance by Staff Group

	Adult Advanced Life Support 4 years	Adult Life Support (CSTF) 1 year	Conflict Resolution (CSTF) 3 years	Deprivation of Liberty Safeguards/DOLS Level 1 3 years	Deprivation of Liberty Safeguards/DOLS Level 2 3 years	Fire Safety Awareness High Risk (CSTF) 2 years	Fire Safety Awareness Low Risk (CSTF) 2 years	Health, Safety and Welfare (CSTF) 3 years	Infection Prevention and Control Level 1 (CSTF) 3 years	Infection Prevention and Control Level 2 (CSTF) 1 year	Information Governance and Data Security (CSTF) 1 year	Manual Handling Practical Level 1 (CSTF) 3 years	Manual Handling Practical Level 2 (CSTF) 2 years	Manual Handling Theory (CSTF) 3 years	Mental Capacity/Act Level 1 3 years	Mental Capacity/Act Level 2 3 years	Paediatric Advanced Life Support 4 years	Paediatric Life Support (CSTF) 1 year	PREVENT Awareness Basic (CSTF) 3 years	PREVENT Awareness Level 3 (CSTF) 3 years	Safeguarding Adults Level 1 (CSTF) 3 years	Safeguarding Adults Level 2 (CSTF) 3 years	Safeguarding Children Level 1 (CSTF) 3 years	Safeguarding Children Level 2 (CSTF) 3 years	Safeguarding Children Level 3 Core (CSTF) 3 years	Safeguarding Children Level 3 Specialist (CSTF) 3 years
<b>CG1 Acute Elderly Emergency General Medicine and Community Services York</b>																										
Add Prof Scientific and Technic	100%	67%		100%	100%			100%		100%	100%		67%	100%		100%				67%		100%		100%	100%	100%
Additional Clinical Services	79%	85%	63%	69%	84%		96%	88%	98%	86%	83%	100%	86%	88%	63%	74%		62%	87%	63%	92%	85%	42%	87%	63%	
Administrative and Clerical	55%	95%	96%				97%	95%	96%			94%		95%	94%				96%		95%					
Allied Health Professionals		90%	92%	79%	100%		98%	97%		91%	93%	95%	89%	96%		88%				87%		93%	100%			100%
Healthcare Scientists		69%	100%				100%	100%	100%		100%	88%		94%							100%					
Medical and Dental	62%	65%	83%	58%	87%	43%	83%			73%	77%		77%	83%		66%	56%	15%		72%		77%		74%	77%	
Nursing and Midwifery Registered	70%	87%	92%	71%	95%	95%	96%	100%		92%	88%	100%	88%	94%		77%		74%	100%	83%	100%	90%	67%	92%	90%	0%
Students		75%	100%	75%			100%	100%		100%	100%		100%	100%		75%				75%						
<b>CG2 Acute Emergency and Elderly Medicine-Scarborough</b>																										
Additional Clinical Services		85%	86%		64%	89%	93%	92%	92%	91%	87%	100%	92%	90%		73%		59%	89%	80%		89%	35%	91%	85%	
Administrative and Clerical		75%	94%	84%			92%	96%	93%	100%	94%	92%	100%	94%	86%				97%		94%			97%	100%	
Allied Health Professionals		93%	91%		77%		100%	100%		98%	100%	100%	100%	100%		83%				100%		100%			98%	
Estates and Ancillary		100%	92%				92%	92%	92%		92%	77%		85%	77%				85%		77%				100%	
Healthcare Scientists		67%	78%				67%	100%	78%		89%	67%		78%				22%	89%		78%			78%		
Medical and Dental	100%	82%	88%	65%	94%	76%	91%			82%	81%		84%	87%		74%	58%	71%		85%		87%	100%	85%	73%	
Nursing and Midwifery Registered	78%	86%	90%	77%	97%	93%	98%			91%	91%	100%	93%	96%		82%		78%		89%		95%	100%	95%	96%	
<b>CG3 Surgery</b>																										
Add Prof Scientific and Technic		89%	90%		72%	97%	100%	98%	100%	94%	94%	93%	88%	93%		91%			80%	80%	84%	75%	95%	75%	96%	100%
Additional Clinical Services		79%	83%	50%	67%	85%	90%	88%	100%	84%	83%	89%	83%	88%	50%	71%		71%	88%	58%	90%	85%	86%	83%		
Administrative and Clerical		100%	94%	91%	100%		95%	96%	94%	100%	92%	93%	100%	95%	91%	100%			95%		95%	100%	95%	100%		
Allied Health Professionals		90%	84%		68%	70%	89%	90%		90%	74%		95%	100%		63%			90%	88%		90%		84%		
Estates and Ancillary		100%	94%	75%			94%	94%	94%		77%	77%		100%	69%				94%		100%		94%	0%		
Healthcare Scientists		81%	100%		73%		100%	100%	100%		90%	100%		97%		80%			97%		100%		97%	100%		
Medical and Dental	100%	71%	85%	68%	89%	86%	88%			83%	84%		78%	85%		76%			78%		86%		50%	84%	100%	
Nursing and Midwifery Registered	84%	89%	93%	77%	93%	96%	94%			89%	89%		88%	95%		83%		62%		85%		93%	0%	91%		
<b>CG4 Cancer and Support Services</b>																										
Add Prof Scientific and Technic		100%	93%		56%	100%	98%	98%	97%	100%	97%	96%	100%	98%		78%				98%	100%	99%	100%	97%	99%	
Additional Clinical Services		85%	91%		70%	94%	91%	95%	95%	95%	91%	91%	87%	93%		76%			91%	100%	94%	89%	95%	90%		
Administrative and Clerical		0%	93%	80%			93%	94%	92%		89%	93%		94%	80%				92%		93%			96%	85%	
Allied Health Professionals		91%	93%		77%	90%	96%	95%	100%	88%	88%	60%	78%	93%		80%			86%	82%	100%	89%	0%	92%		
Estates and Ancillary			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%			
Healthcare Scientists			95%				96%	97%	96%		93%	95%	100%	97%					94%		97%			95%		
Medical and Dental	100%	85%	92%	69%	94%	98%	88%	100%		84%	89%	89%	82%	89%		76%			89%	82%	100%	87%	90%	91%		
Nursing and Midwifery Registered	50%	84%	96%	79%	95%	96%	95%			94%	93%		92%	96%		84%			100%	89%		94%	100%	93%		
<b>CG5 Family Health &amp; Sexual Health</b>																										
Add Prof Scientific and Technic		100%	100%		100%		100%	100%	100%		100%	100%		100%		100%			100%	100%		100%				100%
Additional Clinical Services		83%	91%	100%	76%	92%	94%	92%	83%	88%	87%	100%	86%	91%		83%		74%	95%	79%		91%	0%	95%	83%	100%
Administrative and Clerical		60%	98%	84%			99%	96%	96%		95%	94%		96%	79%	100%			96%	100%	96%	100%	98%	60%	100%	
Allied Health Professionals		93%	98%		94%	100%	97%	98%		96%	96%	76%	96%	98%		93%			92%		93%		98%			92%
Estates and Ancillary			100%	100%			100%	100%	100%		100%			75%	100%				100%		100%			75%		
Healthcare Scientists			100%				100%	100%	100%		100%			100%					100%		100%			100%		
Medical and Dental	67%	82%	90%	73%	90%	89%	92%	100%		89%	89%	100%	87%	89%		80%	65%	58%		84%		91%		91%	83%	80%
Nursing and Midwifery Registered		88%	87%	97%	71%	92%	94%	93%		90%	88%		78%	91%		79%		75%		80%		86%		96%	94%	83%
<b>CG6 Specialised Medicine &amp; Outpatients Services</b>																										
Add Prof Scientific and Technic		80%	93%		80%	100%	96%	99%	99%	100%	95%	93%	75%	99%		92%				98%	95%	100%	98%	100%	100%	100%
Additional Clinical Services		93%	95%	100%	81%	82%	96%	97%	96%	94%	91%		89%	98%	100%	86%			97%	100%	100%	96%	86%	96%		
Administrative and Clerical		67%	95%	85%			96%	96%	96%		94%	95%		96%	92%				93%		94%		95%	90%		100%
Allied Health Professionals		85%	94%		77%		90%	90%		86%	84%		86%	96%		86%				83%		94%	100%			89%
Estates and Ancillary			100%	100%			100%	100%	100%		100%			100%	100%				100%		100%			100%		
Healthcare Scientists			100%				100%	100%	100%		100%			100%					100%		100%			100%		
Medical and Dental	50%	72%	84%	67%	91%	93%	92%			82%	84%		82%	87%		73%		100%		76%		82%	0%	85%		
Nursing and Midwifery Registered		92%	90%	79%	88%	97%	96%	100%		90%	92%	100%	83%	94%		83%			100%	85%	100%	95%	67%	95%	100%	
Students		100%	100%				100%	100%	100%		100%		100%	100%					100%		100%			100%		



**TRUST BOARD REPORT : June-2022**

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

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

Jun-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			100%				100%	100%	100%		100%	100%		100%					100%		100%		100%			
Additional Clinical Services			96%				99%	99%	95%		95%	86%		96%					93%		96%		99%			
Administrative and Clerical			89%	73%			90%	90%	90%		71%	80%	70%	89%	72%				86%		88%		89%	0%		
Allied Health Professionals			100%				100%	100%	100%		96%	96%		100%					100%		100%		100%			
Estates and Ancillary																										
Healthcare Scientists		100%					100%	100%	100%		100%	100%		100%					100%		100%		100%			
Medical and Dental		100%					100%	75%	100%		75%	75%		100%					100%		100%		100%			
Nursing and Midwifery Registered																										
<b>CG Trust Estates and Facilities Management</b>	25%	79%		75%			82%	89%	82%	100%	79%	82%		82%		50%		79%	100%	79%	100%	75%	92%			
Administrative and Clerical	70%	89%		77%	91%		91%	91%	87%	86%	86%	79%	83%	90%		85%		90%	80%	86%	90%	74%	90%			
Estates and Ancillary	63%	94%	83%	67%			94%	95%	94%	0%	90%	92%	50%	93%	87%	67%	0%	94%	67%	94%	67%	93%	36%		100%	
<b>LLP CG Estates &amp; Facilities</b>	84%	74%		65%	84%		100%	90%		74%	87%	50%	76%	84%		68%		100%	64%		91%		91%			
Additional Clinical Services							82%	82%	100%		82%	91%		91%					91%		91%		91%			
Administrative and Clerical							100%	100%	100%		100%	100%		100%					100%	80%	100%		100%	100%		
Estates and Ancillary	42%	52%	62%	43%	70%	68%	69%			55%	63%	100%	47%	60%		44%	13%	0%	55%		62%		60%	61%	48%	
Healthcare Scientists	82%	94%		79%	97%	95%	96%	83%	88%	90%	95%	87%	95%		86%				100%	85%	100%	95%	93%	95%	100%	89%

# FINANCE PERFORMANCE REPORT

June-2022

Produced July-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:

## Financial Position – June 2022 (Month 3)

### 1. Summary Plan Position

At its June 2022 meeting the Board of Directors approved the final I&E balanced annual financial plan, which formalised the e-mail acceptance of the plan previously received by the Finance Director from Board members. The final plan replaced the draft £11.8m I&E deficit annual financial plan previously approved by the Board. The final plan is now set into the ledger and is being used to monitor current performance. Operational budgets have been set on this basis.

### 2. Income and Expenditure Position

The I&E table below confirms an actual deficit of £0.51m against a planned deficit of £0.03m for June. The Trust is £0.48m adversely adrift of plan. Notable variances include an overspend on pay of £0.6m, an overspend on drugs of £0.1m (£1.2m relating to out of tariff drug income from NHSE), an underspend on clinical supplies and services and other costs of £2.4m, and the CIP position is behind plan by £2.5m. At this stage the clinical supplies and services position is partially compensating for the under delivery of the efficiency programme.

Also of note is that we spent £2.528m for the year to date on covid costs compared to a plan of £1.872m; therefore we are £0.656m 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. Although the Q1 position on Covid spending is an adverse one, it should be noted that spending levels have gradually declined month on month during the quarter. This expenditure relates to, so called, inside the envelope covid funding where the spending 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	74,545	18,636	19,844	1,208	74,545
Clinical commissioning groups	519,650	129,913	129,867	-46	519,650
Local authorities	4,793	1,179	1,182	4	4,793
Non-NHS: private patients	514	129	88	-41	514
Non-NHS: other	1,186	296	339	43	1,186
<b>Operating Income from Patient Care Activities</b>	<b>600,688</b>	<b>150,152</b>	<b>151,320</b>	<b>1,168</b>	<b>600,688</b>
Research and development	1,815	454	662	209	1,815
Education and training	20,871	5,218	5,936	718	20,871
Other income	50,310	12,575	10,616	-1,960	50,310
<b>Other Operating Income</b>	<b>72,995</b>	<b>18,247</b>	<b>17,214</b>	<b>-1,033</b>	<b>72,995</b>
Employee Expenses	-441,175	-109,954	-110,559	-604	-441,175
Drugs Costs	-63,694	-15,924	-16,067	-143	-63,694
Supplies and Services - Clinical	-68,353	-17,095	-14,772	2,323	-68,353
Depreciation	-18,291	-4,573	-4,573	0	-18,291
Amortisation	-1,521	-380	-380	0	-1,521
CIP	13,499	2,527	0	-2,527	13,499
Other Costs	-76,062	-18,509	-18,427	83	-76,062
<b>Total Operating Expenditure</b>	<b>-655,597</b>	<b>-163,908</b>	<b>-164,777</b>	<b>-869</b>	<b>-655,597</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>18,086</b>	<b>4,491</b>	<b>3,757</b>	<b>-734</b>	<b>18,086</b>
Finance income	30	8	121	114	30
Finance expense	-975	-244	-106	138	-975
PDC dividends payable/refundable	-8,014	-2,003	-2,004	-1	-8,014
<b>NET FINANCE COSTS</b>	<b>9,127</b>	<b>2,251</b>	<b>1,768</b>	<b>-483</b>	<b>9,127</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>9,127</b>	<b>2,251</b>	<b>1,768</b>	<b>-483</b>	<b>9,127</b>
Remove Donated Asset Income	-9,607	-2,402	-2,402	0	-9,607
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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>0</b>	<b>-31</b>	<b>-513</b>	<b>-483</b>	<b>0</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 £16.9m (shown against Corporate CIP below) and increase the full programme value to £32.4m. The table below details the full programme.

Care Group	2022/23 Cost Improvement Programme - June									
	Full Year CIP Target	June Position			Planning Position		Planning Risk			
		£000	Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
1. Acute, Emergency and Elderly Medicine (York)	£3,015	£651	£52	£599	£699	£2,315	£447	£252	£0	
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£303	£303	£0	£498	£906	£498	£0	£0	
3. Surgery	£3,008	£649	£136	£514	£2,199	£809	£1,701	£498	£0	
4. Cancer and Support Services	£2,552	£551	£29	£522	£855	£1,697	£519	£0	£336	
5. Family Health	£1,595	£344	£8	£336	£701	£893	£140	£60	£501	
6. Specialised Medicine	£1,639	£354	£177	£176	£1,606	£33	£1,500	£106	£0	
7. Corporate Functions										
Chief Exec	£65	£14	£0	£14	£1	£65	£1	£0	£0	
Chief Nurse Team	£164	£35	£0	£35	£64	£100	£64	£0	£0	
Finance	£184	£40	£17	£22	£148	£35	£148	£0	£0	
Medical Governance	£15	£3	£0	£3	£0	£15	£0	£0	£0	
Ops Management	£101	£22	£0	£22	£0	£101	£0	£0	£0	
Corporate CIP	£16,890	£4,223	£4,223	£0	£24,280	£7,390	£19,854	£507	£3,920	
DIS	£289	£62	£0	£62	£30	£259	£30	£0	£0	
Workforce & OD	£314	£68	£0	£68	£412	£98	£412	£0	£0	
					£0					
<b>Sub total</b>	<b>£31,234</b>	<b>£7,319</b>	<b>£4,945</b>	<b>£2,374</b>	<b>£31,495</b>	<b>£261</b>	<b>£25,314</b>	<b>£1,423</b>	<b>£4,758</b>	
YTHFM LLP	£1,123	£242	£90	£153	£862	£261	£423	£364	£74	
<b>Group Total</b>	<b>£32,357</b>	<b>£7,561</b>	<b>£5,035</b>	<b>£2,527</b>	<b>£32,357</b>	<b>£0</b>	<b>£25,737</b>	<b>£1,787</b>	<b>£4,832</b>	

Delivery in month 3 remains poor in terms of the core programme delivery but of significant note is that plans have now been identified to deliver the total programme of £32.4m, and of this sum £25.7m (79.3%) is 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 <del>supported</del> 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. Next Steps

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 quarter 1 then we would potentially lose ERF income of £3.0m. In summary, this is calculated by taking the Trust's current year to date (Q1) performance in terms of weighted activity (89.1%) and assessing it against the 19/20 baseline and the 104% weighted target.

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 calculation is as follows:-

- Weighted target baseline at M3 is £45.6m (104% of 19/20 baseline of £43.8m)
- Trust actual weighted activity M3 is £39.1m (89.1% of 19/20 baseline of £43.8m)
- Difference between weighted target baseline and actual weighted activity is £6.5m
- Apply 75% lower floor adjustment (£6.5m x 75%) = £4.9m potential clawback
- Check value against ERF funding received at M3 and where lower limit clawback to 75%
- ERF funding received at M3 = £4.0m
- Clawback limited to 75% (£4m x 75%) = £3.0m

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. It has been agreed across the ICS to not assume in our reported position any clawback of ERF for Q1.

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 was shared with the ICS as part of the final plan submission process.

In light of the actual performance in Q1 of 89.1%, the achievement of the Care Group assessed realistic level of 99.6% during 2022/23 appears to becoming even more challenging; and would require performance to improve to 103.1% for the remaining 9 months of the year to meet the assessed realistic level. Is it therefore possible that the Trust being able to limit the potential clawback of ERF to £5.6m as identified above, is at risk.

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

June cash balance showed a £7.4m adverse variance to plan; this is mainly due to capital payables being settled earlier than expected 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	39,382									

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 national 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 3 Planned Spend £000s	Mth 3 Actual Spend £000s	Variance £000s
86,513	11,103	3,688	(7,415)

Prioritisation of the discretionary element of the capital programme has now concluded and was approved by the Board at its June meeting.

All capital schemes are now 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 remained poor in month 3 the work with Care Groups and Corporate Teams has identified plans equal to the full value 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 £1.5m 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 has now concluded 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.

### Recommendation:

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

Author(s): Graham Lamb, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: Jul-2022

## TRUST BOARD REPORT : June-2022

### SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

#### Income and Expenditure Account

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<b>Total Operating Expenditure</b>	<b>-655,597</b>	<b>-163,908</b>	<b>-164,777</b>	<b>-869</b>	<b>-655,597</b>
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<b>Surplus/(Deficit) for the Period</b>	<b>9,127</b>	<b>2,251</b>	<b>1,768</b>	<b>-483</b>	<b>9,127</b>
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<b>NHSI Adjusted Financial Performance Surplus/(Deficit)</b>	<b>0</b>	<b>-31</b>	<b>-513</b>	<b>-483</b>	<b>0</b>

#### Month 3 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 final plan at their meeting in June which presented a balanced I&E position. For the period ending June 2022, the Trust is reporting an adjusted I&E deficit of £0.513m against a planned deficit of £0.031m.

Income is £0.135m ahead of plan, resulting excluded drugs and devices, research and development, and education and training income being ahead of plan; partially offset by other income being behind plan.

Operational expenditure is £0.876m ahead of plan. There is a shortfall in delivery against the CIP target, and pay and drug spend is ahead of plan; but these are being partially offset by clinical supplies and services, and other cost spend being behind plan.

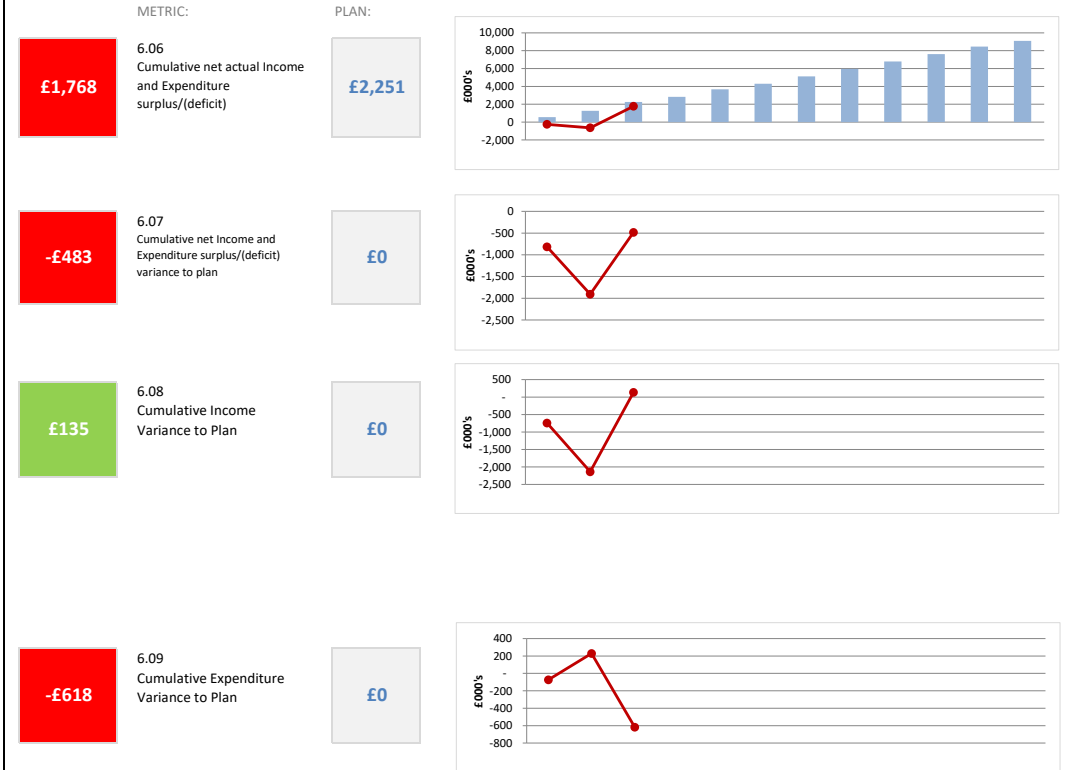
Matters of Concern and Risks to Escalate	Major Actions Undertaken and Work in Progress
<ol style="list-style-type: none"> <li>1. Delivery of the 2.4% cost out efficiency programme is currently behind plan.</li> <li>2. Risk of retaining ERF Funding through delivery of 104% activity levels, with activity currently below this level.</li> <li>3. Managing the £3.5m Covid spend reduction proposed with the ICB is currently behind plan, with only £1.5m identified to date.</li> <li>4. CT scanner which is key to the Trust's diagnostic recovery work is still on hire, but no funding stream yet agreed with the NHSE/I or the ICS.</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 marginally behind (£483k) its I&amp;E plan in June.</li> <li>2. Care Groups and Corporate Teams have identified efficiency plans equating to 100% of the overall required programme, with notably 79% of plans being categorised as low risk.</li> </ol>	<ol style="list-style-type: none"> <li>1. A final balance I&amp;E plan for 2022/23 has now been approved by the Board, and submitted to the ICS and NHSE/I. The table opposite is based on the agreed final plan, whereas for M1 and M2 the previously agreed draft plan was in use.</li> </ol>



# TRUST BOARD REPORT : June-2022

## SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY



# TRUST BOARD REPORT : June-2022

## SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Jun-22	METRIC:	PLAN:	Figure
<b>-£605</b>	6.10 Cumulative Pay Expenditure Variance to Plan	<b>£0</b>	
<b>-£264</b>	6.11 Cumulative Non-pay Expenditure Variance to Plan	<b>£0</b>	
<b>£39,382</b>	6.12 Cash Position	<b>£46,792</b>	
<b>£12,333</b>	6.13 Debtors	<b>£8,424</b>	
<b>£15,523</b>	6.14 Creditors	<b>£12,605</b>	
<b>£3,688</b>	6.15 Capital	<b>£11,103</b>	

METRIC:	PLAN:	Figure
<b>£5,034</b>	6.16 Efficiency programme - delivery against plan and forecast delivery	<b>£7,561</b>
Delivery ytd: Recurrent £1,745 Non Recurrent £833		
<b>£32,357</b>	6.17 Efficiency programme - planning position full year	<b>£32,357</b>

Planning (Gap)/Surplus			Comments
	June £'000	EOY £'000	
Target	7,561	32,357	
<b>PLANS</b>			
Low Risk	6,094	25,737	
Medium Risk		1,787	
High Risk		4,832	
<b>Total Plans</b>	<b>6,094</b>	<b>32,357</b>	
<b>Planning (Gap)/Surplus</b>	<b>-1,467</b>	<b>0</b>	
<b>Actions</b>			
New Plans - continue to work with CG's to identify u/spends; opportunities presented in Model Health System (more likely medium/longer term)			

# TRUST BOARD REPORT : June-2022

## SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

**Jun-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

**£2,366** **£1,483**

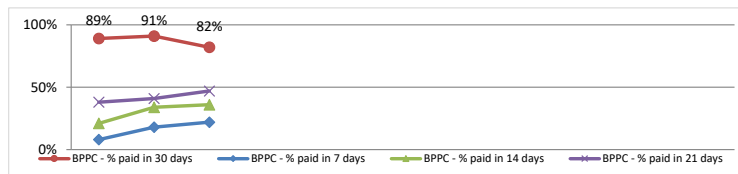
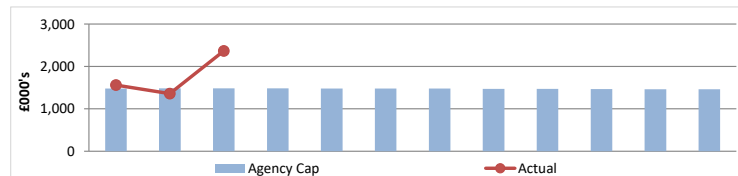
**BPPC Performance**

Within 30 days 6.25 BPPC - % paid in 30 days **82%**

Within 14 days 6.26 BPPC - % paid in 7 days **36%**

Within 7 days 6.27 BPPC - % paid in 14 days **22%**

Within 21 days 6.28 BPPC - % paid in 21 days **47%**



### 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 to date we have used more agency staff than planned.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 82% of suppliers being paid within 30 days.

