York and Scarborough Teaching Hospitals
NHS Foundation Trust

Board of Directors – Public

Wednesday 28th September 2022
Time: 9:00am – 12.00pm

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Good Meeting Etiquette

KEY POINTS

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

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

ASK YOURSELF, *HAVE I...*

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

TELL YOURSELF, *I WILL...*

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

ENVIRONMENT

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

York and Scarborough Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

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

On: Wednesday 28th September 2022

TIME	MEETING	ATTENDEES
9:00 – 12:00	**Board of Directors meeting held in public**	**Board of Directors Members of the Public**
12:30 – 1:45	Board of Directors – Private	Board of Directors
2:00 – 5:00	Board of Directors – Private Development Facilitated Session	Board of Directors

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Board of Directors Public Agenda

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

Item	Subject	Lead	Report/Verbal	Page No	Time
1.	**Welcome and Introductions**	Chair	Verbal	-	9.00
2.	**Apologies for Absence** To receive any apologies for absence.	Chair	Verbal	-	
3.	**Declarations of Interest** To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Chair	Verbal	-	
4.	**Minutes of the meeting held on 27 July 2022** To be agreed as an accurate record.	Chair	Report	09	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Chair	Report	25	
6.	**Patient Story**	Chief Nurse	Verbal		9.05
7.	**Chief Executive's Report** To receive an update:	Chief Executive			9.25
7.1	• from the Chief Executive		Report	27	
7.2	• on 2022-23 Trust Priorities		Report	35	

Item	Subject	Lead	Report/Verbal	Page No	Time
8.	**Community Services Presentation**	Head of Community Services	Verbal	-	09:55
Trust Priority: Our People					
9.	**Nurse Staffing Report** To receive the report.	Chief Nurse	Report	59	10.10
10.	**Medical Revalidation Annual Report** To receive the report.	Medical Directior	Report	69	10.20
11.	**Freedom to Speak Up Annual Report** To receive the report.	FTSU Guardian	Report	75	10.25
Trust Priority: Quality and Safety					
12.	**CQC Report** To present the progress	Chief Nurse	Report	87	10.40
13.	**Ockenden Report Update** To receive the report to include: • Perinatal Clinical Quality Surveillance Report • Continuity of Carer Report Appendix A - D	Chief Nurse	Report	121	10.55
Trust Priority: Elective Recovery					
Trust Priority: Acute Flow					
14.	**Operational Performance Update** To receive an update on the Trust's operational performance.	Interim Chief Operating Officer	Report	129	11.10

Item	Subject	Lead	Report/Verbal	Page No	Time
15.	**Winter Plan** To approve the Trust's Winter Plan.	Interim Chief Operating Officer	Report	145	11.30
Governance					
16.	**Finance Performance Report** To receive the Trust's August Finance Position.	Finance Director	Report	161	11.40
17.	**Constitutional and Standing Orders Review** To receive and approve amends to the Trust's constitution and standing orders. Trust Constitution	Associate Director of Corporate Govenance	Report	171	11.50
18.	**Items for Information**	All			
18.1 18.2	• July Board Sub-Committee minutes • Group Audit Committee Annual Report YSTHFT Auditors Annual Report		Report Report	175 195	
19.	**Any other business including questions from the public**	Chair	Verbal	-	11.55
19.1 19.2	• Latest Executive Committee Minutes • Star Award nominations - September and October				
20.	**Time and Date of next meeting** The next meeting held in public will be on 2 November 2022.				
21.	**Exclusion of the Press and Public** 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.				
22.	**Close**				12.00

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes
Board of Directors Meeting (Public)
27 July 2022

Minutes of the Public Board of Directors meeting held on Wednesday 27 July 2022 in a virtual capacity and commenced at 9:00am and concluded at 11:52am.

Members present:

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

Associate Non-executive Directors
- Ashley Clay

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

Corporate Directors
- Lucy Brown, Director of Communications

In Attendance:
- Mike Taylor, Associate Director of Corporate Governance

Observers:
- Julia Unwin, external consultant and mentor
- James Hawkins, Chief Digital Information Officer (from September)

The Chair welcomed everyone to the meeting.

38 22/23 Apologies for absence
There were no apologies received

Lorraine Boyd, Non-executive Director

39 22/23 Declaration of Interests

There were no declarations of interest to note.

40 22/23 Minutes of the meeting held on 29 June 2022

Non-executive Director Lynne Mellor suggested an addition to minute 25-22/23 (Patient Story) as an outcome of the discussion at the meeting:

- The Board invited Jane back to a future meeting of the Board
- Action – Chief Nurse and Medical Director to present a progress report to the October Board of Directors on specific outcomes.

Lynne also suggested an addition to minute 35-22/23 (2022/23 Board Assurance Framework (BAF)) to alter 'ordinary standard' to 'RAG governance standards'.

With the suggested inclusions, the Board approved the minutes of the meeting held on 29 June 2022 as an accurate record of the meeting.

The Board:

- **Approved the minutes of the meeting held on 29 June 2022 with the inclusion of the above.**

41 22/23 Matters arising from the minutes

Action No.	Old Action Reference (if relevant)	Date of Meeting	Meeting	Minute Number Reference	Title	Action (from Minute)	Executive Lead/Owner	Update / comments	Due Date	Status
1		*03 March 2022*	*BoD Private*		*Serious Incidents Report*	*SM suggested that the purpose of the report needed to be clear and agreed as an action for JM, SH and MT to collectively discuss and work*	*Medical Director*			*Complete*

					through what needed to sit with the Board and with the Quality Assurance Committee.				
2	*30 March 2022*	*BoD Private*		*Chief Executive's Report – IPC Guidance Change*	*HM to share criteria in relation to reviewing the risks against the IPC guidance changes.*	*Chief Nurse*	*Completed in March*	*Apr-22*	*Complete*
3	30 March 2022	BoD Private		*Annual Staff Survey Results*	*MT and PM to arrange a Board session on the Staff Survey Results*	*Associate Director of Corporate Governance & Director of Workforce and Organisational Development*	*Session planned for May 2022*	May-22	*Complete*
4	25 May 2022	Public Board of Directors	10-22/23	Nurse Recruitment and Retention Report	Commence discussions with Coventry University on behalf of the Board	Non-executive Director Jim Dillon	29.06.22 Non-executive Director Jim Dillon confirmed that he had a meeting arrange	Jul-22	Complete

				in relation to premises in York to develop courses in the city.		d with Professor John Latham, Vice-Chancellor and Chief Executive of the Coventry University Group. 27.07.22 - added to the Private agenda for discussion on 27.07.22 - following private meeting discussion it was agreed to return to Coventry University with thanks but no further progress on this.		

Action No.	Date of Meeting	Minute Number Reference	Title	Action (from Minute)	Executive Lead/Owner	Update / comments	Due Date	Status

4	25 May 2022	10-22/23	Nurse Recruitment and Retention Report	Commence discussions with Coventry University on behalf of the Board in relation to premises in York to develop courses in the city.	Non-executive Director Jim Dillon	29.06.22 Non-executive Director Jim Dillon confirmed that he had a meeting arranged with Professor John Latham, Vice-Chancellor and Chief Executive of the Coventry University Group. 27.07.22 - added to the Private agenda for discussion	Jul-22	Complete

42 22/23 Chief Executive's Update

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

- Our people – The Trust had been very successful with international recruitment and were looking to recruit another 40 nurses. Arrangements around covid and flu vaccinations had now been published and the Director of Workforce and Organisational Development would be working through the planning of this role-out ready for the Autumn. There were some indications that the flu virus was likely to hit early and hard this year and the importance to be prepared was acknowledged.
- Elective recovery – The Interim Chief Operating Officer was to go into further detail later in the meeting. Positively reporting that towards the end of June there were 8 patients who hadn't been treated (7 elected to opt out and 1 who had covid), this was going to continue to be a pressure for the Trust in terms of delivering month by month. The next focus of attention was on eradicating 78 week waiters by the end of March 23. The Trust was in regular discussions with regional teams and seeking additional support from them wherever possible to help to achieve that target.
- Acute Flow – currently reported 132 covid patients across acute and community settings. This was expected to fall. In terms of discharges, there was still a await on resource and additional capacity. Consequently, the Trust had submitted proposals to maintain the Bridlington Community Unit as a successful discharge area, providing care for the growing number of patients without the 'right to reside' in the Scarborough acute bed base until they can be discharged. It was hoped that this would also be expanded and bids for funding have been submitted to provide an equivalent facility of 15 beds for the York population, housed on the York Hospital site. Some additional resource was also required to community response teams for additional packages of care to help discharge patients from York. If successful in obtaining the resource/funding, this will help with additional capacity and acute flow challenges.
- 100-day discharge challenge – A national '100-day challenge' had been launched to take place throughout July, August and September. A Summit on acute pressures had been called for 11th August where the Trust will use to drive some harder targets to support discharge. Further detail on the logistics of the session was yet to be agreed.
- System update in relation to the ICS (Integrated Care System) – this was now a statutory body and went live on the 1st July 2022. Place leads had been identified as North Yorkshire (Wendy Balmain) and East Riding (Simon Cox). A lead for the City of York area remained vacant.

Associate Non-executive Director Ash Clay congratulated the Trust and those involved in achieving the 104 week waiters target. He raised whether this celebration was being sufficiently communicated and importantly recognising the achievement in the moment.

The Chief Executive assured the Board that this achievement had been recognised through internal communications and also reported through his Staff Briefing in June. This would continue to be the case as the Trust hits further milestones throughout the year. The Interim Chief Operating Officer added that the Trust had been holding Insight and Assurance meetings with Care Groups who had been involved and it had been made clear in those sessions to celebrate the position and share the executive thanks with their teams but equally to also maintain the focus.

Non-executive Director Steve Holmberg expressed the need to be cautious when celebrating target successes as some target priorities would be varied throughout the Trust.

Non-executive Director Lynne Mellor highlighted the 100-day discharge challenge, although all the hard work going on is recognised, the Trust was very pressurised from the point on having some of the highest numbers ever reported. Lynne welcomed the news of a Summit with discussions with the ICS around acute pressures and some understanding of what can be done collaboratively. Lynne highlighted her concern that this was becoming a tipping point for the Trust and would welcome feedback from the Summit discussions. Non-executive Director Jenny McAleese suggested, **and it was agreed that the Board strengthen the voice of the Chief Executive by expressing its concern about the issue/pressures** and to ask for the support of the ICS.

Non-executive Director Denise McConnell highlighted the international nurse's recruitment and questioned whether the nurses were able to work on the wards prior to the completion of their training. The Chief Nurse confirmed that there was a 'test of competence' which was completed locally. The nurses worked initially as a Band 4 (one grade below a registered nurse) and cannot be added to the NMC register until they have been through an official OSCE Centre where they move around and complete some practical exams. At present there had not been any centres open where nurses could be booked in therefore individuals had been going to Northern Ireland or Oxford and this was consequently causing delay. There had been a national recognition that the number of nurses had grown therefore a further 2 centres opened locally in Leeds where the Trust had nurses booked. Prior to passing the OSCE exam, they would continue to work alongside a registered nurse at a Band 4 level but would be unable to work autonomously until they were on the NMC register.

Non-executive Director Matt Morgan highlighted the pay of the international nurses and if they were working to a band 4, was this reflected in their salary or were they being paid for the band 5 that they were recruited to. The Chief Nurse confirmed that prior to being NMC register, the individuals were paid and working at a Band 4 level. The Director of Workforce and Organisational Development assured the Board that the individuals were provided with additional financial support during their competence testing stage through areas such as funding their accommodation and registrations fees. This was included in the international recruitment business case that is submitted by the Trust.

<u>Priorities Plan</u>
The work around the Trust's priorities plan had begun in April with private Board discussions in May and June.

The Chief Executive presented the report which described the Board commitment to taking action over the next 12 months on the four priorities (Our People, Quality & Safety, Elective Recovery and Acute Flow) to progress towards the delivery of the Trust Strategy. This commitment arose in response to the feedback from the staff survey, findings from the CQC inspection at York Hospital and the operational position of the organisation. The

report described the intended actions over the financial year (2022-23) to support the Trust strategic goals and deliver on its priorities.

The Chief Executive shared his confidence that progress around the actions described would result in progress overall throughout the organisation. He confirmed that the delivery of the priority actions would not be reported in this way going forwards but through the monthly Integrated Business Report starting at the September Board meeting. The Trust sub-committees would receive detailed updates relevant to the specific priority areas:

- People and Culture Committee – Our People Priority.
- Quality and Safety Committee – Quality and Safety Priority.
- Digital, Finance and Performance Committee – Elective Backlogs and Acute Flow Priorities.

The Executive Committee was to be responsible for the delivery of the actions on behalf of the Board of Directors.

The Chief Executive highlighted the debate of whether there was enough capacity in the organisation to deliver all that was expected from a transformational aspect within the organisation, particularly given the operational pressures. The Chair reminded the Board of his previous suggestion at a Private meeting of the Board around an individual who would be able to provide both support and drive to ensure that this plan links as intended with other aspects occurring elsewhere in the Trust. For example, operational plans – there was not likely the right awareness or understanding of how the priorities plan linked and there was a need to ensure that those activities which were taking place (many of which had been already for some time) were coordinated in the right way across the Trust. There was a lack of assurance from the Board that the right capacity or resource was available to allow this to happen. The Chief Executive assured the Board that he had begun discussions with NHS England & Improvement (NHSE&I) to ascertain whether there were internal consultants within the NHS and if they were able to run a search on transformational/programme director capacity. Conversations around this would continue over the coming weeks.

Non-executive Director Lynne Mellor reminded the Board of her recommendation that the plan be clearer around what, within each of the 4 priorities areas, was going to be the biggest impact areas in terms of the interventions that the Trust was making. There was evidently a need to have a clear link with operational plans across the Trust and understanding which of the actions were important, if they have been delivered what was the outcome/output of that would be beneficial to see included as part of the plan. The Chief Executive assured that as monitoring of the delivery of the plan was carried out through the monthly IBR reporting, it would become the focal point of how the Trust was making progress through any transformational change. He agreed that perhaps there was more that needed to be done to bring out the actions and what was being done around them but there was no appetite to expand on the presented plan.

In linking the plan to the operational aspect of the Trust, the Chief Executive stressed the importance to deliver a shared message of what priorities were important to the Trust as an organisation, particularly around its people. He also stressed that it was essential that this was a relentless message delivered in conversations with all levels of staff but particularly with Senior Managers in particular around how the plan was taking the organisation forward. An outcome of the discussion was the **suggestion of communication prompt card(s) for the Board, to include some key messages to**

relate to around actions in the priorities plan, as a helpful reminder before a member of the Board is out and about engaging with Trust staff.

The visibility of the Board was discussed (priority 1.3 of the plan 'Increased Executive Visibility across the wider organisation, including the reintroduction of face to face communication and engagement at all levels, e.g. staff brief, leadership walk-arounds and staff surgeries') and were pleased to see the encouraging status around this however, it was highlighted that the lack of more informal visibility of executives was a common theme highlighted to non-execs through their engagement with individual staff members. The Chief Executive assured the Board that there had been an increase of informal visits over the last few months, in particular from himself and the Chief Nurse and agreed that this would continue wherever possible.

The Board:

- **noted and agreed the contents of the report.**

Action:

- **The Chair write a letter of concern on behalf of the Board to the ICS in relation to the operational pressures and in particular the discharge challenges**
- **Chief Executive and Director of Communications to develop prompt cards with key priority action messages.**

43 22/23 Nurse Staffing Report

The Chief Nurse presented the report and provided information and assurance to the Board on how the Trust had responded to provide the safest and most effective nurse staffing levels during May 2022. There were some key points of the report highlighted, in particular the vacancy rate being significant for May with over 200 registered nurse vacancies and causing some considerable operational issues. The report also described the work being carried out around recruitment and retention of the nursing workforce.

Non-executive Director Lynne Mellor highlighted the undergraduate education and noted that places were limited and questioned whether there anything more that could be done to put pressure on for support either through funding or other means, to increase the number of places that the Trust obtains to start to help with projections. Despite this being a good point to progress, the Chief Nurse explained that currently the Trust was not in a strong enough position to facilitate any additional placements with the level of support that the individuals required in order for the individuals to obtain a good quality experience with the Trust and ultimately want to stay on completion. That said, the Chief Nurse assured the Board that this position would improve in time as staffing numbers would likely begin to increase. Similarly, for the doctor trainees, the Medical Director expressed that the challenge was capacity in supervising those individuals and ensuring that they receive a good experience and consequently retain them.

The Board acknowledged the recent government reference to the NHS staffing crisis, however the Trust was yet to see any outcome or support through this avenue.

The Board acknowledged the significant work being done around the nursing workforce and that a focus on retention over the coming months was key.

The Board:

- **noted the report.**

44 22/23 Care Quality Commission (CQC) Report

The Chief Nurse presented the report which provided an updated position of communication between the Trust and the CQC, as well as action plan progress for regulatory requirements.

The Chief Nurse highlighted the following key areas:

- New clinical director appointment for Scarborough Hospital Emergency Department. The individual also held a PEM (Paediatric Emergency Medicine) qualification. Following job planning, this would therefore meet the criteria to close the action following the January 2020 inspection report. Further discussion would need to take place around the PEM consultant and the expectation of that role, ensuring equity between sites.
- Continued to have Section 31 conditions associated with registration due to the lack of consistent audit results for mental health risk assessments. Lots of work being done with the improvement team to work through understanding some of the issues. Positive progress of improvement in consistency had been made through the introduction of an electronic risk assessment system to digitalise the Trust process on risk assessing.
- The CQC action plan following inspection in March 2022 had been submitted within the required timescales (6th July 2022). (Appendix A of the report). The CQC were content with the progress to date. Continuing to work with Care Groups on their action plans and will be looking to share the action and improvement plans with the CQC later in the year.
- CQC National Insight Report – 'Much worse' indicator for May 2022 (late reporting as the report was delayed nationally) there were 10 indicators compared to 5 in May 2021. There was nothing of particular concern overall.

Following concerns raised over the reported CQC National Insight indicators and that there had been an increase or lack of movement on these, the Chief Nurse agreed to provide some detail in the next report. The report would manage expectations of the Board in what to expect to see in following reports relating to these indicators if they were not likely to improve but there being a valid reason behind that.

Non-executive Director Matt Morgan highlighted the dates in the CQC Insight report and that the Trust was reporting on data that was significantly out of date. The overall significance of the metrics were questioned and whether the Trust was required to continue to overlook them or consequently understand what models, in particular around being seen by a geriatrician, can be developed to aspire to achieve compliance in these metrics. The Chief Nurse agreed to raise this with the Executive Committee taking into account the Trust's existing comprehensive geriatric service. In terms of the reporting against a data lag, the Board noted that this would need to continue as the published CQC report consists of this.

The Board:

- **received and noted the report.**
- **noted the Regulatory Section 29A Warning Notice which had been received**
- **noted the publication date of the final report.**
- **noted the high-level action summary within the body of the report.**

45 22/23 Ockenden Report Update

The Chief Nurse presented the report which provided a monthly oversight of perinatal clinical quality as per the minimum required dataset, ensuring a transparent and proactive

approach to Maternity safety across the Trust. The report also described an introduction to Ockenden, Clinical Negligence Scheme, and Continuity of Carer for context and information.

Staffing remained challenging in midwifery as it did also in nursing, primarily on the York site. Aside from verbal feedback received on the day of the Ockenden visit (23 June 2022), nothing formal had yet been received. Some challenges still remained around some of the immediate and essential actions, in particular the multidisciplinary team handovers. It was noted that there was nothing further from the previous month to escalate to the Board.

Non-executive Director Steve Holmberg highlighted to the Board that the scanning capacity was an area of concern (as was also highlighted in the Quality & Safety Assurance Committee Escalation Report). The triggers for arranging additional foetal scans were not in the best possible place.

The Board:

- **received and noted the report.**

46 22/23 Infection Prevention and Control Annual Report

The Chief Nurse presented the annual report which summarised information on healthcare-associated infections (HCAI) for the period 1st April 2021 to 31st March 2022. It included information on Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia and Clostridium difficile-associated diarrhoea including a summary of other important organisms. The report also highlighted environmental cleaning and staff training in relation to HCAI management. Any outbreaks and adverse incidents that occurred from 1st April 2021 to 31 March 2022 were summarised in the report.

The Board:

- **received and noted the report.**

47 22/23 Guardian of Safe Working Hours

The Board noted the 2022-23 Q1 Guardian of Safe Working Hours report and the key points highlighted:

- In 2019 the Department of Health and Social Care provided £30,000 to the Trust as part of a national programme to improve rest facilities for junior doctors. Previous reports had detailed how this money was spent. It had subsequently come to light that £15,000 remained available. Details in section 2.1.1 of the report.
- Insufficient staffing was frequently cited within reports as a reason for missed breaks and overtime. Over 1,000 bank shifts went unfilled in Q1. The impact of inadequate staffing levels on patent safety and junior doctor wellbeing was clearly demonstrated in section 2.1.3.
- Junior doctors must be an integral part of the Boards strategic goal to support an engaged, healthy, diverse and resilient workforce and combat widespread shortfalls in the workforce.

The Board:

- **received and noted the report.**

48 22/23 Quality Assurance Committee Minutes

The Board noted the minutes of the Quality Assurance Committee held on 21 June 2022 meeting.

The Board:

- **received and noted the minutes.**

49 22/23 Operational Performance Update

The Interim Chief Operating Office presented the report and described that the Trust remained under significant pressure with consequential delays to patient pathways across emergency care, elective care and cancer. The Board noted:

- 72.7% of emergency department patients were admitted, transferred, or discharged within four hours.
- Reporting 727 twelve-hour Trolley Breaches.
- May 2022 saw challenging cancer performance with the Trust achieving two out of the eight core national standards (Cancer was reported a month in arrears).
- 3,102 fifty-two week wait pathways had been declared for the end of June 2022.
- Eight 104+ week wait pathways had been declared for the end of June 2022 (one COVID positive patient and seven patients who were offered a date before the end of June).
- Small reduction against the overall Referral to Treatment backlog, with the percentage of patients waiting under eighteen weeks at month end increased from 59.4% in May 2022 to 59.0% at the end of June 2022.

The Board noted and were assured that the Trust had an agreed programme of work 'Building Better Care' to improve acute flow and support elective and cancer recovery.

Overall the Trust was below plan for activity in Quarter 1, notably for first appointments and ordinary elective activity.

It was noted that the Trust remained at risk on not treating all 78 week patients by the end of March 23 and as a result the Trust had been placed in 'Tier 2' monitoring for elective recovery. This included more regular assurance meetings with NHSE/I to report on progress, in addition to weekly data submissions. The Trust had already had its first meeting in July and would then run through a fortnightly regime of scrutiny and assurance meetings with the regional ICS colleagues and would be required to go through plans in great detail at that meeting at specialty level. The Trust will however have the ability to request support from the regional and national teams. It was anticipated that there would be an offer from the national elective intensive support team to share best practice and look in more detail at the Trust processes and identify further areas of improvement. It was clear that if there is no improvement then the Trust would be moved into tier 1 category which would result in further national scrutiny, oversight and intervention.

Non-executive Director Jim Dillon highlighted the 727 12-hour trolley breaches and questioned what the Trust's strategy was to manage this. The Medical Director assured that there was a Standard Operating Procedure (SOP) in place and was due to be presented to the Executive Committee. The procedure included involving early specialty reviewing in the emergency department (ED) with a consultant to post review the patient in the ED when it is known that there is going to be a delay in admission so that would happen post referral for admission. It was anticipated that the review would ensure that a patient's treatment plan is correct and that they can not be turned around in ED etc. and that they do required to be admitted. It was hoped to also ensure that critical medications

would be processed on EPMA (electronic prescribing as an existing robust way of prescribing in the Trust) and from that point there would be a joint responsibility with the ED and the specialty for the ongoing care of that patient. If any deterioration of the patient is experienced, the ED physician in charge would be informed of a deterioration and appropriate action would be take (for example, within ED or calling the specialty back though to support the patient). The York site was opening the SDEC (Same Day Emergency Care) which was an alternative to the strategy and the new SOP was to include both elements. The Board noted that within the SOP there would be an escalation plan in relation to the ambulance handover which directly related to flow in and out of the ED. There would also be a priority in the plan to ensure that the resus space remains available for ambulance direct access with critical patients. The Chair expressed that the Board were keen to learn more about the steps the Trust were taking around SDEC and to understand whether they were making a difference on the emergency department. He subsequently **requested that a deeper review of SDEC be presented to the Board at its meeting in October to allow sufficient time to accumulate enough data to share and compare appropriately.**

The Board:

- **received and noted the report.**

Action:

- **Chief Operating Officer to present SDEC review report for October meeting.**

50 22/23 Healthy Bridlington Engagement

Non-executive Director Jenny McAleese reported on her background where she had engaged with the Bridlington Health Forum during her time as the Trust Interim Chair. Working with Sally Light (Lead Governor) and latterly Bernard Chalk. The forum had previously raised their concerns around the services being removed from Bridlington Hospital and further feedback was picked up from the Lead Governor who attended a recent Bridlington Engagement Event (30th June 2022). Jenny shared some of the feedback that was given:

- population of Bridlington now having to travel for services that were previously accessed locally. For example, this could sometimes include areas such as Malton (for Urology) which are a challenge to access in both in terms of public transport from Bridlington and also dealing with the complications that come with many urological problems.
- Lack of minor services locally such as wound checks, pre-op assessments, stitches removals etc.
- Issues with the Urgent Treatment Centre (UTC) such as patients waiting in the rain, no immediate triage and a poor link with the ED services in Scarborough

Jenny had already questioned previously if there were any simple changes that could be made to improve the Bridlington patients experiences and encourage some sense that the Trust was committed to improving its services whilst awaiting the major strategy work in relation to how best to provide health and social care services to the people of Bridlington which was to be lead by Simon Cox as the Place Based Lead.

The Chief Executive reported that discussions on the day of the event were around access to a range of services and primary care was included in that and the utilisation of the hospital and the UTC. He noted that recently there had been some good hospital projects largely been focussed on strengthening Bridlington as a resource for the East Coast and that was important to take into account when considering the needs, anxieties and

aspirations of the Bridlington area. Some of the work included; Stroke Rehab unit, the Bridlington Care unit, the Kent ward.

Discussions had taken place to consider whether there was some specific work around some of the services when patients of Bridlington were required to travel and understand how this is administrated when handling those patients from various perspectives. Outcomes of earlier discussions indicate that there is some immediate changes that can be made relatively quickly to improve some of those services. It was clear that a comprehensive service would be challenging on the Bridlington site. The Chief Executive acknowledged that there was something key about considering which sites services are moved to if there is little or no public transport. He described that the Trust would be engaging with the Bridlington forum to seek their support in term of any proposals the Trust may have as a consequence of any review of services. He also referred to the strategy work lead by Simon Cox and the need for a product that stems from the engagement event which Simon had assured would be the case and a plan would be pulled together on Bridlington health and social care which the Trust would contribute where appropriate. It was hoped that some progress on a plan would be seen in the autumn and it was fully understood that the Bridlington Health forum would be a key contributor in pulling that together.

The Board:

- **received and noted the feedback.**

51 22/23 Integrated Board Report (IBR)

Although the report was not discussed in detail, it was noted that the next meeting of the Board (September) would see a new version of the IBR which was to include a combination of the Trust priorities discussed earlier in the meeting, and also the statutory targets/requirements the Trust was required to meet. This realignment of the IBR would consequently support relevant discussions and sight the Board on key performance areas with progress and assurances on priorities by way of its presentation.

The Board:

- **received and noted the report.**

52 22/23 Finance Performance Report

The Finance Director presented the report and reminded the Board that at its June 2022 meeting the Board approved the final Income and Expenditure (I&E) balanced annual financial plan, which formalised an initial email acceptance of the plan 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 was now set into the ledger and was being used to monitor current performance and operational budgets had been set on this basis.

The Board noted that the Trust was reporting an adjusted deficit of £0.51m against a planned deficit of £0.03m at June 2022 (month 3). The Trust was £0.48m adversely adrift of plan.

The Finance Director highlighted 2 pressure areas;

- covid expenditure – did reduce in June and May was a reduction on April's spend so illustrating a reduction on spend however, this was still an overspend of the allocation that is available of approximately £600,000. Some of which was being

absorbed in the Trust position. Spend continued with direct covid related care and adjustments made to services than planned

- Unfunded Revenue Schemes – in particular relating to the Trust diagnostic position, as the Board was aware, the Trust was carrying the mobile scanner at £1.4m cost in full year terms that had not been funded in the plan and was previously externally centrally/nationally funded and currently was no longer. There was not yet a solution on this and bids made (through the ICB on behalf of the Trust) had failed to date. Despite the significant cost pressure, it was imperative for the Trust to continue with the scanner and remedial action was not an option given the diagnostic pressures faced. If resolution is not sought through the ICB it was likely that significant risks will be presented to the Board in the coming months.

The Finance Director updated the Board on the position of the Elective Recovery Fund (ERF) since the report was written and advised that no funding was to be recovered for quarters 1 and 2 of the current financial year. There was concern from the national team that organisations may take financial recovery action in anticipation for the loss of significant issues that may compromise their approach to elective recovery. This was now highlighted as a risk which was not known at the time of writing the report. The next revision of this report would consequently reflect this risk has changed.

Associate Non-executive Director Ash Clay highlighted that previously discussions around the Trust Cost Improvement Programme (CIP) indicated confidence in the delivery of the programme and questioned whether this remained considering another poor month of delivery. The Finance Director described that he was quietly confident that the Trust would be able to deliver the programme this year as there were plans that matched the programme with varying degrees of risk. A large proportion of the programme was assessed as low risk in terms of ability to deliver. He assured that testing of the CIP was thoroughly carried out through the Care Group's Oversight and Assurance meetings and the Corporate Efficiency Team (CET). The CET was up and running within the organisation and actively engaging with care groups on their deliver of the programme. However, it was enormously challenging with operational pressures and staffing difficulties, performance delivery, quality and safety issues etc and consequently the CIP was not a favourable topic, nevertheless the importance to continue to drive it as part of business as usual was acknowledged. It was also noted that it was highly likely some areas of the programme would be delivered non-recurrently which would return and be required to be delivered again the following year. Ash also highlighted the CIP table identified in the report and sought clarity on the reasoning for the plan having significant over-delivery on corporate areas and under-delivery on others. The Finance Director confirmed that further detail on this would be discussed through progress throughout the year and through the Board sub-committee Digital, Performance and Finance Assurance Committee however, it was known that some care groups were likely to have experience difficulty in delivering some areas of their plan and the CET were working on corporate opportunities to have some contingency for areas where difficulties were anticipated.

The Board:

- **supported the continuation to absorb the cost pressure of the Unfunded Revenue Scheme – Mobile CT Scanner.**
- **received and noted the June 2022 financial position.**

53 22/23 YTHFM Final Financial Plan 2022/23

The Finance Director presented the report initially and highlighted assurance provided to the Board that this plan aligned perfectly to the plan that was presented to the Board later

(virtually because of the late central changes). The report presented a subsection of the Groups plan that the Board had already previously approved. This included no implications on the previously approved plan.

YTHFM Director of Resources Penny Gilyard attended the meeting to present the report. Penny highlighted that plan presented formed part of the Management Groups submission using the same inflation and efficiency assumptions. In summary the YTHFM draft plan presented a surplus of £1.327m and this was before the distribution of profits and in accordance with the members agreement. The marginal revenue operational expenditure changes over the baseline plan again represented an increase spend of just over £3m. the report presented detailed some of the changes since the first draft plan was produced in March.

In terms of income targets, looking at setting these and using the assumptions, the car parking income from visitors was used and reflected an increase to 80% of pre covid levels – this was to recognise the reinstatement of clinical activity throughout 22/23. There was also not a part year increase of £402,000 as the plan also assumes staff car parking charges would be reinstated (originally from June however this currently remained paused). Catering income had increased by £176,000 and based on 10% increase of the average income per month received during H2 within the last financial year – this assumption was based on the increased use of the facilitates as covid measures were eased.

The Board noted that in terms of inflation, within the plan there was £5.94m included in the plan which comprised of utility (£4.248m for this). There was also agenda for change incremental growth, employees NI which had increased from 13.8% to 15.5% and pay/non-pay inflation.

CIP – target of £1.123m, for capital expenditure the total resource available for investment was £63.7m and was made up from depreciation loan grants, PDC funding and external charities. Penny described that this was the most the group had spent in one year on capital projects. She gave some examples of some of the allocations of the funds including the completion of the York Emergency Department extension, VIU scheme, Scarborough Hospital Urgent and Emergency Care Centre build, national carbon reduction target work for York and Bridlington sites with solar panels and air source heat pumps.

Penny highlighted key risks:

- CIP £230,000 (£55,000 non-recurrent) savings that it was believed would be achieved and an improved position that the previous month. Robust discussions continued to take place with the Management Group to manage the delivery of the CIP with a report due to be presented to the September Management Group meeting detailing what the schemes included were and assessing the level of risk with each.
- Income targets – risks around this due to using pre covid assumptions and the car parking income had been paused. Position currently on car parking income up to June was £35,000 behind plan resulting in an adverse variance and were looking to see how this gap could be closed
- Catering – the visitor's numbers had been lower than anticipated and were consequently £18,00 behind plan
- Backlog maintenance, need to prioritise the allocated £500,000 well in particular on the approach to the winter months

Non-executive Director Denise McConnell highlighted her concerns in relation to the low allocation for backlog maintenance in particular when looking at the Trust estate and

considering recent increases in construction and labour costs. Penny assured the Board that despite the challenging financial envelope, risks are appropriately being flagged and also identified through the Risk Register. The Finance Director described that the CIP was required to be dynamic at some level issues were identified and whilst the vast majority of the programme was recognised and agreed priorities, new things do come out along the way. Work was ongoing to identify even further resource to go further with some of these priorities. The plan was compromised this year due to the York ED scheme running around £3.5m over due to inflationary pressures and there was no choice but to absorb that however, the Finance Director assured the Board that the Finance Team and YTHFM work really closely together, in particular through the Capital Programme Executive Group and do move and use slippage to manage additional effects that may arise.

The Chief Nurse acknowledged that it would be beneficial to share with the Board an Executive Committee report due in August that described the CIP in detail including what had been achieved and what consequently hadn't.

On the back of reporting on the Scarborough Urgent and Emergency Care Centre build, it was suggested that members of the Board seek an opportunity to see this coming to life and the build in action on the site.

The Board:

- **acknowledged the significant risks highlighted received and noted the report.**
- **approved the YTHFM final Operational Financial Plan 2022/23.**

Action:

- **Chief Nurse to share Executive Board August CIP report with the Board when available.**
- **Penny Gilyard to arrange with the capital programme team for a Board site visit to the Scarborough Urgent and Emergency Care Centre.**

54 22/23 Resources Assurance Committee

The Board noted the minutes of the Resources Assurance Committee held on 21 June 2022 meeting.

The Board:

- **received and noted the minutes.**

55 22/23 Any Other Business

The Chair noted that he had recently met with the Trust Freedom to Speak Up Guardian and an outcome of the discussion was a suggestion for Board members might attend one or more of the annual Staff Benefit Fairs as a good opportunity to engage with staff as they are well attended events. It was requested that the dates be circulated to the Board to ensure they were visible in diaries and allow attendance if possible.

56 22/23 Time and Date of next meeting

The next public meeting of the Board of Directors will be held on 28 September 2022.

Item 05

Action Log – Board of Directors

Action No.	Date of Meeting	Minute Number Reference	Title	Action (from Minute)	Executive Lead/Owner	Update / comments	Due Date	Status
38	27 July 2022	25-22/23	Patient Story - Jane Miller	A progress report be presented to the October Board of Directors on specific outcomes following Jane's attendance to the Board and her continuous improvement work with Kathryn Sartain.	Chief Nurse and Medical Director		Oct-22	Ongoing
41	27 July 2022	42-22/23	Chief Executive's update - 100-Day Discharge Challenge	The Chair to write a letter of concern on behalf of the Board to the ICS in relation to the operational pressures and in particular the discharge challenges	Chair	Overtaken by the Rapid Quality Review Meeting held on 22 August. The concerns that would have been raised in a letter were expressed very clearly by the Chief Executive at the meeting and have been taken seriously by ICS colleagues.	Sep-22	Completed
42	27 July 2022	42-22/23	Chief Executive's Update - Key priorities	Develop prompt cards with key priority action messages	Chief Executive & Director of Communications		Oct-22	Ongoing
43	27 July 2022	49-22/23	Operational Performance Update	Present SDEC review report for October meeting	Interim Chief Operating Officer		Oct-22	Ongoing

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Chief Executive's Report
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Simon Morritt, Chief Executive

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☒ Our People	☒ Quality Standards
☒ Quality and Safety	☒ Workforce
☒ Elective Recovery	☒ Safety Standards
☒ Acute Flow	☐ Financial
	☒ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

To provide an update to the Board of Directors from the Chief Executive in relation to the Trust priorities. Key points include: recruitment, flu and Covid-19 vaccinations, Celebration of Achievement Awards, Care Quality Commission update, support for elective recovery in tier two providers, acute flow, 'Our plan for patients' policy paper announced, Trust Board appointments and York and North Yorkshire Devolution announcement.

Recommendation:

For the Board of Directors to note the report.

Report Exempt from Public Disclosure

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

Report History

Board of Directors only

Meeting	Date	Outcome/Recommendation

Board of Directors	28 September 2022	

Chief Executive's Report

1. Our People

1.1 Recruitment

We have expedited recruitment to employ more patient services operatives (PSOs) across our medicine and elderly medicine wards in York Hospital. PSOs have a direct role in working closely with healthcare staff to support a number of ward processes and tasks such as preparing bed spaces for admissions, assisting patients with menu completion, and serving patients' drinks.

We held a recruitment day earlier this month, which generated a positive response and were able to make employment offers on the day to 34 PSOs and 70 healthcare support workers. We look forward to welcoming them on our wards. A further event is planned for October.

These are key roles for supporting delivery of the CQC action plan, and in helping ensure that fundamentals of care are consistently delivered.

1.2 Flu and Covid-19 vaccinations

This year's staff vaccination campaign is now up and running and is available to all staff. We are taking delivery of the different vaccines at different times, with covid vaccination already underway, and flu vaccination commencing in early October.

Where possible co-administration is encouraged, although staff are being encouraged to obtain their vaccinations as soon as possible.

Booking is not required this year as all sessions are on a walk-in basis, and we are once again offering meal vouchers as an incentive for staff who get vaccinated.

1.3 Celebration of Achievements Awards

It was a pleasure to host our annual staff awards earlier this month, which have not taken place since 2019 due to the pandemic.

This year we received the highest ever number of nominations, and the event was an opportunity to bring people together again and shine a light on some of the fantastic work that staff are doing right across the organisation.

It is positive to be able to reintroduce our staff events programme as it is an important part of how we can recognise staff and thank them for all that they do.

2. Quality and Safety

Care Quality Commission (CQC) update

There is a comprehensive update on our response to the CQC and progress against the action plan as a separate agenda item, including the outcomes from the recent system-wide Rapid Quality Review meeting, however there are a couple of other areas I want to highlight.

Fundamentals of Care

We have focussed on improving awareness and understanding of the fundamentals of care, and how we need to improve in response to the CQC's findings in relation to this.

A 'fundamentals of care' poster has been shared widely across the Trust, to ensure we are all aware of how the fundamentals are defined.

The fundamentals of care are the basic elements needed to deliver a safe and person-centred experience for patients. They link to the CQC's key lines of enquiry when they make a visit - safe, effective, well led, caring and responsive. By clearly defining our fundamentals of care and creating a common language that we can all understand, it will help guide us towards the high standards of patient care that we are all striving to achieve.

Digital Documentation rollout

The rollout of our new software for electronic assessment and care planning has begun, with the pilot being successfully completed across a number of areas. It will now be rolled out into adult inpatient areas in York including all inpatient units, Scarborough and Bridlington throughout September and October.

The system has been developed in house in response to feedback from staff regarding the challenges with our current paper system. The new software can be used on handheld devices, saves time and reduces duplication of work, helping us deliver better care.

This has already proven to be successful in reducing the time taken to complete documentation, whilst also freeing up time to care for patients.

3. Elective recovery

Support for tier two providers

In July, NHS England wrote to all providers to confirm the second phase of the elective recovery plan would focus on the dual national priorities of eliminating 62-day cancer backlog by March 2023 and 78-week waits by April 2023.

As part of this, we have been assigned "Tier Two" status which means we will receive managed or facilitated support in relation to the risk to delivery of our 78-week and cancer 62-days back log.

We meet regularly with the regional team and have an agreed action plan which is monitored through these meetings. A regional support offer will also be developed in line with identified priorities.

Linked to this, Sir James Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust and the national lead for elective recovery, visited the trust last month with members of his team.

In the meeting we shared our plans to tackle our current elective backlogs at specialty level, with a focus on our main risks and mitigations, as well as our requests for any support that they might offer.

The visiting team were understanding of the specific challenges we are facing, and were assured that we have effective plans in place to deliver what is required of us. Offers of help from the team will be coordinated through the regular tier two meetings.

4. Acute flow

We have the opportunity to discuss this in more detail in other parts of the agenda (the Trust Priorities Report and the Operational Performance Update) however in summary the Trust remains under extreme operational pressure, with sustained OPEL 4 status throughout August 2022. The Rapid Quality Review by the Integrated Care System and CQC undertaken in August reviewed the Trust's actions to support the emergency care pressures and agreed additional support from the wider system.

5. Governance and system updates

5.1 'Our Plan for Patients' published by the Department of Health and Social Care

On 22 September the Secretary of State for Health and Social Care announced the Government's plan for addressing the current challenges facing the health and care sector.

The policy paper, called 'Our plan for patients', sits alongside the NHS Long Term Plan, the forthcoming workforce plan and the Government's plans to reform adult social care.

It focusses on four key areas: ambulances, backlogs, care and doctors and dentists (ABCD), and sets out a range of commitments and actions that will be taken to drive improvement.

In summary, the actions are grouped under the following:

Ambulances:

- Delivering urgent care in the most appropriate setting to all patients who need it
- Answering patient calls more quickly by recruiting more 111 and 999 call handlers
- Improving ambulance response times
- Creating more capacity in hospitals (including opening up the equivalent of 7,000 beds)

Backlogs:

- Reducing waiting times by explaining capacity (including accelerating the hospital build programme, maximising use of the independent sector, and changing elements of the NHS Pension Scheme to help retain staff)
- Getting results through faster diagnosis (focusing on community diagnostic centres)
- Prioritising patient with the greatest need
- Using joined-up data and digital tools to increase patient choice and operational productivity

Care:

- Improving discharge from hospital into social care (including a £500m fund to support discharge from hospital and to bolster the social care workforce)
- Supporting more people to work in care (including £15m investment to boost international recruitment of care workers)
- Freeing up time to allow carers to care by using IT to reduce bureaucracy
- Delivering the 'cap and means test' social care reforms

Doctors and Dentists:

- Making it easier to access general practice (including an additional 31,000 phone lines for GP practices, and an expected increase in the number of appointments by

over a million due to a change in funding rules to widen the range of staff that work in general practice)
- Publishing data to help patients make informed choices
- Launching a new community pharmacy offer, reducing reliance on GPs
- Opening up the NHS dental system
- Supporting the dental workforce

The full plan has been published on the Gov.uk website:
www.gov.uk/government/publications/our-plan-for-patients

5.2 Trust Board appointments

I'm delighted to announce the appointment of our new Medical Director, Karen Stone, who is joining us from the Mid Yorkshire Hospitals NHS Trust, an acute and community multi-site trust, where she is currently the Medical Director, Responsible Officer and a Consultant Paediatrician.

Karen joins us with nearly eight years' experience as a medical director and has wide experience of system leadership.

In her previous role Karen's leadership in relation to patient safety, clinical quality and digital systems implementation have supported significant improvements to patient care and outcomes. She is also passionate about helping multi-disciplinary teams to become highly performing and is an advocate of innovative ways of working, ensuring that all staff have a good experience of work.

Karen will join us on 28 November, replacing our current Medical Director James Taylor when he retires later this year. We will have plenty of opportunity in the coming months to thank Jim and mark his retirement before he hands over the reins.

I can also formally welcome James Hawkins, our new Chief Digital Information Officer, to the Board. James is a highly experienced digital, technology and business leader who has led some of the highest profile digital programmes, products and services in the public and private sector. James joins us from NHS Digital where he has had several different roles on the executive team and has been central to the delivery of many of the national NHS IT systems and services and commercial frameworks. I know that James is looking forward to building on the great progress made by Dylan Roberts and the team over the last couple of years.

5.2 York and North Yorkshire Devolution Announcement

Last month the Government announced its proposed Devolution Deal for York and North Yorkshire, marking a major milestone towards securing devolution for York and North Yorkshire.

