York and Scarborough Teaching Hospitals
NHS Foundation Trust

TRUST PRIORITIES REPORT

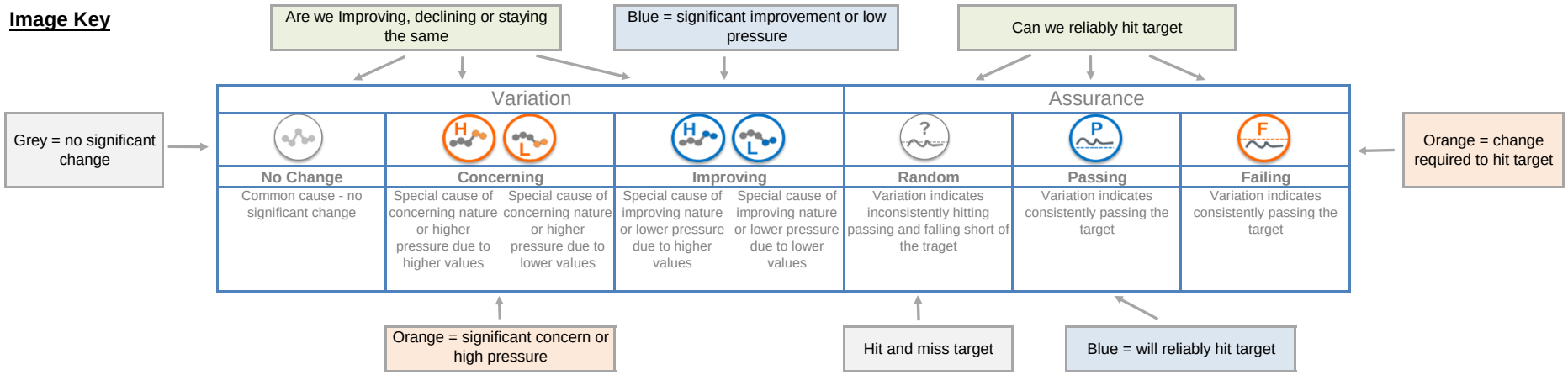
January 2023

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

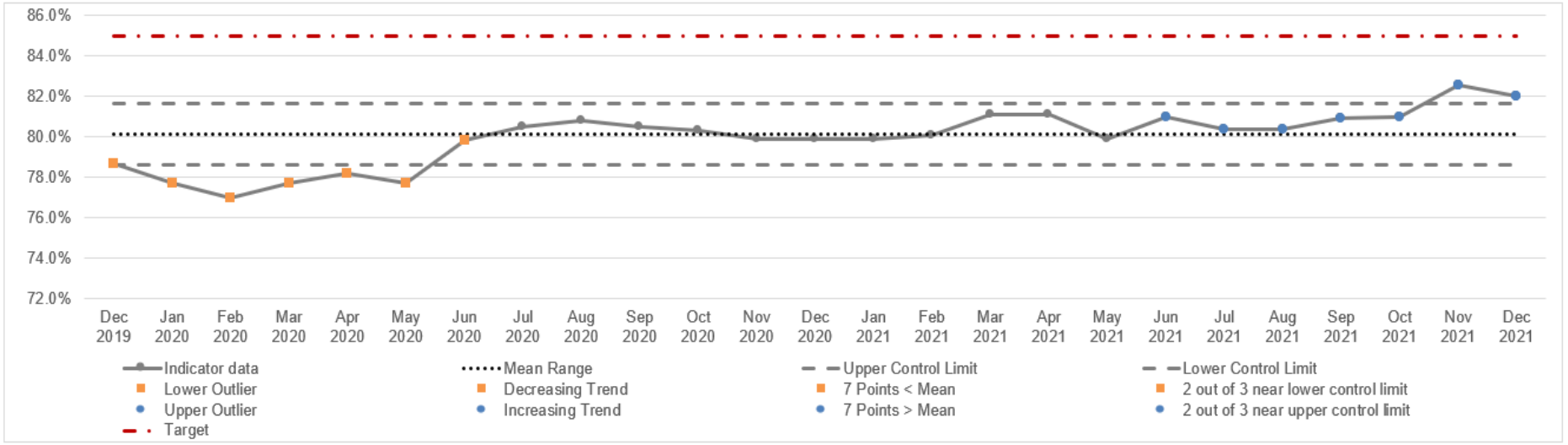
York and Scarborough Teaching Hospitals NHS Foundation Trust

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



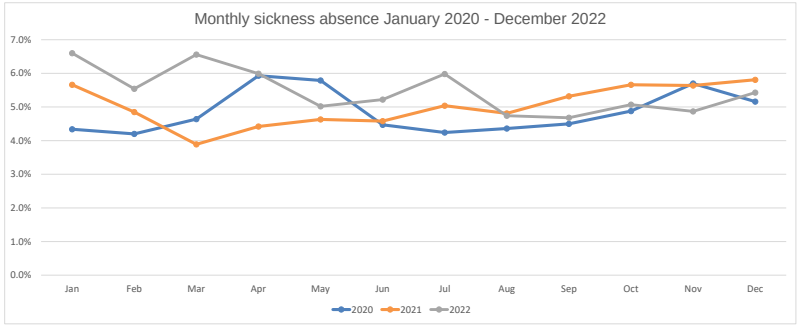
Orange Squares = significant concern or high pressure

Blue Circles = significant improvement or low pressure

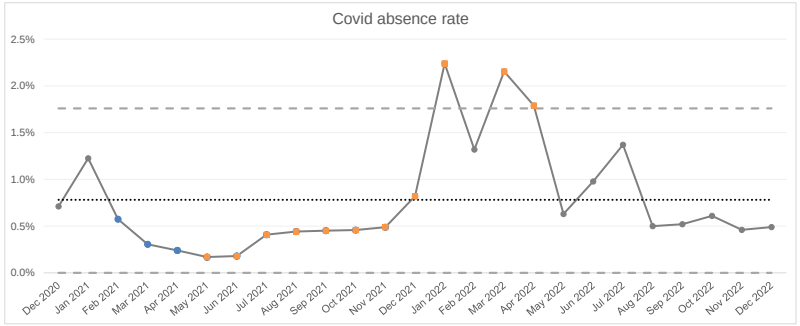
OUR PEOPLE - Sickness Absence

York and Scarborough Teaching Hospitals NHS Foundation Trust

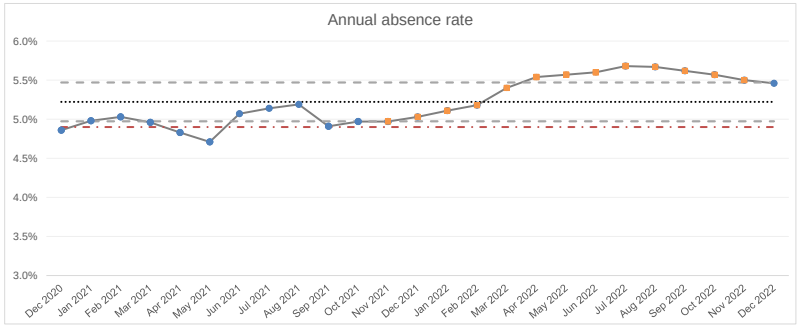
REPORTING MONTH : JANUARY 2023



Dec 2022
5.43%
Target
No Target
Variance
Assurance



Dec 2022
0.49%
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Dec 2022
5.46%
Target
4.9%
Variance
Special cause of improving nature or lower pressure due to lower values
Assurance
Variation indicates consistently 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 Dec 2022 (5.43%) is lower than that seen last year (5.81%).
Covid absence rate: The indicator is currently showing common cause variation since May 2022, with special cause concern seen in January, March and April 2022 with both data points above the upper control limit. There was also a peak in Jul 2022.
Annual absence rate: The indicator was showing special cause concern since November 2021, with an increasing trend. The data points were above the upper control limit from April to November 2022. For December 2022 improvement is shown after a consistent decreasing trend, and is slightly below the upper control limit. The target is slightly below the lower control limit, so is showing as consistently failing target.

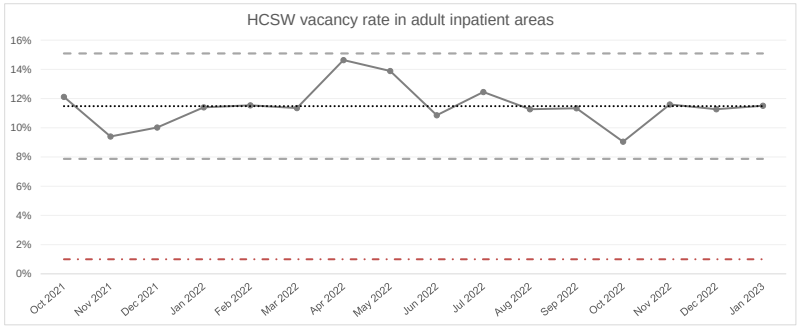
Operational Update

The annual absence rate has reduced in each of the last five months but it is still higher than it was at the same point last year and above 5%. We did see an increase in the monthly rate for December. High absence rates are indicative of low levels of engagement within the workforce. The embargo for the staff survey reuslts from the 2022 survey will be lifted on 9th March 2023 and a Trust action plan will follow.

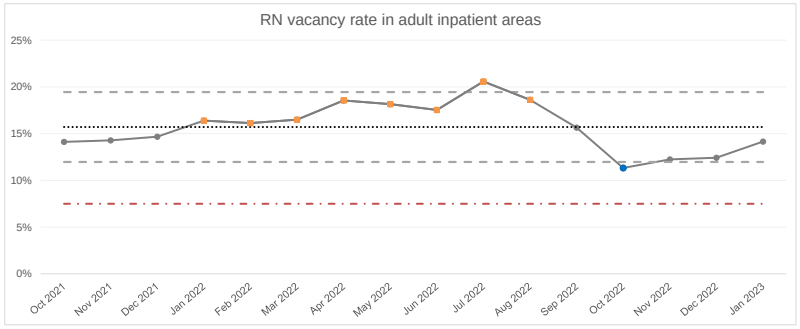
OUR PEOPLE - Vacancy Rate

REPORTING MONTH : JANUARY 2023

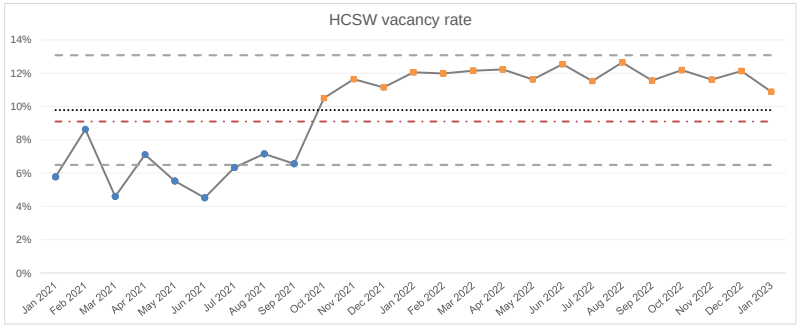
York and Scarborough Teaching Hospitals NHS Foundation Trust



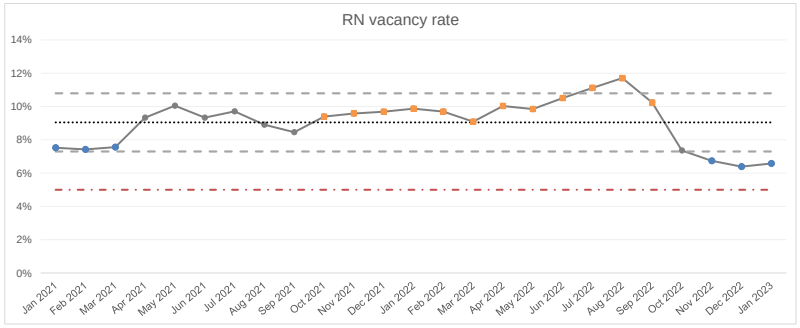
Jan 2023	Target	Variance	Assurance
11.51%	1%	Common cause - no significant change	Variation indicates consistently falling short of the target



Jan 2023	Target	Variance	Assurance
14.15%	7.5%	Common cause - no significant change	Variation indicates consistently falling short of the target



Jan 2023	Target	Variance	Assurance
10.89%	9.10%	Special cause of concerning nature or higher pressure due to higher values	Variation indicates inconsistently hitting passing and falling short of the target



Jan 2023	Target	Variance	Assurance
6.58%	5%	Special cause of improving nature or lower pressure due to lower values	Variation indicates consistently falling short of the target

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 and has been re-calculated on this month's report. The target is consistently not being met.
RN vacancy rate in adult inpatient areas: The indicator is showing common cause variation with Oct 2022 being below the lower control limit, please note the vacancy rate is shown from Oct 2021 only and has been re-calculated on this month's report. 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. The target is just below the mean and has not been met since Sep 2021.
RN vacancy rate: The indicator is showing special cause improvement, below the lower control limit in Nov 2022 to Jan 2023. The months of Jul and Aug 2022 were above the upper control limit. The target is consistently not being met.

Operational Update

Following the recruitment trip to Kerala, India, the Trust has made offers to 97 RN's and 10 AHP's. Work is underway to process applications and support candidates with their English to enable cohorts to be drafted so we can plan commencement dates across 2023/24.

The Trust has started the process to bid for NHSE funding to support international nursing recruitment between April – November 2023 and has indicated a target of 90 international nurses which could generate £450k in funding.

NHSE has confirmed that we have met our target of international nursing recruitment in 2022/23, with 134 nurses recruited. The Trust is on track to deliver our international AHP recruitment target of 18 and has been recognised as the organisation with the highest level of international AHP's on-boarded in the region.