# RESEARCH AND DEVELOPMENT REPORT

June-2022

Produced July-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 : Jun-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 submitted several grants for funding in the month of June, as follows:

- o 200K to Wellbeing of Women ICaLM - Intraoperative Calcium to reduce Maternal Haemorrhage: Dr Mo Williams
- o 500K to CRUK- Extending the evidence base for Colon Capsule Endoscopy (CCE) in symptomatic patients: Dr James Turvill
- o 131K to Wellbeing of Women- Lifestyle and workplace risk factors for menopausal symptoms among perimenopausal and menopausal NHS shift workers: Dr Sarah Baker
- o We have supported Dr Adam Odell (YSJU) for Springboard application to the Springboard scheme for biomedical scientists run by the Academy of Medical Sciences. Dr David Yates supported the application that is focusing on analysing immune cell activation and soluble marker levels, before, during pre-hab, and post-surgery/recovery.

- A grant we submitted few months ago has been successful

o Dr James Turvill has applied to Innovate UK. The consortium aims to use artificial intelligence (AI) to develop a multi-variable algorithm to improve diagnostic yield of Faecal immunochemical testing (FIT) for symptomatic patients presenting at primary care. Total award was £500K with £86K coming to the Trust.

- We are currently trying to build local collaborations to allow us to bid for a national call out in September to build capacity and capability in liver disease research
- We have been informed by NIHR that we will keep our research budget for the next two financial years whilst new funding models are considered (£1.3M per annum)
- We have also been informed by NIHR that our accrual target has dropped to 3506
- We have had our annual CRN review that went very well and we received excellent feedback. The review team loved the initiatives we are undertaking in the team and the way we work together across all our teams to deliver a very impressive portfolio of research through an agile workforce.
- We have held a Critical Friend Review at Mid Yorks NHS Trust and we ourselves will be reviewed in October
- A New Clinical Lecturer (University of York employed) has started this month under the HYMS Integrated Academic Training Programme
- The R&D team and our researchers have had a large input into this month's HYMS Research Day and York's St John's Research Day; both events were well attended, led to some good contacts being made and were a great success.
- Upcoming events- dates for your diaries

21st November we are going to host our first Annual Celebration of Research event that will be held at the Principal Hotel York. Details will follow

#### **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: Jul-2022

# TRUST BOARD REPORT : June 2022

## CLINICAL RESEARCH PERFORMANCE REPORT

### Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	353	216	189										758
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

Recruitment Accruals



### Breakdown as of end June 22

Care Groups	Accruals Running Total 22/23
CG1 Total	81
CG2 Total	102
CG3 Total	63
CG4 Total	52
CG5 Total	3
CG6 Total	29
RP's Total	67
Cross Trust Studies Total	361
<b>ACCUAL TOTALS</b>	<b>758</b>

Accruals Still Required	2748
Trials Open to Recruitment	92

### Non-Commercial Studies 22/23 - Breakdown by Study Design (does not add to 100% as does not include commercial studies)

Study Design	% of all open studies	% of total 22/23 accruals to date	NIHR ABF Weighting
Interventional	23%	3%	Weighted 11
Observational	61%	67%	Weighted 3.5
Large Interventional	5%	7%	Variable weighting by study
Large Observational	8%	21%	Weighted 1

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

Commercial	3%
Non Commercial	97%

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 in our accrual target this year, we have been informed by NIHR that our target for this year is 3506 patients into clinical trials, which is excellent news as we are unfortunately making a very slow start to the year (in terms of accruals). This is being reviewed internally by the Senior Management Team.

# OPERATIONAL PERFORMANCE REPORT

June-2022

Produced July-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: June-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”.

The Trust’s Pandemic Command and Control structure was stepped down on the 13th June. The Trust’s ‘Living with Covid’ group will continue to meet to respond to national and regional ‘asks’; and how the Trust responds and manages this.

As at the 11th of July there were 132 COVID-19 positive inpatients in our acute and community hospitals. A steady increase was seen through June having been at fifty-six on the 10th of June. The Trust’s COVID-19 inpatients peaked at 287 on the 30th of March 2022 (reported via Trust’s external SitRep submission).

The Trust has had 6,189 COVID-19 positive inpatients since 17th March 2020, with 5,019 patients discharged, sadly 1,015 patients have died. Since the beginning of July 2021 there have been 3,377 new COVID-19 positive inpatients and 401 deaths.

As at the 11th of July, York Hospital has one dedicated COVID-19 positive ward and one COVID-19 positive wards/areas at Scarborough Hospital with several wards managing COVID-19 positive patients in side rooms and/or cohorting in bays where there is a specific specialty clinical need. 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 remains 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 has continued into 2022-23. This has affected not just the Trust but all partners. NYCC, TEWW, YAS, Primary Care and Vocare who have all been operating at their highest level of escalation due to workforce pressures over the last year, 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 7.4% with 724 absent as at the 8th of July, 30% of the absences relate to COVID-19.

The pressure on medical staffing contributed to the cancellation of 222 outpatient clinics within fourteen days of the planned date and there were 124 elective patients cancelled by the Trust within forty-eight hours of their intended surgery date due to non-clinical reasons.



**Executive Summary (cont.):**

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

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

Point of Delivery	June 2019 Outturn	June 2022 Actual	Variance	Proportion of June 2019 delivered in June 2022
Advice & Guidance	1,955	4,099	2,144	210%
First Outpatient Appts	14,114	13,588	-526	96%
Follow up Outpatient Appts	30,878	32,155	1,277	104%
Ordinary Electives*	730	518	-212	71%
Day Cases	5,982	6,096	114	102%

\*Ordinary Elective figures are based on discharge date.

June 2022 Performance Headlines:

- 72.7% of ED patients were admitted, transferred, or discharged within four hours.
- The Trust reported 727 twelve-hour Trolley Breaches.
- May 2022 saw challenging cancer performance with the Trust achieving two out of the eight core national standards.
- 3,102 fifty-two week wait pathways have been declared for the end of June 2022.
- Eight 104+ week wait pathways have been declared for the end of June 2022. This number, as per updated national guidance, includes those patients who have requested to defer their treatment. There were seven such patients at the end of May 2022. The final patient was COVID-19 positive at the end of June and could not be treated. The Trust therefore achieved our target of treating all our 104 weeks wait patients by the end of June.
- The Trust saw a small reduction against the overall Referral to Treatment backlog, with the percentage of patients waiting under eighteen weeks at month end increasing from 59.4% in May 2022 to 59.0% at the end of June 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: Melanie Liley, Chief Operating Officer

Date: Jul 2022

# TRUST BOARD REPORT: June-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	

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
19218	19876	19642	18813	19251	17596	16420	15735	16086	18308	17873	19307	19178
3642	4678	5557	5790	5941	5238	4797	4426	4515	5316	5212	5446	5244
81.0%	76.5%	71.7%	69.2%	69.1%	70.2%	70.8%	71.9%	71.9%	71.0%	70.8%	71.8%	72.7%
37%	41%	41%	40%	39%	40%	43%	42%	42%	40%	40%	39%	40%
658	1072	1517	1725	1858	1596	1661	1512	1521	1891	1683	1707	1651
13	43	43	98	81	159	298	463	583	696	750	691	727
62%	49%	44%	39%	36%	39%	42%	50%	47%	47%	52%	52%	51%
39%	34%	28%	25%	26%	26%	32%	35%	30%	28%	28%	30%	31%
2.3%	3.3%	4.3%	4.4%	4.1%	4.1%	2.8%	2.4%	3.2%	3.2%	3.8%	3.7%	3.8%
192	212	231	236	237	235	233	225	229	236	233	228	222
769	846	836	772	814	745	704	759	654	621	612	731	647
-	-	-	-	-	-	-	-	-	-	-	-	-
243	356	421	445	483	466	479	490	410	475	479	614	591
-	-	-	-	-	-	-	-	-	-	-	-	-
62	151	302	445	623	541	675	525	549	702	704	752	672
-	-	-	-	-	-	-	-	-	-	-	-	-
72.1%	65.1%	57.6%	52.9%	43.3%	43.2%	38.4%	40.3%	41.3%	34.8%	33.3%	31.2%	32.9%
195	218	254	257	260	254	249	247	255	268	265	258	252
297	348	400	443	473	473	521	553	563	579	604	562	565
114	142	164	192	220	231	283	327	342	351	381	350	350
46	92	141	197	202	163	202	192	226	295	269	251	235
265	395	621	757	950	892	1088	1153	1084	1288	1233	1228	1187
-	-	-	-	-	-	-	-	-	-	-	-	-
4960	4888	4659	4550	4570	4463	4441	4221	4113	4455	4233	4557	4445
724	785	803	759	837	889	719	586	708	693	658	739	736
2194	2146	2035	1976	1992	1969	1790	1770	1957	2100	1861	2165	2059
948	1082	1045	1079	1093	1074	1141	1108	996	1134	1091	1099	1033
53	54	78	95	110	96	113	126	116	164	124	87	127
903	877	772	745	751	718	727	-	-	-	-	-	-
252	271	322	313	372	376	392	466	449	419	400	425	436
247	260	292	335	359	360	375	431	440	443	434	433	423
60	62	84	99	126	118	139	167	189	195	178	177	172
64	58	71	92	108	124	126	161	179	192	177	174	170

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	

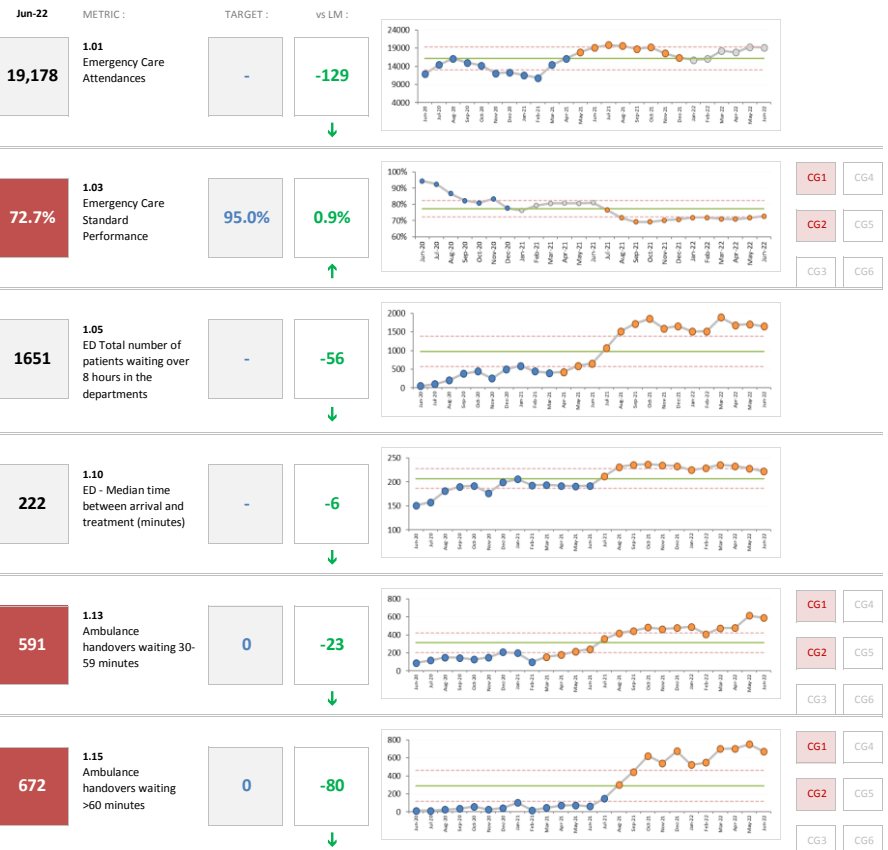
Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
22784	22381	19448	21267	21294	22507	18551	18748	19021	21462	18542	20739	19036
9436	9487	8331	9385	9575	10415	8684	8747	9127	10996	9031	10374	9972
1974	2085	1660	1871	1807	2032	1854	1621	1701	1915	1695	1967	1619
11374	10809	9457	10011	9912	10060	8013	8380	8193	8551	7816	8398	7445
14263	13020	11819	12995	12627	14025	11592	12319	12742	14739	11724	14327	13588
35683	33544	31445	35326	33137	36804	30704	32569	30985	36172	29811	34570	32155
2.50	2.58	2.66	2.72	2.62	2.62	2.65	2.64	2.43	2.45	2.54	2.41	2.37
5.6%	5.9%	6.3%	6.2%	6.0%	7.0%	6.9%	6.8%	6.1%	6.2%	6.3%	6.5%	6.5%
152	251	269	247	287	298	250	367	258	395	247	219	222
1005	1383	957	1265	2869	2765	2526	2407	2293	2778	2429	2514	2444
24504	24826	25984	25610	26252	26784	27294	27318	27712	28497	29175	28636	28307
559	555	469	561	467	614	533	457	489	619	545	647	604
6710	6416	5697	6163	5678	6335	6164	6086	6073	6893	5786	6485	6108
2	6	15	28	1	8	17	97	54	75	36	17	3
75	102	84	109	57	70	129	358	252	251	163	153	124
76%	73%	74%	72%	75%	78%	72%	69%	73%	73%	74%	80%	80%
755	663	572	653	678	661	575	609	568	654	546	633	590

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: June-2022

## OPERATIONAL PERFORMANCE: ED



### HIGHLIGHTS FOR BOARD TO NOTE:

72.7% of ED patients were admitted, transferred, or discharged within four hours during June 2022. Across the Scarborough and York localities attendances at the Emergency Departments and Urgent Care and Treatment Centres were on par with those seen in June 2021 (June 2022; 19,178 compared to 19,208 in June 2021).

Continued staffing issues and the number of inpatients without a 'Right to Reside' in June 2022 have again contributed to 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 is ongoing and is on schedule having commenced at the end of April 2022.

In the latest nationally available data (May 2022), the NHS England position was 73%. Nationally the Trust placed 57th out of 126 Trusts. No Trust achieved 95% plus against the Emergency Care Standard (ECS). The 95% standard was last met nationally in July 2015.

York Locality ECS Performance was 73.8%. 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 one COVID-19 positive wards as at the 11th of July. Patients are being managed in specialist side rooms and cohort bays where required.

Scarborough Locality ECS Performance was 71.1%. Demand at the three independent Sector run services; Bridlington Urgent Treatment Centre, Malton Urgent Care Centre and the Urgent Treatment Centre (UTC) co-located at Scarborough Hospital, are yet to return to pre-pandemic levels. This has impacted the Scarborough locality's overall performance as the number of Type 3 attendances, whilst increasing through 2021-22 into 2022-23 remains significantly reduced from pre-pandemic levels; -11% in June 2022 compared to June 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. Weekly 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 8th of July.

There were 727 twelve-hour trolley waits in June 2022: 431 on the Scarborough site and 296 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.

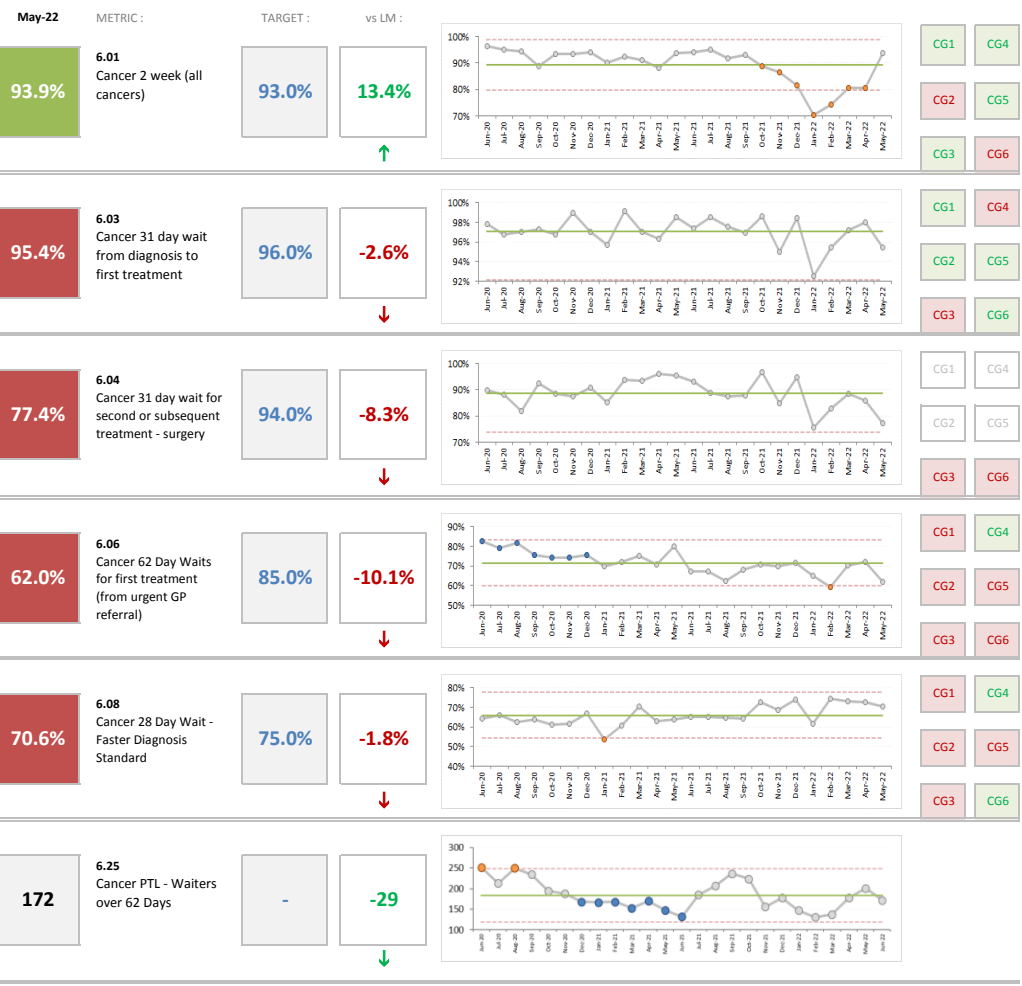
Flow and Site Management; to ensure timely admission for urgent and elective patients to the appropriate clinical location, the project aims to provide clear and effective 24/7 operational arrangements for site management issues and for the flow of patients across both acute hospital sites.

Adult Non-Elective admissions decreased in June 2022 when compared to the same period last year: down 10% (515 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 June 2022 decreased slightly compared to the end of May 2022 (177 to 172 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: June-2022

## OPERATIONAL PERFORMANCE: CANCER



### HIGHLIGHTS FOR BOARD TO NOTE:

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

- Two Week Wait from GP urgent referral to first Consultant appointment
- Cancer 31 day wait for second or subsequent treatment - drug treatments.

The Trust achieved the Cancer two week waiting times for urgent referrals target with performance of 93.9% in May (April: 80.5%).

The latest available data shows the national position for two week waiting times for urgent referrals to be 79.1% in April 2022.

The Trust did not achieve the 28-day Faster Diagnosis (All Routes) target with performance of 70.6% in May (April: 72.4%). The latest available data shows the national position to be 70.8% in April 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 62% (April 72.1%). All patients are tracked through the operational teams, with weekly escalations to senior managers.

At the end of June 2022 there were 172 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 June submitted as part of the 2022-23 plans (168). Progress has however been achieved in July with 159 patients, as at the 8th of July, waiting 62 days or more, this is below the trajectory for the end of July 2022 (163).