The proposed deal, if agreed by the respective Councils, would be worth £750 million to York and North Yorkshire. It would see an elected mayor for the region, leading a new mayoral combined authority, which would receive devolved funding for transport, education and business support, and could invest upwards of £95m a year in York and North Yorkshire. With such new levels of investment on offer, the 30 year deal could unlock growth and innovation and help tackle local challenges, such as affordable housing and low wages. It could also be used to support an ambitious target to be England's first carbon negative region.

Following the announcement of the proposed deal, residents, businesses and stakeholders will now have the opportunity to review the detail of deal for the first time during the summer. The Councils will also be engaging residents, businesses and stakeholders to communicate what this proposed deal could mean, and what the next steps are.

The proposed deal would then be considered by all Councillors at Full Council, where they will be asked whether to proceed to public consultation on the Deal. If agreed, public consultation could take place in October and through to December this year. Following the conclusion of that consultation, Councillors would then be asked to consider its feedback and whether to agree the deal at a future meeting of Full Council.

Date: 28 September 2022

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Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Trust Priorities Report
Director Sponsor:	Simon Morritt, Chief Execuitve
Author:	Corporate Directors Business Intelligence and Insights.

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☒ Our People ☒ Quality and Safety ☒ Elective Recovery ☒ Acute Flow	☒ Quality Standards ☒ Workforce ☒ Safety Standards ☒ Financial ☒ Performance Targets ☒ DIS Service Standards ☒ Integrated Care System

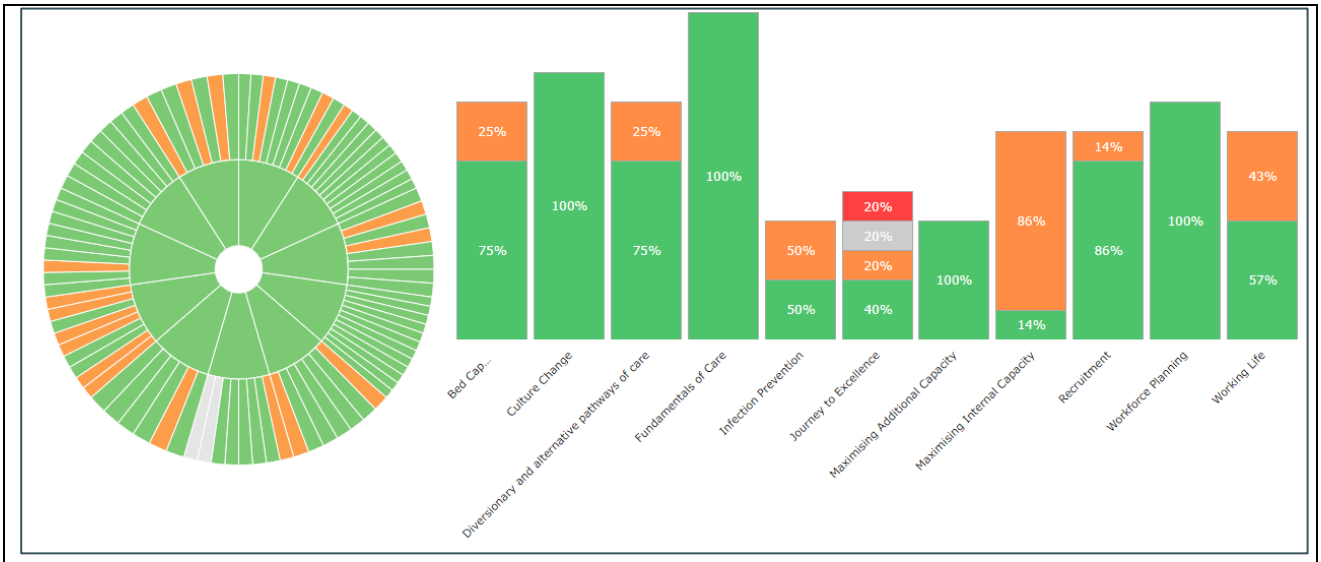
Summary of Report and Key Points to highlight:

In July 2022 the Board of Directors agreed four priorities for the Trust for 2022/23, with specific actions for the financial year and associated measures to monitor impact.

The attached report provides an August update on the delivery of the actions set out in the Trust's Priority Action Plan 2022/23 and associated measures. This report replaces the Integrated Business Report (IBR) for the Board and follows NHS England methodology for Board Reporting.

To ensure delivery of the priority actions, the Executive Committee has reviewed the Transformation section of the Committee business to align to the Trust priorities. The associated priority delivery programmes report to the Executive Transformation Committee.

The Trust has expanded the use of the InPhase software to monitor the progress with monthly update reports from the leads delivering the work and provide Red/Amber/Green (RAG) ratings for each area. To date 14 actions (17%) have been completed, with 81 ongoing. The RAG rating of progress is shown below across the priority areas.



As the delivery actions are not yet implemented, the impact on the improvement measures is not yet being fully realised. However the report identifies stabilisation in the turnover rate, improvement in the vacancy rate for August and improvement on the 104 position for elective backlogs.

Within the priority areas the focus for H2 2022/23 remains on:
- Recruitment and retention of staff
- Improving the fundamentals of care
- Discharge pathways and same day emergency care
- Productivity across elective services and effective waiting list management.

Recommendation:
To note the progress within the Trust Priorities Report and consider any additional action required to support delivery.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

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

Meeting	Date	Outcome/Recommendation
Executive Committee	21 September 2022	Noted

TRUST PRIORITIES REPORT

SEPTEMBER 2022

Board Assurance Framework supporting information for:

PR1 - Quality Standards,
PR2 - Safety Standards, PR3 - Performance Targets,
PR4 – Workforce, PR5 - Finance,
PR6 – DIS Service Standards, PR7 - Integrated Care System (identified risk interdependencies)

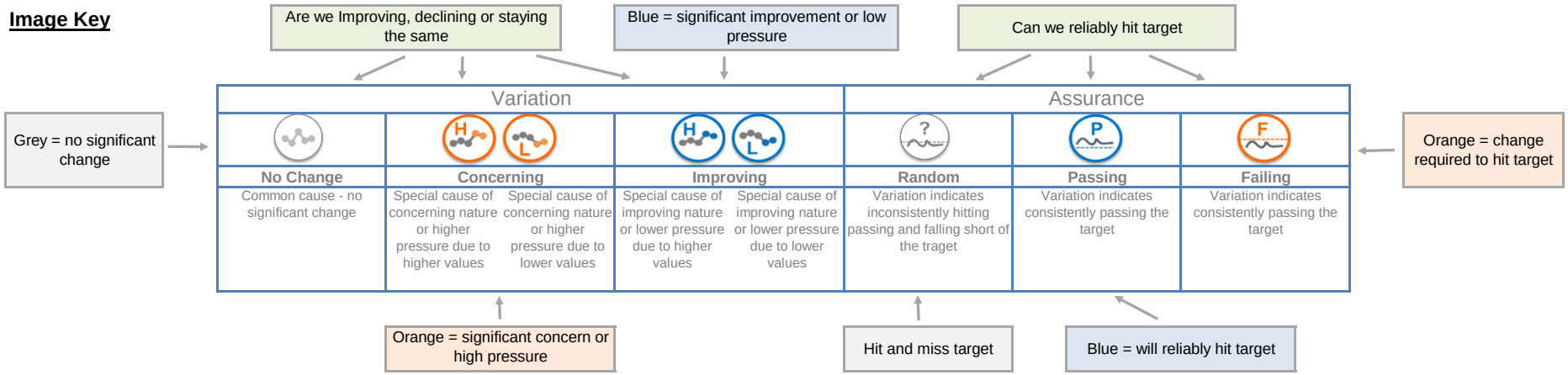
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

KINDNESS
OPENNESS
EXCELLENCE

KEYS

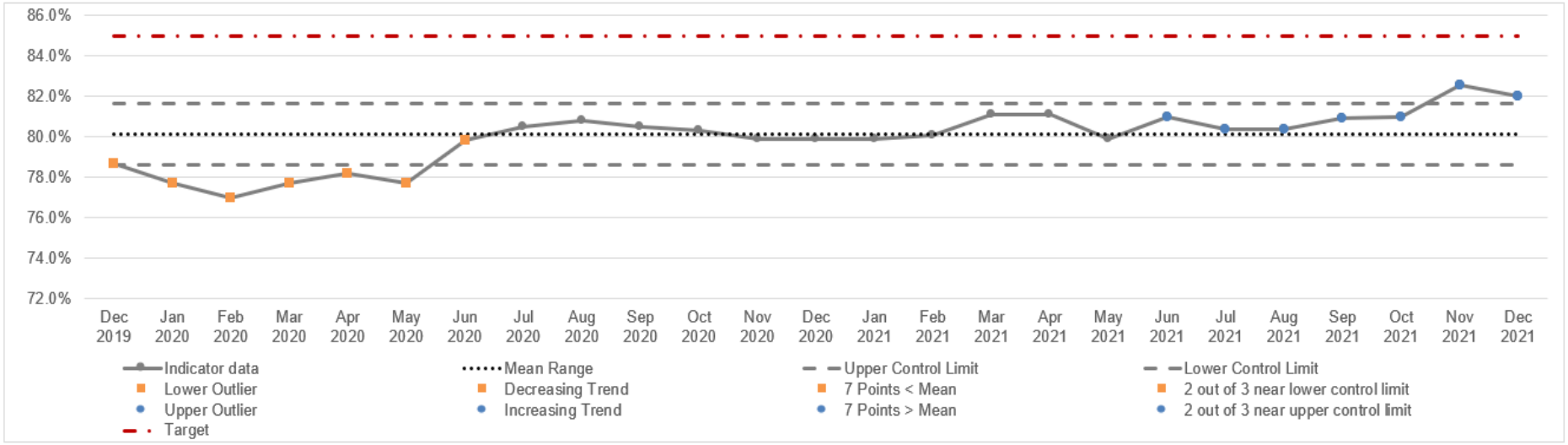
NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Image Key



Note: 'Action Required' is stated on the Scorecard when either the Variation is showing special cause concern or the Assurance is indicating failing the target (where applicable). This is only applicable where there is sufficient data to present as a Statistical Process Control Chart (SPC).

SPC Key - example SPC chart



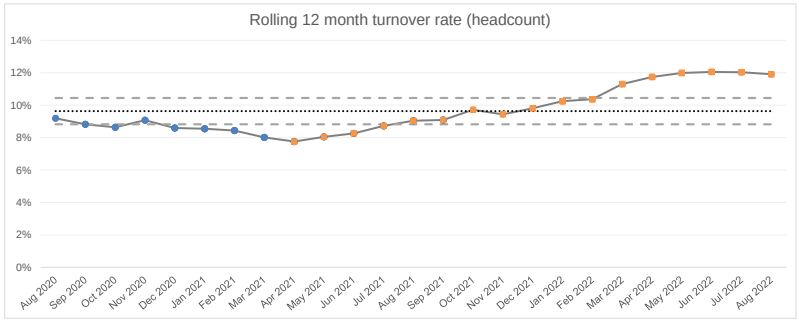
Orange Squares = significant concern or high pressure

Blue Circles = significant improvement or low pressure

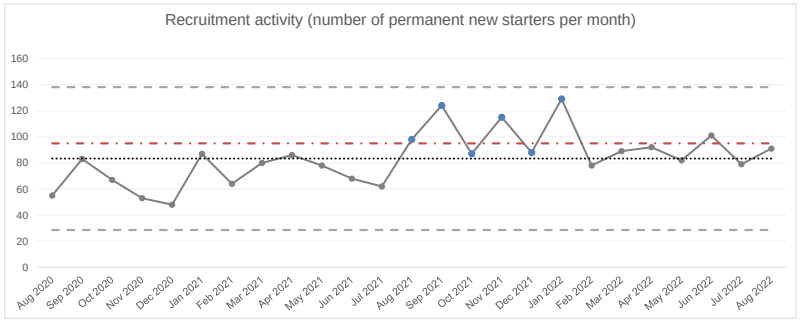
OUR PEOPLE - Priority Metrics

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : AUGUST 2022



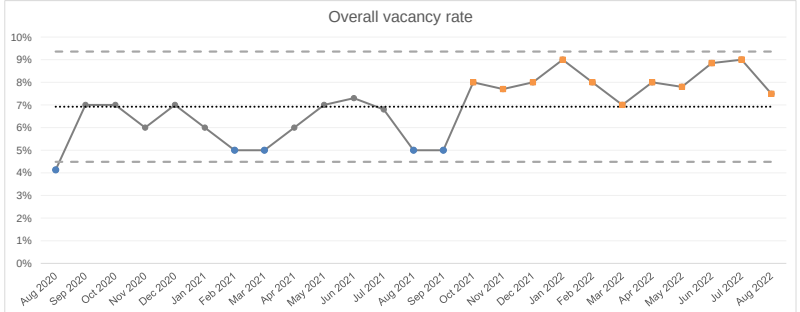
Aug 2022
11.91%
Target
No Target
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
There is no target, therefore target assurance is not relevant



Aug 2022
91
Target
95
Variance
Common cause - no significant change
Assurance
Variation indicates inconsistently hitting passing and falling short of the target

Awaiting data for:
'Retention of non-medical students'

Aug 2022
Target
80%
Variance
There is currently insufficient data, therefore variance and target assurance are not relevant
Assurance
There is currently insufficient data, therefore variance and target assurance are not relevant



Aug 2022
7.49%
Target
No Target
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
There is no target, therefore target assurance is not relevant

Data Analysis:

Rolling 12 month turnover rate (headcount): The indicator is showing an increasing trend from April 2021 with more than seven points above the mean from December 2021 and special cause concern above the upper control limit from March 2022 to July 2022.
Recruitment activity (number new permanent starters per month): The indicator is currently showing common cause variation with a run of points above the mean from August 2021 to January 2022. The target was reached in August, September and November 2021, and then in January and June 2022.
Overall vacancy rate: The indicator is showing special cause variation, with a run of ten data points above the mean from October 2021 to July 2022. The latest data point is still below the upper control limit however.

Challenges:
- Turnover of staff is high and has increased significantly across the last two years.
- Whilst large numbers of new starters are being recruited this will not have the desired impact if Turnover remains high.
- New starter experience will be hampered should Turnover remain high, causing additional risk from a retention perspective.

Key Risks:
- Staffing gaps impacting quality and safety for patients and staff morale.
- Key areas of concern are Medical and Elderly wards.
- The experience of new starters and our ability to retain them is a key risk factor.

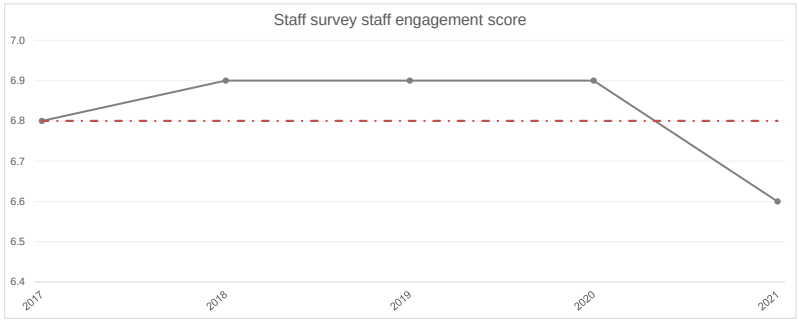
Actions:
- International recruitment continues at pace with new staff groups being added to the existing programme of international nurse recruitment.
- The Trust is committed to welcoming 130 internationally recruited nurses by 31st December 2022. So far of this number we have onboarded 56, with a further 40 arriving in October, 17 in November and 17 in December.
- 85 (83.2WTE) pre-registered nurses have been offered a post ahead of qualifying this month, with agreed or anticipated start dates throughout September and October. There are a further 4 FTE to be interviewed in September.
- Recruitment of PSOs and Healthcare Support Workers continues to develop with successful open days happening in conjunction with Social Care partners.
- Establishment Reviews are being undertaken.
- A workstream focusing on Retention and Attraction has commenced. This is overseen by the Workforce Working Group chaired by the Chief Executive.
- Care Groups have been asked to develop Retention Plans to ensure staff are supported through the winter months and beyond.
- A review of relocation packages is being undertaken and plans are in place to implement pensions recycling.

Mitigations:
- Use of temporary staffing will be a key mitigation.
- A review of incentives preciously offered and workforce resilience has taken place to ensure those that had the most impact are built upon.
- A timeline of what incentives will be offered over the winter months is being developed to allow for a more planned approach to incentives for temporary staff. This will allow for a larger lead in time and opportunity for staff to pick up shifts earlier.
- Incentives for substantive staff are also being assessed, specifically focusing on where staff may need to be moved between ward areas.
- A Recruitment and Retention Premia for Nursing posts in Elderly areas is being developed to incentivise new starters and retain existing staff.

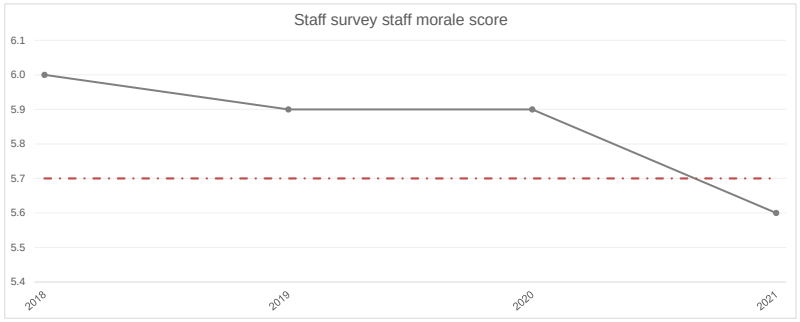
OUR PEOPLE - Priority Metrics (cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : AUGUST 2022



2021
6.6
Target
6.8
Variance
There is currently insufficient data, therefore variance and target assurance are not relevant
Assurance
There is currently insufficient data, therefore variance and target assurance are not relevant



2021
5.6
Target
5.7
Variance
There is currently insufficient data, therefore variance and target assurance are not relevant
Assurance
There is currently insufficient data, therefore variance and target assurance are not relevant

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Data Analysis:

Staff survey staff engagement score: This indicator is not presented as a statistical process control chart (SPC) due to the low number of data points. The indicator was above target in 2018, 2019 and 2020 (6.9 against target of 6.8), but has fallen below target in 2021 to 6.6.
Staff survey morale score: This indicator is not presented as a statistical process control chart (SPC) due to the low number of data points. The indicator was above target in 2018, 2019 and 2020 (6.0, 5,9 and 5.9 respectively against a target of 5.7, but has fallen below target in 2021 to 5.6.

Challenges:
• The staff survey 2022 will open on 3rd October and run to 25th November, the Trust re-focused workforce as its number one priority in April 2022, it takes a much longer period to have any impact on culture and employee engagement, so whilst action has been taken the impact for the 2022 survey will be limited.

Key Risks:
• The quarter two Pulse Survey results show that our scores for Engagement, Advocacy, Involvement & Motivation have all reduced since the last staff survey and are below the scores for the Humber and North Yorkshire ICB, however this is a much smaller survey and it is not recorded how many staff members have completed the survey therefore this is unlikely to be representative of the whole workforce.

Actions:
• Following the launch of the new co-created values a new behavioural framework has been launched into the organisation, this clearly sets out to all staff the behaviours we love to see and those that are not in line with our values. This tool will be used through all of our development programmes to encourage positive behaviours and also give staff the confidence to challenge inappropriate behaviour.

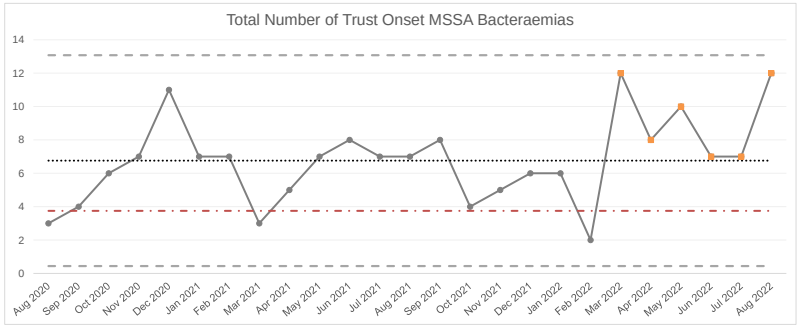
• The 'Fixing the Basics' workstream has been running for a number of months now, updates have been published through staff matters to demonstrate that the Trust is taking action following feedback from staff. This has included improved special leave for carers and bereaved staff, encouraging night staff to park in the visitor car park to reduce on going congestion in the morning, changes to the appraisal process, launch of co-created values and behaviours, establishing staff networks to increase staff voice and introducing more environmentally friendly takeaway cutlery and containers.

Mitigations:
• Posters have been designed and will be part of the communications campaign for the launch of the 2022 staff survey, these will highlight to staff the actions that have been taken since the last staff survey and to encourage the sharing of ideas to improve employee engagement.

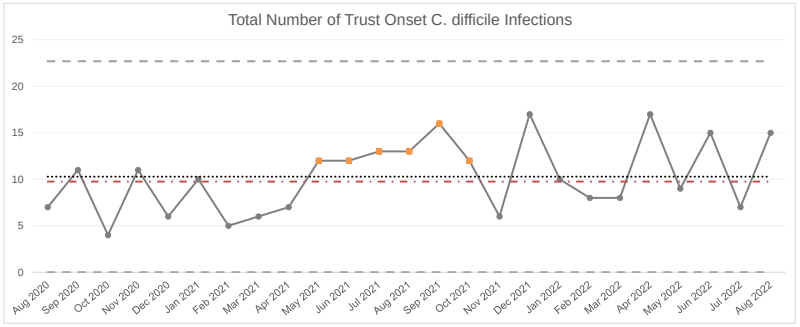
QUALITY AND SAFETY - Priority Metrics

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

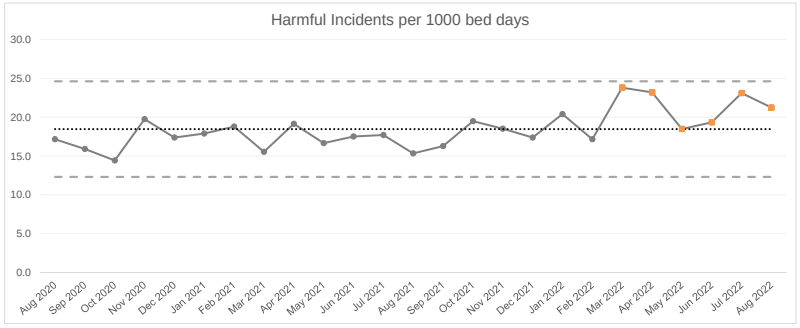
REPORTING MONTH : AUGUST 2022



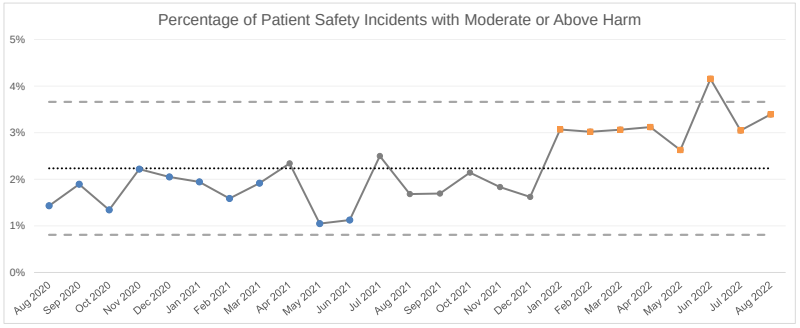
Aug 2022	12
Cumulative 12-month Target	45
Variance	Special cause of concerning nature or higher pressure due to higher values
Assurance	Variation indicates inconsistently hitting passing and falling short of the target



Aug 2022	15
Cumulative 12-month Target	117
Variance	Common cause - no significant change
Assurance	Variation indicates inconsistently hitting passing and falling short of the target



Aug 2022	21.2
Target	No Target
Variance	Special cause of concerning nature or higher pressure due to higher values
Assurance	There is no target, therefore target assurance is not relevant



Aug 2022	3.4%
Target	No Target
Variance	Special cause of concerning nature or higher pressure due to higher values
Assurance	There is no target, therefore target assurance is not relevant

Data Analysis:

Total Number of Trust Onset MSSA Bacteraemias: The number of infections of patients with MSSA has shown a trend of six points above the mean, with a total of 12 cases seen in March and August 2022, close to the upper control limit.
Total Number of Trust Onset C. difficile infections: The number of infections of patients with C.difficile is currently showing common cause variation.
Harmful Incidents per 1000 bed days: The number of harmful incidents per 1000 bed days has shown a trend of six points above the mean, with March, April and July 2022 close to the upper control limit.
Percentage of Patient Safety Incidents with Moderate or Above Harm: The percentage of patient safety incidents with moderate or above harm has shown a trend of eight points above the mean, with June 2022 above the upper control limit.

Challenges:
- MSSA: The trust is above trajectory by 12 cases to the end of August 2022 for HOHA cases.
- C.difficile: The C.difficile incidence in the trust remains high. The trust is over trajectory by 13 cases up to end of August 2022 against a target of 117 for 2022/23.
- In July (last validated data) there was an increase in grade 2 pressure ulcers but a decrease and grade 3 and 4. Medication error harms remained within typical variance. There was an increase in falls including a spike in falls resulting in moderate harm.
- Undertaking risk assessments consistently
- Delivering care at the prescribed frequency, e.g. position change, intentional rounds, skin inspections – this is compounded by workforce challenges
- Ongoing pressures, especially on emergency and urgent care impacting on quality of care and capacity of clinical teams.

Key Risks:
- MSSA: ANTT practical and theory compliance is low and may be a contributing factor to blood stream infections.
- C.difficile: The lack of decant spaces on both of the acute sites is a risk because wards cannot be emptied to facilitate full deep cleaning and HPV. This promotes reservoirs of microorganisms in the environment
- Continued high incidence of Pressure Ulcers and Falls
- Inability to deliver ward-based education at the required pace
- Pressures on services and capacity (as per challenges)

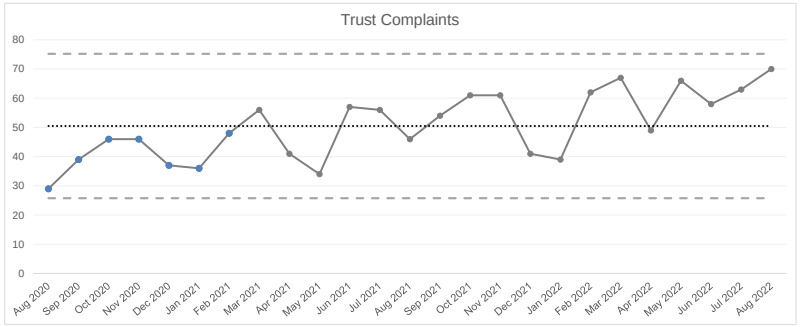
Actions:
- MSSA: A thematic analysis of MSSA bacteraemia cases for 2021/22 was completed in June 2022 to ensure efforts for the reduction strategy are tailored to themes. The Board of Directors was presented with a full report of the MSSA bacteraemia review in July 2022 with a recommendation for the trust to establish a multi-disciplinary task & finish group to understand and address the root causes of Staphylococcus bacteraemia. This group existed in the past and showed improvements in cases of Staphylococcus bacteraemia.
- C.difficile: A ward bay by bay approach of HPV has been completed on 2 wards in York and 4 ward in Scarborough since April 2022 to the end of August 2022 whilst there is no decant space. A full ward HPV was completed for a ward in York and a further ward is currently being fully refurbished at York.
- Bite size training from clinical educators
- Recruitment of TVN educator (start date 19th September) and falls prevention lead (start date 10th November)
- Development of digital documentation aimed at streamlining processes and releasing time to care
- Improvement groups continue to progress initiatives in relation to falls and pressure ulcers.

Mitigations:
- MSSA: There is a newly formed multidisciplinary Invasive Line Service Improvement Group which will be instrumental in reducing line related bacteraemia when fully operational.
- C.difficile: Forty four percent (44%) of the C.difficile PIRs have been completed since April 2022. This is an improvement to CGs taking ownership of the PIRs. Actions to improve on themes from PIRs will be discussed at the C.difficile Improvement Group (CDIG) meeting and shared trust-wide.
- Launch and roll out of Nucleus digital documentation on track for end of October 2022
- Clinical educators involvement in bite-size training
- Falls e-learning package updated and approved as Required Learning by the Corporate Training Group
- Improvement work in place at Trust-wide level and ward level
- Trial commenced of new SMART technology mattress which incorporates automatic repositioning for patients who haven't move adequately for two hours and a 'bed exit' function.
- Falls lead now appointed and falls training approved. Pressure ulcer initial assessment shows improved compliance with 6 hour target.

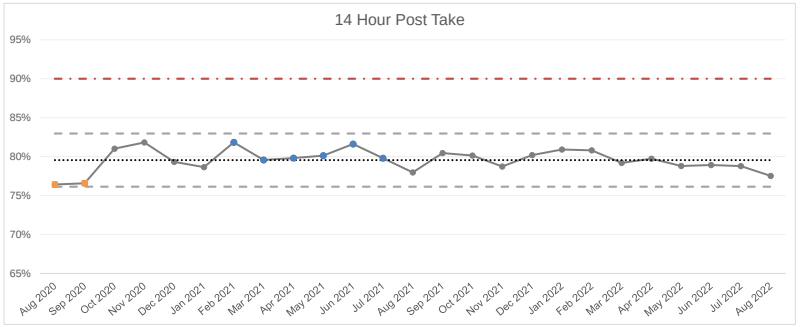
QUALITY AND SAFETY - Priority Metrics (cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

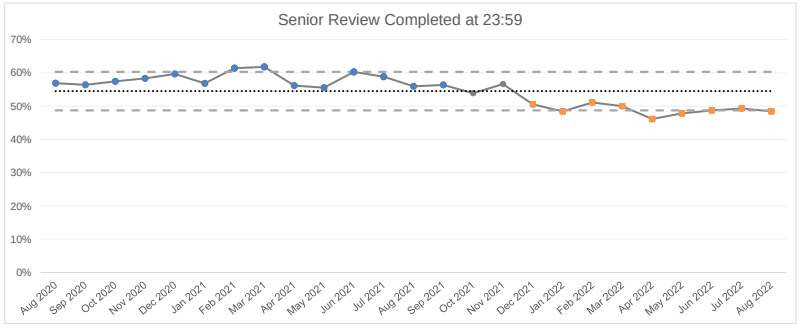
REPORTING MONTH : AUGUST 2022



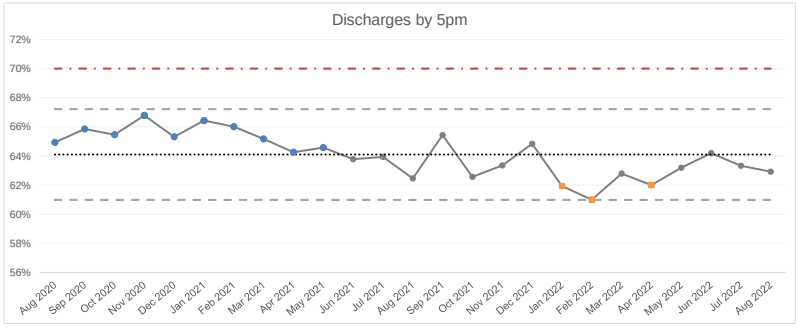
Aug 2022	Target	Variance	Assurance
70	No Target	Common cause - no significant change	There is no target, therefore target assurance is not relevant



Aug 2022	Target	Variance	Assurance
77.5%	90%	Common cause - no significant change	Variation indicates consistently falling short of the target



Aug 2022	Target	Variance	Assurance
48.4%	No Target	Special cause of concerning nature or higher pressure due to lower values	There is no target, therefore target assurance is not relevant



Aug 2022	Target	Variance	Assurance
62.9%	70%	Common cause - no significant change	Variation indicates consistently falling short of the target

Data Analysis:

Trust Complaints: The number of Trust complaints is currently showing common cause variation.
14 Hour Post Take: This indicator is consistently failing target, with the upper control limit falling beneath the target. This indicator requires process re-design in order to meet target.
Senior Review Completed at 23:59: A run of nine months below the mean can be seen for the percentage of patients receiving a senior review by 23:59. For April 2022, this was below the lower control limit, and the months of January, May, June and August 2022 have been slightly below the lower control limit.
Discharges by 5pm: This indicator is consistently failing target, with the upper control limit falling beneath the target. This indicator requires process re-design in order to meet target.

Challenges:
- The performance for 14-hour post-take review remains consistently below expected performance with Scarborough showing a better level of performance than York.
- Daily Senior review is also below performance target and is significantly lower at the weekend in both York and Scarborough.
- Challenges relate to consistent recording of reviews, medical engagement and medical capacity across the 7-day period.
- ED – environment, waiting times, staff attitude and the impact of building works
- Long waits for some appointments, scans, procedures and results due to staff shortages, lack of theatre capacity, lack of ring fenced beds
- Unable to achieve cancer pathways due to continued delays in pathology reporting
- Sickness absence and vacancies
- Embedding staff values – we have seen an increase in the number of complaints about staff attitude

Key Risks:
- Risk of delays in appropriate treatment.
- Patient deconditioning, deterioration, increased pain symptoms
- Due to service pressures and clinical priorities care groups unable to address complaints in timely way and August percentage of overall complaint responses closed within target was 46%
- Poor patient experience if Trust can't respond in a timely way leading to delayed learning
- Reputational damage.

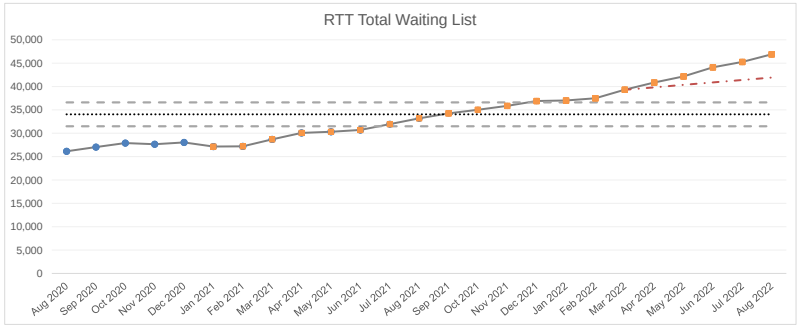
Actions:
- Medical Director working with clinicians to set the expectations. 7 Day standards group undertaking analysis of the 7-Day standards to support Board discussions regarding the resources required to achieve performance over the 7-day period.
- NEWS2 compliance has been escalated to QPAS.
- Care groups have reported that they are tightening up their monitoring/management of complaints
- Complaint responses are monitored within specialty governance meetings & monitored by care group governance processes
- CG5 is looking to resolve where possible through local resolution and acknowledging the complainant within 24 hours.

Mitigations:
- Regular complaints meetings to review progress/timescales
- CG1 to produce a poster to display in the ED waiting room/corridor apologising for long waits, environment, etc to hopefully reduce the number of complaints
- CG4 & CG6 – all risks identified have robust governance & risk management plans and are on the risk register but continued poor patient experience is anticipated.

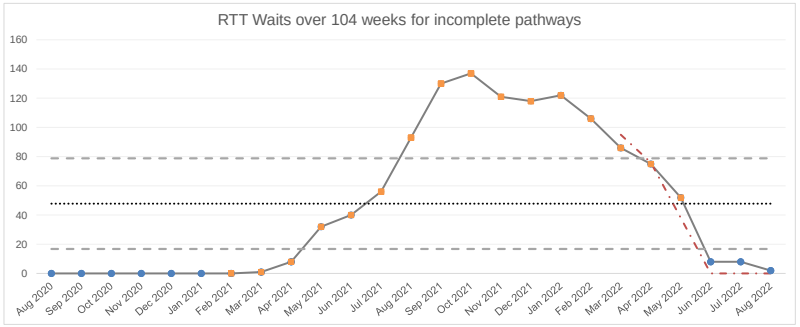
ELECTIVE RECOVERY - Priority Metrics

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

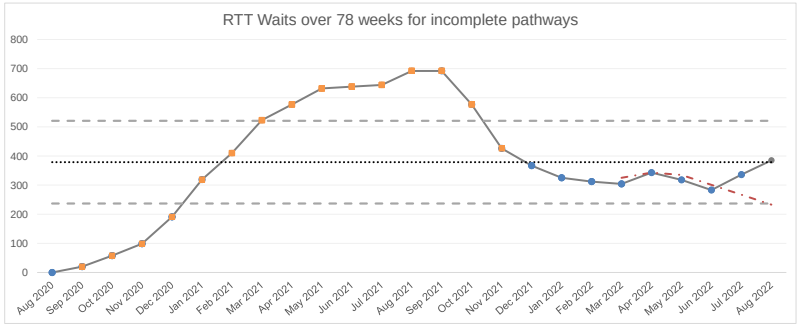
REPORTING MONTH : AUGUST 2022



Aug 2022	Target	Variance	Assurance
46896	41921	Special cause of concerning nature or higher pressure due to higher values	Variation indicates consistently passing the target



Aug 2022	Target	Variance	Assurance
2	0	Special cause of improving nature or lower pressure due to lower values	Variation indicates consistently falling short of the target



Aug 2022	Target	Variance	Assurance
385	233	Common cause - no significant change	Variation indicates consistently falling short of the target

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Data Analysis:

RTT Total Waiting List: The waiting list continues to grow in a steady trajectory month on month and the number of incomplete clocks at end of Aug 2022 is 46,896. This exceeds the internal target of 41,921 for that month.
RTT Waits over 104 weeks for incomplete pathways: The number of 104+ week waiters has been declining since October 2021 and for Aug 2022 there were only 2 waiters at Priority 6. The target was to reduce the number of 104+ week waiters to zero by June 2022.
RTT Waits over 78 weeks for incomplete pathways: The number of 78+ week waiters has been declining since September 2021 and is now showing common cause variation around the mean. The national target is to reduce the number of 78+ week waiters to zero by March 2023, but Aug 2022 is currently below the internal target for this month.

Challenges:
- Theatre capacity affected by short notice sickness, vacancies and an influx of acute activity reducing the number of available theatre lists across the Trust in August.
- Insufficient established workforce in MRI to meet demands on service.
- Gynaecology Nursing capacity to support delivery of planned care.
- Absence significantly higher than pre-pandemic: over 7% for the majority of August 2022.
- Extended times to first appointment resulting in delays for patients and reduction in clock stop activity
- The reduction of 'stop clocks' combined with pre-pandemic referrals levels has resulting in the waiting list increasing 34.6% from August 2021.
- The Trust is off trajectory for 78 weeks, with 5,032 patients to treat to meet the target by March 23, with Head and Neck specialities accounting for around 50% of these; monitored at the Tier 2 meetings with NHSE.

Key Risks:
- Potential further COVID-19 variants and/or waves.
- Ongoing management of high levels of acute activity impacting elective work.
Growth in the non-admitted waiting list.
- Theatre staffing vacancy, retention, and high sickness rates.
- Anaesthetist vacancies; national position shows over one thousand vacancies across the country.
- Low uptake of Waiting List Initiative additional sessions due to staff fatigue and pension arrangements.

Actions:
- Trust priority ref no: 8.1 The Elective Hub in York is now operational to provide a separation of acute and elective activity
- 8.2 The 50 week SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA
- 8.3 The Short Form Business Case for additional theatre and outpatient procedures facilities (TIF2) has been submitted
- 8.4 Mutual aid arrangements are in development with the ICS and Region, with agreed support from Hull and Harrogate
- 8.5 The work to identified waiting lists harms is ongoing with guidance sent out from the Medical Director. Further work is required to ensure it is consistently applied.
- 8.6 The Community Stadium development is on track for December
- 9.1 The Trust has a specific work programme on theatre productivity and GIRFT action plans. Theatre productivity has been affected by workforce shortages and operational pressures at both sites.
- 9.3 Insourcing is in place, with a contract extension to March 23 to support activity delivery
- 9.4 Pilot and evaluate prehabilitation for patients due to undergo complex surgery; first cohort of patients have completed their trial. Results will be analysed as patients receive their surgery.
- 9.5 Electronic platform for patients to access guidance on keeping 'fit for surgery'; 'My Planned Care' platform live with review of options for patient specific information underway.
- 9.6 The Outpatients Transformation Programme is in place with PIFU moving to business as usual and pilot work for Room Booker. REI to be launched in October.
- 9.8 The As-Is analysis of the current patient pathway at referral has instigated a broader review aligned to the development of a new EPR for the Trust.
- 9.9 Trust exploring options with suppliers to implement a 'back to basics' training and development package for operational and administrative teams on RTT rules and operational tasks.
- ICS Mutual aid programme has commenced to coordinate across Trusts.

Mitigations:
- Tier 2 action plan agreed with NHSE with fortnightly meetings.
- Additional sessions being undertaken where possible.
- Mutual Aid in place for Urology.
- Locum staff in place where able to secure.
- Weekly Elective Recovery Meetings in place for long wait RTT patients and outpatient performance to provide assurance that we continue to see a reduction in longer waiters and aid Trust's ambition and drive towards recovering constitutional standards.
- Use of IS capacity to support delivery of diagnostic activity (currently MRI and CT).

ACUTE FLOW - Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

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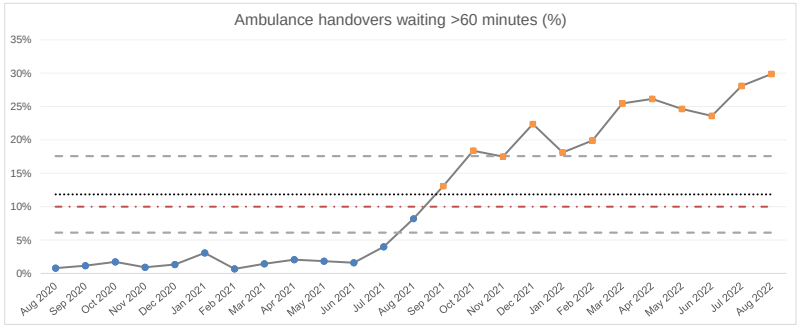
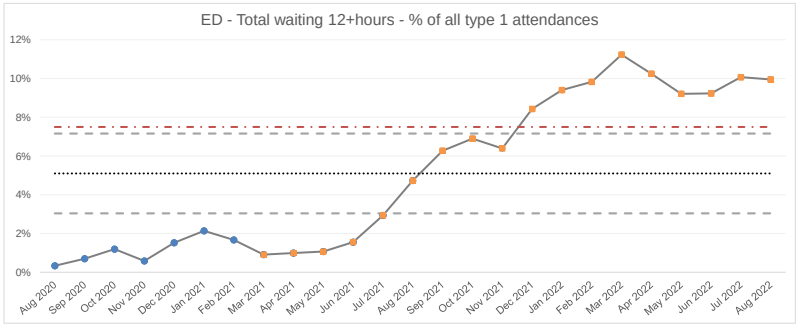
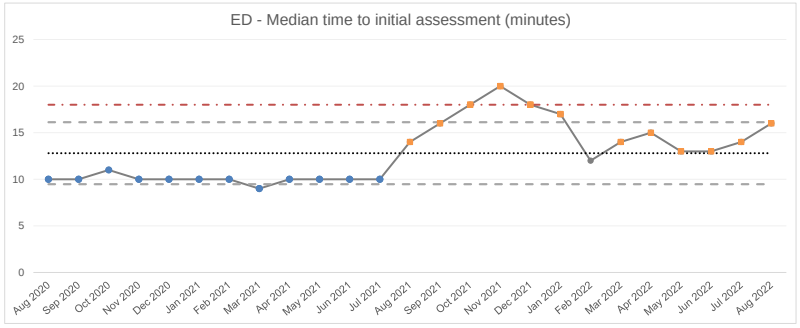


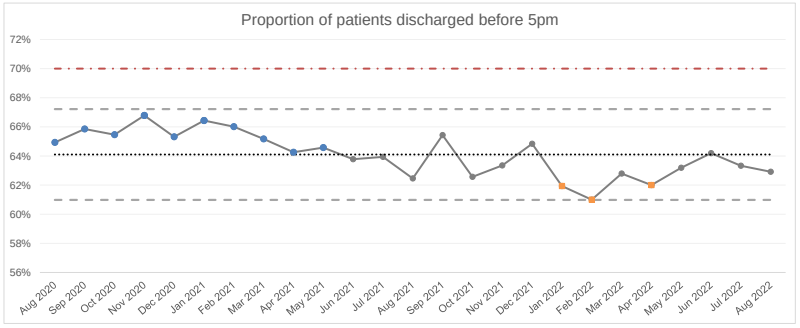
Aug 2022	Target	Variance	Assurance
29.9%	10%	Special cause of concerning nature or higher pressure due to higher values	Variation indicates inconsistently hitting passing and falling short of the target



Aug 2022	Target	Variance	Assurance
10.0%	7.5%	Special cause of concerning nature or higher pressure due to higher values	Variation indicates consistently passing the target



Aug 2022	Target	Variance	Assurance
16	18	Special cause of concerning nature or higher pressure due to higher values	Variation indicates consistently passing the target



Aug 2022	Target	Variance	Assurance
62.9%	70%	Common cause - no significant change	Variation indicates consistently falling short of the target

Data Analysis:

Ambulance handovers waiting >60 minutes (%): The indicator is showing deteriorating performance over the last year with twelve points above the mean and an increasing trend above the upper control limit. The target has not been reached since Aug 2021.
ED - Total waiting 12+hours - % of all type 1 attendances: The indicator is showing deteriorating performance with twelve points above the mean and an increasing trend above the upper control limit. The target has not been reached since Nov 2021.
ED - Median time to initial assessment (minutes): The indicator is showing a trend above the mean in recent months, with Aug 2022 close to the upper control limit. The only months above the upper control limit were between Oct 2021 and Jan 2022. The target was not reached in Nov 2021.
Proportion of patients discharged before 5pm: The indicator is showing common cause variation, with Jan, Feb and Apr 22 being close to the lower control limit. The target will not be met without redesign (the closest data point to 70% was in Mar 2020).

