York and Scarborough Teaching Hospitals
NHS Foundation Trust

Agenda

Council of Governors (Meeting held in Public)

Thursday 1 December 2022
Malton Rugby Club at 10.30am

York and Scarborough Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

The programme for the next meeting of the Council of Governors will take place:

On: Thursday 1 December 2022

Venue: Malton Rugby Club

TIME	MEETING	LOCATION	ATTENDEES
10.00 – 10.30	Governors meet General Public	Malton Rugby Club	Council of Governors Members of the Public
10.30 – 13.45	**Council of Governors meeting held in public**	**Malton Rugby Club**	**Council of Governors Non-executive Directors Executive Directors Members of the Public**
14.30 – 15.30	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Council of Governors (Public) Agenda (01.12.22)

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Apologies for absence and quorum** To receive any apologies for absence	Chair	Verbal	-	10.30 – 10.35
2.	**Declaration of Interests** To receive any changes to the register of declarations of interest	Chair	Enclosed	6	
3.	**Minutes of the meeting held on 26 September 2022** To receive and approve the minutes from the meeting held on 26 September 2022	Chair	Enclosed	10	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes	Chair	Enclosed	19	
5	**Chief Executive's Update** To receive a report from the Chief Executive	Chief Executive	To follow		10.35 – 10.50
6	**Chair's Report** To receive a response to the Chair's letter	Chair	Enclosed	21	10.50 – 11.00
7	**Equality, Diversity & Inclusion** To receive an overview and introduction from the new Leads	Head of EDI / Patient EDI Lead	Enclosed	24 & 45	11.00 – 11.20

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	**Staff Retention** To receive a report on actions taken to increase staff retention	Director of Workforce	Enclosed	68	11.20 – 11.40
	BREAK 11.40 – 11.55				
9	**Internal Audit** To receive an overview of work undertaken by the team	Audit Manager	Enclosed	77	11.55 – 12.15
10	**Assurance Committees Updates** To receive updates from the Chairs of the following Assurance Committees: 10.1 Audit 10.2 Digital, Performance & Finance 10.3 Quality & Safety 10.4 People & Culture	Chairs of the Committees	Enclosed	84	12.15 – 12.35
11	**Governors Report** To receive a report from the governors on their activities	Governors	Enclosed	93	12.35 – 12.45
12	**Governance Update** To receive a report on governance issues and actions	Assoc. Director of Corporate Governance	Enclosed	122	12.45 – 12.55
13	**Items to Note** 13.1 CoG Attendance Register 13.2 Governor Elections update 13.3 Trust Priorities Report 13.4 BAF 13.5 Acronym Buster		Enclosed	 129 131 135 167 185	12.55 – 13.00
14	**Questions received from the public** To discuss and answer the questions received from the public	Chair	To follow		13.00 – 13.45

	SUBJECT	LEAD	PAPER	PAGE	TIME
15	**Any other business**	Chair	Verbal	-	13.45

16 Time and Date of next meeting

The next Council of Governors meeting will be held on Thursday 16 March 2023, timings TBA, Malton Rugby Club.

List of Visiting Presenters

Equality, Diversity, Inclusion Lead	Virginia Golding
Patient Equality, Diversity, Inclusion Lead	Helen Ketcher
Director of Workforce and ODIL	Polly McMeekin
Internal Audit Manager	Jonathan Hodgson

Register of Governors' interests
December 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item No. 2

Additions:
Cllr Liz Colling
Mary Clark
Abbi Denyer
Colin Hill
Wendy Loveday
Julie Southwell
Andrew Stephenson
Franco Villani
Linda Wild
Maria Ibbotson

Deletions:
Helen Fields
Mick Lee

Modifications:

Register of Governors' interests 2022/23

York and Scarborough Teaching Hospitals NHS Foundation Trust

Governors	Relevant and material interests						Other
	Directorships including non -executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks.	Any connection with other organisations.
Rukmal Abeysekera (Public: York)	Nil	Nil	Nil	**Chair** – Askham Richard Parish Council	Nil	Nil	Employee of University of York
Bernard Chalk (Public: East Coast of Yorkshire)	**Director/Trustee** - Dial a Ride (Scarborough and District)	Nil	Nil	Nil	Nil	Nil	Nil
Mary Clark (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Dawn Clements (Appointed: Hospices)	Nil	Nil	Nil	**Director of Income Generation -** St Leonards Hospice York	**Director of Income Generation -** St Leonards Hospice York	Nil	Board Director – York Professionals (as of 12.10.21) Private Limited Company by guarantee without share capital use of 'Limited' exemption
Cllr Liz Colling (Appointed: NYCC)				**Councillor** - NYCC	**Councillor** - NYCC	**Councillor** - NYCC	
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Member of the York Sight Loss Council

Abbi Denyer (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Keith Dobbie (Public: East Coast of Yorkshire)	**Director** – Woodlands Academy **NED** – Sandsfield RMC Ltd	Nil	Nil	Nil	Nil	Nil	Nil
Alastair Falconer (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Colin Hill (Public: East Coast of Yorkshire)	Nil	Director of Chiltern East Coast Ltd.	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Maria Ibbotson (Public: East Coast of Yorkshire)	Nil	Nil	Nil	**Trustee** – Bridlington Health Forum			Member of Conservative Party
Paul Johnson (Staff: York)	Nil	Nil	Relative is an MD of company on the Trust's procurement system.	Nil	Nil	Nil	Nil
Sally Light (Public: York)	Nil	Nil	Nil	**CEO -** Motor Neurone Disease Association.	MND Assoc. provides funding to NHS organisations & associated universities for provision of care and MND research.	There is no financial or other arrangement between the MND Association and the York & Scarborough Trust.	Nil
Maya Liversidge (Staff:Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Wendy Loveday (Public: Selby)	Nil	Director of Fleetways Taxis	Nil	Nil	Nil	Nil	Nil
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	Employee of University of York

Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	**Member** - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory). **Member** - Patient and Public Involvement at the University of York, researching Health Inequality. **Lay Member** – Trust's Research & Development Panel
Sue Smith (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Julie Southwell (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Stephenson (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Catherine Thompson (Public: Hambleton)	Nil	Director of Catherine Thompson Consulting Ltd.	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership	Nil
Franco Villani (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Linda Wild (Public: East Coast of Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil	Councillor & Mayor of Whitby.

Minutes

Public Council of Governors meeting
26 September 2022

Chair: Alan Downey

Public Governors: Rukmal Abeysekera, City of York; Helen Fields, City of York; Sally Light, City of York; Bernard Chalk, East Coast; Keith Dobbie, East Coast; Catherine Thompson, Hambleton; Alastair Falconer, Ryedale & EY

Appointed Governors: Gerry Richardson, University of York; Paul Johnson, YTHFM; Dawn Clements, Appointed Governor – Hospices; Cllr Liz Colling, NYCC

Staff Governors: Maya Liversidge, Scarborough/Bridlington; Mick Lee, York; Sharon Hurst, Community

Attendance: Jenny McAleese, NED; Lorraine Boyd, NED; Lynne Mellor, NED; Denise McConnell, Steve Holmberg, NED; Simon Morritt, Chief Executive; Heather McNair, Chief Nurse; James Hawkins, Chief Digital Information Officer; Lucy Brown, Director of Communications; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Presenters: Rachel Brook, Charity Operations Manager; Karen Cowley, ACOO - Specialised Medicine, Orthopaedics, Ophthalmology and Outpatient; David Thomas, ACOO – Acute, Emergency & Elderly Medicine; Liz Hill, ACOO – Surgery; Neil Wilson, Head of Partnerships & Alliances

Public: 8 members of the public attended

Apologies for Absence: Michael Reakes, City of York; Sue Smith, Ryedale & EY; Beth Dale, City of York; Andy Bertram, Finance Director; Jim Dillon, NED; Matt Morgan, NED; Ashley Clay, ANED

22/35 Chair's Introduction and Welcome

Alan Downey welcomed everybody and declared the meeting quorate.

22/36 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

22/37 Minutes of the meeting held on the 7 July 2022

The minutes of the meeting held on the 7 July 2022 were agreed as a correct record

22/38 Matters arising from the minutes

Keith Dobbie asked about the minute taking process as he felt not everything was captured at the last meeting, particularly around delayed discharges. Alan Downey replied that the minutes were not intended to be a verbatim account, but a reflection of the important issues discussed. However, it was important that governors had the opportunity to review the minutes and suggest additions and amendments. In future the trust would aim to circulate draft minutes for comment as soon as practicable after each meeting.

Keith Dobbie asked for an update on delayed discharges. Simon Morritt replied that this had reduced to around 120, with the aim of a further reduction to 60 with collaboration from local authorities and the ICS.

Action Log

21/70 08.12.21 – Night Owl Project: Alastair Falconer advised that there was supposed to have been a presentation on the subject at the Patient Experience Steering Group meeting but it has been postponed until the next meeting. The action will remain open until the Council receive an update on progress.

22/22 07.07.22 - Provide data on orthopaedic activity levels at Bridlington Hospital to the Council. Simon Morritt advised that this was ongoing and will provide the data asap.

22/22 07.07.22 - Share the link to the ICS Engagement Strategy with the Council. Lucy Brown advised that this was not yet available but will share it as soon as it is.

22/28 07.07.22 - Bring some model hospital data to the next CoG meeting. Alan Downey advised that this has been handed over to Mike Taylor and it is on the agenda for discussion.

22/39 Bridlington Update

Neil Wilson gave an update on the service development plan for the Bridlington site. This was produced in conjunction with the Bridlington Health Forum and was shared at the Bridlington Healthcare Stakeholder Planning Event on 30 June. Further information will be added in due course.

The Council was then given a presentation as follows (Appendix A):

- Liz Hill gave an overview of progress so far with surgical utilisation at Bridlington.
- David Thomas gave an outline of medical service developments. Neil Wilson added that there are monthly operational meetings with Bridlington Health Forum to develop the service work plan.
- Karen Cowley spoke about Ophthalmology at Bridlington, including the establishment of a Glaucoma Clinic and a One Stop Cataract Clinic. Options to expand the Ophthalmology service were being explored.
- Liz Hill gave a summary of the TIF2 bid to develop the Outpatient space to deliver more outpatient procedures, and to develop the pre-assessment services across all surgical specialties. They were struggling with the delivery of a Urology service, but this will stay on the agenda for reviewing.
- Neil Wilson spoke about the Elective Transport Pilot Scheme which gives patients transport assistance to and from York Hospital / Scarborough Hospital.

The Council raised the following points: -

- It is very encouraging to see the strands of work going on. The Council would like to see a coherent vision, a development plan with timescales and milestones.

- Has the team received feedback from patients or their carers about being relocated to Bridlington? David Thomas replied that he can provide that feedback to the Council.

- Are the matron appointments based at Bridlington? David Thomas confirmed they are. They are responsible for the daily quality and safety standards on the site. If the matrons are not on site and an issue arises then there are a set of Standard Operating Procedures (SOPs) that would be followed.

- The strategy/action plan is centred on one area. The Council would like to see a strategy/action plan for all parts of the East Coast. Simon Morritt agreed but added that one of the challenges is that the East Coast straddles two 'places', North Yorkshire and the East Riding. Alan Downey added that he will feed back to the ICS the risk that the needs of the East Coast may not be adequately served if there is undue focus on 'place' and not enough on areas which cut across 'place' boundaries.

Members of the Public commented (Bridlington): -

- It was encouraging to hear about the action plan for Bridlington. We agree that there should be an East Coast strategy. The people we represent are concerned about the reduction of services in Bridlington, and we are happy to work with the Trust on this.

Action: David Thomas to provide the Council with patient/carers feedback on being relocated to Bridlington.

22/40 Outpatient Transformation Work (OTW)

The Council was given a presentation (Appendix B) by Karen Cowley on the OTW program and the priority areas and highlighted the following: -

- Referral Optimisation – collaborate to treat patients without the need for a referral to secondary care where possible.
- Alternative Models of Care – deliver efficient care in alternative ways, ie. Virtual clinics, video/telephone consultations, etc.
- Patient Activated Care – patient self-management, education and prevention.

The Council raised the following points: -

- The main focus is on getting patients to see clinicians as quickly as possible. When booking appointments are you also able to take into account patients' wish to have an appointment close to home? Karen replied that it is about asking for patients' postcodes, transportation availability and on which site the service is offered. It is also about the urgency of the appointment. They were working with the appointments team to identify postcodes and services available locally.

- The language around the OTW is completely incomprehensible to most people and it was difficult to understand. Also, because of the alternative models of care that now exists, would it be better to change "Outpatients" to some other name that is

more fitting? Karen replied that it is about the dialogue with GPs and there is a long way to go.

- There is a concern around patients with multiple morbidities. Is there a way of making the appointment system more friendly by booking patients' appointments all on one day? Karen replied that it is not something that is looked at nationally, but they were exploring this to see where the system could be tweaked to enable this to be done more frequently. They were aware of the potential for too much information for patients and carers to process if they had more than one appointment on the same day. She also said they were looking at the best ways of giving patients information to review at home.

- What is the DNA (Did Not Attend) rate? How do patients text message the hospital to advise that they cannot attend? Karen replied that the current DNA rate stands at 6%. In terms of bi-directional text messaging, patients can confirm they are attending or not attending. For those who cannot attend, they will be sent a message to say they will be contacted to arrange another appointment by telephone.

22/41 Chief Executive's Update

Simon Morritt gave an overview of his report and added an update on the following topics:

- Discharge pathways – the ICB has pushed with the local authorities, York City Council and North Yorkshire Council to come up with a plan to reduce the number of delayed patients in the hospital. A plan for York Hospital has been signed to reduce those figures from 120 delays to around 60 delays on a daily basis. If this happens then the challenge for the Trust is to be confident that it can make best use of the acute medical wards. A plan has been produced and will be shared with the Council.

  The new Health Secretary, Therese Coffey, has talked about an additional £500m fund to help get patients out of hospital is to be set up to help the NHS in England through winter. 1% of this for the Trust would be £5m.

- Board appointment – Karen Stone has been appointed the new Medical Director and will commence in post on 28 November 2022.

- Ambulance delays – the Trust is providing additional staff to manage patients as they are dropped off at the front door of ED. They will be starting this week.

- Elective recovery and doing additional work – discussions are ongoing regarding the flexibility within the pension scheme to accommodate this.

The Council raised the following points: -

- With regard to the discharge pathway, are you having education of patients as part of this plan? Simon replied that it is the responsibility of the clinician involved with the discharge of a patient to have the right conversation with them. The Trust will not discharge a patient if an adequate package of care is not in place.

Action: Simon Morritt to share the Acute Flow Action Plan with the Council.

The Council:

- **Received the report and noted its contents.**

22/42 CQC Update

Heather McNair gave an update on progress and gave a presentation on areas of improvement (Appendix C).

- Action Plan – there are a total of 66 actions. 20 are in progress and 44 have been completed.
- Nucleus Programme – Phase 1 has been fully rolled out in York Hospital this week and Scarborough Hospital throughout October. Phase 2 is ongoing.
- ICB are co-ordinating a system response to support the Trust with delayed discharges and are working with Local Authorities to improve the situation.

The Council raised the following points: -

- There is a mixture of CPD and SystmOne. Risk assessments are not taking place on Nucleus. Heather replied that this will take place in phase 2 of the project. With regard to the CQC, it is a journey and the Trust is making progress.

- Has the CQC been a catalyst for quickening the pace of this progress? Heather confirmed it was and added that it is about prioritising and what the risks are.

- Would the new programme give you staffing requirements on a ward? Heather replied that they use the Safer Nursing Care Tool (SNCT) for that.

- What are you doing about nurse recruitment and retention? Heather replied that Nurse retention is above the national average. With regard to recruitment, the Trust has welcomed a cohort of newly qualified nurses this month. However, there is still a shortage of around 100 registered nurses across the organisation. Plans are in place to recruit internationally, offer apprenticeships, career development, etc., but in doing that the organisation will not get the extra 100 until next year. There is a need to right-size clinical areas to the number of staff available.

- You are hoping for a full staffing complement by October next year. Where from? Heather replied that the increased numbers will start with the newly qualified nurses next year. International recruitment of nurses is the biggest area and a lot of work is ongoing in retaining these nurses.

Steve Holmberg commented that the Quality & Safety Assurance Committee keep an eye on the CQC response. The timing of the CQC visit was unfortunate because it came soon after the pandemic and plans put in place to recover from the pandemic had not taken traction. Historically, the Trust has struggled with low nurse staffing numbers. To make matter worse, because of a previous CQC inspection, the Trust was reprimanded for using two assessment systems, paper and electronic, so the Trust went back to paper. At the latest CQC visit, this went against the Trust because the process was not digitilised. The Trust was also hit with the collapse of community care to the extent that the Trust has an unprecedented number of delayed packages of care. In terms of response to the CQC the

biggest improvement is the move to digitilisation which frees up nurses to spend more time with their patients.

Alan Downey commented that the Board shared the concerns which the governors had expressed about the CQC report. He was satisfied that the Trust has made significant progress and will continue to do so. His anxiety levels about the Trust's response to the CQC report were now significantly reduced, but there was no room for any complacency: the Trust needed to keep pushing for improvements. Although demonstrable progress had been made in the medical wards which the CQC inspected, he was concerned that when they return the CQC are likely to inspect the York Emergency Department which is currently under immense pressure.

Heather McNair advised that there will be a separate CQC inspection on maternity services.

22/43 Scarborough Charity Appeal

Rachel Brook explained what the York & Scarborough Charity does and how it raises funds for the extras that the NHS does not fund. This year £1.2m had been spent and during the years of Covid £1.8m was spent. She gave an account of the various income streams and the various campaigns and appeals that takes place to raise funds for certain projects.

She spoke about the Scarborough Charity Appeal and how it will be used to improve patient care and experience. Further information can be found at Scarborough Urgent and Emergency Care Appeal (scarboroughuecappeal.co.uk)

22/44 Chair's Report

Alan Downey advised that this had been sent in advance of the meeting as he had been on annual leave for the couple of weeks running up to the meeting. He highlighted the following: -

- CQC – the Trust needs to show progress and is doing so.
- Development of high performing unitary Board – a Board development session has been arranged for this week with an external facilitator.
- Governor elections – these are ongoing. Results will be available at the end of the week.
- Governor resignation of David Wright – this will be picked up at Private CoG.

The Council did not raise any points.

22/45 Assurance Committees Updates

Group Audit Committee

Jenny McAleese advised that there was no update as the last meeting was the Year End meeting.

Digital, Performance & Finance Assurance Committee

Lynne Mellor gave an overview of the new Committee which replaces the Resources Assurance Committing. She highlighted the following: -

- The vacancy for a Chief Nurse Information Officer has now been filled.
- Digital – discussed earlier in the meeting.
- Performance – discussed earlier in the meeting.
- Finance – CYPHER issue has now been resolved. It will be replaced.

Quality & Safety Assurance Committee

Steve Holmberg referred to the dashboard indicators which historically were largely green with a few ambers and an occasional red. Since the pandemic this has changed to a more amber and red landscape. The challenge is to work through and find a way in which the Committee can receive assurance of a safe service with that sort of dashboard. The Committee is looking towards Executive colleagues to identify their red lines above which the Committee can have some confidence that the service is reasonably safe. It is clear that over the last three months things have moved in the right direction.

People & Culture Committee

In the absence of the Chair of the Committee, Lorraine Boyd explained the purpose of the new Committee was to monitor staffing priorities and find a way of usefully tracking recruitment and retention, and how this impacts on safety of services. There will, over time, be more communication between the Board sub-committees as things progress.

The Council raised the following points: -

- Has the mental health issue in ED at Scarborough Hospital been resolved yet? If not, is it on the risk register? Steve Holmberg replied that this had not yet been fully resolved. TEWV have their own issues with staffing. It is on the Trust's risk register.

Action: Add Put mental health issue in ED at Scarborough on the next agenda.

The Council:

- **Received the updates and noted the contents.**

22/46 Changes to the Constitution

Mike Taylor gave an overview of the changes put forward by the Constitution Review Group.

The Council accepted all the changes apart from reducing governor total tenure from 9 years to 6 years and asked for it to be taken back to the Constitution Review Group.

The Council also suggested adding that after a governor's full tenure is served, they can reapply after a certain period of time.

Action: Take back Governors' views to the Constitution Review Group around governor tenure and being able to reapply.

The Council:

- **Ratified the changes to the Constitution apart from the governor tenure.**

22/47 Monitoring Trust Performance / KPIs

Mike Taylor discussed the wealth of data in the NHS and had chosen a list of metrics as examples of reports that he can bring to the Council of Governors giving clear information on Trust performance across a number of key metrics and in comparison with peers across the ICS. It needed to satisfy a number of audiences, including the Board, the Council and NHSE.

Suggestion from the Council was to add the data for the number of delayed transfers of care. There was a need to compare the Trust with other trusts to ascertain why some were doing better. Catherine Thompson commented that it was a good start and included the right type of information. She offered to work with Mike on the data to add to the document.

Keith Dobbie was keen to see the Trust appearing in the list of the top 100 trusts based on cost per patient. Gerry Richardson pointed out that cost per patient is a very narrow and not especially revealing metric: a broader and more complex set of indicators is required in order to measure the comparative performance of trusts. Keith responded by saying it should be average costs.

Action: Mike Taylor to bring back to next Council meeting a revised Trust Performance / KPIs document.

22/48 Governors Report

The Council accepted the report and noted its contents.

22/49 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Research & Development Quarterly Update
- Governor Elections Update
- Proposed Meeting Dates 2023/24
- Audit Committee Annual Report 2021/22

No comments were made.

22/50 Questions received in advance from the Public

Alan Downey gave an overview of the process when receiving questions from the public. He commented that he had been in correspondence with both Mr Wane and Dr Hayes and shared these with the governors. It was the type of approach he would like to adopt in future. He asked if the governors were happy with the answers to the questions.

The Council feedback was as follows: -

- They found it very helpful to see the questions and the Trust responses to them.

- With regard to how constituency members can contact the governors, there needs to be a set of principles established on how members of the public can have access

to their governors without going through the Trust. Alan agreed and promised to look at ways the Trust can facilitate that.

Action: Mike Taylor/Tracy Astley to look at mechanisms for members of the public to contact their governors directly and at the way the Trust deals with questions to the governors from members of the public.

Alan confirmed that after the meeting the Q&A document will be posted on the Trust website and those asking questions will receive individual emails with the Q&A document attached.

22/51 Any Other Business

No other business was discussed.

22/52 Time and Date of the next meeting

The next meeting will be held on Thursday 1 December 2022, 10.00am, Malton Rugby Club.

Governor Membership
Central Action Log

Item 4

BRAG ratings:		= Action is Complete
		= Action is not on Track
		= Action in jeopardy of missing due date
		= Action is on Target

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public CoG	21/70	08/12/2021	Night Owl Project: Presentation cancelled at last PESG meeting until next meeting. CoG to receive update.	Alastair Falconer Beth Dale	Dec'22	The project has been narrowed into a QI project working with one of the admission wards – Hannah Gray is coordinating this work. The plan was to identify some solutions in one ward and then share good ideas/practice when we have tested some elements out. – update provided by Tara Filby, Deputy Chief Nurse.
Public CoG	22/22	07/07/2022	Provide data on orthopaedic activity levels at Bridlington Hospital to the Council.	Simon Morritt	Sept'22	Email sent to governors 31/10 with information. Action complete.
Public CoG	22/24	07/07/2022	Review the NED appraisal form to allow for a more free flow narrative instead of tick boxes.	Mike Taylor	Dec'22	On Governance update at public CoG. Action complete.
Public CoG	22/39	26/09/2022	Provide the Council with patient/carers feedback on being relocated to Bridlington.	David Thomas	Oct'22	
Public CoG	22/41	26/09/2022	Share the Acute Flow Action Plan with the Council.	Simon Morritt	Oct'22	Email sent to governors 31/10 with information. Action complete.
Public CoG	22/46	26/09/2022	Take back Governors' views to the Constitution Review Group around governor tenure and also being able to reapply.	Mike Taylor	Dec'22	On December CRG agenda.
Public CoG	22/47	26/09/2022	Bring back to next Council meeting a revised Trust Performance / KPIs document.	Mike Taylor	Dec'22	On December Public CoG agenda. Action complete.

Governor Membership
Central Action Log

Public CoG	22/50	26/09/2022	Look at mechanisms for members of the public to contact their governors directly.	Mike Taylor / Tracy Astley	Oct'22	On December Private CoG agenda. Action complete.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Council of Governors
Date of Meeting:	1 December 2022
Subject:	Chair's Report
Director Sponsor:	Alan Downey, Chair
Authors:	Alan Downey, Chair

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:

This paper provides an overview of Trust developments and the Chair's activities since September CoG.

Recommendation

The Council of Governors is asked to note the report and the author will respond to any questions or comments, as appropriate.

The time has flown, and a great deal has happened, since our last Council of Governors meeting on 26 September. In this short report I highlight what I see as the key developments.

CQC inspection

I hope you have all seen Simon Morritt's communication to all staff in which he summarised the feedback from the CQC following their inspection in the week beginning 14 October. Just to remind you, the positives are that the CQC noted improvements in the York medical wards which they had previously inspected in March; and they made a number of encouraging comments about the way staff are managing under great pressure in the Scarborough Emergency Department and the Scarborough medical wards. The disappointing news is that they highlighted significant new concerns in relation to the York Emergency Department and our labour wards and theatres. The Trust has responded very quickly to address these concerns. As I write, we are in the midst of the Well Led inspection, and we may have had some initial feedback from the CQC by the time of the CoG meeting.

Nucleus project

In my last report I mentioned that the Trust was starting the Nucleus roll-out. This is a project to provide nurses and healthcare assistants with hand-held devices and tablets to record patients' admission data. Since then, and in a matter of only two or three months, Nucleus has been successfully implemented in 44 out of 44 clinical areas across the Trust. This is a tremendous success story which goes to show what we can achieve in the Trust when we harness the enthusiasm, professionalism and commitment of staff members. Nucleus is far more than 'just another IT project': the feedback from nursing staff has been exceptionally good. They have found the new system easy to use, and they are delighted with how much time it saves when compared with the old, laborious, paper-based approach.

Appointment of new Executive Medical Director

In my last report I mentioned the appointment of our new Medical Director, though at the time of writing I was unable to share the name of the successful candidate. Karen Stone – currently Medical Director at Mid-Yorkshire Hospitals – will be joining our Trust on 28 November and will be attending the CoG meeting on 1 December.

Board development

Also in my last report I mentioned that Julia Unwin, Chair of York St John University, would be facilitating a Board development session on 28 September. I can now report that the session was a success which gave us plenty of food for thought and has undoubtedly helped us to develop as a more cohesive unitary board. I have asked Julia to run another session in the New Year.

Governor elections

It was great to be able to welcome our new Governors at an induction session on 11 October. At our CoG meeting on 1 December, we will hold what is billed as a training session on the role of the Governor. My intention is that this should be more of a discussion than a teach-in: although Governors have certain defined responsibilities, there is a good deal of latitude in how those responsibilities are exercised, so we need to share views and experiences in order to shape our approach.

My activities since our last meeting on 26 September

I have continued to have catch-up meetings at least weekly with Simon Morritt and reasonably frequently with NEDs, corporate directors, our Lead Governor, Sally Light, and our Freedom to Speak Up Guardian, Stef Greenwood.

Other recent meetings/events have included:

- visits to the Emergency Departments in both York and Scarborough, the Trust's IT Department and Care Groups 4 and 6.
- three meetings with fellow NHS Chairs across Yorkshire and the Humber.
- a meeting of the Hospital Charity Governance Committee which I chair.
- an introductory meeting with the new Chair of the Tees, Esk and Wear Valley mental health trust.
- a regional event on elective recovery.
- a trust-wide Celebration of Research event.
- a memorial service for renal patients in the York Hospital chapel.

Alan Downey
Chair

Report to:	Council of Governors
Date of Meeting:	1 December 2022
Subject:	Workforce Disability Equality Standard (WDES) Annual Report
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Divesity and Inclusion and WRES Expert

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:

This report is for assurance and has been shared with the Board and the People and Culture Committee for information and discussion. It sets out the Trust's 2022 WDES data, gives an overview on the progress of the 2021 action plan. It also incorporates an action plan for 2022-2023 to address the working experiences and career opportunities of Disabled colleagues.

The WDES data was required to be submitted to NHS England (NHSE) by 31 August 2022 and then uploaded to the Trust's website. The action plans were required to be approved and uploaded to the Trust's website by the 31 October 2022. As the October Trust Board meeting was deferred until November 2022, there was a slight delay in obtaining approval.

The Fairness Forum and Staff Network members were asked to comment on the draft action plan.

Comparison of the 2021 and 2022 data has shown that there has been good improvement within Metric 1 regarding Disabled staff in post. This could possibly be attributed to the increase in disability declaration rates. Metrics 2, 3, 4c, 5 and 6 have improved, 4b, 4d, 7 and 8 have deteriorated and 4a, 9 and 10 have remained static with

1 Board Member declaring themselves as Disabled. A statistical analysis has been used of 0.5% and a positive, negative and static movement have been highlighted in green, red and yellow. The data for Metrics 5-9 are taken from the Staff Survey so the Trust's data has been compared to our benchmark group's average

Many disabilities are hidden and should be taken into consideration when reading this report.

Responsibility at a senior level is required to ensure the Trust makes a significant improvement to improve the work experiences and career progression of our Disabled colleagues.

Recommendation:

The Council of Governors is asked to note the content of this WDES Annual Report and the Action Plan.

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
Board of Directors	2 November 2022	
People & Culture Committee	23 November 2022	

NHS Workforce Disability Equality Standard, 2022

1. Introduction and Background

The Workforce Disability Equality Standard (WDES) is a national annual reporting scheme which York and Scarborough Teaching Hospitals NHS Foundation Trust is required to comply with. Trusts are required by the NHS Standard Contract to use this data to develop action plans aimed at improving the experiences of Disabled colleagues. The data is required to be submitted to NHS England (NHSE) by 31 August 2022, this deadline was achieved. An action plan is to be drawn up and submitted to NHSE by 31 October 2022.

The WDES covers 10 Metrics regarding the career progression and work experiences of Disabled colleagues. The data is collected for the period of 1 April 2021-31 March 2022 and is taken from the Electronic Staff Record (ESR) and the national Staff Survey, with a snapshot of the data as at 31 March 2021. The Staff Survey data is from the 2021 Staff Survey.

This report provides an analysis of the 2022 data for the 10 Metrics covering the last three years, progress on the 2021 action plan and the action plan for 2022.

The Head of Equality, Diversity and Inclusion (EDI), the Fairness Forum and Trust colleagues have contributed to the production of the action plan. The Head of EDI will be attending the Enable Network to discuss the data and action plan with members. Combined Freedom to Speak Up and WDES roadshows will also be delivered.

Considerations

Due to the Head of Equality, Diversity, and Inclusion (EDI) commencing their role mid-August 2022 the presentation of the data analysis, staff engagement and co-production of the action plan has been carried out within a short timescale. The process will differ slightly within the next reporting period in 2023. An Annual Report will be presented before the data is submitted via the online portal by 31 August 2023 deadline. Wider staff engagement will take place to co-create the action plan prior to the deadline and submitted for approval before 31 October 2023.

North East, Yorkshire and Humberside Region, EDI support provided a data pack, 'WRES and WDES guidance' that was referred to in creating the action plan. Their information session was also attended.

2. Current Position/Issues

2022 Data Analysis

This analysis has used a method which highlights the positive, negative and static changes in the data. Positive is in green, negative is in red and a figure below 0.5% shows little statistical movement, therefore considered static and is highlighted in yellow. Statistically significant movement is +/- .0.5%.

Total Disabled Staff Headcount & Percentage (for 2022)	Total Non-Disabled Staff Headcount & Percentage (for 2022)	Total Trust Staff Headcount and Percentage (for 2022)	Total Headcount and Percentage of Staff Not Stated (for 2022)
420 (4.08%)	7,869 (76.4%)	10,300 (100%)	2,011 (19.52%)

According to the 'WDES Implementation team, May 2022, Workforce Disability Equality Standard 2021 data analysis report for NHS Trusts and foundation Trusts', there has been an increase of Disabled people in the total workforce, which is now 3.7%. Our declaration rate has increased to 4.08%.

Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff

2020 Total Disabled	2021 Total Disabled	2022 Total Disabled
Non-clinical Disabled • Bands 1-4 = 3.1% • Bands 5-7 = 2.3% • Bands 8a - 8b = 2.4% • Bands 8c – 9 & VSM = 3.1% **Clinical** • Bands 1 - 4 = 3.1% • Bands 5 - 7 = 2.78% • Bands 8a – 8b = 1.13% • Bands 8c – 9 & VSM = 0% • M&D Consultants = 0.75% • M&D Career Grades = 2.61% • M&D Trainee Grades = 2.64%	**Non-clinical Disabled** • Bands 1-4 = 3.5% • Bands 5-7 = 2.9% • Bands 8a - 8b = 3.4% • Bands 8c – 9 & VSM = 2.6% **Clinical** • Bands 1 - 4 = 3.3% • Bands 5 - 7 = 3.2% • Bands 8a – 8b = 1.5% • Bands 8c – 9 & VSM = 0% • M&D Consultants = 0.7% • M&D Career Grades = 1.7% • M&D Trainee Grades = 2.3%	**Non-clinical Disabled** • Bands 1-4 = 4.5% • Bands 5-7 = 4.7% • Bands 8a - 8b = 5.5% • Bands 8c – 9 & VSM = 3.6% **Clinical** • Bands 1 - 4 = 3.9% • Bands 5 - 7 = 4.6% • Bands 8a – 8b = 2.1% • Bands 8c – 9 & VSM = 0% • M&D Consultants = 0.7% • M&D Career Grades = 2% • M&D Trainee Grades= 2.2%

2022 has seen a positive statistical improvement in all non-clinical bands and clinical bands 1-8b. Movement has remained static from band 8c and above, this could be related to the perceptions about sharing a disability status or understanding about what is considered a disability. Also, according to the above report, 59% of Trusts have fewer disabled colleagues in senior positions (bands 8c and above including medical consultants and Board members).

Metric	Description	2020 Total Disabled	2021 Total Disabled	2022 Total Disabled

2	**Relative likelihood of Disabled staff being appointed from shortlisting compared to non-Disabled staff**	8.79 of overall workforce	6.27 of overall workforce	1.87 of overall workforce

The relative likelihood of Disabled colleagues being appointed from shortlisting has significantly improved since 2021 and the data shows that the Trust is reaching the level of parity compared with non-disabled colleagues. The Trust is a Disability Confident Employer and if more applicants have felt comfortable in disclosing their status, they will have been shortlisted which will have put them in an equal position to be appointed. This is potentially why there has been an increase within Metric 1 above.

Metric 3	Description	2020 Total Disabled	2021 Total Disabled	2022 Total Disabled
	Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	1.61 of overall shortlisted who revealed a disability	1.40 of overall shortlisted who revealed a disability	1.35 of overall shortlisted who revealed a disability status

Metric 3 has seen a positive decrease in Disabled people entering the capability process due to performance and if there is a year on year progress, parity should be reached.

Metric 4a Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in the last 12 months

Metric 4b Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months

Metric 4c Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

Metric 4d Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months

Metric	2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
4a	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
	31.2%	21.9%	30.9%	20.2%	31.2%	23.2%

4b	17.7%	10.5%	18.2%	10.9%	19.4%	9.4%
4c	27.3%	17.2%	29.7%	16.2%	28.8%	17.8%
4d	49.0%	45.7%	48.7%	43.1%	45.0%	41.6%

Whilst it is positive that there has been a decrease in the harassment, bullying or abuse that Disabled colleagues have experienced from colleagues, there has been an increase from managers and in either Disabled colleagues or other colleagues reporting it. Overall, the percentage for this type of negative behaviour remains high.

Staff Survey Comparison

Metric 4a - Statistically there has been little change over 2 years, 31.2% is still below the benchmark group average of 32.4%

Metric 4b - This figure is above the benchmark group average of 18.0%.

Metric 4c - This has seen a decrease from 29.7% in 2020 to 28.8% in 2021 but is still above the benchmark group average of 26.6% which is equates to a negative experience.

Metric 4d - This metric has seen a deterioration from 48.7% in 2020 to 45% in 2021 and is below the benchmark group average of 47%.

Metric 5 Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
50.5%	57.9%	49.3%	56.5%	52.1%	56.9%

Metric 5 has seen a positive increase and is above the percentage it was at in 2020.

