Board of Directors – Public

Wednesday 29th March 2023
Time: 9:15am – 12.30pm

BOARD OF DIRECTORS MEETING

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

On: Wednesday 29th March 2023

TIME	MEETING	ATTENDEES
8.30 – 9.00	York and Scarborough Hospitals Charity – Urgent and Emergency Care appeal expenditure	Charity Trustees
9:15 – 12:30	**Board of Directors meeting held in public**	**Board of Directors Members of the Public**
1:00 – 2:15	Board of Directors - Private	Board of Directors
2:30 – 3.30	Board Assurance Framework risk workshop and risk appetite setting	Board of Directors

Board of Directors Public Agenda

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

Item	Subject	Lead	Report/ Verbal	Page No	Time
1.	**Welcome and Introductions**	Chair	Verbal	-	9.15
2.	**Apologies for Absence** To receive any apologies for absence: • Melanie Liley (Kim Hinton deputising)	Chair	Verbal	-	
3.	**Declarations of Interest** To receive any changes to the register of Directors' interests or consider any conflicts of interest arising from the agenda.	Chair	Verbal	-	
4.	**Minutes of the meeting held on 22 February 2023** To be agreed as an accurate record.	Chair	Report	09	
5.	**Matters Arising / Action Log** To discuss any matters or actions arising from the minutes or action log.	Chair	Report	19	
6.	**Patient Story** To present the patient story.	Chief Nurse	Verbal	-	9.20

Item	Subject	Lead	Report/ Verbal	Page No	Time
7.	**Chief Executive's Report** To receive the:	Chief Executive			9.40
7.1	• Chief Executive's Update & (York Joint Health and Wellbeing Strategy in Blue Box)		Report	21	
7.2	• The March 2022-23 Trust Priorities Report		Report	25	
8.	**Risk Management Update - Corporate Risk Register** To receive the latest Corporate Risk Register.	Associate Director of Corporate Governance	Report	63	10.00
Trust Priority: Our People					
9.	**Trust Priorities Report: Our People** To receive an update on the Our People priority of the Trust Priorities Report (TPR) (Item 7.2). To include:	Director of Workforce & OD	Item 7.2	-	10.10
9.1	• People Recovery Plan update		Report	75	
10.	**Staff Survey Results** To receive the results.	Director of Workforce & OD	Report & Presentation	85	10.20
11.	**Gender Pay Gap Report** To receive the report.	Head of Equality, Diversity and Inclusion	Report	97	10.50
12.	**Nurse Staffing Report** To receive the report.	Chief Nurse	Report	115	11.00
13.	**People and Culture Assurance Committee** To receive the:	Chair of the Committee			11.05
13.1 13.2	• January meeting minutes • March meeting exception report		Report Report	123 To follow	

Board of Directors (Public) – 29 March 2023

Item	Subject	Lead	Report/ Verbal	Page No	Time
Trust Priority: Quality and Safety					
14.	**Trust Priorities Report: Quality & Safety** To receive an update on the Quality and Safety priority of the Trust Priorities Report (TPR) (Item 7.2).	Medical Director/ Chief Nurse	Item 7.2	-	11.10
15.	**CQC Update** To receive an update on the CQC actions.	Chief Nurse	Report	129	11.15
16.	**Ockenden Report Update** To receive the report including the Perinatal Clinical Quality Surveillance report. Appendix A – E in Blue Box	Care Group Director of Midwifery	Report	145	11.25
17. 17.1 17.2	**Quality and Safety Assurance Committee** To receive the: • February meeting minutes • March meeting exception report	Chair of Committee	 Report Report	 155 161	11.40
Trust Priority: Elective Recovery & Acute Flow					
18.	**Trust Priorities Report: Elective Recovery and Acute Flow** To receive an update on the Elective Recovery and Acute Flow priorities of the Trust Priorities Report (TPR) (Item 7.2).	Interim Chief Operating Officer	Report	163	11.45
19. 19.1 19.2	**Digital, Performance and Finance Assurance Committee** To receive the: • February meeting minutes • March meeting exception report	Chair of Committee	 Report Report	 175 To follow	11.55

Item	Subject	Lead	Report/ Verbal	Page No	Time
Governance					
20.	**Finance Update** To receive the Trust's financial position from the Trust Priorities Report (TPR) (Item 7.2).	Finance Director	Item 7.2	-	12.00
21.	**Audit Committee** To receive the escalation report from the March meeting.	Chair of the Committee	Report	183	12.15
22. 22.1 22.2	**Governance Framework:** To receive for approval amendments to the: • Trust Standing Financial Instructions (full report in Blue Box) • YTHFM Reservation of Powers and Scheme of Delegation and Standing Financial Instructions (full report in Blue Box)	Associate Director of Corporate Governance	Report	 185 187	12.20
23. 23.1 23.2 23.3	**Governance Policies:** To receive for approval: • Risk Management Strategy and Policy (policy in Blue Box) • Modern Slavery Declaration • YTHFM Health and Safety Policy (policy in Blue Box)	Associate Director of Corporate Governance	 Report Report Report	 193 195 199	12.25
24. 24.1 24.2 24.3	**Items for Information** • Executive Committee Minutes (Blue Box) • Star Award nominations (Blue Box) • TPR Mandatory Reporting	All			-
25.	**Any other business including questions from the public**	Chair	Verbal	-	-

Item	Subject	Lead	Report/ Verbal	Page No	Time
26.	**Summary of Actions Agreed**	Chair	Verbal	-	
27.	**Time and Date of next meeting** The next meeting held in public will be on 26 April 2023 9:00am.				
28.	**Exclusion of the Press and Public** 'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.				
29.	**Close**				12.30

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Minutes
Board of Directors Meeting (Public)
22 February 2023

Minutes of the Public Board of Directors meeting held on Wednesday 22 February 2023 in the Boardroom, Trust Headquarters, 2nd Floor Admin Block, York Hospital. The meeting commenced at 9:00am and concluded at 12:11am.

Members present:

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

Stakeholder Non-Executive Director
- Matt Morgan

Associate Non-executive Director
None

Executive Directors
- Simon Morritt, Chief Executive
- Andrew Bertram, Deputy Chief Executive/Finance Director
- Heather McNair, Chief Nurse
- Melanie Liley, Interim Chief Operating Officer
- Polly McMeekin, Director of Workforce and Organisational Development
- James Hawkins, Chief Digital Information Officer
- Karen Stone, Medical Director

Corporate Directors
- Lucy Brown, Director of Communications

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

Observers:
There were no observers at the meeting

The Chair welcomed everyone to the meeting.

138 22/23   Apologies for absence
Apologies received from:

Associate Non-executive Director, Ashley Clay

139 22/23   Declaration of Interests
There were no declarations of interest to note.

140 22/23   Minutes of the meeting held on 25 January 2023
The Board approved the minutes of the meeting held on 25 January 2023 as an accurate record of the meeting with the inclusion of suggested text shared by Non-executive Lynne Mellor outside the meeting.

The Board:
* **Approved the minutes of the meeting held on 25 January 2023.**

141 22/23   Matters arising from the minutes
The Board noted the outstanding actions which were on track or in progress.

142 22/23   Staff Story
Matthew (Matt) Miller-Swain attended the Board meeting, supported by Head of Equality, Diversity and Inclusion (EDI), Virginia Golding, to present his experience as a staff member at the Trust. Matt works as a full-time Assistant Practitioner. He explained that he had developed sensory bilateral hearing loss. As a result, Matt wears Phonack hearing aids and can hear certain tones and pitches better than others. He reported that he was unable to hear lower and quieter tones, for example, train announcements. Background noise and busy environments are another factor that greatly affects Matt's hearing, resulting in him zoning out and being unable to hear what a person is saying to him. Matt makes use of body language and lipreading skills alongside his hearing aids to communicate with others. He finds it difficult at times to communicate over the telephone or when people's mouths are covered. Currently, due to the COVID-19 pandemic, mask wearing is still required within the Trust which makes lip reading impossible unless the mask is removed.

Due to the nature of his difficulties, and the role in which he works, Matt also highlighted that he can experience issues with his mental health. Anxiety is common, as is stress. These can exacerbate his hearing issues.

Matt went on to describe the difficulties he had experienced when ordering equipment to support him in carrying out his role. He had applied for support through the 'Access to Work' scheme which provides grants to help pay for practical support with work. Orders had been delayed, lost or misplaced. Although the procurement department had been supportive in ensuring that Matt received the right equipment, line management had not always been as helpful as they could have been, not demonstrating, for example, that they understood the importance and urgency of Matt's requirements.

Polly McMeekin advised that there was a practical support route available to staff through the in-house occupational health team. Matt said he had used this route but had not felt sufficiently supported. Polly concluded that there was a need for some additional training/education of line managers about the needs of staff members with disabilities and

the avenues of support that were available. Simon Morritt proposed that Matt's story should be used as a case study in this programme of training/education.

On the issue of masks, Matt explained that he had had difficulty ordering transparent masks which would facilitate lip reading. Andy Bertram said that transparent masks had been ordered for multiple locations across the trust and suggested Matt should be given a direct contact in the procurement department, to ensure that he would always have access to transparent masks. Andy also gave Matt a box of transparent masks which he had in his office. It was stressed that it was always acceptable to ask a colleague to use a transparent mask.

Matt mentioned that there were times when a printed letter had either been lost on a manager's desk or lost in the internal system. In response Lynne Mellor stressed the importance of the Trust moving to digital shared records and communications, thus reducing the adverse consequences of hard copies being lost.

The Chair and other Board members thanked Matt for attending the meeting and apologised for his experiences. They stressed the importance of learning from this experience. The Chair asked for a report to prepared for a future board meeting on how the trust had responded to the issues raised by Matt's experience, particularly in relation to the responsibilities and education of line managers.

The Board:

- **Requested the Director of Workforce and Organisational Development to report back to a future Board meeting on education and training for managers in relation to practical support available and their responsibility to support team members with disabilities.**

143 22/23   Chief Executive's Update
The Chief Executive presented his report to the Board and highlighted some key areas:

- RCN strike for 1st, 2nd and 3rd March had been suspended
- Further ballots from the BMA (British Medical Association) and BDA (British Dietetic Association) were ongoing
- Urgent and emergency care recovery plan - initially developed the York system plan in August – this had been considerably updated since then. Agreed to share with the Board so it can be seen what York system partners, through the ICB, had agreed in terms of supporting the Trust to manage flow.
- Ellen Armistead, former Deputy Chief Inspector of Hospitals for Care Quality Commission (CQC), working with the Trust for two days a week over the next six months as Quality Improvement Director and reporting directly to Simon. Ellen was to support the work the Trust was doing to address the issues identified by the CQC. Ellen would not be attending board regularly, but it was agreed that she should give a presentation on her findings, work and progress at the March or April Board.

Jenny McAleese referred to the major capital schemes at both emergency departments and to the discussions that had taken place about 'value engineering'. She emphasised the need for assurance around the governance process that supports any decision making of this nature. Concerns were expressed about the degree to which the board was sighted on these value engineering decisions. It was agreed that there should be a report to the board on this issue, both on the governance of decisions on value engineering and on the key value engineering decisions that had been taken to date.

The Board:
- **Agreed for Ellen Armistead to attend and present at an upcoming meeting of the Board of Directors.**
- **Requested a report on capital schemes to include the governance of value engineering decisions and a summary of key value engineering decisions taken to date.**

144 22/23   Risk Management update – Corporate Risk Register

Mike Taylor presented the report highlighting meetings of the executive Risk Committee had been rescheduled to earlier in the month, from March onwards, to ensure a more effective and timely risk reporting process. The risk management framework was also under review and would be reported at the next Board meeting and subsequent committees.

Mike reported that the Interim Risk Manager had been working closely with the Care Groups and further workstreams included developing a more dashboard orientated form of reporting to include key risk descriptions, mitigations, etc. Lynne Mellor suggested it was important for the Board to understand the movement of risks and be sighted on any trends with a quarterly Board update.

145 22/23   Trust Priorities Report: Our People

Polly McMeekin presented the report and provided an update on the actions developed to support the workforce recovery. Polly corrected an error on Priority action 3.4 (Pay the Real Living Wage): following discussion at the private meeting of the Board of Directors on 31st January 2022, the Board had agreed to pay the equivalent of the real living wage from April 2023. Further progress areas highlighted were:

- Tea & coffee for staff – will be a rolled out over five weeks across all sites to ensure sufficient stock supplies
- Lockers – location secured at Scarborough for 57 lockers, York remained a challenge because of space constraints.

Matt Morgan asked about the actions against the name of the Medical Director and whether there were deadlines for completion of the outstanding actions. He appreciated that Karen Stone had only recently taken on the role of Medical Director. Karen explained that she was working through her portfolio and identifying the roles and resources needed to support her in discharging her responsibilities. The discussion moved on to job planning and Karen confirmed she was working on this with the Care Groups with a view to getting agreed job plans in place for all consultants.

146 22/23   Nurse Staffing Report

Heather McNair advised that the data remained the same as the previous month.

147 22/23   Trust Priorities Report: Quality and Safety

Karen Stone advised that the dashboard remained a work in progress and that there was nothing specific to highlight.

148 22/23   CQC Update

Heather McNair presented the report and provided the Board with an updated position in relation to the actions being taken to address the CQC regulatory concerns. Heather highlighted:

- CQC report from recent inspection was not anticipated until around April
- Previous Section 29A – Scarborough Hospital - PEM Consultant and Section 31 – York and Scarborough Emergency Departments – Mental Health Risk Assessments – these would not now be reviewed separately and would be considered as part of the review of all evidence submitted during the recent inspection. When the report was received, the CQC would take a view on these previous restrictions and either lift them or not and that outcome would be included as part of the main CQC report.
- Outline of current position with Nucleus
- Mental Capacity Act and DOLS – using Tendable for data collection meaning there would now be data to allow audit

In giving feedback from the Quality and Safety Assurance Committee, Stephen Holmberg reported that the committee had received assurance in relation to progress and that the Trust was moving in a positive direction.

Lynne Mellor highlighted the must do's and should do's in the report: there are three actions at risk of exceeding timescales for delivery. She asked for greater clarity about the original timescales and the dates by which actions would be completed.

149 22/23   Ockenden Report Update

Sarah Ayre, Associate Director of Midwifery, attended the meeting to present the report and provide assurance regarding the progress to date in delivering the required improvements in response to CQC inspection feedback.

The Board acknowledged the amount of work ongoing and thanked the team for their efforts.

Heather McNair reminded the Board of the timeline in relation to the section 31 enforcement notice and advised that feedback to the trust's response had not yet been received. Despite this, improvement work continued and all was on track in terms of the improvement plan, continuing to demonstrate progress through submitting action plans month on month.

The Board were assured that progress was being made. However, Jenny McAleese noted that vulnerabilities remained in terms of resource and capacity to carry out the work.

150 22/23   Equality Delivery System (EDS) Report

Helen Ketcher, Patient Equality, Diversity and Inclusion (EDI) Lead attended the meeting and presented the report. She gave an overview of the work that had been carried out on the NHS Equality Delivery System (EDS) implementation during 2022-23. During 2022, the EDS framework had been updated and national requirements were for Trusts to consider two services for domain 1 (services) and to report by 28.02.23.   Helen described that it was important to allow time to develop new connections with external groups and the Board acknowledged that consequently this meant the second EDS event would be completed after the reporting deadline.

Helen advised that the important outcome from the exercise was the thinking and the action that follows, facilitating engagement with a number of groups who might not

previously have had the opportunity to engage. Further work was needed and would commence in terms of the interpreter provider and the Anti Racist City Campaign. Further work was also developing around building connections with refugee resettlement teams that work across York and Scarborough. There were three other service areas to assess as part of this process that had not yet been determined.

Helen thanked Virginia Golding as Head of EDI for her encouragement in using the EDS reporting system and advised that Virginia would be taking the lead on this reporting. Helen also thanked the recruitment midwives in maternity who contacted Virginia with their observations around learning and development for midwives in relation to EDI. Helen highlighted a key risk in terms of procurement and change for interpreting services. In terms of formulating some quality questions for the procurement exercise, Helen requested Matt Morgan's input.

The Board acknowledged that Helen was leaving her position in the Trust and thanked her for the significant contribution she has given in her role. The Chair sought assurance in relation to the cover arrangements for the role following Helen's departure and asked for a plan to be prepared for the next Board meeting.

The Board:

- **Asked the Chief Nurse to present a report to the next Board meeting to confirm future EDI staffing arrangements.**

151 22/23   Q3 Mortality Report
Karen Stone presented the report which provided the Board with assurance that the Medical Examiner (ME) function was working well. The challenge for the ME service in the next few months was rolling out to community. Karen shared her confidence in the rollout plan with a view to be mandated from April. Stephen Holmberg commented that the Quality Assurance Committee was also encouraged by progress and the ability to provide coherent information and learning from deaths, SI's and other areas to produce improvement plans and to deliver improvements.

152 22/23   Quality and Safety Assurance Committee
Stephen Holmberg shared the Committee's concern in relation to York Teaching Hospital Facilities Management (YTHFM) and further IPC challenges for example in relation to decisions around key works being incomplete in areas such as ward refurbishments. Pressures on the department were acknowledged. However, the committee queried whether YTHFM priorities aligned with those of the Trust and whether work was needed to improve alignment. The Chief Executive was confident that governance arrangements in particular in relation to IPC had been addressed. However, it was acknowledged that a broader discussion with more formal arrangements would be helpful.

The Chair acknowledged the Committee's concerns and referred to the earlier decision that there should be a board session on the relationship between with the Trust and YTHFM.

153 22/23   Elective Care Position and Year-end Planning
Kim Hinton, Deputy Chief Operating Officer, attended the meeting and presented the current elective recovery status and plans until year-end, including RTT, 78 Week waiters trend position, elective recovery workstreams, governance overview and sustaining elective performance through:

- Delivery of the Outpatients Transformation Programme, including better referral management and better use of our space and technologies to reduce unnecessary travel for patients and staff
- Clinical collaborations with GPs, Dentists and Optometrists to support clinical education and learning and to manage seamless patient care – Clinical Networks
- Optimise surgical productivity, increasing day case rates to reduce the risk of cancellations; and improved theatre utilisation – responding to Getting it Right First Time (GIRFT)
- Mutual Aid working with partners (Independent Sector and local NHS partners), including developing a more collaborative approach to manage our surgical waiting lists across Humber and North Yorkshire
- Clinical and administrative validation of waiting lists to eradicate administrative delays, clear prioritisation frameworks and responding to health inequalities
- Protect our overnight elective capacity wherever possible, through developing separation of urgent and elective models of care, including:
  - our non-acute hospital sites – Bridlington, Selby and Malton
  - Capital elective schemes, Community Diagnostic Centres, Community Stadium York

Copy of presentation enclosed.

Trust Board - Elective
Recovery Feb 2022 DI

Detailed action plans were likely to be available by mid-April and a consolidated version would be shared with the Board once completed.

Clinical Commissioning Groups (CCGs) were dissolved in July 2022 and their duties were taken on by the new Integrated Care Board (ICB). Lynne Mellor pointed out that the CCGs used to do a lot of quality clinical checking before referrals reached the Trust: she wondered whether this was no longer the case, given the rise in some referrals since 2021 both locally and nationally. Melanie Liley emphasised that there were to be clinical collaborations with GPs, Dentists and Optometrists to support clinical education and learning to Matt explained that he had applied for support through the 'Access to Work' scheme which provides grants to help pay for practical support with work.   manage seamless patient care and to also understand how the Trust's clinicians can support some primary care to manage some of the patients differently. Key conversations with Place Directors (NHS Place Directors were appointed to the Integrated Care Board) and were responsible for championing ICS strategies, policies and ambitions, managing staff locally in accordance with ICB policies and will also have delegated financial responsibilities) as to how to reenergise some of the work.

Lynne also highlighted previous concerns in relation to cancer and the importance of a longer-term strategy with the Trust designed to manage a waiting list capacity of c. 26,000 and on a trajectory to hit 50,000, Lynne asked whether the plans now started to mitigate the risk strategically or was there anything else that either the Board or the system should be doing to support this. She suggested considering if there was anything on CPD in terms of validation of patients to help clinicians who are required to validate those patients every three months. This could potentially also support the capture of relevant data. James Hawkins described some of the challenges of the current system and advised on working this through and considering any implications. Melanie reported that key conversations were beginning with Place Directors which would start to mitigate the risks. She also pointed to work around insourcing, outsourcing, mutual aid, etc. This would be a feature of how the Trust manages moving forwards.

154 22/23   Trust Priorities Report: Elective Recovery and Acute Flow

Melanie Liley presented the report and highlighted:

- Downturn trend in numbers of Covid and flu patients
- However, there had been a spoke in Covid numbers which had peeked back over 100 over the weekend.
- Living with Covid – the work of the Winter Tactical Group will continue, including the review of guidance on mask wearing.
- Immune-suppressed patients would continue to need protection, even if the requirement to wear masks was lifted in lower risk areas.
- Gemma Ellison had been appointed substantively to lead the programme team, currently focusing on Urgent and Emergency Care. Two other programme managers also appointed, one for Maternity Transformation Programme, and two further project managers. To support the acute programme – ECIST supporting with a senior manager from their team for two days a week and a senior manager from NHS England working directly with Paulin Phillip (National Director of Urgent and Emergency Care) and consequently sharing some valuable knowledge and expertise.
- Completed an initial assessment of the national emergency and urgent care recovery plan (published end of January) – the Trust's programme accurately reflected the national recovery plan and gives assurance that the programme delivers what would be expected from Trust from a national perspective.
- Completing audits in March to include a 'missed opportunity' in Same Day Emergency Care (SDEC), linked with work around 7-day standard

The Board touched on the recent significant pressures experienced in the Emergency Departments. Stephen Holmberg asked about the level of confidence in the response if we faced a similar level of pressure. Melanie reassured the Board about the learning from the experience which will inform both future extreme pressures and business as usual. There had already been improvements in Emergency and Urgent Care performance as a result.

155 22/23   Digital, Performance and Finance Assurance Committee

Lynne Mellor updated the Board on the recent discussions and escalations of the Committee:

- Digital – Lynne updated the Board on the problems experienced with Learning Hub, the Trust's online platform for managing all staff statutory and mandatory training. The system was upgraded at the end of January and was suffering performance issues in late February. A decision was taken to restart/restore the system and subsequently significant issues occurred with restoring the data. The Chief Nurse Information Officer, Nik Coventry, had attended and shared concerns around loss of training records which may be required for evidence for the Royal College of Nursing.   . Jim Dillon advised that the learning hub issues would also be discussed at the P&CC
- Performance – the Committee had been given some assurance that the operational pressures were beginning to ease. Kim Hinton attended the Committee and discussed the Cancer waiting list. An outcome of the discussion was a request for a deep dive in diagnostics. A second area for a requested deep dive was around outpatients following a detailed Committee discussion – it was acknowledged that this was also subsequently discussed at the recent Data Quality Working Group.
- Finance – the Committee welcomed the news that the Finance team were working on Robotic Process Automation (RPA), collaborating with Leeds Trust and the Integrated Care Board.

156 22/23   Finance Update

Andrew Bertram provided the Board with an updated finance position for January. The Trust has an adjusted deficit of £5.1m against a planned deficit of £0.2m, a £4.9m adverse variation. The Board acknowledged this slight deterioration of the position reported previously.

Andrew reported that the Trust had secured an additional £1m of income to help with some of the funding pressures the Trust was experiencing. However, he advised that the position also remained impacted by the cost of the unfunded mobile CT scanner which the Board agreed to continue to support because of the safety impact associated with our diagnostic waiting times. No funding would be possible through national community diagnostic hub funding route. However, Andrew advised that he had received verbal confirmation from the Integrated Care Board that the Trust would receive funding support for this via an alternative route. The combination of these income schemes was supporting a balanced position at the end of the fiscal year as planned. Recovery action with Care Groups work continued.

Andrew further highlighted that the Trust was significantly underspending against the capital programme. However, he assured the Board that there were two £5m payments to go through the books in February/March that related to the Scarborough UEC Scheme. York ED was approaching completion which meant there would be significant catch up. There was also a flurry of activity as the Trust works to ensure spend of the public dividend capital received in the last quarter of the year.

Andrew highlighted his concern in relation to risk associated with signing of the second stage of the lease on York Community Stadium. The Board had previously approved the business case that described the next phase of utilising the space. The lease was a multi-year lease worth approximately £8m for the full period. IFR16 (International Financial Reporting Standard promulgated by the International Accounting Standards Board providing guidance on accounting for leases) required the recording the full value of the lease as a right-to-use asset. The Trust had permission for the lease to be added to the balance sheet in the current year, but this was not the case for 2023-24. The Board were advised that there were ongoing complications with signing the lease around agreeing a design for the space that the Trust wants to use and the implications of that design on other users of the site. Several drawings had been produced and a considerable number of questions answered to support the Trusts plans. The Trust is awaiting feedback as to whether this can be progressed and the lease signed. If the situation is not resolved quickly, the next step is for the Chief Executive and Finance Director to contact their opposite numbers at the City of York Council.

157 22/23   Humber & North Yorkshire Collaborative Business Case
Edward (Edd) James, Director of Procurement, Humber & North Yorkshire Procurement Collaborative (HNYPC), joined the meeting virtually to present the business case for forming a single procurement function from the procurement teams in Hull University Teaching Hospitals NHS Trust (HUTH), Northern Lincolnshire & Goole NHS Foundation Trust (NLAG), and York & Scarborough Teaching Hospitals NHS Foundation Trust (YSTH)). The case was developed in collaboration with key stakeholders across each of the Trusts and also the suppliers to the partner Trusts. A key message from Trusts was to see more engagement with procurement with further help and support. The business case proposed a centralised procurement function under a single management structure hosted by HUTH.

Edd went on to described some of the benefits of proceeding with the business case and highlighted the investment expectations around pay, non-pay and capital with procurement business partners playing a significant role in supporting the partner Trusts involved.

Matt Morgan raised a concern in relation to the influence the Trust would have in a collaborative venture in which it was not the largest partner. Edd explained that each Trust would be an equal partner in the collaborative. Andrew Bertram stressed that the benefits of collaborating on procurement outweighed any risks.

The Board discussed the governance arrangements. Edd explained that HNYPC would be governed through a Procurement Board with executive representation from each Partner Trust. An operational delivery group within HNYPC would manage all procurement activity within an agreed procurement strategy endorsed by the Procurement Board and would report progress monthly. The HNYPC Board would report into each Partner Trust Board as and when required. The Chief Executive expressed his support for the proposal and his confidence in the governance arrangements. He proposed an addition to the business case describing how decisions would be taken, as this was not clearly described in the current version.

The Board was in agreement that the focus of the new procurement function should be value for money rather than cost reduction.

The Board:

- **approved the business case.**

158 22/23   Any Other Business
There was no other business discussed.

159 22/23   Time and Date of next meeting
The next public meeting of the Board of Directors will be held on 29 March 2023.

Item 05

Action Log – Board of Directors (Public)

Action No.	Date of Meeting	Meeting	Minute Number Reference	Title	Action (from Minute)	Executive Lead/Owner	Update / comments	Due Date	Status
101	02 November 2022	Public Board of Directors	84 - 22/23	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Report and Action Plan	Head of Equality, Diversity and Inclusion invited to report on Progress in 6 months.	Associate Director of Corporate Governance	25.01.23 - scheduled for August (will be September due to no Board in August)	Sep-23	Green
145	22 February 2023	Public Board of Directors	142 22/23	Staff Story - Matthew (Matt) Miller-Swain	Director of Workforce and Organisational Development to report back to a future Board meeting on education and training for managers in relation to practical support available and their responsibility to support team members with disabilities.	Director of Workforce and Organisational Development		TBC	Green
146	22 February 2023	Public Board of Directors	143 22/23	Chief Executive's Update	Ellen Armistead to attend and present at an upcoming meeting of the Board of Directors.	Chief Executive & Associate Director of Corporate Governance		Apr-23	Green
148	22 February 2023	Public Board of Directors	150 22/23	Equality Delivery System (EDS) Report	Chief Nurse to present a report to the next Board meeting to confirm future EDI staffing arrangements.	Chief Nurse		Mar-23	Green

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NHS

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	29 March 2023
Subject:	Chief Executive's Report
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Simon Morritt, Chief Executive

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

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

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

Summary of Report and Key Points to highlight:
To provide an update to the Board of Directors from the Chief Executive in relation to the Trust priorities. Key areas include: NHS staff survey, Industrial action, NHS pay offer, Moving to a single electronic maternity healthcare record, Elective recovery, Annual planning 2023-24 and the City of York Health and Wellbeing Board strategy.

Recommendation:
For the Board of Directors to note the report.

Report Exempt from Public Disclosure

No ☒   Yes ☐

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

Report History
Board of Directors only

Meeting	**Date**	**Outcome/Recommendation**
Board of Directors	29 March 2023	

1. Our People
1.1 NHS staff survey

The 2022 national NHS Staff Survey results have been published. There is an item on today's agenda where we will have the opportunity to discuss our results however the headlines are that this year's feedback reflects a continuing theme of a workforce under sustained pressure.

We did increase our response rate from last year, and across the nine categories, we have improved in three, declined in three, and maintained our scores in three, compared to the 2021 survey.

Give our focus on supporting our workforce and placing people as our priority, it is disappointing to see some of the feedback, in particular in relation to staff engagement. We know however that the scale of the culture change we need to deliver in our organisation is going to take time, and we mustn't lose sight of the important work we have begun in this regard. The results tell us that we have more to do, and we have to continue to prioritise this.

1.2 Industrial action

The NHS has experienced industrial action by several unions representing different professions as part of the ongoing dispute with the government over pay.

The Royal College of Nursing (RCN) carried three rounds of industrial action in December, January and February. The strikes were conducted on an organisation-by-organisation basis, with staff at our trust only taking action in January and February. Junior doctors took action for 72 hours from 13-15 March, with a further period of action planned for 11-15 April.

I have thanked everyone involved for the manner in which these strikes were conducted, and for the detailed planning that went in to ensuring we could safely run the services that needed to continue during the strike. Thanks also to our consultants and SAS doctors who stepped forward to cover services so that junior doctors could take part in the strike action.

Inevitably there was a consequence to these strikes, and a number of planned operations and appointments were postponed. Unlike with some of the previous action, we saw no evidence of reducing demand for acute care during the junior doctors strikes, which meant that it was particularly busy start to the week.

As outlined in item 1.3, the unions representing Agenda for Change staff have suspended further action whilst talks continue.

1.3 NHS pay offer
As has been widely reported in the media, the Government and the NHS Staff Council - which brings together NHS employers and unions representing the Agenda for Change workforce - have completed negotiations and reached a final offer in principle of a revised pay offer for 2022/23 and a proposal for a headline recurrent pay award uplift 2023/24.

The Agenda for Change trade unions will now consult with their members. This consultative process being run by the Agenda for Change trade unions is expected to take approximately three to four weeks. During this period of consultation, and pending any final decisions from their members, the Agenda for Change trade unions have agreed to pause all planned industrial action. This does not include the BMA and junior doctor strike action, as they are not subject to Agenda for Change.

Once we know the outcome of the consultation, we will update staff with next steps in terms of payment, should the revised pay offer be accepted.

2. Quality and Safety
2.1. Moving to a single electronic maternity healthcare record

This month we have begun the rollout of BadgerNet, an electronic maternity healthcare record system, for all documentation in pregnancy, birth and the postnatal period.

BadgerNet Maternity is an electronic maternity healthcare record system already in use in several NHS trusts. It allows real-time recording of all events wherever they occur: in the hospital, the community, or at home. It will deliver significant benefits for midwives as they do not have to double enter data onto paper handheld notes and the electronic paper record.

The introduction of BadgerNet also means that pregnant women will be able to access their maternity record electronically through an online portal and app called BadgerNotes. The information is generated in real-time from the hospital-based maternity system record, using details entered by midwives or other health professionals involved in the individual's care.

This is a significant step forward for us and is a priority in terms of moving us forward as an organisation on our digital journey. Thank you to everyone involved so far in progressing this work.

3. Elective Recovery

Delivery of our elective recovery programme is a challenge for the trust, and has been further impacted by the acute pressures we experienced after the Christmas and New Year break and the industrial action, both of which necessitated the cancellation of a number of operating lists and outpatient appointments.

Despite this a huge amount of work has been undertaken by our teams and positive progress has been made against our trajectories for 78 week waits and the 62 day cancer target, particularly in the final quarter of the year. As a result, we will end the year ahead of our original trajectories.

All of the actions taken to deliver this will continue into next year in order to deliver the national requirement of having no patients waiting longer than 65 weeks by the end of March 2024.

We continue to receive national and regional support and oversight from the Tier 1 process. This includes onsite support from the national Elective Intensive Support Team and Ernst & Young, which began at the end of January. This is in partnership with our own teams, focussing on strengthening governance and recovery planning for core specialities,

refreshing the patient tracking processes, demand and capacity analysis, data reporting and mutual aid across the system.

4. Governance
4.1. Annual operational and financial planning for 2023-24

As briefed last month, work is ongoing to develop both the trust's plan and the ICB's plan, in partnership with the other organisations in our ICS. The plans combine both finance and operational activity, with a view to delivering NHS England's priorities within the available resources.

Under the new NHS regime the ICS as a whole has a duty to produce (and deliver) a balanced plan, and as a provider organisation within the ICS our plans must also balance to contribute to the ICS's delivery of its obligations. Significant deficits are evident right across the NHS as non-recurrent funding used through the covid pandemic, and in the current year, starts to fall away. Reducing income, set against significant expenditure pressure, is placing significant demands on wider NHS funding, indicating that next year is likely to be particularly challenging.

The first draft of our plan was discussed with the Board in February prior to submission, with the final submission of all completed plans to NHS England due at the end of this month.

4.2. York Joint Health and Wellbeing Board strategy

The York Joint Health and Wellbeing Strategy 2022-32 has been published. At the last meeting of the City of York Health and Wellbeing Board the framework for an action plan to accompany the new strategy was discussed and approved.
As a partner in the Health and Wellbeing Board it is important that we are supportive of this strategy and understand its objectives, particularly in the context of the York Health and Care Partnership and York Place.
The strategy is available online and is attached as an appendix to this report.

Date: 29 March 2023

NHS

York and Scarborough Teaching Hospitals
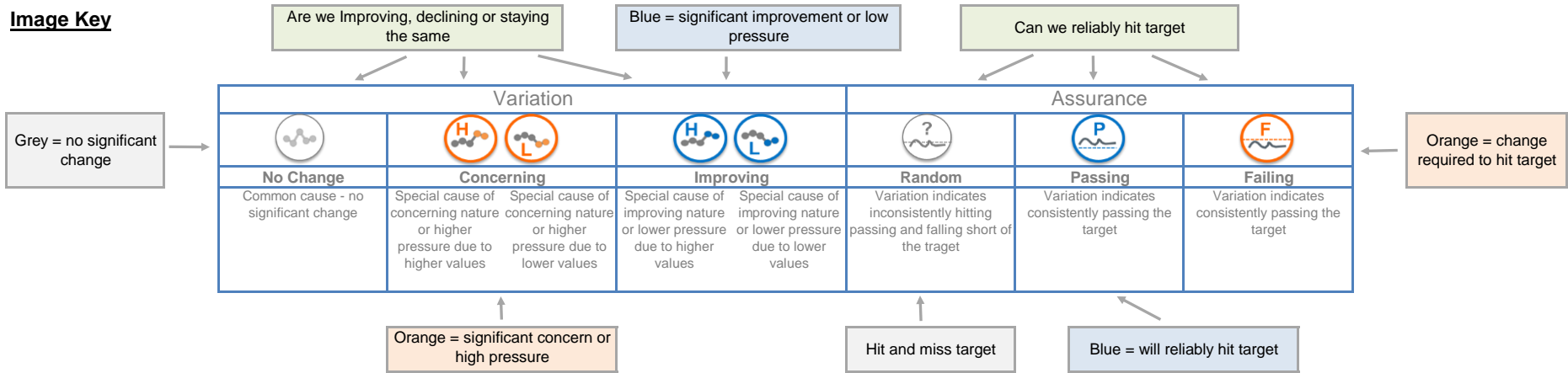**NHS Foundation Trust**

TRUST PRIORITIES REPORT
March 2023

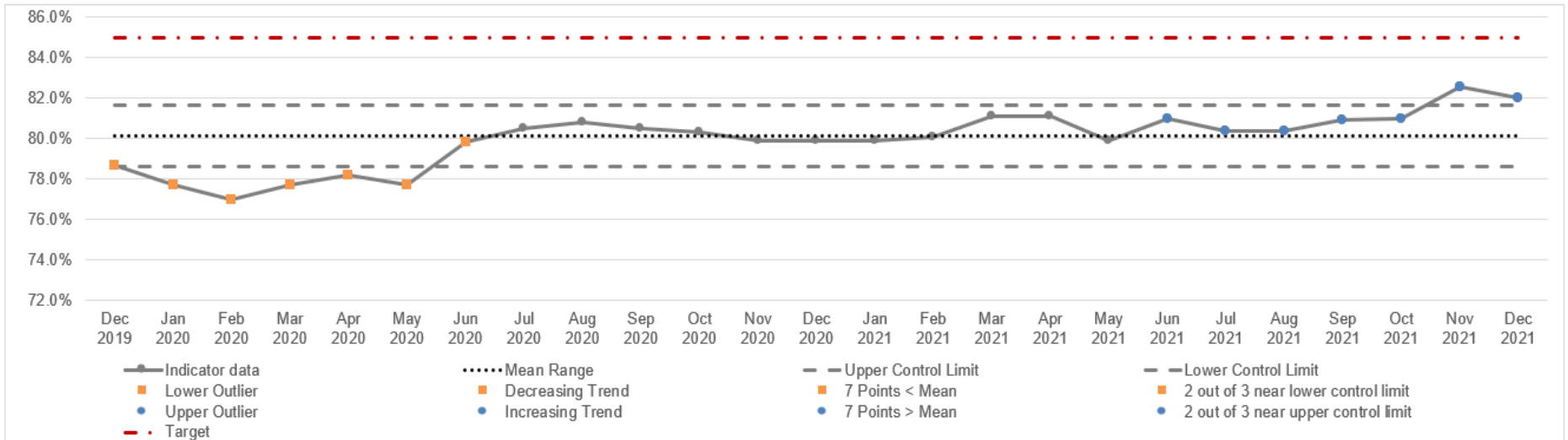*Board Assurance Framework supporting information for:*
PR1 Quality Standards, PR2 Safety Standards,
PR3 Performance Targets, PR4 Workforce, PR5 Finance,
PR6 DIS Service Standards, PR7 Integrated Care System (identified risk interdependencies)

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Image Key

Are we Improving, declining or staying the same	Blue = significant improvement or low pressure	Can we reliably hit target

Variation						Assurance		
No Change	**Concerning**		**Improving**		**Random**	**Passing**	**Failing**
Common cause - no significant change	Special cause of concerning nature or higher pressure due to higher values	Special cause of concerning nature or higher pressure due to lower values	Special cause of improving nature or lower pressure due to higher values	Special cause of improving nature or lower pressure due to lower values	Variation indicates inconsistently hitting passing and falling short of the traget	Variation indicates consistently passing the target	Variation indicates consistently passing the target

Grey = no significant change

Orange = change required to hit target

Orange = significant concern or high pressure

Hit and miss target

Blue = will reliably hit target

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).
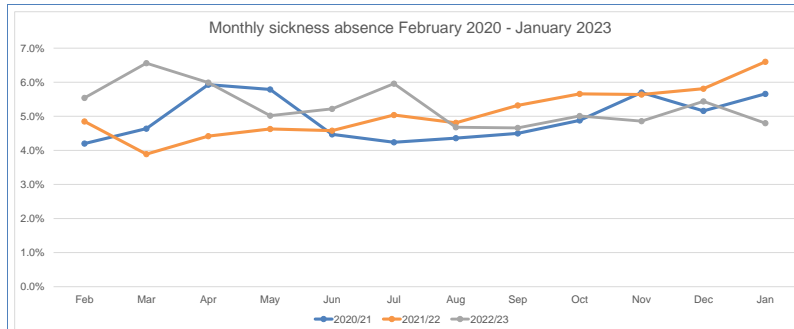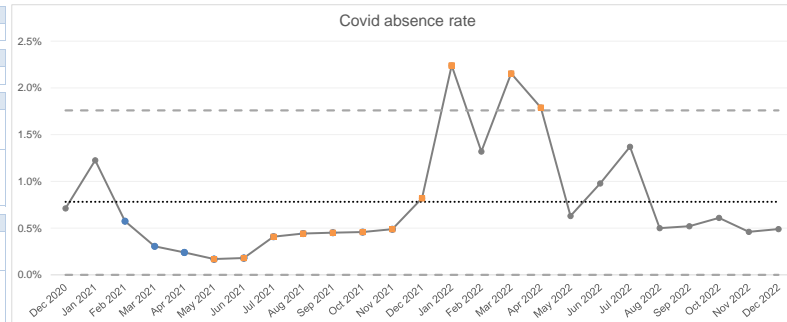
SPC Key - example SPC chart

Indicator data	Mean Range	Upper Control Limit	Lower Control Limit
Lower Outlier	Decreasing Trend	7 Points < Mean	2 out of 3 near lower control limit
Upper Outlier	Increasing Trend	7 Points > Mean	2 out of 3 near upper control limit
Target			

Orange Squares = significant concern or high pressure

Blue Circles = significant improvement or low pressure

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OUR PEOPLE - Sickness Absence and Staff Survey

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : FEBRUARY 2023

Monthly sickness absence February 2020 - January 2023

Legend: 2020/21, 2021/22, 2022/23

Jan 2023
4.80%
Target
No Target
Variance
Assurance

Covid absence rate

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

Annual absence rate
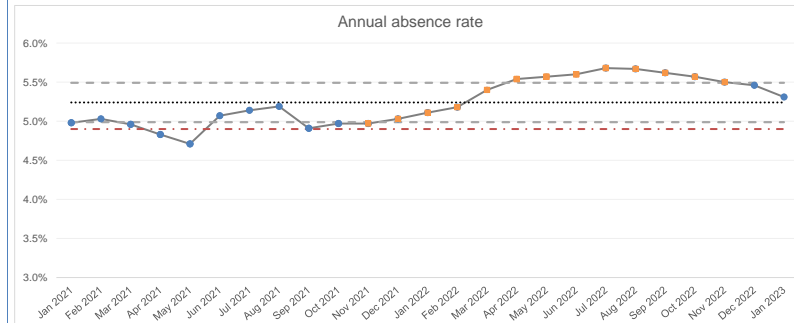
Jan 2023
5.31%
Target
4.9%
Variance
(special cause icon)
Special cause of improving nature or lower pressure due to lower values
Assurance
(F icon)
Variation indicates consistently falling short of the target

Staff survey results - Engagement and morale (2018 - 2022)

Staff survey staff engagement score: 6.9 (2018), 6.9 (2019), 6.9 (2020), 6.6 (2021), 6.5 (2022)
Staff survey morale score: 6.0 (2018), 5.9 (2019), 5.9 (2020), 5.6 (2021), 5.5 (2022)
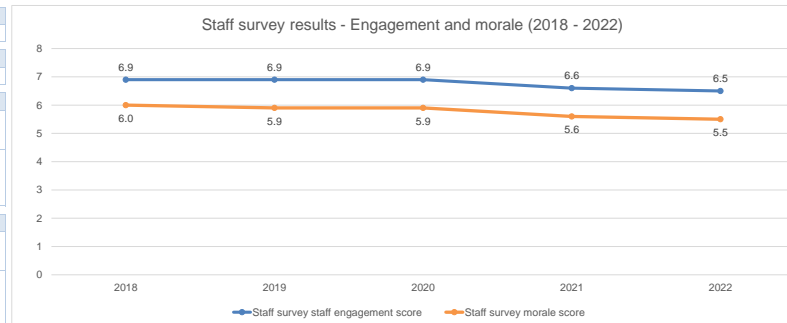
Legend: Staff survey staff engagement score, Staff survey morale score

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 Jan 2023 (4.80%) is lower than that seen last year (6.60%).
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. The figure for Jan 2023 is currently unavailable.
Annual absence rate: The indicator was showing special cause concern since November 2021, the data points were above the upper control limit from April to November 2022. December 2022 and January 2023 have improved towards the mean. The target is slightly below the lower control limit, so is showing as consistently failing target.
Staff Survey Results: The staff engagement and staff morale scores are showing a gradual decreasing trend compared to previous years (6.5 and 5.5 respectively, against scores of 6.9 and 6.0 for the 2018 staff survey)
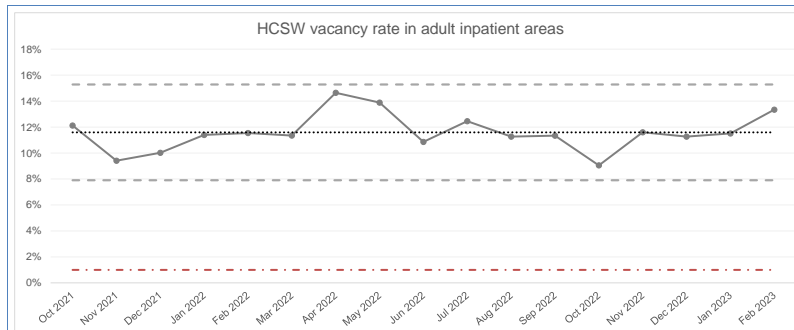
Operational Update

Both the rolling 12 month annual absence rate and the monthly absence rate reported for January 2023, were lower than the rates reported for December 2022.
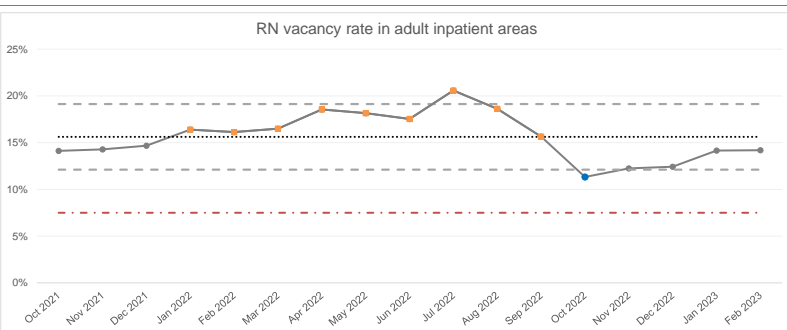
Sickness absence rates are a good indication of levels of engagement within the workforce, our recent staff survey results show that, whilst the average engagement score within other Acute Trusts has remained static ours has declined slightly. The decline in the engagement score is mainly as a result of responses in relation to advocacy, only 47% of employees would recommend the Trust as a place to work and only 46% would be happy with the standard of care provided for a friend or relative. A Trust wide staff survey action plan will now be produced and Care Groups, Corporate Services and YTHFM will be asked to produce local action plans. In addition, the Trust is looking to make the investment required to run the NHSE Culture and Leadership programme (CLP). The CLP is a 2-year continuous improvement programme, which focuses on developing a compassionate and inclusive culture through collective, compassionate, and inclusive leadership.
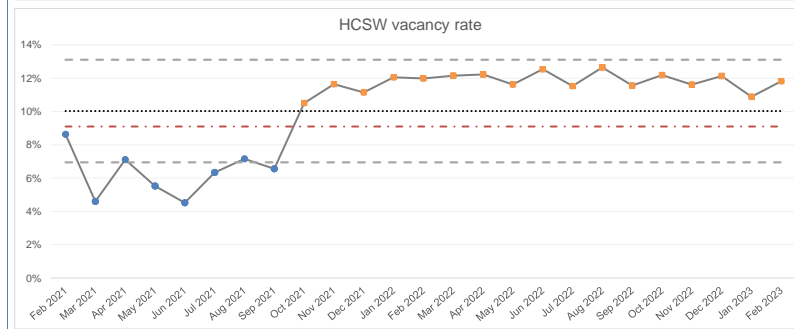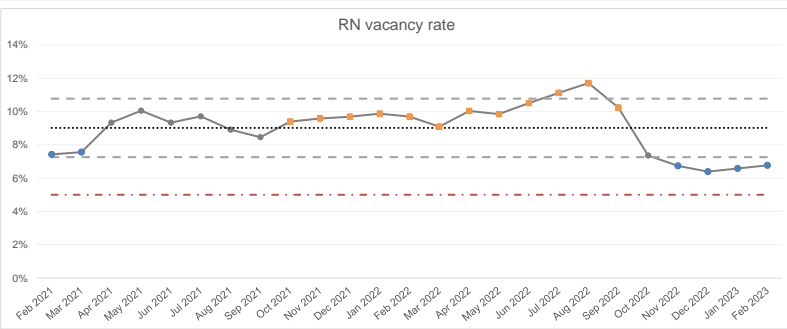
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OUR PEOPLE - Vacancy Rate

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : FEBRUARY 2023

HCSW vacancy rate in adult inpatient areas

Feb 2023	13.34%
Target	1%
Variance	Common cause - no significant change
Assurance	Variation indicates consistently falling short of the target

RN vacancy rate in adult inpatient areas

Feb 2023	14.19%
Target	7.5%
Variance	Common cause - no significant change
Assurance	Variation indicates consistently falling short of the target

HCSW vacancy rate

Feb 2023	11.82%
Target	9.10%
Variance	Special cause of concerning nature or higher pressure due to higher values
Assurance	Variation indicates inconsistently hitting passing and falling short of the target

RN vacancy rate

Feb 2023	6.77%
Target	5%
Variance	Special cause of improving nature or lower pressure due to lower values
Assurance	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. 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. 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 from Nov 2022. The months of Jul and Aug 2022 were above the upper control limit. The target is consistently not being met.