A HCSW recruitment event is planned for 15 February. Recruitment events held in September and October for HCSWs and PSOs, resulted in over 80 HCSW new starters and over 40 PSO new starters to date, with a small number of successful applicants for both roles still in the pipeline with start dates to be confirmed.

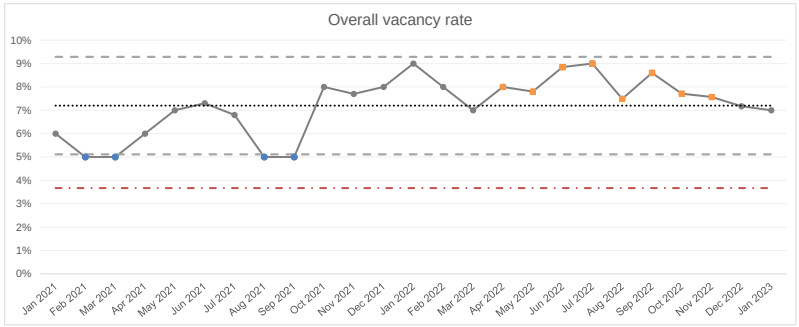
A recruitment workshop facilitated by NHSE has been scheduled for 20 February. It will consider the Trust approach to recruitment and explore new ways of working to improve engagement and time to hire.

The figures shown in the graph above for vacancy rates on adult inpatient wards does not account for those international nurses who have recently joined us but are still completing their OSCE training or awaiting their PIN. When these numbers are taken into the account the vacancy rate on adult inpatient wards across the Trust is reduced to 7.68%.

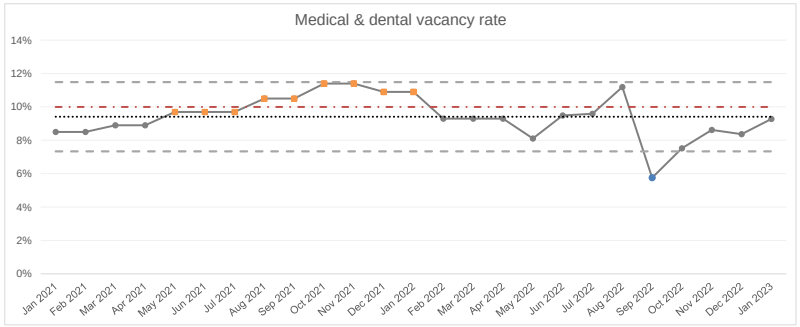
OUR PEOPLE - Vacancy Rate and Turnover Rate

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

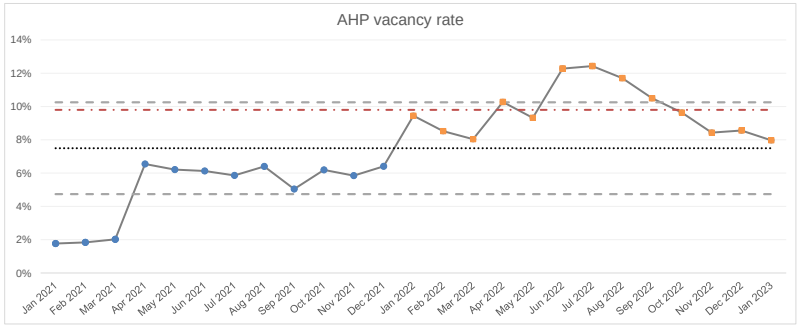
REPORTING MONTH : JANUARY 2023



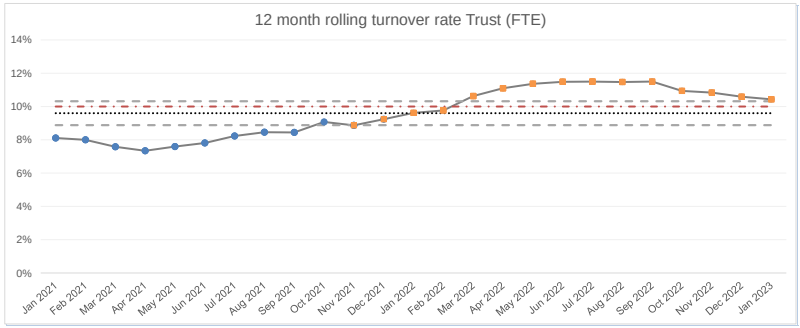
Jan 2023	Target	Variance	Assurance
7.00%	3.67%	Common cause - no significant change	Variation indicates consistently falling short of the target



Jan 2023	Target	Variance	Assurance
9.3%	10%	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target



Jan 2023	Target	Variance	Assurance
8.0%	9.80%	Special cause of concerning nature or higher pressure due to higher values	Variation indicates inconsistently hitting passing and falling short of the target



Jan 2023	Target	Variance	Assurance
10.43%	10%	Special cause of concerning nature or higher pressure due to higher values	Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

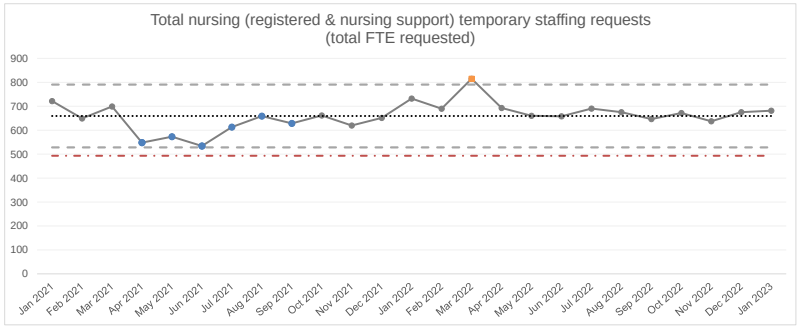
Overall vacancy rate: The indicator was showing special cause concern from April 2022 with a run of points above the mean, but is now showing common cause variation. The indicator is consistently failing target.
Medical & dental vacancy rate: The indicator is showing a period of nine points above the mean from May 2021 to Jan 2022, for Sep 2022 this was showing special cause improvement below the lower control limit, but has since returned nearer to the mean. The target is showing above the mean.
AHP vacancy rate: The indicator is showing special cause concern with a period of points above the mean since Jan 2022 and points above the upper control limit in Apr 2022 and Jun-Sep 2022. There are signs of a decreasing trend back towards the mean from Jul 2022. The target is showing as consistently passing.
12 month rolling turnover rate - Trust (FTE): The indicator is showing special cause concern since November 2021, with data points above the mean. The data points have been above the upper control limit from Mar 2022. The target is slightly below the upper control limit.

Operational Update

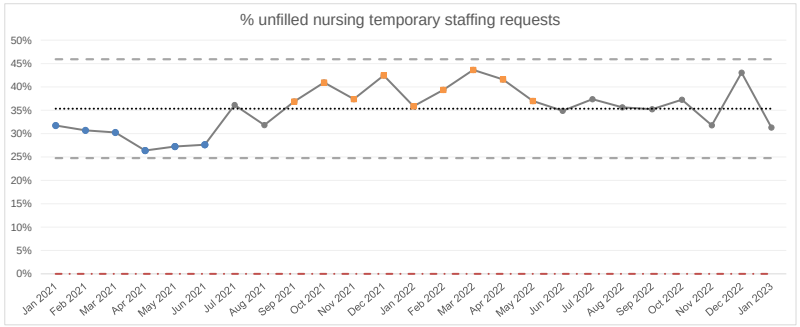
OUR PEOPLE - Temporary Staffing

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

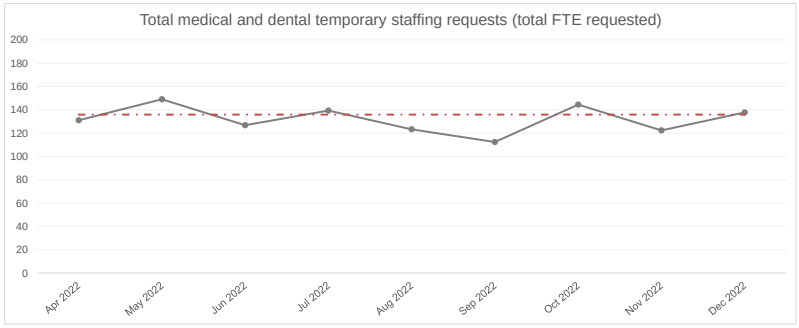
REPORTING MONTH : JANUARY 2023



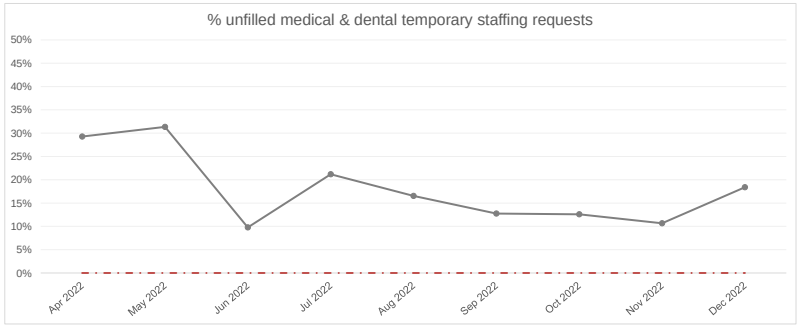
Jan 2023
681.42
Target
493.33
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Jan 2023
31.31%
Target
0%
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target



Dec 2022
137.79
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



Dec 2022
18.39%
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 but is currently showing common cause variation. 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 month above 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%.

Operational Update

Feedback has been that the Winter incentives introduced in December continue to work well to support operational pressures, of note is that more than 2,000 bank shifts were filled during January for Allocation on Arrival at double time pay rate.

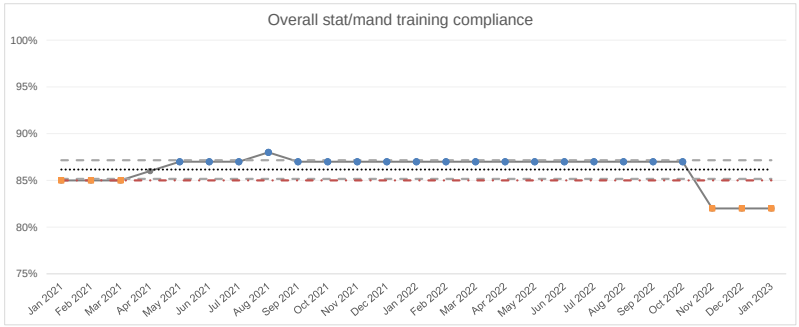
From 1st November, a flexibility payment was available to substantive staff who moved specialty during their shift. As these payments are made in arrears they are reported retrospectively, with the most recent reports showing that in December 2022, the flexibility payment was used 219 times, which was similar to usage of this incentive in the previous month.

Despite a significant reduction of Thornbury use in December, this has increased again in January with the number of shifts covered almost doubling in the space of a month, at an estimated cost of over £420k due to significant operational pressures. NHS England continue to scrutinise the Trust's off framework agency use and are working with us to develop action plans to remove the reliance on off framework supply.

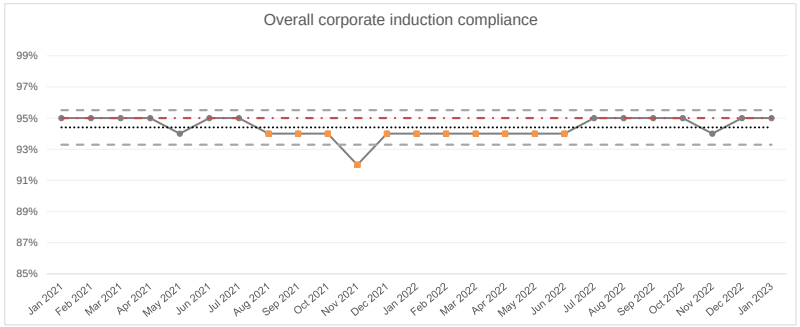
OUR PEOPLE - Training / Induction

York and Scarborough Teaching Hospitals NHS Foundation Trust

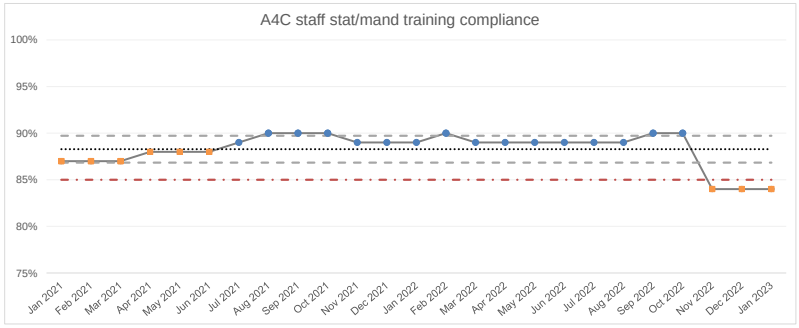
REPORTING MONTH : JANUARY 2023



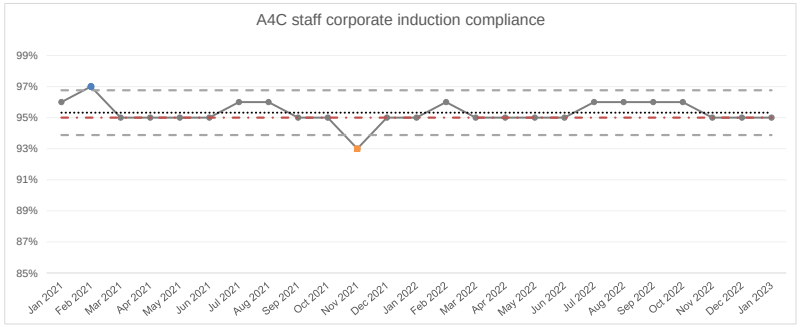
Jan 2023	82%
Target	85%
Variance	Special cause of concerning nature or higher pressure due to lower values
Assurance	Variation indicates consistently passing the target



Jan 2023	95%
Target	95%
Variance	Common cause - no significant change
Assurance	Variation indicates inconsistently hitting passing and falling short of the target



Jan 2023	84%
Target	85%
Variance	Special cause of concerning nature or higher pressure due to lower values
Assurance	Variation indicates consistently passing the target



Jan 2023	95%
Target	95%
Variance	Common cause - no significant change
Assurance	Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

Overall staff stat/mand training compliance: This indicator was 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, however Nov 2022 to Jan 2023 are below the lower control limit and target.
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 indicator is currently showing common cause variation, however the target was not met in Nov 2022.
A4C staff stat/mand training compliance: This indicator was showing special cause improvement since Jul 2021 with all data points above the mean. The target is consistently being met, however Nov 2022 to Jan 2023 are below the lower control limit and target.
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. The target has been met since Nov 2022.