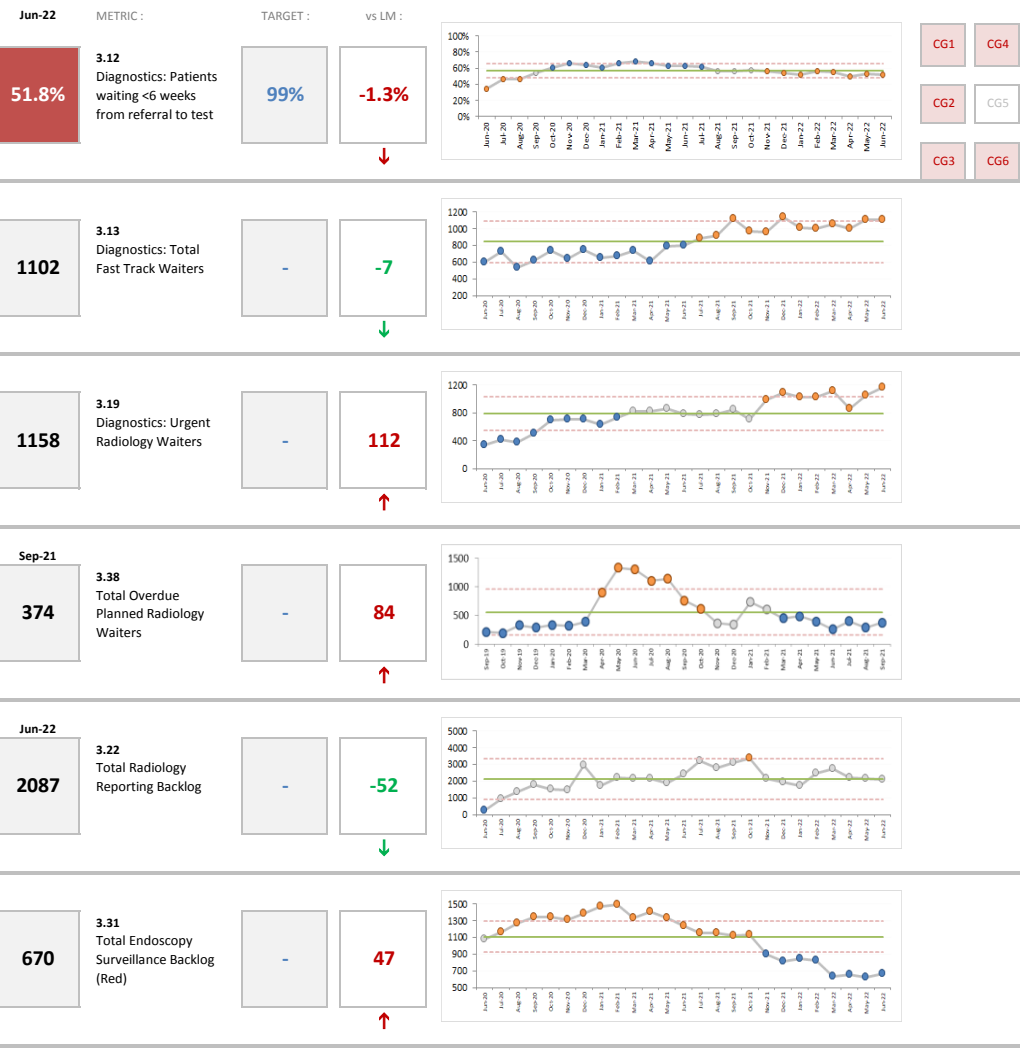
Of those waiting over 62 days, 115 are awaiting diagnosis; continuing to tackle this backlog is a top priority for the Trust and the Humber and North Yorkshire system.

There were twenty-one patients treated in May 2022 who had waited more than 104 days with all due to complex diagnostic pathways (seven) or health care provider delays (eight). 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 June 2022 there were twenty-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 65.2% against the 62 day wait for first treatment target in April 2022.

# TRUST BOARD REPORT: June-2022

## OPERATIONAL PERFORMANCE: DIAGNOSTICS



### HIGHLIGHTS FOR BOARD TO NOTE:

The diagnostics target performance for June 2022 was 51.8% of patients waiting less than 6 weeks for their diagnostic test at the end of the month (May 2022; 53%). The latest available data shows the national position at the end of April 2022 was 71.6%.

The Endoscopy performance was 59% (May 2022; 61.5%).

Radiology performance at the end of June was 50.6% (May 2022; 52.8%).

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.

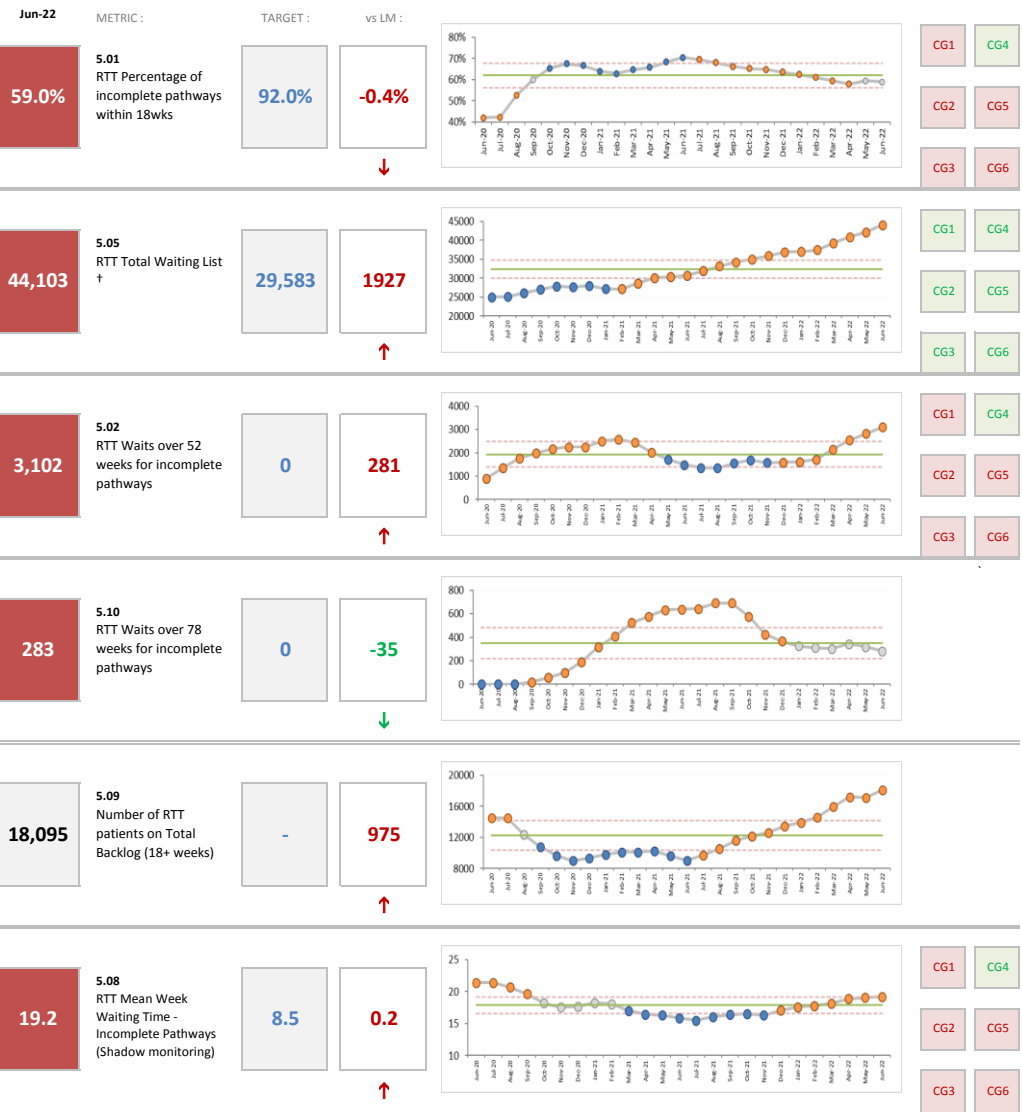
Currently in Radiology, the MRI radiographer workforce is under 50% capacity which means that the service is unable to run additional lists in order to meet the increased demand. The Cancer & Support Services Care Group continues seek to address this workforce issue with recruitment and training. The 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: June-2022

## OPERATIONAL PERFORMANCE: REFERRAL TO TREATMENT (RTT)



### HIGHLIGHTS FOR BOARD TO NOTE :

The proportion of patients waiting more than eighteen weeks improved in May 2022, with the overall RTT position remained static from 59.4% of patients waiting less than eighteen weeks from referral to treatment in May 2022 to 59.0%. The latest available data shows the national position at the end of April 2022 was 61.7%.

The Trust's RTT Total Waiting List (TWL) increased by 1,927 from the end of May 2022 and stood at 44,103. 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 3,102 patients waiting 52 weeks or longer at the end of June 2022, up 281 from the end of May 2022.

NHSI/E mandated that Trusts have zero 104 weeks 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 eight RTT 104 plus week waiters at the end of June 2022. Seven patients deferred their treatment (P6) and one patient was COVID-19 positive at the end of June 2022 and could not be treated. The Trust therefore achieved our target of treating all our 104 weeks wait patients by the end of June.

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: June-2022

### OPERATIONAL PERFORMANCE: HEALTH INEQUALITIES (RTT)

#### RTT PTL by Ethnic Group

At end of June 2022

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	19	30,201	98.24%	94.34%
Black, Black British, Caribbean or African	21	58	0.19%	0.94%
Mixed or multiple ethnic groups	19	163	0.53%	1.26%
Asian or Asian British	21	218	0.71%	2.97%
Other ethnic group	20	103	0.34%	0.49%
Unknown	20	10,610	-	-
Not Stated	19	2,740	-	-
<b>Grand Total</b>	<b>19</b>	<b>44,093</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 June 2022

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	18	5,048	11.61%	8.88%
2	19	6,036	13.88%	13.59%
3	19	8,892	20.44%	20.94%
4	20	9,551	21.96%	20.68%
5	20	13,969	32.12%	35.90%
Unknown	22	597	-	-
<b>Grand Total</b>	<b>19</b>	<b>44,093</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.

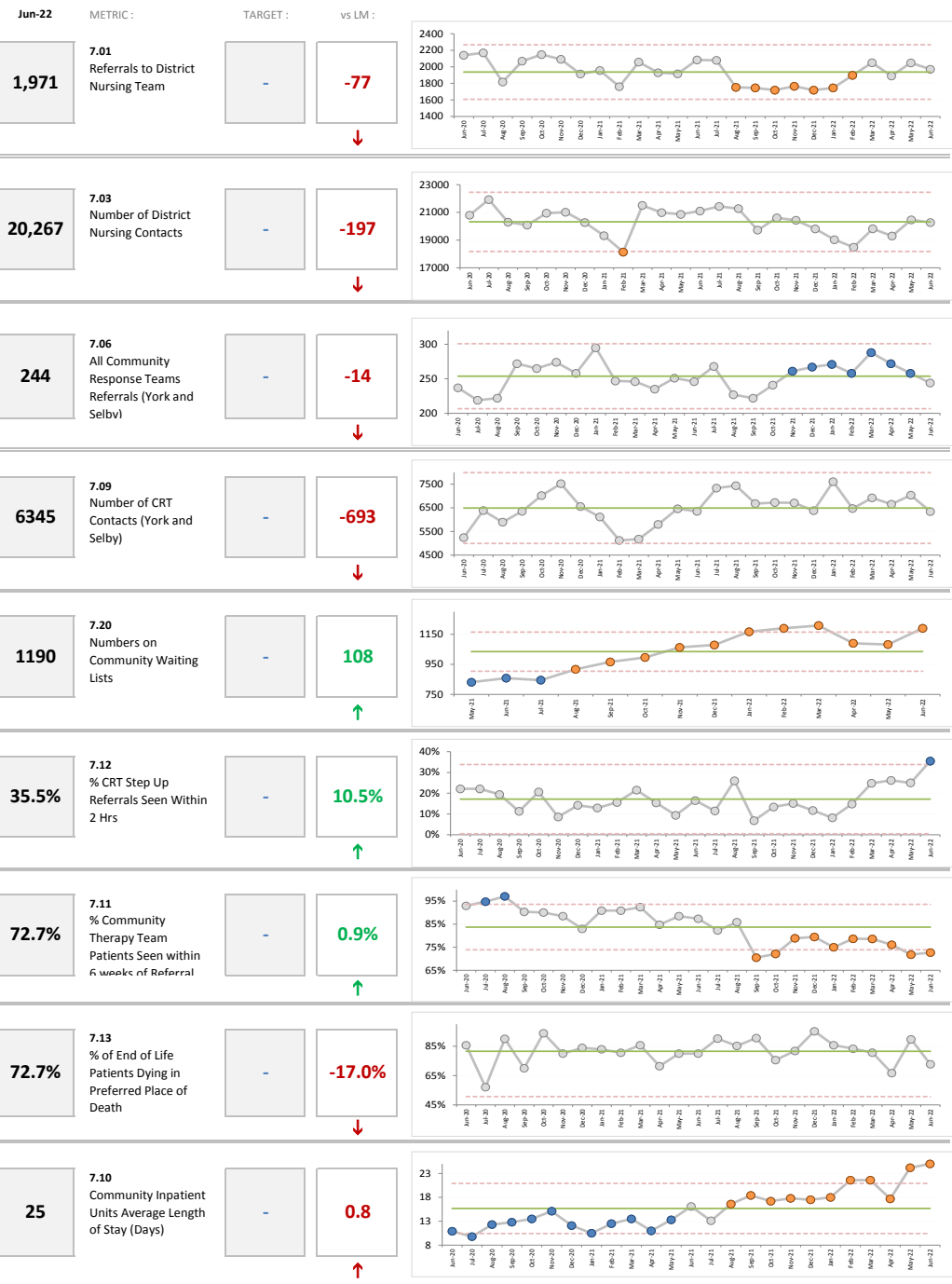
Ethnic codes have been grouped as per the 2021 census. Any patient where Ethnic Group is either 'Unknown' or 'Not Stated' is excluded from the PTL proportions. Areas to take into consideration when interpreting the data include the lack of available site split for Trust Catchment, and the variation that 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: June-2022

## OPERATIONAL PERFORMANCE: COMMUNITY ACTIVITY



### HIGHLIGHTS FOR BOARD TO NOTE :

The adult community services waiting list position increased in June and is approaching again the high levels that were seen in February and March 2022. Contributing to this is a 20% increase in community nursing waiters for continence assessments for which the service has plans to employ dedicated assessors to tackle this backlog. There was also an increase in the number of patients waiting for community therapy interventions which continues to be reflected in the declining percentage of patients who have been seen within six weeks.

The number of patients waiting for community specialist nursing teams remains relatively unchanged in June at around 190 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.

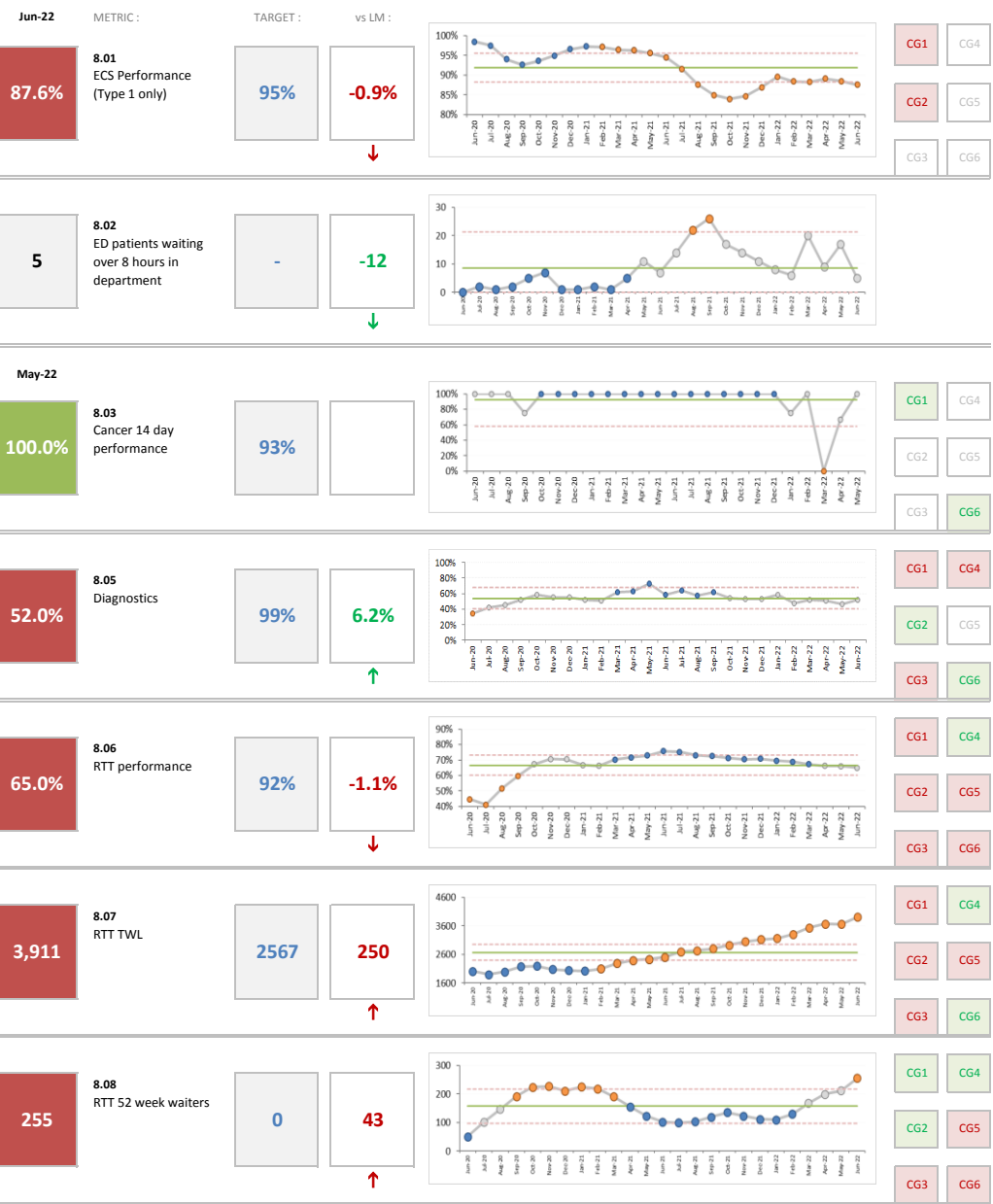
As no growth funding was allocated to adult community services, it is likely that the structural deficit of capacity against the predicted increases in demand will result in growing backlogs, waiting lists and delays for patients to receive required interventions. A paper setting out the options for addressing this is to 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.

Finally, work to implement the Urgent Community Response model locally continues to progress with a new triage and initial assessment process delivered jointly between community health and primary care teams commencing at the start of July. The preparation work for this is reflected in the increased number of CRT urgent step up patients who received an intervention within 2hrs (35.5% in June).

# TRUST BOARD REPORT: June-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 87.6% in June 2022 (May 2022: 88.4%).

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.

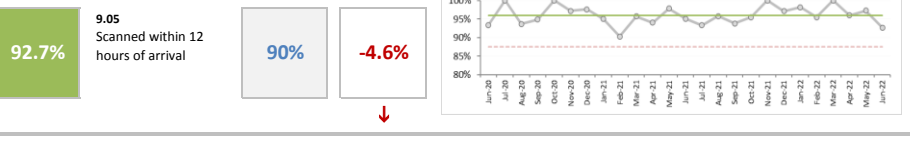
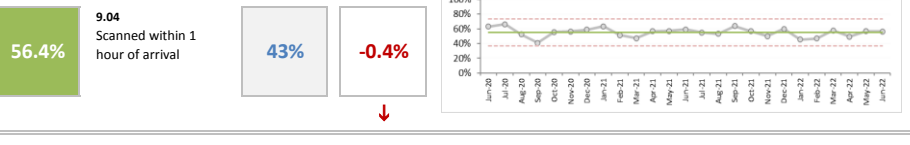
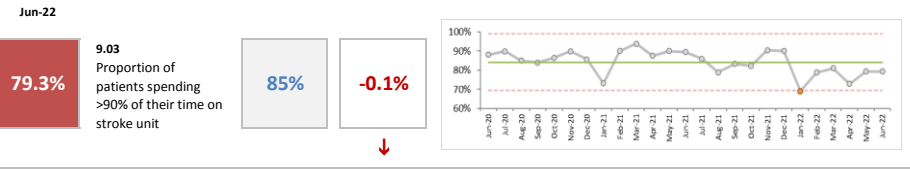
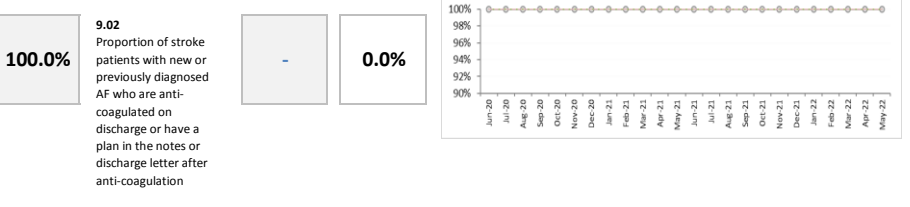
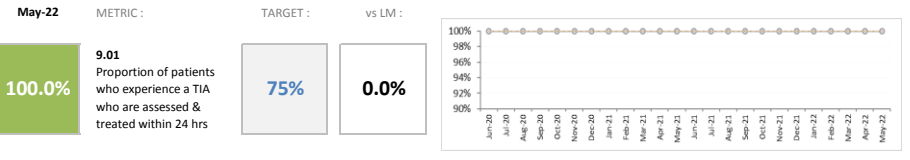
The paediatric team are also engaging with primary care partners across all our places to understand their capacity and needs to support managing children in the community better, and refreshed guidelines written for primary care in managing the most common conditions in children are now available.

June 2022 saw similar non-elective admissions for children, up just three admissions from May 2022.

RTT performance against the 92% target is higher than the Trust overall performance (65% compared to 59%). The Trust is declaring 255 RTT fifty-two week waiters relating to children and young people at the end of June 2022. Children comprise approximately 8% of the total number of the fifty-two week waiters that the Trust is declaring for the end of June 2022 (3,102).

# TRUST BOARD REPORT: June-2022

## OPERATIONAL PERFORMANCE: STROKE



### 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 has been developed and the service are working with the Stroke Network to implement the plan.