Operational Update

The Trust is on track to be the first organisation from the ICS Kerala recruitment collaborative, to on-board applicants from the event in November, with our first cohort of nurses due to commence 24 April. 9 nurses are confirmed to date, with work on-going to meet our target of 16 for the first cohort. 2 AHP's recruited from Kerala have confirmed start dates with the Trust of 1st May, with a further two expected in the following weeks/month.
NHSE has confirmed they are supporting our bid for funding to support the recruitment of 90 internationally trained nurses between April – November 2023 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. The organisation is set to achieve our target to recruit 6 international midwives, with 4 in post and 2 planned to commence in the coming month(s).

A HCSW recruitment event was held on 15 February and resulted in 48 offers being made on the day (although five have subsequently withdrawn).
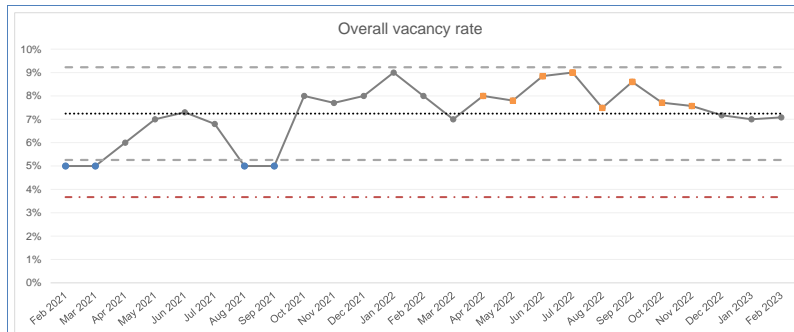
Successful recruitment campaigns for CG2 have resulted with all active vacancies at CT/F2 level for BoH General & Acute Medicine being filled, which is a significant achievement.
NHSE facilitated a recruitment workshop on 20 February, for the Trust to consider its approach to recruitment and explore new ways of working to improve engagement and time to hire. A number of opportunities were identified and will be explored, with the support of NHSE, through the existing workstream for attraction and retention.

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 7.93%.
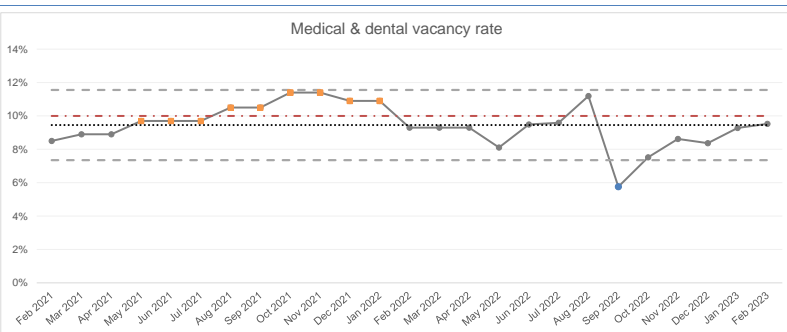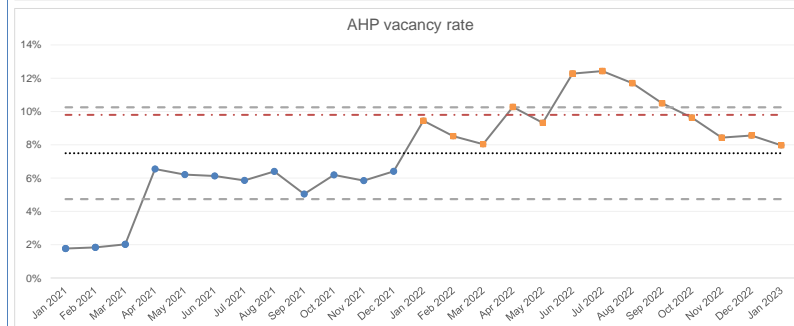
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Overall vacancy rate

Feb 2023
7.08%

Target
3.67%

Variance

Common cause - no significant change

Assurance

Variation indicates consistently falling short of the target

Medical & dental vacancy rate

Feb 2023
9.5%

Target
10%

Variance

Common cause - no significant change

Assurance

Variation indicates inconsistently hitting passing and falling short of the target

AHP vacancy rate

Jan 2023
8.0%

Target
9.80%

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

12 month rolling turnover rate Trust (FTE)
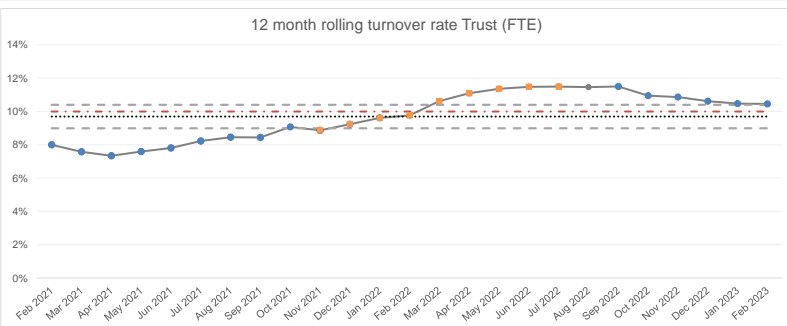
Feb 2023
10.45%

Target
10%

Variance

Special cause of improving nature or lower pressure due to lower values

Assurance

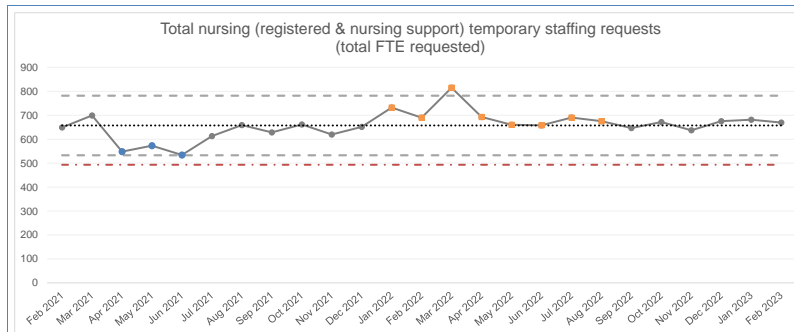Variation indicates inconsistently hitting passing and falling short of the target

Data Analysis:

Overall vacancy rate: The indicator was showing special cause concern from Apr to Nov 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 (Feb 2023 is unavailable). 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 but are showing a consistent decreasing trend. The target is slightly below the upper control limit.
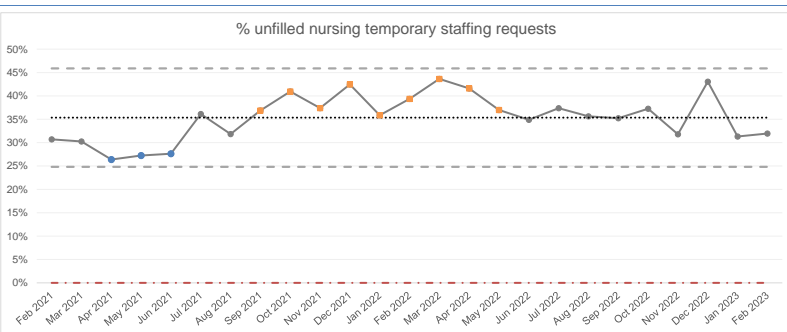
**Operational Update**

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OUR PEOPLE - Temporary Staffing

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : FEBRUARY 2023

Total nursing (registered & nursing support) temporary staffing requests (total FTE requested)

Feb 2023
669.71
Target
493.33
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target

% unfilled nursing temporary staffing requests

Feb 2023
31.94%
Target
0%
Variance
Common cause - no significant change
Assurance
Variation indicates consistently falling short of the target

Total medical and dental temporary staffing requests (total FTE requested)
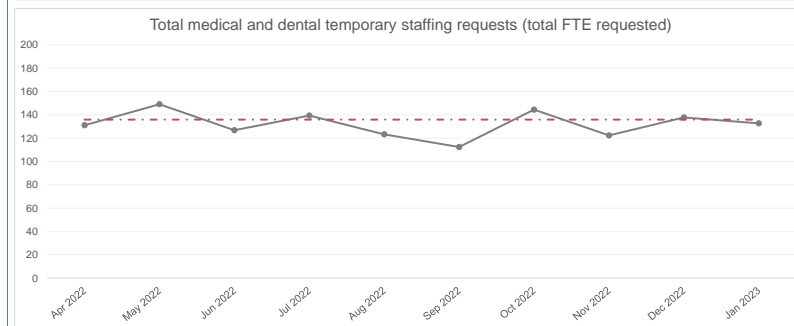
Jan 2023
132.67
Target
135.93
Variance
There is currently insufficient data, therefore variance and target assurance are not relevant
Assurance
There is currently insufficient data, therefore variance and target assurance are not relevant

% unfilled medical & dental temporary staffing requests

Jan 2023
13.44%
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 months, 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 below target.

% unfilled medical & dental temporary staffing requests: This indicator is not currently shown as an SPC chart due to insufficient data points. For the available data points, it is consistently failing the target of 0%.
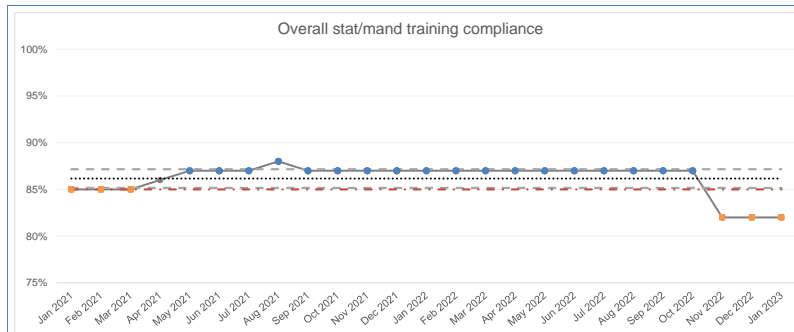
Operational Update

Feedback has been that the Winter incentives introduced in December continue to work well to support operational pressures, of note is that more than 1,200 bank shifts were filled during February 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. There were 454 flexibilty payments made in February 2023 (for shifts worked in January), this is an increase in the use of this incentive which was used 220 times for shifts worked in November 2022 and 303 times for shifts worked in December 2022.
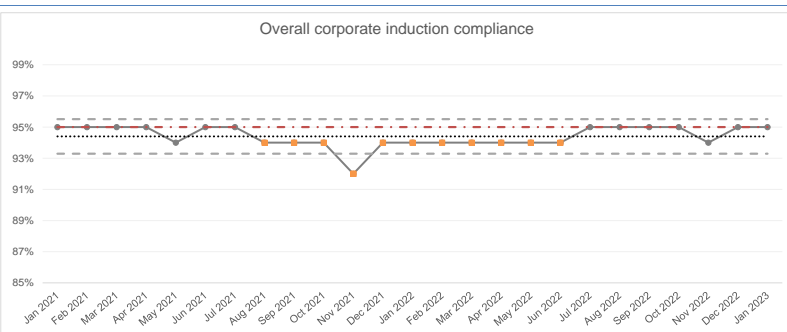
Thornbury agency use remained high in February, although there was a slight reduction from the previous month, this has not reduced to the low level achieved in December.

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.
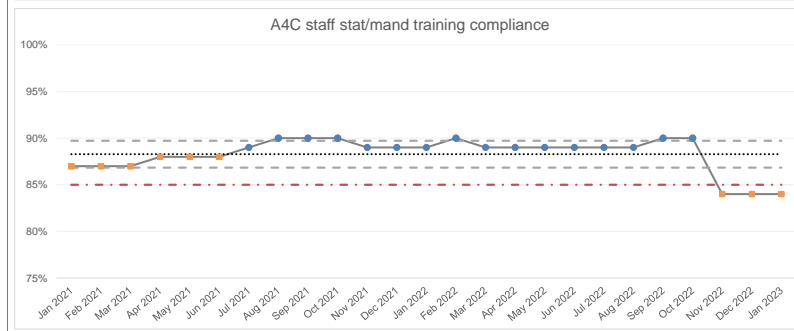
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NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Overall stat/mand training compliance

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

Overall corporate induction compliance

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

A4C staff stat/mand training compliance

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

A4C staff corporate induction compliance
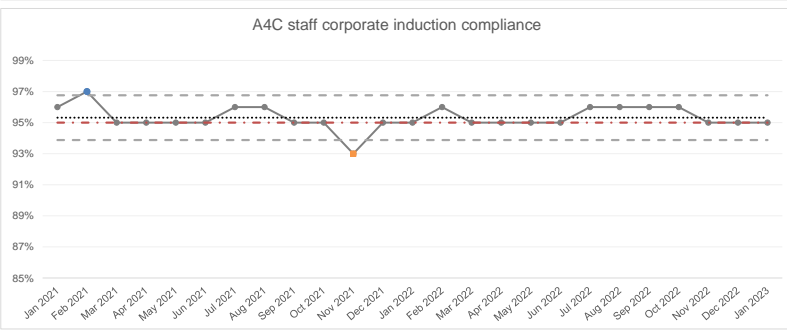
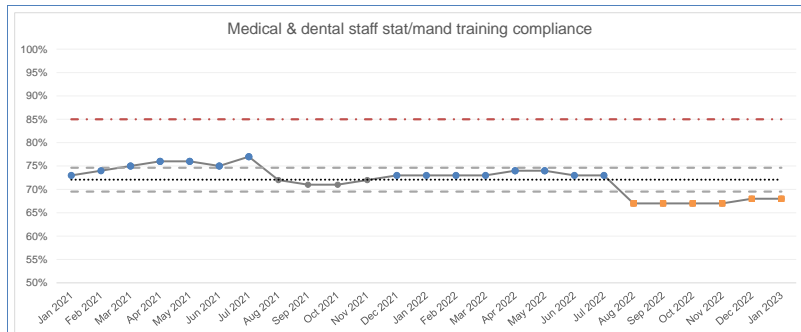| Jan 2023 |
|---|
| **95%** |
| Target |
| **95%** |
| Variance |
| Common cause - no significant change |
| Assurance |
| Variation indicates inconsistently hitting passing and falling short of the target |

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

There are no updates to the training compliance data this month due to the Serious Incident involving the Learning Hub which has resulted in the system being offline since 8 February. The Trust is working with its supplier to manage the restoration of the system and it is envisaged that an updated dataset will be available at the end of March. It is possible this may not be complete, or more likely that it will show reductions in training compliance as a result of staff being unable to access the system during the outage. Staff booked onto classroom training prior to the outage are continuing to attend sessions as normal during the period where the system is offline.

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REPORTING MONTH : FEBRUARY 2023

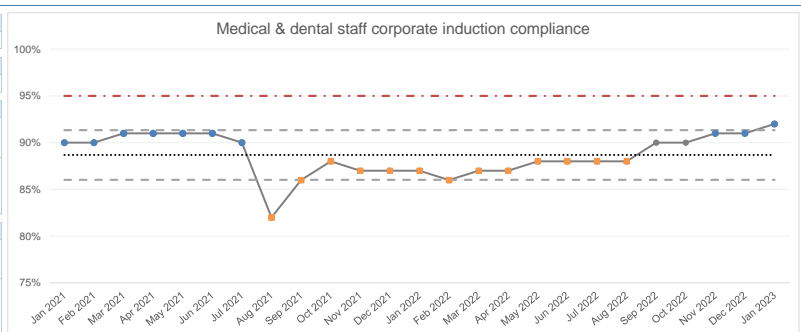### Medical & dental staff stat/mand training compliance

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

Medical & dental staff corporate induction compliance

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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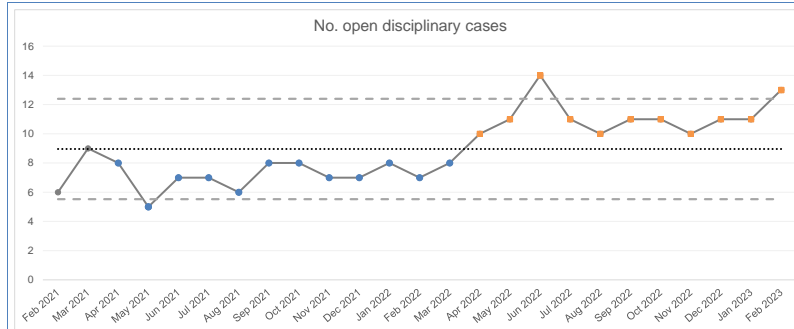This space is left intentionally blank

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.
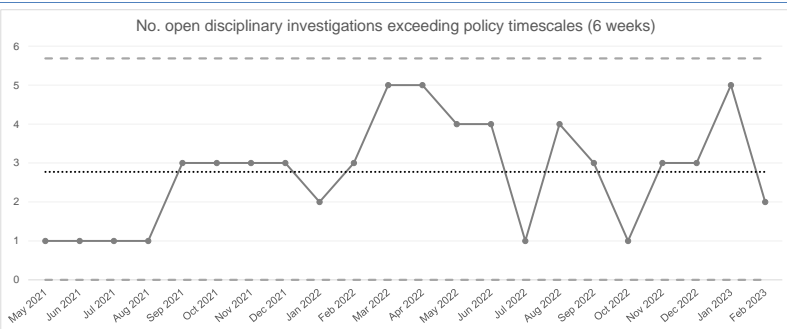
Operational Update

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NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

No. open disciplinary cases

Feb 2023
13
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

No. open disciplinary investigations exceeding policy timescales (6 weeks)

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

No. open bullying & harassment / grievance cases

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

No. open bullying & harassment / grievance cases exceeding policy timescales (1 month)

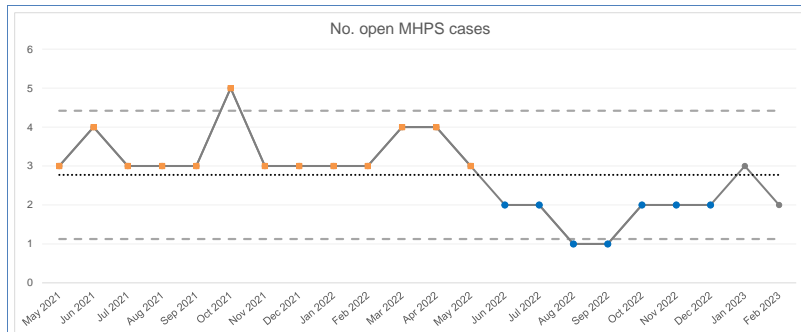| Feb 2023 |
|---|
| 1 |
| Target |
| **No Target** |
| Variance |
| Common cause - no significant change |
| Assurance |
| There is no target, therefore target assurance is not relevant |

Data Analysis:

No. open disciplinary cases: The indicator is showing over seven points above the mean from Mar 2022 and special cause concern above the upper control limit in Jun 2022.
No. open disciplinary investigations exceeding policy timescales (6 weeks): The indicator is currently showing common cause variation, although please note the figures are shown from May 2021 only.
No. open bullying & harassment / grievance cases: The indicator is currently showing common cause variation 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.
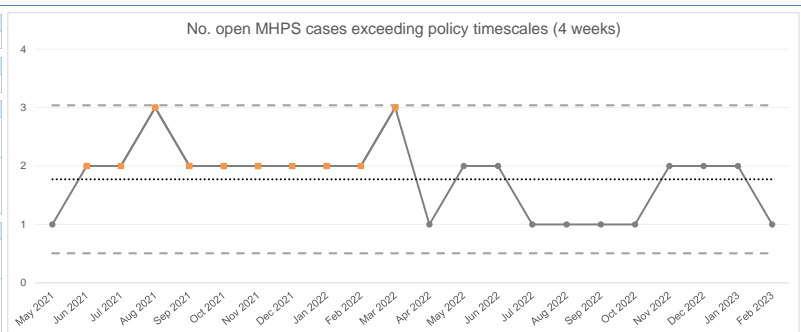
Operational Update

33

OUR PEOPLE - Employee Relations Activity (cont.)

York and Scarborough Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : FEBRUARY 2023

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

Feb 2023	
1	
Target	
No Target	
Variance	
(icon)	
Common cause - no significant change	
Assurance	
There is no target, therefore target assurance is not relevant	

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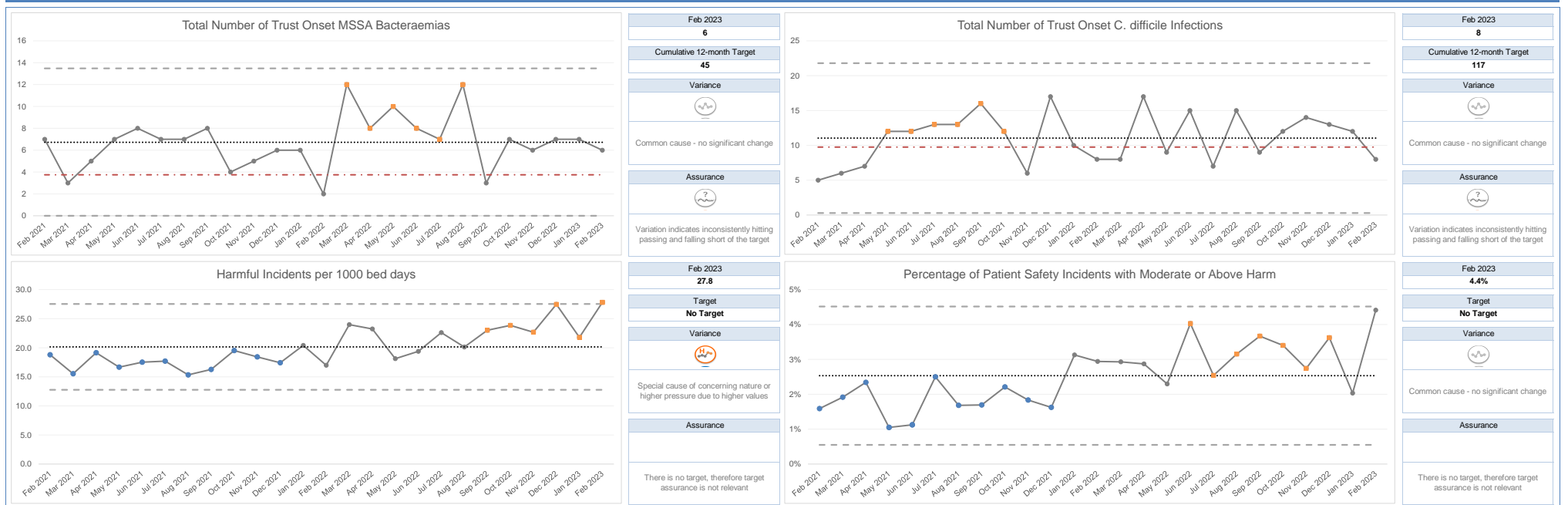This space is left intentionally blank

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

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QUALITY AND SAFETY - Priority Metrics

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : FEBRUARY 2023

Total Number of Trust Onset MSSA Bacteraemias

Feb 2023
6
Cumulative 12-month Target
45
Variance
Common cause - no significant change
Assurance
Variation indicates inconsistently hitting passing and falling short of the target

Total Number of Trust Onset C. difficile Infections

Feb 2023
8
Cumulative 12-month Target
117
Variance
Common cause - no significant change
Assurance
Variation indicates inconsistently hitting passing and falling short of the target

Harmful Incidents per 1000 bed days

Feb 2023
27.8
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

Percentage of Patient Safety Incidents with Moderate or Above Harm

Feb 2023
4.4%
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

Data Analysis:

Total Number of Trust Onset MSSA Bacteraemias: The number of infections of patients with MSSA has shown a trend 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 reducation, 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.

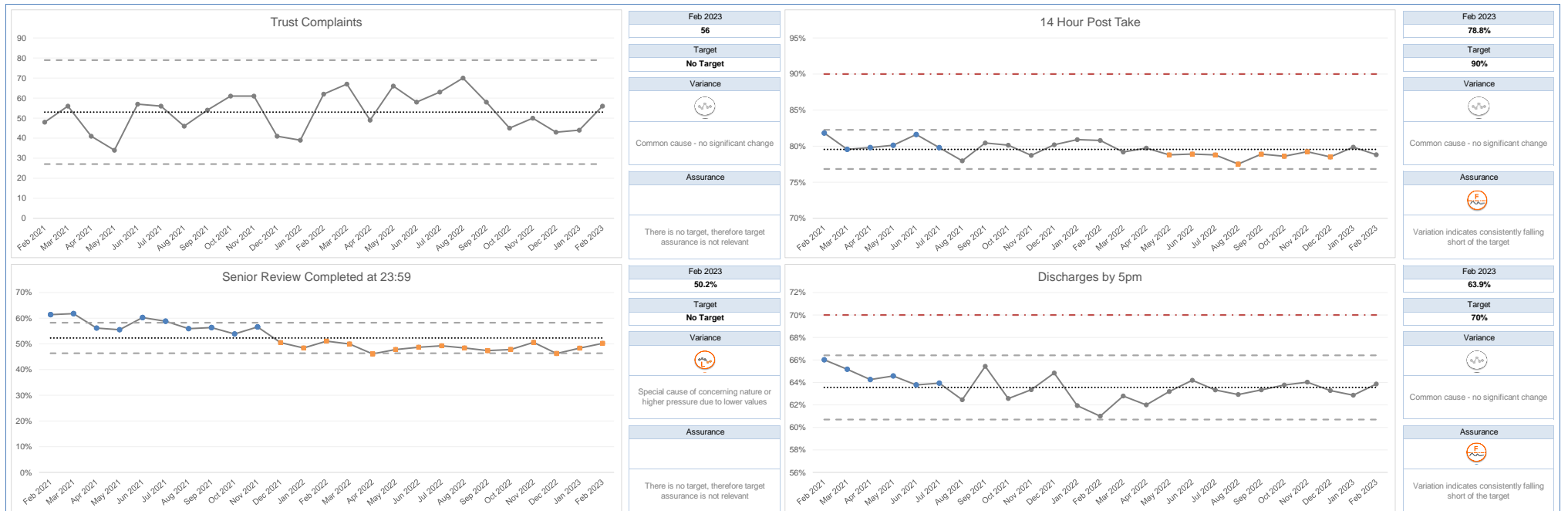**Total Number of Trust Onset C. difficile infections**
There were 12 cases of hospital attributed cases of C.difficile in January 2023. There has been a total of 123 hospital attributed cases to the end of January 2023 against a trajectory of 117 for 2022/23. The trust is over trajectory by 24 cases 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.

35

Trust Complaints

Feb 2023
56

Target
No Target

Variance
(symbol)

Common cause - no significant change

Assurance

There is no target, therefore target assurance is not relevant

14 Hour Post Take

Feb 2023
78.8%

Target
90%

Variance
(symbol)

Common cause - no significant change

Assurance
(symbol)

Variation indicates consistently falling short of the target

Senior Review Completed at 23:59

Feb 2023
50.2%

Target
No Target

Variance
(symbol)

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

Assurance

There is no target, therefore target assurance is not relevant

Discharges by 5pm

Feb 2023
63.9%

Target
70%

Variance
(symbol)

Common cause - no significant change

Assurance
(symbol)

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: No change from position last month.
Key Risks: Care groups still struggling to address complaints in timely way, with the exception of CG2.
Actions: No change from position last month.

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. An effective process and review policy for the ED is being considered but has yet to be agreed / finalised.
• 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 and further assurance has been requested in the form of an agreed monitoring framework and audit plan, particularly from C5 where MEWS compliance has been low.

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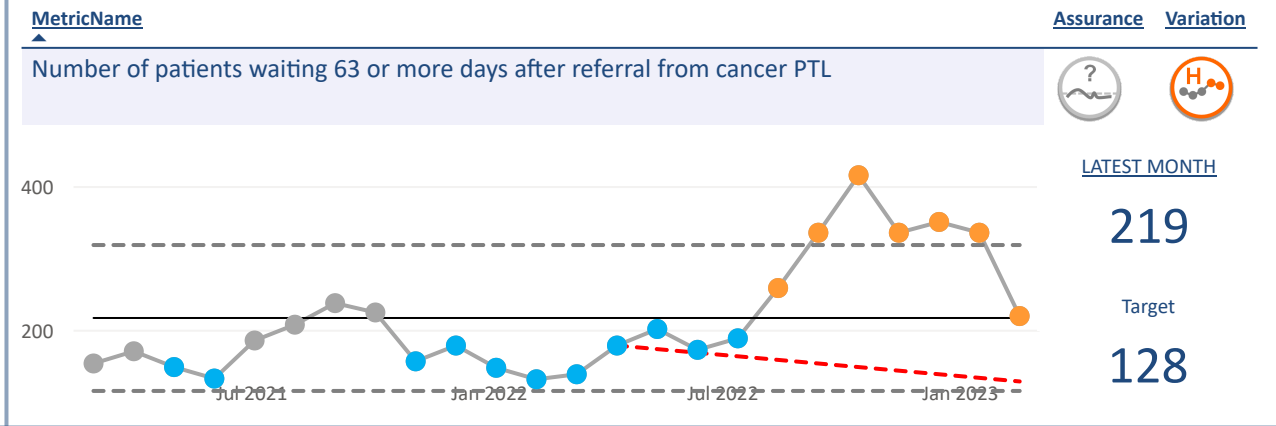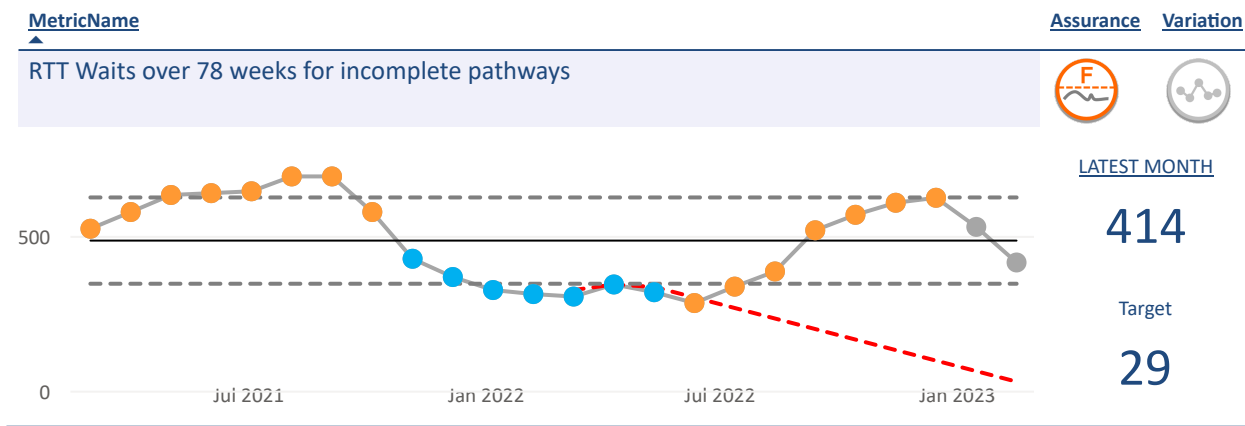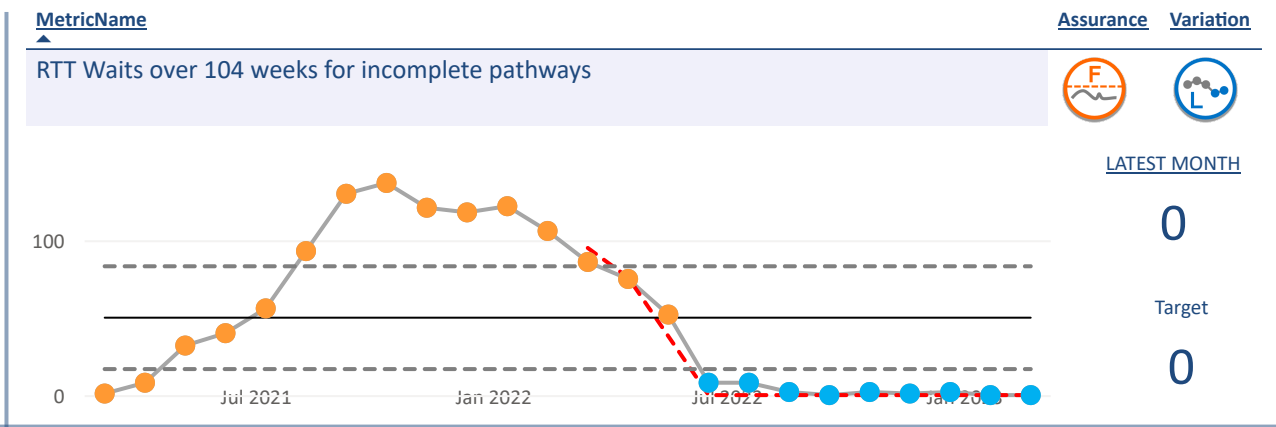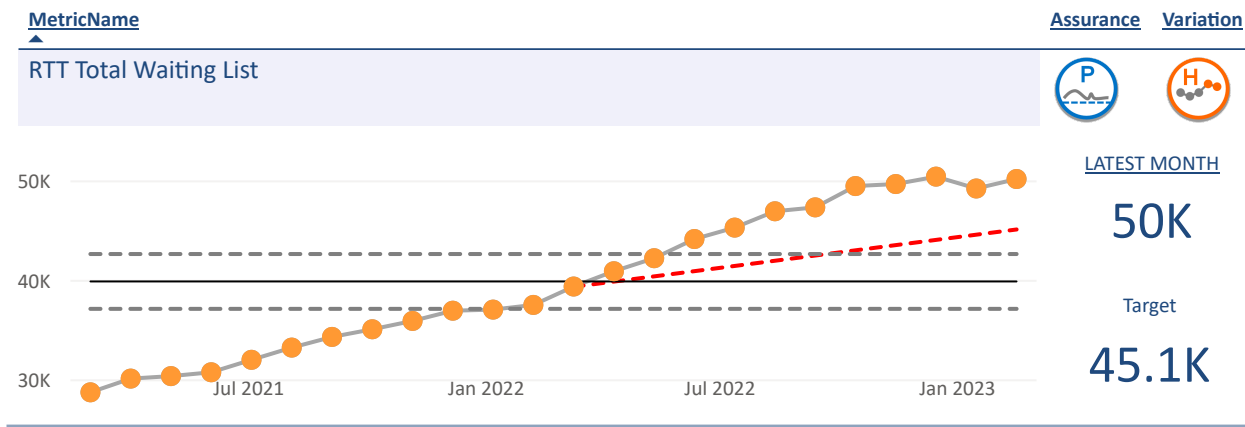# TPR: Icon Summary Matrix (Priority)

Filters:

METRIC
All

METRIC GROUP
All

VariationIcon	P	?	F	(empty)	Total
Improvement			1		1
H					
L			1		1
Common Cause		1	3		4
(common cause)		1	3		4
Concern	1	1	1		3
H	1	1	1		3
L					
Neither					
(up arrow)					
(down arrow)					
Empty					
(empty)					
Total	1	2	5		8

MetricName	Date	Variation	Assurance	Target	Latest Value
Ambulance handovers waiting >60 minutes (%)	2023-02	(common cause)	F	10	18
ED - Total waiting 12+hours - % of all type 1 attendances	2023-02	H	F	8	20
ED: Median Time to Initial Assessment (Minutes)	2023-02	(common cause)	?	18	15
Number of patients waiting 63 or more days after referral from cancer PTL	2023-02	H	?	128	219
Proportion of patients discharged before 5pm (70%)	2023-02	(common cause)	F	70	64
RTT Total Waiting List	2023-02	H	P	45065	50138
RTT Waits over 104 weeks for incomplete pathways	2023-02	L	F	0	0
RTT Waits over 78 weeks for incomplete pathways	2023-02	(common cause)	F	29	414

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TPR: Elective Recovery Priority Metrics

MetricName | Assurance | Variation

RTT Total Waiting List

LATEST MONTH

50K

Target

45.1K

MetricName | Assurance | Variation

RTT Waits over 104 weeks for incomplete pathways

LATEST MONTH

0

Target

0

MetricName | Assurance | Variation

RTT Waits over 78 weeks for incomplete pathways

LATEST MONTH

414

Target

29

MetricName | Assurance | Variation

Number of patients waiting 63 or more days after referral from cancer PTL

LATEST MONTH

219

Target

128

DATA ANALYSIS:

- **RTT Total Waiting List:** The indicator is showing deteriorating performance, with a series of points above the mean since Apr 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, Jan 2023 and Feb 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 close to 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 from Jan 2023.
- **Number of patients waiting 63 or more days after referral from cancer PTL:** The indicator was showing variation within the upper and lower control limit since Sep 2020 to Aug 2022. The value has since been above the upper control limit but is showing significant improvement for Feb 2023.

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TPR:

Narrative for Elective Recovery Priority Metrics

NHS
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). The Trust is off trajectory for the number of patients waiting over 62 days on a Cancer pathway, at 219 against a target of 128 for February. This does however represent a significant improvement on the end of January position (335). 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.	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, Medical Director 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. 3. "Back to Basics" Programme for operational managers to be launched early April, with pre-requisite training on RTT, Cancer and Waiting List management. 4. 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. 5. The Short Form Business Case for additional theatre and outpatient procedures facilities (TIF2) has been approved by the national team. 6. Waiting List Harms Task and Finish Group established. 7. Insourcing is in place, with a contract extension to March 2023 for theatres. 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.

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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. Theatre staffing vacancy, retention, and high sickness rates. Industrial action during March.	Mitigations: Tier 1 weekly meetings with National Team on elective recovery. Trust continues to utilise the nationally provided Digital Mutual Aid System (DMAS) to offer long waiting patients who are willing to travel an alternative provider. At the time of this report ten patients have been accepted by alternative providers. Weekly Elective Recovery Meetings in place for long wait RTT patients. 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 and RVI Flu plan in place.

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TPR: Health Inequalities (RTT)

RTT PTL by Ethnic Group
At end of February 2023

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	22	33,799	98.18%	94.34%
Black, Black British, Caribbean or African	26	66	0.19%	0.94%
Mixed or multiple ethnic groups	23	160	0.46%	1.26%
Asian or Asian British	22	278	0.81%	2.97%
Other ethnic group	20	123	0.36%	0.49%
Unknown	22	12,343	-	-
Not Stated	21	3,286	-	-
Grand Total	22	50,055	-	-

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 February 2023

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	22	5,885	12.09%	8.88%
2	22	6,733	13.84%	13.59%
3	22	10,252	21.07%	20.94%
4	22	10,547	21.68%	20.68%
5	22	15,240	31.32%	35.90%
Unknown	18	1,398	-	-
Grand Total	22	50,055	-	-

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.