Metric 6 Percentage of Disabled staff compared to non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
25.6%	22.1%	27.7% ↑	21.9%	26.9% ↓	18.9%

There has been a positive decrease in Metric 6 and whilst some Trusts have found that colleagues have experienced 'presenteeism' throughout the pandemic because of the perceived pressure to support their teams, it has also been noted that enabling colleagues to work from home has supported them in balancing any health needs they need to be taken into consideration. Anecdotal evidence throughout the NHS suggests that colleagues that have been provided with the necessary equipment to work from home have overcome barriers they faced.

Metric 7 Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
34.4%	46.9%	33.3% ↓	46.3%	30.6% ↓	39.6%

This metric has seen a year on year deterioration since 2020 and is addressed in the action plan, the figure is below the Staff Survey benchmark group average of 32.6%.

Metric 8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

2020 (2019 Staff Survey)	2021 (2020 Staff Survey)	2022 (2021 Staff Survey)
Disabled	**Disabled**	**Disabled**
77.7%	77.1% ↓	74.4% ↓

Metric 8 has also seen a year on year deterioration since 2020 and is addressed in the action plan. It needs to be ascertained from colleagues whether they felt reasonable adjustments were made during the pandemic to enable them to work from home, but not whilst on work premises. This is still above the Staff Survey benchmark group Average of 70.9% which is commendable, but anecdotal

examples regarding the problems experienced means the organisation should review its process.

Metric 9 The staff engagement score for Disabled staff, compared to non-Disabled staff

2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
6.5%	7%	6.4%	7%	6.2%	6.7%

The staff engagement score for Disabled staff has remained static for the past two years, hopefully wider Trust work regarding the Staff Survey will have an impact on this.

Metric	Description	2020 Total Disabled	2021 Total Disabled	2022 Total Disabled
10	**Disabled Board Members**	0 out of 12 board members	0 out of 15 board members	1 out of 16 board members
	Percentage difference between the organisations' Board voting membership and its overall workforce	(0%)	(0%)	(6.25%)
	Voting Board Members	0	0	0
	Non-voting Members	0	0	1

The percentage of Board members by Disability compared to its non-disabled workforce is 6.25%. The aim of this metric is for the Board to reflect its Disabled workforce, which is currently at 4.08%.

Progress Against the 2021 Action Plan

The responsibility for the Equality Action Plan 2021 was held with several colleagues within Workforce whilst carrying out their substantive roles.

The action plan covered both the WRES and WDES as several actions overlapped, the plan was quite extensive. National guidance is that where Trusts decide to have one action plan they should ensure that issues and actions are not conflated.

With any action plan an improvement in experiences and therefore data needs to be monitored on a year on year basis which will provide a true reflection of

improvement. There have been different levels of progress with the 2021 action plan; for the following reasons:

- Absenteeism
- Staff Network members response
- Some actions not aligned with anyone specifically
- Postponement of the intervention

There has been progress with some of the actions, but this has not been the case throughout. Workforce colleagues have reviewed policies, the leavers questionnaire and engaged with the Staff Networks. The Trust has also continued with its development of an Open and Just Culture. Colleagues have held discussions with the Staff Networks about sharing their disability status, this is likely to have had an impact in the increase in declaration rates.

Some of the actions have been carried forward to the 2022/23 action plan to ensure they are implemented and the WRES and WDES action plans have been drawn up separately. Colleagues who hold responsibility for an area of work need to ensure that EDI is threaded throughout and take responsibility for consulting data to improve experiences.

2022-2023 Action Plan

This year's action plan focuses on the Metrics that have deteriorated and those where the data remains high, so experiences are negative. The National advice is not to necessarily focus on all Metrics but on those that require addressing the most. In saying this there will naturally be other organisational interventions that might have a positive impact on experiences and therefore the data. It is imperative that a deep dive into the data is carried out to ensure there is a better understanding of experiences. This will be intrinsic to some of the actions.

1. Summary

- Overall, the Trust has made good progress with disability equality, which can be seen in the improvements of the 2022 data. Given this it is important that we continue to progress and do not become complacent.
- There are Metrics that still require focus and these have been addressed in the action plan.
- The experiences of Disabled colleagues may impact on patient care
- Negative outcomes will affect our Well-led review, so it is important that we consider the needs of our Disabled workforce.

2. Next Steps

The data was submitted by the deadline of 31 August 2022. The Trust's action plan will be submitted by the deadline of 31 October 2022 and will be published on the Trust's website.

The Trust Board is asked to review the data and sign off and support the action plan for implementation.

Workforce Disability Equality Standard (WDES)
DRAFT Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

York and Scarborough Teaching Hospitals NHS Foundation Trust
Workforce Disability Equality Standard (WDES) Action Plan 2022-2023

Polly McMeekin, Director of Workforce and Organisational Development
Virginia Golding, Head of Equality, Diversity and Inclusion

APPENDIX 1

Metric 1: **Staff in AfC pay bands or medical and dental subgroups and very senior managers (Including Executive Board members) compared with the % of staff in the overall workforce**

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status

Not Started	On Track	Completed	Overdue

Workforce Disability Equality Standard (WDES)
DRAFT Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

To increase self-declaration of disability and long-term health conditions and dispel myths as to why we collect this data. Increase percentage of staff in post who share their disability status by a minimum of 2% in 2023	Evaluate communication methods used to disseminate information to staff on self-declaration and re-launch Self Service and the ESR app.	Deputy Head of Resourcing, Digital and Insights	Generate quarterly reports from ESR, workforce to evaluate if communications are being effective. Establish ways to aid communication. March 2023		
	Trust Managers to analyse local data and encourage colleagues via local meetings.	HR Business Partners and EDI Workstream	Local quarterly reports provided to the EDI workstream. March 2023		
	Identify perceptions and barriers around self-declaration to feed into Myth Busting Guide	Head of EDI, EDI Workstream and the Staff Networks	Information obtained to aid completion of a Myth Busting Guide April 2023		

Not Started	On Track	Completed	Overdue

	Work towards Disability Confident Level 3.	Workforce Lead	Level 3 achieved, or requirements established to achieve the next level. Date TBC		
	Launch an Equality Monitoring Myth Busting Guide to dispel myths about sharing disability status	Head of EDI and the Staff Networks	Production and dissemination of a Myth Busting Guide to support self-declaration. May 2023		

Metric 4a: Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status

Not Started	On Track	Completed	Overdue

Reduce the percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public. Statistically there has been little change over 2 years and whilst 31.2% is below the benchmark group average of 32.4% this figure is still high. Aim to reduce this figure by 2%.	Create a statistical comparison of data – reported through the 2022 Staff Survey, Datix and FTSU. Determine what action is required to address the findings.	Head of EDI, FTSU Guardian, Datix Manager, Staff Engagement Project Lead	This action will enable the Trust to identify if there are any differences in colleagues reporting their experiences. It will also enable the Trust to determine what action is required. Quarterly reports to be provided from April/May 2023		

Metric 4b: % of staff experiencing harassment, bullying or abuse from managers in the last 12 months
Metric 4c: Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/ Comments	Status

Not Started	On Track	Completed	Overdue

Workforce Disability Equality Standard (WDES)
DRAFT Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 4b - Reduce the number of staff experiencing harassment, bullying, or abuse from managers. The last 12 months has seen a slight increase from 18.2% in 2020 to 19.4% in 2021. This figure is above the benchmark group average of 18.0%. Aim to reduce this figure by 2%.	Embed a culture of civility and respect through communication and training.	Head of EDI and the Enable Staff Network	Reduction of B&H complaints through HR, FTSU and data in the Staff Survey. May 2023	• Develop a RESPECT Charter through the Enable Staff network and launch within the Trust. • Include the Charter in corporate or local the induction of all new starters. • Implement a variety of disability awareness training to increase colleague's knowledge and skills (this will require funding and resources.)	

Not Started	On Track	Completed	Overdue

	For all of metric 4 - review the Trust's processes for addressing experiences of bullying and harassment. (As per the Listening to Employee Voice: Our way forward action plan)	Head of Employee Relations & Engagement	Launch of new Harassment and Bullying Policy 31 March 2023		

Not Started	On Track	Completed	Overdue

Workforce Disability Equality Standard (WDES)
DRAFT Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 4c - Reduce the percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months. This has seen a decrease from 29.7% in 2020 to 28.8% in 2021 but is still above the benchmark group average of 26.6%. Aim to reduce this figure by 3%.	The Trust's Behaviour Framework was launched in 2022.	Head of Employee Relations & Engagement.	Evidence communication methods used to launch the BF July 2022.		

Not Started	On Track	Completed	Overdue

	Develop a Microaggressions poster with all Staff Networks for communicating throughout the Trust.	Head of EDI and the Staff Networks.	Raise awareness of everyday incivilities that cause unwanted behaviour. April 2023		

Not Started	On Track	Completed	Overdue

Workforce Disability Equality Standard (WDES)
DRAFT Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 4d: % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status
Metric 4d - Ensure all staff are aware of the behaviour expected and how to report bullying and harassment / unwanted behaviour should it occur. This metric has seen a deterioration from 48.7% in 2020 to 45% in 2021 and is above the benchmark group average of 47%. Implement an action to see a 2% positive change in 2023.	Workforce and FTSU to provide quarterly figures on complaints to the EDI Workstream.	Workforce / FTSU Guardian	Data to compare with 2023 Staff Survey Results and to pinpoint areas of focus July 2023		
	General Allyship/Upstander training implemented in the Trust.	Head of EDI	TBC	Financial resources required to implement this.	

Not Started	On Track	Completed	Overdue

Workforce Disability Equality Standard (WDES)
DRAFT Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 7 Percentage of Disabled staff compared to non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comment	Status
The percentage of Disabled staff compared to non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work has seen a continuous deterioration, and the figure is below the benchmark group average of 32.6%. 34.4% in 2019 33.3% in 2020 30.6% in 2021 Aim to reduce this figure by 2%.	Re-introduce the Celebration of Achievement Awards for 2022.	Director of Communications	Awards will focus on valuing colleagues contribution, hopefully will impact on all colleagues.	Correlation will be difficult to prove.	
	Introduce an Equality, Diversity and Inclusion Category in the Celebration of Achievement Awards for 2023.	Director of Communications	New category introduced in 2023 demonstrating the value of diversity and inclusion.	Discussed with the Director of Communications on 27/9/22.	
	Enable Staff Network Chair to discuss this metric with members to ascertain	Enable Staff Network Chair	Engage with staff to delve into the data.		

Not Started	On Track	Completed	Overdue

	actions required for improvement. Feedback to the Head of EDI and EDI Workstream.		Improvement actions considered for implementation. March 2023		

Metric 8 Percentage of Disabled saying that their employer has made adequate adjustment(s) to enable them to carry out their work

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comment	Status
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This metric has deteriorated, in 2020 it was 77.1% and in 2021 it was 74.4%. This is still above the benchmark	Previous Enable Staff Network discussions identified issues with the IT process. Review the process with a view to identifying the blockages and creating a new streamlined process.	IT, Head of EDI and Enable Staff Network	New process in place and communicated to staff, Staff Networks and managers. A positive increase in 2023 data. April 2023	Head of EDI met with Matthew Chappell on 272022 to identify the issues.	

Not Started	On Track	Completed	Overdue

group average of 70.9% which is commendable but anecdotal examples regarding the problems experienced means the organisation should review its process.	Implement a Health Passport to ensure that staff's reasonable adjustments are communicated and met.	Workforce Lead	A Health Passport co-produced with staff, piloted and launched. Date TBC	Almost ready to launch, waiting for IT solution.	

Status - Key			
Action Not Started	**Action Commenced**	**Action completed**	**Action not completed**

Not Started	On Track	Completed	Overdue

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 7b

Report to:	Council of Governors
Date of Meeting:	1 December 2022
Subject:	Workforce Race Equality Standard (WRES) Annual Report
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Divesity and Inclusion and WRES Expert

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:

This report is for assurance and has been shared with the Board and People & Culture Committee for information and discussion. It sets out the Trust's 2022 WRES data, gives an overview on progress of the actions taken in 2021. It also incorporates an action plan for 2022-2023 to address the working experiences and career opportunities of Black and Ethnic Minority (BME) colleagues.

The WRES data was required to be submitted to NHS England (NHSE) by 31 August 2022 along with an Annual Report. The action plans were required to be approved and uploaded to the Trust's website by the 31 October 2022, the Annual Report will be uploaded at this stage. As the October Trust Board meeting was deferred until November 2022, there was a slight delay in obtaining approval.

The Fairness Forum and Staff Network members were asked to comment on the draft action plan. 2022 is the first year that action plans are required to be submitted to the National WRES team to enable them to provide feedback about them and the extent to which they relate to the Trust's specific data and the evidence-based likelihood of improving outcomes.

As advised by the National Equality and Inclusion team; The Trust's WRES Expert should be professional supported and provided with pastoral support with this challenging role.

The National WRES team requested that Trust's did not include the BME data for bank and agency staff for this year as they would be included in the Bank WRES that is due to be implemented.

Comparison of the 2021 and 2022 data has shown that Metrics 3, 5, 7 and 8 have deteriorated and metrics 2, 4, 6 and 9 have remained static. Metric 1 has seen a mixture of change. Metric 9 has seen a positive change in terms non-voting Board members but has remained static for voting Board members. A statistical analysis has been used of 0.5% and a positive, negative and static movement have been highlighted in green, red and yellow. The data for Metrics 5-8 are taken from the Staff Survey so the Trust's data has been compared to our benchmark group's average.

Responsibility at a senior level is required to ensure that the Trust makes a significant improvement to improve the work experiences and career progression of our BME colleagues.

Recommendation:

The Council of Governors is asked to note the content of this WRES Annual Report and the Action Plan.

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
Board of Directors	2 November 2022	
People & Culture Committee	23 November 2022	

NHS Workforce Race Equality Standard, 2022

1. Introduction and Background

The Workforce Race Equality Standard (WRES) is a national annual reporting scheme which York and Scarborough Teaching Hospitals NHS Foundation Trust is required to comply with. Trusts are required by the NHS Standard Contract to use this data to develop action plans aimed at improving the experiences of BME colleagues. The data is required to be submitted to NHS England (NHSE) by 31 August 2022, this deadline was achieved. An action plan is to be drawn up and submitted to NHSE by 31 October 2022. The National WRES team has also requested that action plans are submitted to them for review and advice, this will be an annual requirement from this year.

The WRES covers 9 Metrics regarding the career progression and work experiences of BME colleagues. The data is collected for the period of 1 April 2021-31 March 2022 and is taken from the Electronic Staff Record (ESR) and the national Staff Survey, with a snapshot of the data as at 31 March 2022. The Staff Survey data is from the 2021 Staff Survey.

This report provides an analysis of the 2022 data for the 9 Metrics covering the last three years, progress on the 2021 action plan and the action plan for 2022. For the purposes of the WRES the term BME is defined as non-white, which means that staff from white minority groups are not included. Given this it is important to note that any wider inclusion work within the Trust must consider the needs of white minority colleagues.

Bank workers were not included in this year's data and reporting as NHSE are developing a Bank WRES (BWRES,) due to colleagues on the Bank's unique experiences, they will be included in this analysis once it is implemented.

The Head of Equality, Diversity and Inclusion (EDI), the Fairness Forum and Trust colleagues have contributed to the production of the action plan. The Head of EDI will be attending the Race Equality Network (REN) to discuss the data and action plan with members. Combined Freedom to Speak Up and WRES roadshows will also be delivered.

Considerations

Due to the Head of EDI commencing their role mid-August 2022 the presentation of the data analysis, staff engagement and co-production of the action plan has been carried out within a short timescale. The process will differ slightly within the next reporting period in 2023. An annual report will be presented before the data is submitted via the online portal by 31 August 2023 deadline. Wider staff engagement will take place to co-create the action plan prior to the deadline and submitted for approval before 31 October 2023.

North East, Yorkshire and Humberside Region, EDI support provided a data pack, 'WRES and Workforce Disability Equality Standard (WDES) guidance' that was referred to in creating the action plan. Their information session was also attended. The WRES team have suggested that Trust's that employ WRES Experts should

have an interest in their personal development and ensure they are utilised as a major resource. The following was suggested:

- Enable WRES Experts to support organisations outside their own, including Arm's Length Bodies (ALBs) and professional bodies. (Not all Trusts have a WRES Expert so might call on others for guidance)
- Check-ins and pastoral support for WRES Experts – there is considerable psychological weathering due to the types of conversations that WRES Experts have had to have around race, racism and so forth (e.g. they could also be affected by racial trauma)
- While we have WRES Experts, they have not been adequately welcomed, respected or their role understood by their organisations
- Clinical and non-clinical WRES experts to be engaged differently

The WRES Experts are several NHS colleagues in a variety of bands and roles that were recruited by the National WRES Team and trained in the standard by Inspiring Hope. The programme was designed to have a Board level sponsor as well as a colleague (Expert) that could support, advise and influence the workforce race equality agenda. They did not hold responsibility for its implementation. There are currently four cohorts, with York and Scarborough's WRES Expert being part of Cohort 3, which was the first cohort to do a professional qualification in Workforce Race Equality.

Support for the Experts has been self-managed, personally and through peer support. More recently support has been provided through the North East Yorkshire and Humberside Regional EDI Team and now the national WRES team.

The National Team are preparing a new cohort of WRES Experts for training. A development programme is being created for existing WRES Experts and Trust's may want to consider supporting the professional development of their existing and new WRES Experts.

2. Current Position/Issues

2022 Data Analysis

This analysis has used a method which highlights the positive, negative and static changes in the data. Positive is in green, negative is in red and a figure below 0.5% shows little statistical movement, therefore considered static and is highlighted in yellow. Statistically significant movement is +/- .0.5%.

Total White Staff Headcount & Percentage (for 2022)	Total BME Staff Headcount & Percentage (for 2022)	Total Staff Trust Headcount and Percentage (for 2022)	Total Headcount and Percentage of Staff Not Stated (for 2022)
7,503 (84.1%)	1,116 (12.5%)	8,922 (100%)	303 (3.4%)

Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff

2020 Total BME	2021 Total BME	2022 Total BME
Nonclinical BME • Bands 1-4 = 2.85% • Bands 5-7 = 0.74% • Bands 8-9 = 0.04% • VSM = 0% **Clinical** • Bands 1-4 = 1.04% • Bands 5-7 = 6.07% • Bands 8-9 = 0.12% • VSM = 0% • Consultants = 1.73% • Career Grades = 1.58% • M&D Trainees = 2.75%	**Nonclinical BME** • Bands 1-4 = 1.72% • Bands 5-7 = 1.11% • Bands 8-9 = 0.11% • VSM = 0% **Clinical** • Bands 1-4 = 2.84% • Bands 5-7 = 5.01% • Bands 8-9 = 0.1% • VSM = 0.01% • Consultants = 1.29% • Career Grades = 1.01% • M&D Trainees = 3.22%	**Nonclinical BME** • Bands 1-4 = 3.31% • Bands 5-7 = 0.98% • Bands 8-9 = 0.1% • VSM = 0.03% **Clinical** • Bands 1-4 = 1.21% • Bands 5-7 = 8.84% • Bands 8-9 = 0.13% • VSM = 0% • Consultants = 1.81% • Career Grades = 1.74% • M&D Trainees = 3.26%

In 2022 there has been a positive statistical improvement in non-clinical bands 1-4, but in bands 5-9 there has been a deterioration in the recruitment of BME colleagues in post. Whilst there has been a positive increase in the number of non-clinical colleagues at VM level, this is only 0.03% and is below 0.5% so is considered static.

There has been a deterioration in the percentage of clinical BME colleagues in bands 1-4 but a significant increase in bands 5-7, this might be attributed to the international nurse recruitment. 2022 saw an increase in the number of clinical colleagues in bands 8-9, it is important that there is a continuous increase year on year. There are no clinical BME colleagues at VSM level, but the Trust has seen an increase at Consultant and Career Grade level.

From this analysis it shows that BME non-clinical colleagues are unlikely to progress within the Trust above band 7. This is reflected throughout the NHS. NHS England has set a target of 19% BME representation across all pay bands throughout the NHS.

'NHS England, February 2021, *Workforce Race Equality Standard, 2020 Data Analysis Report for NHS Trusts and Clinical Commissioning Groups.'*

In 2021 the Trust created an action plan, as requested by NHS England, to address its Race Disparity Ratios, this plan still needs to be addressed and has been incorporated into the WRES action plan.

Metric	Description	2020 Total BME	2021 Total BME	2022 Total BME
2	**Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts**	1.76	2.61 ↑	2.60 ↔

Metric 2 compares the relative likelihood of White colleagues being appointed from shortlisting compared to that of BME colleagues being appointed from shortlisting across all posts. The relative likelihood focuses on a figure of 1 being parity. As you can see from the above figures, the Trust is making little positive statistical movement which shows that our BME colleagues are adversely impacted with the Trust's shortlisting process.

In 2021 the Trust had an action plan for the Implementation of the 6 Key Actions on the Overhaul of Recruitment and Promotion. This plan should still be carried out and is incorporated as an action the accompanying plan.

Metric	Description	2020 Total BME	2021 Total BME	2022 Total BME
3	**Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process**	0	0.51 	1 

There has been a negative statistical increase of above 0.5% but the relative likelihood of BME colleagues entering the disciplinary process compared to white colleagues is the same. It is important that experiences do not deteriorate any further.

Metric	Description	2020 Total BME	2021 Total BME	2022 Total BME
4	**Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff**	0.86	1.06 	1.07

There has been no statistical change with Metric 4, but the figure is slowly increasing above the level of parity.

Metric 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months

2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
BME	**White**	**BME**	**White**	**BME**	**White**
26.5%	23.6%	25.5% 	22.5%	28.0% 	25%

After seeing a positive change in 2020, 2021 has seen a significant deterioration with the number of BME colleagues experiencing unwanted behaviour from those who use our services, this figure is high and is only 0.8% below the Staff Survey benchmark group average.

Metric 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
BME	**White**	**BME**	**White**	**BME**	**White**
30%	24.2%	31%	24.8%	31.4%	25.1%

There has been a slight deterioration with this figure in 2021 and although there is no significant statistical movement it is still high and is above the Staff Survey benchmark group average of 28.5%.

The Trust is currently experiencing a recruitment and retention problem and if our BME colleagues continued to experience harassment, bullying or abuse this will only have a negative impact on this problem. Therefore, it is imperative that the Trust continues to address this.

Metric 7 Percentage believing that the Trust provides equal opportunities for career progression or promotion

2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
BME	**White**	**BME**	**White**	**BME**	**White**
49.2%	57.1%	46.7%	55.6%	41.9%	56.8%

2020 and 2021 Staff Survey results have seen a consistent deterioration of this Metric with only 41.9% of BME colleagues believing that the Trust provides equal opportunities for carer progression or promotion. The fact that Metrics 1 and 2 demonstrate that there is an issue with promotion supports this belief. Our Staff Survey benchmark group average is 44.6%.

Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague

2020 (2019 Staff Survey)		2021 (2020 Staff Survey)		2022 (2021 Staff Survey)	
BME	**White**	**BME**	**White**	**BME**	**White**
16.1%	5%	16.0%	6.3%	20.3%	6.1%

The 2021 Staff Survey results have seen a significant deterioration of this figure by 4.3%. The national figures for BME colleagues experiencing discrimination within admin and clerical, AHPs, nursing and medical and dental roles are all higher than their white counterparts with nursing being the highest. This is referenced in the aforementioned report. The Trust figure is above the Staff Survey benchmark group average figure which is 17.3%.

The CEO's Listening Exercise is also reflective of this experience and is addressed within the accompanying action plan to demonstrate that the Trust is listening and takes the experiences of its BME colleague's seriously.

Metric	Description	2020 Total BME	2021 Total BME	2022 Total BME
9	**BME Board Members**	0	0 ↔	1 ↑
	Percentage difference between the organisations' Board voting membership and its overall workforce			6.25%
	Voting Board Members	0	0 ↔	0 ↔
	Non-voting Members	0	0 ↔	1 ↑

The percentage of Board members by ethnicity compared to its BME workforce is 6.25%. The aim of this metric is for the Board to reflect its BME workforce, which is currently at 12.5%. This should be an opportunity to create diversity of thought, equal opportunities, diverse representation and inclusion.

In the 2021 WRES report, previously mentioned, within North East and Yorkshire 12.2% of the workforce is made up of BME colleagues. The Boards are 87.7% white, 8.2% BME and 4% have an ESR declaration status of Unknown. There is a lower proportion of BME people on Boards compared to the proportion of BME colleagues.

Progress Against the 2021 Action Plan

The responsibility for the Equality Action Plan 2021 was held with several colleagues within Workforce, overseeing the whole action plan whilst carrying out their substantive roles.

The action plan covered the WRES and Workforce Disability Equality Standard (WDES) and was very extensive. It covered several areas aimed at improving BME colleague's experiences. With any action plan an improvement in experiences and therefore data needs to be monitored on a year on year basis which will provide a true reflection of improvement. There have been different levels of progress with the 2021 action plan; for the following reasons:

- Absenteeism
- Staff Network members response
- Some actions not aligned with anyone specifically
- Postponement of the intervention

There has been progress with some of the actions, but this has not been the case throughout. The pilot of the Reciprocal Mentoring Programme has been implemented and reviewed, with a plan to continue rolling this out throughout the Trust. Policies have/are being reviewed to be more inclusive, the Staff Networks have been engaged with and the CEO has conducted a Listening Exercise and there has been a review of the Leaver's questionnaire. There should still be a 'push' forwards where there has been a lack of response from colleagues and it is hoped that the Head of EDI can influence and support colleagues where necessary.

Some of the 2021 actions have been incorporated into the 2022/23 action plan to ensure they are implemented. On this occasion, the WRES and WDES action plans have been drawn up separately as less progress has been made with the WRES, so it needs to be very focused. Colleagues who hold responsibility for an area of work are encouraged to ensure that EDI is threaded throughout and take responsibility for consulting data and listening to colleague's lived experiences to improve outcomes.

2022-2023 Action Plan

This year's action plan focuses on the Metrics that have deteriorated and those where the data remains high, so experiences are negative. The National advice is not to necessarily focus on all 9 Metrics but on those that require addressing the most. In saying this there will naturally be other organisational interventions that might have a positive impact on experiences and therefore the data. It is imperative that a deep dive into the data is carried out to ensure there is a better understanding of experiences. This will be intrinsic to some of the actions.

The National WRES Team have provided a template action plan, but it is not mandatory to use this, although it will be in the future. 2022 is the first year where they have requested that Trusts submit their action plans for analysis. They will then provide feedback about the action plans regarding the extent to which they relate to the Trust's specific data, and the evidence-based likelihood of improving outcomes.

1. Summary

- The Trust needs improve the experiences of its BME colleagues, there has been inadequate improvement of its data.
- The impact of BME colleagues work experiences and career progression will not create a healthy and sustainable workforce if they continue to be negative.
- The financial cost to the organisation of not 'getting this right' will be significant.
- The experiences of BME colleagues may impact on patient care
- Negative outcomes will affect our Well-led review, especially as the National WRES team have been working with the CQC.

2. Next Steps

The data was submitted by the deadline of 31 August 2022. The Trust's action plan will be submitted by the deadline of 31 October 2022 and will be published on the Trust's website.

The Trust Board is asked to review the data and sign off and support the action plan for implementation.

Workforce Race Equality Standard (WRES)
DRAFT Action Plan, 2022-2023

APPENDIX 1

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
Executive Lead: Polly McMeekin, Director of Workforce and Organisational Development
York and Scarborough Teaching Hospitals NHS Foundation Trust

York and Scarborough Teaching Hospitals NHS Foundation Trust
Workforce Race Equality Standard (WRES) Action Plan 2022-2023

Polly McMeekin Director of Workforce and Organisational Development
Virginia Golding, Head of Equality, Diversity and Inclusion

Metric 1: Staff in AfC pay bands or medical and dental subgroups and very senior managers (Including Executive Board members) compared with the % of staff in the overall workforce

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status
To increase self-declaration of ethnicity and dispel myths as to why the Trust collects this data. Increase percentage of staff in post who share their ethnicity status by a minimum of 3% in 2023	Evaluate communication methods used to disseminate information to staff on self-declaration and re-launch Self Service and the ESR app.	Deputy Head of Resourcing, Digital and Insights	Generate quarterly reports from ESR, workforce to evaluate if communications are being effective. Establish ways to aid communication. March 2023		

Not Started	On Track	Completed	Overdue

	Trust Managers to analyse local data and encourage colleagues via local meetings.	HR Business Partners and EDI Workstream	Local quarterly reports provided to the EDI workstream. May 2023		
	Identify perceptions and barriers around self-declaration to feed into Myth Busting Guide	Head of EDI, EDI Workstream and the Staff Networks	Information obtained to aid completion of a Myth Busting Guide. March 2023		
	Launch an Equality Monitoring Myth Busting Guide to dispel myths about sharing ethnicity status	Head of EDI and the Staff Networks	Production and dissemination of a Myth Busting Guide to support self-declaration. April 2023		

Not Started	On Track	Completed	Overdue

Workforce Race Equality Standard (WRES)
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York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 2 Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status
Increase the relative likelihood of BME staff being appointed from shortlisting for clinical and non-clinical staff in Bands 8-9. This figure has slightly deteriorated for Non-clinical bands and slightly increased for clinical bands. In 2022 Non-clinical bands 8-9 = 0.1% Clinical bands 8-9 = 0.13%. Increase by 2% for non-clinical and clinical.	Continue to implement the action plan for 6 key actions on the overhaul of recruitment and promotion	Recruitment Manager	Review and continue to implement the Trust's Action Plan. August 2023		
	Training – unconscious bias and cultural competence	Head of EDI	Bespoke and specific training implemented in Quarter 1/2.	This action will require financial support if delivered by an external consultant(s.) Employers Network for Equality and Inclusion (ENEI) can deliver this, which requires membership then delivery costs. Membership does include access to free resources, information, webinars and round table discussions. Previously used by the Head of EDI and NHS Employers are members.	

Not Started	On Track	Completed	Overdue

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Apart from at VSM level, bands 8-9 have the lowest percentage of BME colleagues in post. Focusing on bands 8-9 will support the Trust's talent pipeline into a VSM position. The relative likelihood in 2021 was 2.61 and in 2022 it was 2.60.	Continue to implement the 2021 Race Disparity Ratios action plan.	Workforce and Head of EDI	Review progress to determine action required. February 2023		
	Interview Skills preparation.	Recruitment Manager	Determine what support can be made available for colleagues to support them in applying for jobs. Date TBC.		
	Shadowing or participate in senior leader stakeholder events.	Executive Director/Deputy Director of Workforce & OD	Opportunities to be communicated through REN. From 2023		

Not Started	On Track	Completed	Overdue

	ODIL to promote the Coaching and Mentoring opportunities available for all colleagues within the Trust to REN and the International Nurses.	Head of ODIL	ODIL to attend a REN meeting and IN induction to promote the opportunities available. 2023		

Metric 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status
Reduce the percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public. There has been a negative increase in this metric from 25.5% in 2020 to 28% in 2021.	Create a statistical comparison of data – reported through the 2020 Staff Survey, Datix and FTSU. Determine what action is required to address the findings.	Head of EDI, FTSU Champion, Datix Manager, Staff Engagement Project Lead	This action will enable the Trust to identify if there are any differences in colleagues reporting their experiences. It will also enable the Trust to determine what		

Not Started	On Track	Completed	Overdue

The benchmark group average is 28.8%. Decrease this percentage by 3.5%.			action is required. Quarterly reports to be provided from January 2023.		
	Engagement through the Staff Networks to find out what colleagues lived experiences are.	Head of EDI and Staff Network Chairs	Update the EDI Workstream on the findings to enable them to incorporate actions into local plans. April 2023.		

Not Started	On Track	Completed	Overdue

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Metric 6 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comment	Status
Reduce the percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months. There has been little statistical movement with this metric but the Trust figure of 31.4% is higher than the benchmark group average of 28.5% Decrease this figure by 3.5%.	The Trust's Behaviour Framework was launched in 2022.	Head of Employee Relations & Engagement	Evidence - communication methods used to launch the BF July 2022		
	Develop a Microaggressions poster with all Staff Networks for communicating throughout the Trust.	Head of EDI and the Staff Networks	Raised awareness of everyday incivilities that cause unwanted behaviour. February 2023		
	Review how the Trust's Behavioural Framework has been incorporated into Corporate and Local Induction as well as relevant training.	Workforce and Organisational Development	Dissemination of the Trust's BF increases understanding of the behaviours expected to		

Not Started	On Track	Completed	Overdue

			support our values. June 2023		
	A cultural celebration for colleagues in Scarborough to share aspects of our ethnically diverse colleague's culture, UK colleague's culture to aid integration and breakdown barriers. Run by the Internationally recruited nurses.	Internationally recruited nurses, Hospitality and the Stay and Thrive Committee	Scarborough Festival of Culture implemented at the Scarborough Beach Huts September 2022	Programme: • Career Progression & Cultural Ambassador briefing • African Culture day • Philippines Culture day • British & rest of the world • India, Pakistan and Nepal Culture day • Family Day & Beach Party • Canteen – dishes from around the world	
	For all of metric 4 - review the Trust's processes for addressing experiences of bullying and harassment. (As per the Listening to Employee Voice: Our way forward action plan)	Head of Employee Relations & Engagement	Launch of new Harassment and Bullying Policy 31 March 2023		

Not Started	On Track	Completed	Overdue

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Metric 7 Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Objective	**Actions / Targets**		**Measurement & Completion Date**	**Progress/Comment**	**Status**
Increase colleague's experiences and perceptions about the Trust providing equal opportunities for career progression or promotion. The Trust has seen a deterioration of this metric over a 3-year period. The figure in 2021 was 41.9% which is below the benchmark group average of 44.6%. Increase this figure by 3%.	Explore colleague's experiences through the REN Staff Network encouraging other colleagues to attend	REN Staff Network Chair and Head of EDI	Colleagues will have been able to share their lived experiences with the Staff Network Chair. This will feed into wider work. April 2023	Invite colleagues who are not members of the network.	
	Continue to roll out the Trust's Reciprocal Mentoring Programme.	Head of ODIL	Colleagues will have the opportunity to share their lived experiences with senior leaders and obtain career	Pilot has been implemented and a refreshed proposal presented to Trust Board.	

Not Started	On Track	Completed	Overdue

			support and advice. Spring 2023		
	Explore working with our International Nurses to help them align their overseas qualifications with UK qualifications, as per the Trust's Listening Exercise with the CEO.	International Nurse Recruitment	IN Team will have worked with colleagues to align their current qualifications with UK qualifications to enable them to have an increased understanding. Date TBC		
	Promote the NHS Leadership Academy's programmes throughout the year through REN.	Head of ODIL and Head of EDI	Courses promoted throughout the Trust 2022/23	Head of EDI started to promote these in October 2022.	
	Explore the implementation of targeted development programmes for:	Head of EDI	Implementation of a programme supporting BME	Contact North East London Foundation Trust to obtain information about their band 2-8 leadership development programme.	

Not Started	On Track	Completed	Overdue

	BME Non-clinical, bands 1-4 and Clinical, bands 5-7		colleagues with their development for advancement. June 2023	Arden and Gem Commissioning Support Unit (CSU) are currently running cohort 1 of a BME Leadership Programme targeted at all BME colleagues. Run by an academic and WRES Expert. It is envisaged that resources and/or finance will be required to support this action.	

Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, team leader or colleague

Objective	Actions / Targets		Measurement & Completion Date	Progress/Comment	Status
The data for this metric has seen a significant deterioration from 16% in 2020 to 20.3% in 2021, this is above the benchmark group average of 17.3%.	Implement a Schwartz Round or panel discussion, open to all staff to attend – subject around people's lived experience of race discrimination	Head of EDI and REN Staff Network	Ethnically diverse colleagues from REN and the wider Trust are invited to be part of a		

Not Started	On Track	Completed	Overdue

Decrease this figure by 5%.			panel to share experiences to raise awareness. June 2023		
	Race Conversations, development programme for managers		A date will need to be determined. The action should be implemented once it is felt that its reception would be welcomed.	The recommended external consultant is Dave Ashton Consultancy who has worked with the NHS Leadership Academy, the Head of EDI and many other Trusts for a number of years and is well versed on the topic of race and possesses the skills to navigate conversations and situations with managers at all levels.	
	Implement a Buddy System for the international nurses	International Nurse Team	A successful buddying system will be implemented to support the International Nurses. TBC		

Not Started	On Track	Completed	Overdue

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Metric 9 Percentage difference between the organisations board voting membership and its overall workforce

Objective	Actions / Targets		Measurement & Completion Date	Progress/Comment	Status
Commence a year on year approach to increase BME representation at Board level by 1%.	Review of VSM recruitment processes within the Trust	Head of EDI, Foundation Trust Secretary and the Recruitment Manager	Process reviewed and advice given. February 2023	Search methods may need widening.	
	Learn from Trusts who have been identified as one of the top ten best performing Trusts for this metric	Head of EDI	February 2023		

Not Started	On Track	Completed	Overdue

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Notes

Many of the actions will impact on other WRES metrics, this should hopefully have a more holistic improvement.