Operational Update

Statutory and Mandatory training compliance rates for all staff groups remain below target at 82%. Compliance increased steadily during the pandemic (85% in February 2020 compared with 87% in October 2022) due to increased provision through elearning and adoption of the Core Skills Training Framework (CSTF) standards which reduced requirements; however, the addition of Equality, Diversity and Human Rights (ED&HR) training to the programme in November has pulled compliance down.

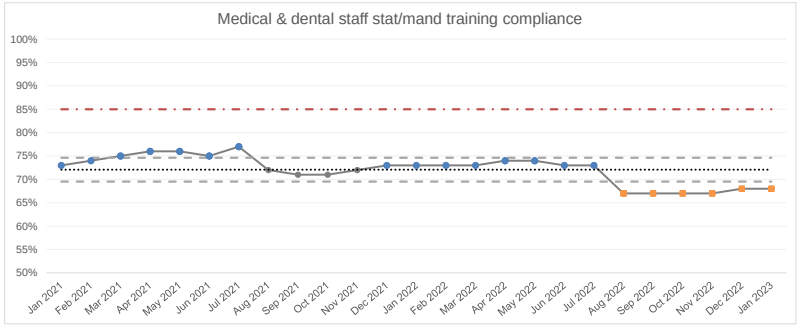
There has been good progress on Equality, Diversity and Human Rights (ED&HR) completions (34% of Trust staff have now completed this; up by 15% over the past month); however, this has had no effect on the bottom-line compliance rate for Statutory and Mandatory training because of the roll-out to YTHFM staff in January (this follows development of an offline version). ED&HR training will remain a key focus in February, which marks the end of the grace period for completion. We aim to embed this programme and recover overall compliance rates by the end of May 2023.

Outside of this programme, the Trust is continuing to track below the 85% target across a number of programmes, most significantly for Resus (compliance with specific programmes ranges from 53% for Paediatrics Advanced Life to 76% for Basic Life Support), Deprivation of Liberty Safeguards (DOLs L1 – compliance is 73%) and Safeguarding Children training (core training compliance for Level 3 at 79%). Resus and DOLS training rates did show nominal improvement across some subjects; however, this was stunted by the cancellation of 12 sessions in January due to industrial action. A further eight sessions were been cancelled in February because of industrial action. Going forward mandatory training will be ringfenced and retained during periods of industrial action to protect complaince levels.

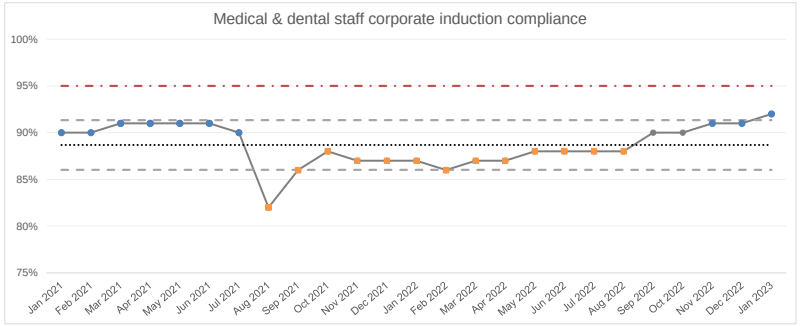
OUR PEOPLE - Training / Induction (cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023



Jan 2023
68%
Target
85%
Variance
Special cause of concerning nature or higher pressure due to lower values
Assurance
Variation indicates consistently falling short of the target



Jan 2023
92%
Target
95%
Variance
Special cause of improving nature or lower pressure due to higher values
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 from Aug 2022 is 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 special cause improvement with Nov and Dec 2022 close to the upper control limit and Jan 2023 above the upper control limit.

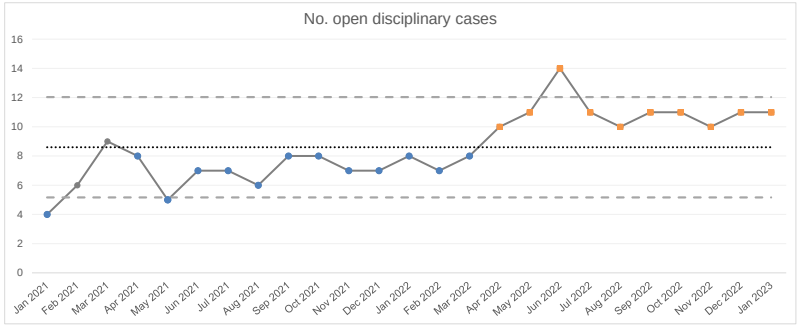
Operational Update

At the end of December, Corporate Induction compliance returned to 95% in line with the Trust's target (and remainded at this level in January 2023). Compliance rates in the medical and dental staff group, where there is greater movement of staff, is continuing to sit below target. There are plans for some bespoke induction sessions targeted in particular at doctors in Trust and Careers Grade roles to improve performance in this area. More generally, work continues to develop the content and delivery of induction with a focus on strengthening the quality of new staff members' early experiences. New Starters' Fairs were launched in November 2022 and a new Welcome Booklet launched in December. Further options to provide opportunities to increase people's understanding of and sense of belonging to the organisation on joining are being explored, including development of video content and options for virtual or face-to-face sessions.

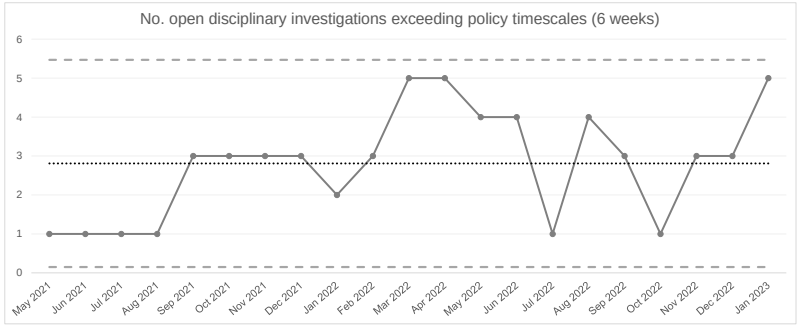
OUR PEOPLE - Employee Relations Activity

York and Scarborough Teaching Hospitals NHS Foundation Trust

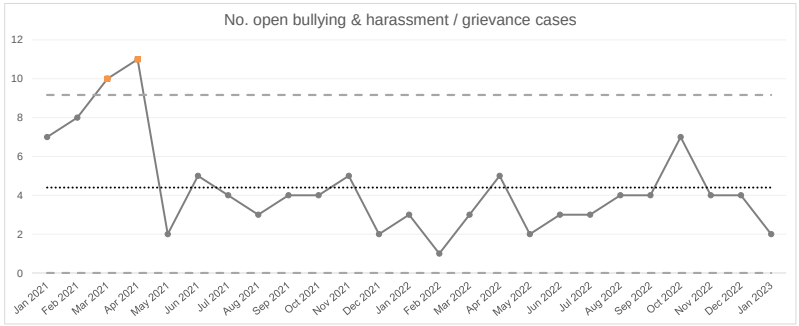
REPORTING MONTH : JANUARY 2023



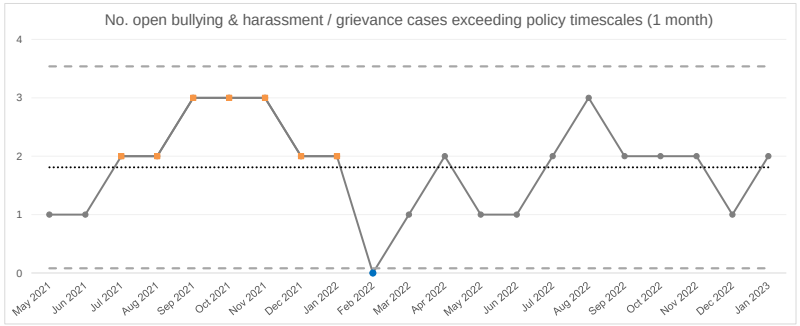
Jan 2023	Target	Variance	Assurance
11	No Target	Special cause of concerning nature or higher pressure due to higher values	There is no target, therefore target assurance is not relevant



Jan 2023	Target	Variance	Assurance
5	No Target	Common cause - no significant change	There is no target, therefore target assurance is not relevant



Jan 2023	Target	Variance	Assurance
2	No Target	Common cause - no significant change	There is no target, therefore target assurance is not relevant



Jan 2023	Target	Variance	Assurance
2	No Target	Common cause - no significant change	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 with recent months mostly falling below the mean.
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.

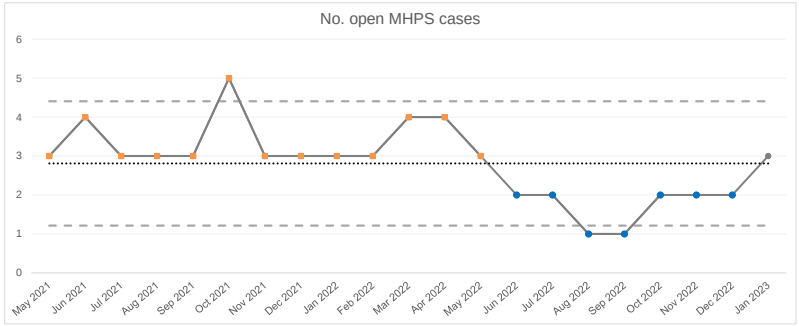
Operational Update

Whilst we have seen a reduction in the number of formal grievance and bullying & harassment cases the number of informal concerns being raised remains high; the HR team continue to work with managers to try and resolve these cases informally in line with a Just and Learning approach to cases.

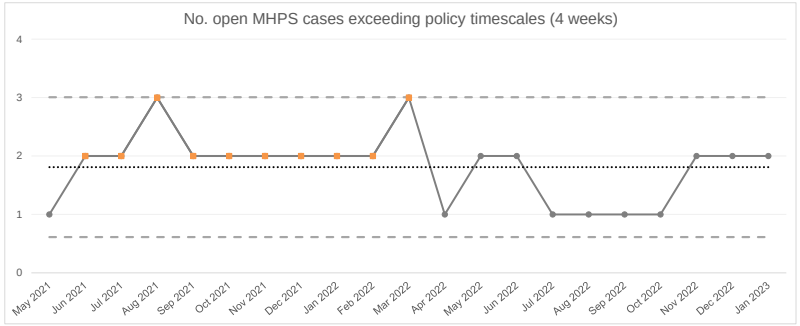
OUR PEOPLE - Employee Relations Activity (cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023



Jan 2023
3
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Jan 2023
2
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:

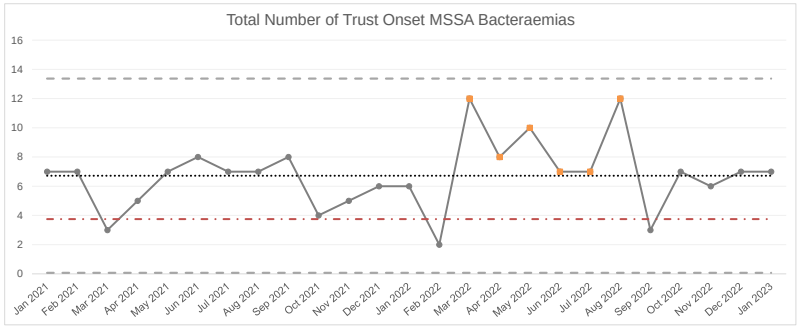
No. open MHPS cases: The indicator is showing common cause variation after a seven-month period of special cause improvement, with Aug and Sep 2022 below the lower control limit. Prior to that the data points were all above the mean. Please note the figures are shown from May 2021 only.
No. open MHPS cases exceeding policy timescales (4 weeks): The indicator is currently showing common cause variation, after a period of data points above the mean from Jun 2021 to Mar 2022. Please note the figures are shown from May 2021 only.