# TRUST BOARD REPORT : June-2022

## OPERATIONAL PERFORMANCE SUMMARY - SCARBOROUGH

REF	OPERATIONAL PERFORMANCE: UNPLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1.01	Locality Emergency Care Attendances			8303	8707	8785	8043	7906	7045	6840	6361	6387	7321	7377	8063	8245
1.02	Locality Emergency Care Breaches			2057	2220	2517	2682	2399	2290	2249	1845	1919	2200	2294	2368	2382
1.03	Locality Emergency Care Standard Performance	95%		75.2%	74.5%	71.4%	66.7%	69.7%	67.5%	67.1%	71.0%	70.0%	69.9%	68.9%	70.6%	71.1%
1.04	ED Conversion Rate: Proportion of ED attendances subsequently admitted			49%	45%	44%	41%	45%	44%	43%	45%	47%	44%	43%	42%	43%
1.05	ED Total number of patients waiting over 8 hours in the departments			516	635	791	948	896	840	837	705	764	934	911	874	922
1.06	ED 12 hour trolley waits	0		13	42	40	75	68	124	237	282	364	309	429	367	431
1.07	ED: % of attendees assessed within 15 minutes of arrival			40%	33%	26%	27%	28%	27%	29%	48%	41%	44%	40%	39%	37%
1.08	ED: % of attendees seen by doctor within 60 minutes of arrival			36%	35%	27%	22%	28%	24%	31%	37%	28%	26%	26%	28%	30%
1.09	ED - Percentage of patients who Left Without Being Seen (LWBS)	5%		4.0%	3.9%	5.2%	5.3%	4.0%	4.4%	3.4%	2.5%	4.2%	3.5%	4.0%	3.7%	4.4%
1.10	ED - Median time between arrival and treatment (minutes)			268	263	318	343	334	341	330	295	315	320	333	325	320
1.11	Ambulance handovers waiting 15-29 minutes			463	517	472	412	453	415	363	395	326	348	327	401	304
1.13	Ambulance handovers waiting 30-59 minutes			160	216	228	246	265	261	272	225	203	246	255	301	304
1.14	Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.15	Ambulance handovers waiting >60 minutes			31	67	143	241	255	283	293	183	257	364	422	372	377
1.16	Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	-	-
1.17	Ambulance handovers: Percentage waiting within 15 mins (shadow monitoring)			61.8%	54.6%	48.0%	40.4%	36.7%	34.8%	32.5%	42.6%	40.0%	35.5%	25.2%	27.4%	27.2%
1.18	ED - Mean time in department (mins) for non-admissions (shadow monitoring)			271	272	334	342	329	325	327	304	351	347	357	348	350
1.19	ED - Mean time in department (mins) for admissions (shadow monitoring)			377	415	465	528	529	575	617	626	692	625	713	651	700
1.21	ED - Mean time between RFT and admission (mins) for admissions (shadow monitoring)			158	181	184	221	228	281	338	377	435	360	458	410	446
1.22	ED - Number of non-admissions waiting 12+ hours (shadow monitoring)			43	70	111	143	121	105	136	100	152	157	168	156	153
1.23	ED - Number of admissions waiting 12+ hours (shadow monitoring)			239	301	346	418	470	498	527	568	579	564	635	593	659
1.24	ED - Critical time standards (shadow monitoring - awaiting guidance on metrics)			-	-	-	-	-	-	-	-	-	-	-	-	-
2.01	Non Elective Admissions (excl Paediatrics & Maternity)			1641	1634	1484	1397	1490	1462	1392	1414	1413	1574	1487	1565	1490
2.02	Non Elective Admissions - Paediatrics			316	315	317	271	251	260	242	197	238	219	253	266	277
2.05	Patients with LOS 0 Days (Elective & Non-Elective)			794	786	664	591	594	585	552	633	692	814	698	795	749
2.06	Total number of patients during the month with a LoS >= 7 Midnights (Elective & Non-Elective)			339	387	367	382	405	406	376	373	355	397	377	368	354
2.07	Ward Transfers - Non clinical transfers after 10pm	33		14	19	22	25	25	21	33	38	43	56	48	28	27
2.08	Emergency readmissions within 30 days			274	302	239	234	236	241	246	-	-	-	-	-	-
2.09	Stranded Patients at End of Month (Scarborough & Bridlington)			102	108	118	121	130	149	149	164	158	155	150	164	159
2.10	Average Bed Days Occupied by Stranded Patients (Scarborough & Bridlington)			102	100	113	132	129	135	145	158	153	154	160	160	161
2.12	Super Stranded Patients at End of Month (Scarborough & Bridlington)			25	30	38	42	42	53	55	63	61	73	72	69	
2.13	Average Bed Days Occupied by Super Stranded Patients (Scarborough & Bridlington)			32	24	36	39	41	44	57	63	62	63	70	71	76

REF	OPERATIONAL PERFORMANCE: PLANNED CARE	TARGET	SPARKLINE / PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
3.01	Outpatients: All Referral Types			8306	8215	6813	7533	7074	7373	6241	6373	6386	7281	6180	7381	6716
3.02	Outpatients: GP Referrals			3296	3432	2905	3236	3264	3596	3017	3217	3342	4030	3344	4052	3981
3.03	Outpatients: Consultant to Consultant Referrals			589	656	506	548	546	600	611	518	527	607	524	591	461
3.04	Outpatients: Other Referrals			4421	4127	3402	3749	3264	3177	2613	2638	2517	2644	2312	2738	2274
3.05	Outpatients: 1st Attendances			4580	4457	3898	4055	4269	4772	3794	3982	4135	4936	3554	4693	4496
3.06	Outpatients: Follow Up Attendances			9268	8704	8162	9588	8608	9999	8207	8819	8302	9606	8049	9452	8440
3.07	Outpatients: 1st to FU Ratio			2.02	1.95	2.09	2.36	2.02	2.10	2.16	2.21	2.01	1.95	2.26	2.01	1.88
3.08	Outpatients: DNA rates			6.1%	6.6%	6.7%	6.7%	6.9%	7.8%	7.2%	7.7%	6.5%	6.6%	7.4%	7.3%	7.0%
3.09	Outpatients: Cancelled Clinics with less than 14 days notice	60		59	88	130	97	111	123	104	112	93	119	91	83	91
3.10	Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons			375	528	337	461	1025	944	888	665	660	810	638	752	748
4.01	Elective Admissions			195	209	111	191	162	182	174	86	155	217	158	198	183
4.02	Day Case Admissions			2056	2026	1812	1996	1849	1968	1906	1911	1816	2197	1794	2090	1955
4.03	Cancelled Operations within 48 hours - Bed shortages			0	2	2	0	0	5	10	8	1	3	3	0	1
4.04	Cancelled Operations within 48 hours - Non clinical reasons			10	20	16	15	15	14	43	63	27	47	56	13	37
4.05	Theatres: Utilisation of planned sessions			73%	70%	68%	70%	74%	73%	62%	66%	74%	74%	68%	77%	82%
4.06	Theatres: number of sessions held			222	179	148	190	244	192	168	175	181	208	152	178	165

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 : June-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

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
74.6%	74.1%	72.4%	71.2%	71.1%	71.0%	70.6%	69.6%	67.7%	67.0%	65.6%	67.3%	66.4%
348	312	317	332	356	343	330	323	317	351	401	414	448
149	139	152	145	126	96	78	69	61	45	57	69	65
3	12	20	23	33	25	25	26	24	14	14	5	1
10044	10495	10890	11124	11208	11492	11746	11896	11978	12326	13190	13956	14853
1106	1150	1221	1287	1338	1391	1463	1485	1512	1547	1594	1613	1639
1450	1573	1790	1920	1903	1937	1996	2130	2354	2521	2943	2949	3355
14.1	13.4	14.1	14.2	14.4	14.0	14.4	14.6	14.7	14.8	15.4	15.4	15.6
109	99	94	90	96	110	105	96	95	102	93	88	122
78%	81%	69%	71%	73%	78%	70%	73%	77%	81%	65%	74%	77%

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%	

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
90.6%	94.2%	90.4%	91.4%	90.0%	93.6%	92.6%	81.3%	80.3%	90.9%	76.5%	91.3%	-
-	-	-	-	-	-	-	-	-	-	-	-	-
93.4%	100.0%	94.9%	96.2%	96.9%	95.2%	96.8%	87.1%	93.1%	95.8%	100.0%	98.4%	-
100.0%	100.0%	100.0%	88.9%	100.0%	90.9%	85.7%	58.3%	100.0%	80.0%	100.0%	75.0%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
57.0%	61.4%	62.3%	47.5%	58.3%	69.6%	70.7%	50.9%	49.5%	52.0%	69.2%	63.4%	-
-	-	0.0%	48.8%	0.0%	-	-	-	-	-	-	-	-
49.4%	52.6%	48.0%	54.0%	60.6%	59.8%	64.5%	52.9%	66.5%	65.7%	65.2%	63.1%	-

# TRUST BOARD REPORT : June-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	

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
10915	11169	10857	10770	11345	10551	9580	9374	9699	10987	10496	11244	10933
1585	2458	3040	3108	3542	2948	2548	2581	2596	3116	2918	3078	2862
85.5%	78.0%	72.0%	71.1%	68.8%	72.1%	73.4%	72.5%	73.2%	71.6%	72.2%	72.6%	73.8%
31%	39%	39%	39%	36%	39%	42%	41%	39%	37%	38%	37%	38%
142	437	726	777	962	756	824	807	757	957	772	833	729
0	1	3	23	13	35	61	181	219	387	321	324	296
71%	59%	54%	47%	41%	46%	50%	52%	50%	49%	60%	60%	60%
41%	33%	29%	26%	25%	27%	33%	33%	31%	29%	30%	31%	31%
1.5%	3.0%	3.8%	3.9%	4.2%	4.0%	2.4%	2.4%	2.6%	3.0%	3.6%	3.7%	3.4%
171	192	210	213	219	215	203	204	207	214	208	204	195
306	329	364	360	361	330	341	364	328	273	285	330	343
83	140	193	199	218	205	207	265	207	229	224	331	287
-	-	-	-	-	-	-	-	-	-	-	-	-
31	84	159	204	368	258	382	342	292	338	282	380	295
-	-	-	-	-	-	-	-	-	-	-	-	-
80.4%	73.9%	64.9%	62.8%	48.8%	50.8%	43.3%	38.2%	42.4%	33.9%	41.5%	34.7%	38.1%
168	197	220	220	235	225	212	224	220	238	228	222	216
236	299	355	388	433	404	458	502	472	546	526	502	471
80	113	151	173	214	196	247	292	276	344	326	309	284
3	22	30	54	81	58	66	92	74	138	101	95	82
26	94	275	339	480	394	561	585	505	724	598	635	528
-	-	-	-	-	-	-	-	-	-	-	-	-
3319	3254	3175	3153	3080	3001	3049	2807	2700	2881	2746	2992	2955
408	470	486	488	586	629	477	389	470	474	405	473	459
1400	1360	1371	1385	1398	1384	1238	1137	1265	1286	1163	1370	1310
609	695	678	697	688	668	765	735	641	737	714	731	679
39	35	56	70	85	75	80	88	73	108	76	59	100
629	575	533	511	515	477	481	-	-	-	-	-	-
150	163	204	192	242	227	243	302	291	264	250	261	277
145	160	179	203	230	225	230	274	287	289	274	274	263
35	32	46	57	84	65	84	104	128	122	105	105	103
32	34	35	52	68	80	69	99	117	129	107	103	95

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	

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
14478	14166	12635	13734	14220	15134	12310	12375	12635	14181	12362	13358	12320
6140	6055	5426	6149	6311	6819	5667	5530	5785	6966	5687	6322	5991
1385	1429	1154	1323	1261	1432	1243	1103	1174	1308	1171	1376	1158
6953	6682	6055	6262	6648	6883	5400	5742	5676	5907	5504	5660	5171
9683	8563	7921	8940	8358	9253	7798	8337	8607	9803	8170	9634	9092
26415	24840	23283	25738	24529	26805	22497	23750	22683	26566	21762	25118	23715
2.73	2.90	2.94	2.88	2.93	2.90	2.88	2.85	2.64	2.71	2.66	2.61	2.61
5.3%	5.6%	6.1%	6.0%	5.7%	6.6%	6.7%	6.4%	5.9%	6.0%	5.8%	6.2%	6.3%
93	163	139	150	176	175	146	255	165	276	156	136	131
630	855	620	804	1844	1821	1638	1742	1633	1968	1791	1762	1696
364	346	358	370	305	432	359	371	334	402	387	449	421
4654	4390	3885	4167	3829	4367	4258	4175	4257	4696	3992	4395	4153
2	4	13	28	1	3	7	89	53	72	33	17	2
65	82	68	94	42	56	86	295	225	204	107	140	87
77%	75%	75%	73%	76%	80%	76%	71%	73%	72%	76%	81%	79%
533	484	424	463	434	469	407	434	387	446	394	455	425



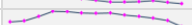



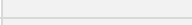

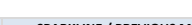
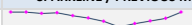
Outpatient appointments data from June 2021 now excludes CAS (Clinical Assessment Service) clinics, in line with SUS reporting. Outpatient appointments data for 1st Attendances and Follow Up attendances has been updated from April 2021 to match NHSI/E counting methodology.  
 All Referrals figures in 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 : June-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
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*

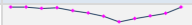


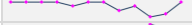




\*Priority 2: includes all P2 pathways where there is a surgical decision to treat, not just open RTT pathways

TARGET	SPARKLINE / PREVIOUS MONTH
	
	
	
	
	
	
	
	
	
	

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
68.6%	67.3%	66.1%	63.8%	62.5%	61.9%	60.3%	59.0%	57.9%	56.0%	54.3%	55.5%	55.2%
1140	1049	1031	1217	1332	1241	1256	1292	1404	1794	2140	2407	2654
489	505	540	547	451	330	289	256	251	259	286	249	218
37	44	73	107	104	96	93	96	82	72	61	47	7
20663	21464	22297	23137	23823	24377	25151	25112	25500	27002	27676	28220	29250
2756	2672	2676	2829	2905	2867	2947	3066	3143	3448	3498	3377	3427
3742	4343	4892	5541	6018	6416	7044	7230	7601	8439	9135	9181	9674
16.8	16.5	17.0	17.4	17.5	17.3	18.3	19.0	19.2	19.7	20.5	20.9	21.0
465	409	475	554	452	482	495	481	471	572	600	546	613
74%	75%	70%	75%	69%	75%	65%	68%	68%	67%	62%	63%	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%	

Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
95.3%	95.8%	92.7%	93.9%	88.1%	83.5%	76.5%	64.8%	71.7%	76.8%	82.3%	95.3%	-
93.6%	93.5%	96.0%	92.9%	81.2%	57.8%	33.1%	16.0%	26.3%	38.4%	77.5%	87.5%	-
98.6%	98.3%	98.3%	97.7%	99.1%	95.4%	98.9%	93.8%	96.8%	97.7%	97.5%	95.5%	-
91.3%	87.1%	87.0%	86.4%	96.2%	82.1%	96.4%	83.3%	77.8%	90.5%	80.0%	78.0%	-
100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	97.1%	98.6%	95.0%	96.0%	100.0%	-
71.0%	68.7%	62.4%	74.9%	73.9%	70.4%	72.1%	68.9%	64.7%	79.2%	73.1%	60.4%	-
93.2%	84.0%	93.5%	74.9%	83.3%	71.4%	93.9%	79.4%	80.8%	84.2%	81.5%	83.0%	-
69.7%	68.0%	70.6%	66.6%	77.4%	72.5%	78.2%	66.0%	76.9%	76.3%	75.0%	73.7%	-

# DIGITAL AND INFORMATION SERVICE

June-2022

Produced July-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: June-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

- James Hawkins, incoming CDIO will start on 30th August 22. Knowledge transfer from Interim CDIO has begun.
- The Head of Digital Delivery (Jane Clayson) started on 4th July.
- The CTO (Luke Stockdale) continues with successful probationary period. Phase 2 Operating Model now developed and early engagement with HR/Finance colleagues further improving the capability of the CTO Function. Significant improvement in the working environment at Park House/Scarborough DIS office - i.e. set up room/installation of Service Desk dashboards
- The CNIO (Nik Coventry) continues with successful probationary period.
- CPD Developer recruitment continues to prove difficult despite a number of different avenues being pursued.

#### Processes

- Refreshed EPR Strategic Outline Case has been completed as part of alignment with the overall ICS EPR Strategy and submitted to the NHSEI Regional Finance team for 'early healthcheck'.
- NHS England have indicated that YSTHFT is eligible for £45.7m funding (85% Capital allocated to the Trust, 15% Revenue allocated to the ICS) from the Frontline Digitisation Programme to support affordability over the next 3 years. This represents 80% of the expected costs of procuring a new EPR system, with the remaining 20% expected to be match funded by the Trust over 5 years.
- YSTHFT will collaborate with partners in the ICS to explore the level of ambition for joint procurement of new EPR system with approximately ~£90-£100m of funding in total across the ICS partners.
- 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. The EPR Funding may provide an avenue to support Essential Services Programme work to underpin EPR and release pressure on the discretionary Capital programme this FY.
- Work continues on the Service Management, with early benefits been realised around the Problem Management work improving first time fix rate. Aggressive timelines for the holistic partner tender for infrastructure, hardware provision and telecoms for completion in September 22.
- The CTO team, alongside Becky Bradley and the IG have worked closely with Audit to complete the Trusts DSP Toolkit regulatory compliance report in line with expectations.

#### Technology

- Agreed at ESP Board to put VDI Solution on hold to ensure we are not incurring burn rate without any delivery due to resource implications will review at the next- board meeting.
- Office 365 continues with multiple workstreams in place, corporate areas nearing completion on track with plan.
- Whilst upgrades happening plans are currently been drawn up for migrating Mailboxes and prerequisites work on shared mailbox are taking place.
- Estate work within Trust Data Centres to increase cooling is progressing - actively monitoring as on critical path.

#### 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.

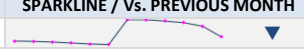



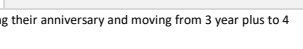

Author(s): Andy Williams, Interim Chief Digital Information Officer

Director Sponsor: Andy Williams, Interim Chief Digital Information Officer



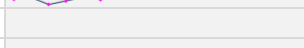
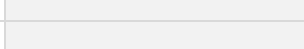


Date: July-2022

# TRUST BOARD REPORT: June-2022



## DIGITAL AND INFORMATION SERVICE

REF	INFRASTRUCTURE & SERVICE MANAGEMENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
9.03	Number of end user devices over 4 years old *			4220	4150	4130	4100	4050	3990	3960	5381	5370	5300	5215	5000	4400
9.04	Total number of calls to Service Desk			4227	4355	3951	4088	4324	3719	3533	3896	3276	4035	3847	3930	3463
9.05	Total number of calls abandoned			982	994	802	1068	1052	1033	1070	979	539	861	755	1018	665
9.06	Percentage of Service Desk Calls Resolved at First Point of Contact			12.2%	12.0%	11.7%	11.0%	12.3%	12.3%	15.0%	13.9%	14.8%	16.3%	16.6%	14.2%	14.7%
9.07	Number of Open calls (last day of month)			1608	1705	1768	1834	1769	1895	1733	1895	1882	1972	1930	2126	2103
9.09	Number of users that have had NHS mail account set up for N365			-	-	-	-	-	3410	3410	3450	3450	3500	3500	8737	8751

\* 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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
9.10	Number of incidents reported and investigated			38	33	28	27	34	30	24	38	33	32	25	25	38
9.11	Number of Patient SARs			224	214	210	192	217	298	236	310	329	405	290	342	304
9.12	Number of Patient SARs processed within one calendar month*			197	213	145	180	217	194	235	309	327	404	290	342	304
9.13	Number of FOIs received (quarterly)			151	-	-	123	-	-	86	-	-	123	-	-	121
9.14	Percentage of FOIs responded to within 20 working days (quarterly)			77%	-	-	76%	-	-	87%	-	-	77%	-	-	75%
9.15	Number of IG complaints made about Trust data handling to ICO			1	0	0	0	0	0	0	0	0	0	0	0	0

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

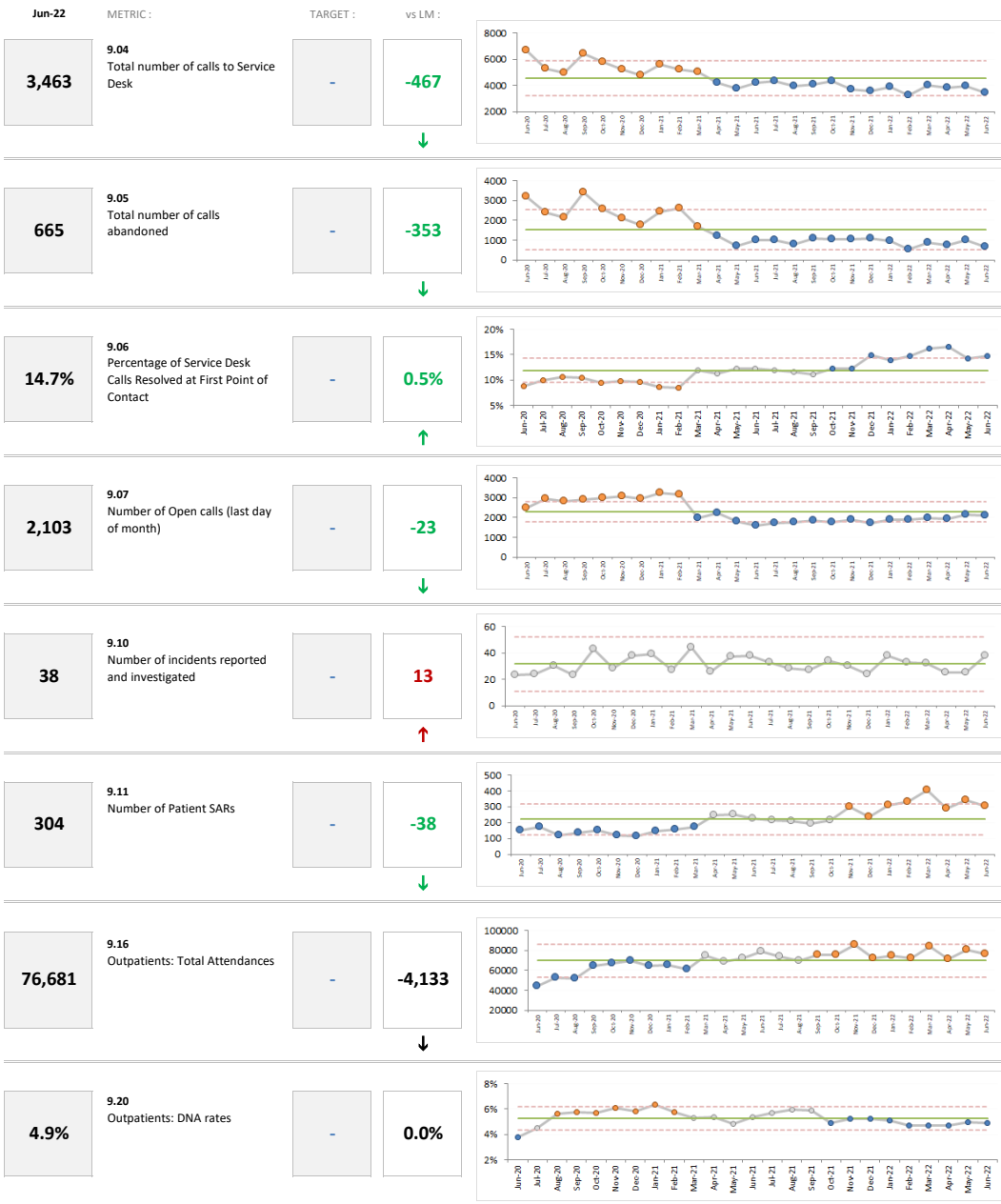
REF	OUTPATIENT TRANSFORMATION	TARGET	SPARKLINE / Vs. PREVIOUS MONTH	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
9.16	Outpatients: Total Attendances			78557	74008	69448	75227	75355	85451	72234	74453	71734	83781	70918	80814	76681
9.20	Outpatients: DNA rates			5.4%	5.7%	6.0%	5.9%	4.9%	5.2%	5.2%	5.1%	4.7%	4.7%	4.7%	5.0%	4.9%

### KEY:

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

# TRUST BOARD REPORT: June-2022

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



### HIGHLIGHTS FOR BOARD TO NOTE:

#### CTO Update:

##### Operating Model

New CTO now in place after a successful handover from interim. Phase 2 Operating Model now developed and early engagement with HR/Finance colleagues further improving the capability of the CTO Function. Significant improvement in the working environment at Park House/Scarborough DIS office - i.e. set up room/installation of Service Desk dashboards.

##### Service and Operations:

The CTO function has reignited the Technical Steering Group providing a platform for strategic technical discussions. Part of the group outputs is the development of an overarching Infrastructure Strategy with underpinning strategies (i.e. network, end user, data warehouse and platform etc.) in place.

Work continues on the Service Management, with early benefits been realised around the Problem Management work improving first time fix rate.

Aggressive timelines for the holistic partner tender for infrastructure, hardware provision and telecoms for completion in September 22 led by Chris Brennan/Simon Hayes.

##### Essential Services Programme:

Realigned Programme with Head of Infrastructure taking over ownership (Adrian Shakeshaft) with mentorship provided by current Programme Manager.

Office 365 continues with multiple workstreams in place, corporate areas nearing completion on track with plan. A retrospective will take place then focus on clinical areas with senior exec agreement. Whilst upgrades happening plans are currently been drawn up for migrating Mailboxes and prerequisites work on shared mailbox are taking place.