The Trust previously submitted action plans to NHS England (NHSE) on the 'Implementation of the 6 key actions on the overhaul or recruitment and promotion' and the Race Disparity Ratios. The recommendation is that progress against the action plans are reviewed.

Status - Key			
Action Not Started	**Action Commenced**	**Action completed**	**Action not completed**

Not Started	On Track	Completed	Overdue

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 8

Report to:	Council of Governors Meeting
Date of Meeting:	01 December 2022
Subject:	Staff Retention
Director Sponsor:	Polly McMeekin
Author:	Vicki Mallows

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:

This paper is shared in response to a request from the Council of Governors for an update about staff retention including plans that are in place, progress being made, and the reasons why staff choose to leave.

Update on Staff Retention for the Council of Governors

1. Introduction and Background

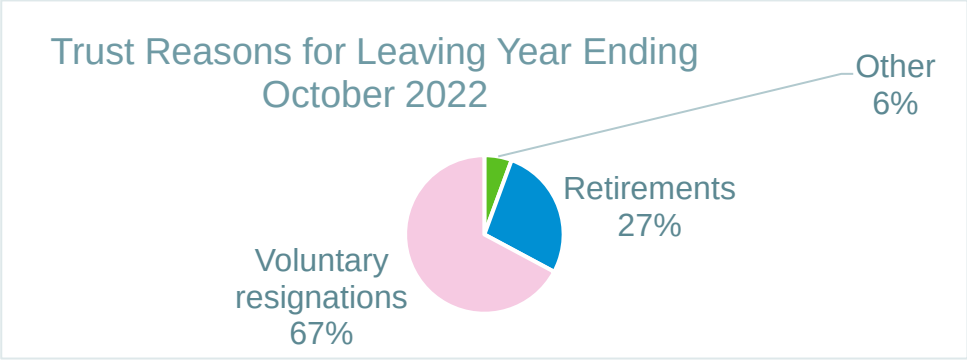
There are four focus areas for 2022-23 to deliver our people priority and support a safe, open and empowering working culture and environment:

- Cultural Change initiatives.
- Working Life (fix the basics).
- Recruitment.
- Workforce planning – including staffing levels across clinical services.

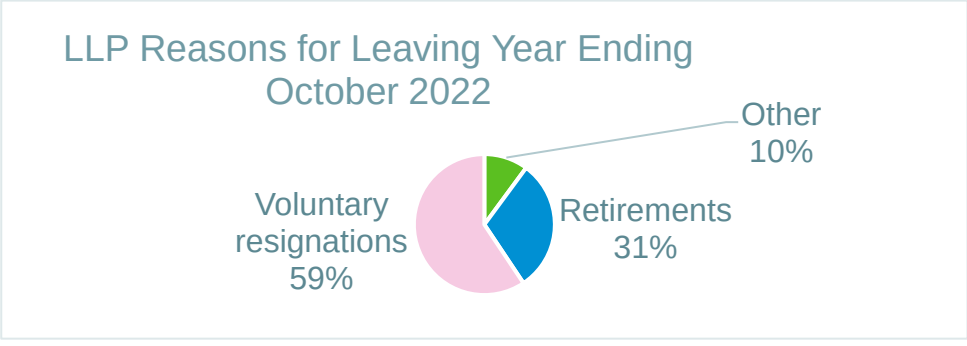
The first two focus areas are designed to support the retention and development of our staff, to support morale and sense of value by the organisation. The second two focus areas are about how we plan for and attract the people we need to deliver safe and high-quality services. This paper will concentrate on actions relating to the first two areas.

Turnover within the Trust has risen from 9.4% (headcount) in November 2021, to a high of 12.1% in June 2022, and as at the end of October was 11.34%. The LLP turnover rate has also increased from 12.86% in November 2021, to a high of 16.18% in May 2022, and was at 14.9% in October.

Data on known reasons for leaving are drawn from ESR (the Electronic Staff Record) and are reliant upon the accuracy of those completing Payroll Leaver forms.



Of the voluntary resignations that do not relate to retirement, the most common reasons recorded are: Voluntary resignation – other / not known (30% of all leavers); Relocation (12%); Work-life Balance (9%).



Within the LLP the most common reasons (after retirement) are: Voluntary resignation – other / not known (30% of all leavers); Work-life Balance (8%); Promotion (6%).

2. Considerations

Actions taken to improve the quality of data and better understand the reasons why staff choose to leave:

- The Payroll Leaver form was amended in August 2022 to remove the 'other / not known' option, and communication sent out to explain the importance of recording reasons for leaving accurately (i.e. so that we can invest effort and resources in the areas that will have most impact). There was also a reminder that the 'Learning from Leavers' form had also been updated, and managers were asked to encourage all leavers to complete the form upon submission of a resignation and give feedback about their experience of working for the organisation, i.e. not to wait until people were actually leaving before asking them to do it.

- The online 'Learning from Leavers' form goes directly to HR and the content only shared with the manager if the individual agrees, to try and encourage greater uptake / assure confidentiality. Leavers are also offered a 'Learning from Leavers' discussion which can be with either a manager of their choosing, or HR – again to try and encourage greater uptake. Despite these efforts, completion levels are low (circa 24%). The data is being shared with Staff Side on a quarterly basis.

3. Current Position/Issues

See Appendix 1 for an outline of the actions being undertaken to further support retention – both at corporate and local Care Group / YTHFM level.

4. Next Steps

Please note that in addition to the actions described in this update to address the areas of Cultural Change and Working Life; other actions to support the Recruitment and Workforce Planning areas are also ongoing.

We acknowledge that improving staff experience and delivering a sustainable workforce for our patients' needs will take more than one year and it is a core part of our multi-year Trust strategy. We aim to have made significant improvements by March 2023.

Date: 22 November 2022

Appendix 1 - Retention Update for Council of Governors December 2022
Corporate Actions

What	Timescale	Progress / Comment
Culture		
Refresh our leadership approach through increased visibility, growing and developing our leaders of the future	31 March 2023	Leadership Framework launching December 2022
Reenergise Shadow Board	December 2022	Finalising programme and attendees with NHS Elect
Implement a Just & Learning Culture	31 March 2023	Working Group established October 2022 – joint working with Patient Safety Team
Launch Behavioural Framework to support application of the Trust Values	July 2022	Completed
Review our processes for addressing experiences of bullying and harassment	31 March 2023	Revised combined Challenging Bullying & Harassment and Grievance Policy in draft – consultation under way
Implement Equality, Diversity and Inclusion gap analysis recommendations and appointment of a Head of Equality, Diversity & Inclusivity	November 2022	Head of E,D & I commenced in post 15th August 2022. Adoption and implementation of recommendations underway.
Team Building for the Executive Team	31 March 2023	Session with external facilitator scheduled for 12th January 2023.
Re-introduce face-to-face meetings at all levels e.g. Staff Brief (subject to changing covid precautions etc)	31 March 2023	Face to Face Staff Brief re-introduced July 2022 – all other meetings to follow (subject to covid precautions)
Empower employees to deliver change (QI approach)	31 March 2023	QI delivery group established. Associate Medical Director appointed. Training commenced in November 2022 in the 'QSIR' methodology and being rolled out with support from NHSE.
Cultural Festival at Scarborough Hospital – organised and led by internationally recruited nurses. Also HCA appreciation day on 23rd November 2022.	September 2022	Well received – presentations about different cultures throughout the week, culminating in a beach party.
Reward, Recognition & Paid Leave		
Reintroduction of Celebration of Achievement and Long Service Awards following covid pandemic	September 2022	Long Service held in June 2022; Celebration of Achievement held in September 2022.

Pay the Real Living Wage	31 March 2023	Discussions ongoing
Review the existing reward and recognition offer, identify any gaps and ensure effective communication of the offer.	31 March 2023	Working group established November 2022.
Improved paid leave arrangements for: Carers, Bereavement, Fertility Treatment, Miscarriage, Ectopic Pregnancy, Medical Termination, Abortion, Premature Birth.		Delivered between July and November 2022 (note – all expected to apply to Medical & Dental staff, just awaiting LNC agreement on the pregnancy-related items, Carers & Bereavement improvements agreed for all staff).
Winter resilience initiatives	1st November 2022	Adapted following feedback from staff. Includes flexibility payments for short notice deployments; deviation from national terms and conditions for overtime pay in high risk areas; bank incentives.
Staff Voice		
Increase the profile of the Freedom to Speak Up Guardian to encourage concerns to be raised internally for resolution	Ongoing	Items in Communications Bulletins, roadshows at different sites throughout October and attendance at Quality and Safety meetings.
Listening events for BME staff with the CEO & Race Equality Network	Held in May 2022	Completed. Outputs being utilised e.g. WRES action plan.
Reintroduce CEO drop in surgeries on each site	September onwards	Staff Surgeries restarted in October.
Introduce surgeries with the Director of Workforce & OD	September onwards	Monthly surgeries commenced in September.
Review the forums and opportunities for staff to 'have a voice' – identify any gaps.	31 March 2023	Work commenced in October 2022. Includes new Nurse Council.
Improve communication with the offline workforce i.e. those staff who do not have regular access to digital communications during the working day.	31 March 2023	Work commenced in November 2022 – face-to-face discussions groups will be part of this work.
Health & Wellbeing		
Improve access to healthy and affordable food, hot food and chilled drinking water	31 March 2023	Developments include 24/7 access to hot food, various catering options to support cost of living pressures, better access to healthy food, chilled drinking water.

Ensure existing comprehensive H&WB offer is effectively communicated	Ongoing	Including roadshows at each site during November
Review travel options to help staff get to and from work	31 March 2023	New secure cycle store at YH due for completion end Nov 2022 – increasing capacity. Exploring options for increased shower and changing facilities (including lockers) at YH & SGH. Space on both sites is compromised at present by the ED builds.
Improve our IT infrastructure	31 March 2023	2,000 computers bought this year. 500 handheld devices compatible with digital documentation and e-observations procured (Nucleus programme).
Become a Menopause Friendly accredited organisation	August 2022	Achieved – ongoing support and information available.
Develop further safe rest spaces at York Hospital	31 March 2023	Space identified, bid submitted for charitable funding.
Financial wellbeing newsletter signposting staff to all the internal and external sources of support with the cost of living pressures.	August 2022	Delivered – and shared as good practice with NHS England.
Continue to pause the reintroduction of staff car parking charges which ceased during the pandemic	From April 2022	Will be reintroduced in the next financial year once the staff requested review of parking criteria has been implemented
Learning & Development / Opportunities for Progression		
Increased spending on apprenticeships and continuing professional development opportunities	31 March 2023	Reporting increased utilisation of CPD money in 2022-23 vs first 2-years of cycle. Being used to support a range of activities, including development of Preceptorship Programmes into a single multi-professional model. 66 apprentices started across 14 programmes in Sept 22; additional 17 due to commence Jan-Mar 23.
Re-introduce Education Bursary	November 2022	Delivered November 2022
Increased use of alternative roles e.g. ACPs/SCPs/PAs etc	31 March 2023	Trust successfully bid for £440,000 of training grants to support training of advanced practice roles in 2022-23 – being used to support an additional 15 roles. In addition, Trust is funding a Lead for Advanced Practice role.

Introduction of career clinics, legacy mentors and gold standard preceptorship programme.	From early 2022	
Flexible Working		
Maintain the momentum with agile working (non-patient facing roles) e.g. IT infrastructure, use of space, hot desking	31 March 2023	Multi-profession working group established October 2022
Improve flexible working options (patient facing roles) e.g. HCA pool for staff who cannot work 'traditional' shifts.	31 March 2023	Multi-profession working group established October 2022
Review of retirement options e.g. consider developing legacy mentor roles	31 March 2023	October 2022 – staff retiring and returning now only need 24 hr break in service. Full review of guidance ongoing.
Meeting staff expectations		
Streamline onboarding processes to reduce turnover of new starters	31 March 2023	Deputy Head of Resourcing meeting with representatives from nursing and AHP to review existing processes and support in place.
Monitor whether the expectations of new starters have been met – introduction of "fresh eyes" feedback mechanism	31 March 2023	No progress to report yet (same team focusing on recruitment priorities)
Introduce Itchy Feet / Stay & Thrive conversations e.g. make it normal to discuss aspirations and retention options regularly, and not wait until someone has resigned.	31 March 2023	No progress to report yet (same team focusing on recruitment priorities)
Mileage allowances increased in response to rise in fuel prices	April 2022	Regularly reviewed.

Please note that other corporate actions to support the Recruitment and Workforce Planning areas of 'Our People' priorities are also ongoing. We acknowledge that improving staff experience and delivering a sustainable workforce for our patients' needs will take more than one year and it is a core part of our multi-year Trust strategy. We aim to have made significant improvements by March 2023.

In addition to the above corporate actions, some of the Care Groups and YTHFM have their own retention action plans. Examples of the work that is going on include:

What	Where
Two Recruitment & Retention Midwives have been funded by NHS England for two years in response to national priorities around midwifery. Work undertaken so far includes: • Created a completely new preceptorship package. It includes a one-week Trust induction and a one-week maternity specific induction/training week before they start their supernumerary time on the wards orientating.	Care Group 5

• Talked to the previous Band 5 Midwives from the last year, we have asked for their feedback on how we can improve the preceptorship year going forward. This will help to identify areas where extra support is needed. • Created a Survey Monkey so that staff can have their say. • Gathered lots of feedback from staff about what they want from us in our roles. • Looking into team building days for staff and looking at how we can secure some funding for staff away days. • We have both been out to the community hubs at both sites to let people know who we are and what we are wanting to do within our roles. • Met with RCM reps and will be meeting with shortly with PMAs to gather feedback from them about current topics worrying staff. Starting to look at how we can support staff with these concerns. • Emailed staff to encourage them to access their CPD funding. Training and career development are key to increasing job satisfaction, we really want to utilise this funding before it's gone. Very positive response to this so far and we have seen some applications coming through. • We have started to hold Exit Interviews for leavers to then identify themes and improve the service and retention and to the give the feedback of themes to senior management and HR. • Working with the Practice Learning Facilitator about the support she will be offering to students and working with the local universities/students to review their placement experiences. • Currently working with the Clinical Psychologist Team at the Trust about what support we can give maternity staff in the unit.	
• Acknowledgment of local resignation letter has been amended to invite individuals to meet with a member of the Care Group management team to discuss reasons for leaving. It does not need to be the professional manager for that group of staff, they could meet with any manager. This also gives the manager an opportunity to see if there is anything that could encourage/persuade a member of staff to stay with us. • Increased presence and visibility of senior management in all areas of the Care Group to give staff an opportunity to speak to them.	Care Group 3
The Workforce Lead is actively approaching staff who are leaving the Trust to offer a face to face leaver discussion to try and understand themes in areas and feedback as appropriate. Hope it will help support retention of other staff if not for those leaving, albeit they may consider a return to the Trust if they feel things may improve.	Care Group 6
Recruitment & Retention premia payments being considered for certain roles	Care Groups 1 and 3
Backfill for apprenticeships being funded by the Care Group (so that there isn't a gap left in the service when the individual is undertaking education time).	Care Group 1

The Associate Chief Operating Officer is meeting with new starters after 90 days in post to identify any issues / need for support.	Care Groups 1 and 4
Staff Councils / Staff Voice Working Groups are in place / being launched in December to increase staff voice and engagement.	Care Groups 1, 2 and 4
Prioritising the inclusion agenda at CG Board – actions to follow include training for managers and additional support for international recruits.	Care Group 1
Examples of 'You Said We Did' specific to the Care Group – reassuring staff that they are listened to, and feedback is acted upon. Communicated in the CG newsletter.	Care Group 2
We will shortly be implementing a '100 day' session Q&A with the Associate Chief Operating Officer and/or Care Group Director - for all CG2 new starters to hear about the plans for the Urgent & Emergency Care build at SGH and other CG2 info that they can share and ask questions about anything in their first few months. They will be every quarter from January and all CG2 staff who started in the previous 3 months or so will be invited.	Care Group 2
YTHFM are investing in a health care cash plan for band 1, band 2 and band 3 YTHFM staff (Currently 888 Permanent and Fixed Term Staff) to support them with maintaining their health and wellbeing as sickness levels are consistently higher than the Trust average. This will be implemented mid-year following a procurement process.	YTHFM (LLP)
Tailored training and development programmes (Inspire and Aspire) being developed specifically for YTHFM staff.	YTHFM (LLP)

Item 9

Council of Governors
Introduction to Internal Audit

1 December 2022

Introduction

Emma Shippey
Internal Audit Manager
Audit Yorkshire

Jonathan Hodgson
Internal Audit Manager
Audit Yorkshire

Audit Yorkshire

- Audit Yorkshire formed on 1 July 2016 when North Yorkshire Audit Services merged with West Yorkshire Audit Consortium creating one of the largest NHS providers of Internal Audit and Anti-Crime services in the country.

- Audit Yorkshire is hosted by York and Scarborough Teaching Hospitals NHS Foundation Trust and employees 42 members of staff.

- We provide Internal Audit services for 22 organisations.

Internal Audit

- ✓ Works with management to improve internal control.
- ✓ Provides assurance to the Audit Committee and Board that risks are being controlled.
- ✓ Provides a formal opinion on the internal controls.

Control

A control is any action taken to manage risk and increase the likelihood that system objectives will be achieved.

Preventative controls are proactive and designed to discourage errors or prevent irregularities from occurring.

An example is storing controlled drugs in a lockable cabinet.

Corrective controls are designed to correct errors.

An example is countersigning the controlled drugs register when drugs are removed from the controlled drugs cabinet.

Detective controls are designed to find errors or irregularities after they have occurred.

An example is reconciling the controlled drugs register to the contents of the controlled drugs cabinet.

York and Scarborough Teaching Hospitals NHS Foundation Trust

Thank you

For more information:

Emma Shippey, Internal Audit Manager
Jonathan Hodgson, Internal Audit Manager
www.audityorkshire.nhs.uk
Twitter @AuditYorkshire

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 10

Report to:	Council of Governors
Date of Meeting:	1 December 2022
Subject:	Sub-Board Commitees Escalation Report
Director Sponsor:	Alan Downey, Chair
Authors:	Jenny McAleese, Chair of Group Audit Committee Lynne Mellor, Chair of Digital, Performance & Finance Committee Stephen Holmberg, Chair of Quality & Safety Committee Jim Dillon, Chair of People & Culture Committee

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:

This paper provides the escalation logs from each sub-Board committee.

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Audit Committee: Items Escalated to the Board

The Audit Committee met on 6 September 2022.

It was very much a routine meeting in order to receive the final report from the External Auditors, Mazars, in relation to their work in relation to Value for Money for the year ended 31 March 2022 and to receive updates in relation to the work of Internal Audit and Counter Fraud.

The Committee wishes to draw the following matters to the attention of the Board.

Gaps in Assurance

Outstanding Actions
This has been an area of concern for some time and, although performance has improved compared with five years ago, it is still not where it needs to be. The implementation of actions identified as a result of internal audits is the final and most important step in the improvement process. The current system, whereby Internal Audit monitors progress, is clearly not working. After discussion we agreed that it would better sit with governance under Mike Taylor's responsibility and Mike undertook to review the system. Audit Committee will continue to hold Executives to account for their outstanding actions when they attend Audit Committee in turn.

Board Assurance Framework (BAF)
We have been greatly impressed by the progress made with the presentation of the BAF over the past twelve months and are grateful to Mike Taylor for his leadership and hard work. However, we are still not confident that the BAF is recognised and used as our key document in terms of driving agendas at both Committee and Board level. Consequently, Mike has agreed to work with the Chair of the Board and Committee Chairs to improve the way we use it and to raise its prominence in meetings.

Assurance Gained

External Audit
Mazars reported that they had completed their audit work in relation to Value for Money (VFM). As indicated at the time of issue of their other year-end reports, they reported two areas of significant weakness, one relating to the CQC inspection conducted in January 2020 and the other relating to that conducted in March 2022. Mazar's final Annual Report is attached to this paper.

Internal Audit
Internal Audit presented their progress report which illustrated that the programme is on track at this early stage in the year and there were no areas of concern in terms of the reported outcomes of audits completed to date.

Non-executive members of the Committee queried the apparent mismatch between the positive picture portrayed by Internal Audit and the challenging and concerning situation the Trust finds itself in. We had a useful discussion and agreed that the results of Controls Improvement Audits (CIAs) should in future feature more prominently in reports made to the Audit Committee. CIAs are more informal reviews that fall outside the formal audit programme and are requested by members of the Executive if they have concerns about a particular area. Once a CIA has been conducted, a more formal audit will be carried out within a timescale agreed between Internal Audit and the relevant Executive.

We had a useful discussion about how the Trust could use the independence and skills of Internal Audit to help in areas where improvement is required.

Counter Fraud
Counter Fraud presented their Annual Report for 2021/22. This report detailed all their work throughout the year and also confirmed that the Trust's Counter Fraud Functional Standard Return indicated that the Trust complied in full with eleven out of the twelve requirements. The only exception to this, as we already knew, was in relation to adoption of the new risk assessment methodology: the NHS Counter Fraud Authority has stated that it expects most organisations to take 3 to 5 years from now to comply with this standard and is not expecting any Trust to comply currently.

Of note is the increase in number of referrals, particularly in relation to staff working elsewhere when they are off sick. Given the current cost of living challenges, we expect that number to increase further and encouraged the Counter Fraud Team to do further awareness-raising work, including the possibility of using Team Brief, Staff Matters and Simon's weekly update to do this.

Jenny McAleese
Chair of the Audit Committee
September 2022

Chair Brief: Digital, Performance & Finance (DPF) Board Assurance Committee	Chair: Lynne Mellor	Date: 20 September 2022

2022-3 – Trust Priorities covered by DPF Board Assurance Committee: Acute Flow & Elective Backlog

	Summary	Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
Digital			
i)	- The Committee welcomed the progress with project Nucleus i.e., digital nursing documentation, and it being 'well-received by the CQC'. - The Committee asked for further assurance re DIS' 4 Priority programmes i.e., are they still relevant as priorities, and what do we do to mitigate the risk of those off track e.g. Essential Services Programme given it lays the foundations for EPR and LIMs which is subject to external controls. - The Committee welcomed the presentation on SPCs provided by Gary from the Business Insights team. However, it noted the risks flagged on Clinical Coding including the high turnover of staff. The Committee also noted the linkage with the previously reported UX findings e.g., lack/lag of coding in ED due to limited staff time or process compliance. The Committee seeks further assurance for the Board to consider what actions can be accelerated to alleviate the significant risk. And for, o the Quality Committee this presents a risk to patients if data is not recorded in a timely fashion, but also impacts insight for GIRFT, national reports etc. o the Workforce, workstream: we have lost staff to Trusts across the country – what more can we do, to work around problems until paper notes are digitised?.	BOARD BOARD/ QUALITY & SAFETY/ WORKFORCE	INFORMATION ACTIONS
	-		
Performance			
i)	- The Committee noted the significant operational pressures, including those that presented over the Bank Holiday weekend. - The Committee welcomed the news re YAS providing the equivalent CIPHER services at not only York and Scarborough, which mitigates the risk of the 'unfunded' schemes in the finance plan.	BOARD	INFORMATION
ii)	- The Committee was pleased to note the clarity on focused priorities now, to those which have the biggest impact for H2 e.g. for Acute Flow being discharge and SDEC and the progress made with both. The Committee noted for National Elective recovery we have been placed under regional supervision as a 'Tier2' Trust; help regionally includes a digital platform for returning doctors, and a focus on e.g., our 78 weeks wait position, and 121 patients (or less) waiting less than 62 days by end of March.	BOARD	INFORMATION

	- The Committee asked for further assurance around understanding progress for H2 (including how Building Better care/priorities align) with impact on KPIs and understanding milestones.		
iii)	- The Committee noted the need to discuss at Board what further action is needed ○ Reiterated ask from the August extraordinary board – i.e., to hold to account our external stakeholders/partners/system to help the Trust with its priorities e.g., Local Authorities, ICB. Being clear what we need from them by when and the benefit of delivery versus risk of non-delivery impact on our plans. ○ How can the Board help provide programme resource to move forward the priorities: we discussed repurposing transformation/improvement resource internally to focus on the areas which will make the biggest impact for our priorities, CQC plans etc. (And any support from stakeholders).	BOARD	ACTION
Finance			
i)	- The Committee noted the Trust's Income and Expenditure (I&E) position with a deficit of £3.2M i.e., £2.9m adversely adrift of plan, with premium rate pay pressures contributing significantly to the negative variance (caused by higher-than-average pay expenditure, due to increased sickness and annual leave). It is anticipated that in H2, the position will improve as pay pressures should reduce. - The Committee discussed the I&E forecast including best- and worst-case scenarios and the submission to NHSE/ICB.	BOARD	INFORMATION
ii)	- The Committee discussed risks to the finance plan to monitor including i) should there be a surge in Covid cases and the need to seek further central funding. ii)the impact of potentially further increases in energy prices and iii) the potential risk of supply chain distribution issues, causing for example supply shortages.	BOARD	INFORMATION
YTHFM			
i)	- The Committee welcomed the refreshed updated executive report. The committee noted the actions taken on sickness which continues to be a cause for concern. The Committee also noted the improvement in very high-risk areas for cleaning. The Committee also discussed waste in conjunction with the EPAM minutes and asked if more can be done from the Trust to help with the recruitment of a waste trainer to mitigate the significant risk of further escalating waste costs.	BOARD	INFORMATION
ii)	- Culture was discussed, and asked for assurance - have all the culture areas highlighted by ACAS been addressed, and the right outcomes achieved? It was agreed an initial linkage with the Trust's culture workstream would be beneficial and an action for the Board to review in more detail the progress on culture overall including linkage with YTHFM.	WORKFORCE BOARD	INFORMATION ACTION
iii)	- The Committee discussed what more could be done on communications from YTHFM to the Trust, particularly care groups. Further assurance was sought to mitigate risks with a report back next quarter on plans to include an attendee from YTHFM LLP to Care Group meetings and also to engage with Trust comms, plus a review of the MSA to ensure the levels of service delivered are up to date and individuals follow the right processes.	BOARD	INFORMATION

Governance

BAF	- The Committee noted no major changes to the BAF given an overall review.	BOARD	INFORMATION

Trust strategic goals assured to Committee	**1. To deliver safe and high-quality patient care as part of an integrated system**	☐	**2. To support an engaged, healthy and resilient workforce**	☐	**3. To ensure financial sustainability**	X ☐
	PR1 - Quality Standards	☐	**PR2 - Safety Standards**	☐	**PR3 - Performance Targets**	X ☐
	PR4 - Workforce	☐	**PR5 - Inadequate Funding**	X ☐	**PR6 - IT Service Standards**	X ☐
	PR7 - Integrated Care System	X ☐	**Comments: PR7 is interrelated across our agenda, and will be noted as discussions arise.**			

	Key Agenda Items	RAG	Key Assurance Points	Action
PR6 – IT Service standards	Digital		Awaiting YTHFM LLP cyber desktop completion. ERP funding delay nationally.	YTHFM LLP cyber desktop exercise needed to ensure we mitigate any risks should an attack happen. How do we secure the ERP first tranche of funding?
PR3 – Performance Targets	Performance Targets		Significant operational pressures noted.	Focused plans on acute flow and elective backlog to address significant operational pressures – update to be provided on progress.
PR5 – Inadequate Funding	Deficit issue including CIP		Deficit issue particularly with premium pay CIP – gap	Recognised deficit may improve post September but monitoring needed Recognised further work needed on CIP to provide contingency with Care Groups

Quality Committee – Chair's Assurance Report

Date of Meeting:	19th September 2022			**Quorate (yes/no):**	Yes	
Chair:						
Members present:	Stephen Holmberg (Chair), Lorraine Boyd (NED), Jenny McAleese (NED), Jim Taylor (MD), Heather McNair (CN), Mike Taylor, Caroline Johnson			**Key Members not present:**		
Trust strategic goals assured to Committee	**1. To deliver safe and high quality patient care as part of an integrated system**		**2. To support an engaged, healthy and resilient workforce**		**3. To ensure financial sustainability**	
BAF Risks assured to Committee	**PR1 - Quality Standards**	x	**PR2 - Safety Standards**	x	**PR3 - Performance Targets**	x
	PR4 - Workforce		**PR5 - Inadequate Funding**		**PR6 - IT Service Standards**	
	PR7 - Integrated Care System		**Comments:**			

Key Agenda Items	RAG	Key Assurance Points	Action
7 Maternity Services (Ockenden)		Concerns remain regarding some aspects of maternity services and work to achieve Ockenden standards. Established indicators for assurance appear less reliable given the unprecedented and sustained pressure on staff, service and wider system. The Committee is seeking more appropriate markers to provide assurance on safety. Particular points to note: staff vacancies, staff sickness, poor training compliance, capacity in foetal monitoring, continuing difficulties associated with handover and multi-disciplinary	Information and escalation

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

Quality Committee – Chair's Assurance Report

		working	
10 IPC		C.diff infections continue to run at high levels. Recent spike in MSSA infections and an MRSA infection raise concerns about line management. The Committee continues to have concerns about fragmentation of responsibility for this portfolio especially in relation to problems in estate and also full clinical engagement	Information and escalation
			Escalation
			Escalation

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

People and Culture – Chair's Assurance Report

Date of Meeting:	20 July 2022			**Quorate (yes/no):**	Yes	
Chair:	Jim Dillon (Chair)					
Members present:	Lorraine Boyd (NED), Matt Morgan (NED), Polly McMeekin, (DW&OD), Heather McNair (CN), Jim Taylor (MD), Lucy Brown (Dir Comms)			**Key Members not present:**	N/a	
Trust priorities assured to Committee	**1. Our People**	**X**	**2. Quality and Safety**		**3. Elective Recovery**	
	4. Acute Flow					
BAF Risks assured to Committee	**PR1 - Quality Standards**		**PR2 - Safety Standards**		**PR3 - Performance Targets**	
	PR4 - Workforce	**X**	**PR5 - Inadequate Funding**		**PR6 - IT Service Standards**	
	PR7 - Integrated Care System		**Comments:**			

Key Agenda Items	RAG	Key Assurance Points	Action
7. Research and Development Update		Continued work to clarify assurance on research and development opportunities.	Information
10. University of York nursing plans for supporting local workforce development		The Trust and University needed to work together and build on the existing relationship to develop the nursing workforce provision.	Information

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

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Council of Governors
Date of Meeting:	1 December 2022
Subject:	Governors Activity Report
Director Sponsor:	Alan Downey, Chair
Authors:	Sally Light – Lead Governor Michael Reakes – Membership Development Group Alastair Falconer & Beth Dale – PESG Rukmal Abeysekera & Beth Dale – Fairness Forum Sue Smith, Bernard Chalk, Catherine Thompson – OHC Group

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:

This paper provides an overview of Governor Activities.

Reports are provided on the following:

- Lead Governor
- Governor Forum (action notes)
- Membership Development Group (action notes)
- Patient Experience Steering Group (PESG)
- Fairness Forum
- Out of Hospital Care Group (notes)

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

1. Lead Governor Report (December 2022)

Introduction

This report provides information about my key activities in my role as Lead Governor since the last Council of Governors (CoG) meeting in September. Unfortunately, I have had to give my apologies for this meeting as I am out of the country at a work-related event.

Meetings with Alan

I have continued to meet Alan monthly, and we have discussed a range of Governor and Trust related issues. At a recent one of these meetings, I let Alan know of my intention to step down from my role as Lead Governor. Due to my work commitments, I feel unable to carry out the role as well as I would wish and therefore, I am keen that another governor has the opportunity. Subsequent to this a Lead Governor election has been called and, at time of writing, we are approaching the closing date for votes. I wish the new Lead Governor all the very best with the role and will, of course, give them my full support.

The following are the other activities I have been involved in since the last CoG meeting:

- Contributing to the induction session for the new governors
- Chairing the Governor Forum
- Contributing to the Annual Members Meeting and AGM
- Being interviewed by colleagues from NHS England as part of the preparation for the Well Led assessment
- Taking part in the CQC Governor focus group

Sally Light
Lead Governor

2. Governor Forum (07.11.22)

Action Notes

Attendance: Sally Light (SL), Lead Governor, Sue Smith (SS), Bernard Chalk (BC), Catherine Thompson (CT), Rukmal Abeysekera (RA), Wendy Loveday (WL), Mary Clark (MC), Maria Ibbotson (MI), Linda Wild (LW), Andrew Stephenson (AS), Paul Johnson (PJ), Maya Liversidge (ML), Julie Southwell (JS), Abbi Denyer (AD), Franco Villani (FV), Cllr Liz Colling (LC), Alan Downey (ADo), Mike Taylor (MT), Tracy Astley (TA)

Apologies: Alastair Falconer (AF), Beth Dale (BD), Keith Dobbie (KD), Gerry Richardson (GR), Michael Reakes (MR), Sharon Hurst (SH), Dawn Clements (DC),

Outstanding actions from previous meetings

Agenda Item: 8	**Public Questions (09/02/22)**	
Actions agreed	Concern raised over whether Mental Health issues in SGH A&E had been resolved. MT will discuss with Medical Director.	MT response: Mental health risk assessments have now moved electronic which relates

	The response was considered inadequate and therefore it has been passed back to MT for further clarification. **07/11/22 David Thomas, ACOO, has been asked to provide further information on progress to date including an action plan.**	to a concern with the last CQC visit. This is to be reviewed once evidence is compiled over the next few months, with further actions being addressed it is planned with patients being treated at the new ED once opened.
Agenda Item: 6	**Chair's Appraisal (04/05/22)**	
Actions agreed	MT to amend Chair's Appraisal proforma to add a similar note in the second section about not able to comment/haven't seen evidence ....as there is in the first section.	Ongoing
Agenda Item: 6	**Public/Patient Engagement Activities (10/08/22)**	
Actions agreed	It was agreed that the Governor Walk rounds would be an ideal engagement opportunity. TA asked for suggestions on which hospitals / areas the governors would like to visit.	Governors to email TA with suggestions. Ongoing

Actions from today's meeting

Agenda Item: 3	**Q&A from Public Process**	
Actions agreed	The governors agreed to trial AD's suggestion of answering the questions at the public CoG instead of providing written answers to individuals.	TA to provide sufficient time on CoG agenda to trial the process.
Agenda Item: 5	**Internal Governor Vacancies**	
Actions agreed	BC advised that the Travel & Transport Group discussions were very Yorkcentric and needed to consider issues on the East Coast.	TA discussed matter with chair. Two new governors joining. Action closed.
	Not enough governors have expressed their interests to join committees/groups leaving quite a few vacancies.	All vacancies now filled. Action closed.
		Need Chairs for MDG and CRG.

Agenda Item: 7	**Development of the Trust Priorities Report (TPR)**	
Actions agreed	It was agreed that the TPR was progressing, but the governors asked for targets/national averages to be added, and a narrative to explain actions being undertaken to mitigate issues.	MT will take on board their feedback and update on Dec CoG agenda.
	Arrange Statistical Process Control (SPC) for CoG March 2023.	TA to arrange.
Agenda Item: 8	**Board to CoG**	
Actions agreed	The governors agreed that a Q&A session would be beneficial with small supporting presentations. The theme will be around the performance of the Trust – overview of the past 12 months, plans for the next 12 months, progress made, significant issues remaining, how the governors can help.	Meeting arranged for 19 January 2023.
Agenda Item: 10	**Items for next CoG meeting**	**Notes**
Actions agreed	• Charity/Partner Governor vacancies selection process • CQC update • Monitoring Trust Performance/KPIs • Staff Retention issue – invite Director of Workforce to CoG • Invite Sue Symington to March'23 CoG to discuss the ICS	Items 1-4 added to December CoG agendas. Action closed. Item 5 to be added to March'23 CoG agenda.

Date of Next Meeting: Wednesday 8 February 2023, 10.30 – 12.00, via Teams

Sally Light
Lead Governor

3. <u>Membership Development Group (01 08 22)</u>

<u>Action Notes</u>

Attendance: Michael Reakes (Chair), Keith Dobbie, Sue Smith, Beth Dale, Mick Lee, Sally Light. The meeting was quorate with 3 or more members including at least one Public Governor.