Challenges:
• 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 Trust has seen a 19% increase in 'walk in' patients compared to 2020/21 and a 20% reduction in ambulance handovers.
• High number of patients without a 'Right to Reside' in inpatient beds affecting flow and ability to admit patients from ED in a timely manner.
• Staffing constraints (sickness, vacancies, use of agency and bank staff). Sickness rates across the Trust significantly higher than pre-pandemic: over 7% for the majority of August 2022.

Key Risks:
• Staffing gaps in both medical and nursing reducing the ability to open all bed capacity at York Site and requirement to reduce existing capacity to support safe staffing levels.
• Inability to achieve Ambulance Handover targets due to patient flow within the hospital.
• Inability to meet patient waiting times in ED due to flow constraints at both sites
• Staff fatigue.
• Risk of COVID-19 new variant or surge in respiratory virus (flu).

Actions:
• Trust priority ref no: 10.1: On track to complete the ED build at York by March 2023 to provide additional clinical space for the urgent and emergency pathways.
• 10.2 – Business case for revised clinical model for ED York to be presented to October Care Board, aligned to winter planning.
• 10.3 Work continues support direct admission from ambulance to assessment units by extending the range of clinical criteria for Paediatrics, Gynaecology and Medicine by March 2023.
• 10.4 and 10.5 Programme Lead commenced to drive the diversionary pathway work as part of the refreshed Transformation Programme for Urgent and Emergency Care.
• 10.6 Emergency Assessment Units now open 24/7, work ongoing to extend the clinical criteria and pathways.
• 10.7 Project on track to extend the range of specialities operating through a Surgical Assessment Unit E.g. Orthopaedics and Gynaecology.
• 10.8 Implemented protected beds for predicable admissions for Stroke at York Hospital.
• Work continues on the new ED build at Scarborough due for completion in 2024, with project resource identified to support the development of the revised clinical model.

Mitigations:
• Daily review of medical and nursing staffing to ensure appropriate skill mix – ongoing.
• Programme Lead for the pan-trust aspects of Urgent and Emergency Care (UEC) now in place. A plan is under development to refine all the pan-trust aspects of UEC.
• Rapid Quality Review Action Plan agreed with the system to target discharges.
• Urgent Care System continues to meet performance target and reduce the pressure on the Emergency Department.
• Working collaboratively with YAS, urgent care and out of hospital services to develop and consistently access diversionary pathways by December 2023, Ambulance Handover Plan in place.
• YAS allocating a paramedic at York and Scarborough EDs to support ambulance handovers currently being confirmed.

DIGITAL - Enabler

York and Scarborough Teaching Hospitals NHS Foundation Trust

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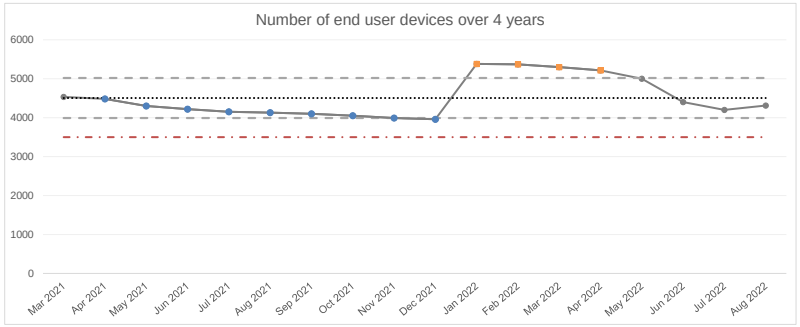
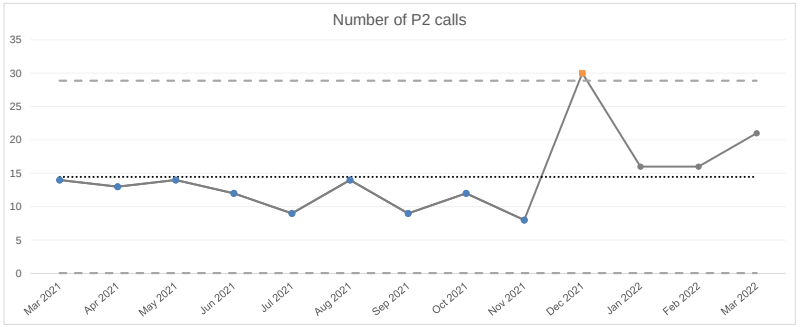
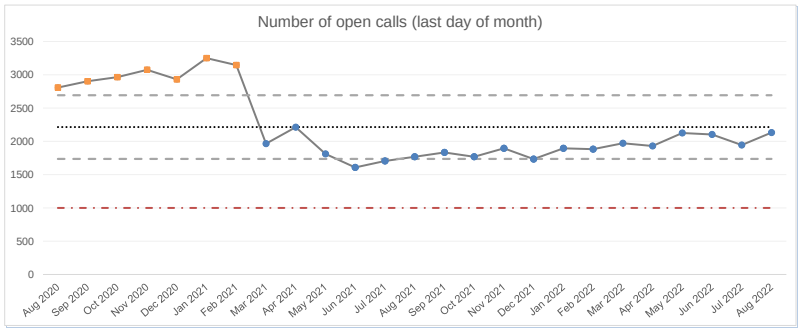


Aug 2022	Target	Variance	Assurance
4311	3500	Common cause - no significant change	Variation indicates consistently falling short of the target



Aug 2022	Target	Variance	Assurance
21	No Target	Common cause - no significant change	There is no target, therefore target assurance is not relevant



Aug 2022	Target	Variance	Assurance
2132	1000	Special cause of improving nature or lower pressure due to lower values	Variation indicates consistently falling short of the target

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Data Analysis:

Number of end user devices over 4 years: In Jan 2022 the indicator moved above the upper lower control limit for four months. The number of end user assets (laptops,desktops) over 4 years old rose in Jan 2022 by circa 1500. This is due to a batch of devices triggering their anniversary and moving from 3 year plus to 4. The indictor is consistently failing target.
Number of open calls (last day of month): The indicator has been showing a run of points below the mean from May 2021, following a sharp decrease in March 2021. However, the indicator is consistentl falling short of target.
Number of P2 calls: The indicator is currently showing common cause variation, with a sharp increase in P2 calls in December 2021 above the upper control limit.

Challenges:

Multiples recruitment and retention issues which we are actively addressing with positive results.

Key Risks:

There is a risk of the recurrent annual funding required to reduce the number of laptops/desktops under 4 years old is not available resulting us not able to reduce

Actions:

Service Management - Part of the ESP Programme delivery the ITSM element will support Calls to Service Desk, Abandoned Calls and number of open calls.
Office 365 - progressing in clinical areas the rollout of Office 365 which will improve % towards 100.
Calls to Service Desk - Encourage use of self-service to reduce telephone demand
P1 - Network link failure to Community Stadium

Mitigations:

Trust Strategic Goals:

- [x] to deliver safe and high quality patient care as part of an integrated system
- [x] to support an engaged, healthy and resilient workforce
- [x] 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 – August 2022 (Month 5)

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 £3.2m against a planned deficit of £0.3m for August. The Trust is £2.9m adversely adrift of plan. The largest adverse variance relates to pay at £3.7m. The pay expenditure this month is £1.1m higher than the average of the previous four months. This is largely due to premium rate pressures linked to increased annual leave and sickness during August.

Other notable variances include a drugs overspend of £0.7m (£1.8m relating to out of tariff drugs with compensating additional income from NHSE), an overspend on other costs of £0.9m, an underspend on clinical supplies and services of £4.2m, 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 £4.2m for the year to date on covid costs compared to a plan of £3.1m; therefore we are £1.1m 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. This position remains under discussion with Care Groups. 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.

The position is also now materially impacted by the cost of the unfunded mobile CT scanner that the Board agreed to continue to support because of the safety impact associated with our diagnostic waiting times. Discussions continue through NHSE to access national Community Diagnostic funding, but this still remains unconfirmed. This uncertainty is likely to continue into October as the national team work to address the pay award funding gap from developmental reserves such as this. The scanner is a fully serviced scanner at a cost of £1.4m for the full financial year; at month 5 this is adversely impacting our position by £0.6m.

Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	FOT £000's
NHS England	74,545	31,060	32,821	1,761	79,378
Clinical commissioning groups	519,703	216,543	216,490	-53	520,604
Local authorities	4,793	1,983	1,989	6	4,740
Non-NHS: private patients	514	214	138	-76	324
Non-NHS: other	1,186	494	611	117	1,998
Operating Income from Patient Care Activities	**600,741**	**250,294**	**252,049**	**1,755**	**607,044**
Research and development	1,765	736	1,064	328	2,805
Education and training	22,544	9,368	9,624	256	23,046
Other income	49,136	20,553	18,486	-2,067	45,102
Other Operating Income	**73,445**	**30,657**	**29,174**	**-1,483**	**70,953**
Employee Expenses	-439,637	-182,011	-185,747	-3,736	-438,317
Drugs Costs	-62,212	-25,922	-26,659	-737	-64,927
Supplies and Services - Clinical	-73,330	-31,038	-26,849	4,189	-62,055
Depreciation	-18,291	-7,621	-7,621	0	-18,291
Amortisation	-1,521	-634	-634	0	-1,521
CIP	10,095	2,459	0	-2,459	10,095
Other Costs	-71,204	-28,915	-29,809	-894	-65,373
Total Operating Expenditure	**-656,100**	**-273,682**	**-277,319**	**-3,637**	**-660,389**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**7,269**	**3,904**	**-3,365**	**17,608**
Finance income	30	13	221	209	507
Finance expense	-975	-406	-174	232	-975
PDC dividends payable/refundable	-8,014	-3,339	-3,339	0	-8,013
NET FINANCE COSTS	**9,127**	**3,537**	**612**	**-2,924**	**9,127**
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**9,127**	**3,537**	**612**	**-2,924**	**9,127**
Remove Donated Asset Income	-9,607	-4,003	-4,003	0	-9,607
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Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(	**0**	**-267**	**-3,191**	**-2924**	**0**

3. Cost Improvement programme

The core efficiency programme requirement for 2022/23 is £15.7m. 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 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. These requirements have been fully delivered and transacted. The table below details the full programme.

2022/23 Cost Improvement Programme - August

		August Position			Planning Position		Planning Risk		
Care Group	Full Year CIP Target	Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000
1. Acute, Emergency and Elderly Medicine (York)	£3,015	£1,085	£295	£790	£951	£2,064	£655	£296	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£505	£457	£48	£733	£672	£733	£0	£0
3. Surgery	£3,008	£1,082	£329	£753	£2,212	£796	£1,713	£499	£0
4. Cancer and Support Services	£2,552	£918	£212	£707	£1,153	£1,401	£829	£0	£323
5. Family Health	£1,595	£574	£523	£50	£1,744	-£149	£582	£60	£1,101
6. Specialised Medicine	£1,633	£590	£833	-£243	£2,444	-£805	£2,338	£106	£0
7. Corporate Functions									
Chief Exec	£65	£23	£149	-£125	£4	£62	£4	£0	£0
Chief Nurse Team	£364	£59	£389	-£330	£72	£52	£72	£0	£0
Finance	£384	£66	£302	-£236	£279	-£95	£279	£0	£0
Medical Governance	£15	£5	£349	-£343	£0	£15	£0	£0	£0
Ops Management	£321	£36	£349	-£312	£0	£321	£0	£0	£0
Corporate CIP	£16,890	£7,038	£5,812	£1,225	£21,041	-£4,151	£19,204	£384	£1,458
DIS	£289	£104	£349	-£45	£80	£208	£80	£0	£0
Workforce & OD	£314	£113	£254	-£141	£575	-£261	£575	£0	£0
				£0					
Sub total	£31,234	£12,198	£9,808	£2,390	£31,285	-£51	£27,065	£1,344	£2,875
YTHFM LLP	£1,123	£404	£268	£136	£1,072	£51	£780	£273	£19
Group Total	£32,357	£12,602	£10,076	£2,527	£32,357	£0	£27,845	£1,617	£2,895

Delivery in month 5 has improved but remains behind plan in terms of the core programme delivery. Total plans have now been identified to deliver the total programme of £32.4m, and of this sum £27.5m (86%) is identified as low risk.

Productivity and Efficiency Reviews will be held with Care Groups in October/November. These sessions will be chaired by the Chief Executive.

Getting It Right First Time (GIRFT) Update

GIRFT is described as a "…national programme designed to improve medical care within the NHS by reducing unwarranted variations…."[1] .

The GIRFT process at York and Scarborough is an organisational-wide quality improvement activity and is currently managed by the Corporate Efficiency Team with an identified Clinical Lead for the Programme. The GIRFT Programme is in the process of moving and aligning with the Trust's Building Better Care Programme.

The GIRFT process has changed recently to include focus on elective recovery due to the impact of COVID. This high-volume low-complexity approach is intended to improve elective waiting times and is more in keeping with the National strategy and is the focus of the Humber and North Yorkshire ICB.

Quarterly GIRFT Assurance Board Meetings are held, attended by the Medical Director, The Clinical Lead for GIRFT, the Finance Director, the National GIRFT support Team and Operational Directors.

Since its inception the programme at York and Scarborough has had 22 deep dives and 7 follow-up meetings resulting in the development of actions plans and subsequent delivery of these. Future deep dives are being arranged.

Care Group 3 Example Work

The recent focus has been on working with CG3 and understanding how they are developing approaches to managing the elective recovery. They have been developing and testing a variety of innovative approaches:

- Patients who are ready for surgery using a pre-habilitation service; this is initially focussed on complex abdominal patients with the trial looking at other patient groups in the future.
- Insourcing of a theatre team to help provide additional staff resources.
- Go-live of a dedicated elective hub for Orthopaedic and Urology procedures.
- Plans are in place to improve Day Case rates and there is a consistent approach across hospital sites.

Future Deep Dives

Work has been progressing with CG1 and CG2 to ensure data templates are completed for upcoming Emergency Medicine and Acute and General Medicine GIRFT visits in Autumn 2022. These will be joint reviews with clinical teams from across all sites to ensure learning and insights can be shared as part of the GIRFT review process.

Planning work has also been completed with Urology to deliver an external GIRFT review in October 2022.

Neil Wilson is in the process of setting up Clinical networks with Lead Clinicians across the ICS supported by the Regional GIRFT Support Team to look at National findings and how these can be incorporated into 'Local' and 'System' plans.

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 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, but no funding identified yet.	Continuing in operation. NHSE and ICS aware. Causing £0.58m pressure on our plan. ICS CDH team are submitting national case for support, working with the Trust. No timeline information available, expect October update.
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 cohorted care for ambulance patients pending ED capacity becoming available. Data shows a marked improvement in ambulance release times when deployed.	The service has been used at peak times and over bank holiday weekends and is expected to cost in excess of £50k through to the Jubilee weekend. Requests to deploy are increasing and full 24/7 cover would equate to £1m in full year terms. This is not included in our plan and is a new service development. Discussions are underway with the ICS and NHSE/I as to where the liability lies for the cost and how best the service can be provided. At present this is reported as a gross cost in our position.	End of June 22	Confirmation received from ICS that there is no external funding to support this cost at the Trust. Discussions continue between ICS and YAS as to the future arrangements. The Trust has ceased general use after the Jubilee bank holiday weekend to limit expenditure but has occasionally deployed when under real exceptional pressure.

5. ERF

ERF has been confirmed as not recoverable i.e. there we be no clawback by NHSE for under performance, for quarters one and two. This secures ERF income in plan through to September. This is fully reflected in the reported position for the period to date.

We await further details as to how this will apply in the second half of the financial year.

6. Current Cash Position

August cash balance showed a £4m favourable variance to plan; this is mainly due to an increase of capital payables with invoices expected to be settled in September. 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	46,473	49,160	41,182	34,713	36,376	33,648	33,599	36,273	39,964	53,435
Actual	51,793	45,722	39,382	40,651	45,200							

With NHSE confirming that no ERF will be clawed back for quarters one and two we can forecast income with greater certainty for the first half of the year, but we await details of how ERF will operate for the second half of the year. 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 5 Planned Spend £000s	Mth 5 Actual Spend £000s	Variance £000s
86,513	18,863	17,389	(1,474)

The capital programme for month 5 overall is £1.5m behind plan, this is due to the Community Stadium lease of £8m not being finalised which is partially offset by other leases running ahead of plan. If we remove the impact of IFRS 16 figures the capital programme is £4.9m (46%) ahead of plan, mainly due to the progress with the Scarborough UEC scheme.

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 the work with Care Groups and Corporate Teams has identified plans equal to the full value of the required programme. Notably most of the 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.	ERF has been confirmed as non-refundable for the first half of the financial year. This has significantly reduced the risk in this regard. Details awaited as to how the scheme will operate for the second half of the year.
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 is progressing 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.
Winter funding pressures	The plan removes the Trust's typical winter contingency that would normally allow further investments to be made at peak activity times.	Full knowledge has been shared to ensure that the ICB and regional teams are aware that providers are not holding winter contingencies on the grounds of affordability. Additional funding would need to be sought in the evet of material pressures. Our approach is consistent with other providers.	Early information has been shared that suggests £250m will be released nationally for additional winter capacity. We expect to be working with ICS colleagues on this programme in the coming month. The Trust expects at least £1.7m from this fund although confirmation is not yet available. Finalisation of the supported schemes is currently being agreed with the ICB.
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 receding and we do not expect material clawback or further savings requirements from the ICB.
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 of the York ED scheme overspend is now clear and the programme has been adjusted accordingly. This has placed significant pressure on the Trust's capital programme.

9. Income and Expenditure Forecast

As we are now five months into the financial year we have updated our I&E forecast tool to assess best, likely and worst case year end outcomes. The tool takes current trends, adjusted for non-recurrent issues and new expected issues, and extrapolates forward to March 2023.

The current assessment is summarised in the table below.

	YSTHFT 22-23 Forecast - I&E		
	Best Case	Likely Case	Worst Case
Clinical Income	605,037	605,037	597,647
Non-Clinical Income	72,960	72,960	72,960
Expenditure	-668,870	-668,870	-672,399
Surplus/(deficit)	9,127	9,127	-1,792
NSHI Adjustments	-9,127	-9,127	-9,127
NHSI Adjusted Position	0	0	-10,919

The differences between the best/likely case and worst case forecast scenarios are:

- The likely case scenario assumes that all ERF income is received. The worst case scenario assumes Trust performance remains at 91.2%.
- The likely case scenario assumes that covid in the envelope expenditure returns to plan for the final six months of the year. The worst case scenario assumes spend remains at current run rate.
- The worst case scenario assumes an additional £1m expenditure on nursing rosters above current spend trends.
- The likely case scenario assumes the remaining CIP left to achieve will have a 36% impact on run rate. The worst case scenario assumes 25%.

The likely case scenario has formed the basis of our forecast submission to NHSE/ICB for M5.

Recommendation:

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

Author(s): Graham Lamb, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: Sep-2022

TRUST BOARD REPORT : August-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Income and Expenditure Account

	Annual Plan	YTD Plan	YTD Actual	YTD Variance	FOT
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Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**0**	**-267**	**-3,191**	**-2924**	**0**

Month 5 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 August 2022, the Trust is reporting an adjusted I&E deficit of £3.191m against a planned deficit of £0.267m.

Income is £0.272m ahead of plan, primarily linked to excluded drugs and devices, research and development, and education and training income being ahead of plan; partially offset by other income being behind plan.

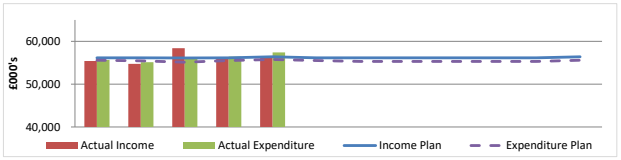
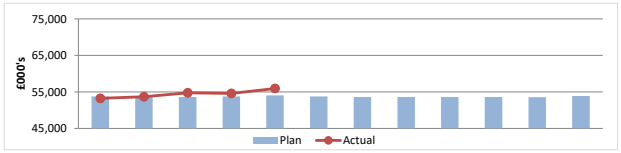
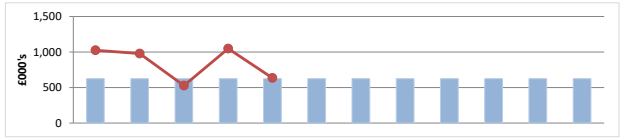
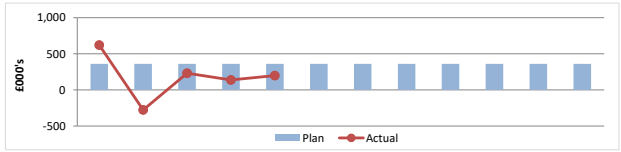
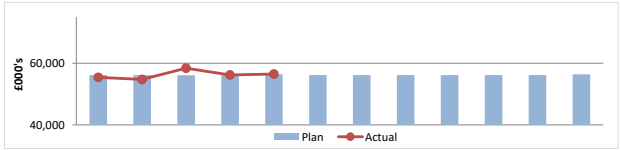
Operational expenditure is £3.637m ahead of plan. There is a shortfall in delivery against the CIP target, and pay, drug, and other non-pay spend is ahead of plan; but these are being partially offset by clinical supplies and services spend being behind plan.

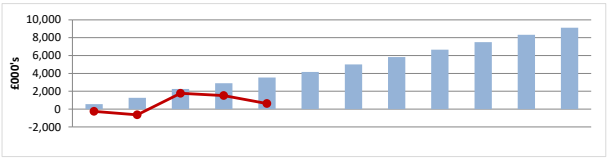
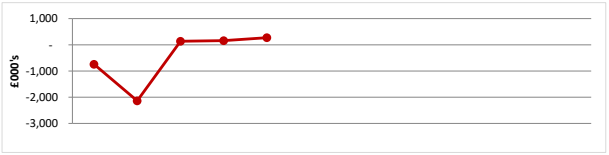
Matters of Concern and Risks to Escalate	Major Actions Undertaken and Work in Progress
1. The Trust is £2.9m behind its I&E plan. 2. Delivery of the 2.4% cost out efficiency programme is currently behind plan. 3. Risk of retaining ERF Funding through delivery of 104% activity levels, with activity currently below this level. 4. Managing the £3.5m Covid spend reduction proposed with the ICB is currently behind plan, with only £1.5m identified to date. 5. CT scanner which is key to the Trust's diagnostic recivery work is still on hire, but no funding stream yet agreed with the NHSE/I or the ICS.	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. 2. A full 104% activity plan has been devised. The BBC programme picks up elective recovery as a specific work stream. 3. Work is underway with the CGs and YTHFM to look for Covid spend reduction opportunities, and formal monitoring in now in place.
Positive Updates and Assurance	**Decisions Made and Decisions Required of the Board**
1. Care Groups and Corporate Teams have identified efficiency plans equating to 100% of the overall required programme, with notably 85% of plans being categorised as low risk. 2. NHSE/I have confirmed that there will be no clawback or ERF for quarters one and two.	1. A final balance I&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.

TRUST BOARD REPORT : August-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

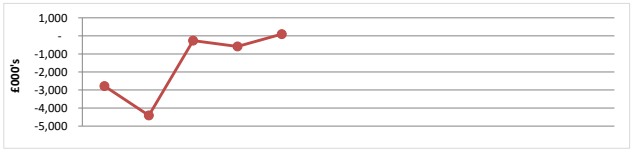
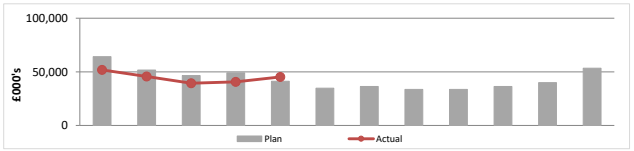
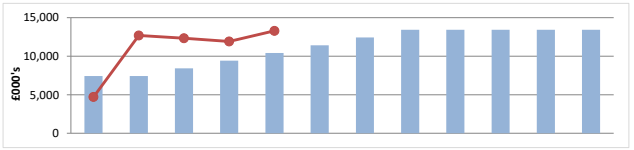
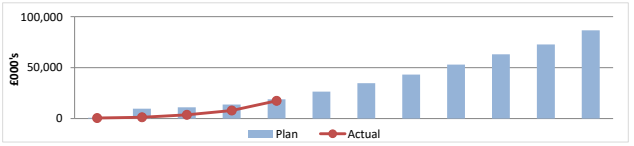
Aug-22	METRIC:	PLAN:	
£612	6.01 Income and Expenditure	£3,537	
£55,930	6.02 Operational Expenditure against Plan (exc. COVID)	£54,035	
£634	6.03 COVID-19 'Inside the Envelope' Expenditure	£624	
	Monthly % Covid Spend of Operational Spend:	1.1%	
£199	6.04 COVID-19 'Outside the Envelope' Expenditure	£360	
£56,511	6.05 Income against plan	£56,397	

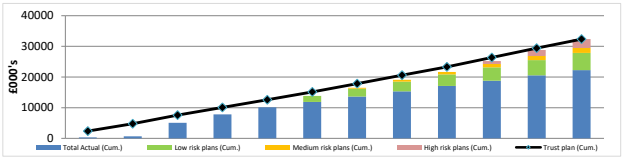
	METRIC:	PLAN:	
£612	6.06 Cumulative net actual Income and Expenditure surplus/(deficit)	£3,537	
-£2,925	6.07 Cumulative net Income and Expenditure surplus/(deficit) variance to plan	£0	
£272	6.08 Cumulative Income Variance to Plan	£0	
-£3,197	6.09 Cumulative Expenditure Variance to Plan	£0	

TRUST BOARD REPORT : August-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Aug-22	METRIC:	PLAN:	
-£3,736	6.10 Cumulative Pay Expenditure Variance to Plan	£0	
£99	6.11 Cumulative Non-pay Expenditure Variance to Plan	£0	
£45,200	6.12 Cash Position	£41,182	
£13,295	6.13 Debtors	£10,424	
£19,996	6.14 Creditors	£12,605	
£17,389	6.15 Capital	£18,863	

	METRIC:	PLAN:	
£10,145	6.16 Efficiency programme - delivery against plan and forecast delivery	£12,603	
	Delivery ytd:		
	Recurrent £5,246		
	Non Recurrent £4,899		
£32,357	6.17 Efficiency programme - planning position full year	£32,357	

Planning (Gap)/Surplus

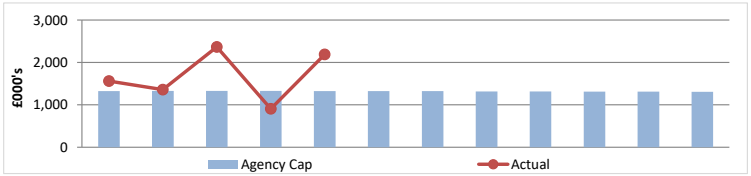
	Aug £'000	EOY £'000	Comments
Target	**12,602**	**32,357**	
PLANS			
Low Risk	11,584	27,845	
Medium Risk		1,617	Medium Risk Plans being reviewed re delivery in year.
High Risk		2,895	High Risk Plans being reviewed re risk status and if deliverable in-year.
Total Plans	11,584	32,357	
Planning (Gap)/Surplus	**-1,018**	**0**	
Actions			**New Plans** - continue to work with CG's to identify u/spends; opportunities presented in Model Health System (more likely medium/longer term) and Building Better Programme.

TRUST BOARD REPORT : August-2022

SUMMARY INCOME AND EXPENDITURE POSITION

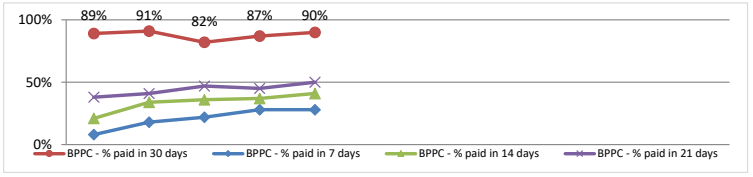
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Aug-22	METRIC:	PLAN:
£0	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
£2,190	6.24 Agency Spend against Agency Cap	£1,324



BPPC Performance

Within 30 days	6.25 BPPC - % paid in 30 days	Within 7 days
90%		28%
Within 14 days	6.26 BPPC - % paid in 7 days 6.27 BPPC - % paid in 14 days	Within 21 days
41%		50%
	6.28 BPPC - % paid in 21 days	



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%)				
Overall Use of Resources Rating				

Other Financial Issues:

Metrics 6.2 through 6.23 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.

6.24 showing our agency spend against the newly announced NHSEI target for 22/23, which remains a live assessment metric and, for the year to date we have used more agency staff than target.

The Trust's compliance with the Better Payments Practice Code (BPPC) is currently averaging around 87% of suppliers being paid within 30 days.

Research & Development Performance Report : Aug-2022

Executive Summary

Trust Strategic Goals:

[x] to deliver safe and high quality patient care as part of an integrated system
[x] to support an engaged, healthy and resilient workforce
[x] 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 recruited 1547 patients into clinical trials so far this financial year, against a target of 3506, a little lower than I'd like but summer is always a quiet time for accruals, as staff take leave.
• We have submitted one grant for funding in the month of Aug, as follows:

o £800,214K to EPSRC- RariTi: RApid-to-Real-TIme cell Tracking in 3D, Dr Neil Todd and the University of York

• We are still in the process of recruiting Professor James Turvill to the Clinical Director of Research role, after Dr David Yates has decided to stand down after holding the post for three years
• We are currently spending a lot of time building a local collaboration to bid for a national call out to build capacity and capability in liver disease research. This will sit within the Multi Morbidity Hub at Scarborough. We have pulled together a great team and the bid is almost written- submission date is 14th September and this has been the main piece of work this month for the team, this will be a fantastic achievement if we can win this!
• We have had a few changes in the team this month: Mags Szewczyk has been promoted to deliver the Paediatric Respiratory vaccine trial called Harmonie across the region which is a 9-month secondment. We have also appointed a band 5 IT project manager from within the team to deliver and roll out a new R&D management software to assist with the running of our trials, department and invoicing!
• We are also about to interview for the CG6 research lead after Dr Rob Ellis's departure, we have two candidates to interview
• 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.

https://www.eventbrite.co.uk/e/research-annual-celebration-2022-tickets-338802867497

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: Sep-2022

TRUST BOARD REPORT : August 2022

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	493	442	225	229	158								1547
2021-22	77	166	127	1060	648	469	383	411	374	396	179	293	4583
2020-21	615	597	440	461	421	331	259	484	293	513	201	145	4760
2019-20	334	275	284	298	348	220	464	615	477	426	365	166	4272

Breakdown as of end August 22

Care Groups	Accruals Running Total 22/23
CG1 Total	122
CG2 Total	135
CG3 Total	212
CG4 Total	88
CG5 Total	3
CG6 Total	46
RP's Total	144
Cross Trust Studies Total	797
ACCRUAL TOTALS	1547

Accruals Still Required	1959
Trials Open to Recruitment	90

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	30%	10%	*Weighted 11*
Observational	50%	68%	*Weighted 3.5*
Large Interventional	5%	5%	*Variable weighting by study*
Large Observational	8%	16%	*Weighted 1*

Breakdown of Trial Category % - All Open Studies

Commercial	3%
Non Commercial	97%

If you would like a breakdown of Accruals in each CG, please contact 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.

APPENDIX : National Benchmarked Centiles

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : AUGUST 2022

Centiles from the Public View website have been provided where available (these are not available for all indicators in the IBR).

The Centile is calculated from the relative rank of an organisation within the total set of reporting organisations. The number can be used to evaluate the relative standing of an organisation within all reporting organisations. If York and Scarborough Hospitals NHS Foundation Trust's Centile is 96, if there were 100 organisations, then 4 of them would be performing better than the Trust. The colour shading is intended to be a visual representation of ranking of the Trust (red indicates most organisations are performing better, green indicates the Trust is performing better than many organisations. Amber shows that the Trust is in the mid range. Note: Organisations which fail to report data for the period under study are included and are treated as the lowest possible values.

Source: https://publicview.health as at 14/09/2022
* Indicates the benchmarked centiles are from varying time periods to the data presented in the IBR and should be taken as indicative for this reason
^ Indicates the benchmarked centiles use a variation in methodology to the IBR and should be taken as indicative for this reason

			Local Data (IBR)			National Benchmarked Centile		
IBR Section	**Category**	**Indicator**	**Period**	**Actual**	**Target**	**Centile**	**Rank**	**Period**
Acute Flow and Elective Recovery	UEC	Proportion of patients discharged before 5pm (70%)	Aug-22	62.9%	70%	79	26/120	Aug-22
	UEC	ED: Median Time to Initial Assessment (Minutes)	Aug-22	16	18	28	85/117	*Jul 22
	RTT	RTT Total Waiting List	Aug-22	46896	41921	33	114/169	*Jul 22
	RTT	RTT Waits over 104 weeks for incomplete pathways	Aug-22	8	0	26	125/169	*Jul 22
	RTT	RTT Waits over 78 weeks for incomplete pathways	Aug-22	385	233	25	129/169	*Jul 22
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Aug-22	12	45 (12-month)	4	132/137	*Jun-22
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Aug-22	15	117 (12-month)	15	116/137	*Jun-22
	Patient Experience	Trust Complaints	Aug-22	70	No Target	23	162/210	*Q4 21/22

Item 9

Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Nursing Workforce Report
Director Sponsor:	Heather McNair, Chief Nurse
Author:	Emma George, Assistant Chief Nurse

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☒ Our People	☐ Quality Standards
☒ Quality and Safety	☒ Workforce
☐ Elective Recovery	☐ Safety Standards
☐ Acute Flow	☐ Financial
	☐ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

To provide information and assurance to the Committee on how the Trust has responded to provide the safest and effective nurse staffing levels during July 2022. This will include the requirement to submit the safer staffing metrics using Care Hours per Patient Day (CHPPD). Provide assurance that nursing establishments have been reviewed utilising best practice guidance and the arrangements for daily monitoring of patient safety and quality risks in relation to the workforce are in place.

Recommendation:
To receive the report

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☐ Yes ☐

(If yes, please detail the specific grounds for exemption)

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	**Date**	**Outcome/Recommendation**

1. Introduction and Background

This report provides the monthly Nurse and Midwifery Staffing data to describe the key workforce data and complies with the National Quality Board (NQB), 2016 guidance and the NHS England, Operational Productivity and Performance report, 2019, Care Hours Per Patient Day (CHPPD) requirements for reporting. This report identifies the wards that reported less than an average of 80% against their planned registered and non-registered staffing levels.

2. Considerations

The Trust has complied with the submission of CHPPD data and the July 2022 submission is attached in Appendix 1.

Table 1

Care Group	Day				Night			
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
CG1	78%	78%	30%	-	93%	106%	0%	-
CG2	87%	92%	11%	-	96%	98%	48%	-
CG3	79%	82%	-	-	87%	105%	-	-
CG4	69%	74%	-	-	100%	87%	-	-
CG5	63%	76%	-	-	80%	93%	-	-
CG6	-	-	-	-	-	-	-	-
Total	78%	84%	28%	-	90%	103%	18%	-

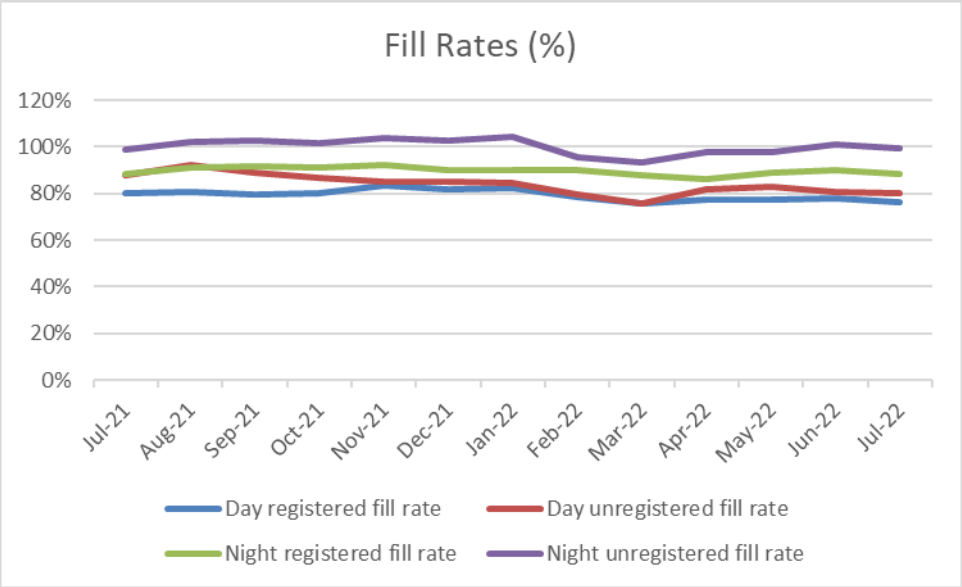
The table (2) below details the overview of the organisation and highlights all the adult inpatient wards so is slightly different in figures as maternity are not included in the table below.

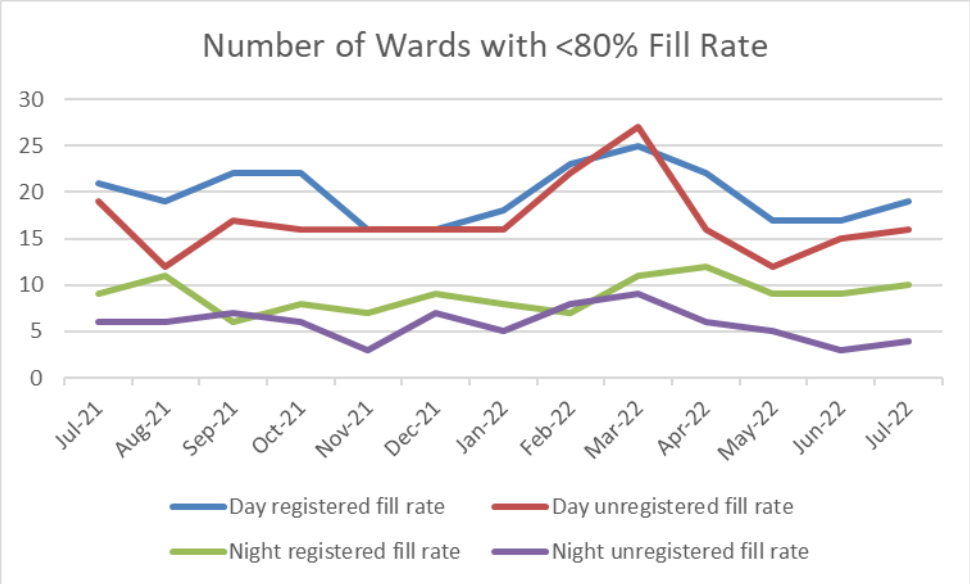
Table 2

	Fill Rate Type	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Fill Rate % (Actual Hours/Planned Hours)	Day registered fill rate	80%	81%	79%	80%	83%	82%	82%	79%	76%	77%	77%	78%	76%
	Day unregistered fill rate	88%	92%	89%	87%	85%	85%	85%	80%	76%	82%	83%	81%	80%
	Night registered fill rate	88%	91%	92%	91%	92%	90%	90%	90%	88%	86%	89%	90%	89%
	Night unregistered fill rate	99%	102%	103%	102%	104%	103%	104%	96%	93%	97%	98%	101%	99%
Number of Wards less than 80% Fill Rate	Day registered fill rate	21	19	22	22	16	16	18	23	25	22	17	17	19
	Day unregistered fill rate	19	12	17	16	16	16	16	22	27	16	12	15	16
	Night registered fill rate	9	11	6	8	7	9	8	7	11	12	9	9	10
	Night unregistered fill rate	6	6	7	6	3	7	5	8	9	6	5	3	4

The average day fill rate in July 2022 for Registered Nurses was 76% this remains the same and for Non – Registered Nurses, 80%, which indicates a 4% improvement since March. The night fill rate remains static and above 80% for both registered and non-registered nurses.

The table identifies the fill rates since July 2021, splitting day and night, registered and unregistered. The graph below indicates that above 80% was achieved for the night shifts since June 2021 but there continues to be a concern in relation to the day shift for both registered and unregistered workforce.





There are 19 inpatient Wards below the 80% average RN day fill rate but there is context behind these figures, for example in Bridlington where the surgical wards, Kent and Lloyd are below capacity and therefore their CHPPD is lower. Also, some ward areas their safecare compliance has not been completed and therefore there are some areas where this CHPPD is not accurate.

3. Current Position/Issues

Nurse Vacancies

Table 4 shows the current RN predictions, indicating the progress made and the impact as we reduce current leavers.

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Establishment	950	950	950	950	950	950	950	950	950	950	950	950	950	950
In post (RNs + 50 INs currently on band 4 positions)	766.6	780.85	851.3	862.27	874.88	880.93	891.08	897.13	907.28	913.33	923.48	929.53	939.68	945.73
Projected leavers		5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33	5.33
Projected International Recruits		16.4	16.4	13.12	14.76	8.2	12.3	8.2	12.3	8.2	12.3	8.2	12.3	8.2
Projected UK qualified starters		3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18	3.18
Projected NQs/direct apprenticeships			56.2											
Vacancies	-183.4	-169.15	-98.7	-87.73	-75.12	-69.07	-58.92	-52.87	-42.72	-36.67	-26.52	-20.47	-10.32	-4.27

The table plots the starters and leavers and the current position.

Table 5 HCA Vacancy Levels Trust wide August and predicted 2022/23

Band 2/3	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Establishment	678.2	678.2	678.2	678.2	678.2	678.2	678.2	678.2
In post + 21 August start	630.57	650.12	669.67	689.22	708.77	728.32	747.87	767.42
Projected leavers		5.45	5.45	5.45	5.45	5.45	5.45	5.45
Projected New Starters		25	25	25	25	25	25	25
Vacancies	-47.63	-28.08	-8.53	11.02	30.57	50.12	69.67	89.22

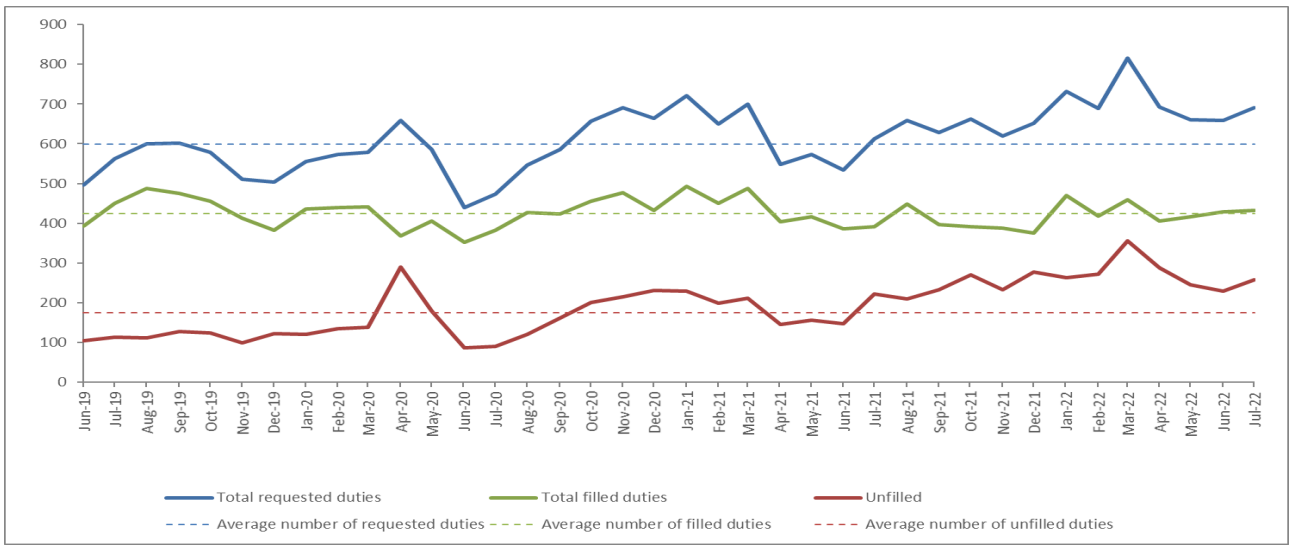
Table 5 details the current HCA position for adult inpatient wards for the Trust, this is a new format of presenting describing the establishments, projected starters, and leavers per month on average. This shows a positive position for HCA in November 2022 with the current starters and leavers.