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TPR: Acute Flow Priority Metrics

MetricName	Assurance	Variation
Ambulance handovers waiting >60 minutes (%)		

LATEST MONTH
18

Target
10

MetricName	Assurance	Variation
ED - Total waiting 12+hours - % of all type 1 attendances		

LATEST MONTH
20

Target
8

MetricName	Assurance	Variation
ED: Median Time to Initial Assessment (Minutes)		

LATEST MONTH
15

Target
18

MetricName	Assurance	Variation
Proportion of patients discharged before 5pm (70%)		

LATEST MONTH
64

Target
70

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. The target will not be met without redesign (the closest data point to 70% was in Mar 2020).

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TPR:

Narrative for Acute Flow Priority Metrics

NHS
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. 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. 2. Work is progressing on the ED build at Scarborough and is due for completion in 2024, with project resource identified to support the development of the revised acute care clinical model with all specialities. 3. The 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 national UEC Recovery Plan was published on 30th January and a more detailed analysis has now taken place which provides support for the priority workstreams in the programme. The recovery plan has 5 areas of focus and the following areas within them are the key requirements for this organisation: • Increasing capacity: both in terms of required beds, as well as ensuring better flow through existing capacity. This includes improving processes and standardising care, especially the first 72 hours in hospital. This will be addressed through the discharge framework. There will be a national improvement programme to support this work in reducing unwarranted variation which we will engage with. • Growing the workforce: supporting staff to work flexibly and developing integrated UEC workforce plans. This will be developed specifically in terms of integrated urgent care and integrated intermediate care, working closely with Place based teams. • Improving discharge; strengthen discharge processes, including improving joint discharge pathways and scaling up intermediate care. The discharge framework will ensure these requirements are addressed and the Transfer of Care workstream covering Integrated Intermediate Care will ensure the requirements regarding intermediate care are addressed. • Expand and better join up health and social care outside hospital: expanding and better joining up new types of care outside hospital and specifically expanding virtual wards to a capacity of 40-50 beds per 100 000 population. The virtual ward infrastructure will continue to develop to ensure that a trajectory is in place to reach this scale. • Making it easier to access the right care: patients can access the care they need when they need it regardless of how they access services. The Urgent Care review includes the development of opportunities to implement a clinical assessment signposting system and will ensure that this area of focus is addressed.

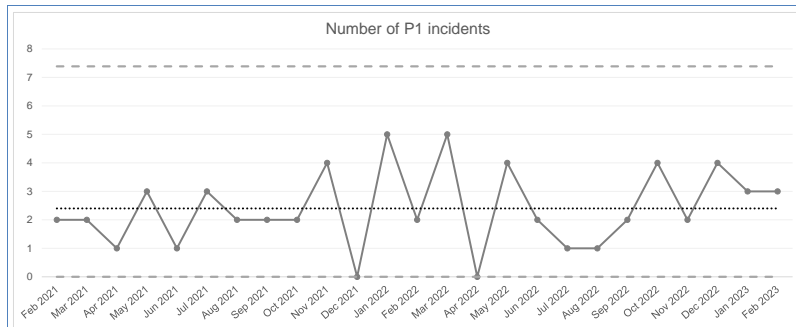**43**

TPR:

Narrative for Acute Flow Priority Metrics

NHS
**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

BI&IREF : 10042

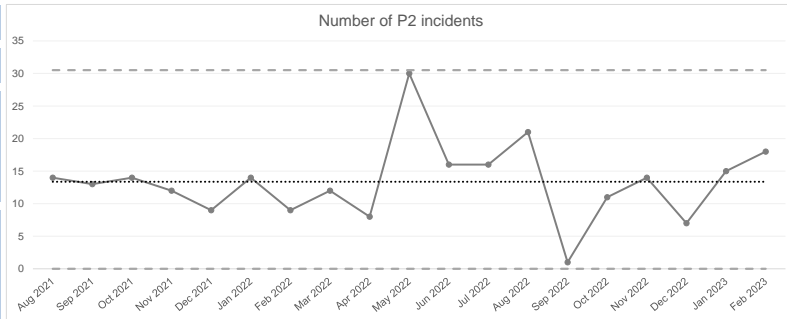| Challenges & Risks	Actions & Mitigations
	Each workstream has continued to be developed with key updates as below: 3.1.1 Urgent Care: The first workshop has now been scheduled for York, with Selby and Scarborough places to follow in March. These will bring together Place teams, commissioners and clinical teams to further build upon the discussions to co-produce the new Integrated model of Urgent Care. The ICB Executive team are considering the contractual arrangements for an Integrated Urgent Care service, including looking at a prime provider option and the associated procurement process. 3.1.2 Children and Young people Integrated Care and Assessment: In February the partnership group reviewed all of the work to date on understanding behaviours and the population better and began to identify options for further integrated models of care which can be tested ahead of next winter. Virtual Ward pathways, signposting and streaming as well as Outpatients Antibiotic pathways are to be explored further by the group in March. The CAT hub continues as the initial test of an integrated model of care with discussions regarding recurrent funding options continuing. 3.1.3 Virtual Ward: multiple connections have been made across the country to identify learning from those with an established virtual ward infrastructure as well as with the national team to support the required developments here and seek out funding opportunities. 3.1.4 SDEC: The trust has completed the national SDEC benchmarking exercise as well as the ICS wide Collaboration of Acute Providers exercise. Feedback is awaited; however, initial discussion has taken place with the Collaboration regarding opportunities for SDEC in this organisation. The missed opportunity audit, supported by ECIST, will take place in March to clinically identify the opportunity to maximise SDEC services across the organisation. 3.1.5 Discharge: The proposal for the pan Trust Discharge Framework was further developed during the February Programme Board with continued support for it to cover the full patient pathway from admission. The ECIST Criteria to Admit audit is still planned for March which will further inform the framework alongside the internal audit carried out against the priority 7 Day Standards. The framework will set standards for consistency across the organisation and build upon existing work in this area. Discussions are also progressing with the Quality improvement Team in relation to the support they can provide to clinical teams with this work. 3.1.6 7 day standards: Work is continuing towards the four priority standards in relation to post take, diagnostics and review of patients. Analysis is being completed using the radiology information system to assess performance against standard 5. The internal audit is now being further reviewed with the Care Group Directors to inform the approach to address standards two and eight which is likely to link to the Discharge Framework workstream as described above. 3.1.7 Access to post hospital care: In relation to Transfer of Care, the additional resource for both Bridlington and York Care Units is in place and awaiting confirmation of recurrent funding from 2023/24. The next steps are regarding how Integrated Intermediate Care can be progressed specifically in York and to further develop partnership working with Humber Community NHS Trust. The system plan continues to be developed with partners covering all three areas, of prehospital, in hospital and transfer of care. A monthly partnership session has been established to support further development and delivery of the plan alongside the weekly action meetings.

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TPR:

Narrative for Acute Flow Priority Metrics

NHS
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 March following the ballot action.	4. 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. 5. Exploration of the development of a domiciliary social care service to support the discharge of patients who do not have the right to reside. 6. CIPHER in place since December 2022 funded by NY and York place. Scarborough (ambulance clinical handover and PTS discharge) and York (ambulance clinical handover working with VCS-PTS) through to the end of March 2023. 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 and RVI Flu plan in place.

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DIGITAL - Digital Indicators

York and Scarborough Teaching Hospitals NHS Foundation Trust

Number of P1 incidents

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

Number of P2 incidents

Feb 2023
18
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

Total number of calls to Service Desk

Feb 2023
4803
Target
3500
Variance
Common cause - no significant change
Assurance
Variation indicates inconsistently hitting passing and falling short of the target

Total number of calls abandoned
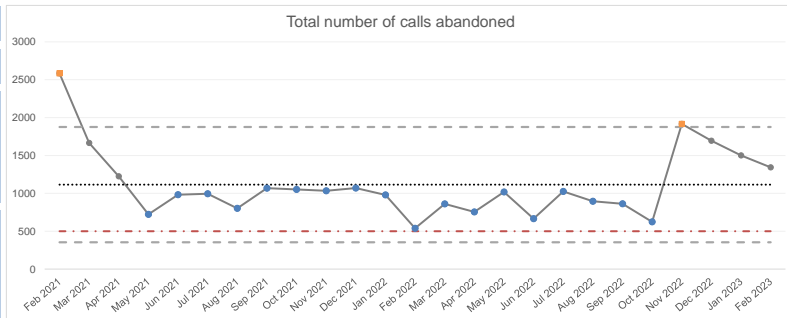
Feb 2023
1343
Target
500
Variance
Common cause - no significant change
Assurance
Variation indicates inconsistently hitting passing and falling short of the target

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 year.

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. Jan 2023 was above the upper control limit, but in Feb 2023 has reduced back towards the mean. 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 Feb 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 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 target is not being met consistently, but the target line is above the lower control limit.
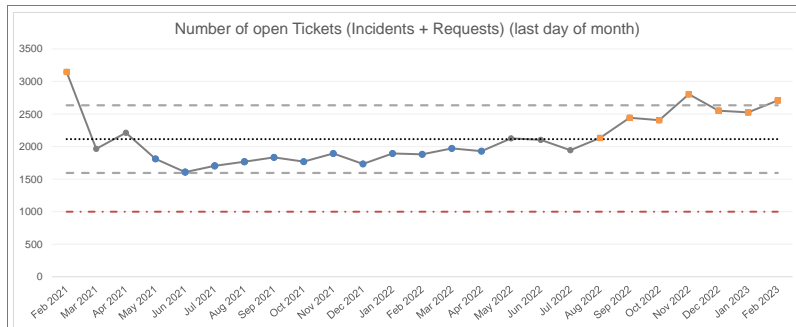
Operational Update:

P1 incidents:
- 3/2 - Wifi authentication fault affecting new connections across all sites.
- 9/2 - Learning Hub fault (since 8/2)
- 17/2 - G2 dictations not appearing in CPD worklist
Problem Management group and Continuous Service Improvement groups establised.

Total number of calls / number of abandoned calls
- Continued improvement in totals. Answer times being prioritised.

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NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Number of open Tickets (Incidents + Requests) (last day of month)

Feb 2023
2708
Target
1000
Variance
(H)
Special cause of concerning nature or higher pressure due to higher values
Assurance
(F)
Variation indicates consistently falling short of the target

Number of end user devices over 4 years
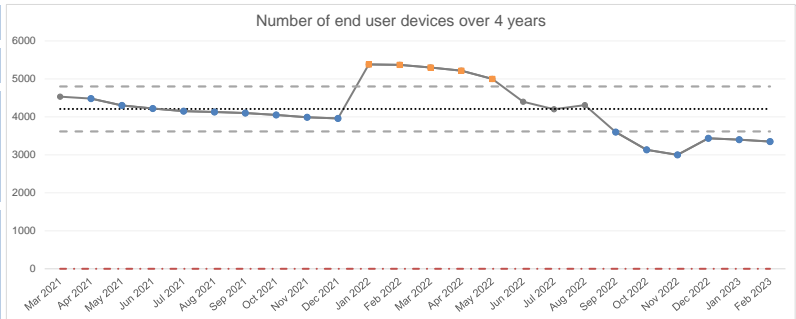
Feb 2023
3350
Target
0
Variance
(L)
Special cause of improving nature or lower pressure due to lower values
Assurance
(F)
Variation indicates consistently falling short of the target

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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 2022 to Feb 2023 were all above the mean. Nov 2022 and Feb 2023 are both above the upper control limit. 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 devices (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 onwards, with 3350 devices now over 4 years old.

Operational Update:

Number of open calls (last day of the month)
- This remains high, although it should be noted that approx **35%** are deferred and awaiting replies/action by users, or delivery of equipment.
- Service Desk capacity during February impacted by 0.75 WTE lost to training and 0.75 WTE to annual leave. Priority given to telephone support and active tickets. Staff levels increased in March and will focus on review/closure of deferred tickets
- Continued elevated demand for support relating to NHSmail accounts and migration preparations.

Number of End User Devices over 4 years
The 237 machines that we have engaged users has identified no return of machines.   Formulating a policy that remote IT equipment (i.e. laptops) to come onsite once every 30 days to ensure they recieve the correct patches.

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DIGITAL - Information Governance Indicators

REPORTING MONTH : FEBRUARY 2023

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Number of incidents reported and investigated
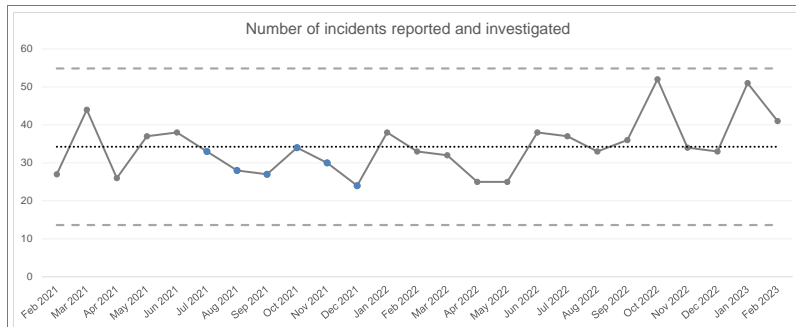
Feb 2023
41
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

Number of Patient SARs
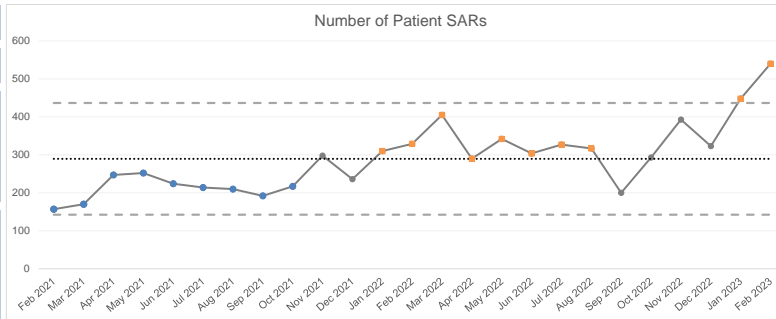
Feb 2023
540
Target
No Target
Variance
Special cause of concerning nature or higher pressure due to higher values
Assurance
There is no target, therefore target assurance is not relevant

Number of FOIs received (quarterly)
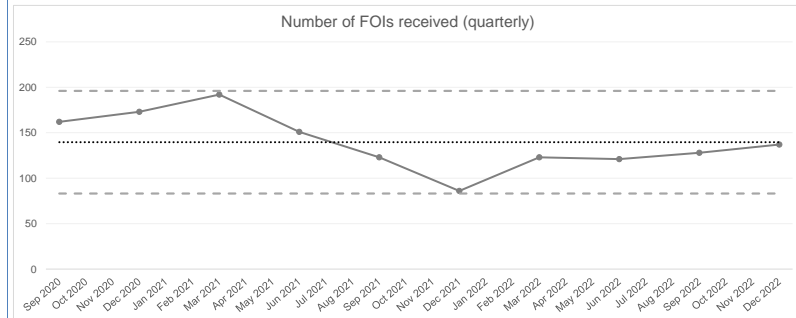
Dec 2022
137
Target
No Target
Variance
Common cause - no significant change
Assurance
There is no target, therefore target assurance is not relevant

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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 and Feb 2023 above the upper control limit (Feb: 540 SARs), after a run of 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)

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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 – February 2023 (Month 11)

1. Income and Expenditure Position

The I&E table below confirms an actual adjusted deficit of £2.3m against a planned deficit of £0.1m for February. The Trust is £2.2m adversely adrift of plan. This represents an improvement of the position reported in prior months.

The largest adverse variance relates to pay at £15.1m. Premium rate pressures linked to vacancies and high sickness levels are continuing to contribute to the adverse position. As previously reported, funding has been confirmed for the unfunded pay award and this is now factored into the reported position.

Whereas previously the position was impacted by the cost of the unfunded mobile CT scanner (£1.4m in a full year) that the Board agreed to continue to support because of the safety impact associated with our diagnostic waiting times, we have been informed that funding is to be received from the NHY ICB to cover this, and this is now factored into the reported position.

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 £370k 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 £4.1m (£2.7m relating to out of tariff drugs with compensating additional income from NHSE), an overspend on other costs of £4.6m (including particularly a pressure on utilities of £1.8m due to the further price increases seen last autumn) and a CIP shortfall of £0.5m with some compensation from an underspend on clinical supplies and services of £6.5m.

Also of note is that we spent £8.5m for the year to date on covid costs compared to a plan of £6.9m; therefore we are £1.6m adversely adrift of our covid plan.

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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	70,161	73,913	3,752	80,279
Clinical commissioning groups	528,607	483,276	490,394	7,118	533,000
Local authorities	4,793	4,393	4,415	22	4,815
Non-NHS: private patients	514	471	446	-25	426
Non-NHS: other	1,342	1,246	1,377	131	1,799
Operating Income from Patient Care Activities	**610,546**	**559,547**	**570,544**	**10,997**	**620,319**
Research and development	1,765	1,618	2,340	722	2,557
Education and training	24,231	22,182	23,499	1,317	25,812
Other income	49,084	44,969	46,164	1,195	49,521
Other Operating Income	**75,080**	**68,769**	**72,003**	**3,234**	**77,890**
Employee Expenses	-444,024	-406,650	-421,799	-15,149	-457,048
Drugs Costs	-61,987	-56,837	-60,941	-4,104	-66,083
Supplies and Services - Clinical	-74,733	-67,978	-61,456	6,522	-65,958
Depreciation	-18,291	-16,767	-16,009	758	-17,456
Amortisation	-1,521	-1,394	-1,394	0	-1,521
CIP	1,305	460	0	-460	0
Other Costs	-68,289	-62,647	-67,268	-4,621	-72,647
Total Operating Expenditure	**-667,540**	**-611,813**	**-628,867**	**-17,054**	**-680,713**
OPERATING SURPLUS/(DEFICIT)	**18,086**	**16,503**	**13,680**	**-2,823**	**17,496**
Finance income	30	28	810	783	621
Finance expense	-975	-894	-794	100	-976
PDC dividends payable/refundable	-8,014	-7,346	-7,293	53	-8,014
NET FINANCE COSTS	**9,127**	**8,291**	**6,403**	**-1,887**	**9,127**
Other gains/(losses) including disposal of assets	0	0	0	0	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	**9,127**	**8,291**	**6,403**	**-1,887**	**9,127**
Remove Donated Asset Income	-9,607	-8,811	-9,183	-372	-9,607
Remove Donated Asset Depreciation	452	418	414	-4	452
Remove Donated Asset Amortisation	28	22	26	4	28
Remove Peppercorn Depreciation	0	0	10	10	0
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	**0**	**-81**	**-2,330**	**-2249**	**0**

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2. 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 - February									
		February 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	£2,713	£1,528	£1,185	£1,715	£1,300	£1,715	£0	£0
2. Acute, Emergency and Elderly Medicine (Scarborough)	£1,404	£1,264	£1,263	£0	£1,399	£5	£1,399	£0	£0
3. Surgery	£3,008	£2,707	£2,016	£691	£2,314	£694	£2,314	£0	£0
4. Cancer and Support Services	£2,552	£2,297	£2,450	-£153	£2,765	-£213	£2,765	£0	£0
5. Family Health	£1,595	£1,435	£1,267	£168	£1,394	£201	£1,394	£0	£0
6. Specialised Medicine	£1,639	£1,475	£1,603	-£129	£1,902	-£264	£1,902	£0	£0
7. Corporate Functions									
Chief Exec	£65	£59	£76	-£18	£77	-£11	£77	£0	£0
Chief Nurse Team	£164	£147	£131	£16	£134	£29	£134	£0	£0
Finance	£184	£165	£971	-£806	£989	-£805	£989	£0	£0
Medical Governance	£15	£13	£125	-£112	£125	-£110	£125	£0	£0
Ops Management	£101	£91	£50	£41	£50	£51	£50	£0	£0
Corporate CIP	£16,890	£15,483	£15,576	-£93	£16,992	-£102	£16,992	£0	£0
DIS	£289	£260	£267	-£7	£319	-£30	£319	£0	£0
Workforce & OD	£314	£283	£941	-£658	£1,109	-£794	£1,109	£0	£0
				£0					
Sub total	£31,234	£28,391	£28,264	£126	£31,283	-£50	£31,283	£0	£0
YTHFM LLP	£1,123	£1,011	£677	£334	£1,073	£50	£1,073	£0	£0
Group Total	£32,357	£29,401	£28,941	£460	£32,357	£0	£32,357	£0	£0

Delivery in month 11 remains £0.5m behind plan in terms of the core programme delivery. Plans have been identified to deliver the total programme of £32.4m, all low risk.

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

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Model Health System

An 'Efficiency Exchange Platform' has been set up in collaboration with the Model Hospital Ambassadors, NHSE and Future Focused Finance. The portal will allow for Trust's to share their efficiency schemes and good practice. So far, the forum has attracted good attendance with clinicians presenting specific programmes of work.

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. This work will be a major feature of the ICB's approach to collaborative efficiency delivery going forward into 2023/24.

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 FY22/23. 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

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3. ERF

We remain working to the assumption that ERF will not be recovered during 2022/23 for any shortfall in elective recovery activity. This message continues to be promoted by NHSE and the ICB. This assumption is fully reflected in the reported position for the period to date.

4. Current Cash Position

February cash balance showed a £21.4m favourable variance to plan; this is mainly due to PDC drawdown of £28m in February in readiness for payments for capital invoices in March and April. 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	61,340	

There are no cash issues to bring to the attention of the Board.

5. 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 11 Planned Spend £000s	Mth 11 Actual Spend £000s	Variance £000s
86,513	72,677	55,094	(17,583)

The capital programme at month 11 is £17.6m behind plan. £11.2m of this relates to IFRS 16 leases; Community Stadium lease of £8m not being finalised and £3.2m due to delays in equipment leases running behind plan.

If we remove the impact of IFRS 16 figures the capital programme is £6.5m (12%) behind plan. The 3 main schemes contributing to this adverse variance are Scarborough UEC scheme (£2m), Decarbonisation Salix Scheme (£1.7m) and York Cardiology VIU (£4.1m) which are offset by other schemes running ahead of plan.

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 towards completion in time for the year end. The Community Stadium lease remains outstanding at the time of completing this report but every effort is being taken to complete this work ahead of the year end.

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6. Risk Overview

The financial plan includes significant risk, discussed, and acknowledged at the time of Board approval. The table below summarises the final remaining risks as we move to close the current financial year. These are current risks being managed. The BAF describes the main risks relevant to the new year planning work.

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.	Significant progress has been made in month 11 and the residual remaining element is expected to be delivered during March. This risk has been effectively managed although significant non-recurrent delivery will carry over into 2023/24.
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.	The approach taken by NHSE has effectively removed this risk for 2022/23.
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.	The spend trend has been reducing and is built into our forecast position. The likely impact of any material change in month 12 is considered low risk due to the scrutiny and control now in place.
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.	Care Groups and corporate directorates are actively seeking to challenge, defer and delay any aspect of discretionary expenditure into the new financial year. This is not impacting safe staffing levels in any way.
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 main material risk with the programme is that relating to the community stadium lease. The Trust has CDEL cover for 22/23 only. Intense work is underway to seek to complete the lease signing before the end of March.

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7. 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	621,461
Non-Clinical Income	79,198
Expenditure	-691,136
Surplus/(deficit)	9,523
NHSE Adjustments	-9,523
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 month 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 £1m.

This forecast has formed the basis of our forecast submission to NHSE/ICB for M11.

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 February 2023 financial position for the Trust.

Author(s):   Graham Lamb, Deputy Finance Director

Director Sponsor Andrew Bertram, Finance Director

Date: Mar-2023

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TRUST PRIORITIES REPORT : February-2023

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Feb-23
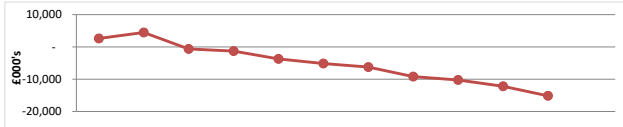
METRIC:	PLAN:
£6,403	6.01 Income and Expenditure	**£8,291**

Actual Income — Actual Expenditure — Income Plan — Expenditure Plan

METRIC:	PLAN:
£57,339	6.02 Operational Expenditure against Plan (exc. COVID)	**£54,278**

Plan — Actual

METRIC:	PLAN:
£513	6.03 COVID-19 'Inside the Envelope' Expenditure	**£624**
	Monthly % Covid Spend of Operational Spend:	0.9%

Plan — Actual

METRIC:	PLAN:
£335	6.04 COVID-19 'Outside the Envelope' Expenditure	**£360**

Plan — Actual

METRIC:	PLAN:
£62,210	6.05 Income against plan	**£56,941**

Plan — Actual

METRIC:	PLAN:
£6,403	6.06 Cumulative net actual Income and Expenditure surplus/(deficit)	**£8,291**
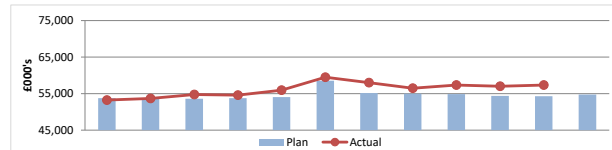
METRIC:	PLAN:
-£1,888	6.07 Cumulative net Income and Expenditure surplus/(deficit) variance to plan	**£0**

METRIC:	PLAN:
£14,231	6.08 Cumulative Income Variance to Plan	**£0**
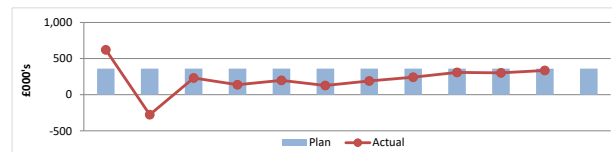
METRIC:	PLAN:
-£16,120	6.09 Cumulative Expenditure Variance to Plan	**£0**
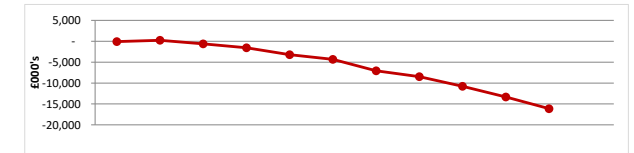
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TRUST PRIORITIES REPORT : February-2023

SUMMARY INCOME AND EXPENDITURE POSITION
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Feb-23

METRIC:	PLAN:
-£15,149	6.10 Cumulative Pay Expenditure Variance to Plan	**£0**

| **-£1,905** | 6.11 Cumulative Non-pay Expenditure Variance to Plan | **£0** |

| **£61,340** | 6.12 Cash Position | **£39,964** |

| **£6,265** | 6.13 Debtors | **£13,424** |

| **£16,848** | 6.14 Creditors | **£12,605** |

| **£55,094** | 6.15 Capital | **£72,677** |
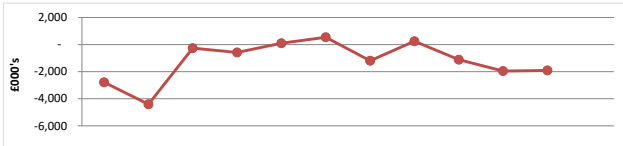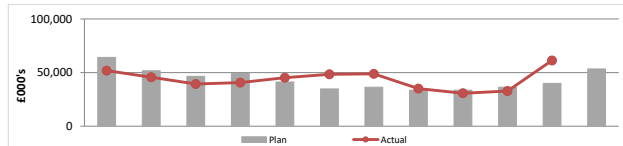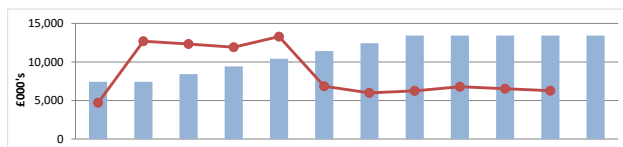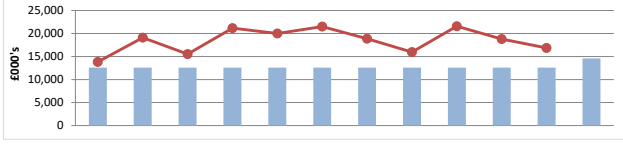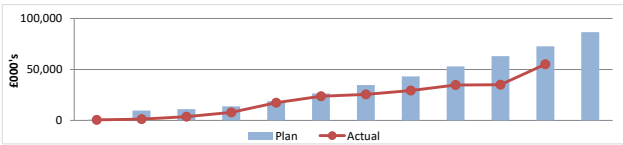
METRIC:	PLAN:
£28,943	6.16 Efficiency programme - delivery against plan and forecast delivery	**£29,402**

Delivery ytd:
Recurrent £14,265 459
Non Recurrent £14,678

| **£32,357** | 6.17 Efficiency programme - planning position full year | **£32,357** |
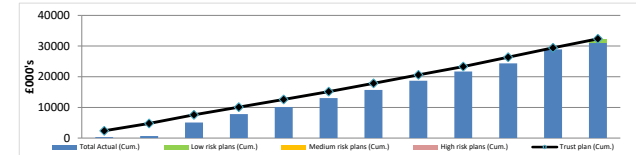
Planning (Gap)/Surplus

	February £'000	EOY £'000	Comments
Target	**29,402**	**32,357**	
PLANS			
Low Risk	29,751	32,357	
Medium Risk	0	0	
High Risk		0	
Total Plans	**29,751**	**32,357**	
Planning (Gap)/Surplus	**349**	**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)

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TRUST PRIORITIES REPORT : February-2023

SUMMARY INCOME AND EXPENDITURE POSITION
STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Feb-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
£1,783	6.24 Agency Spend against Agency Cap	£1,310

BPPC Performance

Within 30 days		Within 7 days
93%	6.25 BPPC - % paid in 30 days	**22%**
	6.26 BPPC - % paid in 7 days	
Within 14 days	6.27 BPPC - % paid in 14 days	Within 21 days
36%	6.28	**44%**
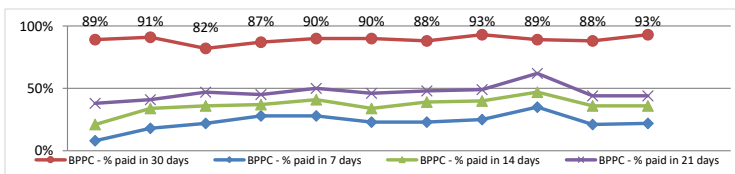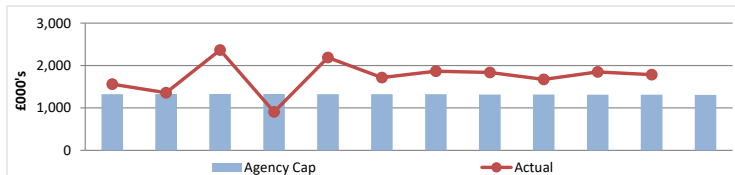
Highlights for the Board to Note:

	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 93% of suppliers being paid within 30 days.

Research & Development Performance Report : Feb-2023
Executive Summary

<u>Trust Strategic Goals:</u>

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

<u>Purpose of the Report:</u>

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

<u>Executive Summary:</u>

Key discussion points for the Board are:

Our key outcomes in the last month are as follows:

• We have recruited 3731 patients into clinical trials so far this financial year, against a target of 3506, so we have exceeded our accrual target!

• We are 1st in England for number of accruals for gastroenterology and 2nd in the country for Ophthalmology

• We have been kindly offered 4 research PAs from HYMS and have 10 staff who would like to have a research PA within their job plans. We are therefore sorting out the process on how to offer these based on academic outputs.

• Dr Dominic Smith has been appointed Care Group Research Leads in CG5 after Dr Adrian Evans stepped down. We are yet to appoint the new Care Group Research Lead for CG1

• The continued collaboration with York St John University has provided 2 Trust Health Services Research Fellows working one day a week at the university and 4 days a week at the Trust. Their research will involve and benefit both organisations in addition to developing our early career researchers. We are also about to advertise another fee waivered PhD opportunity.

• We are having exciting conversations regarding joint support within the new Institute of Health at the University of York St John and the MLTC Hub at Scarborough, under Professor Garry Tew, this may lead to another PhD appointment, jointly funded.

• We are working on several grants for applications currently, all due for submission in the next two months.

<u>Recommendation:</u>

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: Mar-2023

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TRUST PRIORITIES REPORT : February 2023

CLINICAL RESEARCH PERFORMANCE REPORT

Recruitment

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022-23	494	570	226	239	217	362	775	222	224	238	164		3731
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
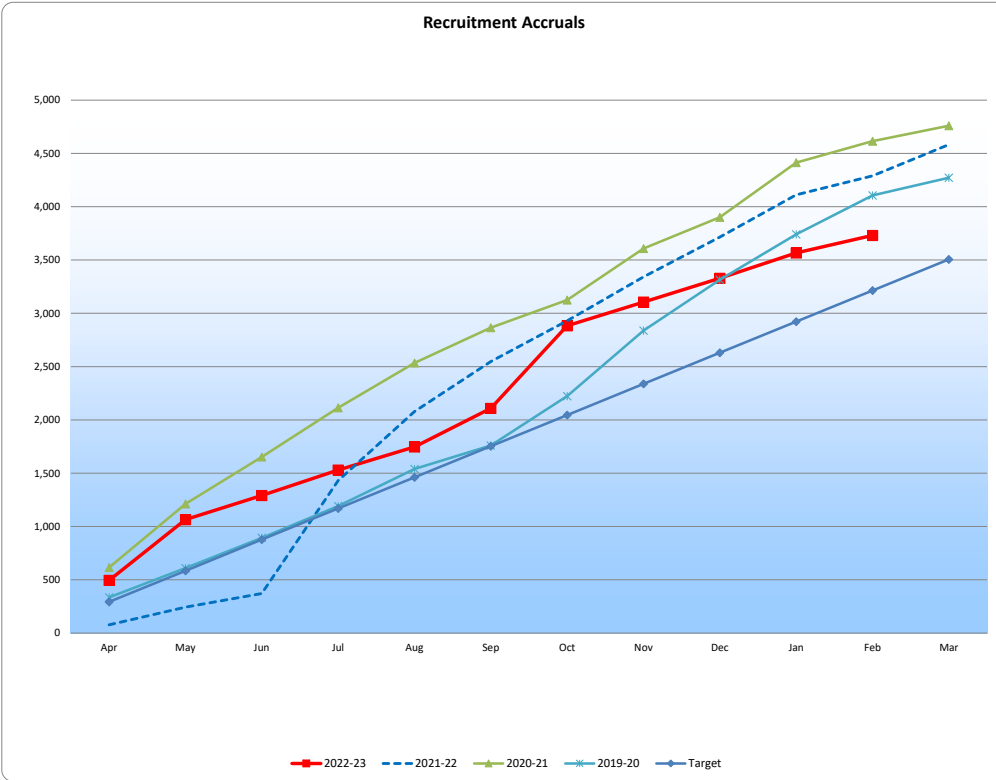
Care Groups	Accruals Running Total 22/23
CG1 Total	481
CG2 Total	186
CG3 Total	422
CG4 Total	145
CG5 Total	63
CG6 Total	125
RP's Total	665
Cross Trust Studies Total	1644
ACCRUAL TOTALS	**3731**

Accruals Still Required	0
Trials Open to Recruitment	100

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	**36%**	**17%**	*Weighted 11*
Observational	**50%**	**56%**	*Weighted 3.5*
Large Interventional	**4%**	**4%**	*Variable weighting by study*
Large Observational	**4%**	**17%**	*Weighted 1*

Breakdown of Trial Category % - All Open Studies

Commercial	**6%**
Non Commercial	**94%**

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

Recruitment Accruals

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APPENDIX : National Benchmarked Centiles

NHS
York and Scarborough
Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : FEBRUARY 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 06/03/2023
* 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%)	Feb-23	64.0%	70%	83	22/121	*Jan 23
	UEC	ED: Median Time to Initial Assessment (Minutes)	Feb-23	15	18	22	93/119	*Dec 22
	RTT	RTT Total Waiting List	Feb-23	50138	45065	29	120/169	*Dec 22
	RTT	RTT Waits over 104 weeks for incomplete pathways	Feb-23	0	0	26	125/169	*Dec 22
	RTT	RTT Waits over 78 weeks for incomplete pathways	Feb-23	414	29	13	147/169	*Dec 22
Quality & Safety	Healthcare Associated Infections	Total Number of Trust Onset MSSA Bacteraemias	Feb-23	6	45 (12-month)	6	129/137	*Nov-22
	Healthcare Associated Infections	Total Number of Trust Onset C. difficile Infections	Feb-23	8	117 (12-month)	22	107/137	*Nov-22
	Patient Experience	Trust Complaints	Feb-23	56	No Target	23	162/210	*Q4 21/22

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NHS

**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	29 March 2023
Subject:	Risk Management Update - Corporate Risk Register
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Mike Taylor, Associate Director of Corporate Governance

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

Approve ☐   Discuss ☐   Assurance ☒   Information ☐   Regulatory Requirement ☐

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

Summary of Report and Key Points to highlight:

To note the Trust's current Corporate Risk Register following review at the March Risk Committee.

Recommendation:

The Board of Directors is asked to note the current Corporate Risk Register.

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

Meeting	Date	Outcome/Recommendation
Risk Committee	Each Month	Approved

Risk Management Update – Corporate Risk Register

1. Introduction and Background

Risk and its assessment are an integral part of the services provided by the York and Scarborough Teaching Hospitals NHS Foundation Trust.

The management and mitigation of risks is essential to safeguard the Trust's staff, assets, finance, and reputation and is fundamental to the provision of high-quality care for patients and staff by creating a control environment centred on continuous improvement.

2. Corporate Risk Register (CRR)

The CRR is a high-level operational risk register which captures trust-wide risks and their controls. Used correctly, it demonstrates that an effective risk management approach is in operation within the Trust. Risks on the CRR are owned by Executive directors.

The CRR is reviewed, and quality assured monthly by the Executive directors and/or their delegates prior to presentation at the Risk Committee, which includes risks escalated from care groups and corporate service functions to be considered for inclusion onto the CRR.

3. Risk Management Process

The date of meetings of the Trust's Risk Committee have been rescheduled to ensure a more effective and timely risk reporting process through the Committee onwards to the Board Subcommittees and subsequently the Board on a monthly basis commencing in March. This will be supplemented by the reporting of the Trust's strategic risks in the Board Assurance Framework (BAF) on a quarterly basis.

Escalations to the Risk Committee will be considered by its members to determine whether a risk that is being proposed for escalation should feature on the CRR or should be de-escalated to its point of origin. For each risk that is escalated, rationale should be provided as to why the risk should be considered for inclusion on the CRR.

The March Risk Committee had its focus of the CRR on mitigating actions, respective target dates and action owners reflected in appendix 1. The severity and likelihood descriptors are provided below for reference.

4. Next Steps

The CRR will next be reviewed at the 5 April Risk Committee.

Table 1 Severity score (s): How do I assess the severity?

Severity is the term given to the resulting loss, injury or disadvantage if a risk materialises. Remember – there are likely to be a range of outcomes for this event.

Choose the most appropriate domain for the identified risk from the left-hand side of the table. Then work along the columns in the same row to assess the severity of the risk on the scale of 1 to 5 to determine the severity score, which is the number given at the top of the column. (Consider how severe the impact, or consequence, of the risk would be if it did materialise) **Note the Score**

Severity score (severity levels) and examples of descriptors - this is not an exhaustive list					
Domains	**1 No Harm**	**2 Minor Harm**	**3 Moderate Harm**	**4 Severe Harm**	**5 Catastrophic Harm**
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days. Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death(s) Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / complaints / audit	Peripheral element of treatment or service suboptimal Informal complaint /inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff On-going unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an on-going basis
Statutory duty / inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating, critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity / reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence

Business objectives / projects	Cost increase /schedule slippage <1% over project budget /plan	Cost increase /schedule slippage >1<5% over project budget /plan	Cost increase/schedule slippage >5<10 % over project budget /plan	Cost increase/schedule slippage >10<25 % over project budget /plan Key objectives not met	Cost increase /schedule slippage >25% over project budget /plan Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective /Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results , Claim(s) >£1 million
Service / business interruption Environment al impact	Loss or interruption of >1 hour Minimal or no impact on the environment	Loss or interruption of >4 hours Minor impact on environment	Loss or interruption of >1 day Moderate impact on environment	Loss or interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L): How do I assess the likelihood?

What is the likelihood of the consequence occurring? The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever possible to identify a frequency. Consider how likely it is that the risk will occur using the following descriptors: **Note the Score**

	1	2	3	4	5
Descriptor	**Extremely Unlikely**	**Unlikely**	**Possible**	**Somewhat Likely**	**Very Likely**
Frequency (general) How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency (timeframe)	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability Will it happen or not	<5 per cent	6-25 per cent	26-50 per cent	51-75 per cent	76-100 per cent

Table 3 Risk Scoring: Severity x Likelihood (S x L)

Then **multiply** the two scores together from the table below.

L↓ S→	No Harm	Minor Harm	Moderate Harm	Severe Harm	Catastrophic Harm
Very Likely	5	10	15	20	25
Somewhat Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Extremely Unlikely	1	2	3	4	5

For grading risk on Datix, the scores obtained from the risk matrix are assigned the following grades.