Apologies for Absence: Bernard Chalk, Alastair Falconer, Rukmal Abeysekera, Catherine Thompson, Gerry Richardson

Reference	Subject	Action / Status
Agenda items [2]-[3] on 01 Aug 22	***Review of open actions and matters arising from last meeting on 04 April 2022***	*The Notes from 04 Apr 22 were agreed as accurate.* ***Actions arising and new items are below.***
Action [1] from MDG on 04 Apr 22	**Over 50's Festival** [1] Beth Dale to keep MDG updated on attendance at Over 50's Festival scheduled for Sept/Oct 22.	Drop, due to event being unsuitable for membership development per Beth. **Action now Closed**.
Agenda [4] on 01 Aug 2022 and Action [2] from MDG 04 Apr 22	***Membership Marketing –*** status of membership banners in York/Scarborough Hospital entrances, and posters in waiting room and back of toilet doors.	All Governors to review whether the banners and posters are visible in their local area and report back at Governor Forum. **Action: All Governors**
Agenda [5] on 01 Aug 2022	***Meet the Governor Sessions***. Those at this MDG agreed to trial face-to-face meetings in all areas, starting in York and Scarborough as follows. Hold the events at Ellerby;s Restaurant or equivalent, and temporarily display Membership Banner. Plan dates, pre-announce via membership matters, and (optionally) ask for issues to be passed via the Governor email in advance; caveat that no personal issues should be emailed or discussed in the meetings - rather pass such individual issues via PALS. The approach in meeting would be to: (1) Introduce those attending [Governors, Public Relations, Director of Corp Gov are suggested], (2) Explain the role of Governor, (3) Summarize trust services (area specific, if appropriate) and (4) invite those present (members and the public) to present their views on (a) what services are working well, (b) suggestion for services, and invite (c) any ideas, comments or suggestions. Governors would be in listening mode and would not attempt to answer any questions, or comment on operational issues. These sessions should also be used to sign up new members, and perhaps recruit new	**Lead Governor to Confirm at Governor Forum** then pass to Mike Taylor for implementation.

	volunteers. Consider a rehearsal. Also trial an online meeting.	
Agenda [6] from MDG 01 Aug 22	**Membership Survey**. The survey in Attachment 1 was reviewed, edited, and agreed at this MDG. This is to replace the existing survey with a broken link on the website and also to be email to Members.	**Survey now live. Action closed.**
Action [6] from MDG 04 April 22, and Agenda [7] from MDG 01 Aug 22	***Membership Unique Selling Points and ways to increase membership*.** Those at the MDG thought finding out about local Trust services was the main motivator. Beth Dale had found it informative visiting Theatre Staff. Sue Smith said that there was a vast quantity of data online from the Patient Experience Steering Group, but a top-level summary was hard to find. Reference was made to the publicly-available ranking of similar Acute Trusts. Keith Dobbie stated that making a difference as a Governor and exploring the role of Governor was important.	**Lead Governor** to collect views at the next Governor Forum.
Agenda [6] from MDG 01 Aug 22	***Any other business.*** Due to competing outside time requirements, the current Chair, M Reakes, resigned from the MDG.	**Tracy Astley** – request replacement Chair for next meeting and confirm date.

Date of Next Meeting: TBC **10.00 – 11.00, via Webex.**
All Governors welcome

Michael Reakes
MDG Chair

4. PESG (16 11 22)

Agenda Item	Summary	For Recommendation/ Assurance to the CoG
Equality, Inclusion and Diversity. Helen Ketcher (EID lead)	1. **Disability History Month.** Improving "Reasonable Adjustments" and "Accessible Communication" by visiting reception areas. Introduction of tablets for access to interpreters, distribution of British Sign Language(BSL) video. Provision of transparent face masks for communication	Work in this area active in responding to groups who are vulnerable to disadvantage.

	with patients with hearing impairment (eg for hearing assessments). 2. **Equality, Delivery System:** 2 services (including maternity and childrens) to be assessed for accessibility, meeting individuals needs and positive patient experience. Results to be submitted to Fairness Forum.	
Patient Experience Updates. **Care dogs in endoscopy** **Alicia Brunner (CG4 Matron).**	Identified additional needs of patients with **guide and helper dogs in endoscopy.** Patients have to be separated during procedure. **Actions**: 1. Identify above patients on CPD. 2. Place early on list to reduce time in waiting area and create space for carer in waiting area 3. Minimise separation time.	Following this issue staff have instituted changes to improve experience. This has relevance throughout Trust.
Autism Discussion Groups, Hannah Gray. Patient & Public Involvement Lead	Three events coordinated by Nicola Marshall, Autism Lead, with patient groups. Identified need for staff education, patient preparation for hospital attendance. Presentation to ICB in December.	Challenges for patients with autism in accessing and experiencing services being increasingly recognised. Active involvement of this patient group welcome. Need to follow up response from ICB.
Snapshot Patient Experience Survey. Hannah Gray	Focussed on specific medical wards after CQC report. Questions on nutrition/hydration and washing needs. 260 patients surveyed. 4 carers. Safety and Quality committee felt needed more information. Plan to repeat over next 12 weeks with increased carer/relative feedback.	Need to ensure Safety and Quality committee satisfied with results from ongoing surveys.

Care Group Updates **(A selection)**	**CG2**: Weekly Clinics for patients/families/carers to meet with matron to discuss concerns and reduce complaints. **CG4**: Identified need for waiting area/toilets with mobile CT scanners. Kim Hinton to develop business case.	
Patient Voices Initiative. Kim Hinton (CG4 Associate Chief Operating Officer)	Aim to relay patient feedback promptly (within 48 hours) to clinical teams through regular "conversations" between operational managers and patients. Trialled successfully in Northumbria Trust. Introduction after Xmas.	Promising approach to assessing patient experience. Need to await results.
Q2 (1st July to 30th September 2022) Patient Experience Report. Justine Harle, Complaints and Concerns Lead	191 formal complaints (cf 172 in Q1. 23% increase). Main themes: Delays/failure treatment; Care needs not adequately met; Poor communication; Discharge arrangements; Delay/Failure to diagnose. These account for 27% complaints and 34% concerns. (similar to previous reports). Tara Filby, Deputy Chief Nurse reported actions to address problems with **recruitment/retention**: "Stay and Thrive" initiative; "Legacy Mentors"; Support for new starters (including international recruits). Sufficient staffing: TF described workforce deployment and escalation work. "Safer Nursing Care Tool" audit to measure acuity and care. Hannah Gray described ongoing volunteer recruitment to assist staff on wards (eg nutrition and hydration).	Important issues raised and Trust actively addressing. Concern that largely nurse led and difficulties with involving medical staff. This will hopefully improve with the new Medical Director coming into post in December.

	JH presented ongoing development with **Patient Experience Improvement Plan.**	

Alastair Falconer & Beth Dale
PESG Governor Representatives

5. Fairness Forum (22 09 22)

Agenda Item	Summary	For Recommendation/ Assurance to the CoG
Attendees	**Lydia Larcum chaired on behalf of Simon Morritt** **Virginia Golding was introduced. 20 members attended.**	**Virginia Golding** – the new Equality lead at the Trust - Will move forward the backlog of equality related activities across the Trust
3	**Behavioural Framework** Jenny Flinton unable to attend. *Our Values & the Behavioural Framework* was tabled. In 2019 a large piece of work, *Our Voice Our Future,* was launched to introduce more value led conversations at the Trust. A Behavioural Framework was subsequently developed to translate these values to organisational behaviours. Launch was delayed with Covid but back on track again with Simon Morritt launching the framework in September. The framework is shared with as many staff as possible. HR teams are working with clinical leads. LLP has done extensive engagement. REN (Race Equality Network) is also dissipating the framework. The framework will be used in difficult conversations.	**Behavioural Framework (launched by Simon Morritt)** - Based on Our Life Our Future initiative created in 2019 - 9 organisational behaviours (we are respectful, fair, helpful, listen, collaborate, inclusive, professional, demonstrate integrity, ambitious) - This allows more value led conversation across the entire Trust
4	**Reciprocal Mentoring Draft Framework** Teresa Elliott updated. Last year explored a reverse/reciprocal mentoring programme. 12.5% of staff are BAME at the Trust. 18 groups formed. Some of the groups met and feedback received. Working with Virginia Golding. The draft framework will go to the Board in October for approval. Further programme to start in January. BAME and other protected groups will be invited. Expectation is to start a new mentoring session every 6 months. Executive Directors, Chief Operating Officers initially involved. A similar cohort will be involved again in next sessions and middle managers in the session after that.	**Reciprocal Mentoring Draft Framework** - New mentoring scheme launched to learn from 'lived-experience'.

	Nurse groups are asked to be added. BAME with 'lived experience' and Executives Directors were paired.	
5	**Trust Access Plan** To discuss the first 5-10 very high priorities. Dave Biggins (DB) presented the Trust Access Plan – a plan of access barriers across the Trust though access audits (823 actions). Priorities identified. Funding is always an issue. Accessible toilets - various hazards are present across the Trust. Alarms in communal public areas sometimes have not been responded. Last 3-4 weeks, review done by DB. £3-4k needed. To paint to bring contrast to aid visually impaired, which will not be costly. This is an activity that DB is working on. Ring fenced money is difficult to obtain and so a few less expensive priorities are addressed. Ownership of the issues need to be identified and document circulated to the relevant staff. CPMG funding may be easier to access. Capital prioritisation need to have visibility on this actions list. Kim Hinton needs to work with DB. Beth Dale has done a walk about and every single accessible toilet had issues. Who is responsible for answering the alarms needs to be identified. FM Managers need to address this urgently. The pull cords are often inaccessible to the people who needs to access them – cords are tied up etc. Awareness to monitor alarms and react needs to be addressed and relevant staff informed. A check list can be sent to the Cleaners. This will be taken as an urgent action – general cleanliness, batteries in soap dispensers etc. Backlog maintenance funding can be used for this (Mark Steed to action). Disability awareness training is required to include this and cascaded across the Trust. A brief introduction was given of the Oliver McGowen mandatory training introduced by the Government for CQC registered service providers to ensure that their employees receive learning disability and autism training appropriate to their role. The e-learning-package has been approved and will be added to the mandatory e-learning hub ready for early 2023. Autism affects people of all ages and this can only be a move in the right	**Trust Access Plan (Dave Biggins)** - A plan to improve access across the Trust - Challenging to ringfence funding for this activity - The list of actions and the estimated cost is immense (823 actions) - DB is starting to tackle the challenge with delivering achievable small tasks first **improving accessible public toilets (£3-4k cost)**

	direction for creating awareness and possible diagnosis. Outpatient transformation programme: Developing a new system for printing and sending out letters to patients. Interpreters contracts: Currently holding weekly meetings. Hull are receiving a better service from the same supplier. They use video and telephone interpretation. York not using video option. Training is underway on video interpretation for patients. Contract renewed with existing supplier for 6 months and working with them to get a better deal for York. Paper went to Executive Group and approved. Annual PSED report: Report summarise the Covid period. There was no report last year. Review and re-start areas highlighted. Language used is changed to bring 'compassionate care'.	
6	**Workforce Update** Virginia Golding and Lorna Fenton: VG has met key staff and learnt about their roles and now understands what their priorities and responsibilities are. Working alongside colleague's inclusion journey. Gap analysis commissioned at the Trust. VG has been identifying priorities and timelines. Areas of compliance – Equality delivery 2022 standard implemented. Impact assessment examined as well as the Governance process. VG is also reviewing Fairness Forum needs. EDI training and launching and re-launching networks. Action plan is finalised. At next meeting analysis of the data will be shared. The data will be presented to the Board first. The Trust will have a refreshed approach next year. Draft Action Plan requires feedback. Gender Pay Gap: Lorna Fenton - Gender Pay Gap is looked at and streamlined. Workforce Disability Equality standard (WDES) - discussed framework around ensuring that disabled staff receive fair treatment in the workplace and have equal access to career opportunities.	**Workforce Update** - Considerable progress on workforce equality is already visible following appointment of Virginia Golding

	Workforce race equality standard (WRES) – discussed the framework for ensuring the Black and Ethnic minority staff receive fair treatment in the workplace and have equal opportunities to career opportunities. Cultural differences have been embraced by the Trust. Maternity Leave - Significant changes have been made to maternity rules in which miscarriage and abortion also qualify for maternity leave.	
8	**Healthwatch Update** • North Yorkshire – Ruth Stockdale: Place assessments are addressed. No issues. • York – Sian Balsom: good to see assessable plan activation. Feedback from members of staff on staff parking received. Impact of the building resulted in loss of 170 parking spots. A lot of questions raised by staff. Safety/lighting/impact on women and parents with childcare needs. Bikes for hospital staff are considered. This is an issue that is raised with the Trust. Now there is a review by the car parking lead. Lydia Larcum will provide an update on the issue. Capital investment is a challenge with staffing issues and with regards to patients. Mark Steed – parking and traffic flow as well as a staff cycling scheme are currently discussed.	**Healthwatch Update** - Review of staff car parking and investigation of a staff cycling scheme underway
9	**Staff Network Updates** - Women's network – in its infancy. Promotional exercise done over summer and asked what was important to them - gender pay gap, flexible working, wellbeing came as priorities. Kim Hinton will share the Actions Plan at the next meeting. Twitter account launched yesterday to support and influence. - Carer's network – Lorna Fenton working with Virginia Golding to re-launch this network. Need to attract more members, particularly from the non-York sites. - LGBTI – Activities are slow and lack of interest currently from the network members - Race – no representative again. REN (Race Equality Network) network. Members are pleased that the Trust has	**Staff Network Updates** - A new Women's network launched

	invested in an EDI lead. Representation, progression, discrimination, feeling valued etc. Each network will have £1k for each year going forward. Network leads will meet to discuss best practice etc. Launch and re-launch of the networks underway. Intersectionality will take place. Having an Executive Director as a sponsor of the networks will be looked at.	
10	**Learning from Care Groups** - Patients with deafness and site loss experience in Ophthalmology Department: A lot of work done, in particular minimising the traumatic environment of the very busy Department. Posters moved to more suitable places and staff awareness training undertaken. This will be cascade to other sites outside of York. Phlebotomy walk in service – following a staff consultation the clinic is now open for longer hours.	**Learning from Care Groups** - Learnings and small steps at York Ophthalmology Department to support deaf and visually impaired patient to be cascaded to other Trust sites. - Longer opening hours introduced to Phlebotomy walk in service.
11	**Disability History Month -** 16th November -16th December to help raise awareness of hidden disabilities .The Trust have now provided iPads to each department with the aim of translating staff speech into BSL to ensure deaf patients understand what is happening in clinic or on the wards. Creating awareness of different types of assistance dogs for both deaf and VI patients plus other specialist dogs trained for cancer and arthritis patients, etc.	
12	**Patient Equality Delivery System** – is already in place.	
13	**PLACE Assessments** – it was felt that the Trust was moving in the right direction.	

Rukmal Abeysekera & Beth Dale
Fairness Forum Governor Representatives

6. Out of Hospital Care Group (23 09 22)

Attendees:
Steve Reed (Chair), Beth Dale, Lorraine Boyd, David Thomas

In attendance for item 1 – Sarah Crossland, General Manager for Theatres, Anaesthetics and Critical Care; Zoe Murphy, Peri-operative Nurse Specialist

Apologies: Sharon Hurst, Sue Smith, Bernard Chalk, Catherine Thompson.

Summary of topics discussed

Matters arising:

The previous minutes were noted as a correct record and all actions were noted to be complete or in progress.

Pre-habilitation Pilot:

Sarah Crossland, General Manager, and Zoe Murphy, Peri-operative Specialist Nurse, attended to present to the group. They described the development of pre-habilitation approaches in the organisation. Pre-habilitation involves starting the recovery process before surgery begins, considering physical, social and psychological factors. Sarah noted that they were observing higher levels of co-morbidity in patients being referred for surgery and that this was associated with higher post-operative complication rates and poorer outcomes for patients. She described that there was a moment of opportunity when patients are told they need surgery to give wider health advice. Pre-habilitation is recommended nationally and is in place in around 50% of Trusts.

Benefits of taking a pre-habilitation approach include reduced lengths of stay, improved cardio-respiratory fitness and reduced post-operative complications – Sarah shared this could be a 50% reduction in complications, a 2-4 day reduction in length of stay and reduced readmissions.

Zoe explained that a pilot was underway with patients undergoing abdominal wall reconstructions and that patient feedback from phase 1 had been very positive. She described that phase 2 would involve more engagement with psychological services. She explained that the pilot involved patients having a comprehensive dietetic assessment, referrals made to smoking and alcohol cessation services, diabetic input and the development of a supervised exercise programme and prescription. She noted that the next steps will involve the inclusion of patients undergoing cancer and aneurism surgery as well as orthopaedic procedures. The Trust website is being developed to include more details on the programme.

The group discussed the challenges with accessing psychological services and the potential opportunities to link with social prescribers in general practice. They also discussed how patients needed to achieve specific goals to be able to undergo their surgery and how this programme could support them to do that.

East Coast interface with community services:

David Thomas, Associate Chief Operating Officer, presented to the group to describe the relationship the care group had developed with Humber Foundation Trust. He noted that they were originally a mental health provider but also provided community services to the Scarborough and Ryedale area as well as a range of primary care practices. He noted the range of community services included Minor Injury Units and Inpatient Rehabilitation Units.

With regards to the links with hospital teams he noted that the Urgent Community Response service was accessed by the Same Day Emergency Care team enabling patients to return home with appropriate support in place although this could be constrained by available capacity. He described that there were a large number of

referrals into community therapy services from hospital teams and that there could be delays for patients waiting for this to start. He shared that there could be 80 patients in acute beds in Scarborough who were ready to leave and this accounted for a third of the available beds with the community units run by Humber experiencing similar challenges. He noted that Humber's intermediate care service could provide six weeks of support at home to allow a patient to be discharged but that the improvements previously seen in trusted referral processes were coming under strain.

He described the MSK service received referrals from the ED team and enjoyed positive interactions between the two and referrals into the falls prevention service worked well. He acknowledged there was further work to do in developing improved communication with community stroke services and that there was limited availability of Early Supported Discharge provision, which was delaying patients returning to the Scarborough area following a stroke. He explained that there could be issues with referrals to services such as podiatry and continence when hospital teams are not aware if these have been accepted or not.

He set out plans being developed between the Trust and Humber to provide a frailty virtual ward model which would give 20 virtual beds by December and up to 40 by April 2023. The Trust will be providing geriatrician input and potentially Advanced Clinical Practitioner capacity as part of the model. He shared that work was also underway to map capacity and demand for community services and to develop an inreach model that would support people being 'pulled' from hospital by community teams.

The group discussed the governance around the interface with David describing the previously effective Scarborough Partnership Board that brought different agencies together. He explained how the Trust and Humber met each month to address issues and collaborate on shared developments. The group noted the potential challenges with governance of shared service models such as the Frailty Virtual Ward.

Actions Agreed

- SR to make introduction to York CVS re social prescribing for Zoe Murphy
- SC to share presentation
- DT to share presentation and information from Leeds on Frailty Virtual Ward
- SR to share recording with those unable to attend

Next Meeting

To be confirmed, along with new chairing arrangements

Workplan for 2022-23:

The group discussed which topics they would value exploring in more detail through the year. The following remain outstanding:

- Update on discharge programmes in York and Scarborough (from December)
- Community and voluntary sector – how Trust teams work with the sector
- Social prescribing – how are the approaches being adopted locally
- Update on Frailty at the Front Door in Scarborough (from June)
- Update on Virtual Ward implementation – York and Scarborough (from March)

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Prehabilitation Pilot

Sarah Crossland
General Manager
Theatres, Anaesthetics & Critical Care

Zoe Murphy
ACP
Periop

What is Prehab?

York and Scarborough Teaching Hospitals NHS Foundation Trust

- **Prehabilitation** is an element of rehabilitation where the patient journey to recovery starts before surgery has even begun through physical, nutritional and psychological support.
  - Smoking cessation, alcohol reduction and comorbidity optimisation are also seen as important interventions.

- Patients who present for surgery in a suboptimal condition suffer suboptimal outcomes.

Background

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Increasing ageing and co-morbid surgical population

Higher risk group (elderly) – 80% of post-op deaths

Poor outcomes in those with impaired pre-operative functional capacity

Major Surgery

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Significant inflammatory Response after major surgery

Affects physical function and general well being

Prolonged recovery after surgery to pre-op baseline

Some never regain previous level of function

Why Prehab?

York and Scarborough Teaching Hospitals
NHS Foundation Trust

NICE/GIRFT/CQC RECOMMENDATION

50% OF TRUSTS IN THE UK HAVE A PREHAB SERVICE

POSITIVELY IMPACT HEALTH BEHAVIOUR

ENHANCE PRE-OPERATIVE FUNCTIONAL CAPACITY

MULTIMODAL APPROACH TO LIFESTYLE MODIFICATIONS

Benefits of Prehab

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- Reduce length of stay
- Improve cardiorespiratory fitness
- Enhance recovery following treatment
- Improve nutritional status
- Improve mental well-being
- Reduce post treatment complications

Components of Prehab

- Physical exercise
- Smoking
- Alcohol
- Nutrition
- Mental well being

Evidence of success

York and Scarborough Teaching Hospitals NHS Foundation Trust

- Up to 50% reduction in all cause perioperative complication rates
- Shorter lengths of critical care and hospital stay
  - Reductions ranging from 2-4 days
- Reduced likelihood of readmission
- Preserved or enhanced longer term postoperative quality of life

Prehab pilot at York

York and Scarborough Teaching Hospitals NHS Foundation Trust

- The project is an excellent example of collaborative working in the local community. The Trust is working with York St John University, led by Professor Andrew Hill, to develop a pathway and service that can be grown across a number of specialties.
- The Pilot is due to run until end March 2023.
- **Pilot Phase 1** is nearing completion - Concept design and pathway development.
- **Pilot Phase 2** is due to begin – Pathway fine tuning, benefits realisation, process development.

Prehab Programme

York and Scarborough Teaching Hospitals NHS Foundation Trust

- Comprehensive dietetic assessment
- Referral to smoking and alcohol cessation programmes
- Diabetes input
- Supervised exercise programme & exercise prescription

The future plan

York and Scarborough Teaching Hospitals NHS Foundation Trust

- 2 prehab programs

- programme 1: Cancer (colorectal on chemo/radiotherapy) and aneurysm
- programme 2: Orthopaedic and awr

Programme 1

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Referral by surgeon via set referral criteria

6-12 week programme

Week 1: Assessment prior to prehab : 6 minute walk / sit to stand in 60 sec

Tailored exercise programme: 20 min HITT,

20 min strengthening

Dietetic and psychological assessment and support as required

Interim assessment at week 3 or 6

Final assessment at week 6 or 12

Programme 2

York and Scarborough Teaching Hospitals NHS Foundation Trust

Referral by surgeon via set referral criteria

6-12 month programme

Week 1: Assessment prior to prehab : 6 minute walk / sit to stand in 60 sec

Tailored exercise programme: 40 min strengthening, flexibility and mobility exercises

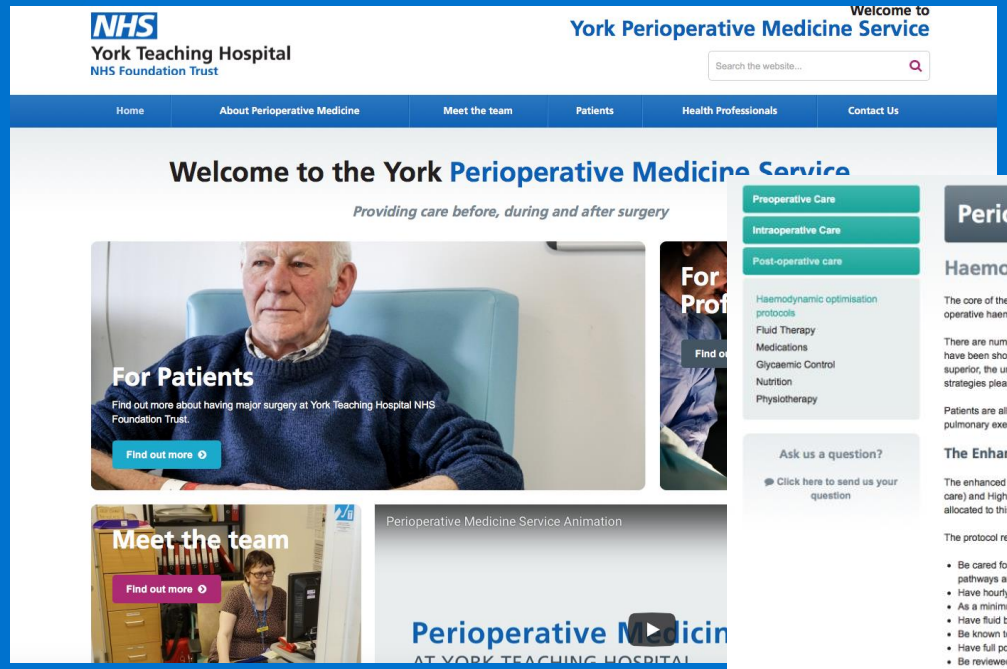
Dietetic and psychological assessment and support as required

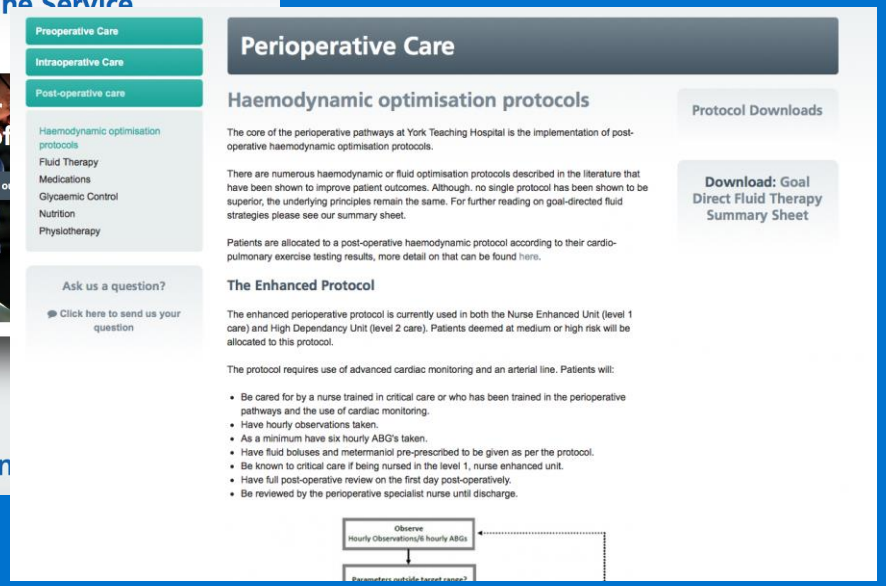
Interim assessments

Final assessment at week 24 or 48 weeks

York and Scarborough Teaching Hospitals
NHS Foundation Trust

www.yorkperioperativemedicine.nhs.uk





periop@york.nhs.uk

Report to:	Council of Governors
Date of Meeting:	1 December 2022
Subject:	Governance Update
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 present a number of governance updates to include actions as agreed at previous Council of Governors meetings.

Specifically to note and discuss:

- Governors observing Assurance Committee meetings;
- Governor Walk Arounds; and,
- Non-Executive Appraisal form

Recommendation:

The Council of Governors is asked to note and discuss the update provided.

Report History

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

Meeting	Date	Outcome/Recommendation
N/a		

Governance Update

1. Introduction

The paper provides an update on governance issues in the Trust including those actions that have been raised from the Council of Governors.

2. Members of the Public Contacting Governors

The members of the Council of Governors are contactable in representing the interests of members and the public, either in person at Council of Governors meetings or via email with all governors having nhs.net email addresses.

We shall facilitate the contacting of all governors by the Trust's members and members of the public via the governors@york.nhs.uk email address in forwarding on directly to those specific governors requested.

However, in responding subsequently to members and public correspondence please do so directly from your own nhs.net email addresses and contact the governance team if you have any further queries in relation to answering questions and/or with any issues to subsequently raise at future Council of Governors meetings.

3. Governors Observing Assurance Committees

Tracy Astley contacted the governors after the last meeting for any governor requests to observe the assurance Committees of the Trust. These are:

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

We have received a number of requests and a schedule has been drafted for those interested to attend these meeting for the remainder of the financial year. Bernard Chalk firstly observed the 22 November Digital, Finance and Performance Assurance Committee.

4. Board Assurance Framework

The latest Trust Board Assurance Framework is included at item 13.4 on the agenda as was approved at the 2 November Board of Directors meeting. This shows the Trust's strategic risks to achieving the Trust strategy and the 4 priorities; Our People, Quality and Safety, Elective Recovery and Acute Flow.

The changes made since the last quarter are in red text and shows how the risks are being managed with updates on assurances both at the Trust Board of Directors, its Assurance Committees and that reported by the Executive Directors as owners of the risks.

The BAF continues to reflect the current operational pressures of the Trust including recovery from the pandemic, pressures on the Trust workforce, recovery of elective care, meeting the demands of urgent care and financial pressures.

5. Governor Walk Arounds

The Trust in the continued recovery from the Covid-19 pandemic is as discussed at previous Council of Governors meetings looking to re-introduce the governor walk arounds process.

This it is proposed will be alongside the patient safety Non-executives and Executive walk arounds and will give an opportunity for the governors to assess and feedback to the patient safety teams to improve patient care.

The following is proposed and governors are asked for comment on this:

- One governor per visit (on a scheduled rota) attend with one Non-executive Director and one Executive Director a specific ward (as per the scheduled rota);
- The patient safety walk around commences and governors ask the staff only the questions as at appendix 1;
- The feedback is provided back to patient safety team; and,
- At a future Council of Governors meeting the patient safety team asked to present on the actions as a result of the findings provided

6. Non-executive appraisal form

The Non-executive appraisal process has been reviewed following feedback from governors and in particular Michael Reakes.

The changes requested allow more free-flowing narrative rather than tick boxes to be gathered throughout the year which is further supplemented in governor assessment with the observing of the Assurance Committees as detailed at item 2 on the agenda.

This has been designed from governor feedback in requesting a template that can be used throughout the year rather than as part of the final year-end appraisal process. The feedback gathered can then be used as part of the year-end NED appraisal process. Governors are asked for any comments on the process at appendix 2.

Appendix 1

Patient Safety Walkabout

Record of Visit

Location:

Date:

Present:

General comments:

Table for actions:

Number	Recommendation	Action	Lead	Deadline
1.				
2.				

Tendable Questions

1. **Can you tell me about the main risks in your area?**

2. **Can you tell me how your area delivers information such as shared learning from complaints, claims and incidents for example?**

3. **Can you tell me how you would know your area is safe and what measures of safety are used to assess your area?**

4. **Are there any themes relating to reduced patient safety in your area?**

5. **Can you tell me any ideas you or your team have that can be done to improve your ward environment?**

6. **Have you found it easy to submit a Datix?**

7. **Can you tell me about any feedback you have had from submitting Datix's?**

8. ***[Root and branch question]*** **Have there been any near misses that almost caused patient harm but didn't?** ***[If yes]***

   8.a Was this reported?

   8.b Is there any improvement work that could be done to reduce this risk?

9. **Have there been any incidents lately that you can think of where a patient was harmed?**

10. **Can you tell me about one achievable (not staffing levels) thing that could be done in your area to improve patient safety?**

11. **Can you tell me what you are most proud of in your area?**

12. **Can you tell me how you are assured that the basics of patient care are completed e.g. nutrition, hydration, hygiene?**

13. **Do you think the MDT work well together?**

14. **Does your MDT meet daily to discuss patient plans?**

Appendix 2

Non-Executive Director Evaluation Summary

Committee attendance

Governance Forum	Membership
Board of Directors	Lorraine Boyd, Stephen Holmberg, Jenny McAleese, Jim Dillon, Lynne Mellor, Matt Morgan, Denise McConnell, Ash Clay
Quality and Safety Assurance Committee	Stephen Holmberg (Chair), Lorraine Boyd, Jenny McAleese
Digital, Finance and Performance Assurance Committee	Lynne Mellor (Chair), Jim Dillon, Denise McConnell
People and Culture Assurance Committee	Jim Dillon (Chair), Lorraine Boyd, Matt Morgan
Group Audit Committee	Jenny McAleese (Chair), Lynne Mellor, Stephen Holmberg

Attendance of Non-Executive Directors at the Council of Governors

Area	Detail	Comments and Observations
Standards in Public Life	Selflessness Integrity Objective Accountability Openness Honesty Leadership	
Delivery of the Trust Priorities	Our People	
	Quality & Safety	
	Elective Recovery	
	Acute Flow	
Demonstrating the Trust Values and Behaviours		
Delivery of specific NED responsibilities		

Name	10.06.20 Q&A	01.09.20 CoG	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG	07.07.22 CoG	26.09.22 CoG
Alan Downey (Chair)										√	√	√
Rukmal Abeysekera (Public Governor – York)					√	√	√	√	√	√	√	√
Bernard Chalk (Public Governor - East Coast of Yorkshire)									√	√	√	√
Dawn Clements (Stakeholder Governor – Hospices)	√	√	√	√	√	√	√	Ap	Ap	Ap	Ap	√
Beth Dale (Public Governor - York)									√	√	√	Ap
Keith Dobbie (Public Governor - East Coast of Yorkshire)									√	Ap	√	√
Alistair Falconer (Public Governor - Ryedale & EY)									Ap	√	√	√
Sharon Hurst (Staff Governor – Community)	√	√	Ap	√	√	√	√	√	√	√	√	√
Paul Johnson (Staff Governor – York)					√	√		√	√	√	Ap	√
Sally Light – (Public Governor – York)	√	√	√	√	Ap	√	√	√	√	√	√	√
Maya Liversidge (Staff Governor – Scarborough/Bridlington)					√	√	√	√	√	√	√	√
Michael Reakes (Public Governor – York)	√	√	√	√	√	√	√	√	√	√	√	Ap
Gerry Richardson (Stakeholder Governor – York University)	√	√	Ap	√	√	√	√	√	√	√	√	√
Sue Smith (Public Governor - Ryedale & EY)									√	√	√	Ap

Name	10.06.20 Q&A	01.09.20 CoG	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG	07.07.22 CoG	26.09.22 CoG
Catherine Thompson (Public Governor- Hambleton)	√	√	√	Ap	√	√	Ap	√	√	√	√	√

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 13.2

Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Governor Elections Update
Director Sponsor:	Mike Taylor, Associate Director of Corporate Governance
Author:	Tracy Astley, Governor & Membership 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:

To receive an update on the progress of the Governor Elections 2022.

Specifically, to note and discuss:

All vacancies advertised were filled.

Recommendation:

The Council of Governors is asked to note the progress of the elections.

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

Meeting	Date	Outcome/Recommendation

Introduction and Background

In this year's governor elections, the following constituencies had seats available for election:

Public

- East Coast of Yorkshire - 3 seats
- Hambleton - 1 seat
- Selby - 2 seats
- York - 2 seats

Staff

- Community Staff – 1 seat
- York – 2 seats
- Scarborough & Bridlington Staff - 1 seat

Successful candidates were appointed to all available seats for a period of three years before they are required to stand for election again.

Marketing

Information was placed on the website together with an information pack for prospective governors. Sally Light also took part in an interview with Hospital Radio and the Comms Team also marketed the vacancies through media releases to local newspapers, social media, Staff newsletters and Members newsletter. We also ran a Governor Awareness Session on Monday 25 July.

Nominations Stage

Civica received 26 verified nominations as follows:

Constituency	No. of Vacancies	Submitted Nominations
PUBLIC		
York	2	9
East Coast of Yorkshire	3	6
Hambleton	1	2
Selby	2	3
STAFF		
York	2	4
Scarborough	1	1
Community	1	1

Voting Stage

The breakdown of voting in each constituency is as follows: -

Public: York		
Number of eligible voters		4,591
Votes cast by post:	411	
Votes cast online:	180	
Total number of votes cast:		591
Turnout:		12.9%
Number of votes found to be invalid:		7
Total number of valid votes to be counted:		584

Public: East Coast of Yorkshire		
Number of eligible voters		1,097
Votes cast by post:	81	
Votes cast online:	80	
Total number of votes cast:		161
Turnout:		14.7%
Number of votes found to be invalid:		3
Total number of valid votes to be counted:		158

Public: Hambleton		
Number of eligible voters		593
Votes cast by post:	69	
Votes cast online:	21	
Total number of votes cast:		90
Turnout:		15.2%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		89

Public: Selby		
Number of eligible voters		1,360
Votes cast by post:	168	
Votes cast online:	55	
Total number of votes cast:		223
Turnout:		16.4%
Number of votes found to be invalid:		4
Total number of valid votes to be counted:		219

Staff: York		
Number of eligible voters		6,386
Votes cast online:	711	
Total number of votes cast:		711
Turnout:		11.1%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		711

No ballot took place for the Staff Community seat and the Staff Scarborough & Bridlington seat as only one nomination for each was received and the candidates were appointed uncontested. See below for further information.