As an organisation the way we report vacancies is either from the ledgers or from ESR and so therefore can appear to differ. ESR will now be the chosen method as detailed in these tables.

Temporary Staffing

NHSEI have contacted all Trusts detailing additional funding that would be allocated to support with in-year inflationary pressures and that receipt of those funds would be contingent on ensuring appropriate spend controls, of which agency expenditure was one.
They have seen expenditure begin to increase and NHSEI will be re-establishing oversight measures to support the organisation to maintain a sharp focus on reducing these costs.
From 1 September 2022, we will be taking the following actions:

NHSEI advised that we remain in the top 3 / 4 organisations in the region for off framework use. They have proposed some supportive measures today which we await more information around but include direct support from their national agency team. There will be a review of our current processes and practice around agency use. They wil be attending the organisation for a visit and do a ‘holistic review’ of our processes that impact agency use.



The graph above shows the peaks in demand for temporary nurse staffing, the amount filled and unfilled shifts. Demand remains high, leading to record numbers of nursing shifts being requested, 12,000 requested across the organisation for both RN and HCA.

The Trust continues to report a significant unmet need in relation to temporary staffing requests for registered and unregistered nurses (table 6). In July 2022, 40% of all shift requests were unfilled.

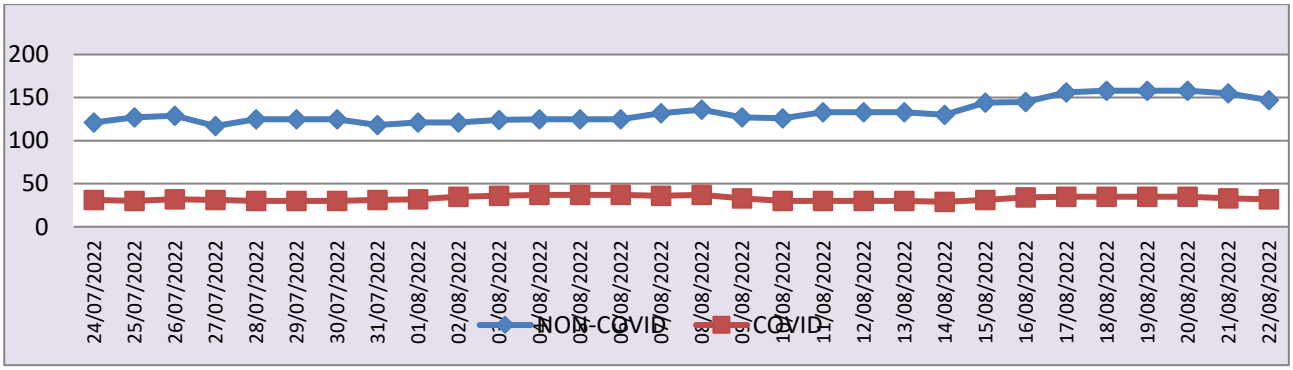
Table 6

	Requested			Agency Filled			% of requested duties	Bank Filled			% of requested duties	Total % of duties filled	Unfilled			% Unfilled
	HCA	RN	Total	HCA	RN	Total		HCA	RN	Total			HCA	RN	Total	
Trust	6231	6626	12857	203	1348	1551	12%	3596	2525	6121	48%	60%	2432	2753	5185	40%
York	4025	4601	8626	203	975	1178	14%	2152	1706	3858	45%	58%	1670	1920	3590	42%
Scarborough	2206	2025	4231	0	373	373	9%	1444	819	2263	53%	62%	762	833	1595	38%

Impact of sickness absence

Over the past 2 months sickness has increased having an impact on the nursing workforce and exacerbating the fill rates on wards due to the recent increase in COVID 19 prevalence.

Nursing and Midwifery sickness figures



Sickness remains a challenge, this is constantly impacting nurse staffing levels, work is commencing to offer further support to Care Groups to monitor sickness and ensure all HR processes are in place.

4. Summary

How we report our vacancy figures has been through the financial ledgers, but it has been agreed that ESR is a more accurate form of presenting accurate figures. Currently we are focusing on the adult inpatient wards and therefore our current figures are reflected in the table. As a result of this focus the figures have changed and the leaver rate is 5.33 WTE for RN and 5.45 WTE for HCA.

Care Groups need relevant and appropriate data that is available for them to articulate their requirements, a dashboard is being produced to correlate the current workforce and impact on quality of care.

The well-being and support we offer our workforce is paramount, with pastoral care being central to the work undertaken such as new roles and the PNAs, we now have 5 of these roles and we are seeing the impact of this already. Making York and Scarborough NHS Foundation Trust the place where nurses want to work needs to be our aspiration. Establishment reviews will ensure we have the right workforce to care for our patients and to ensure staff feel a sense of satisfaction in the care they are providing.

5. Next Steps

Workforce deployment and escalation

Working collaboratively with senior nursing colleagues the process for deploying the nursing workforce and how it is escalated and mitigated has been through a transformation and is now embedded. This process describes the actions to take when the planned staffing levels fall below the agreed nurse establishment or is sub optimal when:

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

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

Red Flags

There is also going to be work commencing on the use of SAFECARE and how red flags are used to escalate and articulate the concerns. to nurse staffing levels. The National

Institute of Clinical Excellence (NICE 2014), highlighted 6 Red Flags to be considered which they believe impacted upon delivering safe patient care.

1. Clinical treatment/intervention delayed or missed.
2. Delay over 30 minutes in providing symptomatic relief
3. Patient vital signs not assessed/recorded as planned
4. Unmet enhanced care need
5. Delay/omission of regular checks on patients
6. Number or skill mix of nurses

Presently the trust has 17 Red Flags attached to Safe care which have been added over time in response to ward events and matron preference. The large selection of Red Flags has led to a dilution of risk impact, coupled with non-effective Red Flag escalation training.

In response the Red Flags have been reviewed and streamlined to 11 Red Flags overall and broken down into 3 categories

- Fundamentals of Care – 6 Flags
- Staffing Concerns – 4 Flags
- Enhanced Care – 1 Flag

After review the Red Flag will either be closed, mitigated or left open using the professional Judgment of the assessor and an acknowledgement of the actions will be recorded on Safecare as a professional Judgement. Each month any open Red Flags will be investigated within care Group alongside Nurse Sensitive Indicators to provide assurances at board level that patients did not come to harm.

Establishment Review

A review of all ward establishments has been completed. Care Group teams have reviewed the previous establishments, and this will be presented to the executive committee in September 2022. Due to the immense changes during the pandemic and the complexities of these changes to ward establishment this has been a complex process. The main finding of this establishment review is that there is a requirement for £15,770,503 investment but £3m is a care group budget contribution. The investment required is **£12,591,108** to the adult inpatient wards, including the inpatient community units that were not factored into the previous review and the changes that have occurred as a result of the pandemic that will be detailed in this report. This equates to **134.43** WTE Registered Nurses, **204.26** WTE Health Care Assistants and **103.32** WTE Patient Services Operatives, a role that will be introduced across the organisation and is described later in the report.

Patients Services Operative (PSO) Role

This role was first introduced in Care Group One to support the ward teams with various tasks that were not getting completed by the nursing teams. These included, cleaning equipment, preparing bed spaces efficiently for the next patient, stocking and tidying and most importantly providing beverages out of mealtimes and supporting nutritional needs for patients, including the completing of menus. The job description is multifaceted, and the role is popular. There is an expectation that out of the establishment review this role will be embedded and rolled out across the organisation. There is a requirement to recruit **103.32 WTE** and a recruitment plan has already been enacted. This role will help support

the cleaning agenda from an IPC perspective, the fluid and nutritional roles for patients and a clear career progression for our workforce to HCA and then to Registered Nurse through our successful apprenticeship programme.

Safer Nursing Care Audit

The audit provides organisational level metrics to monitor impact on the quality of patient care and outcomes and gives a defined measure of patient acuity and dependency. It supports all the principles that should be considered when evaluating decision support tools set out in the relevant NHSE/I 'Safe, sustainable and productive staffing' resources. Included are staffing multipliers to support professional judgement and it provides accurate data collection methodology. As an organisation we undertook this audit across all the adult inpatient wards, this has supported the decision making in this review. The SNCT will be rerun in winter also to offer a rounded result of both summer and winter acuity and dependency. Appendix 1 shows the difference in WTE aligned with the establishments and the SNCT result, but it is advised that this is taken with caution as it is the first audit undertaken for 8 years. The SNCT is also changing in 2023 to include another level 1C which will also capture patients under a DOLs, enhanced supervision and high risk of falls which will offer a more accurate dependency result.

Retention

Nursing and midwifery retention self-assessment tool

This tool enables organisations to undertake a self- assessment against the seven elements of the NHS people promise plus key elements that support staff to deliver high quality care, enhancing job satisfaction and supporting the retention of nurses and midwives. Organisations are encouraged to use the information gathered in the dashboard to develop and implement their local evidence-based retention improvement plans. These headings are

- **Health and well being**
- **Autonomy and shared profession**
- **Leadership and teamwork**
- **Professional Development**
- **Pride and meaningful recognition**
- **Flexible working**
- **Excellence in care**

There will be an assessment of the tool and a gap analysis to inform our retention plans and align the work we are already undertaking and a work plan to be undertaken to consider the gaps.

Date: 7 September 2022

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Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Appraisal and Revalidation Update
Director Sponsor:	James Taylor, Medical Director & RO
Author:	Paul Whittle, Revalidation Specialist Advisor

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☒ Our People	☒ Quality Standards
☒ Quality and Safety	☐ Workforce
☐ Elective Recovery	☒ Safety Standards
☐ Acute Flow	☐ Financial
	☒ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

The changes made to the programme for 20/21 remain in place for 21/22:

- **Removal of the AOA report**
- **Reduced requirement for supporting information for appraisal**
- **Shortened appraisal form**

The expectation of NHS E/I for 2022/23 is that trusts work to recover the appraisal rate to its pre-pandemic target of 90%.

The overall figure for 21/22 is 75% (up from 62% in 20/21, and a low in October 2020 of 50%). We are on target to achieve 90% be the end of 22/23.

This report is to inform the Board on our current appraisal data and the impact of the 2020 appraisal model change.

Report Exempt from Public Disclosure No ☒ Yes ☐
(If yes, please detail the specific grounds for exemption)

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	**Date**	**Outcome/Recommendation**

Appraisal and Revalidation Update

Changes to Appraisals

NHS E/I cancelled the 2019/2020 Annual Organisational Audit (AOA), and have stood down the 20/21 one. For 21/22 they have requested an update on the appraisal year, and the impact of the amended appraisal model.

In response to the amended model, the platform used by the trust was updated, reducing the time required for doctors to input their appraisal information.

The amount of evidence required has been reduced considerably, with appraisals currently focusing on reflecting upon the pandemic, its effects, and any potential learning.

NHS England and the GMC took the decision to pause the appraisal programme in March 2020. At the same time, those due to revalidate in 2020 were deferred until 2021.

During this period, we allowed doctors to be appraised if they chose, but paused all reminders and formal action.

At the start of the 22/23 cycle the trust had a considerable number of appraisals which were a year or more late.

The process of sending out formal letters, as well as the usual reminders, was re-started in summer 2022. This, in combination with efforts from the team and care group managers has increased the appraisal compliance rate considerably, from 75% in April 2022 to 83% in September.

Care Group management teams are now being provided with monthly appraisal and job planning updates, allowing them to identify any areas which would benefit from assistance.

Appraiser Allocation

During the year we moved from a hybrid appraiser allocation process to a full allocation process, after consultation with appraisers and appraisees. This saves appraisees time in finding an appraise and, more fairly distributes appraisees.

Online Appraisals

Before the pandemic, online appraisals were allowed, but very rarely used. Now people are getting used to it, we expect it to be used much more frequently. This helps us in being able to allocate appraisers cross-site more efficiently.

NHS England Action Plan

In January 2020 the trust was issue with an action plan:

Name of responsible officer	Mr James Taylor	
Area/concern/issue identified at Review Visit	**Action**	**Progress**

Reduced appraisal non-compliance % and high level of measure 3*	Trust to implement their allocation system in association with a review of the delivery of appraisal across the programme year.	Allocation system implemented
Reduced appraisal non-compliance % and high level of measure 3	Consider changes to appraisal policy, particularly non-engagement stage. Meeting to take place with Dr following first letter	Put on hold during pandemic
	Trust to establish a programme of medical appraiser networks to provide leadership to the cohort of appraisers	Network meetings started
Reduce the number of revalidation deferments * Measure 3 appraisals are those with no appraiser during the year, and with no agreed reason	Trust to instigate an action plan to review their management of Revalidation recommendations: Education of appraisers Re-issue of appraisal checklist Increase frequency of new starter workshops	All points addressed, however this year will see a high level of deferments due to appraisal delays, and difficulty obtaining patient feedback

Appraiser network meetings are being held online with considerable attendance.

Challenges

The pressures experienced during the pandemic continue to reduce appraisal rates. Increased sickness absence rates and service pressures have caused many delayed appraisals.

Patient feedback, required for revalidation, has been particularly difficult to attain, due to reduced face to face patient contact. This has required considerable input from the team to avoid doctors not being able to revalidate.

Action Taken

Doctors approaching their revalidation, without having completed their patient feedback, have been assisted in the process to reduce deferments. The team have taken a pragmatic approach where doctors in some specialties have struggled to attain sufficient responses.

The Medical Appraisal Policy has been reviewed to ensure that patient feedback is sought earlier in the revalidation cycle. This should reduce the deferment rate in future years. Other changes including bringing forward the issuing of formal letters for late appraisals, in line with NHS E/I guidance.

The Trust has asked the software supplier to make some changes to the system which will remind doctors of their approaching revalidation.
This, in combination with the team assessing portfolios further in advance, will help to reduce the deferment rate.

Appraisal Compliance

Name of organisation: York and Scarborough Teaching Hospital NHS Foundation Trust	Number of appraisals	% of appraisals
Total number of doctors with a prescribed connection as at 31 March 2022	**614**	
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	**460**	**75%**
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	**154**	**25%**
Total number of agreed exceptions	**70**	**11%**

Future Plans

The trust has for some time recognised that the current format of patient feedback (mandatory for revalidation in most cases) has limited value.

New GMC guidance allows us to think more broadly about capturing appropriate and valuable feedback.

We will therefore be looking at various options, including online/SMS feedback, and the possibility of recruiting volunteers to gain feedback from patients. This is being recognised as good practice in trusts that are now using similar processes.

Utilising volunteers could also allow the trust to offer work experience to young people considering healthcare careers. Opportunities for this are currently limited.

Date: 22 September 2022

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Freedom to Speak Up Annual Report
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Stefanie Greenwood, Freedom to Speak Up Guardian

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☒ Assurance ☒ Information ☐ A Regulatory Requirement ☒

Trust Priorities	Board Assurance Framework
☒ Our People	☐ Quality Standards
☒ Quality and Safety	☐ Workforce
☐ Elective Recovery	☐ Safety Standards
☐ Acute Flow	☐ Financial
	☐ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

The post of the Freedom to Speak Up Guardian (FTSUG) was a recommendation of the Freedom to Speak Up Review by Sir Robert Francis published in 2015.

The FTSUG came into post in this Trust in August 2020 on 18.5 hrs/wk and since April 2022 works 30 hrs/wk. This is a report directly to the Trust Board for September 2022.

This paper includes:

- FTSU data between 09/2021- 08/2022
- A summary of communication activity being undertaken by the FTSUG
- Feedback from those who have spoken up
- Key points about improving FTSU culture including recommendations from the FTSUG who will be attending the Trust Board meeting.

Recommendation:

The Trust Board is asked:

a) Note the contents of this report by the FTSUG
b) To consider and support for the FTSUG's recommendations detailed in the report.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☒ Yes ☐
(If yes, please detail the specific grounds for exemption)

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	**Date**	**Outcome/Recommendation**

Freedom to Speak Up Annual Report

1. Purpose

The purpose of this report is to provide the Board with an annual overview of the Freedom to Speak Up (FTSU) processes and activities during 2021/2022.

2. Introduction and Background

The purpose of creating a speaking up culture is to keep our patients safe, improve the working environment of staff and to promote learning and improvement.

A Freedom to Speak Up Guardian (FTSUG) within every NHS Trust was a key recommendation made by Sir Robert Francis QC in the Freedom to Speak Up review in 2015. FTSU has also become part of the CQC Well Led inspection component since October 2016.

Sir Robert Francis QC concluded in the Freedom to Speak Up review (2015) the importance for organisations providing NHS healthcare to foster a culture of safety and learning, rather than one of blame, where all staff feel safe and supported to raise concerns. He highlighted the dangers of losing sight of human concerns in healthcare, the importance of engaging with patients and staff, and the risks to patients when the delivery of care becomes depersonalised by focusing on performance and targets.

The National Guardian's Office (NGO) was established in October 2016 at the same time as it became a contractual obligation for every NHS provider organisation to have appointed a FTSUG.

3. The Role of the Freedom to Speak Up Guardian (FTSUG)

"the Freedom to Speak up Guardian will work alongside Trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all are actively encouraged and enabled to speak up safely." (NGO 2018)

The FTSUG is independent and impartial and there are two main elements to the role.

Reactive: To give independent, confidential advice and support to members of staff who wish to speak up about anything that gets in the way of them providing high quality, safe care to our patients, managing each case, including the initial conversation and accurately recording actions, following up and feeding back.

Guardians do not get involved in investigations or complaints, but help to facilitate the raising concerns process where needed, ensuring organisational policies are followed correctly.

Proactive:

- Communicating the role and making sure there is appropriate training on speaking up
- Walking the floor
- Supporting and challenging senior leaders, including through producing regular reports for the senior team or board
- Looking at barriers to speaking up and working in partnership to help reduce them

- To promote a culture where members of staff feel safe to raise concerns and do not fear adverse repercussions or detriment as a consequence of doing so

4. Freedom to Speak Up Accountability Arrangements

- The Chief Executive is accountable for ensuring that FTSU arrangements meet the needs of the staff across the Trust. The Director of Workforce and Organisational Development is the Executive Lead for FTSU and the Designated Officer. The Non-Executive Lead for FTSU is a Non- Executive Director and is the Senior Independent Director.

- The FTSUG reports directly to the Chief Executive and meets with the Chief Executive, Chair of the Board, individually, on a monthly basis.

- The FTSUG should have direct access to all of the Directors when required.

- To strengthen partnership working and to continuously improve the speaking up culture of the organisation, there are plans in place for the FTSUG and the Executive Lead and Non- Executive Lead to have regular, individual meetings in future. This will facilitate triangulation of information, ensure actions are completing regarding concerns raised, and ensure learning from cases raised.

- The FTSUG meets with the Deputy Director of Workforce and the Head of Employment Relations on a regular basis to enable direct communication about case work in a confidential manner.

5. Freedom to Speak Up Reporting

- The FTSUG reports to the Trust Board annually to update the Board on FTSU cases and activities. The FTSUG also reports this data to JNCC on a monthly basis and to LNC on a bi- monthly basis.

- The FTSUG submits quarterly data to the NGO, and the information from all trusts making submissions is published on the NGO's website: The National Guardian's Office - Freedom to Speak Up

6. Raising Concerns/ Speaking Up Processes

Internal Audit undertook a review of York and Scarborough Teaching Hospitals speaking up processes, published in November 2021.

The review confirmed that there are effective processes in place which enable staff to raise concerns, in accordance with Trust's Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy. This audit received significant assurance.

7. Freedom to Speak Up Concerns raised between September 2021- August 2022

The NGO stipulates that FTSUG are required to record **all** cases of speaking up that are raised with them, whether they are raised "formally" or otherwise. Every quarter the NGO collects data about speaking up cases brought to the FTSUG. This data informs the NGO's understanding of:

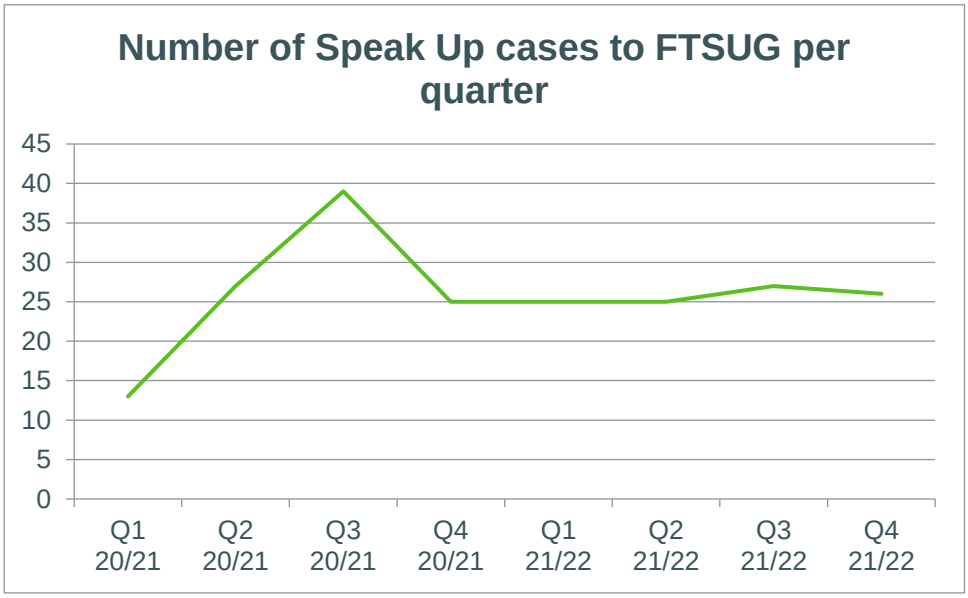
- The implementation, utilisation and development of the FTSUG role
- Trends and themes in speaking up

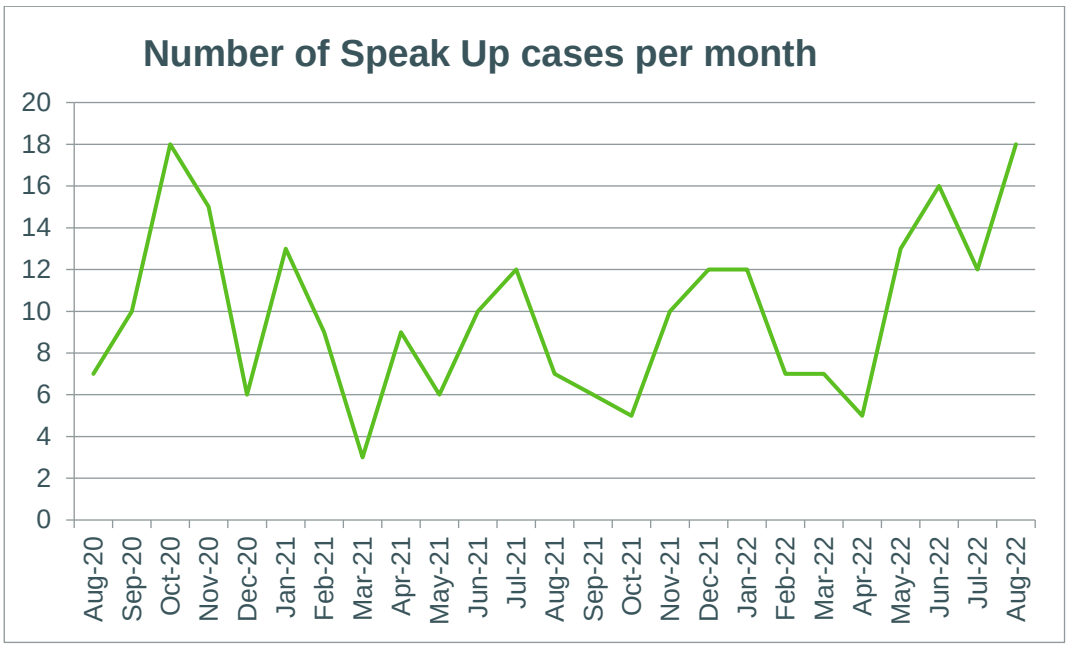
The information is collected at organisational level.

The tables and charts below shows the number of speak up cases brought to the FTSUG within York and Scarborough Teaching Hospitals is between August 2020- August 2021, and September 2021- August 2022:

Aug 20- Aug 21	Sept 21- Aug 22
125	123

Total number of speaking up cases per quarter	
Q1 2020/21	13
Q2 2020/21	27
Q3 2020/21	39
Q4 2020/21	25
Q1 2021/22	25
Q2 2021/22	25
Q3 2021/22	27
Q4 2021/22	26





It could be interpreted that the sharp increase in speak up cases between Q1 20/21 and Q3 20/21 was due to the FTSUG commencing in role, and communication of the FTSUG. It has then remained relatively consistent from Q4 20/21 through to Q4 21/22 at approximately 25 cases per quarter.

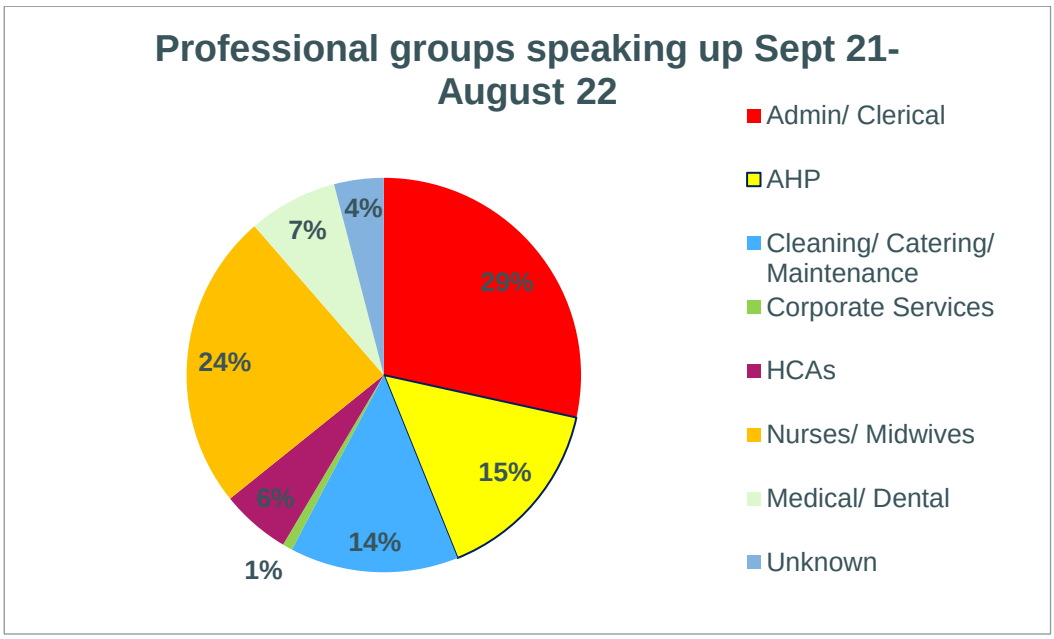
The average number of speaking up cases raised to FTSUG in similar sized NHS Trusts in the North East and Yorkshire are:

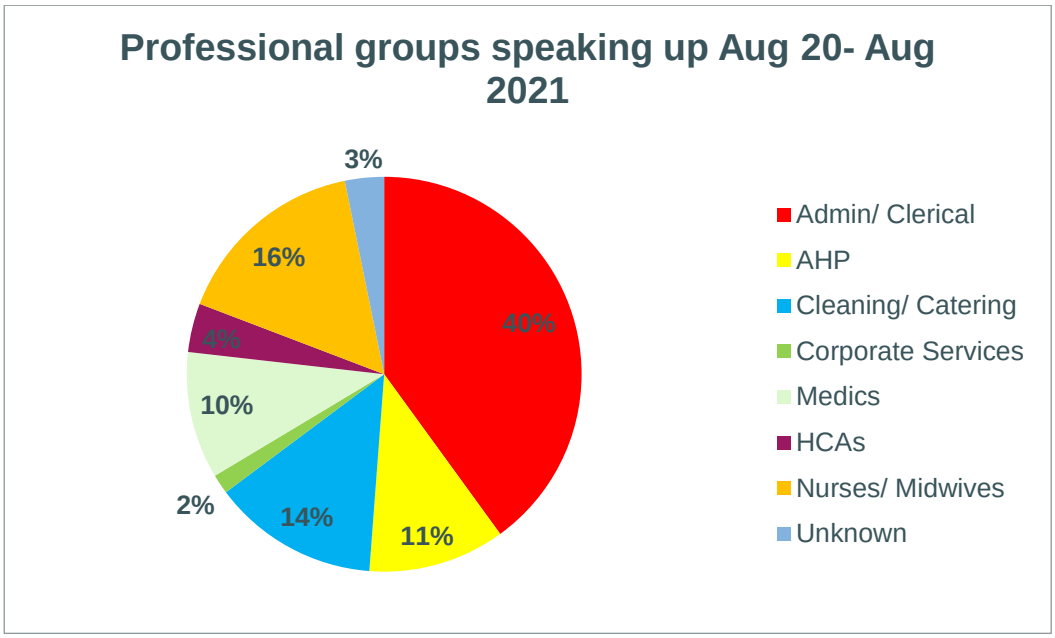
Average number of speak ups /quarter in medium in similar sized organisations	
Q1 21/22	18
Q2 21/22	17
Q3 21/22	25
Q4 21/22	27

Please note that it is difficult to make comparisons as the data does not provide a narrative regarding how many FTSUGs or champions there are or how many hours they are contracted to.

8. Who is Speaking Up?

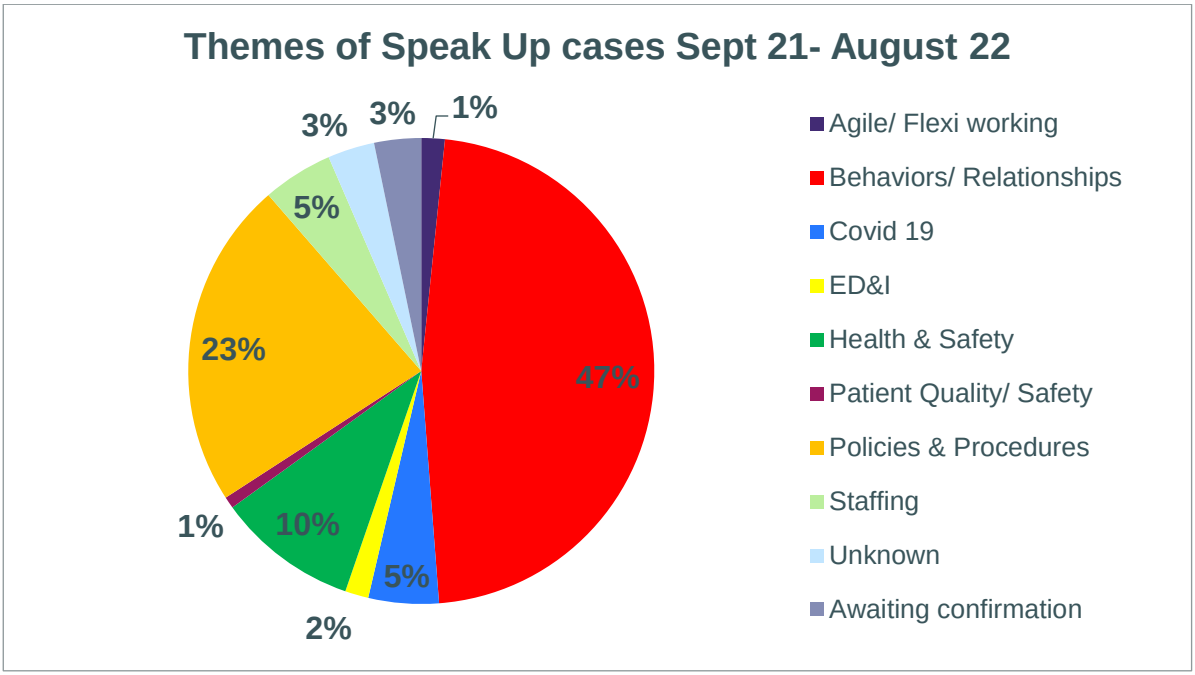
- The FTSUG has received concerns from a broad range of professional groups across the Trust.
- Administration/ Clerical accounted for the largest portion (29%) of speak up cases raised between Sept 2021- August 2022. This is an 11% reduction from the previous year.
- Nursing and Midwifery were the second largest portion of speak up cases raised (24%) which is an 8% increase from last year.
- Allied Health Professionals (AHP) accounted for the third largest proportion at 15% which is an increase of 4% from last year.

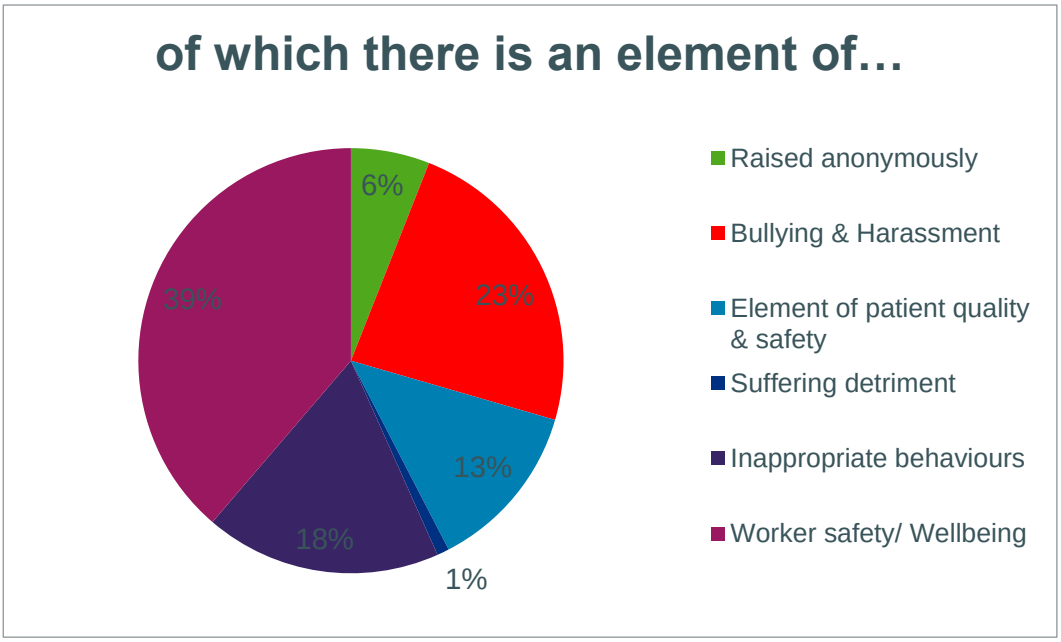




9. Themes of Speaking Up cases

- The number and type of cases raised between September 2021- August 2022 are similar to that of the speak up cases raised between August 2020 and August 2021.
- 47% of cases raised were in relation to inappropriate behaviours and deterioration of relationships. This figure includes concerns raised in regards to bullying and harassment. This is a slight deterioration from last year which was 58% (-11%).
- 23% of cases raised around the adherence to policy and procedure. This is consistent with the previous year which was also 23%.
- Speak up cases raised anonymously have increased by 1% between the reporting periods and stands at 11%.
- 69% of the anonymous cases in the reporting period disclosed their identity once a rapport was built with the FTSUG. 31% remained anonymous, and where possible were fed back to the relevant department.
- 39% of cases had an element of worker safety or wellbeing.
- 23% of cases had an element of bullying and harassment.





10. Communication and visibility of FTSUG

It is crucial that that the FTSUG is visible and accessible to all staff. Between September 2021 and August 2022. the Trust FTSUG continued to use various channels to communicate the role of the FTSU function and the importance of raising concerns. These included:

- Communication through the communication teams via staff bulletins
- FTSU and FC screensavers
- Promotion of the Fairness Champions
- Production and distribution of FTSU and Fairness Champion promotional material ie posters, postcards, banner, pens, badges, tote bags, t- shirts etc.
- Development and circulation of FTSU and FC video via social media
- Promotion via the Trust's FTSUG Twitter page @YorkNHS_FTSUG
- Walking the floor

- FTSU information included in Corporate Induction handout
- FTSU information included in the Junior Doctors toolkit and postcards given to them at induction
- Virtual attendance to student inductions
- Communication disseminated through care groups
- FTSUG present at all Staff Benefit Fairs
- Supports all Staff Networks as an Ally
- Plans for a roadshow for Speak Up Month in October

The FTSUG is a member of a variety of other meetings in order to triangulate themes, increase visibility and support in improving the Trust's culture:

- Quality and Safety Meeting
- Health and Safety Committee
- Junior Doctors Forum
- Fairness Forum
- Emotional Wellbeing Group
- Quality & Regulatory Operational Delivery Group
- Culture and Engagement Steering Group
- Workforce Working Group
- Regular attendance to JNCC
- Regular attendance to LNC

11. Feedback

All of those who contact the FTSUG are asked to complete a feedback form outlining their experience of the FTSU process and how they felt they were supported (or otherwise). A selection of responses are shown below:

"Thank you for everything you have done for me and my family. 100% speaking up made an impact on our lives."

"The Guardian was really helpful, kind and concerned about how I was feeling and followed up immediately with an email to support me with links and further advice, I can't think of anything else she could have done."

"The Guardian has been brilliant a confidential and trustworthy listener and has gone above and beyond to support by trying to address concerns about communication from HR."

"The Guardian was great. I just believe that nobody working in the NHS should ever get bullied by their own managers as it causes mental health problems and they end up on long term sick on full pay which is a waste of tax payers money."

"The Guardian was so easy to talk with, taking everything I said seriously and providing me with honest, open advice. I would easily go back again if I had reason to do so."

"As an employee of the Trust I needed advice/guidance which was impartial, consequently this avenue suited me the most and led to a further contact who could impose more pressure."

12. National Guardians Office

- The FTSUG continues to be an active contributor to the work of the NGO. Part of this work is to submit and support requirements from the NGO. These include quarterly submissions, census information and other surveys. The FTSUG attends regular FTSU Peer Support and FTSU Regional Network meetings. The Trust's FTSUG also attended the National Guardian' virtual conference in March 2022.
- The National Guardian, Dr Henrietta Hughes, stepped down from the role in September 2021 and following a national recruitment campaign, replaced by Dr Jayne Chidgey- Clark.
- The National FTSU policy has been under review and the revised policy has been published. The York and Scarborough Teaching Hospitals Raising Concerns policy will be reviewed and updated to reflect the changes in the national policy.

13. Staff Survey Results:

In the 2021 NHS Staff Survey results for the People Promise element, We have a voice that counts- Raising Concerns, the results are:

- Q17a I would feel secure raising concerns about unsafe clinical practice

	2017	2018	2019	2020	2021
Best	76.4%	76.9%	79.7%	77.7%	82.9%
Y&S Trust	65.8%	69.2%	69.6%	70.0%	74.3%
Average	69.4%	69.8%	70.8%	71.8%	73.9%
Worst	58.9%	60.8%	58.7%	62.7%	66.2%

- Q17b I am confident that my organisation would address my concern

	2017	2018	2019	2020	2021
Best	68.1%	69.4%	74.3%	74.1%	75.7%
Y&S Trust	52.3%	55.7%	53.1%	54.3%	53.2%
Average	57.4%	57.3%	59.1%	59.1%	57.6%
Worst	42.5%	42.4%	37.6%	45.3%	44.1%

Between 2020-21 there has been a marked improvement in staff feeling secure in raising concerns about unsafe clinical practice, and is now slightly above the average.

The Trust remains consistently below average, and has slightly deteriorated, around staff's response to how confident they feel that the organisation would address their concern.

14 CQC Whistleblowing

There have been a significant number of staff choosing to raise concerns with the CQC rather than using internal processes. The Raising Concerns Policy gives staff the option of raising their concerns outside of the organisation, as the priority is around staff speaking up to anyone rather than not at all. This message is also consistent from the NGO as part of the FTSU training.

It is not the role of the FTSUG to deter staff from raising concerns with external bodies or the media.

From personal observations and feedback from those who have spoken up, the following is highlighted:

- Staff do not feel safe to speak up within their management teams or to HR, fearing detriment, including bullying, career limitation and performance management;
- Staff feel there is no point raising concerns within their management structures due to lack of response and a feeling that nothing ever changes;
- Staff question the independence of the FTSUG due to the FTSU escalation route;
- Staff are discouraged from raising concerns and have been reprimanded for doing so, either through the FTSUG or via other routes ie datix. Staff are labelled as “trouble makers”;
- Managers not responding to staff hence reinforcing the message that staff feel unheard, uncared for and undervalued;
- The length of time it takes to conduct investigations which impacts on staff’s health and wellbeing, and in turn their performance and engagement;
- Staff feeling that HR are there to support managers rather than being impartial, thus creating a barrier to staff speaking up to them and destroying trust;
- Reasonable adjustments are not considered even when it would help keep an individual at work;
- Managers still not considering flexible/ agile working requests.

15 Improving FTSU culture- recommendations from the FTSUG

The culture of an organisation is set at the top, therefore role modelling is essential to set the cultural tone of the organisation.

Compassionate and inclusive leadership, one that displays compassion and empathy, listens and is curious, is a key component of positive worker experience and wellbeing. This will in turn impact on health and care at every level, from patient’s experience, service users and workers, to the effectiveness of teams, organisations and systems.

A compassionate and inclusive environment will improve your speak up culture as staff will feel confident and safe to

- Share their thoughts, experiences and improvement ideas
- Participate in health and wellbeing conversations
- Call out incivility, discrimination or bullying

Creating a culture where all staff feel safe to speak up, and feel valued for doing so, is dependent on the organisation listening and acting upon what it is being told. Trusts can demonstrate that it values speaking up by:

- Inviting staff to speak up about anything that gets in the way of them from doing a good job
- Thanking staff for speaking up
- Listening to the concerns raised
- Acting upon the concerns raised
- Feedback

To help improve the speak up culture, our people’s experience, retention of our people, which would hopefully influence staff survey results, the Trust Board is asked to consider and support the following actions:

Recommendations
Support and prioritise initiatives to improve psychological safety
All 3 modules of the FTSU eLearning to be made mandatory
A quick link to be added to the intranet for staff to be able to raise concerns, anonymously if they wish. Discussion required around management and possible resource requirements of this.
A more visible section on the intranet around raising concerns, the FTSUG and the FCs
Use local intelligence from exit interviews as way of example to understand and support staff and inform how culture can be improved. Consideration to be given where this can be triangulated.
Incorporate a response time from executives and managers within the FTSU policy. This would help our people feel listened to, valued, and that the Trust is keen to act upon concerns raised.
A consistent and regular message to managers from the top down that staff are encouraged to speak up and are thanked for speaking up.
Seek staff's experience of HR policies and processes
Revision of FTSU structure so is truly independent
Development and implementation of a FTSU strategy
The Board to consider and implement the "Freedom to Speak Up: A Guide for leaders in the NHS and organisations delivering NHS services."
The Board to complete the FTSU: a reflection and planning tool
Senior leadership team to complete 360 feedback (if not already done so) to understand, reflect and grow as leaders, with the option of returning anonymously

Date: 16 09 2022

Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	CQC Report
Director Sponsor:	Heather McNair – Chief Nurse
Author:	Shaun McKenna – Head of Compliance & Clinical Effectiveness

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☒ Assurance ☒ Information ☐ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☐ Our People	☒ Quality Standards
☒ Quality and Safety	☐ Workforce
☐ Elective Recovery	☒ Safety Standards
☐ Acute Flow	☐ Financial
	☐ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

The Trust has two Section 31 conditions and four Section 29A warnings associated with registration for regulated activity.

Appendix A provides a high-level summary of action plan performance utilising the InPhase Quality Oversight platform. This pertains to the most recent CQC inspection and is accurate as of 7th September. 13 actions are overdue for delivery; each action has been assessed and determined to have minimal risk associated with the delayed delivery. Following a Quality Summit between the Trust, CQC, and the ICS, a system action plan has been developed (Appendix D).

Last month it was reported that the level of assurance required within the Trust and to provide to external stakeholders will not be sufficient to demonstrate significant enough progress with improvements across the organisation. As a result, a weekly Quality & Regulatory Assurance group was established to replace the fortnightly delivery group. Whilst the risk has been reduced, the risk does remain. Most recent assurance status is highlighted within the report.

2 whistleblowing concerns have been raised following the last report. A summary of the concerns can be found in Appendix B. There is a risk that the increase in whistleblowing

concerns could be interpreted as a safety issue as well as suggesting that staff do not have confidence that the organisation will respond appropriately; this will influence the well led domain.

Recommendation:

1. Acknowledge the status of the CQC action plan and its delivery status within the organisation.
2. Acknowledge the assurance being provided through the audit results presented within the report, recognising that improvements are still required.