Very Low (1 – 3)	Low (4 – 6)	Medium (8 – 9)	High (10 – 12)	Significant (15 – 25)

Appendix 1
Corporate Risk Register March 2023

BAF Ref	CRR Ref and Title	Description	Owner	Risk level (current)	Movement	Actions (Risk)	Action Lead	Target Date	Risk level (Target)
PR1 PR3	1 - Failure to manage contagious infection outbreaks	The risk of ineffective management systems caused by environmental issues, insufficient specialist and standard isolation capacity, reduction of bed base, a lack of adequate facilities at Scarborough Hospital and the recent spike of COVID and non-COVID patients in ICU which impact on separating separate COVID and non-COVID patients in ICU. The trust has no specialist isolation facilities for patients with airborne infection or potential high-consequence infectious diseases (HCID). This may result in serious harm or death to a patient, unsatisfactory patient experience, significant financial loss; loss stakeholder confidence; and/or a material breach of CQC conditions of registration	Nurse, Chief	Significant (S5 - L4)	⟷	1. Both Emergency Departments have developed plans for identifying and housing potential HCID cases within their existing footprint. 2. The actions are captured in the wider IPC improvement plan 3. 23/11/2022-There is a detailed piece of design work needed to enable the trust to achieve HTM compliant ventilation on all the ward across the organisation. The Estates department is going round to evaluate this. 17/03/2023 Clarification on HCID rooms via the Trust ventilation. It was ascertained that rooms were not full HCID rooms and just specified to infectious containment rooms. Additional funding has been agreed to ensure as part of the Scarborough UEC full HEPPA filtration/ ventilation is in place for 11 rooms to increase capacity on site. This will increase significantly increase the capacity on site and across the Trust estate of infectious disease isolation rooms. 4. 09/01/2023 Awaiting the opening of the new Emergency Department at York Hospital on 04/05/2023 which will allieviate the overcrowding at the Emergency Department and associated IPC transmission risk.	1.Caroline Dunn -York Freya Oliver - Scarborough 2. Emma George 3. Colin Weatherill 4. Caroline Dunn -York Freya Oliver - Scarborough	1. York - June 2023 Scarborough - April 2024 2. April 2023 3. 17 March 2023 4. York - June 2023 Scarborough - April 2024	High (S5 - L2)
PR1 PR2 PR3 PR6	4 - Cyber Security	There is a risk of a Cyber Attacks through a computer virus or malware, malicious user behaviour, unauthorised access, phishing and unsecure data flows. This could result in significant patient harm, reputational damange, unavailability of systems, financial recovery costs, and inability to meet regulatory deadlines (NHSE, HMRC) and additional regulatory scrutiny/fines/censure (CQC/ICO).	Chief Digital and Information Officer	Significant (S5 - L4)	⟷	1.Refresh our suit of Information Security Management Policies. 2.Creation of vetting process with especial focus on contract resource across the Trust with personal credentials issued for IT use. 3.Creation of a Vulnerability Management strategy. 4.Review and perform an idenpendant gap analysis of the Trust's proactive monitoring systems in line with ISO 27001 5.Review approach to staff training and awareness of cyber risks and create an engagemnet strategy. 6.Review the Trust approach to physical security and create a costed and prioritised action plan. 7.Conduct a full penetration test of the entire IT estate.	1. Sam Marshall 2. Sam Marshall 3. Sam Marshall 4. Sam Marshall 5. Rebecca Bradley 6. Sam Marshall 7. Sam Marshall	1. 30 June 2023 2. 30 April 2023 3. 30 June 2023 4. 30 June 2023 5. 30 June 2023 6. 30 June 2023 7. 30 June 2023	Significant (S5 - L3)

BAF Ref	CRR Ref and Title	Description	Owner	Risk level (current)	Movement	Actions (Risk)	Action Lead	Target Date	Risk level (Target)
PR1 PR2 PR3 PR4	7- Sustained significant pressure in ED	Risk to patient safety and workforce: 1. Overcrowding: linked to increased morbidity and mortality risk where the number of patients occupying the emergency department is beyond capacity for which the ED is designed and resourced to deliver at any one time. This can lead to delays to treatment for patients, for those requiring resus and those for the main department and thus reduced performance in quality standards. This is due to delayed transfers of care for patients requiring admission and from patients attending the department. In York it is also a result of building work reducing current capacity. This impacts on the ability to take handover of new patients from the ambulance service causing safety risks across the system. 2. Workforce: The above creates an environment that impacts on staff well-being and resilience causing additional risks to staff behaviours and performance and ultimately to patient safety. This affects both recruitment and retention.	Operating Officer, Chief	Significant (S5 - L4)	⟷	1.New ED build, with associated working model and patient pathways. 2. Integrated Urgent Care Model 3. Virtual Wards, 4.Discharge Framework 5. 7 day standards 6. Integrated Intermediate Care 7. Integrated models of care for Children and Young people	1. York - Jamie Todd 1. Scarborough - David Thomas 2. Gemma Ellison 3. Gemma Ellison 4. Gemma Ellison 5. Gemma Ellison 6. Gemma Ellison 7. Caroline Alexander	1. York June 2023 1. Scarborough June 2024 2. October 2023 3.September 2023 4. September 2023 5.September 2023 6. December 2023 7. September 2023	Significant (S5 - L4)
PR1 PR2 PR3 PR5	14 - Deterioration of reinforced autoclaved aerated concrete (RAAC) Pathology Roof Scarborough	Pathology roof and possibly intermediator floors are of an aerated construction and we have been advised that this construction method had a limited lifespan that has been exceeded and could be subject to failure. There is asbestos in the location also which prevents remedial work being undertaken. There has been a failure of this construction in public buildings. Due to the unknown status of RAAC, and the risk of roof collapsing, potential of death or serious injuries and risk of service closure. RAAC on corridor between North and South blocks has been found following a survey	Finance, Director	Significant (S5 - L4)	⟷	1. A plan is in place to decant pathology services to new location. 2. A Plan is being developed in conjunction with NHS England to transfer remaining personnel to York and the building of a New Hot Lab at Scarborough. 3. A full Trust site survey has been commissioned (Curtains) to see if there is any other locations of RAAC Trust wide.	1. David Ogglesbury 2. David Ogglesbury 3. Mark Steed	1. End of April 2023 2. September 2023 3. June 2023	1- Very Low (S1 - L1)

BAF Ref	CRR Ref and Title	Description	Owner	Risk level (current)	Movement	Actions (Risk)	Action Lead	Target Date	Risk level (Target)
PR1 PR2 PR3 PR6	8 - Workstream Funding	There is a risk that the Trust will be unable to deliver key work streams within the Maternity Transformation programme, due to a lack of available funding both Capital and Non-Capital. This could result in risk to patient safety, patient experience, regulatory non-compliance and reputational damage.	Nurse, Chief	Significant (S4 - L4)	⬌	1. Feasibility study plan is to be undertaken to identify the resourcing requirements.	1. Sue Glendenning	5th April 2023	Medium (S3 - L3)
PR1 PR2 PR3 PR4 PR5 PR7	9 - Failure to deliver the National Activity Plan	There is a risk of the Trust not being able to deliver the National Activity Plan leading to the failure to deliver: 1. Zero RTT 104 week waits by June 2022 2. Delivery of zero RTT 78 week waits by end March 2023 3. Diagnostic 6-week performance recovery 4. Cancer 63 day waiters 5. Emergency Care Standards 6. Ambulance Handovers 7. Patients spending 12 hours in Department due to Workforce (sickness, vacancies & retention) Clinical capacity (Theatre, Outpatients Beds etc) and the number of patients without a right to reside impacting on the ability to carry out elective work. This could result in regulatory intervention, patient safety and quality of care.	Operating Officer, Chief	Significant (S4 - L4)	⬌	1. Executive escalation when not on plan 2. Starchambers chaired by Trust Chief Executive with high risk specialities established and commencing January 2023. 3. Trust in National Tier 1 facilitated assistance from National elective IST and Ernst Young	1. Kim Hinton, monthly via Elective Recovery Board and Gemma Ellison, monthly via urgent & Emergency Care Board 2. Melanie Liley 3. Melanie Liley	1. Monthly 2. April 2023 3. April 2023	Medium (S3 - L3)

BAF Ref	CRR Ref and Title	Description	Owner	Risk level (current)	Movement	Actions (Risk)	Action Lead	Target Date	Risk level (Target)
PR5 PR7	6 - Failure to deliver our Annual Financial Plan	There is a risk to delivery of our 22/23 annual financial plan due to the failure to control expenditure within resource envelope, failure to manage inflationary pressures, failure to deliver the required level of elective recovery activity to secure ERF and/or failure to deliver the efficiency programme. This could result in reputational damage, our cashflow and our ability to deliver clinical services. There is an additional developing risk to agreement and delivery of our annual financial plan for 23/24 concerning the availability of ICB and national funding levels to meet current and predicted Trust running costs.	Finance, Director	Significant (S4 - L4)	⟷	1. Develop enhanced reporting to DF&P Committee along with development of the TPR. 2. ICS collaborative working, risk share arrangements 3. Greater scrutiny of business case developments required to ensure a source of funds is sourced before investment is made. 4. Trust has created and is currently delivering an Internal Financial Recovery Plan - March 2023. 5. Additional income recovery with NHSE and ICB to help manage specific pressures. 6. Engagement with the ICB and national teams to understand the movement in funding between 22/23 and 23/24 and the associated consequences at operational level.	1- 6 Finance Director	1-5 End of March 2023 6. End of June 2023	Medium (S3 - L3)
PR1 PR2 PR3	2 - Deteriorating Patients	There is a risk in correctly identifying and managing deteriorating patients due to staff not escalating the risk, a key person dependency, inadequate treatment, discharge and admission plans and poor patient flows. This could result in serious patient harm/death, regulatory scrutiny/censure, financial costs and reputational damage.	Director, Medical	Significant (S4 - L4)	⟷	QI work on the deteriorating patient pathway to include consideration of human factors, psychological studies and patient feedback on safety incidents (currently being reviewed for specific actions, owners and timescales)			Medium (S4 - L2)
PR1 PR2 PR3 PR4	3 - Insufficient staff	There is a risk of delays in offering optimum care and treatment due to the failure to maintain adequate staffing levels arising from staff sickness, difficulties in recruiting, national staff shortages, finding of Nursing establishment reviews, vacancy rates and inability to provide seven-day service in non-emergency care. This is further exacerbated during periods of industrial action. This may result in increased pressure in clinical services and delays in diagnostics treatments including poor experience for patients and staff.	Workforce & Organisational Development, Director	Significant (S4 - L4)	⟷	1. Job Plan re-setting of expectations 2. Safer Care Investment Proposals to Board 3. Establishment review 4. Workforce planning 5.Re-present full e-rostering implementation business case (Once Nursing components provides benefit realisation)	1.Medical Director 2. Chief Nurse 3. Director Workforce & Organisational Development 4. Director Workforce & Organisational Development 5. Director Workforce & Organisational Development/Chief Nurse	1. Upon completion of 2023/24 Job Plans 2. Upon completion of 2023/24 Job Plans 3. 31 March 2023 4. 31 March 2023 5. 2023/24	High (S4 - L3)

BAF Ref	CRR Ref and Title	Description	Owner	Risk level (current)	Movement	Actions (Risk)	Action Lead	Target Date	Risk level (Target)
PR1 PR2 PR3	12 - Patients With No Criteria to Reside	There is a risk of patient harm, deconditioning and poor patient experience due to an excessive number of patients whom have no Criteria to Reside occupying acute hospital beds. This results in restricted flow from Ed to AMU and downstream wards and leads directly to backlogs in ED and prevents timely ambulance handovers.	Operating Officer, Chief	Significant (S4 - L4)	⟷	1. Ongoing discussion with partner organisations via PLACE director to develop a comprehensive response and plan for decompressing non CTR patients off the acute and community sites. 2. Ongoing dialogue with East Riding to increase the offer of D2A support 3. Re-location of BCU to WATERS Ward in Bridlington with a view to expanding capacity. 4.Revision of TAF to make process more streamlined.	1. Jamie Todd / Shaun McKenna @ York and David Thomas / Sara Kelly @ Scarborough 2. David Thomas 3. David Thomas 4. Vicky Mulvana-Tuohy / Nik Coventry	1. Monthly via Urgent & Emergency Care Board 2. June 2023 3. Completed 4. June 2023	Low (S2 - L2)
PR1 PR2 PR3 PR6	5 - Major IT Failure	There is a risk of the failure of the core technology estate (e.g. CPD, clinical or admistrative systems or network infrastructure) due to single points of weakness, loss of power/premises, out of data infrastructure or poor data storage/sharing processes. This could result in patient harm, prolonged service disruption, poor quality of patient care, reputational damage, financial costs and regulatory scrutiny/censure.	Chief Digital and Information Officer	Significant (S5 - L3)	⟷	1 Secure Investment in infrastructure, storage, end user compute, networks and wifi to reduce immeadiate risks of out of support system failure. 2.Creation of a Vulnerability Management Strategy. 3. Creation and implementation of an IT Disater Recovery Plan. 4.Purchase of ITSM solution in line with the IT Service Management Strategy. 5. Implement tactical solutions to support IT operations including control, governance, major incident and problem management. Enhanced service management and operations including control, governance, major incident and problem management.	1. Luke Stockdale 2. Sam Marshall 3. Adrian Shakeshaft 4. Action Completed March 2023 5. Stuart Cassidy	1. Action completed for 2022/23 (9.2m invested) 2. 30 June 2023 3. 1 December 2023 4. Completed 5. 1 December 2023	High (S5 - L2)
PR1 PR2 PR3 PR4	13 - Fragility of Gastroenterology Service	There is a risk that the Gastroenertology service at Scarborough and York will continue to deteriorate due to workforce challenges. This will result in both routine and urgent referrals will not be able to be seen in outpatients for at least 2 years	Operating Officer, Chief	Significant (S3 - L5)	⟷	Working Group has been established to develop and deliver an action plan in order to manage the risk. 2. Insourcing now in place. 3. Acute bleed rota (Monday-Friday) now in place.	1. Jamie Todd and David Thomas	1. March 2023 2. Completed 3. Completed	Low (S3 - L2)

BAF Ref	CRR Ref and Title	Description	Owner	Risk level (current)	Movement	Actions (Risk)	Action Lead	Target Date	Risk level (Target)
PR1 PR2 PR3 PR4	11 - Outpatients Services	There is a risk of missed/delayed appointments Due to CPD not being an administrative tool there is a large amount of manual work and a high level of back log due to sickness and vacancy This could result in harm to patients	Operating Officer, Chief	Significant (S5 - L3)	⟷	1. Continue to try to recruit to agency posts. 2. Continue to try to recruit substantive staff.	1. Karen Priestman 2. Karen Priestman	1. April 2023 2. April 2023	High (S5 - L2)

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Report to:	Board of Directors
Date of Meeting:	29th March 2023
Subject:	Board Priority – People Recovery 2022-23 Update
Director Sponsor:	Polly McMeekin – Director of Workforce and OD
Author:	Polly McMeekin – Director of Workforce and OD

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

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

Trust Priorities

☒ Our People
☐ Quality and Safety
☐ Elective Recovery
☐ Acute Flow

Board Assurance Framework

☐ Quality Standards
☒ Workforce
☐ Safety Standards
☐ Financial
☐ Performance Targets
☐ DIS Service Standards
☐ Integrated Care System

Summary of Report and Key Points to highlight:

Workforce recovery is one of the four Trust priorities. The Operational Plan approved earlier in the year detailed four components to the workforce recovery:

- Culture Change
- Working Life - (Fix the basics)
- Recruitment
- Workforce Planning

This report provides an update as to these actions. These are detailed in Annex A.

Recommendation:

To note the update report.

Report Exempt from Public Disclosure

No ☒   Yes ☐

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

Report History

Meeting	Date	Outcome/Recommendation
Board of Directors	June	To present to public board.
Board of Directors	2nd November	To present to public board.
Board of Directors	January 2023	To present to public board.
Board of Directors	February 2023	To present to public board.

Annex A: Priorities Action Plan 2022-23: Summary

Priority: Our People	Focus Area: Culture Change	Portfolio lead: Chief Executive	
Measures:	• Improve our comparative position on the staff survey 'Staff Engagement and Morale' responses to above average in 2022/23 • Reduction in external whistleblowing concerns. • Improve the stability index to be in the top quartile within Model Health System		
Monitoring Arrangements	• People and Culture Committee • Executive Committee • Workforce Working Group		

Action in 2022-23	Executive Lead	Operational/ Clinical Lead	Delivered by:	Status
1.1 Establish the Workforce Working Group to lead on implementation of the action plan	Chief Executive	Director of Workforce and OD	July 2022	Complete. Group disestablished due to the work done to put in place the infrastructure to support progressing our people priorities, with workstreams and working groups established to support these. Clear overlap between these and the workforce working group, therefore group stood down as remit superseded.
1.2 Implement the Leadership Development Programme for the Trust, including Board and Executive development, reinvorgation of the shadow board and role of staff stories to inform decisions on workforce. Launch of a Trust Leadership framework & 360 Leadership feedback tool	Director of Workforce and OD	Gail Dunning	December 2022	Complete – Leadership framework/360 socialised with stakeholder groups including Exec Committee. The Trust is working on embedding the Leadership Framework into practice. The principles of the framework and the use of the self-assessment and feedback tool will be an integral part of all personal development initiatives.

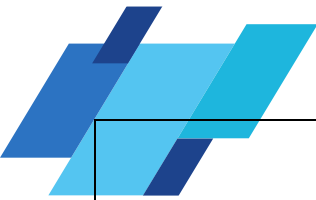|					The Shadow Board programme, will commence early March 2023. The programme comprises taught subject modules and mock Board meetings focusing on areas of key organisational interest and priority. The programme is mapped to support and embed Our Leadership Framework.
1.3	Increased Executive Visibility across the wider organisation, including the re-introduction of face to face communication and engagement at all levels, e.g. staff brief, leadership walk-arounds and staff surgeries	Chief Executive	Corporate Directors	To commence from June 2022	Face to face Staff brief launched. Staff surgeries underway. On-going.
1.4	Re-establish the 'business as usual' governance structure as COVID-19 stabilises, including the step down of the Command & Control structure	Chief Operating Officer	Mike Taylor	Complete	Complete
1.5	Behavioural Framework launched and embedded in the appraisal process	Director of Workforce and OD	Gail Dunning / Jenny Flinton	June 2022	Complete and included in staff brief
1.6	Revamp exit feedback to inform retention actions and improvement actions	Director of Workforce and OD	Lydia Larcum/ Gail Dunning	March 2023	On track – revised leavers fact sheet created, exit interview re-named learning from leavers and questions amended in participation with some of the staff networks, data now shared quarterly to various audiences.
1.7	Embed the 'Just & Learning Culture' Programme	Chief Executive	Corporate Directors	September 2022	On-going. To be delivered via the Culture & Engagement workstream.
1.8	Empower employees to deliver change through the roll out of the Quality Improvement Strategy (QI)	Medical Director	Caroline Johnson	March 2023	Following discussion with Lorna Squires from NHSE and Karen Stone, further work is to be done on the overall Quality Strategy. The Quality Strategy needs to flow from the Trust priorities.

1.9 Develop the Trust's communication and engagement strategy to improve the flow of information to all staff.	Director of Communications	Emma Clement	September 2022	Completed. Communications and Engagement strategy approved by the Board of Directors at the October 2022 meeting.
1.10 Implement Equality Diversity &Inclusion gap analysis, and strengthen organisational capacity for Equality, Diversity and Inclusion.	Director of Workforce and OD/ Chief Nurse	Lydia Larcum/ Tara Filby	November 2022	Complete – The next stage of this work will be to create a workstream to enable the recommendations to be taken forward.
1.11 Relaunch reward and recognition events (Long service and Celebration of Achievement)	Director of Communications	Emma Clement	Complete	Complete

Priority: Our People	Focus Area: Working Life (fix the basics)	Portfolio lead: Director of Workforce and Organisational Development		
Measures	• Improve our comparative position on the staff survey 'Staff Engagement and Morale' responses to above average in 2022/23			
Monitoring Arrangement	• People and Culture Committee • Executive Committee • Workforce Working Group			
Action in 2022-23	Executive Lead	Operational/ Clinical Lead	Delivered by	Status
2.1 Implement wellbeing spaces at each hospital site and develop plans for wellbeing spaces across the Trust footprint to enable staff to take a break.	Director of Workforce and OD/ Finance Director	Lydia Larcum/ Mark Steed	March 2023	Delayed but new space now identified and bid has been submitted for charitable funding to deliver the initiative in FY 2023/24
2.2 Develop and implement a food and drink plan for out of hours staff and shift workers across our sites.	Finance Director	Malcolm Veigas	November 2022	Delayed. Provision provided 24/7 at SGH and BDH but yet to be provided at YH. Meeting delayed with provider due to industrial action.
2.3 Implement the Travel Plan for staff, including increasing access by bus & secure Cycle Parking at hospital sites, and options for increasing car parking.	Finance Director	Dan Braidley	November 2022	Bike storage in place from late Nov. Car Parking criteria etc to go to Board for a decision in February 23. Proposed implementation by June 23.

2.4 Provide lockers for staff and develop planning options for Shower & Changing Facilities across our sites.	Director of Workforce and OD / Finance Director	Vicki Mallows / LLP representative	March 2023	Continuing challenge to find suitable location for showers, changing rooms and lockers at SGH & YH due to ongoing building works. Health & Safety Team assisting to locate suitable location for lockers. Discussions continuing with Capital Planning.
2.5 Develop the strategic outline business case for a new electronic patient record system to support the migration away from the in-house CPD system	Chief Digital Information Officer	Luke Stockdale	March 2023	Complete. The Strategic Outline Case (SOC) was presented and agreed by the Board in August 2022. The related Outline Business Case, and then Full Business Case are the next steps in this process.
2.6 Implementation of a new staff intranet to facilitate access to Trust policies, best practice, guidance and procedures.	Director of Communications	Emma Clement	September 2022	Progressing. A number of technical specifications are currently being worked through, including browser testing, achieving single sign on and active directory configuration. A launch date will be confirmed once testing is complete.
2.7 Deliver transparent and equitable local medical pay agreements.	Director of Workforce and OD	Lydia Larcum	November 2023	Paper going to Exec Committee 5th April determining next steps for harmonisation. Plan to complete exercise (if approved) by November 23.

Priority: Our People	Focus Area: Recruitment	Portfolio lead: Director of Workforce and Organisational Development
Measures	• Maintain recruitment activity at 2021/22 levels • Increase the % retention of non-medical student who train and quality with us, with an ambition to achieve 80% retention. • By April 23 to have no more than 1% vacancy rate for Healthcare Assistants • By April 23 to have no more than a 7.5% vacancy rate for Registered Nurses	
Monitoring Arrangement	• People and Culture Committee • Executive Committee • Workforce Working Group	

Action in 2022-23	Executive Lead	Operational/ Clinical Lead	Delivered by:	Status
3.1 Re-introduce recruitment Open Days	Director of Workforce and OD	Lydia Larcum	July 2022	Open days and recruitment events have been reintroduced.
3.2 Re-establish consultant recruitment events	Director of Workforce and OD / Medical Director	Care Group Directors	Complete	Recruitment Open Events have commenced.
3.3 Enable recruitment in advance of anticipated vacancies aligned to approved succession plans and delivered through a reinvigorated Care Group Vacancy Control process	Finance Director	Associate Chief Operating Officers	September 2022	Completed. Corporate messaging has been consistently clear from finance.
3.4 Pay the Real Living Wage for employees	Director of Workforce and OD	Lydia Larcum	July 2022 – achieved. New RLW announced Sept 2022.	Board of Directors approved paying from April 2023.
3.5 Launch the recruitment microsite by September to facilitate external messaging and easy access for potential employees	Director of Workforce and OD	Lydia Larcum	September 2022	Complete
3.6 Review and update recruitment packs	Director of Workforce and OD	Lydia Larcum	March 2023	This will now be part of a broader piece of work with comms colleagues to map the full recruitment process and develop consistent materials, utilising appropriate comms, media, design and PR expertise rather than look at pieces of the process in insolation.
3.7 Develop a personalised on-boarding approach for the Trust	Director of Workforce and OD	Will Thornton	February 2023	Corporate Directors agreed on 13th March to progress with weekly face to face inductions. (no longer going to Exec Committee for decision). Will seek to implement in new FY once resource recruited.
3.8 Implementation of the international nurse recruitment programme, with a further 80 nurses recruited in 2022-23	Chief Nurse	Emma George	December 2022	On track. Reconciled recruited numbers with NHSE and confirmed 131 nurses arrived against a 22/23 target of 130. Plan for additional

				130 during 23/24 (96 RN posts offered following recruitment event in Kerala). Numbers to include first time recruitment of 12 paediatric nurses
3.9 Implementation of the Trust's six developments for nursing (Trainee Nursing Associate Apprenticeship, International Nurse Recruitment, Registered Nurse Degree Apprenticeship, Healthcare Support Worker recruitment and retention plan, Preceptorship programme, return to practice course)	Chief Nurse	Emma George	December 2022	All on track, plan is out for all the upcoming apprenticeships for CUS and UoY. Retention work continues. Career clinics now established and start Weds 22 Jan. This includes interview and application techniques. Plan for legacy mentors on going and NHSE funding approved to run the programme. In November we celebrated the first HCSW recognition day across all sites of the trust. Recruitment event set for Feb 13 2023 at York Stadium. HCA RRG continues and led by a Matron for workforce with a timeout planned for Jan 25th and NHSE.

Priority: Our People	Focus Area: Workforce Planning	Portfolio lead: Director of Workforce and Organisational Development			
Measures	• Trust workforce plan				
Monitoring Arrangement	• People and Culture Committee • Executive Committee • Workforce Working Group				
Action in 2022-23		Executive Lead	Operational/ Clinical Lead	Delivered by:	Status

Action	Lead	Responsible	Target Date	Update
4.1 Review all in patient area establishments across all clinical roles and present at Exec Committee to describe the gaps to ensure safe and sustained staffing levels	Director of Workforce and OD	Will Thornton/ Emma George, Vicky M-T	March 2023	Nursing inpatients completed, AHP dependency on AHPpro tool (in test phase and expect to be utilised throughout 23-24). Following discussion with MD, feels like we should draw a line under staff group specific exercises ahead of a more holistic programme for 23-24 – propose close this action with a paper to Execs in March.
4.2 Increase our spend of the Apprenticeship Levy, with plans to fully spend in 2023/24	Director of Workforce and OD	Will Thornton	March 2023	Complete – funds spent and estimated further spending both increased from 6-months ago. Will not fully spend in 23-24 – recommend aim for further increase.
4.3 Explore opportunities to increase research options in job plans (all professions) as part of annual job planning	Medical Director	Care Group Directors	December 2022	Commencing new job planning round.
4.4 Further development of alternative clinical roles e.g. ACPs/SCPs/PAs etc.	Director of Workforce and OD	Will Thornton	November 2022	Complete – new roles developed in Learning Disabilities & Anaesthetics, plus new Lead for AP role appointed. Intake of 11 staff commenced training for ACP roles in September.
4.5 Procure activity planning software to support job planning and assessment of capacity gaps.	Medical Director	Nicola Topping	March 2023	No update. E-rostering is on hold. Still currently using PREP.
4.6 Undertake and embed Safer Nursing Care Tool (SCNT) every 6 months to ensure establishments remain appropriate	Chief Nurse	Emma George	March 2023	Completed June. Will rerun every 6 months.
4.7 Development of a retention strategy for nursing and midwifery through collaboration and engagement	Chief Nurse	Emma George	September 2022	Detailed in various improvement plans rather than one strategy.
4.8 Development of a nursing workforce dashboard for Care Groups and triangulating impact on patient quality indicators	Chief Nurse/ James Hawkins	Emma George	December 2022	Delayed. CNIO met with DIS to develop plan mid-Jan.

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Trust Board
Date of Meeting:	29th March 2023
Subject:	Staff Survey 2022 – Nationally Benchmarked Results
Director Sponsor:	Polly McMeekin, Director of Workforce and OD
Author:	Vicki Mallows, Staff Engagement Project Lead Jenny Flinton, Head of Employee Relations & Engagement

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

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

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

Summary of Report and Key Points to highlight:

- The national peer averages in this report compare us against the 124 Acute / Acute & Community Trusts in England.
- These results exclude YTHFM as their results are not reported nationally.
- The results are categorised by the seven elements of the NHS People Promise, and the two themes of 'Staff Engagement' and 'Morale'.
- The Trust response rate to the survey increased from 40% in 2021 to 43% in 2022 and is now just below our peer average of 44%.
- The People Promise elements 'We are always learning', 'We work flexibly' and 'We are a team' improved in 2022.
- The elements 'We are recognised and rewarded', 'We each have a voice that counts', and 'We are safe and healthy' remain unchanged.
- The element 'We are compassionate and inclusive', plus the themes of 'Staff Engagement' and 'Morale' all deteriorated.
- Compared to our peer group average only 'We work flexibly' is above; 'We are recognised and rewarded', We are always learning' and 'We are a team' match the average; the rest are below average.
- 'Staff Engagement' is the only theme or element that varied by more than 0.2 when compared to our peers (we are 0.3 below average). Within that theme 'Advocacy' is 0.7 below the peer group average.

Staff Survey 2022 results

Recommendation:
- In addition to the existing 'culture change' workstream in the operational plan, the Executive Committee supports the proposal that the Trust participates in the NHSE Culture & Leadership Programme that has been proven to result in increased RN retention, increased staff engagement, and improved CQC outcomes. The Board are asked to support the roll out of this programme.

Report Exempt from Public Disclosure

No ☒ Yes ☐

Report History

Meeting	Date	Outcome/Recommendation
PACC	15 March 2022	
Executive Committee	15 March 2022	Meeting stood down

Updated Staff Survey Results 2022

1. Introduction and Background

The 2022 national NHS Staff Survey was open between 3 October and 25 November. It measures how engaged staff are and provides insight into how staff experiences and ultimately retention can be improved. Evidence shows that more engaged staff result in better patient experiences and outcomes. This paper summarises the Trust's nationally benchmarked Staff Survey results that have been received in February 2023, updates on work in progress, and proposals for action.

2. Considerations

The peer group averages referred to in this paper are the 124 'Acute / Acute & Community' Trusts in England.

These results do not include YTHFM staff responses as their results are not reported nationally. A separate report with the results of the YTHFM staff survey will go to their Board.

Bank workers were surveyed for the first time in 2022, their results will be reported separately and are not expected until late in March, but it should be noted that our response rate from this group was low (9%).

For the second year running the results have been categorised into nine themes, seven are the elements of the NHS People Promise and these sit alongside the longstanding themes of 'Staff Engagement' and 'Morale'.

Five questions on patient safety have been re-introduced to the survey from 2020 focusing on errors, near misses and incidents; whether they were reported, and if staff subsequently received feedback.
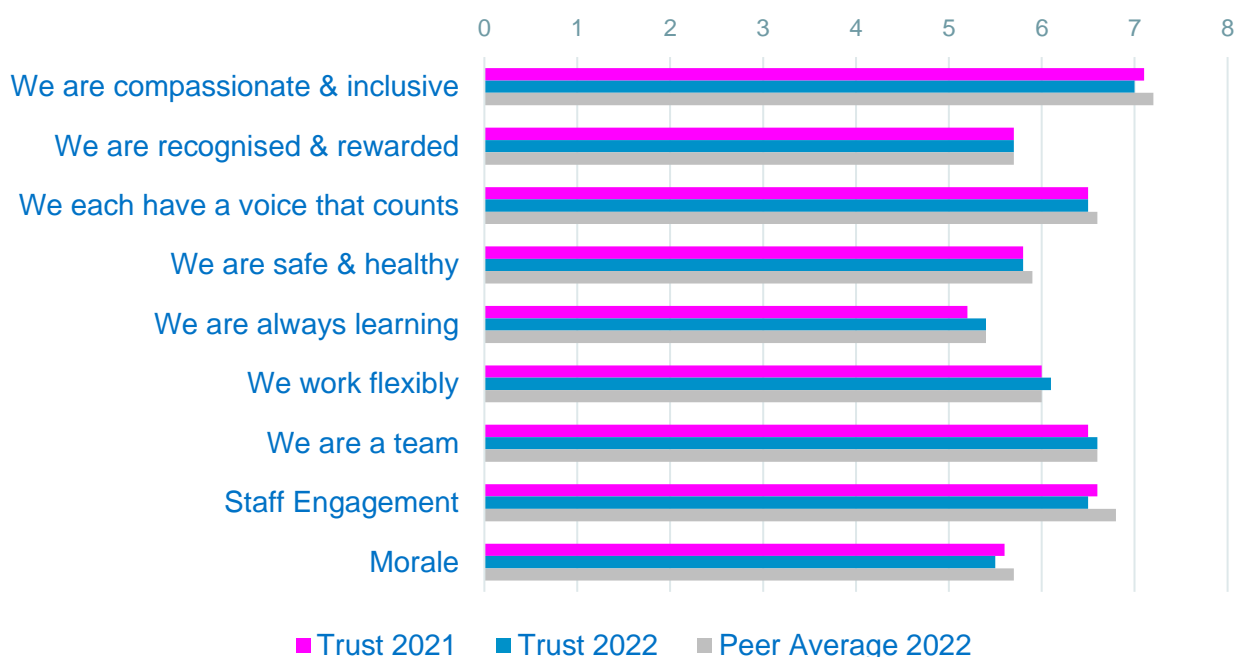
3. Results

3635 colleagues completed the survey. Our response rate improved in 2022 but remains under the peer group average:

	2021	**2022**
Trust (excl. YTHFM)	40%	43%
National peer average	46%	44%

The table below shows the 2022 results for our Trust broken down by the nine elements / themes and shows how they compare against our 2021 results and also our 2022 benchmark group.

Nationally Benchmarked Staff Survey Results 2022

■ Trust 2021   ■ Trust 2022   ■ Peer Average 2022

[scores are out of 10]

Comparing the Trust's results between 2021 and 2022:

- **We improved in:**
    - 'We are always learning'
    - 'We work flexibly'
    - 'We are a team'
- **We remained unchanged in:**
    - 'We are recognised and rewarded'
    - 'We each have a voice that counts'
    - 'We are safe and healthy'
- **We deteriorated in:**
    - 'We are compassionate and inclusive'
    - 'Staff Engagement'
    - 'Morale'

'We are always learning' is the only theme to have varied by more than 0.1 (it has improved by 0.2).

Comparing the Trust's results to the peer average of Acute / Acute & Community Trusts:

- **We are above average for:**
    - ○ 'We work flexibly'
- **We are average for:**
    - ○ 'We are recognised and rewarded'
    - ○ 'We are always learning'
    - ○ 'We are a team'
- **We are below average for:**
    - ○ 'We are compassionate and inclusive'
    - ○ 'We each have a voice that counts'
    - ○ 'We are safe and healthy'
    - ○ 'Staff Engagement'
    - ○ 'Morale'

Most themes vary by either 0.1 or 0.2, the exception being 'Staff Engagement' which varies by 0.3 (worse than our peers).

Results breakdown for each People Promise element / Staff Survey theme:

PP. We are compassionate and inclusive – 7.0 (below the average of 7.2)

This element is comprised of four sub-scores. We are average in three (Compassionate Leadership; Diversity & Equality; Inclusion) and below average in one (Compassionate Culture).

Within 'Compassionate Culture' we have deteriorated by 0.3 since 2021 and are 0.6 below average. Five questions comprise the compassionate culture sub-score. We are significantly below average for four of them.

We are compassionate and inclusive		Trust 2021	Trust 2022	National Peer Average 2022
Compassionate Culture		6.7	6.4	7.0
q6a	I feel that my role makes a difference to patients	88%	88%	87%
q23a	Care of patients/service users is organisation's top priority	69%	65%	74%
q23b	My organisation acts on concerns raised by patients	65%	57%	68%
q23c	Would recommend my organisation as place to work	53%	46%	57%
q23d	If a friend/relative needed treatment would be happy with standard of care provided by this organisation	57%	45%	62%

Please see the recommendations at the end of this paper regarding proposals to support cultural transformation.

PP. We are recognised and rewarded – 5.7 (this matches the benchmark average)

This element does not have any sub-scores. Of the five questions that comprise this element we are below average for satisfaction with 'The recognition I get for good work' and 'The extent to which the organisation values my work'. We are above average for satisfaction with 'My level of pay', 'The people I work with show appreciation to one another' and 'My immediate manager values my work'.

It should be noted that although still slightly above average for 'My level of pay', we have deteriorated by 8% compared to 2022; this reflects the national context. We will be paying the 'Real Living Wage' from 1st April 2023.

In terms of the organisation valuing people, we continue to try and improve the basic 'hygiene factors' at work such as access to rest spaces, healthy and affordable food and drink, easy parking, storage for bikes, shower and changing facilities, and a secure locker for personal belongings.

PP. We each have a voice that counts – 6.5 (below the average of 6.6)

This element has two sub-scores: 'Autonomy and control' (average) and 'Raising concerns' (below average).

Within 'Raising concerns' we have deteriorated by 0.1 compared to 2021 and are 0.3 below average. The questions that we score below average for are: 'I am confident that my organisation would address my concerns', 'I feel safe to speak up about anything that concerns me in the organisation', and 'If I spoke up about something that concerned me, I am confident my organisation would address my concern'.

More opportunities for colleagues to meet with directors on an informal basis have been made available from Autumn 2022 and are ongoing (drop-in surgeries with the Chief Executive, Director of Workforce & OD, and the Chief Nurse's Team). The Freedom to Speak Up Guardian is holding regular events across different sites to raise her profile and increase accessibility. The role of the Fairness Champion is being reviewed. The work of the new Head of Equality, Diversity & Inclusion in relation to the Staff Networks will also contribute to increased opportunities for staff to speak up in 'safe' spaces.

PP. We are safe and healthy – 5.8 (below the average of 5.9)

This element has three sub-scores. We are below average for 'Health and safety climate' and 'Burnout'; and average for 'Negative experiences'.

Within 'Health and safety climate' we have not changed since 2021 and we are 0.3 below average. The questions that we score below average for relate to conflicting demands on peoples' time, adequate supplies and equipment, sufficient staff, health and wellbeing, the reporting of physical violence, and the reporting of harassment, bullying or abuse.

Within 'Burnout' we have deteriorated by 0.1 since 2021 and are 0.1 below average. The questions that we score below average for relate to finding work emotionally exhausting, frustrating, leaving staff exhausted at the thought of another shift, and feeling worn out at the end of each shift.

There is ongoing work to review the processes for responding to experiences of bullying and harassment and creating a Just & Learning culture in the organisation. There is also work being undertaken to review staffing establishments and improve staff retention.

The provision of a space that can be used as a calm room for staff is mandated in the People Plan as a fundamental for staff wellbeing. The organisation has struggled to provide a space on the York site but has now identified one and submitted a bid for charitable funding to convert and equip the space. This will be an area where wellbeing interventions can be delivered, a calm space for staff to access during breaks, and colleagues will be provided with information showing the resources available to them to support their health and wellbeing.

In addition to the above, we have become a 'Menopause Friendly' accredited organisation, and the 'basic hygiene' factors referred to in the Reward & Recognition section above will also contribute to improving health, safety and wellbeing.

PP. We are always learning – 5.4 (this matches the benchmark average)

This element has two sub-scores. We are slightly above average for 'Development' and average for 'Appraisals'. Within ''Appraisals' we score above average for the number of appraisals completed but below average for whether their appraisal helped people to do their job better, agree clear objectives, or leave them feeling valued by the organisation.

The focus on ensuring that appraisals are completed needs to be maintained but we also need to ensure that managers are equipped with the skills to carry out effective appraisal conversations so the benefits are realised. Leadership competencies and the behaviours that we expect from our leaders are included in the new Leadership Framework that was approved and implemented in December 2022.

PP. We work flexibly – 6.1 (above the average of 6.0)

This element has two sub-scores. We are average for 'Support for work-life balance' and above average for 'Flexible working'.

It should be noted that the feedback from the National Quarterly People Pulse survey in January 2023 said that 77% of respondents knew where to access information about flexible working and 75% said they could approach their immediate line manager to talk about it; however only 43% of respondents feel that our organisation champions flexible working.

We also know from the 2021 survey that it is predominantly colleagues working in non-patient facing roles that account for the above average score relating to the opportunities for flexible working patterns. Flexible 'pool' working for HCAs has now been introduced. These colleagues do not belong to a specific ward, instead they request the shifts that they are available to work and are allocated to a specific ward upon arrival. This enables colleagues who would otherwise either leave the Trust or move to the bank due to insufficient flexibility, to retain a substantive contract. There is a specific working group now looking at good practice from other Trusts that can be introduced to better support flexible working for colleagues in other patient-facing roles.

PP. We are a team – 6.6 (this matches the benchmark average)

This element has two sub-scores. We are below average for 'Team working' and average for 'Line Management'.

Within 'Team working' we haven't changed since 2021 and are 0.2 below the average. The questions where we score below average relate to teams meeting to discuss team effectiveness, receiving respect from colleagues at work, and teams having enough freedom in determining how to do their work.

The 'Command and Control' structure that was implemented during the pandemic has been stood down and 'business as usual' decision-making capabilities reinstated. Quality Improvement training is being rolled out across the organisation to empower colleagues to make changes at team and department level using a QI approach.

Theme: Staff Engagement – 6.5 (below the average of 6.8)

There are three sub-scores within this element. We are below average for 'Motivation' and 'Advocacy', and average for 'Involvement'.

Within 'Motivation' we have not changed since 2021 but are 0.2 below average. We are below average for the questions 'I look forward to going to work' and 'I am enthusiastic about my job'.

Within 'Advocacy' we have deteriorated by 0.4 since 2021 and are 0.7 below the average. We are significantly below average for all three questions in this sub-score:

Staff Engagement*:*		**Trust 2021**	**Trust 2022**	**National Peer Average 2022**
Advocacy		6.3	5.9	6.6
q23a	Care of patients/service users is organisation's top priority	69%	65%	74%
q23c	Would recommend organisation as place to work	53%	46%	57%
q23d	If friend/relative needed treatment would be happy with standard of care provided by organisation	57%	45%	62%

'Staff Engagement' includes questions from the People Promise elements 'We are compassionate and inclusive' and 'We each a voice that counts'. The actions for those elements will therefore contribute to increasing staff engagement scores.

Theme: Morale – 5.5 (below the average of 5.7)

There are three sub-scores within this element. We are just below average for 'Thinking about leaving' and 'Stressors', and below average for 'Work pressure'.

Within 'Thinking about leaving' we have deteriorated by 0.1 since 2021 and are 0.1 below average. We score more poorly than average for the question 'I often think about leaving this organisation'.

Within 'Stressors' we have not changed since 2021 and are 0.1 below average. The key question where we score more poorly than average here is 'Relationships at work are strained'.

Within 'Work pressure' we have not changed since 2021 and are 0.4 below average. We score below average for questions relating to colleagues' ability to meet all the conflicting demands on their time, having adequate materials and equipment, and staffing levels.

'Morale' includes questions from the People Promise elements 'We are safe and healthy', 'We each have a voice that counts' and 'We are a team'. The actions for those elements will therefore contribute to increasing scores for morale.

Questions not linked to the People Promise

There are some questions asked within the survey that are not directly linked to the People Promise elements, or the themes of 'Staff Engagement' or 'Morale'. Within this the results have identified that:

Unpaid work / pressure to come to work

58% of staff work additional unpaid hours for the organisation (above the benchmark average of 56%) but it is positive to see that we remain below the benchmark average for individuals feeling pressure from their manager to come to work [when unwell] (21% in our organisation versus 24% being the average).

Discrimination

We remain below average for the number of colleagues saying they experience discrimination based on their ethnicity (33% compared to the average of 49%) but that is still clearly not acceptable. We are above average for those colleagues experiencing discrimination based on their gender (26% compared to the average of 20%). The appointment of a Head of Equality, Diversity & Inclusion is a positive step to support these elements. The development of a Womens' Network is another beneficial development.

Reporting of errors, near misses and incidents

53% of colleagues believe that the organisation treats staff who are involved in an error, near miss or incident fairly (compared to the average of 58%). We are also below average for colleagues believing that the organisation takes action to ensure that reported errors, near misses or incidents do not happen again (61% compared to an average of 67%). We are also below average for colleagues receiving feedback about changes made in response to reported errors, near misses and incidents (55% compared to an average of 59%).

Reasonable adjustments

We are above average for this question – 80% of colleagues agreed compared to the average of 72%.

WRES & WDES Data

Workforce Race Equality Standards (WRES)
a) The percentage of colleagues who identify as BME in our Trust who **experience harassment, bullying or abuse from patients, relatives or the public** has consistently been higher for the last four years than the percentage of colleagues who identify as white. This worsened in 2022 (33% for BME staff compared to 23% for white staff).

Until 2022 the experience of BME colleagues in our Trust was better than the national average, however this year that is not the case (for BME colleagues in our Trust the score has increased from 28% to 33%, whereas the average has increased from 29% to 31%).

b) The percentage of colleagues who identify as BME in our Trust who **experience harassment, bullying or abuse from other staff** has consistently been higher for the last five years than the percentage of colleagues who identify as white, and until 2022 it has also been higher than the average for BME colleagues in other Trusts. However, in 2022 this has improved (for BME colleagues in our Trust the score has reduced from 31% to 28%, whereas the average has remained stable at 29%). The differential between BME and white colleagues in our Trust is still not acceptable (28% compared to 23%).

c) The percentage of BME staff believing that the Trust provides **equal opportunities for career progression or promotion** has been lower than the percentage of white staff for the last five years (43% compared to 56% in 2022) and remains lower than the average for BME staff in other Trusts for the second year running (43% compared to 47% in 2022).

d) The percentage of BME staff **experiencing discrimination from manager/other colleagues** has been significantly higher than the percentage of white staff for the last five years (20% compared to 6% in 2022). In the last two years it has also been higher than the BME average (20% compared to 17% in 2022).

Workforce Disability Equality Standards (WDES)

a) The percentage of staff in our Trust with a long-term condition (LTC) or illness **experiencing harassment, bullying or abuse from patients, relatives or the public** has been above that experienced by staff without an LTC or illness for the last five years however the gap did start to reduce in 2022.

	2021	2022
Staff with an LTC/illness	31%	27%
Staff without an LTC/illness	23%	23%

The Trust experience is better than the average for staff with an LTC/illness (27% compared to 33% in 2022).

b) The percentage of staff in our Trust with a long-term condition (LTC) or illness **experiencing harassment, bullying or abuse from managers** has been above that experienced by staff without an LTC or illness for the last five years however the gap did start to reduce in 2022.