Operational Update

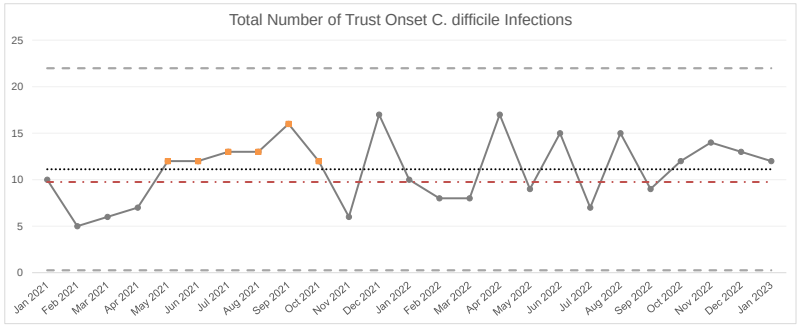
QUALITY AND SAFETY - Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

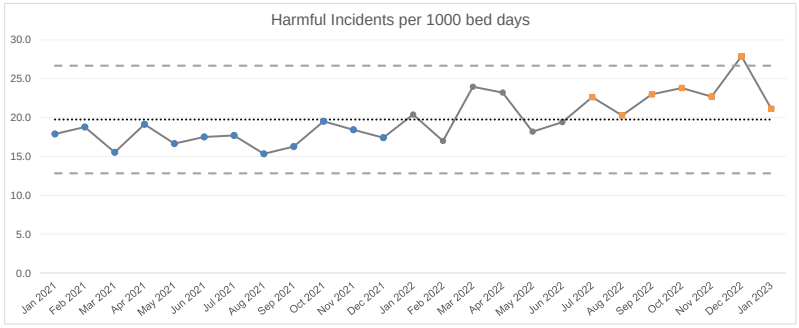
REPORTING MONTH : JANUARY 2023



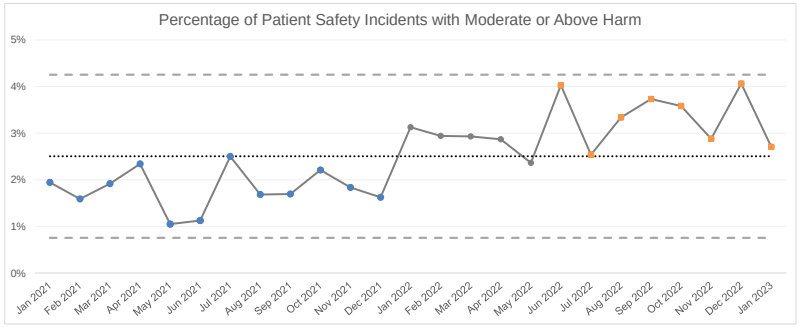
Jan 2023	Cumulative 12-month Target	Variance	Assurance
7	45	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target



Jan 2023	Cumulative 12-month Target	Variance	Assurance
12	117	Common cause - no significant change	Variation indicates inconsistently hitting passing and falling short of the target



Jan 2023	Target	Variance	Assurance
21.1	No Target	Special cause of concerning nature or higher pressure due to higher values	There is no target, therefore target assurance is not relevant



Jan 2023	Target	Variance	Assurance
2.7%	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:

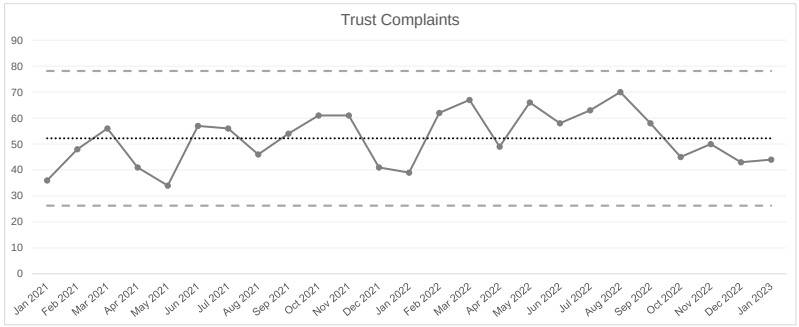
Total Number of Trust Onset MSSA Bacteraemias: The number of infections of patients with MSSA has shown a trend above the mean from Mar to Aug 2022, however is now showing common cause variation around the mean.
Total Number of Trust Onset C. difficile infections: The number of infections of patients with C.difficile is currently showing common cause variation, with some degree of variation around the mean.
Harmful Incidents per 1000 bed days: The number of harmful incidents per 1000 bed days is showing special cause concern due to the data points above the mean from Jul 2022, with Dec 2022 being above the upper control limit.
Percentage of Patient Safety Incidents with Moderate or Above Harm: The percentage of patient safety incidents with moderate or above harm is showing special cause concern, this is due to a trend above the mean from Jun 2022 with Dec 2022 being close to the upper control limit.

Operational Updates:

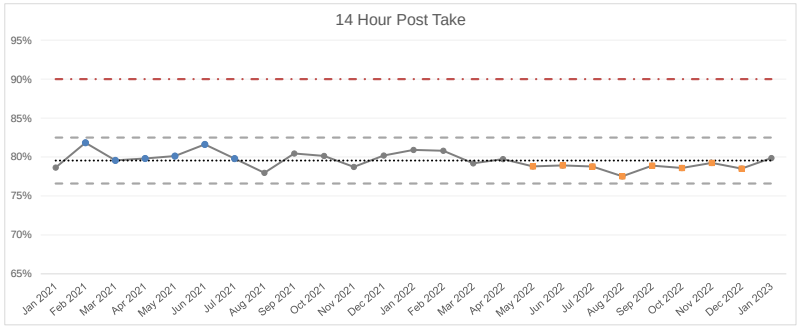
Total Number of Trust Onset MSSA Bacteraemias
The internal agreed target for 2022/23 for combined HOHAs and COHAs MSSA bacteraemia is 59. The trust is above trajectory for MSSA bacteraemia by 24 cases to the end of January 2023. There were 7 trust apportioned cases of MSSA bacteraemia in January 2023. To target Staphylococcus aureus bacteraemia reduction, QI work will focus on improving Aseptic Non-Touch Technique (ANTT) training compliance, Visual Infusion Phlebitis (VIP) scoring, education around prompt removal of cannula and reintroduction of cannulation trollies. The MSSA PIR process roll out has commenced, utilising the Datix system. Staphylococcus aureus bacteraemia risk remains whilst this work is still developing.

Total Number of Trust Onset C. difficile infections
There were 12 cases of hospital attributed cases of C.difficile in January 2023. There has been a total of 123 hospital attributed cases to the end of January 2023 against a trajectory of 117 for 2022/23. The trust is over trajectory by 24 cases to the end of January 2023. The C.difficile high incidence in the trust could be associated with the environmental contamination whilst there's no decant space particularly in Scarborough.
A decant and minor refurbishment of the wards at York continued in January 2023 as part of the window replacement project. In Scarborough the proactive HPV program of all the wards including the Emergency Department was completed in January 2023.

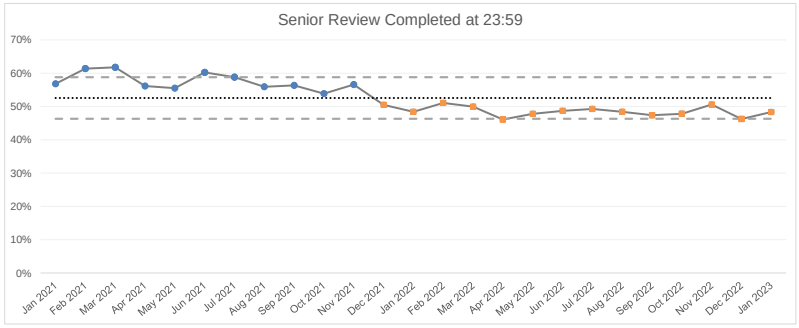
Harmful Incidents per 1000 bed days / Percentage of Patient Safety Incidents with Moderate or Above Harm
There are ongoing pressures, especially on emergency and urgent care impacting on quality of care and capacity of clinical teams. The pressure on services is especially severe at present with an enhanced level of OPEL 4 in place in January. 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 few months on Datix. A discrepancy with IPC new positive incidents at York means that over-reporting is likely to have caused skew in the data. This is currently being investigated to ensure consistency with reporting across sites.



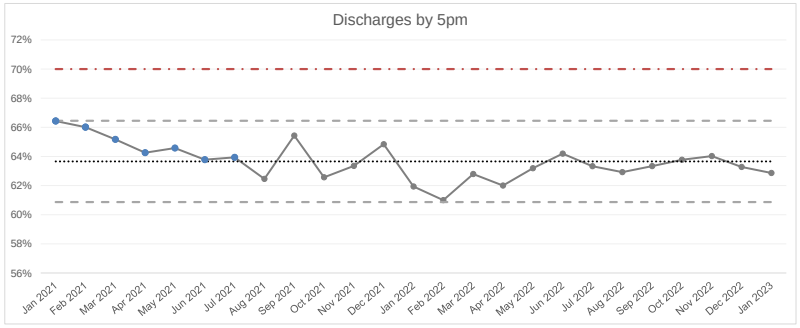
Jan 2023	Target	Variance	Assurance
44	No Target	Common cause - no significant change	There is no target, therefore target assurance is not relevant



Jan 2023	Target	Variance	Assurance
79.9%	90%	Common cause - no significant change	Variation indicates consistently falling short of the target



Jan 2023	Target	Variance	Assurance
48.4%	No Target	Special cause of concerning nature or higher pressure due to lower values	There is no target, therefore target assurance is not relevant



Jan 2023	Target	Variance	Assurance
62.9%	70%	Common cause - no significant change	Variation indicates consistently falling short of the target

Data Analysis:

Trust Complaints: The number of Trust complaints is currently showing common cause variation.
14 Hour Post Take: This indicator is consistently failing target, with the upper control limit falling beneath the target. This indicator requires process re-design in order to meet target. A run below the mean has been seen since May 2022 to Dec 2022 but is currently showing common cause variation.
Senior Review Completed at 23:59: Special cause concern is showing with a run below the mean since Dec 2021. April and Dec 2022 were 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.

Operational Updates:

Trust Complaints
Challenges: CG5 currently has 28 open cases (34% of all Trust cases).
Key Risks: Care groups still struggling to address complaints in timely way, with the exception of CG2.
Actions: Patient Experience Improvement Plan developed to address main themes - monitored by Patient Experience Steering Group

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

These factors present a risk of patient harm due to delays in appropriate treatment or diagnosis. 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. NEWS2 compliance has been escalated to QPAS. The effects are being mitigated through the wider Trust response to current and anticipated service pressures.

TPR: Icon Summary Matrix (Priority)

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

Filters:

METRIC

All

METRIC GROUP

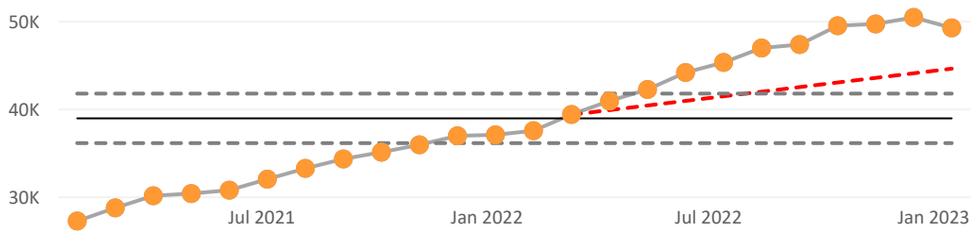
All

VariationIcon	P	?	F		Total
Improvement			1		1
H					
L			1		1
Common Cause		2	2		4
		2	2		4
Concern	1	1	1		3
H	1	1	1		3
L					
Neither					
↗					
↘					
Empty					
○					
Total	1	3	4		8

MetricName	Date	Variation	Assurance	Target	Latest Value
Ambulance handovers waiting >60 minutes (%)	2023-01		?	10	16
ED - Total waiting 12+hours - % of all type 1 attendances	2023-01	H	F	8	17
ED: Median Time to Initial Assessment (Minutes)	2023-01		?	18	13
Number of patients waiting 63 or more days after referral from cancer PTL	2023-01	H	?	133	335
Proportion of patients discharged before 5pm (70%)	2023-01		F	70	63
RTT Total Waiting List	2023-01	H	P	44541	49186
RTT Waits over 104 weeks for incomplete pathways	2023-01	L	F	0	0
RTT Waits over 78 weeks for incomplete pathways	2023-01		F	63	529

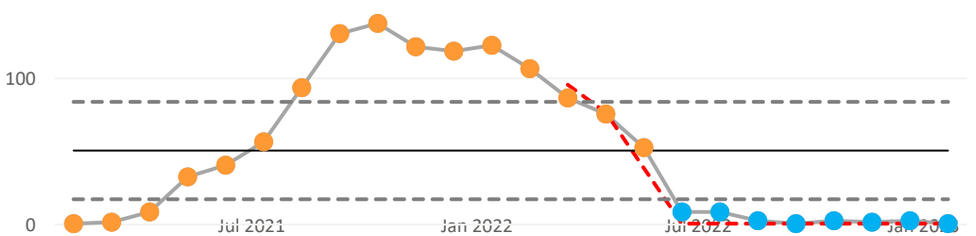
TPR: Elective Recovery Priority Metrics

MetricName	Assurance	Variation
RTT Total Waiting List	P	H



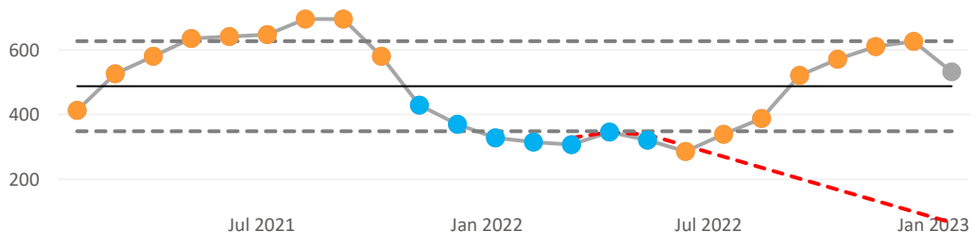
LATEST MONTH
49K
Target
44.5K

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



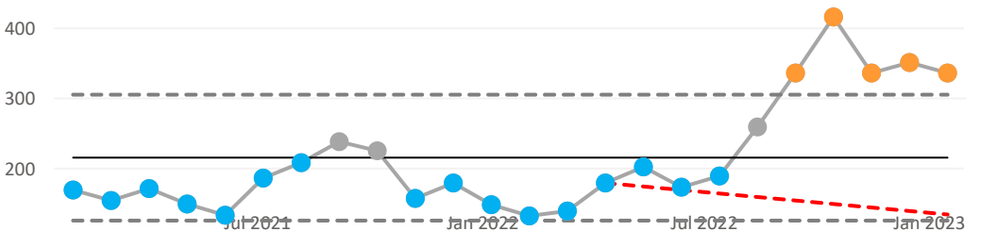
LATEST MONTH
0
Target
0

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



LATEST MONTH
529
Target
63

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



LATEST MONTH
335
Target
133

DATA ANALYSIS:

- **RTT Total Waiting List:** The indicator is showing deteriorating performance, with a series of points above the mean since Mar 2022. The target is consistently not being reached.
- **RTT Waits over 104 weeks for incomplete pathways:** The indicator has been improving since Nov 2021 and for Sep 2022 and Jan 2023 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:** The indicator was improving from Oct 2021, but the value is now back above the target and the mean. The national target is to reduce the number of 78+ week waiters to zero by March 2023. Since Jul 2022, we have generally seen the trend deteriorating in performance with some improvement for Jan 2023.
- **Number of patients waiting 63 or more days after referral from cancer PTL:** The 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.