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

Meeting	Date	Outcome/Recommendation

CQC Report – September 2022

1. Introduction and Background

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

2. Enforcement Action

2.1. Overview

Section 29A Warning Notice	Section 31 Conditions of Registration
1. Scarborough Hospital Emergency Department – Vacant PEM consultant post. (Jan 2020) 2. York Hospital Medicine – Assessment & management of patients' nutrition & hydration needs. *(May 2022)* 3. York Hospital Medicine – Recording of patients risk assessment and subsequent management of those risks. *(May 2022)* 4. York Hospital Medicine – Adherence to the Mental Capacity Act. *(May 2022)*	1. York Hospital Emergency Department – Mental Health Risk Assessments. (Jan 2020) 2. Scarborough Hospital Emergency Department – Mental Health Risk Assessments. (Jan 2020)

3. Regulatory Action Plan Update *(January 2020 Inspection)*

3.1. Outstanding Actions

PEM Consultant

The recruitment of a Paediatric Emergency Medicine Consultant for Scarborough Hospital has been overdue since November 2020. The successful applicant for Clinical Director of Scarborough Emergency Department already has a PEM qualification, which will meet the criteria to close this action. Care Group 2 is working on the associated job planning to make a meaningful impact with the role. The candidate is expected to commence in post in late Winter 2022, slightly later than originally anticipated. This is positive but the risk remains until the candidate is in post.

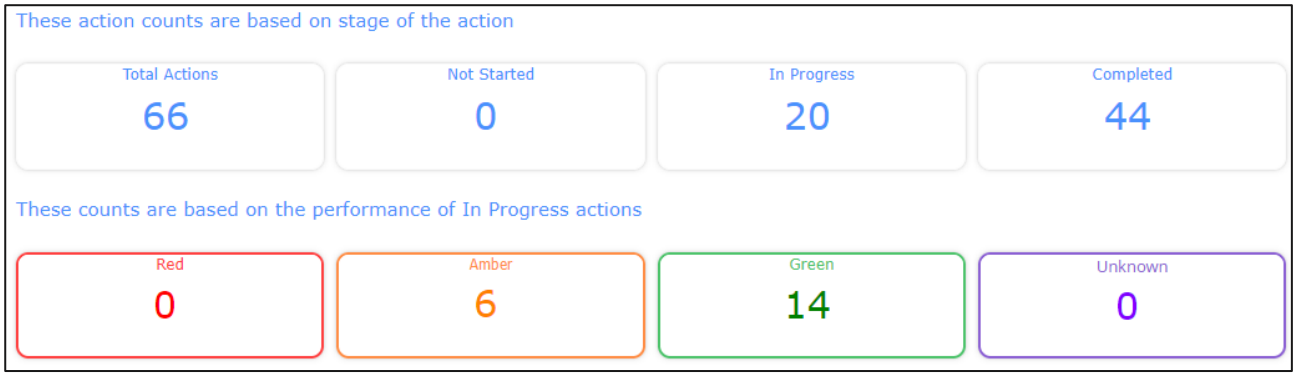
2.1. Associated Risk

Both Trust emergency departments have a Section 31 condition associated with mental health risk management. The Trust is not able to request for these conditions to be removed due to inconsistent audit results which suggests the process is not consistently embedded in practice. Rather than amending the risk assessment tool and audit process, the Care Groups have met with the Digital Team who are confident that an electronic tool can be prioritised. An initial mapping session was undertaken on 8-9-22 and from this the tool will be mocked up for further review by the development group. The Chief Nursing Information Officer is to agree timescales following an initial scoping exercise set to be completed and understood by next week.

4. Regulatory Action Plan Update *(March 2022 Inspection)*

4.1. Outstanding Actions

Appendix A provides a high level summary of action plan performance utilising the InPhase Quality Oversight platform. The infographic below displays the progress of the action plan delivery (Accurate as of 7th September)



There are currently 13 actions overdue for delivery but in progress. A further 2 actions are not yet due but are behind delivery due to staffing levels across the organisation. Each action has been assessed and determined to have minimal risk associated with the delayed delivery. The most significant action which is behind delivery relates to the options available to staff to anonymously whistle blow within the Trust. A specific workplan is in place to address this, with anticipated completion dates to be agreed this month.

4.2. System Support

Following a Quality Summit between the Trust, CQC, and the ICS, a system action plan has been developed (Appendix D). The system has committed to supporting the Trust by increasing specialist resource to explore workforce, well-led, governance, and the IPC agenda. In addition, the system is exploring the potential to reduce the number of patients on Pathways 1-3 within the footprint of York Hospital. Further work is required to understand how the outcomes and impacts will be monitored.

4.3. Associated Risk

Last month it was reported that the level of assurance required within the Trust and to provide to external stakeholders will not be sufficient to demonstrate significant enough progress with improvements across the organisation. As a result, a weekly Quality & Regulatory Assurance group was established to replace the fortnightly delivery group. Whilst the risk has been reduced, the risk does remain.

4.4. Assurance

Through the assurance group, the following assurance can be provided:

Nutrition & Hydration

An audit of inpatient wards across Care Group 1 and Care Group 3 has been undertaken. Remaining wards will have undertaken their audits by September 16th, 2022. Results demonstrate that out of 72 quality indicators across 11 ward areas:

- 10 indicators are green (above >85%)
- 17 indicators are amber (70%-85%)
- 45 indicators are red (<70%)

Despite this:

- 51 indicators have improved since April 2022
- 2 indicators have remained static since April 2022
- 19 indicators have deteriorated since April 2022

Risk Assessments & Management

An audit of inpatient wards across Care Group 1 and Care Group 3 has been undertaken. Remaining wards will have undertaken their audits by September 16th, 2022. Results demonstrate that out of 88 quality indicators across 11 ward areas:

- 16 indicators are green (above >85%)
- 40 indicators are amber (70%-85%)
- 32 indicators are red (<70%)

Despite this:

- 64 indicators have improved since April 2022
- 2 indicators have remained static since April 2022
- 21 indicators have deteriorated since April 2022

The roll out of digital risk assessments and care tasks has successfully been rolled out across several wards. All indicators for Ward 34, which are recorded on Nucleus, have seen an increase in compliance. Full roll out of the system for York Hospital is already underway and is scheduled until the end of September 2022. Scarborough Hospital roll out is scheduled by the end of October 2022.

Mental Capacity Assessments

Across the Trust, 83 patients meeting the criteria for a capacity assessment have been audited. The results demonstrate:

- **47%** of patients had a capacity assessment completed.
- Of those without a capacity assessment, 19% had capacity referenced within their notes.
- **59%** of eligible patients had evidence of a DOLS application.

The Safeguarding Team are undertaking a rolling programme of fortnightly ward visits to support with bitesize education and a check and challenge process. Training sessions from Hill Dickinson Law Firm will be implemented across October & November. The next audit is scheduled for completion by 16th September 2022.

5. Communication

5.1. Whistleblowing Alerts

Two whistleblowing alerts have been received across August 2022. Appendix B demonstrates the content and outcomes of whistleblowing concerns.

5.2. Enquiries

An increased volume of CQC enquires are currently being dealt with, this includes safeguarding notifications, service disruption updates, assurance updates, and ongoing monitoring requests. A full summary can be found in Appendix C. An inspection is expected imminently. Continued whistleblowing and enquiries do not instil confidence with

the external regulator and may instigate a wider inspection, such as well-led. Executive Committee are asked to note the impending unannounced inspection.

Date: 18th September 2022

Select an Inspection

York Medicine March 2022

These action counts are based on stage of the action

Total Actions	Not Started	In Progress	Completed	Blocked	Parked	Cancelled
0	0	0	0	0	0	0

These counts are based on the performance of In Progress actions

Red	Amber	Green	Unknown
0	0	0	0

Stage: All 4 selected

Series: Active | Performance | Comments

Owner: All 13 selected

Start Date: to

Due Date: to

Completion Date (Est): to

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Recommendation 1 - S29A Nutrition & Hydration	Design and implement an annual audit calendar	Tara Filby	Active												
			Performance	★	★	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Develop an educational piece for safety spotlight.	Tara Filby	Active												
			Performance												
	Develop an educational strategy for nutrition and hydration	Tara Filby	Active												
			Performance												
	Ensure nutrition policy is updated in accordance with national guidelines	Tara Filby	Active												
			Performance												
	Information Awareness Poster	Tara Filby	Active												
			Performance												
	Nutrition Nurses - Implementation	Tara Filby	Active												
			Performance												
	Quality Improvement PDSA - Complan Milkshake Rounds Wd25	Tara Filby	Active												
			Performance												
	Quality Improvement PDSA - Hydration Stations Wd32 & Wd34	Tara Filby	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Review and update the fluid balance guidelines	Tara Filby	Active												
			Performance												
	Review the e-learning packages to ensure it meets the needs of front-line staff	Tara Filby	Active												
			Performance												
	Revise food and drink strategy	Tara Filby	Active												
			Performance												
	Undertake training needs analysis to identify staff groups requiring training	Tara Filby	Active												
			Performance												
	Use of red trays Trust wide to visually highlight a patient requiring support for feeding	Tara Filby	Active												
			Performance												
	Visiting Policy Scoping Exercise - Promote Family & Carers to Attend to Support Care Delivery	Tara Filby	Active												
			Performance												
Recommendation 2 - S29A Risk Assessments	Bed Rails - Education & Communication Roll Out	Alison Bielby	Active												
			Performanc												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Create and Roll-out "Care Needs at a Glance" Document	Nik Coventry	Active												
			Performance												
	Falls Specialist Lead - Recruitment & Implementation	Tara Filby	Active												
			Performance												
	Immediate Audit of Inpatient Fundamental Standards of Care & Risk Assessment on Inspected Wards	Emma George	Active												
			Performance												
	Purpose T Education - International Nurses	Tara Filby	Active												
			Performance												
	Review Bumpers & Crashmat Provision	Alison Bielby	Active												
			Performance												
	Risk Assessment Education - Clinical Educators	Tara Filby	Active												
			Performance												
	Specialist Staff Deployment to Address Gaps in Risk Assessments from Inspected Ward Audit	Emma George	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Specialist Staff Deployment to Address Gaps in Risk Assessments from Trust-Wide Audit	Emma George	Active												
			Performanc												
	Trust-Wide Audit of Inpatient Fundamental Standards of Care & Risk Assessments	Emma George	Active												
			Performanc												
	TVN Workforce Review, Request for Additional Resource and Subsequent Recruitment	Tara Filby	Active												
			Performanc												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Recommendation 3 - S29A Mental Capacity Act	Bitesize Training - Inspected Wards	Nicola Cowley	Active												
			Performance												
	Corporate Baseline Audit of MCA compliance	Nicola Cowley	Active												
			Performance												
	Immediate Audit & Support - Inspected Wards	Nicola Cowley	Active												
			Performance												
	MCA Audit Programme Development	Nicola Cowley	Active												
			Performance												
	Safeguarding Team - Ward Based Drop-In	Nicola Cowley	Active												
			Performance												
	Safeguarding Workforce Review	Tara Filby	Active												
			Performance												
	'Train the Trainer' for Clinical Educators	Nicola Cowley	Active												
			Performance												

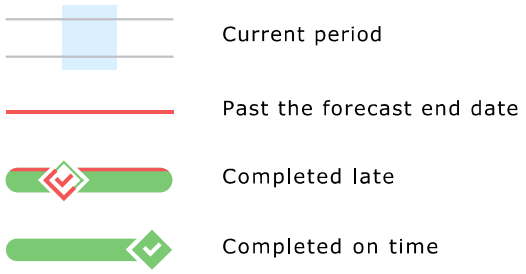
Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Recommendation 4 - Must Do: Mental Capacity Act	Improvement Plan following Mental Capacity Act Improvement Group	Nicola Cowley	Active												
			Performance												
	MCA Advisors - Recruitment & Implementation	Nicola Cowley	Active												
			Performance												
	Mental Capacity Act - Improvement Group	Nicola Cowley	Active												
			Performance												
▪ Recommendation 5 - Must Do: Risk Assessments ▪ Recommendation 6 - Must Do: Record Keeping	Release 1 - Digital Nursing Risk Assessments & Care Plans	Nik Coventry	Active												
			Performance												
	Release 2 - Determine the next next risk assessments / documents to be included in release 2 & 3	Nik Coventry	Active												
			Performance												
Recommendation 6 - Must Do: Record Keeping	Information Governance - Review Storage and Location of Medical Records on Wards	Kate Ayres	Active												
			Performance												
	Information Governance - Scope Requirements for Medical Records on Wards	Kate Ayres	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
Recommendation 7 - Must Do: Safe Staffing	Acuity & Dependency Review - Ward 28	Emma George	Active												
			Performance												
	Consider extending PSO provision as part of establishment reviews	Emma George	Active												
			Performance												
	Explore Military Support / Joint Working	Emma George	Active												
			Performance												
	Nurse ED Staffing Establishment Review - SNCT Review	Emma George	Active												
			Performance												
	Nurse Inpatient Staffing Establishment Review - SNCT Review	Emma George	Active												
			Performance												
	Nurse Staffing Escalation SOP	Emma George	Active												
			Performance												
	Nurse Staffing Establishment Review - Initial	Emma George	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Nursing Workforce Recruitment Open Day	Emma George	Active												
			Performance												
	Retention Working Group Development	Emma George	Active												
			Performance												
	Review Resource Requirements to Onboard Available Volunteers	Tara Filby	Active												
			Performance												
	Rolling Nurse Recruitment Advert	Emma George	Active												
			Performance												
	Safecare Project Launch	Sarah Freer	Active												
			Performance												
	Staff Volunteer & Surge Coordinator	Tara Filby	Active												
			Performance												
	Staffing Volunteer Escalation List	Emma George	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Task Prioritisation Process	Donna Jack	Active												
			Performance												
	Weekday Daily Nurse Staffing Huddles	Emma George	Active												
			Performance												
	Widen the scope and locations of available military support	Emma George	Active												
			Performance												
Recommendation 8 - Should Do: Training & Development	Corporate Training Group - Development	Will Thornton	Active												
			Performance												
Recommendation 9 - Overarching Trust Actions	Closure of a Ward following Reduction in COVID19 Inpatients	Heather McNair	Active												
			Performance												
	Create a "Fundamentals of Care" Poster for all adult Inpatient Wards	Donna Jack	Active												
			Performance												
	Develop a Plan for Communicating Progress and Updates to all Staff	Shaun McKenna	Active												
			Performance												

Recommendation	Action	Owner		Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023
	Develop an "You Said, Together We Did" to Share Progress and Updates	Shaun McKenna	Active												
			Performance												
	Freedom to Speak Up - Create a Mechanism for "Anonymous" Internal Whistleblowing	Shaun McKenna	Active												
			Performance												
	Implement "Huddle up for Safety" Coaching Project	Caroline Johnson	Active												
			Performance												
	Improve the datix response to staffing incidents	Caroline Dunn	Active												
			Performance												
	Simplify paper documentation process	Nik Coventry	Active												
			Performance												
	Weekly Ward Leaders Meeting	Caroline Dunn	Active												
			Performance												



In progress and not on track (estimated to complete after the due dat

In progress and on track (estimated to complete on or before the due

Not started

A parent action which has sub-tasks

Whistleblowing Total = 31		
Upheld / Founded	**Partial / Likely Upheld**	**Not Founded**
10	**9**	**12**

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
September 2021 ENQ1-11645926898	1	Concerns raised from an ex-employee regarding the following issues: - Poor Basic Care - Safety Concerns - Culture Concerns - Competency Sign-Off - Nutrition Concerns - Poor Communication	The Chief Nurse held a meeting with the ex-employee to listen to her concerns. An investigation into these allegations has been undertaken with the findings submitted to the CQC.	Not Founded
October 2021 ENQ1-11818914581	1	Anonymous concerns: - Staffing shortfalls (they understand this is a national issue) - Staff upset, frustrated and frequently missing meals - COVID swabbing is over 2 hours every weds and sat - Patient safety concerns: medications delayed, patients position not altered and falls risks not supervised appropriately - Poor documentation as staff are prioritising hands on Care Quality Commission Increase in complaints with regards to patient care	No response required from CQC. They have requested that the concerns are discussed in the next engagement meeting.	Likely Founded

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
October 2021 ENQ1-11850123261 ENQ1-11854542432 ENQ1-11850238071	3	3 anonymous concerns which relate to: - Safety across the trust (particular mention to ED) - Unsafe staffing levels, pressure on staff, even with agency and bank - Ambulance are in overflow bays - No engagement from trust to make sure patients are discharged in a timely manner, staff shortages on wards effecting flow from ED 'having to look after people outside bays' - Constantly in escalation mode	No response required from CQC. They have requested that the concerns are discussed in the next engagement meeting.	Likely Founded
October 2021 ENQ1-11707854725	7	CQC have received 7 concerns all relating to service closures with particular attention to the hyperacute stroke unit (HASU) at Scarborough hospital. The informants express concerns around poor accessibility and health inequalities.	Response submitted with briefing papers, presentations, and a service review for the HCV. The CQC responded to request further information about staff consultations. Submitted requested information and enquiry closed.	Not Upheld
November 2021 ENQ1-11942252001	1	Information of concern related to unsafe staffing in maternity: ''levels of staffing appear so unsafe as to be putting women and babies lives in danger every day. When fully staffed, the labour ward has 4 midwives for 14 beds...beds that are often filled with increasingly high-risk patients who require one-to-one care. Additionally, the unit is never fully staffed any more, or even close. Consistently, shifts are run with 6 midwives staffing the 14 labour ward beds, 12	Investigation undertaken by the Head of Midwifery. Staffing figures appear good overall with some areas for improvement. Plans in place regarding recruitment. Information submitted to CQC who have requested further information regarding the on-call arrangements for community midwives. The information has been shared and we are currently awaiting a response from the CQC.	Not Upheld

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
		antenatal ward beds and 26 postnatal ward beds. On these shifts, the unit is often still open! To help with short-staffing, community midwives are expected to attend the unit on-call overnight. This often manifests in community midwives working a day shift 8.30am-4.30pm, going to the unit to help with staffing at 4.30pm, then not leaving until 7am the following day. The best midwife in the world would not be able to make safe choices for women and babies on a 24 hour shift.''		
November 2021 ENQ1-11952526288	1	Anonymous concern: Informed that physiotherapists have been offered to volunteer for shifts to cover nursing staff on the respiratory wards including the weekend and nights.	Response submitted relaying that physiotherapists were asked to support the nursing team in caring for patients requiring non-invasive ventilation. This is within their scope of practice, and requirements were made clear from the initial request. This has occurred on one shift so far, and the feedback from the physiotherapist was positive.	Not Upheld
November 2021 ENQ1-11984713521	1	Anonymous concern: Staff are wearing uniforms that are not consistent with their role. For example, non nursing staff wearing nurses uniform or in some cases sisters uniforms which contradicts findings from the Francis report which highlights that staff need to be easily identifiable	The Corporate Head of Nursing has undertaken an informal investigation and generated a draft response to return to the CQC. Preliminary findings suggest that there is no "non-registered" staff wearing the "nursing" uniform. Some registered groups of professionals are wearing the nursing uniform consistent with their role.	Partially upheld

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
November 2021 ENQ1-12001864064	1	Anonymous concern: Concerns advising that there are many patients unable to move on from ED due to a lack of beds available.	Several questions were posed from the CQC following receipt of this concern. A response was submitted (appendix D) which highlighted the Trust is not in a position which is strives to be. The CQC have closed the concern stating that it is clear the Trust is aware of their position.	Upheld
December 2021: ENQ1-12245414501	1	Anonymous concern: Concerns for patient safety and care on the Chestnut ward within Scarborough Hospital. The concerns received include many patients requiring 1:1 care on the ward but only 3 nurses and 3 HCA's between 21 beds for most of the time. It has been shared that this is risking serious harm to patients and that within the last month there has been over 10 falls on this ward including 1 of a more serious nature.	Response submitted to CQC demonstrating with SafeCare data which demonstrated a relatively stable 'actual' care hour per patient day ration in comparison to the 'required' ratio. Concern closed by CQC.	Not Founded
February 2022 ENQ1-12623098191	1	York Community Stroke Rehab - Concerns received regarding fundamentals of care, staffing levels, and low staff morale.	A response with supporting evidence has been generated by the Head of Nursing for Community Services. This has been shared with the CQC and subsequently closed.	Upheld

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
February 2022 ENQ1-12664158941	1	York Theatres – General concerns have been raised surrounding staffing levels, changes in management and subsequent patient safety implications. The information provided was extremely vague	Care Group 3 have generated a response to this concern (Appendix F), the CQC response is awaited.	Not Founded
March 2022 ENQ1-12759957551	1	York Hospital, Ward 26 – Concerns raised from a whistle-blower about patient safety following conversion into a COVID positive ward with nine amber head and neck patient beds. "We have heard following this ward change there was a lack of staff to safely care for patients. In addition, patients were reported to be crying, calling out, wandering and absconding, falling out of bed, incontinent, in soiled clothing, not washed until late in the day, confined to bed and only the very disabled are assisted with feeding due to the lack of staff. We heard that staff do not have time for toilet or refreshment breaks."	Investigation undertaken and information provided. Formal response submitted to CQC (Appendix G). Subsequent unannounced inspection.	Upheld

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
April 2022 ENQ1-12865168926	1	York Community Stroke Rehab - Concerns received regarding fundamentals of care, staffing levels, and low staff morale.	Data demonstrates concerns to be founded in relation to staffing levels. Staffing decisions taken on a day to day basis factoring in risk levels across the organisation. Data submitted to CQC, awaiting formal response.	Upheld
April 2022 ENQ1-12994760681	1	York Hospital Ward 28 – As part of the short-term actions in response to the CQC inspection, beds were reduced from 30 to 25. Over the bank holiday period the beds were increased to 32 with only two nurses which had an impact on patient safety.	Response provided to CQC. It summarises that the staffing levels reported were correct, and below the planned establishment.	Upheld
July 2022 ENQ1-13608966021	1	Nelsons Court – Ongoing nurse staffing shortfalls, no registered nurses on duty and gaps until staff moved from elsewhere. Patients are not being kept safe.	Identified staffing levels below the expected establishment due to ongoing pressures across the organisation. High vacancy and sickness rates noted.	Upheld

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
July 2022 ENQ1-13625984001	1	York Elderly Care & Medicine Wards – Poor staffing levels impacting on the ability to provide basic care to patients with regard to pressure ulcer care, toilet assistance, feeding assistance. Call bells are not getting answered.	No response requested from CQC.	Likely Upheld
July 2022 ENQ1-13647122451	1	York – Ward 21 – Significant staffing shortfalls with an inability to provide fundamental standards of care to patients in a timely and expected manner.	Staffing levels significantly impacted due to pressures across the organisation. Patient harm review undertaken which demonstrated no harm.	Upheld
August 2022 No Enquiry Number	Unknown Quantity	Several whistleblowing's noted pertaining to staffing at York Hospital.	As the complainant did not specify an area, CQC have closed the enquiries following discussion at the engagement meeting. Likely pertains to Ward 21 @ York Hospital.	Upheld

Enquiry Number & Dates	Total no. of Concerns	Concern Summary	Response	Status
August 2022 ENQ1-13735028081	1	Scarborough Emergency Department – Increase in demand and delays with an impact on patient safety.	Awaiting response generation.	Likely Upheld
August 2022 ENQ1-13749203571	1	York Hospital Ward 33 - "Ward remains to run with inadequate staffing. Surge of incidents like pressure sores and falls".	Awaiting response generation, though staffing was below the planned establishment.	Upheld

Date & Reference	Overview of Request	Submission Overview	Risk Rating
ENQ1-13201381711 22/06/2022	CQC requested a copy of the Trusts complaint response letter in relation to a death on Ward 34 at York Hospital	The Trusts complaint response and subsequent response following a review from PHSO has been submitted. PHSO partly upheld the complaint. Learning identified in relation to nutrition & Hydration, record keeping and medications.	
ENQ1-11339360351 24/06/2022	Following the submission of a Maternity Serious Incident report, CQC requested sight of the Tendable audits, Governance meeting minutes and MEWS action plan.	Compliance with MEWS is low and requires significant improvement. Tendable audits demonstrate a repeat theme pertaining to nursing risk assessments and safety checks.	
ENQ1-13433152671 27/06/2022	A complaint was received regarding poor fundamental standards of care on Ward 15	Following an audit by the Safeguarding team and through discussion with the ward staff and the nurse in charge, it was established that care was being delivered as required, though documentation did not reflect this and was not to a standard which we would aim to achieve. Further work will be undertaken with the ward to ensure documentation standards are improved.	
22-YSTHFT006 14/07/2022	Renal Dialysis Capacity Issues •Demand increase for Inpatient dialysis •Increasing COVID + Patients requiring dialysis (Both inpatient and outpatient) •Availability of skilled Nursing staff to support the above	Reduced ability to provide service to patients for 4-6 weeks. Service delivery has resumed as normal but is very delicate	
ENQ1-13421208971 18/07/2022	triage system at A&E at York Hospital relating to the medical assessment of patients who have had a stroke / showing stroke like symptoms	Process including the Stroke direct admit model were submitted along with the Stroke SSNAP imrovement briefing paper to CQC	
ENQ1-13588247801 / SFR1-13587320212 19/07/2022	Safeguarding equiry regarding a pateint discharged with brusing following a fall and incomplete discharge summary, next of kin were unaware	Safegurading team have advised that NYCC have closed the safeguarding concern after initial factfinding refuted allegation	

Date & Reference	Overview of Request	Submission Overview	Risk Rating
ENQ1-13605493741 22/07/2022	A patient on this ward has been displaying verbally abusive and threatening behaviours to other patients on Ward 32	The patient had a DoLs and capaicty assessment in place and was being nursed in a co-hort bay etc. CQC have closed the enquiry	
ENQ1-13608966021 25/07/2022	nursing staff shortages at Nelsons Court	Concerns upheld.	
ENQ1-13625984001 25/07/2022	Whistleblowing - poor staffing levels on elderly and medicine wards whaihc has impacted on the ability to provide basic care to patients	Discussed at the engagement meeting, generalised as concerns non-specific in relation to areas.	
VoCare 26/07/2022	The Trust made CQC aware of the issues in relation to the ability of Vocare to fulfil their contractual requirements. As a result, at times, it compromises the ability to provide a safe and effective service for patients in Scarborough Emergency Department.		
ENQ1-13647122451 28/07/2022	Whistleblowing on Ward 21 - staffing shortfall	Concerns upheld. Unit closed to acute admissions.	
ENQ1-13265140154 29/07/2022	Complaint received on the care of a deceased patient	the complainant was not satisfied with the initial response and contacted CQC directly. A further response will be sent to the complainant by the end of September	
ENQ1-13693663377 04/08/2022	SI - Suboptimal Care Patient attended AMB unit for heart failure symptoms and was commenced on telemetry. The equipment failed as the tracing lead become disconnected at 4am.	PSIR and SI report sent to CQC	
ENQ1-13693663374 04/08/2022	SI - Wrong Diagnosis Patient discharged from York A&E without an appropriate safety netting. Patient readmitting to Harrogate and then again at James cook where she was diagnosed for twisted ovaries and required urgent surgery.	PSIR and SI report sent to CQC	

Date & Reference	Overview of Request	Submission Overview	Risk Rating
ENQ1-13693663371 04/08/2022	SI -Suboptimal Care Patient was admitted to Scarborough Hospital in May 2022 because of gout and swelling of foot in May. They had a pacemaker and so instead of an MRI it was arranged for them to have CT scan with contrast. In addition, they had renal impairment.	PSIR sent to CQC with the final report due this week	
ENQ1-13693109668 04/08/2022	Fall Patient had a fall on ward 36 (medicine) which resulted in fracture with haematoma.	AAR sent to CQC	
ENQ1-13693109665 04/08/2022	Pt was admitted to A&E after seizure with a fracture/dislocation of the right proximal humerus and underwent MUA in ED by T&O with unsuccessful relocation.	SI report due later this month	
ENQ1-13735028081 15/08/2022	Whistleblowing from Scarborough about the A&E department stating that it was unsafe with huge demand and delays.	Concerns upheld.	
ENQ1-13749203571 15/08/2022	Whistleblowing - inadequate staffing on Ward 33	Ward 33's improvement plan and the last four weekly tendable audits and matron's monthly audit were sent to CQC.	
22-YSTHFT008 19/08/2022	Informed CQC of the temporay closure of Rainbow Ward for 24 hours due to staffing issues		
ENQ1-13813241416 22/08/2022	Suboptimal Care on Oak ward funadamentals of care not being complated	Investigation proved fundamentals were being carried out and the CQC have closed this enquiry	

System Improvement Plan to support YSHFT

DATE: 09/09/2022

Aim: No more than 60 delayed discharges a day on the York site of YSHFT. Close 30 beds on the York site by end Sept 2022 and 45 beds by the end of Nov 2022

Red	Unlikely to be completed without additional time or resource	**Amber**	Likely to be completed but may require addition resource or time	**Green**	Due to be completed with no additional resource or time required

Interventions 1-9 modelled in trajectory

Immediate Term Actions Underway

Date	Objective	Action	RAG	Owner		Measure of Success	Intervention
13/10/2022	**to increase provision of domiciliary care - pathway 1 patients far outweighs other pathways**	reinstate increased dom care for dicharge as it was during covid		City of York Council	**PATHWAY 1 PATIENTS**	reduction of people in hospital waiting for dom care - York	1
13/10/2022	**to increase provision of domiciliary care - pathway 1 patients far outweighs other pathways**	as above		NYCC	**PATHWAY 1 PATIENTS**	reduction of people in hospital waiting for dom care - Selby	2
19/09/2022	**to increase bed provision within the hospital for patients who meet residential care provision criteria, who do not need to reside in hospital**	increase number of beds on ward 29 from 15 to 19		Nimbus Care and YSHFT		reduction in patients who meet criteria residing outside of ward 29. Increase flow within the system. **Increase of 4 beds**	3
12/09/2022	**Ring fence extra-care beds - City of York**	ring fence existing extra care facilities in the City - to be used alternatively for patients waiting in hospital for small packages of care. 4 flats.		City of York Council	**PATHWAY 0 PATIENTS**	reduction of people in hospital waiting for small packages of care. **Increase of 4 beds**	4
14/09/2022	**Spot purchase additional residential care beds**	As in interim arrangement until the spot booking of beds comes on line - spot purchasing exisiting residential beds supported by an enhanced community 'flow team' to move patients on after a maximum of 4 weeks		CYC and YSFHT	**PATHWAY 2 PATIENTS**	reduction of patients waiting to be discharged from hospital. **Increase of 10 beds**	5
TBC	**Increase step down beds in the system**	to establish 10 plus 12 step down beds in 2 existing nursing homes (expressions of interest out to market). 22 beds is based on previous Venn work which recommended this number to optimise nursing home provision. Block book these beds		City of York Council	**PATHWAY 2 PATIENTS (AND CHC)**	reduction of patients waiting in hospital for a step down bed. Health or social care can use these beds. CYC, NYCC and ER can use these beds. **Potential increase of 22 beds**	6
TBC	**Increase step down beds in the system**	as above - block purchasing by NYCC		NYCC	**PATHWAY 2 PATIENTS**	reduction of patients waiting to be discharged from hospital. **Potential increase of 8 beds**	7

Date	Objective	Action	RAG	Owner		Measure of Success	Intervention
01/10/2022	**Improve fast track provision**	for overprescribing of fast track need to improve by increasing awareness and for care homes to accept patients over weekends with support of community trusted assessor e.g. community nursing team. To explore block booking an additional 4 residential beds within exisitng care homes, ensuring availability in each geographical location in York supported by community nursing teams.		YSHFT / York Place	END OF LIFE	reduction in number of patients waiting for fast track in the hospital	8
13/10/2022	**Increase step down beds in the system**	increase staffing at Marjorie Wait Court by exploring recruitment via NHS (7 beds are available but cannot recruit staff)		CYC and YSFHT	PATHWAY 1 PATIENTS	increase flow through the system. Increase staffing to MWC to allow more beds to open. **Increase of 7 beds.**	9

Date	Objective	Action	RAG	Owner		Measure of Success	Intervention

Medium Term Actions Under Development

	Objective	Action	RAG	Owner		Measure of Success	Intervention
	single eligibilty criteria for CYC PSS, CRT and reablement services	single eligibility criteria for specified services with the support of additional HCAs sourced by NHS		CYC and YSFHT		one set of eligibility criteria and reduction in patients waiting in hospital for these services	
29/08/2022	**improve fast track processes**	for national fast track tool to be implemented in addition to the use of the TAF to ensure the right patients are identified for fast track		YSHFT	**END OF LIFE**	reduction in requirement for fast track	
29/08/2022	**fast track contract with Marie Curie able to deliver what's required**	explore current fast track provision to ensure maximum use of the contract		York Place	**END OF LIFE**	reduction in number of patients waiting for fast track in the hospital	
29/08/2022	**improve effectiveness of current discharge meeting structures and senior decision making to move patients on efficiently**	to streamline disharge meetings, structure, triggers for escalation and identify senior decision makers in the local system		YSHFT / CYC and York Place		clear meeting structure, escalation process and identification of senior decision makers	
29/08/2022	**Open, transparent, helpful daily data set to track improvement in discharges**	to streamline data set available each day, for every discharge pathway to track improvement in discharges and to escalate and unblock any barriers		YSHFT and CYC		improved data set	
	ensure pathway zero actions are embedded within YHSFT	Increase the proportion of patients being discharged before 12pm and 5pm, linked to NHSE/I 100 day challenge.		YSHFT		reduction in pathway zero patients within the hospital	
29/08/2022	**to ensure effective use of overall national bed monies**	for finance colleagues to compare costs of schemes within this local plan with the funds already allocated to national bed monies (this is the only available funding source) and make recommendations to system leaders		York Place CFO		decision on which schemes will go ahead	

Date	Objective	Action	RAG	Owner		Measure of Success	Intervention
29/08/2022	**to recompress pressures in ED to assist with overall flow within the hospital**	a combined ED and primary care vision of patient options for urgent care (which includes the existing UTC). The addionality being primary care working at the front door of ED and in it's exisiting see and treat model in a unified urgent care response		Nimbus Care and YSHFT		increase in number of patients who are streamed to primary care reducing demand in ED and improving flow	
		to stand up the paediatric CAT clinic		Nimbus Care and YSHFT		stream paediatric respiratory patients away from ED to CAT provision reducing demand in ED	
29/08/2022	**explore medium term provision of an out of hospital step down facility (similar to Peppermill Court)**	for York Place leaders to identify and work up possible solution in existing estate		York Place (was CCG)		increase in out of hospital step down beds supported by primary care and social care	

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Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Perinatal Clinical Quality Surveillance Update
Director Sponsor:	Heather McNair
Author:	Sarah Gallager - Quality and Governance Lead Sue Glendenning - Director of Midwifery

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☒

Trust Priorities	Board Assurance Framework
☒ Our People	☒ Quality Standards
☒ Quality and Safety	☒ Workforce
☐ Elective Recovery	☒ Safety Standards
☐ Acute Flow	☐ Financial
	☐ Performance Targets
	☐ DIS Service Standards
	☒ Integrated Care System

Summary of Report and Key Points to highlight:

The CQC continue to request monthly assurance around Tendable and MEWS compliance on ward G2 . There have been some challenges in providing this information to the CQC and this has not been achieved in a timely manner, this has been addressed and there is a plan in place to ensure this is provided in the coming months.

There have been two notifications for HSIB, one maternal death at Scarborough and an Intrauterine Death at York. Both have been declared as Serious Incidents.

There were 14 unit diverts or closures at York in August and one at Scarborough. This is a significant increase on previous months.

Progress against compliance with all 10 safety actions for Maternity Incentive Scheme (formally CNST) will be reported monthly. The revised version of the scheme emphasises the joint responsibility of the Associate Director of Midwifery and Clinical Director in progressing the MIS standards and they will jointly be expected to present to Board later in the year.

Work continues towards the seven Immediate and Essential Actions from the Ockenden report published in December 2020. In order to be fully compliant, the Trust is reliant on

Maternity Voices Partnership collaboration, the formation of working relationships with the newly formed Integrated Care System and the implementation of Maternal Medicine Networks.

Concerns remain in relation cross- site being able to evidence multi-disciplinary handovers, ward rounds, medical training and PROMPT training compliance.

Recommendation:
The Board of Directors are asked to receive for information and assurance.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

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

Meeting	Date	Outcome/Recommendation

Perinatal Clinical Quality Surveillance Report – September 2022

1. Introduction and Background

This report will provide monthly oversight of perinatal clinical quality as per the minimum required dataset, ensuring a transparent and proactive approach to maternity safety across York & Scarborough Teaching Hospitals NHSFT. An introduction to Ockenden, Clinical Negligence Scheme, and Continuity of Carer is provided for context and information. Overall the report intends to provide assurance surrounding any identified issues, themes, and trends to demonstrate an embedded culture of continuous improvement.

The NHS Maternity Incentive Scheme (MIS previously CNST) invites Trusts to provide evidence of their compliance using self-assessment against ten maternity safety actions. The scheme intends to reward Trusts who have implemented all elements of the 10 Maternity Safety Actions. Year 4 of the scheme was launched August 2021 and was paused in December 2021. An updated scheme with revised timescales was released by NHS Resolution on 5 May 2022. The submission date is now January 2023. The Quality and Governance Lead will be meeting monthly with all responsible leads to ensure progress is on track for completion.

There will be significant challenges in achieving the requirements around some of the elements of the MIS, for example, PROMPT training where concerns around compliance have been raised specifically at the Scarborough site over June and July.

Emerging findings and recommendations from the Ockenden Report, an Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust was published in December 2020. The Maternity Services Assessment and Assurance Tool, developed by NHSEI and published in December 2020, supported providers in the initial assessment of their current position against the seven Immediate and Essential Actions (IEA) in the Ockenden Report. Since that time and as previously reported to the Board of Directors, the requirements in terms of the minimum evidence required to support compliance have evolved considerably, resulting in a total of 49 standards to be addressed by providers of maternity services.

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

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

planning and offer of a continuity model to women from BAME communities and those living in areas of deprivation. This model of care is currently paused at York and Scarborough in June 2022 as part of the Ockenden recommendations in relation to safe staffing with no imminent plans to reinstate.

During August, the updates required for the CQC around Tendable and MEWS were not provided from ward G2 in full due to long term sickness absence of the Matron and the pressure on the maintaining safe staffing.

There is a plan for a review of the current Women's Health Clinical Governance monthly forum Terms of Reference by the Quality and Governance Lead to ensure correct attendance and quoracy and that there is appropriate rigour, challenge and escalation. The Director of Midwifery and Associate Director of Midwifery will be attending this meeting going forward for oversight and assurance.

The minimum data set as required NHSE/I required for the perinatal clinical quality surveillance report can be found in Appendix A.

2. Current Position/Issues

2.1 Moderate Harm & Serious Incidents (Appendix B)

Over the course of the reporting period there were two incidents that has been declared a Serious Incident's, both of which meet the criteria for notification to HSIB (please see section 3)

There was one moderate harm incidents reported in August which did not meet the criteria for HSIB investigation or the threshold for Serious Incident.

Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare. The detail for this can be found in Appendix B.

It has been recognised that there have been sixth intrapartum still birth in the last twelve months. This is a rise on the year preceding where there was 1 reportable intrapartum still birth. The Quality and Governance team are reviewing the 5 cases to assess for themes and learning. A Trust working group has been set up to review the cases in intrapartum stillbirth wit the first meeting arranged from September.

It has been highlighted within the Yorkshire and Humber region and Nationally that the stillbirth rate has taken an upward trajectory. There is a Regional stillbirth steering group who are looking into common themes and sharing the learning on a regional scale.

3.2 Healthcare Safety Investigation Branch Reports (HSIB)

There were two incidents reported to HSIB in August 2022, an intrapartum stillbirth and a maternal death which are detailed in Appendix B

HSIB is a national quality improvement programme which aims to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour. They will investigate any intrapartum stillbirths, early neonatal deaths, potential severe brain injuries diagnosed in the first seven days of life and maternal deaths of women who are pregnant or who die within 42 days of the end of pregnancy.

One report has been completed by HSIB in July which included one safety recommendation. The safety recommendation is to ensure that there is risk assessment undertaken for women who are identified as having a shoulder dystocia and that there is a discussion with the woman and a senior obstetrician.

3.3 Perinatal Mortality Review Tool (Appendix C)

CNST compliance relies upon the reporting and completion of PMRT within the timeframe: perinatal deaths need to be reported to MBRRACE within 7 working days, the report commenced within 2 months, in draft by 4 months and completed within 6 months. This is currently being achieved by the Trust. All parents are aware that a review of their baby's death has taken place and that their perspectives and questions/concerns have been sought as part of the review.

Two cases were notified to MBRRACE in August 2022 and it is anticipated that the review and draft report will be completed within 4 months. The learning and outcomes will be highlighted in this report upon completion of the reviews.

2.4 Unit diverts and closures

In August, there were 15 incidences where a maternity unit initiated diversions or closures. 1 was at Scarborough and 14 at York.

High acuity, inadequate midwifery staffing, insufficient bed space on the postnatal ward were the common themes for unit closures and diverts.

The Care Group are undertaking an urgent piece of work around the process of closures, diverts, the escalation process, support from the on call team and the wider LMS and ICS.

3.5 Training Compliance (Appendix D)

The training figures for both Scarborough and York sites are included in Appendix D. Compliance for mandatory training levels for maternity and medical staff across both sites is variable with a large number of Scarborough medical staff being non-compliant. This

needs to be escalated to the Clinical Director to understand what plans are in place to address this non-compliance.

3.6 Safe Staffing

The vacancy rates for midwives is 0.15% at Scarborough site and 13.75% on the York site. The care group is expecting 17 wte midwives to commence in post from October. There are significant gaps in the roster across the service and a 60 % uplift has been agreed throughout September and October on all midwifery registrant bank shifts.

The recruitment and retention midwives are planning their year in post and will submit a strategy to the regional retention team. This document will be presented through this report once completed. It is anticipated their vital role will need to continue once the NHSEI funded year has ended and this may need to be factored into costings within the Care Group.

In order to ensure the safe care of women and babies at the York site, G2 and G3 wards have been merged to increase the number of midwives and health care assistants available on the wards. The recruitment and retention midwives are now in post and are working across the sites to look at way to increase the midwifery workforce however due to a national shortage of midwives this remains challenging and this has been added as a risk on the care group risk register.

The new leadership structure is starting to evolve.

The ACN has been seconded into the Director of Midwifery role from the 5th September for one year in line with Ockenden requirements. The Associate Director of Midwifery commenced in post on the 5th September, joining from Doncaster and Bassetlaw Trust. The Lead Matron / DHoM commences in post on the 8th October joining from Mid Yorkshire Trust. The inpatient Matron commences in post on the 17th October, an internal promotion from G2. Labour Ward Manager at Scarborough successful appointment and agreeing a start date, the current manager is moving to manage antenatal and community services.

3.7 Service User Feedback

York MVP Chair has been recruited, start date to be confirmed. The Coast and Country Chair has recently resigned. Collaborative working with the MVP remains a risk in terms of MIS and Ockenden compliance. Updates have been requested via the LMS.

The new Associate Director of Midwifery is speaking to women who received care and the feedback she has received has been that women have had positive experiences despite the challenges we are facing.

The Care Group are liaising with the patient experience team to update the cards considering the merging of wards G2 and G3 over the Summer.

3.8 Staff Survey

The workforce lead and senior triumvirate need to meet to discuss the staff survey results and action plans – this is anticipated during the next reporting period. Listening events, cross-site are in place through July as an open forum for staff to raise issues or concerns with the senior leadership team.

There is work to improve the results of the staff survey. There is a cultural work stream starting in August which aims to give staff a voice on how their working environment can be stabilised and more supportive with clear processes for issues such as rostering and pay.

3.12 Safety Champions Feedback

The Chief Nurse and the Non-Executive Director continue to do monthly walkabouts on the all ward across both sites. Feedback from these walkabouts is provided to the ward managers to improve the working environment and surrounding environment however this can be strengthened to include the ward to board approach.

3. Summary

The teams continue to work under significant pressure and above and beyond to ensure a safe service and should be recognised for this. Maternity service are unprecedented times and the acuity and complexity of the women we care for is increasing.

4. Next Steps

The new senior maternity leadership is evolving and there are gaps on posts which is affecting local leadership and visibility.

Our focus is to concentrate on the Key Lines of Enquiry working in collaboration with the Corporate Governance team to prepare, plan and understand for the upcoming CQC inspection.

Date: 13 September 2022

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Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Chief Operating Officer's Report
Director Sponsor:	Melanie Liley, Chief Operating Officer
Author:	Lynette Smith, Deputy Director of Planning and Performance

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☐ Our People	☐ Quality Standards
☐ Quality and Safety	☐ Workforce
☒ Elective Recovery	☐ Safety Standards
☒ Acute Flow	☐ Financial
	☒ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

The Trust remains under extreme operational pressure, with sustained OPEL 4 status in August 2022. A Rapid Quality Review by the Integrated Care System and CQC was undertaken in August to review the Trust's actions to support the emergency care pressures and to agree additional support from the wider system.