	2021	2022
Staff with an LTC/illness	19%	16%
Staff without an LTC/illness	9%	9%

The Trust experience is better than the average in 2022 (16% compared to 17%) for staff with an LTC/illness.

c) The percentage of staff in our Trust with a long-term condition (LTC) or illness **experiencing harassment, bullying or abuse from other colleagues** has been above that experienced by staff without an LTC or illness for the last five years however the gap did start to reduce in 2022.

	2021	**2022**
Staff with an LTC/illness	29%	25%
Staff without an LTC/illness	18%	16%

The Trust experience is better than the average in 2022 (25% compared to 27%) for staff with an LTC/illness.

d) Staff with a long-term condition or illness are more likely to **report harassment, bullying or abuse** than staff without an LTC/illness (**48%** compared to 45% in 2022). The Trust performance matches the average for staff with an LTC/illness in this respect.

e) The percentage of staff with a long-term condition or illness who believe that the Trust **provides equal opportunities for career progression or promotion** has consistently been significantly below that of staff without an LTC/illness for the last five years (51% compared to 56% in 2022). The Trust performance matches the average for staff with an LTC/illness in this respect.

f) The percentage of staff with a long-term condition or illness **who feel pressure from their manager to come to work despite not being well enough to perform their duties** has been consistently higher than the percentage of staff without an LTC/illness for the last five years (24% compared to 19% in 2022). The Trust is better than the average (30%) for staff with an LTC/illness in this respect.

g) The percentage of staff with a long-term condition or illness who **feel satisfied with the extent to which the Trust values their work** has been consistently below the percentage of staff without an LTC/illness for the last five years (32% compared to 39% in 2022). The Trust performance is slightly worse than the average for staff with an LTC/illness in this respect (33%).

h) The Trust is above average for the number of staff with an LTC/illness reporting that the organisation has **made reasonable adjustments** to enable them to carry out their work (80% compared to 72%).

i) The **Staff Engagement** score (0-10) is worse for staff with an LTC/illness than for those without (6.1 compared to 6.6 in 2022) and is also worse than the average for staff with an LTC/illness (6.1 compared to 6.4 in 2022). This reflects the five-year trend for staff engagement.

4. Summary

Key workstreams commenced in 2022 to address the Trust's revised People Priorities for 2022/23. The workstreams are Culture & Engagement (including Leadership); Retention, Attraction & Workforce Planning; Health & Wellbeing; and Flexible Working. An Equality, Diversity & Inclusivity workstream is currently being formed following the appointment of the Trust's first Head of EDI.

Some work has already been delivered since April 2022, but it is acknowledged that it takes considerable time to change the culture of an organisation. No new People Priorities have been identified thus far from these results; the results reinforce that the current priorities are still the most relevant in terms of improving staff experience, increasing staff retention, and therefore improving the care that is delivered to our patients.

Work has also continued to try and 'fix the basics' for staff members, this needs to be completed and regular feedback sought from staff members to continue to make improvements.

Other services outside of the Workforce & Organisational Development Directorate will need to similarly review the Staff Survey results against their own programmes of work, as they provide measures that relate to patient experience, quality, and safety.

5. Next Steps

The Executive Committee in February supported the proposal that the Trust participates in the NHSE Culture & Leadership Programme that has been proven to result in increased RN retention, increased staff engagement, and improved CQC outcomes.   This would complement the existing programmes of work already described. Support from the Board would be required to enable the success of the programme to help the Trust continue on a journey of cultural change.

Date: 21.03.2023

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Report to:	Board of Directors
Date of Meeting:	29 March 2023
Subject:	Gender Pay Gap Report 2023
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Divesity and Inclusion (EDI) and WRES Expert and Amara Ashraf, Workforce Systems Manager

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

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

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

Summary of Report and Key Points to highlight:

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (the Regulations) require public sector organisations with over 250 employees to report on and publish their gender pay gap on a yearly basis. This is based on a snapshot from 31 March of each year, and each organisation is duty bound to publish information on their website. The snapshot date for this report is 31 March 2022.

The gender pay gap is a defined term in the Regulations and means the difference between the average hourly earnings of men and those of women. This is not the same as equal pay, which is concerned with men and women earning equal pay for the same jobs, similar jobs or work of equal value. It is unlawful to pay people inequitably because of gender. Instead the gender pay gap highlights any

imbalance of average pay across an organisation. For example, if an organisation's workforce is predominantly female yet the majority of senior positions are held by men, the average female salary would be lower than the average male salary.

Focusing work on our Gender Pay Gap helps the Trust tackle any gender pay disparities which also supports the retention of our workforce, which is part of our Public Sector Equality Duty Objectives.

The Trust's Gender Pay Gap has reduced since 2022 but there are areas of focus that are causing the main disparities. These are at:

- AFC bands 1, 8a, 8b, 8c and VSM
- Bonus pay for consultants
- Core trainees and Trust doctors and dentists

Some areas of actions to promote gender equality are:

- Promote flexible working, working from home, career development and coaching and mentoring
- Implement a talent management strategy
- Explore diverse recruitment platforms
- Hold focus groups

Work will involve the medical teams, Medical HR, General HR and the Women's Staff Network.

Recommendations:

- Note the overall improvements in the gender pay for 2023
- Note the areas of disparity
- Approve the data, narrative and areas of focus to reduce the gap
- Approve this report so the information can be submitted to the Government' Equalities Office and the Trust's website

GENDER PAY GAP REPORT 2023

1. Introduction and Background

York & Scarborough Teaching Hospital's NHS Foundation Trust employs circa. 8,392 (**full pay** relevant employees – excludes employees on leave from work or employees who are in receipt of less than their ordinary basic pay) staff in a number of disciplines, including: administrative; nursing; allied health; and medical and dental roles.

2. Scope of this report

The following is a gender pay gap report for York & Scarborough Teaching Hospitals NHS Foundation Trust and does not include the subsidiary company, York Teaching Hospital Facilities Management (or LLP). A separate report has been produced for York Teaching Hospital Facilities Management as an organisation of 250+ employees they are required to report under the Regulations, this will be published on their website.

The report includes all 'full pay relevant employees' who were employed by York & Scarborough Teaching Hospital's (including bank staff on shift) as at the snapshot date of 31 March 2022.   Employees who were absent on nil pay and agency workers are not included. For Consultants we include within 'pay' those payments made for Additional Programmed Activities (APAs). All calculations exclude overtime pay and expenses.

The majority of staff are on either Agenda for Change or medical and dental pay scales, which provide a clear process of paying employees equally, irrespective of their gender or ethnicity.

There are 20 individuals who are on personal salaries, 16 of whom are Very Senior Managers. The Very Senior Manager workforce includes executive directors and non-executive directors. The other colleagues who are on personal salaries are: 1 GP with a specialist interest and 3 Admin and Clerical staff who negotiate their salaries due to having a specialist skill set.

3. What do we have to report on?

The requirements of the Regulations are that each public sector organisation must calculate the following:

- The mean basic pay gender pay gap

- The median basic pay gender pay gap

- The proportion of males and females (men and women) in each quartile pay band

- The mean bonus gender pay gap

- The median bonus gender pay gap

- The proportion of both males and females receiving a bonus payment

4. Definitions of gender pay gap

The mean pay gap is the difference between the pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce.

The median pay gap is the difference between the pay of the middle male and the middle female when all male employees and then all female employees are listed from the highest to the lowest paid.

5. Trust Gender Profile

See Appendix 1

GPG Report 2023
APPENDIX 1.docx

6. 2023 Gender Pay Gap

<u>Mean and Median Hourly Rate of Pay</u>

The below charts show the mean and median hourly rate for all Trust staff as of 31 March 2022:
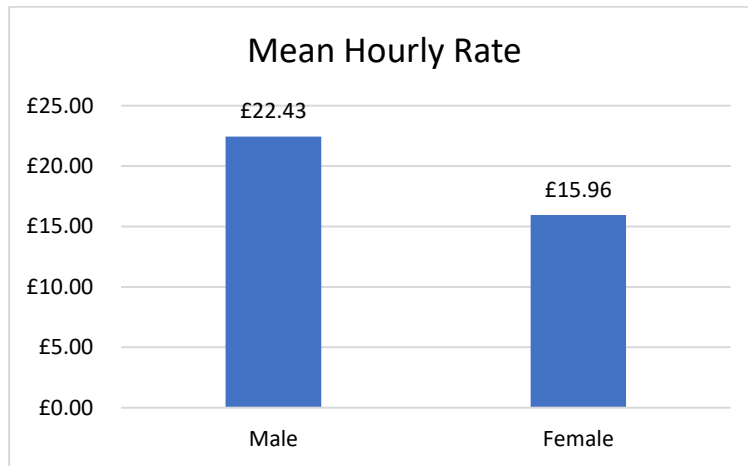
Mean gender pay gap 28.8%
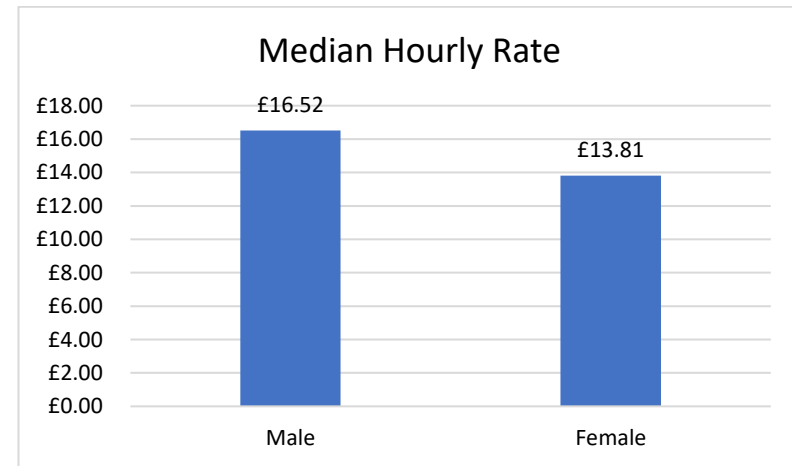
Median gender pay gap 16.4%

The above charts show that the mean hourly rate of pay for males is £6.47 higher than that of females, a gender pay gap of 28.8%. They also show that median pay for males is £2.71 higher than females, a gender pay gap of 16.4%. We are also required to split the workforce into quartiles (blocks of 25%), split by pay and show the proportion of males and females in each quartile. The results of this split are shown below:

Pay by Quartile

Quartile	Female headcount	Female % of whole workforce	Female % of quartile	Male headcount	Male % of whole workforce	Male % of quartile
1	1,734	20.7%	84.2%	326	3.9%	15.8%
2	1,745	20.8%	82.9%	361	4.3%	17.1%
3	1,390	16.6%	80.3%	341	4.1%	19.7%
4	1,739	20.7%	69.7%	756	9%	30.3%
Totals	**6,608**	**79%**		**1,784**	**21%**	
Headcount total (total 'Full Pay Relevant Employees')	**8,392**					

7. What does this mean?

The figure for the median pay gap is usually considered to be more representative of gender pay gap across the workforce, although it discounts the vastness at both ends of the scale mean, shows the starkness in disparities, however what it does not take account of is a small number of higher paid employees that could be skewing the data, therefore we have examined this in more detail, looking at gender composition and pay gaps in each individual band, and in the very senior manager category. Medical and dental staff details are explored separately later in the report.

Pay by Agenda for Change (AfC) Personal Salary/Very Senior Manager ()

The profiles of the AfC and Personal Salary/VSM workforce are found in Appendix 2.

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GPG REPORT 2023
APPENDIX 2.docx

We have examined the gender composition and pay gaps in each individual band, and in the very senior manager category, this can be seen in the table below:

Pay Grade	Total Staff Headcount	Female Headcount	Female %	Male Headcount	Male %	Female average mean hourly rate	Male average mean hourly rate	Difference	Pay Gap %
Band 1	3	2	67%	1	33%	£9.48	£9.49	£0.01	0.1%
Band 2	1669	1417	85%	252	15%	£9.97	£9.86	-£0.11	-1.1%
Band 3	929	773	83%	156	17%	£10.88	£10.78	-£0.10	-0.9%
Band 4	736	625	85%	111	15%	£12.16	£11.92	-£0.24	-2%
Band 5	1593	1349	85%	244	15%	£14.86	£14.68	-£0.18	-1.2%
Band 6	1338	1166	87%	172	13%	£18.54	£18.20	-£0.34	-1.9%
Band 7	731	600	82%	131	18%	£22.28	£22.19	-£0.09	-0.4%
Band 8a	262	199	76%	63	24%	£25.47	£25.73	£0.26	1%
Band 8b	62	44	71%	18	29%	£29.76	£30.10	£0.34	1.1%
Band 8c	34	25	74%	9	26%	£36.55	£38.22	£1.67	4.4%
Band 8d	22	14	64%	8	36%	£42.22	£41.55	-£0.67	-1.6%
Band 9	1	N/A (there are only females in this pay grade)							

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Personal Salary / VSM*	19	10	53%	9	47%	£31.76	£37.96	£6.20	16.3%

* Personal Salary includes the data for Non-Executive Directors but excludes any M&D personal salary employees who are explored later in the report. Green cells = hourly rate in favour of gender.

** It has been identified that there are four members of staff who are paid a personal salary, three of them were TUPED into the Trust between the reporting periods. If these people are taken out of the equation, the gender pay gap is still significant at 11.3% and a significant deterioration from 3.11% the previous year.

The above table shows that, on average, females earn more in most pay bands than males – this accounts for the majority of the lowest paid bands and band 8d. The only bands where males earn more are in band 8a, band 8b, band 8c, and the Personal Salary/VSM grouping. Of these the gender pay gap in personal salaries/VSM is the biggest with a pay gap of 16.3%. The very senior manager grouping includes both executive and non-executive directors, with the majority non-executive directors being female.

Below is additional information on the individual hourly pay rates of each male, within the higher earning pay bands of 8a, 8b and 8c. There is also a table detailing the same for personal salary.

AfC Pay Bands - Male hourly pay rates		
Band 8a	Band 8b	Band 8c
£24.10	£28.01	£33.58
£27.22	£32.66	£38.80
	£33.12	

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Personal Salary – male hourly pay rates
£4.12
£8.33
£14.02
£40.25
£50.54
£72.33
£76.43
£103.39

AfC Pay Bands - Female hourly pay rates		
Band 8a	Band 8b	Band 8c
£23.66	£25.57	£33.58
£24.10	£28.01	£38.80
£24.11	£32.66	£39.33
£25.66	£33.12	£39.45
£27.22		

Personal Salary – Female hourly pay rates
£8.25
£9.49
£12.95
£14.02
£48.20
£64.72
£71.72
£71.76

Although females earn more than males in the majority of the pay bands above, when looking at the mean and median pay (excluding medical and dental staff), the charts in Appendix 3 show that the mean hourly rate of pay for males is £0.58 higher than that of females – a gender pay gap of 3.7%. The median hourly pay rate for females is £13.68, while that of males is £13.12. The median gender pay gap is -4.3% (in favour of women).

GPG REPORT 2023
APPENDIX 3.docx

8. Medical and Dental Workforce

For data and supporting information about the medical and dental workforce, please see Appendix 4.

GPG REPORT
APPENDIX 4.docx

9. Bonuses

Only Consultants were in receipt of bonus payments in the snapshot data These were in the form of Clinical Excellence Awards (Local and National) and Distinction Awards.

There were 158 bonuses paid (under the pre 2018 Clinical Excellence Award process, local and national), 42 were to female consultants and 116 were to male consultants. *If an average of the year was taken, rather than a day, then the bonuses would have reflected differently.

	Bonuses in relation to entire workforce	Bonuses in relation to all Consultants	Total percentage of female vs male Consultants
Female	0.6% of females overall received a bonus	27% of bonuses were paid to female Consultants	32% of all Consultants are female
Male	6.5% or males overall received a bonus	73% of bonuses were paid to male Consultants	68% of all Consultants are male

Mean
Male average bonus pay = £8,771.20
Female average bonus pay = £5,713.78
Difference in mean % bonus pay = 34.9% (in favour of men)

Median
Male median bonus pay = £6,032.04
Female median bonus pay = £3,015.97
Difference in median % bonus pay = 50% (in favour of men)

When these payments are related to all employees of the Trust, out of the total number of female employees in the Trust this represents 0.6% receiving a bonus. In comparison, 6.5% of the total male employees in the Trust received a bonus.

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The Trust is currently finalising the Local Clinical Excellence Awards for the current award year (2022). Since the Local Clinical Excellence Awards process went under review nationally in 2018 the Trust has split the available funds each year between the Consultants who meet the eligibility criteria, as opposed to running an application and award round. These new award payments are paid annually, are non-cumulative and non-pensionable. Each eligible consultant receives the same amount, the amount is not pro-rata if less than full time, and those who have retired and returned in the eligibility period are still considered. The Trust has also recognised our clinical academics employed by local universities who carry out their clinical activity at the Trust, and any Consultant who has not been at work through the eligibility period due to family leave e.g., maternity/paternity, long term sickness or isolation. Each year consultants have been provided with the option to opt out of receiving the award payment should they wish to do so. Existing Local Clinical Excellence Awards awarded prior to 2018 under the previous scheme continue to be paid to those who hold existing awards. These awards will become subject to review moving forward and fairness and inclusivity will be two considerations. Reviewing the process should improve the gender pay gap for women.

The next award round (2023) commences from April. Nationally, NHS Employers and BMA reached agreement last year around the principles of the awards and have provided guidance to Trusts, but in essence it is for Trusts to agree how the process is delivered in keeping with the national principles, which we will agree through our JLNC. As a Trust we have not agreed as yet on what this process will look like moving forward, as we move back to a model of awards based on clinical excellence.

10. Reducing the Gender Pay Gap

The 2022 report stated the actions that had been taken and were continuing to be focused on to reduce the gender pay gap. These were.

Our People Promise

We are Compassionate and Inclusive:

- Development of the Carer's Network
- Equality and Diversity Training
- Review of recruitment adverts

We are recognised and rewarded:

- Starting salaries guidance

We Work Flexibly:

- Flexible Working
- Review of the family leave policy
- Review of the job planning principles
- Retention Strategy

The Trust's Women's Staff Network has influenced change to support our female employees and inadvertently, the gender pay gap by:

- Changing the family leave policy to include:

  - ✓ 5 days special leave for fertility treatment for all staff
  - ✓ 10 days special leave for miscarriage, ectopic pregnancy and termination
  - ✓ 5 days for partners who go through the above
  - ✓ Extended full pay for those who give birth prematurely (before 37 weeks) from the date they give birth to the date they were due to go on maternity leave
  - ✓ 2 weeks additional full pay for partners who go through premature birth so they can take their paternity leave when the baby comes home from the Special Care Baby Unit.

- Changes to scheduling of training so it is not always at the same time to improve access for those staff with other commitments such as school drop off / pick up

The network also has several actions, which can be seen in Appendix 5, these will all have an impact on the female workforce's experiences and hopefully impact on the gender pay gap.

GPG REPORT
APPENDIX 5.docx

11. Reducing the Gender Pay Gap in 2023

This year's Gender Pay Gap data has been discussed with Medical Human Resources (HR), The HR Recruitment Manager, and the Women's Staff Network Chair who will lead on implementation and work with other teams to address the areas below. The following are suggested as areas of focus to address the disparities identified in order to continue to support Our People Promise.

- Specialties to promote working from home and flexible working to women
- 'Coming off on call' to be linked to job planning review and workforce planning
- Promote lead clinician roles to women
- Promote flexible retirement to female medical staff as more male medics take flexible retirement than female
- Explore empowerment/career development opportunities for women
- Continue with the Career Clinics for nursing staff
- Implement a Talent Management strategy for the Trust
- Explore external diverse recruitment platforms (these come at a cost so require funding)
- Ensure recruitment packs include information on flexible working, special and additional leave
- The Women's network to look at the areas within the Trust where there are fewer female colleagues, attraction and best practice examples. Hold focus groups to explore the issues.
- Promote coaching and mentoring to women.
- Benchmark against the new VSM Framework once it has been published

12. Summary

Hourly pay mean and median

Difference in mean % hourly pay = 28.8% (in favour of men)

Difference in median % hourly pay = 16.4% (in favour of men

	Female	Male
Lower hourly pay quarter	84.2%	15.8%
Lower middle hourly pay quarter	82.9%	17.1%
Upper middle hourly pay quarter	80.3%	19.7%
Upper hourly pay quarter	69.7%	30.3%

Personal Salary / VSM Category

As Directors and Executives salaries are determined and agreed via the Trust's Remuneration Committee this process is less robust than the formal job evaluation process used for staff on national terms and conditions. While there are women covering the same roles in terms of responsibility and level of seniority, the men in this category earn 16.3% (or 11.3% with the anomalies removed) more than the women. Nationally there will soon be a VSM pay framework to inform Remuneration Committees and this may correct this discrepancy. In the meantime, national benchmark reports such as those produced from NHS England should continue to be used.

Bonus pay mean and median

Difference in mean % bonus pay = 34.9% (in favour of men)

Difference in median % bonus pay = 50% (in favour of men)

Bonus pay % split between men and women

Female = 0.6% (of entire female workforce)

Male = 6.5% (of entire male workforce)

- **Bonuses**

The bonuses are paid only to consultants (medical and dental) through the 'Clinical Excellence Awards'. There are far more men in receipt of these bonuses than women, plus the median pay received by those men is 50% more than those received by the women within this category.

It is evident from the below summary, which shows a comparison since 2020, that the Trust's gender pay gap reduced in 2022.

	2019		2020		2021		2022	
Total Headcount	7820		7533		7932		8392	
Agenda for Change Staff Headcount	6946		6609		6958		73802	
Very Senior Manager Headcount	14		13		15		20 (includes 4 non VSM employees)	
Medical and Dental Headcount	857		911		959		992	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Gender Profile	19%	81%	20%	80%	20%	80%	21%	79%
Headcount of A4C Staff and VSM	14%	86%	15%	85%	15%	85%	16%	84%
Headcount of M&D	63%	37%	61%	39%	61%	39%	61%	39%
% of Medical and Dental Staff Bonuses	75.61%	24.39%	75.13%	24.87%	75%	25%	73%	27%
	Gender Pay Gap (GPG)		**Gender Pay Gap (GPG)**		**Gender Pay Gap (GPG)**		**Gender Pay Gap (GPG)**	
Mean GPG whole workforce	33.41%		31.5%		30.89%		28.8%	
Median GPG whole workforce	19.08%		19.36%		21.6%		16.4%	
Mean GPG A4C and VSM	0.07%		4.1%		5%		3.7%	
Median GPG A4C and VSM	-5.36%		3.8%		0%		- 4.3%	
Foundation Year 1 Doctors GPG	-0.41%		0%		0%		0%	
Foundation Year 2 Doctors GPG	-1.67%		0%		0%		0%	

Core Trainees GPG	2.85%	2.45%	2.9%	2.4%
Specialty Trainees GPG	8.87%	-1.11%	-1.7%	- 0.2%
LAS Doctors GPG	9.33%	N/A	N/A	N/A
Trust Doctors GPG	17.25%	10.85%	4.9%	3.8%
SAS Doctors and Dentists GPG	-8.70%	N/A	N/A	N/A
Specialty Doctors GPG	N/A	2.63%	-11.68%	7%
Associate Specialists GPG	N/A	-33.27%	-28.1%	- 66.3%
Consultants GPG	8.64%	8.07%	6.32%	4.5%

Year	Mean Gender Pay Gap	Median Gender Pay Gap
2020	31.5%	19.36%
2021	30.89%	21.6%
2022	28.8%	16.4%

Year	Bonus Mean Gender Pay Gap	Bonus Median Gender Pay Gap
2020	35%	50%
2021	42.3%	50%
2022	34.9%	50%

The 2022 mean and median gender pay gap for York and Scarborough Teaching Hospitals has reduced since reporting in 2021. To continue reducing our gender pay gap we need to ensure that areas of focusing are targeted at reducing the gap.

Regarding bonus payments, the gender pay gap was likely to have been caused by the pre-2018 awards and how bonuses were calculated. A local plan has yet to be agreed for 2023 onwards. For 2023/2024 the awards will be split equally for men and women. The April 2022/2023 allocation was split equally, acknowledging there were more men than women.

There is a gender pay gap in relation to average hourly pay within AfC bands 1, 8a, 8b and 8c, at personal salary level for VSMs and bonus pay for consultants. There is also a gender pay gap in the favour of men for core trainees and trust doctors and dentists. The specialty doctors pay for females is skewed due to the two females on significantly higher pay.

13. Recommendations

- Note the overall improvements in the gender pay for 2023
- Note the areas of disparity
- Approve the data, narrative and areas of focus to reduce the gap
- Review the benchmark information alongside the new VSM Framework once published
- Approve this report so the information can be submitted to the Government' Equalities Office and the Trust's website

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NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	March 2023
Subject:	Nursing Workforce Report
Director Sponsor:	Heather McNair, Chief Nurse
Author:	Emma George, Assistant Chief Nurse

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

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

Trust Priorities

☒ Our People
☒ Quality and Safety
☐ Elective Recovery
☐ Acute Flow

Board Assurance Framework

☐ Quality Standards
☒ Workforce
☐ Safety Standards
☐ Financial
☐ Performance Targets
☐ DIS Service Standards
☐ Integrated Care System

Summary of Report and Key Points to highlight:

To provide information and assurance to the board on how the Trust has responded to provide the safest and effective nurse staffing levels during December 2022 and January 2023. This will include the requirement to submit the safer staffing metrics using Care Hours per Patient Day (CHPPD). Provide assurance that nursing establishments have been reviewed utilising best practice guidance and the arrangements for daily monitoring of patient safety and quality risks in relation to the workforce are in place.

Recommendation:
To receive the report
To decide whether further actions or additional information is required
To consider items for assurance

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

No ☐ Yes ☐

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

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

Meeting	Date	Outcome/Recommendation

Nursing Workforce Report

1. Introduction and Background

This report provides the monthly Nurse and Midwifery Staffing data to describe the key workforce data and complies with the National Quality Board (NQB), 2016 guidance and the NHS England, Operational Productivity and Performance report, 2019, Care Hours Per Patient Day (CHPPD) requirements for reporting.

2. Considerations

The Trust has complied with the submission of CHPPD data for December 2022 and January 2023 submission (tables 1 and 2).

Table 1 CHPPD December 2022

Care Group	Day				Night			
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
CG1	82%	83%	43%	-	92%	115%	28%	-
CG2	83%	90%	18%	-	93%	103%	25%	-
CG3	78%	92%	-	-	85%	110%	-	-
CG4	78%	76%	-	-	92%	93%	-	-
CG5	71%	72%	-	-	94%	91%	-	-
CG6	-	-	-	-	-	-	-	-
Total	79%	86%	42%	-	90%	108%	48%	-

Table 2 CHPPD January 2023

Care Group	Day				Night			
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
CG1	79%	82%	31%	-	95%	110%	16%	-
CG2	82%	95%	14%	-	94%	107%	18%	-
CG3	77%	92%	-	-	87%	116%	-	-
CG4	73%	90%	-	-	90%	92%	-	-
CG5	75%	78%	-	-	96%	90%	-	-
CG6	-	-	-	-	-	-	-	-
Total	78%	87%	33%	-	92%	109%	40%	-

Tables 1 and 2 indicate the CHPPD for each Care Group in December and January and the total for the organisation. The average day fill rate in December 2022 for Registered Nurses was 79% and January 2023 78%. The night fill rate has also continued to demonstrate above 80% for all domains in both months.

The day fill rate for HCSW has achieved above 80% for both night shift and day shifts during Dec and January. Nights have achieved over 100% in Care Groups 1,2 and 3 reflecting the requirement for enhanced supervision and increases in dependency.

## 3. Current Position/Issues

Nurse Vacancies

Registered Nurse

Table 4 below shows the current RN projections as of February 2023 and actual starters and leavers are available. The table indicates a positive position for adult inpatient wards by September 2023 on the current trajectory.

Table 4 Registred Nurse Vacancy levels Trust Wide projected and actual

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Establishment	937.03	937.5	937.41	942.83	942.83	942.83	942.83	942.83	942.83	942.83	942.83	942.83	942.83
Projected in post	*851.3*	*865.61*	*892.45*	*882.01*	*879.87*	*877.73*	*875.59*	*906.45*	*904.31*	*902.17*	*933.03*	*947.89*	*945.75*
Actual in post (ESR as at 310123 + 1 NQs on band 4 awaiting PIN + 59 INs awaiting OSCE/PIN as advised by IN team)	850.55	873.99	879.15	862.2									
Projected leavers	*5.33*	*5.88*	*5.72*	*5.32*	*5.32*	*5.32*	*5.32*	*5.32*	*5.32*	*5.32*	*5.32*	*5.32*	*5.32*
Actual leavers	10.24	2.64	2.6	3.6									
Projected International Recruits	*16.4*	*14.76*	*17*					*33*			*33*		
Projected UK qualified starters	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*	*3.18*
Projected NQs/direct apprenticeships	*56.2*	*3*	*4*	*5*								*17*	
Total projected new starters	*75.78*	*20.94*	*24.18*	*8.18*									
Actual new starters	45.6	24.28	17	2.8									
Vacancies	-86.48	-63.51	-58.26	-60.82	-62.96	-65.1	-67.24	-36.38	-38.52	-40.66	-9.8	5.06	2.92

There has been an improvement in RN leavers figures since October 2023, where the average is 5.32 per month (Table 5 below) , December and January indicate less than this at 2.6 and 3.6 WTE each month. These figures will be presented every month to monitor the projected against the actual. The table indicates all the starters, including NA who are topping up to RN, international nurses, and PRNs (newly qualified). Projected starters were 32.36 over the 2 months and the actual was 19.8 WTE both months. There is a planned RN recruitment event on Saturday 25 March in York, and another planned for the Scarborough site. The Trust is represented at the HEI recruitment events in the region. There is an agreement with NHSE for 90 International Nurses for 2023. The manifesto ends in March 2024, with the supported funding for International Nurses ceasing. As an organisation we are collaborating with the ICB to consider the options for International Recruitment beyond 2024, with the relationship we have built with Kerala and the Schools of Nursing.

Table 5: RN inpatient 12-month turnover rate

RN adult inpatient rolling 12 month turnover rate

(Chart legend: Turnover Rate (12m) — Turnover Rate FTE (12m))
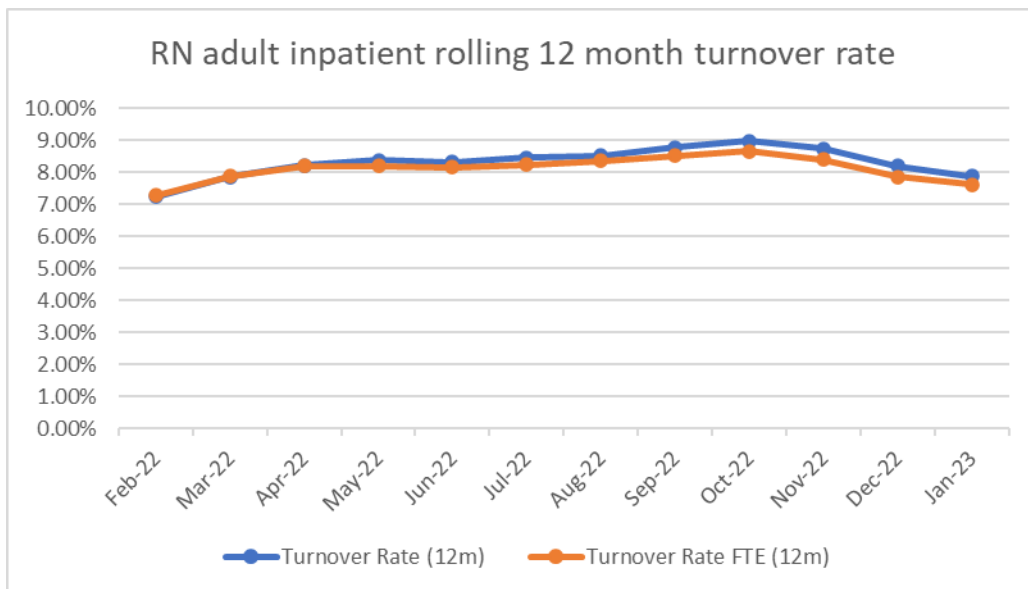
Health Care Assistant

Table 6: HCA Vacancy Levels Trust wide projected and actual 2022/23

Band 2/3	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Establishment	684.34	695.34	695.34	695.34	695.34	695.34
Projected in post	*626.43*	*630.2*	*631.15*	*631.86*	*628.37*	*642.43*
Actual In post as at 31011	609.5	614.66	617.8	614.31		
Projected leavers	*6*	*5.7*	*6.11*	*5.94*	*5.94*	*5.94*
Actual leavers	6.64	7.35	3.53	7.84		
Projected New Starters	*25*	*25*	*25*	*20*	*20*	*20*
Actual new starters	24.73	26.2	17.93	29.27		
Vacancies	-74.84	-80.68	-77.54	-81.03	-66.97	-52.91

Table 6 above details the current HCSW position for adult inpatient wards for the Trust. The leavers figure does fluctuate but there has been a slight improvement in the attrition rate. We continue to recruit HCSWs at trajectory. A recruitment event in York on 13 Feb 2023 recruited 34.65 WTE HCSW, with a further 9 WTE HCSW's appointed via a bespoke advert for the Care of the Older Person Wards on the York Site. Detailed work continues through the HCARRG, with a detailed improvement plan providing a clear structure with measurable initiatives to support the trusts overall recruitment and retention of HCSW's.

As part of the retention strategy the retention of HCSW's is key, alongside celebration events, providing pastoral support on the ward areas and a pilot "The Yellow Dot" initiative from March/April. The Yellow dot is an initiative which has been successful at Gateshead identifies the HCSW as new to the trust and may need additional support from the MDT whilst settling into their work environment.

Mapping Sessions continue with key members of the team and in January reviewed the recruitment process, which heralded some quick wins for improvement, one of which was to agree and populate a yearly generic recruitment schedule. The second mapping session is scheduled for the 7 March which will look at the journey of the HCSW once accepting the post and commencing within the trust.

Temporary Staffing

The Trust is being supported by NHSE to reduce our high off framework agency spend in nursing. An improvement plan has been developed to focus on key areas that can help reduce our reliance on agency, these include our utilisation of eRostering, processes for engaging temporary staffing and recruitment. A workshop took place on in February 2023 from NHSE to support this ongoing work and the outcome is awaited.

In preparation for winter pressures the Trust has already implemented several incentives from December 2022 including, flexibility payments for substantive staff moving wards, 10% bank incentive, double time overtime for substantive staff working in areas with exceptional workforce challenges and the utilisation of allocation on arrival bank shifts, paid at double time, to target priority shifts. The incentives are being offered in place of automatic off framework agency use, with the expectation they will reduce off framework spend and have been positively received. There will be a review of these incentives in March to consider further planning.

The graph below shows the peaks in demand for temporary nurse staffing, the amount of filled and unfilled shifts. Demand has shown a decrease over the past year, but various factors will have affected agency spend due to the increase demand for additional inpatient beds, industrial action, and the increase in acuity of patients over winter.

The Trust continues to report a significant unmet need in relation to temporary staffing requests for registered and unregistered nurses (Graph 7) with an ongoing demand for temporary workforce.

Graph 7 Temporary staffing demand
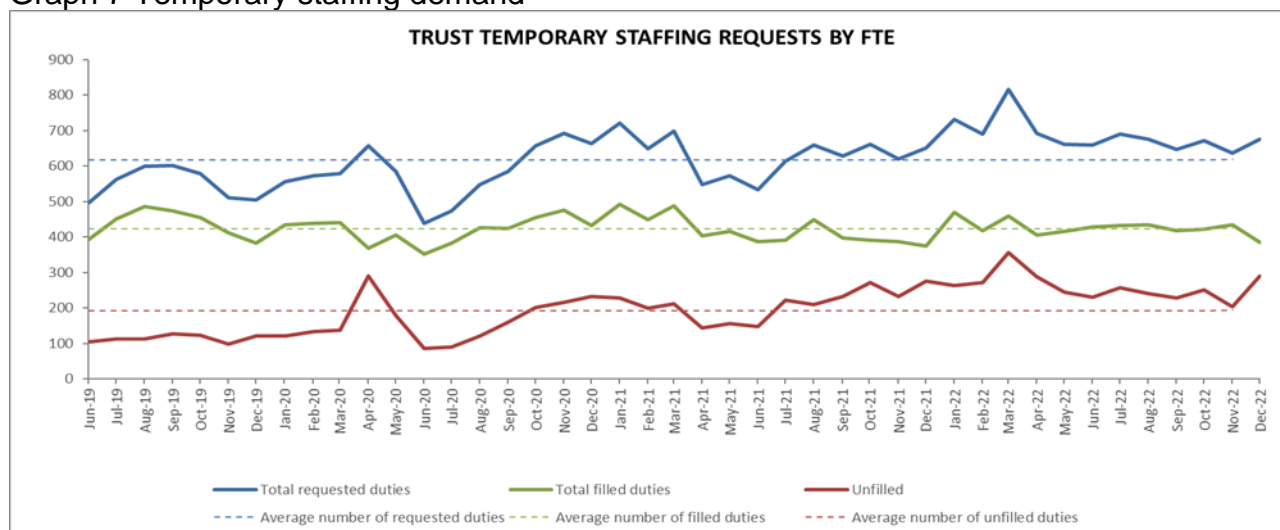
Table 8

Month	01/12/2022

SUMMARY OF TRUST TEMPORARY STAFFING REQUESTS

	Requested			Agency Filled			% of requested duties	Bank Filled			% of requested duties	Total % of duties filled	Unfilled			% Unfilled
	HCA	RN	Total	HCA	RN	Total		HCA	RN	Total			HCA	RN	Total	
Trust	5891	6733	12624	347	1454	1801	14%	3692	2856	6548	52%	66%	1852	2423	4275	34%
York	3666	4457	8123	346	1121	1467	18%	2189	1875	4064	50%	68%	1131	1461	2592	32%
Scarborough	2225	2276	4501	1	333	334	7%	1503	981	2484	55%	63%	721	962	1683	37%

The table above indicates that 34% of shifts remained unfilled by bank and agency in January 2023.

Impact of sickness absence

The table below shows a steady decrease in Registered Nurse and Midwifery sickness absence over the months, with a steady reduction month on month, October 5.36%, and November 5.15%.

Table 9 Sickness for Registered Nurses November 2021 – November 2023

Oversight and Assurance : Sickness % Rates and FTE Lost

Care Group	Directorate	Main Staff Group
All	All	Nursing and Midwifery Regi...

Sickness Absence % Rate and FTE Lost - this table can be filtered using filters above

Indicator	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11
Sickness Absence % Rate	6.47%	6.46%	7.55%	6.73%	7.74%	7.22%	6.30%	6.08%	7.12%	5.74%	5.57%	5.36%	5.15%
FTE Lost	128.82	132.69	155.32	125.33	160.46	142.49	128.27	119.20	143.77	115.62	109.55	111.30	104.71

Trust Sickness Absence % Rate and FTE Lost - this table is independent of the filters above

Indicator	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11
Sickness Absence % Rate	5.64%	5.81%	6.60%	5.54%	6.56%	5.99%	5.02%	5.22%	5.96%	4.68%	4.66%	5.02%	4.86%
FTE Lost	406.50	433.82	493.77	375.53	494.08	433.06	375.11	377.02	444.93	350.73	339.22	383.71	363.78

Section Contents

This section contains monthly sickness absence % rate and FTE lost due to sickness absence at Care Group, Directorate and Staff Group levels, taken from ESR

4. Summary

This report highlights the current workforce analysis of CHPPD for December 2022 and January 2023, vacancies for Registered Nurses and Health Care Assistants (HCA), actual and projected figures and the amount of temporary workforce requested, filled and unfilled.

Date: March 2023

Minutes
People and Culture Assurance Committee
18 January 2023

Attendance:

Jim Dillon (Chair), Lorraine Boyd, Matt Morgan, Polly McMeekin, Lucy Brown, Mike Taylor, Virginia Golding, Heather McNair; Julie Southwell

Apologies:

Stef Greenwood; Rukmal Abeysekare

Welcome and Introductions

The Chair welcomed all members to the Committee and the meeting was declared quorate.

23/1 Declaration of interest

There were no declarations or conflicts of interest arising from the agenda.

23/2 Minutes of the meeting held on 23 November 2022

The Committee acknowledged receipt of minutes from the 23 November 2022 meeting.

The Committee:
• **Received the minutes of the 23 November meeting.**

23/3 Matters arising from the minutes and any outstanding actions

Stef Greenwood (SG), the Freedom to Speak Up Guardian to discuss annual report recommendations was not present. Mike Taylor, Associate Director of Corporate Governance (MT) is to seek assurance from SG for the Board.

23/4 Escalated Items

No escalations were received from other Committees.

23/5 Equality, Diversity & Inclusion Annual Report (public sector equality duty report)

Virginia Golding (VG), Head of Equality, Diversity and Inclusion presented the public sector equality duty (PSED) report included with the pack.

The intention of the report was confirmed which is to provide a current overview of the Trust rather than a sense of trajectory. Polly McMeekin, Director of Workforce and Organisational Development (PM) advised the next annual report will include a patient and workforce element and also the National E,D&I strategy.

It was felt by the committee that the report was a fair and balanced reflection which acknowledges the Trust's problems.

From a patient's perspective VG confirmed that focus is required on patient centred care from attending the Trust to discharge; transgender awareness; race equality; and reasonable adjustments made for people who identify as disabled. Recruitment practices are being reviewed to ensure the Trust meets the national requirement in terms of being an "inclusive employer".

23/6 Nursing Workforce Update

Heather McNair, Chief Nurse (HM) talked through the report included with the pack.

The committee discussed recruitment and the ongoing issues surrounding retention of Healthcare Assistants.

Clarification was sought regarding staffing levels detailed in the report. It was confirmed that 22% headroom is included in the fill rates and therefore 80-90% indicates adequate staffing levels. However, the interpretation of table 2 of the report is that we are understaffed and Matt Morgan, Non-Executive Director (MM) requests that the headroom be specified in future workforce reports.

As maternity leave is not included in sickness absence it was suggested that data in future reports should include rostered versus actual staffing numbers.

The committee discussed overtime and Bank incentives and the different approach the Trust has taken this winter with all staff receiving the same incentive. PM advised the previous scheme was inconsistent and did not show values of equity and fairness to the workforce as colleagues doing the same role and number of hours were receiving different rates of pay. The new bank incentives have received positive feedback and allows areas which struggle with staffing levels to be adequately staffed i.e. care of the elderly.

23/7 Staff Survey – Preliminary Report

PM talked through the report which detailed embargoed results and were overall disappointing.

The committee appreciates the issues faced are magnified within the current environment and aware that lapses in care are real and influencing staff morale. Lorraine Boyd, Non-Executive Director (LB) queries the support that is being offered and how the efficacy is being measured. The support was confirmed with programmes readily available to staff ("TIPI" and "RAFT").

Recruitment levels were queried and why it does not seem to be reflected in the reduction of harm. HM appreciates the discrepancy between the two acute sites and confirms staffing levels in York continue to be problematic particularly on wards which have dependant patients.

Jim Dillon, Chair (JD) concludes the report as being a fair representation and feels the Leadership Programme will be pivotal as there are clear differences of leadership between York and Scarborough. JD questions whether there is need to review current action plans to address the morale issues? PM confirmed the action plans will be reviewed with each directorate having their own local action plan which will be area/speciality specific.

23/8   Mandatory Training Update

PM provided an update regarding mandatory training which was included in the agenda pack.

Face to face training was highlighted as an area that struggles to achieve compliance due to capacity, venues and operational pressures.

Clarification was sought from the committee as to the low compliance in certain areas and how this is managed to which PM confirmed care groups, directorates and line managers receive a more in-depth report highlighting individual compliance.

23/9   Occupational Health and Staff Wellbeing update

PM discussed the details contained in the Occupational Health and staff wellbeing report.