TPR:

Narrative for Elective Recovery Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

BI&IREF : 10042

Challenges & Risks	Actions & Mitigations
Challenges: The Trust is in Tier 1 Elective Recovery support (national intervention). Delivery of 78 week trajectory is challenged. The Trust is off trajectory for the number of patients waiting over 62 days on a Cancer pathway, at 335 against a target of 133 for January. 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 50 week theatre SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA. Mutual aid arrangements are in place but as yet have not been able to offer significant support for the Trust.	Actions: 1. The Intensive Support Team and EY Consultancy have commenced on site at York Hospital at the end of January. The teams are working to support the Trust on a range of issues including governance, speciality recovery planning, skills and development of the teams and data to support operational teams. 2. The Tier 1 regime has refocussed to a weekly meeting with the Chief Executive and Chief Operating Officer as the end of March target approaches. The Trust is currently forecasting to be below the planned trajectory of 397 at the end of March. Additional support had been offered through the national Digital Mutual Aid System (DMAS) and NHSE expertise to Humber and North Yorkshire. The focus of the Tier 1 meetings is ensuring all 78 week patients have booked appointments or TCI dates for surgery, ensuring chronological booking of patients and validation of all long waiters. 3. The 50 week theatre SLA has been agreed, however is not yet mobilised due to job planning arrangements and the reduction in the Trust SLA. Planned to go live at the beginning of April 2023. 4. The Short Form Business Case for additional theatre and outpatient procedures facilities (TIF2) has been approved by the national team. 5. Waiting List Harms Task and Finish Group established. 6. The Trust is reviewing the theatre productivity approach and data quality. 7. Insourcing is in place, with a contract extension to March 2023 for theatres. Potential additional insourcing and outsourcing has been scoped by Care Groups. 8. Electronic platform for patients to access guidance on keeping ‘fit for surgery’; ‘My Planned Care’ platform live with review of options for patient specific information underway. 9. The Outpatients Transformation Programme is in place with PIFU moving to business as usual and pilot work for Room Booker. REI launched in October. 10. The Executive approved additional capacity to support patient pathways, including use of Clinical Assessment Services, booking processes and improved PTL management. Work is ongoing to recruit to these positions. 11. Training Programme for operational managers to commence in February, with pre-requisite training on RTT, Cancer and Waiting List management.

TPR:

Narrative for Elective Recovery Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

BI&IREF : 10042

Challenges & Risks	Actions & Mitigations
Risks: Potential further COVID-19 variants and/or waves. Ongoing management of high levels of acute activity and delayed discharge impacting ordinary elective work. Elective activity impacted in early January by Urgent and Emergency Care pressures. Growth in the non-admitted waiting list. Theatre staffing vacancy, retention, and high sickness rates. Industrial action throughout February.	Mitigations: Tier 1 weekly meetings with National Team on elective recovery. Trust is seeking to utilise the nationally provided Digital Mutual Aid System (DMAS) to offer long waiting patients who are willing to travel an alternative provider. 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 place to mitigate impact of industrial action. COVID surge plan in place and our RVI Flu plan has been published.

TPR: Health Inequalities (RTT)

RTT PTL by Ethnic Group
At end of January 2023

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	22	33370	98.24%	94.34%
Black, Black British, Caribbean or African	27	61	0.18%	0.94%
Mixed or multiple ethnic groups	22	157	0.46%	1.26%
Asian or Asian British	22	259	0.76%	2.97%
Other ethnic group	22	122	0.36%	0.49%
Unknown	22	11977	-	-
Not Stated	21	3279	-	-
Grand Total	**22**	**49225**	**-**	**-**

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.
*Proportion on waiting list excluding not stated and unknown.

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile
At end of January 2023

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	22	5842	12.20%	8.88%
2	22	6638	13.86%	13.59%
3	22	10032	20.95%	20.94%
4	23	10402	21.73%	20.68%
5	23	14962	31.25%	35.90%
Unknown	18	1349	-	-
Grand Total	**22**	**49225**	**-**	**-**

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.
*Proportion on waiting list excluding unknown.

Highlights For Board To Note:

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

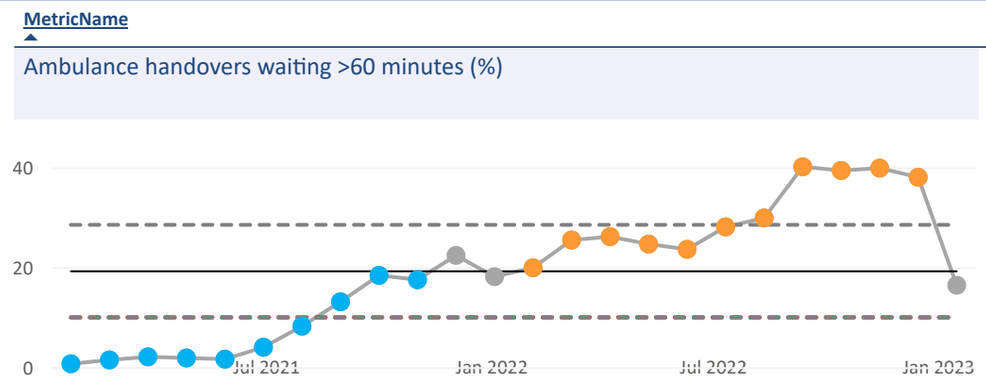
The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. IMD is a combined measure of deprivation based on a total of thirty seven separate indicators that are grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals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

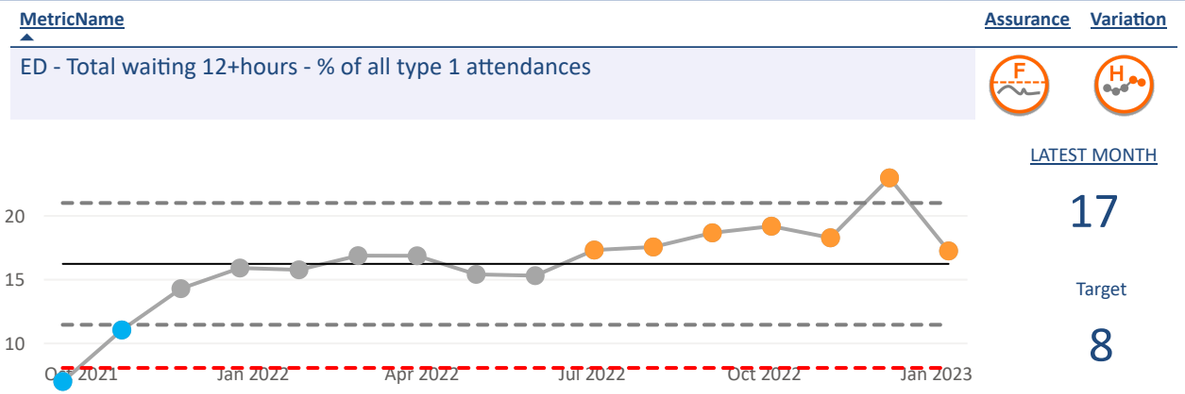
IMD quintiles range from one to five, where one is the most deprived. Please note that IMD quintiles are not available where we have no record of a patient postcode, the postcode is not an English postcode or is an unmatched postcode.

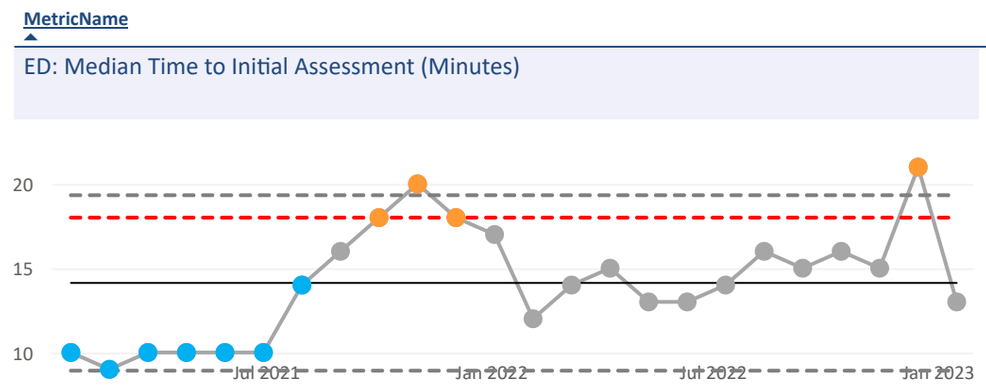
Ethnic codes have been grouped as per the 2021 census. Any patient where Ethnic Group is either 'Unknown' or 'Not Stated' is excluded from the PTL proportions. Areas to take into consideration when interpreting the data include the lack of available site split for Trust Catchment, and the variation that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

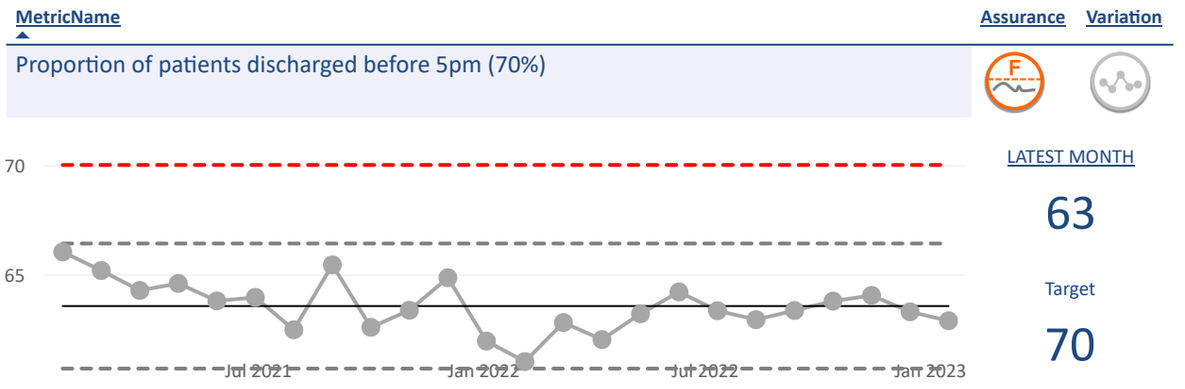
The next steps for this work will be to understand any differentials between the population base and the waiting list. Further analysis will be undertaken in coming months, and this piece of work will also be expanded to include Urgent Care, Cancer, Learning Disabilities and Military Veterans.

TPR: Acute Flow Priority Metrics









DATA ANALYSIS:

- **Ambulance handovers waiting >60 minutes (%):** The indicator is generally showing deteriorating performance over the last year with a series of points above the mean since Feb 2022 to Dec 2022. The target has not been reached since Aug 2021. There has been a significant improvement for Jan 2023 coming below the mean.
- **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 Jul 2022. The target has not been reached since Oct 2021.
- **ED - Median time to initial assessment (minutes):** The indicator is showing a trend above the mean in recent months, with Dec 2022 going above the upper control limit. There has been a significant improvement for Jan 2023 coming below the mean.
- **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).