The Trust has been placed in 'Tier 2' regional support for elective recovery, as a result of being off trajectory for Cancer 62 day targets and 78 week waits, with fortnightly meetings with NHSE/I and ICS performance and elective leads.

The Trust is continuing to implement the 'Building Better Care' recovery programme with additional capacity secured to target improvements in Urgent and Emergency Care.

August 2022 Operational Performance

- 29.9% of Ambulance handovers took more than 60 minutes.
- 71.7% of emergency department patients were admitted, transferred, or discharged within four hours
- The Trust reported 924 twelve-hour Trolley Breaches.
- The Trust achieved four of the eight core national standards in July 2022, not achieving

the 62 day from GP referral target, at 59.4% against a target of 85% (Cancer is reported a month in arrears).
- The Trust is off trajectory for the number of patients over 62 days on a Cancer Fast Track pathway (249 at end of August 2022 against trajectory of 158).
- 3,796 fifty-two week wait pathways have been declared for the end of August 2022.
- 385 seventy-eight week pathways have been declared in August 2022
- Two 104+ week wait pathways have been declared for the end of August 2022, both Priority 6 patients.
- 56.1% of patients waiting under 18 weeks at the end August 2022 on the Referral to Treatment waiting list**.**

The Trust did not achieve the elective plan for surgery in August 2022 due to workforce shortages in theatres and anaesthetists. A revised Theatre Service Level Agreement (SLA) has been approved by Executive to manage the position over the next three months.

Recommendation:
That the Board of Directors notes the operational position and associated actions detailed in the report.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

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

Meeting	Date	Outcome/Recommendation

Chief Operating Officer's Report

1. Introduction and Background

This report sets the operational update for the Board of Directors.

2. Considerations

That the Board of Directors notes the operational position and associated actions detailed in the report.

3. Operational Position

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 the NHS England region. NHS England will coordinate the NHS response in collaboration with local commissioners at the tactical level". The Trust's 'Living with Covid' group continues to meet to respond to national and regional 'asks'; and how the Trust responds and manages this. The national COVID alert has now moved to level 2 but the NHS remains at level 3 response.

The Trust has had 6,634 COVID-19 positive inpatients since 17th March 2020, with 5,512 patients discharged, sadly 1,078 patients have died. Since the beginning of July 2021 there have been 3,822 new COVID-19 positive inpatients and 464 deaths.

As at the 14th of September there were 83 COVID-19 positive inpatients in our acute and community hospitals, this remains comparable to the August position. The Trust's COVID-19 inpatients peaked at 287 on the 30th of March 2022 (reported via Trust's external SitRep submission). As at the 14th of September all COVID-19 positive patients are managed in side-rooms or cohort bays on specialty wards, this is part of the 'Living with COVID-19' plan.

The majority of the 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 utilise side rooms for COVID-19 positive patients for to Infection Prevention Control (IPC) requirements creates flow (bed) issues.

August 2022 Operational Performance

- 29.9% of Ambulance handovers took more than 60 minutes.
- 71.7% of emergency department patients were admitted, transferred, or discharged within four hours
- The Trust reported 924 twelve-hour Trolley Breaches.
- The Trust achieved four of the eight core national standards in July 2022, not achieving the 62 day from GP referral target, at 59.4% against a target of 85% (Cancer is reported a month in arrears).
- The Trust is off trajectory for the number of patients over 62 days on a Cancer Fast Track pathway (249 at end of August 2022 against trajectory of 158).

- 3,796 fifty-two week wait pathways have been declared for the end of August 2022.
- 385 seventy-eight week RTT pathways have been declared in August 2022
- Two 104+ week wait pathways have been declared for the end of August 2022, both Priority 6 patients.
- 56.1% of patients waiting under 18 weeks at the end August 2022 on the Referral to Treatment waiting list.

4. Current Position/Issues

The Trust remains under extreme operational pressure, with sustained OPEL 4 status in August 2022. A Rapid Quality Review by the Integrated Care System and CQC was undertaken in August to review the Trust's actions to support the emergency care pressures and to agree additional support from the wider system.

Alongside the work for the Rapid Quality Review, the Trust has commenced the Winter Assurance process through the Health and Care Resilience Boards, responding to the NHS England requirements set out in the 'Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter' letter on the 12th of August 2022.

The Trust is now within the Tier 2 regime for Elective Recovery due to the risk of not achieving the national priorities for elective recovery to have no patients waiting 78 weeks or more on the active RTT waiting list and having the same, or lower number of people waiting more than 62 days on the cancer waiting list compared to February 2020. The Trust has fortnightly progress meetings with the regional team and hosted a visit from the national Director of Elective Recovery to present our plans in August 2022.

The Building Better Care Programme is the Trust-wide recovery plan. The Board priority actions within Acute Flow and Elective Backlogs reflect the projects within the Building Better Care Programme.

The Building Better Care High Impact Programmes were initiated in October 2021 to be delivered by March 2023. At the current time there are sixteen live projects and twenty four associated IT changes, with a further sixteen projects completed to date. Completed projects include the implementation of 24/7 Emergency Assessment Unit at York, the Bridlington Care Home, York Elective Hub, bed modelling review and business case.

The September 2022 Programme update is attached at Appendix A, including the Programme Dashboard and summary progress for Urgent Care, Elective Care and Outpatients Transformation.

The Executive Transformation Committee has committed to refreshing its scope to ensure the priorities of the Board are reflected in the agreed Transformation Programmes for the organisation, and to take account of the recent policy initiatives and local actions to address CQC requirements within the Acute Flow Programme. The revised proposals will be discussed at the September Executive Transformation Committee and are subject to any further changes in national policy in advance of winter.

H2 Acute Flow Improvement Priorities:

The Trust Strategy and associated Board Priorities for 2022/23 set out the aim for Acute Flow, to manage our bed capacity to safe staffing levels, without increasing the risk of patient deterioration due to delays on patient flow and/or increase pressure within the Emergency Departments.

The CQC action plan requires that that thirty beds must be closed at York Hospital to support safe staffing levels by the end of September 2022 so that the fundamentals of care can be delivered, with a further thirty beds released back to admitting capacity during the autumn to support flow pressures.

The impact of the work will be measured through the Trust's commitment to:

- Reducing ambulance handovers over 60 minutes to 10% of all handovers by March 2023.
- Improve time to initial assessment to 18 minutes across the Trust by March 2023.
- Less than 7.5% of admissions waiting more than 12 hours in department by March 2023.
- Increase the proportion of patients discharged before 5pm to 70% (SAFER measure) by March 2023.

The operational focus for this work in H2 of 2022/23 is to increase access to Same Day Emergency Care on both sites (Trust Priority actions[1] reference nos:10.3, 10.7) and to improve Discharge pathways (Ref:11.511.8 and CQC action plan - new).

Discharge Pathways:

Reducing the bed days lost due to patients without the criteria to reside is critical to achieving the Trust's objective to manage the bed capacity to safe staffing levels, as required by the CQC, without increased delays in patient flow.

At the time of writing the report, the Trust had 167 patients without the right to reside across acute and community services. A system action plan has been submitted following the Rapid Quality Review for immediate implementation and will be the focus for delivery in H2. This includes delivery of virtual wards, pathway 0 discharge improvements, extension of the York Care Home and exploring options to develop a Trust Domiciliary Care service.

Same Day Emergency Care

Through increasing Same Day Emergency Care pathways, the Trust is seeking to reduce demand on the in-patient bed base. This will support work to deliver safe staffing levels, and by providing alternatives to admission, will support flow in the Emergency Department, with associated benefits for ambulance handover capacity.

The 24/7 Emergency Assessment Unit (EAU) model has been established on both sites, and the focus is now to extend the range of pathways and criteria for the EAU and to extend the range of surgical services through the Surgical Assessment Units on both sites.

[1] Board Priorities Paper 27th July 22 'Priorities Action Plan 2022-23.

The delivery and impact of these projects will be led by the refreshed Urgent and Emergency Care Programme Board.

Elective Backlogs

The Trust Strategy and associated Board Priorities for 2022/23 set out the aim for Elective Backlogs, to deliver as part of the national multi-year elective recovery programme improvements in waiting times for those at the highest clinical risk and those waiting the longest to reduce the levels of risk of clinical deterioration.

The impact of programmes of work within Building Better Care, reflected in the Trust priorities action plan, will be measured through:

- Reducing the number on 104 week RTT waits to 0 by June 2022 and maintain to March 2023.
- Reduced number of 78 week RTT waits to 0 by March 2023.
- Stabilisation of the waiting list to 45,000 by March 2023.
- The number of patients waiting over 62 days on the Cancer patient tracking list to be at February 2020 levels or below (121 patients) by March 2023.

Elective Backlogs Programme Summary

The operational focus for H2 2022/23 for elective backlogs is improving productivity across surgical and outpatient services (Trust priorities action ref:9.1[2], 9.6) , 'back to basics' waiting list and operational management (ref:9.9), and mutual aid (ref:8.4) to address the 78 week position.

[2] Board Priorities Paper 27th July 22 'Priorities Action Plan 2022-23.

Productivity

The Trust is committed to addressing the requirements of the Getting it Right First Time' and associated recommendations for the Trust. The work programmes for H2 to target productivity improvements are focussed on the following areas:

- Achievement of elective BADS targets for Day Cases
- Achievement of BAD targets for acute day cases
- Increased capacity for outpatient procedures to move out of theatre environments
- Implementation of room booker to drive outpatient efficiency
- Demand and capacity analysis support for diagnostic modalities following the implementation of the radiology information system.

Back to Basics

The Corporate Planning and Performance team have reinstated Trust-wide performance management arrangements for long wait patients, outpatient performance and diagnostic 6 week performance in addition the ongoing weekly Cancer tracking meeting led by the Cancer and Support Services Care Group. Operational management has been supported by the launch of the Care Group dashboards and Outpatients Patient Tracking List by the Intelligence and Insights team to enable operational managers to have improved oversight of their specialities.

An enhanced RTT training programme is in procurement and the Trust has been offered Elective Care Intensive Support Team training on 'Excellence in Basics' to support operational teams. The programme is under development, with a view that resources will be available to teams in the Autumn.

Tier 2 Elective Recovery: 78 week position update

The Trust remains off-trajectory for the 78 week target. Specific remedial actions for the 78 week trajectory has been agreed with NHS England as part of the fortnightly assurance meetings, focussed on the 'at risk' specialities, diagnostic capacity and accessing support, such as mutual aid to drive improvements..

The Trust is working on a revised trajectory by speciality for submission to Executive Committee in October 2022, to take account of the workforce issues in theatres and mutual aid opportunities for the at risk specialities.

The Trust has received positive feedback from the Tier 2 meetings and national visit by the NHSE Director of Elective Recovery on our levels of assurance and planning to support elective recovery.

Cancer Recovery

The Trust continues to experience delays in the diagnostic pathway, affecting the 62 day pathway target and the number and percentage of patients on the Cancer Tracking List over 62 days. The Cancer Delivery Group has commissioned as refresh of the Cancer Recovery Plan in response.

The new Cancer Information System has gone live in early September 2022, which will enable improved operational management of the pathway and increased visibility of delays to drive actions.

The Trust has escalated to NHSE for support on Oncology provision and the implementation of FIT testing in primary care to manage colorectal fast track demand.

Specific recovery actions have been requested from Dermatology due to the reduced capacity for fast track clinics, resulting in a high volume of ASIs for Fast Tracks in July and August 2022.

5. Operational Activity Plan

Current Activity

August 2022	Planned	Actual	% Plan	% 19-20 outturn
Advice and Guidance	3305	3868	117%	165%
Outpatient 1st	17187	14199	83%	107%
Outpatient FU	28662	34925	122%	109%
Day Case	7060	6287	89%	105%
Ordinary Elective	700	569	81%	92%
Non-Elective	6455	5142	80%	91%

The Trust's elective capacity has been affected by anaesthetics and theatre workforce shortages during August. A reduced Service Level Agreement was agreed by Executive to manage the shortfalls in a planned way to avoid short notice cancellations for patients. The Surgery Care Group has secured additional capacity however the full elective programme is not anticipated to resume until November 2022 at the earliest.

Care Groups have been asked to review clinic templates to prioritise 1st outpatient attendances to recovery the plan position for 1st appointments, and to improve the time to first appointment.

The CQUIN programme is underway with quarter 1 progress reported and signed off by the Clinical Commissioning Group/ Integrated Care System. A summary of the progress is attached at Appendix B.

Planning for 2023-24

The development work for the 2023-24 operational plan has commenced with an agreed timetable of work across Finance, Operations and Workforce. Data has been provided to the Care Groups to support their capacity and demand analysis, with the planning templates to be issued at the time of writing the report. The proposed timetable will provide for a first draft of the activity plan by end of the calendar year.

Date: 13th September 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Building Better Care Programme Update

September 2022

Programme Dashboard – August 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

PROGRAMME METRICS					
Projects in Delivery	Red Projects	Amber Projects	Green Projects	Asks/ Escalations Raised	Asks/ Escalations Actioned
8 ⇔	4 ⇔	4 ⇔	0 ⇔	10 ⇔	10 ⇔

PROJECT CHANGE REQUESTS		
Raised	SRO Approved	ETC Approved
11 ⇔	11 ⇔	11 ⇔

CHANGE REQUESTS (DIS)		
Raised	In Delivery	Closed
24 ⇔	3 ⇔	7 ⇔

URGENT AND EMERGENCY CARE

Measure	M	Y
Average time to initial assessment	↑	↑
Average time in department - admitted	↑	↑
Average time in department - non-admitted	↓	↑
Type 1 – no investigation or significant treatment	↓	↑
ED attendances over 12 hrs split by admitted/ non-admitted	↓	↑
Average time of clinically ready to proceed	↓	↑
ED attendances streamed to SDEC	↑	↑
Proportion of SDEC ward admissions transferred to downstream acute wards	↓	⇔
ED attendances admitted to SDEC	↓	↓
Average time of admitted patients ready for transfer	↑	↑
SDEC ward admissions transferred to downstream acute wards	↑	⇔
Ward transfers between 10pm and 6am	↓	↓
On day cancellations	↓	⇔
SAFER – discharges before 5pm	↓	⇔

EARLY DIAGNOSIS AND STAGING

Measure	M	Y
FDS percentage	↓	⇔
Early stage diagnosis percentage	↑	⇔
Staging completeness	↑	⇔

Measure	M	Y
Endo – proportion achieving time to 1st scope, UGI	⇔	⇔
Endo – proportion achieving time to 1st scope, Colo	↓	⇔
Radiology turn around time (to follow)	TBC	TBC

OUTPATIENT TRANSFORMATION

Measure	M	Y
% of 1st appointments seen non face to face	↑	↓
% of cancellations with 24 hours of an appointment	↓	↑
% of GP referrals discharged at 1st appointment	↓	↑

Measure	M	Y
% of follow up appointments seen non face to face	↓	↓
% of outpatient appointments moved to PIFU	↑	6 ⇔ h
Overdue FUPB	⇔	↓

ELECTIVE CARE

Measure	M	Y
Touch time utilisation	↓	⇔
On day cancellations	↓	↑
Number of P2 waiters	↑	↑

Measure	M	Y
On time starts	↓	⇔
104 week waiters	↓	↓
MRSA screening	⇔	↓

Building Better Urgent and Emergency Care

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Original Scope

1. Bridlington Social Care Suite: Pop up care home to manage social care (pathways 1-3) delays.
2. Frailty Service Scarborough to support community frailty and in-reach to Care Homes. Frailty turnaround at the front door.
3. SDEC (incl. SAU): Increasing direct access to SDEC, Ambulance handover plan, Clinician to clinician platform and link to revised Acute Assessment Process.
4. Streaming and redirection: VOCARE, Specialty in-reach, TEWV, Increase UTC capacity (York) and See and Treat model.
5. Medical Rota realignment to support weekend working and Post Take capacity.
6. SAFER, Flow and Escalation: Increase CRT capacity over winter, Winter ward (York), Managing Social Care Delays, Improved clinical handover process, Transfer Teams and Porters capacity and Full Capacity Protocol.
7. Bed Capacity: Open all available bed capacity through a comprehensive workforce plan for ward staffing including: Recruitment campaigns, Incentive payments and Assessment of block booking agency to target weekend deficits.

Out of Scope

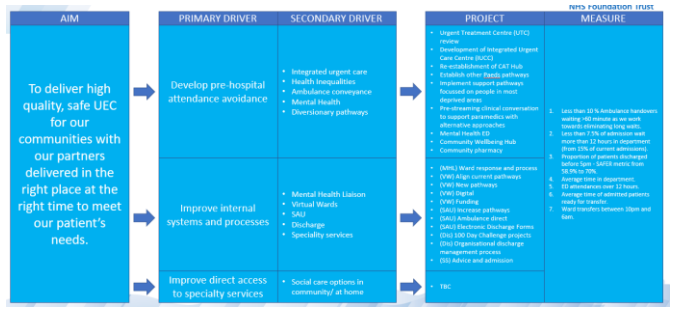
- Minor satellite locations outside of the main sites (York and Scarborough) and in-patient sites (Bridlington and Selby).
- Facilities Management associated with management of sites.

Current Scope

1. Seven Day Standards (7DS): Implementation of the 7 day Service Standards for the York, Scarborough and Bridlington sites.
2. Discharge: Ensure all patients will have an expected discharge date (EDD) and clinical criteria for discharge (CCD), and ensuring no unnecessary waiting. Each day aim to discharge a third of all patients by 12.00. Focus on discharges for pathway zero patients.
3. Bed reconfiguration: Using the output from the recent 'bed-modelling' initiative; implement recommendations to improve bed occupancy and patient flow.
4. Ambulance Handover: Accept handover of patients within 15 minutes of an ambulance arriving at the emergency department (ED) or other urgent admission facility.
5. Missed opportunities: Conduct a deep dive into 12 hour breaches including case note reviews (sample of 20), development and completion of a confirm and challenge questionnaire and provision of suitable recommendations. Implementation of agreed recommendations.
6. SAU: Embed SAU services to include Orthopaedic, Head & Neck and Gynae patients and transition service into BAU.
7. Flow: Implementation of the following activities within the flow work-plan of U&EC.
   1. Review and re-write of the operational report.
   2. OPEL Audit and implementation of recommendations.
   3. Escalation reporting.
   4. Review booking of elective patients from Bed Manager diary.
8. Community Urgent Care response: Community Urgent Care Response which this will have 2 components; 2-hour crisis response and CRT capacity
9. Virtual Wards

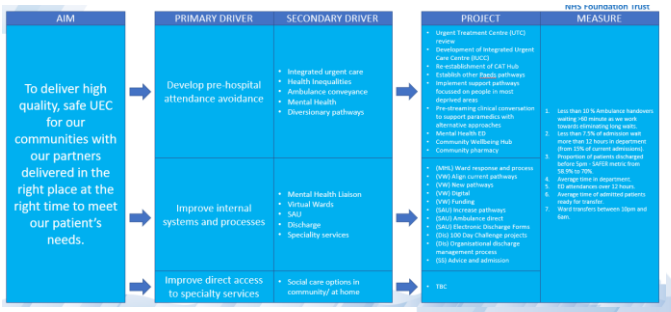
To complete by 31 March 23

To be agreed



Post 31 March 23

To be agreed



KEY

Completed | Stopped/ de-scoped/ transitioned to BAU | Progress RAG status: | Will not complete by 31/3/23 | At risk of completing by 31/3/23 | Expected to complete by 31/3/23

Elective Care

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Original Scope

1. Deliver 85% elective touch time theatre utilisation for all sites and specialties.
2. Deliver 92% of theatre Service Level Agreements.
3. Reduce on the day cancellations to 5%.
4. Achieve the BADS target for day case rates for all procedures.
5. Implement electronic pre-assessment.
6. Establish a surgical pre-habilitation service.
7. Increase capacity for electives and day cases in the independent sector.
8. Work with the ICS to deliver pathway improvements in Urology, ENT, Orthopaedics and Ophthalmology.
9. Support patients on our waiting lists to reduce the risk of deterioration and effective processes for clinical review if a patient's condition changes.

Current Scope

1. (EC/CR02) Capital build - elective hub @ York.
2. (EC/CR02) Achieve BADS target for day case rates for Elective procedures - targeting high risk procedures for the delivery of BADS (tonsillectomy and therapeutic laparoscopy)
3. (EC/CR02) Achieve BADS target for day case rates for Acute procedures - targeting high risk procedures for the delivery of BADS
4. (EC/CR02) Implement electronic pre-assessment (EPOA) (Using PKB and assess other required resources) (EC/CR03) subsequently descoped PKB as not fit for purpose to deliver EPOA. (EC/CR02) Undertake requirements specification for EPOA to be be delivered within the trust.
5. (EC/CR02) Establish a surgical pre-habilitation service (Pilot)
6. (EC/CR02) OPROCS – Outpatient Procedures
7. (EC/CR02) We will continue to work towards the delivery of the electronic pre-op health questionnaire via PKB
8. (EC/CR03) Subsequently de-scoped from Elective care & moved to PKB workstream in Outpatients Transformation

Remove from SCOPE:

- Integrated Care System pan Trust elective hub to deliver pathway improvements in: ENT, Orthopaedics, Urology and Ophthalmology
- Waiting Well

Change to SCOPE for Electronic Pre-operative Assessment project:

This project was initially scoped to provide electronic pre-op pathway functionality via the PKB application. Following impact analysis of the functionality of PKB it is now clear that PKB cannot deliver all of the requirements

To complete by 31 March 23

Establishment a surgical pre-habilitation service: Pilot is in flight and SLA signed for the pilot service to run until 31/3/23. Business case for the establishment of a BAU service is in development harnessing the learning of the pilot.

Capital Build of the elective Hub at Ramsay has been completed and handed over. This has now moved to BAU and is in the acceptance phase and benefits realisation. This has created an increase in day case capacity in the I.S.

Items 1-3 were moved to BAU as part of Change request CR02. These objectives were agreed to be part of the operational functional management structure and not a transformational change.

Post 31 March 23

- Achieve BADS target for day case rates for Elective procedures - targeting high risk procedures for the delivery of BADS (tonsillectomy and therapeutic laparoscopy). Project has a new clinical lead Aug 2022. Excellent progress in SGH dissemination of learning required to harness performance improvement trust wide.
- Achieve BADS target for day case rates for Acute procedures - targeting high risk procedures for the delivery of BADS. As above
- Discovery work being undertaken to define our requirements specification for an electronic pre-operative assessment process engaging with all key stakeholders. This will assist us to feed into regional and ICS procurement post March 23.
- Outpatient Procedures – work package scheduled to commence Sept 22 to define WBS so that the operational blue print is ready to implement when the VIU unit is moved and the space becomes available.

KEY: Completed | Stopped/ de-scoped/ transitioned to BAU | Progress RAG status: Will not complete by 31/3/23 | At risk of completing by 31/3/23 | Expected to complete by 31/3/23

Outpatient Transformation

York and Scarborough Teaching Hospitals NHS Foundation Trust

Original Scope

1. Collaborative transformation of all Outpatient Services within all CGs across all Trust sites including Allied Health Professions (AHP) inline with the National NHS and ICS agenda.
2. Developing cross-site ways of working that consider people, process and technology integration including alignment to authorities outside of the Trusts management (AHP, ICS and specified others). Ways of working need to reflect alternative options such as video consultations and virtual clinics that are designed to provide alternatives to F2F engagement where appropriate.
3. Implementation of the Digital Outpatients programme including ensuring successful outcomes, such as improvements to outpatient productivity, of the following projects in delivery:
    1. Room Planner, Patient Initiative Follow Ups (PIFU), REI and Patient Knows Best (PKB)
4. Reaching agreement with all CGs on a set of SLA's that embed the successful outcomes of this project and existing projects in delivery.
5. Identifying and implementing changes that enable the Trust to manage the demand of outpatients including the development of consistent GP guidance across the Trust. Guidance should consider the work undertaken by the CCG in relation to Referral Support Services (RSS).
6. Coaching GP services to investigate all options prior to patient referral such as alternative treatment options and, agreeing with GPs which steps within the Outpatient Pathway can be undertaken prior to referral.
7. Consulting with clinicians and outpatients to investigate options for PIFU that are consistent with the National NHS agenda.
8. Engagement with outpatients to assess why appointments are cancelled at short notice and implementation of improvement plan based upon outpatient assessment.

To complete by 31 March 23

1. PIFU.
2. Room Planner.
3. Gateway A&G.
4. Replace single way text messaging with new platform.
5. Understand technical development required for response text message management.
6. Redefine scope of Gateway REI phase 2.
7. Embed B I reporting for all expected benefits for the projects.
8. Synertec deployment to around 70% of Trust patient facing departments.
9. Publication of Rheumatology care plans and patient information.
10. Publication of lab test results.
11. IT dev necessary to permit publication of appointment letters and post consultation follow up letters in line with plans.
12. Publication of patient questionnaires (date tbc) .
13. Wayfinder phase 1.
14. CR071 – allowing patients to opt out of PKB.
15. Clinicians involved in leading all PKB work and suitably trained where PKB deployed.

Current Scope

1. (OT/CR01) Room Planner
   Currently in pilot. Expected to commence roll out in Oct 2022. Should be complete by end March 2023 barring any significant new technical issues
2. (OT/CR01) Patient Initiated Follow-up (PIFU) to migrate 1.5% of patients on a PIFU pathway rising to 2% and 5% respectively when the national requirement changes during FY2022/23.
   CG6 hitting the targets and specialties in all other CGs have been engaged and supported. PIFU stats now included in BAU performance monitoring. Propose to close project in Oct 2022 and transition to BAU
3. (OT/CR01) Rapid Expert Input (REI). The aim during FY2022/23 is to complete the remaining scope.
   Roll out of REI is no longer possible pending completion of partial booking due to the significant increase in waitlists post-pandemic. Scope has now been adjusted to leverage benefit of A&G in FY 22-23, with a view to having the roll out of A&G completed by end Jan 2023. When we have clear timescales for partial booking we can then plan in the complete roll out of REI
4. (OT/CR01) REI Phase 2
   Will have to be re-scoped when we have completed A&G. We will need to consider the question sets and the value they add, plus review the Trust position regarding an EPR. The CR has not been progressed and further analysis would be needed to be able to complete an effective impact analysis
5. (OT/CR01) Two Way Text Messaging
   The ITT due to be published 01/09 with a contract in place by end Nov 2022. Work has commenced to better understand what changes are needed within CPD and the operation to manage incoming messages. We expect to transition all existing messages to the new platform end Feb 2023. Whether we have full 2 way messages operational at the same time will depend on the complexity of the work required.
6. (OT/CR01) PKB (Phase 2) including: Integration of Appointments, Develop and integrate Clinical requirements from early adopters & integrate PKB with mobile devices (laptops etc to enable clinics from home), Provide Patient Test Results on PKB, Integrate questionnaires from PKB into CPD, Train Clinicians and Agree Change Control methods between the PKB organisation and the Trust (DIS)
7. (OT/CR01) Administration Future Operating Model (FOM) development as part of the Patient Pathways and Administration project
8. (OT/CR02) The PKB project now includes the rollout of Synertec letters within the trust. Given the scope of this change and the desire to focus on embedding PKB within the trust and patient base the name of the PKB project is changed to 'healthcare on your phone'. This will also assist in making it easier to explain the service to patients and clinicians.

Post 31 March 23

1. Gateway REI deployment phase 2.
2. Fully developed and implemented technical management of text responses.
3. Continued deployment of Synertec to remaining patient facing departments.

KEY — Completed | Stopped/ de-scoped/ transitioned to BAU | Progress RAG status: Will not complete by 31/3/23 | At risk of completing by 31/3/23 | Expected to complete by 31/3/23

Transformation Portfolio Q2 - FY23/24

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Oversight

Executive Transformation Committee (ETC)

Portfolios

- Our People
- Maternity Transformation
- Quality and Safety
- Elective Recovery
- Acute Flow
- Electronic Patient Record (EPR)

Programmes and Projects

Culture Change	Fundamentals of Care	Maximising Additional Capacity	Diversionary and Alternative Pathways of Care	Patient Administration and Contact Strategy
Working Life (Fix the basics)	Journey of Excellence	Maximising Internal Capacity Theatres/ OP	Bed Capacity and Discharge	EPR Process Readiness
Recruitment	Infection Prevention	Cancer		
Workforce Planning		Diagnostics		

Appendix B - CQUIN Progress Report

CQUIN Schemes included in 2022/23 contract:

Scheme	Description	Executive Lead	Operational Lead(s)	Financial Penalty Y/N	Q1 Status	Comments
CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions.	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.	James Taylor	Clare Scott, Jonathan Redman, Shaun McKenna	Y	Achieved	Agreed with commissioners that Q1 would be used for development of Trust's PAS system to meet the requirements of the CQUIN. Q2 to be used as baseline quarter.
CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery.	Ensuring that 60% of major elective blood loss surgery patients are treated in line with NICE guideline NG24.	James Taylor	Sarah Crossland, Helen Franks	Y	Achieved	79% achieved, exceeding maximum target of 60%
CCG7: Timely communication of changes to medicines to community pharmacists via the discharge medicines service.	Achieving 1.5% of acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, in line with NICE Guideline 5, via secure electronic message.	Melanie Liley	Stuart Parkes, Gill Sunderland	Y	Achieved	There is a lag period in availability of published data. Achievement of Q1 target is anticipated based on the data available at this point in time.
CCG8: Supporting patients to drink, eat and mobilise after surgery.	Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending.	Heather McNair	Nicola Howarth, Juliet Fisher, Alison Pollard	Y	Partially Achieved	69% achieved, 1% away from maximum target of 70%.
CCG15: Assessment and documentation of pressure ulcer risk.	Achieving 60% of community hospital inpatients aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.	Heather McNair	Tracy Means	Y	Not Achieved	45% achieved of records assessed, however we did not meet the minimum requirement for volume of records assessed in Q1 so this will result in non-achievement for the quarter. Improvement plans are underway to achieve full assessment in Q2.
PSS1: Achievement of revascularisation standards for lower limb Ischaemia.	Following guidance published by the Vascular Society to reduce the delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia and in turn reduce length of stay, in-hospital mortality rates, readmissions and amputation rates. Estimated annual savings are £12 million.	James Taylor	Andrew Thompson	Y	Achieved	69% achieved, exceeding maximum target of 60%
PSS2: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery.	Achieving high quality shared decision making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits and consequences of the options available to them with regard to both their clinical condition and the consequences of the current pandemic.	James Taylor	Amber Lee	Y	Achieved	No submission required in Q1. Q2 is used for baseline assessment. Mechanism in place for patients to respond from early July 2022.
PSS5: Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines.	The aim of this indicator is to reduce the risks of harm to patients from a combination of: not being categorised and then, should they have been categorised as priority 2 or 3, waiting longer than the clinically advised thresholds of four weeks and twelve weeks respectively.	James Taylor	Andrew Hurren, Sheena White	Y	Achieved	100% achieved, exceeding maximum target of 98%

CQUIN Schemes not included in 2022/23 contract:

Scheme	Description	Executive Lead	Operational Lead(s)	Financial Penalty Y/N	Q1 Status	Comments
CCG1: Flu vaccinations for frontline healthcare workers.	Achieving 90% uptake of flu vaccinations by frontline staff with patient contact.	Polly McMeekin	Susie Nicholson, Julie Walker, Emily Parkinson	N	N/A	Assessment applies to Q3 and Q4 only
CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+.	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.	James Taylor	Katrina Blackmore, Nicholas Latcham	N	Not Achieved	39% achieved for Q1. Improvement plans underway.
CCG4: Compliance with timed diagnostic pathways for cancer services.	Achieving 65% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer meeting timed pathway milestones as set out in the rapid cancer diagnostic and assessment pathways	Wendy Scott	Laura Milburn, Kirstin Hunter, Ian Crawford	N	Not Achieved	No patients compliant with every step of the best practice timed pathways. It is hoped that roll-out of Somerset Cancer Registry (SCR) will support more effective tracking and management of patient pathways.
CCG5: Treatment of community acquired pneumonia in line with BTS care bundle.	Achieving 70% of patients with confirmed community acquired pneumonia to be managed in concordance with relevant steps of BTS CAP Care Bundle.	James Taylor	No lead identified	N	Not Achieved	No operational lead identified. Nil return entered for Q1.
CCG9: Cirrhosis and fibrosis tests for alcohol dependent patients.	Achieving 35% of all unique inpatients (with at least one-night stay) aged 16+ with a primary or secondary diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	James Taylor	Charles Millson	N	Not Achieved	Unable to identify numerator data due to complexity in the pathway, nil return entered for Q1.
CCG13: Malnutrition screening in the community.	Achieving 70% of community hospital inpatients and community nursing contacts having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks	Heather McNair	Tracy Means	N	Not Achieved	85% achieved against maximum target of 70%, however we did not meet the minimum requirement for volume of records assessed in Q1 so this will result in non-achievement for the quarter. Improvement plans are underway to achieve full assessment in Q2.
CCG14: Assessment, diagnosis and treatment of lower leg wounds.	Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.	Heather McNair	Tracy Means	N	Not Achieved	0% achieved against maximum target of 50%, and we did not meet the minimum requirement for volume of records assessed in Q1 so this will result in non-achievement for the quarter. Improvement plans are underway to achieve full assessment in Q2.

Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Winter Plan 2022-2023
Director Sponsor:	Melanie Liley - COO
Author:	Richard Chadwick – Emergency Planning Manager

Status of the Report (please click on the appropriate box)

Approve ☒ Discuss ☒ Assurance ☒ Information ☐ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☒ Our People	☒ Quality Standards
☒ Quality and Safety	☒ Workforce
☒ Elective Recovery	☒ Safety Standards
☒ Acute Flow	☒ Financial
	☒ Performance Targets
	☐ DIS Service Standards
	☒ Integrated Care System

Summary of Report and Key Points to Highlight:

The NHS E Winter Plan is a series of specific actions that have been agreed with the ICB and there are 8 areas of action for Acute Trusts to consider. This year, in the absence of internal funding, a Winter Workshop has convened to review Care Group plans for winter pressures and mitigations, collating them into an overarching Trust Winter Plan. The Winter Plan for 2022-2023 is framed to provide assurance to the board against the 8 principles set out by NHS E. It should be noted that some of this work is already business as usual and not additional schemes just for winter.

The plan seeks to exploit opportunities for increasing additional capacity in our hospitals and wherever possible prevent avoidable admissions. Where admission is required the plan seeks to protect EDs by improving flow, reinforcing alternative treatment pathways and facilitating timely ambulance handovers through robust ED escalation plans.

The prevalence of Flu over this winter period is expected to be high and a separate Flu Plan has been written to clearly set out how patients with a suspected respiratory virus will be tested and then streamed to an appropriate treatment pathway and if required an appropriate in patient location. This should be managed in conjunction with the ongoing management of COVID-19.

All the actions described in the Winter Plan need to be underpinned by a well-motivated, resilient and available workforce. The Trust response to COVID-19 has increased staff fatigue and workforce challenges have reduced the availability of staff to provide the fundamentals of care. Initiatives to improve retention and maximise recruitment will be key to patient care over the winter, as will the system response to support timely discharge for those patients who do not meet the criteria to reside. Timely and effective communication with our staff must be a priority as we move through Winter.

The Winter Plan has been developed with the expectation of high levels of operational pressure over the winter period. The Trust response to COVID-19 has resulted in a strong and well understood command and control system should escalation be required. The newly established Winter Tactical Group will control and coordinate the Winter Plan until operational pressures may require escalation to a full Trust response when SILVER Command will be formally activated.

This plan was endorsed by the Trust Executive Committee on 21st September 2022.

Recommendation:

The Board of Directors are invited to note the recommendations summarised at paragraph 13.

Winter Plan 2022-2023

1. Introduction and Background

The Winter Plan in previous years has comprised of several schemes and initiatives that are implemented to mitigate operational pressures from December to March. The continuing requirement to coordinate the Trust response to the COVID-19 Pandemic in addition to the enduring heightened operational pressures experienced throughout 2022 has necessitated a more holistic approach to winter resilience; this year is no different.

Clear direction from NHS E has been received for the preparation of winter plans in the form of a letter setting out focus areas that providers are to focus on during the winter period. The Winter Plan 2022-2023 has reviewed Care Group plans for this winter and aligned them to the NHS E focus areas. In addition, the plan will describe the command and control arrangements to implement the winter response, make recommendations and identify continuing work required to be fully prepared for the winter.

2. NHS E Direction

The eight areas of focus that NHS E have prescribed are summarised below:

- **Ambulance Handovers.** NHS E confirm the essential requirement to ensure there is enough capacity for ambulances to respond to the most urgent calls and take patients to hospital. They are working with Ambulance Trusts to improve ambulance availability and look to Acute Trusts to agree and implement good practice principles for the rapid release of queuing ambulances and develop solutions to minimise ambulance handover delays including expanding post-ED capacity.
- **Prevent Avoidable Admissions.** A full range of urgent care services should be available to ensure patients can access the right care in the right place. Same Day Emergency Care, frailty and “hot” outpatient services should be available for patients requiring urgent specialist treatment but not necessarily via an ED.
- **Demand and Capacity.** The NHS are working with local areas to open additional beds across England, to match the additional capacity identified by ICSs to be able to deliver against expected winter demand. This should create the equivalent of 7,000 additional general and acute beds nationally, through a mix of new physical beds, scaling up virtual wards, and improvements on discharge and flow. Areas relating to community care, primary care, mental health, cancer and elective care have also been identified for providers to concentrate on.
- **COVID-19 & Respiratory Challenges.** The Government Scientific Pandemic Influenza Group on Modelling scenarios for COVID-19, combined with scenarios for Flu, suggest that even in optimistic scenarios, high numbers of beds may be needed for respiratory patients during the winter. Integrated COVID-19 booster and flu vaccination programmes to minimise hospital admissions from both viruses will be delivered. Trusts will be required to implement UKHSA’s IPC guidance in a proportionate way and develop strategies to minimise the impact of “void” beds.
- **Discharge.** NHS E acknowledge that challenges are often seen at the “front door” however the root cause is often in the ability to discharge patients from, and flow through, hospitals. Providers must ensure patients not requiring onwards care are discharged as soon as they are ready and can access services they may need following a hospital stay. NHS E will continue to work with social care to encourage a shift towards home models of rehab with less severe injuries or conditions and maximise support provided by Voluntary and Community Sector strategic partners.

- **Workforce.** NHS E acknowledge how hard the staff have worked through the COVID-19 response. The health and wellbeing of the workforce is crucial and interventions targeting recruiting and retention will be important in managing additional demand this winter.
- **Data and Performance.** Making the full use of data at a local, regional and national level will help inform operational decision making and improve the delivery of services.
- **Communications.** NHS E are implementing a winter communications strategy to support the public to minimise pressures on urgent and emergency services.

The full NHS E planning guidance can be accessed here: NHS England » Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter

The Winter Plan for 2022-2023 is framed to provide assurance to the board against the 8 principles described above. It should be noted that some of this work is already business as usual and not additional schemes just for winter.

3. Risk and Mitigation Summary

A summary of the risks to service delivery over the winter period are articulated below. The measures identified to mitigate those risks are listed in column (d) and are linked to the appropriate paragraph in this plan.

Ser	Risk Title	Risk Description	Winter Resilience Plan Mitigation Measure
(a)	(b)	(c)	(d)
1	Ambulance Handovers	Long ambulance delays at ED reduce the ability of YAS to respond to the most urgent calls and transport patients to hospital.	• ED Escalation Plan – YTH • ED Escalation Plan – SGH
2	Prevent Avoidable Admissions	Lack of services designed to provide patients requiring urgent specialist treatment but not necessarily via an ED will increase presentations in the urgent and emergency patient pathway.	• SDEC • Acute Frailty Service • "Hot" Outpatient Services • Consultant Connect / ALERTIV • Out of Hospital Home Based Pathways • Virtual Wards
3	Demand and Capacity	Lack of capacity in access to social care, primary care, community health services and mental health services for urgent patients is insufficient and results in patients presenting to emergency and acute services in hospital.	• Opportunities for Additional Capacity • Children's Ambulatory Treatment • OPEL Framework
4	COVID-19 & Respiratory Challenges	High numbers of beds are required for respiratory patients during winter resulting in complex bed management challenges and a reduction in patient flow through the acute/emergency patient pathway.	• Flu Plan • COVID-19 & Flu Escalation Plans
5	Discharge	Significant number of patients spend longer in hospital than they need to occupying beds that otherwise would be used to maximise patient flow.	• Discharge Command Centres • Use of Private Providers
6	Workforce	Staff fatigue, lack of staff retention and an inability to recruit will reduce availability of staff and the ability to provide the fundamentals of care.	• Health & Wellbeing • Pastoral Support • Incentives
7	Data and Performance	The inability to identify trends in performance in a timely manner will prevent the agile and timely adaptation of plans to respond to any changes in service delivery.	• Elective Recovery Plan • Reports, Returns and SITREPs
8	Communications	The public are unaware of the pressure that the healthcare system is under and present to EDs with minor illness/injury that otherwise could be treated in an alternative pathway.	• Communications Plan

4. Command and Control

The Trust continues to experience significant levels of operational pressure. The continued impact of managing COVID-19, plus the recovery of services and relative return to usual activity levels has led to a challenging summer; especially in the context of constrained capacity due to COVID-19 related infection prevention and control (IPC) and workforce issues.

The decision to evolve the Living with COVID-19 Working Group (LWC WG) into a Winter Tactical Group (WTG) from September 2022 - March 2023 is due to the fact that we recognise that as we move into the winter months, we need to plan to manage capacity to respond to demand that may be fuelled by further waves of COVID-19 and/or severe outbreaks of respiratory and other illness.

As demand increases over winter so too will risk. The Trust will need to be agile in assessing risk and taking appropriate action, minimising pressure where possible and spreading workload across and between systems where appropriate.

The Winter Tactical Group will:

- Hold the ongoing actions referred to in the Winter Plan and ensure that they are implemented or concluded.
- Monitor weekly COVID-19/flu/workforce data to spot early trends and take remedial actions.
- Meet weekly to assess any changes to risks (out with the agreed Trust Winter Plan).
- Provide collaborative subject matter advice and decision making on tactical issues.
- Escalate to Executive Lead for Emergency Planning when there is a consensus view that a return to full command and control is warranted.

The draft terms of reference of the Winter Tactical Group can be found here: Microsoft Word 97 - 2003 Document.

5. Ambulance Handovers

5.1 ED Escalation Plan – YTH

The options for escalation within the ED footprint at YTH is limited due to the ongoing building work. The department now has an ambulance cohorting SOP in place and a dedicated space has been identified. YAS are planning to provide paramedic staff to cohort patients so that patients can be handed over and crews can be released in a timelier manner. In order to further enhance the escalation plan, it has been identified that consideration should be given to review the Boarding Protocol within the Full Hospital Capacity protocol to determine if the “Bristol Model” of boarding would have utility this winter.

Work is ongoing to increase capacity within the UTC primary care system.

5.2 ED Escalation Plan – SGH

The ED Escalation Plan for SGH is well established. An Ambulance Handover SOP is in place and Fracture Clinic and the Outpatient area (overnight & weekends only) are recognised cohorting areas. YAS have agreed to implement a secondment for a cohorting team to operate in SGH ED 7 days a week overnight; recruitment is underway to the scheme. First assessment has been re-established for ambulances and ED (Type 1) walk in

attendances and ongoing streaming improvement (in collaboration with VOCARE) continues albeit at a very slow pace. Mitigation plans to backfill VOCARE services when they are unable to provide is in place but puts significantly more demands on the ED team to cover, particularly when VOCARE rescind at short notice. This backfill of workforce also adds in Type 1 activity which should be recorded as Type 3.

In order to further enhance the escalation plan, it has been identified that consideration should be given to review the Boarding Protocol within the Full Hospital Capacity protocol to determine if the "Bristol Model" of boarding would have utility this winter.

Recommendation 1: A Clinical Summit to discuss the implications of changing the Trust Full Hospital Capacity Protocol is convened for each site to allow Executive Teams to discuss the risks and benefits with CGDs/Lead Clinicians etc.

6. Prevent Avoidable Admissions

6.1 Same Day Emergency Care

The EAU at York is now open 24/7 and work is ongoing to increase overnight capacity from 10 to 15 patients. Direct YAS pathways are now operational and work continues to agree the protocol and SOP for re-direction of all GP telephone calls to speciality clinicians. The SOP and protocol will include EAU accepting all relevant GP referred admissions. The outstanding risk to the EAU at York remains the provision of appropriate nursing and medical staffing overnight to maintain safe levels of care and prevent closure of the unit.
Recommendation 2: The provision of nursing and medical staff to the York EAU remains an outstanding risk to be monitored by the Winter Tactical Group.