MM queried the sustainability of the service and questioned whether it could be a service that could be contracted out. Polly acknowledges improvements need to be made and processes reviewed but would like to separate Occupational Health and Well Being as the latter delivers constructive initiatives.

In terms of assurance, it was felt that Occupational Health is not meeting the needs of the Trust and there is a significant risk of maintaining the expected level of service. PM confirmed that an action plan is due to be taken to the Executive Committee for a decision to be made on the provision of the service and assurance will be sought from the People and Culture Committee. JD requested an update following the Executive Committee when a pathway has been determined.

23/10 Workforce and OD Update (including the Trust Priority Report)

PM provided and update on the current industrial action taking place across the sites today and confirmed relations with RCN working well. Derogated areas have been agreed and services which are not deemed "life preserving" have been stood down. Industrial action has again been confirmed by the RCN to take place on 6th & 7th February. HM confirmed from an operational aspect staff are managing to deliver the required care.

PM talked the committee through the Workforce and Organisational Development update.

The committee were advised of the ongoing challenges faced in relation to securing accommodation from March for our international colleagues. PM and Lucy Brown, Director of Communications are in discussions with the York MP regarding the situation.

JD queried the progress of 'Fix the Basics' and PM confirmed that due to current budget pressures these will now be financed by the Charity and, for example, tea and coffee will be provided but on a time limited basis, however, showers and changing room facilities are unable to be progressed at this stage.

The committee discussed an establishment review which was highlighted at the commencement of this committee. Concerns were expressed regarding new and changing roles and the management of them. HM concluded there is further work to be done in this review and suggested maybe clinical areas are considered in their entirety rather than a specific professional group and feels this needs to be developed further with Karen Stone, Medical Director and Melanie Liley, Interim Chief Operating Officer.

23/11 Risk Management Report; Board Assurance Framework and Corporate Risk Register

MT confirmed no additions need to be made to the contents of the reports contained within the agenda pack.

The Committee:
- **Received and noted the report**

23/12 Issues to escalate to Board, other Committees, BAF or CRR

The following items will be escalated to Board:

- Occupational Health - concerns over the ability to provide occupational services to the Trust and the sustainability of it being an in-house provider; and

- Equality, Diversity & Inclusion – good progress is being made with equality objectives which will be enhanced through the establishment of an EDI workstream and the development of local action plans within Care Groups and Corporate Services. However, a great deal more has to be done to achieve our objective of being a Disability Confident Leader.

The Committee:
- **Agreed the escalations**

23/13 Reflections on the Committee and Any Other Business

No other business was discussed.

23/14 Date of next meeting

15 March 2023, 1pm

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York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	29 March 2023
Subject:	CQC Update Report
Director Sponsor:	Heather McNair – Chief Nurse
Author:	Hazel McAtackney - Head of Compliance and Assurance (Interim)

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

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

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

Summary of Report and Key Points to highlight:
This report provides the Quality Assurance Committee with an updated position in relation to the action being taken to address the CQC regulatory conditions.

The CQC have lifted the Section 29A warning notices that were in place for York Medicine and Scarborough Emergency department. The section 31 conditions of registration remain in place for Maternity and the Emergency Departments (mental health risk assessments). The CQC have asked for an assurance report in relation to the Mental Health Risk assessments, to enable them to consider removal of the condition.

The Trust continues to submit assurance reports to the CQC on the 23rd of each month in response to the section 31 warning notice for Maternity.

Recommendation:
For the Board are asked to receive the assurance provided in this report.

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

Meeting	Date	Outcome/Recommendation

QPaS	7 March 2023	Further updated prior to Quality Committee
Quality Committee	21 March 2023	Noted

CQC Report – March 2023

1. Introduction and Background

The trust received 4 inspections between 2019 and 2022 which resulted in enforcement action. We have now received confirmation from CQC that the Section 29A warning notices have been lifted. The trust now has the remaining Section 31 conditions in place.

1. York Hospital Emergency Department – Mental Health Risk Assessments. (Jan 2020)
2. Scarborough Hospital Emergency Department – Mental Health Risk Assessments. (Jan 2020)
3. Maternity and Midwifery Services (Nov 2022)

The CQC have written to the Trust on 15 March 2023 to request further assurance regarding the section 31 for the Emergency Departments in relation to Mental Health Risk assessments. They will then consider whether this can now be lifted.

The purpose of this report is to provide assurance of action plan delivery and their impact. In addition, risks to delivery of the required improvements are also outlined.

2. Governance and Shared Learning

The governance structure continues to be embedded and the role of the Quality Assurance Group (QRAG) is being strengthened. Currently QRAG assesses levels of assurance against the actions plans, through themed assurance reports. All Care groups provide updates not just the areas inspected. Going forward the QRAG is introducing a formal process for Care Groups to request closure of actions. Evidence that an action has been completed and achieved the requirements of the recommendation will need to be presented to QRAG before closure can be approved.

Any extensions to the action deadlines will also be approved by QRAG.

Care groups currently present assurance reports to QRAG. This report includes a summary of the York Medicine Care Group assurance report at 5.3.

The assurance report timetable to date is shown overleaf in table 1.

Table 1: Quality and Regulatory Assurance Report timetable

Assurance Topic	Date
Nutrition & Hydration	11.11.22 – complete
Update MCA/DOLS	24.11.22 - complete
Clinical Risk Assessments	08.12.22 - complete
Deteriorating Patients	22.12.22- complete
Catch up	02.02.23 complete
Workforce part 1	16.02.23 complete
Workforce part 2	02.03.23 complete
IPC	16.03.23 complete
Nutrition and hydration update	30.03.23
Staff education and training	13.04.23

3. **Section 31 – York and Scarborough Emergency Departments – Mental Health Risk Assessments**

The mental capacity assessment is now live and can be used in all locations including ED. Work is starting in areas where a lot of mental capacity assessments are done – for example ward 37. So, although the assessment is live in ED there is work needed for adoption.

The mental health triage assessment is delayed for two reasons

- It relies on scheduling – there is still development work needed to make scheduling work in ED. This will be less important in York as with the new ED build it is unlikely that patients will spend as much time in ED. Instead, they will move to an EAU (like a ward) where they will be able to use inpatient Nucleus

- ED clinicians have raised some concerns about the process and how it will work in relation to their oversight if the risk assessment, so this is being reviewed with them.

Whilst overall there is improvement in four of the five elements of the risk assessments, review of changes and consideration to maintain safety is an area both departments have seen a reduction in compliance during February as shown overleaf. Discussion within the March Mental health Steering Group, suggests that this section is not routinely updated in those patients who are deemed low risk and the emphasis is placed on updating the document for those of higher risk. This will be explored further to determine whether this is

an accurate assumption. Nucleus introduction will make this an easy ongoing task, as part of the overall care of the patient while in the department.

Figure 1: Scarborough Emergency Department
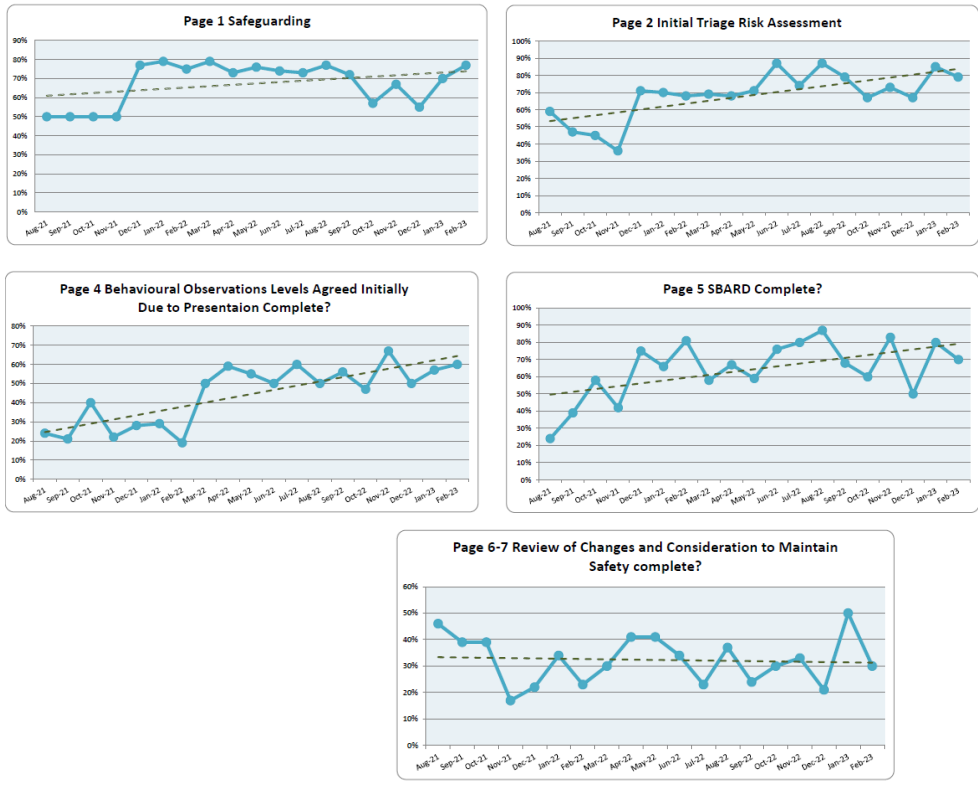
Figure 2: York Emergency Department

Page 6-7 Review of Changes and Consideration to Maintain Safety complete?
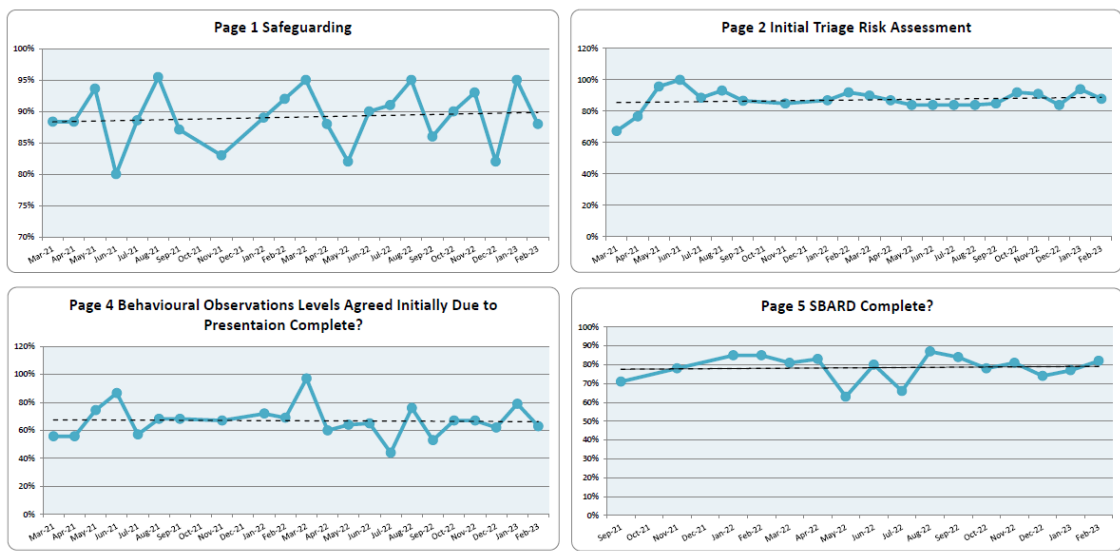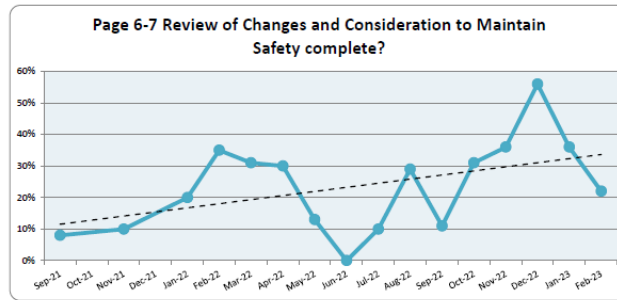
4. York Hospital Medicine Inspection (March 2022)

4.1 Section 29A (Hydration and Nutrition and management of Risk)

While the CQC have lifted the condition of registration we continue to monitor the action plan delivery.

Table 2: Overview of section 29A action progress

		Overview – Section 29A
	0	Off Track
	1	At risk of exceeding timescale for delivery
	1	On Track
	30	Complete

One action remains at risk of exceeding the timescale for delivery. This relates to the provision of bumpers and crashmats. A small number of bumpers are in use at Scarborough. This action was due to be closed by 28/02/2023 but owing to delays with procurement has run over, bumpers have now been ordered for both ED departments. A date is awaited from procurement regarding the showcase for the crashmats. The bedrails policy details what actions to take to ensure patients safety if a crash mat is not available.

The action which is on track relates to the review of the visiting policy to ensure that patients who need support with mealtimes can receive this from their families. The policy was approved at the Executive Committee where a six-month extension was agreed to allow sufficient time for a period of engagement. The revised deadline is 30th April 2023.

An audit is planned to assure that the recommendations for the s29A warning notice have been achieved. The tool has been developed and this will be a stand-alone audit to cover all aspects of the warning notice. Where audits have already been undertaken these will be referenced to measure improvements. This audit will determine whether actions that the care group have closed are indeed embedded and impacting positively in practice.

4.2   MUST Assessments

MUST assessments are completed on the Nucleus system and performance can be tracked via the Signal dashboards. Data from the system would indicate that these assessments are not yet fully embedded. Figure 3 show the percentage compliance for patients with an up-to-date MUST assessment in February which varies from 4.5 percent to 100 percent

Figure 3: Patients with an up to date MUST assessment recorded
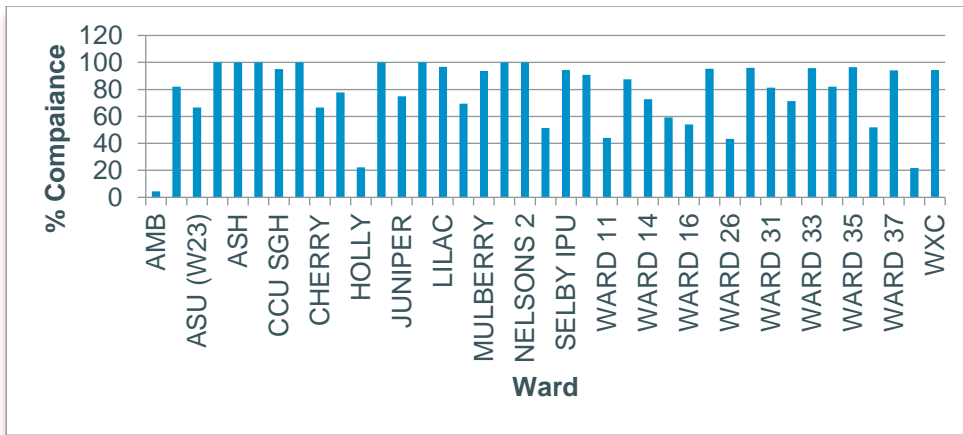
Compliance with patients having an up-to-date actual weight is better and ranges from 22.2% to 100%

Figure 4: Patients with an up-to-date weight recorded.
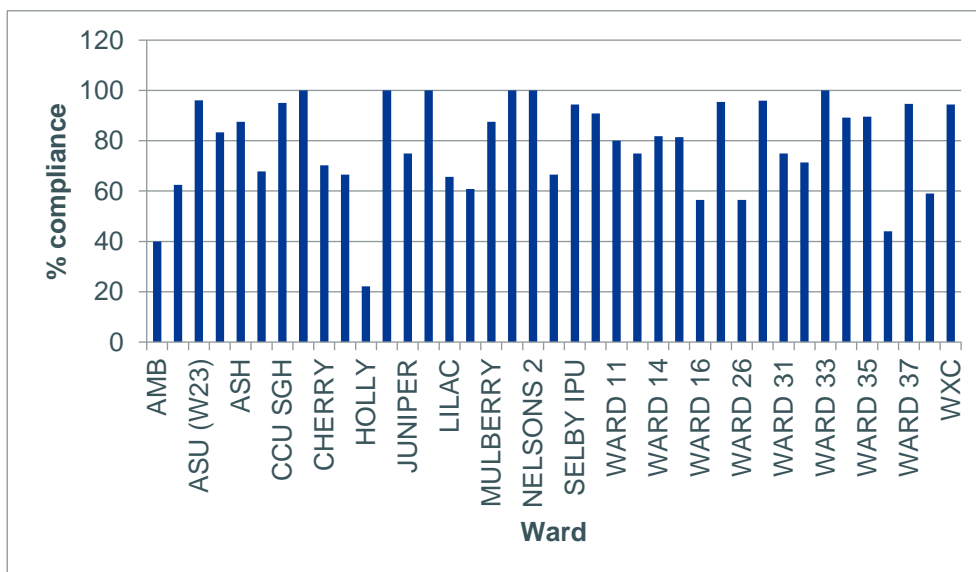
Nutrition and hydration was reviewed at the QRAG meeting on 11th November 2022 and will be revisited at the meeting on 30th March 2023 to review progress with the improvement plans developed by the care groups, with a particular emphasis on the previous gaps in assurance.

4.3 Must Do Actions

Table 3: Overview of must do action progress.

		Overview – Must Do's
	0	Off track
	0	At risk of exceeding timescale for delivery
	3	On track
	21	Complete

Overall, there were 5 Must do recommendations and 25 actions have been put in place to address the recommendations. The three actions previously reported as being at risk of exceeding the deadline have progressed.

- MCA Advisors – Recruitment and Implementation. The outstanding post at York has been recruited to with an anticipated start date of 1st April 2023. The candidate already works for the Trust and is going through the employment checks prior to taking up post.

- Review storage and location of medical records on wards. This recommendation had two associated actions relating to the storage of paper records. With the introduction of Nucleus, the number of paper records is reducing. This action deadline has been changed to 30th June 2023 to allow time for Nucleus to become embedded across the Trust. In the meantime, to mitigate the risk of paper records not being stored securely the Information Governance team carry out regular walk round on ward areas giving immediate advice if needed.

4.4 Must Do Action – Staffing Assurance Reported to QRAG

CQC made the recommendation that;

The service must ensure that there are appropriate numbers of suitably qualified, competent and experienced medical and nursing staff to enable them to meet the needs of patients in their care. Regulation 18 (1).

This topic has been a focus for the QRAG and the Medicine Service have reported their progress to the group which is summarised below.

The service now holds twice daily Matron and ACN meetings with all care groups to review staffing and acuity for all areas. In addition, the Safecare tool is completed three time a day to review acuity against daily staffing for each shift. The Matrons are responsible for reviewing any red flags and mitigating escalations by dealing with the issue or escalating to Heads of Nursing.

Various training events have been delivered such as

- NIV training for all RN's and block booked agency staff.
- Life support training appropriate to the skill level.
- Cardiology training
- Liver study day.

Medical staffing continues to present a challenge and the service has advertised for a Geriatrician and Stroke Consultant roles. To bolster medical cover the Care Group has recruited two elderly and two stroke trainee ACOs. It is anticipated that once they have completed the two-year training they will complement the skill mix and provide some continuity at ward level.

A GP with extended role in Elderly Medicine has been recruited to provide support twice a week to the frailty clinical and the virtual ward.

EAU medical cover overnight remains inconsistent although regular locums are now applying for shifts. One EAU Trust grade has started in post and is currently on a period of supernumerary and will move onto a 24/7 rota pattern in February 2023.

4.5 Should Do Actions

There was one should do recommendation made by CQC. '*The trust should ensure that persons employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.*'

One action was put in place to establish a subgroup with the aim to develop consistently high-quality accessible programmes in the trust. This action addresses the training and professional development elements of the requirement; however, it is not clear if the support, supervision, and appraisal. The training sub-group have been requested to further review this action. An update will be provided in the April report.

4.6 Impact of Improvements

In this section the impact of the improvements made to date is outlined.

4.6.1 Risk Assessments

Nucleus
Risk assessments for falls, nutrition, pressure ulcers and bed rails are completed on the Nucleus system. Currently there are 40 areas using Nucleus and performance can be tracked via the Signal BI dashboards.

Table 4: Nucleus data All Nucleus inpatient areas

Assessment	November	December	January	February
Falls assessment 6 hrs	66.2%	60.6%	59.3%	62.9%
Falls assessment 24 hrs	89.4%	85.4%	81.5%	86.3%
Falls reassessment 7 days	73.8%	67.3%	67.3%	70.2%
Bedrails assessment 6 hrs	64.3%	58.2%	58.8%	62.6%
Bedrails assessment 24 hrs	88.2%	84.5%	82.3%	86.4%
Bedrails reassessment 7 days	72.2%	66.2%	66.3%	68.3%
MUST assessment 24 hrs	63.1%	59.6%	60.5%	62.5%
MUST reassessment 7 days	61.7%	57.4%	57.6%	61.3%
Purpose T assessment 6 hrs	69%	64%	63%	65%
Purpose T assessment 24 hrs	Not available	Not available	Not available	Not available
Purpose T reassessment 7 days	80%	75%	74%	73%

Table 5: Nucleus data the 5 wards accounting for >50% of admissions (AMU, AMB, Lilac, Ward 14, Maple)

Assessment	November	December	January	February
Falls assessment 6 hrs	82.5%	77.6%	69%	71.8%
Falls assessment 24 hrs	92.1%	93%	92.3%	93.4%
Bedrails assessment 6 hrs	79.9%	77.6%	74%	71.4%
Bedrails assessment 24 hrs	90.9%	89.8%	92.4%	93%
MUST assessment 24 hrs	72.5%	76.1%	81.6%	77.1%
Purpose T assessment 6 hrs	76.3%	71.9%	75%	76.6%
Purpose T assessment 24 hrs	Not available	Not available	Not available	Not available

The CQC have requested that we agree a compliance target for each risk assessment, which will be agreed in April QPaS.

Nucleus was introduced into the ED in January however it does not contain all the records that the department needs, and the main documentation is still paper based. There is currently no scheduling available within ED which means that the system cannot prompt staff to carry out any assessments, observations, or care tasks. This does impact on the achievement of an action to address the CQC recommendation that the trust must have systems and processes in place for the early recognition and escalation of the deteriorating patient.

5   Section 31 Maternity and Midwifery services (November 2022)

Table 6: Overview of Section 31 Action Plan

Overview – Section 31		
	0	Off track
	25	At risk of exceeding timescale for delivery
	4	On track
	35	Complete

The service has just transferred the action plan onto In Phase from a word document and it has been identified that there are challenges in gaining updates from action leads in a timely manner. Delivery of some of the actions lacks assurance as not all workstreams are fully operational. The improvement Director is reviewing the assurance that can be provided in relation to delivery of the required improvements and this will inform the next steps.

The trust continues to submit monthly (by the 23rd of the month) to the CQC;

- An updated copy of the action plan
- Any reports to senior leadership
- Training figures
- Maternity dashboard

5.1 Highlights from the February 2023 submission.

Areas that are progressing well are listed below.

- A reduction of 50% in midwifery vacancies.
- Diverts and closures significantly reduced.
- Compliance with foetal monitoring risk assessment is good.
- There is a fully functioning X tag system across the York maternity and SCBU footprint.
- There is a fully functioning Hugs baby tag system across the Scarborough maternity footprint.
- Good compliance with Post-Partum Haemorrhage risk assessments.

Areas which are not progressing well are listed below.

- Development of the escalation policy to strengthen escalations to the Trust on call.
- Homebirth services across site are consistently unavailable due to midwifery staffing. This is being added to the risk register.
- Women have had their elective caesarean sections delayed on two occasions for more than 24 hours due to skill mix and short notice sickness absence.
- Uptake with bank and agency shifts to backfill scrub practitioners is variable.
- Compliance with the timeliness of 'Fresh Eyes' when CTG monitors are used is variable.

6   The Emergency Department – York

In response to the concerns raised by the CQC during their inspection of ED in October 2022, a comprehensive action plan was implemented. As can be seen in table 5 below, there are five actions that are at risk of not achieving the required timescale. The service have reported that there is one action at risk of exceeding the timescale for delivery.

Table 7: Action plan progress (York ED)

		Overview of Actions
	0	Off track
	1	At risk of exceeding timescale for delivery
	9	On track
	15	Complete

The action at risk of exceeding the timescales is detailed in table 6 below.

Table 8: Action at risk of exceeding the timescales

Action	Update
ED Clinical Educators to deliver bite-size medicines management fundamentals training to all registered ED staff.	This deadline has been extended from 17th November 2022 to 31st January 2023 due to pressures within the department. The care group are going to request and extension via the QRAG.

The previous actions at risk of exceeding the timescales have been reported as completed by the Care Group. At the time of writing the report, the actions had not been updated on InPhase. Table nine summarises these actions and the progress.

Table 9: Actions reported as complete.

Action	Update
Develop IT solution to provide overview of ED patient NEWS2 scores at a glance for EPIC/NIC	An ability to see the ED ward list on Nucleus was finished and Nucleus went live in ED York on the 15th December and ED Scarborough on the 20th December. This included mobile devices and charging stations. There is still no ability to schedule in ED – this includes for observations. It was anticipated that this would be resolved by early February however is still under development.

Action	Update
	There is an ability to see and acknowledge escalations where a patient has a high NEWS score.
Provide additional registered/unregistered staff to support the ambulance overflow corridor to compliment current ambulance streaming nurse policy and processes.	Currently staffing is being provided by agency staff which is funded by the ICS.
Revise and relaunch SEPSIS screening tool to include pre-hospital NEWS and chemotherapy complications and undertake Trust SEPSIS Q3 audit.	Q3 data is being collated and was anticipated to be ready for presentation in February 2023 however this has been delayed. The Q3 data has been presented to the ED Governance meeting.

6.1 ED delays (including 12 Hour Stays)

On a weekly basis the ED team undertake audits of key safety metrics for the 10 longest waits in both ED departments. The most recent audits are shown in figures 1 and 2 below.

Figure 5: Scarborough ED

Pressure Ulcer Risk Assessment Complete

Patient cared for on appropriate trolley / bed

Time-critical medicines prescribed

Time-critical medicines administered

Speciality Recommendations

Regular Medicines Prescribed

Treat Escalation Plan Implemented
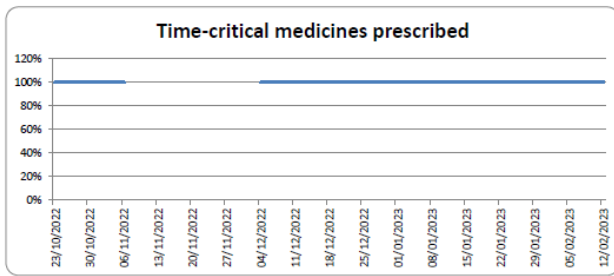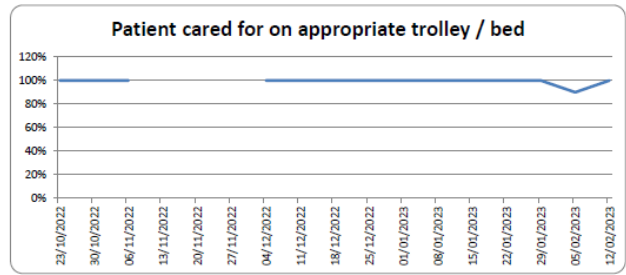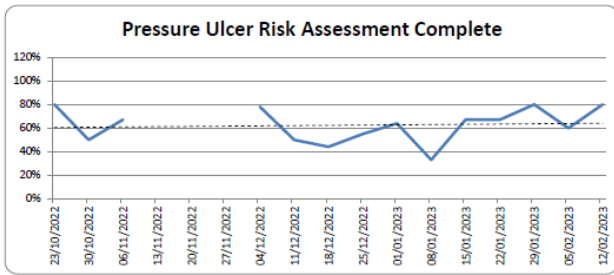

Senior Review Carried Out

Patient exposed to harm
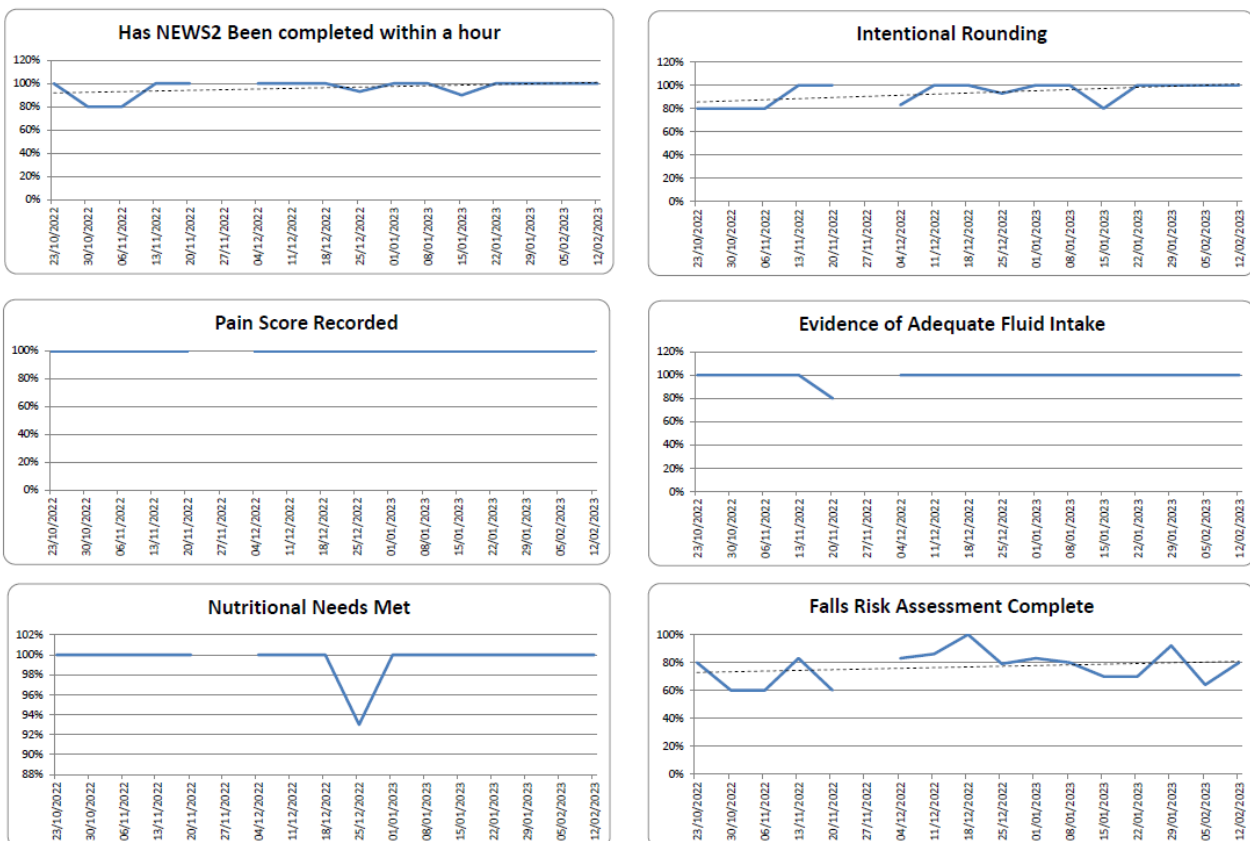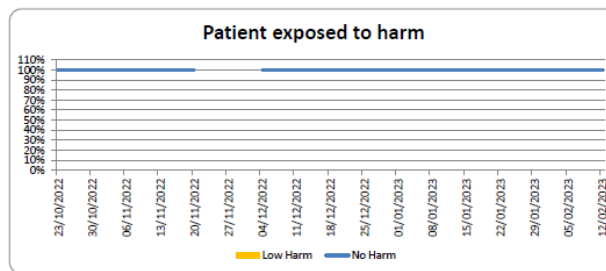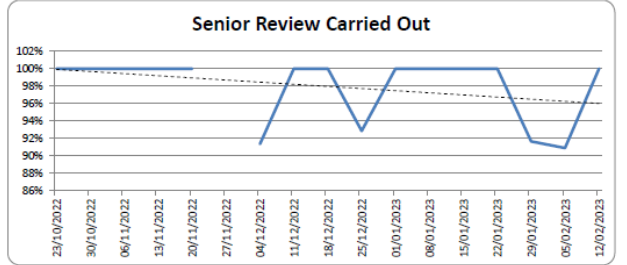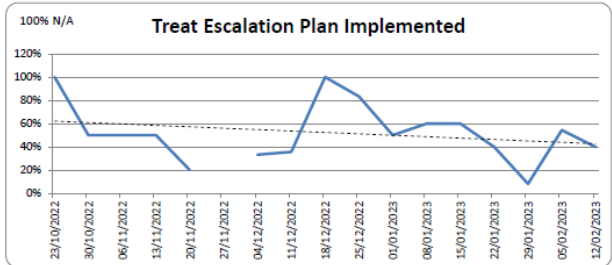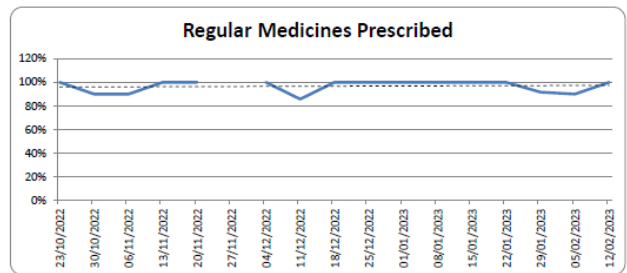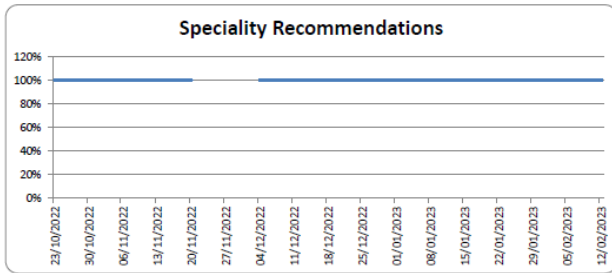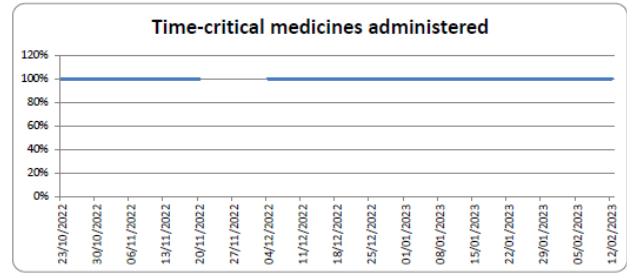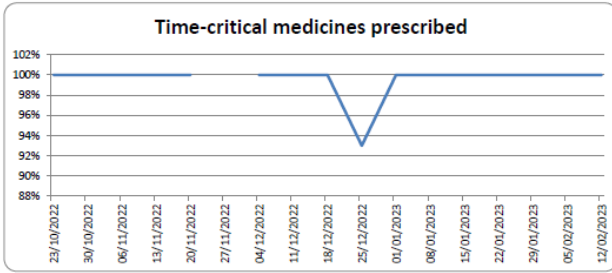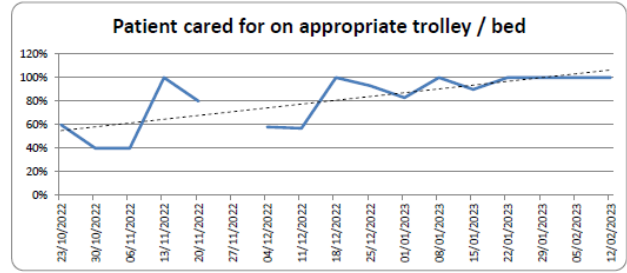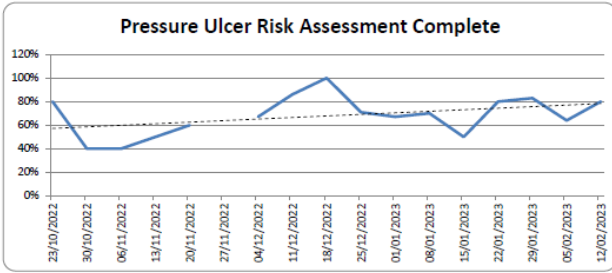
The previous reduction in NEWS2, intentional rounding and fall risk assessments being completed has improved. Whilst falls risk assessment have not yet achieved 100% this measure has increased to 80%.

York ED does not reflect the same improvement with intentional rounding reducing again this month. Whilst NEWS2 and falls risk assessments have improved, they are not yet at 100%. The ED are reviewing their action plans to ensure that the actions required are

being implemented. Assurance of the action plan delivery will be overseen through teh Quality and Safety meeting.

Figure 6: York ED

Pressure Ulcer Risk Assessment Complete

Patient cared for on appropriate trolley / bed

Time-critical medicines prescribed

Time-critical medicines administered

Speciality Recommendations

Regular Medicines Prescribed

Treat Escalation Plan Implemented

Senior Review Carried Out

Patient exposed to harm
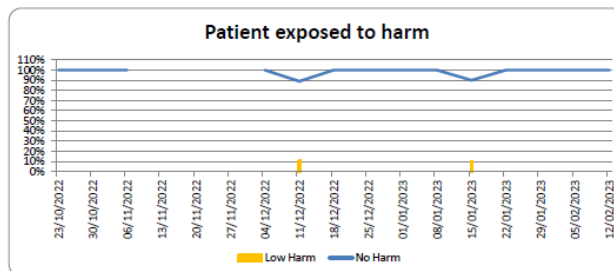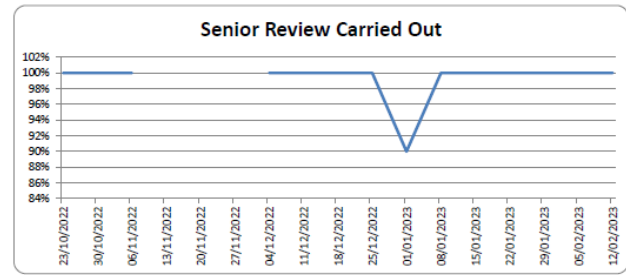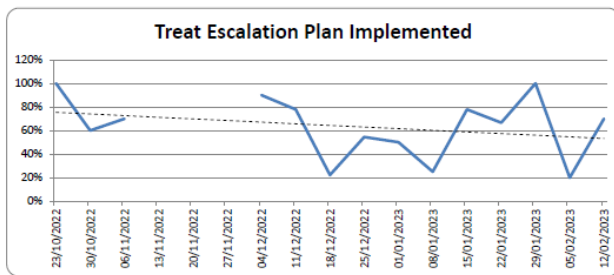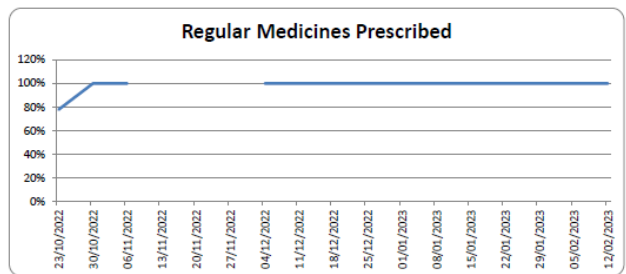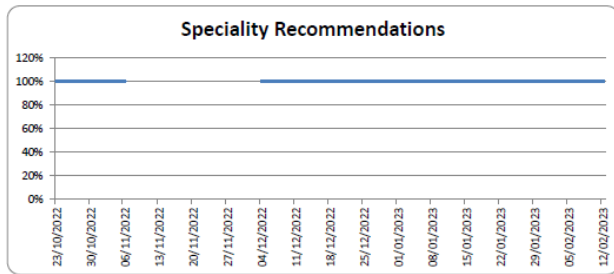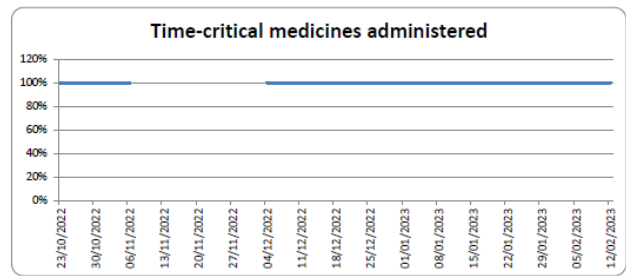
7   Recommendation

The Trust Board are asked to consider the update within this report and the assurances for the delivery of key actions.

Date: 13/03/23

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NHS

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	29th March 2023
Subject:	Perinatal Clinical Quality Surveillance Update
Director Sponsor:	Heather McNair Chief Nurse
Author:	Sarah Ayre, Associate Director of Midwifery Sarah Gallagher, Quality and Governance Lead

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

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

Trust Priorities

☒ Our People
☒ Quality and Safety
☐ Elective Recovery
☐ Acute Flow

Board Assurance Framework

☒ Quality Standards
☒ Workforce
☒ Safety Standards
☐ Financial
☐ Performance Targets
☐ DIS Service Standards
☒ Integrated Care System

Summary of Report and Key Points to highlight:

- Maternity Services have embarked on a programme of service and quality improvements, centred on our aim of ensuring we provide outstanding care for women and birthing individuals whilst being the best place to work. We are working towards a single maternity improvement plan which addresses the three main national maternity services priorities alongside the CQC KLOEs.

- The creation of the single improvement plan will also prioritise the actions on going by the service to address the areas identified by the CQC inspections in October and November 2022 communicated via the section 31 letter received in November 2022, as requiring immediate improvement action. The single improvement plan has received additional support from the NHS England regional maternity team and is overseen by the Maternity Transformation Programme Board.

- A Strategic Improvement Director as of February 2023 is also now in post and supporting with the creation of a single focused well led and well-resourced improvement plan. The national NHSEI ambition of a Single Plan for Maternity Services is also anticipated to be announced in April 2023.

- The workforce and leadership review of the future requirements of the midwifery structure needed to support the aim of the service by embedding the objectives of the single improvement plan continues and is centred around achieving the overall aim of providing outstanding care for women and birthing individuals whilst being the best place to work. The requirements and ambitions of this review will be reported formally in the Workforce Strategy paper to be presented to Trust Board in March 2023, as per the biannual workforce requirements.

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

Report Exempt from Public Disclosure

No ☒ Yes ☐

Report History

Meeting	Date	Outcome/Recommendation
Quality and Patient Safety Group	8th March 2023	
Quality and Safety Assurance Committee	21st March 2023	

1. Detail of Report and Assurance

1.1 Introduction & Overview

This report provides monthly oversight of perinatal clinical quality as per the minimum required dataset (appendix A), ensuring a transparent and initiative-taking approach to safety across Maternity Services at York & Scarborough Teaching Hospitals NHS Foundation Trust. Overall, the report provides assurance that identified issues, themes, and trends are addressed by an embedded culture of continuous improvement with oversight from the ADoM SA and Quality and Governance Lead SG.

National priorities for Maternity services currently include the NHSR Maternity Incentive Scheme (MIS – formally CNST), Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality (2019) and the initial 7 IEAS of the Ockenden Report (2020).

Maternity Services are currently supported by the National and Regional Maternity Teams as part of the Maternity Safety Support Programme (MSSP) and as of February 2023 we are also receiving support from a Strategic Improvement Director. It is recognised that all Maternity Services rated 'requires improvement' or 'inadequate' within the well led and/or safe domains by the CQC are formally entered onto the MSSP.

The creation and embedding of a single improvement plan focusing on the three national priorities alongside the CQC 5 Key Lines of Enquiry and the Section 31 action plan will be communicated and supported widely across the MDT with oversight from the Maternity Transformation programme board chaired by the Chief Nurse, with escalation and assurance of progress from here to Board.

1.2 Moderate Harm & Serious Incidents

There are currently 12 Serious Incidents (SIs) under investigation and ten were HSIB reportable incidents. The investigations are in progress by HSIB and 1 SI has been assigned to an external investigator and is ongoing.

We have declared two SIs in January and February (to date of report). One at York, a twin pregnancy with a PPH of 3555ml. The second was at Scarborough for a baby who was born in poor condition and required cooling at a Tertiary Centre, this has also been referred to HISB as it meets their criteria for investigation.