Agreed at ESP Board to put VDI Solution on hold to ensure we are not incurring burn rate without any delivery due to resource implications will review at the next- board meeting.

Estate work within Trust Data Centres to increase cooling is progressing - actively monitoring as on critical path.

##### Cyber:

The DSP Toolkit was submitted in June in line with expectations. Due to unforeseen circumstances we have had to onboard another Cyber Lead, this lead will have a stronger focus on the technical elements however stills working closely with information governance.

#### Outpatient Transformation

The number of outpatients seen via either telephone or video in June equated to 20.9% of attendances (excluding radiology).



## Action Notes

### Executive Committee

15 June 2022

**/ Attendance:** Simon Morritt (SM) (Chair), Andrew Bertram (AB), Heather McNair (HM), Polly McMeekin (PM), Lucy Brown (LB), Andy Williams (AW), Amanda Vipond (AV), Jo Mannion (JM), Mike Harkness (MH), Srinivas Chintapatla (SC), Mark Quinn (MQ), Stuart Parkes (SP), Donald Richardson (DRi), Lisa Gray (LG) (action note taker), Andrew Bennett (ABe) (LLP item only), Melanie Liley (ML) Jenny Hey (JH) (Bed occupancy item only)

**/ Apologies for Absence:** James Taylor (JT), Wendy Scott (WS), Gerry Robins (GR), Ed Smith (ES), 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 01 June 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** ML confirmed the pathway zero improvement work action could close as this was being picked up by the discharge steering group who will report back up through the Building Better Care Programme.

PM noted there was a significant delay with the harmonisation of local pay action. A meeting is planned for the end of July to discuss this, unfortunately it could not be planned in sooner due to annual leave commitments. An update will now come to the committee in August before the outcomes are submitted to the LNC for discussion.

HM confirmed the actions relating to the quality reporting proposal, the numerous CQC actions and reviewing a similar model for York as is in Bridlington could all be closed.

**/ Actions agreed** • LG to update the action log.

## / Notes

SM welcomed ABe to the meeting.

ABe highlighted a report was included for the 2022/23 financial year and the LLP are on target to spend the £55/60m allocated which has helped with having the contractors Kier and IHP signed up for the two York ED and Scarborough UEC projects.

The resources pressure and risk sections remain the same as previously reported however ABe was pleased to report there had been no more incidents to report since the last meeting.

ABe confirmed the bereavement suite/ablution services project had received approval from the Capital Programme Executive Group and works would commence in 6-8 weeks and would be due to complete by December 2022.

The legal agreements for the Lantern project at the Community Stadium have now been signed and sealed by the Trust. Full fit out will be completed by December 2022.

ABe noted he was working closely with Kevin Wilson on the AHP's accommodation requirements within York and surrounding areas.

Both the Scarborough UEC and York ED works are progressing at pace and are on programme. ABe's main worry with the York ED is the significant cost pressures. Discussions are ongoing and it is anticipated these will be concluded by the end of June. An updated position will be shared within the next YTHMFM report.

ABe highlighted he had emailed out a comprehensive update on the VIU project prior to today's meeting. The redesign and commercial work will be undertaken between now and the end of March 2023, with work to start shortly afterwards. AB added his previous concerns around losing the funding given the time this has taken do not appear to have materialised and the ICB are working closely with the Trust to keep this within their plans. The plan will be to draw down as much of the loan as is possible for phase one of the works.

SM queried how secure the TIF2 bid funding was. AB noted the bid had strong support from both the ICB and regional teams and it was with the national team for approval but AB felt quietly confident this would be secured.

HM highlighted there was a need to submit a paper around ward refurbishments in relation to what will and won't be done this financial year to enable the committee to be fully sighted on the risks associated with not doing all of the work. HM agreed Tara Filby would link in with YTHFM colleagues to write and submit the report.

AV questioned ABe on when the call bells in ITU would be functioning. ABe noted DIS have completed the patch work and

YTHFM had commissioned it so he would check how far off completion it was and update AV outside of the meeting.

ABe agreed with PM to liaise outside of the meeting in relation to getting the further information PM required to input for the charitable funds bid to gain money to convert part of the chapel into a staff wellbeing area.

AB highlighted Jane Money had submitted the Sustainable Development Group (SDG) updated Terms of Reference (ToR) for the committee's approval, alongside the last meeting's minutes for noting.

The committee noted the SDG minutes and approved the updated ToR.

SC questioned ABe what the timescales were for staff moving out in Scarborough under the RACC programme as the messaging they are receiving is the building is dangerous so they are becoming anxious and are keen to know when they will vacate.

ABe noted surveys were taking place to assess whether the planks were deteriorating to review if the building was currently dangerous and that he was awaiting information from Estates colleagues in regard to short term arrangements for moving SC's team.

It was agreed ABe would provide SC with an update by the end of the week, including a timescale and that the messaging needed to change in relation to the building being dangerous.

SM thanked ABe for attending in the absence of Mark Steed.

#### / Actions agreed

- Tara Filby to submit a report on ward refurbishments highlighting the risks associated.
- The committee noted the SDG minutes and approved the updated SDG ToR.

#### Agenda Item:

#### Chief Executives Update

#### / Notes

SM noted his Week Ahead email to all staff earlier in the week informed staff that JT was retiring from the Trust in November. Plans are in place for Odgers Berndtson recruitment agency to assist the Trust in appointing a new medical director and it is anticipated an advert will go live next week, with the process running until the end of August.

WS is going on secondment at the end of the month until the end of March 2023. Following expressions of interest, ML is stepping in as interim Chief Operating Officer. If WS decides not to return to the Trust, then a process will be put in place to substantively recruit to the position.

SM confirmed James Hawkins will commence in post as the new Chief Digital and Information Officer at the end of August, taking over from AW who stepped in as interim following Dylan Roberts departure earlier this year.

On SM's request AW confirmed that as part of NHSE's Digital Frontline Digitisation Programme they have identified York, Scarborough, Harrogate and Humber as having a low level of digital maturity on Electronic Patient Records (EPR) and therefore it is felt there is a need to give a high level of investment to improve this. Hull and NLAG will also receive some funding as the ICS as a whole has been assessed as having a low level of digital maturity. Leading to a significant opportunity for the ICS as a whole to collaborate and understand how an EPR could be converged across the system. It is believed an accelerated business case process will take place, and it needs to be understood whether there is, across the ICS, the appetite to collaborate on one EPR system, or whether it should be individual Trusts. Bids will be put in for the funding and if successful a system will be procured whether that will be something off the shelf or bespoke. It is still several years from being fully implemented so in the meantime all CPD developments should continue.

AW added a paper would be submitted to June's Board meeting around quick wins that can be picked up over the next few years.

**/ Actions agreed**

- Nil.

**Agenda Item: CQC Update**

**/ Notes**

HM noted a report alongside the two warning letters were included in the meeting pack for information. There has been no further movement since the last update however the action plan needs to be submitted by the beginning of next week. CG's 1&3 have been involved in the action plan and HM will share this with the committee in advance of submission for comments.

**/ Actions agreed**

- Nil.

**Agenda Item: Integrated Business Report**

**/ Notes**

ML noted everyone was aware of the performance position but highlighted covid-19 numbers are on a small and steady increase which matches the national picture as the community prevalence is increasing. Currently covid-19 patients are being managed within the Trusts existing footprint.

ML confirmed the 104-week position is on plan for the end of the month and the focus is on the waiting list position in outpatients.

HM highlighted the regional IPC team visited Scarborough last week, and feedback is awaited from this however performance remains

poor. The Trust is one of the worst performing in the country against C.Diff, MSSA and E.Coli.

HM confirmed the Ockenden visit is taking place next week. The regional team will be attending to check the Trust's progress against the national standards.

ML added the GUM team have highlighted this morning that there may be two potential monkeypox patients, these are being managed through the standard operating procedure but it was worthy of note as there may be media interest.

#### / Actions agreed

- Nil.

#### Agenda Item:

#### Bed Occupancy and ward reconfiguration update

#### / Notes

SM welcomed JH to the meeting.

JH talked the committee through her report in detail, which highlights the outcome of the bed modelling exercise which has been undertaken to inform the requirement for inpatient bed stock on both main sites.

JH and ML highlighted investment was being made available centrally to assist in increasing bed capacity however the team have feedback that this would be better used to address the capacity issues within home care and residential nursing care provision. If this was addressed the Trust would not need to look at increasing its capacity as those currently residing in hospital who don't need an acute bed would be moved into the correct provision. It doesn't appear this will happen therefore the Trust needs to look to increase its capacity to ease pressures.

The committee discussed the report and agreed it was helpful that the outcome of the exercise matched what NHSE are saying the Trust needs to increase its bed base by. The challenge will be workforce, as staffing the current number of beds is extremely challenging. Therefore there is a need to look to align this with the CQC nurse staffing review and return it to the committee.

ML and JH to work on submitting a bid to NHSE by 20 June to confirm how much investment would be required to allow the Trust to open up the additional bed capacity. In addition it will highlight the investment needed to keep the Bridlington model running and the requirements to look to open a similar ward in York. It was agreed to look at a model for York that did not require any registered staff to be present, with a plan in place for registered staff to be available to attend in an emergency. SM noted this will help support the Trust to continue with the work it is already doing and look to enhance it.



The committee agreed information should be shared with the teams in relation to the patient's length of stay and the good work they are doing as this will increase moral.

**/ Actions agreed**

- ML & JH to submit bid for additional investment to help increase bed capacity, including the Bridlington model and a similar model in York.

**Agenda Item: GIRFT**

**/ Notes**

This item was moved to the Executive Transformation Committee meeting today to have a wider discussion.

**/ Actions agreed**

- Nil.

**Agenda Item: Community Diagnostics Centres for York and Scarborough**

**/ Notes**

This item was moved to the Executive Transformation Committee meeting today to have a wider discussion.

**/ Actions agreed**

- Nil.

**Agenda Item: Trust performance – organ donation and transplantation**

**/ Notes**

SM noted the letter had been shared with the committee for information only.

**/ Actions agreed**

- Nil.

**Agenda Item: Closing 'old' open referrals**

**/ Notes**

DR noted the report was asking for the committee's approval to close all consultant led referrals which are over three years old and have had no activity within the last three years. Adding the organisation has been historically bad at closing these down. It will allow the Trust to accurately use exception reports to track patient activity and monitor outpatient performance using open referrals as a patient targeting list.

The committee discussed and agreed for Digital and Information Services to undertake this work.

**/ Actions agreed**

- The committee discussed and agreed for Digital and Information Services to undertake this work.

**Agenda Item: Care Group Reports**

SM highlighted CGD's should submit a written report to the committee for the second meeting of the month. The first meeting of the month is a verbal by exception update.

### **Care Group 3**

AV noted there was nothing additional to highlight from the CG.

### **Care Group 1**

MH noted work continues to take place on EAU.

An appointment has been made for York ED's Clinical Director role which is an important change. The name cannot be announced yet as paperwork is still to be completed.

MH confirmed background conversations are taking place with patient safety in terms of CQC and nursing and making things easier, adding there is lots of work to be done.

MH noted there has been an ask to turn back on electronic assessments as they are quicker and easier than paper assessments. HM added the new electronic assessment which was due to be live from June had been delayed to the end of August however she had only just been made aware of this. Therefore, the request is to switch on the old ones in CPD for the time being. SM asked for HM to discuss offline with AW about expediting the electronic assessments work to allow it to be rolled out before the end of August as it is critical these come online as soon as possible. HM agreed as it was key this was in place when the CQC return.

MH noted there has been a deterioration to the stroke stat ratings however clear plans are now in place to improve these.

### **Care Group 5**

JM noted the Ockenden visit and the two potential monkeypox cases she planned to highlight have already been mentioned.

A timeline has now been received for the work on the adaptations to the ante-natal clinic. This will take 14 weeks from the start of the works however no start date has been given yet.

### **Care Group 4**

SC noted there had been some oncology cover issues last month and MH kindly assisted with these. The CG are looking to get a locum in place but this has yet to materialise.

In relation to VIU some radiographers have been recruited and are due to start in July however VIU nursing is still at difficult levels and weekly conversations are having to take place on how this is covered.

A report will be submitted to the committee shortly in relation to the backlogs in endoscopy not being met. SC noted the back logs appear to have stalled now the insourcing money has run out.

### Care Group 6

MQ highlighted that Dermatology is a real issue. Three consultant staff are leaving, one is substantive and two are locums. Two other substantive consultants have threatened to leave so it is in a precarious position. Nationally and regionally there is a shortage of staff which is leading to lots of money being thrown around which is making it difficult to keep or attract candidates.

Cancer targets and follow ups are in decline and the team are looking at all options to resolve however it is difficult when there is little to no staff to recruit into posts.

### Care Group 2

No update was available as there was no representation from CG2 at the meeting.

#### / Actions agreed

- HM to discuss offline with AW about expediting the electronic assessments work to allow it to be rolled out before the end of August.

#### Agenda Item: Business Cases

#### / Notes

### 2021/22-59 Community Stadium and Community Estate Utilisation Plan – Quarterly Update

Neil Wilson was not present to update on this item therefore the item was deferred.

#### / Actions agreed

- Neil Wilson to present an update at the next meeting.

#### Agenda Item: Any other business

#### / Notes

No other business was discussed.

#### / Actions agreed

- Nil.

#### Date of next meeting:

The next meeting will be held on Wednesday 06 July 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	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.	<del>June 2022 – 1<sup>st</sup> meeting</del>	
01.06.2022	Deferred to either 15 June or 06 July	<del>June 2022 – 2<sup>nd</sup> meeting</del>	
15.06.2022	PM noted there was a significant delay. A meeting is planned for the end of July to discuss this, unfortunately it could not be planned in sooner due to annual leave commitments. An update will now come to in August before the outcomes are submitted to the LNC for discussion.	August 2022	
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</li> </ul>	Various	Various
		June 2022	Neil Wilson
		Ongoing	CGD & ACOO's

	funding is available to service or recommission these areas.		
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	
18.05.2022	MS to check the Scarborough site is secure and fire doors are kept closed.	May 2022	Mark Steed

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
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	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	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
15.06.2022	Tara Filby to submit a report on ward refurbishments highlighting the risks associated.	August 2022	Heather McNair
15.06.2022	ML & JH to submit bid for additional investment to help increase bed capacity, including the Bridlington model and a similar model in York.	June 2022	Melanie Liley
15.06.2022	HM to discuss offline with AW about expediting the electronic assessments work to allow it to be rolled out before the end of August.	June 2022	Heather McNair



**Action Notes**  
**Executive Committee**  
**06 July 2022**

**/ Attendance:** Simon Morritt (SM) (Chair), Heather McNair (HM), Polly McMeekin (PM), Lucy Brown (LB), James Taylor (JT), Andy Williams (AW), Amanda Vipond (AV), Jo Mannion (JM), Gerry Robins (GR), Mike Harkness (MH), Srinivas Chintapatla (SC), Ed Smith (ES), Stuart Parkes (SP), Donald Richardson (DRi), Michael Taylor (MT), Lisa Gray (LG) (action note taker), Melanie Liley (ML), Steven Kitching (SK) (Capital Programme item only)

**/ Apologies for Absence:** Andrew Bertram (AB), Wendy Scott (WS), Mark Quinn (MQ)

<b>Agenda Item:</b>	<b>Declaration of Interests</b>
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**/ Notes** No declarations of interest were declared.

**/ Actions agreed**

- Nil.

<b>Agenda Item:</b>	<b>Minutes of the meeting held on 15 June 2022</b>
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**/ Notes** SC raised the discussion in relation to Reinforced Autoclaved Aerated Concrete (RACC) had not been included therefore the below minute will be added:

‘SC questioned ABe what the timescales were for staff moving out in Scarborough under the RACC programme as the messaging they are receiving is the building is dangerous so they are becoming anxious and are keen to know when they will vacate.

ABe noted surveys were taking place to assess whether the planks were deteriorating to review if the building was currently dangerous and that he was awaiting information from Estates colleagues regarding short term arrangements for moving SC’s team.

It was agreed ABe would provide SC with an update by the end of the week, including a timescale and that the messaging needed to change in relation to the building being dangerous.’

The remaining minutes were approved as an accurate record.

**/ Actions agreed**

- LG to update minutes with the above wording.

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

**/ Notes**

SM noted there may be a solution to the PEM consultant action, given the clinical director appointment in Scarborough ED however this was still to be fully confirmed.

GR highlighted discussions in relation to 2021/22-89 Ensuring Sustainable Pancreatic, Biliary and Liver services (Medical and Surgical) Trust wide has proved difficult however the ICB are now involved in discussions. Tom Berriman is still scheduled to begin training in September.

DRi noted DIS have expedited the nursing documentation work since the last meeting to ensure the pilot and implementation is back on schedule as much as possible. DRi will share further detail with JT and HM outside of the meeting.

**/ Actions agreed**

- LG to update the action log.

**Agenda Item: Chief Executives Update**

**/ Notes**

SM checked the committee were comfortable meeting face to face given the rise in covid-19 infections. The committee agreed they were but noted it would need to be kept under review if cases continued to increase.

PM highlighted to the committee that the terms and conditions in relation to covid-19 would be removed from tomorrow, which means covid-19 related absence would now be included in sickness absence recording and there would be no uplift in sick payments. PM is picking the implications of this up with the Living with Covid-19 Working Group and communications will be sent out to all staff to notify them of the changes.

SM noted he wished to defer two items from today's agenda as having read them he felt more work needed to be done on considering alternative options and completing the business case pro-forma given the amount of money being requested. The committee agreed to the 'Deteriorating Patient and Sepsis Lead Proposal' and 'Audit Data Quality Proposal' being deferred and asked JT to pick this up with the Head of Compliance & Clinical Effectiveness.

SM highlighted the Humber and North Yorkshire Integrated Care System went live as of 1 July 2022.

Simon Cox has been appointed as the PLACE leader for the East Riding of Yorkshire however no one has been identified as the PLACE leader for York.

**/ Actions agreed**

- Nil.



**/ Notes**

PM highlighted this was a proposal asking the committee to approve the Trust implementing the Real Living Wage for those that currently fall below this.

The real living wage, as per the Living Wage Foundation, is an hourly rate of pay which meets everyday needs. The rate is determined through public consultation and is independently calculated every year to meet the real cost of living. The current hourly rate of pay for the Real Living Wage is £9.90. This rate is due to be reviewed in September for 2022/23, at this time further assessment of any difference between this amount and the new NHS pay scales for 22/23 would need to be reviewed.

It is therefore proposed that each month an individual's gross take home pay (inclusive of enhancements) is divided by the hours they have worked to gain a true hourly rate. Should this hourly rate fall below £9.90 a top up payment will be made.

The cost of making this top up payment, to ensure no hour worked in the organisation is less than £9.90, is approximately £181,868 and would need to be shared in a fair way across the Care Group and Corporate areas as outlined in the report.

The committee discussed the proposal and approved for the Real Living Wage to be implemented with a view to reviewing the updated rate which the Living Wage Foundation will announce in September 2022.

The committee requested this was communicated out alongside other good news stories for the Trust's workforce including the delay in reintroducing parking charges. It was noted it needed to be made clear that the Real Living Wage is different to the National Living Wage which employers are legally bound to pay.

SM asked PM to include this in the workforce update to the July Board of Directors. PM noted she would also highlight it at the new People and Culture Committee taking place on Friday.

**/ Actions agreed**

- The committee discussed the proposal and approved for the Real Living Wage to be implemented with a view to reviewing the updated rate which the Living Wage Foundation will announce in September 2022.
- The committee requested this was communicated out alongside other good news stories for the Trust's workforce including the delay in reintroducing parking charges. It was noted it needed to be made clear that the Real Living Wage is different to the National Living Wage which employers are legally bound to pay.
- PM to include in the workforce update to the July Board of Directors.

**Agenda Item: Research & Development Group Constitution Terms of Reference**

**/ Notes**

PM highlighted this group has been established to bring in line with governance.

The committee are being asked to approve the Terms of Reference (ToR) noting the only change since the ToR was published is that the group will now report into the newly formed People & Culture Assurance Committee.

The committee noted and approved the ToR.

**/ Actions agreed**

- The committee noted and approved the ToR.

**Agenda Item: CQC Update**

**/ Notes**

**Volunteering Resource Request**

HM noted the volunteering team has been asked to recruit 135 volunteers to support mealtimes in CG1, without this the CG will not be able to meet the CQC requirement for significant improvements in the management of patients' nutrition and hydration needs.

The current resource within the volunteering team are unable to meet this request without other parts of the service suffering as a result.

HM outlined the report is asking for 1 WTE Band 3 and 1 WTE Band 4 substantively however HM is asking the committee to approve these posts on a temporary basis given once the mass recruitment has taken place there will not be a need for this resource. There would be a need moving forwards, to review how the service maintains the volunteers.

The committee discussed and approved recruiting temporary support.

**Deteriorating Patient & Sepsis Lead Proposal**

This item was deferred for further work as per the agreement during the Chief Executive Update.

**CQC update**

HM highlighted the CQC action plan will be submitted today.

Access to InPhase is now available for those that need it.

HM met with the CQC yesterday and there was nothing specific to raise but they confirmed they will rate the Trust at the next visit so HM stressed how important it is to implement the changes required, and look to deliver as much of this as possible by the end of August 2022.

The committee noted the update and asked for the CQC action plan to be shared with all members.

## / Actions agreed

### **Volunteering Resource Request**

- The committee approved recruiting temporary support.

### **Deteriorating Patient & Sepsis Lead Proposal**

- This item was deferred for further work as per the agreement during the CE Update.

### **CQC Update**

- HM to share the CQC action plan with the committee.

## Agenda Item:

### **Anaesthetic & Intensivist Out of Hours Service at Scarborough Hospital**

## / Notes

AV informed the committee the CG were seeking permission to extend the temporary arrangements put in place in October 2021 to ensure safe provision of out of hours anaesthetic and intensivist consultant presence at Scarborough Hospital. The temporary arrangement was established in October 2021 for a period of 12 months. The ongoing discussions around changes to local medical and dental pay mean that this arrangement needs to be extended for (up to) another 12 months until October 2023.

The committee had a lengthy discussion and agreed to approve the extension on the proviso the consultants would transfer over to the new pay agreement when it is agreed and in place.

## / Actions agreed

- The committee had a lengthy discussion and agreed to approve the extension on the proviso the consultants would transfer over to the new pay agreement when it is agreed and in place.

## Agenda Item:

### **Policies for Approval**

## / Notes

### **Commercial Income Policy**

This item was deferred until 3 August's meeting. A cover note will be provided clarifying what is being asked of the committee.

### **Deteriorating Adult Patients Monitoring & Escalation Policy**

JT highlighted the policy has undergone review and been amalgamated to become a Trustwide document. Updates include those regarding Mental Capacity Assessment as an action out of Serious Incident investigation, changes to treatment escalation plan terminology, the addition of Emergency Department, Bridlington Hospital and Community setting escalations with inclusion of latest guidance.

The policy was approved by Deteriorating Patient Group in May and is requesting approval from the committee to publish and disseminate the policy across the Trust.

The committee discussed and approved the policy. JT agreed to ensure CPD is updated in line with the updated policy being implemented.

### **Access Policy Change**

ML highlighted the committee were being asked for approval to change the approach to management of patients who decline their first outpatient appointment and wish to close their referral to the Trust.

It is proposed their referral is closed with an appropriate letter sent to the referrer, GP (if different from referrer) and patient. Including the GP will ensure there is a safety net should there be any questions about the patient's capacity to decline the first appointment. Previously a clinical review has been required.