TPR:

Narrative for Acute Flow Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

BI&IREF : 10042

Challenges & 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. The development has been delayed with a completion date of May 2023 rather than March 2023 anticipated. 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. Trust participated in an ICB led Winter Pressures tabletop exercise entitled 'Arctic Willow'. Best practice and lessons learnt have been shared across the ICB. 2. 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. 3. Emergency Assessment Units now open 24/7, work ongoing to extend the clinical criteria and pathways. 4. Project on track to extend the range of specialities operating through a Surgical Assessment Unit E.g. Orthopaedics and Gynaecology. 5. 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. 6. The refreshed Urgent and Emergency Care Programme key aim is: To deliver high quality, safe, urgent and emergency care, for our communities, with our partners, delivered in the right place, at the right time, appropriate to our patient's needs. The focus of the programme in the last month has been on expanding the Programme Team's resource. The Programme Lead has now been appointed on a permanent basis and two Programme Managers and two Project Managers will be joining the team on a permanent basis from 1st April. External support has also been sought to further build the capacity and strengthen the team. An Improvement Manager from ECIST has joined the team at the end of January for 2 days a week and a Senior Manager from NHS England is joining the team for 1 day a week from February. The national UEC Recovery Plan was published on 30th January and an initial assessment has taken place to ensure key actions are covered by the programme. In February a more detailed analysis will take place and the programme updated if required to ensure the plan will be fully addressed. Each workstream has continued to be developed with key updates PTO for further details

Challenges & Risks	Actions & Mitigations
	6.1 Urgent Care: The first workshop is being scheduled in February to bring together Place teams, commissioners and clinical teams to further build upon the discussions to co-produce the new Integrated model of Urgent Care. 6.2 Children and Young people Integrated Care and Assessment: The initial focus has been on understanding children and their family's behaviour around accessing healthcare. The partnership group will be reviewing this in February and starting to discuss options for integrated models of care which can be tested ahead of next winter. The CAT hub continues as the initial test of an integrated model of care with recurrent funding options being discussed with the Place team this month. 6.3 Virtual Ward: Virtual Wards are specifically identified in the national recovery plan with a requirement to expand capacity. Clinical leaders are to be identified in February, with a clinical workshop being scheduled for March, to review learning from other organisations and identify the requirements for implementation here. 6.4 SDEC: The actions identified in the December UEC Programme Board continue to be progressed alongside developing the improvement support from ECIST. A missed opportunity audit will take place to clinically identify opportunity to maximise SDEC services across the organisation. Additionally, the Acute Provider collaborative has prioritised SDEC, and the Trust is taking part in an assessment and associated development work with The Collaborative. 6.5 Discharge: The January Programme Board focused on the development of a pan trust discharge framework. The proposal will be further developed at the February board and will cover the full patient pathway from admission. The ECIST Improvement Manager and Clinical Lead will also support this work initially with a criteria to admit audit in March which will be carried out in both hospitals with the clinical teams. The framework will set standards for consistency across the organisation and build upon existing work in this area. It will provide a refreshed focus especially for patients on Pathway 0 (no additional support required on discharge). 6.6 7 day standards: Work is continuing towards the four priority standards in relation to post take, diagnostics and review of patients. Standard 6 is achieved by the organisation and an internal audit has been completed which provides clearer assessment of performance against standards 2 (post take) and standard 8 (daily senior review). The audit is now being reviewed with the Medical Director and Care Group Directors to agree actions. 6.7 Access to post hospital care: In relation to Transfer of Care a commitment has been made with the York Place Director to progress work in relation to developing integrated intermediate care. The system plan continues to be developed with partners covering all three areas of pre hospital, in hospital and transfer of care. A monthly partnership session is now being established to support further development and delivery of the plan alongside the weekly action meetings. 7. Continued focus on the 100-day Discharge Challenge to optimise discharge planning and flow. Ongoing engagement with system partners. A pan-Trust discharge framework is being developed as part of the wider system plan. 8. Exploration of the development of a domiciliary social care service to support the discharge of patients who do not have the right to reside. 9. NY and York place have agreed to fund CIPHER at Scarborough (ambulance clinical handover and PTS discharge) and York (ambulance clinical handover working with VCS-PTS) through to the end of March 2023. This commenced in December 2022.

TPR:

Narrative for Acute Flow Priority Metrics

York and Scarborough Teaching Hospitals NHS Foundation Trust

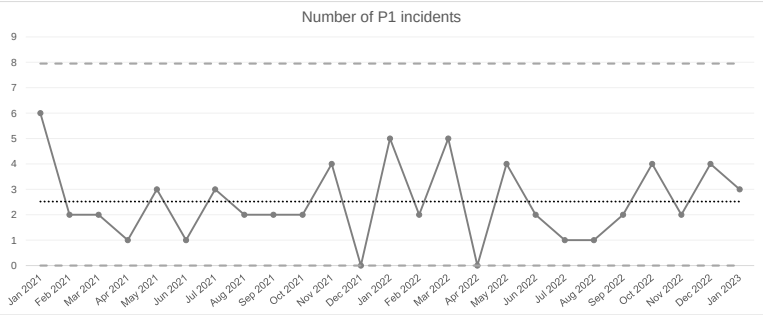
BI&IREF : 10042

Challenges & Risks	Actions & Mitigations
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 Industrial action in February following the Unison, GMB and Royal College of Nursing ballot action	Mitigations: Daily review of medical and nursing staffing to ensure appropriate skill mix – ongoing. Weekly meeting to progress the Rapid Quality Review Action Plan. Urgent Care System Programme Board established across the Integrated Care System. Ambulance Handover Plan in place and updated SOP for escalations, cohorting and diversion requests. Plans in place to mitigate impact of industrial action. COVID surge plan in place and RVI Flu plan has been published.

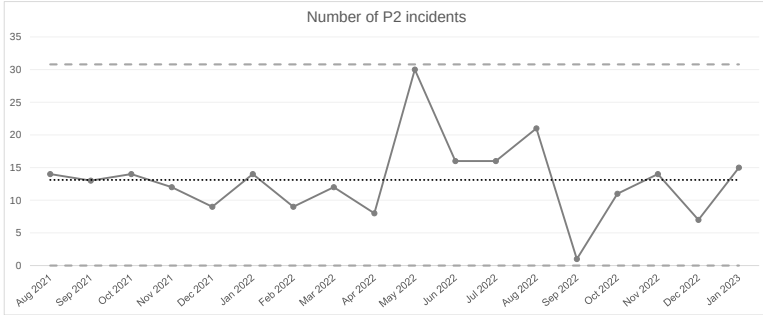
DIGITAL - Digital Indicators

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

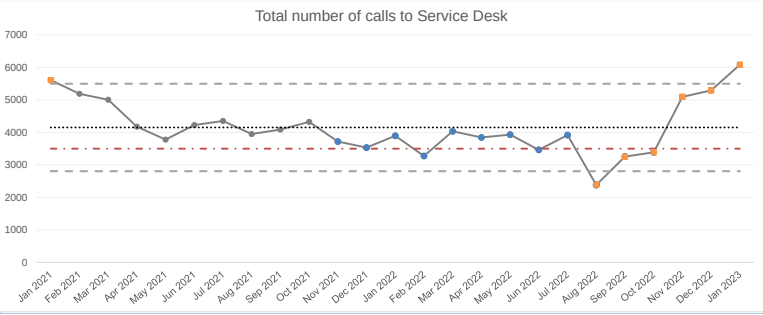
REPORTING MONTH : JANUARY 2023



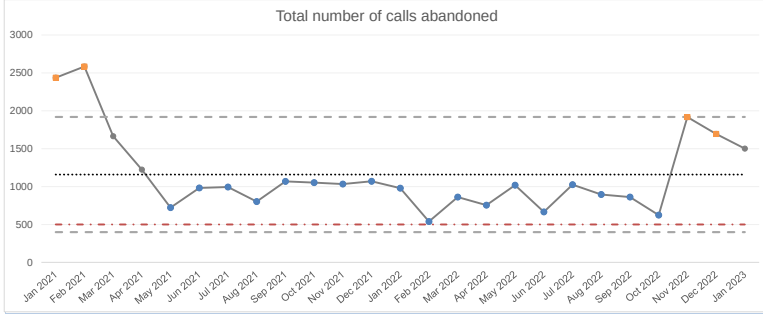
Jan 2023	3
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant



Jan 2023	15
Target	No Target
Variance	Common cause - no significant change
Assurance	There is no target, therefore target assurance is not relevant



Jan 2023	6083
Target	3500
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



Jan 2023	1501
Target	500
Variance	Common cause - no significant change
Assurance	Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

Number of P1 incidents: 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 incidents: The indicator is currently showing common cause variation, with a sharp increase in P2 calls in May 2022, and only one P2 call showing in Sep 2022. A wider degree of variation around the mean has been seen in the last nine months.
Total number of calls to Service Desk: The indicator is showing a run of points below the mean from Nov 2021 to Oct 2022, with a sharp rise in Nov and Dec 2022 close to the upper control limit. January 2023 is now above the upper control limit. Please note that the Sep 2022 figure is an estimation based on an average of the previous three months. The months from Nov 2022 to Jan 2023 have not met the target, and the target is not being met consistently.
Total number of abandoned calls: The indicator is showing a run of points below the mean from May 2021 to Oct 2022, with a sharp rise in Nov 2022 close to the upper control limit. Please note that the Sep 2022 figure is an estimation based on an average of the previous three months. The target is not being met consistently, but the target line is above the lower control limit.

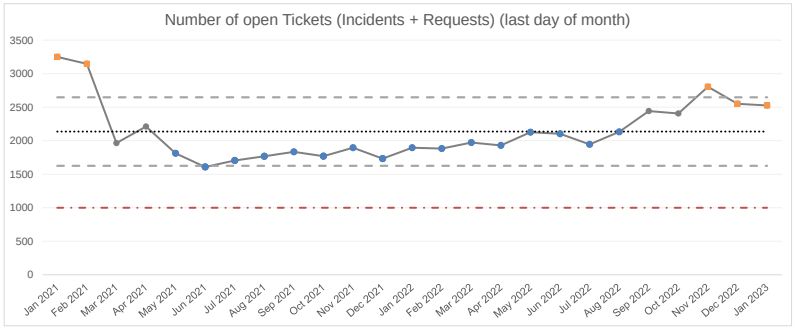
Operational Update:
P1 incidents:
- 4/1 - CPD performance incident affecting users across all sites and modules, including EPMA and Nucleus
- 4/1 - eRS server offline affecting eReferrals bookings. Network connection issue resolved
CPD performance problems are being investigated and tuning/optimisation actions taken where opportunities arise. Ongoing actions to monitor and review for root causes
16/1 - Inbound telephone lines to York Hospital affected overnight due to fault with BT ISDN services.

Total number of calls / number of abandoned calls
- Continued high demand arising from rollout of Office 365 / NHSmail, and CPD performance incident on 4/1
- Staffing situation improving and new recruits start in March

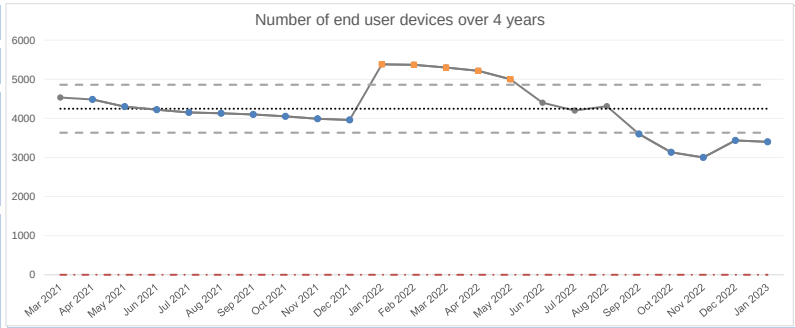
DIGITAL - Digital Indicators (cont.)

York and Scarborough Teaching Hospitals NHS Foundation Trust

REPORTING MONTH : JANUARY 2023



Jan 2023
2525
Target
1000
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
Variation indicates consistently falling short of the target



Jan 2023
3400
Target
0
Variance
Special cause of improving nature or lower pressure due to lower values
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 to Dec 2022 were all above the mean. Nov 2022 rose above the upper control limit, with Dec 2022 and Jan 2023 just below it. 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 five 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 from Sep 2022 to Jan 2023, with 3400 devices now over 4 years old.

Operational Update:

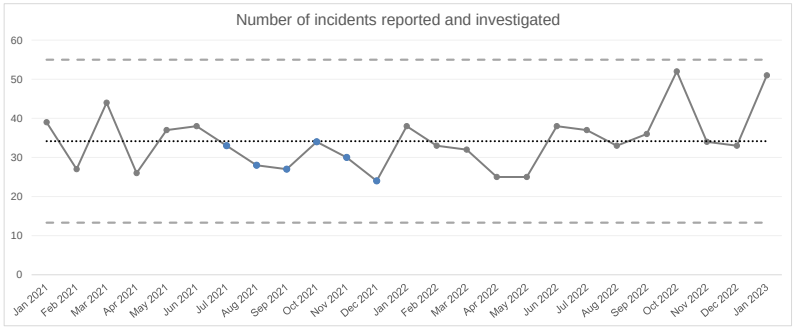
Number of open calls (last day of the month)
- Number of open calls remains high, although it should be noted that **917 / 2551 (36%)** are deferred and awaiting replies/action by users, or delivery of equipment.
- Service Desk capacity will increase in March and focus on review/closure of deferred tickets
- Continued elevated demand for support relating to NHSmail and Office 365 project

Number of End User Devices over 4 years
An increase of 436 devices from first January and small % increase in growth in the last year with more proactive management of our estate. Multiple pieces of work, we have identified 237 machines that had not touched our physical network (onsite) for 90 days we have engaged the users who have provided assurances this piece is still on going. The next steps are for us to introduce a policy that remote IT equipment (i.e. laptops) to come onsite once every 30 days. There are multiple benefits in doing this.