The patient safety leads for maternity hold a daily Datix review meeting Monday to Friday and this monitors and identifies the moderate harm incidents, as well as any emerging themes for escalation. Cases are also presented across site weekly for MDT review at the MCR on a Tuesday vat Scarborough, and a Thursday at York. This is an open forum with encourages the MDT to review and identify themes and learning from cases reported via the DATIX triggers – a recent focus has been to review all PPH cases over 1500.

The moderate harm incidents are escalated to the Triumvirate by the Quality and Governance Lead weekly and are shared with the Trust Board as part of this Perinatal Clinical Quality Surveillance Report.

1.3   Perinatal Mortality Review Tool

Three cases were notified to MBRRACE in January 2023 a neonatal death and two antenatal stillbirths (details in appendix B).

MIS compliance relies upon the reporting and completion of PMRT within their specified timeframe: perinatal deaths need to be reported to MBRRACE within seven working days, the report commenced within two months and completed within six months, maternity services are compliant with this element of MIS.

1.4   Training Compliance

Training compliance for the Department is identified in Appendix C and there continues to be a sustained focus on ensuring training compliance with priority at present on Safeguarding Level 3 and Fetal Montoring and Interpretation. Training complaince is a key work stream of the single improvement plan. Initial data for January 2023 reports a reduction in compliance however this does not correlate with the training activity that has taken place. Learning Hub is down at the time of writing this report, so we are not able to further interrogate the figures to understand the discrepancy. This will be undertaken once the system is functional by the ADoM and an update provided in April 2023's Report.

1.5   Safe Staffing

Midwifery Staffing

To manage safe midwifery staffing levels against activity and acuity, twice daily staffing meetings Monday to Friday were established. This enables senior oversight and consistency with appropriate and timely escalation and action to address gaps in assurance. The staffing huddles have been realigned as of November 2022 to meet the escalation policy requirement and a manger of the day role has been embedded for all staff to access for escalation and support, Monday to Friday. Out of hours the Band 7 Labour Ward coordinators have clear pathways of escalation to the Trust on call facility as needed and staff are aware of the chain of escalation and how to escalate. There is on-going work to further develop the escalation policy, and this will consider the escalations to the Trust on call and whether this needs further strengthening. This will be discussed with the Chief Operating Officer in the first week of March. There is also work across the LMNS to strengthen a system wide approach and policy to escalation with regular system calls to support as needed.

Diverts and closures have significantly reduced cross site over the last 3 months, and this is attributed in part to the improvements seen in recruitment and retention and the daily oversight processes embedded since November 2022. In January 2023 we did not close the service and only diverted services from Scarborough to York site on two occasions for more than four hours, due to short notice sickness absence and its impact on staffing.

Also in January 2023, two elective caesarean sections were delayed for more than 24 hours due to poor midwifery staffing, and there were two reported incidents of delayed perineal suturing post birth due to ongoing emergencies in theatre requiring the Obstetric Team and junior midwifery staffing.

Better Births in 2016 advised that all Maternity Services should prioritise providing choice for place of birth to all women and birthing individuals. At present we do not provide choice in line with this recommendation. We do not have any midwifery led Units and the homebirth service across site is consistently unavailable due to midwifery staffing deficits and the operational model not supporting two midwives on call each 24-hour period. Work is underway on preparing the necessary business case for a dedicated cross site homebirth team, with consideration given to the role of the band four maternity support worker within this team to support the ongoing challenges around the national shortage of registered midwives. The revenue investment implications of establishing a dedicated home birth team will be discussed with the executive committee on the 6th of March 2023. The trend to Freebirth (to make the conscious decision to birth without a midwife present) in our area has been noted as increasing in January and February 2023 due to lack of a dedicated homebirth service. This is to be discussed and assessed with the Regional Midwifery Team for advice and guidance on how best to support women and birthing individuals choosing to birth outside of national and local guidance and support from the MVP on engaging with all service users around informed decision making will be prioritised from March 2023.

We have successfully recruited midwives over the last 6 months reducing the vacancy rate by just over 50% from twenty wte posts to nine wte posts, across site. The impact of our staffing levels on the safe provision of care is monitored through incident reporting.

The ADoM and Recruitment and Retention midwives have engaged with NHSE and the programme of international recruitment. We currently have four whole time equivalent international midwives within the Trust and two more are due to join over the coming months. Our Recruitment and Retention leads have attended all local University open days and we have two open days planned cross site over March 2023 to support recruitment of newly qualified midwives from September 2023.

The challenge for midwifery staffing is now predominantly centred around short- and long-term sickness absence, secondments and an ongoing and forecasted maternity leave rate overall of 8%, ongoing and increasing mandatory and statutory training requirements, including Badgernet, poor oversight of annual leave and some complicated flexible working patterns. We have now fully recruited into all Matron and Team Lead B7 posts and so work has commenced around utilising Eroster software fully by supporting attendance to update training, the introduction of monthly check and challenge meetings with HR support on matters relating to all forms of absence and clear monthly reporting and escalation to ADoM through Matrons monthly 1:1 and weekly Team meeting. All existing secondments due for renewal will be declined and scrutiny over further secondments will be increased for 23/24 with a focus on ensuring all available midwives are clinically available.

The B7 maternity theatre scrub practitioner team leader for York and Scarborough has started in post in February 2023, and the recruitment of dedicated maternity scrub practitioners continues. The backfill of scrub practitioners with bank and agency shifts has provided some cover whilst recruitment is completed, however uptake remains variable and the escalation of midwives to scrub remains on the risk register due to its impact on ensuring 1:1 care in labour. It has been suggested that the recruitment of scrub practitioners will 'free up' approximately 10wte midwives however at present when a scrub is required for an emergency admission to theatre, there is an escalation approach only to ensuring this is covered. This is the case cross both sites and on occasion both the ADoM and DHoM have been required to scrub.

Medical Staffing
An overview from the Associate Chief Operating Officer is presented in Appendix D.

1.6   Service User Feedback

The service engages with women, birthing individuals, and their families in a variety of ways and work to strengthen this continues. As well as friends and family, pregnancy/birth debriefs and PALS, the department has a Facebook page that is contacted frequently and attached to this, an 'Ask a Midwife' enquiry service overseen by the LMNS. The number of Friends & Family Tests received has improved in January 2023, these highlighted that across both our sites, most women feel they had a valuable experience and were treated with kindness.

Feedback and themes identified through concerns and complaints are addressed within the service through action plans tracked via datix and are led by the Matron. Challenges remain with timeframes for response compliance which has been attributed to a depleted senior team and the need to prioritise clinical care, maternity services are working hard on a recovery plan to address.

Positive feedback received via PALS in January 2023 for the team:

My husband and I were lucky enough to welcome our baby girl into the world just before Christmas and the team at York hospital helped us bring her into this world. I was slightly nervous in the lead up to my due date due to the rating that the maternity team had received in the couple of months prior. The staff were truly amazing across the Triage, Labour and Maternity wards. I felt safe and looked after in every moment and nothing was ever too much for the staff. Considering everyone is stretched across the NHS (understandably), they all did their absolute best to try and ensure we did not ever feel that there was not anyone there to help. Everyone was amazing but I would like to say a huge thank you to certain people who we saw more often than others including: It makes me really sad to think that the staff who work for the NHS are being vilified at the moment when they are all doing such an amazing job and are doing their absolute best in a tough situation. I do hope this praise gets passed on to the different departments as they deserve to be recognised for outstanding care.

All positive feedback is shared by email to all MDT staff.

The Associate Director of Midwifery has engaged with York MVP and identified a potential Chair for the SGH MVP since coming into post in September 2022 The Transformation Lead Midwife started in post in February 2023 and will continue this collaboration whilst leading on various pieces of coproduction around our aim of providing outstanding care for our women and birthing individuals. This will start with a service user engagement project based around an updated approach to the traditional '15 Steps' methodology that will address experiences of services users across the varying protected characteristics.

Recently we have seen a marked improvement in translation services with information on our maternity webpages and patient information leaflets being translated and read aloud via ReachDeck software, as per the Trust's commitment to accessibility.

Our key aim for 2023 is to increase service user engagement with the MVP. To support this work, an MVP leaflet has been created and this will be circulated in printed format and on Badgernet. Work is ongoing to establish links with community groups / organisations who we can share information regarding the MVP. The MVP chair is also attending the EDS grading event in March as a stakeholder and is regularly invited to attend Clinical Governance and the Maternity Transformation Program Board. Challenges in time and funding are being addressed with additional funds requested via the LMNS and NHSR, as part of our ongoing work for MIS safety action compliance. Working with the MVP and evidence of this form's safety action seven.

From March 2023 there will be improved monthly meetings with the Associate Director of Midwifery, MVP Chair and Transformation Lead Midwife to maintain regular communication. Currently The York and District Maternity Voices meet quarterly. The next meeting is planned for 26th April 2023. Slides, minutes, and an action tracker are also circulated following each meeting with a reminder of the next meeting and these are shared with all MDT staff for information. The Maternity NED Safety Champion also attends these quarterly meetings and will be invited to join the monthly meeting.

1.7   Safety Champions Feedback

Patient Safety Walkarounds (PSWA) continue cross site within maternity services led by the Board Level Safety Champion, Chief Nurse and the Non-executive Safety Champion, and feedback is received directly and shared by email with all MDT staff. Matrons address any immediate issues or concerns raised and all actions will be tracked via the Matron's monthly assurance reports to the ADoM for oversight. The last PWSA was on Monday 27 February 23 across York maternity services.

Safety Champions meet once every 2 months to receive an updated position on maternity services safety metrics and at present the ToR and reporting structure are under review in line with the single plan and Maternity Transformation program board to ensure concise and effective systems are in place to meet the national requirements of Safety Champions. The minutes from the last meeting are presented to QPAS under a separate paper.

The sequence of the meetings in line with other quality and safety meetings within the Care Group and its position in line with providing escalation and assurance to the Maternity

Transformation program are under review by the CG Governance Lead with support from the Improvement Advisor.

1.8   MIS Year 4

NHSR through the Maternity Incentive Scheme invites Trusts to provide evidence of their compliance against ten maternity safety actions through a program of self-assessment. The scheme intends to financially reward Trusts who have implemented all elements of the ten safety actions. Year 4 of the scheme was launched in August 2021 and completed in January 2023. As a Maternity Service we reported non-compliance in February 2023 with seven of the ten safety actions. As part of this submission to NHSR, we applied for the available funds offered to support the areas of need identified to ensure future compliance. The funds will be utilised to support training compliance and resource issues around project leading the action plan. The safety action requirements for Year 5 plan to be launched in April 2023.

Safety action six corresponds to compliance with the five elements of the Saving Babies Lives care bundle and as a service we are currently non complaint with element 1 - CO_2 monitoring, element 3 – CTG training, element 5 – administration of preterm steroids and there is ongoing work as part of the wider action plan around MIS compliance to address this alongside scanning capacity. Scan capacity for all women and birthing individuals is under review and is overseen by an MDT working group, Maternity Scanning Oversight Group. The Group meets monthly and assess capacity against NICE requirements and SBLCBV2. As of January 2023, the Associate Chief Operating Officer and Lead Matron Intrapartum / Deputy Head of Midwifery are joint Senior Responsible Officers for the MIS action plan and fortnightly action group meetings commenced in February 2023 across the wider MDT leadership groups and individual action owners will be responsible to provide support and oversight impacting compliance and assurance.

1.9   Ockenden

The assessment criteria and minimum evidence requirements of the initial seven immediate essential actions of Ockenden and our portfolio of evidence against these requirements were presented by the Head of Midwifery during a national Ockenden review visit in June 2022. The current action plan highlights the current department position highlighted in Appendix E . The Associate Director of Midwifery is the Senior Responsible Officer for the Ockenden action plan supported with project lead as part of the Transformation Programme. Work commenced in January 2023 to update the action plan, reviewing evidence, and extending the work to cover the additional IEAs, there are now a total of fifteen. A fortnightly action group meeting commenced in February 2023 across the wider MDT leadership groups and individual action owners to provide support and oversight to all issues impacting compliance and assurance. The Maternity Service reports quarterly to the LMNS on our Ockenden position and have submitted data for the report anticipated for March 2023, there is currently no change in our position.

1.10   CQC Section 31

Following CQC inspections in October and November 2022, maternity services received a Section 31 letter in November 2022. Immediate actions were required and monthly assurance reports to the CQC are submitted in relation to the ongoing work to improve and shared for approval at the Trust Quality and Assurance Committee.

1.11   Management of Gas and Air in Healthcare Settings

In response to issues that have been escalated to the national team with regards to the over exposure of gas and air on some maternity units, the national estates team have led on producing a guidance document for all trusts to supplement the already existing guidance and legislation. This will be formally received by Trust's on 3rd March 2023 and is published on the NHSE platform as of 2nd March 2023 via NHS England » Guidance on minimising time weighted exposure to nitrous oxide in healthcare settings in England

ACOO CA and ADoM SA will work closely with our Estates Team and Richard Chadwick – Head of Emergency Preparedness, Resilience and Response on assessing and completing the risk assessment and any immediate actions. Staff communication will also be prioritised as well as health and safety assessments for our pregnant staff.

2.   Next Steps

The current focus for our maternity service is the embedding and monitoring of sustainable improvements around the single plan through the Maternity Transformation program board, with an equal focus on improved staff and service user experience. Through adopting a collaborative and lean approach to service improvement, embedding proven methodology for change, clear communication alongside the additional workforce resource received and support provided, the single plan will provide the necessary rapid improvements needed to ensure a safe service, but also support the longer-term plan of achieving outstanding care for our woman and birthing individuals whilst being the best place to work. Further work is ongoing for an improved governance structure within Maternity supported by the regional and national maternity teams, alongside the Strategic Improvement Advisor.

Recruitment and retention strategies are key to building a workforce for embedding and sustaining the necessary improvements. Led by our dedicated cross site Recruitment and Retention Lead Midwives, orientation, and induction experiences of new staff, including bank and agency staff, with supportive probation periods, have yielded marked improvements in staff experience as measured through the positive feedback received via engagement sessions with our recently employed newly qualified midwives, and internationally recruited midwives. Away days facilitated at the LNER including a Serious Play Facilitator (see attached presentation for overview of these sessions) have supported our most recently employed registered staff to contribute to staff experience improvements and improve communication and early intervention or support for any issues arising, such as uniform, pay or rota concerns. Further development of retention strategies for band six and band seven midwives are planned.

With a concentrated focus on culture and compassionate leadership, engagement sessions with all B7 Team Leads with a refreshed focus on roles and responsibilities and a back-to-basics approach have commenced. With the focus on empowering our B7s to recognise their role and impact within our leadership team whilst ensuring correct training and support for them in effective roster management, absence management, appraisals and staff development alongside other key HR resources such as flexible working, the senior leadership team aim to embed strong collaborative working relationships to support the overall aim of the service and the single maternity improvement plan. The senior triumvirate will participate in the NHSEI Perinatal Culture Work running from March to September 2023 and funding is secured for MDT off site culture workshops led by an external facilitator planned for June and July 2023.

The implementation of Badgernet, a maternity electronic patient record system commences on 14th March 2023 as part of a wider improvement project across the LMNS. Badgernet is hosted on a high-availability secure national NHS Network site and provides a stable platform with the ability to create regional or national records for women, birthing individuals, and their babies. This will see our regional partners across the LMNS all working from one digital platform, improving single point of access for our women and birthing individuals. This is considered a significant and essential transformational work stream and will support improvements in quality of care and reduction of risk as no longer reliant on pregnant women and birthing individuals bringing paper notes, leading to improved patient experience. Appointment reminders sent automatically – other Trusts who have implemented Badgernet have reported significant reductions in their Do Not Attend (DNA) rates.

3. Detailed Recommendations
Receive & discuss the report and appendices

Minutes
Quality and Safety Assurance Committee
21 February 2023

Members in Attendance: Stephen Holmberg (SH) (Chair), Jenny McAleese (JM), Karen Stone (KS), Heather McNair (HM), Caroline Johnson (CJ), Mike Taylor (MT), Lorraine Boyd (LB)

Attendees: Sarah Ayre (SA) (item 124-22/23), Caroline Alexander (CA) (item 131-22/23 only), Helen Ketcher (HK) (item 130-22/23 only), Ellen Armistead (EA), Ruth Render (minute taker)

117-22/23 Apologies for Absence

Jo Mannion
Sue Glendenning
Catherine Thompson, Governor

118-22/23 Declaration of Interests

EA introduced herself to the Quality and Safety Assurance Committee meeting attendees. EA is working with the Trust for six months to support some of the CQC action planning and general quality improvement.

119-22/23 Minutes of the meeting held on 17 January 2023

The minutes of the last meeting held on 17 January 2023 were agreed as a true and accurate record.

120-22/23 Matters arising from the minutes and outstanding actions

JM asked regarding the potential harm to patients caused by the increase in strike activity.

CJ added this item will be on the QPAS agenda. CJ confirmed strike action is due to take place on 1 March for 48 hours.

HM highlighted lessons learnt from the last strike action and confirmed there was little impact on inpatients. The strike occurred over 2 days but not overnight.

JM expressed concern regarding impact to the Emergency Department and on cancer services.

HM had a meeting with the Regional Chief Nurses plus the RCN yesterday, 20 February 2023, who confirmed an all-out strike.

121-22/23 Escalated Items

There were no escalations raised.

122-22/23 Risk Management Report

MT confirmed the paper presents quality and safety risks from the Corporate Risk Register following January's Risk Committee. MT added the Risk Committee will take place in the first week of the month and following feedback from the Care Groups the Risk Management Policy has been re-written. Comments will be requested through relevant Committees to take to Board for approval at the end of the month. MT commented that now there is a Risk Manager in post they have been able to look at themes across the Trust and Care Groups, hoping to bring to Committees next month.

MT confirmed the risks rated 15 and above are under the remit of the Quality and Safety Assurance Committee meeting.

123-22/23 Quality and Patient Safety Escalation Report

KS gave an overview of initial impressions since joining the Trust. KS highlighted that there is no clear ward to board thread as yet and some confusion between Corporate and Clinical Governance with Committees receiving repeated information. KS added that the difference between assurance and reassurance is not always clear and work plans are also not clear. KS confirmed QPAS is receiving two types of work: patient safety and clinical effectiveness and patient experience. KS feels patient experience requires more time and has suggested rationalisation of Care Group reporting into the different Committee meetings. KS discussed rationalising the information into the QPAS meeting.

JM asked regarding the most worrying factors.

KS expressed concern regarding the workforce including strike action but on the background of a workforce feeling disempowered and the need for getting the basics right including IPC measures such as hand washing, ANTT and cannula care.

KS flagged the Gastroenterology workforce is still a high risk due to leavers, this issue is on the risk register. KS also mentioned the 2+ year wait for a speech and language therapy assessment for children.

124-22/23 Ockenden Update Report

HM confirmed there is no PCQS paper this month due to meeting timings.

SA summarised the key items from the report. SA highlighted the maternity improvement plan led by the section 31, Maternity is not compliant for MIS this year. SA confirmed that this was due to staffing challenges plus culture and leadership issues. SA added Maternity have received a lot of support over the last 6 months and the key is to using it efficiently. SA confirmed how amazing the Maternity staff have been wanting to engage to make changes. Maternity has a new leadership team.

HM queried regarding assurance around actions that are complete and asked regarding an audit programme?

SA confirmed 6 key audits to offer assurance for different pieces of work. The standard of documentation audit and consent audit have been written and now working on the other 4 aspects. Once the audit has been designed Maternity will be doing 30 sets of notes each week to help generate the required level of data.

EA raised that action plans need to be pulled together into one easy to understand plan. EA will help to support pulling the work together. Maternity is EA's number one priority.

SH queried how confident the team are that progress is being made regarding fixing the basics for example evidence of effective teamwork and following protocols.

SA confirmed a work in progress and added that evidence is still coming together.

LB added that resource is a challenge regarding underpinning what has to be done.

SA clarified in the last six months the vacancies in Maternity have reduced from 20 (whole time equivalent) to 9.

SH pointed out the high PPH rates. SA confirmed the high comorbidities and c-section rate. EA added the Trust is a national outlier in this regard. EA confirmed external support would be helpful to benchmark against a similar organisation.

HM highlighted when there has been less delay in cord clamping this correlated with a reduction in the number of PPH cases.

SH queried the security system with regards to tailgating.

SA confirmed the system is manual now and there are security guards on site.

CA added Maternity have worked closely with security regarding tailgating. Increased 'no tailgating' signage has been displayed. Awareness is high and there has been a behavioural shift.

125-22/23 CQC Compliance Update Report

CJ flagged the number of conditions of registration in place. The CQC clarified that all of the pre-existing conditions of regulation that existed prior to the October inspection have been looked at within the current inspection and will take a view regarding lifting the conditions of registration, this will include the Medicines inspection in March.

CJ confirmed at the Quality and Regulatory Assurance Group have looked at not just where the inspection took place but the entirety of the Trust.

CJ discussed Section 29A and confirmed the majority of the inspection findings are reported as closed and delivered. Audits are being looked at to check assurance and can then take a view on action plan delivery. Regarding Section 31 working to agree some of the assurance regarding the action plan and delivery to date. EA to help support.

CJ spoke regarding Nucleus and rolling out the electronic Mental Capacity Act.

SH asked EA regarding generation of actions plans following the CQC inspection asking if on the right track.

EA added in terms of Section 31 there is tightening to be done regarding assurance. The CQC final report is still awaited. EA confirmed her role is to make sure the evidence the Trust is able to generate for the CQC is where it needs to be. EA said there will be a number of must do actions and a number of should do actions which need underpinning by the themes and actions to take the Trust through to sustainable change.

HM confirmed there are still meetings to be had before the CQC report is received, due possibly April time.

EA added there will be specifics surrounding the Emergency Department and Maternity and then the broader issue of assurance. EA confirmed a reset nationally surrounding the fundamentals of care is required.

HM added the importance of listening to staff and following through with actions.

KS highlighted the culture piece of work for the organisation which Polly McMeekin is looking at in detail. There is a need for teams sitting under HM and KS to concentrate on the important and essential projects and reiterated following the basics.

126-22/23 Infection, Prevention and Control Update Report

HM summarised IPC issues regarding the water cooler trial and immunosuppressed staff. HM highlighted the positives including the IPC team being fully established. The skill mix however is poor due to development posts although courses are being completed. HM flagged the role of a strategic lead for IPC, there is a senior level individual interested in the role. HM confirmed the LLP relationship remains challenged, for example regarding ventilation and water safety. There has been a reset meeting due to the disconnect. HM pointed out the ventilation in the new build in ITU at Scarborough is not at the same standard as the ITU in York. There are only 2 side rooms with HEPA filtration, which is to be revisited. The Ventilation Committee are aware and have escalated to IPC but needs to be escalated further.

127-22/23 Serious Incident Report (Including Maternity and Never Events) (Monthly and Quarterly)

Monthly

JM asked KS if surprised by the type and number of incidents.

KS confirmed the content of papers is much the same as the previous organisation KS worked in. Never events give the opportunity to go back and see what systems and processes were in place that should have stopped the event happening but were not there. Following last month's never event important discoveries have been made including around wrist bands highlighting just under 20% of patients either did not have a wrist band or the wrist band was not legible. KS confirmed the patient identification policy has just been republished and approved.

Quarterly

SH asked if making progress towards getting the learning and driving improvement from the incidents?

KS confirmed it will be and the key thing is to have action plans that mean something and the need to know that actions have been embedded.

CJ also flagged progression with the move to the new framework. Local priorities have been identified. CJ confirmed a working group that are developing the plans to move to the new framework including new templates and methodologies which is on plan to move by September.

128-22/23 Mortality – Learning from Deaths Q3 Report

SH marked the deterioration nationally.

KS confirmed important around 100 and to look at outliers. KS commented that the time of year may have an impact due to not having worked in the Trust for very long.

KS commented that the ME Service are doing a good job of reviewing most of the deaths. There is a little discrepancy between the number of patients referred for SJCR, more at Scarborough.

129-22/23 Quality and Safety Assurance Metrics (TPR)

SH has an issue with the report.

CJ explained that Lorna Squires (LS) was due to attend the Trust to look at the TPR and data across the organisation. LS is confident this will not take a great deal of work to support and is back in the organisation next week.

SH flagged the difficulty regarding the number of no targets, the Trust should have a view of what the Trust is looking to achieve. SH found the quality and safety mandatory reporting scorecard confusing.

130-22/23 Equality Delivery System (EDS) Report

HK confirmed the EDS report is ready to be published. The EDS is a national quality tool and each NHS Trust is expected to report on this annually. There are three domains; Services, Leadership and Workforce. HK highlighted a new EDS framework. HK confirmed the focus this year, since June, surrounding equality and diversity work has been regarding accessible communication and interpreting. The second area chosen is Maternity (core area). It is a requirement of the EDS to focus on a core area. The Interpreting and Translation report has been completed and rated with a number of external stakeholders. The Maternity piece will be rated on 15 March. One of the main benefits has been creating contacts with external stakeholders. HK confirmed the overall rating for the Interpreting and Translation Service is developing.

SH highlighted the domains that have not been scored. HK agreed it has not been completed fully but encouraged to report. HK confirmed the value of the thinking and action and sharing findings externally and developing external connections. HK added required to select 3 more services for the coming year.

131-22/23 Care Group 5 Assurance Report

CA summarised key issues that Maternity teams deal with daily and key areas where escalating into the wider system in the Trust. CA confirmed happy to produce further report if required. CA added Maternity is a diverse care group with a lot of very specific issues that are linked to local populations and places. CA has a lens on places where disconnected. CA added that in terms of escalation these go to a variety of different places, Neonatal NDN working on understanding the relationship and how can support. There is robust children and young persons alliance at ICS and have worked heavily with the Ethics Committee regarding speech and language therapy proactively as a big issue. Maternity are in touch with the LLP, Tier 1, a diverse mix in a working day. CA confirmed Maternity to add three new risks onto the risk register this month.

SH found the report troubling to read due to so much challenge in the area. SH asked HM and KS regarding the services and priorities for improvement.

HM spoke regarding the risks for Paediatrics at Scarborough and confirmed lot of paediatric nurses want to work at a tertiary centre and regional. The numbers are smaller at

Scarborough. HM added that a piece of work is required to make an attractive option for workforce.

KS confirmed the difficulty in recruiting Paediatric Consultants at Scarborough at present but successful in attracting Obstetricians. Paediatrics is one service delivered across different sites. There is challenge around staff and how they feel about each other. KS added that substantive staff working over in Scarborough would help with stability.

SH asks regarding assurance and problems that need to be escalated to the Committee.

KS added items have been going to different places, Gynaecology nursing recruitment might not come to this Committee.

HM added that not having a Gynaecology ward can be off putting for specialised Gynaecology Nurses.

KS commented that an external review of histopathology is going to happen.

132-22/23 Issues to escalate to the Board and/or other Committees

SH confirmed four escalations;

1. Concern regarding the impact on patient safety of strike actions
2. CQC
3. Ockenden
4. Position regarding the way in which patient safety has been impacted by potential imperfect liaison with the LLP

Action: SH to escalate to Board.

133-22/23 Issues to escalate for BAF and CRR consideration

No items escalated.

134-22/23 Any other business

None

135-22/23 Date and Time of next meeting

The next meeting will be held on 21 March 2023 2.00pm-4.00pm

Quality Committee – Chair's Assurance Report

Date of Meeting:	21st March 2023		Quorate (yes/no):		Yes
Chair:					
Members present:	Stephen Holmberg (Chair), Lorraine Boyd (NED), Karen Stone (MD), Emma George (DCN), Mike Taylor, Caroline Johnson		**Key Members not present:**	Jenny McAleese (NED) Heather McNair (CN)	
Trust strategic goals assured to Committee	**1. To deliver safe and high quality patient care as part of an integrated system**		**2. To support an engaged, healthy and resilient workforce**		**3. To ensure financial sustainability**
BAF Risks assured to Committee	**PR1 - Quality Standards**	x	**PR2 - Safety Standards**	x	**PR3 - Performance Targets**
	PR4 - Workforce		**PR5 - Inadequate Funding**		**PR6 - IT Service Standards**
	PR7 - Integrated Care System		**Comments:**		

Key Agenda Items	RAG	Key Assurance Points	Action
8 Maternity Services (Ockenden)		To inform the Board of on-going work to address concerns by CQC and to achieve compliance with Ockenden standards. Although there is evidence of high volumes of activity, strong assurance of improvement and sustainability needs additional action. Work plans are currently overcomplicated and difficult to interpret	Information and escalation
9 CQC Compliance Report		To inform the Board of on-going work to address regulatory action imposed by CQC and to address additional recommendations for improvement in the Trust. There is	Information and escalation

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

		positive news in that CQC has removed regulatory conditions in relation to basic standards of care on medical wards and PEM consultant. The committee remains uncertain as to the level of assurance around improvement in other areas	
7 MD Report		Due to a weakness in booking systems, a number of patients have been incorrectly removed from waiting lists for treatment. The current estimate is c200 patients. It is believed that these patients can be identified and care arrangements reinstated	Escalation
7 MD Report		It has been identified that only notes from paediatric ED attendances flagged for concern at that time are being reviewed subsequently as possible safeguarding concerns. This potential weakness is being reviewed by the MD team	
10 IPC		The Trust remains an outlier for HAIs. There is no evidence of improvement regarding C diff numbers. While many factors are involved, poor physical environment has been flagged as a major contributor. The Board should determine how to manage this risk which is beyond current tolerances	

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

Report to:	Board of Directors
Date of Meeting:	29 March 2023
Subject:	Chief Operating Officer's Report
Director Sponsor:	Melanie Liley, Chief Operating Officer
Author:	Andrew Hurren, Operational Planning and Performance Manager
Gemma Ellison, Programme Lead Urgent and Emergency Care

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

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

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

Summary of Report and Key Points to highlights

The Trust is forecasting an improved end of March position for 78 weeks compared to the trajectory of 397. This progress is monitored on a weekly basis by the Chief Executive and national team. Whilst the Trust remains off trajectory for the number of patients waiting over 62 days on a Cancer pathway, at 219 against a target of 128 for February, this is an improved position and represents a reduction of 116 patients compared to the end of January 2023 position. The Trust will be required to report against the asks in the recent national letter on Cancer backlogs.

The Trust has submitted the first iteration of the activity and performance plan. The level of activity identified to date equates to circa 104% of 19-20 activity levels. This level of activity contributes to the overall target of achieving 109% of 19-20 activity that has been requested of the ICB. Work continues to assess activity and productivity opportunities in advance of the final plan submission in March.

Recommendation:

That the Board note the report and associated actions.

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

No ☒ Yes ☐

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

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

Meeting	Date	Outcome/Recommendation

<div align="center">**Chief Operating Officer's Report**</div>

1. Introduction and Background

This report sets the operational update for Board. The operational performance position is provided in the Trust Priorities Report.

2. Considerations

That the Board notes the updated position.

3. Current Position/Issues

At the time of writing the report, the COVID inpatient numbers have increased across the Trust to 115 from 75 on the 8th of February, however Influenza inpatient numbers have reduced from 16 to 5 in the same period.

The Trust is managing industrial action for the British Medical Association Junior Doctor strike on the 13th to 15th March.

3.1 Board Priorities: Acute Flow

The 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 national UEC Recovery Plan was published on 30th January and a more detailed analysis has now taken place which provides support for the priority workstreams in the programme.

The recovery plan has 5 areas of focus and the following areas within them are the key requirements for this organisation:

- Increasing capacity: both in terms of required beds, as well as ensuring better flow through existing capacity. This includes improving processes and standardising care, especially the first 72 hours in hospital. This will be addressed through the discharge framework. There will be a national improvement programme to support this work in reducing unwarranted variation which we will engage with.
- Growing the workforce: supporting staff to work flexibly and developing integrated UEC workforce plans. This will be developed specifically in terms of integrated urgent care and integrated intermediate care, working closely with Place based teams.
- Improving discharge; strengthen discharge processes, including improving joint discharge pathways and scaling up intermediate care. The discharge framework will ensure these requirements are addressed and the Transfer of Care workstream covering Integrated Intermediate Care will ensure the requirements regarding intermediate care are addressed.
- Expand and better join up health and social care outside hospital: expanding and better joining up new types of care outside hospital and specifically expanding virtual wards to a capacity of 40-50 beds per 100 000 population. The virtual ward

infrastructure will continue to develop to ensure that a trajectory is in place to reach this scale.

- Making it easier to access the right care: patients can access the care they need when they need it regardless of how they access services. The Urgent Care review includes the development of opportunities to implement a clinical assessment signposting system and will ensure that this area of focus is addressed.

Each workstream has continued to be developed with key updates as below:

3.1.1 Urgent Care: The first workshop has now been scheduled for York, with Selby and Scarborough places to follow in March. These will bring together Place teams, commissioners and clinical teams to further build upon the discussions to co-produce the new Integrated model of Urgent Care. The ICB Executive team are considering the contractual arrangements for an Integrated Urgent Care service, including looking at a prime provider option and the associated procurement process.

3.1.2 Children and Young people Integrated Care and Assessment: In February the partnership group reviewed all of the work to date on understanding behaviours and the population better and began to identify options for further integrated models of care which can be tested ahead of next winter. Virtual Ward pathways, signposting and streaming as well as Outpatients Antibiotic pathways are to be explored further by the group in March. The CAT hub continues as the initial test of an integrated model of care with discussions regarding recurrent funding options continuing.

3.1.3 Virtual Ward: multiple connections have been made across the country to identify learning from those with an established virtual ward infrastructure as well as with the national team to support the required developments here and seek out funding opportunities.

3.1.4 SDEC: The trust has completed the national SDEC benchmarking exercise as well as the ICS wide Collaboration of Acute Providers exercise. Feedback is awaited; however, initial discussion has taken place with the Collaboration regarding opportunities for SDEC in this organisation. The missed opportunity audit, supported by ECIST, will take place in March to clinically identify the opportunity to maximise SDEC services across the organisation.

3.1.5 Discharge: The proposal for the pan Trust Discharge Framework was further developed during the February Programme Board with continued support for it to cover the full patient pathway from admission. The ECIST Criteria to Admit audit is still planned for March which will further inform the framework alongside the internal audit carried out against the priority 7 Day Standards. The framework will set standards for consistency across the organisation and build upon existing work in this area. Discussions are also progressing with the Quality improvement Team in relation to the support they can provide to clinical teams with this work.

3.1.6 7-day standards: Work is continuing towards the four priority standards in relation to post take, diagnostics and review of patients. Analysis is being completed using the radiology information system to assess performance against standard 5. The internal audit is now being further reviewed with the Care Group Directors in order to inform the approach to address standards two and eight which is likely to link to the Discharge Framework workstream as described above.

3.1.7 Access to post hospital care: In relation to Transfer of Care, the additional resource for both Bridlington and York Care Units is in place and awaiting confirmation of recurrent

funding from 2023/24. The next steps are regarding how Integrated Intermediate Care can be progressed specifically in York and to further develop partnership working with Humber Community NHS Trust.

In addition, an important aspect of the current UEC capacity is the resource from CIPHER provided to support ambulance handover. The following four charts demonstrate the positive impact of the CIPHER ED cohorting service has had at both Scarborough and York from December onwards in reducing lost hours and ambulance handover times.

The charts on the left-hand side of each pair show the actual positions for York, Scarborough and YAS overall plotted on the same axis.

The charts on the right-hand side of each pair show York and Scarborough plotted on one axis, and YAS on a separate axis - this is purely to compare the trends between both hospitals and YAS' performance overall.

The conclusion is that from the peak in late December, both York and Scarborough improved faster and further than YAS as a whole, and since then has sustained that improvement better than YAS overall on both reducing lost hours and reducing average handover times.

The average handover graph shows that from being a regional and national outlier for handover times both the York and Scarborough sites are now in line with YAS overall.

This is a significant and material achievement for both sites and the CIPHER teams; however, this scheme is currently funded until the end of March only. Funding solutions continue to be explored as part of the system discharge funding allocation.
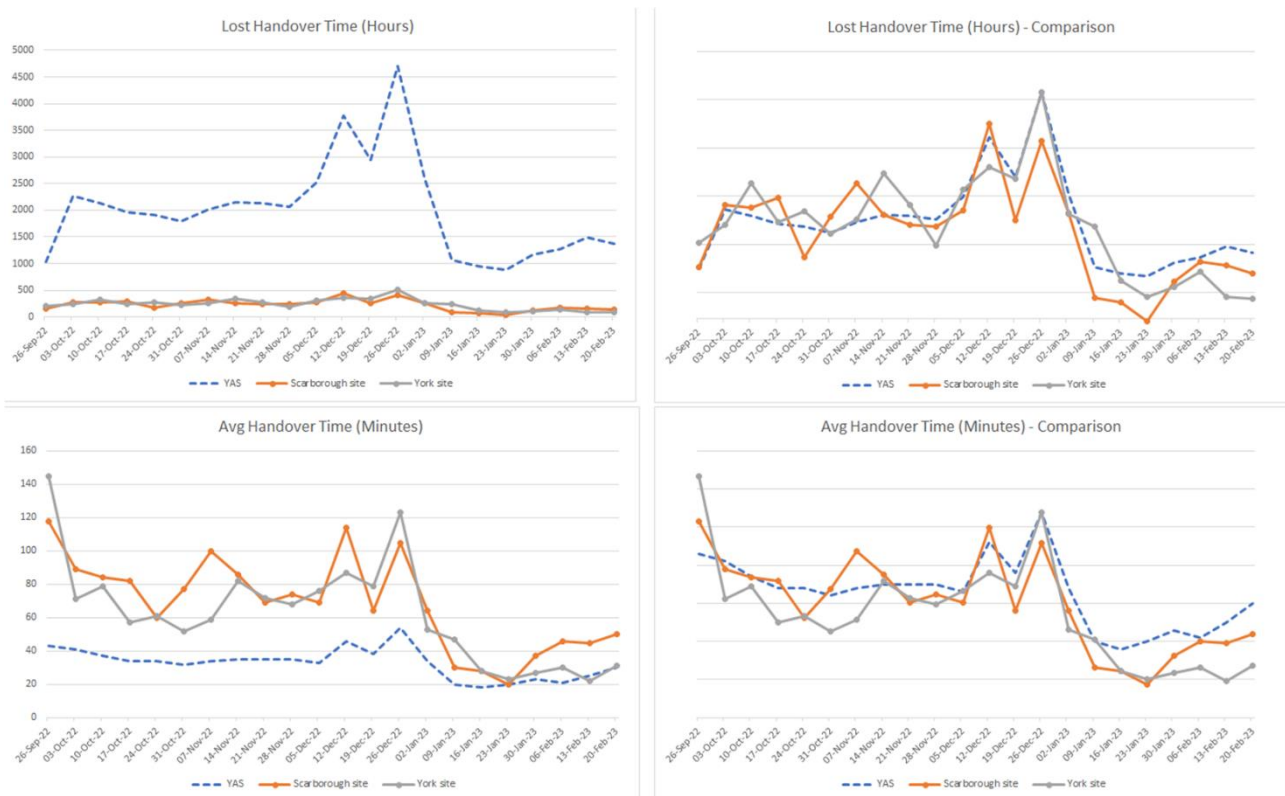
The system plan continues to be developed with partners covering all three areas of prehospital, in hospital and transfer of care. A monthly partnership session has been
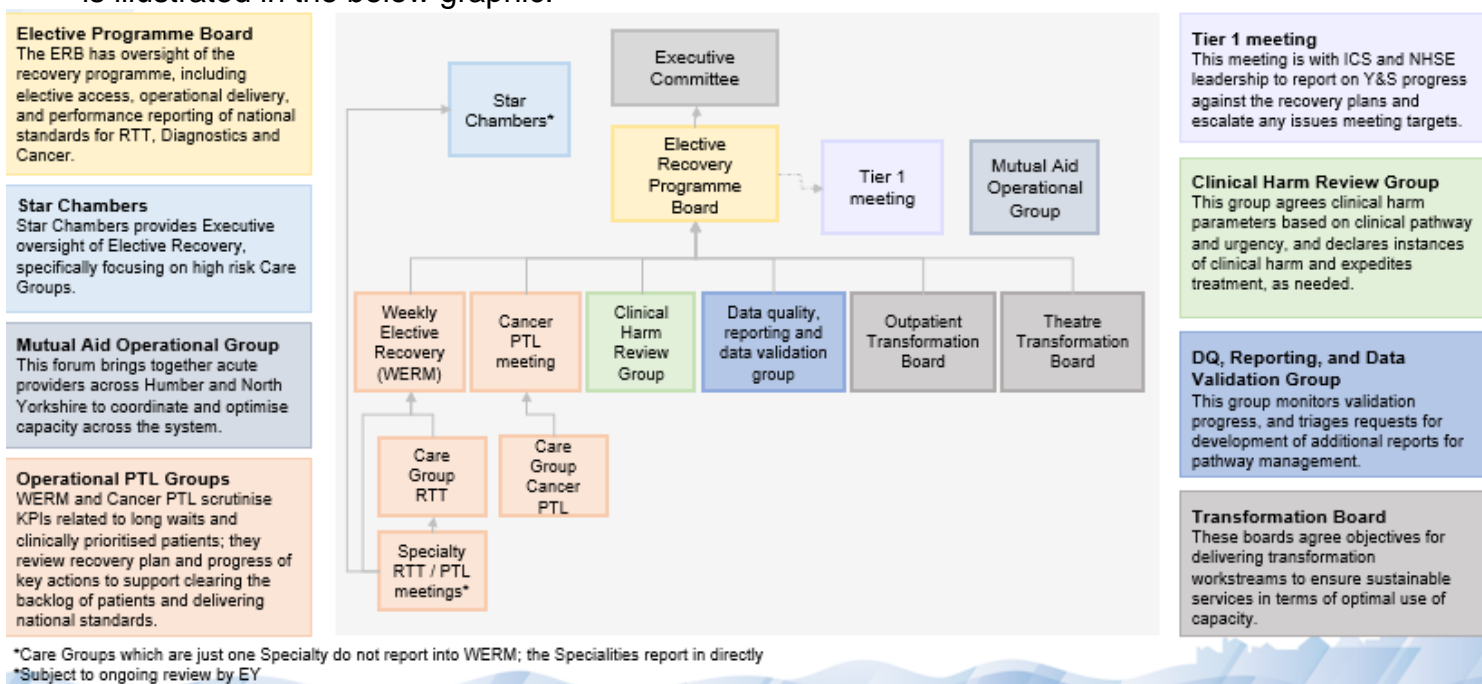
established to support further development and delivery of the plan alongside the weekly action meetings.

3.2 Board Priorities: Elective Backlogs

Whilst remaining a challenged position, February has seen an improvement on a range of elective flow metrics in comparison to January. Those patients waiting 63 days or more on the Cancer PTL has fallen from 335 to 219 and the number of RTT patients waiting 78 weeks or more reduced from 529 to 414.

3.2.1 Elective Recovery Programme Board

The Elective Recovery Board is now well established and a revised weekly schedule of patient tracking, performance monitoring and executive oversight were implemented during February. The proposed governance structure for the elective recovery programme is illustrated in the below graphic:

Elective Programme Board
The ERB has oversight of the recovery programme, including elective access, operational delivery, and performance reporting of national standards for RTT, Diagnostics and Cancer.

Star Chambers
Star Chambers provides Executive oversight of Elective Recovery, specifically focusing on high risk Care Groups.

Mutual Aid Operational Group
This forum brings together acute providers across Humber and North Yorkshire to coordinate and optimise capacity across the system.

Operational PTL Groups
WERM and Cancer PTL scrutinise KPIs related to long waits and clinically prioritised patients; they review recovery plan and progress of key actions to support clearing the backlog of patients and delivering national standards.

Tier 1 meeting
This meeting is with ICS and NHSE leadership to report on Y&S progress against the recovery plans and escalate any issues meeting targets.

Clinical Harm Review Group
This group agrees clinical harm parameters based on clinical pathway and urgency, and declares instances of clinical harm and expedites treatment, as needed.

DQ, Reporting, and Data Validation Group
This group monitors validation progress, and triages requests for development of additional reports for pathway management.