ML confirmed this does not apply for cancer fast track referrals or referrals for children and is only for patients that have not been seen, those declining follow ups/surgery still require clinical review.

The Quality and Patient Safety Group has reviewed this and recommend the Executive Committee approve the policy change.

The committee had a lengthy discussion and approved the policy subject to a review taking place in relation to patients who don't have capacity as there was concern GP's would not pick up on this and those patients were then at risk of harm. ML agreed to pick this up and feedback to the committee in relation to what action has been taken to eliminate this risk.

JT added there has been an SI recently which links to Clause 24 which is about writing to patients. National guidance is changing, and all letters should be addressed to the patient with GP's copied in, rather than the other way around therefore JT would like this to become best practise in the Trust. Noting it is another form of safety netting. KC agreed to pick this up through the Building Better Care Outpatients Transformation project.

## **/ Actions agreed**

- **Commercial Income Policy**  
Deferred to 3 August 2022 meeting.
- **Deteriorating Adult Patients Monitoring & Escalation Policy**  
The committee approved the policy.  
JT to ensure CPD is updated in line with the updated policy being implemented.
- **Access Policy Change**  
The committee approved the policy subject to a review taking place in relation to patients who don't have capacity as there was concern GP's would not pick up on this and those patients were then at risk of harm. ML agreed to pick this up and feedback to the committee in relation to what action has been taken to eliminate this risk.

**Agenda Item:****Proposed Development of the York Against Cancer (YAC) Community Cancer Support Centre and York Hospital Cancer Care Hub****/ Notes**

SC noted the paper was for information, adding York Against Cancer (YAC) were proposing developments of the YAC Community Cancer Support Centre and York Hospital Cancer Care Hub which would benefit patients. The funding for this will be via YAC, Macmillan and potentially the Trust's cancer charitable funds.

A business case will be submitted to the committee for approval before any capital re-development work begins.

The committee noted support of the proposed developments.

**/ Actions agreed**

- The committee noted support of the proposed developments.

**Agenda Item:****Updated Draft Capital Programme and Priorities for 2022/23****/ Notes**

SM welcomed SK to the meeting.

SK presented an overview of the updated draft capital programme and priorities for 2022/23 outlining the original long list of schemes has now been streamed to appropriate funding sources, where they exist, leaving a number of schemes which require prioritising in line with the available funding. It is important to note the prioritisation line is based on where the teams have identified where they can safely draw the line rather than where the money runs out.

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

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

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

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

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

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

This position is work in progress.

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

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

SK highlighted that all capital schemes that are above the line are still subject to a business case being completed and approved through the correct channels.

The committee had a lengthy discussion and approved the updated capital programme noting not everything has approved funding and progress updates will be submitted throughout the year.

The committee asked SK to circulate an update to committee members, Associate Chief Operating Officers and Finance Managers outlining what has been approved, and what the next steps are to progress the approved capital schemes.

JT highlighted Board members were well sighted on the capital programme and the Quality Committee chair has requested a list of risks for the schemes that have not been prioritised this year to gain assurance they are not any detrimental risks. JT noted he would contact the CG's and Corporate areas to ask for these for each of their schemes to allow this to be presented to the Quality Committee in July.

#### **/ Actions agreed**

- The committee approved the updated capital programme.
- SK to circulate an update to the committee, associate chief operating officers and finance managers outlining what schemes have been approved and what the next steps are to progress the approved capital schemes.
- JT to send email to request risk information for the schemes not prioritised this year.

#### **Agenda Item:**

#### **Patient Safety Training for All Staff**

#### **/ Notes**

JT highlighted the committee were being asked to review and accept the proposal to making the Essentials of Patient Safety core training, mandatory for all staff. This will allow the Trust to comply with the national patient safety strategy requirements of measuring and supporting to staff to receive the training by allowing Trust Board oversight of staff compliance.

The committee discussed and approved the proposal.

## / Actions agreed

- The committee discussed and approved the proposal.

## Agenda Item: Audit Data Quality Proposal

### / Notes

This item was deferred for further work as per the agreement during the Chief Executive Update.

## / Actions agreed

- Nil.

## Agenda Item: John's Campaign – Parking Concessions

### / Notes

HM highlighted in light of the findings of the recent CQC inspection, it is essential that the Trust maximise every opportunity to ensure that the needs of our most vulnerable patients are met, every day all day.

The use of volunteers to assist with nutrition and hydration is positive, however, there is no better support than from families and carers willing to visit and support care. It is hypothesised that by providing parking concessions to families and carers visiting under the umbrella of John's Campaign, that the Trust will maximise opportunity for informal care delivery by families and embed an ethos of shared care.

The committee are being asked to support an initial six-month parking concessions pilot scheme to support the embedding of John's Campaign. A six-month pilot is being proposed as the cost of introducing this is unknown.

The committee discussed and confirmed support of the initial six-month pilot.

## / Actions agreed

- The committee discussed and confirmed support of the initial six-month pilot.

## Agenda Item: Care Group Verbal Reports

### / Notes

#### Care Group 3

AV highlighted a new clinical director had been appointed, and Dave Yates would start in post in September 2022.

Ramsay theatres started accepting patients yesterday.

#### Care Group 4

SC highlighted he has previously flagged numerous areas which are short on workforce during previous updates, with VIU also being low on staff.

SC and SM highlighted they had spoken to a cardiac surgeon from India earlier in the week who has opened 27 highly regarded cardiac hospitals in India. The organisation has developed a training programme which is training radiographers to UK standards and



therefore SC is reviewing as to whether a programme could be put in place for the Trust to interview and appoint them to join the Trust for five years so they can learn governance and other areas before returning back to one of the cardiac hospitals in India. This will allow the Trust to have access to a steady stream of radiographers, which are difficult to recruit too.

Following further discussions with Dr Shetty, Kim Hinton will pull a detailed proposal together to submit for the committee's review and approval. SC added there was a possibility of expanding this to nursing staff too.

SM highlighted this was something that needed to be explored further as it would help with recruitment issues and equally it provided reciprocal support to Dr Shetty.

### **Care Group 2**

GR confirmed interviews took place this week for a front of house clinical director in ED and a candidate was appointed. The candidate is also PEM trained. The CG are hoping to have them in post within the next six months, noting this will be an extremely key part for the new build.

GR confirmed an associate Chief AHP post had also been appointed too on a secondment basis. This is a new role within the Trust so there will be learning in relation to this position. GR noted there was a wider Trust process happening in relation to AHP staffing however the CG felt it was important to have this post to help with the implementation of the new build processes.

### **Care Group 1**

MH noted the York ED build was on track. The steering group is now alternating between discussing the new build and a clinical steering group to help look at new ways of working, and engaging clinicians in advance of the new space being available.

Steve Crane has been appointed as the new clinical director for ED and Chris Hayes will be the new lead clinician for cardiology. The respiratory lead clinician post is still vacant.

The CG continue to work on the new EAU to start however it is a challenge however it is progressing, and it is hoped this will be opened in early August.

In parallel with the CQC work the CG nursing leadership are undertaking a 'you said, we did' campaign. Rebecca Howell's has been seconded from ward 34 to lead on the work over the next six months.

SC added getting a lead clinician in Histopathology has also proven difficult however he feels this may be less of a problem if there was a clear training programme in place for them to take. It was noted that the Clinical Directors programme run by the Organisational



Development and Improvement Learning team was open to lead clinicians too, but it was felt this was a big commitment.

SM asked for SC to pick up a discussion with PM to review what development programme could be developed to support lead clinicians.

### **Care Group 5**

JM highlighted the Ockenden visit took place two weeks ago and the CG are awaiting the report. Initial feedback on the day was relatively good however they did pick up on the culture.

The Head of Midwifery post has been recruited too which is a good appointment, but there are gaps in some of the other senior roles within maternity therefore the next few months will be challenging. There is some more face to face listening events with maternity over the next few weeks.

JM confirmed the CG has delivered its CIP target and there is some good workforce development happening in Child Health. Discussions have already started to take place in relation to how the workforce can be utilised more effectively to cover several specialties.

### **Care Group 6**

KC confirmed the lead and head of Psychological Medicine has been appointed too, due to start w/c 19 September.

Ophthalmology has systematically been working through the backlog. In Glaucoma, the team have managed to get this down to a 12-month review waiting list, which is due to a lot of effort from the clinicians undertaking sessions on weekends.

KC escalated that Dermatology is facing another crisis. Several individuals have left so the CG are working with HR to do some very specific interviews with individual staff to understand why they are leaving to try and resolve specific issues. KC noted herself and MQ have met with the clinical team and there will be some difficult decisions needing to be made around referrals and what can be accepted. Discussions will continue to take place with commissioners as this will carry on for some time given it is difficult to recruit to the vacant posts. Job advertisements have been posted.

The Trust does deliver some dermatology services that no others in the area deliver so KC and MQ have pushed for these to stop, and the clinicians have been open to this. Discussions have taken place in relation to stopping the on-call rota as they rarely get called and other areas could pick this up, in addition to using their nurse specialists more.

SC highlighted a piece of work Neil Wilson has been working on and advised to link in with him as he may be able to provide assistance in terms of recruiting new staff.

## / Actions agreed

- SC to pick up a discussion with PM to review what development programme could be developed to support lead clinicians.

## Agenda Item:

### Business Cases

## / Notes

### 2022/23-08 O&G Consultants – Ockenden Review Compliance

JM highlighted this was a retrospective case which the committee agreed to last year. The appointments were made last autumn following the crisis in the summer.

Caroline Alexander has discussed the case at length with AB and he has confirmed the finances are in place.

The committee discussed and approved the case.

### 2022/23-22 NIV Philips V60 replacement due to National Patient Safety Alert

AV highlighted this case is being submitted as a national patient safety alert has been issued in relation to the to the NIV Philips v60 alarms that the Trust have therefore they require replacing.

The matter has been discussed at quality and safety and the committee are being asked to support the replacement with similar alarms that are in the Trust which would require no further training required.

The committee discussed and approved the case.

## / Actions agreed

- **2022/23-08 O&G Consultants – Ockenden Review Compliance**  
The committee discussed and approved the case.
- **2022/23-22 NIV Philips V60 replacement due to National Patient Safety Alert**  
The committee discussed and approved the case.

## Agenda Item:

### Items to note

## / Notes

### NHSEI Agency Report

The committee noted the report.

## / Actions agreed

- Nil.

## Agenda Item:

### Any other business

## / Notes

### Living with Covid-19

JT raised himself, ML and HM had a meeting with clinical colleagues to discuss the Trust's living with covid-19 strategy. It was agreed at the meeting the Trust would continue with the current clinical strategy in relation to living with covid-19 however it was felt there is

a need to reinforce the management of clinically vulnerable patients. This group of patients are not routinely being identified at the point of entry into the hospital and this leads to potential exposure and risk.

Following the meeting ML emailed out a message reinforcing the need to identify these patients at the point of entry, before they enter the bed base.

Additionally, discussion took place in regard to dealing with outbreaks and staff being more supportive of the IPC team when they are dealing with an outbreak as this can be difficult.

**/ Actions agreed**

- Nil.

**Date of next meeting:**

The next meeting will be held on Wednesday 20 July 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 SM noted there may be a solution to the PEM consultant action, given the clinical director appointment in Scarborough ED		
06.07.2022	however this was still to be fully confirmed.		

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 20.04.2022	6 and 12 month review of the change to the management of the Trust's Cancer Nurse Specialist Teams. 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.	<del>August 2022 &amp; February 2023</del> October 2022 & April 2023	Srinivas Chintapatla
16.02.2022 11.04.2022 18.05.2022 01.06.2022 15.06.2022	An update on the harmonisation of local pay is to be submitted to the committee in April 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. Deferred to 1 June 2022 to allow time for the Board Priorities discussion. Deferred to either 15 June or 06 July PM noted there was a significant delay. A meeting is planned for the end of July to discuss this, unfortunately it could not be planned in sooner due to annual leave commitments. An update will now come to in August before the outcomes are submitted to the LNC for discussion.	April 2022 <del>May 2022 – 2<sup>nd</sup> meeting</del> <del>June 2022 – 1<sup>st</sup> meeting</del> <del>June 2022 – 2<sup>nd</sup> meeting</del> August 2022	Polly McMeekin
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 June 2022 Ongoing	Various Neil Wilson CGD & ACOO's
02.03.2022 20.04.2022 06.07.2022	<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> GR confirmed conversations are still ongoing in relation to this case. GR highlighted this has proved difficult however the ICB are now involved in discussions. TB is still scheduled to begin training in September.	April 2022 May 2022 September 2022	Mike Harkness

18.05.2022	MS to check the Scarborough site is secure and fire doors are kept closed.	May 2022	Mark Steed
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
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	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	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
15.06.2022	Tara Filby to submit a report on ward refurbishments highlighting the risks associated.	August 2022	Heather McNair
15.06.2022	ML & JH to submit bid for additional investment to help increase bed capacity, including the Bridlington model and a similar model in York.	June 2022	Melanie Liley
06.07.2022	<b>Access Policy Change</b> The committee approved the policy subject to a review taking place in relation to patients who don't have capacity as there was concern GP's would not pick up on this and those patients were then at risk of harm. ML agreed to pick this up and feedback to the committee in relation to what action has been taken to eliminate this risk.	August 2022	Melanie Liley
06.07.2022	SC to pick up a discussion with PM to review what development programme could be developed to support lead clinicians.	August 2022	Srinivas Chintapatla



STAR  
AWARD

The logo features the word "STAR" in a large, bold, dark blue font. A light blue five-pointed star is positioned behind the letters "T" and "A", with its center overlapping the letter "A". Below "STAR" is a thin horizontal light blue line. Underneath the line, the word "AWARD" is written in a smaller, dark blue, all-caps font with wide letter spacing.

**August 2022**



<b>Recruitment Team</b>	<b>Scarborough</b>	<b>Nominated by Sue Glendenning, colleague</b>
<p>Eve and her team are always so helpful which means a lot when we are all so busy. Pippa has recently left the team and really supported particularly with maternity recruitment. Just wanted to say a big personal thank you for supporting recruitment in CG5.</p>		
<b>John Miles, Fit Testing Co-ordinator</b>	<b>York</b>	<b>Nominated by Michelle Robertson, colleague</b>
<p>John works along the corridor from the PPE store and uses the PPE store facilities. He is always helpful with both staff and members of the public. Recently John has been busy helping the PPE staff dismantle the unused LAMP kits in between his fit testing appointments. Without John's help the PPE store would still be overloaded with LAMP kits. A massive thank you John.</p>		
<b>Jason Angus, Healthcare Assistant</b>	<b>York</b>	<b>Nominated by Diana, patient, a visitor, Sal Katib, colleague, Poppy Angell, visitor, Lisa Thomdon, patient, a visitor and Georgia Booth-Hudson, colleague</b>
<p><b>Nomination 1</b> My son has Autism Spectrum Disorder and we came to A&amp;E with him as he had stopped eating or drinking. It turned out to be tonsillitis but while waiting HCA Jason showed my son some magic tricks which he loved and gave him some sensory seeking strings which he has with him all the time. I just want to say thank you.</p> <p><b>Nomination 2</b> Jason has time for everyone in his care, and even those that aren't. His spirit is so generous and kind. He would do anything for anyone and goes out of his way to make sure people feel a sense of community kindness. Everyone knows Jason and what he does for the people of York. Even if they do not know his name.</p>		



### **Nomination 3**

Jason has a natural affinity with children and families and always seems to go above and beyond to settle families and children. This was demonstrated recently when he helped settle a young boy with Autism in ED. His mum reached out on social media and there was an outpouring of recognition for Jason from a vast amount of parents online. The young man had lost a part of a gift Jason had given him from the ED supply and he was devastated. Jason made sure the young lad received a new toy through the post. Jason is a huge asset to the Trust living the values of the organisation and showing us all that the basic values of care and compassion really do make a difference. I genuinely believe we could all learn from Jason and his care, compassion and positive attitude. Sometimes it is the small gestures and fundamentals of care that matter the most.

### **Nomination 4**

Jason continuously does everything he can to put those in need at ease when they're in stressful situations. It's fair to say we all recognise the immense pressure our NHS are under and it would be easy for Jason to simply turn up and do his job but he always turns up with a smile on his face, a hop in his step and an angel on his shoulder.

### **Nomination 5**

We came to A&E after my son had an accident at a play barn, my son is autistic and I informed Jason of this. He came back asking what would help my son and what he could do to make my sons time there easier. Jason asked about his sensory issues and brought him a soft netted jelly ball to play with. My son spoke about this "nice man" for weeks after, such a credit to the hospital.





**Nomination 6**

Constantly see so many lovely comments about this man about how much he has helped them and their children in hospital the best he can and seems to go above and beyond his role 😊 it appears that kindness needs to be his second name!

**Nomination 7**

Recently I have had two extremely busy shifts in the paediatric department in A&E. I do not normally work in this area and Jason was an extreme help throughout these shifts. The level of care Jason was able to provide was exceptional. He always goes above and beyond and brought a smile to every patient including providing magic tricks/respice for parents. For example a teenager came in with extreme migraines and having a panic attack, Jason spent nearly an hour with her calming her down and ensuring she was okay (time which I was not able to provide due to the demanding workload). His communication with children and their families is fantastic. He is a great team member and was consistently asking whether I was okay and/or asking if there was anything he could do. He also stayed several hours after his shift to help out. This is just a small snapshot of his care. He is a credit not only to his team but the whole NHS.

**Muhaned El-Gheryani,  
Doctor**

**York**

**Nominated by Sarah  
James, patient**

We were referred to children's ward by the midwife as our 4 day old baby was losing weight. All of the staff on 18 and post-natal ward were great. I was very upset and worried but Dr El-Gharyani was so reassuring and let me know I was doing everything I could for my baby. He really took his time to talk to me and thoroughly examine Dylan and was really lovely with him. He assessed the situation brilliantly and cared for us as people, not just patients.



<b>Collette Coppack, Sonographer</b>	<b>Scarborough</b>	<b>Nominated by a patient</b>
<p>I wanted to pass on a big thank you to Collette Coppack 🌟 I had the pleasure of meeting the above member of your team, based at Scarborough Radiology, last week and wanted to pass on my sincere appreciation for the informative and caring service she provided.</p> <p>I attended an appointment for a US pelvis examination, during which we discussed my experience of medically triggered menopause at the age of 39. I am very much struggling to manage the symptoms I am experiencing and speaking to Collette was very reassuring and helpful. For six years I have carried on thinking because I can't take HRT I have no other option but to 'weather the storms'. Collette provided friendly, informative advice to reassure me that there are in-fact far more options available for me to explore and has given me the confidence to seek further support from my GP. I only wish I'd had the chance to have an open conversation about these issues, in such a relaxed and knowledgeable environment so much sooner!</p> <p>Ultimately I left, reassured in respect of the ultrasound, but also confident to make further enquiries about managing menopause symptoms and not feel embarrassed or helpless in seeking support from my GP. A truly empowering experience.</p>		



<b>Emergency Assessment Unit</b>	<b>York</b>	<b>Nominated by Kirsty Atkins, colleague</b>
<p>The EAU team provides same day emergency care services in York Hospital and includes the SDEC and RAFA staff. Over the last 8 months the teams have been going through a period of significant change. They have been asked to widen their criteria to admit, increase the capacity of the unit and move from their old location to their current 'home' on G1.</p> <p>They have developed and rolled out direct ambulance pathways for frail and medical patients allowing quicker access to senior decision makers and reduced the amount of patients attending the main Emergency Department by accepting patients from the ED Streaming Nurse. They are currently trialling direct GP pathways to reduce the GP queue for the Acute Floor. In this time they have seen monthly patient numbers increase steadily to the point that in May 2022 they equalled pre-pandemic levels; all delivered with a reduced staffing model.</p> <p>The EAU supports decompression of the Emergency Department and when needed adapts to offering support to the discharge teams by cohorting patients that are on stretchers which would otherwise need to remain in a bed space until their transport arrived. The teams receive consistently high patient satisfaction feedback and are a vital unit in supporting the patient flow through the hospital.</p> <p>Without the hard work and dedication of all the staff in this unit the numbers of patients requiring to be admitted to the hospital would far exceed the hospital capacity on a daily basis. Since my arrival in September 2021 I have been continually impressed with the unit's wish to do the best for the patients, often at the detriment to their own needs and humbled by their dedication and resilience. They are unsung heroes of the hospital and ones that are truly worthy of a Star Award.</p>		



<b>Charlotte Deller, Physiotherapist</b>	<b>Bridlington</b>	<b>Nominated by Sara Kelly, relative</b>
<p>Whilst on shift, a 19 year old colleague became unwell and was displaying symptoms of a stroke. Charlotte, being a stroke ward therapist, noticed the signs and immediately summoned help. She drove Ben home (where his Dad was waiting worried) and called an ambulance. She stayed with him throughout. The Ambulance hadn't arrived after 2.5 hours, so Charlotte got Ben into her car and drove him through to SGH ED. She gave a detailed description of events to the first assessment nurse and subsequently the Doctor. I am Bens mum and also Patient Flow Manager for the SGH site, I met them both at ED and was very impressed with Charlotte's wealth of knowledge and expertise but also her care and compassion for a colleague, clearly in distress and confused. Thankfully, following tests and treatment Ben was found to have hemiplegic migraines, which mimic strokes and was discharged and referred to neurology out patients follow up. Charlotte's dedication and professionalism, dealing with what became a colleague to a patient in her care, was outstanding. She absolutely went over and above to look after someone in need, Ben was lucky to have her at his side when it happened.</p>		
<b>Juniper Ward</b>	<b>Scarborough</b>	<b>Nominated by Rebecca Conlon, colleague</b>
<p>Words of a TNA Becky: The team consistently work hard to deliver holistic person centred care to all patients. They are a huge inspiration and amazing role models to base my learning on. They are well led and provide a safe caring environment for patients, families and staff alike. All staff welcomed me with open arms and made me relaxed within a few minutes which is not easy; they made me feel like part of the team, engaging with me. Juniper team are asset to the York and Scarborough trust and deserve to be recognised for all the dedication and hard work they provide consistently. There is no task too hard for any member of the team and they have provided me with excellent support throughout my placement. I am inspired to become like them in every way to deliver the care and loving support they give to the patients.</p>		



<b>Alex Bailey, Ward Manager</b>	<b>Scarborough</b>	<b>Nominated by a colleague</b>
<p>An absolute fantastic manager; very professional, her listening skills are par to none and she is a pro-active leader. I have worked with Alex this few years and she has been very consistent in her dealings with people, tries her best to be very fair and is also very assertive. She is superb in a caring role, displays great empathy and she is excellent.</p> <p>I think Alex just fits very well to the trust values.</p>		
<b>Jess Hebron, FY1</b>	<b>Scarborough</b>	<b>Nominated by a colleague</b>
<p>Jess was very caring and attentive to a young person with an eating disorder. She took time and showed great compassion in listening the patient's needs.</p> <p>Often eating disorders are difficult to manage and patients can be misunderstood and mismanaged, but Jess's commitment and compassion was excellent. She spent much of her day contacting appropriate teams and liaising to improve her care. She even went out of her own way and spent her own money to buy her something she might like to eat from the shop.</p> <p>Jess went above and beyond for the patient which should be recognised.</p>		



<b>Ellen Lawrence, Generic Therapy Assistant</b>	<b>York</b>	<b>Nominated by Jenny Oakley, colleague and Peter Lawrence, colleague</b>
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**Nomination 1**

Ellen has seen a need for the Trust to support staff who have caring responsibilities outside the workplace. This has led to the launch of the 'Caring for Carers' network set up within the hospital. A carer's passport has also been established as a tool to help managers and staff members work out ways to support staff to remain in work and look at reasonable adjustments. It has been made in conjunction with HR support. Ellen is passionate about this and has done this in addition to her role and has really driven this forward by going above and beyond.