The turnout percentage for each constituency was queried with Civica given it was quite low in comparison to the number of eligible voters. Civica replied that they have studied the most recent election turnout figures of the acute hospitals in our surrounding areas and found that our turnout is in line with the other Trust's, if not higher in some instances.

The average turnout across our Trust and the surrounding Trusts is roughly 11% for public (with the lowest being 5% and the highest being 16%) and 17% for staff (with the lowest being 8% and the highest being 31% (only one Trust in the area received this high staff turnout).

Results

The elections closed at 5.00pm on 28 September 2022 and the declaration of results was published on 29 September 2022. The successful candidates elected/re-elected to each constituency were:

Public: East Coast of Yorkshire	Public: Hambleton	Public: Selby	Public: York
Maria Ibbotson	Catherine Thompson	Wendy Loveday	Mary Clark
Linda Wild		Andrew Stephenson	Michael Reakes
Colin Hill			

Staff: York	Staff: Scarborough & Bridlington	Staff: Community
Abbi Denyer	Franco Villano	Sharon Hurst
Julie Southwell		

Sharon Hurst was the only nomination received for the Staff Community seat and therefore has been re-appointed uncontested.

As it was agreed that YTHFM staff would be classed as Trust staff, Franco Villano moved from a public nomination to a staff nomination for the Scarborough & Bridlington Staff Governor position. As his was the only nomination received, Franco was appointed uncontested.

The Notice of Poll has been published on the Trust website.

Recommendation

Governors are asked to note the content of the report.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

TRUST PRIORITIES REPORT

November 2022

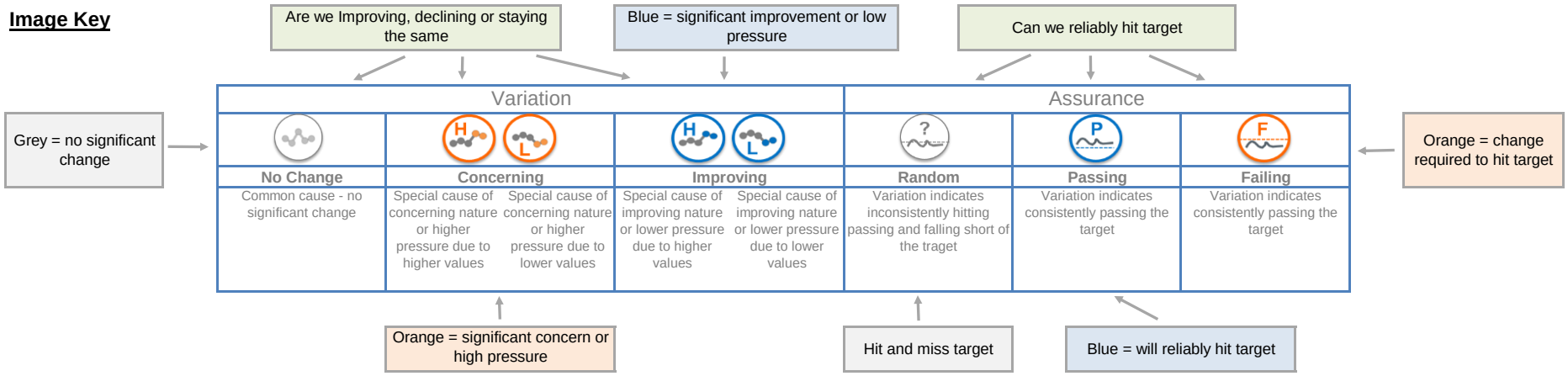
Item 13.3

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)

KEYS

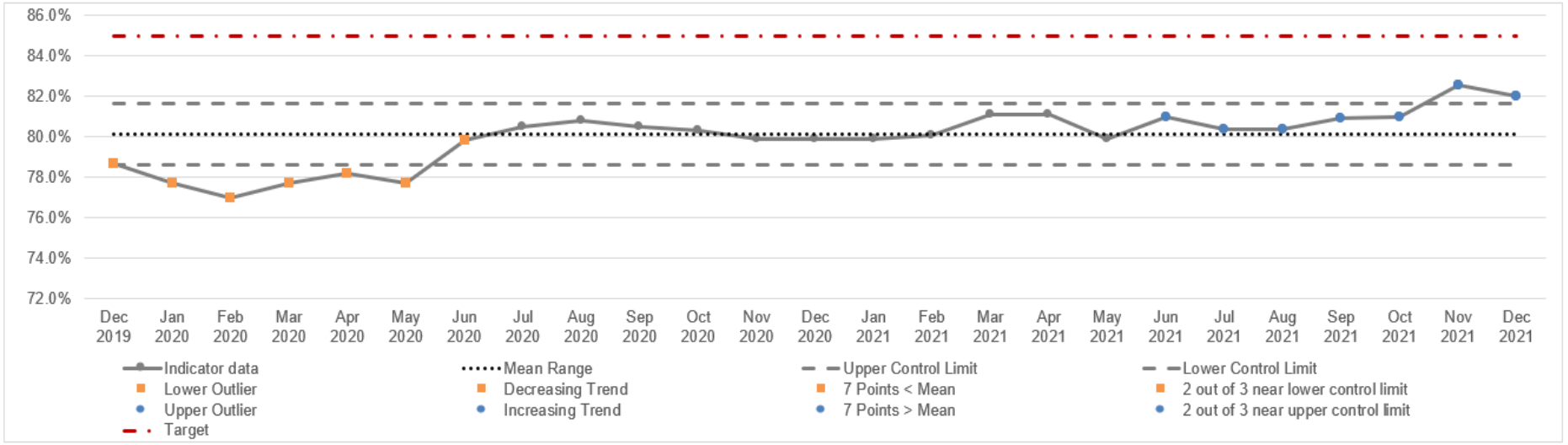
York and Scarborough Teaching Hospitals NHS Foundation Trust

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



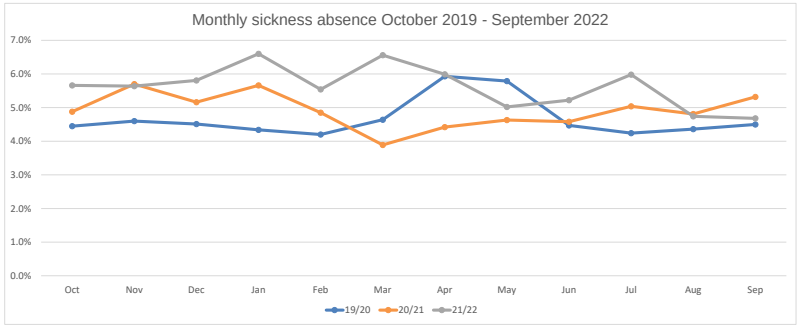
Orange Squares = significant concern or high pressure

Blue Circles = significant improvement or low pressure

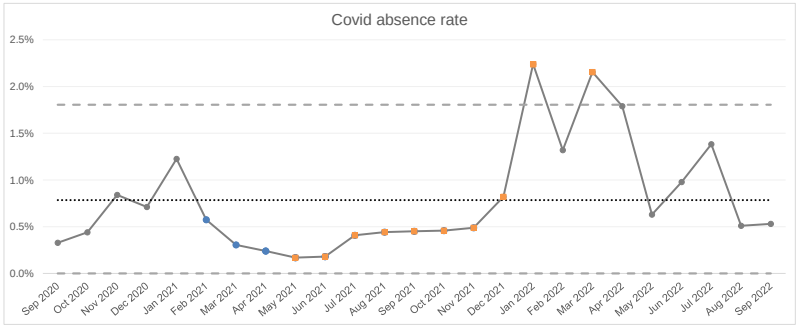
OUR PEOPLE - Sickness Absence

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

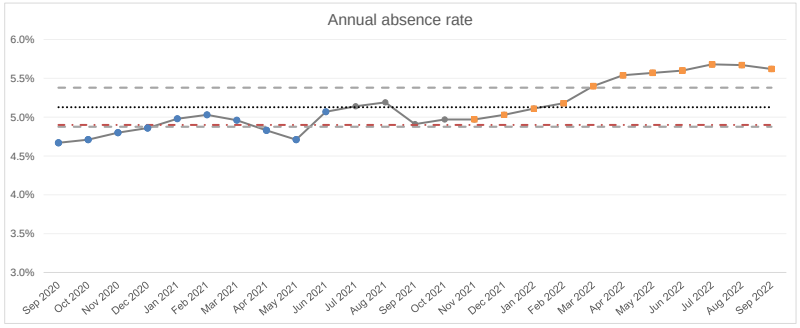
REPORTING MONTH : OCTOBER 2022



Sep 2022
4.68%
Target
No Target
Variance
Assurance



Sep 2022
0.53%
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Sep 2022
5.62%
Target
4.9%
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

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Data Analysis:

Monthly sickness absence rate: This indicator is not presented as a statistical process control chart (SPC) so that the comparison of monthly sickness can be seen month on month for the past 3 years, and to allow for seasonal variation. The sickness rate for Sep 2022 (4.68%) is lower than that seen last year (5.32%).
Covid absence rate: The indicator is currently showing common cause variation since April 2022, with special cause concern seen in January and March 2022 with both data points above the upper control limit.
Annual absence rate: The indicator is showing special cause concern since November 2021, with an increasing trend. The data points have been above the upper control limit since March 2022. The target is slightly above the lower control limit.

Challenges: Staff sickness rates impact availablty of sufficient workforce to safely staff all wards/departments at all times.

Key Risks: Staff survey results relating to staff engagment are only available once a year. However, staff sickness absence is one more readily available indicator of engagement. Seasonal variations in sickness absence are expected, as shown in the montly sickness absence rates. However, the overall trend in sickness absence is an increasing rate, as shown by the annual absence rate (which is a rolling 12 month figure).

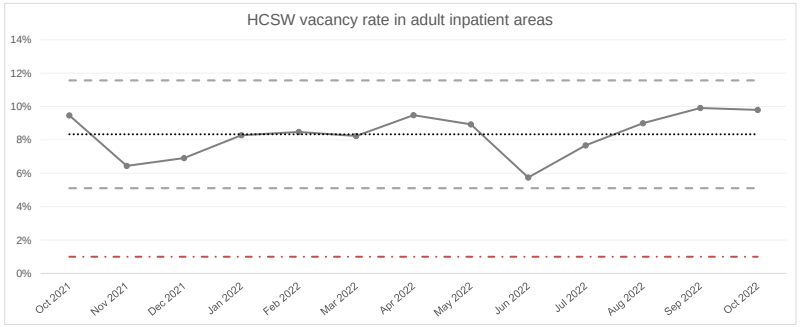
Actions: Actions being taken as an overall response to improve staff engagement and experience are intended to have an impact on indicators of engagement such as sickness absence and turnover.
Following the launch of the new co-created values a new behavioural framework has been launched into the organisation, 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. Following previous staff feedback work is continuing to 'fix the basics' for staff members, ensuring we meet essential needs within the workplace. In addiiton to those improvements already reported brunch trollies are being reintroduced on the York and Scarborough sites and staff surgeries are now reguarly taking place with the Director of Workforce & OD and the Chief Executive. An area has now been identified to be developed as a new staff rest space on the York site.

Mitigations:
Evidence has shown that increased Health and Wellbeing support increases staff engagement and therefore will help to reduce sickness absence.

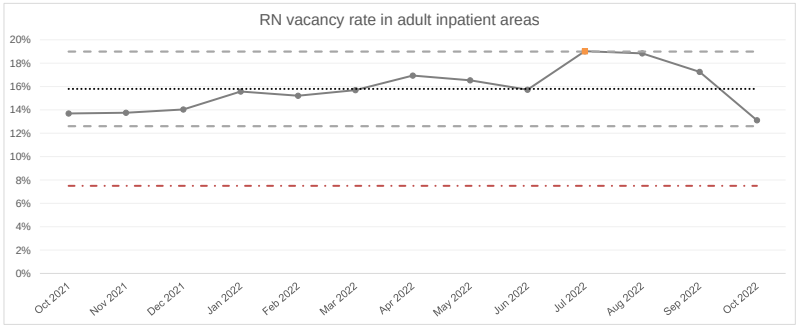
OUR PEOPLE - Vacancy Rate

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

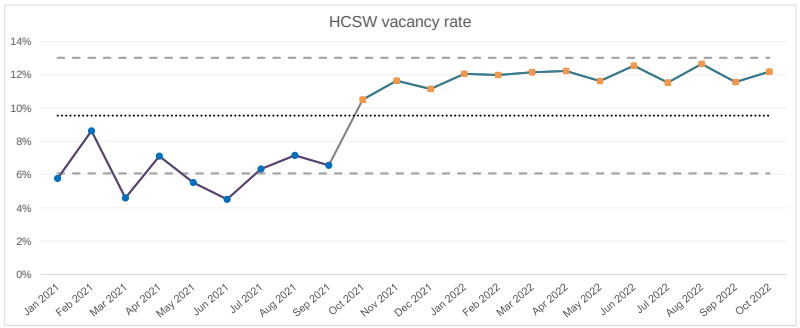
REPORTING MONTH : OCTOBER 2022



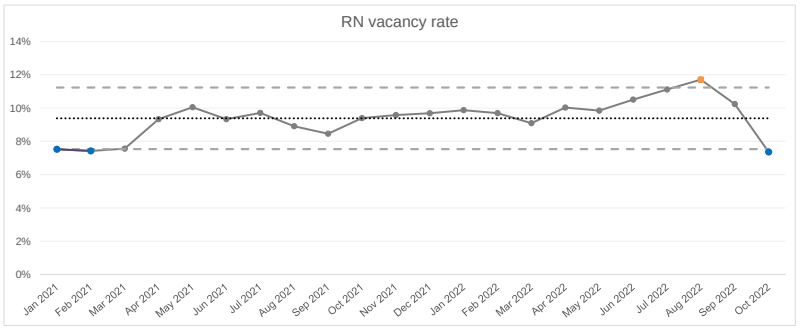
Oct 2022	Target	Variance	Assurance
9.80%	1%	Common cause - no significant change	Variation indicates consistently falling short of the target



Oct 2022	Target	Variance	Assurance
13.11%	7.5%	Common cause - no significant change	Variation indicates consistently falling short of the target



Oct 2022	Target	Variance	Assurance
12.19%		Special cause of concerning nature or higher pressure due to lower values	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
7.36%		Special cause of improving nature or lower pressure due to higher values	There is no target, therefore target assurance is not relevant

Data Analysis:

HCSW vacancy rate in adult inpatient areas: The indicator is showing common cause variation, however please note the vacancy rate is shown from Oct 2021 only. The target is consistently not being met.
RN vacancy rate in adult inpatient areas: The indicator is showing common cause variation, however please note the vacancy rate is shown from Oct 2021 only. July 2022 was above the upper control limit. The target is consistently not being met.
HCSW vacancy rate: The indicator is showing special cause concern, above the mean but below the upper control limit, from Oct 2021. Please note the vacancy rate is shown from Jan 2021 only. The target is to be confirmed.
RN vacancy rate: The indicator is showing special cause improvement, below the lower control limit in Oct 2022. Please note the vacancy rate is shown from Jan 2021 only. Aug 2022 was above the upper control limit. The target is to be confirmed.

Challenges: Vacancy rates impact availability of sufficient workforce to safely staff all wards/departments at all times. The Trust has had a number of International Nurses join this year. These staff arrive to fill band 5 vacancies but are paid by the trust as band 4 staff until their complete their OSCEs and receive their PIN. Counting the current international recruits still awaiting OSCE/PINs into the numbers above, this improves the adult inpatient RN vacancy rate to 9.20% (compared to the 13.11% shown above).

Key Risks: Inability to recruit to all vacancies in a timely way, issues with workforce supply in some cases.

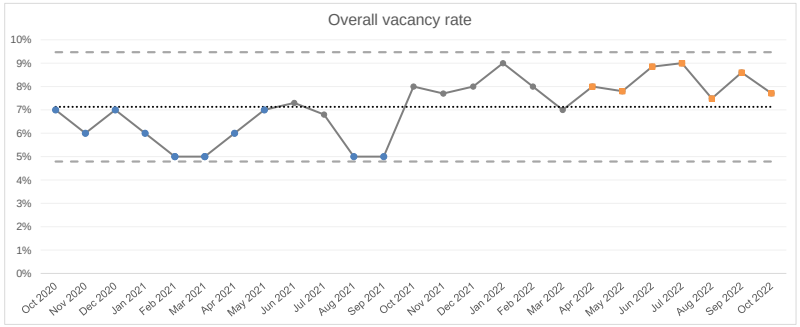
Actions: NHS England visited the Trust in October and made a number of recommendations that relate to recruitment, one of which is for the Trust to hold a Recruitment Workshop, facilitated by NHSE, to look at our recruitment process, review any pinch points that negatively impact our time to hire and to explore best practice from other organisations. The event is scheduled for the end of November. In November a team of Trust staff will travel to Kerala, India to participate in an ICS recruitment programme to recruit clinical roles for both the Trust and wider system.

Mitigations:

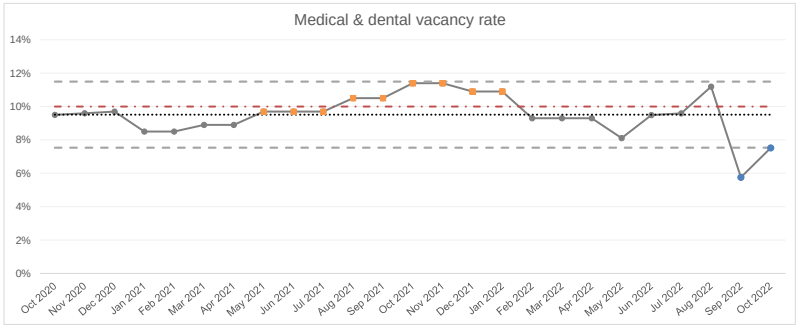
OUR PEOPLE - Vacancy Rate and Turnover Rate

York and Scarborough Teaching Hospitals NHS Foundation Trust

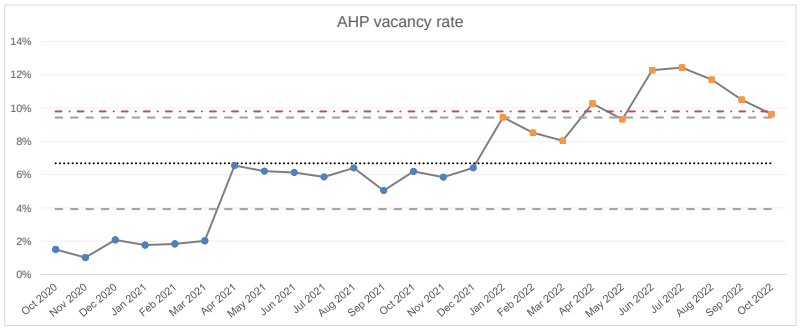
REPORTING MONTH : OCTOBER 2022



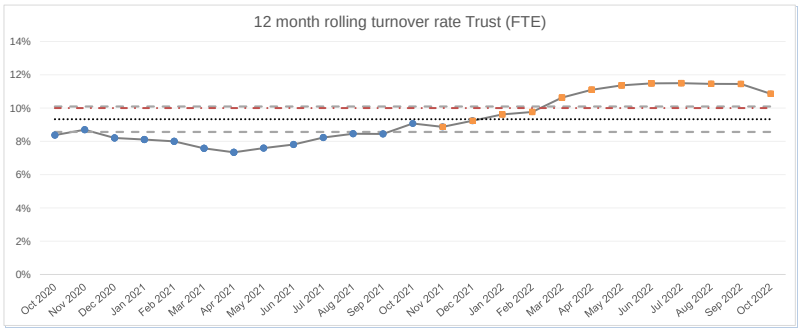
Oct 2022	7.71%
Target	No Target
Variance	Special cause of concerning nature or higher pressure due to higher values
Assurance	There is no target, therefore target assurance is not relevant



Oct 2022	7.5%
Target	10%
Variance	Special cause of improving nature or lower pressure due to lower values
Assurance	Variation indicates inconsistently hitting passing and falling short of the target



Oct 2022	9.6%
Target	9.80%
Variance	Special cause of concerning nature or higher pressure due to higher values
Assurance	Variation indicates consistently passing the target



Oct 2022	10.86%
Target	10%
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

Data Analysis:

Overall vacancy rate: The indicator is showing special cause concern from April 2022 with a run of points above the mean.
Medical & dental vacancy rate: The indicator is showing a period of nine points above the mean from May 2021 to Jan 2022, the latest month is showing special cause improvement in Sep and Oct 2022, below the lower control limit. The target is showing just above the mean.
AHP vacancy rate: The indicator is showing special cause concern with a period of points above the mean since Jan 2022. The target is showing just above the upper control limit, so is showing as consistently passing.
12 month rolling turnover rate - Trust (FTE): The indicator is showing special cause concern since November 2021, with an increasing trend. The data points have been above the upper control limit since March 2022. The target is slightly below the upper control limit.

Challenges:
See vacancy rate (1) sheet

Turnover rates impact availability of sufficient workforce to safely staff all wards/departments at all times.

Key Risks:
See vacancy rate (1) sheet

Turnover is another indicator of staff engagement, high turnover rates and the vacancies that arise as a result can also further negatively impact staff expereinces at work

Actions:
See vacancy rate (1) sheet

We are developing key actions to improve the retention of our staff, areas of focus include the on-boarding of staff as they join the organisation, career pathways, talent management and more opportunities for staff to share their views through fresh eyes (new starters) feedback, itchy feet (those who may be thinking about leaving) feedback and exit feedback - exploring if is there anything we could do differently.

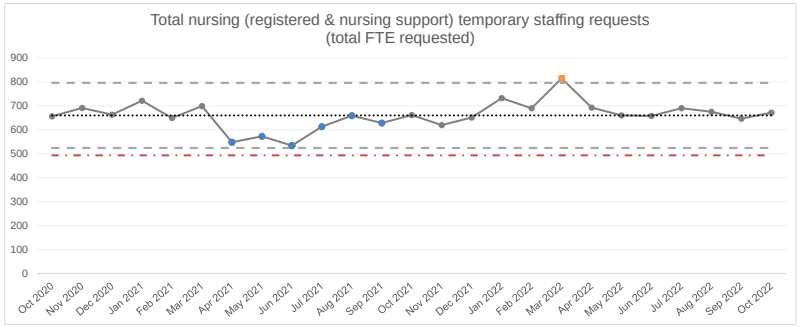
Our latest exit questionnaire feedback from the last quarter, between months July to September, recorded a response rate of 24%. This came from 53 completed questionnaires. The majority of feedback indicated people swayed towards a likelihood of returning to work for the Trust should an opportunity arise in future. Feedback from exit questionnaires reveals the most common reason for leaving was due to "better prospects for career progression" elsewhere. Currently, we are working on a better system with improved uptake, which is in the operational plan to deliver by March.

Mitigations:
See vacancy rate (1) sheet

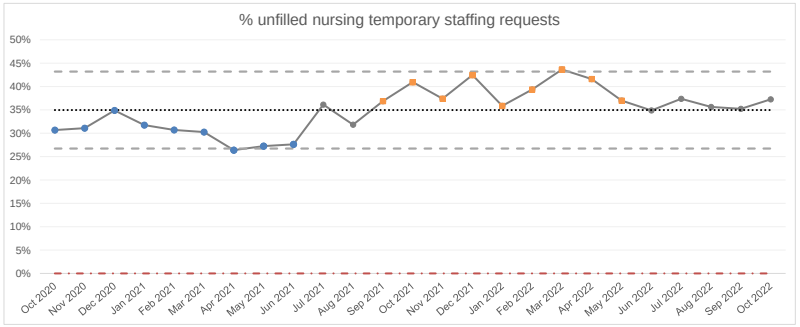
OUR PEOPLE - Temporary Staffing

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

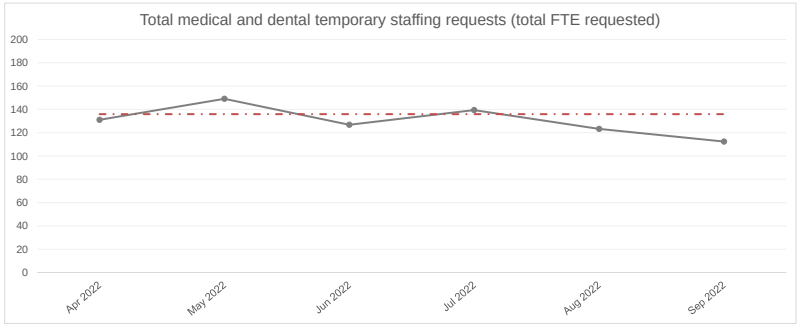
REPORTING MONTH : OCTOBER 2022



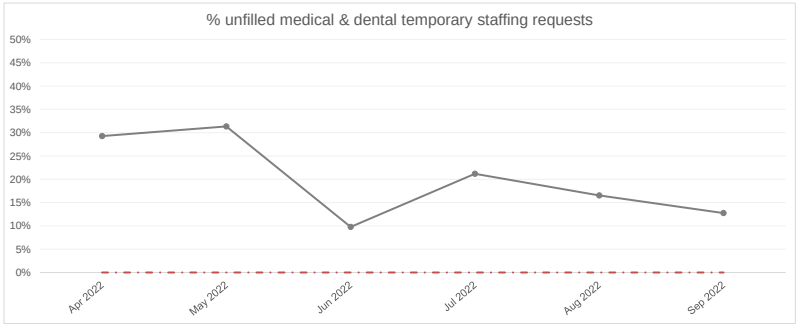
Oct 2022
671.84
Target
493.33
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Oct 2022
37.27%
Target
0%
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Sep 2022
112.40
Target
135.93
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



Sep 2022
12.75%
Target
0%
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

Data Analysis:

Total nursing (registered & nursing support) temporary staffing requests (total FTE requested): The indicator is showing special cause concern above the upper control limit in March 2022. It is showing common cause variation for most recent month, and is consistently failing target with the target just below the lower control limit.
% unfilled nursing temporary staffing requests: The indicator is showing nine points above the mean from Sep 2021 to May 2022 and special cause concern above the upper control limit in March 2022. It is consistently failing the target of 0%.
Total medical and dental (registered & nursing support) temporary staffing requests (total FTE requested): This indicator is not currently shown as an SPC chart due to insufficient data points, but the available data points are a combination of above and below target, with the latest two months below target.
% unfilled medical & dental temporary staffing requests: This indicator is not currently shown as an SPC chart due to insufficient data points. For the available data points, it is consistently failing the target of 0%.

Challenges: Sufficient availability of temporary staff to fill critical shifts left vacant due to sickness absence and turnover/vacancies.

Key Risks: Availablity of temporary staffing and financial implications of temporary staffing useage.

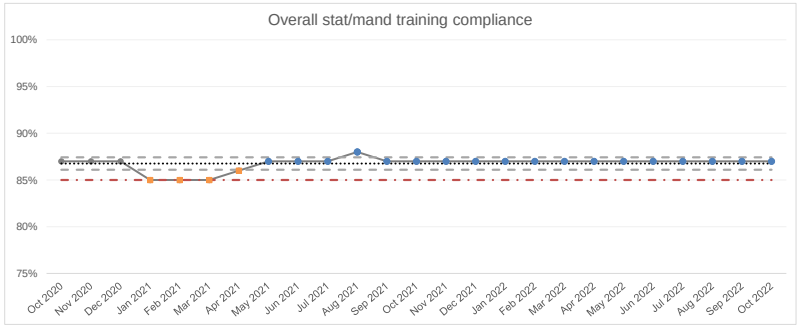
Actions: Winter incentives have been approved by Executive Committee between 1st Dec - 31st Mar. These include 10% on bank shifts for nursing and midwifery, additional clinical services and AHP bank workers, overtime at double time for substantive staff working over 37.5 hours in areas with exceptional workforce challenges and allocation on arrival shifts for bank workers paid at double time to incentivise staff to book shifts without knowing where they will be working so operationally we can target hard to fill areas. These are in addition to the flexibility payments that were approved and came into effect from 1st Nov.

Mitigations:

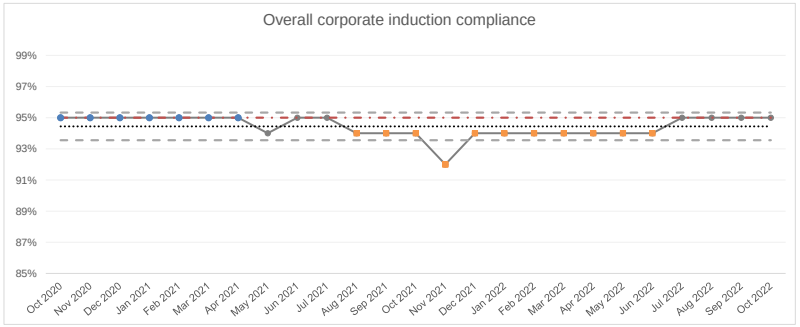
OUR PEOPLE - Training / Induction

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

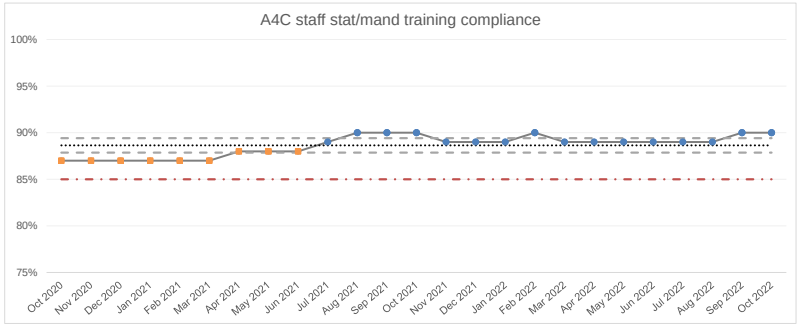
REPORTING MONTH : OCTOBER 2022



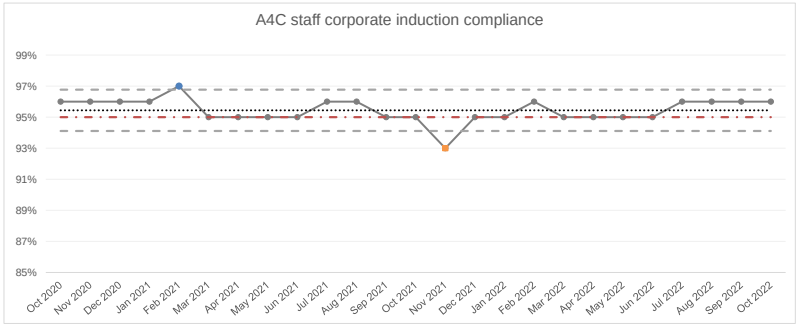
Oct 2022	Target	Variance	Assurance
87%	85%	Special cause of improving nature or lower pressure due to higher values	Variation indicates consistently passing the target



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



Oct 2022	Target	Variance	Assurance
90%	85%	Special cause of improving nature or lower pressure due to higher values	Variation indicates consistently passing the target



Oct 2022	Target	Variance	Assurance
96%	95%	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

Overall staff stat/mand training compliance: This indicator is showing special cause improvement since May 2021 with all data points above the mean, and Aug 2021 being above the upper control limit. The target is consistently being met.
Overall staff corporate induction compliance: The indicator was showing special cause concern with a run of data points below the mean from Aug 2021 to Jun 2022, with Nov 2021 being below the upper control limit. The target however has been met since Jul 2022 and is currently showing common cause variation.
A4C staff stat/mand training compliance: This is indicator is showing special cause improvement since Jul 2021 with all data points above the mean, and Aug to Oct 2021 being above the upper control limit, along with Feb 2022 and Sep & Oct 2022. The target is consistently being met.
A4C staff corporate induction compliance: The indicator is currently showing common cause variation with special cause concern seen in Nov 2021 below the lower control limit, and special cause improvement in Feb 2021 above the upper control limit. The target has been met since Dec 2021.

Challenges: A lack of induction results in a poor staff experience, negatively impacting productivity and retention.

Missed mandatory training leads to gaps in assurance that staff have a current knowledge of key policies and practices.

Key Risks: The organisation fails to foster a connection with new staff at the beginning of employment resulting in increased turnover during early employment.

A lack of up-to-date knowledge risks deficiencies in care, which may result in poor outcomes.

Actions: See Training-Induction (2) sheet for coverage of Medical & Dental staff.

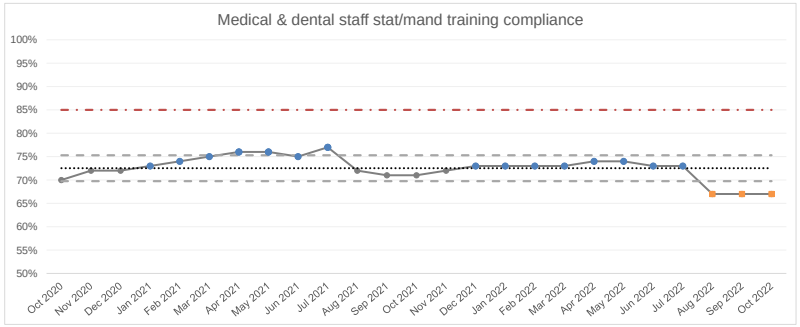
The Trust is devising a new induction package to support new starters with their orientation in the organisation and introduce them to a wider range of people and services who can support them during their employment. This launches this month.

Mitigations: The Trust has been providing all new starters with a welcome booklet and a video message from the Chief Executive at the beginning of their employment, to complement existing local and job-specific induction.

OUR PEOPLE - Training / Induction (cont.)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : OCTOBER 2022

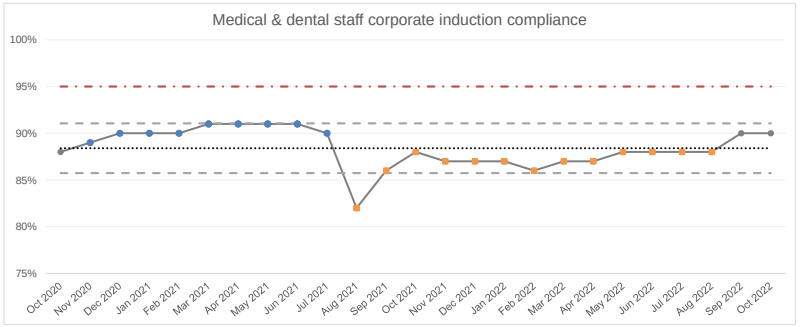


Oct 2022
67%

Target
85%

Variance
Special cause of concerning nature or higher pressure due to lower values

Assurance
Variation indicates consistently falling short of the target



Oct 2022
90%

Target
95%

Variance
Common cause - no significant change

Assurance
Variation indicates consistently falling short of the target

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Data Analysis:

Medical & dental staff stat/mand training compliance: The indicator is consistently failing target. Compliance for Aug to Oct 2022 was below the lower control limit and therefore is showing special cause concern.
Medical & dental staff corporate induction compliance: The indicator was showing special cause concern with a run of points below the mean from Aug 2021 to Aug 2022. The last time the target was met was July 2020. The indicator is currently showing common cause variation above the mean.

Challenges:

Key Risks:

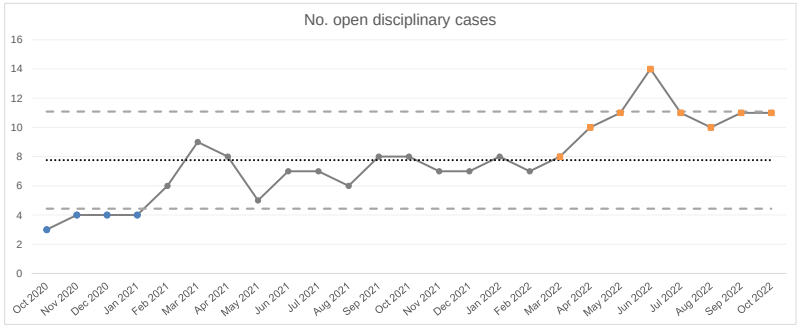
Actions: The Trust's mandatory training compliance levels remain below target for medical and dental staff. It is normal for there to be a dip in compliance rates in the late summer and autumn months in comparison with the first half of the year due to doctors-in training changeovers in August and September; this has taken longer to recover this year, however it is now beginning to do so. The Trust is closely tracking subjects where completion rates amongst all staff - including doctors - are below the 85% standard. Deprivation of Liberty Safeguards and Mental Capacity Act training (in particular, DOLS Level 1 (71%) and Level 2 (73%)) and Resuscitation training (in particular, Paediatrics Advance Life training at 41%) are areas where work is being undertaken to improve take-up by refreshing training needs analyses and exploring different options for delivery.

Mitigations: Medical staff rotating into the organisation in August are provided with a specific induction event to support their orientation in the organisation.