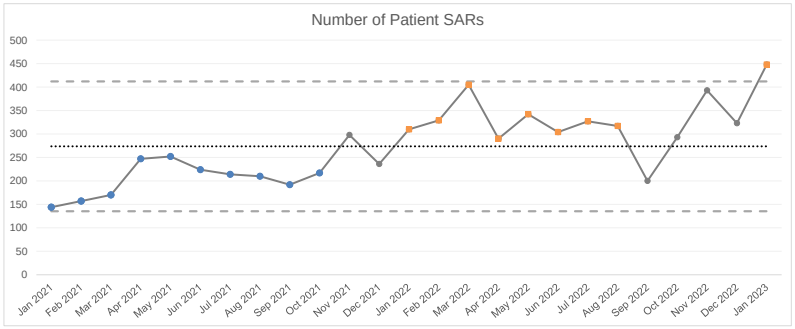
DIGITAL - Information Governance Indicators

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

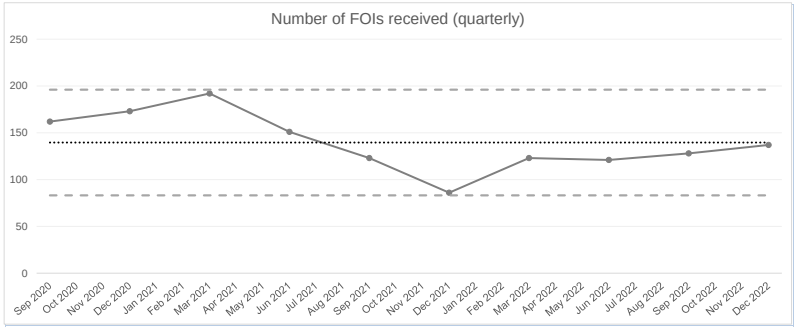
REPORTING MONTH : JANUARY 2023



Jan 2023
51
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant



Jan 2023
448
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



Dec 2022
137
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 and Jan 2023 saw an increase closer to the upper control limit.
Number of Patient SARS: This indicator is currently showing special cause variation with Jan 2023 above the upper control limit (448 SARs), after a run of eight points above the mean from Jan to Aug 2022.
Number of FOIs received (quarterly): This indicator is showing common cause variation, with the latest trend moving back towards 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 : Jan-2023

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 – January 2023 (Month 10)

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 £5.1m against a planned deficit of £0.2m for January. The Trust is £4.9m adversely adrift of plan. This represents a slight deterioration of the position reported in prior months.

The largest adverse variance relates to pay at £12.2m. Premium rate pressures linked to vacancies and high sickness levels are continuing to contribute to the adverse position. As reported last month, funding has been confirmed for the unfunded pay award and this is now factored into the reported position.

The position also remains 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. Although discussions have continued through NHSE to access national Community Diagnostic funding, we have just been informed that no funding will be possible through this route. The scanner is a fully serviced scanner at a cost of £1.4m for the full financial year; at month 10 this is adversely impacting our position by £1.17m.

Of the £4.9m total reported adverse variance, after discounting the financial impact of the additional CT scanner accounts of £1.17m, this leaves a balance of £3.73m created through other pressure for which additional income is not expected.

Following the CQC visits the Trust has responded to identified improvement requirements to its maternity and emergency services at additional cost. To date this amount to £262k and is contributing to the overall adverse financial position.

On top of the locum and agency pay pressure noted above other notable variances include drugs overspend of £3.4m (£2.3m relating to out of tariff drugs with compensating additional income from NHSE), an overspend on other costs of £3.0m (including particularly a pressure on utilities of £1.9m due to the further price increases seen last autumn) and a CIP shortfall of £2.0m with some compensation from an underspend on clinical supplies and services of £5.7m.

Also of note is that we spent £8.0m for the year to date on covid costs compared to a plan of £6.2m; therefore we are £1.8m adversely adrift of our covid plan.

Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	FOT £000's
NHS England	75,290	62,977	66,899	3,922	80,279
Clinical commissioning groups	528,607	440,533	442,668	2,135	533,000
Local authorities	4,793	3,990	4,012	22	4,815
Non-NHS: private patients	514	428	355	-73	426
Non-NHS: other	1,185	989	1,240	251	1,799
Operating Income from Patient Care Activities	**610,389**	**508,917**	**515,174**	**6,257**	**620,319**
Research and development	1,765	1,471	2,131	660	2,557
Education and training	24,231	20,133	21,466	1,333	25,812
Other income	49,084	40,854	41,567	713	49,521
Other Operating Income	**75,080**	**62,458**	**65,164**	**2,706**	**77,890**
Employee Expenses	-446,037	-371,224	-383,400	-12,176	-457,048
Drugs Costs	-61,987	-51,686	-55,044	-3,358	-66,083
Supplies and Services - Clinical	-74,868	-61,914	-56,248	5,666	-65,958
Depreciation	-18,291	-15,243	-14,544	699	-17,456
Amortisation	-1,521	-1,268	-1,268	0	-1,521
CIP	3,776	2,007	0	-2,007	0
Other Costs	-68,455	-57,225	-60,177	-2,952	-72,647
Total Operating Expenditure	**-667,383**	**-556,552**	**-570,680**	**-14,128**	**-680,713**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**14,823**	**9,658**	**-5,165**	**17,496**
Finance income	30	25	701	676	621
Finance expense	-975	-813	-726	87	-976
PDC dividends payable/refundable	-8,014	-6,678	-6,625	53	-8,014
NET FINANCE COSTS	**9,127**	**7,357**	**3,008**	**-4,349**	**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 liabilitie	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**9,127**	**7,357**	**3,008**	**-4,349**	**9,127**
Remove Donated Asset Income	-9,607	-8,006	-8,510	-504	-9,607
Remove Donated Asset Depreciation	452	377	377	0	452
Remove Donated Asset Amortisation	28	23	23	0	28
Remove net impact of DHSC centrally procured invento	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**	**-249**	**-5,102**	**-4853**	**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 - January									
		January 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	£2,394	£1,239	£1,155	£1,601	£1,413	£1,519	£82	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£1,115	£1,115	£0	£1,404	£0	£1,404	£0	£0
3. Surgery	£3,008	£2,389	£1,450	£939	£2,309	£699	£2,225	£84	£0
4. Cancer and Support Services	£2,552	£2,027	£1,319	£708	£1,843	£709	£1,843	£0	£0
5. Family Health	£1,595	£1,266	£1,140	£126	£1,394	£201	£1,394	£0	£0
6. Specialised Medicine	£1,639	£1,301	£1,487	-£186	£1,902	-£264	£1,902	£0	£0
7. Corporate Functions									
Chief Exec	£65	£52	£76	-£24	£77	-£11	£77	£0	£0
Chief Nurse Team	£164	£130	£128	£2	£134	£29	£134	£0	£0
Finance	£184	£146	£648	-£502	£683	-£499	£683	£0	£0
Medical Governance	£15	£12	£125	-£113	£125	-£110	£125	£0	£0
Ops Management	£101	£80	£50	£30	£50	£51	£50	£0	£0
Corporate CIP	£16,890	£14,075	£14,160	-£85	£18,547	-£1,657	£18,547	£0	£0
DIS	£289	£229	£234	-£5	£319	-£30	£319	£0	£0
Workforce & OD	£314	£250	£605	-£355	£800	-£485	£800	£0	£0
				£0					
Sub total	**£31,234**	**£25,466**	**£23,775**	**£1,691**	**£31,188**	**£46**	**£31,022**	**£166**	**£0**
YTHFM LLP	£1,123	£892	£576	£316	£1,169	-£46	£1,073	£95	£0
Group Total	**£32,357**	**£26,358**	**£24,351**	**£2,007**	**£32,357**	**£0**	**£32,096**	**£261**	**£0**

Delivery in month 10 remains £2m behind plan in terms of the core programme delivery. Plans have been identified to deliver the total programme of £32.4m, and of this sum £32m (99%) is identified as low risk.

Recurrent delivery is 35.4% of the year-to-date target and remains a key risk to the programme.

Productivity and Efficiency Review Sessions

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

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.

Ongoing Developments

- **Robotic Process Automation**

  Work is under-way with Robotic Process Automation (RPA) with a 'proof of concept' project in Accounts payable. This has the potential to be rolled out into other areas within Finance and across the Trust where appropriate and was approved at the Finance and Procurement Transformation Board. This is also being looked at across the ICS. Currently awaiting a DPIA (Data Protection Impact Assessment) to be complete.

- **Collaborative Programme of Work**

  We are working with the North Yorkshire and York Place Finance Director Forum (NY&YPFDF) to pull together a programme of work that will support delivery of System savings. The table below identifies some of the schemes that have been discussed and will be worked up and prioritised. Work is ongoing with regular progress meetings in place.

Scheme no	Care Group/Trustwide/System	Benefits	Next Steps
1	Inventory Management within Community – CG1	Improved stock control Improved pricing through purchasing of products via Supply Chain Gain/Share savings circa £40k recurrent FY 22/23. Further opportunity to make savings through roll-out to other community sites – circa £80k recurrent.	Direction of travel: scanning of 'product to patient'; all about patient safety, better governance and compliance Part 2: Trial at Tang Hall HC (BC attached) eventually roll out to other Health Centres in York area. Review formulary with TVN's once switch to Supply Chain Possibility of rolling out across ICS. NHS Supply Chain Key Stakeholder in process.
2	Pharmacy - Excluded Drugs : Set Target for Pharmacy	Regional Collaboration. Improved pricing.	MH System Top Ten Drugs/Biosimilars. Drugs Spend Provider/Community/Place Agree appropriate Task and Finish group. DoF Place Group to agree & Assign Target
3	Pharmacy: Prescribing	Improved prescribing Reduction in Waste Reduce number of products prescribed Cash reduction £TBA	Review current practice, delivery, spend & volume. Review across ICS and Health sectors. Identify existing Pharmacy collaborative forum across ICS S Parkes, Chief Pharmacist Y&S happy to talk to group Identify opportunity and timescale. Agree appropriate Task and Finish Group DoF Place Group to agree and priortise.
4	Pharmacy & CG1 - Nebulised Drugs	CF Drugs, High Cost Nebulised Medications	Share CG1's paper identify saving and evidence from other Trusts. Savings opportunity reflects Hull and York activity (York are commisioned to provide both). CG1 are leading on this. Is there opportunity for Harrogate.
5	Pharmacy - Formulary Review	Rationalisation of products. Improve patient outcomes. Reduction in Cost.	Formulary review and rationalization of products across ICS and health sectors Agree appropriate Task and Finish Group. DoF Place Group to agree and prioritise.
6	Community - Stoma Care	Improved prescribing	Approach as New scheme. Review current practice, delivery, spend & volume across ICS
10	Community Loan Equipment	Improved stock control. Rationalisation of equipment	Decision maker (prescriber) separate from budget responsibilitiy. Undertake review to scope aligning funding with decision maker. Project manager funded through £500m fund to support

Getting It Right First Time (GIRFT) Update

Work is ongoing in relation to Gynaecology. The national Team will benchmark this service against the GIRFT recommendations.

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.	Confirmation of no funding now received.	Continuing in operation. NHSE and ICS aware. Causing £1.17m pressure on our plan. ICS have now confirmed that no funding is available to support this.
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

January cash balance showed a £3.5m adverse variance to plan; this is mainly due to the payment of outstanding capital invoices. £11.5m of PDC funding has been drawn down in February in readiness for payment of additional capital invoices. 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	35,012	30,711	32,745		

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 10 Planned Spend £000s	Mth 10 Actual Spend £000s	Variance £000s
86,513	63,047	35,074	(27,973)

The capital programme at month 10 is £27.9m behind plan. £9.6m of this relates to IFRS 16 leases; Community Stadium lease of £8m not being finalised and £1.6m due to delays in equipment leases running behind plan.

If we remove the impact of IFRS 16 figures the capital programme is £18.3m (39%) behind plan. The 3 main schemes contributing to this adverse variance are Scarborough UEC scheme (£11.0m), Decarbonisation Salix Scheme (£3.4m) and York Cardiology VIU (£3.2m).

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 has recommenced. CIP panel meetings have been reconvened with the CEO.	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.	This review work has been completed and all the £4.3m reduction requirement has been identified.
Expenditure Control	Formal budgets identified through this planning process will require careful management to ensure expenditure compliance and to ensure that any investments made are matched with identified funding sources.	Finance reporting will require enhanced variance analysis and assurance processes. Reporting into the Exec Committee and Board of Directors will be refined to provide greater assurance and transparency. Compliance with the scheme of delegation regarding expenditure approval will be monitored.	This report identifies unfunded expenditure along with details of action being taken regarding funding. There are no control issues at this stage to highlight.

Risk Issue	Comments	Mitigation/Management	Current Update
Winter funding pressures	The plan removes the Trust's typical winter contingency that would normally allow further investments to be made at peak activity times.	Full knowledge has been shared to ensure that the ICB and regional teams are aware that providers are not holding winter contingencies on the grounds of affordability. Additional funding would need to be sought in the 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 now 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	618,146
Non-Clinical Income	80,063
Expenditure	-689,082
Surplus/(deficit)	9,127
NHSE Adjustments	-9,127
NHSE Adjusted Position	0

Key assumptions that been made in the forecast include:

- All ERF income is received.
- Covid in the envelope expenditure returns to plan for the final two months of the year.
- The remaining CIP left to achieve will have a 36% impact on run rate.
- Utilities expenditure does not exceed the £2.2m pressure currently forecast.
- The financial recovery plan discussed at the last Board is developed and is successful in reducing predicted spending by £2.9m.
- Support from the ICB is assumed at £2m based in part on conversations in light of no support being forthcoming from NHSE for the CT scanner.

This forecast has formed the basis of our forecast submission to NHSE/ICB for M10.

Within the overall Trust forecast are differing forecast variances across the Care Groups. Linked to the recovery plan agreed by the Board at its last meeting, the Care Groups have been asked to develop their own recovery plan using the initiatives identified in the Board paper, and to report on their assessed impact on the Care Groups forecast outturn position as at M7.

The table below illustrates the Care Groups respective forecast net expenditure positions at M7, and how their identified recovery actions improve on these positions. Overall the table shows that of the £2.9m target for the financial recovery plan £2.1m of low to medium risk initiatives have been identified to date. Work continues with the Care Groups to reach the target and on lowering the overall delivery risk.