**Nomination 2**

Ellen was tasked to set up a network that would look after staff within the trust who have a caring responsibility outside of the hospital and the trust as a whole.

Ellen has already set up some staff with carer passports and has a dozen to organise with York hospital. Ellen is organising giving talks throughout the hospital and promoting C4C on a larger scale throughout Scarborough, Bridlington and other units with the trust. Ellen has been doing all this as well as working full time as a GTA and being a carer at home.



<p><b>Donna Coop, Patient Service Operative</b></p>	<p><b>York</b></p>	<p><b>Nominated by Michaela Feetenby, relative and Megan Cochrane, visitor</b></p>
<p><b>Nomination 1</b></p> <p>Donna went above and beyond her duties supporting my mum when she was admitted to AMU. She was a great comfort to Lin and supported my family alleviating any confusion over mum moving wards. When mum was put onto end of life care Donna explained what to expect and visited in her own time.</p> <p><b>Nomination 2</b></p> <p>This assistant went above and beyond when my Nana was brought into hospital on ward 22. I felt so settled and relieved when she was left alone because I knew she was being looked after by Donna. She went above and beyond for her always checking in on how she is, and even when she was moved off ward 22, continued to go to ward 34/33 to visit her in her own spare time. On one occasion, Donna even spent one of her own breaks going to the shop for my nana to get her some soup because she wasn't eating. This member of staff went completely above and beyond and deserves a medal.</p>		
<p><b>Helen Pinder, Discharge Support Worker</b></p>	<p><b>Bridlington</b></p>	<p><b>Nominated by Kerry Headlam, colleague</b></p>
<p>Helen has been doing her new role as a discharge support worker at the new unit at Bridlington which has been open since January. Helen previously worked as a Healthcare Assistant but since joining the team in January, to open the new unit, a new role became available. This role mainly focuses on the discharge of patients and ensuring everything is in place for them going home or to a placement. Helen has embraced the new role really well and provides good quality care to patients embracing all the trust values. Helen is a team player and works really well with the team on BCU.</p>		



<b>South Community Therapy Team</b>	<b>York</b>	<b>Nominated by Natalie Ross, colleague</b>
<p>My middle child is Autistic and requires 1:1 support with all daily tasks. This can impact our daily routines significantly and can on occasion impact my working day. The team will always offer to help and their first response is what can we do? They support me to work flexibly and to get my hours done around the needs of my little boy and other children. Without their support and flexibility I would not be able to keep doing a job I love. To us as a family their support means the world and I just wanted to say thank you for their kindness. They are such a hard working team who go above and beyond for their patients but also their colleagues.</p>		
<b>Rachelle Ashton, Community Staff Nurse</b>	<b>Community, York</b>	<b>Nominated by Melanie Linley, colleague</b>
<p>We received feedback from the daughters of a palliative patient after Rachelle had visited their father when he was in pain. They reported that Rachelle was "The most wonderful nurse she had encountered and the level of empathy and compassion was second to none." So much so that when Rachelle had left both daughters were quite overcome with emotion, she went on to say that Rachelle stroked her father's head and talked him through his pain offering reassurance eventually leading to him to relax and left peaceful. This is the most wonderful feedback and we are proud to have Rachelle providing such wonderful care.</p>		
<b>Richard Hutchinson, Healthcare Assistant</b>	<b>Scarborough</b>	<b>Nominated by Melanie Shannon, colleague</b>
<p>Richard has strived to make our ward garden beautiful. Richard has spent much of his own time and effort to transform our garden into a well-being area for patients and staff, carefully buying plants and transporting them to CCU. He has come in on days off from Bridlington to tend to the plants. Richard started doing this during Covid and has continued throughout. He really excelled himself this year during the Queens Jubilee garden celebration, decorating the garden and dressing up in a union jack suit, and hosting a cake stall for patients, relatives, and colleagues, again all in his own time. Richard is a prime example of selflessness, enthusiasm and going beyond for the benefit of all. Thank you Richard for making such a difference.</p>		





<b>Debbie Pullen, Team Leader</b>	<b>Scarborough</b>	<b>Nominated by Maria Milnes, colleague</b>
<p>Debs is a great team leader! She is always there to help and check on us Domestic when we need anything and goes above and beyond to help out and muck in if needed. She is a lovely woman and is much appreciated 😊</p>		
<b>Gill Kendal, Bank Facilities Operative</b>	<b>Scarborough</b>	<b>Nominated by Lucy Thornton, colleague</b>
<p>I would like to nominate Gill for a few reasons. Firstly one night shift we had to turn around a 20 bedded covid ward into a clean non-covid ward. Gill was the only facilities operative available to help the staff and patients. She thoroughly cleaned the whole ward and changed every set of curtains, which in itself looked a huge task. Gill also helped us move beds around and made sure all patients had a hot drink through the night, Gill did all this with a smile on her face and nothing was too much trouble. We did not get breaks that night but Gill took it in her stride. I have since come across Gill on lilac ward, where once again she was looking after the patients and staff, as well as her own job role. Gill really goes above and beyond.</p>		
<b>Agata Cybulska, Cardio Respiratory Technician</b>	<b>Scarborough</b>	<b>Nominated by Rebecca Clifford, colleague</b>
<p>I have had several contacts with Agatha from the cardio-respiratory department over the past few months (as a paediatric SHO) and on every contact, Agatha has been incredibly helpful. A particular case involved a paediatric patient with palpitations who was brought to hospital for review. Fortunately, she was wearing a cardiac tape during this episode. After discussion with the department Agatha very kindly agreed to download the tape and get it reported externally (in between her very full clinic.) This provided us with a report before 5pm. With the results we were able to reassure the patient and her family and discharge her home with follow up. This was a big ask at 3.30pm on a Friday afternoon!</p>		



<b>Emma Flack, Healthcare Assistant</b>	<b>York</b>	<b>Nominated by Anna Coleman, patient</b>
<p>I cannot begin to explain what a difference Emma made to my recovery and experience in hospital. I had a mastectomy and reconstruction; both of which I was extremely nervous about. Having coped with 6 months of intensive chemo, the vulnerability that I felt in hospital was immense. I had lost my dignity, independence and confidence as well as all the complications and physical pain I was in.</p> <p>Emma went completely above and beyond. From small touches like making or changing my bed, when I was in the bathroom, ensuring I could reach my things before leaving, treating me with such dignity, care and respect whilst I sat crying because I needed help with hygiene tasks, to bigger things like sitting and calming me when I was having a full panic attack with the pain on a toilet visit. Nothing was too much and nothing had to be asked. Emma noticed things, took the time to make me comfortable not only physically, but also emotionally. She was with me when I cried, made me laugh and lifted my mood by greeting me with a big smile.</p> <p>After a week in hospital, I can tell you this is not the normal treatment and I would really recommend others shadowing her. The relief to find that she was on duty lifted my mood as I knew that she genuinely cared. All this whilst being 5 months pregnant! This woman is incredible! I genuinely feel emotional talking about her as I can't tell you how different my experience would have been.</p> <p>Thank you Emma. I am incredibly grateful to you</p>		



<b>Medical Elective Service Team</b>	<b>York</b>	<b>Nominated by a colleague</b>
<p>I would like to nominate all of the staff on MES at York for a star award. During the COVID pandemic MES was relocated off site to the Nuffield hospital with only a days' notice. Many of the staff gave up their weekend to come in to organise the new location to make sure it was ready for patients to attend first thing Monday morning. The staff contacted hundreds of patients by phone to inform them that their appointment was being cancelled or moved to the new site. A number of the team were redeployed onto the COVID wards to work there during the pandemic, and the staff that remained on MES had to work around many problems presented by being off site, including not having any medical staff on site to provide prescriptions for the 650 patients per month. The MES staff had been walking/cycling across to the main hospital site with prescriptions and blood samples, to keep the service running effectively. MES has since completed 2 further off site moves, moving from the Nuffield site to Peppermill Court and then from Peppermill Court to the Askham Bar Community Care Centre. Staff gave up their weekends to move everything between the sites, and organise the department for Monday's patients, as well as contacting hundreds of patients again to inform them of the moves. They have worked hard to maintain the excellent standards of patient care, and to ensure that the patients' treatment runs as seamlessly as possible, in the face of constant uncertainty. They have remained happy, friendly and positive throughout the changes, Well done team!</p>		
<b>Emma Peel, Maternity Care Assistant</b>	<b>Scarborough</b>	<b>Nominated by Michelle Eccles, colleague</b>
<p>I would like to nominate Emma for her professionalism, integrity, kindness and support with a communication difficulty with a neighbouring team and health trust. We have had significant issues with receiving antenatal notifications late from midwifery to health visiting services in Scarborough which has an overall impact on partnership working, liaison and ultimately on the care and service delivery to children and families in the community. Emma contacted myself as a manager for our service after being tasked with supporting both services with this, she listened to the issue and as promised rectified this and supported the issue within hours of being tasked. Emma is a credit to the organisation she works for; she prioritised the families' needs and care and should be recognised for this.</p>		



<b>Joanna Han, IMTI Doctor</b>	<b>Scarborough</b>	<b>Nominated by Olatunde Koleola, colleague</b>
<p>Joanna is incredibly conscientious and helpful. She is very thorough and clinical with her role and care of patients. She remains a colleague I see worthy of emulation.</p>		
<b>Ralph Lowes, Environment Team Member</b>	<b>York</b>	<b>Nominated by Steven Myton, colleague</b>
<p>Ralph has gone above and beyond within the environment team since he has joined the team a few months ago, this week he has been asked to complete extra duties, which are not usually his own, to cover absence within the team, and on top of these extra duties he has also taken it upon himself to help another colleague out without being asked.</p> <p>Ralph has also been asked to change his shifts on numerous occasions with short notice and has been more than happy to help out, this has enabled our team to deliver our service without any disruption and had Ralph not stepped into the fold this could not have happened.</p>		



<b>Deborah Ransome, General Support Worker</b>	<b>York</b>	<b>Nominated by a colleague</b>
<p><b>Nomination 1</b></p> <p>Debs is a wonderful GSW, she has an amazing way of interacting with patients and never rushes them. Debs ensures that each patient gets the care that they need and deserve and will spend all the time that they need with them. Watching Debs interact with a patient who is currently bed bound and rather agitated is a beautiful thing to watch, she is so reassuring and has a lovely way of calming the patient so that receiving assistance with personal care is as stress-free as it can be for the patient. Debs is always willing to help out other members of the team and never complains about it.</p> <p><b>Nomination 2</b></p> <p>During the last six weeks my wife has been cared for by more than 30 CRT staff; all have been excellent but Deborah has been exceptional. She is always professional and adapts her approach with persuasive firmness when necessary, this being tempered by appropriate humour. She is delighted to be rewarded with broad smiles from a patient who is both nervous and agitated. Additionally, Deborah notices when I, as my wife's carer, need comfort and advice to learn how best to cope with a challenging situation. Deborah goes well beyond the basic essentials of her tasks, for example in undertaking elaborate hair-washing and head-massaging, both of which give my wife much-needed tranquillity. Deborah has also visited us out of hours to let us sample her delightful home-made cakes. Her performance is all the more remarkable given her own personal challenges, which she bears with good humour and fortitude. I honestly get the feeling that my wife is her only patient! I have no hesitation in strongly recommending Deborah for a very well-earned Star Award.</p>		



<b>Pauline Malyon, Ward Clerk</b>	<b>York</b>	<b>Nominated by Gillian Conroy, relative</b>
<p>Pauline is a reliable, hardworking person. She has worked over and above her normal working hours to help out when there have been staff shortages. She is willing to cover night and day duties and very rarely refuses to cover a shift. She has been exceptional over the past two years and I feel she deserves recognition.</p>		
<b>Jacqueline Tang, Obstetrics consultant</b>	<b>York</b>	<b>Nominated by Emma Ollis, patient</b>
<p>Miss Tang cared for my unborn baby and I during a very emotionally difficult pregnancy. We had previously lost twins in 2019 and had a history of difficulty getting pregnant. I explained to Miss Tang about my family, my little boy who is now 7, and the feelings we were struggling with. That again, we may not bring a baby home.</p> <p>Miss Tang went above and beyond to see me as much as needed and was always so very reassuring. She never deflected or avoided my difficult and often negative questioning. She was always so very solid and certain and consistent that it really made myself and my husband feel that things were going to be ok. It is obvious she takes such joy in supporting families like ours and explaining and 'showing' us our baby in great detail. We asked her if she could be present at our c-section. Not only did she attend, she performed the operation. Everything was perfect and I can't even begin to say how reassuring it was that we had Miss Tang performing the c-section for us. She also shared in the special moment of finding out the sex of our baby and our first meeting.</p> <p>Finally, she visited me on the ward several times to check in. I have never felt so special or so well cared for.</p> <p>We will never ever forget her. Absolute legend and wonderful human in my eyes.</p>		



<b>Jo Blades, Disability Liaison Nurse</b>	<b>Scarborough</b>	<b>Nominated by Maya Liversidge, colleague</b>
<p>Jo is unbelievably passionate about her job; her patients are her utmost priority. The Scarborough Hospital new Urgent &amp; Emergency Care Unit will have a dedicated space for her patients with additional learning needs to go when attending A&amp;E. This means the world to Jo because she knows that this means that her patients will feel safer and not put off getting the treatment that they need.</p> <p>York &amp; Scarborough Hospitals Charity are contributing to the dedicated space and Jo wanted to get involved by fundraising towards it. Jo did a 113 mile walk along the Cleveland Way in June raising over £3,000. This was made possible because of the passion for her work as she invited her patients to join her for a 3 mile section of the walk along Scarborough seafront. By involving the patients, Jo has enabled them to have an understanding of the new build and what it means for them. They were able to take part in a sponsored walk, along with their family and contributed nearly £1000 towards Jo's total.</p> <p>Jo shows the true values of our workplace and goes above and beyond for her patients whether this is at work or in her own time. Jo has demonstrated the true meaning of partnerships within our community by involving her patients and the Wilf Ward Trust in a personal endeavour.</p> <p>It is testimony to Jo, that this group of our community have organised their own fundraiser off the back of her passion and dedication to making their experience the best it can be when coming into our hospital.</p>		



<b>Siobhan Sutton, Research Nurse</b>	<b>York</b>	<b>Nominated by Harriet Pearson, colleague, Laura Griffiths, colleague and Colin Jones, colleague</b>
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**Nomination 1**

Siobhan is a dedicated renal research nurse. She demonstrated this last week by truly going over and above to facilitate a new trial. The trial is a complex drug study delivering potentially lifesaving treatments for patients with a rare kidney disease. Due to complications with the setting-up of the trial unfortunately there were several hurdles to overcome. She liaised professionally with internal and external colleagues to open the trial effectively and safely. She worked tirelessly even coming in on her day off, changing her plans and staying late the following day to ensure the participant received the intervention as per the protocol. Throughout the whole process her focus was the patient in the centre of it all. Siobhan demonstrated the trust values of kindness, openness and excellence not only in this example but throughout all her work. She is an amazing example of a dedicated research nurse and is a credit to our department.

**Nomination 2**

Siobhan came in on her day off, with her daughter, to ensure a patient could be entered into a drug study that offered him access to treatment that isn't currently licensed for use with his condition. She worked tirelessly with the Study Sponsor to ensure she could enter him into the study and ensure the prescription could be prepared ready for the following day, if she had not worked over and above the patient would have missed the window for recruitment into the study and the opportunity to receive treatment that is believed to be the best option for his condition.

**Nomination 3**

The Renal Research Team all work hard and deserve recognition, but Siobhan really goes the extra mile. She works enthusiastically to promote the team's work and to ensure that patients and staff have access to high quality trials. She is just so enthusiastic, hardworking, encouraging and supportive. She never says it won't work. She just works out the solution to any problem. She is truly amazing.





<b>Sara Kelly, Patient Flow Manager</b>	<b>Scarborough</b>	<b>Nominated by a colleague</b>
<p>I was approached by ED about a couple who had fallen and been on the floor for 4 days, the husband was very ill, and unlikely to survive. The ED nurse (Sheila) asked if it was possible for the couple to be together on the ward. Sara was on call that day and in, and I asked if we could put them together in a side room. Without any hesitation Sara said yes. Despite all the pressures with patient flow, Sara demonstrated the core values of healthcare, and indeed patient flow, that patients are at the heart of all we do. The humanity that the ED nurse and Sara instinctively demonstrated makes me proud to work with them.</p>		
<b>Surgical Assessment Unit Team</b>	<b>York</b>	<b>Nominated by Paula Laker, relative and Catherine Walinski-Kiehl, relative</b>
<p><b>Nomination 1</b></p> <p>My partner received a call on Friday 20 June to attend the Surgical Assessment Unit for 10am on Saturday 21 June. It was a very scary time, and the nurses and staff on the unit were absolutely amazing in their care throughout the day, until my partner was admitted to ward 11 for a Coritid Endartectomy. Considering the pressures that the staff have undergone over the past 3 years and the daily stress of caring for very frightened people I can only say they are amazing.</p> <p><b>Nomination 2</b></p> <p>I've had to take my partner to this ward nearly every day over the past few weeks for a Nephrostomy tube unblockage. She has Schizophrenia and was very anxious. All the staff put her at ease, were very kind, patient and reassuring to her even when they were extremely busy. They let me as her partner and carer stay and support her. Treating me with the same respect and care they displayed to her- which as a carer to a same sex partner is not something I am use to experiencing. I've watched them on days that were so busy, with patients rude and impatient to them and yet the staff all stayed calm, reassuring and kind. These past few weeks would have been a lot harder without their care and I cannot express my gratitude for them enough.</p>		
<b>Andrea Ward, Breast Nurse</b>	<b>York</b>	<b>Nominated by Rachel McCormack, patient</b>
<p>Andrea is just amazing. I was a patient in 2015 and have long since stopped having regular check-ups. However, I know that whenever I have a wobble or</p>		



<p>there is a worry about my health, I can get in touch with Andrea and she will help me however she can. She has been there for me throughout my original treatment, when I paused my medication to try for a baby and when I had to make decisions about my breastfeeding journey and potential health risks. She has gone above and beyond for me and I don't doubt that she does this for all the women that have been so fortunate to be in touch with her at such an unfortunate time in their lives. She deserves a star award more than I can ever say.</p>		
<p><b>Sheila Dillion, Staff Nurse</b></p>	<p><b>Scarborough</b></p>	<p><b>Nominated by a colleague</b></p>
<p>Sheila was looking after a couple in ED that had a fall, and one of the couple were likely to pass away. Sheila approached the bed office to see if we could facilitate the patients being together on the ward, so they could be together. Sheila's request out in motion the two patients being allowed to spend time together on the ward in the side room.</p>		
<p><b>Jemma Hadaway, SATO</b></p>	<p><b>Scarborough</b></p>	<p><b>Nominated by Sarah Mallinson, colleague</b></p>
<p>Jemma had finished working her usual shift and when I left work 30 minutes later I noticed she was still on site. I asked if she was ok and she explained she was helping an elderly gentleman get home. He didn't have very good eye sight and rather than leave him she waiting with him at the bus stop and ensured he got on the correct bus. She also spoke to the bus driver and made sure he knew which stop he needed so he could get home safely.</p>		
<p><b>Pawel Bartosiewicz, Team Leader</b></p>	<p><b>York</b></p>	<p><b>Nominated by Debra Hudson and Elaine Dixon, colleagues</b></p>
<p>Elaine and I would like to nominate Pawel as he always goes above and beyond - no job is a task for Pawel. He will come in early before his night shift to scrub, strip and seal floors, HPV areas when they are urgent and short staffed, as well doing his night shift and recently has been going to Malton to lock up as they have been short staffed even on his days off. Pawel truly knows trust values. He is a big part of our team and for this we want to say a big thank you for all his support and everything he does.</p>		
<p><b>Reception and Admin Team Scarborough Emergency Department</b></p>	<p><b>Scarborough</b></p>	<p><b>Nominated by Ed Smith, colleague</b></p>
<p>The ED reception team are literally on the front line when it comes to meeting, supporting and looking after our patients. They greet patients presenting</p>		



acutely to the hospital 24/7. No matter how unwell or distressed the patient, the reception team is there to put them at their ease and be the waiting room "eyes and ears" of the clinical team at all times. Recently there have been several separate incidences of the reception and admin team going above and beyond what is reasonably expected of them that prompted this nomination, however they are just some of the everyday adherence to Trust values that we witness from these incredibly appreciated colleagues. These incidences included one of the team recognising the patient presenting with a heart-related emergency, and calling for urgent clinical help prior to him sustaining a cardiac arrest. On another occasion another colleague alerted the triage nurses to the presence of a really serious safeguarding situation, which may have otherwise been missed. The waiting area is the interface between the outside world and the (separately provided) ED and Urgent Treatment Centre. It is constantly busy and the reception and admin team provide an invaluable function in overseeing and supporting our patients within it. They embody the Trust values in performing this role and as such would richly deserve a Star award.

<b>Penny Settle, Radiographer Specialist</b>	<b>York</b>	<b>Nominated by Amy Rowntree, colleague</b>
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A patient attended for a chest x-ray and confided in Penny that she was feeling suicidal. Penny then spent an hour sat with the patient listening to her concerns and even making her a cup of tea. The patient declined to go to ED however the safe guarding team we contacted. She agreed with the patient that she would attend her GP to access further mental health support.

<b>Alex Damazer, Paediatric Registrar</b>	<b>York</b>	<b>Nominated by Emma Sebag- Montefiore,colleague</b>
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Alex went above and beyond on an additional night shift (during annual leave no less!) to ensure the safety of the patients and staff across multiple paediatric departments. The shift was extremely stressful and all staff were stretched beyond their limits. Despite this, she was positive, upbeat and an incredible leader for the entire team which enabled us all to get through it. She always met everyone with a smile and excelled in delivering great care.

<b>Liz Messruther, Healthcare Assistant</b>	<b>Scarborough</b>	<b>Nominated by Emma Robinson , colleague</b>
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Liz is a real pleasure to work with. It is lovely to see the way Liz greets patients attending for their chemotherapy treatments, always with a smile and a jolly " Hello" which really makes them feel at ease in what can be an emotional and



difficult time for some patients. Liz does it all. From housekeeping, refreshments, cleaning, medication /chemotherapy collections, observations and clinical work, having an excellent rapport with the patients and letting us know if there are any concerns, but above all her care and compassion is second to none. Liz really embeds the Trust values and we/the patients would be lost without her.

**Rebecca Smart,  
Receptionist**

**Selby**

**Nominated by a  
colleague**

Rebecca is a shining light at our Hospital which makes it a pleasure to come to work .She is always open and friendly to everyone. I have heard her talking to patients, she shows great empathy towards them and always makes an effort to engage with their children. When you see Rebecca she is always dressed smart and well presented often having a smile on her face and ready to put herself out to help anyone who needs any help. Please award our Rebecca a star. Thanks

**Beth Finelli, Deputy  
Sister**

**York**

**Nominated by Megan  
Heels, colleague and  
Emma Chappell,  
colleague**

**Nomination 1**

Beth is new to the role of Band 6 and has had to face to extremely challenging situations during her short time in her new role; there have been staff shortages in the department which has made it very unsafe at times for nursing staff. During a hectic shift with less than minimal safe staffing Beth acted as an advocate for patients and colleagues in a professional, honest and noble manner to ensure that everyone felt safe. Being empathetic and open with patients understanding their frustration due to long waiting times because of staff shortages made patients feel at ease providing them with high quality of care. In acting in this resilient and selfless manner it meant that all patients managed to receive treatment.