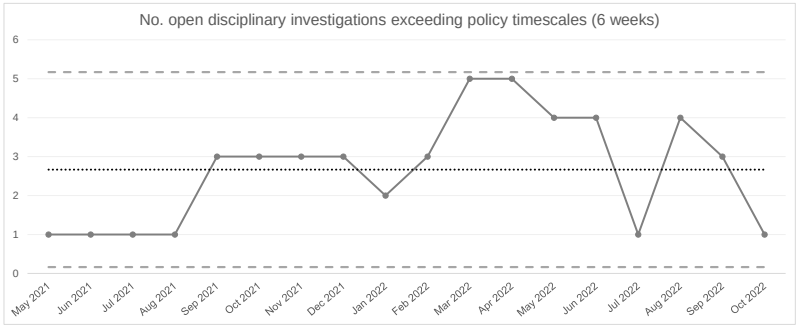
OUR PEOPLE - Employee Relations Activity

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

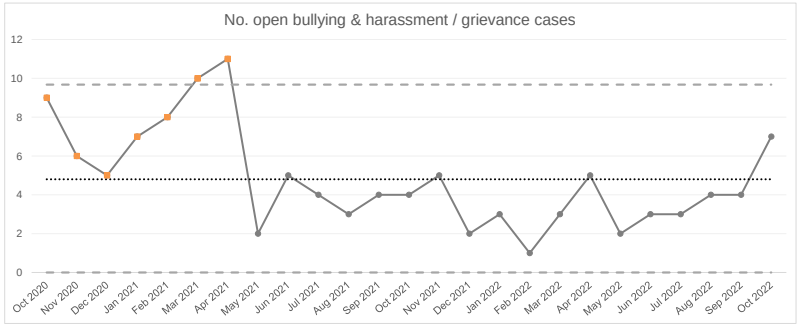
REPORTING MONTH : OCTOBER 2022



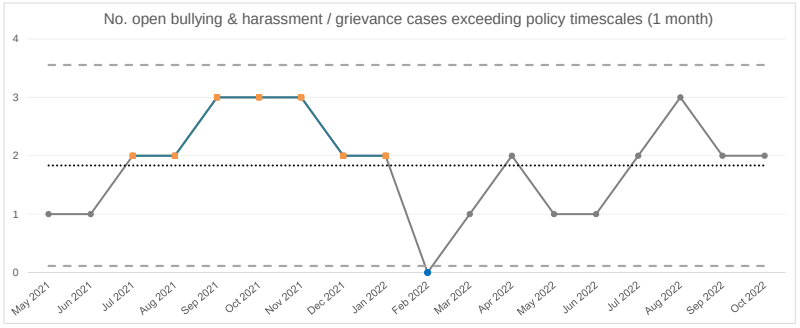
Oct 2022
11
Target
No Target
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
There is no target, therefore target assurance is not relevant



Oct 2022
1
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Oct 2022
7
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Oct 2022
2
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

Data Analysis:

No. open disciplinary cases: The indicator is showing over seven points above the mean from Mar 2022 and special cause concern above the upper control limit in Jun 2022.
No. open disciplinary investigations exceeding policy timescales (6 weeks): The indicator is currently showing common cause variation, although please note the figures are shown from May 2021 only.
No. open bullying & harassment / grievance cases: The indicator is currently showing common cause variation after a run above the mean from September 2020 to April 2021. Numbers have risen above the mean in Oct 2022 however.
No. open bullying & harassment / grievance cases exceeding policy timescales (1 month): The indicator is currently showing common cause variation after a run above the mean from Jul 2021 to Jan 2022, although please note the figures are shown from May 2021 only.

Challenges:

Key Risks:

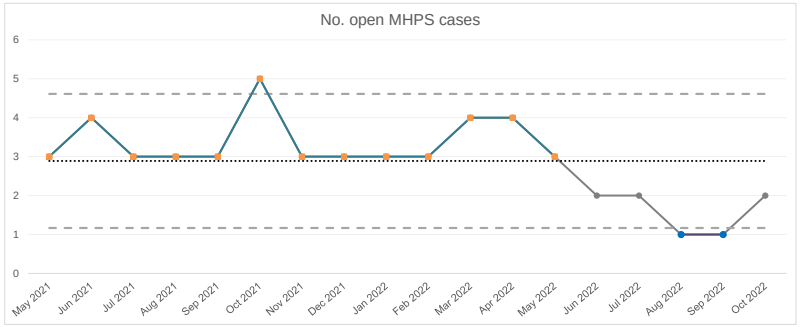
Actions:

Mitigations:

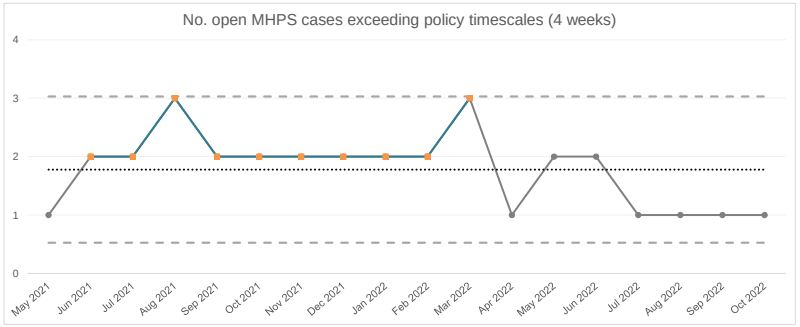
OUR PEOPLE - Employee Relations Activity and Appraisal Activity

York and Scarborough Teaching Hospitals NHS Foundation Trust

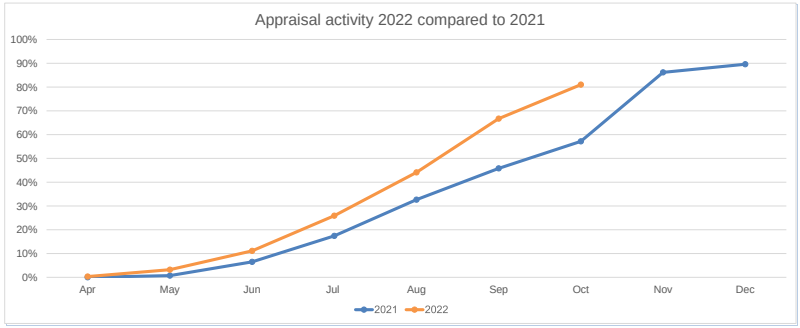
REPORTING MONTH : OCTOBER 2022



Oct 2022	2
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant



Oct 2022	1
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant



Oct 2022	81%
Target	90%

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Data Analysis:

No. open MHPS cases: The indicator is showing special cause improvement with Aug and Sep 2022 being below the lower control limit. A decreasing trend was seen since May 2022, prior to that the data points were all above the mean. Please note the figures are shown from May 2021 only.
No. open MHPS cases exceeding policy timescales (4 weeks): The indicator is currently showing common cause variation, after a period of data points above the mean from June 2021 to March 2022. Please note the figures are shown from May 2021 only.
Appraisal activity: This indicator is not presented as a statistical process control chart (SPC) due to the nature of the appraisal window being reopened in April of each year. Appraisal activity for 2022 is currently showing above that of 2021 (in October this was 81% in 2022 compared to 57.17% in 2021).

Challenges:

Key Risks: The annual appraisal is an opportunity for staff to talk about their role, professional development and objectives. Where appraisals are not undertaken, there is a risk that this could negatively impact staff engagement with their team/the organisation and there is then potential to impact on other workforce measures such as sickness and turnover.

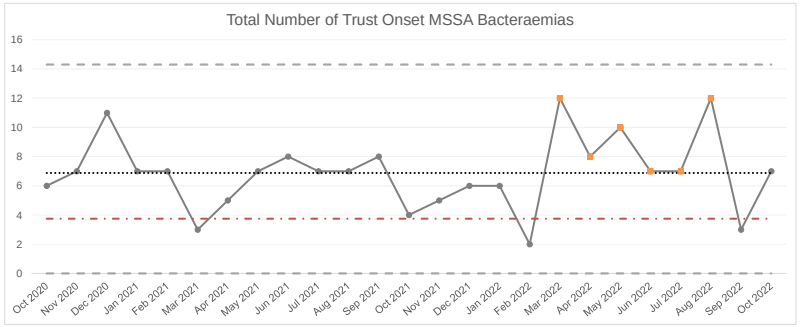
Actions: The appraisal window was originally due to close in September, this has been extended to November to allow all staf the opportunity for an appraisal discussion with their line manager or supervisor.

Mitigations:

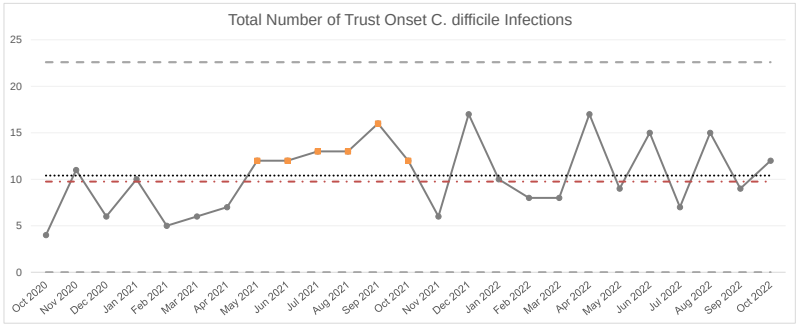
QUALITY AND SAFETY - Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

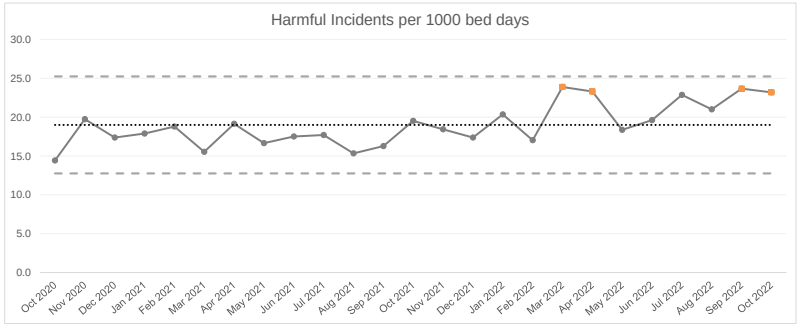
REPORTING MONTH : OCTOBER 2022



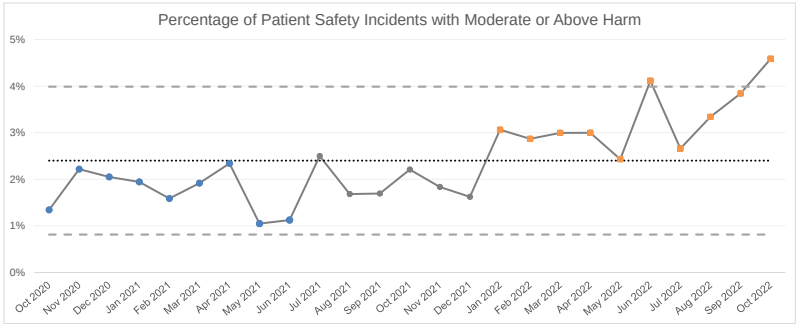
Oct 2022	Cumulative 12-month Target	Variance	Assurance
7	45	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target



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



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



Oct 2022	Target	Variance	Assurance
4.6%	No Target	Special cause of concerning nature or higher pressure due to higher values	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 above the mean from Mar to Aug 2022, however is now showing common cause variation with 7 cases seen in Oct 2022.
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 is showing special cause concern due to the points close to the upper control limit on Mar, Apr, Sep and Oct 2022.
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 above the mean since Jan 2022, with Jun and Oct 2022 above the upper control limit.

Operational Updates:

Total Number of Trust Onset MSSA Bacteraemias
ANTT practical training remains low across the organisation. A cannula audit was undertaken on the admission areas in York and revealed that staff were not removing cannula promptly when not required and VIP scores where not taking place twice daily as per guidance. VIP scoring training is not embedded for all staff involved with cannula checks such as HCAs. Key risks are a sustained increase in MSSA bacteraemia with an impact on patient safety. To mitigate this, the IPC team met with the Clinical Educators to expedite ANTT training and incorporate VIP training.

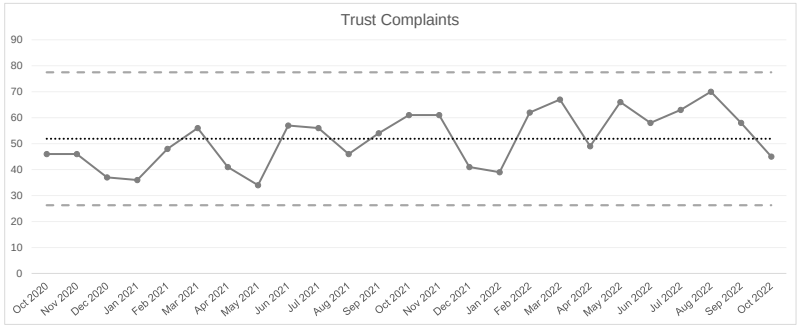
Total Number of Trust Onset C. difficile infections
There is limited isolation capacity and the lack of a decant space to facilitate deep cleaning, refurbishment and HPV of the environment remains unresolved and a risk to the trust. A program of a ward bay by bay decant and HPV program continues at Scarborough with 5 wards completed since April 2022. In York, a program to replace windows will involve minor refurbishments and HPV of the wards. Key risks are outbreaks, prolonged patient stays in hospital with associated costs, damage reputation to the organisation, impact on patient safety. To mitigate this, 65% of C.difficile Post Infection Reviews (PIRs) have been completed to allow tracking of themes and to target efforts towards reduction strategies.

Harmful Incidents per 1000 bed days / Percentage of Patient Safety Incidents with Moderate or Above Harm
There are ongoing pressures, especially on emergency and urgent care impacting on quality of care and capacity of clinical teams. There is a clear association between pressure on services / staffing issues and patient harms / quality of care. Improvement groups continue to progress initiatives in relation to falls and pressure ulcers. Key risks include pressures on services and capacity and national issues with staff shortages, recruitment and retention. Staffing challenges are recognised and various measure in place to mitigate risks as much as possible. Improvement in the availability of nursing staff has been seen in the last three months on Datix.

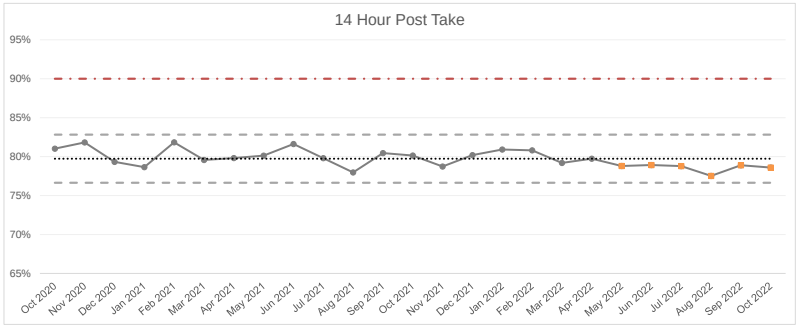
QUALITY AND SAFETY - Priority Metrics (cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

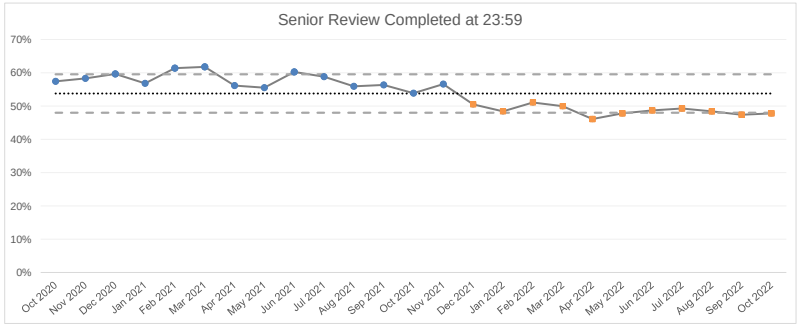
REPORTING MONTH : OCTOBER 2022



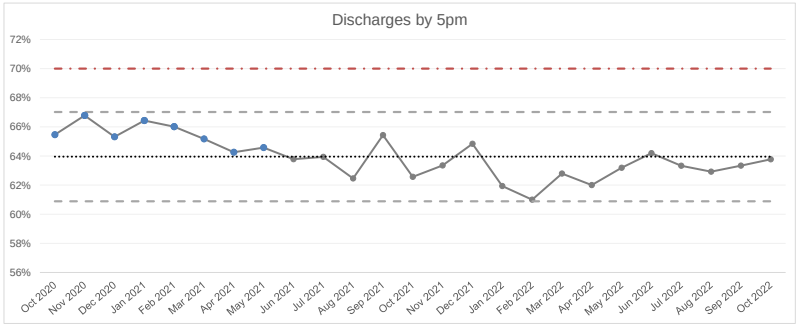
Oct 2022	Target	Variance	Assurance
45	No Target	Common cause - no significant change	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
78.6%	90%	Special cause of concerning nature or higher pressure due to lower values	Variation indicates consistently falling short of the target



Oct 2022	Target	Variance	Assurance
47.8%	No Target	Special cause of concerning nature or higher pressure due to lower values	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
63.8%	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. A run below the mean has been seen since May 2022.
Senior Review Completed at 23:59: Special cause concern is showing with a run below the mean since Dec 2021. April 2022 was below the lower control limit, with Sep and Oct 2022 also 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. The indicator is currently showing common cause variation just below the mean.

Operational Updates:

Trust Complaints
Care Group responses to complaints remains consistently below expected performance with the exception of CG2. The overall Trust complaint responses closed within target was 56%. Complaints about ED remain high with the main issue being waiting times. Key Risks are failure to deliver high quality care, with associated risk of harm and poor patient experience. Complaint themes are discussed at the PESG and care groups continue to provide evidence of learning and service improvements as a result of feedback. Care groups have internal processes to regularly review progress /timescales.

7 Day Standards
The challenges which are affecting performance against these measures:
- 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 has been drifting around and below the lower control limit for nearly a year. Compliance 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.
- Acuity of patients, requiring more medical input

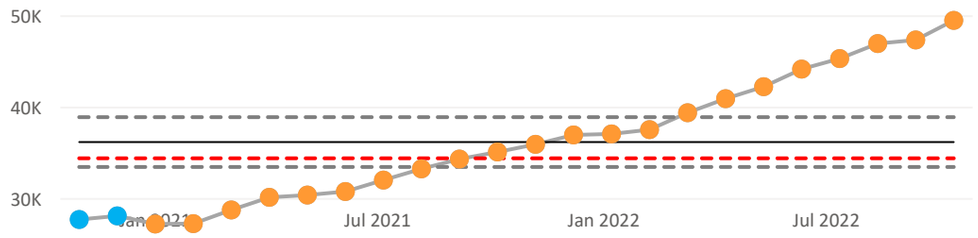
The key risks faced by the above are the risk of delays in appropriate treatment, and overstretched staff experiencing potential burn out. The Medical Director is working with clinicians to set the expectations. The 7 Day standards group is undertaking analysis of the 7-Day standards to support Board discussions regarding the resources required to achieve performance over the 7-day period.

The effects are being mitigated through the wider Trust response to current and anticipated service pressures.

TPR: Elective Recovery Priority Metrics

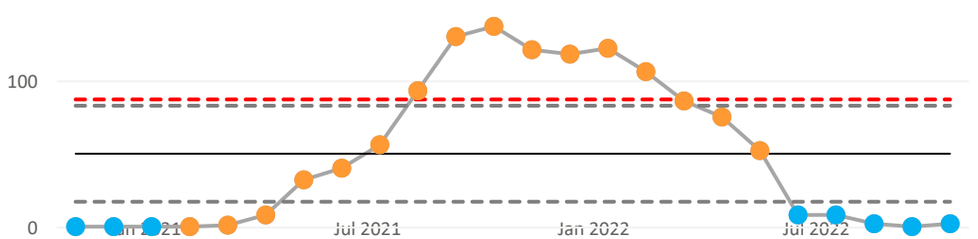
York and Scarborough Teaching Hospitals NHS Foundation Trust

MetricName	Assurance	Variation
RTT Total Waiting List	?	H



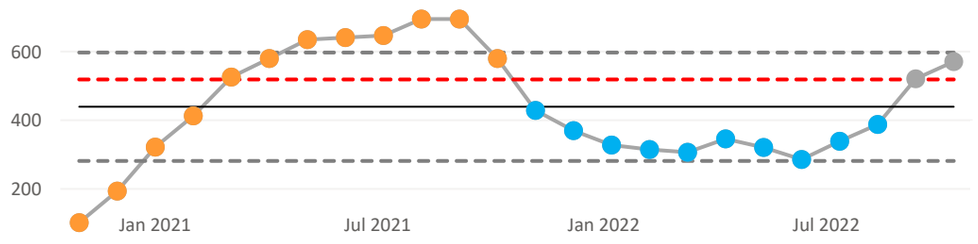
LATEST MONTH
49K
Target
34.3K

MetricName	Assurance	Variation
RTT Waits over 104 weeks for incomplete pathways	P	L



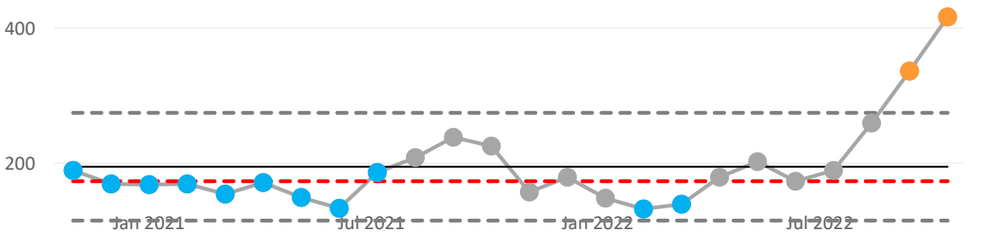
LATEST MONTH
2
Target
87

MetricName	Assurance	Variation
RTT Waits over 78 weeks for incomplete pathways	?	



LATEST MONTH
568
Target
516

MetricName	Assurance	Variation
Number of patients waiting 63 or more days after referral from cancer PTL	?	H



LATEST MONTH
415
Target
172

DATA ANALYSIS:

- **RTT Total Waiting List:** This indicator continues to grow in a steady trajectory month on month and the number of incomplete clocks at end of Sep 2022 is 49,432. This exceeds the internal target of 34,343 for that month.
- **RTT Waits over 104 weeks for incomplete pathways:** This indicator has been improving since Nov 2021 and for Sep 2022 there were 0 waiters at Priority 6. The target was to reduce the number of 104+ week waiters to 0 by June 2022.
- **RTT Waits over 78 weeks for incomplete pathways:** This indicator was improving since Oct 2021. The national target is to reduce the number of 78+ week waiters to zero by March 2023, but the value is now above the target. Since Jul 2022, we have seen the trend increasing for 78+ week waiters.
- **Number of patients waiting 63 or more days after referral from cancer PTL:** This indicator has been showing variation within the upper and lower control limit since Sep 2020 to Aug 2022. The value is now above the upper control limit.

Please see next page for operational narrative.

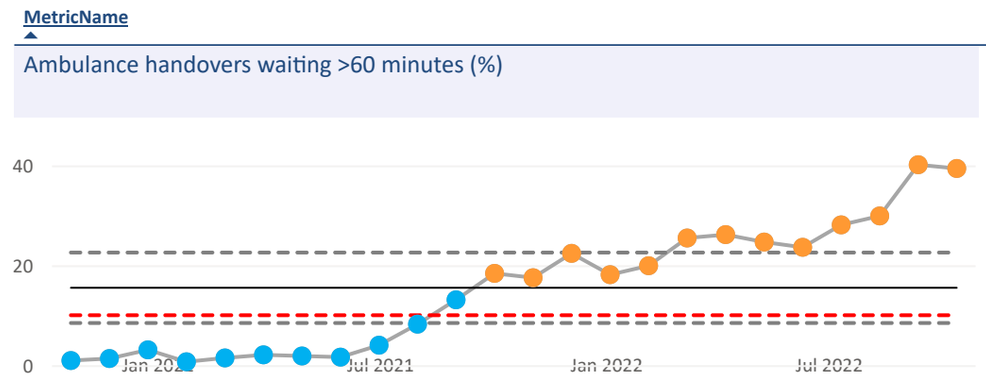
TPR: Narrative for Elective Recovery Priority Metrics

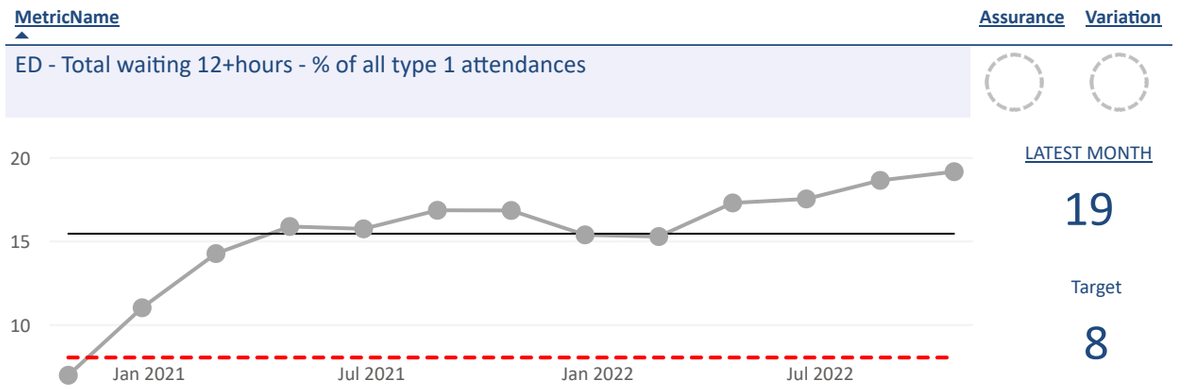
York and Scarborough Teaching Hospitals NHS Foundation Trust

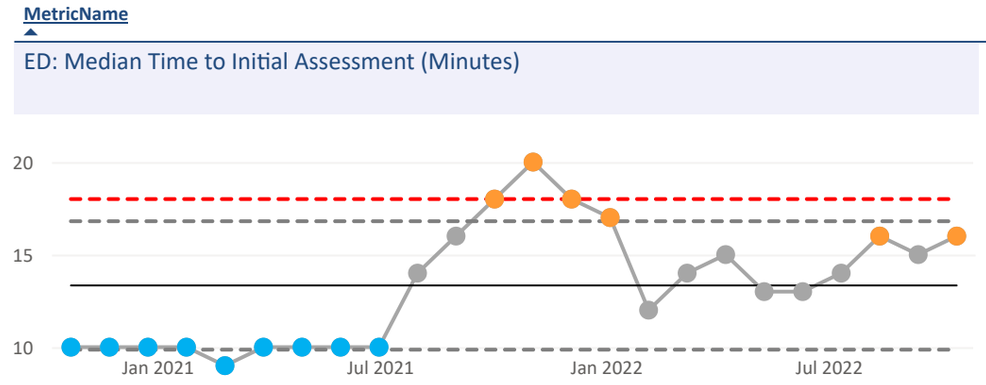
BI&IREF : 10042

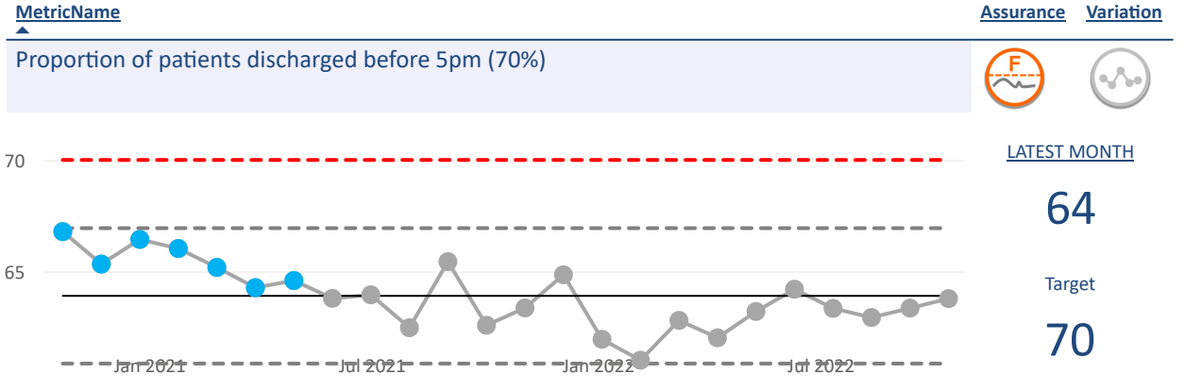
Issues & Risks	Actions & Mitigations
Challenges Theatre capacity affected by short notice sickness, vacancies and an influx of acute activity reducing the number of available theatre lists across the Trust in August. Insufficient established workforce in MRI to meet demands on service. Gynaecology Nursing capacity to support delivery of planned care. Extended times to first appointment resulting in delays for patients and reduction in clock stop activity. The Trust has resubmitted a trajectory to return to plan for patients waiting over 62 days on a cancer pathway. The 50 week SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA. Mutual aid arrangements have not yet been able to offer significant support for the Trust. The Trust is to move to Tier 1 Elective Recovery support (national intervention).	Actions: 1. The 50 week SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA 2. The Short Form Business Case for additional theatre and outpatient procedures facilities (TIF2) has been submitted to the regional team and is with that national team for assessment. 3. Waiting List Harms Task and Finish Group established. 4. The Community Stadium development is on track for December 2022. 5. The Trust is reviewing the theatre productivity approach and data quality. This will be supported by the new Improvement Director. 6. Insourcing is in place, with a contract extension to March 2023 for theatres. Potential additional insourcing and outsourcing has been scoped by Care Groups. 7. 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. 8. The Outpatients Transformation Programme is in place with PIFU moving to business as usual and pilot work for Room Booker. REI launched in October. 9. The Executive has approved additional capacity to support patient pathways, including use of Clinical Assessment Services, booking processes and improved PTL management. 10. Training Programme for operational managers to commence in February, with pre-requisite training on RTT, Cancer and Waiting List management.
Risks Potential further COVID-19 variants and/or waves. Ongoing management of high levels of acute activity and delayed discharge impacting ordinary elective work. Growth in the non-admitted waiting list. Theatre staffing vacancy, retention, and high sickness rates. Increased risk of industrial action following the Royal College of Nursing ballot action.	Mitigations: Tier 2 fortnightly meetings with Regional Team on elective recovery. Will move to weekly meetings with the Regional and National Teams when move to Tier 1. Mutual Aid in place for Urology. Weekly Elective Recovery Meetings in place for long wait RTT patients and outpatient performance. Use of IS capacity to support delivery of diagnostic activity (currently MRI and CT). Additional mobile capacity to be supported by the ICS. Plans in development to mitigate impact of industrial action. COVID surge plan in place.

TPR: Acute Flow Priority Metrics









DATA ANALYSIS:

- **Ambulance handovers waiting >60 minutes (%):** The indicator is showing deteriorating performance over the last year with a series of points above the mean since Oct 2021. 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 a series of points above the mean since Sep 2021. 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 and Oct 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).

OPERATIONAL UPDATE:

Please see next page for operational narrative.

TPR: Narrative for Acute Flow Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

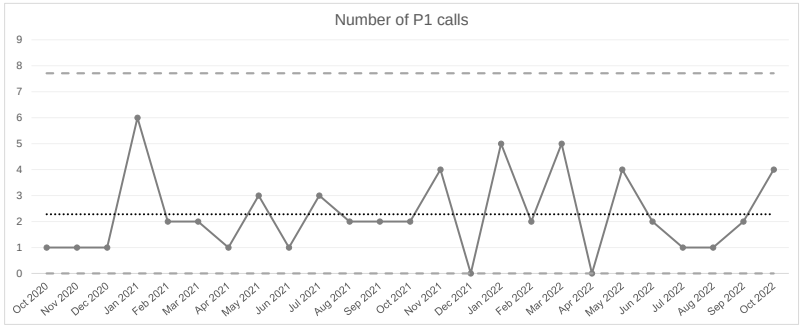
BI&IREF : 10042

Issues & Risks	Actions & Mitigations
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. 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).	Actions: 1. On track to complete the ED build at York by March 2023 to provide additional clinical space for the urgent and emergency pathways. 2. Business case for revised acute care clinical model for all specialities for ED York to be presented to October Care Board, aligned to winter planning. 3. Refresh of the Urgent and Emergency Care Programme under the direction of the Programme Lead. 4. Work continues to support direct admission from ambulance to assessment units by extending the range of clinical criteria for Paediatrics, Gynaecology and Medicine by March 2023. 5. Emergency Assessment Units now open 24/7, work ongoing to extend the clinical criteria and pathways. 6. Project on track to extend the range of specialities operating through a Surgical Assessment Unit E.g. Orthopaedics and Gynaecology. 7. 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 acute care clinical model with all specialities. 8. Vaccination programme commenced in September 22. To date, circa 43% of all staff have received their Covid booster and 35% the influenza vaccination. 9. Continued focus on the 100-day Discharge Challenge to optimise discharge planning and flow. Ongoing engagement with system partners. 10. Exploration of the development of a domiciliary social care service to support the discharge of patients who do not have the right to reside. 11. NY and York place have agreed to fund CIPHER; five months at Scarborough (ambulance clinical handover and PTS discharge) and three months at York (ambulance clinical handover working with VCS-PTS).
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 Increased risk of industrial action following the Royal College of Nursing ballot action.	Mitigations: Daily review of medical and nursing staffing to ensure appropriate skill mix – ongoing. Sustained improvement in September of time to initial assessment to ensure undifferenced risk is assessed in a timely way. Weekly meeting to progress the Rapid Quality Review Action Plan. Urgent Care System Programme Board established across the Integrated Care System. Interim Improvement Director started 10 October 2022 and will support the system strategic plans to reduce the number of patients who do not have a 'criteria to reside'. Ambulance Handover Plan in place and updated SOP for escalations, cohorting and diversion requests. Plans in development to mitigate impact of industrial action. COVID surge plan in place.

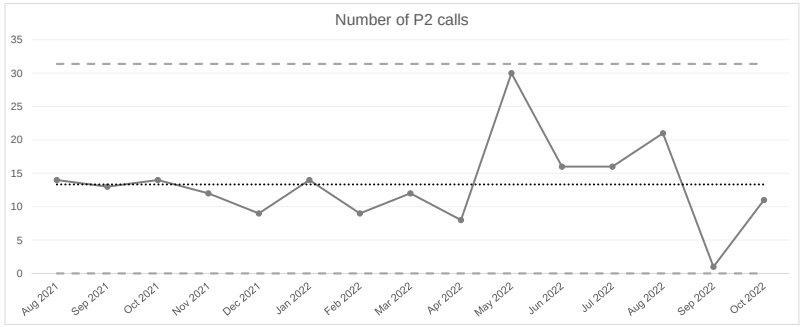
DIGITAL - Digital Indicators

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

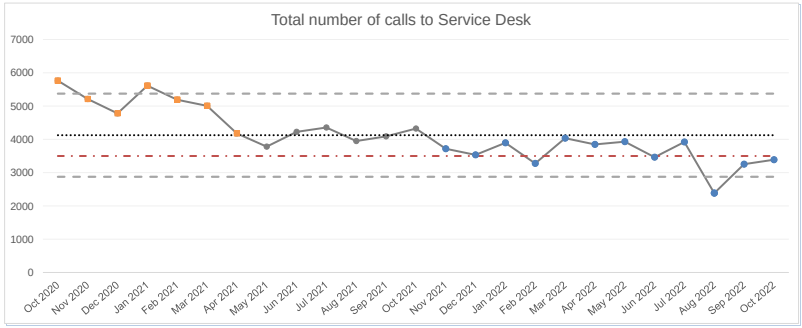
REPORTING MONTH : OCTOBER 2022



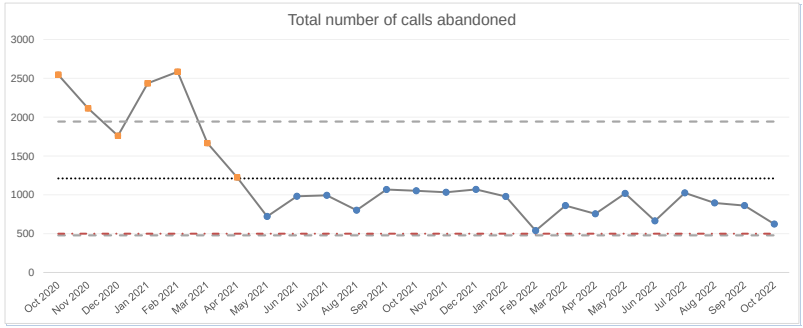
Oct 2022	Target	Variance	Assurance
4	No Target	Common cause - no significant change	There is no target, therefore target assurance is not relevant



Oct 2022	Target	Variance	Assurance
11	No Target	There is currently insufficient data, therefore variance and target assurance are not relevant	There is currently insufficient data, therefore variance and target assurance are not relevant



Oct 2022	Target	Variance	Assurance
3389	3500	Special cause of improving nature or lower pressure due to lower values	Variation indicates inconsistently hitting passing and falling short of the target



Oct 2022	Target	Variance	Assurance
624	500	Special cause of improving nature or lower pressure due to lower values	Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

Number of P1 calls: The indicator is currently showing common cause variation, with a wider degree of variation around the mean seen in the last 12 months.
Number of P2 calls: The indicator is currently showing common cause variation, with a sharp increase in P2 calls in May 2022, with only one P2 call showing in September 2022. A wider degree of variation around the mean has been seen in the last six months. Please note that an error on the date range of the chart has been corrected.
Total number of calls to Service Desk: The indicator is showing a run of points below the mean since Nov 2021. Please note that the Sep 2022 figure is an estimation based on an average of the previous three months. Oct 2022 has met the target, but the target is not being met consistently.
Total number of abandoned calls: The indicator is showing a run of points below the mean since May 2021. Please note that the Sep 2022 figure is an estimation based on an average of the previous three months. Oct 2022 was the closest month to target since Feb 2022 (624 against a target of 500).