Care Group etc.	Budget	Actual Forecast	Forecast Expenditure Variance	Offset by income	Underlying expenditure variance	Sum of Recovery Actions	Revised Forecast Outturn
Acute Elderly Emergency General Medicine and Community Services - York	105,243,917	109,324,147	-4,080,230	-992,417	-3,087,813	-236,000	-2,851,813
Acute Emergency and Elderly Medicine-Scarborough	53,495,453	58,470,342	-4,974,889	-811,472	-4,163,417	-97,000	-4,066,417
Surgery	100,407,767	104,350,540	-3,942,773	-1,359,741	-2,583,032	-236,113	-2,346,919
Cancer and Support Services	119,305,973	120,548,156	-1,242,183	-709,172	-533,011	-221,000	-312,011
Family Health & Sexual Health	49,970,411	50,668,590	-698,179	0	-698,179	-308,490	-389,689
Specialised Medicine & Outpatients Services	86,648,645	85,596,359	1,052,286	0	1,052,286	-165,000	1,217,286
Other	0	0	0	0	0	-874,000	874,000
TOTAL	**515,072,166**	**528,958,134**	**-13,885,968**	**-3,872,802**	**-10,013,166**	**-2,137,603**	**-7,875,563**

Using the deficit position with the Care Groups reported above, after recovery actions, and after considering the full corporate reported position and YTHFM position we remain targeting a balanced outturn position for the wider group.

Recommendation:

The Board of Directors is asked to discuss and note the January 2023 financial position for the Trust.

Author(s): Graham Lamb, Deputy Finance Director

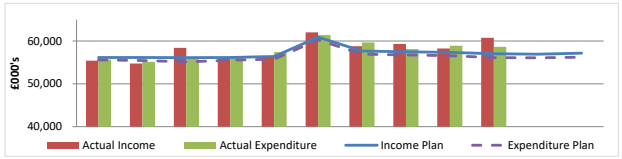
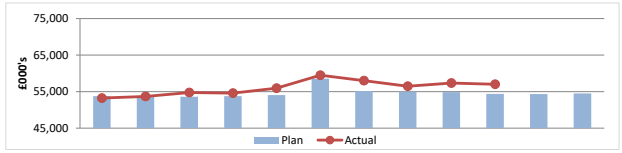
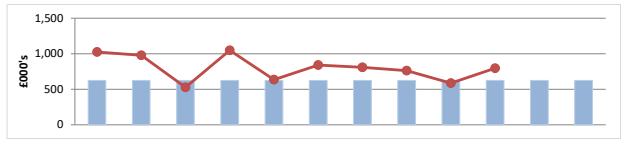
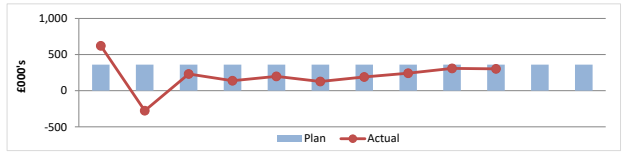
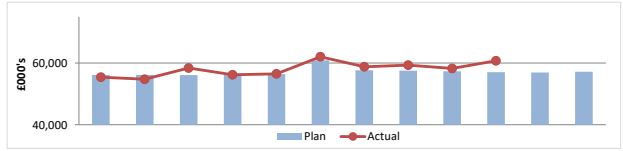
Director Sponsor: Andrew Bertram, Finance Director

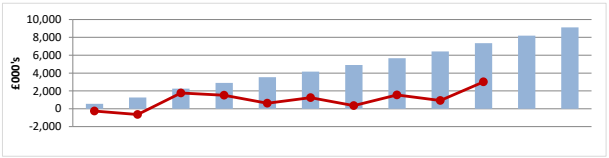
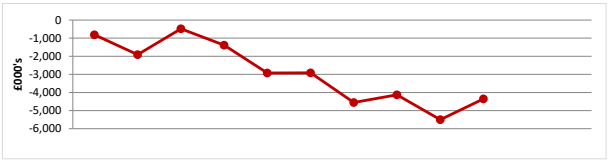
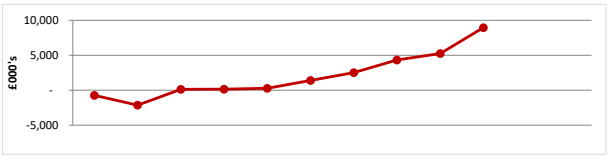
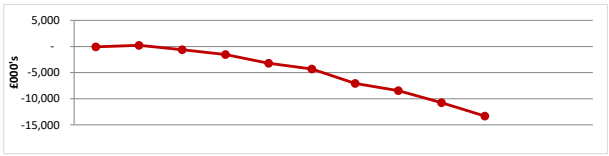
Date: Feb-2023

TRUST PRIORITIES REPORT : January-2023

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

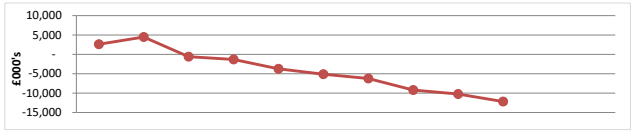
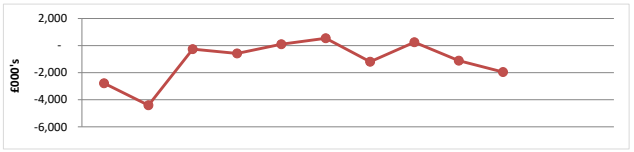
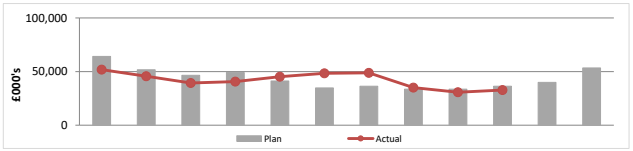
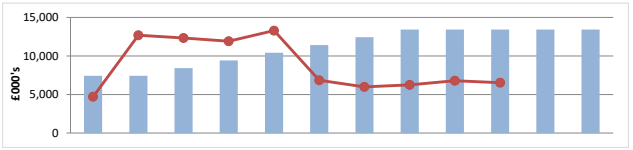
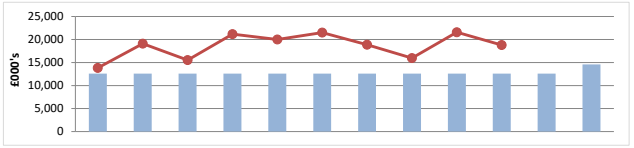
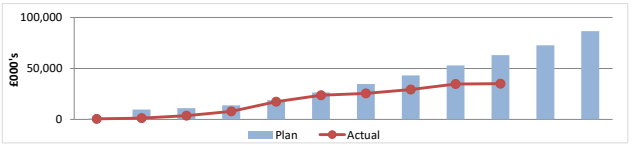
Jan-23	METRIC:	PLAN:	
£3,008	6.01 Income and Expenditure	£7,357	
£57,034	6.02 Operational Expenditure against Plan (exc. COVID)	£54,373	
£796	6.03 COVID-19 'Inside the Envelope' Expenditure	£624	
	Monthly % Covid Spend of Operational Spend:	1.4%	
£303	6.04 COVID-19 'Outside the Envelope' Expenditure	£360	
£60,738	6.05 Income against plan	£57,036	

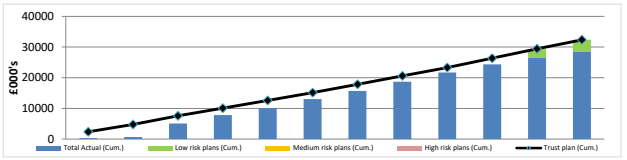
	METRIC:	PLAN:	
£3,008	6.06 Cumulative net actual Income and Expenditure surplus/(deficit)	£7,357	
-£4,349	6.07 Cumulative net Income and Expenditure surplus/(deficit) variance to plan	£0	
£8,963	6.08 Cumulative Income Variance to Plan	£0	
-£13,312	6.09 Cumulative Expenditure Variance to Plan	£0	

TRUST PRIORITIES REPORT : January-2023

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Jan-23	METRIC:	PLAN:	
-£12,176	6.10 Cumulative Pay Expenditure Variance to Plan	£0	
-£1,952	6.11 Cumulative Non-pay Expenditure Variance to Plan	£0	
£32,745	6.12 Cash Position	£36,273	
£6,521	6.13 Debtors	£13,424	
£18,794	6.14 Creditors	£12,605	
£35,074	6.15 Capital	£63,047	

	METRIC:	PLAN:	
£24,352	6.16 Efficiency programme - delivery against plan and forecast delivery	£26,359	
Delivery ytd: Recurrent £12,863 Non Recurrent £11,489		2,007	
£32,357	6.17 Efficiency programme - planning position full year	£32,357	

Planning (Gap)/Surplus

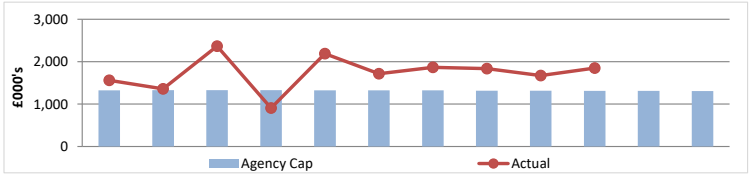
	January £'000	EOY £'000	Comments
Target	**26,359**	**32,357**	
PLANS			
Low Risk	26,291	32,357	
Medium Risk		0	Medium Risk Plans being reviewed re risk status and if deliverable in-year.
High Risk		0	No High Risk plans in 2022/23
Total Plans	26,291	32,357	
Planning (Gap)/Surplus	**-68**	**0**	
Actions			**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 : January-2023

SUMMARY INCOME AND EXPENDITURE POSITION

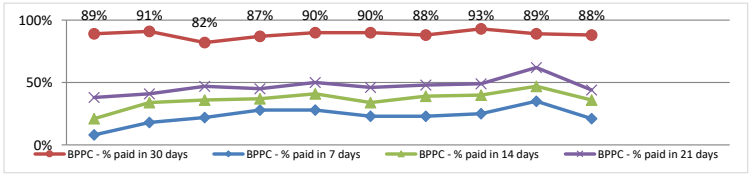
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Jan-23	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
£1,850	6.24 Agency Spend against Agency Cap	£1,312



BPPC Performance

Within 30 days		Within 7 days
88%	6.25 BPPC - % paid in 30 days	21%
	6.26 BPPC - % paid in 7 days	
Within 14 days	6.27 BPPC - % paid in 14 days	Within 21 days
36%		44%
	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 : Jan-2023

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 3555 patients into clinical trials so far this financial year, against a target of 3506, so we have exceeded our accrual target with two months to go!
- We are exploring the possibility of creating some joint clinical and academic posts within Dermatology, including the possibility of a Clinical Lectureship post. Our first meeting with HYMS/UoY was very encouraging with a second meeting planned soon
- We have submitted to HYMS (with Care Group Manager support) 10 staff who would like to have a HYMS funded research PA within their job plans, These are currently being reviewed by HYMS and we remain hopeful!
- We have advertised for new Care Group Research Leads in CG1 and CG5 (Due to Professor James Turvill being promoted to Clinical Director of Research & Innovation and the stepping down of Dr Adrian Evans)
- We are having exciting conversations regarding joint support within the new Institute of Health at the University of York St John, under Professor Garry Tew.
- Our bid to the Clinical Research Network to add some additional staff to the Scarborough MLTC Hub for the next 12 months has unfortunately been unsuccessful. We are now considering what do to with the MLTC Hub going forward.
- We are working on several grants for applications currently, all due for submission in the next two months
- Members of the Team supported the Learning & Development away day that has come up with some exiting ideas we hope to support going forward
- We are also supporting the New Starter Fairs and Careers Days in schools
- Head of R&D and Director of Research and Innovation are currently exchanging ideas on how we can create a better Care Group research infrastructure and the future of the Trusts research Committee

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: Feb-2023

TRUST PRIORITIES REPORT : January 2023

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	494	570	225	237	217	362	774	221	223	232			3555
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 January 2023

Care Groups	Accruals Running Total 22/23
CG1 Total	424
CG2 Total	174
CG3 Total	413
CG4 Total	136
CG5 Total	63
CG6 Total	107
RP's Total	600
Cross Trust Studies Total	1638
ACCRUAL TOTALS	3555

Accruals Still Required	0
Trials Open to Recruitment	94

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	33%	13%	*Weighted 11*
Observational	51%	60%	*Weighted 3.5*
Large Interventional	4%	4%	*Variable weighting by study*
Large Observational	5%	16%	*Weighted 1*

Breakdown of Trial Category % - All Open Studies

Commercial	7%
Non Commercial	93%

If you would like a breakdown of Accruals in each CG, please contact Angela.jackson2@york.nhs.uk

APPENDIX : National Benchmarked Centiles

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : JANUARY 2023

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 08/02/2023
* 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%)	Jan-23	63.0%	70%	83	21/121	*Dec 22
	UEC	ED: Median Time to Initial Assessment (Minutes)	Jan-23	13	18	21	94/118	*Nov 22
	RTT	RTT Total Waiting List	Jan-23	49186	44541	30	118/168	*Nov 22
	RTT	RTT Waits over 104 weeks for incomplete pathways	Jan-23	0	0	38	105/168	*Nov 22
	RTT	RTT Waits over 78 weeks for incomplete pathways	Jan-23	529	63	13	147/168	*Nov 22
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Jan-23	7	45 (12-month)	3	133/137	*Oct-22
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Jan-23	12	117 (12-month)	21	109/137	*Oct-22
	Patient Experience	Trust Complaints	Jan-23	44	No Target	23	162/210	*Q4 21/22