**Nomination 2**

Since being promoted to Deputy Sister in the Vascular Imaging Unit, Beth has worked tirelessly to make the unit a better place by working with such a positive attitude towards her work and her team. Beth is a fantastic nurse who teaches constantly, builds confidence within her team and shows nothing but compassion towards her patients. Beth is a nurse and leader that many of us strive to be. I can't thank her enough for everything.



**Nomination 3**

Beth has recently taken a role on as our department’s new deputy sister she has taken on this role during a challenging time and has one goal in mind to better the department. She goes above and beyond in making sure her staff are happy and patients are well looked after. Beth has come into this role when the department has been short on staff but no matter how challenging some days have been she has made sure that the department has been safe and people are looked after and staff are getting breaks. Well done Beth your hard work has not gone unnoticed.

**Georgia Miles, Clerical Officer**

**Scarborough**

**Nominated by Eileen Angus, colleague**

Georgia Miles continually goes above and beyond during her shifts. She is so kind and compassionate with the women that come onto the unit. She has an excellent manner and the patients really appreciate how welcoming she is when they are anxious coming to their appointments. Georgia also helps the staff with clinical duties whilst caring about their welfare – offering drinks etc.

On Monday this week, an elderly woman attended clinic and received some bad news. She was in a hospital wheelchair and had been brought by patient transport services. She was taken out of her consultation and was in the waiting area waiting to be picked up again. She was extremely emotional as you would expect. Georgia and myself sat with her and offered support. Georgia escorted my patients to a separate waiting room to give this woman some space and privacy and discreetly notified me when my patients arrived.

Georgia is non-clinical but offered some much needed human contact for this woman. She was simply kind. She rang patient transport services but offered to stay with the woman even though her shift had finished so the woman was not alone. I really admired her for this and although this might be an extreme example, she does little things like this all the time. She will make a cup of tea and find a biscuit for someone feeling faint. She will liaise with other departments to find a set of notes or book an appointment for follow up.



<b>Trudie Walker, SHYPS Training Lead</b>	<b>York</b>	<b>Nominated by Joanna Andrew, colleague</b>
<p>Trudy has worked really hard to promote our SHYPS network and ensure that it has been recognised nationally by using social media to promote events such as Biomedical Science Day and National Pathology Week. I really value her dedication and enthusiasm.</p>		
<b>Jay Osborne, Senior Buyer</b>	<b>York</b>	<b>Nominated by Neve Turner, colleague</b>
<p>Those who have come into contact with Oracle will know just how difficult it is to navigate and how anxiety-inducing it can be. I contacted Jay on a whim, in desperate need of help with Oracle and trying to raise two urgent purchase orders that are not exactly easy. Not only was he incredibly polite and professional, he walked me through the process fully and dedicated his time to help me. He went above and beyond, and his professionalism did not go unnoticed. He perfectly represented the values and behaviours expected within the Trust.</p>		
<b>Vicci Anderson, Ward Sister</b>	<b>Scarborough</b>	<b>Nominated by a colleague</b>
<p>Vicci was my ward manger when I used to work in AAU. As a leader she was firm but fair. Very supportive and willing to listen. It was real pleasure working with Vicci.</p>		
<b>Kelsey Hodgson, Ward Clerk</b>	<b>Scarborough</b>	<b>Nominated by Faye Blood, colleague</b>
<p>Kelsey is an invaluable team member who consistently goes above and beyond in her role as Ward Clerk. Kelsey works extremely hard and often works over her normal hours to ensure that tasks are completed and work is brought up to date, in order to help her colleagues who take over from her and the wider nursing and medical teams. Kelsey often 'thinks outside the box' and looks for ways to improve practices to make them more efficient, and always seeks advice if she is unsure.</p>		



<b>Katy Ridsdale, Clerical Officer</b>	<b>York</b>	<b>Nominated by a colleague</b>
<p>Katy went above and beyond to help an elderly patient who came for an x-ray, he had received a letter from NHS referrals but was unsure what he needed to do and was unsure what it was for. Katy looked at his medical record on CPD and couldn't find anything relating to a referral. Katy then took the patient down to the Nurses station to look at booking an appointment through the referral support service online; when an appointment was booked they were unclear of the appointment time, so Katy called the support line to get more information. The patient left very happy that his appointment had been sorted out.</p>		
<b>Michelle Niazi, Staff Nurse</b>	<b>York</b>	<b>Nominated by Becky Hepworth, relative</b>
<p>Michelle showed our family the utmost compassion and kindness over the past few awful days. My father-in-law had an out of hospital cardiac arrest in the early hours of Tues 29th June. He survived the resuscitation and cardiac cath lab, but unfortunately care needed to be withdrawn yesterday as he was deteriorating. Michelle demonstrated all that is important about being a nurse during this time. She was honest, compassionate and kind to my father in law, mother-in-law and all of the family there at the hospital. She helped them to be with him whilst he died, and supported them through this awful time. She helped them understand what was happening and although the outcome was not positive, she made such a difference. Please make sure she gets the praise she deserves.</p>		
<b>Acute Oncology &amp; MUO Nursing Team</b>	<b>York</b>	<b>Nominated by Dawn Platt, colleague</b>
<p>My nomination for a star award goes to the York Acute Oncology &amp; MUO Nursing Team, the main reason for my Star Award nomination is that the team has managed a significant increase &amp; change in their activity, and also and importantly, to say thank you for their hard work, patients and control shown during the current pressures the hospital is under, the ethos and spirit of the team always pulls through. The patient has always been at the heart of what they do, going above and beyond to ensure each patient is cared for. Their focus is on the patient, not just clinically but also in terms of pastoral care; supporting the patients family and carers also. They don't just want patients well, they want them happy too. The team contributes in keeping patients out</p>		



of hospital, assessing and treating chemotherapy toxicities in outpatients, caring for patients attending for chemotherapy that have developed a problem during their treatment and seeing admitted patients within 24 hours and helping to facilitate a patient's discharge home as soon as possible. They deliver patient centred care with constant professionalism, dedication and flexibility. What is very noticeable is how well they work together and communicate with colleagues to provide seamless care for patients and provide new members of the team with skills to build working relationships within and outside of the team.

**Discharge Liaison Officers**

**York**

**Nominated by Christine Sloper, colleague**

I would like to thank the discharge liaison officers for being very friendly, kind and helpful towards me, as I have only being with the operational flow team for six months. I would like to thank them all for their support and always being happy to lend a hand if I need some help when it is extremely busy. Their thoughtfulness and caring support is very much appreciated.

**Transfer Team**

**York**

**Nominated by Christine Sloper, colleague**

I would like to say a massive thank you to the transfer team. I started a new job with them six months ago, which I fully enjoy. They are a huge credit to the operational flow team. I just wanted them to know how much I appreciate their kindness and support they have shown towards me. They are all excellent role models who have guided and helped me to learn and improve in my new job role. I am extremely grateful and I appreciate them sharing their knowledge and skills to help me. They all show care and compassion towards staff and patients and it is a pleasure to work with them.

**Dan Sellers, Healthcare Assistant**

**Scarborough**

**Nominated by Adele Edwards, colleague**

A gentleman was brought to the Discharge Lounge by an ambulance crew who had found him walking around lost. The gentleman was very distressed and was not sure how he was getting home after an appointment. Dan showed great kindness to him and spent time with him to reassure him. He was then able to find out that he had an ambulance booked and took the gentleman to meet the crew. The gentleman was very grateful to him. Because of Dan's actions and kindness the gentleman was kept safe and happy





<b>Suzi Ord, Nurse Associate</b>	<b>Scarborough</b>	<b>Nominated by Andrea Duggan, relative</b>
<p>Suzi took care of our mum from arrival at A&amp;E after she had been resuscitated in the care home she was in against her DNR. This was an awful situation and it was clear very early on my mum would not survive. I have never actually seen such prompt and compassionate care personally before. She was so kind to my mum and to us and put all our needs first in such a horrendous situation. We can't thank her enough for helping to make this situation a little easier.</p>		
<b>Lucy Brame, Staff Nurse</b>	<b>York</b>	<b>Nominated by Kim Ward, relative</b>
<p>On the 6th of June 2022, I gave birth to my son Mayson who unfortunately was rushed over to the special care baby unit. Mayson was in their care for 8 days, where Lucy really stood out to us. She went above and beyond to look after our baby and us as well. She always reassured us to the best she could. Lucy is extremely passionate about her career, and you can tell a mile off how much she enjoys her job. Lucy is an absolute star, and a treasure to the SCBU team. I can't thank her enough, and everyone on the unit for the care my baby boy received.</p>		
<b>Renal Department</b>	<b>York</b>	<b>Nominated by June Kelly, patient</b>
<p>What can I say about this team of nurses, support workers and general staff; they go above and beyond to support their patients every day. As a patient on the renal ward three times a week you see the pressure they are under, like most wards they have days where staffing is an issue but never once have I felt my care has suffered. They have helped me through my hardest year and a half yet and I would just like to say thank you for everything. I can't put into words how much I appreciate everything you do. You're just all absolutely amazing each and every one of you!! A big shout out last week especially to Joanne who cared for us covid patients and didn't stop on Thursday and on Saturday the care you gave was 100%. Thank you.</p>		



<b>Bryan Hopson, Imaging Support Worker</b>	<b>York</b>	<b>Nominated by Amy Rowntree, colleague</b>
<p>Bryan is a popular member of the team and is hard working and conscientious. He is always positive no matter how busy the department becomes and goes above and beyond covering shifts on weekends and evenings. He is always kind to others offering to help out where he can. A real credit to the department.</p>		
<b>Lucy Kendall, Healthcare Assistant</b>	<b>York</b>	<b>Nominated by Nicky Kerslake, colleague</b>
<p>Lucy is an absolute asset to our Ophthalmology team. She is incredibly kind and compassionate to both patients and staff and always has a positive influence on the team. Often quietly working away, it is easy for her to go unnoticed, but I have recently had lots of feedback from other members of the team about how kind she is and how she has really welcomed new members of staff into the team, offering guidance and support at all times. Kindness, positivity and mentorship are instrumental values within teams and Lucy is an excellent example to us all. Well done Lucy, keep up your fantastic work!</p>		
<b>Accident and Emergency</b>	<b>Scarborough</b>	<b>Nominated by Brian Robinson, patient</b>
<p>When we had a reason to visit A &amp; E during the night of 9/6/22 it was very busy &amp; the staff were fantastic. Shaun &amp; the team were so helpful and considerate, nothing was too much trouble. We were at the end of our holiday when my husband had a seizure during the night, never having had one before and being an elderly gentleman we were extremely concerned, they all helped to put our minds at rest. What an excellent team. Many thanks to them. Brian &amp; Erika Robinson.</p>		



<b>Laura Tolomeo, Healthcare Assistant</b>	<b>Scarborough</b>	<b>Nominated by Louise Thompson, patient</b>
<p>I was taken in whilst heavily pregnant and suffering from severe constipation. It was quite an embarrassing situation to be in as I had to have an enema and it was very unpleasant. Laura came to see me and was very professional and kind and I could see that she was very overworked. I sat there for quite a long time after and watched her rushing around going to another patient and dealing with a tricky situation in a professional manner. She went to each patient in the same way and never looked anything but calm the whole time. I have worked as a health care assistant in a dementia home and know the situation she was dealing with that day wasn't easy. I would like to nominate her as I am sure that all her shifts are probably like this and I believe she deserves some recognition for her hard work.</p>		
<b>Chloe Robinson, Physician Associate</b>	<b>York</b>	<b>Nominated by Laura Milburn, colleague</b>
<p>I would like to nominate Chloe as she works above and beyond every day, not only for her patients, but for her team and the organisation. During the pandemic Chloe answered the COVID call and participated in the COVID rota taking her away from her team and into the frontline breach. Chloe did this without complaint and with complete dedication. On her return to Oncology, staffing issues meant she has had to again step into the breach picking up a whole new caseload of patients to ensure waiting times for oncology appointments are kept as low as possible. Chloe works her socks off and does it with a smile and good humour. The oncology medical team would be lost without her.</p>		
<b>Mohamed Abdelmoneim, Trust Grade Doctor</b>	<b>York</b>	<b>Nominated by Laura Milburn, colleague</b>
<p>I would like to nominate Mohamed for his dedicated support to the Oncology service. Without Mohamed the medical oncology team would have significant rota gaps due to long term sickness and maternity leave within the team. Mohamed has worked many extra weekends and out of hours shifts and I cannot thank him enough for all his hard work.</p>		



<b>Zoe Lambert, Theatre Practitioner</b>	<b>York</b>	<b>Nominated by Jayne Cummings, patient</b>
<p>I came in to York Hospital on the 4th of July 2022 for a bilateral sacroiliac joint injection. Zoe was absolutely amazing. She could see I was upset about being in theatre with my previous experiences which have caused anxiety because of what I went through. Zoe was really kind compassionate and helped me feel relaxed by talking me through the procedure and sitting with me throughout. I would like to offer my sincerest thanks to the whole team but Zoe, bless her, went above and beyond for me. Nothing was too much trouble. Please keep up the good work I am so thankful for you all xx</p>		
<b>Sean Finlayson, Staff Nurse and Jamie Noble, Healthcare Assistant</b>	<b>York</b>	<b>Nominated by Sarah Lord, colleague</b>
<p>Sean and Jamie really stepped up to help the Urology theatres. We had received a large delivery of new shelving for the theatres that required assembly. Both Sean and Jamie volunteered to do this, going above and beyond their job roles. Their willingness to help saved the hospital a considerable amount of money as we were not required to pay the supplier additional on site assembly costs. Both Sean and Jamie have demonstrated the trust values by doing what they can to helpful.</p>		
<b>Rebekah Walkington, Personal Secretary</b>	<b>Bridlington</b>	<b>Nominated by Charlene Sargeant, colleague</b>
<p>Rebekah has worked at Bridlington Hospital for over 10 years and in this time she has worked above and behind to support every member of staff within the hospital. Rebekah has embraced each change and challenge in her role with open arms and a smile on her face. Rebekah shows care and compassion to all her colleagues and is seen as the 'oracle' of the hospital for both Trust staff and external providers. Rebekah truly shows the Trust values and behaviours every day, I don't know what we would do without her.</p>		



<p><b>Laura Nicolle, Senior Occupational Therapist and Shirley Richardson, Occupational Therapist</b></p>	<p><b>Bridlington</b></p>	<p><b>Nominated by Jeannette Husband, colleague</b></p>
<p>I've been in the Medical Therapies Team for 5 years and want to recognise the value Shirley and Laura have added to my amazing journey. They are shining examples of why we should be proud of what we do and achieve, not only as an organisation but on a personal level.</p> <p>Shirley and Laura have consistently given their time and knowledge to teach me the importance of our trust values and to reflect on them to fine tune my skills. They have always taught me the importance of developing and sharing my skills to help improve as an organisation and own self to be the best and be proud of what I do. I have grown to understand challenges I face is simply more learning and I am valued and my option counts, no matter what banding we are, we all bring something unique to the table and how I can support others to develop.</p> <p>They strive to develop others, resulting in many returning to the team in senior roles and help others understand when things don't go to plan; it's not a mistake but a learning process to go through. I've have had the pleasure of being empowered by them both, as a result I will go on to empower others. They are the glue to our team, a key factor in our success, a sign post in the right direction. A fountain of knowledge that gives everything they have to watch others flourish. One thing they have taught me is I'm not JUST a Therapy Assistant I am a Therapy Assistant, part of an amazing team, delivering OT and Physio needs.</p>		
<p><b>Debbie Hollingsworth, Midwife</b></p>	<p><b>Scarborough</b></p>	<p><b>Nominated by Carrie Ellis, colleague</b></p>
<p>Debbie is always staying late to cover staff sickness, she works clinically at the drop of a hat and doesn't get much needed management time. She is kind, approachable and always makes time to listen and help her staff. She is undervalued and underappreciated and I wanted her to receive some recognition for her kindness and hard work. She doesn't complain and puts her job before her family life all the time. I am leaving the trust next month and I will miss Debbie massively as she is such a great support.</p>		



<b>Hannah Gray, Patient &amp; Public Involvement Lead</b>	<b>York</b>	<b>Nominated by Kathryn Aylward, colleague</b>
<p>I recently received a query from a patient's relative asking about supplying large print books to the patient whilst they were in the hospital. This isn't something we can help with in the Library so I asked Hannah if she knew of anyway we could assist the patient. Despite being new to the role, and it not really being part of her job description, Hannah absolutely went above and beyond to try and help this patient get some large print books, contacting people and teams all over the Trust to find out what we could offer. Though in the end we weren't able to find any large print, both the patient's relative and I are so grateful to the extraordinary amount of time and effort Hannah put in to trying to help.</p>		
<b>Marta Watson, Senior Occupational Therapist</b>	<b>Nelsons Court</b>	<b>Nominated by Sonia English, colleague</b>
<p>Marta campaigns regularly about delirium - which is under-recognised in this trust. She takes initiative to educate those around her at every opportunity even creating back of toilet door posters! Out of her own pocket she's purchased some orientation clocks for the side rooms of patients in Nelsons Court knowing that disorientation can make people more likely to get delirium and if they already have it, disorientation will make it last longer. She always goes this extra step – and has a real passion for patient care by seeing and acting on things that might cause problems. If my family ever needed treating I would want Marta to be involved</p>		
<b>Joanne Cawthray, Deputy Sister</b>	<b>Selby</b>	<b>Nominated by Jo Morton, colleague</b>
<p>Joanne came to us as an experienced Band 5 Dermatology Nurse who had been working in York to undertake a brand new role as Deputy Sister for Outpatient's in Selby. In my opinion she has completely "stepped up to the mark" and settled in quickly and efficiently when it hasn't always been the easiest of situations due to the ongoing Covid pandemic and with staff sickness. To my knowledge she has never worked in a leadership role before and I think she's taken to it brilliantly. Nothing is ever too much trouble and she listens and takes on board our ideas. Only today a member of reception staff commented to me how Joanne took on a problem she was struggling to deal with due to the demand on her on reception and sorted it straightaway. Joanne is motivated and dedicated to her role and I believe she should be recognised for her achievement so far.</p>		



<b>Stephen Mitchell, VIU Support Worker</b>	<b>York</b>	<b>Nominated by Lucy Sharples, colleague</b>
<p>Steve is always happy to help where he can. Recently our Stock Coordinator has been off and Steve has stepped in to help with stock management within our very busy department to ensure our service can still run. He has on more than one occasion stepped out of his job role to make sure specialised equipment has been ordered for us to be able to provide procedures to patients as required, this has been recognised by our MDT team and also by the companies we work with, this led to one of our company reps taking the time to ring the department to ask for Steve to be personally thanked for an order being placed as it was now being processed. Without Steve doing this these procedures would be delayed.</p>		
<b>Bill Laughey, Emergency Care GP Services</b>	<b>York</b>	<b>Nominated by Rebecca Marshall, patient</b>
<p>Bill is a legend. My GP was so unhelpful to me and I ended up in A&amp;E with terrible infections in my hands and I couldn't move them. Bill was absolutely amazing to me. He really cared, showed compassion and was so thorough in his investigations. He even sent a note to my GP asking them to look into the possibility of auto-immune disease. Without him I wouldn't have got the care I desperately needed. Thank you so much Bill and thank you for helping me.</p>		
<b>Elizabeth Allison, Administrator</b>	<b>Acomb Healthcare Centre, York</b>	<b>Nominated by Louise Parker, colleague</b>
<p>Over the past 6 months, I have been working with Elizabeth to implement a new inventory management system at Acomb HC. This is the first time we have tried a system like this as a Trust and we have had to learn step by step how to make this new process work for us. I'd therefore like to nominate Elizabeth for a star award as she has been absolutely key to this test of change. Without Elizabeth's in depth knowledge, patience, willingness to try something new, creativity in solving unexpected issues, resilience to keep going and not give up and general good humour we would not have reached the stage we have. So this star award nomination is to say massive thank you from all the team to Elizabeth being there every step of the way.</p>		



<p><b>Megan Thompson, Clerical Officer</b></p>	<p><b>Acomb Healthcare Centre, York</b></p>	<p><b>Nominated by Louise Parker, colleague</b></p>
<p>As part of the community's digital transformation programme, we have been testing out a new way of working at Acomb HC to manage our on-site store. It's been a new experience for everyone involved and we've had a quite a bit of problem solving to do in order to get this new system up and running. I'd therefore like to nominate Megan as without her input, willingness to work with us and try something new, continued good humour and input even when things haven't worked as we'd like, we would not be at the stage we are now. So myself and our project team would like to recognise Megan for her work with us and nominate Megan for a star award.</p>		
<p><b>John Keith, ACP</b></p>	<p><b>Scarborough</b></p>	<p><b>Nominated by Bilquis/B Fadel- Ahmed, colleague</b></p>
<p>Mr John Keith has been working in care of elderly for the last 3 years. He is very hard working honest, and is very reliable, always works as part of a team.</p>		
<p><b>Margot Cottam, Maternity Healthcare Assistant</b></p>	<p><b>Scarborough</b></p>	<p><b>Nominated by Abigail Hansford, patient</b></p>
<p>Margot is absolutely one of a kind, I was in hospital having my third baby, my previous birth having been a traumatic one, and Margot helped make this experience 100 times better. She was excellent with me and my partner and nothing was too much trouble. She turned a very anxious me into a calm one. She reassured my anxious partner too when my blood pressure dropped post-delivery.</p>		





<b>Keeley Chapman, Tissue Viability Nurse</b>	<b>Malton Community Hospital</b>	<b>Nominated by Louise Parker, colleague</b>
<p>Keeley has been working as our clinical digital lead for the last 6 months for the roll out of a new wound care scanning application called Healthy IO. We now have this application up and running in two teams and are moving to a third. Without Keeley's leadership, resilience, fantastic clinical knowledge, problem solving skills and ability to collaborate with others, we would not be in the amazing position that we are in now. I take my hat off to Keeley as it has been a typical project with ups and downs and Keeley has stuck with it all the way. I don't think we could have found a better clinical lead for this work and the amazing benefits it will offer our patients and colleagues in community services. So for this reason I'd like to nominate Keeley for a star award.</p>		
<b>Rachael Atterbury, Medical Laboratory Assistant</b>	<b>York</b>	<b>Nominated by a colleague</b>
<p>Rachael is an amazingly kind and thoughtful member of the team. She goes out of her way to help people and is always thinking of others. During the hot weather she came in on her day off to drop off bottles of water for the microbiology team, to ensure they were able to get a drink. Microbiology is a busy department, and people don't always have the luxury of going to the canteen to get a cold drink, it is people like Rachael that make sure people are looked after and hydrated.</p>		
<b>Dr J Mikeljevic</b>	<b>York</b>	<b>Nominated by Rebecca Marshall, a patient</b>
<p>After suffering for over two years with an auto-immune disease and my GP not providing any support to me, I visited Dr Mikeljevic clinic on Thursday 14 July at 10:30am. She was so helpful and understanding and compassionate towards me. I just wanted someone to help me and she really did. She has given me an open appointment so I can contact the department directly and she also referred me to Rheumatology for further help and support. I cannot thank her enough. I felt so alone and helpless and now I feel a lot better about things. I would really like you to thank her and for all that she has done for me.</p>		