Operational Update:

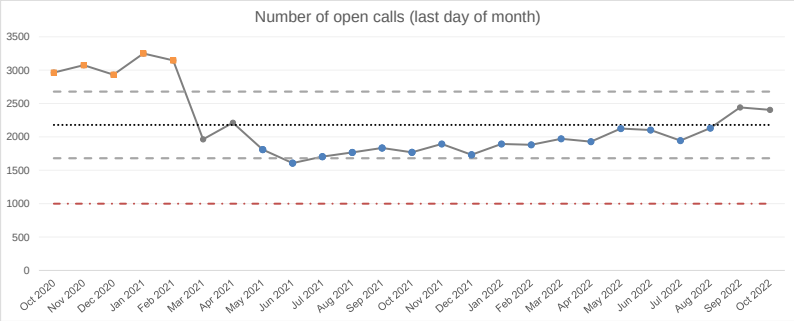
Number of P1 calls
- 1 significant event with CPD performance being impaired due to an issue affecting 5/6 servers. Lessons learnt and actions in place to improve management of certificate expiry. Positive outcome is this has also given some assurance that the system can still function on reduced capacity.

Total number of calls / number of abandoned calls
- Historic high levels in 2021 reflect high demand for remote working solution support at a time where staffing levels were challenged. The recent reductions are in part due to improving staffing levels, and also efforts to shift interactions to online routes.
- increases can be driven by system changes over time causing impact on lots of users (e.g. upgrades to MS Office, and migration to NHSMail will drive up demand). Mitigations will include providing clear communications and self-help resources.
- abandoned calls will rise when demand exceeds capacity, and this can be affected short term with staff absences in a small team. Additional resources are joining the team and is expected to show continued reduced levels

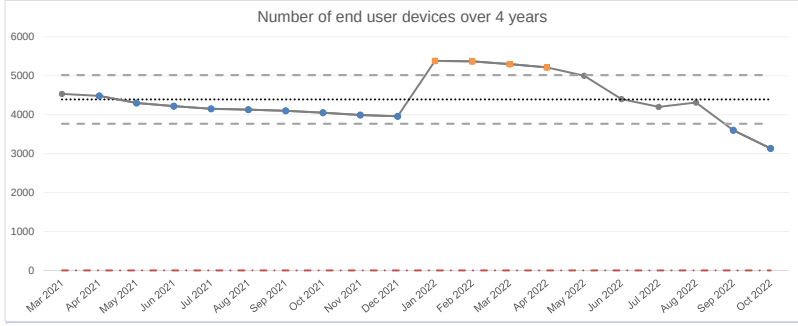
DIGITAL - Digital Indicators (cont.)

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : OCTOBER 2022



Oct 2022	2406
Target	1000
Variance	Common cause - no significant change
Assurance	Variation indicates consistently falling short of the target



Oct 2022	3133
Target	0
Variance	Common cause - no significant change
Assurance	Variation indicates consistently falling short of the target

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Data Analysis:

Number of open calls (last day of month): The indicator was showing a run of points below the mean since April 2021, however Sep and Oct 2022 were above the mean. The indicator is consistently failing the target.
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 was due to a batch of devices triggering their anniversary and moving from 3 year plus to 4. The number of devices has fallen below the lower control limit for Sep and Oct 2022, with 3133 devices now over 4 years old.

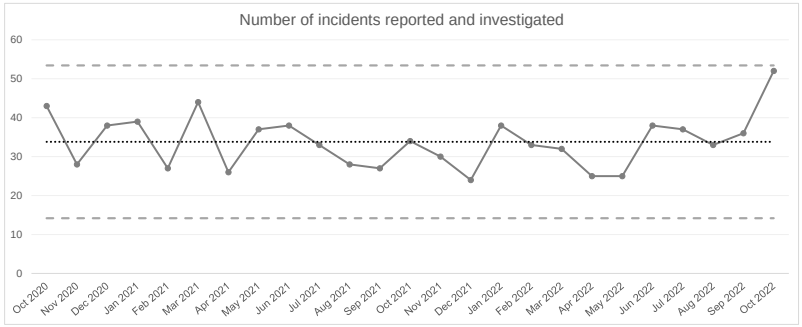
Operational Update:

Number of End User Devices
This continues to fall however in January we will see a sharp increase of devices of approx falling into the over 4 years bracket. From November the number will start increasing as the refresh programme has ran out of devices.

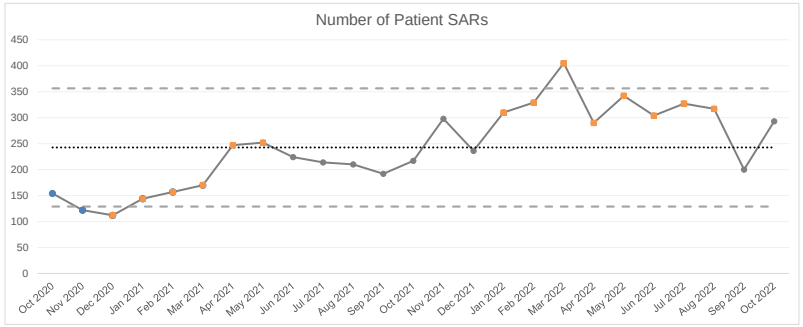
DIGITAL - Information Governance Indicators

York and Scarborough Teaching Hospitals NHS Foundation Trust

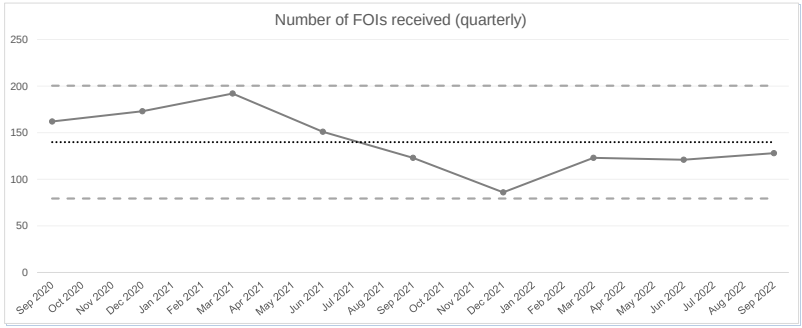
REPORTING MONTH : OCTOBER 2022



Oct 2022
52
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Oct 2022
293
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Sep 2022
128
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

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Data Analysis:

Number of incidents reported and investigated: This indicator is showing common cause variation, however Oct 2022 saw a sharp increase closer to the upper control limit.
Number of Patient SARS: This indicator is currently showing common cause variation after a run of eight points above the mean up to Aug 2022. A high number of Patient SARS were seen in March 2022 (405), which is above the upper control limit.
Number of FOIs received (quarterly): This indicator is showing common cause variation, with the latest five data points being below the mean.

Operational Update:

FoIs:
Challenges faced are sufficient resources to manage FoIs, chasing responses alongside other IG priorities, engagement and sufficient resources within the service areas to provide FoI responses alongside other priorities.

Actions are to develop FoI handbook to speed process of applying exemptions and developing providing response templates. Establish key contacts within service areas that can support with responses. Explore the need for additional resource within the IG team to support the FoI process.

Key Risks are not meeting statutory responsibilities and intervention from the regulator (ICO)

Finance Performance Report : Oct-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 Finance Performance within the Trust

Executive Summary:

Key discussion points for the Board are:

Financial Position – October 2022 (Month 7)

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 adjusted deficit of £5.0m against a planned deficit of £0.4m for October. The Trust is £4.6m adversely adrift of plan.

The largest adverse variance relates to pay at £6.2m. Premium rate pressures linked to vacancies and high sickness levels are continuing to contribute to the adverse position. As reported last month, there is a £2.1m annual pressure (£1.2m year to date) linked to the 22/23 pay award to most staff groups other than junior doctors who have a separate three-year deal. Whereas the majority of the pay award is met by additional income through our contracts with ICSs and NHSE, the national calculation of the percentage uplift to contracts with commissioners to cover the pay award has proven to be erroneous and has left an underlying cost pressure with many providers including the Trust. Although this issue has been escalated nationally, and the reason understood for the erroneous calculation, NHSE have decided not to correct the allocations.

Other notable variances include a drugs overspend of £1.7m (£1.6m relating to out of tariff drugs with compensating additional income from NHSE), an overspend on other costs of £0.5m, an underspend on clinical supplies and services of £3.2m, and the CIP position is behind plan by £2.1m. At this stage the clinical supplies and services position is compensating for the under delivery of the efficiency programme.

Also of note is that we spent £5.9m for the year to date on covid costs compared to a plan of £4.4m; therefore we are £1.5m 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 remains unconfirmed. The scanner is a fully serviced scanner at a cost of £1.4m for the full financial year; at month 7 this is adversely impacting our position by £0.8m.

Income and Expenditure Account

	Annual Plan	YTD Plan	YTD Actual	YTD Variance	FOT
	£000's	£000's	£000's	£000's	£000's
NHS England	75,296	43,922	46,666	2,744	79,378
Clinical commissioning groups	528,439	308,256	308,281	25	520,604
Local authorities	4,793	2,785	2,798	13	4,740
Non-NHS: private patients	514	300	195	-105	324
Non-NHS: other	1,186	693	928	235	1,998
Operating Income from Patient Care Activities	**610,228**	**355,956**	**358,868**	**2,912**	**607,044**
Research and development	1,765	1,030	1,506	476	2,805
Education and training	23,902	13,794	14,700	906	23,046
Other income	49,129	28,719	26,948	-1,771	45,102
Other Operating Income	**74,796**	**43,543**	**43,154**	**-389**	**70,953**
Employee Expenses	-448,649	-260,258	-266,502	-6,244	-438,317
Drugs Costs	-61,939	-36,237	-37,951	-1,714	-64,927
Supplies and Services - Clinical	-72,741	-41,830	-38,644	3,186	-62,055
Depreciation	-18,291	-10,670	-10,670	0	-18,291
Amortisation	-1,521	-887	-887	0	-1,521
CIP	7,057	2,150	0	-2,150	7,057
Other Costs	-70,854	-41,630	-42,145	-515	-82,335
Total Operating Expenditure	**-666,938**	**-389,362**	**-396,799**	**-7,437**	**-660,389**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**10,137**	**5,223**	**-4,914**	**17,608**
Finance income	30	18	381	364	507
Finance expense	-975	-569	-571	-2	-975
PDC dividends payable/refundable	-8,014	-4,675	-4,675	0	-8,013
NET FINANCE COSTS	**9,127**	**4,910**	**358**	**-4,552**	**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**	**4,910**	**358**	**-4,552**	**9,127**
Remove Donated Asset Income	-9,607	-5,604	-5,604	0	-9,607
Remove Donated Asset Depreciation	452	264	264	0	452
Remove Donated Asset Amortisation	28	16	16	0	28
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**0**	**-414**	**-4,966**	**-4552**	**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 - October									
		October 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	£1,559	£690	£870	£1,580	£1,434	£1,368	£212	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£726	£612	£114	£828	£576	£828	£0	£0
3. Surgery	£3,008	£1,556	£655	£900	£2,456	£552	£1,958	£499	£0
4. Cancer and Support Services	£2,552	£1,320	£852	£469	£2,001	£551	£1,680	£0	£321
5. Family Health	£1,595	£825	£908	-£84	£1,722	-£127	£1,601	£121	£0
6. Specialised Medicine	£1,639	£848	£698	£150	£1,720	-£81	£1,614	£106	£0
7. Corporate Functions									
Chief Exec	£65	£34	£75	-£41	£77	-£11	£77	£0	£0
Chief Nurse Team	£164	£85	£101	-£16	£133	£31	£133	£0	£0
Finance	£184	£95	£344	-£249	£501	-£318	£501	£0	£0
Medical Governance	£15	£8	£119	-£111	£119	-£104	£119	£0	£0
Ops Management	£101	£52	£50	£2	£50	£51	£50	£0	£0
Corporate CIP	£16,890	£9,853	£9,912	-£59	£19,408	-£2,518	£18,267	£158	£982
DIS	£289	£149	£96	£53	£239	£50	£239	£0	£0
Workforce & OD	£314	£163	£287	-£125	£674	-£360	£674	£0	£0
				£0					
Sub total	**£31,234**	**£17,273**	**£15,398**	**£1,874**	**£31,508**	**-£274**	**£29,108**	**£1,096**	**£1,303**
YTHFM LLP	£1,123	£581	£305	£276	£849	£274	£676	£153	£19
Group Total	**£32,357**	**£17,853**	**£15,703**	**£2,150**	**£32,357**	**£0**	**£29,785**	**£1,249**	**£1,323**

Delivery in month 7 has improved but remains £2.1m 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 £29.8m (92%) is identified as low risk.

Productivity and Efficiency Review Sessions

Review sessions are to be chaired by the Chief Executive with attendance from Care Groups and Finance colleagues.

The table below shows the scheduled dates of the sessions:

Care Group	Date
CG1	25.11.2022
CG2	29.11.2022
CG4	02.12.2022
CG3	08.12.2022
CG6	09.12.2022
CG5	16.12.2022

Format of sessions

The sessions will form 2 parts:

- Part 1 will be a summary of the planning and delivery position for 2022/23 and plans for 2023/24. A review of the **Matrix of Opportunity**, potential opportunities, and results of deep dives relevant to the individual Care Group.
- Part 2 will be an opportunity for the Care Group to discuss current and future challenges in terms of meeting the efficiency ask.

Matrix of Opportunity

The Matrix of Opportunity referred to as part 1 above is a Trust development and pulls data from the national benchmarking tool, the Model Health System.

This tool is used to help us have informed discussions with Care Groups and is used as a sign-post to aid discussions around current practice, data quality, pathway improvement and raises questions on how effectively we are using our resources, particularly at a time where recruitment/retention and funding is challenging.

It enables conversations around the Get It Right First Time (GIRFT) principles and where applicable any actions that are arising from the National GIRFT deep dives.

The Model Health System benchmarks the Trust against a peer group of comparable Trusts and highlights where there are variations, whether warranted or unwarranted and is used as a 'signpost' tool for identifying efficiency and productivity opportunities.

It is a National dashboard of key performance, financial and Getting It Right First Time (GIRFT) metrics and records data on a Trust and Integrated Care System (ICS) level, and is an evidence record of the Trust's position and performance.

It highlights potential cost improvement and efficiency opportunities to ensure the most effective use of resources.

It provides relative and absolute comparable data linked to departments, wards, sites, staffing groups etc to the Trust for identifying areas of variance.

The data sources for the Model Health System are various, some of the key sources are: ESR, ERIC Return, Oracle Ledger, Pharmacy Systems, CPD, Patient Level Information and Costing System (PLICS).

Getting It Right First Time (GIRFT) Update

A Urology GIRFT review was held on 21 October 2022. We are awaiting feedback from this review.

The prime focus has been preparing for the High Volume Low Complexity (HVLC) re-visit on the 9th November. A significant amount of work has taken place locally and across the ICS to ensure we have coherent plans to deliver elective recovery. An update will be provided once this review has taken place.

A GIRFT visit is scheduled for Emergency Medicine and Acute and General Medicine on 16 November 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.

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 £0.82m pressure on our plan. ICS CDH team are submitting national case for support, working with the Trust. No timeline information available, expect November 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 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 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 more than £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. We have heard informally that the arrangements for the first half of the year may be extended to the second half of the year, but we still await formal confirmation. This assumption is fully reflected in the reported position for the period to date.

6. Current Cash Position

October cash balance showed a £12.4m favourable variance to plan; this is mainly due to receiving Q3 payment of £9.4m from Health Education England which was originally planned to be received in November. 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	48,410	48,796					

With NHSE confirming that no ERF will be clawed back for quarters one and two we have been able to forecast income with greater certainty over the first half of the year, but we await confirmation 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 7 Planned Spend £000s	Mth 7 Actual Spend £000s	Variance £000s
86,513	34,773	25,444	(9,329)

The capital programme at month 7 is £9.3m behind plan. This is partially 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 £3.9m (17%) behind plan. The 3 main schemes contributing to this adverse variance are Scarborough UEC scheme (£2.4m), Salix Scheme (£1.5m) and York Cardiology VIU (£1.1m) which are offset by other schemes running ahead of plan, notably York ED scheme (£900k).

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 are being 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 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. We have heard informally that the arrangements in the first half of the year may be extended into the second half of the year, but formal confirmation of this position is still awaited.
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 £1.8m 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 has been notified that it will receive up to £2.1m from this fund.
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 the financial year progresses, we continue to review and update our I&E forecast tool to assess our likely year end outcome. 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.

	Forecast Outturn 22/23 (£000)
Clinical Income	615,545
Non-Clinical Income	76,025
Expenditure	-682,443
Surplus/(deficit)	9,127
NHSE Adjustments	-9,127
NHSE Adjusted Position	0

Key assumptions that been made in the forecast include:

- Additional income is received to cover the £1.4m cost of the CT scanner
- All ERF income is received.
- Covid in the envelope expenditure returns to plan for the final six months of the year.
- The remaining CIP left to achieve will have a 36% impact on run rate.
- Staff car parking charging is reintroduced in Q4.
- Additional income is received to cover the full pay award.
- Utilities expenditure does not exceed the £1.5m pressure currently forecast.
- A financial recovery plan is developed and put in place to reduce predicted spending by £2.5m.

This forecast has formed the basis of our forecast submission to NHSE/ICB for M7.

Within the overall Trust forecast are differing variances across the Care Groups. The table below illustrates the respective forecast net expenditure position by Care Group.

Care Group, etc.	Budget	Actual Forecast	Forecast Expenditure Variance	Offset by income	Underlying expenditure variance
	£000	£000	£000	£000	£000
Acute Elderly Emergency General Medicine and Community Services - York	105,243,917	109,324,147	-4,080,230	-992,417	-3,087,813
Acute Emergency and Elderly Medicine-Scarborough	53,495,453	58,470,342	-4,974,889	-811,472	-4,163,417
Surgery	100,407,767	104,350,540	-3,942,773	-1,359,741	-2,583,032
Cancer and Support Services	119,305,973	120,548,156	-1,242,183	-709,172	-533,011
Family Health & Sexual Health	49,970,411	50,668,590	-698,179	0	-698,179
Specialised Medicine & Outpatients Services	86,648,645	85,596,359	1,052,286	0	1,052,286
Corporate	160,853,945	153,484,933	7,369,012	1,231,000	6,138,012
Additional Income	0	0	0	-3,875,154	3,875,154
TOTAL	675,926,111	682,443,067	-6,516,956	-6,516,956	0

Recommendation:

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

Author(s): Graham Lamb, Deputy Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: Nov-2022

TRUST PRIORITIES REPORT : October-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
	£000's	£000's	£000's	£000's	£000's
NHS England	75,296	43,922	46,666	2,744	79,378
Clinical commissioning groups	528,439	308,256	308,281	25	520,604
Local authorities	4,793	2,785	2,798	13	4,740
Non-NHS: private patients	514	300	195	-105	324
Non-NHS: other	1,186	693	928	235	1,998
Operating Income from Patient Care Activities	**610,228**	**355,956**	**358,868**	**2,912**	**607,044**
Research and development	1,765	1,030	1,506	476	2,805
Education and training	23,902	13,794	14,700	906	23,046
Other income	49,129	28,719	26,948	-1,771	45,102
Other Operating Income	**74,796**	**43,543**	**43,154**	**-389**	**70,953**
Employee Expenses	-448,649	-260,258	-266,502	-6,244	-438,317
Drugs Costs	-61,939	-36,237	-37,951	-1,714	-64,927
Supplies and Services - Clinical	-72,741	-41,830	-38,644	3,186	-62,055
Depreciation	-18,291	-10,670	-10,670	0	-18,291
Amortisation	-1,521	-887	-887	0	-1,521
CIP	7,057	2,150	0	-2,150	7,057
Other Costs	-70,854	-41,630	-42,145	-515	-82,335
Total Operating Expenditure	**-666,938**	**-389,362**	**-396,799**	**-7,437**	**-660,389**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**10,137**	**5,223**	**-4,914**	**17,608**
Finance income	30	18	381	364	507
Finance expense	-975	-569	-571	-2	-975
PDC dividends payable/refundable	-8,014	-4,675	-4,675	0	-8,013
NET FINANCE COSTS	**9,127**	**4,910**	**358**	**-4,552**	**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**	**4,910**	**358**	**-4,552**	**9,127**
Remove Donated Asset Income	-9,607	-5,604	-5,604	0	-9,607
Remove Donated Asset Depreciation	452	264	264	0	452
Remove Donated Asset Amortisation	28	16	16	0	28
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**0**	**-414**	**-4,966**	**-4552**	**0**

Month 7 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 October 2022, the Trust is reporting an adjusted I&E deficit of £4.966m against a planned deficit of £0.414m.

Income is £2.523m 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.

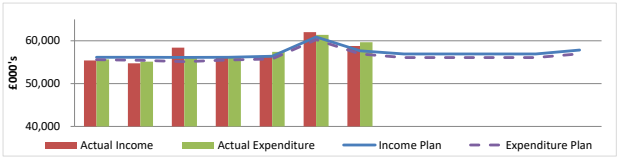
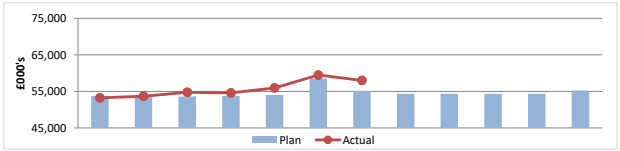
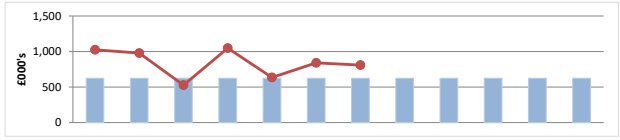
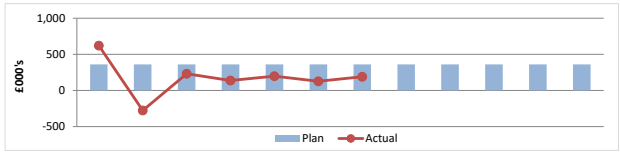
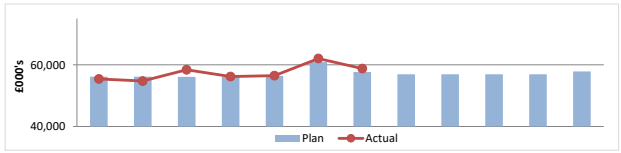
Operational expenditure is £7.437m ahead of plan. There is a shortfall in delivery against the CIP target, and pay, drug, and other non-pay spend is ahead of plan; but these are being partially offset by clinical supplies and services spend being behind plan.

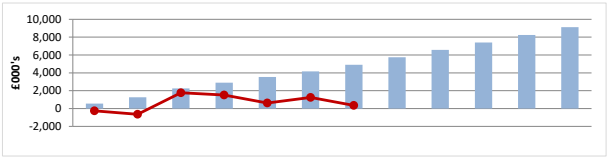
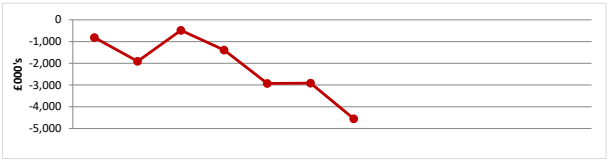
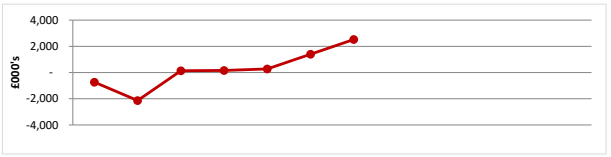
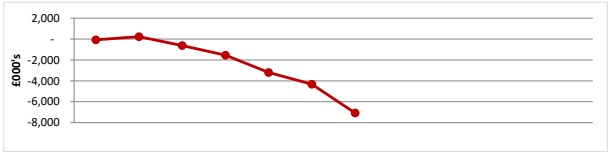
Matters of Concern and Risks to Escalate	Major Actions Undertaken and Work in Progress
1. The Trust is £4.6m behind its I&E plan. 2. Delivery of the 2.4% cost out efficiency programme is currently behind plan. 3. Risk of retaining ERF Funding through delivery of 104% activity levels, with activity currently below this level. 4. Managing the £3.5m Covid spend reduction proposed with the ICB is currently behind plan, with only £1.8m identified to date. 5. CT scanner which is key to the Trust's diagnostic recovery work is still on hire at an annual cost of £1.4m, 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 is now in place. 4. Discussions continue with the ICS on finding a funding stream for the CT scanner.
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 92% of plans being categorised as low risk. 2. NHSE/I have confirmed that there will be no clawback or ERF for H1; with the possibility that it also will be for H2, although this is still subject to confirmation.	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 PRIORITIES REPORT : October-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

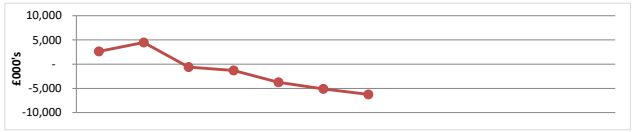
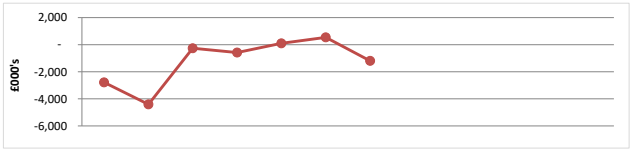
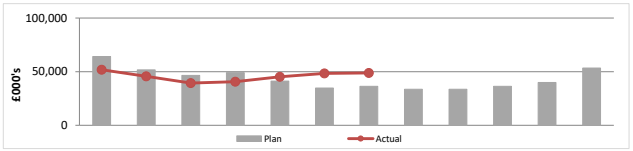
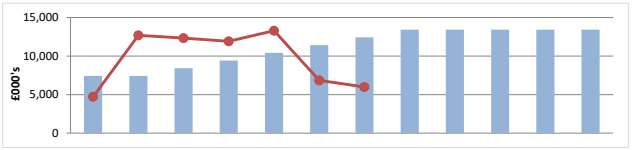
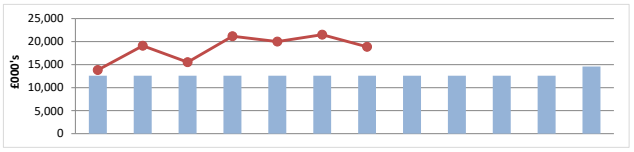
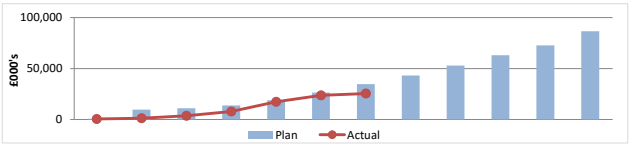
Oct-22	METRIC:	PLAN:	
£358	6.01 Income and Expenditure	£4,910	
£58,018	6.02 Operational Expenditure against Plan (exc. COVID)	£55,178	
£808	6.03 COVID-19 'Inside the Envelope' Expenditure	£624	
	Monthly % Covid Spend of Operational Spend:	1.4%	
£189	6.04 COVID-19 'Outside the Envelope' Expenditure	£360	
£58,772	6.05 Income against plan	£57,654	

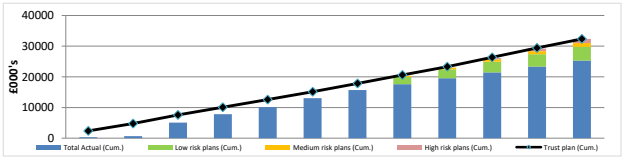
	METRIC:	PLAN:	
£358	6.06 Cumulative net actual Income and Expenditure surplus/(deficit)	£4,910	
-£4,552	6.07 Cumulative net Income and Expenditure surplus/(deficit) variance to plan	£0	
£2,523	6.08 Cumulative Income Variance to Plan	£0	
-£7,075	6.09 Cumulative Expenditure Variance to Plan	£0	

TRUST PRIORITIES REPORT : October-2022

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Oct-22	METRIC:	PLAN:	
-£6,244	6.10 Cumulative Pay Expenditure Variance to Plan	£0	
-£1,193	6.11 Cumulative Non-pay Expenditure Variance to Plan	£0	
£48,796	6.12 Cash Position	£36,376	
£5,997	6.13 Debtors	£12,424	
£18,856	6.14 Creditors	£12,605	
£25,444	6.15 Capital	£34,773	

	METRIC:	PLAN:	
£15,704	6.16 Efficiency programme - delivery against plan and forecast delivery	£17,854	
Delivery ytd:			
Recurrent	£7,706		
Non Recurrent	£7,999		
£32,357	6.17 Efficiency programme - planning position full year	£32,357	

Planning (Gap)/Surplus

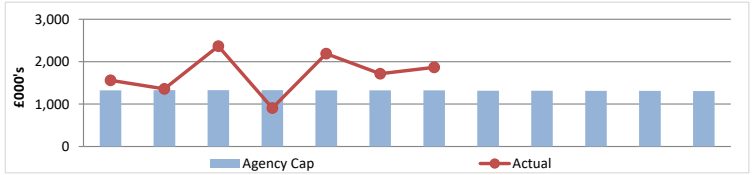
	October £'000	EOY £'000	Comments
Target	**17,854**	**32,357**	
PLANS			
Low Risk	17,346	29,785	
Medium Risk		1,249	Medium Risk Plans being reviewed re delivery in year.
High Risk		1,323	High Risk Plans being reviewed re risk status and if deliverable in-year.
Total Plans	17,346	32,357	
Planning (Gap)/Surplus	**-508**	**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)

TRUST PRIORITIES REPORT : October-2022

SUMMARY INCOME AND EXPENDITURE POSITION

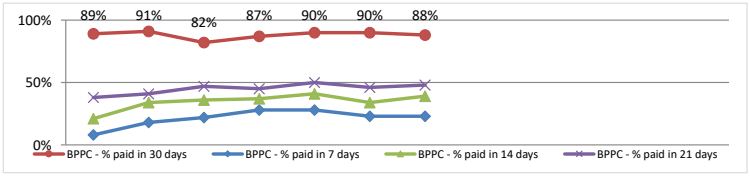
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Oct-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
£1,867	6.24 Agency Spend against Agency Cap	£1,324



BPPC Performance

Within 30 days		Within 7 days
88%	6.25 BPPC - % paid in 30 days	23%
	6.26 BPPC - % paid in 7 days	
Within 14 days	6.27 BPPC - % paid in 14 days	Within 21 days
39%		48%
	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 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 88% of suppliers being paid within 30 days.

Research & Development Performance Report : Oct-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 2377 patients into clinical trials so far this financial year, against a target of 3506, so numbers have improved significantly, we only have 1129 to go!
- It gives me great pleasure to announce that Professor James Turvill has agreed to be the Clinical Director for Research taking over for Dr David Yates, who stepped down recently.
- We are recruiting well to the Harmonie vaccine study under Dr Dominic Smith. The study is looking at RSV (Respiratory Syncytial Virus) that is one of the leading causes of hospitalisation in all infants worldwide and affects 90% of children before the age of two. We are currently top in the region in terms of our accruals and in the top 5 sites nationally
- We are currently rolling out a new R&D administrative software to run and manage the teams work called Edge, that will see a lot slicker management of our invoicing and trial delivery.
- We have had several meetings with the ICS this month to try and integrate research into their thinking/working and as such we have arranged an ICS wide research meeting for the end of November
- The University of York have approached us with some MsC and possibly PhD opportunities for our lab staff, we have instigated a meeting between the Trust and UoY and these opportunities are being taken forward
- We are also working with UoY to explore opportunities to evaluate the new Acute Care Model at Scarborough, and we are already exploring funding opportunities for this work
- The team is supporting the Trust Education Bursary call and will be reviewing the applications in due course
- The Annual Celebration of Research event being held on 21st November is now sold out, with 200 tickets being requested.