The EAU in Scarborough operates 24/7. A business case was approved by the Executive Committee on 21st September 2022 to extend the EAU into the Respiratory Office. This work requires the Discharge Liaison Team to vacate the Discharge Command Centre allowing the Respiratory Team to occupy. Work services are required to convert the pre COVID-19 Discharge Lounge into a suitable office for the Discharge Liaison Team, to convert the vacated Discharge Command Centre into a suitable office and to convert the current respiratory office into a clinical area for Medical Frailty SDEC. The target date for completion has recently been delayed until February 2023. The current unit comprises of 15 chair spaces and 7 trolley spaces in the daytime and 10 bed spaces overnight; the extension will provide an additional 8 – 10 chairs 24/7. The YAS direct admission pathway to EAU is in place and a successful clinical pilot has been completed at Filey GP practice. Once the extended EAU works have been completed then the processes trailed in the pilot will be rolled out to the top 5 referring GP practices in the area. There remains a requirement for a Junior Dr to reinforce the EAU overnight to provide further resilience.

Recommendation 3: If additional winter funding becomes available over the winter period then the provision of a Junior Dr will be considered a priority.

The compliance with mixed sex accommodation in EAU does result in an inability to utilise all beds in busy periods for the hospital. The balance of risk of timely treatment versus patient dignity may need to be reviewed during periods of extreme operational pressure.

Recommendation 4: A review risk assessment of the relaxation of mixed sex accommodation guidance is conducted for EAUs in times of extreme pressure.

The use of the SAU capability at York has been a success in diverting patients away from ED. The unit's opening hours have been limited at peak times due to workforce pressure and resulted in its' closure. In addition, the use of direct admission pathways similar to the medical model may provide further opportunities to divert surgical patients away from ED. This work is being progressed as part of the Urgent and Emergency Care programme (Building Better Care).

6.2 Acute Frailty Service

RAFA capacity is currently available 24/7 in York with intensive input 12 hours per day. In Scarborough the dedicated RAFA capability is not yet in place (location and workforce) with Frailty services provided in EAU and ED. In ED the DALES unit provides 6 trolley / chair spaces (Monday – Friday at 12 hours per day) for Frailty services.

6.3 "Hot" Outpatient Services

Scarborough Hospital has a dedicated facility on HAZEL Ward which has been operational for several months. HAZEL Ward delivers 8 chair spaces (Monday – Friday at 10 hours per day) for Hot Outpatient Clinics.

York Hospital has no dedicated separate facility for "Hot" Outpatients services currently. Work is planned to address this. The plan in SDEC is to split the planned and unplanned work and this will be in place for this winter.

6.4 Consultant Connect / ALERTIV

The Clinician to Clinician project has been ongoing for the last 11 months through the national Talk Before You Walk programme. Scarborough will be trialling the system for SDEC and Frailty on behalf of the region. The idea is that NHS 111 direct patients who meet set criterion are admitted to EAU instead of ED. The application to communicate between NHS 111 and EAU is called ALERTIV and updated software to run the link is still awaited.

Recommendation 5: The Clinician to Clinician project, if the trial is successful, is implemented as soon as possible and does not await the ALERTIV software update.

6.5 Out of Hospital Home Based Pathways

Funding has been secured from the ICB Community allocation (£300K) to reinforce the York Community Rehabilitation Team over the winter period.

6.6 Virtual Wards

Work is in progress to deliver 12 virtual frailty beds in York by the end of March 2023. Work is also in progress between Scarborough and Humber FT to create 20 virtual beds with an aspiration for them to be operational by December 2022. Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. It will allow us to discharge patients more quickly and facilitate timelier patient flow. In a virtual ward, support can include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters. Support may also involve face-to-face care from multi-disciplinary teams based in the community.

7. Demand and Capacity

7.1 Opportunities for Additional Capacity

The ICB has approved funding of £1.7M for additional winter schemes at York and Scarborough Trust as follows:

- The continuation of the Bridlington Care Unit (BCU) with 15 beds as part of the social/acute model for patients who have no right to reside in hospital. Supported by primary care the beds are funded from August 2022 through until the end of March 2023. There is a surge capacity on the unit for an additional 3 beds within current staffing levels.
- The opening of the York Care Unit (YCU) operating similar to the BCU with 15 beds funded from October 2022 until the end of March 2023. Additional funding for 4 extra beds has been agreed as part of the Rapid Quality Review action plan to bring the total to 19 beds (see paragraph below for more details of the review).
- The York Hospital ESA has been funded to move to a 24/7 capability starting in 2022 and going through until the end of March 2023. This is the equivalent of 3 beds and will support additional capacity for both medical and acute surgical pathways.

The Winter Tactical Group will monitor the expenditure against the plan and adjust accordingly.

A Rapid Quality Review for the York site was initiated by the ICS and CQC in August 2022, following the unannounced inspection of medical wards in York hospital earlier in the year. A system plan has been developed to reduce York Hospital bed base by 30 beds. This reduction is needed to try and 'right size' the number of beds we have open on the acute site with the available nursing workforce, to ensure delivery of the fundamentals of care. The system has committed to mitigate the reduction of 30 beds on the York site by reducing the number of patients who do not meet the criteria to reside by 30 (from a peak of c.120 at York Hospital), by the end of September 2022. The second phase of the plan is a further reduction of 30 patients who do not meet the criteria to reside by the end of October 2022, this second phase of the system plan is to support flow throughout the York site and the decompression of ED.

7.2 Children's Ambulatory Treatment (CAT) Hub in York

Throughout the year, but particularly in winter, the single most important area of demand/ need for local systems to manage in relation to children and young people is admission avoidance and reducing the pressures on ED of low acuity attendances which would be better managed in out of hospital settings (primary care and community hubs). There are virtually no issues with delays in discharging with children (in contrast to adult delays in discharge).

The Trust continues to provide as robust ED, CAU and acute inpatient care as is possible with the available acute paediatric workforce and there is 24/7 access to expert advice and guidance via the Consultant of the week to support acute flow. During winter the twilight registrar capacity becomes invaluable to the ED and acute paediatric team in supporting medium to high acuity attendances after the school day, and these shifts will be filled wherever bank and agency cover is available.

In order to mitigate avoidable attendances and admissions this winter, the Trust and Nimbuscare as partners have confirmed the ability to re-establish the Children's Ambulatory Treatment (CAT) Hub to support a forecast Respiratory Syncytial Virus (RSV) and flu surge in autumn / winter 2022 which would mirror that experienced in the southern hemisphere as children return to school.

The CAT Hub will support the ED and paediatric acute teams in managing additional pressure on their workforce and services during the winter period from the 19th September to the 31st March 2023. The Hub can be developed to manage other conditions than RSV and flu in order to be able to alleviate the pressure on York ED from low acuity ED attendances which would be better managed in primary care.

The CAT Hub can be mobile for 5 days per week (Monday to Friday) using a mixture of substantive hours from core teams (2 days) and additional bank shifts (3 days). The funding for the 3 days of bank shifts for the Trust have been supported through Trust winter funding but the ICB have not supported funding being prioritised for the Nimbuscare costs of delivering the additional 3 days as the criteria for prioritisation at ICB is currently on supporting discharge delays in adults. Without ICB funding the CAT Hub can only mobilise 2 days per week. This shortfall is being escalated to the ICB through the Trust Executive Team with a request to reconsider funding support to enable 5-day CAT Hub provision.

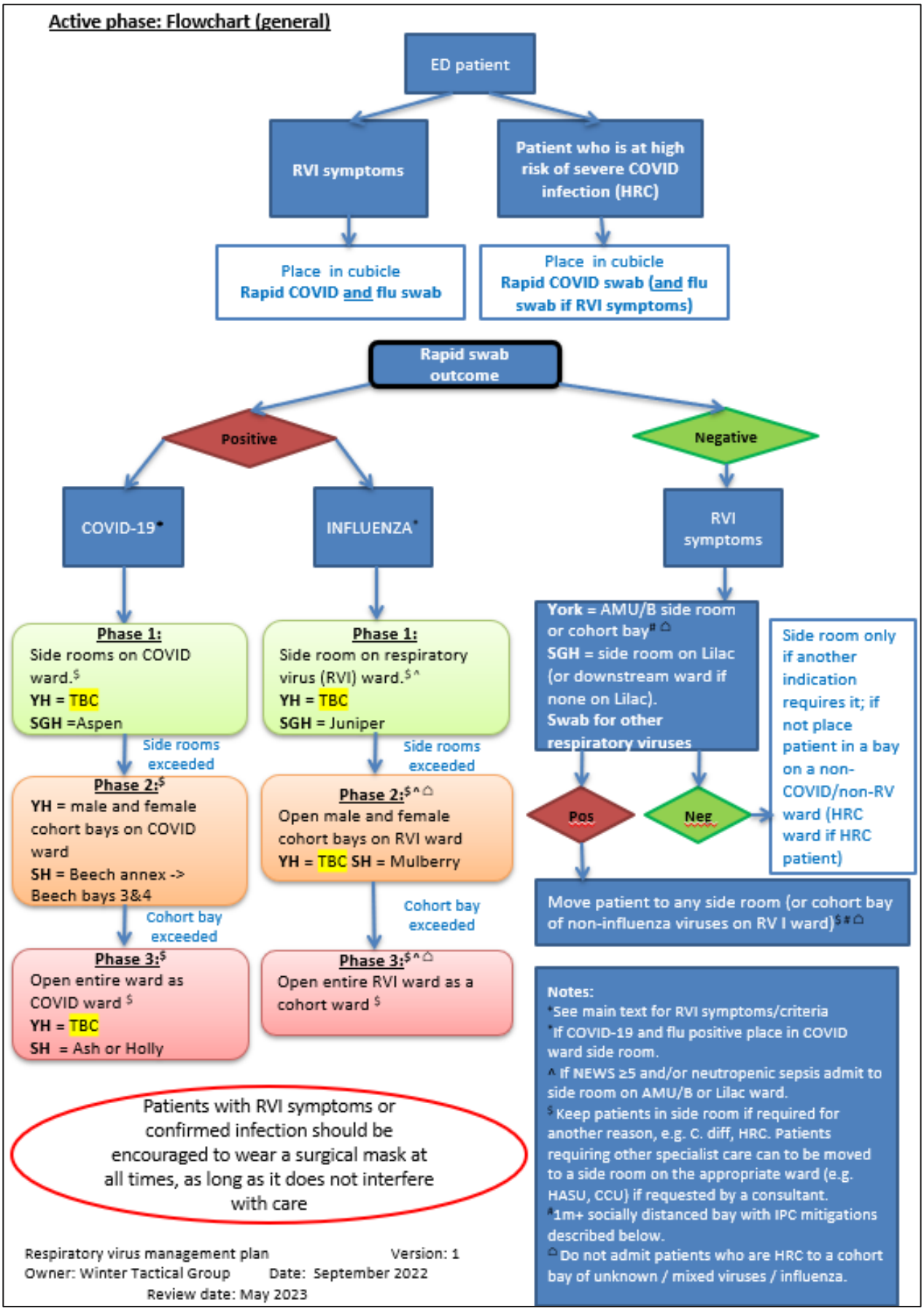
7.3 OPEL Framework

The OPEL Framework continues to be the process to manage the escalation in operational activity. The framework requires review to better articulate what the ask is of external healthcare partners and how to reinforce the out of hours response. Extra OPEL 4 actions are currently being trialled on OAK ward and if successful will be rolled out across the Scarborough site and shared with Care Group 1.

8. COVID-19 & Respiratory Challenges

8.1 Flu Plan

The Trust Flu Plan has been coordinated by the Infection Prevention Team in close collaboration with stakeholder care groups. The plan articulates the testing regime, in line with the Living with COVID-19 principles (symptomatic testing apart from those patients that meet the HRC criterion), the patient pathway and patient placement both for Flu and COVID-19 patients. In addition, the plan makes provision for support to clinical teams i.e. facilities, diagnostics and increase to testing timings in laboratories. The plan is written in 3 escalatory phases and will be coordinated by the Winter Tactical Group. Below is a diagrammatic depiction of the plan:



The plan also includes how GP admissions to York will be tested and placed in the bed base. The plan can be found here: Managing Patients with Suspected or C

8.2 COVID-19 & Flu Escalation Plans

The Trust escalation plan remains extant for this winter, initial escalation will occur as per the Flu Plan (see para 8.1) and it is expected as the Trust moves towards Phase 3 of the Flu Plan then SILVER Command will be stood up to coordinate the further escalation beyond the Flu Plan.

9. Discharge

9.1 Discharge Command Centres

There is no requirement for additional Discharge Command Centre staffing as all posts identified in previous winter plans have now been brought into core as whole time equivalent posts. Trials are ongoing to determine the benefits of a late Discharge Liaison Officer (DLO) on each site and to rota two DLOs on a Saturday.

9.2 Use of Private Providers

Private providers to assist with discharge of patients and ambulance offloading is funded by the ICB. The agreed levels of support are:

- **YTH**
  - 2 x Discharge Crews 1000-2200 with TTO transportation.
  - 1 x HCA for Ambulance cohort / corridor care 24/7, 7/7 for the period January 2023 – February 2023.
- **SGH**
  - 1 x Discharge Crews 1000-2200 with TTO transportation.
  - 1 x HCA[1] for Ambulance cohort / corridor care 24/7, 7/7 for the period January 2023 – February 2023.

10. Workforce

Workforce supply has been challenging throughout the year and these challenges are expected to continue throughout the winter months. The labour market is highly competitive from an employer's perspective and candidate pools are significantly depleted. Ongoing volume recruitment campaigns continue, as well as International Recruitment plans, with registered and non-registered staff due to start in the coming three months, including 84 Pre-Registered Nurses, 21 Registered Nurses and in excess of 150 Health Care Support workers. Even with these new starters there will still be a number of vacancies across the organisation. As such, a real focus must be placed on retention of our existing and new staff to see us through the winter months:

- **Health & Wellbeing.** Sickness absence regularly rises across the winter months. As such we can expect to see increased sickness absence levels. To mitigate this the Trust will deliver a Flu and COVID-19 vaccination booster programme. The Moderna Spikevax bivariant booster will be delivered from 12th September 2022, with Flu vaccinations starting from 3rd October 2022.
- **Pastoral Support.** Pastoral support for both new starters and existing staff will be critical to aid retention. An increase in the number of Clinical Educators is being explored by the Chief Nurse Team with stakeholders. There will be other interventions

[1] CIPHER, the private provider, have indicated that recruiting an HCA to operate out of SGH may not be possible.

to aid teams support their staff throughout the coming months assisted by workforce leads.

- **Incentives.** A review of incentives offered to Bank and substantive staff last winter has taken place. From this review a plan will be developed detailing what (and when) incentives will be used for Bank and substantive staff this winter. This will allow for a greater lead in time for pick-up of shifts and transparency to the workforce around any additional payments.

There is also a potential for industrial action and as a consequence an impact on the organisation's workforce supply across the winter period. At this stage the outcome of the ongoing ballots of Trade Union members is not known, however national, regional and local contingency planning has commenced.

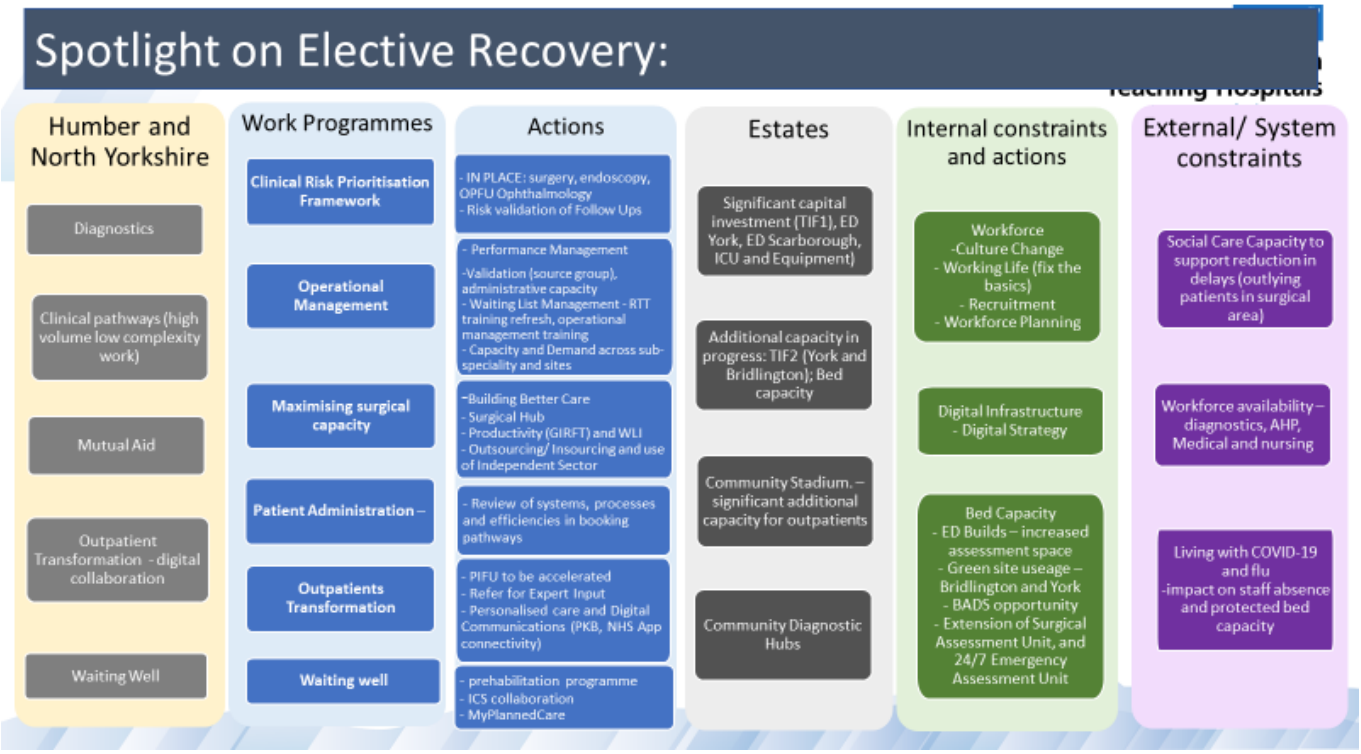
11. Data and Performance

11.1 Elective Recovery Plan

The Trust has an elective recovery plan, comprising the following:

- Improved productivity of internal capacity, this includes focussing on achieving BADS targets for elective and acute day cases, to reduce the pressure on surgical bed capacity and software to improve the utilisation of outpatient's rooms. In addition, the Trust has committed to additional capacity through insourcing over weekends to the end of March to ensure continuation of surgical capacity and is working with partner trusts on 'mutual aid' arrangements for the longest waiting specialities.
- Separating acute and elective to enable ongoing elective work despite the winter pressures. This includes the Elective Hub at Ramsay Clifton Park York (commenced in June) and use of Bridlington Hospital for routine electives. The Trust is expanding the range of the services provided through the Community Stadium in York to provide off-site capacity for the local population.
- Operational management, including weekly reviews of outpatients, long wait patients, cancer patients and diagnostic pathways to ensure visibility of pathways and rapid escalation and resolution of any barriers to delivery.

A diagram summarising the elective recovery programme is below:



11.2 Reports, Returns and SITREPs

The Information Team will continue to provide automated reports and returns in addition to SITREPs as per the NHS E mandated requirements. The SIGNAL dashboard will continue to be used to analyse data and identify trends to inform decision making. This review of data, both clinical and workforce absences, are standing agenda items on the Winter Tactical Group.

12. Communications

The communications team is pivotal in supporting the dissemination of information to staff, patients and the public. The approach to sharing the key messages regarding this year's Winter Plan will build on the approach from previous years and lessons learned.

Information will be cascaded across the Trust via the existing communications channels including the weekly all-staff bulletin and monthly Staff Brief. Where appropriate the trust's social media channels will also be used to share key messages for staff. This will include updates and changes to the plan, what's working well/successes, particular areas of focus/challenge and examples of where we have listened and acted upon staff feedback. This information will be coordinated through the Winter Tactical Group, who will work closely with the Communications Team to ensure information is disseminated appropriately and in a timely manner.

In addition, there will be a dedicated 'Winter Plan' section on the intranet, which acts as a one stop shop for information, local plans and resources.

Internal communications will be supported through sharing information key operational meetings particularly to specific groups of staff who require more detailed operational information, ensuring relevant staff are briefed on the plans specific to their own area of work.

Externally, the Trust is working with partner organisations in the ICB to develop and deliver a system-wide communications plan. This reflects the outcomes from the ICB-facilitated system-wide Urgent and Emergency Care Summit. The trust will also continue to support any national communications and campaigns.

13. Summary of Recommendations & Future Work Required

An action plan of future work required is below:

Serial	Action	Action Lead	Target Date
1	Convene a Clinical Summit per site to review Trust Full Hospital Capacity. Incorporate any changes into the Trust OPEL Framework and communicate with staff.	Winter Tactical Group	Oct 22
2	YAS Cohorting Team seconded to SGH ED. Sally Alexander is lead and to report progress to the Winter Tactical Group.	Sally Alexander	Oct 22
3	Increase in capacity withing YTH UTC primary care stream.	Jamie Todd	Oct 22
4	Increase York EAU capacity from 10-15.	Jamie Todd	Oct 22
5	Extend EAU provision to all GP attendances in York.	Jamie Todd	Oct 22
6	Extend EAU at Scarborough into Respiratory Office.	David Thomas	Q4
7	If the Filey pilot is successful, establish GP admission pathway to EAU in Scarborough.	David Thomas	Dec 22
8	Conduct a review of the relaxation of mixed sex accommodation guidance in EAUs.	Emma George	Oct 22
9	Complete Clinician to Clinician trial and report to Winter Tactical Group.	Sally Alexander	TBC
10	Establish 12 virtual frailty beds at York.	Jamie Todd	Mar 23
11	Establish 20 virtual beds in consultation with Humber.	David Thomas	Dec 22
12	Review of OPEL Framework to be conducted.	Sara Kelly	Nov 22
13	Confirm benefit of late DLO once trial completed and report to Winter Tactical Group if the establishment of 2 x DLOs on a Saturday on each site is achievable.	Sara Kelly	Oct 22
14	Coordinate the allocation of the residual £190K funding from the ICB to appropriate winter schemes.	Winter Tactical Group	Oct 22
15	Create a separate dedicated “Hot Outpatient” facility for York EAU.	Jamie Todd	Nov 22
16	VOCARE recharging system required for short notice cancellation of services due to staffing shortages.	David Thomas	Oct 22
17	The staffing shortfall to establish the CAT Hub is being escalated to the ICB through the Trust Executive Team with a request to reconsider funding support to enable 5-day CAT Hub provision.	Caroline Alexander	Oct 22
18	Develop a plan detailing what (and when) incentives will be used for Bank and substantive staff this winter.	Lydia Larcum	Oct 22

A summary of recommendations is as follows:

Serial	Topic	Recommendation	Proposed Owner
1	Full Hospital Capacity Protocol	A Clinical Summit to discuss the implications of changing the Trust Full Hospital Capacity Protocol is convened for each site to allow Executive Teams to discuss the risks and benefits with CGDs/Lead Clinicians etc.	Lucy Turner / Melanie Liley or Jim Taylor
2	York EAU	The provision of nursing and medical staff to the York EAU remains an outstanding risk to be monitored by the Winter Tactical Group.	Winter Tactical Group
3	Scarborough EAU	If additional external funding becomes available over the winter period then the provision of a Junior Dr will be considered a priority.	Winter Tactical Group
4	EAU Mixed Sex Accommodation	A review risk assessment of the relaxation of mixed sex accommodation guidance is conducted for EAUs in times of extreme pressure.	Emma George
5	Clinician to Clinician Project	The Clinician to Clinician project, if the trial is successful, is implemented as soon as possible and does not await the ALERTIV software update.	Winter Tactical Group

Date: 16th September 2022

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Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Financial Position – August 2022 (Month 5)
Director Sponsor:	Andrew Bertram, Finance Director
Author:	Graham Lamb, Deputy Finance Director

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☒ Our People	☐ Quality Standards
☒ Quality and Safety	☐ Workforce
☒ Elective Recovery	☐ Safety Standards
☒ Acute Flow	☒ Financial
	☐ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

The Trust is reporting an adjusted deficit of £3.2m against a planned deficit of £0.3m at August 2022 (month 5). The Trust is £2.9m adversely adrift of plan.

Recommendation:

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

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

Report History

(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation

Digital, Performance & Finance Assurance Committee	20 September 2022	

Financial Position – August 2022 (Month 5)

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 £3.2m against a planned deficit of £0.3m for August. The Trust is £2.9m adversely adrift of plan. The largest adverse variance relates to pay at £3.7m. The pay expenditure this month is £1.1m higher than the average of the previous four months. This is largely due to premium rate pressures linked to increased annual leave and sickness during August.

Other notable variances include a drugs overspend of £0.7m (£1.8m relating to out of tariff drugs with compensating additional income from NHSE), an overspend on other costs of £0.9m, an underspend on clinical supplies and services of £4.2m, 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 £4.2m for the year to date on covid costs compared to a plan of £3.1m; therefore we are £1.1m 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. This position remains under discussion with Care Groups. 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.

The position is also now materially impacted by the cost of the unfunded mobile CT scanner that the Board agreed to continue to support because of the safety impact associated with our diagnostic waiting times. Discussions continue through NHSE to access national Community Diagnostic funding, but this still remains unconfirmed. This uncertainty is likely to continue into October as the national team work to address the pay award funding gap from developmental reserves such as this. The scanner is a fully serviced scanner at a cost of £1.4m for the full financial year; at month 5 this is adversely impacting our position by £0.6m.

Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	FOT £000's
NHS England	74,545	31,060	32,821	1,761	79,378
Clinical commissioning groups	519,703	216,543	216,490	-53	520,604
Local authorities	4,793	1,983	1,989	6	4,740
Non-NHS: private patients	514	214	138	-76	324
Non-NHS: other	1,186	494	611	117	1,998
Operating Income from Patient Care Activities	**600,741**	**250,294**	**252,049**	**1,755**	**607,044**
Research and development	1,765	736	1,064	328	2,805
Education and training	22,544	9,368	9,624	256	23,046
Other income	49,136	20,553	18,486	-2,067	45,102
Other Operating Income	**73,445**	**30,657**	**29,174**	**-1,483**	**70,953**
Employee Expenses	-439,637	-182,011	-185,747	-3,736	-438,317
Drugs Costs	-62,212	-25,922	-26,659	-737	-64,927
Supplies and Services - Clinical	-73,330	-31,038	-26,849	4,189	-62,055
Depreciation	-18,291	-7,621	-7,621	0	-18,291
Amortisation	-1,521	-634	-634	0	-1,521
CIP	10,095	2,459	0	-2,459	10,095
Other Costs	-71,204	-28,915	-29,809	-894	-85,373
Total Operating Expenditure	**-656,100**	**-273,682**	**-277,319**	**-3,637**	**-660,389**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**7,269**	**3,904**	**-3,365**	**17,608**
Finance income	30	13	221	209	507
Finance expense	-975	-406	-174	232	-975
PDC dividends payable/refundable	-8,014	-3,339	-3,339	0	-8,013
NET FINANCE COSTS	**9,127**	**3,537**	**612**	**-2,924**	**9,127**
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**9,127**	**3,537**	**612**	**-2,924**	**9,127**
Remove Donated Asset Income	-9,607	-4,003	-4,003	0	-9,607
Remove Donated Asset Depreciation	452	188	188	0	452
Remove Donated Asset Amortisation	28	12	12	0	28
Remove net impact of DHSC centrally procured inventorie	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(	**0**	**-267**	**-3,191**	**-2924**	**0**

3. Cost Improvement programme

The core efficiency programme requirement for 2022/23 is £15.7m. 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 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. These requirements have been fully delivered and transacted. The table below details the full programme.

2022/23 Cost Improvement Programme - August									
		August Position			Planning Position		Planning Risk		
Care Group	Full Year CIP Target	Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000
1. Acute, Emergency and Elderly Medicine (York)	£3,015	£1,085	£295	£790	£951	£2,064	£655	£296	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£505	£457	£48	£733	£672	£733	£0	£0
3. Surgery	£3,008	£1,082	£329	£753	£2,212	£796	£1,713	£499	£0
4. Cancer and Support Services	£2,552	£918	£212	£707	£1,151	£1,401	£829	£0	£321
5. Family Health	£1,595	£574	£523	£50	£1,744	-£149	£582	£60	£1,101
6. Specialised Medicine	£1,639	£590	£839	-£250	£2,444	-£805	£2,338	£106	£0
7. Corporate Functions									
Chief Exec	£65	£23	£149	-£125	£4	£62	£4	£0	£0
Chief Nurse Team	£164	£59	£189	-£130	£72	£92	£72	£0	£0
Finance	£184	£66	£302	-£236	£279	-£95	£279	£0	£0
Medical Governance	£15	£5	£149	-£143	£0	£15	£0	£0	£0
Ops Management	£101	£36	£149	-£112	£0	£101	£0	£0	£0
Corporate CIP	£16,890	£7,038	£5,812	£1,225	£21,041	-£4,151	£19,204	£384	£1,453
DIS	£289	£104	£149	-£45	£80	£208	£80	£0	£0
Workforce & OD	£314	£113	£254	-£141	£575	-£261	£575	£0	£0
				£0					
Sub total	**£31,234**	**£12,198**	**£9,808**	**£2,390**	**£31,285**	**-£51**	**£27,065**	**£1,344**	**£2,875**
YTHFM LLP	£1,123	£404	£268	£136	£1,072	£51	£780	£273	£19
Group Total	**£32,357**	**£12,602**	**£10,076**	**£2,527**	**£32,357**	**£0**	**£27,845**	**£1,617**	**£2,895**

Delivery in month 5 has improved but remains behind plan in terms of the core programme delivery. Total plans have now been identified to deliver the total programme of £32.4m, and of this sum £27.5m (86%) is identified as low risk.

Productivity and Efficiency Reviews will be held with Care Groups in October/November. These sessions will be chaired by the Chief Executive.

Getting It Right First Time (GIRFT) Update

GIRFT is described as a "…national programme designed to improve medical care within the NHS by reducing unwarranted variations…."[1] .

The GIRFT process at York and Scarborough is an organisational-wide quality improvement activity and is currently managed by the Corporate Efficiency Team with an identified Clinical Lead for the Programme. The GIRFT Programme is in the process of moving and aligning with the Trust's Building Better Care Programme.

The GIRFT process has changed recently to include focus on elective recovery due to the impact of COVID. This high-volume low-complexity approach is intended to improve elective waiting times and is more in keeping with the National strategy and is the focus of the Humber and North Yorkshire ICB.

Quarterly GIRFT Assurance Board Meetings are held, attended by the Medical Director, The Clinical Lead for GIRFT, the Finance Director, the National GIRFT support Team and Operational Directors.

Since its inception the programme at York and Scarborough has had 22 deep dives and 7 follow-up meetings resulting in the development of actions plans and subsequent delivery of these. Future deep dives are being arranged.

[1] gettingitrightfirsttime.co.uk

Care Group 3 Example Work

The recent focus has been on working with CG3 and understanding how they are developing approaches to managing the elective recovery. They have been developing and testing a variety of innovative approaches:

- Patients who are ready for surgery using a pre-habilitation service; this is initially focussed on complex abdominal patients with the trial looking at other patient groups in the future.
- Insourcing of a theatre team to help provide additional staff resources.
- Go-live of a dedicated elective hub for Orthopaedic and Urology procedures.
- Plans are in place to improve Day Case rates and there is a consistent approach across hospital sites.

Future Deep Dives

Work has been progressing with CG1 and CG2 to ensure data templates are completed for upcoming Emergency Medicine and Acute and General Medicine GIRFT visits in Autumn 2022. These will be joint reviews with clinical teams from across all sites to ensure learning and insights can be shared as part of the GIRFT review process.

Planning work has also been completed with Urology to deliver an external GIRFT review in October 2022.

Neil Wilson is in the process of setting up Clinical networks with Lead Clinicians across the ICS supported by the Regional GIRFT Support Team to look at National findings and how these can be incorporated into 'Local' and 'System' plans.

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 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, but no funding identified yet.	Continuing in operation. NHSE and ICS aware. Causing £0.58m pressure on our plan. ICS CDH team are submitting national case for support, working with the Trust. No timeline information available, expect October update.
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	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	End of May 22	Agreement reached with CG1 for covering expenditure non-recurrently using temporary vacancies elsewhere in the CG.

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

5. ERF

ERF has been confirmed as not recoverable i.e. there we be no clawback by NHSE for under performance, for quarters one and two. This secures ERF income in plan through to September. This is fully reflected in the reported position for the period to date.

We await further details as to how this will apply in the second half of the financial year.

6. Current Cash Position

August cash balance showed a £4m favourable variance to plan; this is mainly due to an increase of capital payables with invoices expected to be settled in September. 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	46,473	49,160	41,182	34,713	36,376	33,648	33,599	36,273	39,964	53,435
Actual	51,793	45,722	39,382	40,651	45,200							

With NHSE confirming that no ERF will be clawed back for quarters one and two we can forecast income with greater certainty for the first half of the year, but we await details of how ERF will operate for the second half of the year. 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 5 Planned Spend £000s	Mth 5 Actual Spend £000s	Variance £000s
86,513	**18,863**	**17,389**	**(1,474)**

The capital programme for month 5 overall is £1.5m behind plan, this is due to the Community Stadium lease of £8m not being finalised which is partially offset by other leases running ahead of plan. If we remove the impact of IFRS 16 figures the capital programme is £4.9m (46%) ahead of plan, mainly due to the progress with the Scarborough UEC scheme.

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 the work with Care Groups and Corporate Teams has identified plans equal to the full value of the required programme. Notably most of the 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.	ERF has been confirmed as non-refundable for the first half of the financial year. This has significantly reduced the risk in this regard. Details awaited as to how the scheme will operate for the second half of the year.
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 is progressing 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.
Winter funding pressures	The plan removes the Trust's typical winter contingency that would normally allow further investments to be made at peak activity times.	Full knowledge has been shared to ensure that the ICB and regional teams are aware that providers are not holding winter contingencies on the grounds of affordability. Additional funding would need to be sought in the evet of material pressures. Our approach is consistent with other providers.	Early information has been shared that suggests £250m will be released nationally for additional winter capacity. We expect to be working with ICS colleagues on this programme in the coming month. The Trust expects at least £1.7m from this fund although confirmation is not yet available. Finalisation of the supported schemes is currently being agreed with the ICB.
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 receding and we do not expect material clawback or further savings requirements from the ICB.
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 of the York ED scheme overspend is now clear and the programme has been adjusted accordingly. This has placed significant pressure on the Trust's capital programme.

9. Income and Expenditure Forecast

As we are now five months into the financial year we have updated our I&E forecast tool to assess best, likely and worst case year end outcomes. The tool takes current trends, adjusted for non-recurrent issues and new expected issues, and extrapolates forward to March 2023.

The current assessment is summarised in the table below.

	YSTHFT 22-23 Forecast - I&E		
	Best Case	Likely Case	Worst Case
Clinical Income	605,037	605,037	597,647
Non-Clinical Income	72,960	72,960	72,960
Expenditure	-668,870	-668,870	-672,399
Surplus/(deficit)	9,127	9,127	-1,792
NSHI Adjustments	-9,127	-9,127	-9,127
NHSI Adjusted Position	0	0	-10,919

The differences between the best/likely case and worst case forecast scenarios are:

- The likely case scenario assumes that all ERF income is received. The worst case scenario assumes Trust performance remains at 91.2%.
- The likely case scenario assumes that covid in the envelope expenditure returns to plan for the final six months of the year. The worst case scenario assumes spend remains at current run rate.
- The worst case scenario assumes an additional £1m expenditure on nursing rosters above current spend trends.
- The likely case scenario assumes the remaining CIP left to achieve will have a 36% impact on run rate. The worst case scenario assumes 25%.

The likely case scenario has formed the basis of our forecast submission to NHSE/ICB for M5.

10. Recommendation

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

Date: September 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Constitution Amendments
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Mike Taylor, Associate Director of Corporate Governance

Status of the Report (please click on the appropriate box)

Approve ☒ Discuss ☐ Assurance ☐ Information ☐ A Regulatory Requirement ☐

Trust Priorities	**Board Assurance Framework**
☒ Our People ☒ Quality and Safety ☒ Elective Recovery ☒ Acute Flow	☒ Quality Standards ☒ Workforce ☒ Safety Standards ☒ Financial ☒ Performance Targets ☒ DIS Service Standards ☒ Integrated Care System

Summary of Report and Key Points to highlight:
To request the Board of Directors approve amendments to the constitution including the standing orders.

Specifically to note and discuss:
The amendments recommended for approval including as specified under the following sections:

- Council of Governors; and
- Board of Directors

Recommendation:

The Board of Directors are asked to approve the amendments to the constitution.

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

Meeting	Date	Outcome/Recommendation
Constitution Review Group	8 September 2022	To discuss amendments
Council of Governors	26 September 2022	To approve amendments

Constitution Amendments

1. Introduction and Background

Any amendments to the constitution are required to be discussed with the Constitution Review Group for suggested recommendations to then be approved at the Council of Governors and the Board of Directors.

2. Proposed amendments to the Constitution including Standing Orders

The Trust's constitution has been revised as follows:

Area	Section and Amendment
Section 8 Council of Governors	8.1 - To increase the Council of Governors from 27 to 30 8.2.2 - 7 Staff Governors elected; increasing 3 for York and 3 for Scarborough and Bridlington staff constituencies 8.2.3 - To increase to 3 Local Authorities governors 8.2.7 - Remove the position of YTHFM appointed Governor position 8.8 - 3 Local Authorities Governors appointed to serve the geographical area of the Trust 8.11 - Removal of YTHFM LLP appointed governor *To increase local authority governor positions from 1 to 3, move the YTHFM LLP appointed representative to an elected staff position (in line with other NHS Foundation Trusts) to include in and to increase York and Scarborough and Bridlington staff constituencies to 3 positions each.*
	8.4.5 c - serve no more than six years in office in aggregate (public) 8.5.4 c - serve no more than six years in office in aggregate (staff) *Reduced from 9 years.*
	8.12 b - Disqualification from being a governor if the individual is a governor at another NHS Foundation Trust
Section 9 Board of Directors	9.3.1 c - all Non-executive Directors including the Chair, shall be eligible to serve six years. Any further extension will be assessed on a year by year basis subject to performance up until a maximum of a further 3 years. Including Appendix 1 of the Standing Orders *Reworded to state six years to be reviewed subject to performance on a year by year basis for a further three years.*
Annex 1 Trust	2.1 Staff Constituency of the Trust

Constituencies and Governors	York increased from 2 to 3 positions Scarborough and Bridlington increased from 2 to 3 positions
	3.1 Partnership Organisations 3 Local Government Governors to be appointed, increased from 1
Annex 2 Election Rules	York and Scarborough Teaching Hospitals NHSFT name correction
Annex 3 Council of Governors: Transitional Provisions	1.1 Elections Amendment of Scarborough, Whitby and Bridlington to East Coast Constituency and elected seats information
Annex 4 Standing Orders for the Practice and Procedure of the Council of Governors	58 Confidentiality Added sentence to ensure a member of a council of governors committee or group can pass information onto other governors not on that group if speaking to the Chair first.
Annex 5 Board of Directors Standing Orders	Introduction – Statutory Framework York and Scarborough Teaching Hospitals NHSFT name correction 5.1 Committees – Appointment of Committees Amended to state Committee amendments from July 2022

The Constitution is provided in the blue box for completeness.

3. Next steps

The Constitution and Standing Orders will take effect following the approval process.

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Minutes

Quality and Safety Assurance Committee
19 July 2022

Members in Attendance: Stephen Holmberg (SH) (Chair), James Taylor (JT), Mike Taylor (MT), Caroline Johnson (CJ)

Attendees: Sue Glendenning (SG), Michala Little (ML), Ash Clay (AC), Tara Filby (TF)

01-22/23 Apologies for Absence: Jenny McAleese (JM), Lorraine Boyd (LB- AC Deputising), Heather McNair (HM- TF Deputising)

02-22/23 Declaration of Interests

There were no declarations of interest.

03-22/23 Minutes of the meeting held on 21 June 2022

The minutes of the last meeting held on 21 June 2022 were agreed as a true and accurate record.

04-22/23 Matters arising from the minutes and outstanding actions

Action 175 – Inpatient Survey Report is on the agenda for discussion – Action Closed.

Action 184 – James Taylor explained the Trust is not currently progressing with EPMA due to a funding offer from the national digital team in the region of £10m for a new digital programme. There are two caveats however, the first being that the Trust/ICS must find 20% of the funding and the second is that this is an integrated approach across all Trusts within our local ICS and therefore Trusts are unable to progress individually. York, Scarborough, and Harrogate are ready to go with a new electronic patient records system whereas Hull and NLAG are committed to other providers and unable to immediately progress. The risks of not progressing with EPMA development are low. Stephen Holmberg explained the Quality and Safety Assurance Committee require assurance that delays in digitalisation do not impact patient safety. There are discussions around digital developments and prioritising based on level of patient risk, Nik Coventry (Chief Nursing Information Officer) has oversight and involvement in these discussions. Stephen Holmberg asked Nik Coventry and Donald Richardson to attend the next Committee and provide a risk assessed look at digital projects from a patient safety perspective.

Action 186 – Mike Taylor to discuss with Lynette Smith to determine what division of the action is to come to Quality and Safety Assurance Committee and what will go to Digital, Finance & Performance Assurance Committee. It was suggested the impact of cancer harms remains with Quality and Safety Assurance Committee.

Action 187 – Mike Taylor informed the Committee members the COO Report is now a standing agenda item at Board of Directors. Stephen Holmberg acknowledged this is a positive step as it will allow Committee members to take a view of which elements from within the report are concerning from safety perspective and allow for further discussion at this Committee.

Action 188 – Contact details to be shared by Caroline Johnson, this action will remain on the Action Log until complete.

Action 189 – James Taylor explained this relates to the 'Review of Electrolyte Disturbance Deaths' report which tabled at June 2022 Quality Assurance Committee and how this was not an assurance report around the CQC concerns around hydration and nutrition. The Committee requested a caveat was added to the front sheet to make this clear.

05-22/23 Escalated Items

There were no escalations raised.

06-22/23 Nurse Staffing Report

Tara Filby asked the Committee if they agree with tailoring the Nurse Staffing Report differently, to focus on triangulation around Nursing Workforce and its impact. The Committee members agreed with this approach.

There has been an increase in fill rate for RN and HCAs in May 2022, yet workforce remains a daily challenge to sustain safe staffing levels. The CQC had raised concerns around lack of assurance of escalation process therefore a new escalation flowchart is used daily with senior nurse oversight to escalate concerns around staffing in areas where we feel that there is a risk to meeting fundamental standards of care.

Emma George is conducting an Establishment Review which is due to conclude in August 2022. Upon completion and if approved, this will widen the vacancy gap by approximately 205 WTE for HCAs and 137 WTE for RNs, however the gaps are not expected to be filled until October 2023. In response to this, Ash Clay asked what is being done to keep staff morale up during this time. Tara Filby explained the focus is on retention and trying to fix the basics raised by staff through Clever Together feedback.

Stephen Holmberg commented that the Matron role appears to be focussed on mitigating the gap in nursing shifts rather than focusing on Quality and Safety agenda. Tara Filby agreed a balance is needed hence why the Matron of the Day shifts have been reviewed to free up some time.

07-22/23 Ockenden Update Report

Michala Little and Sue Glendenning joined the meeting to provide an overview of the reports.

The CQC have requested monthly assurance around Tendable Action Plans and MEWS compliance for G2 on the York site. Michala Little confirmed that work on MEWS is ongoing, acknowledging compliance has improved from 45% to 75% but not at 90%+ standard. There is a requirement to manually update each MEWS frequency on patient records. The team have introduced a MEWS relaunch and weekly MEWS news to ensure this is kept on everybody's radar.

CQC require assurance that Tendable audit results are reviewed, and action planned, following concerns raised from a recent SI. Michala Little confirmed this is now done monthly.

Monthly monitoring is required due to poor MEWS compliance, which is, at least, in part due to the manual transfer of information entered into paper patient records onto the electronic system with the MEWS frequency not being updated. This task has been moved away from the midwives to HCAs to embed the updated process. There are no concerns around MEWS not being done, the concern is how they are being recorded. Stephen Holmberg added that the solution appears to be adding to clinical staff workload rather than solving the underlying issue. Michala Little agreed and explained this is due to the way the system is set up. A new system is being introduced in March 2023 which will have an option to record observations but if the Trust require recording through MEWS, this issue will continue. Caroline Johnson suggested Michala Little liaise with Nik Coventry to discuss possible interim solutions.

Caroline Johnson suggested raising this at the CQC engagement meeting to share the difficulties in recording MEWS and offering alternative assurance due to this being a system issue.