Transformation Board
These boards agree objectives for delivering transformation workstreams to ensure sustainable services in terms of optimal use of capacity.

*Care Groups which are just one Specialty do not report into WERM; the Specialities report in directly
*Subject to ongoing review by EY

3.2.2 Elective Recovery Tier 1

The elective recovery Tier 1 regime is established as a weekly meeting with the Chief Executive, Medical Director and Chief Operating Officer with national and regional colleagues as the end of March 2023 RTT 78-week target approaches.

3.2.2.1 RTT position

The Trust has continued to see improvements in the long wait position in February, with zero 104-week waiters declared, and the number of 78 week patients reduced to 414 (January: 529). The Trust is forecasting to significantly over deliver on the trajectory of 397 submitted to NHSE for the end of March 2023.

The Trust has seen deterioration in the total RTT waiting list position, rising to just over 50,000 from 49,186 at the end of January 2023. A sustainable RTT waiting list for the Trust is around 26,000 open clocks. The activity plan for 2023/24 has been modelled against the RTT waiting list and is forecasted to deliver a 3% reduction by March 2024. Further capacity would be required to deliver significant improvement in waiting times.

3.2.2.2 Cancer Position

The Trust remains under Tier 1 for the Cancer 62-day backlog. The Trust is off trajectory to meet the target 121 for the end of March 2023, with 219 patients waiting over 63 days at the end of February, against a trajectory of 128. This does however represent a significant improvement on the end of January position (335). The refreshed weekly Cancer PTL meeting is now established with increased focus on breach avoidance in addition to backlog clearance.

The Cancer performance figures for January show challenges in the 28-day Faster Diagnosis standard (57%) and 62-day wait for first treatment (from urgent GP referral) position (54%). The focus of the Cancer PTL meeting is to continue to target breach avoidance and to monitor the impact of the change to the fast-track colorectal pathway (after 27th February 2023 colorectal referrals without a FIT result, for those pathways requiring a result, will not be accepted). We expect that the 62-day wait target will begin to recover following these interventions.

3.2.2.3 Diagnostic Position

Diagnostic performance data for February showed a significant improvement at 55.3%, up from 47.5% at the end of January for patients waiting less than 6 weeks. In particular, improvements are noted in the following imaging modalities:

- Non-Obstetric Ultrasound up 11%, significant decrease in backlog position. Most patients now seen within 4 weeks however some speciality areas (Head and Neck & Paeds) still have long waits.
- MRI up 10% with reduction in backlog position because of increased mobile scanner capacity (funded by national monies) which commenced at the start of February. Fast Track Turnaround times continue to decrease for MRI (average turnaround of 17 days)
- CT has increased by 8% with significant reduction in backlog position.

3.2.3 NHSE Intensive Support Team and EY consultancy support

The Intensive Support Team (IST) and EY consultancy 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.

The IST workstreams are illustrated in the graphic below:

Governance	Training	Key Performance Indicators and Reporting	Diagnostics	Outpatient pathway booking pathway	Maximising Capacity
Critical review and refresh of governance	Launch of mandatory RTT and Cancer Training	Review of operational reports	Development of diagnostic operational reports and PTL	Process mapping of outpatient booking process	Demand and capacity
Implementation of WERM	Back to basics workshop	Development of elective recovery KPI's			
Review of clinical harm process		Implement Clock Stop Audit process			

IST progress to date:

- Commenced detailed recovery action planning with Head and Neck clinical and management teams.
- Confirmed the 12 primary elective recovery KPI's and work ongoing on secondary KPI's.
- Reviewed terms of reference for weekly electives recovery meeting (WERM), cancer PTL, data quality and data validation (DQDV) and Cancer Delivery Group (CDG)
- Observations of Weekly Elective Recovery Meeting (WERM) and Cancer PTL meeting have taken place.
- Commenced work with Caroline Johnson and Medical Director team regarding clinical harm process.
- Confirmed the details required for the demand and capacity planning
- Commenced planning for "Back to Basics" session for all operational managers and we launched the York and Scarborough proud2bops programme on the 22nd of February.
- Desktop review of the outpatient booking process and Trust Access Policy has commenced.
- Clock stop audit undertaken in Head and Neck, issues identified and recommendations to be discussed at March Elective Recovery Board.

The EY workstreams are illustrated in the graphic below:

Y&S Tier 1 Support (Mutual Aid funding)

Workstream	Description of Support	Key Activities	Deliverables
Strategic Priorities for Tier One	1. Review elective recovery action plans - IST action plan and others. Work with the Trust's Operational teams to support the **development & delivery of high impact actions/ interventions in relation to long waits** 2. Assess the **Tier One reporting and requesting process** between the Trust, ICS and NHSE.	• Desktop review of IST report and subsequent actions list. • Interviews with key stakeholders to assess priority actions with biggest impact. • Review of Trust-wide Tier One reporting and requesting process.	• Review of current ER action plan with recommendations of prioritisations to maximise immediate impact. • Recommendations for optimising Tier One reporting and requesting between the Trust, ICS and NHSE.

Y&S Tier 1 Support (Tier 1 funding)

Workstream	Description of Support	Key Activities	Deliverables
Governance	3. Review **Elective Recovery reporting to Y&S Leadership** to define data scope and timeliness that enables Executive understanding/ action. 4. Review **Elective Recovery governance forums** – WERM and ERB and other - focusing on accountability, capacity and capability for delivery.	• Desktop review of key documents (current report outputs and list and ToR of governance forums). • Interviews with key stakeholders.	• Governance baseline with gaps identified. • Recommendations of tactical opportunities for improvement and plan for implementation.
Informatics	5. Review **existing reports in Signal** and identify opportunities to streamline volume, performance team workload and improve report user experience.	• Work with informatics teams to review reports in Signal. • Assess utilisation and any gaps in current structure.	• "As is" Signal audit Report • Mapping of the existing reports to current users and recommendations for future use – linked to the governance workstream.
Imaging demand & capacity	6. Assessment of current demand trends, identifying delay areas within pathways with proposed mitigating actions. **Demand and Capacity analysis of imaging services** and identify where tactical improvements can be made to reduce longest wait active pathways.	• Work with Radiology stakeholders to understand the demand, throughput and capacity in imaging services. • Identify opportunities to better use Soliton and its data to show use of capacity	• Imaging baseline – incl. current position against 6ww target with key findings and recommendations. • Demand and Capacity report for imaging with tactical improvement identified.

EY progress to date:

- Commenced review of oversight and assurance meetings and star chambers and undertaken interviews with executives, CGD, ACOO's and ACN's.
- Developing the elective recovery governance book.
- Supporting review of existing reports on SIGNAL.
- Stakeholder meetings taken place to review of imaging information and performance reporting.
- Commenced the development of an imaging diagnostics dashboard and identifying key insights.
- We have also requested a review of opportunities for cellular pathology, so EY have commenced discussions with SHYPS stakeholders.

4. Operational Activity Plan 2022-23

The Trust experienced strike action during February, which affected some outpatients and surgery. This will continue in the March 2023 position with planned BMA strike action on the 13th to 15th of March.

February 2023 Activity

Point of Delivery	Planned	Actual	% Plan	% 19-20 outturn
Advice & Guidance	3,354	2,836	85%	131%
Outpatient 1st	17,104	12,719	74%	89%
Outpatient FU	28,927	32,266	112%	96%
Day Case	6,549	6,281	96%	101%
Ordinary Elective	487	505	104%	85%
Non-Elective	6,039	5,055	84%	85%

The reported data does not include the additional activity at the Ramsay elective hub, which will be included within the final Elective Recovery submissions.

5. Operational Plan 2023-24

The national NHS 2023-24 priorities and operational planning guidance has set three core tasks:
- Recover our core services and productivity.
- Make progress in the key ambitions in the NHS Long Term Plan.
- Continue transforming the NHS for the future.

The headline ambitions for the recovery are:
1. Improve ambulance response and ED waiting times (with a revised 76% Emergency Care target)
2. Reduce elective long waits (eliminate 65 weeks by end March 2024) and cancer backlogs (continue to reduce the number of patients over 62 days on cancer pathways) and improve performance against the core diagnostic standards.
3. Make it easier for people to access primary care services, particularly GP services.

The operational planning priorities remain in line with the 'Delivery plan for tackling the COVID-19 backlog of elective care' published in February 2022. The financial planning guidance introduces an expanded variable element for elective care to incentivise electives and 1st outpatient appointments and procedures.

The guidance reinforces system working as part of the transformation of the NHS, with a focus on maturing collaboratives and place-based partnerships and the development of a Joint Forward Plan.

5.1   Current position
- First iteration of the draft plan has been submitted.
- The Trust has attended a confirm and challenge meeting covering Workforce, Patient Safety, Activity, Performance and Finance.
- Additional work ongoing to refine the plan where required ahead of the final submission on the 16th of March.
- The level of activity identified to date equates to circa 104% of 19-20 activity levels. This level of activity contributes to the overall target of achieving 109% of 2019-20 activity that has been requested of the ICB.
- In terms of performance the Trust is planning to submit trajectories that will achieve the delivery of zero RTT 65 waiters, the required reduction for cancer 63 plus day waiters, Cancer FDS and Emergency Care target by the end of March 2024 (trajectory breakdowns linked to the National NHS objectives for 2023-24 can be found at Appendix 1).

5.2   Timetable
- Final Plan submission to ICS – 16th March
- Final Plan submission to NHSE – 30th March

Recommendation
That the Board note the report and associated actions.
Date: 10th March 2023

Appendix 1: Proposed Performance Trajectories in draft Activity and Performance Plan

Trajectories for National NHS objectives 2023/24

National ask	Proposed Trajectory													Comment
Urgent and emergency care														
Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024		Improvement linked to York ED build.
	56.3%	60.6%	64.9%	66.7%	67.5%	68.4%	69.3%	71.9%	71.9%	71.9%	71.9%	76.2%		
Reduce adult general and acute (G&A) bed occupancy to 92% or below	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024		
	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%		
Elective														
Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024		Weekly review in place at specialty level to identify any deviation of plan and to identify remedial actions as required.
	1325	1204	1085	965	880	760	610	460	390	290	120	0		
Cancer														
Continue to reduce the number of patients waiting over 62 days.	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024		The refreshed weekly Cancer PTL meeting is now established with increased focus on breach avoidance in addition to backlog clearance. 143 meets the national ask.
	193	186	179	172	165	158	151	148	147	149	148	143		
Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024		The Trust is aiming to delivery FDS by the end 2023/24.
	67.8%	67.8%	67.8%	70.7%	70.7%	70.7%	72.5%	72.5%	72.5%	75.1%	75.1%	75.1%		

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National ask	Proposed Trajectory				Comment
Community					
2-hour UCR first care contacts delivered within reporting quarter	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24	
	222	222	222	222	

Minutes
Digital, Performance & Finance Assurance Committee
14 February 2023

83-22/23 / Attendance: Lynne Mellor (LM – Chair), Denise McConnell (DM), Andrew Bertram (AB), Melanie Liley (ML), Mike Taylor (MT), Jim Dillon (JD), Lynette Smith (LS), Luke Stockdale (LS2), Nik Coventry (NC), Nicky Slater (NS), Kim Hinton (KH), Edward James (EJ), Michael Reakes - observing)

Apologies for Absence: James Hawkins (JH – Nicky Slater deputising)

LM welcomed Michael Reakes (Governor), Kim Hinton (Deputy Chief Operating Officer), Nicky Slater (Head of Intelligence and Insight), Nik Coventry (Chief Nursing Information Officer) and Edward James (Director of Procurement, Hull & North Yorkshire) to the Committee.

84-22/23 / Declarations of Interests

There were no declarations of interests.

85-22/23 / Minutes of the meeting held on 17 January

LS amended P8, paragraph 4, line 3 to 'the expectation is to eradicate 65 weeks, and the same ask for cancer as this year'.

Aside from these changes, the minutes of the last meeting held on 17 January were approved as a correct record.

DM asked if a date had been agreed for cyber presentation to the Board and MT confirmed March 2023.

DM asked for an update on action 109 that was escalated to Audit Committee around the auditing process for benign cancer communication. LM confirmed this had been raised with Jenny McAleese (JM - Audit Committee Chair) and JM had suggested a business improvement approach first prior to coming to audit. KH said she had suggested meeting with the audit team that undertook a cancer improvement audit in 2022 to expand the scope ahead of future audits. The Committee agreed that incorporating into the current audit planned scope for cancer was a good approach and would discuss this suggestion with the Chair of the Audit committee at the next meeting. The Committee noted positive progress in terms of benign letters. Urology is now piloting standard letters sent directly from the MDT and at the weekly Cancer PTL meeting, trends were identified for some specific consultants. Following discussions with clinical leads and Care Group Directors around processes, there has now been significant improvement in these trends.

86-22/23 / Matters arising from the minutes

Action 87 – there was no update and the action was deferred to March.

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Action 106 – action deferred to March and marked as overdue.

Action 121 – action agreed closed as raised at Board with a note that the Committee is particularly keen to look at medium and long-term support alongside strategic discussions.

Action 122 – action raised with Audit Committee and subsequently agreed as closed as per update (85-22/23) subject to confirmation that Audit Committee extend their scope.

Action 124 - action deferred to March and marked as overdue.

Action 126 – action marked as overdue as it has not yet gone through Executive Committee.

Action 117 – deadline still to be confirmed.

87-22/23 / Escalated Items

There were no escalated items to discuss early in the meeting – a summary is included in the Chair's Briefing.

88-22/23 / H&NY Procurement Collaborative – Business Case for the establishment of a shared procurement collaborative

The Committee noted that York, Hull and NLAG Trusts all have the same procurement function for strategic purchase of equipment, goods and services. The three organisations considered a collaborative procurement and agreed to recruit a Director of Procurement (EJ) across the collaborative. The Committee noted that Harrogate currently has a procurement relationship with Leeds, hence why they are not involved. EJ is now presenting this to each organisation for potential sign up, noting that the aim is to bring together three acute Trust procurement teams into one organisation under one management structure. The recommendation is that Hull host this structure, but that ownership is equally shared.

EJ said the collaborative has identified a potential saving of £1.1m for process efficiency so far and stated the following key points to support progress:

- Procurement to move closer to the customer – the business case includes procurement business partners that are aligned to the care groups
- Clinical procurement specialists have been requested to sit in Trusts and understand local clinical practice and engagement (only NLAG have historically had these in place)
- Better use of data to inform decision making on procurement strategies
- Redirecting procurement activity towards values-based approach

EJ added that all three Trusts are currently on different data platforms, which is being looked at to allow one set of clean data.

The Committee agreed that the business case was excellent and thanked EJ for his work. There was a short discussion about staffing levels compared to addressable spend (P75) and the Committee noted that there is a grading disparity at Hull that limits strategic decision-making. EJ said there is appetite to provide more resource at lower banding levels to support materials management staff to free up clinician time. There is also scope to look at community integration in terms of a values-based approach.

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Action: EJ to provide update on H&NY Procurement Collaborative progress, including that of a values-based approach

89-22/23 Risk Management Update – Corporate Risk Register (CRR)

The Committee noted that this report was brought to the top of the agenda as requested at Board and MT said that whilst there are some timing discrepancies (report was drafted on 07 Feb), the report will go in full to February Board.

There was a discussion about how we assess risk in terms of our failure to deliver the national activity plan. ML advised that ID1699 reflects the totality of the action plan, including elective and urgent care delivery and that Gemma Ellison (Programme Lead for Urgent and Emergency Care) is reviewing this with an aim to split out the risks from care groups, particularly around urgent care.

The Committee discussed the CRR, and LM (NED) requested further assurance was needed around ownership of risk and further mitigation detail, including actions taken, accountability and timeframes. The Committee raised concern around outpatient services and the workforce challenges around it, noting that over 200 agencies have been approached with no success. ML confirmed that Karen Priestman (Associate Chief Operating Officer, CG6) is leading work on this via the Tier 1 support meetings. A number of admin staff have been identified through the ICB to support the Trust and we will backfill those with more technical skills. ML added that this is not a long-term solution, but it will help with our end of March position. LS said that JH has prioritised a large piece of work to introduce automation into the outpatient process as mitigation. LM (NED) asked for a deep dive into Outpatients to seek assurance on plans particularly addressing the backlog of first visits taking priority over follow ups.

MT confirmed that the risk policy has now been revamped to engage more with the care groups – this will go to Audit Committee on 07 March and Board on 29 March.

Action: ML to arrange a deep dive into Outpatient services to provide assurance on plans particularly addressing the backlog of first visits taking priority over follow ups, and invite Karen Priestman and Mark Quinn to Committee to provide an update

90-22/23 / Trust Priorities Report – Digital, Finance and Performance, to include:

Finance Update
(to incl. Income & Expenditure position / Efficiency Programme update / Cash & Capital)

AB confirmed work is pending to streamline the TPR format following Board discussion.

Our month 10 position is £4.9m adverse variants from plan, which marks a slight deterioration from last month when the pay award adjustment is stripped out. The pay award is now included, and we have received the full additional £2.1m that we were short of – the part-year impact is £1.75m. There is not yet a solution for next financial year, but the first draft Income & Expenditure plan will be discussed at the February Private Board.

NHSE and the ICB have confirmed that the mobile CT scanner will not be funded (£1.4m) but KH has managed to secure some funding for the final quarter. AB said he expected c.£2m to come our way as recognition of pressures. The ICB are working with all parties to get as close to balance as possible and if the ICB balances, there is a bonus £9m of

capital allocated for next financial year. The Trust is working on limiting spends in the final two months and delivering the efficiency plan, and each care group has a financial recovery plan. This is a fairly standard position and not unique to the Trust. The main causes of pressure are sickness, agency staff absence, CQC instruction to increase staff, Covid running at higher level (£1.8m) and utilities (£1.9m). We are working closely with the care groups on their recover plans and the Corporate Efficiency Team are working on the efficiency plan.

In terms of capital, material variance from our capital spend is currently reporting that the SGH Urgent and Emergency Care Department (UEC) is £11m short of plan. AB said he was in regular contact with the IHP contractors to ensure we are on track and has confidence that we will achieve the £34m target for the SGH scheme.

Salix is running at £3.4m behind plan – there is a significant piece of work being expedited for Bridlington site. VIU has fallen £3.2m behind plan and we will fall short this year. We are working with the ICB on a plan to re-provide cover to progress the scheme next year and AB said this was not a significant concern.

AB stated his concern around the lease for the Community Stadium. We are not yet in a position to sign the lease for the second phase of the space we want to take on as there are still unresolved issues, but the lease needs to be signed by the end of March. We have £8m CDEL cover for this year, but we do not know if we can get the same amount for next year. There have been extensive meetings with the design and legal team about the work - we have submitted everything that we have been asked for and are awaiting feedback.

DM (NED) asked for assurance that additional unforeseen cost pressures are considered, and AB said that everything we know about is covered in the forecast. JD (NED) asked about the cost implications of the RCN industrial action and AB said this was likely to reduce spend due to pay deductions. JD asked for more detail on the SGH UEC £11m shortfall and AB confirmed that two significant payments of £5m were scheduled for February and March, and the remaining amount consists of further equipment, supplies and materials purchase. The Committee asked for assurance that we can improve our trajectory for debtors and creditors and AB confirmed that there is an active programme for chasing debts.

The Committee discussed the finance work on Robotic Process Automation (RPA) and LM (NED) welcomed the news that the Trust was collaborating with Leeds Trust and the ICB and asked for an update at an appropriate juncture to the committee.

Action: AB to provide update on Robotic Process Automation (RPA) progress

Operational Performance (Trust Operational Performance to national standards, Recovery Plans and Chief Operating Officer Report)

We remain in a challenging position, and this is mirrored across partner organisations. IPC has been particularly challenging and our Covid numbers remain in the low to mid-70s, but flu numbers are reducing. The Committee noted the additional impact on performance due to the RCN and ambulance provider industrial action, and further strikes are anticipated. Despite this, there has still been improvement on acute metrics from an urgent and emergency care, which is positive.

We have appointed substantively into the acute flow programme team by way of a Programme Lead (Gemma Ellison), two Programme Managers and two Project Managers. From 01 April we will see a substantive team more forward to support the UEC and elective programme. We have secured additional support for the urgent care programme **178**

in the form of two days a week with an ECIST senior manager and we have also had the offer of one day a week's support from a senior NHSE manager. The team are working on where this resource is best placed. ML said the ECIST team will support us around maximising SDEC and improving utilisation as well as performing missed opportunity audits. The UEC recovery plan was published on 30 January, and this closely mirrors our plan. Formal cross-referencing will be done as part of a system plan. Despite the pressures, there has been positive engagement from clinical and operational teams around the 7 key priorities.

There was a discussion about activity planning and LS noted that there was a short turnaround time of c.10 working days between feedback on draft to final submission. The focus is around incentivising elective recovery. Care groups have been doing capacity and demand assessments, and LS said the headlines have since improved since time of writing. The expectation is that the Trust achieve 104% of waited activity against 2019/20 working target and our current plan sees us at 104.5%. The ICB is expected to deliver at 109%. There is potentially more work that we can do to stabilise the waiting list. The mandated cancer target is 143, which is a potential risk to deliver. We are dependent on insourcing and mobile capacity to help with this. There is a considerable focus on bed occupancy and flow and the target is 76% - a significant reduction from the normal target.

We remain in Tier 1 for elective care and attend weekly support meetings. Whilst the principles are no different to Tier 2, we are receiving significantly more support. The Committee noted that we have submitted a non-compliant plan for 0 78-week waits by the end of March, which is why we describe ourselves as 'off plan' – however we are above plan for the non-compliant RTT trajectory that we submitted (397). Work continues to get as close as possible to 0 waits and we have received some additional admin capacity from the ICB to help mitigate risk.

The ask remains to reduce the number of cancer patients waiting over 62 days back to pre-pandemic levels but targets have been slightly relaxed. The insufficient diagnostic capacity across the NHS has been acknowledged. This links to our 78-week wait position regarding P2 patients, who should be operated on within 4 weeks. Our current position is 56% due to the volume of P2 patients. Our diagnostic position remains challenged – 48% against the 99% standard target - and LS said she expected significant focus on this in the next financial year.

LS confirmed that a Health Inequalities working group is being set up and that this will require attention at some point in the future.

There was a discussion about what the solution for cancer pathways looks like. LS said the lack of diagnostic capacity is the key issue, noting that once we have a diagnosis, we consistently achieve time to treatment targets. KH said the Community Diagnostics Centre (CDC) reflects the national ambition to increase elective diagnostic capacity with a focus on delivering cancer pathways. The Committee asked if there was more that could be done. LS and ML said the IST team will help and we have diverted some additional resource into diagnostics, but that resources are finite. Workforce remains a challenge and fixing this is the first step to delivering sustainable diagnostic capacity. KH said conversations are being held with hospitals in India around providing radiographers, and there is also work for the ICB including developing our degree programme to allow students to train to become radiographers in our patch. There is also work to be done on the digital element i.e., how resources are shared, reporting capacity, digital pathology. The Committee noted that this will take time and that we need to work on the basis of non-recurrent capacity to ensure waiting list stabilisation. LM (NED) asked for a future deep dive into plans on diagnostics both short and longer term.

The Committee noted that, at the ICB Cancer Alliance Summit last week, digital was identified as a priority for funding over the next 12 months. It was agreed that further discussion was needed around digital prioritisation and external funding.

There was a discussion on risk and the Committee noted that Appendix B lacked detail on risk mitigation and asked for further information at the next Committee. LM (NED) asked if there were any significant concerns and ML said there had been a review of the risk relating to overcrowding in ED on both sites. Work is being done to amalgamate this into a single risk, which will go to the next Risk Committee for consideration to add onto the CRR. ML said there is no need to revise risk scoring but that this can be reviewed weekly. AB said there were no changes for this year, but he anticipated some for next year due to the new plan.

Action: ML to arrange diagnostics deep dive and report back via presentation

Action: JH and Committee to review digital priorities in light of possible Cancer Alliance funding and confirm where to focus efforts (March)

Action: LM asked for further detail on risk mitigation in Operational Activity Plan 2023-24

Digital and Information Report Update
(to incl. digital strategy update / information governance / cyber security)

NS gave assurance that cyber spikes are anticipated and gave assurance that these are being dealt with quickly. Service desks calls have increased due to the rollout of O365, but additional staff have been recruited to help with this demand.

The Committee was informed of a major incident regarding the Trust Learning Hub. It noted that the Trust was in the process of informing all regulatory bodies and had informed the ICO. The Committee sought assurance that communications about the issues and next steps were clear, and that staff were kept informed regularly of progress. The Committee requested a report on the key risks and the mitigation plans prior to the next Committee meeting including staff impact, and requested lessons learnt to be shared once the review is completed. JD (NED) asked whether this could be an opportunity to refresh the system and agreed to raise this as an action for People & Culture Committee.

Action: NS to provide report/update on the key risks and the mitigation plans for the loss of Learning Hub

Action: JH to provide clarity on our plan for migrating systems onto the cloud system to mitigate risk

Action: JD to raise for discussion at the People and Culture committee a need to look at longer term HR solutions for supporting appraisals

91-22/23 / EPR Update

The Committee briefly discussed EPR, noting that we are currently in a pre-tender market engagement period, and asked for a more detailed presentation in March once more of the market testing had been completed.

92-22/23 / Mandatory Reporting Scorecard

This was received for information and there was no further discussion required.

93-22/23 / Executive Performance Assurance Meeting (EPAM) minutes

These were received for information and there was no further discussion required.

94-22/23 / Information Governance Executive Group (IGEG) minutes

These were received for information and there was no further discussion required.

95-22/23 / Items to escalate to Board and/or other Committees

LM confirmed that these would be included within the Chair's brief for Board of Directors.

96-22/23 / Items to escalate for BAF and CRR consideration

The Committee discussed risk throughout the meeting and the Chair during the meeting checked with Committee members that there was nothing specific to escalate on this occasion.

Action: NS to review BAF and update MT of any changes due to major incident

97-22/23 / Any other business

The Committee thanked LS for her continued efforts and noted this was her last Committee.

98-22/23 / Time and Date of next meeting

The next meeting will be held on 21 March at 9am-11:30am.

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Audit Committee: Items Escalated to the Board

The Audit Committee met on 7 March 2023.

The meeting was quorate. It was attended by Heather McNair who accounted to the Committee for progress in relation to outstanding Internal Audit Recommendations and also responded to questions in relation to limited assurance reports. Heather's attendance was part of a new routine, whereby Executives attend Audit Committee by rota. The aim of this is to increase focus on outstanding recommendations and their importance in terms of the transformation and improvement journey.

Prior to the formal meeting, Non-Executive Directors held a private meeting with Internal Audit. This will from now on happen just before every meeting of the Committee.

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

Action Required
Internal Audit Outstanding Actions
We had a long discussion about the number of outstanding actions, some of them dating back a considerable time, and the organisation's apparent reluctance to close actions down. There seems to be a lack of engagement with this issue and an absence of accountability and governance around it, with no apparent consequence if an action is not completed on time. The impact of this is that we are not always able to turn limited assurance audits into significant assurance by the time of the follow-up review.

We recommend that consideration be given to the following actions:
- Outstanding actions to be discussed at Risk Committee.
- Internal Audit to attend Corporate Directors' Meetings and Executive Committee to discuss outstanding actions.
- Executives to attend Audit Committee to report on progress and give assurance.

Risks facing the Trust and the Board Assurance Framework (BAF)
We remain concerned that Board and Sub-Committee agendas do not focus sufficient time and attention on identifying risks and managing these to the lowest possible level. In our view, more proactive use of the BAF, at both Committee and Board level, could assist with this. It is good to see the BAF moving up the agenda but more work is required. We also ask that consideration be given to reviewing the BAF at Board on a monthly basis.

Process of Escalation
We recognise that Sub-Committees are routinely escalating items to the Board but that this does not always result in action by the Board. We ask that the Board reviews the system of escalation with a view to ensuring that something happens as a result of an issue being escalated. Our view is that this is currently a weakness in our governance systems.

Reservation of Powers, Scheme of Delegation and Standing Financial Instructions for YTHFM

We reviewed amendments to the above documents and recommend to the Board that these be approved.

For Information

Head of Internal Audit Opinion

Helen Higgs informed us that she had not yet decided on her opinion and highlighted a number of areas of concern, including the number of limited assurance audits and our difficulty in implementing the change necessary to remedy areas of concern. We noted that Helen and Jonathan were meeting with Simon and Andy to make clear areas of concern and agree what could be done in the next few weeks to evidence sustainable improvement, noting some of these limited assurance audit reports have literally just been completed and any response would effectively be immediate.

The fact that Executives are very open to inviting Internal Audit to audit areas where there are known concerns and that the Trust's number of Internal Audit days a year is higher than other Trusts are both positives. The issue seems to be the organisation's inability to consistently deliver action plans and evidence sustainable change that addresses areas of concern.

External Audit

Mazars reported that the audit planning work is progressing well and confirmed there was nothing they wished to draw to our attention.

Audit Committee Training

Since my last report we have held two training sessions, both run by Liz Sandwith, Chief Professional Practice Advisor at the Chartered Institute of Internal Auditors. These have been extremely useful and have led to some changes to the way in which the Committee operates, including a routine private meeting with Internal Audit prior to each meeting and a different approach to our annual internal audit plan: this year we'll be doing some deep dive audits as well as routine ones and also have at this stage only finalised the plan for the first half of the year, leaving flexibility to plan the second half of the plan in accordance with risk as the year progresses.

Jenny McAleese
Chair of the Audit Committee
March 2023

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	29 March 2023
Subject:	Revision to the Standing Financial Instructions
Director Sponsor:	Alan Downey, Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

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

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

Trust Priorities

☒ Our People
☒ Quality and Safety
☒ Elective Recovery
☒ Acute Flow

Board Assurance Framework

☒ Quality Standards
☒ Workforce
☒ Safety Standards
☒ Financial
☒ Performance Targets
☒ DIS Service Standards
☒ Integrated Care System

Summary of Report and Key Points to highlight:
The purpose of the report is to highlight minor amends to the Trust's Standing Financial Instructions.

Specifically to note and discuss:
Following a review by the procurement team amendments have been made to the Standing Financial Instructions Tendering Quotation and Contract Procedure as follows:
- Exclusions under regulation 10 of the UK Public Contracts Regulations 2015
- Formal tendering waivers suppliers invited to quote
- Competitive tendering or quotation for disposals

Recommendation:
The Board is asked to approve the amendments to the Trust's Standing Financial Instructions.

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

Meeting	**Date**	**Outcome/Recommendation**

Revision to the Standing Financial Instructions

Revision to the Standing Financial Instructions

The Trust's SFIs have been revised as follows:

Area	Section and amendment
9.5.2 Tendering Quotation and Contract Procedure	(d) Where specifically excluded under Regulation 10 of the UK Public Contracts Regulations 2015. • E.g. rental of land, existing buildings or immovable property, legal services or advice (where there are court proceedings or likely court proceedings) and employment contracts (but not services of employed persons). • Where this derogation places a subsequent obligation on the Trust this too shall be deemed to be specifically excluded under the SFI's. e.g. The rental or lease of property often means that the terms include a clause to accept the landlord's cleaning, maintenance and or security services.
9.5.6 Tendering Quotation and Contract Procedure	Where the formal tendering procedures are waived under 9.5.2 above (i.e. below £50,000) but the value of the goods / services or works is greater than £30,000 (inc VAT) then at least 3 suppliers shall be invited to quote with the results of these quotes to be recorded. Ideally the quotation process used should be done using any 'quick quote' process and using an appropriate eProcurement tool. (e.g. In-Tend or Atamis).
9.5.11 Tendering Quotation and Contract Procedure	The competitive tendering or quotation procedure shall not apply to the disposal of: (a) Items with an estimated sale value of less than £30,000 (inc VAT);

NHS
York Teaching Hospital
Facilities Management

Report to:	Board of Directors
Date of Meeting:	29th March 2023
Subject:	Revision of the Reservations of Powers and Scheme of Delegations and Standing Financial Instructions
Director Sponsor:	Andrew Bertram, Director of Finance
Author:	Penny Gilyard, Director of Resources Jacqueline Carter, Governance Manager

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

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

Trust Priorities	YTHFM Board Assurance Framework
☒ Our People ☒ Quality and Safety ☒ Elective Recovery ☒ Acute Flow	☒ People ☒ Quality & Safety ☒ Financial ☒ Growth ☒ Sustainability ☒ Partnerships

Summary of Report and Key Points to highlight:

To present the updated YTHFM Reservation of Powers and Scheme of Delegations and Standing Financial Instructions to the Board of Directors.

The documentation has been approved by Management Group and EPAM noted the documentation at its meeting on 7th March.

YTHFM reviews the governance framework documents on an annual basis. The documents are a Reserved Matter and require final approval by the Trust Board of Directors. The Group Audit Committee approved the documentation at its March meeting.

Recommendation:
The Board of Directors is asked to approve the updated Reservation of Powers and Scheme of Delegations and Standing Financial Instructions.

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

(Insert "not applicable" if the paper has not been seen elsewhere)

Meeting	Date	Outcome/Recommendation
Management Group	28th February 2023	Approved.
EPAM	7th March 2023	Assurance.

Revision of the Reservation of Powers and Scheme of Delegations and Standing Financial Instructions

1.   Reservation of powers and Scheme of Delegations

1.1   YTHFM's reservation of powers and scheme of delegations have been revised as follows (additions are in bold and italic text):

Area	Section and Amendment
P12. Capital Investment and Business Cases	Capital Programme Management Group (CPMG) – *delegated authority from Capital Programme Executive Group (CPEG)* added.
P12. All Business Cases revenue investment	*Planned increases in expenditure or income from existing approved levels* added. Details / Reference – *Business Case Guidance Manual* added.
P12-14. Planning & Budgetary Control	*A register of all virements should be kept* added.
P15. Credit notes / refunds to correct posting errors and	*Group Head of Corporate Finance on behalf of YTHFM. £25k - £500k* added.
P16. Write offs – excluding workforce remuneration over payments	*Excluding workforce remuneration over payments* – added.
P16. Write offs – workforce remuneration over payments	*Please note it is not YTHFM policy to write off any workforce remuneration overpayments – any agreed write off will only be approved as an absolute exception* added.
P17. Quotations tendering & contracts	Obtaining a minimum of 3 written competitive tenders for goods/services over **£30k** – added.
P18. Insurance Policies	*Review of all statutory compliance legislation and health and safety statute including primary and secondary legislation –* added.
P18-19. Petty Cash disbursements	*Reimbursement of patient monies. Delegated Budget Holder. Up to £250. Prime Budget Holder. Over £250.* Added.
P22-29. Personnel & Pay	*Granting of additional increments to staff outside of the starting salaries process* added. Authorising overtime *(within approved resource)* added. Uplift to starting salary *in line with policy* (AfC staff only) added. *Outside of Policy* added. *Director of Workforce and OD* – scope of delegation added. *As detailed in Special Leave guidance* added.

	Special Leave. **Budget Holder for Extension of paid return to work beyond policy limit** added. **Engagement of staff not on the establishment supported by a business case. Management Group.** Added.
P30. Booking of bank and agency staff	**Booking of all bank and agency staff. Delegated budget holder** added.
P30. Security and risk management	Authority for the issue of ID and security badges and car park passes. **Delegated budget holder** added. Details / Reference - **ID Badge Policy** added. **Local Security Management Specialist** added.
References to Foundation Trust Secretary	Changes made to **Associate Director of Corporate Governance**.

2. Standing Financial Instructions (SFIs)

2.1 YTHFM's SFIs have been revised as follows (additions are in bold and italic text):

Area	Section and amendment
1.2 Terminology	Reference to **Health and Care Act 2022** added.
5.5.1 Building and Engineering Transactions	The Finance Director shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the **guidelines and requirements of the DHSC frameworks (e.g. Procure 22 & 23 or successor arrangements) or other equivalent public sector frameworks that maybe utilised to procure building work and related services. All works and related contracts (e.g. architects services) should utilise and comply with recognised forms of contract.** The technical audit of these contracts shall be the responsibility of the relevant Director.
8.1.4 Terms of Services, Allowances and payment of LLP Representatives and employees	**YTHFM will pay an allowance to the Chair of YTHFM Management Group and said allowances will be approved by the Council of Governors.**
9.5.2b Tendering quotation and contract procedure	**A contract which was sourced by competitive selection or via a framework either by YTHFM, the Trust or by agencies such as the Crown Commercial Service, NHS**

	Supply Chain or another commercial procurement collaborative acting on behalf of a NHS organisation;
9.5.2d	*Where specifically excluded under Regulation 10 of the UK Public Contracts Regulations 2015.* *E.g. rental of land, existing buildings or immovable property, legal services or advice (where there are court proceedings or likely court proceedings) and employment contracts (but not services of employed persons).* o *Where this derogation places a subsequent obligation on the Trust this too shall be deemed to be specifically excluded under the SFI's. e.g. The rental or lease of property often means that the terms include a clause to accept the landlords cleaning, maintenance and or security services.*
12.2.2 Losses and special payments	*Any employee or officer discovering or suspecting a loss, which is not fraud must either immediately inform their head of department, who must immediately inform the Managing Director and the Director of Resources or inform an officer charged with responsibility for responding to concerns involving loss confidentially. This officer will then appropriately inform the Resources Director and/or Managing Director. Where a criminal offence is suspected, the Director of Resource and Local Security Management Specialist must immediately inform the police if theft or arson is involved.*
12.2.4	*Alternatively, employees can contact the NHS Fraud and Corruption Reporting Line –*

	0800 028 40 60. In cases of fraud and corruption or of anomalies that may indicate fraud or corruption, the Local Counter Fraud Specialist will inform the NHS Counter Fraud Authority.
Minor wording corrections.	

3.   Recommendation

The Board of Directors is asked to approve the updated Reservation of Powers and Scheme of Delegations and Standing Financial Instructions.

Date: 16th March 2023

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Board of Directors
Date of Meeting:	29 March 2023
Subject:	Revised Risk Management Strategy and Policy
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Mike Taylor, Associate Director of Corporate Governance

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

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

Trust Priorities

☒ Our People
☒ Quality and Safety
☒ Elective Recovery
☒ Acute Flow

Board Assurance Framework

☒ Quality Standards
☒ Workforce
☒ Safety Standards
☒ Financial
☒ Performance Targets
☒ DIS Service Standards
☒ Integrated Care System
☒ Sustainability

Summary of Report and Key Points to highlight:
To approve the revised Risk Management Strategy and Policy subject to the risk appetite session at the March Board of Directors.

Specifically, to note and discuss:
The revised Risk Management Strategy and Policy has been revised following consultation with the Care Groups and Corporate Teams including reporting to the March Risk and Audit Committees. Approval is requested subject to the risk appetite setting session separately at the March Board of Directors.

Recommendation:
The Risk Management Strategy and Policy to be approved by the Board of Directors.

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

Meeting	Date	Outcome/Recommendation
Risk Committee	1 March 2023	Comments received
Audit Committee	7 March 2023	Comments received

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Report to:	Board of Directors
Date of Meeting:	29 March 2023
Subject:	Modern Slavery Statement
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Mike Taylor, Associate Director of Corporate Governance

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

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

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

Summary of Report and Key Points to highlight:
The Board is asked to approve the declaration and the agreed statement should be signed by the Chair and the Chief Executive and continue to be presented on the website.

Specifically, to note and discuss:
The Modern Slavery Act 2015 is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is also obliged to comply with the Act. The legislation addresses slavery, servitude, forced or compulsory labour and human trafficking, and links to the transparency of supply chains.

Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods or services with a total turnover of not less than £36 million per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include the steps an organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its

business. The statement must be approved by the Board of Directors and YTHFM Management Group.

The aim of the statement is to encourage transparency within organisations. There are potential consequences for organisations who fail to produce a slavery and human trafficking statement for a particular year. The statement has been prepared on a Group basis.

Recommendation:

The Board is invited to approve the Modern Slavery Act Statement for publication on the Trust's website and members should support the Trust to foster a culture in which modern slavery is not tolerated in any form.

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

Modern Slavery and Human Trafficking Act 2015
Annual Statement 2023

York & Scarborough Teaching Hospitals NHS Foundation Trust and York Teaching Hospital Facilities Management (the Group) offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.

The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

York & Scarborough Teaching Hospitals NHS Foundation Trust and York Teaching Hospital Facilities Management provide a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles. The annual turnover is approximately £0.6bn. We manage 8 hospital sites, 1,192 beds (including day-case beds) and have a workforce in excess of 9,000 staff working across our hospitals and in the community.

The Group has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking. There are robust recruitment policies and processes in place, including conducting eligibility to work in the UK checks for all directly employed staff and agencies on approved frameworks.

There are a range of equal opportunities controls in place to protect staff such as a Freedom to Speak Up Guardian, Fairness Champions and a Raising Concerns and Whistleblowing Policy.

The Group has in place a Standards of Business Conduct Policy which covers the way in which the organisation and staff behave.

The Procurement Department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and abide by the CIPS code of professional conduct. The intranet includes a link to an ethical procurement training module which is available to all members of staff. Competency assessments are currently being developed for all bands in the department some of which will include requirements around modern slavery.

The top 50% of suppliers nationally affirm their own compliance with the modern slavery and human trafficking act within their own organisation, sub-contracting arrangements and supply chain. The Group has written to its top suppliers requesting them to affirm their compliance with the legislation.

Modern Slavery is referenced in the Safeguarding Adults Policy and features as part of the safeguarding adults training following the changes in the Care Act. The Safeguarding Adults Staff intranet resource includes signposting to help and advice for patient's affected by Modern Slavery. In addition the safeguarding adults team have a delegated Modern Slavery Lead to ensure that all relevant national, regional and local context is embedded in processes in a timely manner. In the last year the Safeguarding Adults team have developed networking relationships with Trading Standards where concerns cans be raised with them without breaching patient confidentiality.

The Group has evaluated the principal risks related to slavery and human trafficking and identify them as:

- Reputational
- Lack of assurances from suppliers
- Lack of anti–slavery clauses in contracts
- Training staff to maintain the Group's position around anti-slavery and human trafficking.

Aim

The aim of this statement is to demonstrate the Group follows good practice and all reasonable steps are taken to prevent slavery and human trafficking.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility lead for overall compliance.

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

……………………………   …………………………………
Alan Downey   Simon Morritt
Chair   Chief Executive

1 April 2023

……………………………   …………………………………..
Graham Lamb   Penny Gilyard
Interim Chair (YTHFM)   Director of Resources (YTHFM)

NHS
**York Teaching Hospital
Facilities Management**

Report to:	Board of Directors
Date of Meeting:	29th March 2023
Subject:	YTHFM Health & Safety Policy
Director Sponsor:	Andrew Bertram, Director of Finance
Author:	Penny Gilyard, Director of Resources

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

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

Trust Priorities

☒ Our People
☒ Quality and Safety
☒ Elective Recovery
☒ Acute Flow

YTHFM Board Assurance Framework

☒ People
☒ Quality & Safety
☒ Financial
☒ Growth
☒ Sustainability
☒ Partnerships

Summary of Report and Key Points to highlight:

To present the revised YTHFM Health & Safety Policy to the Board of Directors for approval.

YTHFM follows Trust Policies & Procedures but is required to have its own Health & Safety Policy. The Policy has recently been reviewed in line with governance arrangements and is now presented for final approval.

The Policy has been through its consultation route including staff side representatives, JNCC and the Group wide Health & Safety Committee. The main changes are set out at page 2 of the Policy.

In the main these are, the Policy has been transferred to the new Policy format and includes new sections 10 and 13 and an update to the responsibilities of the Director of Property & Asset Management.

The Management Group approved the Policy. The Policy is a Reserved Matter and requires approval by the Trust Board of Directors.

Recommendation:
The Board of Directors is asked to approve the Policy.

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

(Insert "not applicable" if the paper has not been seen elsewhere)

Meeting	Date	Outcome/Recommendation
Management Group	28th February 2023	Approved.
EPAM	7th March 2023	Assurance.