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: Nov-2022

TRUST PRIORITIES REPORT : October 2022

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	493	568	225	238	217	358	278						2377
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 October 22

Care Groups	Accruals Running Total 22/23
CG1 Total	255
CG2 Total	161
CG3 Total	372
CG4 Total	125
CG5 Total	19
CG6 Total	86
RP's Total	254
Cross Trust Studies Total	1105
ACCRUAL TOTALS	2377

Accruals Still Required	1129
Trials Open to Recruitment	97

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	38%	12%	*Weighted 11*
Observational	50%	65%	*Weighted 3.5*
Large Interventional	4%	5%	*Variable weighting by study*
Large Observational	4%	16%	*Weighted 1*

Breakdown of Trial Category % - All Open Studies

Commercial	4%
Non Commercial	96%

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

APPENDIX : National Benchmarked Centiles

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : OCTOBER 2022

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

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 11/11/2022
* Indicates the benchmarked centiles are from varying time periods to the data presented in the TPR and should be taken as indicative for this reason
^ Indicates the benchmarked centiles use a variation in methodology to the TPR and should be taken as indicative for this reason

			Local Data (TPR)			National Benchmarked Centile		
TPR Section	**Category**	**Indicator**	**Period**	**Actual**	**Target**	**Centile**	**Rank**	**Period**
Acute Flow and Elective Recovery	UEC	Proportion of patients discharged before 5pm (70%)	Oct-22	63.8%	70%	87	17/120	Oct-22
	UEC	ED: Median Time to Initial Assessment (Minutes)	Oct-22	16	18	16	99/117	*Sep 22
	RTT	RTT Total Waiting List	Oct-22	49432	42969	33	114/169	*Sep 22
	RTT	RTT Waits over 104 weeks for incomplete pathways	Oct-22	2	0	100	1/169	*Sep 22
	RTT	RTT Waits over 78 weeks for incomplete pathways	Oct-22	568	165	14	146/169	*Sep 22
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Oct-22	7	45 (12-month)	3	133/137	*Aug-22
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Oct-22	12	117 (12-month)	19	111/137	*Aug-22
	Patient Experience	Trust Complaints	Oct-22	45	No Target	23	162/210	*Q4 21/22

Trust Priorities; Quality and Safety

Risk description	PR1 - Unable to deliver treatment and care to the required standard	**Causes** *What has to happen for the risk to occur?*	- Insufficient workforce resources - Professional competency of clinical staff - Lack of funding - Inadequate buildings and premises - Lack of space - Inadequate or aged medical equipment
		Consequences *If the risk occurs, what is its impact?*	- Potential patient harm - Increased financial costs - Reputational damage - Regulatory attention

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Quality & Safety Assurance Committee**	
Likelihood	4	4	3	**Risk Appetite: Exceeding**		
Impact	5	4	2	**Date to achieve target score: Year-End Review**	**Risk Owner:**	**Chief Nurse**
Overall risk rating	20	16	6		**Links to CRR:**	**CN1, COO1-2, WFOD1-3, DIS1-5, MD1**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Internal effectiveness reviews against national standards	None identified	-Clinical effectiveness team -Internal Audit	- Clinical Effectiveness reports - Internal Audit reports	None identified
Review of data from national surveys e.g. NICE, NSF	- Volume of data makes it difficult to focus on key issues - Data does not always flow through correct governance	-Healthcare Evaulation Data (HED) -Clinical Effectiveness Audits -NICE	- HED reports - National Survey results	None identified
Implementation of Clinical standards	None identified	-Board -Quality and Safety Assurance Committee	- TPR reported to April- June (IBR) and July, Sept, Oct Board and Quality & Safety Assurance Committee - Minutes and actions of papers April- June (IBR), July, Sept, Oct (Board, Executive, Quality & Safety Assurance Committee)	None identified
Revalidation of professional standards for doctors	None identified	-Trust internal appraisal and revalidation process/system	- Annual Revalidation Report to Sept Board	- Revalidation requirements and links to appraisal

Oversight of performance	None identified	- Oversight & Assurance meetings and other governance forums	- TPR reported to April- June (IBR) and July, Sept, Oct Board and Quality & Safety Assurance Committee - Minutes and actions of papers April- June (IBR), July, Sept, Oct (Board, Executive, Quality & Safety Assurance Committee) - KPIs in Care Group dashboards - Q1 Minutes of Oversight & Assurance meetings	None identified
Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings and other governance forums	- Q1 Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings.	None identified
Implement Workforce & OD Strategy	Poor diversity in leadership positions (gender pay, race equality)	- Board, Executive and Digital, Performance and Finance Assurance Committee.	- Board/Committee papers - Oct Board Equality, diversity and inclusion data reporting	None identified
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	-TPR reported to April- June (IBR) and July, Sept, Oct Board and Jul & Sept People & Culture Assurance Committee	None identified
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	-Limited visibility to investments required but not progressed.
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%)	-Training deferred/delayed due to operational pressures.
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
Monitoring the effectiveness of waiting lists	None identified	Clinical Risk stratification, validation and monitoring of waiting lists	- Risk stratified elective waiting lists.	- Diagnostic waiting lists to be risk stratified in July; outpatient list to follow.
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT. -Business Planning process	-Schedules detailing capital investment needs. -Business Planning schedules	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	- April & May Executive Committee and Board of Directors approved plan	None identified
Redeployment of speclialist nurses	None identified	Risk assessed each service; low, medium, high	- Quality Impact Assessments for each service	None identified

Routine monitoring and reporting against capital programme	None identified	-Financial Services	-Agenda, papers, minutes and action logs for internal governance meetings (CPEG), Digital, Performance and Finance Committee, Executive Committee, Board of Directors) -Reports to external bodies (the ICS and NHSE/I)	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Recruitment	Reintroduce open days (July); Launch recruitment website (Sept); International nurse recruitment (90 by Jan 23)	Polly McMeekin	**Mar-23**
Revalidation and appraisal to be discussed at a forthcoming meeting of the People & Culture Assurance Committee	Noted on work programme to be discussed with Committee Chair and Medical Director	Mike Taylor	**Nov-23**

Trust Priorities; Quality and Safety

Risk description	PR2 - Access to patient diagnostic and treatment is delayed	**Causes** *What has to happen for the risk to occur?*	- Increased waiting times - Insufficient bed capacity - Failure to transform patient pathways - Inefficiencies in buildings, premises and medical equipment - Insufficient and appropriately qualified staff - Failure of clinical staff to meet required professional standards - Lack of space for patient treatment and staff handovers
		Consequences *If the risk occurs, what is its impact?*	- Patients suffering avoidable harm - Damage to the trust reputation - Regulatory attention - Increased Financial costs

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Quality & Safety Assurance Committee**	
Likelihood	5	4	3	**Risk Appetite: Exceeding**		
Impact	5	5	4	**Date to achieve target score: To be reviewed end of Q3**	**Risk Owner:**	**Medical Director**
Overall risk rating	25	20	12		**Links to CRR:**	**COO1-2, WFOD1-3, DIS1-5, MD1**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implementation of Clinical standards	None identified	-Board of Directors -Quality & Safety Assurance Committee	- TPR Committee reporting of learning from Patient Safety Incidents - Minutes and actions of papers (Board, Executive, Quality Committee) - National Audit Clinical Standards	System pressures including ambulance and across local authorities with surges in activity leads to difficulties in applying consistent high clinical standards
Revalidation of professional standards for doctors	None identified	-Trust internal appraisal and revalidation process/system	- Annual Organisational Audit Report to Sept Board	None identified

Conduct Incident Reporting and learning from Safety incidents	None identified	- Datix - Care Group Boards - Oversight & Assurance meetings - CPD	- Action plans following investigation of incidents - Datix incident reports - Monthly SI/Never Event reports presented to Quality & Safety Committee, QPaS, Care Group Boards and Oversight & Assurance meetings - Learning from deaths and 6 monthly Cancer Harm report to QPaS - Patient experience report reported to Oct Quality & Safety Committee - Medical Legal report - Escalations recorded on CPD	Overarching analysis and triangulation of all information

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Revalidation and appraisal to be discussed at a forthcoming meeting of the People & Culture Assurance Committee	Noted on work programme to be discussed with Committee Chair and Medical Director	Mike Taylor	**Nov-23**
Learnings from Serious Incidents (SIs) communicated to Care Groups	Reviewed SIs reported through Quality and Patient Safety Group, Quality and Safety Assurance Committee and Board of Directors. Learnings communicated to Care Groups.	Jim Taylor	**Dec-23**

Trust Priorities; Elective Recovery - Acute Care Flow

Risk description	PR 3 - Failure to deliver constitutional/regulatory performance and waiting time targets	**Causes** *What has to happen for the risk to occur?*	- Covid 19, increased waiting times - Insufficient bed capacity - Inefficient patient pathways - Nursing and speciality workforce recuitment challenges
		Consequences *If the risk occurs, what is its impact?*	- Patient harm - Reputational damage - Regulatory attention - Financial costs

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Digital, Finance and Performance Assurance Committee**	
Likelihood	4	4	4	**Risk Appetite: Exceeding**		
Impact	5	4	3	**Date to review target score: Dec 2022**	**Risk Owner:**	**Chief Operating Officer**
Overall risk rating	20	16	12		**Links to CRR:**	**CN1, COO1-2, WFOD1-3, DIS1-5, MD1**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Oversight of performance	None identified	- Oversight & Assurance meetings and other governance forums	- TPR reported to April- June (IBR) and July, Sept, Oct Board and Digital, Performance and Finance Assurance Committee - Minutes and actions of papers April- June (IBR), July, Sept, Oct (Board, Executive, Digital, Performance and Finance Assurance Committee) - KPIs in Care Group dashboards - Minutes of Q1 Oversight & Assurance meetings and Care Groups	None identified
Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings and other governance forums	- Minutes of Q1 Oversight & Assurance meetings - Minutes and actions of papers April- June (IBR) and TPR July, Sept, Oct (Board, Executive Committee , Digital, Performance and Finance Assurance Committee)	None identified

Implementation of surge plans	None identified	- Scenario testing of surge plans (Winter resilience) - Silver and Gold Command standard operating procedures	- Results of scenario testing - OPEL 4 daily calls assurance to YAS and NHSEI on Ambulance turnaround when required	None identified
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
Implementation of winter plans and resilience plans	None identified	- Winter and resilience plans discussed at governance meetings (Executive, Board, Quality Committee)	- Minutes of Sept Board and Sept Executive Committee where winter and resilience plans were discussed.	None identified
Delivery of Building Better Care programme	Programme initiated but not fully embedded	- Programme structure established.	- April-Sept Transformation Committee reports and minutes inc KPIs	- None identified
Monitoring the effectiveness of waiting lists	None identified	- Elective recovery planning and monitoring of waiting lists	- Reporting on progress of meeting waiting lists	- None identified
Urgent Care working at place	None identified	- Collaboration of Acute Providers	- Engagement and participation at Collaboration of Acute Providers for elective recovery	- None identified
Deployment of health inequality assessment to inform waiting list management	None identified	- Board and Executive Committee	- Oct Executive Committee York City Council reporting of Health Inequalities across Trust area	- Specific system reporting against health inequalities

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Deliver the 2022/23 Plan on activity	Oversight provided through the Executive Committee as a Committee of Board. Assurance provided through the Digital, Performance and Finance Assurance Committee.	Melanie Liley	**Mar-23**
Rapid Quality Review Syetem action plan	Weekly place based monitoring meeting of actions and performance trajectories. Monthly ICB assurance meeting.	Melanie Liley	**Mar-23**
Deliver the Building Better Care Programme	Oversight provided through the Executive Committee as a Committee of Board. Assurance provided through the Digital, Performance and Finance Assurance Committee.	Melanie Liley	**Mar-23**

Trust Priorities; Our People

Risk description	PR4 - Inability to manage vacancy rates and develop existing staff predominantly due to insufficient domestic workforce supply to meet demand	**Causes** *What has to happen for the risk to occur?*	- Insufficient supply of workforce - Lack of succession planning - Limited career opportunities - Operational pressures (inc Covid impact on staff absence/redeployment/release) - Inadequate buildings and premises
		Consequences *If the risk occurs, what is its impact?*	- Deterioration of staff wellbeing - High attrition rates - Increased financial costs from interim arrangements - Potential patient harm - Reputational damage - Regulatory attention

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: People and Culture Assurance Committee**	
Likelihood	5	4	4	**Risk Appetite: Exceeding**		
Impact	5	4	3	**Date to review target score: March 2023**	**Risk Owner:**	**Director of Workforce and OD**
Overall risk rating	25	20	12		**Links to CRR:**	**WFOD1**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implement Workforce Strategy and People Recovery Plan	- Poor diversity in leadership positions (gender pay, race equality) - Lack of resources to fund intiatives	- Board, Executive and People and Culture Committee.	- Board/Committee papers June 2019 approval - Equality, diversity and inclusion data reporting of WRES/DRES Oct Board of Directors report	None identified
Deliver Board development sessions	None identified	-Board meetings	- Board development independent review	None identified
Conduct Talent Management Framework	None identified	-Trust intranet	- Learning Hub - PREP	None identified
Design and Deliver Internal Leadership Programmes	None identified	-Trust intranet	- List of programmes on Learning Hub	None identified
Leadership succession plans	None identified	- Board, REMCOM, Executive Committee	- Board papers (agenda, minutes, action log) ? - REMCOM papers (Oct agenda, minutes, action log)	None identified
Conduct NED development programme	None identified	- Gatenby Sanderson, external specialist recruiter	- Regular updates from Gatenby Sanderson	None identified

Implement ICS initiatives e.g. Ambassador Scheme	Poor diversity in leadership positions (gender pay, race equality)	- Board r(eporting on Equality, diversity and inclusion)	-Board papers (agenda, minutes, action log) -REMCOM papers (agenda, minutes, action log)	None identified
Implement Workforce models and planning on a case by case basis	National contract limitations National training programmes	-Director of Workforce & OD	-Board approved Workforce models and plans	None identified
Target overseas qualified staff	None identified	- Overseas nurse recruitment programme	- QIA for new nurse roles - CHPPD	None identified
Incentivise recruitment	None identified	-Reduced vacancy rates in IBR	- TPR and workforce reporting at July and September People and Culture Workforce Committee	None identified
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	- Minutes and actions of papers April- June (IBR) and TPR July, Sept, Oct (Board, Executive Committee , People & Culture Assurance Committee) - Executive Committee Agency Usage Report	None identified
Oversight of rotas - e-Rostering (nursing)	None identified	- Internal Audit	- Internal Audit reports on E-Rostering - CHPPD	None identified
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	Limited visibility to investments required but not progressed.
Monitor performance against the People Plan	None identified	-Resource Committee updates against the People Plan	- Sept Minutes People and Culture Committee	None identified
Implement Workforce & OD Strategy	None identified	- Reporting on performance against the Workforce & OD Strategy to Board, Executive and Resources Committee.	- Board/Committee papers ? - Equality, diversity and inclusion data reports	None identified
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%) - Jul People and Culture Committee reporting, action plan and minutes	None identified
Thank You Campaign	None identified	Communications and hospitality provision in Spring/Summer 2021	- Well received by staff in feedback	None identified
Workforce resilience model	None identified	Executive Committee	Executive Committee approval October 2021	None identified
Communicate guidance for Managers for remote working	Space restrictions	- Trust intranet	- Agile Working Policy	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**

Culture change (Retention)	Values and Behaviours roll out continues; Behavioural framework launched; re-introduce face to face comms (staff brief to be re-launched (July); Relaunch reward and recognition awards (Sept); ceased command and control structure; Implement E,D & I gap analysis.	Simon Morritt	**Mar-23**
Working Life (fixing the basics)	Working group established. Rest areas identified – bid to be submitted to NHS Charities (Aug); transparent & equitable local pay (to be agreed);Medical rostering roll-out continues (remaining juniors in Aug); to be complete Mar 23); New intranet (Sept)	Polly McMeekin	**Mar-23**
Recruitment	Reintroduce open days (July); Launch recruitment website (Sept); International nurse recruitment (90 by Jan 23);	Polly McMeekin	**Mar-23**
Workforce Plan	Clinical Establishment review underway; Develop further alternative roles (Nov); CESR 'toolkit' (Dec); Transparent career pathway options (Mar 23); Increase Apprenticeship levy spend	Polly McMeekin	**Mar-23**

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

Risk description	PR 5 - Financial risk associated with delivery of Trust and System strategies	**Causes** *What has to happen for the risk to occur?*	- Insufficient financial allocation distributed via the Humber and North Yorkshire Integrated Care Board - Failure of the Trust to manage its finances
		Consequences *If the risk occurs, what is its impact?*	- Inadequate revenue funding to meet the ongoing running costs of service strategies - Inadequate capital funding to meet infrastructure investment needs at the Trust - Inadequate cashflow to support operations - Net carbon zero objectives addressing environmental hazards not achieved - Imposition of financial special measures or licence conditions

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Digital, Finance and Performance Assurance Committee**	
Likelihood	5	4	2	**Risk Appetite: Inside Tolerance**		
Impact	5	4	3	**Date to achieve target score: Achieved**	**Risk Owner:**	**Director of Finance**
Overall risk rating	25	16	6		**Links to CRR:**	**FIN1**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Annual Business Planning process including Trust Strategy	Lack of clarity over funding from NHSE/I due to pandemic emergency financial regime.	-Business Planning process - Internal Audit	-Business planning schedules. - Internal audit reports on effectiveness of controls around the Business Planning process.	None identified
Preparation and sign off of annual Income and Expenditure plan, balance sheet and cash flow	None identified	-Executive Committee and Board of Directors.	-June Final Approved I&E plan (Board, Executive Committee, NHSE and ICS).	None identified
Routine monitoring and reporting against I&E plan	None identified	-Monthly updates to Care Group OAMs, Resources Committee, Financial Review Meetings, Executive Committee, Board of Directors, the ICS and NHSE/I.	- Minutes and actions of papers April- June (IBR) and TPR July, Sept, Oct (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) - Reports provided to external bodies (PFR monthly to NHSE)	None identified
Expenditure control; scheme of delegation and standing financial instructions.	None identified	-Board of Directors	-Approved scheme of delegation and SFIs. -System enforced delegation and approval management. - Written confirmation by prime budget holders or responsibilities	None identified
Expenditure control; business case approval process	Investments approved outside of the business case process. Unplanned and unforeseen expenditure commitments.	-Internal audit -Financial Management team	-Business Case Register -Internal audit reports on effectiveness of controls around the Business Planning process. -Reports produced by the Financial Management team on variance analysis.	None identified

Expenditure control; segregation of duties	None identified	-Finance systems	-System enforced approvals. -No Purchase Order No Payment policy.	None identified
Expenditure control; staff leaver process	Management failing to notify Payroll in a timely way of staff leavers	-Contract change notification process. -Routine reporting of staff in post (i.e. paid) to budget holders.	-Salary overpayment recovery policy. -Reports from Finance to budget holders on their staff in post	Limited visibility to issue
Income control; income contract variation process	Unforeseen and unplanned in-year reduction in income.	-Financial Management Team	Income Adjustment form register.	None identified
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	-Executive Committee and Board of Directors approved plan	None identified
Routine monitoring and reporting against capital programme	None identified	-Financial Services	- Minutes and actions of papers April- June (IBR) and TPR July, Sept, Oct (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) and CPEG - Ad hoc reports to external bodies (the ICS and NHSE)	None identified
Overspend against approved scheme sums	None identified	-Financial Services	-Scheme sum variation process. -Scheme expenditure monitoring reports to CPEG.	None identified
Routine monitoring against cash flow	None identified	-Board of Directors - Finance team	- Minutes and actions of papers April- June (IBR) and TPR July, Sept, Oct (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) - PFR monthly to NHSE	None identified
Cash flow management through debtors and creditors	None identified	-Financial Management Team -Government	-Monthly debtor and creditor dashboard to Finance Managers and Care Groups. -Trend data reported to Executive Committee, Resources Committee and Board of Directors. -Better Payment Practice Code (BPPC) - monthly report	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Planning guidance and funding allocations expected shortly for 2023/24	Trusts to prepare 2023/24 I&E plan	A Bertram	**Mar-23**
Confirm efficiency requirement and match to identified plans with a view to identifying any residual requirement.	Ongoing	A Bertram	**Mar-23**
Model Elective Recovery Fund costs and income earning potential to maximise funded elective recovery activity.	Ongoing	A Bertram	**Mar-23**

Trust Priorities; Quality and Safety

Risk description	PR 6 - Failure to deliver safe, secure and reliable digital services required to meet staff and patients needs.	**Causes** *What has to happen for the risk to occur?*	- Vulnerabilities in the trusts hardware and softwareInadequate policies and procedures - Lack of IT/IG training - Failure to report information incidents in a timely manner - Cyber attacks to Trust systems and data
		Consequences *If the risk occurs, what is its impact?*	- Potential patient harm - Regulatory attention (ICO) - Reputational damage - Financial costs

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Digital, Performance and Finance Assurance Committee	
Likelihood	5	4	3	Risk Appetite: Exceeding		
Impact	4	4	3	Date to achieve target score: April 2023	Risk Owner:	Chief Digital and Information Officer
Overall risk rating	20	16	9		Links to CRR:	DIS1, DIS3, DIS4

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implementation of Data Security and Protection Toolkit standards	Longstanding audit actions not implemented or partially implemented and not closed	Yearly internal audit report (audit committee) Bi-annual submission to DSPT improvement plan development and submission Quarterly report on updates to the Information Governance Exec Group - minutes provided to Digital, Performance & Finance Assurance Committee Monthly update on open actions from Audit Yorkshire	- Internal Audit report of IG compliance IGEG meeting minutes	Audit actions still active from 2020
IG and Security Governance arrangements in place e.g. IG Executive	No specific security group to feed into IGEG and committee	Quarterly report on updates to the Information Governance Exec Group - minutes provided to Digital, Performance & Finance Assurance Committee	Digital, Performance & Finance Assurance Committee minutes, papers, agenda, action log - IG Executive Group minutes, papers, agenda, action log Responsibilites identified within the Information Governance Strategy	Due to pressures and inability to get full attendance to the IGEG meetings

Trust Portable devices encrypted - mobiles and laptops	None identified	- IT Systems	- System enforced control e.g. bit locker encryption on Trust laptops	None Identified
Implementation of IG policies and procedures	No documented IG policy framework which identifies relevant IT protocols	Policies are available on the IG pages of Staffroom IGEG meeting minutes discuss new policies and processes	- Approved IG policies - Statutory/mandatory IG training for all staff - Regular Trust wide comms from the IG team regarding new policies and procedures	Resources and capacity to complete the necessary review and rewrite of these Old versions of process and protocols on staffroom pages
The identification, investigation, recording and reporting of IG incidents	Awareness of the breach management process is not tested	- Information Governance Team weekly review - Datix reports - Information Breach Management guidance	- IG breach reports - IGEG meeting minutes - breach information is reported monthly - TPR statistics monthly - Regular communications from the IG team regarding breach trends	Gap in terms of full awareness TRUST WIDE of the incident report process Access and understanding of datix in corporate areas
Review and sign-off of IG documentation	None identified	-Information Governance Team	- IG team sign-off	Resources and capacity to complete the necessary review and rewrite of these and engagement at IGEG
Delivery of Essential Services Programme/Delivery of IT Service	Funding to deliver the full commitments/ scope of the ESP Programme Capacity/ Capability to deliver the full commitments/ scope of the ESP Programme	- ESP Programme Board - Digital, Performance & Finance Assurance Committee minutes, papers, agenda, action log - Funding Forum - CPEG	- Multiple applications for external funding applied for including EPR - Holistic partner tender to ensure technical expertise - Reduction in open vacancies and increase in our retention rates	No successful funding bid that the trust is able to draw down capital funding.
Vulenerabilites across end user compute, platform and network	Linked to Delivery of ESP reducing risk	- DIS SLT - Technical Steering Group - Cyber Security Focus Group '- Digital, Performance & Finance Assurance Committee minutes, papers, agenda, action log	Production of Cyber Security Strategy	Comprehensive Pen Test across entire IT estate
IT Service management standards / processes	- Lack of modern Service Desk system with improved capabilities - High vacancies on Service Desk impacting serve - Low maturity due to lack of training	- DIS SMT - Technical Steering Group '- Digital, Performance & Finance Assurance Committee minutes, papers, agenda, action log	- Business Case in production for a number Service Desk Tool - Reduction in vacancies on Service Desk - Regular communications from IT Service Mgt team	Gaps in awareness of reporting using the correct mechanism for reporting incidents by end users No robust security and IG major incident management process

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*

Actions for further control	Progress to date / Status	Lead action owner	Due Date
Continue to review funding for ESP	COMPLETED - funding secured from Trust and UTF for 21/22. ONGOING - reviewing funding opportunities for 22/23 from Trust/external funding 11/10 multiple external funding opportunities applied for	J Hawkins	**Nov-22**
Implement the proposed DIS structure	ONGOING - Minimum funding secured and formal consultation process starting. Initial roles (i.e. CTO/Head of Delivery) in position. Further identified roles in recruitment process. 11/10 to support Trust Priority of Retention, career development paths created with runthrough opporunities over 10 people promoted with more responsibility	J Hawkins	**Ongoing**

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

Risk description	PR 7 - Trust unable to meet ICS expectations as an acute collaborative partner	**Causes** *What has to happen for the risk to occur?*	- Ongoing Trust operational pressures; Urgent, Elective and Community Care
		Consequences *If the risk occurs, what is its impact?*	- Challenges in delivering overall quality of care provision to patients - Reputational harm in meeting system contribution targets required across the Humber and North Yorkshire region

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Executive Committee**	
Likelihood	3	3	3	**Risk Appetite: Inside Tolerance**		
Impact	3	2	2	**Date to achieve target score: Achieved**	**Risk Owner:**	**Chief Executive**
Overall risk rating	9	6	6		**Links to CRR:**	**N/A**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Integration with ICS on system wide planning	None identifed	- Attendance of members of Trust Executive Team across H&NY ICS governance structure	- Chief Executive update reports on Board of Directors Minutes and actions of papers April-Oct	None identified
Operational and Finance Plans 2022/23	None identified	- Board of Directors approval processes and sub-committee assurances of delivery	- Approval at Board of Directors and submission to NHSE&I for H1 and H2 plans	None identified
Trust involvement in the Collaborative of Acute Providers	None identified	Acute providers governance in decision making across 5 strategic themed transformation programmes; cancer, diagnostics, electives, maternity and paediatrics, urgent and emergency care	- Trust Building Better Care Transformational Programme - Engagement with H&NY ICS - Managing Director of Collaboration of Providers engagement with Executive Team - Workshop of the Humber and North Yorkshire Collaboration of Acute Providers (CAP) - OD Programme of Work	None identified
Trust CEO Provider representative on H&NY Interim Executive Group	None identified	H&NY Interim Executive Group meetings	Engagement with the H&NY Interim Executive Group	None identified
Trust CEO Provider representative on North East and Yorkshire ICS transition oversight group	None identified	North East and Yorkshire ICS transition oversight group	Engagement with the North East and Yorkshire ICS transition oversight group	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Attendance at Workshop of the Humber and North Yorkshire Collaboration of Acute Providers (CAP) - OD Programme of Work	Concluded	Board of Directors	**Oct-22**
Ongoing collaborative strategy development at neighbourhood, place and system level delivering for Trust patients and wider H&NY fo during 2022/23	Progress to be reviewed end of Q3 2022/23	Exec Team	**Dec-22**
Finance and activity planning for 2022/23 as part of H&NY system delivery	Progress to be reviewed Q3 2022/23	Exec Team	**Dec-22**

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

Risk description	PR 8 - Failure to achieve net zero targets, air quality targets and changing climate adaptation requirements from the Health and Care Act 2022 and Humber & North Yorkshire ICS Green Plan	**Causes** *What has to happen for the risk to occur?*	- Failure to reduce greenhouse gas emissions from the Provider's Premises in line with targets in 'Delivering a 'Net Zero' National Health Service' (targets are 80% carbon reduction by 2032 and Net Zero by 2040) - Not achieving standard contract 18: Requirement to provide detailed plans as to how the Trust will contribute to a Net zero NHS in relation to a) reducing carbon emissions from Trust premises 80% by 2032; b)reducing air pollution through transitioning fleet to Zero and Ultra Low Emission Vehicles, installing EV charging for fleet and establishing policies which exclude high emission vehicle use and promote sustainable travel choices; and c)adapting premises to reduce risks associated with climate change and severe weather;
		Consequences *If the risk occurs, what is its impact?*	- Reputational risk in not achieving targets - Potential NHS England action

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Executive Committee**	
Likelihood	4	4	3	**Risk Appetite: Exceeding**		
Impact	5	4	2	**Date to achieve target score: 2040**	**Risk Owner:**	**Director of Finance**
Overall risk rating	20	16	6		**Links to CRR:**	**N/A**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Sustainable Design Guide	Internal Audit identified need to review the Sustainable Design Guide and its role to strengthen its contribution to the delivery of Net Zero	Design Guide being implemented for Scarborough new emergency department to reduce carbon emissions	UECC designed with reference to Sustainable Design Guide	None identified
York Hospital part of Carbon Reduction Pathway Modern Energy Partners Programme which estimated the cost to get York Hospital on track. Trust signed up to NHS Living Labs Innovation Programme to investigate new and developing technologies for achieving carbon reduction.	None identified	Modern Energy Partners (MEP) Concept design report received for York Hospital 18/01/21 NHSE Living Labs - MoU signed following Executive Committee approval 20/04/22	MEP Concept Design used as a basis for grant applications for PSDS projets NHSE Living Labs - first meeting held to discuss Innovation Projects	None identified
PSDS3 grant applications approved for £5million for Bridlington Hospital to achieve Net Zero and £5million scheme for York Hospital to start the decarbonisation prcess	None identified	Planning applications submitted and community renewal fund Business case objectives	PSDS Grant work commenced in March for delivery in 2022/23.	None identified
Feasibility funding awarded for reviewing carbon reduction potential at Scarborough and Selby Hospitals	None identified	Feasibility work to identify funding needs and practical implementation issues for Scarborough and Selby complete	Grant application submitted for Scarborough	None identified
Green Plan published setting out the overall Trust approach and latest carbon footprint	Internal Audit identified need to review the Trust Green Plan and its role to more closely align its plans , projects and business cases with contributions to the delivery of Net Zero	Trust travel plan Energy Saving Trust (EST) undertaken and a Fleet and Travel review and draft report realeased in April 2022 by EST.	Energy Saving Trust (EST) undertaken a Fleet and Travel reviewand draft report realeased in April 2022 by EST	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
New procurement exercise to commenced with CEF to take advantage of next round of grant funding and develop a plan for achieving reductions in line with Net Zero 2040 target	Procurement exercise completed and grant application now being progressed for Scarborough Hospital . Works on going at York and Bridlington will achieve a carbon reduction of approx 8% at York and 80-85% at Bridlington.	Head of Sustainability	**Reviewed Mar-23**
Contract negotiations on going for a contract which develops plans for York, Scarborough and Bridlington to 2040	York contract signing planned for November after gaining Board approval . Bridlington contract discussions on-going.	Head of Sustainability	**Reviewed Mar-23**
Trust Travel Plan to be updated to incorporate plans to achieve carbon emissions reductions in line with NHS requirements	Current focus of work is exploring support for staff commute options and facilities for York and Scarborough Hospital.	Head of Sustainability	**Reviewed Mar-23**
Improve internal temperature monitoring and control for vulnerable groups within the hospital estate to develop a plan in response to the changing climate	Funding agreed for a pilot ward project to improve monitoring, to start to develop a business case for hospital sites	Head of Sustainability	**Reviewed Mar-23**
Sustainable Design Guide to be reviewed when Net Zero Carbon Guide published	Awaiting Net Zero Carbon Guide from NHSE	Head of Capital Projects	**Reviewed Mar-23**
Green Plan to be reviewed	Delayed due to prioritisation of PSDS grant project and lack of progress to recruit/replace Environmental Awareness Officer	Head of Sustainability	**Reviewed Mar-23**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 13.5

NHS ACRONYM BUSTER

Updated November 2022

Acronym	Meaning
A	
4Cs	Clinical Collaboration to Co-ordinate Care
A&E	Accident and Emergency
AAU	Acute Assessment Unit
ACCEA	Advisory Committee on Clinical Excellence Awards
ACOO	Associate Chief Operating Officer
ACP	Advanced Clinical Practitioner
ACRA	Advisory Committee on Resource Allocation
ADT	Admissions, Discharges & Transfers
AGM	Annual General Meeting
AGS	Annual Governance Statement
AHP	Allied Health Professional
AMM	Annual Members Meeting
AMU	Acute Medical Unit
AO	Accountable Officer
AP	Associate Practitioner
B	
BAF	Board Assurance Framework
BMA	British Medical Association
BAME	Black, Asian & Minority Ethnic
BAU	Business As Usual
BoD	Board of Directors
C	
CAA	Comprehensive Area Assessment
CAMHS	Child and Adolescent Mental Health Services
CapEx	Capital Expenditure
CBA	Cost Benefit Analysis
CBLS	Computer Based Learning Solution
CBT	Cognitive Behavioural Therapy
CCD	Clinical Criteria for Discharge
CCG	Clinical Commissioning Group
CDO	Chief Dental Officer
CDiff	Clostridium Difficile
CE/CEO	Chief Executive Officer
CEP	Capped Expenditure Process
CESR	Certificate of Eligibility for Specialist Registration (doctors only)
CF	Cash Flow
CFR	Community First Responders

CG	Care Group
CHC	Continuing Healthcare
CIB	Collaborative Improvement Board
CIP	Cost Improvement Programme
CMHS	Community and Mental Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
CoC	Ceiling of Care
CoG	Council of Governors
COO	Chief Operating Officer
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
CPR	Child Protection Register
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSCI	Commission for Social Care Inspection
CSR	Corporate Social Responsibility
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
D	
DAT	Drug Action Team
DBS	Disclosure and Barring Service
DBT	Dialectical Behavioural Therapy
DCSF	Department for Children, Schools and Families
DGH	District General Hospital
DHSC	Department of Health & Social Care
DIPC	Director of Infection Prevention and Control
DNA	Did Not Attend
DNAR	Do Not Attempt Resuscitation
DPA	Data Protection Act
DPH	Director of Public Health
DSU	Day Surgery Unit
DTC	Diagnosis and Treatment Centre
DTOCs	Delayed Transfers of Care
DWP	Department of Work and Pensions
E	
E&D	Equality and Diversity
ECHR	European Convention on Human Rights
ECP	Emergency Care Practitioner

EDD	Expected Discharge Date
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EOLC	End of Life Care
EPMA	Electronic Prescribing & Medicines Administration
EPP	Expert Patient Programme
EPR	Electronic Patient Record
ERF	Elective Recovery Fund
ERIC	Estates Return Information Collection
ESR	Electronic Staff Record
ETP	Electronic Transmission of Prescriptions
EWTD	European Working Time Directive
F	
FBC	Full Business Case
FD	Finance Director
FFT	Family & Friends Test
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
FOI	Freedom of Information
FT	Foundation Trust
FTE	Full Time Equivalent
FTSU(G)	Freedom to Speak Up (Guardian)
G	
GDC	General Dental Council
GDPR	General Data Protection Regulations
GIRFT	Getting It Right First Time
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
H	
HAI	Healthcare Acquired Infection
HCA	Health Care Assistant
HCV	Humber Coast & Vale Partnership
HDA	Health Development Agency
HDU	High Dependency Unit
HDFT	Harrogate and District NHS Foundation Trust
HEE	Health Education England
HIA	Health Impact Assessment
HPA	Health Protection Agency
HPC	Health Professions Council
HPV	Human Papilloma Virus

HRC	High Risk Contamination
HSE	Health & Safety Executive
HSMR	Hospital Standardised Mortality Ratio
HWB	Health & Wellbeing Board
HWE	Healthwatch England
I	
IAPT	Improving Access to Psychological Therapies
HWB	Health and Wellbeing Board
ICAS	Independent Complaints Advisory Service
ICB	Integrated Care Board
ICP	Integrated Care Pathway / Partnership
ICS	Integrated Care System
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IG	Information Governance
IM&T	Information Management and Technology
IP	In-patient
IPC	Infection Prevention & Control
IWL	Improving Working Lives
J	
JNCC	Joint Negotiating and Consultative Committee
JSNA	Joint Strategic Needs Assessment
K	
KLOE(s)	Key Line of Enquiries
KPIs	Key Performance Indicators
KSF	Knowledge and Skills Framework
L	
LDP	Local Delivery Plan
LHP	Local Health Plan
LINk	Local Involvement Network
LDC	Local Dental Committee
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer + (other orientations)
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LOC	Local Optical Committee
LOS	Length of Stay
LPC	Local Pharmaceutical Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition

LTHFT	Leeds Teaching Hospitals NHS Foundation Trust
LYPFT	Leeds and York NHS Partnership Foundation Trust
M	
MCA	Mental Capacity Assessment
MD	Medical Director
MDT	Multi-Disciplinary Team
MH	Mental Health
MHPS	Maintaining High Professional Standards
MIU	Minor Injuries Unit
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSA	Mixed Sex Accommodation
MSK	Musculo-Skeletal Service
N	
NAO	National Audit Office
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NED	Non-Executive Director
NEWS	National Early Warning System
NHSBSA	NHS Business Service Authority
NHSBT	NHS Blood and Transplant
NHSE/I	NHS England / Improvement
NHSLA	NHS Leadership Academy
NHSP	NHS Professionals
NHSX	NHS Transformation of Digital Technology
NICE	National Institute for Health and Clinical Excellence
NIHR	National Institution for Health Research
NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
NYCC	North Yorkshire County Council
O	
OD	Organisational Development or Outpatients Department
OOA	Out of Area
OOH	Out of Hours
OP	Out-patient
OPEL	Operational Pressures Escalation Levels
OPMH	Older People's Mental Health
OSC	(Local Authority) Overview and Scrutiny Committee
OSCE	Objective Structured Clinical Examination (for international nurses)
OT	Occupational Therapy
OTW	Outpatient Transformation Work

P	
PACU	Post Anaesthesia Care Unit
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PbR	Payment by Results
PCN	Primary Care Network
PDP	Personal Development Plan
PHSO	Parliamentary & Health Service Ombudsman
PIFU	Patient Initiated Follow-Up
PLACE	Patient Led Assessments of the Care Environment
POC	Package of Care
PPE	Personal Protective Equipment (or) Public and Patient Engagement
PPI	Patient & Public Involvement
PROMS	Patient Reported Outcome Measures
Propco	NHS Property Services
PSO	Personal Support Officer (supporting non-medical tasks)
PTS	Public Transport Services
Q	
QA	Quality Assurance
QALY	Quality Adjusted Life Year (used by NICE)
QI	Quality Improvement
QIPP/ QUIPP	Quality, Innovation, Productivity and Prevention
QSIR	Quality, Service Improvement & Redesign
R	
R&D	Research & Development
RAG	Red, Amber, Green classification
RAMI	Risk Adjusted Mortality Indicator
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RN	Registered Nurse
RoI	Return on Investment
RTT	Referral to Treatment
S	
SAFER	(Patient Flow tool to reduce delays in patient discharges)
SALT	Speech & Language Therapist
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care

SFI	Standing Financial Instructions
SHMI	Summary Hospital Mortality Indicator
SI	Serious Incident
SID	Senior Independent Director
SIRO	Senior Information Risk Officer
SITREP	Situation Report
SJCR	Structured Judgement Case Review
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SOP	Standard Operating Procedures
SRO	Senior Responsible Officer
STF	Sustainability & Transformation Funding
STP	Sustainability & Transformation Partnership
SUS	Secondary User Service
T	
T&O	Trauma & Orthopaedic
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TOC	Transfer of Care
TPR	Trust Priorities Report
TRiM	Trauma Risk Management (also known as RAFT)
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
U	
UCC	Unscheduled Care Centre
V	
VCSE	Voluntary, Community & Social Enterprise
VFM	Value for Money
W	
WHO	World Health Organisation
WLF	Well Led Framework
WRES	Workforce Race Equality Standard
WTD	Working Time Directive
WTE	Whole Time Equivalent
Y	
YSTHFT	York & Scarborough Teaching Hospitals NHS Foundation Trust
YTHFM LLP	York Teaching Hospital Facilities Management LLP

Common titles for junior doctors:

FY1 – foundation year one junior doctor
FY2 – foundation year two junior doctor
ST – specialty trainee in a hospital specialty
SpR – specialty registrar in a hospital specialty
GPST – specialty registrar in general practice