There have been 5 incidents graded moderate harm or above, 3 of which were deemed Trust SIs. There was an arrangement within the LMS through Ockenden to look at each other's SIs, but this is not yet implemented. This was discussed at regional LMS safety meeting and an update on the process is expected soon.

In response to a question from Stephen Holmberg on stillbirths, Michala Little explained there is guidance which staff follow when a patient presents with reduced foetal movement but there has been a higher rate of stillbirths nationally, potentially Covid-19 related.

The Trust are struggling with scan capacity therefore it is unlikely that all scans will be done within the required timeframe. A new scan facility is opening in July 2022, but scan slots are still limited. This is on the Care Group Risk Register. Caroline Johnson explained that the resource gap needs to be identified to look at what is needed to bridge the gap. Stephen Holmberg asked this Committee is sighted on the nature of the risk being carried to enable appropriate prioritisation.

There were 2 unit diverts in May, which are detailed in the report, mainly around staffing and acuity which is becoming more common nationally. Michala Little explained there is an escalation within maternity which is being reviewed as well as escalation plans regionally and nationally, as well as plans to move towards the OPEL System. Following a query raised by Ash Clay, Michala Little explained there has always been an option for diversion, but this has become more common in the last 18 months.

Workforce remains a challenge, Ash Clay noted the report states two midwives have withdrawn applications after acceptance. Student midwives get jobs where they can, then re-locate nearer home when a vacancy arises, which is a national issue, Michala Little explained. Recruitment and Retention midwives are newly recruited in post for one year funded by NHSEI, to investigate issues such as this and develop plans for how retention can be improved.

CNST was relaunched in May 2022 and progress against compliance will be reported monthly. There is a requirement for specific Maternity Voices Partnership engagement therefore there is still a risk around this.

The Ockenden Assurance Visit took place on 23 May 2022 and initial feedback received is positive and cites openness and honesty of position.

Michala Little met with Maternity Safety Champions to discuss cold babies as data indicates there is an issue with the temperature in Theatres. This is being investigated by the Safety LMS Midwife and an update will be provided at the next meeting.

There was also a comment made around the Birth Rate Plus report from January Board of Directors as the minutes omitted the request for support was granted.

08-22/23 Serious Incidents Report (Including Never Events)

James Taylor provided a summary of the report, stating there have been 7 serious incidents in June 2022 which are being investigated.

There were 4 clinical SIs completed in June 2022, a summary of each is detailed within the report.

In response to SI 2022/6239 Tara Filby confirmed there is ongoing improvement work in both EDs around Falls and Pressure Ulcer Risk Assessments and the use of proper equipment.

09-22/23 CQC Compliance Update Report

The CQC action plan following inspection in March 2022 has been submitted, no response has been received but a monthly position update will be provided by the Trust at the CQC engagement meetings.

Caroline Johnson praised Care Group 1 for their proactive approach to managing CQC concerns. The key risk is the current staffing position which remains challenging. Stephen Holmberg asked if this is being shared with other Care Groups to enable shared working, Caroline Johnson confirmed all Care Groups attend Quality Review Group where this is discussed. It was noted that Trust-wide and local communication is key for all employees to be aware of the ongoing improvement work.

The recruitment of a Paediatric Emergency Medicine Consultant for Scarborough Hospital has been overdue since November 2020. The successful applicant for Clinical Director of Scarborough Emergency Department already has a PEM qualification, which will meet the criteria to close this action.

Ash Clay asked what the risk is around the red RAG rated action relating to delivery of fluid management. Tara Filby confirmed the fluid management guidance has been updated and an improvement group has been set up.

10-22/23 Infection, Prevention and Control Update Report

Tara Filby gave an overview of report highlights.

Stephen Holmberg expressed concern around the PIR process and lack of medical engagement. Caroline Johnson informed the Committee that Care Groups are trialling different PIR Processes and Care Groups have been asked to present themes to the next meeting. Another key issue is lack of decant space, operational, staffing and social care pressures are having an impact on this.

11-22/23 Quality and Patient Safety Assurance Reports

James Taylor highlighted the escalation of Renal Dialysis capacity to Committee members and asked this is escalated to Board of Directors.

12-22/23 Quality and Safety Assurance Metrics (IBR)

All areas covered within the agenda discussions therefore nothing further to note.

13-22/23 Risk Management Report; Board Assurance Framework and Corporate Risk Register

An area of concern is the further escalations of risk from Care Groups, Caroline Johnson agreed and stated it is high risk from a Well Led perspective.

14-22/23 Safeguarding Report

The report is an update to offer assurance on how governance is being strengthened in the Trust following the CQC action plan. The Committee noted the report.

15-22/23 Q4 Patient Experience Report

This report was brought to Committee last month, no further discussion took place.

16-22/23 Inpatient Survey

Tara Filby provided an overview of the report which offers triangulation between preliminary results and complaints and feedback received in the same timeframe which have been inputted into an improvement plan. Stephen Holmberg expressed concern around communication issues detailed in the report, Tara Filby agreed this is an ongoing issue and a regular theme from complaints received.

17-22/23 Issues to escalate to the Board and/or other Committees

- Concerns remain regarding some aspects of maternity services and work to achieve Ockenden standards. More assurance sought in relation to scanning responsiveness.
- High bed occupancy continues to create significant patient safety challenges regarding staffing levels and HAIs. Delays in discharge for patients no longer requiring an acute hospital bed remains a major concern.
- CQC remains a primary focus of the Committee. Committee assured that work in progress that should address CQC concerns, but some elements continue to flag as risks
- Hospital haemodialysis capacity flagged as significant issue. Contingency plans in place but risk of safety compromise and pressure on staffing numbers

18-22/23 Issues to escalate for BAF and CRR

No issues for escalation were noted.

19-22/23 Any Other Business

No other business raised.

Minutes

People and Culture Assurance Committee
8 July 2022

Attendance:
Jim Dillon Non-executive Director (Chair), Lorraine Boyd Non-executive Director, Matt Morgan, Non-executive Director, Polly McMeekin Director of Workforce & Organisational Development, Heather McNair, Chief Nurse, Lucy Brown, Director of Communications, Mike Taylor Associate Director of Corporate Governance

Apologies:
Apologies received were by Jim Taylor, Medical Director.

Welcome and Introductions
The Chair welcomed all members to the new Committee and meeting was declared quorate.

22/01 Declaration of interest
There were no declarations and no declared conflicts of interest arising from the agenda.

22/02 Committee Terms of Reference
The Committee terms of reference were presented by Mike Taylor, Associate Director of Corporate Governance in having being approved at the June Board of Directors. They were now for the Committee to formally adopt but acknowledging that as a new Committee of the Board of Directors, there may be changes to these in future dependent upon how the Committee develops in discharging the duties delegated to it.

The Chief Nurse, Heather McNair mentioned where the Care Groups may fit into this and it was agreed to discuss this further at the next item on the agenda.

The Committee:
- **Received and agreed the terms of reference.**

22/03 Future Direction of the Committee
The Chair opened the discussion on the new Committee being focussed on outcomes as an opportunity rather than solely about assurances. The delivery of outcomes in identifying issues and their solutions could be managed enabling Executives to make the best use of their time. Other points were brought to the Committee's attention following

discussion at the Council of Governors the previous day in the staff governors potentially observing the committee by dialling-in and the Committee having a mechanism to fully engage and feedback to the governors and staff. It was suggested that in feeding back to the staff governors in particular from staff views this could open up engagement with the identified staff representatives.

This was challenged by Heather McNair in the staff representatives being solely members of the Council of Governors and not directly representing the staff and nor are the staff likely to engage with the staff governors. The staff side was instead seen as the direct representatives in being trained by the trade unions in that role which was agreed by Committee members. Regular meetings are held amongst staff side representatives and those with the Trust. It was agreed amongst members that there needed to be a mechanism by which staff could engage regularly rather than just the annual staff survey.

The Chair continued that there perhaps needed to have an engagement mechanism with staff governors and likewise Lucy Brown, Director of Communications concurred in similar aspects for the public governors for a mechanism to then feed back to the Council of Governors. The Chair stated in concluding that he will then meet on an ongoing basis with the staff governors to update.

Polly McMeekin, Director of Workforce and OD commented that the newly created Workforce Working Group representing each staff group and one Associate Chief Operating Officer had been set-up to enable idea generation with actions from that discussed further no doubt at this Committee, though not formally reported. It was suggested that a form of feedback was required be it walk arounds visiting staff or meeting with individual care groups. The Chair commented the Committee needed an understanding of staff feeling and clarity was asked for by members on the governance of decision making and assurance in the Trust. Mike Taylor, Associate Director of Corporate Governance replied that the principles agreed to in the revised governance structure was the Executive Committee in delegation from the Board having operational decision-making and then subsequent delegation through to the Care Groups. The Assurance Committees then provided the 'heavy-lifting' in delegation by the Board of Directors in assuring of appropriate operational delivery. Other Committees had engaged in different methods to achieve their input required, such as meeting separately with groups on specific subject matter like the Audit Committee or in deep dives proposed at the Quality and Safety Committee. The Chair commented that these could be solutions and that there needed to be an input to facilitate an ongoing staff engagement process to inform what the committee does and was open to suggestion from members.

It was posed by Heather McNair in what matters to staff that could be the workstreams such as fix the basics and a communication strategy in not being aiming to solve all issues, that would influence the outcomes of this Committee and it's how we check the pulse of the organisation. Polly McMeekin noted a Downing Street directive of a 'pulse check' to mandate a quarterly check in recommending the Trust as a good place to work and receive treatment aligned to the staff survey. This hasn't been promoted heavily across the NHS and has had a low response rate which cannot be broken down further by area. In turn the intelligence analysis of good response rates with engaged staff leads to increased performance of quality indicators such as lower falls rates, lower IPC risks and less pressure ulcers etc. The workforce team are working with the patient safety team on a Trust specific staff check to identify correlations in staff engagement to then identify areas of focus to address in integration of staff leavers and poor quality indicator outcomes.

The staff engagement outcomes information may be addressed perhaps by the NED walkarounds in hearing from staff directly, was suggested by Heather McNair. The Chair suggested that members give further thought to this and how it could be approached in future.

Actions:

- **That members' give further thought to how staff engagement could be approached to influence the outcomes of the Committee.**

22/04 Escalated Items

There were no escalated items.

22/05 Workforce and OD Update

Polly McMeekin explained that the HR data is reliant on the monthly payroll cycle and so there is no new data that hasn't been reported in the IBR discussed at the June Resources Committee. It was proposed that for each committee a paper is presented that provides the headlines to the 4 workforce areas of the 'Our People' Trust priority; culture change, fixing the basics, recruitment and workforce plan. This would be supplemented by barriers and achievements which ordinarily up to now would have gone in the IBR.

The HR metrics have been reviewed and so for example appraisals would only be shown as and when it was appraisal season rather than on an ongoing basis. Matt Morgan, Non-executive Director commented that how can we for example demonstrate that the retention of medical students is going to be achieved, the timescales and how will we know if we're on track to achieve by when with the metrics and KPIs. Heather McNair enquired as to whether the targets were aspirational enough and where does this benchmark us against other organisations such as the stability index. Polly McMeekin replied that on the latter the stability index comes from the model hospital which is updated on an annual basis and so is out of date. Lorraine Boyd, commented that could the nursing and medical staffing reports for example come to the People and Culture Committee and/or the Quality and Safety Committee in whom would be interested in which part rather than the same reports going to different committees without clear reason.

The Chair commented that although the sickness data for example was useful, he would like to see the Committee focus on the solutions to sickness absence and create a workstream to resolve. Return to work interviews are an example to focus on and raise awareness to then train managers on this to improve outcomes in recognising the importance of retention solutions. Polly McMeekin commented that areas influencing absence could be poor culture and morale which then it was agreed by members manifests itself in poor attendance and performance in looking at the data in the round which allows focus in particular staff areas.

The Chair commented further in appraisal activity in knowing what to then do with the data in for example if development is identified then focus needs to be on that this has been concluded with the staff member rather than be forgotten, linked to potentially incremental pay. Polly McMeekin commented that the learning management system identifies what needs to be done picked up in appraisals but this does not link that output with it being completed. Lorraine Boyd noted that continuous professional development for medical staff continues to evolve that on one given day isn't as relevant some time later and so becomes difficult to identify training needs in advance of being delivered. The Chair commented that it could be focussed on those key deliverables in being concluded in

checking and recording linked to pay increments. Polly McMeekin commented that this was in place for a time at the Trust but since that time the previous pay incremental structure had been changed.

Lucy Brown commented that recording of actions could be done in for example with the returned staff briefings and the cascading to team members by the manager who attends. In terms of appraisals in that its objective is for example, has statutory and mandatory training has it been done or not, but it's the qualitative aspects and engagement that is the most difficult to measure in deliver of the softer skill appraisal. It was agreed in discussions with members that there should be no surprises in appraisals and that the key is relationships between line management and staff in identifying development on the job. Not all staff would want development and the key was to recognising that staff find their level.

It was agreed that the measures identified in the report would be developed further and to identify that also wouldn't be needed. Heather McNair raised again a previous point about the staffing and medical reports coming to the Committee and it was agreed that at Quality and Safety Assurance Committee it was the impact of these that was the focus there to be escalated to this Committee in the specific issues of staffing in areas. Further areas to focus on were for example the expenditure of the CPD and ODIL development at the Committee.

Polly McMeekin commented lastly that the Trust has committed to the real living wage in agreement at Executive Committee, the impact of which is being worked on for finance and for its communication. Lorraine Boyd commented more widely, agreed by members that the narrative is needed to support the staff future request with demonstrable evidence overseen by the Committee and escalated when required.

The Committee:

- **Received and noted the report.**

Actions

- **The Workforce and OD report to be developed further as the Committee becomes established.**

22/06 Research and Development Update

Lydia Harris, Head of Research and Development was introduced by Polly McMeekin in producing a six-monthly report on research activity in one of the Trust actions is to grow our research department.

It was explained in a presentation that the department had approximately 70 staff and had some success in increasing income into the department in applying for grants for the benefit of the Trust. Areas of specific research examples were explained to the Committee and the link of research to that of the 'our people' priority as a focus of the committee as research was a key deliverable of the plan to deliver that priority. The ask of the Committee was to consider research and development in supporting their work in the future. The evidence was demonstrable that investing in research was both good for staff recruitment and retention whilst delivering better outcomes for patients.

It was outlined in the challenges that the Committee may face what Research and Development could help with. In recruitment for example it is not currently part of job

descriptions in raising the profile of the Trust, induction processes, appraisals or statutory and mandatory training. Students are a key example that could be used to the benefit of the Trust in research and development in York having two universities.

The department has started to pull together a flyer to enable the communication of what research and development can offer and how this can provide a development pathway for staff to address what isn't known by staff and managers. Honouring research time for staff is an ongoing challenge in falling behind with other Teaching Hospitals in research time not specifically on job plans. Research it was explained does work in the Trust with clinicians obtaining grants and leading national research programmes that makes a difference to staff who undertake research and supports York and Scarborough being a great place to work. The Chair thanked Lydia for her presentation and supported the recognition in professional development being above salary in increasing employability.

A discussion ensued with members on the investment of care groups aligned with the challenges of meeting current activity and specifically the tangible gain from the Associate Chief Operating Officers in managing the Care Groups. Matt Morgan commented that these were good aspirations and asked where does this currently sit in the achievement of the Trust's priorities? This was specifically around how are we going to deliver these, by when and what are we going to do further to achieve this. Committee members commented that this was a challenge in achieving the current priorities in addition to any further investment.

Polly McMeekin commented that the lack of awareness across managers was a concern in terms of investing for the future beyond this year with further comments by members in demonstrating evidence that this an option that can be taken in investing for the future. This had been systematic of Trust investment in a number of areas because of the challenging environment.

Following a general discussion on the challenges of investment of research and development aligned to other areas of priority it was agreed by members that at least the quick wins could be delivered such as mentions in the job descriptions and inductions process.

The Committee:

- **Received and noted the presentation.**

22/07 Mandatory Training Update

Polly McMeekin introduced the report which was a consolidated report with 87% compliance rate, 2% above target, with non-medical 89% and medical being a challenge at 73%. A paper last year was presented to the Quality Assurance Committee which showed for non-medical bank staff compliance that shifts wouldn't be able to be undertaken if they weren't up to date on their training having CQC picked up on previously. This has subsequently increased from 59% to 87% compliance with an internal re-structure bringing the medical and non-medical bank under the same management with medical bank currently at 47% which was a concern when asked by the Chair.

Lorraine Boyd commented that there needs to be a link between the compliance rates and the harms as a result in serious incidents for example. Matt Morgan commented that as the medical bank compliance is low was this also the substantial medical staff overall pulling the figures down in addition to the bank medical staff. Polly McMeekin stated that

the medical bank staff was pulling the figures down but taking that cohort out it wouldn't be at a similar rate as the non-medical. In response to Matt Morgan asking if there was a targeted way of approaching improvement, Polly McMeekin stated that it is particular areas of training that are problematic in for example increased frequency of specific training with plans of action in place to meet this. Further discussion ensued around the enforcement of compliance through appraisal completion and medical revalidation with the Trust not currently taking a hard line in that approach.

The report was accepted by the Committee.

The Committee:

- **Received and noted the report.**

22/08 Library Annual Report

Polly McMeekin presented the report which included the library impact survey in encouraging users to share their views in using the library with suggestions for the service in future being for example further health and wellbeing aspects and further resources. The electronic resources available are being funded by Health Education England and the service is looking to develop a future outreach service in regard to those community based staff.

The Chair commented that universities are investing further in online resources and Polly McMeekin was unsure as to how far the funding from HEE would remain as a physical library. Matt Morgan asked that as less than 1% in concluding the survey gave a good positive response and how then does the library engage with care group and stakeholders to understand what their needs are beyond the survey. This was seen as very light touch by Polly McMeekin in the library seen as supporting existing users rather than pulling in users from across the organisation.

Heather McNair enquired about overall value for money and Polly McMeekin stated that the library wasn't overly resourced from a workforce perspective and HEE monitor the resource closely. Matt Morgan noted that the library requirements as part of the professional training networks was a key requirement for student and trainee access to libraries.

The Committee:

- **Received and noted the report.**

22/09 Risk Management Update

The Associate Director of Corporate Governance presented the report and explained that these are the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) risks under the responsibilities of the Committee for strategic and operational risks respectively. He explained that these on the operational side were currently that which were being escalated from the Care Groups via the Risk Committee and to develop further to check and challenge these a Risk Manager was needed in post to further deliver.

The Committee:

- **Received and noted the report.**

22/10 Integrated Business Report

Mike Taylor presented the report and mentioned that this was currently being reviewed as part of the suite of measures to understand the achievement of the Trust Priorities. This would be reviewed from a people perspective in developing the measures at the Board and the Committee levels for the priority and regulatory measures respectively. Mike Taylor was working with Polly McMeekin to deliver this.

The Committee:

- **Received and noted the report.**

22/11 Issues to escalate to Board, other Committees, BAF or CRR

The Chair asked for any escalations which were agreed as:

- Nursing and Medical staffing reports at the Quality and Safety Committee
- Statutory and mandatory training non-compliance for medical staff

The Committee:

- **Agreed the escalations**

22/12 Reflections on the Committee and Any Other Business

Reflections were agreed on the direction of the committee in needing to understand more its role in the future and the timing of future meetings to take into account the data provision when new workforce data could be analysed. Recognition, motivation and investment in staff employability were identified at themes of the people priority that had been discussed through the meeting.

It was agreed by the Committee that the third week of the month should be looked at to potentially hold the Committee meetings in the future with all Assurance Committees being held in the same week.

Minutes

Digital, Performance & Finance Assurance Committee
19 July 2022

01-22/23 / Attendance: Lynne Mellor (LM) (Chair), Andrew Williams (AW), Andrew Bertram (AB), Melanie Liley (ML), Denise McConnell (DM), Mike Taylor (MT), Lynette Smith (LS), Jim Dillon (JD), Jane Clayson (JC) (observing), James Hawkins (JH) (observing), Rhiannon Heraty (RH) (minute taker)

The Committee was held online, given new Covid restrictions introduced at the Trust.

LM welcomed everyone to the new committee and the inaugural meeting. She noted the attendance of two observers: James Hawkins who will join the Trust at the end of August to take up his new role as CDIO for the Trust; and Jane Clayson, who has started as Head of Delivery for the Digital team. Lynne also welcomed Melanie Liley as the new interim COO, and Lynette Smith, one of her deputies to the Committee. LM welcomed more deputies attending (returning to pre-Covid) and suggested to other Executives to think about their relevant deputies attending the Committee as appropriate.

02-22/23 / Apologies for Absence: N/A

03-22/23 / Minutes of the meeting held on 21 June

LM made two small corrections on P8 (‘pert’ to ‘part’ and a formatting change).

Other than this the minutes of the last meeting held on 21 June were agreed as a correct record.

04-22/23 / Matters arising from the minutes

DM asked for clarity on how the shortfall in income has been funded following the decision to withdraw parking fees from staff. AB said this was discussed at Corporate Directors, noting the importance of a controlled position and balanced plan. This and the decision to pay the national living wage will create pressure so the ask will be to deliver a high level of saving by diverting resources. DM asked for clarity and a discussion at Board on financial decisions and budget movements and what was considered to be ‘material’ to warrant a discussion at Board level i.e. good governance.

There was a discussion about CIPHER and AB and ML confirmed that the Trust does not routinely use this service as it is non-funded. LM asked if we need to have further discussions regarding the CIPHER service and the Trust’s longer-term plans. ML confirmed that YAS are engaged in ICS discussions with other acute providers to look at how they can provide paramedics to support ambulance handovers. ML added that there is a piece of work ongoing around additional funding for bed capacity over winter, which is supported by NHSE. The bid is in and we hope to hear back in 2-3 weeks. The Committee

agreed it would be good for ML to report back in September on the proposed strategy and plans.

Action 186 – LS confirmed that this is included in the Medical Director report in the Quality & Safety Assurance Committee so not relevant to this Committee.

Action 187 – LS confirmed the COO Report will go to Board of Directors. Action closed.

Action 116 – AW confirmed work is ongoing with Communications and Chief Technology Officer. AW to bring an update to the September Committee.

Action 115 – AW said the policy will go to Executive Committee on 20 July and once this is in place, a staff awareness campaign and training packages will be provided. AW said we are in line with July guidelines and risk has mitigated as much as possible. The Committee noted the risk of reputational damage if the deadline is missed but AW said he was confident we would meet it.

Action 114 – AW said the essential services programme is in place, adding that we are in a good position following work with finance around the capital plan and prioritisation process. Action closed.

Action 113 – AW said there are many areas re EPMA that can be delivered in-house with the anticipated move towards EPR. Stuart Parkes (Chief Pharmacist) was happy with conversations regarding risk mitigation, particularly around Paediatrics EPMA. LM agreed that previous EPMA actions can be closed.

Action 112 – AW said the desktop exercise has been planned for YTHFM and will take place imminently. Update to follow at September meeting.

Action: DM to raise governance discussion at Board on financial decisions and budget movements with agreement of what is considered 'material' to include at Committee and Board.

Action: ML to provide update on CIPHER/YAS position at September meeting and how that impacts on the Trust strategic plans to address the gap in service currently provided by CIPHER.

Action: AW to provide update on training to date re National Data Opt-Out (NDOO) Programme and an overview of the approved policy

Action: JC to provide an additional update to the Board in September on the a) work to date on Top 4 priorities and b) risks on those pieces of work which were not passed for approval in this year

05-22/23 / Escalated Items

There were no escalated items to discuss.

06-22/23 / Digital and Information Report Update (to incl. performance indicators)

The Committee noted the report. LM requested an executive level of detail for future reports to gain assurance that key initiatives are progressing, as well as a return to

including a summary dashboard to evidence status of the Essential Services Programme progress.

07-22/23 / Electronic Patient Record – Strategic Outline Case

AW presented the report and confirmed that external funding of £45.7m has been allocated to the Trust. This is due to be 80% of the anticipated EPR cost and the Trust is obligated to supply 20% match funding over five financial years. The funding must be spent in equal measure over three financial years including this one.

AB contextualised that the report was written before funding was confirmed. Risk has been flagged with the national team around whether £12.7m of capital can be spent in the 22/23 financial year. This risk also increases the longer we wait for spending approval so AW is preparing procurement so that action can be taken as soon as possible. AB said he expected the money linked to this case to be less than the final amount due once we select a system provider as capital includes preparation of our infrastructure to support the system. A spend of c.£6m is anticipated for this. The balance will likely include some capitalisation of project costs as a project team is formulated.

AB referred to the recommendation that was taken to Board via the Resources Assurance Committee in June to approve a capital programme that was £3m over budget. C.£2m of this funded our essential services programme and if we are successful in this case, our internal capital will be released to significantly close the £3m budget gap.

AW said an EPR Programme Board will be set up imminently to focus on workstreams including clinical, finance, communications, and staff engagement. A risk readiness review is being undertaken and we are collaborating with partner organisations to explore cost options. The Committee noted the significant amount of investment in Humber and North Yorkshire. AW said the main aim is to ensure provision of a safe electronic patient record system for York (YH) and Scarborough (SGH) and asked the Committee for assurance to progress to Board for approval. The next step would be to develop an outline business case. The Committee acknowledged this as positive news and LM asked if the modelling could be spread over ten years.

There was a discussion about moving to a cloud-based model and AW said this was dependent on our chosen solution. AW said we need to balance our funding mechanisms for cloud, which tends to be more revenue-based around software as a service and noted that we are also due to receive a significant amount of capital monies. AW added that the focus needs to be sourcing the best technical solution for performance and resilience of EPR, and that this may or may not be via cloud.

There was a discussion about capital funding versus revenue funding, LM asked if we move to an improved solution full or hybrid cloud, is there a visible trend to revenue funding in the NHS to align with other sectors? AB said not yet, but that does not mean it could not happen in the future. However currently the plan is capital. LM said there could be more detail around the transformation elements of the plan including costs and benefits, given this is a huge undertaking affecting people and processes not just systems. DM asked if all costs have been considered e.g. infrastructure and said more work is needed to ensure staff have the correct equipment to access the new system. DM said that it was helpful to have an executive summary with reference to detailed pages. AB said the HM Treasury green book business case template must be used to comply with process.

AW noted the comments and agreed to pick up discussions with LM around growth strategy and TCO (total cost of ownership) outside the meeting. JD raised a point about collaborative working and consistency throughout the ICS system and AW confirmed that an additional paper around ambitions had been circulated. The Committee thanked Andy and the team for the work done on this case to date recognising it is the first draft and that there is more to do, but nevertheless strategically important for the Trust.

08-22/23 / Operational Performance Update (to incl. performance indicators)

ML presented the report and highlighted the following key points:

Covid update - as of today, there are 137 Covid-positive patients across the Trust (40 in SGH, 79 in YH and 18 across the community units). The Committee noted that our planning assumptions were based on Covid patients occupying 5% of the bed base. This difference between assumptions and actuality has had significant implications on our service delivery. There is a weekly Living with Covid Working Group to look at how we can run services alongside Covid.

There has been an increase in flu presentation in the southern hemisphere, which we will expect around early autumn.

LS highlighted the following key points:

The NHS Oversight Framework that sets out core metrics that we will be held to was updated and published at the end of June. LS and MT will review the new IBR to ensure the two are aligned.

UEC update - there is ongoing and sustained pressure on both acute sites and the most significant challenge is around length of stay rather than volume of patients. This is evident through the admitted pathway, 12-hour trolley breaches (for which we are a national outlier) and ambulance handovers, leaving us with significant clinical risk.

The ED build at YH has temporarily resulted in a net loss of 9 cubicles, which will be discussed at Board of Directors as part of the Building Better Care (BBC) programme.

DM asked if there was any indication of when the closed ward would reopen, and LS said it was a medium-term solution linked to the nurse staffing position. ML said we are focusing on deep cleaning of some wards and a refurbishment of one full ward to utilise the opportunity. ML added that we have put in a bid to run a YH care unit as part of the plan around system winter monies to absorb the deficit from a social care stance. DM asked if delivery of 104% of 19/20 activity was realistic if the ward remains closed for the rest of the year. AB said that we must aim to deliver this, noting the Q1 £3m risk around ERF income. AB said our position is steadily improving but that there is more work to do. JD asked about our strategy to address patient discharge and ML gave assurance that this is at the top of every appropriate agenda with local authorities, NHSE and the ICS. We have also instated a weekly escalation process for challenges. LS said there is also an internal programme through the BBC programme focused on 7-day services and safer discharge, which is being led by James Taylor, Medical Director.

LM asked LS where the Committee needed to focus on for acute flow improvement and LS said SDEC and discharge pathways are the key elements. LM said it would be helpful to RAG rate the priorities listed in annex A and LS agreed to action this as well as provide prioritised programmes and supporting dashboards going forward. MT raised that reports provided to sub-committees to deliver the priorities would via the NEDs escalation reports

provide assurances on their delivery to the Board with MT having spoken to the NEDs on this.

Elective recovery update - LS said we had achieved the target of 0 104-week waiters by the end of June. The focus is now on 78- and 52-week waiters and we are under scrutiny for both our ability to deliver 0 patients by the end of March and our growing 52-week wait position. Consequently, we have been placed under Tier 2 status as part of the national elective recovery programme, which includes fortnightly regional meetings to review our plans in detail by specialty. LS said she would share any guidance once received, noting her concern around our position, and said we are expecting an intensive support team as a result. The risk is driven by our non-admitted position. LS confirmed there is a significant piece of work being led by Karen Cowley (Associate Chief Operating Officer, CG6) through the Outpatients Transformation Programme around systems and processes for outpatients. Head and Neck (specifically ENT and Maxillofacial) accounts for c.50% of our position concerns and corporate resources have been designated for analysis. Urology is also a concern and is currently being managed at 90+ weeks. Mutual aid via Hull and NLAG is being provided for this and there is a pan-ICS group reviewing the position. LS referred to the unweighted activity plan in the report, noting the material impact on Q1 due to changing clinical pathways. Ophthalmology follow-ups are a significant risk to the organisation.

Ordinary elective care has also been impacted and there is currently a material theatre staffing shortage. It will be a challenge to return to SLA levels of operating and we are looking at whether Ramsay Health can undertake additional work at Clifton Park Hospital to improve our position. This was noted as a risk.

LS said that we are in Tier 2 because of our cancer position as well as our elective one. We are being held to different standards this year – the proportion of backlogs over 62 days, the number of treatments we are running and the faster diagnosis standard. Compared to the national percentage of backlog on a PTL of 9%, we are running at 13-15% of patients over 62 days. There are several recovery plans around cancer, but further risks have also emerged, most notably our oncology provision. This has been raised in the BBC Programme Board.

LM asked if we are looking at other Trusts in terms of learning and best practice. LS said the NHS has set up a shared platform for Trusts to share their learning and added that we are being well signposted in terms of elective care. NLAG are managing their 52-week position well but at the expense of their non-elective position.

Action: LS to brief Committee on Tier 2 status/guidance and what this entails

Action: LS to provide an update on Head and Neck analysis re 52-week position and Ophthalmology position

Action: LS to come back to the committee with an update to the Acute Flow plan, including the priority interventions which will have the biggest impact this year, with a clear approach to addressing (e.g. outcomes, outputs, measures)

09-22/23 / Finance Update (to incl. performance indicators)

AB highlighted the following points, noting that some areas had been discussed under earlier items.

There is a modest shortfall against our plan, which is not a significant concern at this point. £3m has been included in the ERF despite it not having been delivered as per guidance across the ICS. AB noted the risk that our position could be undermined if monies are recovered back to the centre.

AB acknowledged the link between finance and performance but said Board needs to be made aware that the risk of patient harms still needs to be discussed in the Quality & Safety Assurance Committee. There may be some further work required to clarify how this Committee provides high level assurance around patient harm without clinical members.

All pay budgets have been realigned. £5m out of £7.6 CIP has been delivered for Q1 but actual money being released out of care groups is low (c.£750k out of £15.7m). We have now planned for the full CIP requirement and need to look beyond planning levels to ensure we are sighted on elements that are undeliverable. The Corporate Efficiency Team (CET) is working with the care groups re CIP delivery. AB expressed an interest in restarting CIP panel meetings to be chaired by Simon Morritt (Chief Executive) for the CET to present on opportunities and care groups present on progress to date. This is to be confirmed with the CEO.

There are no cash or capital issues to raise but AB asked the Committee to note the potential to close our capital gap via the electronic patient record business case work.

DM queried the pay budgets, noting c.£12m of additional income that was allocated to clinical areas to return us to a balanced plan. DM said she had not been aware of the changes in terms of operational expenses and said it would be helpful to understand why the changes were made. DM expressed concern that there had only been a £1.6m increase for staffing costs considering the unconfirmed pay award amount. AB gave assurance that, within the funding allocation received this year, 2% was assumed for the pay award and anything over this will be addressed via additional income into the NHS. 2% is already being accrued within the reported pay expenditure and income and spend is being matched in relation to pay elements. AB said he did have some concern around our position with the ERF i.e. lack of spending and said that the centre could suggest we use this money to fund the pay award whereas we are using it to hold our basic position. AB said the position to assume a 2% pay award and work this into our position as we progress through the year has always been clear. AB said that whilst he was not concerned about impact at this level, there could clearly be a material change in relation to reserve allocations.

AB said there are no further risks and all existing risks stand as previously discussed.

10-22/23 / Executive Performance Assurance Meeting (EPAM) minutes

The Committee noted the report. LM noted a historic action for the YTHFM Directors to state the timescale in the action log and pass onto MT as lessons learnt via the VIU scheme.

11-22/23 / Digital, Finance and Performance indicators (IBR) – where not reported above

All elements were covered in earlier reports and there was no further discussion required.

12-22/23 / Information Governance Executive Group (IGEG) minutes

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

13-22/23 / Risk Management Report – Board Assurance Framework & Corporate Risk Register

MT noted the importance of having strategic risks included on the BAF for gaining assurance. LM thanked MT and the team for the realignment work. LM said she would like to see the Net Zero plan as a headline within the BAF, noting that the North East and Cumbria ICS has just set up its own sustainability faculty around this. MT and LM agreed to pick discussions up outside of the Committee.

14-22/23 / Senior Information Risk Owner (SIRO) Report

AW said that we are in a better position than last year and we are looking at support to improve further. LM noted the improvement and thanked AW and his team. LM asked if risk to patient safety and standards had been considered due to our 'approaching standards' status.

15-22/23 / Issues to escalate to the Board and/or other Committees

LM confirmed that these would be included within the Chair's brief for Board of Directors.

16-22/23 / Issues to escalate for BAF and CRR consideration

There were no further issues to escalate.

17-22/23 / Any other business

There was no further business to discuss.

18-22/23 / Time and Date of next meeting

The next meeting will be held on 20 September from 9am-11am.

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Report to:	Board of Directors
Date of Meeting:	28 September 2022
Subject:	Audit Committee Annual Report 2021/22
Director Sponsor:	Jenny McAleese, Audit Committee Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Priorities	**Board Assurance Framework**
☒ Our People ☒ Quality and Safety ☒ Elective Recovery ☒ Acute Flow	☒ Quality Standards ☒ Workforce ☒ Safety Standards ☒ Financial ☒ Performance Targets ☒ DIS Service Standards ☒ Integrated Care System

Summary of Report and Key Points to highlight:
To receive the Audit Committee Annual Report 2021/22.

Specifically, to note and discuss:
In line with best practice it is recommended that Audit Committees prepare an annual report to the Board of Directors and Council of Governors that sets out how the Committee has discharged its responsibilities and met its Terms of Reference. The attached report summarises the Committee's work during the year 2021/22.

Recommendation:

The Board of Directors are asked to note the completion of the Committee's annual report.

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

Meeting	Date	Outcome/Recommendation
Audit Committee	6 September 2022	Approved

Audit Committee Annual Report 2021/22

Introduction

In accordance with best practice and the NHS Audit Committee Handbook, this report has been prepared to provide the Board of Directors and the Council of Governors with a summary of the work of the Audit Committee during the period April 2021– March 2022, and in particular how it has discharged its responsibilities as set out in its Terms of Reference.

The Trust's Audit Committee meets at least five times per year and representatives from the external auditor, internal auditors and the counter fraud service attend these meetings.

The Trust has been through the most challenging year to date. The COVID 19 pandemic, which hit in March 2020 and continued throughout the year and into 2022, necessitated major changes to the configuration of Trust services and the way it supported delivery of these. Consequently, the audit of the year-end accounts and all associated meetings were conducted remotely.

Overview of the year 2021/22

Non-executive Directors make up the membership of the Audit Committee as follows:

- Jenny McAleese - Chair
- Steve Holmberg - Chair of the Quality Committee
- Denise McConnell (joined December 2021)
- Lynne Mellor – Chair of the Resources Committee (joined September 2021)
- David Watson (resigned May 2021)

Table 1: Audit Committee Attendance

	Meeting Dates					
	11/05/21	**10/06/21** **Year-end**	**06/07/21** **Time Out (Cancelled)**	**16/09/21**	**09/12/21**	**17/03/22**
Jenny McAleese (Chair)	✓	✓		✓	✓	✓
David Watson	✓					
Steve Holmberg	✓	Apols		✓	✓	✓
Lorraine Boyd		✓				
Lynne Mellor				✓	✓ (Chair)	✓
Denise McConnell					✓	✓

The Audit Committee met on five occasions during 2021/22 and all meetings were quorate.

The Committee was supported in its meetings by:

- Finance Director
- Head of Corporate Finance and Resource Management
- Foundation Trust Secretary/Associate Director of Corporate Governance
- External Audit (Engagement Lead and Engagement Manager)
- Internal Audit (Head of Internal Audit, Internal Audit Manager, Senior Internal Auditor)
- Local Counter Fraud (Counter Fraud Manager, Counter Fraud Specialist, Anti-Crime Specialist)

Other staff were requested to attend the meeting for specific items:

- Chief Executive (for the Annual Governance Statement)
- Medical Director (for Medical Staff Continuity, Care Group Governance and Serious Incidents)
- Director of Workforce and Organisational Development (for Medical Staffing)
- Deputy Director of Patient Safety & Quality Improvement (for a Clinical Governance Updates)
- YTHFM Managing Director/Director of Resources (for YTHFM updates)
- Interim Head of Risk (for corporate risk register and risk management framework)

Private sessions were held with Internal Audit (Audit Yorkshire) and External Audit (Mazars) prior to the year-end meeting. Internal Audit and External Audit are encouraged to discuss any concerns they may have with the Audit Committee on an ad hoc basis.

The Audit Committee's duties cover the following areas:

- Monitor the integrity of the activities and performance of the Trust and YTHFM and any formal announcement relating to the Group's financial performance.
- Monitor governance and internal control for the Group.
- Monitor the effectiveness of the internal audit function for the Group.
- Consider the appointment of the external auditors, providing support to the appointment made by the Council of Governors.
- Review and monitor external audit's independence and objectivity and the effectiveness of the audit process for the Group.
- Develop and implement policy on the employment of the external auditors to supply non-audit services.
- Review standing orders, financial instructions, and the scheme of delegation.
- Review the schedule of losses and compensation.
- Review the annual fraud report.
- Provide assurance to the Board of Directors on a regular basis.
- Report annually to the Board of Directors on its work in support of the Annual Governance Statement.

Work of the Committee

The Committee currently organises its work under seven headings: Corporate Committee Work (Work *Groups)*, *Internal Audit, External Audit*, *Finance Issues and Governance Issues, Counter Fraud, York Teaching Hospital Facilities Management (YTHFM)*.

Each meeting considers the business that will enable the Committee to provide the assurance to the Board of Directors that the systems and processes in operation within the Trust are functioning effectively.

The Board's sub-committees play a role in managing the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The Risk Committee plays a greater part in this and the BAF and CRR went to every Risk Committee and onwards to Resources Assurance Committee and Quality Assurance Committee with the Audit Committee seeking assurance about the processes in place.

The Data Quality Working Group is a sub-group of the Group Audit Committee and reports directly to it. The group consists of some members of the Audit Committee and tests the quality of data used within the organisation. Its role is to examine and understand data quality issues relating to finance, human resources, risk and legal services and patient information systems. During 2021/22 the Group met four times and discussed the robustness of quality data across the Trust and for example where this was processed and regarding quality checks prior to the various submissions to the regulator.

Internal Audit and Counter Fraud Services are provided by Audit Yorkshire. The Chair of the Audit Committee and the Director of Finance sit on the Board of Audit Yorkshire, which meets quarterly.

The conclusions, including the assurance level and the corporate importance and corporate risk ratings, all findings, and recommendations of finalised Internal Audit reports, are reviewed by the Audit Committee. The Committee can, and does, challenge Internal Audit on assurances provided, and requests additional information, clarification or follow-up work if considered necessary. All Internal Audit reports are discussed individually by the Audit Committee.

Internal Audit uses an inclusive risk-based approach to building its Internal Audit plans, with senior management identifying areas of risk or concerns which may then be included. Whilst this approach identifies current weaknesses and leads to activities which improve control, it almost invariably leads to an audit report giving an opinion of *"limited assurance"*. All Control Improvement Audits are reported to the Audit Committee. Internal Audit is asked to undertake additional audits and reviews following any concerns raised by senior management. The Audit Committee regularly reviewed the list of outstanding audit recommendations throughout the year and is pleased to report that these continue to fall.

A system whereby all internal audit recommendations are followed-up on a quarterly basis is in place. Progress towards the implementation of agreed recommendations is reported, including full details of all outstanding recommendations, to the Director Team and the Audit Committee on a quarterly basis. The Chief Executive continues to meet with the Audit Sponsor of all limited assurance audit reports.

The Audit Committee reviewed the Internal Audit Plan for 2021/22 and
Internal Audit Effectiveness was reviewed by the Committee during 2021/22.

The Counter Fraud Plan was reviewed and approved by the Audit Committee and the Local Counter-Fraud Specialist (LCFS) presented the Annual Report detailing progress towards achievement of the plan, as well as summaries of investigations undertaken.

External Audit - Mazars were appointed as the Group's external audit provider at the beginning of August 2020.

During the 2021/22 financial year the Audit Committee reviewed all External Audit's reports arising from their audit work in relation to the final accounts, the Annual Governance Statement and Value for Money review.

The External Auditors have attended the Audit Committee and regularly updated the Committee on progress against their agreed plan, on any issues arising from their work and on any issues or publications of general interest to Audit Committee members.

The Audit Committee reviewed and approved the External Audit Engagement Letter in June 2021.

During 2021/22 the Audit Committee reviewed and, where appropriate, approved the following documents prior to submission to the Board of Directors:

- Board Assurance Framework and Corporate Risk Register in May, September, December 2021, and March 2022.
- Standing Financial Instructions and Reservation of Powers and Scheme of Delegation in December 2021.
- The Annual Governance Statement and the Head of Internal Audit Opinion prior to submission to the Board at the year-end meeting held in June 2022.

In relation to the governance of the Audit Committee itself, the Committee undertook the following tasks during 2020/21:

- Review and approval of Audit Committee Terms of Reference and work programme at the meeting held in September 2021.
- Ongoing review and revision of the Audit Committee's timetable.
- Support of the work in relation to the appropriate functioning of the Board Committees and ensuring that, where appropriate limited assurance Internal Audit Reports, further scrutiny by the appropriate Board Committee took place.
- Review of effectiveness leading to a verbal review at each meeting.

Meetings for the coming year

The Audit Committee has been encouraged by the work carried out during 2021/22 to strengthen the Trust's governance systems and to improve the lay-out and functioning of Board Assurance Framework, recognising there are minor aspects to address in refinement. Further areas to address are the identification, recording and escalation of incidents in Datix.

There remains work to do to ensure that strong governance is at the heart of the Care Groups, but the position is improving now that the Governance Facilitators have been established. Equally, whilst we have improved in terms of becoming a learning organisation, we are still not where we want to be. The plan is that the Quality Improvement agenda will help us make significant progress in this area.

The HPV Incident of 2019 had work commissioned for the Internal Auditors to carry out an investigation: that work has now been completed and the Audit Committee updated on its assurance. There remains work around the related management of subcontractors to be concluded in the coming year.

Conclusion

The Audit Committee continues to be of significant importance in the context of increasing pressure on the NHS, both in terms of finance and operational performance. The Audit Committee ensures control processes and procedures are fit for purpose and continue to function effectively alongside the drive for ever more cost reductions.

The Committee is conscious of the need to give equal prominence to financial and clinical audit and has been pleased with the progress made this year. The Audit Committee continues to provide an overarching link between the Board Committees to ensure that audit work and risk is covered in the appropriate forum.

Members of the Committee are pleased to note the continued support for audit work from the organisation. This endorsement and support are both extremely important, as is the culture of openness and the desire always to learn and to improve.

This year I again pay tribute to the finance, internal and external audit teams and the Chair and Chief Executive's Team support team for their hard work in relation to the preparation and audit of the Annual Accounts and the associated reports.

Finally, I thank the Board for the strong support it gives to the work of the Audit Committee.

Jenny McAleese, Chair of the Audit Committee
August 2022